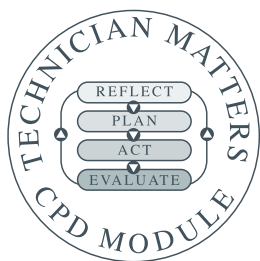


current thinking on...

2014 practice changes



Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the *Pharmacy Magazine* CPD series, it will mirror the magazine's

programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

Contributing author: Asha Fowells MRPharmS, community pharmacist and pharmacy writer

Things move fast in healthcare, as 2014 proved. Drugs were launched, while others were withdrawn. Laws changed, as did clinical guidelines. Papers were published, and safety issues raised. This module aims to summarise some of the developments that took place over the last year that pharmacy technicians need to be aware of in order to deliver the most up-to-date care, advice and services to patients.

Withdrawals and introductions

The anti-sickness drug domperidone was withdrawn from OTC sale amid concerns that it could cause cardiac side effects. Prescribers were also advised only to write prescriptions for the medicine at the lowest effective dose and for the shortest possible time, and to avoid it altogether in patients with existing heart problems, liver problems or who were taking drugs that interact with domperidone.

However, there may be a new product joining the indigestion shelves next year if Pfizer gets its way. The company has applied for a GSL licence for an esomeprazole product, stating that the British public are well

versed in recognising and treating heartburn, and pointing to the safety of fellow proton pump inhibitor omeprazole as reasons why no pharmacist intervention is required.

Meanwhile, in 2014, a new diabetes drug was launched. Alogliptin (Vipidia) is a DPP-4 inhibitor, licensed to improve glycaemic control in patients with type 2 diabetes who are on other glucose-lowering treatments. The National Institute for Health and Care Excellence (NICE) was positive about the launch, highlighting an apparent lack of serious safety concerns and value for money compared to other drugs in the same class, although it did point out that licensing restrictions mean that it is not suitable for all.

Also in 2014, the ACWY Vax vaccine was discontinued, with the manufacturer writing to healthcare professionals shortly after the withdrawal to advise

that the product only conferred immunity to *Neisseria meningitidis* (meningococcus) for one to two years and not longer than three years, as stated in the product literature. Pharmacy teams should advise recipients that they may need to be re-vaccinated sooner than they had been told at the time of their injection.

Changes in the law

This year saw changes to the laws governing Controlled Drugs (CDs), which resulted in tramadol becoming a Schedule 3 CD, albeit one exempt from safe custody requirements. Lisdexamfetamine joined Schedule 2, while zopiclone and zaleplon joined zolpidem in Schedule 4. Next year is expected to see another change: the relocation of ketamine from Schedule 4 to Schedule 2.

A new law governing driving while under the influence of

certain drugs is also expected to come into force during 2015. Pharmacists and their staff already advise patients on drugs that induce drowsiness to make sure they don't drive unless they are confident in their ability to concentrate, make decisions and not fall asleep at the wheel, so the change in the law won't be too much of a leap. The full list of substances included in the

MODULE NUMBER: 52

Aim: To give an overview of some of 2014's most significant developments that pharmacy technicians need to know about for their day-to-day practice.

Objectives: After reading this module, pharmacy technicians will:

- Know some of the drugs that were launched and withdrawn from the UK market during 2014
- Be aware of the guidelines and other relevant documents that were launched or updated during the year
- Appreciate some of the safety issues that gained prominence.

reflection exercise

The *British National Formulary* is an invaluable resource in community pharmacy, but the paper version can soon go out of date. Make sure you are signed up to one of the digital formats available so that you are always accessing the latest information.

Useful websites

- Consultations on proposed OTC medicines can be found on the Medicines and Healthcare products Regulatory Agency (MHRA) website alongside safety information: www.mhra.gov.uk
- The Pharmaceutical Services Negotiating Committee is a reliable source of information on changes to the contract and *Drug Tariff*: www.psn.org.uk
- The Electronic Medicines Compendium holds SPCs and PILs for licensed products: www.medicines.org.uk/emc
- NHS Choices offers an up-to-date version of the NHS vaccination schedule: www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx
- The Department of Health is a good source of information on Ebola: www.gov.uk/government/collections/ebola-virus-disease-clinical-management-and-guidance

proposed legislation is: cannabis, cocaine, morphine, ketamine, diamorphine, methadone, amphetamine, flunitrazepam, clonazepam, diazepam, lorazepam, oxazepam and temazepam.

Another legal change means that schools are now allowed to buy and keep in stock salbutamol inhalers and spacers for use in an emergency. Headteachers must submit a signed order, ideally written on headed paper, that states the name of the product they are ordering, the name of the school, and the purpose for which it is required.

Contraception

Despite concerns that have been raised about emergency contraception being less effective in women who have a higher than normal body mass index, a European review concluded that levonorgestrel and ulipristal acetate products are suitable for all women, regardless of their BMI or body weight if unprotected intercourse or contraception failure has occurred. The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) stated that the evidence claiming otherwise was too limited and not robust enough to support any other conclusion.

Contraception was also the topic of guidance documents published by NICE this year:

- The long-acting reversible contraception guideline was reissued to include additional information on progestogen-only subdermal implants, following the withdrawal of Implanon and the introduction of Nexplanon, a similar but non-identical product. The full document can be accessed at: www.nice.org.uk/Guidance/CG30
- Public health guidance on contraceptive services for young people reminded anyone involved in such services to ensure

that advice and information is provided on all types of contraception. This helps individuals choose the best method for their needs and lifestyle, with the result that the contraceptive is more likely to be used correctly and therefore prove effective, the guidance said. It can be viewed at: www.nice.org.uk/guidance/PH51.

Vaccinations

Several changes were made to the vaccination programmes in 2014:

- All pregnant women are to be offered the pertussis vaccine for at least another five years. The vaccine should be administered between 28 and 38 weeks of pregnancy, and is safe for both the mother and the unborn child. It offers protection to the child until they receive their first whooping cough injection at two months of age. The programme has been a success story, with an overall fall in cases since it started in 2012
- The MenC Freshers programme allows all university first-time entrants under the age of 25 to request vaccination against the disease if they haven't had a shot since the age of 10
- Hepatitis B vaccination for newborn babies considered to be at high risk of contracting the disease should now be initiated in hospital after birth, but then followed up with doses at a GP surgery at one and two months of age and again after the child's first birthday
- All two to four-year-olds in England were offered an annual influenza vaccination, as part of the Government's ultimate aim to vaccinate all children against the infection every year.

Prescription writing

The *Drug Tariff's* Selected List Scheme (SLS) was updated, mainly because of the widespread availability of generic sildenafil, which triggered its

removal from the list. Viagra, however, remains an SLS item, and has been joined by avanafil (Spedra), which is also for erectile dysfunction. Men who present private prescriptions for sildenafil may well be interested in hearing about this development, as they may feel they have a stronger case to put to their GP to have it prescribed on the NHS.

Apomorphine hydrochloride, moxisylyte hydrochloride and thymoxamine hydrochloride were also removed from part XVIIIb of the *Drug Tariff*, meaning that they can all now be prescribed generically without the prescriber needing to add the letters "SLS" to the prescription.

Ebola

Just as SARS (severe acute respiratory syndrome) and avian flu were hot topics in previous years, 2014 will probably forever be associated with Ebola. An outbreak of the virus was first reported in March of this year, and as *TM* went to print, the World Health Organization had announced it was expecting to see some 20,000 cases by the end of year – around a quarter of which would be fatal.

There has been much media hype around the Ebola virus – some of it justified. For instance, the number of people who contract the virus and then die is remarkably high, and the fact that there is no treatment for the disease is undoubtedly a scary thought. But while the UK has been cited as the country outside of the African region that has the highest risk of importation of the virus, the risk is actually quite small. This is because – unlike other viruses such as flu – the Ebola virus is spread via direct contact with the bodily fluids of someone who has the disease,

and the recipient has to have a point of entry for the virus, which is usually a break in the skin, but may also be the mouth or nose.

Spread of the virus is also reasonably easy to prevent – with meticulous hygiene measures, such as washing hands, wearing protective garments, and disposing of bodily waste from infected patients properly.

However, a large stumbling block exists in recognising cases of Ebola since early symptoms are quite vague and can include fever, aching muscles, tiredness, sore throat and headache. The more distinctive symptoms of vomiting, diarrhoea, rash and internal and external bleeding do not manifest until the patient has been infectious for a few days.

Pharmacy technicians and other members of the pharmacy team have a valuable role to play in providing accurate and up-to-date information to customers about a condition that may be creating a lot of fear for some, fuelled by media stories that perhaps do not give the full context of the news they are reporting.

Odds and ends

Publication of the paper version of the *British National Formulary* was reduced to once a year, which brings it in line with the children's version, but all users have been urged to consult either the online version or the app, as these provide the most up-to-date information.

And finally, the prescription charge was increased to £8.05 and will go up to £8.25 in April 2015. However, prepayment certificates have been fixed at £29.10 for three months and £104 for a year until at least 2016, meaning they represent better value for money than they did before.

reflection exercise

This module only gives a brief overview of Ebola. Find out more about this topic at: www.nhs.uk/conditions/ebola-virus/pages/ebola-virus.aspx and share your findings with your colleagues so that you can talk to patients and each other about it accurately.

Also have a look at the posters available at: www.gov.uk/government/publications/ebola-public-awareness-poster-for-healthcare-settings and www.gov.uk/government/publications/ebola-travellers-returning-from-west-africa-poster and ask your pharmacist whether they think it is appropriate to display one or both in your pharmacy.

Record your learning

Once you have read this article, use the following CPD questions to help you reflect on what you have learned and how it might affect your everyday work. Remember to record your learning on the GPhC website if you are registered (www.uptodate.org.uk). Otherwise, it is good practice to record it in your ongoing learning and development folder.

- What did I learn that was new? (*Evaluate*)
- How have I put this into practice? (Provide examples of how learning has been applied.) (*Evaluate*)
- Do I need to learn anything else in this area? (*Reflect*)



Next month: We look at skin cancer and actinic keratosis.