

Medway Prescriber

Medicines Management

Disclaimer: This fact sheet is intended for a professional audience only and is based on the best available information at the time of publication

Prescription Alignment and Formatting

To allow NHS Prescription Services to provide accurate information within our information systems it is important that the information printed on the prescription form adheres to the correct overprint specifications. The information on prescriptions is required as a means of identification and therefore should show details of a valid GP and their correct prescribing code.

When we process prescriptions we use intelligent character recognition software to capture information such as prescriber details. The font size and positioning of the prescriber details within the allocated box on the prescription form are of paramount importance to ensure the information captured relates to the correct prescriber. Prescriber details should not be handwritten and should not be manually edited. We have guidelines regarding overprint specifications on our website <http://www.nhsbsa.nhs.uk/PrescriptionServices/1840.aspx>. Your software company should be able to help you if you need to make changes to your printing software. Please also ensure prescriptions are correctly aligned within the printer and the print is of good quality.

Tacrolimus

The special container pack size for Tacrolimus Capsules 500mcg, 1mg and 5mg has been changed from a sub-pack of 10, to the full pack of 50 from September 2010 dispensed prescriptions. Following this change, information system users may notice an increase in the volume and cost for quantities in multiples of 50 and a decrease in the volume and cost for multiples of 10.

Awareness - Contaminated Heroin

Information has been received that persons within the Slough and Guildford areas have recently been admitted to hospital as a result of the use of contaminated heroin.

These persons were suffering from extreme drowsiness, flu like symptoms and vomiting. Analysis of the heroin, which has an orange tinge, has been found to contain caffeine, paracetamol and alprazolam.

Oral Biphosphates: Oesophageal Cancer Risk – Insufficient evidence of a link

- Alendronate and oral ibandronate should not be given to patients with abnormalities of the oesophagus and/or other factors which delay oesophageal emptying such as stricture or achalasia. Risedronate should be used with caution in such patients
- Alendronate and oral ibandronate should be used with caution in patients with active or recent upper gastrointestinal problems
- In patients with known Barrett's oesophagus, prescribers should consider the benefits and potential risks of alendronate and oral ibandronate on an individual basis

Effect of tamoxifen in patients treated with potent CYP2D6 inhibitor

A population-based cohort study on SSRI antidepressants and breast-cancer mortality in women receiving tamoxifen found that the risk of death from breast cancer increased with the length of concomitant treatment with paroxetine—a potent inhibitor of CYP2D6, but not with other SSRIs. The proportion of time on tamoxifen with overlapping use of paroxetine

of 25%, 50%, and 75% was associated with 24%, 54%, and 91% increases in the risk of death from breast cancer, respectively.

A more-recent study found no evidence for decreased efficacy with the co-administration of CYP2D6 inhibitors and tamoxifen, but given the strong mechanistic model and overall weight of evidence it is recommended that strong CYP2D6 inhibitors should be avoided whenever possible in patients taking tamoxifen. Examples of such drugs include **paroxetine, fluoxetine, bupropion, quinidine, and cinacalcet**.

Memantine pump device (Ebixa): Risk of Medication Errors

- There are differences in dose delivery between the pump device and dropper device for memantine
- One actuation of the pump device delivers 0.5ml of solution, corresponding to 5mg memantine. The maximum daily dose is 20mg or four pump actuations, whereas 40 drops could be given with the dropper
- Please be vigilant regarding dose delivery for memantine products, particularly during the transition period from the dropper device to the new pump device.
- MHRA request that you always advise patients and their care givers on how to use the new pump device to deliver the prescribed dose and to carefully read the Patient Information Leaflet for memantine oral solution delivered by a pump device.

Hepatitis B vaccines – Not available on the NHS

May we remind all GPs that the Hepatitis B vaccine should only be given free of charge to people considered to be in High-Risk groups for Hep B. GPs are not obliged to give the jab if they think you are not at risk or just because of a patient's job. If patients require the Hep B vaccine due to travel abroad then they will need to pay for it. In some surgeries it appears that the combination Hep A and B vaccine is

being ordered and given to patients therefore effectively by default Hep B is being given on the NHS. Surgeries must ensure that only the Hep A vaccine is ordered and given free of charge and alternative arrangements are made for Hep B.

Incidents concerning Heart Failure Patients

There have been a number of incident reports where Heart Failure patients have been discharged from hospital and have been changed from their usual ACEi to Ramipril. Unfortunately, on several occasions the patient has continued to take both ACEi. The latest incident was where a patient's drugs were issued in a dosette box and the two ACEis were dispensed and taken by the patient for several weeks before the error was discovered. It was reported to the GP immediately and the patient's repeat medication record was changed. Would all pharmacists please be extra vigilant when dispensing these drugs to prevent this happening.

Salbutamol switched to Ventolin

As you are probably aware patients are being switched from the Salbutamol Inhalers to the cheaper Ventolin Inhaler. Please check with patients using a spacer device that the Ventolin inhaler still fits their device.

Top Tips for Saving

- Ensure Plus – For new patients please issue 220ml bottles, £1.85 per bottle, NOT 250ml cans, £2.35 per can. *For a patient using 2 bottles a day for one month this would save £28*
- Analgesics – Please do not issue prescriptions for branded analgesic preparations
- Increase acceptance of ScriptSwitch recommendations especially for Acute prescriptions
- Dose optimisation – Ensure patients are on most cost effective dose

MAR Charts

Pharmacies must ensure that all details are filled in on patients MAR charts especially Allergy Information. On recent visits to care homes it has been noticed that this information is not filled in every time and this could cause harm to a patient and result in a medicines related hospital admission.

Pharmacists Need to Take Charge!

At a Self Care Symposium organised by the [Proprietary Association of Great Britain](#) and the [Royal College of General Practitioners](#) aimed to improve self-care of minor illness by patients, general practice BMA Committee Chair Dr Laurence Buckman advised that pharmacists need to take charge of minor illnesses. He said that they need to take ownership of patients' illnesses and ask them to return to the pharmacy if symptoms such as colds and sore throats do not improve rather than going to their GP. Dr Buckman said a "lack of confidence" from healthcare professionals presented a barrier to patients treating minor illnesses without GP consultation and that it will take a culture change. Dr Buckman also called for improved education of pharmacy staff.

Essential Websites for Pharmacists

UKMi and the Royal Pharmaceutical Society Support Team have produced a list of essential websites to help you search the Internet for information to assist you in your day to day practice. The websites selected are free and further details are provided where access may be restricted or a passport is required. Go to <http://www.rpharms.com/your-day-to-day-practice/essential-websites-for-pharmacists.asp> where you will find the list of helpful websites.

EPS Release 2 – A Step Closer

NHS Medway has now demonstrated to the SHA that it is prepared for the roll out of EPS 2.

In order to get to this stage the PCT has had to put in place a range of policies, procedures and other supporting documents. Specific actions have included

appointing a named PCT EPS lead, putting in place a Governance structure and ensuring involvement of local stakeholders including the LPC, putting in place an EPS Release 2 smartcard distribution and transition policy, a local PCT nomination policy, a process to distribute dispensing token stationary, a local business continuity plan and a local stakeholder and communications strategy. PCTs have also had to develop a PCT wide deployment plan.

The SHA will now put NHS Medway forward for Secretary of State approval on 10th December. Once we have received approval it will allow Medway to role out EPS Release 2.

Approval can take up to 3 months and therefore in March/April 2011 we will be looking to make a small number of GP and pharmacy pairings to run as pilot sites for a few months before rolling it out across the whole area. We will contact the contractors that could be possible pilot sites in the near future to discuss this with them and gain their agreement. Pairings will of course depend on both the pharmacy and GP computer systems being Release 2 compliant.

Next Pharmacy Training Evening

There will be a training evening on 8th December run by Jinny Robinson on C Card and Chlamydia Screening for those pharmacists that are interested in running this service and have not attended training before. (Please see invitation attached).

Also the next PCT run training evening will be on Tuesday 25th January 2011 – Alcohol abuse and Intervention in pharmacy, followed by training from Webstar on the new Methadone and Needle Exchange recording system.

How do you avoid near misses?

We would like to start a new section in this newsletter which will consist of any tips you have found work well for you in your pharmacy to prevent 'near misses' and could be of benefit to other pharmacists in Medway. This could be for instance separating particular drugs that have recently come in very similar packaging. Any tips you would like to share please email to: verity.williams@medwaypct.nhs.uk

Pharmacy Waste Audit – May 2010

In May we sent out to all of our pharmacies, this years multidisciplinary audit. This was based on unwanted medicines returned to pharmacy. For those that took part, this Audit also fulfilled section 8.13 under Clinical Governance on the monitoring contract.

We would like to thank the 22 pharmacies in Medway that took part in this audit and we have now managed to collate the data and can give you some feedback:

- The total value of the drugs returned during this audit was £20,912.01.
- The two most common class of drug returned were Central Nervous System and Cardiovascular system products
- The value of the drugs returned in these two classes was £3200 for the Cardiovascular system and £4300 for the central nervous system.
- However the highest value category of waste returned was for respiratory drugs which amounted to £4500, thought to be due to the high cost of inhalers.

As stated when this audit was sent out, we will be repeating it again in March 2011 to see whether the 'Reducing Medicines Waste Campaign' that we had running at the same time as this audit has had any impact on the amount of medicine being returned. Following the results from stage two of this audit we can then approach prescribers and look at how the prescribing of these drugs can be altered to reduce the amount of waste occurring.

Controlled Drugs in Pharmacy

An incident was recently reported where out of date Diamorphine was supplied against an FP10; fortunately 2 boxes were ordered at the time this prescription was presented in the pharmacy and the other box was in date. Please would you all double check the dates of controlled drugs and associated palliative care drugs when dispensing and ensure that out of date stock is kept as separate as possible in your CD cabinet.

7 Day prescriptions and Dosette Boxes

Recently we have received calls from both GPs and Pharmacies due to confusion about the use of 7 day prescriptions for dosette trays. May we just clarify that 7 day prescriptions should only be used for patients who the GP has stated has a clinical need for 7 day prescriptions e.g. there is a risk to patient safety if more than one week of medication is in the house at anyone time. A DDA assessment can be carried out by a pharmacist who can also deem a patient eligible for a 7 day prescription. Pharmacies are paid automatically within their practice payments for carrying out DDA assessments. (see drug tariff). For these patients receiving 7 day prescriptions their medication must be delivered or collected weekly.

For all other patients where ever they reside, that are safe and able to have all four weeks of medication delivered/collected at once and are still deemed eligible for a dosette box under DDA, a 28 day prescription must be used. For situations where patients/carers/relatives request the medication in dosette trays purely for convenience or because 'they like it' it would be a private agreement and pharmacies are entitled to charge for this service if they choose to, but under no circumstances should 7 day prescriptions be used to fund this form of dispensing.

Dosette trays are not always the best option for a patient and under DDA other adjustments can be made such as large print labels, non-child proof caps or having blister packs popped out into bottles. These adjustments should always be considered rather than assuming the dosette box is the only option.