

- **Healthy Start Vitamins**
- **CPD Team Move**
- **Specials**
- **Antifungals & Coumarins**
- **Hepatitis C**
- **Minor Ailments & CMS**
- **Endorsing Guide**
- **Zika Virus**
- **LES Reminder**
- **Feedback LES 2014/15**

Healthy Start Vitamin Scheme

[The Department of Health](#) has published guidance on population "at risk" groups who might benefit from vitamin D supplementation, including pregnant women, babies and young children. Provision for these groups is available through the Healthy Start Scheme. For guidance on eligibility for NHS prescription of vitamin D supplements in other groups please refer to [GGC guidance](#) and [frequently asked questions](#) on Staffnet.

Within NHS Greater Glasgow and Clyde, the Healthy Start Vitamin Scheme changed from the beginning of October 2015 with the distribution of these vitamins becoming part of a Community Pharmacy Local Enhanced Service (LES) as opposed to being part of the Public Health Service element of the Community Pharmacy contract. Approximately 80 pharmacies, primarily located in areas of high deprivation, have been invited to participate. GPs will not be required to provide prescriptions for these products.

The registration process and eligibility for the scheme has not changed. All pregnant women are given four packs of tablets (eight months supply) by maternity services and all new breastfeeding mums are given one pack of vitamins on the ante-natal wards. If eligible for Healthy Start the woman will be guided by their midwife to register. If ineligible, they will be encouraged to continue to purchase Healthy Start for one year after the birth of their baby. Following the birth Healthy Start recipients need to contact the Department of Health to initiate a supply of vouchers for Healthy Start Drops. In babies receiving less than 500mls of formula milk a day, drops should be given from 4 weeks to 4 years. In babies taking more than 500mls of formula daily, drops should be given from 6 months to 4 years.

Enrolment in the current scheme has been very poor to date. To encourage participation and/or promote appropriate use of vitamins in pregnant women, babies and children, participating pharmacies have been asked to take the following actions -

- openly display vitamin tablets and drops for non-eligible ladies to purchase if appropriate
- display marketing materials to encourage Mums to ask for vitamins for their baby regardless of whether they are eligible for Healthy Start / have a voucher
- opportunistically discuss vitamin supplementation when filling a prescription or undertaking a MAS consultation for pregnant women or any child under 4 years and during the discussion:

- * determine whether the child is already being given vitamin drops and if so encourage them to continue
- * if not, **all Mums** will be given a pack of drops (two months supply). If they are eligible for Healthy Start or the child is non-Caucasian they will be encouraged to return for a further supply in two months time, free of charge. If they are not eligible for the scheme they will be encouraged to return to purchase a further supply in two months.

Pharmacists will not be required to check registration and can make a supply without collecting a voucher. It is hoped that these measures will increase uptake of recommended pre and post natal vitamin supplements for all mothers and babies by raising awareness of the benefits and reduce barriers to accessing them through the scheme for those who are eligible.

All pharmacies will be able to purchase supplies of tablets and drops from their local wholesalers and will be able to access promotional materials by contacting the Pharmacy Office (0141-201-4945). For more information on the scheme please contact Liz Grant at Liz.Grant@ggc.scot.nhs.uk or Pete Burns at Peter.Burns@ggc.scot.nhs.uk

We are on the move.....

CPD Team are relocating on the 25th February 2016 to

West Glasgow ACH
Dalnair Street
Yorkhill
Glasgow [G3 8SJ](#)

Further details of direct telephone numbers will follow in due course.

SPECIALS

Pharmacy teams often express concern when handling a prescription for a 'Special' and may find the following checklist helpful in processing this type of script. The guidance has been reproduced from the recently published document 'Professional Guidance for the Procurement and Supply of Specials' with the permission of the Royal Pharmaceutical Society. Members can access the document in full through the following link and are asked to check for regular updates to ensure that only the most recent version is available - <http://www.rpharms.com/support-pdfs/rps---specials-professional-guidance.pdf>

APPENDIX 3: A CHECKLIST FOR DISPENSING SPECIALS

This check list is based on the five guiding principles in the RPS professional guidance that support the procurement and supply of Specials. This template can be used in conjunction with the full guidance document as a starting point for pharmacists and their teams to develop their own local checklists.

WHAT IS THE PATIENT'S SPECIAL CLINICAL NEED?

1. Why is the patient being prescribed a Special?
2. Is there a need to make contact with the prescriber to discuss:
 - If the prescriber is aware that the prescription is for a Special?;
 - Alternatives to the Special? or;
 - The formulation of the product?

UNDERSTAND THE PATIENT'S EXPERIENCE

3. If the patient has not had the Special before are there any specific patient requirements (e.g. special containers, measuring devices)?
4. Is there a need to discuss with the patient:
 - Likely timescales for the supply and the need to request a repeat prescription in good time?
 - How and when to order repeat prescriptions from their GP?
 - The shelf life/in-use shelf life of the Special? Is this on the label?
 - Quantities they need to order?
 - Why Specials are different to licensed products?
 - Changes to the supplier or formulation that may alter the way the Special is taken or used (e.g. a change in concentration)?

IDENTIFY A PREPARATION AND SUPPLIER

5. Does the pharmacy previously supplying the Special need to be contacted to confirm the formulation (e.g. hospital, different community pharmacy)?
6. If the patient has had the Special before can the same supplier be used to ensure consistency?
7. Has the formulation been fully agreed with the supplier? Including any particular requirements (e.g. sugar free,

alcohol free, flavourings?). Should this be confirmed with the supplier in writing?

8. Has information to support the quality of the Special been obtained? E.g. Certificate of Analysis or Conformity?
9. Have the supplier's details been entered into the patient's record?

ENSURE EFFECTIVE GOVERNANCE

10. Has national and/or local guidance been followed?
11. Have all records been completed in line with MHRA and organisational requirements?
12. Have the organisation's relevant standard operating procedures been followed?

MONITOR AND REVIEW

13. What are the arrangements for reviewing the patient's prescription?
14. Does the patient's condition or the Special mean that they require closer monitoring?
15. Is there any cause for concern about the patient's treatment?

Interaction between antifungals and coumarins and effect on INR Rates

Community pharmacists are alerted to the significant effect that antifungals can have on a patient's INR when co-prescribed with a coumarin type anticoagulant. In practice, products containing miconazole, (Daktarin Oral Gel) and to a lesser degree nystatin, can significantly elevate the INR to greater than 8 requiring Vit K₁ administration to reverse the anticoagulant effect. More details can be found in Appendix 1 of the BNF. Pharmacy teams are asked to note this risk and advise appropriate patients accordingly

Community Pharmacy Supply of Treatments for Hepatitis C

77% of community pharmacies within NHS GGC are now involved in the supply of directly acting antivirals (DAAs) for the treatment of Hepatitis C with this number expected to increase as the facility becomes more established as a mainstream service. The Community Pharmacy Development Team supports contractors nominated by their patients to provide this service by authorising the release of an advance payment to cover the substantial cost of purchasing these medicines. As part of the process, this advance is claimed back within a timescale designed to accommodate timely submission of the GP10 for payment. **A number of contractors have encountered difficulties by failing to present the prescription promptly resulting in the automatic recovery occurring before the script has been processed and the full cost reimbursed. To minimise the risk of this happening in the future, please ensure that all DAA scripts are submitted for payment as soon as the supply period has been completed**

Completion of Minor Ailment and Chronic Medication Services Registration Forms

Compliance with the requirements to correctly complete the appropriate paperwork is now an established part of the registration process for the Minor Ailment and Chronic Medication Services. That said, a couple of issues routinely arise which considerably impact on the efficiency of this process.

- It is now even more important and relevant for patients or their representatives to sign the registration form. From a governance perspective, it is not appropriate for community pharmacists or their staff to sign a registration form for these types of services on behalf of a patient. The signature implies consent to sharing of information between the patient and their GP which carries a greater responsibility to registering for a community pharmacy service
- Completed forms bearing both the pharmacists and the patient's signatures must be forwarded to **Practitioner's Services Division (PSD)** to complete the process. This confirms the patient's eligibility for the service, their consent to take part in the service and the pharmacist's confirmation to provide the service under the terms and conditions set out in the respect directions. PSD still report non receipt of the completed registration forms to verify the patient's enrolment in these facilities which could impact on the number of registrations assigned to a particular pharmacy

Endorsing Guidance for Electronic and Paper Prescriptions (Version 1.10 - January 2016)

PSD have updated the endorsing guidance for paper and electronic prescriptions with the most recent version available from the following link –

http://www.communitypharmacy.scot.nhs.uk/endorsing_guide/Section1/introduction.html

Changes have been made to Section 2.2.11.4 of the original Endorsing Guide V1.2 (September 2011) to include the addition of Manufacturer Import License Number and Batch Number endorsement. This functionality will be made available on PMR systems as each supplier delivers this enhancement with these endorsements to be used to provide the Manufacturers / Importers License number and the batch number information. The new Part 7S tariff, introduced by the Scottish Government in February 2013 introduces these requirements. Where the medicine is not included in Part 7S and the unlicensed medicine is manufactured under a special licence or sourced under an importers license issued by the MHRA, the contractor shall endorse the

- invoice price including any additional cost incurred less discount/rebates (the actual price paid for the product)
- manufacturer's/importer's license number (MIL)
- batch number of the unlicensed medicine. (BAN)

Zika Virus Infection

The current ongoing outbreak of Zika virus infections in South and Central America and the Caribbean is attracting increasing public attention and patients may ask community pharmacists for advice if travelling to and from an affected area. Although symptomatic Zika virus infection is typically mild and short-lived in most individuals, particular attention is required for travel-associated risks in women who are pregnant or who are planning a pregnancy. There is increasing evidence that infection in pregnancy may be associated with foetal microcephaly and other central nervous system abnormalities. Zika virus infection has also been linked with Guillain-Barre syndrome.

The key message for all travellers is mosquito bite avoidance. Pregnant women should consider avoiding travel to affected areas and any pregnant woman recently returned from such areas should consult medical advice. Insect repellent containing 50% DEET (N,N-diethyl-m-toluamide) will repel mosquitoes for approximately 12 hours. Repellents containing 50% DEET can be used by pregnant women, but higher concentrations should not be used. When both sunscreen and DEET are required, DEET should be applied after the sunscreen. Sunscreen with a 30 to 50 SPF rating should be applied to compensate for DEET-induced reduction in SPF. The use of DEET is not recommended for infants less than two months of age. Further information is available at -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497767/Zika_virus_guidance_for_primary_care_February_2016_FINAL.pdf

For healthcare professionals detailed information on all travel related issues is available from TRAVAX at <http://www.travax.nhs.uk/home.aspx>. Public access to guidance is available from Fit for Travel at <http://www.fitfortravel.nhs.uk/home.aspx>

FINAL REMINDER!! - Bisphosphonate LES Submissions

Although the closing date for receipt of responses was 29 January, a considerable number of pharmacies initially registered to participate in this Locally Enhanced Service (LES) have still to submit final reports.

To accommodate this level of non-compliance with the conditions of the LES, the initial deadline has been extended to 19 February.

As the outcomes from the LES programme could influence future resource, it is important that all submissions are received by this date