

Steroid Cards

Please can all pharmacies review the process for handing out steroid cards in their Pharmacy. It is really important that all pharmacists, managers, dispensers and locums are aware of the responsibility for pharmacies to provide these to the following patients:

- Those receiving repeated courses, 2-3 courses per year (particularly if taken for longer than 3 weeks)
- Patients on a short course within 1 year of stopping long-term therapy
- Any child on inhaled medium dose steroids or adult on adult on high dose ICS either separately or in combined LABA/ICS as per [British Thoracic Society guidelines 2016](#) classification (please use link for precise definitions on pages 70 –72 inclusive)
- High doses of more than 40mg prednisolone daily, or equivalent. Lower doses apply when the patient is a child

Community Pharmacy Managed Repeat Services

We have recently been contacted by several GP practices passing on concerns from patients receiving medication that they do not require. These reports suggest that pharmacies in NHS Forth Valley are ordering quantities of medications for patients which greatly exceed their requirements.

The most commonly over ordered items include **Inhalers** and **Hydroxocobalamin injections**.

We strongly recommend that all contractors follow the guidance issued by Community Pharmacy Scotland. This will ensure we maintain good relationships with GP surgeries and patients, as well as reducing waste to the NHS.

In summary, all pharmacies operating a managed repeat system should ensure;

- The system delivers safe, effective and person centred care for patients
- Co-operative working with GP practices.
- That all patients using the scheme have given signed authorisation for a community pharmacy to order repeat medication on their behalf. A copy of this signed authorisation should be kept by the pharmacy and be made available for verification.
- **All pharmacies operating a managed repeat system should ensure that confirmation of the repeat items (including as required or as directed items) should be obtained directly from the patient/carer for each dispensing, by a suitably qualified person.** Records should be retained so that in the event of a complaint a comprehensive audit trail is in place.

The [‘Best Practice’ guide](#) is available on the Community Pharmacy Scotland website.

Community Pharmacy Clozapine Service

For those community pharmacies delivering the service, or those interested in signing up to this service, Clozapine resources will be available on the Forth Valley Community Pharmacy SHOW page from the middle of April. We are currently restricted with the format and layout of the SHOW page and so this documentation will be placed under ‘Locally Negotiated Services’ and then under ‘Care at Home’ as an interim measure.

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Please Circulate to All Staff

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Pharmacy First Extension Service

Additional Training Evening

Wednesday May 10th
6:30 pm—9 pm

The Grange Manor Hotel,
Grangemouth

Presentations & workshops presented and facilitated by experts will provide vital training to allow community pharmacists to offer a consultation and treatment service via PGD for:

- Minor skin infections
- Mild to moderate skin conditions
- Conjunctivitis
- Vaginal thrush

Please register for this event at:

FVUHB.communitypharmacy.support@nhs.net

PLT payment extends to all community pharmacists in NHS Forth Valley plus one regular locum from each community pharmacy.

UK Wide Pilot Reporting Reactions to Illicit Drugs

A one year UK-wide pilot to establish an online data collecting system for adverse reactions and harms related to New Psychoactive Substances (NPS) and other illegal drugs has been established and is co-ordinated by Public Health England (PHE) and delivered by the Medicines and Healthcare products Regulatory Agency (MHRA). The success of the pilot will rely on front-line staff being aware of and using the web-based reporting system. Participation is not mandatory but encouraged. Reporting follows a similar form to the MHRA Yellow Card Reporting Scheme and has been made as simple as possible to ensure the time burden on those completing the forms is kept to a minimum. The pilot will run for a period of one year. The project aims to improve clinical understanding of emerging drug harms and reduce the length of time between the emergence of drug related health harm and the dissemination of effective treatment responses.

Information on how to report reactions, as well as other relevant information resources, are available via the following link:

<https://report-illicit-drug-reaction.phe.gov.uk>

NHSmail

Please remember to check your NHSmail Shared Mailbox (known previously as Generic Mailbox) daily. It is a requirement of the E-mail Communications to Community Pharmacy SOP that this is done. It is recommended that more than one person from each Pharmacy has access. If you, or any members of your team require access to your Pharmacy's Shared Mailbox please contact the Community Pharmacy Facilitator. Gill Inglis: ginglis@nhs.net or telephone 07920 294 443. As email is the only route for sending out drug alerts, contract information etc it is important that pharmacists access them regularly.

The E-mail Communications to Community Pharmacy SOP will be emailed out to all Shared Mailboxes in April with instructions to sign and return acceptance of the policy

Transfer of Information from Hospital to Community Pharmacy

Forth Valley Royal Hospital has installed a new IT system for prescribing and administering medicines (HePMA). This has had an impact on the messages that have been sent to community pharmacies. **From the beginning of May the hospital will be able to send both admission and discharge messages again.**

While admission notification will remain unchanged there will be an impact on the information received from FVRH by community pharmacies in their PCR when a patient has been discharged from hospital.

The format of the messages may look slightly different but the content will essentially be the same. Messages will be sent **automatically** for every patient who has consented to sharing of their information at the point they are discharged from hospital. **Please be aware that not every patient will be discharged home.** Messages will be sent for patients who are being transferred to alternative care settings. Examples of this would include specialist care centres or to a care home. Previously, the message was sent by a pharmacist after they had checked the medication. The new messages will be triggered whether or not the pharmacist has been involved in the discharge and may come directly from a clinician.

For patients who are admitted for less than 24 hours there may not be any pharmacy involvement but, if there is, only a brief report will be sent. Routine medication that has not been changed will not be listed. Only items for which there has been a change will be listed. The main benefits to community pharmacies from these changes are that the messages are sent for every patient and they are sent at the point of discharge rather than when the discharge is arranged thereby minimising the chance of any amendments being made.

Please make sure you check your PCR for messages every day

For further information please contact the Pharmacy Office on FV-UHB.communitypharmacysupport@nhs.net. For any specific patient issues please contact Vicky Hough (Vicky.hough@nhs.net) or Charlene Murphy (Charlene.murphy@nhs.net)

Community Pharmacy Services

Pharmacy Project Support Manager:
Community Pharmacy IM&T Facilitator:
Practitioner Champions:

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For Specials authorisation:
Primary Care Prescribing Advice:
Advice Related to Controlled Drugs:

Telephone: 01324 673605
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