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**1. EPS – Prescriptions ‘Not dispensed’ or ‘Returned to Spine’**

Pharmacists are reminded to ensure that they and their staff clearly understand the difference between marking a prescription as 'not dispensed' and 'returning it to the Spine.'

**When would you mark a prescription item as "not dispensed"?**

* If you decide that you will not be issuing the prescription to the patient for a particular reason.
* If the patient tells you that they do not need that item/prescription, now or in the future on that particular prescription or issue.

The pharmacist should inform the practice if the patient says they will never need a certain medication item on the prescription so that the practice can investigate and remove from the repeat template if necessary.

If a prescription is marked as 'not dispensed', it can't be dispensed by any other pharmacy and the GP can't cancel it. The item/s will not be removed from the patient’s record and will still show in the prescribing system.

**When would you "return a prescription to the Spine"?**

If you are out of stock of a particular item and the patient wishes to get their prescription fulfilled at another pharmacy. It is not possible to return just one item; so even when there is more than one item on a prescription, the whole prescription must be "returned to the Spine" and a dispensing token printed off for the patient to take to another EPS Release 2 pharmacy for dispensing.

If the patient changes their nomination and you have already downloaded a prescription or issue for the patient. The alternative pharmacy will request that you return the prescription to the Spine to allow them to download and dispense the prescription to the patient.

When a prescribing site tries to cancel an item or the whole prescription and the prescription is 'with dispenser'. The prescribing site will get a message telling them which pharmacy the prescription is with. The prescribing site will then contact you to request that you return the prescription to the spine, where it will be then be cancelled. The patient's medication record will be updated accordingly at the prescribing site.

Returning a prescription to the Spine can be considered the same as handing a paper prescription back to the patient to be dispensed elsewhere.

**Dispense notifications must only be sent when the electronic prescription items have been collected by or delivered to the patient. The term used on the pharmacy system you are using may say ‘dispensed’, ‘collected’ or ‘complete’**.



**2. Changes to prescription writing requirements for Temazepam**

As of **1st June 2015** prescriptions for Temazepam must fully comply with the prescription writing requirements for Schedule 3 controlled drugs.

Prescriptions for Temazepam must now contain the following information:

* Dose
* Form
* Strength (where appropriate)
* Total quantity of the preparation in both words and figures



**3. Following recent incidents:**

Following a recent incident and two ‘near misses’, we would like to draw your attention to professional guidance

1. A GP prescribed and a pharmacist dispensed methotrexate with trimethoprim which were taken by the patient for 7 days; she was admitted to hospital with D&V and pancytopenia
2. A GP prescribed and a pharmacist dispensed cyclophosphamide tablets daily instead of weekly for a care home patient
3. A pharmacist dispensed a ten-fold higher dose of phenobarbital for a baby than recommended (the dose was only confirmed with a receptionist not the GP)

The pharmacist must perform appropriate legal, clinical and accuracy checks and in cases of doubt must not dispense[[1]](#footnote-1).

The pharmacist may refuse to dispense drugs or appliances if it appears that there is an error on the prescription form or that, in the circumstances, providing the drugs or appliances would be contrary to the pharmacist’s clinical judgement[[2]](#footnote-2).

In the first case, computer warnings were ignored.

In the second, the original MAR sheet was not written clearly and the GP was in a rush.

In the phenobarbital case, the pharmacist checked the dose with the GP practice, BUT only spoke to a receptionist who read out the details on her computer (which were the same as the prescription). Communication with the prescriber or the specialist recommending the treatment is essential.



**4. CAS Alerts – contacts details**

CAS alerts are now disseminated via email from the Primary Care Team. Please ensure that you inform the Primary Care Pharmacy Team of any changes to your pharmacy email address in order to assure continued receipt of the CAS alerts. Please notify [maggie.hanlon1@nhs.net](mailto:maggie.hanlon1@nhs.net) of any changes.

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**5. Changes to sales of poisons and chemicals from pharmacies**

On 26 May 2015, the Poisons Act 1972 was amended, changing the way in which sales of poisons and chemicals can be made through pharmacies. Schedule 21 of the Deregulation Act 2015 introduces a common system for regulating the possession and supply of non-medicinal poisons and explosives precursors. Members of the general public will still be able to purchase regulated poisons and chemicals from a pharmacy but will need to apply for and hold a licence from the Home Office. Pharmacies can continue to supply these items but new labelling requirements apply, as well as a duty to report suspicious transactions.

The Royal Pharmaceutical Society has worked with the Home Office, superintendent and academic colleagues, to develop [**a quick reference guide**](https://groups.rpharms.com/membership?returnUrl=http://www.rpharms.com/support-resources-a-z/poisons-and-chemicals-from-pharmacy.asp) about these changes (RPS membership login required to access this link).

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1. **Cost effective dispensing of prescribed items which do not appear in part VIII of the drug tariff**

NHS England anticipates that Community Pharmacists will endeavour to procure and dispense prescription items in a cost efficient manner to minimise costs to NHS prescribing budgets. This is to make best use of limited NHS resources. We are aware that where a product is not listed within Part VIII of the Drug Tariff (sometimes known as ‘NP8’ products), contractors may choose to use a product from any one of a range of suppliers/brands. Some of these may not be cost effective choices to the NHS e.g. from suppliers offering specific ‘NP8’ products. Primary Care Organisations routinely analyse prescribing and dispensing data for their local area. Where a trend towards unusual patterns of use of higher cost products is detected NHS England will reserve the right to undertake investigations where they consider practitioners’ performance to be a concern.

Also, if you are aware of the prescribing of products where additional costs may be incurred due to unusually high prices, we request that you inform the prescriber, before the product is ordered, so that an informed prescribing decision may be made.



**7. Proposed Health Promotion Campaigns for 2015-2016**

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| **July –**  **August 2015** | **Signposting**  **Focus** | **Be Clear on Cancer : national campaign**  **Breast cancer awareness**  Target: a national reminder campaign to raise awareness of breast cancer in women over the age of 70. |
| **September 2015** | **Signposting**  **Focus** | **Seasonal Flu vaccination**  **Poster and leaflets**  Target: All “at risk” adults and children and all those aged over 65 years. To signpost to appropriate services. Explain and promote the importance of vaccination to individuals. |
| **October 2015** | **Signposting**  **Focus** | **Mental Health- World Mental Health Day 10th October 2015**  **Poster and leaflets**  The objective is to raise awareness of mental health issues and mobilise efforts in support of mental health. The theme for 2015 is “Dignity in Mental Health”. |
| **November 2015** | **Signposting**  **Focus** | **Antibiotic Awareness**  **Poster and leaflets**  Target: ALL adults. To increase awareness of the effective and correct use of antibiotics. To coincide with European Antibiotics Awareness Day 18th November 2015.  Prudent use of antibiotics can help stop resistant bacteria from developing and help keep antibiotics effective for the use of future generations. |
| **January–February 2016** | **Signposting**  **Focus** | **Be Clear on Cancer : national campaign**  To feature the current Be Clear on Cancer Campaign (BCOC) as directed by the Dept of Health |
| **March 2016** | **Signposting**  **Focus** | **Smoking Cessation (No Smoking Day 9th March 2016)**  **Poster and leaflets**  Target: Anyone who smokes or wants to know about local services to help quitters either for themselves or family. |



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1. PSNC - <http://psnc.org.uk/wp-content/uploads/2013/07/service20spec20es12020dispensing20_v1201020oct2004_.pdf> [↑](#footnote-ref-1)
2. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 - <http://www.legislation.gov.uk/uksi/2013/349/schedule/4/made> [↑](#footnote-ref-2)