

Pharmacy Bulletin

15th May 2014

Weekly E-Communication for Pharmacies

Welcome to this week's edition.

1. Dispensing of FP10 (PN) (lilac) prescription forms

To Plymouth pharmacies (sent on behalf of Plymouth Community Healthcare)

Steve Cooke, Chief Pharmacist and Controlled Drug Accountable Officer, Plymouth Community Healthcare CIC has asked us to pass this message on to you.

"I have been informed that on several occasions recently prescriptions written by independent nurse prescribers have been declined for dispensing because the drugs prescribed are not on the Nurse Prescribers Formulary (NPF). The prescriptions declined included Co-codamol and Naproxen, both of which were needed for acute pain. In some cases an attempt was made to contact the prescriber for clarification but without success as she had gone home.

I would like to remind community pharmacists that the lilac FP10PN form is issued as personalised pads to both Independent / Supplementary prescribers (who can prescribe anything from the BNF within their competency) **and** to Community Nurse Practitioners (who can only prescribe from the NPF). The prescriptions that are issued clearly state at the top of the prescribing box which type of prescriber they are. We have increasing numbers of nurses (and some pharmacists) now qualified as independent prescribers so you are likely to see more of these prescriptions from now on. Declining to dispense the script causes great inconvenience to the patient so please would you take note of the prescriber type before querying or declining the prescription."

If you need to speak to Steve Cooke his telephone number is 01752 434723 or e-mail steve.cooke1@nhs.net

2. Two Thirds of Asthma Deaths are Preventable says BMJ report 12/05/2014

Pharmacists can be instrumental in educating patients about pharmacologic agents for treating and managing asthma. Pharmacists have a role to play in educating patients about the proper use of inhalation devices, especially newly diagnosed patients who may be overwhelmed with diagnosis and treatment plans. As more treatment options and patient

resources become available for controlling asthma, a collaborative effort between health care professionals and patients, coupled with patient education and stressing the importance of patient adherence, is fundamental for effectively controlling asthma. For successful management of asthma, it is important that patients be thoroughly educated about their condition, they need to know the warning signs of an asthma attacks, know the factors that may trigger an attack, know how to manage attacks, adhere to personal asthma plan, and know how to properly use the prescribed treatment. Results from various studies have shown that increasing awareness and promoting education about asthma can reduce the numbers of asthma-related hospitalizations, accident and emergency department visits, missed days at school and work, and deaths. We would like to encourage the pharmacy team to be vigilante and target asthma patients where it is evident they will benefit most from having a **Medicines Use Review**.

3. Contact details

Due to the number of calls we are receiving it is apparent that some pharmacies are not aware that an updated Contact Details sheet was e-mailed last month. Lots of enquiries relate to information held on these sheets, ie telephone numbers or addresses. Please find a copy attached which we would be grateful if you could kindly share with all pharmacy staff. It may also be helpful to have a hard copy readily available.

4. EPS Training session

Devon LPC are running an EPS training session in Plymouth on 27th May 2014 at The Copthorne Hotel, Armada Way, Plymouth PL1 1AR starting at 7pm with a buffet. Please view the following link for further details: <http://devonlpc.org/our-events/eps-2-training/>

5. Prescribing of renal immunosuppressants to be returned to secondary care (sent on behalf of NEW Devon CCG and South Devon & Torbay CCG)

Following national changes to commissioning arrangements, prescribing of immunosuppressants following renal transplant is to be returned to secondary care for patients living in North, East or South Devon. This change has already commenced for patients in the West of Devon who are under the care of Derriford hospital.

Prescribing will be repatriated gradually following patient review and the first patients will be supplied by secondary care from the end of April 2014. They will either receive their medicines from the out-patient pharmacy at RD&E or via home delivery. Over the following months it is anticipated that the majority of patients will move to this supply route.

We wanted to give you advance warning of this to ensure that you are not left with excess stock of these expensive medicines. The medicines that will be affected are:

Tacrolimus (both Adoport and Prograf)

Mycophenolate mofetil

Mycophenolate sodium (Myfortic)

Sirolimus (Rapamune)

There will be some patients on ciclosporin, but as this is used for so many other indications, like prednisolone, this will be less of an issue.

Many thanks in anticipation of your assistance and understanding in this matter. If you have any questions please contact:

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or

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If you have any articles you would like us to include in the weekly E-Communication then please let us know.

Janet, James, Sally, Kath & Stacey

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Kath is currently off sick so please direct your e-mail/telephone call to another member of the team.

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