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Rotherham Community Pharmacy Newsletter

March 2010



Stand down of antiviral collection points for swine flu medication

The antiviral collection points will not be available from 1 April and antiviral medicines used to treat people in the 'at risk' groups with swine flu will no longer be available free of charge from the national stockpile.

Anyone who needs antiviral medicine for swine flu symptoms will be able to get it on normal prescriptions from their GP and collect it at any chemist from 1 April.

GPs are asking any patients diagnosed as needing the antivirals before that date to arrange for it to be collected as quickly as possible before the end of March, from one of the antiviral collection points across the district, to avoid having to pay for their prescription.

Visit of HRH The Duke of Kent



HRH The Duke of Kent visited the Rotherham Community Health Centre in February, to commemorate the building a year from opening. Here he is with

Dhevan Pillay – Pharmacy Manager at MedicX Pharmacy, which is located on the site.

PNA Questionnaire

You will recently have received a Community Pharmacy Service Questionnaire from NHS Rotherham. The information provided will enable us to collate and assess the current pharmaceutical provision in the NHS Rotherham area.

When the information has been processed it will be anonymised and arranged by area.

This will then help us to identify any unmet need amongst the Rotherham population, and assist in Market Entry Applications.

Note: if you have not received a questionnaire, please contact Joy Rogers on 01709 302112, or email: joy.rogers@rotherham.nhs.uk

Pharmacy First Scheme

When completing the assessment forms, please make sure the 'Brief Description of Advice and Counselling' is filled in.

Consultations can now only be carried out by pharmacists holding the necessary accreditation:

- CPPE Safeguarding and Child Protection Assessment or CPPE Safeguarding Children e-assessment.
- CPPE e-assessment – Minor Ailments
- Criminal Records Bureau (CRB) Check – contact Joy Rogers

Regular pharmacist should send their certificates to:

Janet Knott – Office Manager, NHS Rotherham, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY

Locums should complete the 'Locum Pharmacist Accreditation Checklist' in the pharmacy.

Claim Forms

Please ensure that all claim forms for Pharmacy First, EHC and NRT Schemes are sent to the Pharmacy First Administrator, NHS Rotherham, Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY within 3 months of the consultation. Late claims will not be processed

Bug Busting Kits

Bug Busting Kits, can be obtained from Community Hygiene Concern www.chc.org Tel 01908 561928.

Pharmacy First Protocol – Preparations for Wart and Verruca

Pharmacist has questioned whether Salactol® paint (containing salicylic acid) is suitable for use in children.

The summary of product characteristics (SPC) for Salactol® notes that systemic absorption of salicylic acid or lactic acid after application to small areas is exceedingly unlikely. The manufacturers say there is no lower age threshold, but users should be aware that the skin in younger children is more sensitive and care should be taken to apply the paint only to the wart or verruca.

This confirms that our protocol allowing use of Salactol® on children over 2 years is appropriate, provided care is taken applying the paint.

NRT Vouchers

Remember – patients no longer pay the prescription charge levy for supply under the voucher scheme.

Special-Order liquid medications – is this the most appropriate option for my patient?



Across the NHS the spend on unlicensed medicines, commonly known as 'specials', is rising. With an increasingly open market, diverse pricing structures and lack of price controls, there are signs that discounting schemes to community pharmacies are beginning to disproportionately influence the choice of supplier.

In addition to being expensive, special-order products are not required to meet the same standards as licensed preparations and they have no clinical trials to validate their effectiveness.

The draft 'good practice guidance' from the RPSGB states that community pharmacists have a professional responsibility to ensure:

- Patients receive medication that is safe, effective, appropriate for their condition and circumstances with minimal clinical risk.
- A 'special' is prescribed and supplied *only* when there is no available licensed medicine that fully meets the patient's clinical needs.

How can I help?

A common reason a patient would be prescribed a 'special' would be if they are unable to take medication in solid oral dosage forms. We have evidence that across Rotherham many patients are being prescribed special-order liquid medicines when a licensed alternative is available.

Consider performing an MUR on patients that have prescriptions for *special-order liquid medications*. A stepwise approach is suggested to identify a suitable alternative that you could discuss with the prescriber:

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| <p style="text-align: center;">1</p> <p>Is the medication needed? The first consideration should be to determine if a medicine is needed at all. Discuss with the prescriber if you feel a patient's medication regimen could be simplified</p> | <p style="text-align: center;">3</p> <p>If there is no suitable licensed formulation either:</p> <p>Discuss with the prescriber about switching to a different therapeutic agent in the same class, or to a different route of administration</p> <p style="text-align: center;">OR</p> <p>Discuss with the prescriber about using a licensed medicine in an unlicensed manner, for example by crushing tablets or opening capsules.</p> <p>* You must first establish that the medicine is suitable for administration in this way</p> | <p style="text-align: center;">4</p> <p>In the few situations where the patient's needs cannot be met by licensed medicines, the use of a special-order product ('special') may be considered</p> <p>* For advice on the options for specific medicines follow the links below: http://www.formulary.cht.nhs.uk/Guidelines/MMC/062b_MedEnt_IndivDrugs.htm www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Therapeutic-options-for-patients-unable-to-take-solid-oral-dosage-forms/</p> |
| <p style="text-align: center;">2</p> <p>A licensed medicine in a suitable formulation to meet the patient's needs should be used first line (e.g. a dispersible tablet or <i>licensed</i> liquid medicine)</p> | | |

Below is a table showing some of the commonly prescribed special-order liquid medications across Rotherham with alternatives that could be discussed with the prescriber:

| Commonly prescribed liquids | Cost | Alternative | Cost |
|--|-------------------------|--|-----------------------|
| Metformin 500mg/5ml | From £80/100ml | Metformin (Glucophage®) Granules for oral solution (licensed) | £7-13 /60 sachets |
| Dipyridamole 100mg/5ml | £90/150ml | Dipyridamole MR capsules can be opened and mixed with water (within license) | £8 /60caps |
| Dipyridamole 50mg/5ml (no evidence base) | £40/150ml | | |
| Omeprazole 20mg/5ml (unlicensed) | £90/150ml | Omeprazole dispersible tabs (Losec MUPS®) (licensed) | £12 /28 tabs |
| Atorvastatin 20mg/5ml (unlicensed) | £40/35ml (8 day expiry) | Atorvastatin tablets can be crushed and dispersed in water (unlicensed) | £18-30 /28 tabs |
| Simvastatin 20mg/5ml (unlicensed) | £100/150ml | Simvastatin tablets can be crushed and dispersed in water (unlicensed) | Less than £3 /28 tabs |