

October 2015 ♦ Produced by the Prescribing Team

## Nebuliser-associated Supplies in Primary Care

There have been some recent reports of respiratory patients being referred to their GP for ongoing supply of nebuliser consumables (e.g. masks, filters), and this has caused some difficulty as some items are not prescribable or are only available through GP10A (stock order). It has subsequently been agreed that the supply of nebulisers and the associated consumables will remain within acute care for those patients requiring them. GPs and community pharmacies will not be asked to prescribe or supply consumables. Any patients in primary care experiencing difficulty with supply of consumables should be referred back to the acute care team looking after their care.

The “acute care team looking after their care” in some cases will be a clinic and in others it will be the hospital pharmacy department. On discharge from hospital, the patient should be counselled and told where to go to get ongoing supplies, so will know who to contact.

## Education on Chronic Pain

Pain Concern and NHS GGC have recently developed new educational sessions for patients with chronic pain. Leaflets advertising these sessions have recently been disseminated to GPs via the Prescribing Support Teams.

These sessions were developed, tested and refined by the NHS GGC Pain Management Programme (PMP) and the NHS GGC Chronic Pain MCN. They deliver early evidence-based self-management information. The sessions last for two hours, are single one-off sessions and cover understanding pain; activity management; the management of sleep problems; stress management; flare-up management; and comparing and contrasting medical vs. self-management. The sessions are delivered by trainers who have chronic pain, and who have come through the PMP as participants. They are trained and supported by NHS GGC and Pain Concern.

Feedback from sessions has been very positive with 93% of patients saying they would recommend the session to others with chronic pain. Presentations on understanding pain and managing activity were

rated as good, very good or excellent by 95% of participants. Patient quotes included;

*“A very useful session.”*

*“It is very worthwhile for understanding pain. Feel I can come to terms with my pain. Would enjoy coming to another session.”*

*“It gave an insight into pain and many ideas for coping strategies. Speakers were excellent, friendly and using plain language.”*

The sessions are run monthly. Patients can book a place or register their interest by texting or phoning the contact details given on the leaflets. Healthcare practitioners and carers are also welcome. Currently classes are already running (Possilpark, 3rd Monday of each month 16.00 until 18.00), Clydebank HC (last Thursday of each month, 17.00 until 19.00) and The Vale Centre for Health and Social Care (First Monday of each month, 13.30 until 15.30).

Sessions will be being delivered at Easter house Health Centre from Tuesday 13th October. Classes will run from 10am until 12 midday, on every second Tuesday of each month.

Classes will run at the Shields Centre from Wednesday 28th October - 5.30 until 7.30pm and on the last Wednesday evening of each and every subsequent month.

## Flu, Pneumococcal and Shingles Vaccination

Seasonal influenza vaccination is offered to persons at high risk of infection to reduce morbidity, and to reduce the risk of transmission.

Pneumococcal vaccination is usually offered to people who are over 65 who have not had it before. Many people only need to be given this vaccination once in their lifetime, although some need boosters every 5 years e.g. those with chronic renal impairment and individuals with no spleen or splenic dysfunction.

Year 3 of the national shingles vaccination programme commences 1<sup>st</sup>. September 2015.

Supplies of the vaccine (Zostavax<sup>®</sup>) are sufficient for the routine cohort (those aged 70 on 1<sup>st</sup>. Sep 2015) and catch-up cohort (those aged 78 on 1<sup>st</sup>. Sept. 2015). An [eligibility calculator](#) is available. Those in

previous cohorts who have missed vaccination in the last two years can still be vaccinated provided they have not reached 80 years old. GPs should encourage uptake in these groups unless there are contra-indications.

It is particularly important to identify those patients who have contra-indications to shingles vaccination as it is a live vaccine. A [screening tool](#) is available to identify those who should not receive vaccination. Practices that have recently registered care homes patients are particularly requested to check their patient's vaccination status.

Some conditions pre-dispose patients to increased risk of infection. People with inflammatory rheumatic diseases (RA) are a group who should be specifically considered for influenza, pneumococcal and shingles vaccination.

People with RA have an increased risk of serious infection both because of the impact of the disease itself and the use of disease-modifying anti-rheumatic drugs (DMARDs).

A [rheumatology key messages bulletin](#) was published by the MCN in July 2015 to help GPs identify patients with inflammatory rheumatic disease who should receive vaccinations. Specific immunosuppressive drugs, combinations and dose ranges to be taken into consideration are detailed in the bulletin. Information on the criteria for excluding patients from shingles vaccination is also included.

Healthcare practitioners prescribing or administering vaccines are reminded to ensure they are using up-to-date guidance via the [Green Book](#) and other relevant sources such as the [NES immunisation resources page](#).

## New Strength Prednisolone Preparations

Prescribers are asked to note that prednisolone tablets are now available in 1mg, 2.5mg, 5mg, 10mg, 20mg and 25mg strengths. The 10mg and 20mg strength have been launched recently in addition to the 1mg, 2.5mg, 5mg and 25mg tablets already available and are now listed on EMIS and Vision systems. Please double-check the strength selected when prescribing to avoid errors.

Prednisolone tablets are often prescribed in short course regimens of eight 5mg tablets once a day to treat acute conditions. To avoid accidental overdose where a higher strength is selected for prescribing, please ensure patients and carers are counselled appropriately if they need to take fewer tablets each day.

## Provision of Prophylactic Paracetamol following the Meningococcal Group B Vaccine

Arrangements have now been put in place for supplies of paracetamol for post-vaccination pyrexia following Meningococcal B vaccine to be provided from community pharmacies.

The supply will be available to any child under one year of age in advance of or after receiving Bexsero<sup>®</sup> vaccine. The updated advice that three 2.5ml doses of infant paracetamol suspension 120mg/5ml should be given prophylactically following administration of Bexsero<sup>®</sup> is a change to previous advice where the prophylactic use of paracetamol has not been routinely recommended following immunisation. In addition, when given to babies of 2 months, the recommended dose regimen of paracetamol of three doses exceeds the current post-immunisation licensing restriction on Pharmacy (P) and General Sales List (GSL) paracetamol products, which advise a *maximum* of two doses.

To address both of these issues, a PGD has been issued to allow the pharmacist to supply the appropriate dose.

Parents should be advised to contact the local community pharmacist before the vaccination appointment to receive a supply of paracetamol. The first dose can then be given immediately after vaccination by the parent/ carer.

**Practice staff administering the vaccine are still required to check if a dose of paracetamol has been given within 4 hours.**

GP practices will no longer need to pre-print prescriptions for the post-vaccination paracetamol or to administer the first dose following vaccination following implementation of these new arrangements. Whilst these arrangements came into effect on 1<sup>st</sup> October, there will be a small lag time while the pharmacists receive, read and sign the PGD to allow for the legal supplies.

This new addition to the pharmacy contract will also provide a formal system for provision of post-vaccination antipyretics for all childhood vaccines if clinically appropriate; noting that routine prophylaxis is not recommended for other vaccines, apart from Bexsero<sup>®</sup>.