

# Update Community Pharmacy



Issue 110, July/August 17 Produced by NHS Greater Glasgow and Clyde Community Pharmacy Development

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## Reminder and Thank You

That the 'Making the Most of My Medicines Service' (MMy) Service came to an end on 30 June first having been developed as a means to improve the post-discharge pharmaceutical care of patients in Greater Glasgow as they transferred back into primary care from the hospital setting. The concept embraced the spirit and intent of the Right Medicine strategy, launched on 4 February 2002 in its simplicity in structure and effectiveness in practice. Details of the discharge prescription were shared with the patient's nominated community pharmacy where the pharmacist verified the accuracy of subsequent scripts against the discharge prescription for 2 repeat cycles post discharge. Evaluation of the findings from the initial pilot phase was sufficiently convincing to roll out the service to all hospitals in Greater Glasgow and to those in Clyde on dissolution of Argyle & Clyde Health Board. The subsequent changes in therapy resulting from community pharmacy intervention were categorised as follows -

Drug Therapy Problem	%
Additional drug required	24
Non-concordance	20
Dosage too low	18
Unnecessary drug therapy	13
Dosage too high	13
Ineffective drug	10
Adverse drug reaction	2

MMy had a number of benefits that have informed service development. The principles

are baseline features of pharmaceutical care that have since become incorporated into established practice –

For the patient

- Increased safety and enhanced pharmaceutical care
- Post-discharge supplies monitored to ensure only appropriate medication supplied
- Unwanted, unused medicines & inappropriate scripts identified and removed
- Early identification of compliance issues, side effects and adverse drug reactions
- Better knowledge and understanding of medicines from direct review and counselling
- Community Pharmacy
  - Development of closer professional links with GPs and colleagues in secondary care
  - Identification of named hospital contact to facilitate continuity of care
  - Better utilisation of clinical skills and expertise within Community Pharmacy team
- NHS
  - Better utilisation of resources
  - Reduction in pharmaceutical waste
  - Reduction in risk of re-admission due to iatrogenic disease
  - Engenders a culture of multidisciplinary working

Thanks go to all those involved in MMy, at whatever stage of development and level of input. Your willingness to support and participate in the scheme made it the undoubted success it inevitably became. Time to move on, however and transfer the same enthusiasm and commitment to the refreshed version of the Chronic Medication Service and Serial Supply, the next 'big thing' in pharmacy with the potential to significantly improve on the standard of pharmaceutical care we currently provide to our patients.....

## Pharmaceutical Waste

Following the conclusion of protracted and complex negotiations with a number of interested parties, Healthcare Environmental Services (HES) were awarded the contract to uplift pharmaceutical waste from all community pharmacies in GGC from June this year until 30 April 2019. All sites have now been visited by HES to complete the handover from the in-house facility for pharmacies in Clyde and SRCL for those in Glasgow. The contract gives specific details on the capacity and number of bins allocated to each pharmacy and also the frequency of collection with this information shortly to be available on the CPD Team site at

<http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/PharmaceuticalWaste.aspx>

It is important that any variance from the contractual specification, e.g. left with fewer and smaller bins after a collection, be reported to Bridie McCallum at [Bridie.mccallum@ggc.scot.nhs.uk](mailto:Bridie.mccallum@ggc.scot.nhs.uk) or 0141 201 9366

## Seasonal Flu Vaccination Programme 2017-18

Full details of the flu vaccination programme for the 2017-18 campaign period are contained in two recently issued letters from the Chief Medical Officer Directorate with the key points from both summarised as follows -

### Seasonal Influenza (Flu) Vaccination Programme 2017-18

- There are no changes to the clinical at-risk groups – adults aged 65 and over & those under 65 with 'at-risk' health conditions (listed in Annex B of the letter).
- Egg-free flu vaccine has been discontinued and is not available in 2017-18. A low-egg content flu vaccine is available as an alternative
- Uptake targets for both the 65 years and over group, and the under 65's 'at-risk' population remain at 75%
- Pregnant women, at any stage of pregnancy are recommended to have flu vaccination.

Supplies of the vaccine have again been procured centrally as in 2016 with the preferred supplier, OM Movianto, taking orders from each GP practice to then redistribute the vaccine directly. This arrangement only applies to the supply of influenza vaccines for adults. Full details of arrangements are contained in the CMO letter available at [http://www.sehd.scot.nhs.uk/cmo/CMO\(2015\)11.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2015)11.pdf)

### Scottish Childhood Flu Vaccination Programme 2017-18

- All children aged 2 - 5 (aged 2 or above at 1 September 2017 and not yet at school) to be immunised through GP practices – 65% targeted uptake rate
- All primary school children (primary 1 to primary 7) immunised at school – 75% uptake rate
- GP practices to offer vaccination to any primary school-aged child missed at school or who requires a second dose of inactivated vaccine to complete their first course of flu vaccine.
- Fluenz Tetra®, a live attenuated nasal influenza vaccine (LAIV) is the product of choice for the majority of children. Those with a contraindication to a LAIV will be offered the correct, age specific inactivated flu vaccine as an appropriate alternative.

Influenza vaccines for children are stored at the Board's Vaccine Holding Centre within the Pharmacy Distribution Centre (PDC) where GPs should order stock from. Further information is contained in the communication from the CMO Directorate available at [http://www.sehd.scot.nhs.uk/cmo/CMO\(2017\)12.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2017)12.pdf)

Immunisation plays a significant part in preventing transmission and provides the most effective protection against an unpredictable virus that can cause severe illness. Community pharmacy's teams, although currently not directly involved in the supply of flu vaccines to GP surgeries, continue to have a very important role in promoting and encouraging the uptake of vaccines amongst the target and wider populations. This would also extend to encouraging vaccination early in the season before flu viruses begin to circulate.

## Pseudoephedrine and ephedrine: regular review of minimising risk of misuse in the UK

A gentle reminder.....that the MHRA continues to monitor the effectiveness of restrictions introduced in 2008 to manage the risk of pseudoephedrine and ephedrine containing products being used in the illicit manufacture of methylamphetamine, a Class A controlled drug also known as crystal meth or 'tina'. The following restrictions still apply and must be observed whenever a supply is requested or offered –

- It is illegal to sell or supply a product or combination of products that contain more than 720mg pseudoephedrine or 180mg ephedrine at any one time without a prescription (Regulation 237 of Human Medicines Regulations 2012)
- It is illegal to sell or supply a product that contains pseudoephedrine and a product that contains ephedrine in one transaction without a prescription (Regulation 237 of Human Medicines Regulations 2012)

In addition, the Royal Pharmaceutical Society advises that the sale and supply of these products must be made by a pharmacist or suitably trained pharmacy staff under the supervision of a pharmacist. Observation for the presence of the following signs in combination may help in determining the accuracy of any request

- **Nervous or guilty behaviour** – avoids eye contact, is unusually timid, appears uncomfortable answering questions
- **Lack of symptoms** – doesn't appear to be suffering from cough, cold or flu symptom or is unable to describe these in a patient if buying for someone else
- **Rehearsed answers** –replies with stock answers that appear to be rehearsed or scripted
- **Impatient or aggressive** – in a rush to complete the transaction
- **Opportunistic** – visits at busier times or when less experienced staff on duty

- **Specific products** – requests brands containing only pseudoephedrine or ephedrine
- **Paraphernalia** – requests other items that can be used to manufacture methylamphetamine
- **Quantities** – requests large quantities
- **Frequency** - makes frequent return visits and requests

## Achieving Excellence in Pharmaceutical Care

The eagerly anticipated refresh of 'The Prescription for Excellence' strategy, published on 21 August, heralds a revitalised focus on two key priorities areas, that of **improving NHS pharmaceutical care** and **enabling NHS pharmaceutical care transformation** to make improvements happen.

To underpin these priorities a set of nine commitments and complementary actions has been established focussing on achieving excellence in NHS pharmaceutical care to support people on their healthcare journey.

It seeks to harness the considerable potential from closer and more effective collaboration and joint working across the pharmacy sector and also with other health and social care providers. Particularly encouraging is the emphasis on promoting community pharmacy as the initial point of care.

The direction of travel is to be welcomed. The content is straightforward in its ambition, builds on the core foundations of what is already there but may not be fully functioning to anticipated potential or integrated into related elements of care.

The full document can be downloaded from the Scottish Government website at –

<http://www.gov.scot/Resource/0052/00523589.pdf>

## Opportunity to help develop a mobile app for shared decision-making in medicines review.

The Effective Prescribing Team and Digital Health and Care Team in Scottish Government are developing a mobile app that will support shared decision-making between patients and professionals during the medicines review process. This will support implementation of the updated polypharmacy guidance later this year. The development team would specially like to interview more community pharmacists to get their perspectives on the app.

**Please email Dr Ann Wales, Programme Manager, at [ann.wales@gov.scot](mailto:ann.wales@gov.scot) if you are able to take part in a phone interview (maximum 1 hour) at a convenient time during August** if this is something you would like to be involved in. Your input will be really valuable in providing the developers with insight into how this mobile app can best support both patients and professionals to engage in effective medicines review.

### ***And... a final reminder on Scottish Patient Safety Programme survey***

**All** community pharmacy teams are in various stages of completing the patient safety climate survey which was designed and tested via the Scottish Patient Safety Programme. The survey provides an opportunity to discuss the findings with all staff in an open and supportive way to identify areas for improvement specific to your pharmacy. The survey can be accessed directly at <http://pharmacysafetyclimate.com/> Other resources and explanatory notes to support the safety climate survey can be found at <http://www.scottishpatientsafetyprogramme.scot.nhs.uk/programmes/primary-care/pharmacy-in-primary-care> or within the CPDT intranet page at <http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/QUALITYIMPROVEMENT.aspx>.

No further action is required should your team have already completed the survey and had the discussion, although it would be good practice to revisit the survey and note any further improvement in your results.

Elaine Paton, Lead Pharmacist, Scottish Patient Safety Programme, can be contacted on 01412321724 and at [Elaine.paton@ggc.scot.nhs.uk](mailto:Elaine.paton@ggc.scot.nhs.uk) should you require any help or clarification.

## Oral Nutritional Supplement (ONS) project

For the past 5 years there has been a continued and steady growth in the volume and total spend of prescribed ONS largely influenced by the known inefficiencies and variations on how these products are currently prescribed, dispensed, monitored and used in practice within GGC. Earlier this year a dedicated dietitian was recruited to lead on a 'Test of Change for New Ways of working' project with specific aims to deliver on:

- an improved governance structure with a more targeted and clinical focus to support cost-effective prescribing of ONS
- the introduction of appropriate and effective nutritional pathways to improve patient care
- reducing the level of variation in practice and volume of waste generated

A 'Test of Change' sub Group with representation from GPs, community pharmacy and dietetics has been established to progress the achievement of these aims. The project will adopt a similar approach to the model already successfully operating for the supply of gluten free foods which;

- has reduced demand on GPs
- facilitates timely and cost effective prescribing
- provides direct access for patients
- fosters closer working relations between dietitians and community pharmacists

It is planned to roll out the first phase of the project to patients using a participating community pharmacy in West Dunbartonshire and Renfrewshire HSCPs by early 2018 to test the model prior to extending the option to all locations within GGC seeking to participate.

For more details please contact - Lynsey Robinson or Alan Harrison on [Lynsey.Robinson@ggc.scot.nhs.uk](mailto:Lynsey.Robinson@ggc.scot.nhs.uk) or [Alan.Harrison@ggc.scot.nhs.uk](mailto:Alan.Harrison@ggc.scot.nhs.uk)