

NHS Borders Prescribing Bulletin

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March 2022

NHS Scotland Pharmacy First and Pharmacy First Plus sound very similar, but they are different. Here is a short description of each service that will help GP practice teams when advising and directing patients.

PHARMACY FIRST

- Pharmacy First is the rebranded version of what **was** called the Minor Ailments Service (MAS).
- All pharmacies across Scotland provide this service.
- Anyone can visit the community pharmacy or be referred there by another health or care service for advice and/or treatment of common minor conditions.
- The types of common minor conditions that can be treated can be found listed in the [Approved List](#) of treatments. You may want to print these off, share with colleagues and have handy at reception. You can also bookmark this resource on your reception PC.
- **N.B.** It is important that you tell patients that the outcome of a referral will not always result in the supply of medicine. The pharmacist will decide whether to provide:
 - **Advice only**
 - **Advice and medicine/treatment**
 - **A referral to a more appropriate health professional (e.g. Optometrist or GP)**
- Treatment is supplied free of charge from the Approved List. There may be occasions when a patient prefers to buy a product, for example, where the patient wants a specific branded medicine.
- There are 5 national Patient Group Directives (PGDs) which allow the pharmacist to supply prescription only medicines (POMs) in low risk scenarios. The PGDs cover conditions like UTIs (in women only), uncomplicated cellulitis, impetigo and shingles. A list of the national PGDs and a reminder of who CANNOT be treated on them (exclusion criteria) can be found [here](#).
- Click [here](#) for more information about Pharmacy First.

PHARMACY FIRST PLUS

- Pharmacy First Plus is **where the community pharmacy has a pharmacist who is an independent prescriber (IPs)**. You may also hear it called the **Common Clinical Conditions service (CCC)**.
- **Not all pharmacies in Scotland can provide this service**, so it is best to check first before referring anyone. Also, some pharmacies will only be able to provide this service during certain times in order to manage numbers.
- NHS Borders currently has 5 **community pharmacies that can provide this service**. Over the next few years, there are plans to train more pharmacists as independent prescribers.
- If your local pharmacist is an independent prescriber, discuss with them when and what they can prescribe for so that referrals to the service are appropriate. Each pharmacist has been trained to prescribe within their level of competence and expertise and that may differ between pharmacists. **Good communication with your local pharmacy is key to making the most of this service.**
- To obtain this IP qualification, pharmacists must undertake additional training and require another qualified prescriber to supervise them during this. If this is a doctor, they are called a **Designated Medical Practitioner (DMP)**. Pharmacists may therefore approach the GP practice and ask for support from you and your team to help them achieve this new qualification. Please consider this, as time invested in this training will result in reducing the demands on general practice when patients can be referred to Pharmacy First Plus.
- Talk to your local community pharmacist or GP practice pharmacist to find out more.

Some quick one liners

How much?

Please remember that when writing prescriptions for Controlled Drug (CD) instalment dispensing, the prescription should specify the dispensing instructions (for example, daily dispensing) and **the amount to be dispensed per instalment**. Guidance on instalment dispensing can be found at: <https://cks.nice.org.uk/topics/opioid-dependence/prescribing-information/writing-prescriptions-for-substitution-therapy/>

Going green

Some keen beans (plant based, naturally) at NHSB are creating an interest group that can support each other and the organisation to achieve sustainable clinical services with net zero greenhouse gas emissions. If you are interested in finding out more, please email Joanna Bredski at Joanna.Bredski@borders.scot.nhs.uk

Under your radar?

The NHS Borders Formulary is being updated to the East Region Formulary, while mostly the same as our current Formulary there will be some changes to medication choices. For more information see the following link: <http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/medicines-and-prescribing/nhs-borders-formulary/>

Methotrexate injection

A quick reminder when prescribing and dispensing methotrexate injections that the NHS Borders Formulary choice is Metoject[®]. Please ensure when prescribing methotrexate injection that it is done by brand as different products have different administration instructions. When starting Metoject[®] patients are counselled via specialist services on this particular product.

Reminders about Serial Prescribing and Making Claims in Community Pharmacy

The NHS Borders practice-based Pharmacotherapy Team are ramping up work on serial prescribing in order to ensure patients benefit from regular contact with the community pharmacy as well as supporting the workload of General Practice. Please make sure all claims are processed on the day the patient collects their dispensed prescription. This ensures the GP records are kept up to date and allows timely payments for your pharmacy. National guidance recommends that serial prescriptions are dispensed a maximum of 5-7 days in advance of due date both for patient safety and to minimise waste in case of any changes. Treatment Summary Reports (TSRs) should be sent immediately after the last prescription issue is collected by the patient. This gives the practice time to ensure the patient's annual review (which may include blood monitoring or physical measurements) is done in time to generate a new serial prescription.

Below you can find a handy link to Health Improvement Scotland's Serial Prescribing Guide:

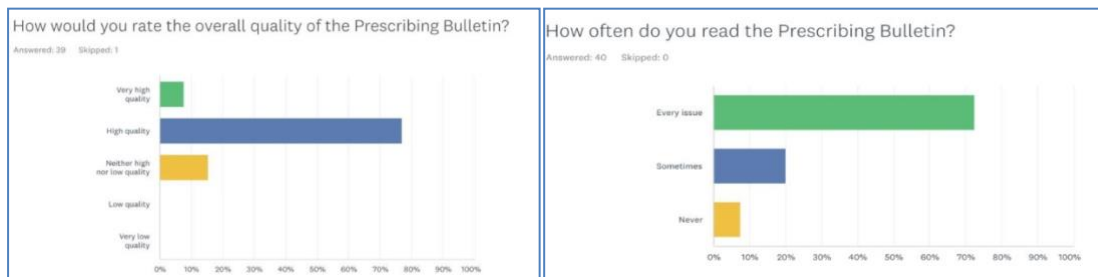
<https://ihub.scot/media/8698/20210716-serial-prescription-toolkit-v21.pdf>

Prescribing Locally Enhanced Service (LES) Update for 2022 Onwards

Over the next few years the Prescribing LES is funding a Pharmacy Support Staff (PSS) service. With this funding Pharmacy has been successful in recruiting 6 people to PSS roles who started in October. Despite the challenges of pandemic working we now have a "Pharmacy Hub" on the BGH campus to allow the team secure and remote access to any practice. The team have so far accessed 17 practices and removed over £98,000 worth of obsolete medication using an approved protocol under NHSB Prescribing Governance. This "tidying" of patient repeats ensures a more accurate record and improves prescribing governance helping the wider MDT. This process also reduces the risk of accidentally prescribing items which are no longer used. This is particularly relevant for admissions to hospital as EMIS automatically updates the Emergency Care Summary. With the opening of the Pharmacy Hub, the team can now remote into any practice once connections are set up. We are keen for the Prescribing LES resource to be shared equitably across practices and will be in touch with the remaining practices to discuss setting this up (*do you have a PC which is sitting in socially-distanced exile and could be turned back on for us to dial into?! Please contact a member of the practice-based Pharmacy teams or Keith Maclure if so!*) **Thanks to Keith Maclure (Lead Pharmacist for Medicines Utilisation and Planning) for this article.**

You said.....Prescribing Bulletin survey results

A small (n=41), but very supportive, number of people responded to our Prescribing Bulletin survey in December 2021. Please see the brief details below. We will keep producing the bulletin for now but would like to make sure it's hitting the spot. We've prepared a VERY brief survey to gauge ongoing interest in the Bulletin and we'd be very grateful if you would complete it. You can find the survey at [this link](#).



You said:

“Always very informative – thanks very much”

“Right amount of content and good feedback on prescribing”

I am aware of who to contact if I have any issues I would like to be included in the bulletin. In fact a suggestion could be the inclusion of instalment direction for schedule 2/3 CD's? We repeatedly get scripts without the quantity to be dispensed included. For example: Pregabalin 75mg BD - dispense weekly should read dispense 14 weekly.

.....and we responded - see “one liners”

Prescribing Efficiency Program 2022

Prior to COVID NHS Borders developed a prescribing efficiency plan, in conjunction with Scottish Government (SG), as part of the financial turnaround programme. The pandemic delayed the full implementation and as we work our way out of the pandemic we are beginning to pick up the efficiency program again and continue to develop plans for the year(s) ahead. Collaboration with the Prescribing & Therapeutics division in Scottish Government has meant using the National Therapeutic Indicators to understand our position against our Board comparators and internally at Practice level. As well as SG, we are also collaborating with other Boards and developing a list of potential projects. The list below includes top-level areas for review and Primary & Secondary Care topics. The aim is to ensure safe, effective and cost-efficient prescribing within these areas:

- Systems: East Region Formulary (ERF) Updates // ScriptSwitch // EMIS Formulary (ERF Updates) // Pharmacy Support Staff work // Prescribing Governance Reporting
- Non-medicinal: Items less suitable for prescribing // Baby Milks & ONS
- Polypharmacy/Realistic Medicine and prescribing
- Appliances: Stoma // Catheters // Diabetes // Lymphoma & Hosiery
- Biosimilars
- BNF chapter reviews according to East Region Formulary

If you have any specific potential projects please email keith.maclure@borders.scot.nhs.uk with your suggestion which can be added to the review.

Many thanks to Keith Maclure, Lead Pharmacist for Medicines Utilisation and Planning, for this article.

Midazolam for Paediatric Seizures

NHS Borders choice for the preparation of Midazolam for treating **paediatric** status epilepticus remains as **Epistatus oromucosal solution 10mg/ml 5ml bottle** (multi-dose bottle supplied with 4 oral 1ml syringes in the pack) as per the Scottish Paediatric Epilepsy Network recommended preparation of choice for children over 10kg. This is an unlicensed* preparation and care should be taken to select the correct preparation when prescribing within EMIS.

See www.spen.scot.nhs.uk/wp-content/uploads/2021/11/2019-SPEN-Buccal-Midazolam-Guideline-v1.0.pdf for details of the Scottish Buccal Midazolam Guideline for NHS Scotland.

Children aged 10 years to 18 years may be prescribed the alternative of the **Epistatus 10mg/ml oromucosal solution in prefilled syringes** (licensed product) if their treatment plan documents this (may be recommended from the Secondary or Tertiary paediatricians if a dose of 10mg is suitable for the patient). Product information is available at <https://www.medicines.org.uk/emc/product/2679/smpc#gref>. Although licensed, this contains ethanol and should only be prescribed and administered for patients aged 10 and over.

We are also aware of some children who have moved into the Scottish Borders from elsewhere who have already been prescribed a specific preparation of Midazolam from their previous health providers –to avoid confusion they should remain on their familiar medication until discussion with the NHS Borders paediatrics service or the Epilepsy specialist nurse. We encourage community Pharmacy staff to check when issuing prescriptions for Midazolam that the parent or carer receives the preparation they were expecting to receive. There have been instances where either the wrong product has been prescribed or dispensed, and in two cases the incorrect product was supplied to patients under 10.

Use of Buccolam® is not recommended in NHS Scotland due to the difference in strength and resultant volume required for the prescribed doses.

As a further point for practices to consider – Diazepam rectal tubes 2.5mg have been discontinued by the manufacturers recently. In due course, once the existing stocks of 2.5mg are used up, the smallest Diazepam rectal tube size available will be 5mg. Guidance is available on how to administer a prescribed dose of 1.25mg or 2.5mg using a 5mg rectal tube to a baby here: <http://nppg.org.uk/wp-content/uploads/2022/02/NPPG-Position-Statement-Diazepam-V1.pdf> or is available on the RCPCH website at <https://www.rcpch.ac.uk/sites/default/files/generated-pdf/document/Administration-of-rectal-diazepam-to-neonates-and-infants-to-treat-seizures-prior-to-hospital-admission---position-statement.pdf>.

*Community Pharmacies: All Midazolam products mentioned are listed in Part 7S or 7U of the Scottish Drug Tariff, so Unlicensed Medicine authorisation is **not** required.

Thanks to Hazel Guelder, Clinical Pharmacist, Borders General Hospital for providing this article.

Oral Contraceptive Bridging Prescriptions from Community Pharmacy

At the end of February 2022 information was sent out to GP practices regarding the provision of bridging contraception from Community Pharmacy. It is expected that pharmacies will see an uptake in this service off that back of this communication and practice teams have been advised to discuss with local pharmacies a process that works to everyone's benefit.

Practices have been told the following:

- From 09/11/21 all Community Pharmacies began to offer a service to improve access to contraception
- Pharmacies can provide 3 months of oral contraception following a consultation
- Supply is made under a PGD either following on from Emergency Hormonal Contraception (EHC) or where no EHC is required
- This service is available to individuals between 13-55 years old, where clinically appropriate and if registered with a Scottish GP practice
- Users of this service will be advised to contact their own GP for ongoing supply

Further information for patients is available at: <https://www.nhsinform.scot/campaigns/bridging-short-term-contraception>

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Past bulletins can be found at: <http://bgh-bd-intra-01/microsites/index.asp?siteid=5&uid=5>