NHS Borders Prescribing Bulletin

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Yellow Care Scheme Annual Report – 2019-2020

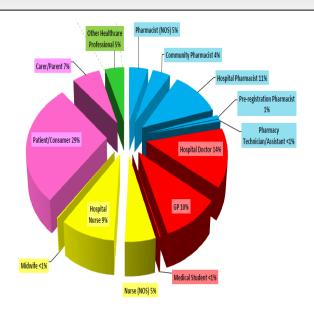
The Yellow Card Centre Scotland (YCCS) latest annual report has indicated an overall increase in reporting via the Yellow Card Scheme (YCS) compared with the previous year. The primary driver for this has been an increase in patient group reporting, accounting for 35% of all reports in 2019/20 whilst healthcare reporting has declined. GP reporting and hospital doctor reporting has declined 14% and 17% respectively when compared with 2018/19.

Lack of integration of YCS into clinical systems in hospitals and GP practices has been identified as a significant factor in this decline in reporting, work is under way to ensure this feature is a part of Primary and Secondary Care clinical systems.

Reporting from hospital nurses, hospital pharmacists and other healthcare professionals has increased and is attributed to training provided to non-medical prescribers (NMPs) and the increasing number of NMPs now practicing. A breakdown of reporting groups in 2019/20 can be seen in the image.

Reporting can be done via a variety of routes including the YCS website and an app. All healthcare professionals are encouraged to use the YCS to report adverse reactions with all medicines and medical devices. Further information is available on the YCS website

at: https://www.yccscotland.scot.nhs.uk/



NHS Borders reporting was measured at 24 per 100,000 population versus the national average of 26 per 100,000 population of Scotland.

Emergency Supplies – A reminder of the regulations

The Human Medicines Regulations (2012) permit emergency supply of medicines by pharmacists against a telephoned or emailed prescription from a prescriber. The Pharmacotherapy Team have been made aware that some community pharmacies have received requests to issue emergency supplies when supply was not urgent. This is a reminder that this supply route is for urgently needed medication only when it is not possible to provide a prescription immediately. Where this is done, it is a legal requirement that the prescriber provides original copies of the prescription to the pharmacy within 72 hours. Please note this legislation does not cover the dispensing of Schedule 2 and 3 Controlled Drugs (e.g. Morphine, Temazepam, Tramadol, Gapapentin, Pregabalin) in this manner, an original prescription must be physically in the community pharmacy before a Controlled Drug can be released to a patient. All community pharmacies that collect prescriptions from surgeries will have regular pick-up times and "urgent" prescriptions can be requested in hours to be dispensed that day. Pharmacies are better able to identify urgent prescriptions if these are separated from the routine prescriptions and marked 'urgent'. Please discuss this with your local community pharmacies and pharmacotherapy teams if this needs addressing within your practice. For information:

https://www.legislation.gov.uk/uksi/2012/1916/contents/made

Eye, eye:

A change to the licence for chloramphenicol eye drops 0.5% now contra-indicates use of this product in babies and children under 2 years of age. The pharmacy PGD which was in local use to allow supply for under 2 years was revoked on 15 April 2021.

Use it or lose it:

Pharmacy was given access to the Emergency Care Summary last year. This was welcomed. Remember that if your account has not been use for 90 days it is inactivated and a reset will be required.

Communication is key

A reminder that when altering or stopping a medicine on a serial dispense/weekly dispense/ MAR chart or compliance aid prescription, please remember to let pharmacy know. The pharmacotherapy team have reported a few instances where a medicine has been continued due to the fact that the pharmacy was not informed.

Coloplast are changing to Peristeen Plus®

Coloplast are transferring patients on the Peristeen systems over to the new Peristeen Plus[®] systems as the former is being discontinued. Consumable products from the 'old' system are NOT compatibile with the new Plus[®] system. Please check that patients started on the Plus[®] system are prescribed only Plus consumables moving forward. This changeover is expected to occur between July-December 2021.

What A Waste

The Pharmacy Team based at BGH is responsible for organising the collection and destruction of community pharmacy pharmaceutical waste. This includes out-ofdate medicines', patient's returned medicines and medicines returned from care homes.

In January 2021, 2 van loads looking like this were returned.

330 x 30 litre non-reusable plastic bins were collected and sent for incineration.

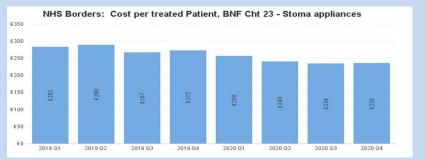
This estimates to £75,000 of medicine waste, not to mention the cost of the plastic bins, van and driver hire, incineration and transportation costs.

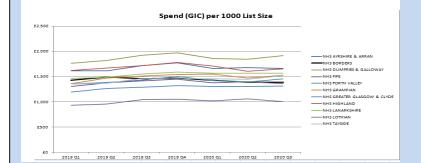
Most medicines waste is legitimately returned and unavoidable but is there anything prescribers can do, to reduce this current amount of medicines waste? Please direct any good ideas to our pharmacy team member <u>kate.warner@borders.scot.nhs.uk</u>.



Stoma Management Products – NHS Borders Prescribing

Over the past 18 months, the Clinical Nurse Specialists (Stoma Care) have been reviewing all stoma patients, liaising with the GP Clinical Pharmacy Service (GPCP), to ensure appropriate and cost effective prescribing of appliances and accessories.





There has been a reduction in overall cost per treated patient during this period which is very welcome.

Comparing stoma appliance and accessories prescribing with other NHS Boards in Scotland, NHS Borders is the only board to show a sustained and consistent decrease in costs per 1000 patients.

Thank you to the Stoma specialist Nurses for their continued excellent support given to these patients, and the care the practices have taken in prescribing. Please refer new requests to the GPCP to add to the prescribing system.

Pharmacy First - One Year On

In our September 2020 bulletin we wrote about the launch of the NHS Pharmacy First Scotland service (<u>http://intranet/resource.asp?uid=39427</u>).

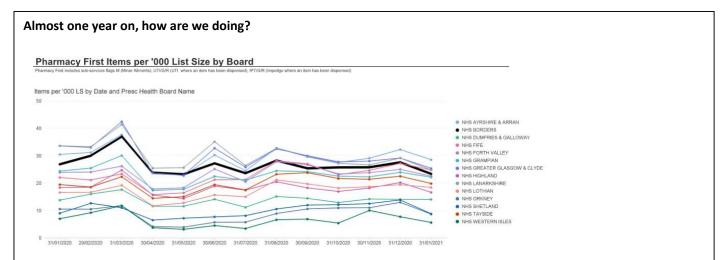
The focus is on the community pharmacy as the first port of call for managing self-limiting illnesses and supporting selfmanagement of stable long term conditions. The pharmacy team will provide a consultation service that can result in 3 outcomes: advice, treatment or referral.



From 15 June 2021, PGDs supporting two further common clinical conditions will be added as part of the national service to facilitate consultations for advice and treatment of shingles and skin infections. These will build upon the existing services for uncomplicated UTI and Impetigo.

A useful resource for healthcare staff about NHS PFS and signposting to the service can be found at: <u>https://www.sehd.scot.nhs.uk/publications/NHS_Pharmacy_First_Scotland.pdf</u>

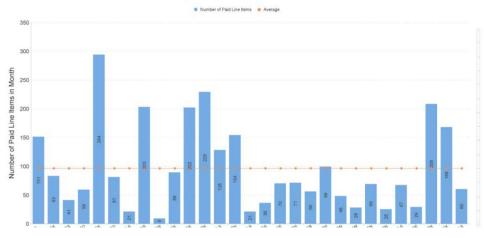
Patients can be directed to find more about the service on the NHS Inform website https://www.nhsinform.scot/campaigns/nhs-pharmacy-first-scotland



NHS Borders is the thick black line and is sitting 3rd highest in activity levels.

The table below shows each individual pharmacy in NHS Borders. Activity levels vary widely but so too does the size of the pharmacy. Pharmacies do not have a patient list size so it is hard to make comparisons but as more data becomes available we will be able to monitor changes in the service.

NHS Borders: Number of Paid Line Items in Month (Jan 2021)



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