

## Flu Immunisation

Detailed guidance on arrangements for this season's flu immunisation programme was circulated in June and is available to download from the SHOW website. This summary serves as a reminder of the main points you should be aware of.

The Chief Medical Officer, Scottish Government, has issued two letters regarding the childhood flu immunisation programme and the equivalent for adults aged 65 and over and those with an 'at-risk' health condition. Both programmes will commence on 1 October 2014. The childhood flu programme, when fully rolled out, will apply to all children aged 2 to 17 years. Children below the age of two continue to be eligible if they have an 'at-risk' health condition. In winter 2014/15, all pre-school children aged 2-5 years will be offered the quadrivalent nasal flu vaccine Fluenz Tetra<sup>®</sup> by their GP whilst all primary school children, including those at risk, will receive the vaccine at school. Catch up clinics will be available for primary school children absent from school, require the injectable or a second dose. All of the vaccine required for children, including injectables, will be supplied centrally.

### Adult programme

- Supply through the community pharmacy network
- Target groups as before with orders placed on this basis
- Care providers of patients in target groups also eligible but may not have been included in order quantities
- Immunisation targets as in previous years – community pharmacists well placed to promote the programme to at-risk and pregnant patients
- Flu campaign included in PHS poster programme

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## Feedback Requests

Grateful for your feedback on the following recent events in GGC –

**Carers Week** – Promotional material was distributed to all community pharmacies within GGC in support of Carer's week. The organisers are keen to obtain feedback on how well the initiative went within individual pharmacies, any 'good news' stories and any suggestions for improvement in supporting future events

**Commonwealth Games** – Organisers are seeking feedback on the impact the Games has had on the City. Grateful if you can provide details of any serious operational difficulties, workforce issues, capacity issues and positive examples of pharmacy experiences.

Grateful if these could be sent to David Thomson at [david.thomson@ggc.scot.nhs.uk](mailto:david.thomson@ggc.scot.nhs.uk)

## Hot Topics from the Area Pharmaceutical Committee meeting

- The APC discussed the strategy document 'Prescription for Excellence' (PfE) and the points arising from a meeting between GGC pharmacy representatives and Bill Scott and Alpana Mair, Scottish Chief and Deputy Chief Pharmaceutical Officers respectively, that members took part in.
- It was acknowledged that significant work would be required to achieve the aims of PfE and members were pleased to hear that Bill and Alpana viewed development work being undertaken in GGC very positively and had reflected this in their discussions with senior NHSGGC officers.
- The Committee discussed work being undertaken on the Polypharmacy Local Enhanced Service after receiving an update on progress.
- Discussion also followed on the Asthma and Bisphosphonate Local Enhanced Services including issues relating to support available for Pharmacists undertaking asthma reviews.
- Members discussed difficulties many community pharmacists were experiencing in using the Patient Care Record (PCR) as a routine tool for recording care issues. This is of particular concern as the PCR is to be used to record information for the Smoking Cessation Service from 1 July.

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## Gluten Free Food Service - Update

Following some reclassification and significant changes to the Glutafin product range, the opportunity has been taken to update the GGC Gluten Free formulary. Community Pharmacists should refer to the June 2014 version available on line from the following sites:

Community Pharmacy Development Team intranet site (independents and NCC pharmacies only) at <http://www.staffnet.ggc.scot.nhs.uk/Acute/Division%20Wide%20Services/Pharmacy%20and%20Prescribing%20Support%20Unit/Community%20Pharmacy/Pages/GlutenFreeFoodService.aspx>

GGC prescribing internet site (all pharmacies plus public/patient access) <http://www.ggcprescribing.org.uk/gluten-free-formulary/>

NHS Scotland Community Pharmacy internet (all pharmacies) [http://www.communitypharmacy.scot.nhs.uk/nhs\\_boards/glasgow.html](http://www.communitypharmacy.scot.nhs.uk/nhs_boards/glasgow.html)

Timely reminder also that patients registered for the pharmacy service should not receive any foods on a GP10 from the GP practice after the first month of registration.

## Emergency Hormonal Contraceptive Update

**“Levonorgestrel and ulipristal remain suitable emergency contraceptives for all women, regardless of bodyweight”**

In November 2013, following the publication of two studies, product information on the Levonorgestrel containing EHC Norlevo (not licensed or available in the UK), was updated to state that it was less effective in women weighing 75 kg or more and not effective in women weighing more than 80 kg. This finding caused uncertainty on the effective management of patients requiring EHC and whilst the European Medicines Agency (EMA) was undertaking a review, local experts in sexual health at the Sandyford clinic advised that levonorgestrel *may* be less effective as emergency contraception in women over 75kg. This advice was reflected in the latest review of the EHC PGD which was approved in May 2014.

The MHRA<sup>1</sup> has now announced that the EMA has concluded its [review of emergency contraceptives containing levonorgestrel or ulipristal acetate](#) with the conclusion that, based on the data available, the benefits of using these emergency contraceptives remains positive and it **cannot** be concluded that body weight has an impact on the effectiveness of these widely used medicines. Our specialists locally have indicated they are now reviewing their advice and will keep community pharmacists informed on progress.

<sup>1</sup>. <http://www.mhra.gov.uk/NewsCentre/Whatsnew/CON437753>

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## Drug Safety Update

The July edition of the MHRA Drug Safety Update contains advice on two aspects relevant to community pharmacy clinical practice.

<http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con437>

### Drugs and driving

The Department of Transport has introduced a new offence of driving with certain controlled drugs above specified limits in the blood, likely to come into force on 2 March 2015. It is already acknowledged that driving can be impaired through legitimate use of certain medicines, particularly benzodiazepines and opioids, with the risk increased if the medication is taken with alcohol. Warnings on the risks of driving impairment whilst on certain medicines are already included in the patient information leaflet and community pharmacists are well placed to re-enforce this message. The following link gives access to an information leaflet for patients

<http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con437439.pdf>

Guidance from the Department of Health can be found at <https://www.gov.uk/government/collections/drug-driving>

### Transdermal fentanyl ‘patches’ – reminder of potential for life-threatening harm from accidental exposure, particularly in children

Accidental exposure to transdermal fentanyl can occur if a patch is swallowed or transferred to another

individual. Children are at particular risk as they have a lower threshold to fentanyl overdose than adults and may touch, suck, chew or swallow a patch that has not been disposed of properly. Pharmacists are reminded to provide clear information to patients and caregivers regarding the need for appropriate disposal of patches in line with the instructions given on the patch carton and accompanying leaflet. Pharmacists should also advise on the risks of inadvertent exposure and the need to seek urgent medical help immediately. The following link gives access to an information leaflet to give to patients and caregivers

<http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con437440.pdf>

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## Medication Incidents

Despite best efforts by pharmacists and their staff, medication incidents do occur with most being resolved locally causing minimal harm to the patient. Any incident, irrespective of the degree of harm to the patient, provides an opportunity for the pharmacist to learn from the episode and review procedures to minimise the risk of a similar event re-occurring in the future. The following are offered as examples of best practice you may wish to consider when reviewing your practice –

- A checking procedure should be in place involving two individuals. Where this is not possible and only one person is involved, a ‘professional pause’ should be applied leaving a few minutes between when the script is dispensed and handed out
- Use of a ‘near-miss’ log can identify trends within a pharmacy where an individual might have an issue with similar sounding product names or packaging. Can also highlight training requirements
- Use of shelf stickers to highlight high risk situations. These are available from the NPA or can be home made. Particularly useful with instances of drug-name confusion etc
- Physical separation of high risk items – moving these out of alphabetical order and changing this location frequently to prevent routine forming
- Use of electronic scanning systems – some PCR mechanisms provide this facility whereby the selected product can be scanned to verify accuracy against the script

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## Bisphosphonate LES

Interim figures from community pharmacies participating in the Bisphosphonate LES have now been collated and shared with Pharmacy Champions in each CHP. Champions have been asked to link with those pharmacies whose figures might suggest that a level of support is required to allow them to reach the 75% target. Over the next few weeks you may be contacted by your Champion to discuss your particular situation. Help and advice is also available from this office at any time. The Community Pharmacy LES programme represents significant additional investment by the Health Board in expectation that the network can deliver against the project plan.