Isle of Wight NHS
Primary Care Trust

Pharmacy on the Isle of Wight ‘A Guide to Pharmacy & Pharmacy Services’

Introduction to the Island

The Isle of Wight is a beautiful place to live and work and is recognised as an area of special scientific interest. Island residents have excellent access/ opportunities to a huge range of leisure pursuits including walking, sailing and cycling. Links with the mainland are excellent and frequent.

Most of the Island is semi-rural with miles of unspoilt bridleways coursing through National Trust woods and over chalk downs. Spectacular cliff and coastal walks can be enjoyed all around the Island. Prices of houses compare favourably to the mainland and southern England with a wide choice of desirable property to suit all tastes. In addition, there are excellent public and private schools, and shopping and leisure facilities on the Island have improved enormously in recent years. There are multiple frequent ferry links to the mainland and London can be reached in 90 minutes by rail from Southampton or Portsmouth. There is a regional airport at Southampton, just 30 minutes away, with flights to many European destinations as well as UK mainland cities.

The Isle of Wight is situated about five miles off the south coast of the English mainland and resembles a diamond in shape. It measures just 23 miles east to west and 13 miles north to south - an area of 147 square miles and has a population of around 150,000. The Island is one of the most popular holiday destinations in the UK, with around one million tourists visiting every year. There is over 60 miles of coastline, which ranges from award winning beaches to spectacular chalk cliffs. The Island, which is divided into two boroughs - Medina & South Wight, was known as “Vectis” by the Romans. Newport is the county town, although Ryde is the largest town. The exact centre of the Island is at Shide Corner, on the outskirts of Newport and the highest point is St. Boniface Down at Ventnor.

With more than 500 miles of public footpaths including dramatic coastal paths, Walking is a very popular pastime. The climate here is almost sub-tropical and Sandown, Shanklin and Ventnor are regularly at the top of the UK sunshine table. Over 50% of the Island has been designated an "Area of Outstanding Beauty" with about half of the coastline named as “Heritage Coast” - an honour only awarded to the finest stretches of coastline in the country. Red squirrels have a particular liking for the surroundings (mainly due to the lack of grey squirrels) and are widely prevalent on the Island, which is almost the final stronghold in the south of the country for these endangered creatures.

The visitor to the Isle of Wight, which is also known as IOW or IW (and is often misspelt, Isle of White) will be spoilt for choice when looking for somewhere to stay, as there is a wide range of excellent accommodation available, such as the New Holmwood Hotel in Cowes. Whatever your preference, from luxury hotels to basic campsites, there is a wealth of superb accommodation - with something to suit everyone. Hotels on the Island range from cheap and cheerful to luxurious country house hotels, but all will provide a holiday to remember. There is also a large amount of superb b&bs, guest houses and self catering properties to choose from that will satisfy every taste and budget, with many boasting superb countryside or sea views.

For the visitor who enjoys eating and drinking, there are many superb pubs and restaurants to be found all over the Island. With around one pub for every square mile, the opportunity to quench your thirst is never far away. Most pubs and restaurants provide mouth-watering locally produced food, as well as all your favourite beers, wines, spirits and soft drinks. Many hostelries are in prime locations, offering spectacular sea views, with the award winning Spyglass Inn at Ventnor being a good example. Locally brewed beers and wines are also on offer at numerous pubs and restaurants on the Island. Many pubs and restaurants offer special lunch deals and most include a children's menu and you will find that the vast majority of food available is home cooked.

There are a great many superb Isle of Wight attractions and events to be enjoyed all year round on the Island, with the most well known being Cowes Week. This famous regatta held on The Solent is the biggest international sailing event and attracts thousands of competitors and spectators from all over the world. You will find there are several sailing clubs here, including the Island Sailing Club in Cowes. Music festivals are also very popular, with top acts such as The Rolling Stones, Bryan Adams, Joe Cocker, David Bowie and Paul Weller having performed live at the Isle of Wight Festival or Bestival.

http://isleofwighttouristguide.blogspot.com

Contents/ Index

Introduction to the Island

Travel

If you are travelling around the Island by car try to plan your route to avoid the main towns during morning and evening rush hours.

Ferry Ports:-
Limington to Yarmouth (car) – Wightlink
Southampton to West Cowes (passenger) - Red Funnel
Southampton to East Cowes (car) – Red Funnel
Portsmouth to Fishbourne (car) – Wightlink
Southsea to Ryde (passenger) – Hovertravel
Portsmouth to Ryde Pier Head (passenger) – FastCat Wightlink

Hovertravel

In just 10 minutes Hovertravel provides the fastest Isle of Wight passenger ferry service across the Solent. This service takes passengers directly to the shore at Southsea or Ryde for easy and convenient onward travel. Bus and train connections are available.
http://www.hovertravel.co.uk

Red Funnel

Red Funnel has two terminals on the Isle of Wight separated by the River Medina.
East Cowes terminal (50 minute approx crossing) (vehicle ferry services from Southampton), **West Cowes** terminal (23 minute approx crossing) (Red Jet Hi-Speed foot passenger services from Southampton).
http://www2.redfunnel.co.uk

A floating bridge (passengers & non-freight vehicles) connects East and West Cowes, avoiding an approximate 30 - 40 minute journey by road.

Wightlink

Wightlink Isle of Wight Ferries operates a round-the-clock service. They run every day of the year. Portsmouth to Fishbourne takes approximately 40 minutes; Lymington to Yarmouth 30 minutes (both car ferries), and Portsmouth to Ryde around 18 minutes (FastCat foot passenger catamaran).
http://www.wightlink.co.uk

Cycle Routes

Many quiet countryside roads on the Island make it very good for cycling. As well as the roads there is a considerable network of designated cycle tracks and routes as well as miles of public bridleways for those who like off road cycling.

Current established cycle routes include Cowes to Newport, Sandown to Newport, Wotton to Newport and Yarmouth to Freshwater as well as a shorter route connecting Newport to the Mountbatten Centre. There is also a well sign posted 'Round the Island' road route which can be easily followed by those wanting to cycle right round the Island.

Main Towns
18 main towns on the Island - refer to map above.

Eating Out
The Island has numerous places to eat out
http://www.isleofwight.com/eating_out_wight.html select the choice of area for eating out and press search to list local restaurants.

Libraries
The Library Service is brought to you through:-

- ⇨ 11 Branch Libraries located throughout the Island
- ⇨ A mobile library which visits places where there is no library
- ⇨ A home library service which delivers to the houses of people unable to visit their local library
- ⇨ Services to schools through the Young People's Library Service
- ⇨ Libraries in each of the Island's three prisons

More information can be found about different library services via the link www.iwight.com/living_here/libraries/your_local_library

Night Clubs
The Island offers four main night clubs on the Island all on route for Southern Vectis buses
Colonel Bogeys @ Sandown –
Steve O'Keefe @ Shanklin - Friendly Karaoke Pub and Nightclub
The Balcony Nightclub@ Ryde – Situated above LA Bowl in Ryde. The Balcony has a capacity of over 700 people playing all the hottest music around. Open on Thursdays, Fridays and Saturday nights from 9pm until 2am.
The Loft @ Ryde – Nightclub

Sports & Leisure
http://www.iwight.com/placestogo/default.asp?ls=list&filter=cat&opt=3&frmCategory=14

NHS Direct
NHS Direct Helpline - 0845 46 47

Golf on the Isle of Wight

The Isle of Wight plays host to 8 golf clubs, from 9 to 18 holes. The clubs all hold many competitions, some locally and even nationally. The following website will provide you with more information. http://www.iwight.com/living_here/sport/ballsports/golf.asp

Museums & Galleries

Carisbrooke Castle - Princess Beatrice, the Island Governor and youngest daughter of Queen Victoria, on 11 August 1898 opened the museum in the gatehouse newly restored as a memorial to her late husband Prince Henry of Battenberg. The exhibits related mainly to King Charles I - imprisoned in the castle for the last year of his life - and comprised personal relics, documents, prints, and armor of the English Civil War period.

Brading 'The Experience' (Was Works) - More than just Wax Works! Great British Legends, Old Rectory Mansion, Queen's Bower Courtyard, Chamber of Horrors, World of Wheels. You'll be amazed how much there is to see in this unique all weather attraction.

Museum of Island History - Designed by John Nash and built in 1816, the historic Guildhall is home to the Museum of Island History and Newport's Tourist Information Centre. Discover the Island from pre-historic past to the present day with: Touch screen computers Hands on exhibits Quizzes and games.

Zoos and Wildlife Centres

AMAZON WORLD ZOO PARK IS A FUN-FILLED, ALL WEATHER FAMILY DAY OUT! It is home to over 200 different species of birds and animals including Sloth, Anteaters, Armadillos, Crocodiles, Ocelots, Penguins, Toucans and many many more. Follow the story of the rainforest through natural surroundings whilst learning about the plight of South America and its less well known animals and plants. The perfect day out what ever your age!

Butterfly World is a colorful and enthralling experience as you watch hundreds of exotic butterflies from around the world fly freely in the tropical indoor garden.

Colemans Animal Farm - THE FRIENDLIEST ATTRACTION ON THE ISLAND! Events and Activities all day long, including bottle feeding the lambs, egg collecting and rabbit & guinea pig feeding and handling. Lots of animals to feed and cuddle.

The Donkey Sanctuary was established in 1987 to provide a safe, permanent home for any donkey in distress or otherwise in need of care and attention.

Flamingo Park - Spend a fun-packed day out at this award winning attraction with its unique daily programme of events with informative keeper presentations. An opportunity to feed penguins, wallabies, parrots and thousands of free roaming birds so tame they will feed from the hand.

Drs/ Dentists/ Opticians/ Pharmacies/ Hospital

Your local NHS website will provide all details:- http://www.iow.nhs.uk/
The Island has 17 GP Practices across the Island
NHS Dentists Dentistry helpline 0845 603 1007
17 Opticians
30 Local Island Community Pharmacies - http://www.iwight.com/living_here/health/chemists.asp
The Island hospital is based in Newport on the main Newport to Cowes Road 01983 524081.

Island Prisons

There are three prisons on the Isle of Wight - Albany, Camp Hill and Parkhurst. They are located next to each other just outside Newport. Albany and Parkhurst were once among the few Category A prisons in the UK until they were downgraded in the 1990s, the downgrading of Parkhurst being hastened by a major escape. Parkhurst especially enjoyed notoriety as one of toughest jails in the UK and "hosted" many notable inmates, including the Yorkshire Ripper, Peter Sutcliffe and the Kray twins. Now, thankfully there are no such perilous convicts housed in any of the prisons on the Isle of Wight.

Walkers

The Isle of Wight has a wealth of footpaths and bridleways and is reputed to have more footpaths per square mile than any other English county - from a 60 mile coastal path, to easy circular routes, and short town trails - there are over 500 miles of well maintained paths on an island that measures 23 by 15 miles. The Coastal Path can be walked in four days at a leisurely pace. The coastline is varied from white chalk cliffs to quiet estuaries. Almost half of the coastline is designated "Heritage Coast", a definition applied only to coastlines of the highest quality and un-spoilt nature. Inland the chalk down-lands are the home to many unique wild flowers and fauna, and the Island has some of the most picturesque villages in the country.

Arts & Crafts

The Island offers several interests in art and craft places to visit a couple of which:-
Chessell Pottery - See the creation of our delicate hand-made porcelain in the heart of the West Wight countryside and visit our factory shop.

Isle of Wight Glass, St Lawrence - Locally made glass in outstanding designs and colours incorporating 22ct gold and sterling silver leaf.

The Quay Arts Centre, Newport -

Churches

You can attend services for most religions across the Island. The following website might be of use to you http://www.iwight.com/placestogo click on Churches.

Gardens

Some of the most beautiful attraction to gardens on the Isle of Wight:-

Adgestone Vineyard - the oldest vineyard on the Island offering wine tastings, guided cellar tours, gift shop and café.

Afton Park - incorporates a popular plant nursery, gardens, wildflower meadow and apple orchard open to the public 7 days a week in season.

The newly designed and planted gardens sit in an area of outstanding natural beauty, beneath the chalk downs close to Freshwater Bay, at the western end of the Isle of Wight.

Godshill Model Village - Large 1/10th scale models, many with real thatch. Tiny flower gardens, and everywhere miniature trees and shrubs.

Mottistone Manor Garden - this 20th century Mediterranean garden is set in a sheltered valley with views to the sea. It surrounds an Elizabethan Manor House which is tenanted so not open to the public and has colourful herbaceous borders, shrub filled banks and an organic kitchen garden.

Rosemary Vineyard – one of the largest British vineyards, covering 30 acres, Rosemary Vineyard is ideally placed to make the most of the mild Island climate. All wine is made on site from grapes grown on the estate.

Shanklin Chine – 'Chine' is a local word and now used only in the Isle of Wight and Dorset. It is of Saxon origin and means a deep narrow ravine, formed by water cutting through soft sandstone leading to the sea. The Saxon name for Shanklin was "Scenc-hlinc" or "cup in the rising ground." Think, too, of the chine of a boat - the shape of a cup - or chine as in an animal's backbone - a deep scooped-out cut. Formation of the Chine has taken place over the last 10,000 years. The stream would originally have flowed into the River Eastern Yar when Sandown Bay was land. The Island has a number of chine's but the two largest are Blackgang, where very little of the original remains, due to erosion, and Shanklin, unique in the quality of its flora and fauna.

Themed Attractions

Blackgang Chine - Once the haunt of fisherman and smugglers, Blackgang Chine is now a 40 acre cliff top park with attractions for all the family. Themed areas include Frontierland, Fantasyland and Nurseryland. A 300" water-force boat ride, junior barrel ride, and Cliffhanger a new roller coaster. Many activity play areas are provided for the energetic, including our new Crossbones Pirate Adventure play area, while the Sawmill and St Catherine's Quay depict life on the coast in days gone by.

Alum Bay - Situated at the Island's western tip, Alum Bay Glass produces fine crystal glassware, using techniques developed and refined over many centuries. Working with basic materials such as purified silica sand, borax, limestone, dolomite, potash and barium carbonate, combined with the intense heat of the furnace, our craftsmen have created an exclusive range of glassware which is fast becoming internationally renowned.

Branston Farm - As part of the Isle of Wight Council Directorate of Education, Branstone Farm Studies Centre was established in 1973 to give school parties a rare opportunity to experience life on a working farm.

Isle of Wight Steam Railway - Travel through the beautiful countryside in carriages built in a bygone age, pulled by locomotives powered by steam. During you visit why not browse through our extensive railway shop, have a meal in out licensed cafeteria or enjoy a picnic in our station gardens.

The Needles Park - A unique landmark attraction, offering a breathtaking chairlift ride to view the Island's famous Needles Rocks and Lighthouse. Included in the Park's facilities are the popular Sand Shop, where visitors can make their own unique souvenir., a traditional Carousel and new for 2005, Jurassic Golf, a nine hole adventure golf with some 3 and 4 par holes. Visitors are also able to watch regular glassblowing demonstrations in Alum Bay Glass and witness the creation of a wide variety of sweets in the Island's only Sweet Manufactory, whilst enjoying a talk about the process of traditional sweet making.

Robin Hill - One of the largest tourist attractions on the Island offering a wide variety of activities for all ages set in 88 acres of woodland and downland. Boasts the Island's three biggest rides - The Tobaggan Run, The Time Machine and Colossus plus MUCH MUCH MORE..

Isle of Wight dialing telephone dialing code

Dialing code from the UK for the Isle of Wight is 01983 followed by area number.

Country Parks

Calbourne Water Mill & Rural Museum - A 17th century working water mill. The mill mentioned in the Domesday Book, stands in beautifully kept grounds.

Cinemas & Theatres

Cineworld Multiplex Cinema - 13 screens Luxury stadium seating Deluxe screen and bar Games area Café Outstanding Customer Service Convenient parking free after 6pm in upper car park latest cinema technology.

Apollo Theatre - The Apollo Theatre is the home of the Apollo Players an amateur dramatics group which presents seven productions a year.

Commodore Bingo Club - The Islands premier bingo club.

Medina Movie Theatre - Films & Live Theatre.

Historic Buildings

Carisbrooke Castle - Discover the history of the Island's foremost castle. Once prison to Charles 1, this royal castle was also residence to Princess Beatrice, daughter of Queen Victoria. Today Carisbrooke is famous for the donkeys that work the well in the Medieval Wellhouse.

Needles old Battery - This spectacularly sited cliff top fort which was built in the 1860s has a fascinating military history brought to life in cartoons by Geoff Campion of Dan Dare fame. Two original guns are on display in the parade ground and a tunnel gives a bird's eye view of the Needles.

Newtown Old Town Hall – This tiny 17th century town hall is only remaining evidence of the former importance of Newtown, a former Rotten Borough that once sent two Members to Parliament.

Osborne House – Magnificent countryside retreat of Queen Victoria. Make a grander entrance through a new reception area where an exhibition gives visitors a taste of the treats in store. Stroll round the beautiful grounds, including the Victorian Walled Garden and the hot houses of tropical plants, terraced gardens and the hot houses of tropical plants.

Roman Villa's Newport/ Brading – The remains of a 3rd Century roman villa with beautiful mosaics housed in an award-winning building incorporating a coffee shop open to the public.

Nature

Natural History Centre (Shell Museum) - Museum houses large collection of shells from tropical and local shores. Local fossils and dinosaur bones, crown jewel replicas.

Schools/ Private Schooling

The Isle of Wight has 69 Community, controlled and aided schools.
There are:-
46 Primary Schools (for pupils aged 4 to 9)
16 Middle Schools (for pupils aged 9 to 13)
5 High Schools all of which are mixed-sex, all ability day schools (for pupils aged 13 to 18)
2 Mixed-sex Special Schools (for pupils aged 4 to 11 and 11 upwards)

Schools are grouped in local 'cluster's which enables them to work closely together for the benefit of all children.
For further information on schools please see the below link.
http://eduwight.iow.gov.uk/schools

Isle of Wight NHS PCT
Primary Care Trust Board Members

	**Chairman - Danny Fisher -** Danny Fisher lives on the Isle of Wight and is a Deputy Lord Lieutenant of the Island and, until April 2006, was High Sheriff. He was previously a Managing Director of a major international software and systems house, holding this position for 20 years and prior to that was an Army Officer commanding the largest regiment in the British Army. Danny currently devotes his time to voluntary roles in the community.
	**Interim Chief Executive - Margaret Pratt -** Margaret has been Interim Chief Executive since April 2008, and will be with the PCT until her successor comes into post. She was formerly Interim Director of Finance and Performance from the formation of the PCT in September 2006 to May 2007. An accountant by trade, Margaret also has a portfolio of non-executive appointments which she manages alongside the day job.
	**Chief Operating Officer - Sheila Paul -** Sheila started her career in the NHS working at the former NHS Royal Isle of Wight County Hospital in Ryde. She then transferred to St Mary's Hospital before taking a career break to have children. Sheila returned in 1985, and in 1987 took on the role of Patient Services Officer. From 1990 - 1999 Sheila was employed in a variety of management roles with Portsmouth NHS, during which time Sheila gained an NBA. She then returned to the Island to take up the role of Associate General Manager, for Surgery, Medicine and Rehabilitation services. In 2004-2006 Sheila was the Director of Operations for the Island's Healthcare NHS Trust and with the formation of new Isle of Wight Primary Care Trust in October 2006 became its Chief Operating Officer. This role is currently unique in the NHS, as it covers Acute Care, Mental Health, Ambulance and Community Services.
	**Director of Corporate Affairs - Mark Price -** Mark has been an NHS manager for more than 20 years and worked in London and Lincolnshire before joining the Isle of Wight Healthcare NHS Trust as deputy chief executive in 1997. He was the first director to be jointly appointed by the Island's Healthcare NHS Trust and Primary Care Trust in 2003 before spending a year on secondment to Portsmouth Hospitals Trust. He then returned to the Island to establish the Isle of Wight NHS Primary Care Trust, launched in October 2006.
	**Director of Commissioning - Helen Shields -** Helen joined the Island NHS in 1983 as a Regional Finance Trainee. During that time she progressed through various posts in finance, becoming Director of Finance and Contracting for the Isle of Wight Health Authority in 1997. In 2000 Helen was appointed Director of Finance for the newly formed Isle of Wight PCT. Helens gained her degree in Mathematics and subsequently became a Member of the Chartered Institute of Public Finance and Accountancy. The lure of Commissioning as a relatively new area within the NHS has led to Helen becoming Director of Commissioning.

	**Chief Nurse - Carol Alstrom -** Carol started her nursing career as a student nurse at the Royal Isle of Wight School of Nursing. She qualified in 1987 and initially worked on the surgical wards at the Royal Isle of Wight County Hospital in Ryde before becoming a district nurse. She led the West Wight District Nursing Team for a number of years and won a Queen's Nursing Institute Award for Innovation in 1999 for the development of well leg clinics to support patients with healed leg ulcers. In 1999 she became the manager of the Isle of Wight District Nursing Service and at the same time set up the tissue viability nursing service. She also became one of the first nurses in the UK to be awarded a Master of Science in Tissue Viability from the University of Hertfordshire. Her passion for professional leadership resulted in her securing the post of Deputy Director of Nursing for the Isle of Wight Healthcare NHS Trust. In November 2006 she became the Acting Chief Nurse for the Isle of Wight NHS Primary Care Trust, taking up post permanently in August 2007. Carol retains her passion for community nursing and early next year will see the publication of the 3rd edition of Community Health Nursing Frameworks for Practice with a chapter on District Nursing written by Carol and a PCT colleague.
	**Director of Public Health and IOW Chief Medical Advisor - Dr Jenifer Smith -** Dr Jenifer Smith FRCP FFPH joined the PCT in April 2007 from South Central SHA where she had been Deputy DPH and Medical Director. After a clinical career in general medicine and rheumatology, she has held consultant posts in public health medicine at regional and national level, covering specialist areas in health information and quality assurance in health care. Her research interests cover outcome assessment in colorectal cancer; the evaluation of population based screening programmes, and the development and application of disease modelling within health care.
	**Director of Human Resources & Organisational Development - Terence Hart -** Following two years in Human Resources in Commercial Industry, Terence Hart FCIPD joined the NHS in 1979. He has worked in HR at regional, SHA and local level in Oxford, Bristol and the Isle of Wight. His most recent post was as Director of HR and Organisational Development for Oxfordshire Community Health NHS Trust. He left Oxford to join the Isle of Wight Healthcare NHS Trust in May 1997. Terence is particularly interested in Employment Law, leadership and transformational Organisational Development.
	**Director of Finance and Performance - Chris Palmer -** Chris Palmer is a member of the Chartered Institute of Management Accountants with extensive financial experience gained through over 17 years working in the NHS. Chris joined the Island NHS in 1990, having previously worked in the steel and manufacturing industry. She is responsible for the Finance, IM&T and Performance Information directorate and lives on the Isle of Wight.
	**GP Advisor - Dr George Thomson**

	**Non Executive Director - Peter Taylor -** Peter Taylor is a Chartered Accountant who has set up and run Island accountancy practices. He is also Chairman of the Isle of Wight International Indoor Games for people with Learning Difficulties. He has been a Justice of the Peace since 1982 and has served on the Island's Magistrates Courts Committee for two years and latterly was Chairman of Hampshire and Isle of Wight Magistrates Courts Committee for four and half years. Peter is responsible for chairing the Audit Committee of the new organisation. Peter, who lives in Ryde, was previously a Governor at Ryde School for eight years and has been its professional Clerk since 1996.
	**Non Executive Director - Sue Wadsworth -** Sue Wadsworth has a background in special education and is experienced at working across professional boundaries to deliver effective services for disadvantaged young people and their families. She is currently employed as Chief Executive of a children's charity, Turners Court Youth Trust. Sue has strong ties with the Island and is in the process of moving down from Buckinghamshire.
	**Non Executive Director - Liz Mackenzie -** Liz Mackenzie has worked in marketing, PR and communications management and as a Company Director in the public, private and voluntary sectors. She also has experience in developing partnerships in organisations. Liz is currently self employed as a property developer and runs a cottage holiday business. After starting her working life in the NHS, she is delighted to have the opportunity to return to the health service and contribute her skills and experience to this new position with the Island's PCT.
	**Non Executive Director - Marie Kerr -** Marie Kerr's career started in the Civil Service and included working in a Minister's Private Office and three years heading up the East and West Africa Trade Desk. She then went on to work for an international bank when she received an MBE for her work in export finance in 1995. Marie set up her own company with her husband in 2001 running training courses on the workings of the EU for the public and private sectors.
	**Non Executive Director - Noel Dobbs -** Noel Dobbs, a Chartered Accountant, has had more than 40 years experience in many different industries. Self-employed since 1994, he has chaired Independent Review Panels for NHS complaints over an 8 year period, worked as a 'company doctor' with a number of businesses and has undertaken various other management, accounting and consultancy jobs. He is actively engaged in a number of charities and is a Past Commodore of the Seaview Yacht Club.
	**Non Executive Director - Carole Kenwright -** Carole Kenwright, a recently retired National Trust Property Manager, was responsible for the operational management of Chartwell, Emmetts Garden and Quebec House in Kent. Carole brings a wealth of experience in leadership, community involvement and development, volunteer management, strategic planning and performance management. Carol is already enjoying island life and looking forward to becoming more involved both professionally and socially.

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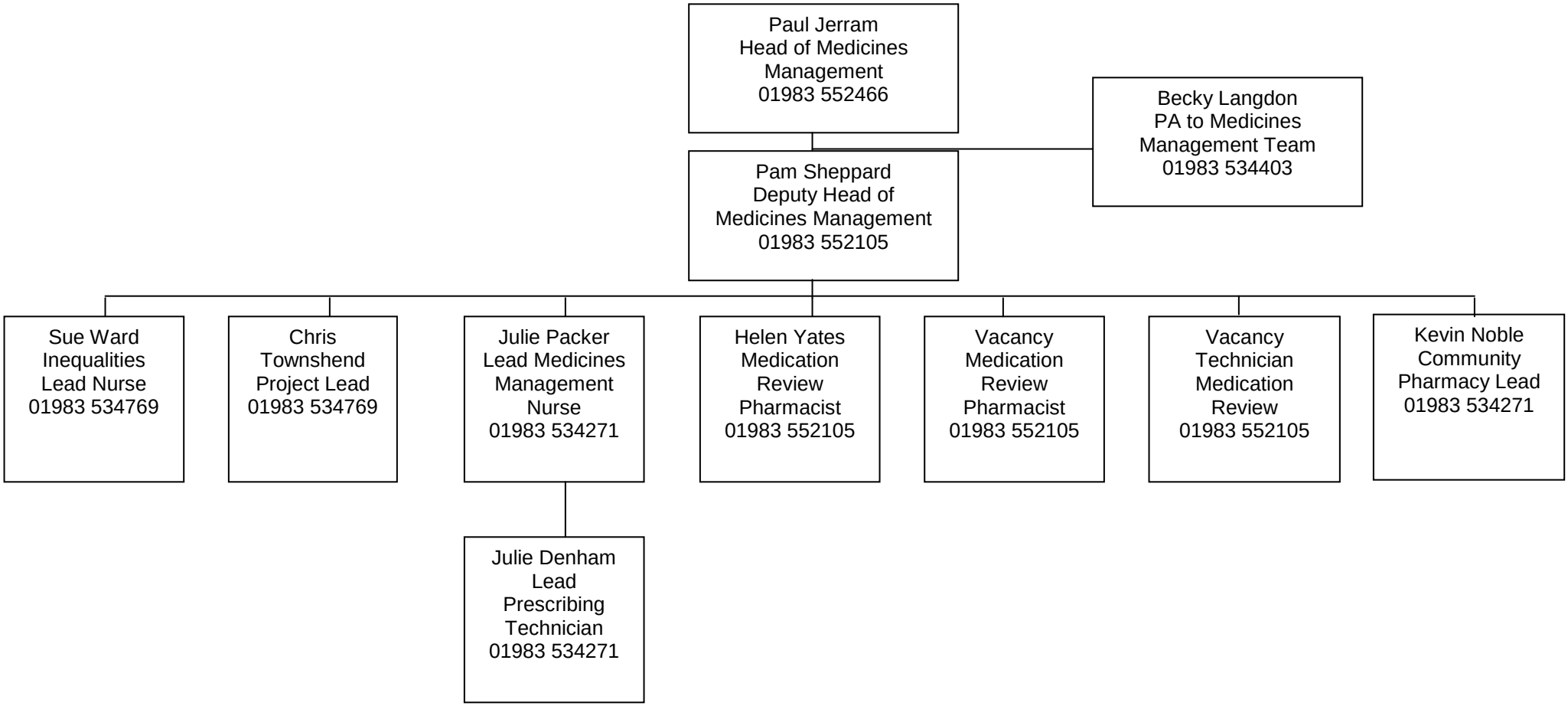
Commissioning Directorate
Medicines Management Team Structure



Island Pharmacies

PHARMACIES	ADDRESS	TELEPHONE	FAX
ALLIANCE PHARMACY	107 High Street SANDOWN Isle of Wight, PO36 8AF	01983 403238	01983 403238
ALLIANCE PHARMACY	1 Moa Place School Green Road FRESHWATER Isle of Wight, PO40 9DS	01983 752724	01983 752724
BLAKELYS PHARMACY	Tower House Rink Road RYDE Isle of Wight, PO33 1LP	01983 562156	01983 562156
BOOTS THE CHEMISTS LTD	124-126 High Street NEWPORT Isle of Wight, PO30 1TP	01983 522595	01983 524044
BOOTS THE CHEMISTS LTD	170-172 High Street RYDE Isle of Wight, PO33 2HW	01983 562280	01983 615255
BOOTS THE CHEMISTS LTD	15 High Street SANDOWN Isle of Wight, PO36 8DA	01983 403897	01983 403589
BOOTS THE CHEMISTS LTD	1 High Street SHANKLIN Isle of Wight, PO37 6LA	01983 862058	01983 867908
BOOTS PHARMACY	25 High Street BEMBRIDGE Isle of Wight, PO35 5SD	01983 872328	01983 872328
BOOTS PHARMACY	200 Newport Road COWES Isle of Wight, PO31 7ER	01983 294467	01983 294467
BOOTS THE CHEMISTS LTD	3 High Street VENTNOR Isle of Wight, PO38 1RY	01983 852147	01983 852692
DAY LEWIS PHARMACY	7 High Street COWES Isle of Wight, PO31 7SA	01983 293011	01983 281959
DAY LEWIS PHARMACY	23 Sandown Road LAKE Sandown Isle of Wight, PO36 9JL	01983 402050	01983 400366
DAY LEWIS PHARMACY	51 Regent Street SHANKLIN Isle of Wight, PO37 7AE	01983 862562	01983 861348
GIBBS & GURNELL	34 Union Street RYDE Isle of Wight, PO33 2LE	01983 562570	01983 563865
KEMKAY PHARMACY	3 Clifton Buildings Avenue Road FRESHWATER Isle of Wight, PO40 9UT	01983 752908	01983 759818

LLOYDS PHARMACY	25 Ferry Road EAST COWES Isle of Wight, PO32 6RA	01983 293133	01983 293133
LLOYDS PHARMACY	22E Carisbrooke Road NEWPORT Isle of Wight, PO30 1BL	01983 526868	01983 526868
LLOYDS PHARMACY	41-42 Pyle Street NEWPORT Isle of Wight, PO30 1XB	01983 522638	01983 522638
LLOYDS PHARMACY	18 Esplanade RYDE Isle of Wight, PO33 2DZ	01983 563333	01983 563333
LLOYDS PHARMACY	Sandown Health Centre The Heights, The Broadway SANDOWN Isle of Wight, PO36 9ET	01983 405436	01983 405436
LLOYDS PHARMACY	30 High Street VENTNOR Isle of Wight, PO38 1RZ	01983 852135	01983 852135
NITON PHARMACY	High Street NITON Ventnor Isle of Wight, PO38 2AZ	01983 730240	01983 730240
REGENT PHARMACY	59 Regent Street SHANKLIN Isle of Wight, PO37 7AE	01983 863677	01983 861548
SEAVIEW PHARMACY LTD	The Pharmacy Pier Road SEAVIEW Isle of Wight, PO34 5BL	01983 613116	01983 613116
SIDDYS CONVENT PHARMACY	22 Carisbrooke High St CARISBROOKE Newport Isle of Wight, PO30 1NR	01983 525216	01983 525216
SIDDYS PHARMACY	86-88 High Street NEWPORT Isle of Wight, PO30 1BH	01983 522346	01983 522346
SIDDYS PHARMACY	43 High Street WOOTTON BRIDGE Ryde Isle of Wight, PO33 4LU	01983 882473	01983 882473
TESCO (IN STORE) PHARMACY	Brading Road RYDE Isle of Wight, PO33 1QS	01983 277749	01983 277747
TOTLAND PHARMACY	2 Wintona Broadway TOTLAND BAY Isle of Wight, PO39 0BN	01983 752592	01983 755648
YARMOUTH PHARMACY	Quay Street YARMOUTH Isle of Wight, PO41 0PB	01983 760260	01983 760260

Pharmacy on the Isle of Wight

If your interest is Community Pharmacy or a career in hospital Pharmacy there are many opportunities on the Isle of Wight.

At present there are 30 Community Pharmacies on the Isle of Wight, nineteen of which are operated by large multiples and eleven by independent Pharmacy contractors. They range from Pharmacies that are integral to GP practices and busy high street Pharmacies to smaller business serving rural communities, each presenting its own unique challenges.

The PCT are actively looking to the future regarding commissioning of services through Pharmacy recognising the value and level of support Pharmacists can provide e.g. screening services that identify patients suffering with long term conditions at an early stage, like cardiovascular risk assessment and diabetic screening, and support services providing valuable interventions that can improve the long term health prospects of many patients e.g. smoking cessation services.

The PCT works closely with industry to support educational events that facilitate CPD, and the introduction of many services intended to act as pilots to collect data demonstrating the value of Pharmacies engaging with patients to produce improvements in compliance and concordance, reductions to hospital admissions, and effective medicines management. Such pilots are of value when meeting with commissioners to look at deployment of future services through Pharmacy.

As a PCT we are looking closely at the recent government white paper with a view to integrating primary care Pharmacies into existing services, and maximising the benefits to patients through the integration of pharmacies into patient care pathways using advanced services within the current pharmacy contractual framework, such as medicines use review (MUR). The PCT is also keen to develop and reward reliable high quality service delivery through Pharmacy. This is reflected by the recent changes we have made to re-imbursements to Pharmacies engaged in service delivery (See quarterly claim form “professional declaration of enhanced service provision for levonelle 1500 patient group direction (PGD) offering emergency hormonal contraception, and Azithromycin PGD, to treat patients testing positive to *Chlamydia trachomatis* - see relevant service Appendix).

One of the barriers to service provision has always been unnecessary complication of accreditation processes for Pharmacists wishing to accredit themselves to provide a service. We work closely with Pharmacists to simplify this process and look to make the most of the excellent educational material provided by CPPE. Always check with the IOWPCT if you have accredited in another area as we also sometimes recognise these qualifications.

Where possible we will allow Pharmacists to self –accredit by completing relevant CCPE, and allowing sign off through one to one appointments with the community pharmacy lead to cover the content of the PGD attached to that service.

There are currently Eleven local enhanced services (LES) already commissioned by the PCT that operate through Community Pharmacies on the Island. These are summarised, along with the educational requirements that must be met by a Pharmacist wishing to engage with service delivery, in the table at the end of this section fig 1.

NB: Where self accreditation is allowed attendance at a PCO led annual event to support the service is compulsory. The purpose of the annual support event is to provide a forum for learning, open discussion, troubleshooting, and to share experiences.

There is additionally one service currently running on a long term basis that is supported by industry i.e. the tandem project – *see Tandem project appendix for service description and example paperwork.*

Further copies of support documents can be downloaded from the LPC website at:- www.hampshirelpc.org.uk.

St Mary's Hospital Pharmacy

The Pharmacy department is located on the ground floor of the main hospital building at St Mary's. All of the Trust's pharmacy needs are provided by the team at St Mary's, with regular visits to outlying units making sure that the service is of a consistently high standard throughout.

The Pharmacy department supplies a comprehensive range of pharmaceutical services for in-patients, out-patients, patients waiting to go home, wards, doctors, nurses, GPs, Community Clinics other hospitals/trusts and the general public.

The department has a staff of 34 pharmacists, pharmacy technicians, assistants and administrative officers, working the equivalent of 26 full time staff. We offer flexible working hours to encourage a return to practice opportunity where those returning to the profession can build up their confidence and expertise in a working pattern that best fits their commitments.

The specialist services can be broadly described as:

- **Purchase, Supply and Distribution:** All medicines needed by the Trust are purchased through the Pharmacy. We make sure that the quality and quantity of the medicines held and supplied are optimal to the patients needs and dispensed accurately, timely and within the legal requirements
- **Clinical:** Making sure that the medicines are used appropriately
- **Financial:** Making the best use of the drugs budget by providing advice and support
- **Medicines Information:** Providing the latest advice and information on drug therapy and providing all healthcare workers on the Island with a query answering service
- **Aseptic Services:** Making pharmaceutical products in a sterile environment to ensure accurate and safe doses
- **Admission and Discharge:** Providing a medicines management service for patients on admission and throughout their stay to help understanding of medicines

Consultants/Associated Specialists/Lead Clinicians

Gillian Honeywell	MRPharmS	Chief Pharmacist	ext 4616
Specialist Nurses/Therapists			
Fiona Kidd	MRPharmS, MSc	Medicine Information Lead Pharmacist	ext 4622
Tracey Green	MRPharmS	Community Services Lead Pharmacist	ext 4619
Liz Harrison	MRPharmS	Aseptic Services Lead Pharmacist	ext 4181
Julie Simmons	MRPharms	Clinical Lead Pharmacist	ext 4619
Fiona Eccleston		Pharmacy Technical Operational Manager	ext 4619
Andy Brandham	MRPharmS	Prescribing Advice Pharmacist	ext 4619
Zoe Wells	MRPharmS	Rehabilitation Services Pharmacist	ext 4619

Opening hours:
8.30am - 5.15pm Monday to Friday *9.00am - 12.00am Saturday and Bank Holiday*
13.30pm - 15.30pm Sunday

24 hour on-call pharmacist service for emergencies

For further information on St Mary's Hospital Pharmacy please visit: http://www.iow.nhs.uk [enter Pharmacy in the Search box].

Local Enhanced Services (LES) Offered through Community Pharmacy on the Isle of Wight

The following provides a brief overview of each service, full details i.e. PGD's, Local Enhanced Service agreements and any supporting documents for use with each service can be found in the appropriate appendix.

Pharmacists should pay particular attention to reception protocols and signposting arrangements for each service as the IOW PCT, along with the LPC are working closely with Pharmacists and commissioners to promote Community Pharmacies as a reliable consistent service provider. **It is the responsibility of the accredited Pharmacist to train and develop Pharmacy staff, so that they too can provide accurate information to patients regarding services availability at their Pharmacy, and signpost appropriately when the need arises.**

Please ensure your Pharmacy teams are aware of what is on offer at your Pharmacy, and that they have all the information required to facilitate efficient patient care.

All supporting documents for use with LES's are available for download from the LPC website. If you are uncertain of any aspect of service delivery you should contact the Community Pharmacy Lead IOW PCT, or the IOW LPC representative. (See contacts list)

Supply of Emergency Hormonal Contraception (EHC) See Appendix 1

Over the last few years Community Pharmacists on the Isle of Wight have developed close working relationships with Sexual Health. The supply of Levonelle 1500 by accredited Pharmacists to any woman aged 13 years and over is possible through many Pharmacies on the Island, Pharmacists must complete all relevant CPPE, detailed in the table fig.1, and must satisfy the PCT that they fully understand the requirements of the Patient Group Direction. This includes Fraser competency assessment and dealing with child safety matters when these arise (see suggested Isle of Wight child care referral pathway and contacts list in EHC appendix).

An annual PCO led event is organised to support this service, the purpose of which is to pass on relevant updates in policy, to facilitate role-play, share experiences and troubleshoot. Attendance at this annual event is a requirement of the service.

The PGD allows for the supply of a Chlamydia test kit, if appropriate, to patients in the group identified by the National Chlamydia Screening Programme (NCSP). See protocol for details.

If you are a Pharmacist that has moved or moving to the Isle of Wight having gained accreditation in another PCT area to deliver EHC services, please contact the Community Pharmacy Lead at Medicines Management St Mary's Hospital, as we can often recognise such qualifications, however an appointment to sign off competency for the IOW PGD is still necessary.

Claims for consultations and supply of levonelle 1500 should be made to the PCT using the monthly claim form (see example in levonelle appendix). As mentioned in the previous section of this document, an enhanced service provider fee is available to Pharmacies offering this service on five days out of six each week. This fee should be claimed using the quarterly claim form and the declaration must be signed by the accredited Pharmacist. The enhanced service provider fee is made by means of a top up payment per consultation, and should be calculated by multiplying the top up fee (currently £4.00/consultation) by the number of consultations carried out in the relevant quarter.

NB: This service is monitored by sexual health and where shortfalls are reported, enhanced service provider fees will be withheld. Please ensure efficient onward signposting of patients in the event of your accredited Pharmacist being absent.

Chlamydia Screening and Treatment programme See Appendix 2

Many pharmacies now offer this service. The National Chlamydia Screening Programme (NCSP) aims to screen as many sexually active people as possible for chlamydia trachomatis infection, in the age range16 to 25. Patients have the opportunity to pick up test kits in participating Pharmacies opportunistically, but Pharmacists can also supply such kits in conjunction with the EHC PGD to patients that fall into the target screening group, if appropriate. No payment is made for opportunistic distribution; however Pharmacists can claim a fee payment for those kits supplied to appropriate patients in conjunction with the EHC service. Specific data collection is required in connection with this supply (see relevant appendix).

Since early 2008, Pharmacists can also accredit to offer treatment to patients who have been confirmed as positive to infection with Chlamydia trachomatis, following screening. Patients are offered the option, when contacted by the IOW Chlamydia Screening Office, of referral to accredited pharmacists to pick up treatment, as an alternative to attending the Sexual Health Clinic at St Mary's Hospital. Patients and their contacts are offered treatment under this PGD, and all treatment details are passed back to the screening office. (See LES and PGD in chlamydia appendix).

Treatment involves the supply of a stat dose of azithromycin 1g to index patients and contacts. Contact patients should be supplied with treatment, but should be encouraged to return a screening test prior to taking their medication.

Please be aware that the National Chlamydia Screening Programme aims to offer free screening and treatment to patients in the target group i.e. 16-25 year olds. If your Pharmacy is engaged with this PGD but also offers a retail service i.e. screening kit and treatment, patients falling into the target group must be offered the free service under the LES agreement, in the event of an enquiry regarding the retail alternative. Patients that are outside the target group can be sold the retail alternatives.

The accreditation process at present, involves attendance at two evening training sessions to cover the screening programme, the disease state, the PGD, and the completion of relevant CPPE within six months of service commencement. We are, however, intending to facilitate online accreditation through access to training material on the wish-net website. Pharmacists working on the Isle of Wight are encouraged to join wish-net online, in order to access this and other support material relevant to sexual health services.

Condom Distribution Service **See Appendix 3**

As part of our commitment to the support of sexual health, and to run alongside the EHC and Chlamydia PGD's, Community Pharmacies engaged with these services must also offer free condom distribution. Young people that have registered to this service can present at participating Pharmacies to obtain free supplies of condoms and lube, on production of a registration card. Pharmacy staff can demonstrate application of condoms if required and a demonstrator is supplied for this purpose.

Pharmacies can act as a distribution centre only or as a distribution and registration centre. (Please see relevant appendix for service information). Where inappropriate use of registration cards is suspected, these can be withheld and the service user referred to connections for re-registration. This service is offered free of charge by participating Pharmacies.

NB: Participation in this service is compulsory for those Pharmacies wishing to engage with EHC and Chlamydia Screening and Treatment.

Relenza and Tamiflu PGD's **See Appendix 4**

There are two PGD's involving the use of Tamiflu and Relenza, both for use to treat patients in a seasonal flu outbreak, when GP consultations for flu related illness, exceeds 30 per 100,000, and one for use in pandemic flu. See attached PGD's in influenza prophylaxis and treatment appendix.

When the threshold consultation rate is exceeded, the Medicines Management Team will fax notification that accredited Pharmacists can offer this PGD to treat patients with flu like illness. When consultations fall below the threshold another notification is sent to inactivate the PGD.

It is thought that in the event of a flu pandemic, this PGD will be adapted to enable supply of anti-viral drugs to a "flu-friend" who will present at an anti-viral distribution centre with a unique identifier authorising supply.

Accreditation to deliver this service can be offered on a one to one to cover the PGD content by contacting the Community Pharmacy Lead. Support events are held periodically to meet demand.

NB: Prescription charges are payable under this service for patients presenting without a valid exemption. These should be collected at the point of supply and an appropriate adjustment will be made on the monthly return.

Trimethoprim Treatment for Urinary Tract Infection (PGD)

See Appendix 5

Once familiar with the Isle of Wight PGD format, Pharmacists can provide treatment for uncomplicated urinary tract infection through this service. Pharmacists wishing to accredit themselves should contact the Pharmacy Lead to obtain copies of all relevant documentation and familiarise themselves with the content and the service process.

Upon supply of a three day course of trimethoprim to patients presenting that meet the inclusion criteria for this service, a letter must be sent to that patients GP, informing of the supply.

It is a requirement that Pharmacists are already offering one or more LES's involving PGD's, and that they are familiar with the workings of and format of IOW PGD's. Prior to service commencement an appointment is necessary with the Pharmacy Lead to obtain sign off and declaration of competency.

There is an annual PCO led event to support this service, and attendance at this event is a service requirement.

NB: Prescription charges are payable under this service for patients presenting without a valid exemption. These should be collected at the point of supply and an appropriate adjustment will be made on the monthly return

Needle Exchange **See Appendix 6**

In conjunction with the Drug and Alcohol Team (DAT) many Community Pharmacies offer needle exchange services to intravenous drug users. Pharmacists wishing to offer this service should familiarise themselves with the LES agreement, service delivery and supporting documents-see appendix Needle Exchange, (further copies available via the Pharmacy Lead, supporting documents available on LPC website), and complete all relevant CPPE within six months of service commencement (completion certificates should be forwarded to Medicines Management).

Under this scheme, drug users can call at participating Pharmacies to obtain supplies of items listed on the exchange menu. Pharmacists are asked to insert anonymous client identifiers on this form for audit purposes. The service must operate in a completely non judgemental manner, and, if necessary, clients should be reassured that the service is completely confidential.

Before service commencement Pharmacists should contact the Pharmacy Lead to enable update to existing signposting documents. An opening order can then be placed with the needle exchange warehouse. Currently the warehousing and distribution contract lies with Boots the Chemist in Ryde tel 01983 562280, to place an opening order for stock.

Pharmacists offering needle exchange services should consider vaccination against hepatitis B and develop policy for the management of needle stick injury.

Supervised Consumption of Methadone **See Appendix 7**

Upon completion of the CPPE module Substance Use and Misuse, pharmacists on the Island can apply to the PCT to offer supervised consumption of methadone, subutex and suboxone in their Pharmacies.

As with needle exchange this service must be offered in a completely non-judgemental, confidential manner.

Where registered methadone/ subutex/ suboxone drug users engage with Pharmacies, a supervised consumption service might be requested by the prescriber. This should be carried out in the privacy of a private consultation area.

The pharmacist must photocopy all relevant prescriptions demonstrating the request for supervision, and showing the number of supervised consumptions carried out. At the end of each quarter a claim is made to the PCT on the form that can be seen in the relevant appendix relating to this service. A fee is then paid to the Pharmacy for this professional service. Currently this is £2.00 per supervision for methadone and £4.00 per supervision for Subutex and Suboxone.

NB: There is no requirement to enter details of these claims on the quarterly Local Enhanced Service claim form as it is financed via a different funding stream.

Diabetic Sharps Disposal See Appendix 8

Under current local arrangements, community pharmacists can offer safe disposal of contaminated sharps for diabetics.

Sharps bins, obtained through PHS, the current contract holder for medical waste management services, can be freely given to diabetics requesting these.

When full sharps bins are returned, these should be stored safely according to the Pharmacy SOP, and passed on to PHS for safe disposal as soon as possible.

Pharmacists offering this type of service, as with needle exchange, should consider vaccination against hepatitis B and develop policy for the management of needle stick injury.

Table of Local Enhanced Services - Figure 1

Local Enhanced Service	Claim/Payment Frequency	Enhanced Service Provider Fee Quarterly	Quarterly Audit required	Accreditation Requirement	Local Enhanced Service Agreement Attached (*see appropriate appendix)*	PCO Led Annual Event attendance required
Levonelle -1500 PGD. Emergency Hormonal Contraception	Monthly	Yes	Yes	Completion of CPPE Contraception, Emergency Hormonal Contraception, And appointment with pharmacy lead to discuss/sign off PGD	Yes	Yes
Azithromycin PGD. Screening and Treatment of uncomplicated Chlamydia Infection	Monthly	Yes	Yes	Attendance at PCO accreditation event covering- National Chlamydia screening programme, Chlamydia the infection and PGD content. Completion within 6 months of the CPPE sexual health testing and treating 2006, and dealing with difficult discussions 2006	Yes	Yes
Trimethoprim PGD	Monthly	No	No	Appointment with PCT lead	No	Yes
Relenza PGD	Monthly	No	No	Attendance at PCO accreditation event	No	Yes
Tamiflu PGD Pandemic and Seasonal Flu PGD's	Monthly	No	No	Attendance at PCO accreditation event	No	Yes
Needle Exchange Service	Monthly	No	No	CPPE Substance Use and Misuse and attendance at PCO led annual event	Yes	Yes
Supervised Consumption Service	Quarterly	No	No	CPPE Substance Use and Misuse and attendance at PCO led annual event	No	Yes
Palliative Care Service	Quarterly Flat Fee	No	Yes	No	Yes	Not at present
Diabetic Sharps Service	Quarterly Flat Fee	No	Yes	No	No	No
Condom Distribution	No Fee	No	No	Not Applicable	Yes	Yes

Medicines Management Directed Pharmacy Services

Return to Stock **See Appendix 9**

See agreement in Return to Stock Appendix for service overview. This service has been commissioned by Medicines Management and seeks to integrate community pharmacies into the core activity of waste reduction and cost saving. Pharmacists wishing to engage with the return to stock service should read the agreement carefully as failure to return all required supporting documentation will result in delays in payment to Pharmacies that relate to this service. See worked example in relevant appendix. In this case four items have been returned to stock, omeprazole 10mg capsules, donepezil tablets 10mg, ramipril capsules 2.5mg and ventolin inhaler. The value (net cost price as listed in the drug tariff), must be listed on the audit sheet along with the GP practice code, using the key at the base of the form. Photocopies of the relevant FP.10's must be attached to the audit sheet. The claim is made by the Pharmacy on the monthly claim form, in this case 4 x £3.20= Fee payment to Pharmacy of £12.80.

Payment Not to Dispense **See Appendix 10**

See agreement in relevant appendix for service overview. As with Return to Stock, this service seeks to reward Pharmacists for basic interventions that recognise medicines included on patient FP.10's that for whatever reason are not required by the patient. There are again supporting documents that must be completed and submitted with any claim made for this service. Failure to submit relevant support documents will result in delays in payment to the Pharmacy. See worked example in relevant appendix. In this case three items have been identified, viscotears, lansoprazole and paracetamol, the cost saving is listed on the audit sheet (this is the net cost price as listed in the drug tariff) against the relevant item, and the GP surgery code entered in the appropriate column using the key on the bottom of the form. The claim is made by the Pharmacy on the quarterly return i.e. 3 x £4.50 = fee payment to Pharmacy of £13.50. Photocopies of all FP.10's clearly marked as not dispensed in the manner proscribed by the PPD should be attached to the audit sheet.

Platinum Points for Pharmacy **See Appendix 11**

Introduced at the end of 2007, the Platinum Points for Pharmacy scheme allows Pharmacists to use their business skills to identify cost saving interventions on FP.10.

When a Pharmacist identifies a cost saving change that could be made on FP.10, (e.g. where phenytoin tablets 100mg might have been prescribed a change to capsules 100mg would generate significant savings if approved by the GP), and contacts the prescriber to initiate such change, the Pharmacy will be paid 45% of the single saving achieved (Please see worked example in relevant appendix).

Details of the changes made to FP.10's, along with the amount of saving needs to be reported to the PCT monthly. Payments will only be made to Pharmacies where proof of savings is demonstrated. In order to demonstrate savings the Pharmacy must

i. Fill in the platinum points claim form as detailed in the worked example.
ii. Supply the **original** form FP.10 if appropriate i.e. the prescription prior to the suggested change. This will be the case for single item prescriptions, however if the original prescription is for multiple items then a copy of the original showing ND

endorsement, as proscribed by the PPD, against the amended item must be supplied, patient details can be deleted.

iii. A copy of the replacement prescription obtained from the prescriber must be supplied, to demonstrate the change has taken place and the cost saving achieved.

iv. The platinum points claim form, along with the original and copy FP.10's must be sent to the PCT at the end of each month, and the value of the Pharmacy claim entered onto the Pharmacy local enhanced services monthly claim form.

v. At the end of each month, the PCT will audit the claim forms submitted by the Pharmacy and make a payment equivalent to 45% of the value of the total saving.

NB: Prescriptions may be recalled for audit purposes.
All calculations for payment/savings must be based on drug tariff drug values.

Pharmacy Services supported by Industry

Tandem Project See Appendix 12

Sponsored by Janssen-Cilag, and following recent changes to guidance on safe handling and destruction of controlled drugs issued by the Royal Pharmaceutical Society of Great Britain, the tandem project has been introduced on the Isle of Wight.

The aim of the project is to provide patients, at the point of dispensing, with the correct advice for use, and the correct advice on the safe disposal of durogesic dtrans patches. This will maximise therapeutic benefit to the patient and ensure safe disposal (support leaflets available on request from PCT).

The service operates as follows:

1. When a Pharmacy dispenses a prescription for Durogesic DTrans, the patient/ representative will be provided with information on use of the patches and will be informed about the need to dispose of any unused patches according to the RPSGB guidance. See attached guidance sheet for issue to patient in relevant appendix. The patient/ carer should be instructed to return any unused patches to the Pharmacy so that these can be destroyed safely and appropriately.
2. The contents of part used boxes should be destroyed according to the instructions on the manufacturers insert leaflet, however when unopened boxes are returned to a participating Pharmacy, the patches are destroyed as before, but the Pharmacist can record the batch numbers of the unopened boxes on a claim form (Form A), that is returned to the PCT quarterly.
3. The PCT collate the data from all Pharmacy returns, and submit details of all unopened packs returned to Pharmacies to Janssen-Cilag, who in turn reimburse their full cost price to the PCT.
4. Participating Pharmacy contractors submitting returns are paid a quarterly fee equivalent to 45% of the total value of unopened durogesic dtrans boxes destroyed at their Pharmacy. See claim example in relevant appendix.

Pilot PCT Support Services

Palliative Care Support See Appendix 13

Palliative Care Support Services through Community Pharmacy was re-introduced at the end of 2007 to act as a back up to the just in case box service. Nine Pharmacies in total stock a more comprehensive range of palliative care drugs that allow GP's to signpost patients in normal hours with confidence of obtaining urgent supplies.

Some of these Pharmacies offer an out of hours call out service (see signposting documents) in palliative care support appendix for signposting.

Participating Pharmacies are paid an annual fee for return of audit, and are reimbursed for drugs on the palliative care list that become date expired.

There are plans to expand this service over the next few years to further improve access both in, and out of hours. See Just In Case Box Service overview in Palliative Care appendix.

Rota Service See Appendix 14

Depending on locality, and where a need has been identified by the PCT, some Pharmacies offer rota services. Where monthly claims are made for such services, an audit form must accompany the claim - see monthly claim form and rota audit form in rota & OOH appendix. Without the audit, that details numbers of items and types of medicines supplied, the rota fee will not be paid.

Out of Hours Medicines Request for Island Residents

During the out of hours periods, community Pharmacists can request ten days supply of medicines for registered Isle of Wight patients, by faxing a request form to the out of hours doctors service (OOH). There is a protocol that must be followed for submitting such requests. Pharmacists must ensure that, as with all services, the correct and current paperwork is submitted. See Rota & OOH appendix.

Electronic Prescription service

The Isle of Wight PCT hopes to move to release 2 of the electronic prescription service early in 2009. Pharmacists working on the Island will need to be registered for RA01 smart cards i.e. Release 2 smart card. Without this, Pharmacists will not be able to access electronic messages from the NHS Spine.

Information on how to obtain a smart card can be found on the LPC Website at www.hampshirelpc.org.uk under Electronic Prescription Service. Smart cards can be unlocked or certificates renewed by contacting St Mary's Hospital Human Resources dept on 01983 534387, or the Pharmacy Lead on 01983 534271.

Some useful resources for information on the electronic prescription service are the PSNC website at www.psnc.org.uk, and the department of health on www.dh.gov.uk

Enhanced Medicines Use Review Services (MUR) See Appendix 15

Introduction

Medicines Use Review (MUR) is a service which can be offered to their patients by accredited community pharmacists as an Advanced Service within their Contractual Framework.

The aim of the Service is to achieve a concordant approach to medicine taking by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying, discussing and resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical effectiveness and cost effectiveness of prescribed medicines and reducing medicine wastage.

Currently, MURs are often a stand-alone service and not integrated with other primary healthcare services. By targeting a highly non-compliant and at risk group of patients and by integrating MURs into other patient care pathways, community pharmacy can demonstrate the benefits of their accessibility and utilise their knowledge of pharmacotherapy to the benefit of all stakeholders, particularly patients.

From time to time following negotiation with industry, the PCT will invite expressions of interest from Pharmacists wishing to participate in pilot services or services designed to produce relevant audit data for use between primary and secondary care.

Such services are often applied using the MUR process as a template for data collection. The MUR is carried out as normal and some specific data might be requested in addition to this, which is recorded on an audit pad. Audit data is generally returned monthly to either LPC or PCT offices depending on service arrangements.

Such enhanced MUR's may be directed, where no additional fee is paid to Pharmacy, or may take the form of an MUR Plus. In the case of the latter, additional work is required and an additional fee is paid on top of the standard MUR fee, claimed with FP34 submission. The additional fees attached to such services are claimed by the participating Pharmacy on the monthly enhanced service claim form.

Recent examples of directed services include the Asthma Technique Check through Community Pharmacies, working alongside other healthcare professionals. In this service MUR's were carried out on patients identified with Asthma, and in addition an inhaler technique check was carried out using the In-check dial device, produced by John Bell of Canday Medical. This device mimics the variety of inhalers available on FP.10 and the Pharmacist is able to check that the correct force is applied to an inspiratory breath to maximise medicine benefit and optimise treatment. This service was extremely successful and has run its course. Audit data revealed a marked reduction in the prescribing of b2 agonists, reduced hospital admissions for asthma related illness, and reduced deaths caused by asthma related illness.

An example of an MUR Plus is the recent introduction of the Paediatric Asthma inhaler technique check. This service is fully funded by MSD and seeks to engage with paediatric asthmatics aged 0 - 12, to not only investigate inhaler technique, but demonstrate that the involvement of a carer or guardian in this type of review is beneficial. Participating Pharmacists

were asked to target asthmatic patients in this age group and carry out an initial MUR and technique check with Patient and carer. This is followed not sooner than three months, but not later than six months after the initial appointment by a follow up technique check to ensure the patient is still compliant and applying correct technique. Pharmacists are paid one fee for the initial engagement and a reduced fee for the follow up technique check. Fees for this service are claimed on the monthly LES claim form. (See Appendix for example services, audit pads and claim forms).

Appendix 1

Emergency Hormonal Contraception (EHC)

Isle of Wight NHS
Primary Care Trust

LES Agreement

The Isle of Wight Primary Care Trust, under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended, authorises the following pharmaceutical service from pharmacists included in its Pharmaceutical List for the pharmacist to supply a prescription only medicine to persons within its area or visiting the area under a Patient Group Direction, as per paragraph (4) (1) (m) of those Directions.

1. Service description

1.1 The pharmacy should supply Emergency Hormonal Contraception when appropriate to clients under the locally agreed Patient Group Direction, together with other support. Relevant reception protocols must be fully understood and adhered to in order to participate in this service provision.

1.2 The pharmacy should provide support and advice to clients accessing the service, including supply of condoms, pregnancy tests and *Chlamydia Trachomatis* testing kits that are provided by the PCT.

1.3 The pharmacy should offer a user-friendly, non-judgmental, client-centred and confidential service.

1.4 The supply and support will be made free of charge to the client at NHS expense.

1.5 Clients excluded from the Patient Group Direction criteria will be referred to another local service that will be able to assist them as soon as possible.

1.6 Pharmacists will link into existing networks for contraceptive services so that women who need to can be referred on rapidly.

1.7 When unable to provide the service, for whatever reasons, contractors **must** signpost on effectively using the guidance and information provided by the PCT

2. Aims and intended service outcomes

2.1 To increase the knowledge, especially among young people, of the availability of emergency contraception and contraception from pharmacies.

2.2 To improve access to emergency contraception and sexual health advice.

2.3 To increase the use of EHC by women who have had unprotected sex and help contribute to a reduction in the number of unplanned pregnancies.

2.4 To refer clients, especially those from hard to reach groups, into mainstream contraceptive services.

2.5 To increase the knowledge of risks associated with STIs.

2.6 To refer clients who may have been at risk of STIs to an appropriate service.

2.7 To strengthen the local network of contraceptive and sexual health services to help ensure easy and swift access to advice.

2.8 To reduce the personal health and public health risk of infection by *Chlamydia Trachomatis*.

3. Training and Staffing Requirements

3.1 The pharmacy contractor should ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Emergency Hormonal Contraception provided by the Isle of Wight Primary Care Trust. A copy of this document is provided as Appendix 1 of this document.

3.2 The pharmacy contractor should ensure that pharmacists and staff complete the relevant local training required by the Patient Group Direction.

3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

3.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4. Service outline

4.1 The pharmacy should provide a sufficient level of privacy (ideally at the level requirement for the provision of Advanced Services as detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Directions 2005 as amended).

4.2 A service will be provided that assesses the need and suitability for a client to receive EHC, in line with the Patient Group Direction and the inclusion and exclusion criteria:

4.2.1 Where deemed appropriate, the pharmacy should dispense the dose according to the legal requirements including appropriate labeling and recording in the Patient Medication Record system

4.2.2 Where not deemed appropriate, advice and possible referral to another source of assistance will be provided. Clients who have exceeded the time limit for EHC will be informed about the possibility of use of an IUD and should be referred to a local service as soon as possible.

4.3 The pharmacy should provide either:

4.3.1 Six condoms, sourced from stocks supplied under the condom distribution service or

4.3.2 A low cost pregnancy test and three condoms, the former sourced at the discretion of the pharmacy contractor, the later taken from stocks attached to the condom distribution service.

4.4 Where the client is considered part of a client group that has been notified by the PCT as requiring testing, the pharmacy will supply a *Chlamydia Trachomatis* test kit to the client.

4.5 The pharmacy should record service details and auditable data that relate to reasons for accessing the service, the demographics of the client and means of accessing the service on the form provided (see Appendix 2).

4.6 The service will be provided in compliance with Fraser guidance and Department of Health guidance on confidential sexual health advice and treatment for young people less than 16 years of age.

4.7 ***The service protocols should reflect national and local child and vulnerable adult protection guidelines.

4.8 The pharmacy should provide verbal and written advice on the avoidance of Sexually Transmitted Infections and the use of regular contraceptive methods, including advice on the use of condoms, to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care if necessary.

4.9 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

4.10 Pharmacists may need to share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

4.11 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

4.12 The PCT should provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

4.13 The PCT should provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance, including the location, hours of opening and services provided by each service provider.

4.14 The PCT should promote the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

4.15 The PCT should health promotion material, including leaflets on Emergency Hormonal Contraception, long-term contraception and Sexually Transmitted Infections to pharmacies.

5. Quality Indicators

5.1 The pharmacy should have appropriate PCT provided health promotion material available for the potential client group and promotes its uptake.

5.2 The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis.

5.3 The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

5.4 The pharmacy should participate in an annual PCT-organised audit of service provision.

5.5 The pharmacy should co-operate with any locally agreed PCT-led assessment of service user experience.

6. Remuneration

6.1 The PCT will pay a sum as agreed between itself, the Local Representative Committee and other commissioning partners to the pharmacy contractor on submission of:

6.1.1 A monthly claim for provision of the service.

6.1.2 A quarterly claim together with audit data on provision of the service, this payment being designed to reward reliable service provision on at least five days out of six per week in the preceding quarter. A signed declaration must be submitted by the Pharmacist on the quarterly claim form.

6.2 Payment will be within 30 days from the end of the calendar month in which the claim is received.

6.3 Claims should be made on the form provided (see Appendix 3). (Monthly/ quarterly claim forms.)

Appendix 1:

Isle of Wight NHS
Primary Care Trust

Community Pharmacy Enhanced Services

Competencies and Training Framework

Enhanced Service:	**Provision of Emergency Hormonal Contraception (EHC)**
Issue Date:	**September 2007**
Review Date:	**September 2009**
No. of pages:	**6**
Authorised by:	**Isle of Wight NHS Primary Care Trust**

1.	**Introduction** Community Pharmacists wishing to provide EHC as an enhanced service via a Patient Group Direction must be accredited and have their names on an enhanced service provider list kept by the PCT on whose behalf they are providing the service. Throughout this document the abbreviation PCT is used in place of "*Primary Care Trusts or other Commissioning Bodies*". The information in this document outlines the purpose and design of suitable local training which will allow accredited Community Pharmacists to be recognised by the PCT on the Isle of Wight. The following process has been approved by the Isle of Wight Primary Care Trust which is a subgroup of the _____.
2.	**Core Competencies** These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are shown in [ ]. a) Able to communicate with clients appropriately and sensitively [G1, G2]. b) Able to counsel and advise on emergency contraception and regular methods of contraception [G2, G7]. c) Understands how and when to refer clients and when to ask for support and advice [G7]. d) Understands confidentiality issues and is aware of their role in the process of child protection [G8]. e) Understands the different types and methods of hormonal contraception and non-hormonal contraception; their use, advantages, failure rates and complications [G1,]. f) Understands and able to apply the medico-legal aspects of EHC provision in accordance with a Patient Group Direction [G5].

3. Framework of Training

3.1 Underpinning Knowledge

Two Centre for Pharmacy Postgraduate Education (CPPE) learning packs provide pharmacists with the necessary knowledge to underpin the provision of EHC as an enhanced service:

- **CPPE Emergency Hormonal Contraception Learning Pack**
- **CPPE Contraception Learning Pack**

Completion of the Emergency Hormonal Contraception pack is a pre-requisite to attendance at a local Pharmacist Accreditation Workshop whilst the Contraception pack should be completed before or within 3 months of attending the workshop. Records of completion of these two packs must be kept with the EHC PGD and copies sent to the accrediting PCT.

3.2 Local PCT Workshop

a) Aims

To enable Community Pharmacists to become competent to provide an EHC service in accordance with a Patient Group Direction, understanding the clinical, ethical, cultural and legal aspects of this work.

b) Objectives

The workshop should review the underpinning clinical knowledge required to provide an EHC service and should ensure that the pharmacist:

I. Understands the aims of an EHC service and its place in Family Planning Services overall.
II. Understands confidentiality issues and has an awareness of child protection issues.
III. Understands and is able to apply the medico-legal aspects of EHC provision - especially as applied to under-age females i.e. under 16yrs (Fraser Ruling).
IV. Understands and is able to use the Patient Group Direction and associated paperwork. ***
V. Is aware of the details of when to carry out a pregnancy test, and the actions to be taken following the result.
VI. Understands how and when to refer clients and when to ask for support and advice from the local Family Planning services.
VII. Is able to counsel and advise clients appropriately and sensitively, and refer for further contraceptive care.
VIII. Experiences problematic situations through role play, and gains confidence in dealing with them.
IX. Knows what sources of support are available to the pharmacists involved in the provision of this service. ***

c) Features of the Workshop

- Family Planning Clinician(s) must be present and participate in the running of the Workshop.

	• The Workshop must include various role play scenarios. • The Workshop must involve MCQ testing on EHC provision as part of the assessment process. **(*** See Section 7: Cross Accreditation Process)**
4.	**Summary of Assessment & Accreditation** Each pharmacist must attend the local Pharmacist Accreditation Workshop session(s) and successfully complete the required assessments: a) CPPE EHC Pack Assessment (completed prior to attending the workshop). b) CPPE Contraception Pack Assessment (completed prior to or within 3 months of the workshop). c) Workshop MCQ Paper. d) Role Play assessment. PCTs are recommended to maintain records of pharmacists accredited or re-accredited for a minimum of <u>three</u> years.
5.	**Re-accreditation** Updates are recommended every two years or as directed by a Family Planning Clinician, which may be in the form of a self declaration of competency or other method of assessment as considered appropriate by the accrediting PCT. Where there are concerns regarding poor performance, this should be addressed separately as a clinical governance matter.
6.	**Service Extension Requirements** **6.1 Children Under 16** When the commissioned service is available to girls under 16 years then, in addition to the above, Pharmacists should complete the CPPE Child Protection Open Learning Pack/ E-Learning Assessment.
7.	**Cross Accreditation** **Accredited Pharmacists must be advised by the accrediting PCT, during attendance at the local workshop, that if they wish to provide an EHC enhanced service to another PCT, they should contact that PCT for further information.** PCTs may or may not be commissioning this service. Even so, local paperwork, sources of support, extent of the service, etc, may differ. Currently Portsmouth City PCT recognise Pharmacists accredited on the Isle of Wight to offer this service in their area.

PGD

Pharmacy Department (Community)

Patient Group Direction for the Supply/administration of Levonorgestrel 1500 tablet (Levonelle 1500) as emergency hormonal contraception by accredited community pharmacists

Rationale

To enable a pharmacist who has received specific training and has been assessed as competent to supply a levonorgestrel 1.5mg tablet in accordance with the following patient group direction (PGD) and recommendations issued by the Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit and the Royal Pharmaceutical Society's Code of Ethics (2007)

Professionals to whom these directions may apply

Class of Health professional for whom PGD is applicable	Pharmacist registered with the Royal Pharmaceutical Society of Great Britain
Additional Requirements considered to be relevant to the medicine used in the protocol	• Access to supplies of Levonorgestrel 1.5mg (Levonelle 1500®) tablets • Access to British National Formulary (latest edition) • Completion of the CPPE Levonelle Distance Learning Package. • Training and competence in all aspects of supply under Patient Group Directions
Continuing Training Requirements	All pharmacists are personally accountable for their practice, and in the exercise of professional accountability there is a requirement to maintain and improve their professional knowledge and competence.

References

- Emergency Contraception Guidance Faculty of Family Planning and Reproductive health care Clinical Effectiveness Unit April 2003
  www.ffprhc.org.uk
- British National Formulary (BNF)
- Royal Pharmaceutical Society (2007) Medicines, Ethics and Practice

1. Clinical condition or situation to which the direction applies

Definition of clinical condition/situation	Woman requesting emergency hormonal contraception (EHC)
Criteria for Inclusion	• Any woman over the age 13 and over requesting EHC within 72 hours of unprotected sexual intercourse (UPSI) • Any woman previously presenting for EHC who has vomited with three hours of taking the dose and is still within 72 hours of UPSI.
Criteria for exclusion	Absolute contraindications to use: • Age less than 13 years • Known or suspected pregnancy • Acute porphyria • Unexplained vaginal bleeding Special considerations where the use of an IUD may be more appropriate. • Liver disease • Previous Levonelle 1500 in this cycle (except in the circumstances included in the criteria for inclusion) • UPSI of more than 72 hours • Enzyme inducers: Phenytoin, Barbiturates, Carbamazepine, Phenylbutazone, Rifamicin, Rifonavir and Griseofulvin can reduce the efficacy of levonorgestrel. • Herbal remedies, as listed in the BNF, especially remedies containing St John's Wort, (Hypericum perforatum millepertuis) • Severe malabsorption conditions i.e. Crohn's disease. • Hypersensitivity to any of the ingredients in the preparation (see product insert).
Action if excluded	Refer to clinician. Discuss IUD as another option and refer immediately to clinician.
Action if treatment refused	**Record in particular any refusal of treatment.**

2. Description of Treatment

Name of Medicine	Levonorgestrel 1500µg Tablet
Legal status	Prescription Only Medicine (POM)
Dose	One 1500µg tablet (single dose)
Maximum or minimum dose	Single course of one tablet, once in the cycle. (1500µg Stat)
Route of administration	Orally as a single dose (One tablet)
Side effects	Please refer to most current BNF for full details. Mostly well tolerated, but some clients may experience: Nausea (25%) Vomiting (5%) Breast tenderness (10%) Temporary disturbance of menstrual cycle i.e. bleeding, spotting, delayed or early next period (13%) Headache, dizziness &/or fatigue (10-17%)
Client Advice	• Explain options including use of IUD • Explain benefits, effects and alternatives • Explain possible bleeding pattern following use. • Discuss efficacy rates and in particular that Levonelle 1500 is not 100% effective: 95% if taken within 24 hours, 85% if taken 25-48 hours 58% if taken 49-72 hours Unknown if after 72 hours • Provide FPA leaflet on emergency contraception • Stress the need for reliable contraception for the remainder of cycle and in the future • Discuss STI risk and refer to St Mary's GUM department, if necessary. • What to do if patient vomits within 3 hours (per local protocol)
Follow Up Advice	• If the patient vomits within 3 hours of taking the tablet she should return for a further dose to be supplied as long as the second dose still falls within the 72-hour limit. • The patient should report any unusual cramping pain or vaginal bleeding. • Seek advice if period is more than 5 days late, if there is lower abdominal pain or if the period is abnormal in any way.
Adverse Reactions -Identification, Management and Reporting Procedure	All suspected adverse reactions should be reported to the CSM using the 'yellow card' scheme either by: Logging onto www.mhra.gov.uk Using the document at the rear of the BNF
Details of record keeping	The pharmacist must keep a record of the consultation for at least two years. The following should be noted in the pharmacist's records: • **Assessment of client need in relation to the intervention.** • **If < 16 years document that competence has been**

	ensured under the Fraser Guidelines (1985) and is recorded as per local protocol. • **Date and time of supply (and administration if client takes Levonelle 1500 in the pharmacy).** • **Dose of Levonelle 1500.** • **Batch number and expiry date.** • **Advice given and leaflets supplied** • Signature of client • Signature of pharmacist

3. Management and Monitoring of Patient Direction Group

Levonorgestrel 1500µg Patient Group Direction developed by Kevin Noble (Community Pharmacy Lead, Isle of Wight Primary Care Trust), using original material supplied by Gillian Honeywell (Chief Pharmacist), and Dr Marilyn Boll and Julia Ward of Sexual Health Services at Isle of Wight Healthcare Trust.

These PGDs have been authorised by:

Mr Paul Jerram MRPharmS Head of Medicines Management Isle of Wight PCT	Sig: Date:
Dr John Partridge Clinical Governance Lead Isle of Wight PCT	Sig: Date:
Mr Kevin Noble MRPharmS Community Pharmacy Lead Isle of Wight PCT	Sig: Date:

Enquiries relating to this PGD should be addressed to:

Kevin Noble, Community Pharmacy Lead

Isle of Wight Primary Care Trust, Medicines Management Team
PCT HQ, South Block, St Mary's Hospital
Parkhurst Road, Newport, Isle of Wight PO30 5TG
Tel: 01983 534271 Fax: 01983 822142

Date of review: September 2009

DECLARATION by Pharmacist:

Patient Group Direction	*Tick*
Supply of Levonelle as Emergency Hormonal Contraception	

I have been appropriately trained to understand the criteria listed and the administration required to supply levonorgestrel 1.5mg tablet in accordance with this Patient Group Direction. I confirm that I am competent to supply levonorgetrel 1.5mg tablet in the specified circumstances.

Pharmacist name:		
Home Address:		
Business address or pharmacy stamp:		
RPSGB Registration Number:		
Signature:	**Date:**	
Review Date: **October 2009**		

FRASER RULING

For clients who are believed to be less than 16 years of age, the pharmacist will assess the client's suitability for supply. Discussion with the young person should explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity.

ASSESSMENT OF FRASER RULING	***YES***	***NO***
Understanding of advice given:		
Encouraged to involve parents:		
The effect of physical or mental health of young person if advice/treatment withheld		
Action in the best interest of the young person:		

Pharmacist's Signature: ……

Client's signature: **……**

Date: **…….**

The group direction is to be read, agreed to, and signed by all staff it applies to. One copy is to be given to the health professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date:

Re-ratified Clinical Standards Group October 2007
Review date October 2009

Protocol for the Reception of EHC requests

1. Always ensure the patient is dealt with tactfully out of earshot of other customers.

   If initial contact is with counter staff, immediately inform the Pharmacist of the request.
2. If the pharmacist is available or will be within five minutes, inform the patient and allow them to wait.
3. If the Pharmacist will be available within a couple of hours, suggest that they call back at a set time. If agreeable, tell the Pharmacist and the appointment must be honoured.
4. If pressures prevent this, contact all Pharmacies within the area to arrange for the patient to see a Pharmacist there - see Typical Availability overleaf.
5. If no local Pharmacies, arrange for the patient to be seen at the local surgery preferably contacting the surgery for them, ask for the Practice Family Planning Nurse or signpost to Sexual Health Clinic - see contact number below.
6. If all else fails, inform the patient of other options but ensure that the 72 hour limit is observed:
   - **Family Planning at St Mary's Hospital**
     Family Planning Clinic Mondays 2:30pm – 8pm
   - **Youth Trust (for under 25's)**
     1 St Johns Place, Newport Thursdays 3pm – 6pm
   - **Any GP Surgery as Temporary Resident if Outside your area.**

Sexual Health clinic	St Mary's hospital Newport	534202
Youth Trust	1 St John's Place, Newport	529569
Childline (Children Counselling)		0800 1111
Gay & Lesbian Switchboard		525123
Sexual Health Adviser, Blood Bourne Virus Information		534202
IW Victim Support Scheme		530530
IW Woman's Refuge		825981
Life Pregnancy Care Service	Free Pregnancy Testing & Help	0800 9154600

Remember- Always Check the 72 Hour Limit

Patient Questionnaire

Assessment for the Supply and Administration of Progestogen-Only Emergency Contraception

Pharmacy Stamp		
	Client's Name	
	Date of Consultation	
	Date of Birth (Age)	
	Post Code	

CLIENT HISTORY		
Normal length of menstrual cycle	days	
Is the cycle regular or irregular?	Regular	Irregular
First day of last menstrual period		
Day in cycle / Number of Days Post Partum		
Has the client had Levonelle since the last menstrual period?	Yes	No

CRITERIA FOR INCLUSION	Yes	No	N/A
Is the client beyond the 5th day of a spontaneous menstrual cycle?			
OR			
Has the client missed her contraceptive pill?			
Advice was given if missed contraceptive pill?			
OR			
Is the client at least 21 days post partum?			
AND			
Since the LMP or childbirth has the client only had unprotected intercourse within the last 72 hours period?			
All options for emergency contraception discussed			
Client prefers hormonal method			

If further advice is required please contact any of the support centres or refer client to any Family Planning Clinic or to her GP.

CRITERIA FOR REFERRAL (EXCLUSION)	Yes	No	Notes
Has the client used any other form of emergency contraception within this cycle?			If 'yes' – refer. But if Levonelle 1500 has been taken and vomited refer to guidance notes
Is the client on any other medication?			Please list, check BNF, etc for interactions.
Is the client pregnant or likely to be pregnant?			If 'yes' refer.
Is the client post-partum by six months or less, fully breastfeeding (at least every 5 hours) with no menstrual bleed?			If 'yes' – client is unlikely to need Levonelle 1500. Refer to sexual health advisor for advice.
Compared to her usual cycle is her period overdue?			If 'yes' – advise to carry out a pregnancy test or refer
Was her vaginal bleed (period) in any way abnormal? (Different length & flow to previous periods)			If 'yes' – refer.
Did unprotected sexual intercourse occur more than 72 hours ago?			If 'yes' – refer.
Does the client have severe liver disease?			If 'yes' – refer.

COUNSELLING	YES	NO
Mode of action discussed		
Failure rate discussed		
Side effects discussed		
Possible effects on foetus discussed		
Importance of tablet being taken as soon as possible, discussed		
Follow-up discussed		
Future contraception discussed		

OTHER RELEVANT NOTES

Where the client heard about the scheme? .....

The reason for the request? (i.e. Unprotected sex/burst condom) .....

Day of request?

Mon		Tue		Wed		Thu		Fri		Sat		Sun	

Action Taken			Yes	No
Levonelle 1500 (supplied / administered in pharmacy)* *Delete as appropriate				
low cost pregnancy test supplied Offer Chlamydia Test Kit if Appropriate(Target Age 17-25)				
Levonelle 1500	Batch Number:	Expiry Date:		
Referral:				
Advice given:				

The above information is correct to the best of my knowledge. I have been counselled on the use of emergency contraception and understand the advice given to me by the pharmacist.

Client's Signature: ..... Date: .....
The action specified was based on the information given to me by the client, which, to the best of my knowledge, is correct.

Pharmacist's Signature: ..... Date: .....
Time taken to complete consultation ..... minutes.

Fraser Assessment

FRASER RULING

For clients who are believed to be under 16 years of age.

Discussion with the young person should explore the following issues at each consultation. This should be fully documented and should include an assessment of the young person's maturity.

ASSESSMENT OF FRASER RULING	YES	NO
Understanding of advice given		
Encouraged to involve parents		
The effect of physical or mental health of young person if advice / treatment withheld:		
Action in the best interest of the young person		

Pharmacist's Signature: …….

Date: ……

Client's Signature: …….

Date: …….

Patient Advice

Emergency Contraception

Isle of Wight NHS
Primary Care Trust

Please read this information carefully and do not hesitate to speak to the pharmacist if you have any questions. If you have any serious medical problems, please discuss them with the pharmacist to ensure emergency contraception is safe for you.

Levonelle 1500 is a hormonal method of emergency contraception, which must be started within 72 hours (3 days) of unprotected intercourse

You have been given 1 tablet to take as soon as possible, preferably within 12 hrs, and no later than 72 hrs after unprotected intercourse.

If you vomit within 3 hours of taking the tablet, you will need to return to collect another tablet as soon as possible.

The tablets work mainly by affecting the lining of the womb making it unsuitable for pregnancy to develop (or by delaying the release of an egg from the ovary). It will not induce an abortion.

Levonelle is not 100% effective. The level of effectiveness depends on how soon after unprotected intercourse it is taken:

95% if taken within 24 hours,
85% if taken 25-48 hours
58% if taken 49-72 hours

This means you may still become pregnant. If you do become pregnant after taking it, there is no evidence that it will harm the pregnancy. However, there can never be a guarantee that any baby will be normal.

WHAT HAPPENS NEXT

Your next period may arrive earlier, on time or later than usual. It can also be lighter or heavier than normal. If your period is more than 5 days late or shorter or lighter than usual request a pregnancy test from a GP or The Sexual Health Service (534202). Many pharmacies will also do a pregnancy test, but will charge for the service. If you have severe abdominal pains contact a GP.

REMEMBER

Emergency contraception does not protect against sexually transmitted infections such as Chlamydia.
Using condoms reduces the risk.

CONTRACEPTION

This is a good opportunity for you to consider your future contraception.

Remember you need to use some form of barrier contraception, like a condom or diaphragm, or abstain from intercourse from now on until your next menstrual period starts.

If you are already taking a contraceptive pill then you should continue with it, but use a condom for the next 7 days. If you are planning to start taking the pill you may start either type of pill on the first day of your next period.

IUD (COIL)

This is a small plastic and copper device that fits inside the womb and prevents a fertilised egg from embedding into the lining of the womb to start a pregnancy (implantation). It can usually be fitted up to 5 days after you have had unprotected sex, even if this happened more than once since your last period. It is nearly 100% effective in preventing a pregnancy when used this way.

Once fitted, the IUD may be removed after the start of your next period. You may prefer to keep the IUD as your regular method of contraception. For women who may be at greater risk of having a sexually transmitted infection, the IUD may increase this risk. Therefore, it is important to discuss this with the doctor. Full confidentiality will be assured.

Other Isle of Wight Sexual Health Services

Clinic St Mary's Hospital Mon-Fri	*Appointments* Monday to Friday tel: 534202	College "Options"	*Monday* 12noon – 2.00pm *Thursday* 12noon – 2.00pm tel: 526631 ext 303
Maternity Unit Out of Hours	Emergency contraception tel: 534392/534329	Youth Trust Newport	Thursday 3pm – 6pm tel: 529569

GP Provided Contraceptive Services

You can "sign up" with **any** Island GP solely for Contraceptive services

Drop-in Clinic	Brookside Health Centre Freshwater tel: 753433	U20's Sexual Health & Contraception	Grove Road Surgery, Ventnor tel 852427 Monday 4pm-5pm Drop-in

Extension EHC

Protocol for the supply of Chlamydia Test Kit in conjunction with EHC Supply

Pharmacy Stamp	Client's Name:			
	Date of Consultation:			
	Age / DOB:			
	First Part of Postcode:			
Chlamydia Test Supplied?		Y	N	
Did alcohol play any part in this sexual encounter?		Y	N	**Declined**
Did drug use play any part in this sexual encounter?		Y	N	**Declined**

The above information is correct to the best of my knowledge. I have been counselled on what action to take regarding the Chlamydia Test Kit supplied and understand the advice given to me by the pharmacist.

Client's Signature: …… Date: ……

The supply of the Chlamydia Test Kit was based on the information given to me by the client, which, to the best of my knowledge, is correct.

Pharmacist's Signature: …… Date: ……..

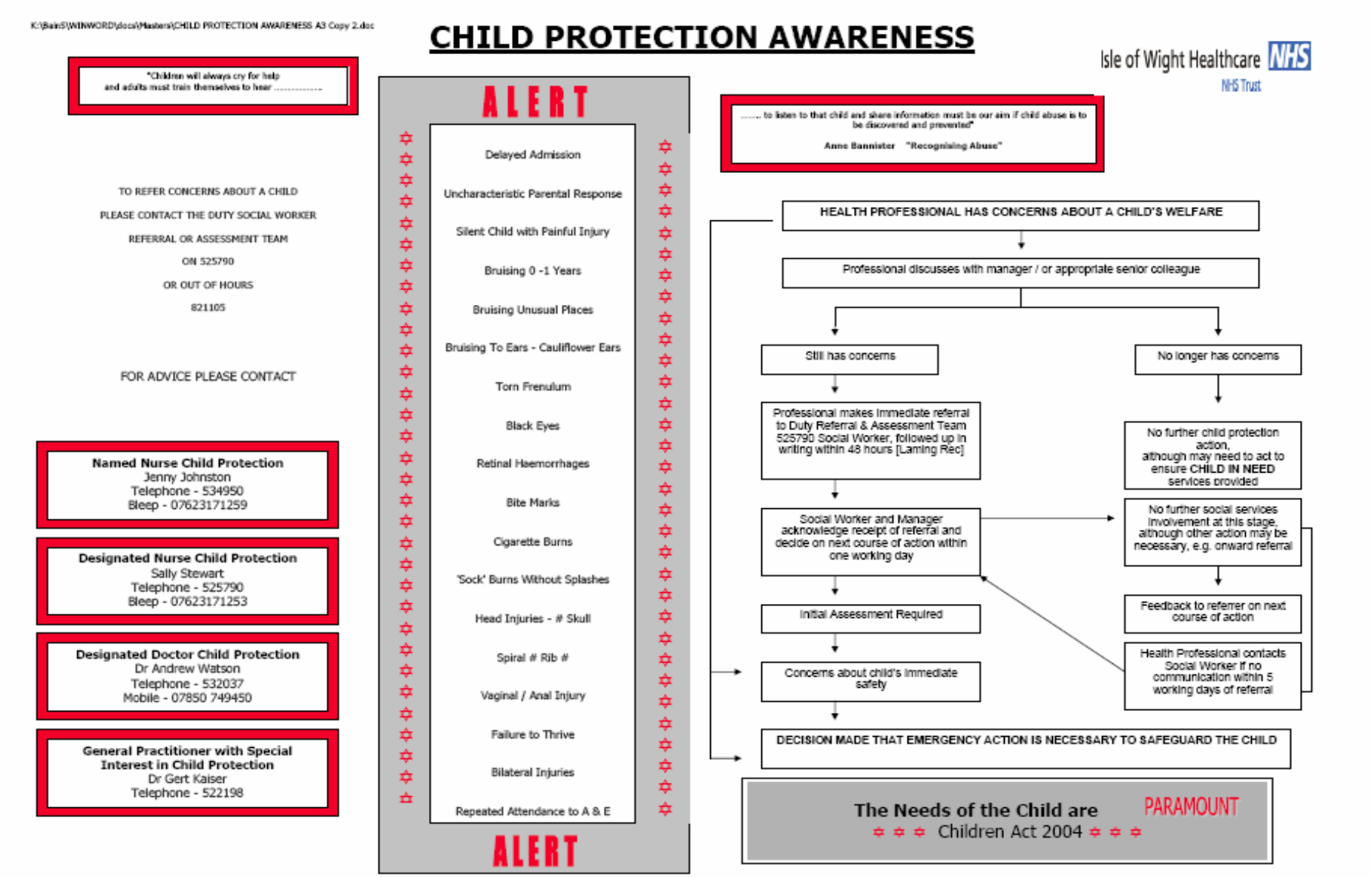
Notes to Pharmacist on the Target Group for Distribution of Chlamydia Test Kits

*Initially, in the early stage of test distribution through Pharmacy, we have been asked to target the age group 25 and under whilst carrying out the EHC PGD. The supply of a Chlamydia test should be offered **if appropriate** to patients in this age group. Please fill out this Chlamydia Protocol when you make a test supply in conjunction with the EHC PGD – spare copies are also available to download from the LPC Website. Please include this information on your audit sheets quarterly.*

A fee of £5.00 will be paid for each test supplied in conjunction with the EHC PGD. Tests should also be given to patients who request them directly - there is no charge and no fee can be claimed in this instance e.g. patients directed to Pharmacy through advertising. etc.

If you have any questions regarding the supply of Chlamydia tests or the necessary paperwork please contact Kevin Noble, Community Pharmacy Lead on 01983 534271.

Child Protection Awareness



Signposting

Typical Pharmacy Availability for EHC via PGD for Signposting

Pharmacy Name and Tel	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Alliance Bembridge 872328	√	√	√	√	√		
Alliance Cowes 294467	√	√	√	√	√	√ Closes 1pm	
Alliance Sandown 403238	√	√	√	√	√		
Alliance Freshwater 752724		√	√	√	√		
Blakelys Pharmacy 562156	√	√	√	√	√		
Boots Newport 522595	√	√	√	√	√	√	√ 10.00am-4.00pm
Boots Ryde 562280	√	√	√	√	√	√	
Boots Sandown 403897	√	√	√	√	√	√	
Boots Shanklin 862058	√	√	√	√	√	√	
Boots Ventnor 852147	√	√	√	√	√	√	
Day Lewis Cowes 293011	√	√	√	√	√		
Day Lewis Lake 402050	√	√	√	√	√	√ Closes 1pm	
Day Lewis Shanklin 862562	√	√	√	√	√	√ Closes 1pm	
Gibbs and Gurnell Ryde 562570	√	√	√	√	√	√	
Kemkay Freshwater 752908	√	√	√	√	√	√	
Lloyds East Cowes 293133	Available some days - check before referring						
Lloyds Pyle Street 522638	√	√	√	√	√		
Lloyds Carisbrooke 526868	√	√	√	√	√	√ Closes 1pm	
Lloyds Esplanade 563333	√	√	√	√	√		
Lloyds Sandown 405436							
Lloyds Ventnor 852135	√	√	√	√	√	√ Closes 1pm	
Niton Pharmacy 730240	√	√	√ Closes 1pm	√	√	√ Closes 1pm	
Regent Pharmacy 863677	√	√	√	√	√	√	
Seaview Pharmacy 613116	√	√	√		√	√ Closes 1pm	
Siddys Convent 525216	√	√	√	√	√		
Siddys Newport 522346	√	√	√	√	√	√	
Siddys Wootton 882473	√	√	√	√	√	√ Closes 1pm	
Tesco Ryde 277400	√		√		√		
Totland Pharmacy 752592	√	√	√	√	√	√	
Yarmouth Pharmacy 760260	√	√	√	√	√	√	√ 8.30am-5.00pm

Appendix 2

Chlamydia Screening & Treatment

Chlamydia Screening & Treatment

Isle of Wight NHS
Primary Care Trust

CHLAMYDIA SCREENING AND TREATMENT SERVICE

The Isle of Wight Primary Care Trust, under the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2005 as amended, authorises the following pharmaceutical service from pharmacists included in its Pharmaceutical List for the pharmacist to supply a prescription only medicine to persons within its area or visiting the area under a Patient Group Direction, as per paragraph (4) (1) (m) of those Directions.

1. Service Description

1.1 The service will be offered by Pharmacies who guarantee as far as is reasonably possible to make the service available on five days out of six each week; exceptions to this will be due to absence of accredited Pharmacists because of unavoidable circumstance e.g. Illness or holiday. When an interruption to service occurs the Chlamydia Screening Office (CSO) must be notified, using the fax number or phone number provided.

1.2 The pharmacy will offer clients eligible for the Chlamydia Screening programme (under 25) the opportunity of a free screen either opportunistically or in conjunction with provision of EHC.

1.3 The Pharmacy will supply a stat dose of Azithromycin 1g to patients presenting with a confirmed positive test result to C*hlamydia trichomatis* that is in an agreed format, following screening under the Isle of Wight Chlamydia Screening Programme. The supply will be made according to the terms set out in the Patient Group Direction. In addition other relevant support material will be provided

1.4 The Pharmacy will supply a stat dose of Azithromycin 1g to contacts of positive index patients, irrespective of age. Contact patients should be encouraged to complete and return a Chlamydia test in order to determine infection status. Although this is desired, treatment will not be withheld if contacts decide not to return a completed test, and the Azithromycin stat dose should be supplied at the time of attendance following notification by index patient or the CSO. The supply will be made according to the terms set out in the Patient Group Direction. In addition other relevant support material will be provided.

1.6 The pharmacy should offer a user-friendly, non-judgmental, client-centred confidential service.

1.7 The supply and support will be made free of charge to the client at NHS expense as is the current arrangement under the National Chlamydia Screening Program.

1.8 Clients excluded from the Patient Group Direction criteria will be referred to the Isle of Wight Sexual Health Service that will be able to assist them as soon as possible.

1.9 Pharmacists will link into existing networks for Sexual Health Services so that men and women, who need to, can be referred on rapidly.

1.10 Pharmacies offering this service will, in addition, offer the following services under local agreement or PGD:

Distribution of Chlamydia screening kits
Condom Distribution Service
Levonelle 1500 EHC PGD

2. Aims and Intended Service Outcomes

2.1 To increase awareness of Chlamydia and safe sex in the general and target population.

2.2 To improve access to Chlamydia treatment and promote sexual health advice to the general population.

2.3 To work in partnership with local stakeholders to deliver a reliable, easily accessible service within the local community, thereby increasing the numbers of men and women, in target age groups, being screened for Chlamydia infection and offer treatment, if appropriate, thereby helping to control the disease, prevent the development of sequelae and reduce onward transmission.

2.4 To increase the knowledge of risks associated with STI's.

2.5 To develop clear referral pathways to direct patients to a suitable Healthcare Professional, when such patients do not satisfy the inclusion criteria detailed in the PGD. The alternate service provider for the purpose of this PGD will be the Sexual Health Clinic, St Mary's Hospital.

2.6 To strengthen the local network of Sexual Health Services to help ensure easy and swift access to treatment and advice.

3. Training and Staffing Requirements

3.1 The pharmacy contractor will ensure that pharmacists and staff meet the requirements of the IOWPCT training programme (requirements detailed in the PGD) to ensure efficient service delivery.

3.2 The pharmacy contractor will ensure that pharmacists and staff complete the relevant local training required by the Patient Group Direction.

3.3 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

3.4 The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4. Service Outline

4.1 A Chlamydia screening and treatment service will be provided that enables the distribution of Chlamydia screening kits and the supply of a stat dose of Azithromycin 1g to index patients and their contacts. (Both kits and medicines will be supplied by the IW Chlamydia screening programme). The service will only be offered when Pharmacies can guarantee, as far as is reasonably possible, to deliver such a service on a minimum of five days out of six each week, the exceptions being due to exceptional circumstances only. When such circumstances cause an interruption to service, the CSO must be informed, giving the reasons for service failure, to enable correct signposting of patients. If a Pharmacy is engaged with this service provision and circumstances change, preventing the Pharmacy satisfying the entry criteria, for example movement of accredited Pharmacists, the CSO must be informed and the service will be withdrawn until such a time as the Pharmacy can reintroduce the service on a minimum of five days out of six each week, as far as is reasonably possible.

4.2 The pharmacy should provide a sufficient level of privacy (at the level requirement for the provision of Advanced Services as detailed in The Pharmaceutical Services (Advanced and Enhances Services) (England) Amendment Directions 2006).

4.3 A service will be provided that assesses the need and suitability for a client to receive a stat dose of Azithromycin 1g, in line with the Patient Group Direction and the inclusion and exclusion criteria. The Azithromycin tablets to be used in conjunction with this service, will be provided by sexual health services and distributed to participating Pharmacies via the established distribution network. (Non patient transport).

4.4 Where deemed appropriate, the pharmacy should dispense the dose according to the legal requirements including appropriate labeling and recording in the Patient Medication Record system.

4.5 Where not deemed appropriate, advice and possible referral to another healthcare professional will be provided. For the purpose of this PGD this service provider will be the Isle of Wight Sexual Health Clinic.

4.6 The pharmacy should record service details and auditable data that relate to the service (index or contact patient), the demographics of the client and all additional, relevant data as detailed on the consultation form. (see Appendix I).

4.7 The service will be provided in compliance with Fraser Guidance and Department of Health Guidance on confidential sexual health advice and treatment for young people less than 16 years of age.

4.8 The service protocols will reflect national and local child and vulnerable adult protection guidelines.

4.9 The pharmacy should provide verbal and written advice on the avoidance of Sexually Transmitted Infections and the use of regular contraceptive methods
Supply of condoms, advice on how to use and how to access further supplies through the IW Condom Distribution Scheme should be made available to the client. This should be supplemented by a referral to a service that can provide treatment and further advice and care if necessary.

4.10 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.

4.11 Pharmacists will need to share relevant information with other health care professionals and agencies, (contact list), in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.

4.12 Pharmacists will return completed treatment forms and contact information on both index and contact clients, immediately they have been completed, to the IW Chlamydia Screening Office, using the confidential fax service (see contact number on treatment form)

4.13 The PCT should arrange at least one contractor meeting per year to promote service development and update pharmacy staff with new developments, knowledge and evidence.

4.14 The PCT should provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.

4.15 The PCT should provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance, including the location, hours of opening and services provided by each service provider.

4.16 The PCT and Health Promotion should promote the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the public.

4.17 The PCT and Health Promotion should provide material, including leaflets on Chlamydia, safe sex and sexually transmitted Infections to pharmacies.

5. Quality Indicators

5.1 The pharmacy should have appropriate PCT provided Health Promotion material available for the potential client group, and promotes its uptake.

5.2 The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis. Referral pathways will be set out by the PCT at the start of service provision.

5.3 The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.

5.4 The pharmacy should participate in an annual PCT-organised audit of service provision.

5.5 The Pharmacy will provide quarterly audit data as set out and required by the PCT and CSO.

5.6 The pharmacy should co-operate with any locally agreed PCT-led assessment of service user experience.

5.7 The Pharmacy must inform the CSO of any change to service that effects signposting and service delivery.

6. Remuneration

6.1 The PCT will pay a sum as agreed between itself, the Local Representative Committee and other commissioning partners to the pharmacy contractor on submission of:

6.1.1 A monthly claim for provision of the service, submitted by the 5th day of the month following service provision.

6.1.2 A quarterly claim together with audit data on provision of the service. NB This payment will only be made to "enhanced service providers" where the service has been offered as far as is reasonably possible on five days out of six every week, declaration must be made. If any more than one complaint is received regarding a service provider then this quarterly payment will be withheld

6.2 Payment will be within 30 days from the end of the calendar month in which the claim is received.

6.3 Claims should be made on the form provided (see Appendix 3- amended monthly/quarterly claim form).

6.4 Claims should be made within six months of the service provision. Claims made after this time will not be eligible for payment.

Patient Group Direction for the Supply/ Administration of Azithromycin

The supply and use of a stat dose of Azithromycin by accredited Community Pharmacists to Patients between the ages of 15 and 24 years that have tested positive to Chlamydia trachomatis through NAATS testing, and treatment of their contacts following the return of a completed urine test, as set out in current guidelines issued by the National Chlamydia Screening Programme.

Define situation/condition	**Uncomplicated genital *Chlamydia trachomatis* infection and sexual contacts of confirmed *Chlamydia trachomatis* infection.**
Criteria for inclusion	• Male or Female clients aged between 15 and 24 who have a positive genital Chlamydial result following screening and have been referred to the Community pharmacy for treatment under this PGD. • Sexual contacts age 15 and above of clients with a positive genital Chlamydia result who have been referred to/returned to the Community Pharmacy for treatment/advice following notification of positive result to the index patient. • Patients aged 15 and over diagnosed as part of the Chlamydia screening programme. • **Where patient is < 16 Fraser Competency must be assessed** Patients who have vomited within the last 2 hours of treatment for Chlamydial infection.

Criteria for exclusion	• Age less than 15
	• Age 25 or greater (unless a sexual contact of a client with a positive genital Chlamydia result who has been referred by the Chlamydia Screening Programme)
	• Breastfeeding
	• Established pregnancy
	• History of hepatic or renal disease
	• History of cardiac disease
	• Male clients with scrotal pain
	• Female clients with acute pelvic pain
	• Porphyria
	• Presence of genital tract symptoms, e.g.
	  ○ Urinary symptoms such as stinging when passing urine
	  ○ Penile discharge
	  ○ Unusual vaginal discharge and/ or bleeding
	• Concomitant conjunctivitis and/ or joint pain
	• Allergy or hypersensitivity to azithromycin or macrolide antibiotics
	• Interacting medicines (check Appendix 1 BNF)
	NB removed contact patients not returning a completed test as not in line with national guidance

Action if excluded	• Refer to Sexual Health Clinic, as soon as possible (as per local arrangements) • Explain reasons for exclusion with client and document on Treatment form. Appendix 4
Contraindications	Azithromycin is contra-indicated in patients with a known hypersensitivity to azithromycin or any of the macrolide antibiotics. Because of the theoretical possibility of ergotism, azithromycin and ergot derivatives should not be co-administered.
Action if contraindications	• Refer to Sexual Health Clinic, as soon as possible (as per local arrangements) • Explain reasons for exclusion with client and document on Treatment form. Appendix 4
Action if patient declines	• Refer to Sexual Health Clinic, as soon as possible (as per local arrangements) • Explain reasons for exclusion with client and document on Treatment form. Appendix 4
2. Characteristics of staff	
Qualifications required	Pharmacist currently registered with RPSGB who has attended IWPCT training as specified and agrees to carry out the necessary CPPE within 6 months.
Additional requirements	Completion of the IOW PCT formal training programme for administration of azithromycin under PGD, covering the following areas: • The theory and practice of working under a sexual health PGD and the details of the PGDs involved; • The practicalities of the service generally; and • The clinical aspects of STI testing and treatment. • Completion within 6 months of the CPPE sexual health testing and treating 2006, and dealing with difficult discussions 2006.
Continued education & training requirements	The pharmacist should be aware of any change to the recommendations for the medicine listed. Continued professional development is the responsibility of the pharmacist. He/ She should keep up to date with developments in areas relevant to this PGD.

3. Description of Treatment	
Name of Medicine	Azithromycin dihydrate equivalent to 500mg azithromycin. Or 250mg Tabs
Legal status of medicine	P.O.M
Dose	1g as a stat dose
Route	**Oral**
Frequency	One single dose

Drug	***Contraindications/ Cautions***	***Common Adverse Effects***	***Interactions***	***Notes***
Azithromycin	As with any antibiotic preparation, there is a possibility that super infections could occur (e.g. fungal infections). Caution in patients with severe renal impairment Known Sensitivity to Azithromycin/ Macrolides.	Common side effects include anorexia, dyspepsia, constipation; dizziness, headache, drowsiness. Rarer side effects include photosensitivity, hepatitis, interstitial nephritis, renal failure, paraesthesia, tinnitus and taste disturbances.	Antacids Digoxin Ergot Derivatives Anticoagulants- caution in use. See SPC www.emc.medicines.org.uk	Single dose Azithromycin is unlikely to cause any significant drug interaction. If in doubt contact Medicines management team. 01983 534271

Follow up treatment	
Written/verbal advice for patient	• Verbal and written information on Chlamydia infection and its treatment, including azithromycin patient information leaflet (PIL) and other literature explaining risks and outcomes supplied via sexual health promotion. • Abstain completely from **all** sexual contact, including oral and anal (even with a condom) for 7 days after treatment and for 7 days after partner(s) treated. If the client is taking oral contraception or using contraceptive patches discuss the 7 day rule – advise taking contraceptive pill as usual. If client is at the end of the packet for combined pill or the end of the active pills in the "every day" pills whilst taking the antibiotics or within 7 days of completing the course then advise start a new packet straight away. Do not have the usual 7 day break or take the placebo tablets. Advise client may or may not bleed, this is normal. If client is given antibiotics in first week of pill packet and they have had unprotected sex recently they may require emergency contraception. • Warn that if sexual contact takes place after treatment with an untreated partner there is a risk of re-infection. • Discuss implications of incomplete/ untreated infection of self or partner (check partner notification has taken place and document). • Take azithromycin one hour before food or two hours after food, and not at the same time as antacids (either 1 hour before or two hours after). Supervised administration is recommended. • If vomiting occurs within 3 hours of taking tablets the client should return for re-evaluation and the steps outlined under the 'action if excluded' section should be followed. Warn of possible side effects of treatment as listed in PIL e.g. GI upset, skin rash.
Specify method of recording supply and /or administration	• Completion of IOWPCT treatment form, including: o Name and dose of drug supplied; and o Date, name and signature of Pharmacist and patient. Additional record entry in patient PMR
Procedure for reporting ADRs to Medical Practitioner	Whilst rare, all serious ADRs should be reported, even if the effect is well recognised. (See British National Formulary (BNF) for supporting information.) ADRs should be reported to: The patient's GP The Committee on Safety of Medicines, using the Yellow ADR card system. Cards are available: in the BNF; from the Medicines Management Teams; and electronic versions at www.yellowcard.gov.uk**.**

Management of Group Directions	
Group direction developed by:	***Ms Felicity Young Consultant Nurse Sexual Health Service*** ***Mr Kevin Noble – Community Pharmacy Lead IW PCT*** ***Mr Paul Jerram – Head of Medicines Management IW PCT*** ***Dr John Partridge- Clinical Governance Lead***
Authorizing HCP:	***Signature*** ***……*** ***Felicity Young*** ***Signature*** ***……*** ***John Partridge***
Date applicable:	***Date signed off***
Review date:	*2 years or as appropriate*
Senior Pharmacist:	***Signature*** ***……*** ***Mr K Noble MRPharmS***
Clinical Directorate Pharmacist :	***Signature*** ***……*** ***Mr Paul Jerram MRPharmS***
Approved by Pharmacy Group :	***Signature*** …… ***Mr Paul Jerram MRPharmS***
Approved by Clinical Standards Group :	***Signature*** ***……*** ***Signed by chair of committee (making the Trust liable for the supply and administration of medicines under the PGD, subject to its proper application by authorised and competent personnel.***
The group direction is to be read, agreed to, and signed by all staff it applies to *One copy is to be given to the Health Professional, another kept in the department.*	

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD.

Name:

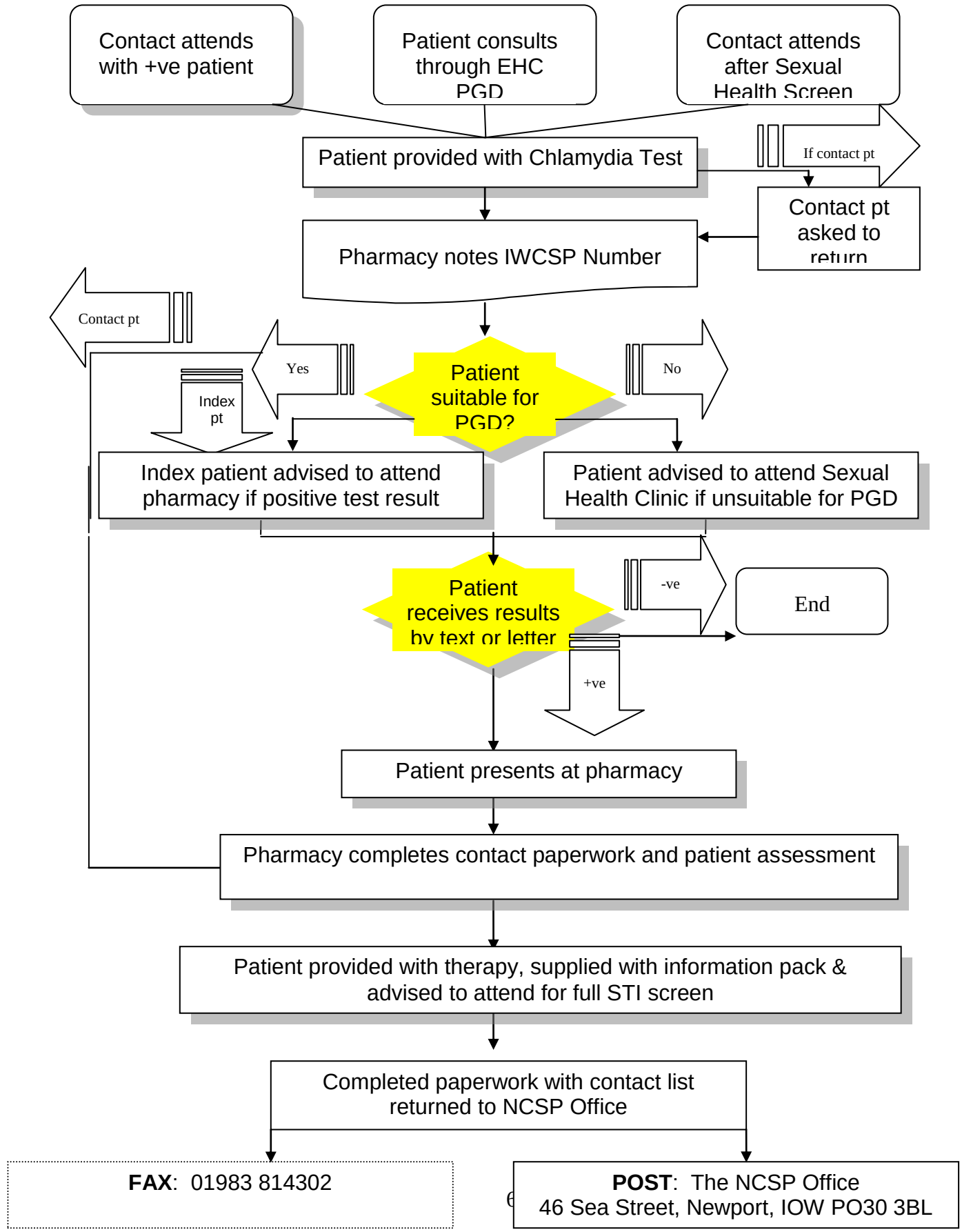
Signature:

Date:

Review date:

References and further reading		
References	1.	Information on the management of National Chlamydia Screening Programme (NCSP) screen positives and their partners can be found in the Core Requirements document on the NCSP website: www.chlamydiascreening.nhs.uk
	2.	The PGD website www.pgd.nhs.uk
	3.	Medicines and Healthcare products Regulatory Agency (MHRA) website: www.mhra.gov.uk has details on PGD use both in the NHS and private sector
	4.	Health Service Circular (HSC) 2000/026: Patient Group Directions [England only], available at www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/HealthServiceCirculars/ Articles/fs/en?CONTENT_ID=4004179&chk=KNcufs
	5.	Brook (2006) Consent to medical treatment http://www.brook.org.uk
	6.	British Association of Sexual Health and HIV (BASHH) 2006 UK National Guideline for the Management of Genital Tract Infection with Chlamydia trachomatis http://www.bashh.org/guidelines/2006/chlamdyia
	7.	World Health Organisation (2005) Sexually transmitted and other reproductive tract infections - a guide to essential practice http://www.who.int/reporductive-health/publications/rtis-gep
	8.	• Interactions with hormonal contraceptives. Faculty of Sexual and Reproductive Healthcare. www.fsrh.org British Association for Sexual health and HIV (BASHH) – http://www.bashh.org/committees/cgc/ • 2006 UK National Guideline for the management of *Chlamydia trachomatis* genital tract infection – http://www.bashh.org/guidelines.asp • Royal Pharmaceutical Society of Great Britain Medicines, Ethics and Practice (A Guide for Pharmacist), July 2007 Summary of Product Characteristics – Http://www.emc.medicines.org.uk/

Community Pharmacy Chlamydia Treatment Supply (LPC Version)



Isle of Wight NHS
Primary Care Trust

PHARMACY CHLAMYDIA SCREENING ON THE ISLE OF WIGHT PATIENT GROUP DIRECTION (PGD)
CSO Tel No 01983 814285

AZITHROMYCIN			POM
NAME			
DATE OF BIRTH			
Client IWCSP Number		Index Patient ☐	Contact Patient ☐
For contact patients attending with index patient please encourage completion and return of Chlamydia test and enter contact patient test number below. Contact Patient IWCSP No		Test returned Yes / No *(Contacts should be treated prior to testing, but encourage to complete and return test)*	
Pharmacy Name & Address			
Date of Attendance			
If Female: LMP		Normal Cycle	
LSI		Contraception Method	

Pregnant/ Breastfeeding	Yes/ No
Is there Acute Abdominal Pain	Yes/ No
All Clients: Current medications that interact with Azithromycin?	Yes/ No
Current serious illness	Yes/ No
Known allergies	Yes/ No
If NO to all the above questions: Supply Azithromycin 1g stat Dose If YES to any of the above refer via referral pathway If allergic to Azithromycin, refer to alternate healthcare professional see referral pathway	Yes/ No
Treatment issued: Azithromycin 1g (stat) Batch No..... Expiry date..... Were you expecting a positive result? Have condoms been offered / CDS information given Has advice been given on how to take Azithromycin (see PGD) Has patient been informed of Sexual Health Services Has patient been advised to attend Full Sexual Health Screen	☐ Yes/ No Yes/ No Yes/ No Yes/ No Yes/ No

I have discussed, where necessary, possible side effects, importance of compliance, partner treatment the need to abstain from sex for 1 week, the avoidance of antihistamines as necessary, according to treatment type supplied, and warned the patient re: interaction with the oral contraceptive pill.

Pharmacist Name:	(Please print clearly)		
Pharmacist Signature:		Date:	
Patient Signature:		Date:	
PARTNER SHEET INCLUDED	Yes / No	NO PARTNERS TO REPORT	Yes / No

Isle of Wight NHS
Primary Care Trust

CONTACT(S) INFORMATION

Please Enter Index Patient IWCSP No – [IWCSP -]

1. NAME	DOB		PHONE NO.	
ADDRESS			☐ Contact attended with Index Patient	☐ Contact card given
☐ Already screened within last month	☐ To attend Sexual Health Service	☐ Patient to contact	☐ CSP to contact	
Date 1st Contact Date 2nd Contact Date 3rd Contact	☐ Letter ☐ Letter ☐ Letter	☐ Text ☐ Text ☐ Text	☐ Phone ☐ Phone ☐ Phone	
Notes:				

2. NAME	DOB		PHONE NO.	
ADDRESS			☐ Contact attended with Index Patient	☐ Contact card given
☐ Already screened within last month	☐ To attend Sexual Health Service	☐ Patient to contact	☐ CSP to contact	
Date 1st Contact Date 2nd Contact Date 3rd Contact	☐ Letter ☐ Letter ☐ Letter	☐ Text ☐ Text ☐ Text	☐ Phone ☐ Phone ☐ Phone	
Notes:				

3. NAME	DOB		PHONE NO.	
ADDRESS			☐ Contact attended with Index Patient	☐ Contact card given
☐ Already screened within last month	☐ To attend Sexual Health Service	☐ Patient to contact	☐ CSP to contact	
Date 1st Contact Date 2nd Contact Date 3rd Contact	☐ Letter ☐ Letter ☐ Letter	☐ Text ☐ Text ☐ Text	☐ Phone ☐ Phone ☐ Phone	
Notes:				

Pharmacist Signature: _____ **Date:** _____

Patient Signature: _____ **Date:** _____

Please Fax completed paperwork following consultation to CSO on 01983 814302.

Chlamydia Audit form

CHLAMYDIA AUDIT

KEY **Exclusion from PGD:** Age = A; Drug therapy = DT; Symptomatic = S; Pregnancy = P; No proof positive = NPP
Signposting: No pharmacist on duty = NoPharm; Other = O
Where signposted: Sexual Health Clinic = SHC; Another Pharmacy = AP; Other=O

Patient day attending	Date supplied	Age index 16-19	Age index 20-25	Contact attending Y/N	Supervised administration Y/N	Exclusion from PGD: see key	Signposting: see key	Where signposting see key	Length of consultation (mins)	Advised to attend full SH screen Y/N	Signed to CD Scheme Y/N	Condoms given Y/N

Signposting

Typical Pharmacy Signposting for Chlamydia Screening and Treatment Service

Pharmacy Name and Tel	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Alliance Bembridge 872328	√	√	√	√	√		
Boots Cowes	√	√	√	√	√	√ Closes 1pm	
Alliance Sandown 403238	√	√	√	√	√	√	Check as service availibility alternates Weds with Sat
Blakelys Pharmacy 562156	√	√	√	√	√		
Boots Ryde 562280	√	√	√	√	√	√	
Boots Sandown 403897	√	√	√	√	√	√	
Boots Shanklin 862058	√	√	√	√		√	
Day Lewis Cowes 293011	√	√	√	√		√	
Day Lewis Shanklin 862562	√	√	√	√	√	√ Closes 1pm	
Lloyds Pharmacy Ventnor 852135		√	√	√	√	√	
Lloyds Pharmacy Pyle St 522638	√	√	√	√	√		
Gibbs and Gurnell Ryde 562570	√	√	√	√	√	√	
Kemkay Freshwater 752908	√	√	√	√	√	√ Closes 1pm	
Regent Pharmacy 863677	√	√	√	√	√	√	
Yarmouth Pharmacy 760260	√	√	√	√	√	√	√ 8.30am-5.00pm

If Your Pharmacy cannot deliver this service on the days indicated please Phone the Chlamydia Screening Office so that they can signpost effectively. Try to accommodate patients by onward signposting where possible to another participating Pharmacy if appropriate

Appendix 3

Condom Distribution Service

Condom Distribution Scheme

Protocol for the Management of the Distribution of Condoms to Sexually Active Young People, Men who have Sex with Men (MSM) and Vulnerable Adults

Background:

National Context:

The National Sexual Health & HIV Strategy 2001 states the need specific targeted sexual health information and sexually transmitted infection (STI) and HIV prevention.
Recommended Standards for Sexual Health Services 2005, identifies the need for equitable access to sexual health services.
'Choosing Health' Making Healthy Choices Easier 2004, sets out a commitment to a reduction in STIs with a particular commitment to future campaigns to target younger men and women in the real risks of risky sexual practices.
Teenage pregnancy: Accelerating the Strategy to 2010, DfS.E. 2006 recognises the need for improved access for all young people to contraception methods and strategies and information for the prevention of STIs.

Local context:

The Isle of Wight Condom Distribution Scheme (CDS) is an inter-agency intervention designed to increase access to condoms and safer sex information for individuals in identified 'high risk' groups and has been informed by:

- The Island Integrated Sexual health Service Strategy
- Local Teenage Pregnancy Strategy
- Island blood borne Virus Network

It is not possible within current resources to supply all patients/clients with an ongoing supply of condoms and lubricant. Staff should refer clients to alternative sources of condoms and lubricant, including commercial sales where appropriate. The CDS will work towards increasing the supply of condoms and lubricant where need can be demonstrated.

Services provided will be accessible, non-judgemental and welcoming, valuing and respecting diversity.

Services will be sensitive to the needs of all, irrespective of race, class, gender, sexuality, disability or age.

Content of document:
This document provides terms and conditions for all agencies participating in the Isle of Wight Condom Distribution Scheme.

Purpose:
The World Health Organisation recognises the role of condoms in preventing STIs, asserting that:

'Condoms are the only contraceptive method proven to reduce the risk of all sexually transmitted infections, including Human Immunodeficiency Virus (HIV) and Blood Borne Virus. They can be used as a dual-purpose method, both for prevention of pregnancy and protection against sexually transmitted infections.' (WHO, 2003)

The purpose of the Isle of Wight Condom Distribution Scheme is to provide an opportunity to promote sexual health (including STIs, HIV, Blood Borne Virus and contraception) and reinforce condom use, particularly among high-risk groups and those who are socially excluded.

The Isle of Wight Condom Distribution Scheme (CDS) is a key part of the Island's overall strategy to reduce Sexually Transmitted Infections (STIs) and reduce the risk of unintended pregnancy. These guidelines form the basis of a multi-agency agreement to deliver the CDS on the Isle of Wight.

The CDS is an initiative to increase the acceptability and accessibility of condoms to individuals in identified high-risk groups by distributing condoms in a range of user-friendly settings.

Scope of the Document:
This protocol primarily applies to:

- General practitioners signed up to the scheme
- Practice Nurses
- Sexual Health Nurses
- All professionals working in Sexual health services both Secondary and Primary care setting
- Allied Professionals working in partner organisations including Youth Service, WightOut, Social Care; HIV Network; Connexions; Teenage pregnancy Unit; Education.

The scheme will be targeted at the following client groups:

- Young people aged up to 25 years;
- Black and minority ethnic groups;
- Gay, bisexual men and men who have sex with men (MSM);
- Injecting drug users;
- Adults and young people living with HIV and their partners;
- Sex workers.

The above groups are considered 'high risk' and may have difficulties in accessing services locally. Evidence suggests that health promotion is most effective when targeted at those most in need.

Condoms, contraceptive and safer sex advice can be provided to people under the age of sixteen, provided that the individual is deemed 'Fraser Competent' as stated in criteria below:

- The young person understands the advice and has sufficient maturity to understand its moral, social and emotional implications.
- The young person is very likely to begin or continue having sexual intercourse with or without contraception or safer sex advice and would be at risk of pregnancy and/or STIs.
- Unless the young person receives condoms, contraceptive or safer sex advice their physical or mental well-being will suffer.

The CDS was designed to meet the following aims:

- To promote condom use to identified groups and individuals
- To provide opportunities to discuss sexual health with individuals
- To reduce risk of transmission of HIV, Blood Borne Virus and STIs
- To reduce the incidence of unintended teenage pregnancy

Objectives:

- To reduce barriers in accessing condoms.
- To reduce the incidence of Sexually Transmitted Infections.
- To reduce the number of unintended pregnancies.
- To provide a service that empowers individuals to make safe sexual health choices.
- To sign post and link individuals with Sexual Health Services
- To identify statistical information to inform strategic planning of Island Sexual Health Services.

Milestones for Protocol

April 2007	**Launch protocol and CDS across Island**
September 2007	**Organisations signed up to CDS Scheme**
	Clients accessing condoms through scheme
January 2008	**Evaluation of CDS**
March 2008	**CDS report**

Registration:
All organisations and individuals distributing condoms through the CDS will follow the registration processes in appendices 1 and 2. The registration form which is used can be found as appendix 3.

Other Documents to be read with this document:

1. IOW Integrated Sexual Health Service Document 2006
2. National Sexual Health Strategy
3. Choosing Health
4. National HIV Strategy
5. Gateway reference number 3382, best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health (appendix 4)
6. Hampshire safeguarding children protocol (appendix 5)

Conditions and recommendations for participating in the Isle of Wight Condom Distribution Scheme:

Enclosed in this document are the Isle of Wight NHS Primary Care Trust's conditions of use and recommendations for CDS:

- Training
- Confidentiality
- Fraser Guidelines
- Child Protection
- Terms and conditions agreement which each participating distribution centre must sign
- Good practice checklist for CDS
- Confidential statement

Training
Developing the knowledge and skills base amongst the scheme personnel in the community is crucial to the delivery of the CDS. The need for on-going training and support has been identified as a key issue in participating organisations. To ensure best practice in sexual health promotion across all participating organisations, all staff involved in administering condoms as part of the CDS will have to undergo mandatory training and updates.

Training content will include an emphasis on staff attitudes (as recommended by the Department of Health guidance) and clarity about working with under-16s. With regards to the latter, the Sexual Health Team may be required to give additional support to staff experiencing difficulty in this area.

All staff working with young people within the CDS will be trained in communicating and exploring a range of options open to young people to help them make positive and healthy decisions for themselves and to consider the option of 'leaving sex till later.'
All staff, working within the CDS, whilst respecting individual confidentiality, will encourage young people to talk to their parents/ carers or a trusted adult wherever possible.

The training will be delivered by the CDS Steering Group and will be held in individual organisations settings including

- General Practice Surgeries including GPs, practice Nurses, health Care Assistants and reception staff where appropriate
- Pharmacies including pharmacists, pharmacy technicians and pharmacy counter assistants
- Sexual Health Clinics, all staff working within the settings, clinical and non-clinical.
- Youth Clubs, youth leaders and assistants
- Social care Settings including Care workers in 16+ team, Care workers in Foyer and other housing projects
- Voluntary organisations including WightOut
- Gay Men's Outreach worker
- SHIELD Facilitators working with clients with Learning Disabilities.
- This list is not exhaustive and may be amended according to need.

The training programme will consist of a "Condom Workshop":

1. Introduction
2. Overview of the session
3. Aim of the session: By the end of the session, participants will be confident in the distribution of condoms to their clients
4. Objectives:

    - Understand use of condoms both as a contraceptive and as a prophylaxis to prevent the spread of sexually transmitted infections (STIs)
    - Have a working knowledge of the effectiveness of condoms as contraception and prophylaxis
    - Fraser Guidelines, confidentiality and the law
    - Be able to run through with a client (either in a group or one-to-one situation) how to use and dispose of a condom
    - Know when and how to signpost clients when a condom split is reported
    - Have an awareness of the barriers that exist to prevent clients using condoms

5. Demonstration and practice
6. Risk assessment – when things go wrong
7. Condom registration procedure
8. Registration and monitoring forms for the Isle of Wight Condom Distribution Scheme
9. Ordering more condoms

Where appropriate all organisations will be encouraged to sign up to FACT Young Peoples Quality Assurance mark through Teenage Pregnancy Unit and Health Promotion Department.

The organisation/ service joining the scheme will sign a memorandum of Understanding clearly stating the terms and conditions of the agreement.
This will signed on completion of training.

Confidentiality

Whatever the reason for your visit here today, we offer everyone, including those under 16, a confidential service in a safe environment.

This means that:

- Anything you say to us will be treated with respect;
- We keep records so that other people in the service can care for you;
- We do not usually discuss your personal details outside this service without your knowledge.

We have a duty to keep you safe. Confidentiality will only be broken in very **EXCEPTIONAL** circumstances, for example:

- When there is, in our professional judgement, a strong suspicion that you might harm others or that you might harm yourself;
- When someone under 18 discloses that she or he is being physically, sexually or emotionally abused, and that not taking any action would put that person at further risk;
- When it is disclosed that other young people (under 18) are being abused or are at risk, for example, brothers or sisters being abused at home;
- When a court order is issued to a member of staff.

All issues pertaining to confidentiality and child protection are informed by the current *'Working with Sexually Active Young People Under the age of 18: The Isle of Wight Local Safeguarding Children's Board'*, the LSCB protocol for health professionals and others working with young people in sexual health – see Appendix 4. *[TO BE RATIFIED]*

Participating organisations must ensure that they have an appropriate confidentiality statement that is visible and accessible to users accessing their service.

Appendix 5 is an example of a confidentiality statement that can be used or adapted by participating organisations.

The Fraser Guidelines

The Fraser guidelines are now frequently referred to as a yard stick for any practitioner to make a decision that a young person has the right to 'own their own consent' and to have more control over who can be told what about their confidential information. (Ref: Working with Sexually Active Young People Under the age of 18; the Isle of Wight Local Safeguarding Children's Board) [MAY CHANGE – NEEDS RATIFICATION]

Further to this:
Decisions should always be based on an assessment of that individual's situation and professionals have a discretion to make decisions on a case by case basis taking into account a range of factors. This applies to all young people, including those under the age of 13. All cases involving under 13's should always be discussed with a nominated child protection lead within the organisation. When a clear decision has been made NOT to refer a young person to another agency, then this should be fully documented.

All participating agencies will be expected to be able to demonstrate a working knowledge of the Fraser Guidelines and of child protection issues as they relate to the CDS.

For more detailed information, please refer to the Isle of Wight Safeguarding Children Board's protocol on working with sexually active young people under the age of 18 (Appendix 5).

Condoms, contraceptive and safer sex advice can be provided to people under the age of sixteen, provided that:

- The young person understands the advice and has sufficient maturity to understand its moral, social and emotional implications.
- The young person is very likely to begin or continue having sexual intercourse with or without contraception or safer sex advice and would be at risk of pregnancy and/or STIs.
- Unless the young person receives condoms, contraceptive or safer sex advice their physical or mental well-being will suffer.

Giving condoms to Under 16's:
Usual Fraser Guidelines (for giving contraceptive advice and treatment to under-16s without parental consent) apply.

Checklist for Fraser Guidelines:

Does the young person understand the advice given, including potential risks and benefits?	☐ *Yes*	☐ *No*
Has the value of parental/adult support been encouraged?	☐ *Yes*	☐ *No*
If unwilling to talk to parent/adult, have the reasons for this been discussed?	☐ *Yes*	☐ *No*
Is the young person likely to begin or continue to have sex with or without condoms/contraception?	☐ *Yes*	☐ *No*
Is the young person's physical or mental health likely to suffer unless he or she receives contraceptive advice or treatment?	☐ *Yes*	☐ *No*
Is it considered to be in the young person's best interest to give contraceptive advice or treatment, including condoms?	☐ *Yes*	☐ *No*

CONDOMS CAN ONLY BE ISSUED TO UNDER-16s IF THE ANSWER TO ALL THESE POINTS IS 'YES'

Child Protection

The following child protection procedures are recommended to ensure the rights of young people are safeguarded.

- Consideration to be given to the age and understanding of the young person seeking the service to assess whether they are at risk, even if sexually active with peers.

- Participating agencies must be able to identify their employing organisations child protection lead.

- There is clear guidance for staff on the abuse of power and how to refer on for sexual health assessments.

- There is clear guidance on appropriate behaviour during one to one counselling over sexual health matters.

- All staff and voluntary workers operating the scheme will have Enhanced Criminal Records Bureau clearance (CRB) and have regular assessments and supervision.

- In giving advice workers should not impose their own views about sexuality and sexual health.

- Workers should be aware of how their own behaviour or sexuality may be construed by a young person.

- A requirement for training in "Safeguarding the Child" with particular reference to the criteria for child sexual abuse is essential. Workers should have awareness of the possibility of the child being in a sexual relationship which is abusive and / or exploitative and know how to get help for that child. Ref "What to do if you think a child is being abused? "
- Access to "Working Together to Safeguard Children, (2006)" is essential. This is the "bible" of child protection that every worker should have easy access to.
- Access to clinical supervision with named professional to discuss individual cases

Author: Condom Distribution Team, headed by Sarah Stringer
Date: March 2007
Review date: March 2008
Version: 1 (draft)

ISLE OF WIGHT CONDOM DISTRIBUTION SCHEME
TERMS AND CONDITIONS AGREEMENT

Isle of Wight NHS Primary Care Trust Sexual Health Team responsibilities

1. The IWNHSPCT Sexual Health Team will provide condoms to the participating organisation/individual; number of condoms to be reviewed after two months.

2. If after one month it is felt by [name of organisation/individual to be inserted] that the allocation is incorrect, it has been agreed that IWNHSPCT Sexual Health Team will be contacted and the allocation reduced/increased as appropriate.

3. IWNHSPCT Sexual Health Team will also provide [number to be inserted] leaflets a month on [date to be inserted].

4. IWNHSPCT Sexual Health Team will provide:

    - 3 posters
    - 50 leaflets
    - 1 demonstrator(s)
    - 1 demonstration 'party bag starter kit'
    - C cards
    - CDS Stickers to seal condom bags.
    - Training to participating organisation as stated in protocol.
    - Copy of latest protocol for CDS
    - Good practice checklist for condom distribution
    - Example of confidentiality statement.

5. Registration forms and Condom membership cards will be sent out with the allocation of condoms to monitor the use and uptake of condoms.

[Name of participating organisation or individuals] responsibilities:

1. [Name of organisation] will provide condoms and resources to persons requesting sexual health information and services in accordance with the Island CDS scheme.

2. [Name of organisation] will pack own 'party bags' as introductory starter bags for all new clients registering with the scheme.

3. That staff and volunteers of participating agencies will agree to undertake initial and 2 yearly update training on condom distribution

4. Staff and volunteers participating in the scheme will abide by the terms and conditions and follow the Fraser Guidelines; child protection and confidentiality procedures provided by Isle of Wight Condom Distribution Scheme (CDS).

5. Participating organisations will adhere to the Isle of Wight CDS protocol.

6. [Name of organisation] will keep the Isle of Wight CDS team informed about the use of resources, i.e. whether the current allocation is adequate to meet demands.

7. Registration forms will be sent to the IOW health promotion dept on completion for data input.

8. If [name of organisation] has any concerns or problems they will immediately contact the Isle of Wight CDS team for advice or information.

The above details outline the responsibilities of Isle of Wight CDS team and [name of organisation]

If in agreement with the terms and conditions please sign below.

[Name of organisation/individual]

Full Name Signature Date

Full Name Signature Date

Name of participating organisation where CDS will be implemented:

Contact Number:

Sexual Health Promotion Team

Public Health, 46 Sea Street, Newport, Isle of Wight PO30 5BL
Telephone 01983 814287

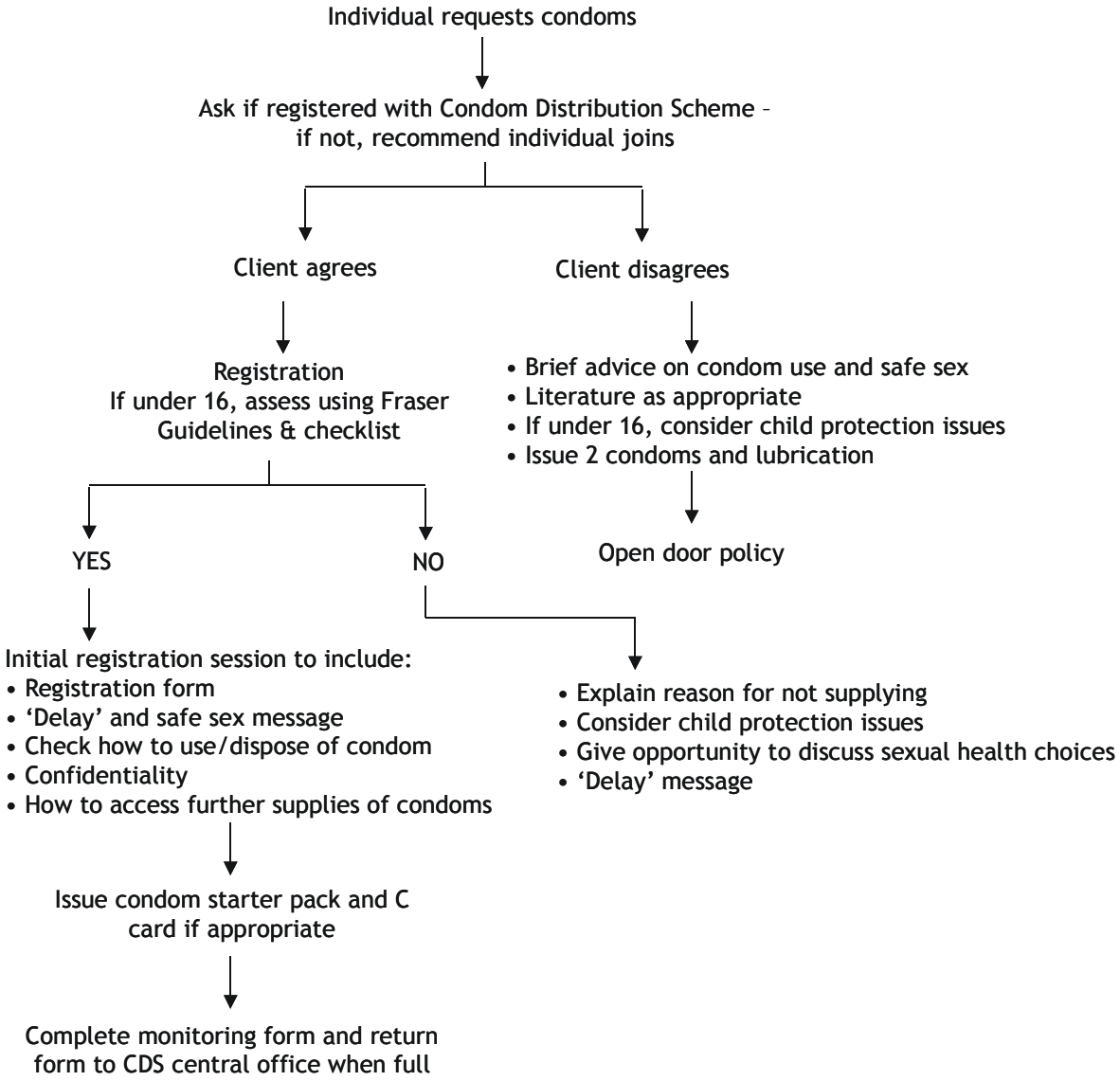
Full Name Signature Date

GOOD PRACTICE CHECKLIST FOR CONDOM DISTRIBUTION

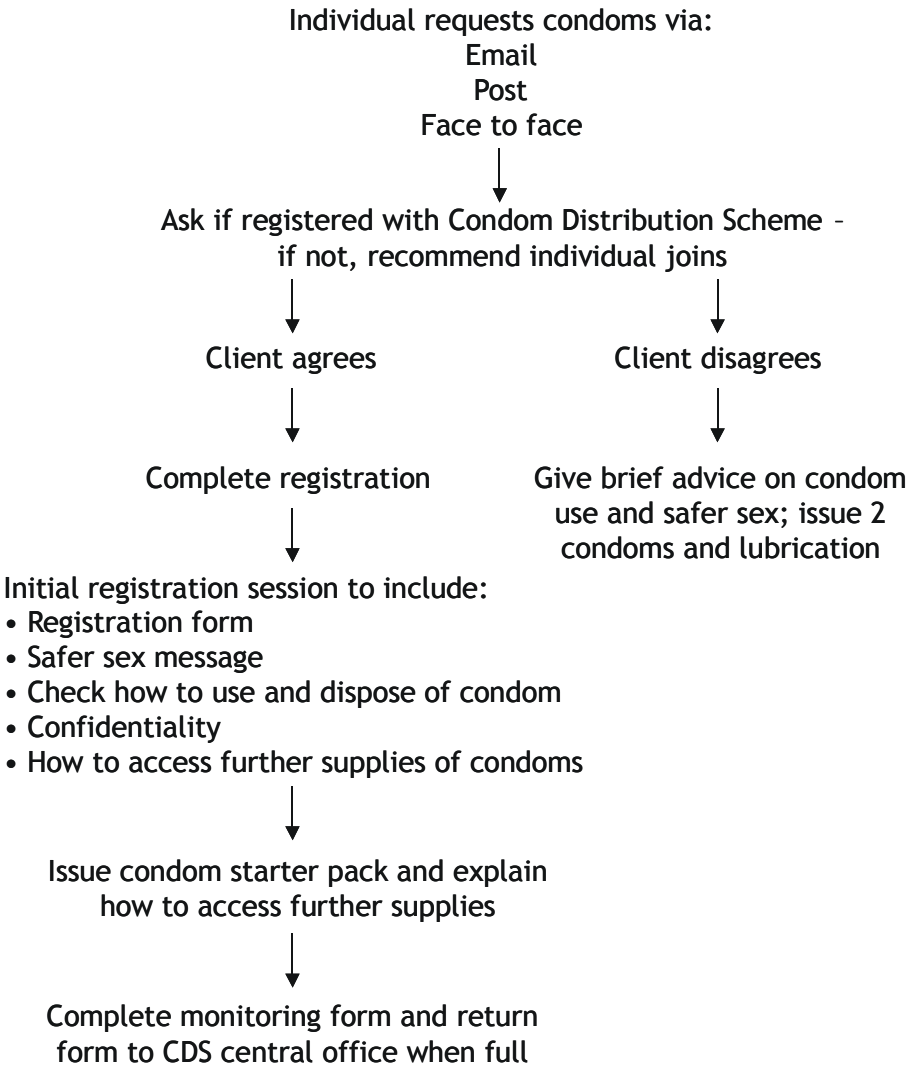
Some of the points below are obvious, but it might be useful to keep this checklist handy just in case.

- Are you working within the Fraser Guidelines and your Child Protection Policy?
- Does the individual understand confidentiality and how it works for your service?
- Are there cultural or faith issues, which you need to be aware of? If you're not sure, ask!
- Would it be more helpful for the individual to talk to a male or female member of staff?
- Does the individual need support in persuading their sexual partner to use condoms?
- Would it be helpful to the individual to talk about their right to make their own choices about sex, contraception and condom use?
- Does the individual understand how to use condoms properly? Do you need to explain or demonstrate condom use?
- Does the individual understand the importance of using water-based lubricant only?
- Does the individual want to know about sexual health services?
- Would it be useful for the individual to know about forms of contraception, particularly emergency contraception?
- Is it worth reminding the individual that other forms of contraception do not prevent STI's?
- Does the individual want to discuss sex, sexuality, and relationships?
- Do you have written information that might be useful?
- How can you close your contact with the individual in a way that makes it possible for them to come back and ask again?
- Is there anything you need to record?
- Do you need information, support or training on any issues raised?
- Have you completed the monitoring form?

REGISTRATION PROTOCOL FOR UNDER-24 YEAR OLDS



REGISTRATION PROTOCOL FOR AT RISK ADULTS



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Primary Care Trust

RISK ASSESSMENT FOR CONDOM FAILURE

Type of Sexual Intercourse	Vag ☐ Oral ☐ Anal ☐				
No. of partners (current and past 6 months)	……				
Men who have sex with Men (MSM)	Yes	☐	No	☐	
Time of condom failure (24hr clock):	…….				
Pregnancy Risk	Yes	☐	No	☐	
Pregnancy Test	Yes	☐	No	☐	advice given ☐
Emergency Hormonal Contraception (UPSI within 72 hours)	Yes	☐	No	☐	advice given ☐
Intrauterine Emergency Contraception (UPSI within last 5 days)	Yes	☐	No	☐	advice given ☐
Client given advice about HIV & PEP?	Yes	☐	No	☐	
STI screen advice	Yes	☐	No	☐	

Always refer or seek further advice from nearest sexual health clinic.

Appendix 3

CONDOM DISTRIBUTION SCHEME REGISTRATION FORM

Registration date

Date of birth

- *For under-16s use Fraser Guidelines to assess level of competency – DHSS 1986*

Criteria met?	❑ Yes	❑ No

- *If 'Yes', continue with registration*
- *If 'No', explain why unable to register at this point, discuss safe sex and delay message; consider whether or not a child protection issue*

Sex	❑ Male	❑ Female

Full postcode								

Registration Centre No.				

- *Copy number onto C card*

Condom demonstration	❑ Yes	❑ No

Literature given	❑ Yes	❑ No

Signature of distributor

Ethnicity	❑ British ❑ Irish ❑ White Other ❑ White/Black Caribbean ❑ White/Black African ❑ White/Asian	❑ Indian ❑ Pakistani ❑ Bangladeshi ❑ Asian Other ❑ Caribbean ❑ Chinese	❑ Ethnic Other ❑ Black Other ❑ African ❑ Mixed Other ❑ Prefer not to state

IMPORTANT: All information collected is strictly confidential. Some information (e.g. sex, age, ethnicity) is required for the Department of Health for monitoring our service. Information you give will be destroyed in accordance with the Isle of Wight NHS Primary Care Trust policy. Please discuss any concerns you may have regarding this information at any time.

Sharing of information	❑ Client agrees	❑ Client does not agree

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Isle of Wight NHS
Primary Care Trust

ISLE OF WIGHT CONDOM DISTRIBUTION SCHEME ORDER FORM

Name of CDS lead	Contact number
Name of distribution centre	Contact email
	Date of order

Item	**Quantity required**
Selection Box (box of 144)	
Select Fruity (box of 144)	
Close Fit (box of 144)	
Extra Safe (box of 144)	
Lube (pack of 144 sachets)	
Non-latex	
Registration forms	
Leaflets (selection)	

Email to (NAME)

Or

Fax to 01983 814301

Or

Post to (NAME), Public Health, 46 Sea Street, Newport, Isle of Wight PO30 5BL

For use in Public Health	
Date received	Date distributed

Appendix 4

GATEWAY REFERENCE NUMBER 3382

BEST PRACTICE GUIDANCE FOR DOCTORS AND OTHER HEALTH PROFESSIONALS ON THE PROVISION OF ADVICE AND TREATMENT TO YOUNG PEOPLE UNDER 16 ON CONTRACEPTION, SEXUAL AND REPRODUCTIVE HEALTH

Summary

This revised guidance replaces HC (86)1/HC (FP) (86)1/LAC (86)3 which is now cancelled.

Doctors and health professionals have a duty of care and a duty of confidentiality to all patients, including under 16s.

This guidance applies to the provision of advice and treatment on contraception, sexual and reproductive health, including abortion.

Research has shown that more than a quarter of young people are sexually active before they reach 16[1]. Young people under 16 are the group least likely to use contraception and concern about confidentiality remains the biggest deterrent to seeking advice. Publicity about the right to confidentiality is an essential element of an effective contraception and sexual health service.

The Government's ten year Teenage Pregnancy Strategy, launched in 1999, set a goal to halve the under 18 conception rate by 2010. This is a Department for Education and Skills Public Service Agreement jointly held with the Department of Health. Progress towards meeting local under 18 conception rate reduction targets is one of the NHS Performance Indicators for Primary Care Trusts (PCT).

The contribution of PCTs to improving young people's access to contraceptive and sexual health advice is a key element of all local Teenage Pregnancy Strategies, linked to implementation of the Sexual Health and HIV Strategy, and is performance managed by Strategic Health Authorities.

The Sexual Offences Act 2003 does not affect the duty of care and confidentiality of health professionals to young people under 16.

[1] Wellings, K., Nanchahal, K., Macdowall, W., McManus, S., Erens, R., et al. (2001) Sexual Behaviour in Britain: early heterosexual experience. Lancet 358: 1843-50

Action

PCT commissioners and clinical governance leads should bring this guidance to the attention of all health professionals responsible for the care of young people in any setting.

All services providing contraceptive advice and treatment to young people should:

- Produce an explicit confidentiality policy making clear that under 16s have the same right to confidentiality as adults.
- Prominently advertise services as confidential for young people under 16, within the service and in community settings where young people meet.

Health professionals who do not offer contraceptive services to under16s should ensure that arrangements are in place for them to be seen urgently elsewhere.

Directors of Social Services should ensure that social care professionals working with young people are aware of this guidance and the Teenage Pregnancy Unit guidance – '*Enabling young people to access contraception and sexual health information and advice: the legal and policy framework for social workers, foster carers and other social care practitioners'.*

Confidentiality

The duty of confidentiality owed to a person under 16, in any setting, is the same as that owed to any other person. This is enshrined in professional codes[2].

All services providing advice and treatment on contraception, sexual and reproductive health should produce an explicit confidentiality policy which reflects this guidance and makes clear that young people under 16 have the same right to confidentiality as adults.

Confidentiality policies should be prominently advertised, in partnership with health, education, youth and community services. Designated staff should be trained to answer questions. Local arrangements should provide for people whose first language is not English or who have communication difficulties.

Employers have a duty to ensure that all staff maintain confidentiality, including the patient's registration and attendance at a service. They should also organise effective training[3] which will help fulfil information governance requirements[4].

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[2] *Confidentiality: protecting and providing information.* General Medical Council, London. 2004. *Code of professional conduct.* Nursing and Midwifery Council 2002

[3] An example of an effective training resource is '*Confidentiality and young people: improving teenager's uptake of sexual and other health advice'*. This publication is endorsed by the Royal College of General Practitioners, the British Medical Association, the Royal College of Nursing and the Medical Defence Union. Copies can be obtained from Department of Health, PO Box 777, London SE1 6XH. Email: doh@prolog.uk.com (quoting reference 31451)

[4] http://www.dh.gov.uk/PolicyAndGuidance/InformationTechnology/PatientConfidentialityAndCaldicottGuardians/Caldicott/ProtectionAndUsePatientInformation/fs/en?CONTENT_ID=4015627&chk=rdaggG

Deliberate breaches of confidentiality, other than as described below, should be serious disciplinary matters. Anyone discovering such breaches of confidentiality, however minor, including an inadvertent act, should directly inform a senior member of staff (e.g. the Caldicott Guardian) who should take appropriate action.

The duty of confidentiality is not, however, absolute. Where a health professional believes that there is a risk to the health, safety or welfare of a young person or others which is so serious as to outweigh the young person's right to privacy, they should follow locally agreed safeguarding protocols, as outlined in *Working Together to Safeguard Children*[5]*.* In these circumstances, the over-riding objective must be to safeguard the young person. If considering any disclosure of information to other agencies, including the police, staff should weigh up against the young person's right to privacy the degree of current or likely harm, what any such disclosure is intended to achieve and what the potential benefits are to the young person's well-being.

Any disclosure should be justifiable according to the particular facts of the case and legal advice should be sought in cases of doubt. Except in the most exceptional of circumstances, disclosure should only take place after consulting the young person and offering to support a voluntary disclosure.

Duty of Care

Doctors and other health professionals also have a duty of care, regardless of patient age[2].

A doctor or health professional is able to provide contraception, sexual and reproductive health advice and treatment, without parental knowledge or consent, to a young person aged under 16, provided that:

- She/he understands the advice provided and its implications.
- Her/his physical or mental health would otherwise be likely to suffer and so provision of advice or treatment is in their best interest.

However, even if a decision is taken not to provide treatment, the duty of confidentiality applies, unless there are exceptional circumstances as referred to above.

The personal beliefs of a practitioner should not prejudice the care offered to a young person. Any health professional who is not prepared to offer a confidential contraceptive service to young people must make alternative arrangements for them to be seen, as a matter of urgency, by another professional. These arrangements should be prominently advertised.

Good practice in providing contraception and sexual health to young people under 16

[5] ISBN 011 322309 9

It is considered good practice for doctors and other health professionals to consider the following issues when providing advice or treatment to young people under 16 on contraception, sexual and reproductive health.

If a request for contraception is made, doctors and other health professionals should establish rapport and give a young person support and time to make an informed choice by discussing:

- The emotional and physical implications of sexual activity, including the risks of pregnancy and sexually transmitted infections.
- Whether the relationship is mutually agreed and whether there may be coercion or abuse.
- The benefits of informing their GP and the case for discussion with a parent or carer. Any refusal should be respected. In the case of abortion, where the young woman is competent to consent but cannot be persuaded to involve a parent, every effort should be made to help them find another adult to provide support, for example another family member or specialist youth worker.
- Any additional counselling or support needs.

Additionally, it is considered good practice for doctors and other health professionals to follow the criteria outlined by Lord Fraser in 1985, in the House of Lords' ruling in the case of Victoria Gillick v West Norfolk and Wisbech Health Authority and Department of Health and Social Security. These are commonly known as the Fraser Guidelines:

- the young person understands the health professional's advice;
- the health professional cannot persuade the young person to inform his or her parents or allow the doctor to inform the parents that he or she is seeking contraceptive advice;
- the young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer;
- the young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent.

Sexual Offences Act 2003

The Sexual Offences Act 2003 does not affect the ability of health professionals and others working with young people to provide confidential advice or treatment on contraception, sexual and reproductive health to young people under 16.

The Act states that, a person is not guilty of aiding, abetting or counselling a sexual offence against a child where they are acting for the purpose of:

- protecting a child from pregnancy or sexually transmitted infection,
- protecting the physical safety of a child,

- promoting a child's emotional well-being by the giving of advice.

In all cases, the person must not be causing or encouraging the commission of an offence or a child's participation in it. Nor must the person be acting for the purpose of obtaining sexual gratification.

This exception, in statute, covers not only health professionals, but also anyone who acts to protect a child, for example teachers, Connexions Personal Advisers, youth workers, social care practitioners and parents.

Working Together: Q&A on sexual activity of under 16s and under 13s

Q. Doesn't Working Together run counter to the Government's Teenage Pregnancy Strategy:

A. This guidance does not undermine the importance we place in young people being able to access confidential contraceptive advice. What it does is provide more detailed guidance to help professionals identify and support the minority of young people who are at risk of significant harm. These young people are much more likely to face a range of poor outcomes, including early pregnancy. If we are to really improve the lives of our most disadvantaged young people, agencies must work together to provide supportive early interventions. The effective implementation of this guidance will be through the development of local multi-agency protocols and establishing trust between professionals. The protocol developed by Cumbria and Lancashire is an excellent example of this and has been placed on the Every Child Matters website for others to learn from.

Q. Is the Government introducing mandatory reporting of sexual activity involving under 13-year olds?

A. No. It is a judgement for a professional to make, in which the child's interests are the overriding consideration. However, the guidance makes clear that it will always be necessary to discuss such a case with a Safeguarding/Child Protection lead in the organisation and sets out a presumption that the case would be reported to children's social care. This is because sex with someone under 13 is a serious offence and indicates a risk of significant harm to the child. Local protocols which require mandatory reporting are not in accordance with Working Together.

Q. So you would automatically report without permission?

A. Not at all. In some cases of course young people may give permission for information to be shared, so the question of having to decide to breach confidentiality would not apply. It would always be a judgement on professionals though one informed by this guidance and by local protocols.

Q. Is the Government trying to criminalise sexual relationships involving under 13/16 year olds?

A. No. This guidance sets out a framework for safeguarding sexually active under 13/16 year olds from the harm they may face as a result of or associated with sexual activity – it

sets out how professionals should judge when to share information. - and may be at risk from unsuitable partners. The police are among the agencies that are involved when there are concerns about a child's welfare but the key step in the first instance is a discussion between agencies to consider concerns and what if anything should be done in the best interests of the child. The police have confirmed that where an agency asks if they have any information about a person's sexual partner, they will normally share this information without beginning an investigation if an agency requests this.

Q. What about doctor/patient confidentiality?

A. Guidance on confidentiality has always been clear that confidentiality is not absolute. Professionals need to balance their duty of confidentiality to young people who access sexual services with the need to safeguard sexually active under 13/16 year olds.

Q. Surely practitioners should be allowed to use their professional discretion?

A. This guidance does not remove that discretion. It does not introduce mandatory reporting, but makes clear that decisions must always be made in the best interests of the child. What it does provide is a framework for looking at these issues.

Q. Won't this stop young people seeking contraceptive advice?

A. We fully recognise the importance young people place in confidentiality and want to reassure them that this guidance does not change the existing principles of confidentiality. However confidentiality has never been absolute. The Department of Health guidance makes clear that where a health professional believes a young person or others are at significant risk of harm, they should follow locally agreed safeguarding protocols. Working Together provides more detailed guidance as a framework for those protocols and to help all professionals, including health, to better identify and support young people most at risk.

Q. How does Working Together link with the cross-Government information sharing guidance?

A. Both sets of guidance make clear that information sharing and joint working are cornerstones of the Government's policy to ensure that children are effectively safeguarded. Both are also clear that where there is evidence or a reasonable cause to believe that children and young people are suffering from or at risk of suffering from significant harm then action must be taken.

Q. Surely this information should be passed/shared with to the police automatically?

A. Sharing of information must always be justified: for instance, if there is a risk of significant harm to a child or to other children. Conversely, there will be cases which do not justify disclosure, where few or no risk factors are present.

Q How can you justify keeping information about children who are having sex confidential from parents but not from services?

A. The provision of confidential contraceptive services is an established principle. While practitioners should always encourage young people to tell their parents that they are having sex, they will not themselves pass this information to parents. However, professionals may share information with other agencies if the child consents or if there is a public interest of sufficient force, such as where there is a clear risk of significant harm to a child.

Q. Surely parents have the right to know whether their underage children are having sex?

A. Children under the age of 16 have the same right to confidentiality as adults. Doctors and other health professionals are able to provide contraception, sexual and reproductive health advice and treatment to children without parental knowledge or consent.

Q. Is this guidance consistent with other Government guidance?

A. Yes, this is in line with the Department of Health's best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, reproductive and sexual health.

Q. How does this link to the Axon judgement?

A. The judgement in Mrs Axon's judicial review of the Department of Health's best practice guidance upheld the principle that confidential advice could be provided to young people under the age of 16.

Q. Do you need a child's permission to share confidential information about them with other agencies?

A. Practitioners will ask the child's permission before sharing information, but if the child refuses, they may still lawfully share information if there is a public interest of sufficient force, such as where there is a clear risk of significant harm to a child.

Teenage Pregnancy Unit/DfES
April 2006

Appendix 5

HAMPSHIRE SAFEGUARDING CHILDREN BOARD

PROTOCOL – REVISED JUNE 2006

WORKING WITH SEXUALLY ACTIVE YOUNG PEOPLE UNDER THE AGE OF 18

1. Introduction

1.1. The Sexual Offences Act (2003) includes a range of offences covering sexual activity involving young people under 18. **The Act aims to reduce sexual exploitation and abuse of children and young people, not to criminalise normal adolescent behaviour.** In 2000, a survey[3] of over 11,000 males and females aged 16-44 indicated that the median age for first sexual intercourse was 16 with 30% of men having had sex before 16 and 26% of women having had sex before 16. Other surveys have reported similar findings.

1.2. It is not expected that all young people known to be involved in sexual behaviour will be automatically reported to the Police and if this was to happen, then those who are sexually active would be less likely to access contraceptive and sexual health advice and services, leaving them more open to unintended pregnancy and health risks. It could potentially result in the emergence of less, rather than more information about abusive cases. However, children and young people need to be protected from abuse and exploitation and this can leave practitioners uncertain of when they should report cases to Children's Services/Police.

This protocol has been designed to assist practitioners to identify where relationships may be exploitative or abusive and the young people may need the provision of protection or additional services. It is based on the core principle that the welfare of the child or the young person is paramount, and emphasises the need for practitioners to work together in accurately assessing the risk of significant harm when a child or a young person is engaged in sexual activity.

1.3. All young people, regardless of gender, who are believed to be engaged in, or planning to be engaged in, sexual activity should have their needs for health education, support and/or protection assessed by the agency involved.

[3] Wellings, K Nanchahal, K Macdowall, W, McManus S, Erens, R, *et al*. Sexual behaviour in Britain; early heterosexual experience. *Lancet* 358: 1843-50

1.4. Under the Sexual Offences Act (2003) young people still have the right to confidential advice on contraception, condoms, pregnancy and abortion even if they are under 16.[4] The Act guidance states that a person is not guilty of aiding, abetting or committing an offence if he/she is acting for the purpose of:

- protecting a child from sexually transmitted infection, or
- protecting the physical safety of the child, or
- preventing the child from becoming pregnant, or
- promoting the child's emotional well-being by giving the advice.

This exception covers not only health practitioners, but also anyone who acts to protect a child, e.g. teachers, youth workers, social workers, practitioners in the voluntary sector and Connexions Personal Advisers.

1.5. **Fraser Guidelines:**

Originating from the high court ruling which gave young people under 16 the legal right to confidential contraception and sexual health advice, the *Fraser Guidelines* are now frequently referred to as a yardstick for any practitioner to make a decision that a young person has the right to "own their own consent" and to have more control over who can be told what about their confidential information. In practice, this means we have to consider carefully whether any young person aged 12-13 or over, possibly younger in some cases, is *Fraser competent.* A young person with physical disabilities is just as likely as any other to be *Fraser competent.* To ascertain this you need to consider:

- Can the young person understand the question you are asking of them, having used appropriate age and ability-related language or preferred mode of communication?

- Does the young person have a reasonable understanding of what information might be recorded/shared, the reasons for this and the implications of doing so or not doing so?

- Can the young person appreciate and consider alternate courses of action open to them, weigh up one aspect of the situation against another, express a clear personal view on the matter (as distinct from repeating what someone else thinks they should do), be reasonably consistent in their view on the matter (or are they constantly changing their mind)?

Any young person who can be judged to be Fraser competent is owed a greater degree of confidentiality than those who are not, so it is important to bear this in mind when recording notes and deciding whether to check things past them, or before sharing information with their parents/carers/other practitioners.

The exception to gaining their consent *is a safeguarding or public interest issue where to do so would put the child, young person or others at increased risk of significant harm, or if it would undermine the prevention, detection to prosecution of a serious crime, including where seeking consent might lead to interference with any potential investigation.* Your decision to share information or not in these

[4] Working with the Sexual Offences Act 2003, Home Office – May 2004 SOA/4

circumstances, together with the reasons for your decision should be recorded in the confidential section of your agency records.

Unless you are going to use the grounds above for not gaining their consent, you'll need to discuss the issues with the child/young person. There will be times when they will object to you recording/sharing something, however, you shouldn't regard an objection as the end of the issue. If you cannot agree things by explanation and negotiation, then you'll need to consider your grounds for going ahead:

- Is it a safeguarding or public interest issue?
- Is the young person *Fraser competent*?

Where there is concern that the child, young person or others may be suffering or are at risk of suffering significant harm, their safety and welfare must be the overriding consideration. In making the decision, you must weigh up what might happen if the information is shared against what might happen if it is not and make a decision based on a reasonable judgement.

If you decide to go ahead, it is important that you inform the young person what you will be recording/sharing and with whom, together with your reasoning, (unless the exception clause above applies.) Their objection should also be noted in their records. Appropriate support should also be offered, perhaps to help the young person talk something through with their parents/carers. Going against the express wishes of the young person should not be done lightly but we have to use our professional judgement to promote their welfare and to safeguard others.

The information shared should be proportionate to the need for action to be taken.

1.6. It is expected that all practitioners will complete a safeguarding course which will cover these issues.

1.7. Qualified social workers employed within Children's Services Departments have a legal duty to make further enquiries when there are safeguarding concerns. They are expected to follow the guidance in this protocol with respect to knowledge about the sexual activity of young people.

2. Sexual activity by age group

2.1. **Young people aged 16-17:**

Although sexual activity (heterosexual or homosexual) is not an offence over the age of 16; young people under the age of 18 are still offered the protection of Safeguarding Procedures. Consideration still needs to be given to issues of sexual exploitation through prostitution and abuse of power. Young people can be subject to offences of rape and assault and the circumstances of an incident/act may need to be explored with a young person. Young people in this age group are not deemed able to give consent if the sexual activity is with an adult in a position of trust, (e.g. their teacher, youth worker, carer of a young person with profound learning difficulties, etc.) or a family member as defined by the Sexual Offences Act 2003. Also relevant is whether a young person has a learning disability or other communication difficulty that could hinder their capacity to communicate easily that they have been abused.

2.2. **Young people aged 13-15:**

Although the age of consent is 16; there is no intention to prosecute young people of a similar age involved in mutually agreed consensual sex unless it involves abuse or exploitation. In assessing the nature of any particular behaviour, it is essential to look at the facts of the actual relationship between those involved. Factors to be taken into account are set out in the Sexual Offences Act guidance: for example, age and emotional maturity of parties, whether the parties entered the sexual relationship willingly, any coercion or corruption, the relationship between the parties, whether there was any duty of care between the parties, or whether there was any breach of trust. These factors need to be taken into account for any young person under 18.

2.3. Any person who intentionally causes or incites someone under the age of 16 to engage in sexual activity may be prosecuted under the Sexual Offences Act 2003. The age difference may be a key indicator for concern (e.g. a relationship between a 15 year-old and a 25 year-old).

2.4. In order to determine whether the relationship presents a risk to the young person, the following factors should be considered:

- Whether the young person is competent to understand and consent to the sexual activity;
- The nature of the relationship, particularly if there are age or power imbalances;
- Whether there was overt aggression, manipulation, coercion or bribery and whether alcohol, drugs, money or other gifts were used to facilitate the activity;
- An indication that the young person might be involved with prostitution;
- Whether the young person's own behaviour (for instance, the use of alcohol or drugs) means they are unable to make an informed choice;

- Any attempts to secure secrecy by the sexual partner beyond what is usual in teenage relationships;
- Whether the sexual partner is known by agencies to have concerning relationships with other young people;
- Whether the young person denies, minimises or accepts adult concerns;
- Presence of a sexually transmitted infection in a child under 13;
- Evidence of parental neglect or lack of supervision of a child under 13;
- Where the relationship involves behaviours considered to be 'grooming' in the context of sexual exploitation.

2.5. Also relevant is whether a young person has a learning disability or other communication difficulty that could hinder their capacity to communicate easily that they have been abused.

2.6. **Children under the age of 13:**

Under the Sexual Offences Act 2003 a child under 13 does not under any circumstances have the legal capacity to consent to any form of sexual activity and anyone involved in penetrative sex (in any form) with a child under 13 is liable to be convicted of rape. However, children under 13 also have a right to confidential contraceptive and sexual health treatment and advice to protect their welfare.[5]

3. Referral process

3.1. The usual process is for practitioners to consult and refer through the Children's Services Department who will liaise with the Police as appropriate but practitioners can contact the Police directly if they feel an immediate response is required to safeguard a child or young person, or if they are dissatisfied with the response from the Children's Services Department.

3.2. In working with young people, it must always be made clear to them at the earliest appropriate point, that absolute confidentiality cannot be guaranteed, and that there will be some circumstances where the needs of the young person or others can only be safeguarded by sharing information with other agencies. This discussion with the young person may prove useful as a means of emphasising the gravity of some situations.

3.3. On each occasion that a young person is seen, consideration should be given as to whether their circumstances have changed or further information is given which may lead to the need for referral or re-referral.

3.4. Anyone concerned about the sexual activity of a young person should initially discuss this with the person responsible for child protection/safeguarding within his/her agency. There may then be a need for further consultation with a member of Children's Services/Police – see below. Discussion with Children's Services/Police

[5] Working Together: Q&A on sexual activity of under 16s and under 13s

is not mandatory and will depend on the level of risk/need assessed by those working with the young person using the criteria in 2.4 above.

3.5. Any practitioner aware of intimate or penetrative sexual activity involving a child under 13 must discuss the issue with the Child Protection/Safeguarding lead within their agency. Where the incident concerns penetrative sex, or other intimate sexual activity, there would always be reasonable cause to suspect that a child, whether a boy or a girl, is suffering, or is likely to suffer significant harm. It is anticipated that a referral will usually be made to Children's Services/Police but the decision to refer should be based on the contextual factors in 2.4 above. It is important that the decision to refer, or not to refer, is documented within the agency, along with the reasons for reaching that decision.

3.6. Having used the criteria in 2.4 above to make an assessment and discussed the issue with the person responsible for child protection/safeguarding within their agency if appropriate, practitioners may want to informally discuss the issue with a Children's Services for advice on whether to make a formal referral. This discussion can be held without individuals' names being disclosed.

3.7. If, as a result of these informal discussions it is felt that a formal referral should be made, a timescale should be agreed (unless in exceptional cases) within which the practitioner will explain to the young person that confidentiality has to be broken and support can be offered. This may mean going outside of the prescribed safeguarding procedure timescale (i.e. young person to be seen within 24 hours) because this is in the best interest of the young person. The reason for the delay should be recorded on the case file.

3.8. For children under 13, once names have been disclosed to the Children's Services Department, they will automatically hold a strategy discussion with the Police under Section 47 of the Children Act 1989.

3.9. For all under 18s there are cases where a referral to Children's Services/Police would be expected e.g. sexual activity with an adult in a position of trust e.g. their teacher, youth worker, etc. or a family member as defined by the Sexual Offences Act 2003.

3.10. In the vast majority of cases where there are no aggravating factors, it will not be in the best interests of the young person for criminal or civil proceedings to be instigated. However, practitioners should bear in mind that the Police and Children's Services may hold information that will provide vital assistance to the assessment of risk. In Hampshire, any preliminary enquiry about the sexual partner of a young person should be made via Children's Services to the Police. If the Police have no other relevant information, the enquiry will be recorded but the Police will not take any further action. However, if the Police have relevant information, a strategy discussion will be held involving the Police, Children's Services and the enquirer. NB If subsequently, further information is presented to the Police involving the reported individual, action may be taken which could draw upon the original reported information.

3.11. Although in some cases urgent action may need to be taken to safeguard the welfare of a young person, in most circumstances there will need to be a process of information sharing and discussion in order to formulate an appropriate plan. There should be time for reasoned consideration to define the best way forward.

3.12. Following any referral to Children's services (as outlined in Section 5 of the LSCB Safeguarding Procedures) there may be one of these responses:

- No further action deemed necessary;
- An initial assessment undertaken which may identify the young person as a child in need and additional services provided;
- A core assessment undertaken which may identify the young person as a child at risk of significant harm and in need of a safeguarding intervention as part of a Section 47 investigation.

The referrer will be notified of the decision.

3.13. Wherever possible, appropriate support should be offered and agencies should continue to offer the services provided.

3.14. In all cases of formal referrals to Children's Services, details of the individual(s) and actions taken will be recorded. If the Children's Services make a decision for young people age 13 and above, not to inform the Police, the reasons will be recorded e.g. having used the criteria in 2.4 above the case is clearly not abusive or exploitative but considered to be normal adolescent behaviour.

3.15. Sharing information with parents/carers: Decisions to share information with parents/carers will be taken using professional judgement and having consulted the Safeguarding Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents'/carers' ability and commitment to protect the young person. Given the responsibility that parents/carers have for the conduct and welfare of their children, practitioners should encourage the young person, at all points, to share information with their parents/carers when it is judged safe to do so.

3.16. This protocol is written on the understanding that those working with this vulnerable group of young people will naturally want to do as much as they can to provide a safe, accessible and confidential service whilst remaining aware of their duty of care to safeguard them and promote their well being.

3.17. It is intended that the protocol will be reviewed following any changes in legislation and/or a change in national guidance.

Other References:

Working Together to Safeguard Children **(HM Government, 2006)**

www.everychildmatters.gov.uk/recources-and-practice/IG00060/

Safeguarding children involved in prostitution: supplementary guidance to Working Together to Safeguard Children **(DH, Home Office, 2000)**

www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4006037&chk=WonBkz

Sexual Offences Act 2003 **(HMSO, 2003)**

www.opsi.gov.uk/ACTS/acts2003/20030042.htm

Information Sharing: Practitioner's Guide (DfES, 2006)

www.everychildmatters.gov.uk/resources-and-practice/IG00065/

Guidance for professionals working with sexually active young people under the age of 18 in Cumbria and Lancashire **(Cumbria & Lancashire Area Child Protection Committees, March 2006)**

http://www.everychildmatters.gov.uk/resources-and-practice/search/EP00127/

It is intended that the protocol will be reviewed following any changes in legislation and/or a change in national guidance**.**

Appendix 4

Tamiflu & Relenza PGD's

Isle of Wight NHS
Primary Care Trust

PATIENT GROUP DIRECTION FOR THE SUPPLY OF OSELTAMIVIR (TAMIFLU®) BY ACCREDITED COMMUNITY PHARMACISTS

Date written: **August 2005**
Review date: **Two years post Clinical Standards Group Approval**

Review approved September 2008 Clinical Standards Group

Revised review date September 2010

Appendix I

Patient Group Directions for the Supply of Oseltamivir (Tamiflu®) by accredited Community Pharmacists

Rationale

To enable a pharmacist who has received specific training and has been assessed as competent to supply oseltamivir in accordance with the following patient group directions (PGDs) and recommendations issued by the National Institute of Clinical Effectiveness (2003a and 2003b) and the Royal Pharmaceutical Society's Code of Ethics (2007)

Professionals to whom these directions may apply

Class of Health professional for whom PGD is applicable	Pharmacist registered with the Royal Pharmaceutical Society of Great Britain
Additional Requirements considered to be relevant to the medicine used in the protocol	Access to supplies of Oseltamivir (Tamiflu®) capsules and oral suspension Access to British National Formulary (latest edition) Completion of the Roche Oseltamivir Distance Learning Package. Training and competence in all aspects of supply under Patient Group Directions
Continued Training Requirements	All pharmacists are personally accountable for their practice, and in the exercise of professional accountability there is a requirement to maintain and improve their professional knowledge and competence.

References

- National Institute of Clinical Effectiveness (2003a) Technology Appraisal Guidance Number 58, Zanamavir, oseltamivir and amantadine for the treatment of influenza
- National Institute of Clinical Effectiveness (2003b) Technology Appraisal Guidance Number 67, Oseltamivir and amantadine for the prophylaxis of influenza
- Royal Pharmaceutical Society (2007) Medicines, Ethics and Practice

ALL PATIENT GROUP DIRECTIONS WILL BE SUBJECT TO REGULAR REVIEW IN LINE WITH CURRENT CLINICAL AND PROFESSIONAL PRACTICE

Date of review of this document – September 2010

Patient Group Direction for the supply/administration of

Oseltamivir (Tamiflu®)

To

ADULTS AND CHILDREN FOR TREATMENT OF INFLUENZA

1. Clinical Condition

Define situation / condition	Treatment of patients presenting with influenza Influenza is characterised by sudden onset of fever (□□ 37.8□C Aural) associated with prostrating malaise and profound myalgia. Patients go from feeling well to feeling very unwell in a short space of time (a few hours). Patients may present with headache (usually early onset and may be severe); minimal nasal secretions; loss of appetite; harsh unproductive cough, sore throat, nausea and/or vomiting
Criteria for inclusion	This PGD comes into operation when the Health Protection Agency (HPA) reports that influenza is circulating in the community and GP consultations for influenza and influenza-like illness (ILI) – as reported via the RCGP scheme - are at a level greater than 30 per 100,000 population per week (higher than normal seasonal activity). Eligible patients are: ➢ At-risk individuals fitting one or more of these categories: 1. Those aged 65 years or older 2. Adults or children over 1 year of age who: • Have chronic respiratory disease (including asthma and chronic obstructive pulmonary disease) • Have significant cardiovascular disease (excluding people with hypertension only) • Are immunocompromised due to disease or treatment • Have diabetes mellitus ➢ AND who present within 48 hours of onset of most of the symptoms described under 'Clinical Condition' AND can start therapy within 48 hours of onset of symptoms
Criteria for exclusion	i. Breast feeding ii. Pregnancy iii. Chronic renal disease iv. Hypersensitivity to oseltamivir or to any of the excipients (refer to Summary of Product Characteristics (SmPC) for details) **v.** Patient presents with other significant symptoms not mentioned under 'Clinical Condition', particularly **photophobia, disturbance of consciousness** and/or **rash** **vi.** Recent travel to a malarial zone.
Action if excluded	The patient should be advised to contact their GP
Action if patient declines treatment	The patient should be advised to contact their GP if symptoms persist

2. Description of treatment

Name of Medicine	**Oseltamivir (Tamiflu®)**
Legal Status	POM
Dose/s	**ADULTS AND ADOLESCENTS**: **Oseltamivir:** capsules for oral administration 75mg **CHILDREN (over 1 year of age)**: **Oseltamivir**: Body weight — Dose < 15kg — 30mg 15kg to 23kg — 45mg 23kg to 40kg — 60mg > 40kg — 75mg For doses below 75mg supply **Oseltamivir** oral suspension
Route/method	Oral
Frequency	Doses should be taken twice daily, for 5 days
Total dose number	10 doses
Facilities and supplies	Oseltamivir when issued is to be labelled as for any other dispensed medicine. It is good practice to ensure that PMR indicates that the medicine was supplied under PGD. Prescription charges need to be collected in the usual manner, and exempt patients will need to fill in a declaration form.
Follow up advice	The advice to patients should include product advice, in addition to general advice relating to care of influenza symptoms: • Bed rest, fluids and symptomatic remedies • No sign of improvement at 4-5 days then contact GP • In event of adverse reaction, stop taking the drug immediately and contact the pharmacist or GP Recommend that the patient read and understand the oseltamivir information leaflet, which should be given to the patient at the time of supply.
Adverse Reactions	• **Nausea** • **Vomiting** • **Abdominal pain** NOTE Oseltamivir is a 'black triangle' drug and, as such, all suspected adverse reactions should be reported to the CSM using the 'yellow card' scheme.
Drug Interactions	Care should be taken when prescribing **oseltamivir** in patients taking co-excreted agents with a narrow therapeutic margin (e.g. **chlorpropamide, methotrexate, phenylbutazone and probenecid**). There are no known interactions with other renally excreted drugs.
Details of record keeping	The pharmacist must keep a record of the consultation for at least two years. The following should be noted in the pharmacist's records: • Dose, frequency and quantity of oseltamivir supplied • Date of supply to patient • Batch number and expiry date • Signature of pharmacist supplying oseltamivir • Signature of patient, giving their informed consent to treatment and to patient information being disseminated to GP and PCT for audit/payment purposes • Patient's GP (if GP referral)

Patient Group Direction for the supply/administration of

Oseltamivir (Tamiflu®)

To

ADULTS AND CHILDREN FOR POST-EXPOSURE PROPHYLAXIS OF INFLUENZA

1. Clinical Condition

Define situation/condition	**Oseltamivir** is recommended for post-exposure prophylaxis of influenza in at-risk people aged 13 years or older: 1. Who are not effectively protected by vaccination and who have been exposed to someone with influenza-like illness (ILI) 2. Who (whether or not they have been vaccinated) live in a residential care establishment where a resident or staff member has ILI **and are able to begin prophylaxis within 48 hours of exposure**
Criteria for inclusion	This PGD comes into operation when the Health Protection Agency (HPA) reports that influenza is circulating in the community and GP consultations for influenza and influenza-like illness (ILI) are at a level greater than 30 per 100,000 population per week. People who are not effectively protected by vaccination include those who have not been vaccinated since the previous influenza season, or for whom: • Vaccination is contraindicated, or has yet to take effect • Vaccination has been carried out but the vaccine is not well matched to the strain of influenza virus circulating Exposure to ILI is defined as being in close contact with someone who lives in the same home environment as a person who has been suffering from symptoms of ILI Eligible patients are: ➢ At-risk individuals fitting one or more of these categories: i. Those aged 65 years or older ii. Adults or children over 13 years of age who: • Have chronic respiratory disease (including asthma and chronic obstructive pulmonary disease) • Have significant cardiovascular disease (excluding people with hypertension only) • Are immunocompromised due to disease or treatment • Have diabetes mellitus ➢ Who can start therapy within 48 hours of exposure
Criteria for exclusion	i. Breast feeding ii. Pregnancy iii. Chronic renal disease iv. Hypersensitivity to oseltamivir or to any of the excipients (refer to Summary of Product Characteristics (SmPC) for details) v. Healthy person up to 65 years of age vi. Seasonal prophylaxis of influenza (Oseltamivir treatment is not a substitute for routine vaccination)
Action if excluded	The patient should be advised to contact their GP
Action if patient declines	The patient should be advised to contact their GP

2. Description of treatment

Name of Medicine	**Oseltamivir (Tamiflu®)**
Legal Status	POM
Dose/s	**ADULTS AND ADOLESCENTS (13 years or over)** **Oseltamivir:** capsules for oral administration: 75mg
Route/method	Oral
Frequency	One capsule daily, for 10 days (refer to GP for further treatment if necessary, up to six weeks).
Total dose number	10 doses
Facilities and supplies	Oseltamivir, when issued, is to be labelled as for any other dispensed medicine. It is good practice to ensure that PMR indicates that the medicine was supplied under PGD. Prescription charges need to be collated in the usual manner, and exempt patients will need to complete a declaration form.
Follow up advice	The advice to patients should include product advice, in addition to general advice relating to care of influenza symptoms should they occur: • Bed rest, fluids and symptomatic remedies • No sign of improvement at 4-5 days then contact GP • In the event of worsening symptoms contact GP immediately • In event of adverse reaction, stop taking the drug immediately and contact the pharmacist or GP Recommend that the patient read and understand the oseltamivir information leaflet, which should be given to the patient at the time of supply.
Adverse Reactions	• Nausea • Vomiting • Abdominal pain **NOTE Oseltamivir is a 'black-triangle' drug and, as such, all suspected adverse reactions should be reported to the CSM using the 'yellow card' scheme**
Drug Interactions	Care should be taken when prescribing **oseltamivir** in patients taking co-excreted agents with a narrow therapeutic margin (e.g. **chlorpropamide, methotrexate, phenylbutazone and probenecid**). There are no known interactions with other renally excreted drugs.
Details of record keeping	The pharmacist must keep a record of the consultation for at least two years. The following should be noted in the pharmacist's records: • Dose, frequency and quantity of oseltamivir supplied • Date of supply to patient • Batch number and expiry date • Signature of pharmacist supplying oseltamivir • Signature of patient, giving their informed consent to treatment and to patient information being disseminated to GP and PCT for audit/payment purposes • Patient's GP (if GP referral)

Isle of Wight NHS
Primary Care Trust

Patient Group Directions for Supply of Oseltamivir
September 2005 – August 2007
Review date September 2010

Oseltamivir Patient Group Directions developed by Kevin Noble (Community Pharmacy Lead, Isle of Wight Primary Care Trust), using original material supplied by Roche and City & Hackney Teaching Primary Care Trust.

Signature of Senior Doctor ……

Title: Clinical Governance Lead, IOW PCT. Date: ……..

Signature of Senior Pharmacist ……

Title: Head of Medicines Management, IOW PCT. Date: ……

These PGDs have been authorised by:

Dr Paul Bingham Director Of Public Health Isle of Wight PCT	
Mr Paul Jerram Head of Medicines Management Isle of Wight PCT	
Mr Kevin Noble MRPharmS Community Pharmacy Lead Isle of Wight PCT	

Enquiries relating to these PGDs should be addressed to:

Kevin Noble, Community Pharmacy Lead

Isle of Wight Primary Care Trust, St Mary's Hospital, Newport, Isle of Wight,

Tel: 01983 534271

Date of review: September 2007

(Currently Under Review)
Approved Clinical Standards March 2008
Review date March 2010

Isle of Wight NHS
Primary Care Trust

DECLARATION by Pharmacist:

Patient Group Direction	*Tick*
Oseltamivir for treatment of influenza	
Oseltamivir for post-exposure prophylaxis of influenza	

I have been appropriately trained to understand the criteria listed and the administration required to supply oseltamivir in accordance with these Patient Group Directions. I confirm that I am competent to supply oseltamivir in the specified circumstances.

Pharmacist name:		
Home Address:		
Business address or pharmacy stamp:		
RPSGB Registration Number:		
Signature:	**Date:**	
Review Date: **September 2010**		

Pharmacist protocol for supplying Tamiflu (Oseltamivir) for the treatment of influenza like illness

The Patient Group Direction is only to be implemented following official notification, via the HPA cascade, that influenza-like illness is circulating in the community.

Date notification received: ……

Pharmacy Stamp:	Date:
	Patient Name:
	DOB:
	Postcode:

Work through the following table to see whether the patient should receive Tamiflu in line with NICE guidance

Questions	Assessment Are any of the following present?
Age of the patient	>65 >1 and <65 with co-morbidity
Pregnancy ❑ Are you pregnant or breast-feeding?	Pregnant or unsure Breast-feeding
Duration When did symptoms start?	<48 hours >48 hours but <1 week >1 week
Previous history / co-morbid conditions ❑ Are you normally fit and well ❑ Do you have any existing medical conditions?	Any of the following conditions ❑ Asthma requiring regular medication ❑ COPD ❑ Cardio-vascular disease excluding uncomplicated hypertension ❑ Immunosuppressed (treatment, illness such as asplenia or splenic dysfunction) ❑ Diabetes Mellitus
Prescribed medication ❑ What medicines are you taking? ❑ Provides an indication of history if not clearly given by patient ❑ If unsure, check list of common drugs prescribed for these conditions.	❑ Respiratory drugs ❑ Cardiovascular drugs ❑ Immunosuppressants (including anti cancer drugs & oral corticosteroids) ❑ Drugs for diabetes ❑ Chlorpropamide, methotrexate, phenylbutazone, probenecid
What are the symptoms?	
Fever ❑ Feeling hot? ❑ Sweating / shivering? ❑ Sudden onset	Marked fever of sudden onset
Cough ❑ Do you have a cough? ❑ Are you coughing anything up? ❑ What colour is the sputum?	Unproductive cough Productive cough Coloured sputum, blood stained
Breathlessness ❑ Have you any difficulty breathing apart from nasal congestion?	Breathing difficulties Chest pain at the time of Consultation

Loss of consciousness ❑ Have you fainted or lost consciousness?	Loss of consciousness (emergency referral) Delirium
Rash ❑ Do you have a rash anywhere on your body?	Rash (emergency referral if rash is purpuric with/ without accompanying photophobia)
Sore throat ❑ Have you any difficulty swallowing?	Difficulty swallowing
General aches and pains ❑ Muscle and joint aches? ❑ Headache?	Joint aches and pains Headache
Lethargy ❑ Are you feeling tired and lethargic	Lethargy Tiredness
Fluid intake ❑ Are you eating or drinking anything?	Not drinking fluids Loss of appetite
Nausea/vomiting ❑ Are you feeling sick? Have you been sick?	Nausea Vomiting
Medicines already tried ❑ Have you taken any pain killers or cough or cold remedies; e.g.	Taken: Analgesics Cold remedies NB. Caution in advising paracetamol if cold remedies have already been taken. Reinforce maximum dose.

ACTION

BLUE	RED	BLACK
Supply Oseltamivir if: ❑ Influenza is circulating at >50 cases per 100 000 ❑ Patients are >65 or >1 but <65 with co-morbidity ❑ Presented within 36 hours of onset of most of blue symptoms and can start treatment within 48 hours Advise rest and fluids	Patients who fulfil any of the red conditions should be referred to a doctor for further advice.	Patients in the black category do not fit the criteria for oseltamivir and do not require referral to the doctor. Advise home care if: ❑ There are blue symptoms which suggest cold or flu Advise ❑ Rest ❑ Adequate fluid intake ❑ Analgesics ❑ Cough/cold remedies

TREATMENT

- At risk adults and adolescents (13 years & over):
  - 75mg twice a day for 5 days

- At risk children (1 – 12 years):
  - Body weight >40kg: 75mg twice a day for 5 days
  - Body weight 23-40kg: 60mg twice a day for 5 days
  - Body weight 15-23kg: 45mg twice a day for 5 days
  - Body weight ≤15kg: 30mg twice a day for 5 days

Supply	❑ Tamiflu 75mg capsules x 10 ❑ Tamiflu 60mg/5ml Suspension x 75ml
Batch number	

Referral:……
……
……
…… (Include reasons for referral)

Advice given:……
……
……
……

The above information is correct to the best of my knowledge. I have been counselled on the use of oseltamivir and understand the advice given to me by my pharmacist. I give permission to my pharmacist to pass on this information to my GP.

Patient's signature: Date:

The action specified was based on the information given to me by my patient, which, to the best of my knowledge, is accurate.

Pharmacist's signature: Date:

Time taken to complete consultation: ……mins

Pharmacist protocol for supplying Tamiflu (Oseltamivir) for the post exposure prophylaxis of influenza like illness

The Patient Group Direction is only to be implemented following official notification, via the HPA cascade, that influenza-like illness is circulating in the community.

Date notification received: ……

Pharmacy Stamp:	Date:
	Patient Name:
	DOB:
	Postcode:

Work through the following table to see whether the patient should receive Tamiflu in line with NICE guidance

Questions	Assessment Are any of the following present?
Age of the patient	>65 ≥13 and <65 with co-morbidity
Exposure ❑ Have you come into contact with someone who has the symptoms of influenza like illness (ILI) within the last 48 hours?	Exposure to individual with ILI within last 48 hours
Pregnancy ❑ Are you pregnant or breast-feeding?	Pregnant or unsure Breast-feeding
Previous history / co-morbid conditions ❑ Are you normally fit and well ❑ Do you have any existing medical conditions?	Any of the following conditions ❑ Asthma requiring regular medication ❑ COPD ❑ Cardio-vascular disease excluding uncomplicated hypertension ❑ Immunosuppressed (treatment, illness such as asplenia or splenic dysfunction) ❑ Diabetes Mellitus
Prescribed medication ❑ What medicines are you taking? ❑ Provides an indication of history if not clearly given by patient ❑ If unsure, check list of common drugs prescribed for these conditions.	❑ Respiratory drugs ❑ Cardiovascular drugs ❑ Immunosuppressants (including anti cancer drugs & oral corticosteroids) ❑ Drugs for diabetes ❑ Chlorpropamide, methotrexate, phenylbutazone, probenecid

ACTION

BLUE	RED
Supply Oseltamivir if: ❑ Influenza is circulating at >50 cases per 100 000 ❑ Patients are >65 or >1 but <65 with co-morbidity ❑ Presented within 36 hours of exposure to individual with ILI and can start treatment within 48 hours Advise rest and fluids	Patients who fulfil any of the red conditions should be referred to a doctor for further advice.

PROPHYLACTIC TREATMENT

- At risk adults and adolescents (13 years & over):
  - 75mg each day for 10 days

Supply	❑ Tamiflu 75mg capsules x 10 ❑ Tamiflu 60mg/5ml Suspension x 75ml
Batch number	

Referral:……
……
……
…… (Include reasons for referral)

Advice
given:……
……
……
……

The above information is correct to the best of my knowledge. I have been counselled on the use of oseltamivir and understand the advice given to me by my pharmacist. I give permission to my pharmacist to pass on this information to my GP.

Patient's signature: Date:

The action specified was based on the information given to me by my patient, which, to the best of my knowledge, is accurate.

Pharmacist's signature: Date:

Time taken to complete consultation: ……minutes

Isle of Wight NHS
Primary Care Trust

CONFIDENTIAL

Data protection confidentiality note: This message is intended only for the use of the individual or entity to whom it is addressed and may contain information that is privileged, confidential & exempt from disclosure under law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited.

GP Name:	
GP Address:	

Notification of patient supply of Oseltamivir

Patient's name:	
Address:	
Date of Birth:	

Either:

- ❑ The patient presented with a temperature of ≥37.8°C, in addition to at least one respiratory and one constitutional symptom.

Or:

- ❑ The patient presented within 48 hours of exposure to an individual with Influenza Like Illness.

Supplied	❑ Tamiflu 75mg capsules ❑ Tamiflu 60mg/5ml Suspension x 75ml
Dosage (delete as necessary)	(30mg) (45mg) (60mg) (75mg)
Frequency and period of administration	❑ BD x 5 days (treatment) ❑ OD x 10 days (prophylaxis)
Follow up	❑ Advised to refer to GP if there is no improvement in symptoms after 5 days.

General Advice given:

- ❑ Bed rest, fluids and symptomatic remedies.
- ❑ In the event of an ADR stop taking the Oseltamivir and contact their pharmacist

Pharmacy Stamp:

Relenza PGD

Medicines Management Team

Patient Group Direction for the Supply/administration of Relenza

The Supply and Use of Relenza for treating the symptoms of influenza A and B or Pandemic Influenza, when notified, during a community outbreak

Define situation/condition	***Treatment of patients presenting with influenza.*** ***Influenza characterised by sudden onset of fever (□ □ 37.8□ C Aural) associated with prostrating malaise and profound myalgia. Patients go from feeling well to feeling very unwell in a short space of time (a few hours). Patients may present with headache (usually early onset and may be severe); minimal nasal secretions; loss of appetite; harsh unproductive cough, sore throat, nausea and/or vomiting***
Criteria for inclusion	***When influenza is circulating (HPA has identified influenza isolates and RCGP tracking shows flu consultations >30/lOOk per week):*** ***At-risk individuals (aged>=12 years) fitting one or more of these categories:*** ***• Age 65 years or over*** ***• Chronic respiratory disease (including COPD and asthma) requiring regular medication*** ***• Significant cardiovascular disease (excluding uncomplicated hypertension)*** ***• Immunosuppressed (due to treatment or illness such as asplenia or splenic dysfunction)*** ***• Diabetes mellitus*** ***Presenting within 48 hours of onset of symptoms with most most of the following:*** • ***Rapid onset (hours) from feeling well to very ill*** • ***Prostrating malaise*** • ***Profound myalgia*** • ***Marked fever/feverishness (>= 37.8C oral)*** • ***Headache - early and may be severe*** • ***Only minimal nasal secretions*** • ***Appetite limited or absent*** ***Cough and sore throat may also be present but also commonly occur in other URTIs. Nausea and vomiting may also be present.***

Criteria for exclusion	***Rash*** ***Breathing difficulty at time of consultation*** ***Disturbance of consciousness*** ***Pregnancy*** ***Breast feeding*** ***Other significant symptoms not mentioned under 'Clinical Condition'***
Action if excluded	***The patient should be advised to contact their GP***
Contraindications	***Hypersensitivity to the active substance or to any of the excipients.***
Action if contraindications	***Consider Tamiflu PGD/ refer to GP. Advise rest, fluid intake and analgesia.***
Action if patient declines	***Refer to GP. Advise rest, fluid intake and analgesia.***

2. Characteristics of staff	
Qualifications required	***Pharmacist currently registered with RPSGB***
Additional requirements	***Access to supplies of Relenza.*** ***Access to BNF (latest edition)*** ***Training and competence in all aspects of supply under Patient Group Directions.*** ***Attendance at specific influenza PGD workshop arranged by PCT***
Continued education & training requirements	***All pharmacists are personally accountable for their practice, and in the exercise of professional accountability there is a requirement to maintain and improve their professional knowledge and competence.***

3. Description of Treatment

Name of Medicine	***Zanamivir (Relenza) 5mg/dose, inhalation powder, pre-dispensed***
Legal status of medicine	***POM***
Dose	***Contents of two blisters (2 x 5mg) inhaled twice daily via diskhaler***
Route	*Oral via inhalation*
Frequency	***Doses should be inhaled twice daily for 5 days***
Total dose/number of doses	***10 doses***

Drug	***Contraindications/ Cautions***	***Common Adverse Effects (Rare)***	***Interactions***	***Notes***
Zanamivir (Relenza)	***Hypersensitivity to active substance or any of the excipients***	***Oropharyngeal oedema, bronchospasm, dyspnoea, throat tightening or constriction, rash. NB:Patients experiencing any adverse reaction should discontinue treatment and seek medical evaluation.***	***Zanamivir is not protein bound and not hepatically metabolised or modified. Clinically significant drug interactions are unlikely. Zanamivir, when given for 28 days, did not impair the immune response to influenza vaccine.***	***Inhaled drugs e.g. Asthma medication should be administered prior to adm- inistration of Relenza. Any patients experiencing serious decline in respiratory function should seek medical evaluation immediately.***

Follow up treatment	
Written/ verbal advice for patient	***Demonstrate loading Diskhaler, advise on inhalation technique and ensure patient understands dosing regime. Advise patient to read the Patient Information Leaflet. Patients suffering with influenza should be advised to take bed rest, keep up fluid intake and to take symptomatic remedies where appropriate. Warn that if patient's condition deteriorates e.g. increasing fever or temperature does not settle after 4-5 days, breathing difficulties, chest pain or if, any underlying condition worsens, a doctor should be contacted. Warn patient with asthma or COPD, of bronchospasm risk and need for fast acting bronchodilator to be on hand. Advise patients using bronchodilators to administer this drug prior to administration of Relenza. If adverse reaction develops, patient must stop treatment with Relenza immediately and contact GP.***
Specify method of recording supply and /or administration	***The pharmacist must keep a record of the consultation for at least two years.*** ***The following should be noted in the pharmacist's records:*** • ***Dose, frequency and quantity of zanamivir supplied*** • ***Date of supply to patient*** • ***Batch number and expiry date*** • ***Signature of pharmacist supplying zanamivir*** • ***Signature of patient, giving their informed consent to treatment and to patient information being disseminated to GP and PCT for audit/payment purposes*** • ***Patient's GP (if GP referral)***

Procedure for reporting ADRs to Medical Practitioner	***Any adverse reaction should be reported to the patients GP***

Management of Group Directions:

Group direction developed by:	***Dr Paul Bingham-Consultant in communicable diseases.*** ***Mr Kevin Noble – Community Pharmacy Lead IW PCT*** ***Mr Paul Jerram – Head of Medicines Management IW PCT***
Authorizing Doctor/s:	***Signature*** ***……*** ***Dr Paul Bingham***
Date applicable:	
Review date:	
Senior Pharmacist	***Signature*** ***……..*** ***Mr Paul Jerram***
Clinical Directorate Pharmacist	***Signature*** ***……*** ***Mr K Noble***
Approved by Pharmacy Policy Group (or other appropriate professional body)	***Signature*** ……. ***Paul Jerram***
Approved by Clinical Standards Group	

The group direction is to be read, agreed to, and signed by all staff it applies to.
One copy is to be given to the health professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

Review date:

Pharmacist protocol for supplying Relenza (Zanamivir) for flu-like illness

Name of patient:

Work through the following table to see whether or not the patient should receive Relenza in line with NICE guidance

Questions	Assessment Are any of the following present?
Age of the patient	>65 >65 with co-morbidity Child <12 (Note – Relenza not recommended in this age group. May or may not require referral to a doctor depending on overall condition)
Pregnancy ☐ Are you pregnant or breast-feeding?	Pregnant or unsure Breast-feeding
Duration When did symptoms start?	<48 hours >48 hours but <1 week >1 week
Previous history/ co-morbid conditions ☐ Are you normally fit and well? ☐ Do you have any existing medical conditions?	Any of the following conditions ☐ Asthma requiring regular medication ☐ COPD ☐ Heart disease excluding uncomplicated hypertension ☐ Immunosuppressed (treatment, illness such as asplenia or splenic dysfunction) ☐ Diabetes Mellitus
Prescribed medication ☐ What medicines are you taking? ☐ Provides an indication of history if not clearly given by patient ☐ If unsure, check list of common drugs prescribed for these conditions	☐ Respiratory drugs ☐ Cardiovascular drugs ☐ Immunosuppressants (including anti cancer drugs), oral corticosteroids ☐ Drugs for diabetes
What are the symptoms?	
Fever ☐ Feeling hot? ☐ Sweating/ shivering?	Marked fever
Cough ☐ Have you got a cough? ☐ Are you coughing anything up? ☐ What colour is the sputum?	Unproductive cough Productive cough, coloured sputum, blood stained
Breathlessness ☐ Have you any difficulty breathing apart from nasal congestion?	Breathing difficulties, chest pain
Loss of consciousness ☐ Have you fainted or loss consciousness?	Loss of consciousness, delirium
Rash ☐ Do you have a rash anywhere on your body?	Rash
Sore throat ☐ Have you any difficulty swallowing?	Difficulty swallowing

General aches and pains ☐ Muscle and joint aches? ☐ Headache?	Joint aches and pains Headache
Lethargy ☐ Are you feeling tired and lethargic	Lethargy, tiredness
Fluid intake ☐ Are you eating or drinking anything?	Not drinking fluids Loss of appetite
Nausea/ vomiting ☐ Are you feeling sick? Have you been sick?	Nausea Vomiting
Medicines already tried ☐ Have you taken any pain killers or cough or cold remedies; e.g. Paracetamol, aspirin, ibuprofen	Taken: Analgesics Cold remedies NB. Caution in advising paracetamol if cold remedies have already been taken. Reinforce maximum dose.

ACTION

BLUE	RED	BLACK
Supply Zanamivir if: ☐ Flu is circulating and ☐ Patients are >65 or >65 with co-morbidity and ☐ Has presented within 48 hours of onset with most of blue symptoms Advise rest and fluids	Patients who fulfil any of the red conditions should be referred to a doctor for further advice	Patients in the black category do not fit the criteria for Zanamivir and do not require referral to the doctor. Advise home care if: ☐ There are blue symptoms which suggest cold or flu Advise ☐ Rest ☐ Adequate fluid intake ☐ Analgesics ☐ Cough/ cold remedies

Obtain patient/ patient's representative agreement for the appropriate choice of action by requesting patient/ representative sign the declaration below:

I the undersigned patient/ patient's representative agree that the advice given to me is in line with the protocol above.

I do/ do not pay prescription charges (please circle) and have made a payment of £6 to the Pharmacy.

Signed:

Pharmacist Patient/ patient's representative

Date

Batch number of Relenza supplied

Expiry

Appendix 5

Trimethoprim PGD for Treatment of Urinary Tract Infection

Isle of Wight NHS
Primary Care Trust

Medicines Management Team

Patient Group Direction for the Supply of….

Trimethoprim 200 mg Tablets (Antibiotic)

All boxes should be filled in and reasons given if considered not applicable. Appropriate signatures be gained. The form should only be used for patients, in the group identified, who are being given a new medicine – adjustment of current medication doses is not an appropriate use of a PGD. To decide whether a PGD is suitable for the situation being considered, refer to 'To PGD or not to PGD' flowchart.

Define situation/condition	***For treatment of uncomplicated urinary infection in women***
Criteria for inclusion	***Women aged 16 or over presenting with symptoms associated with an uncomplicated urinary tract infection, namely frequency, dysuria and urgency of recent onset.***
Criteria for exclusion	• ***Child less than 16 years of age*** • ***Men*** • ***Pregnancy or breastfeeding mothers*** • ***Patients presenting with fever, chills, nausea/vomiting, loin or abdominal pain/tenderness.*** • ***Renal impairment*** • ***Blood dyscrasias*** • ***Hypersensitivity to Trimethoprim*** • ***Any patient who has been treated with Trimethoprim for UTI on 2 or more occasions in past 6 months.*** • ***Patients with actual or potential folate deficiency*** • ***Porphyria*** • ***Haematuria (unless menstruating)*** • ***Patients taking Pyrimethamine (In Fansidar and Maloprim), Ciclosporin, Azathioprine, Mercaptopurine, Methotrexate and Cytotoxic medication*** • ***Patients taking Phenytoin*** • ***Patient currently taking Digoxin*** • ***Patients already taking a prescribed antibiotic*** • ***Patients with a history of recurrent urinary tract infection*** ***Patients currently taking Warfarin***
Action if excluded	***See GP or refer to GUM clinic if appropriate*** ***For patients already taking a prescribed antibiotic or who have recently completed a course of antibiotics for a urinary tract infection refer back to own GP.***

Contraindications	***Allergy (hypersensitivity) to Trimethoprim or any of the other ingredients in the tablet (see section on Follow Up-Treatment)*** ***Pregnancy*** ***Blood disorders*** ***Severe kidney disease***
Action if contraindications	***See GP or refer to GUM clinic if appropriate*** ***For patients already taking a prescribed antibiotic or who have recently completed a course of antibiotics for a urinary tract infection refer back to own GP.***
Action if patient declines	***Document advice given and refer to own GP***

2. Characteristics of staff	
Qualifications required	***Practising Pharmacist Currently registered with RPSGB***
Additional requirements	***Registered Pharmacist who has completed approved PCT training for the supply and administration of Trimethoprim***
Continued education & training requirements	***All Pharmacists are personally accountable for their practice and in the exercise of professional accountability there is a requirement to maintain and improve their professional knowledge and competence.***

3. Description of Treatment

Name of Medicine	***Trimethoprim tablets***
Legal status of medicine	***POM***
Dose	***200 mg tablet***
Route	*Oral*
Frequency	***Twelve Hourly***
Total dose/number of doses	***3 days*** ***Quantity supplied 6 tablets***

Drug	***Contraindications/ Cautions***	***Common Adverse Effects***	***Interactions***	***Notes***
Trimethoprim 200mg Tablets	***Allergy (hypersensitivity) to Trimethoprim or any of the other ingredients in the tablet (see section on Follow Up-Treatment)*** ***Pregnancy*** ***Blood disorders*** ***Severe kidney disease***	***Nausea, vomiting and gastro-intestinal disturbances*** ***Rashes and pruritus*** ***Hyperkalaemia*** ***Depression of haematopoiesis (usually associated with longer term use)*** ***Rarely erythema multiforme, toxic epidermal necrolysis and aseptic meningitis)***	***Rifampicin*** ***anticoagulants*** ***Methotrexate*** ***Procainamide*** ***ciclosporin (to prevent rejection after transplantation)*** ***digoxin (to treat heart conditions)*** ***phenytoin (to treat epilepsy)*** ***pyrimethamine (to treat malaria)*** ***bone marrow depressants***	***See Written/ verbal advice for patient***

Follow up treatment	
Written/verbal advice for patient	• ***Trimethoprim may be taken with food if it upsets the stomach.*** • ***Broad-spectrum antibiotics may reduce the efficacy of combined oral contraceptives. The FPA advise additional contraceptive precautions whilst taking antibiotics and for 7 days after stopping. If these 7 days run beyond the end of a packet the next packet should be started immediately without a break. (In the case of ED tablets the inactive ones should be omitted). Advise patient to take medicine at regular intervals and to complete the course*** • ***The patient should be advised to drink normally*** • ***It is important to finish the course even if the symptoms have resolved*** • ***If any side effects occur such as nausea and vomiting, severe diarrhoea advise patient to see GP for further advice*** • ***If rash develops discontinue treatment and see GP*** • ***Advise on ways to reduce risk of further episodes- voiding after intercourse, maintaining adequate fluid intake. Give any literature available on cystitis management to patient.*** ***PGD03 (Trimethoprim details) leaflet should be given to patient.*** ***Advise the patient to see GP if symptoms do not resolve. Patients do not need to be followed up routinely***
Specify method of recording supply and /or administration	***A record of all patients supplied with Trimethoprim under this direction will be available for audit purposes*** ***A full record must be kept of all stock issued, including manufacturer, batch number and expiry date. The following data must be included:*** ***ISSUED Date, Patient name, Drug name and strength, Quantity, Signature of Pharmacist***

Procedure for reporting ADRs to Medical Practitioner	***Pharmacists should report all serious ADRs , using the yellow card system. Clients presenting with suspected with suspected ADRs should be referred to a Doctor for further investigation.***

Management of Group Directions:

Group direction developed by: ***Signature***

Kevin Noble MRPharmS. Community Pharmacy Lead

Authorizing Doctor/s: ***Signature***

John Partridge Clinical Governance Lead

Date applicable: ***November 2008***

Review date: ***November 2010***

Senior Nurse (or senior member of the profession undertaking the PGD)	***Signature*** ***Kevin Noble MRPharmS. Community Pharmacy Lead***
Clinical Directorate Pharmacist	***Signature*** ***Paul Jerram Head of Medicines Management***

Approved by Clinical Standards Group	***Signature*** ***Signed by chair of committee (making the Trust liable for the supply and administration of medicines under the PGD, subject to its proper application by authorised and competent personnel.***

The group direction is to be read, agreed to, and signed by all staff it applies to. One copy is to be given to the health professional, another kept in the department.

I have read the group direction and agreed to use it in accordance with the criteria described.

All professionals who will be using the PGD need to read it and sign. Their review date should ideally be linked to appraisals or other personal review processes to ensure that they are still competent to be approved practitioners under the PGD

Name:

Signature:

Date:

Review date:

Name:

Signature:

Date:

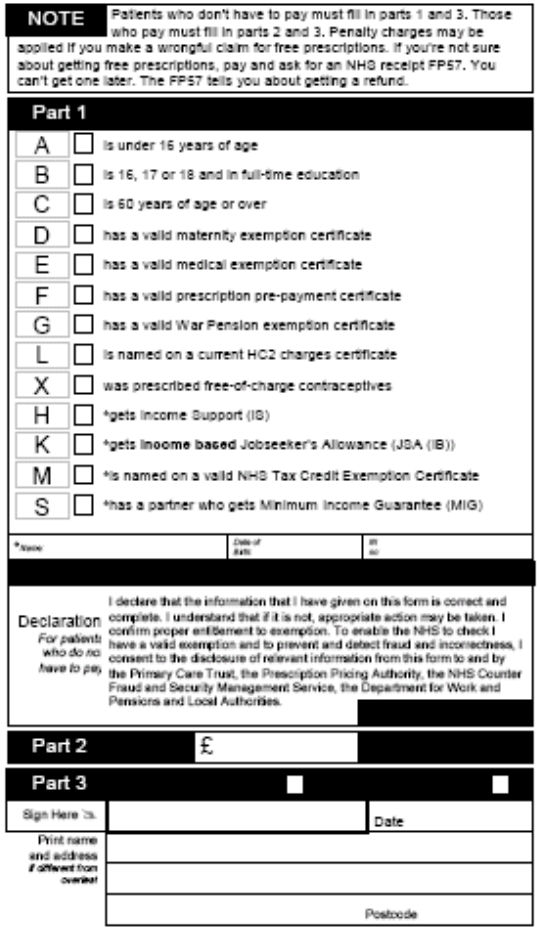
Review date:

Name:

Signature:

Date:

Review date:



NOTE Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3. Penalty charges may be applied if you make a wrongful claim for free prescriptions. If you're not sure about getting free prescriptions, pay and ask for an NHS receipt FP57. You can't get one later. The FP57 tells you about getting a refund.

Part 1

A	☐	is under 16 years of age
B	☐	is 16, 17 or 18 and in full-time education
C	☐	is 60 years of age or over
D	☐	has a valid maternity exemption certificate
E	☐	has a valid medical exemption certificate
F	☐	has a valid prescription pre-payment certificate
G	☐	has a valid War Pension exemption certificate
L	☐	is named on a current HC2 charges certificate
X	☐	was prescribed free-of-charge contraceptives
H	☐	*gets Income Support (IS)
K	☐	*gets **income based** Jobseeker's Allowance (JSA (IB))
M	☐	*is named on a valid NHS Tax Credit Exemption Certificate
S	☐	*has a partner who gets Minimum Income Guarantee (MIG)

*Name | Date of Birth | NI no

Declaration *For patients who do not have to pay*

I declare that the information that I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption. To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the Primary Care Trust, the Prescription Pricing Authority, the NHS Counter Fraud and Security Management Service, the Department for Work and Pensions and Local Authorities.

Part 2 £

Part 3 ☐ ☐

Sign Here | Date

Print name and address *if different from overleaf*

Postcode

PROTOCOL FOR THE SUPPLY AND ADMINISTRATION OF TRIMETHOPRIM FOR UNCOMPLICATED UTI

Pharmacy Stamp	GP Name & Address
Client's Name:	
Consultation Date:	
Date of Birth:	
Address:	
Post Code:	

CLIENT'S HISTORY

Criteria for Inclusion	Yes	No
1. Women aged 16 or over presenting with symptoms associated with an uncomplicated urinary tract infection, namely frequency, dysuria and urgency of recent onset.		

continued overleaf

Criteria for Referral (Exclusion)	Yes	No	Notes
• Child less than 16 years of age			
• Men			
• Pregnancy, possibility of being pregnant or breastfeeding mothers			
• Patients presenting with fever, chills, nausea/vomiting, loin or abdominal pain/tenderness			
• Renal impairment			
• Blood dyscrasias			
• Hypersensitivity to Trimethoprim • Treatment with Trimethoprim for past UTI on 2 or more occasions in past 6 months • Any patient with history of recurrent UTI			
• Patients with actual or potential folate deficiency			
• Porphyria • Haematuria (unless menstruating)			
• Patients taking Pyrimethamine (in Fansidar and Maloprim), Ciclosporin, Azathioprine, Mercaptopurine, Methotrexate and Cytotoxic medication			
• Patients taking Phenytoin, Digoxin or Warfarin			
• Patients already taking a prescribed antibiotic			

Other Relevant Notes:

Please Record:

- The symptoms patient presented with
  .....
- Where the client heard about the scheme?
  .....
- Patients consent for notes to go to GP? Yes/ No
- Sent Notification to GP? Via Patient/Post/No
- Advise patient to report to Pharmacist/GP any adverse reactions? Yes/No
- NHS levy declaration completed overleaf? Yes/No

Action Taken:

Urine dipstick test (if possible to exclude haematuria): **No** **Yes** **Result:**

Supply:

Batch Number / Expiry Date of Trimethoprim Supplied:
Leaflet PGD03 given: Yes/No

Referral:

Advice Given:

The above information is correct to the best of my knowledge. I have been counselled on the use of Trimethoprim and understand the advice given to me by the pharmacist. I give permission for a copy of these notes to go to my GP.

Client's Signature: ..... **Date:** .....

The action specified was based on the information given to me by the client, which, to the best of my knowledge, is correct.

Pharmacist's Signature: ..... **Date:** .....

Time taken to complete consultation ..... Minutes.

This PGD is to be reviewed after one year, after audit, please ensure all the protocol is filled in, and the patient is aware of reporting adverse reactions.

Cystitis is common in women. A 3 day course of antibiotics is a common treatment. It clears quickly without complications in most cases.

What is cystitis?

Cystitis means inflammation of the bladder. It is usually caused by a urine infection. Typical symptoms are pain when you pass urine and passing urine frequently. You may also have pain in your lower abdomen, blood in your urine, and fever (high temperature).

Most urine infections are due to bacteria (bugs) that come from your own bowel. Some bacteria lie around your anus (back passage) after you pass a stool (faeces). These can sometimes travel to your urethra and into your bladder. Some bacteria thrive in urine and multiply quickly to cause infection. Women are more prone to cystitis than men as their urethra (the tube from the bladder that passes out urine) is shorter and opens nearer the anus.

About half of women have at least one bout of cystitis in their life. For many it is a 'one-off'. It is a recurring problem for some women.

What is the treatment for cystitis?

- **Antibiotics.** A 3 day course is a common treatment. Symptoms usually improve within a day or so. See a doctor if symptoms are not gone, or nearly gone, after 3 days. (Some bacteria are resistant to some antibiotics. If symptoms persist it is usual to send a urine sample to the laboratory. This finds which bacterium is causing the infection and which antibiotics will kill it. A change of antibiotic is needed in some cases to clear the infection.)
- **Have lots to drink** is traditional advice to 'flush out the bladder'. However, there is no proof that this is helpful. Some doctors feel that it does not help, and drinking lots may just cause more (painful) toilet trips. So, it is difficult to give confident advice on whether to drink lots or just to drink normally.
- **Potassium citrate or sodium citrate** changes the acidity of the urine. They may help to ease symptoms but do not cure the infection. You can buy them at pharmacies without a prescription and are available in solutions or flavoured sachets.
- **Paracetamol or ibuprofen** ease pain or discomfort, and help to reduce high temperatures.
- **Not taking any treatment** is an option if you are not pregnant. In about half of cases, the symptoms go within 3 days without treatment. Your immune system can often clear the infection. However, if you are pregnant, antibiotics are advised to prevent possible complications.

Patient Information Leaflet Trimethoprim

What is Trimethoprim?

It is an antibiotic used to treat infections of the urinary tract.

Trimethoprim is available as tablets containing 200mg or a sugar free suspension containing 50mg in each 5ml spoonful.

How should I take my medicine?

The usual dose is 200mg twice a day.

You should drink plenty of fluid while you are taking the tablets.

You may take Trimethoprim with food if it upsets your stomach.

You should take the medicine at regular intervals and complete the prescribed course unless otherwise directed.

What are the side effects?

Trimethoprim may make you feel sick and it may also result in skin rashes and itching. If the side effects are troublesome please see your G.P.

What if I miss a dose?

Take it as soon as you remember. However, if it is almost time for your next dose, do not take the missed dose and continue as usual.

How should I store my medicine?

You should store your tablets in a cool dry place.

Always keep medicines out of the reach of children.

How do I get further supplies?

You will be given 3 days medication from the pharmacy. You should not require any further antibiotics. If your symptoms persist, however, please contact your GP

See a doctor if you have recurring bouts of cystitis to discuss ways of preventing it.

Isle of Wight NHS
Primary Care Trust

Date ……

Dear Doctor ……..

Following a consultation with your patient:

Name:	Address: …… …… …… ……
DOB:	

Who has the following symptoms:

	Tick those boxes that apply
Urinary frequency	
Dysuria	
Urgency	
Other*	

(a) I have referred the patient to you as they fall outside of the criteria for the supply of trimethoprim by a pharmacist.

Or**

(b) I have supplied 6 x 200mg Trimethoprim Tablets at a dose of 200mg every 12 hours. The patient has been counselled to contact you if her symptoms do not resolve.

Yours Sincerely,

Pharmacy Stamp

……
Pharmacist
(Please print name below)

……

* Annotate with symptom(s) as appropriate.
**Delete as appropriate.

Typical Pharmacy Signposting for Trimethoprim PGD

Pharmacy Name and Tel	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Alliance Sandown 403238	√	√		√	√		
Alliance Freshwater 752724							
Blakelys Pharmacy 562156	√	√	√	√	√		
Boots Cowes 294467							
Boots Bembridge 872328							
Boots Newport 522595	√	√	√	√	√	√	
Boots Ryde 562280	√	√	√	√	√	√	
Boots Sandown 403897	√	√	√	√	√	√	
Boots Shanklin 862058	√	√	√	√		√	
Boots Ventnor 852147							
Day Lewis Cowes 293011	√	√	√	√	√	√	
Day Lewis Lake 402050							
Day Lewis Shanklin 862662	√	√	√	√	√	√ Closes 1pm	
Gibbs and Gurnell Ryde 562570	√	√	√	√	√	√	
Kemkay Freshwater 752908	√	√	√	√	√	√	
Lloyds East Cowes 293133	Available some days - check before referring						
Lloyds Pyle Street 522638	√	√	√	√	√		
Lloyds Carisbrooke 526868							
Lloyds Esplanade 563333							
Lloyds Sandown 405436							
Lloyds Ventnor 852135		√	√	√	√	√ Closes 1pm	
Niton Pharmacy 730240	√	√	√ Closes 1pm	√	√	√ Closes 1pm	
Regent Pharmacy 863677	√	√	√	√	√	√	
Seaview Pharmacy 613116	√	√	√	√	√	√ Closes 1pm	
Siddys Convent 525216	√	√	√	√	√		
Siddys Newport 522346	√	√	√	√	√	√	
Siddys Wootton 882473	√	√	√	√	√		
Tesco Ryde 277400		√		√			
Totland Pharmacy 752592	√	√	√	√	√	√	
Yarmouth Pharmacy 760260							

Appendix 6

Needle Exchange

The Isle of Wight Primary Care Trust, under the Pharmaceutical Services (Advanced and Enhanced Services)(England) Directions 2005 as amended, authorises the following pharmaceutical service from pharmacists included in its Pharmaceutical List for the pharmacist to provision a Needle and Syringe Exchange scheme to persons within its area or visiting the area, for the purposes of and as per paragraph (4)(1)(j) of those Directions.

1. Service description

1.1. The pharmacy should provide access to approved injection materials and paraphernalia together with sharps containers for return of used equipment.
1.2. The pharmacy should offer a user-friendly, non-judgmental, client-centred and confidential service.
1.3. Used equipment is normally returned by the service user for safe disposal.
1.4. The service user should be provided with appropriate health promotion materials.
1.5. The pharmacy should provide support and advice to the user, including referral to other health and social care professionals and specialist drug and alcohol treatment services where appropriate.
1.6. The pharmacy should promote safe practice to the user, including advice on sexual health and STIs, HIV and Hepatitis C transmission and Hepatitis B immunisation.

2. Aims and intended service outcomes

2.1. To assist the service users to remain healthy until they are ready to cease injecting and ultimately achieve a drug-free life with appropriate support
2.2. To protect health and reduce the rate of blood-borne infections and drug related deaths among service users by:
2.2.1. reducing the rate of sharing and other high risk injecting behaviours;
2.2.2. providing sterile injecting equipment and other support;
2.2.3. promoting safer injecting practices; and
2.2.4. providing and reinforcing harm reduction messages including safe sex advice and advice on overdose prevention (e.g. risks of poly-drug use and alcohol use).
2.3. To improve the health of local communities by preventing the spread of blood-borne infections by ensuring the safe disposal of used injecting equipment.
2.4. To help service users access treatment by offering referral to specialist drug and alcohol treatment centres and health and social care professionals where appropriate.
2.5. To aim to maximise the access and retention of all injectors, especially the highly socially excluded.
2.6. To help service users access other health and social care and to act as a gateway to other services such as key working, prescribing, hepatitis B immunisation, hepatitis and HIV screening and primary care services.

3. Training and Staffing Requirements

3.1. The pharmacy contractor should ensure that pharmacists and staff meet the requirements of the Competency and Training Framework for Needle and Syringe Exchange provided by the Harmonisation of Accreditation Group of the North West Pharmacy Workgroup. A copy of this document is provided as Appendix 1 of this document.
3.2. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
3.3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.

4. Service outline

4.1. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety and meets other locally agreed criteria.
4.2. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.
4.3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
4.4. The pharmacy should allocate a safe place to store equipment and returns for safe onward disposal. The storage containers provided by the PCT commissioned clinical waste disposal service should be used to store returned used equipment.
4.5. The pharmacy contractor should ensure that their staff are made aware of the risk associated with the handling of returned used equipment and the correct procedures used to minimise those risks. A needle stick injury procedure should be in place.
4.6. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.
4.7. Appropriate protective equipment, including gloves, overalls and materials to deal with spillages, should be readily available close to the storage site.
4.8. The pharmacy should clearly display the national scheme logo at the front of the premises and visible from outside at all time the national logo indicating participation in the service.

4.9. Staff involved in the delivery of this service should be offered immunisation for Hepatitis B, which should be provided directly by the PCT or the costs of which should be reimbursed by the PCT. Staff declining this offer should sign a declaration of such which should be retained by the pharmacy contractor.
4.10. Pharmacists should share relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements.
4.11. The PCT should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.
4.12. The PCT should provide the materials and paraphernalia to be supplied together with appropriate disposal equipment from a centrally designated warehouse.
4.13. The pharmacy should order sufficient materials to provide the service for three months. If more is required, the pharmacy should arrange to collect additional materials needed directly from the warehouse.
4.14. The pharmacy should clearly mark the underside of all sharps bins provided through the service with their five digit 'F'-Code to aid identification and audit of disposal routes.
4.15. The PCT should commission a collection service for each participating pharmacy on a six weekly basis.
4.16. The PCT should provide details of relevant referral points which pharmacy staff can use to signpost service users who require further assistance.
4.17. The PCT will obtain and produce health promotion material relevant to the service users and make this available to pharmacies.
4.18. Upon presentation, service users should be provided with a "menu" and asked to complete with their requirements. A copy of the menu is provided at Appendix 2.
4.19. The pharmacy should only operate the scheme when supervised by a pharmacist. If this is not the case, the staff offer to prepare the exchange and inform the service user when they can collect the materials.
4.20. The pharmacy should offer the service user a sharps bin or provide a sharps bin without request when asked to do so by the PCT.
4.21. The pharmacy should clarify with the service user any apparent discrepancies on the form, such as deep intra-muscular needles for non-steroid misusers.
4.22. The pharmacy should ensure that the demographic information is complete, either by referral to the service user or by personal knowledge, but at all times assuring the service user of the confidentiality of the service.
4.23. The pharmacy should inform the service user the expected time required to prepare the materials and give the option of waiting or calling back, unless the pharmacy has a policy of immediately preparing all exchange requests.
4.24. The pharmacy should prepare the exchange materials as per the menu request. In the event of an item being unavailable, the service user should be consulted on whether an alternative would be acceptable or signposted to the nearest alternative needle and syringe exchange supplier.
4.25. The pharmacy should hand over the exchange materials in a suitable bag, typically an opaque dispensing bag and the opportunity taken for health-promotion activities.

5. Quality Indicators

5.1. The pharmacy should have appropriate PCT provided health promotion material available for the user group and promotes its uptake.
5.2. The pharmacy should review its standard operating procedures and the referral pathways for the service on an annual basis.
5.3. The pharmacy should be able to demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
5.4. The pharmacy should participate in an annual PCT-organised audit of service provision.
5.5. The pharmacy should co-operate with any locally agreed PCT-led assessment of service user experience.

6. Remuneration

6.1. The PCT will pay a sum quarterly as agreed between itself, the Local Representative Committee and other commissioning partners to the pharmacy contractor on submission of a monthly audit. Payment will be within 30 days from the end of the calendar month in which the claim is received.
6.2. Claims should be made on the form provided (see Appendix 4) and accompanied by the Exchange Menus to facilitate audit of the service.
6.3. Claims should be made within six months of the service provision. Claims made after this time will not be eligible for payment.

Appendix 1: HAG Accreditation Framework

Community Pharmacy Enhanced Services

Competencies and Training Framework

Enhanced Service:	Needle and Syringe Exchange
Version:	1 (June 2007)
Issue Date:	1st June 2007
Review Date:	1st June 2009
No. of pages:	5
Authorised by:	North West Pharmacy Workforce Development Group

1. Introduction

Community Pharmacists wishing to provide Needle and Syringe Exchange as an enhanced service must be accredited (see Section 3.1) and have their names on an enhanced service provider list kept by the PCT on whose behalf they are providing the service. Throughout this document the abbreviation PCT is used in place of "*Primary Care Trusts or other Commissioning Bodies*".

The information in this document outlines the purpose and design of suitable local training which will allow accredited Community Pharmacists to be recognised by all PCTs in the NHS Northwest. The following process has been approved by the NW Harmonisation of Accreditation Group which is a subgroup of the North West Pharmacy Workforce Development Group. This training and competency framework supports the competencies required to achieve the Drug and Alcohol National Occupational Standards (DANOS).

2. Core Competencies

These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are shown in [ ].

g) Understands the terminology, definitions of drug dependence, the concept and practice of harm reduction; in particular the legislation and parameters associated with the supply of injecting paraphernalia as defined in the Misuse of Drugs Act [G1].
h) Has an awareness of the treatment of substance misuse and knowledge of commonly misused drugs with particular reference to drugs liable to be injected [G1].
i) Is able to promote safer practice to users and reduced sharing of equipment [G1].
j) Effectively communicates with drug misusers with respect and courtesy [G1].
k) Advises on general health promotion including sexual health, STIs, BBVs, HIV and Hepatitis C transmission and Hepatitis B immunisation [G2, G3].
l) Is able to counsel and advise individuals about their drug dependence and enable them to exchange their needles and syringes whilst respecting their privacy and treating them with

dignity [G2].

m) Is aware of how and when to refer / signpost clients and when to ask for support and advice [G7].
n) Understands the legislation, ethics, duty of care and the need to apply professional judgement for this client group [G1, G10].
o) Understands principles of risk minimisation to patients, staff and members of the public; use of appropriate protective equipment and how to deal safely and effectively with spillages or contamination with potentially infected blood or body fluids [G1, G8].
p) Understands the principles of safe storage of sterile and used equipment; is aware of actions to take in the event of needlestick injuries [G1, G7].

3. Framework of Training

3.1 Underpinning Knowledge

A Centre for Pharmacy Postgraduate Education (CPPE) open learning programme provides pharmacists with the necessary knowledge to underpin the provision of this enhanced service:

- **CPPE Substance Use and Misuse**

This should be completed within six months of starting to provide a Needle and Syringe Exchange service and a record of completion of this programme must be kept and a copy sent to the accrediting PCT for full accreditation.

CPPE also has a Pharmacy Technician Substance Use and Misuse open learning programme available. Although not a requisite for service provision, this will support the development of such services.

3.2 Local PCT / Drug and Alcohol Action Team Commissioned (DAAT) Workshop

Attendance at a workshop is not considered a prerequisite in order for Pharmacists to provide a Needle and Syringe Exchange service. Knowledge of local services should be provided by reference to the PCT / DAAT's service specification.

[The National Treatment Agency recommends that the PCT / DAAT should arrange at least one contractor meeting per year to promote service development and update the knowledge of pharmacy staff.]

4. Summary of Assessment & Accreditation

Each pharmacist must be undertaking or have successfully completed the required assessment for:

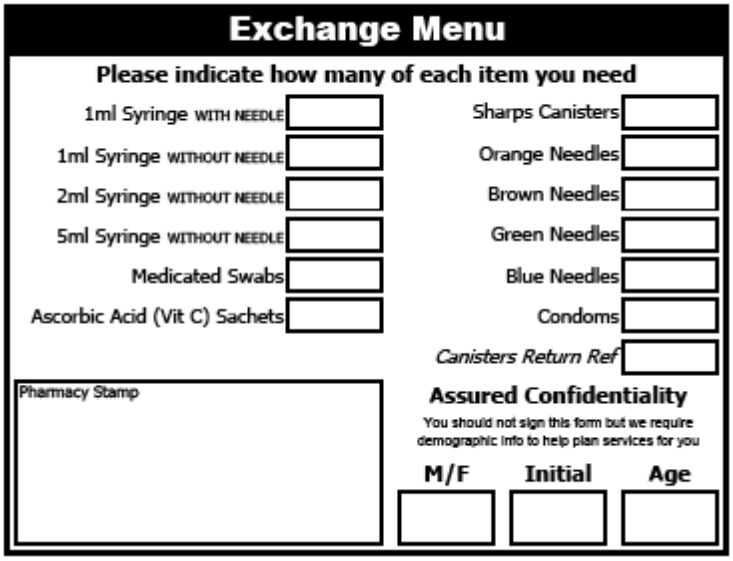
- CPPE Substance Use and Misuse open learning programme

Temporary accreditation for the first six months may be achieved by written self declaration to the PCT stating that the CPPE training pack has been commenced and will be completed within six months. Full accreditation is proven by possession of a current, expiry dated certificate provided by the accrediting PCT which bears the standard mark of the NW Harmonisation of Accreditation Group. PCTs are recommended to maintain records of pharmacists accredited or re-accredited for a minimum of three years.

5. Re-accreditation

Updates are recommended every two years which may be in the form of a self declaration of competency or other method of assessment as considered appropriate by the accrediting PCT. Where there are concerns regarding poor performance, this should be addressed separately as a clinical governance matter.

Appendix 2: Needle and Syringe Exchange Menu



Exchange Menu

Please indicate how many of each item you need

1ml Syringe WITH NEEDLE		Sharps Canisters	
1ml Syringe WITHOUT NEEDLE		Orange Needles	
2ml Syringe WITHOUT NEEDLE		Brown Needles	
5ml Syringe WITHOUT NEEDLE		Green Needles	
Medicated Swabs		Blue Needles	
Ascorbic Acid (Vit C) Sachets		Condoms	
		Canisters Return Ref	

Pharmacy Stamp

Assured Confidentiality

You should not sign this form but we require demographic info to help plan services for you

M/F	Initial	Age

DON'T

The Government pays us to provide clean works to you but to get that funding we need to know how many individuals access the service each month. We chose the simplest method we could that was anonymous - we only need to know your sex, your first initial and your age.

M/F	Initial	Age
M	G	27

There is no way that this information can be traced back to you and, as always, we do not share this information with IDAS or the police. Your confidentiality is assured.

PANIC

DON'T

The Government pays us to provide clean works to you but to get that funding we need to know how many individuals access the service each month. We chose the simplest method we could that was anonymous - we only need to know your sex, your first initial and your age.

M/F Initial Age
M G 27

There is no way that this information can be traced back to you and, as always, we do not share this information with IDAS or the police. Your confidentiality is assured.

PANIC

DON'T

The Government pays us to provide clean works to you but to get that funding we need to know how many individuals access the service each month. We chose the simplest method we could that was anonymous - we only need to know your sex, your first initial and your age.

M/F Initial Age
M G 27

There is no way that this information can be traced back to you and, as always, we do not share this information with IDAS or the police. Your confidentiality is assured.

PANIC

DON'T

The Government pays us to provide clean works to you but to get that funding we need to know how many individuals access the service each month. We chose the simplest method we could that was anonymous - we only need to know your sex, your first initial and your age.

M/F Initial Age
M G 27

There is no way that this information can be traced back to you and, as always, we do not share this information with IDAS or the police. Your confidentiality is assured.

PANIC

Needle Exchange Pharmacies 2008

Pharmacy Name and Tel	Fax No	Contact	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Alliance Sandown 403238	403238	Liela	√	√	√	√	√	√	
Alliance Freshwater 752724	752724	Mel	√	√	√	√	√	√ Closes 1pm	
Blakelys Pharmacy 562156	562156	Dave/Mandy	√	√	√	√	√		
Boots Bembridge 872328	872328	Monica	√	√	√	√	√	√	
Boots Newport 522595	524044	Vicky	√	√	√	√	√	√	
Boots Ryde 562280	615255	Cheryl	√	√	√	√	√	√	
Boots Sandown 403897	403589	Tracey	√	√	√	√	√	√	
Boots Shanklin 862058	867908								
Boots Ventnor 852147	852692	Mike	√	√	√	√	√	√	
Day Lewis Cowes 293011	281959	Karl	√	√	√	√	√	√	
Day Lewis Lake 402050	400366								
Day Lewis Shanklin 862562	861348								
Gibbs and Gurnell Ryde 562570	563865	Ann	√	√	√	√	√	√	
Kemkay Freshwater 752908	759818								
Lloyds East Cowes 293133	293133	Carla	√	√	√	√	√	√	
Lloyds Pyle Street 522638	522638	Esther	√	√	√	√	√	√	
Lloyds Carisbrooke 526868	526868	Louise	√	√	√	√	√	√ Closes 1pm	
Lloyds Esplanade 563333	563333								
Lloyds Sandown 405436	405436	Mary-Rose	√	√	√	√	√	√ Closes 1pm	
Lloyds Ventnor 852135	852135	Adam	√	√	√	√	√	√	
Niton Pharmacy 730240	730240								
Regent Pharmacy 863677	861548	Gary	√	√	√	√	√	√	
Seaview Pharmacy 613116	613116	Chris	√	√	√	√	√	√ Closes 1pm	
Siddys Convent 525216	525216								
Siddys Newport 522346	522346								
Siddys Wootton 882473	882473								
Tesco Pharmacy 277749	277747	Justin	√	√	√	√	√	√	√10am-4pm
Totland Pharmacy 752592	755648								
Yarmouth Pharmacy 760260	760260								

Appendix 7

Supervised Consumption of Methadone Subutex & Suboxone

Isle of Wight NHS
Primary Care Trust

CLAIM FORM FOR FEES ARISING FROM THE SUPERVISION OF METHADONE AND BUPRENORPHINE CONSUMPTION

Please complete the shaded boxes:

Quarter ending:	**Number of doses**	**Total Claim**
Number of patient doses supervised in the last quarter: Methadone (£2 per dose)		
Number of patient doses supervised in the last quarter: Buprenorphine (£4 per dose)		
TOTAL CLAIMED		

Please attach photocopies of all instalment prescriptions.

Please stamp with your pharmacy stamp here:

Name of Pharmacy:

This form should be submitted for payment **on a quarterly basis** for each quarter ending: 31st March, 30th June, 30th September and 31st December.

Claims for payment should be submitted so as to arrive no later than the last day of the month following the end of a quarter (e.g.: claims for the quarter ending 30th June should arrive no later than 31st July).

Please return to Kevin Noble, Community Pharmacy Lead,
Medicines Management Team, Isle of Wight NHS Primary Care Trust, South Block,
St Mary's Hospital, Newport, Isle of Wight PO30 5TG

Appendix 8

Diabetic Sharps Disposal

Appendix 9

Return to Stock

Contract for Community Pharmacy

Payment to Return to Stock

October 2004 (Reviewed 2008)

Payment to Return to Stock

This agreement is provided on a voluntary basis by participating pharmacies and the Isle of Wight Primary Care Trust.

Payment to Return to Stock is a new service to be carried out by Island pharmacies for the return to stock of drugs dispensed but not given to the patient. Where complete prescriptions have been dispensed but not collected by patients within 28 days, the prescription form is to be retained and the medicines returned to stock.

The Island's pharmacies have agreed to provide the following service:

- Complete prescriptions dispensed but not collected by the end of the following month: medicines to be returned to stock.
- The prescription form must be retained by the Pharmacy for its remaining period of eligibility (currently six months for non controlled drug prescriptions) to facilitate re-dispensing should the patient return at a later date.
- Such prescriptions that have not been dispensed by the pharmacy will be photocopied and submitted to the PCT on a monthly basis together with audit data. Forms available to support this service are available on the LPC Website

The Primary Care Trust has agreed to provide the following service:

- The PCT will create and collate an Audit at the end of each month, which will record the quantities and costs of the Payment to Return to Stock service.
- The PCT will forward a copy of the prescription to the prescribing GP.
- The PCT will pay Pharmacy Contractors a fee of £3.20 per prescription to cover the activity, local audit and photocopying expenses. No VAT will be applicable in this case as this is a dispensing service, unless otherwise notified by Customs & Excise. The fees will be payable quarterly.
- The fee shall be subject to annual review in line with nationally agreed uplifts and indices.

Agreement Signed

Pharmacy Return To Stock Monthly Audit
Version: October 2007

Isle of Wight NHS
Primary Care Trust

Date	Drug	Quantity	Value	GP Surgery Ref
15/08/2008	Omeprazole 10mg capsules	56	4.02	16
20/08/2008	Donepelil tabs 10mg	28	89.06	14
05/08/2008	Ramipril 2.5	28	0.82	7
05/09/2008	Ventolin inhaler 100	2	3	16
		Total Value	96.9	

Cary forward to extra sheet if necessary

Pharmacy Name & Address

Period of Claim

Please complete and send by the 10th of the following month to
Medicines Management Team, PCT Headquarters - South Block
St Mary's Hospital, Newport, Isle of Wight PO33 5TG

GP Surgery Key: 1: Argyll House, Ryde ; 2: Beachgrove Surgery; 3: Brighstone, Niton or Godshill; 4: Brookside, Freshwater; 5: Carisbrooke ; 6: Cowes; 7: Dover House, Pyle Street; 8: East Cowes; 9: Esplanade, Ryde; 10: Garfield Road, Ryde; 11: Grove House, Ventnor; 12: Medina Healthcare; 13: Sandown; 14: Shanklin; 15: St Helen's; 16: Tower House, Ryde; 17: Ventnor Medical Centre

Pharmacy Local Enhanced Services Monthly Claim Form

Version July 2008 - September 2008

Isle of Wight NHS
Primary Care Trust

	VAT Exclusive Activities			VAT Exclusive Activities			VAT @ 17.5% Activities			VAT @ 17.5% Activities			NHS Levies		
Service	No	Value	Total	No	Value	Total	No	Value	Total	No	Value	Total	No	Value	Total
Levonelle-1500 PGD	Patients Counselled			Chlamydia Tests Supplied			Low Cost Preg Test Supplied			Medication Supplied			NHS Levies Collected		
		£15.00			£5.00			£4.17			£6.00			£7.10	
Trimethoprim PGD	Patients Counselled									Medication Supplied			NHS Levies Collected		
		£15.00									£0.59			£7.10	
Relenza PGD	Patients Counselled									Medication Supplied			NHS Levies Collected		
		£15.00									£28.85			£7.10	
Tamiflu PGD	Patients Counselled									Medication Supplied			NHS Levies Collected		
		£15.00									£19.22			£7.10	
Azithromycin PGD	Index Patients Treated			Contact Patients Treated									NHS Levies Collected		
		£20.00			£20.00									£7.10	
"Return to Stock" Service	Prescriptions Returned												NHS Levies Collected		
Attach audit & photocopies	4	£3.20	12.8											£7.10	
OOH Weekly Rota Service	½ Hour Sessions Claimed												NHS Levies Collected		
Complete Audit on Reverse		£26.50												£7.10	
OOH Special Rota Service	1 Hour Sessions Claimed												NHS Levies Collected		
Complete Audit on Reverse		£175.00												£7.10	
OOH Christmas Day Service	1 Hour Sessions Claimed												NHS Levies Collected		
Complete Audit on Reverse		£235.00												£7.10	
Needle Exchange	Number of Exchanges												NHS Levies Collected		
Attach Exchange Forms		£3.50												£7.10	
Platinum points for Pharmacy	Value of 45% of saving												NHS Levies Collected		
Attach Audit and Photocopies														£7.10	
Palliative Care Set Up	Annual Fee and Set Up												NHS Levies Collected		
for participating pharmacies only		£256.00												£7.10	
Paed Asthma Concordance	Patients Counselled												NHS Levies Collected		
Review Initial Engagement		£2 .00												£7.10	
Paed Asthma Concordance	Patients ounselled												NHS Levies Collected		
Follow Up Review		£8.												£7.10	
Osteoporosis Concordance	Pa C nselled												NHS Levies Collected		
Review		£5.0												£7.10	
	Subtotal A			Subtotal B			Subtotal C			Subtotal D			Subtotal E		

Pharmacy Name & Addres P Reference:

Month of Claim

Total of Activities (Subtotal A + Subtotal B + Subtotal C + Subtotal D)	12.8
LESS Total NHS Levies Collected (Sub-Total E)	
Total Claimed	12.8

Please complete and send by th 5th of the following month to C Becky Smith
Isle of Wight NHS PCT, St. Mary's Hospital - South Block, Parkhurst Road, Newport PO30 5TG

OOH Weekly Rota Service Audit

Date	Day	Antibiotics	Moderate Pain	Severe Pain*	Other Items	PGD Items	Total Rx Items	No. of OTC Meds
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Weekly Total							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Weekly Total							
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	Weekly Total							
	Monthly Total							

OOH Special Rota Service Audit

Date	Day	Antibiotics	Moderate Pain	Severe Pain*	Other Items	PGD Items	Total Rx Items	No. of OTC Meds
	Totals							

* Severe Pain = Prescription for Morphine, Diamorphine, Fentanyl or Equivalent

Appendix 10

Payment Not to Dispense

Contract for Community Pharmacy

Payment not to Dispense

October 2004 (Reviewed 2008)

Payment not to dispense

This agreement is provided on a voluntary basis by participating pharmacies and the Isle of Wight Primary Care Trust.

Payment not to dispense is a new service to be carried out by Island pharmacies.

The scheme is designed to ensure that repeat prescriptions in general are reviewed by the pharmacy in order to check if the medication is actually required by the patient.

The Island's pharmacies have agreed to provide the following service:

- Prescriptions received by the pharmacy during the course of their day to day dispensing activity should be reviewed to ensure that all medicines on prescriptions are actually required by the patient.
- Prescriptions that contain medicines that are not required by the patient shall not be dispensed by the pharmacy. The pharmacist shall mark the prescription with 'not dispensed' in the manner proscribed by the PPD.
- Prescriptions containing drugs that have not been dispensed by the pharmacy will be photocopied and submitted to the PCT on a quarterly basis. Forms to support this service are available on the LPC Website, under PCT forms online Isle of Wight

The Primary Care Trust has agreed to provide the following service:

- The PCT will create and collate an Audit at the end of each quarter, which will record the quantities and costs of the Payment Not to Dispense Service.
- The PCT will pay Pharmacy Contractors the fee of £4.50 for this activity, local audit and photocopy expenses. No VAT will be applicable in this case as this is a dispensing service, unless otherwise notified by Customs & Excise. The fee will be payable quarterly.
- The fee shall be subject to annual review in line with nationally agreed uplifts and indices.

Agreement Signed

Pharmacy Not to Dispense Quarterly Audit

Version: October 2007

Isle of Wight NHS
Primary Care Trust

Date	Drug	Quantity	Value	GP Surgery Ref	Source of Prescription		
					Care Home	Intermediate Care	Patient Presented
04/09/2008	Viscotears 0.2%	2	6.24	8	☐	☐	☐
03/09/2008	Paracetamol 500mg	100	0.99	8	☐	☐	☐
13/08/2009	Lansoprazole 15mg	28	2.41	8	☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
		Total Value	£9.64	*Carry forward to extra sheets if necessary*			

Pharmacy Name & Address

Period of Claim
Apr - Jun Oct - Dec
July - Sep Jan - Mar
Delete as appropriate

Year

Please complete and send by the 10th of the following month to
Medicines Management Team, PCT Headquarters - South Block, St Mary's Hospital, Newport, Isle of Wight PO33 5TG

GP Surgery Key: 1: Argyll House, Ryde; 2: Beechgrove Surgery; 3: Brighstone, Niton or Godshill; 4: Brookside, Freshwater; 5: Carisbrooke; 6: Cowes; 7: Dower House, Pyle Street; 8: East Cowes; 9: Esplanade, Ryde; 10: Garfield Road, Ryde; 11: Grove House, Ventnor; 12: Medina Healthcare; 13: Sandown; 14: Shanklin; 15: St Helen's; 16: Tower House, Ryde; 17: Ventnor Medical Centre

Pharmacy Local Enhanced Services Quarterly Claim Form

Version July -Sept 2008.

Isle of Wight NHS
Primary Care Trust

	VAT Exclusive Activities						VAT Inclusive Activities						NHS Levies		
Service	No	Value	Total	No	Value	Total	No	Value	Total	No	Value	Total	No	Value	Total
Diabetic Sharps	Quarterly Flat Fee												NHS Levies Collected		
		£30.00												£7.10	
Levonelle 1500 PGD Quarterly Audit	Payment per audit line												NHS Levies Collected		
		£1.50												£7.10	
Levonelle 1500 PGD Service Delivery Assurance	Per consultation this quarter			Signed Declaration? ☐									NHS Levies Collected		
		£4.00												£7.10	
Levonelle 1500 PGD Professional Declaration	I have offered this service on a minimum of five days out of six every week as far as has been reasonably possible* for the quarter ending..... Signed..... Pharmacist												NHS Levies Collected		
														£7.10	
Azithromycin PGD Quarterly Audit & Assurance	Quarterly Flat Fee			Signed Declaration? ☐									NHS Levies Collected		
		£100.00												£7.10	
Azithromycin PGD Professional Declaration	I have offered this service on a minimum of five days out of six every week as far as has been reasonably possible* for the quarter ending..... Signed..... Pharmacist												NHS Levies Collected		
														£7.10	
"ND" Service Attach photocopies & audit	Prescriptions Returned												NHS Levies Collected		
		£4.50												£7.10	
Tandem Project Attach Audit Form	Fee Equivalent to 45% of value												NHS Levies Collected		
														£7.10	
Palliative Care Pharmacy Quarterly Audit	Quarterly Flat Fee												NHS Levies Collected		
		£30.00												£7.10	
													NHS Levies Collected		
														£7.10	
													NHS Levies Collected		
														£7.10	
													NHS Levies Collected		
														£7.10	
													NHS Levies Collected		
														£7.10	
	Sub-Total A			Sub-Total B			Sub-Total C			Sub-Total D			Sub-Total E		

Pharmacy Name & Address	PPA Reference:
Quarter ending	

Total of Vat Exclusive Activities (Sub-Total A + Subtotal B)	
Total of Vat Inclusive Activities (Sub-Total C + Subtotal D)	
LESS Total NHS Levies Collected (Sub-Total E)	
Total Claimed	

Please complete and send by the 5th of the following month to Community Pharmacy Lead
Isle of Wight NHS PCT, St. Mary's Hospital South Block, Parkhurst Road, Newport PO30 5TG

* A reasonable service constitutes an uninterrupted service on five days out of six each week other than when holiday/sickness has prevented. It is important to notify service failure to CSO on **01983 814285** if this occurs. If more than one complaint is received regarding a service provider, the Pharmacy cannot claim this payment.

Appendix 11

Platinum Points for Pharmacy

Appendix 12

Tandem Project

Appendix III
Pharmacy Form A

Pharmacy Name
Address

Postcode

The Tandem Project: Durogesic® DTrans® Controlled Drug Management

Please find below details of unopened packs of Durogesic® DTrans® which have been destroyed.

Code	Description	Strength	Batch Numbers	Quantity*
382463	Durogesic DTrans - Box of 5	12 mcg		
376768	Durogesic DTrans - Box of 5	25 mcg		
376769	Durogesic DTrans - Box of 5	50 mcg		
376770	Durogesic DTrans - Box of 5	75 mcg		
376771	Durogesic DTrans - Box of 5	100 mcg		

* I declare that all stock destroyed was unopened packs of Durogesic Trans®

Authorised by Superintendent Pharmacist

Signature _____ Print Name _____ Date

☐ Please tick to confirm batch numbers have been provided. If you need more space to list batch numbers please attach additional documentation.

At the end of each calendar quarter please complete & send this form to Rebecca Smith at Isle of Wight PCT, Medicines Management Team, PCT HQ, South Block, St Mary's Hospital, Newport, Isle of Wight PO30 5TG

Durogesic DTrans patches

What are these patches for?
These patches will have been prescribed for you if you are chronic experiencing pain. The cause of this pain should have been discussed with you.

How do I use these patches?
One patch should be worn continuously for 72 hours. Depending on your requirements, you may be told to wear more than one patch at a time.

Apply the patch to a non-hairy part of your body or upper arm. After 72 hours remove the patch(es). This should be done before applying the new dose and you should allow a few days before applying a patch to an area already used, to prevent irritation.

You should read the patient information leaflet that will be in the box with the patches before using them.

What about side effects?
A list of possible side effects to look out for will be in the patient information leaflet. Please read this, or ask your pharmacist. If you are experiencing side effects, make sure you discuss these with the person that prescribed them.

What do I do with patches I have not used?
As with all unused medicines, Durogesic DTrans patches **should be returned to your community pharmacy** who will be able to dispose of them in the correct manner. Because Durogesic DTrans contains a strong opioid medication (fentanyl) you should not put unused patches in your normal household waste or flush them down the toilet – this practice may put others at risk.
Return to: ……..

If you stop using Durogesic DTrans please inform your doctor and pharmacist

Should I keep an extra supply of patches?

- The nature of this medication may require your dose to change frequently. Therefore, you should not be prescribed large quantities at a time. In addition, under new government guidelines your doctor is expected to only prescribe a maximum of 30 days supply.

- It is tempting to order extra Durogesic DTrans patches "just in case" – try not to do this. You may end up with patches you don't need & hoarded medicines often go out of date.

- Keep Durogesic DTrans patches out of reach from children.

By following these recommendations, you will help to reduce waste and help ensure NHS money is available for other essential services in your area.

Please ask your pharmacist for advice if you are unsure of any aspect of Durogesic DTrans or if you want more information.
DDS/07-0090

Appendix 13

Palliative Care Support & Just In Case Boxes

ISLE OF WIGHT PALLIATIVE CARE PHARMACIES

Name of Pharmacy	Name of Lead Pharmacist	Opening Times	Telephone Number	*Out of hours contact If appropriate
Alliance Boots Cowes, 200 Newport Road, Cowes Isle of Wight	Gill Lacey	8.45am-6.30pm Monday - Friday 9.00am-1.00pm Saturday	01983 294467	
Kemkay Freshwater, Avenue Rd, Freshwater Isle of Wight	Olukemi Coker	9.00am-6.00pm Monday - Friday 9.00am-1.00pm Saturday	01983 752908	
Siddys Newport, 86-88 High Street, Newport Isle of Wight	Jim Siddy [Indicates available for call out]	9.00am-5.30pm Monday - Friday 9.00am-5.00pm Saturday	01983 522346	07831 521471
Blakelys Ryde, Tower House, Rink Rd, Ryde Isle of Wight	Dave or Mandy Roberts [Indicates available for call out]	8.30am-6.00pm Monday - Friday Closed Saturday	01983 562156	01983 562430 07855590649
Alliance Sandown, 107 High Street, Sandown Isle of Wight	Leila Jackson	9.00am-5.30pm Monday - Friday 9.00am-5.30pm Saturday	01983 403238	
Lloyds Pharmacy, 41-42 Pyle Street, Newport Isle of Wight	Esther Rehberger [Indicates available for call out]	8.45am-5.30pm Monday - Saturday	01983 522638	07789268709 01983 298457
Gibbs and Gurnell, 34 Union Street, Ryde Isle of Wight	Anne Loh	9.00am-5.30pm Monday - Saturday	01983 562570	
Regent Pharmacy, 59 Regent Street, Shanklin Isle of Wight	Gary Warner [Indicates available for call out]	9.00am-6.00pm Monday - Friday 9.00am-5.30pm Saturday	01983 863677	01983 857181 07813823257
Yarmouth Pharmacy, Quay Street, Yarmouth Isle of Wight	Tim Gibbs [Indicates available for call out]	7.45am-7.00pm Monday 7.45am-6.30pm Tuesday 7.45am-6.30pm Wednesday 7.45am-7.00pm Thursday 7.45am-6.30pm Friday - Saturday 8.30am-5.00pm Sunday	01983 760260	01983 761670

Audit Sheet For Palliative Care Pharmacies

Quarter End……2008

Name and Address of pharmacy…….
……..
……..

Please check your stock every quarter to ensure compliance with this service and return to Becky Langdon at medicines management.

Palliative Care Non- CD Checklist

Product	Pack Size	Keep in Stock	Check
Cyclizine 50mg amps	10	1	
Dexamethasone 4mg/ 1ml amps	10	1	
Diazepam Rectal 10mg / 2.5ml	5	1	
Glycopyrronium 600mcg/ 3ml amps	3	3	
Haloperidol 5mg amps	10	1	
Levomepromazine 25mg amps	10	1	
Metoclopramide 10mg / 2ml amps	10	1	
Water for Injection 10ml	20	1	
Oramorph Liquid 10mg / 5ml	300	1	
Lorazepam 1mg tablets	28	1	

Palliative Care CD Checklist

Product	Pack Size	Keep in Stock	Check
Diamorphine 10mg amps	5	2	
Diamorphine 30mg amps	5	2	
Oramorph Concentrate 20mg / ml liquid	120ml	1	
Midazolam 10mg / 2ml amps	10	1	

"Just in Case" Boxes Information for Community Pharmacists

A new initiative called "Just in Case" Boxes will soon be in action on the Island. This project has been awarded platinum points under the quality target of the scheme. *See attached protocol & the '3 steps guidance'*. This entails GPs prescribing 5 core drugs in anticipation of their need for those individuals coming to the end of their lives. The drugs are for subcutaneous administration by professionals and are Diamporphine, Midazolam, Levomepromazine and Glycopyrronium. In addition sublingual Lorazepam will be prescribed for patient's own use.
In essence the scheme will operate as follows:

- GP generates the prescription and alerts District Nurse.
- Family collect drugs from community pharmacy.
- District Nurse (DN) visits the patient's home and places drugs in the orange hobby craft "Just in Case" box with the administration sheet and professionals guide. The DN explains the scheme to the patient / family and supplies them with the information leaflet.
- All unused drugs are returned to the community pharmacist in the orange "Just in Case" box for disposal.

Pharmacy

- **PHARMCISTS** please could you then kindly complete the 'Destruction Audit Form' in the plastic cover on the box and fax it to the Hospice 533742 and then contact DN as directed to collect the box for recirculation (example attached).

Your assistance with this project will be greatly valued.

Any problems or queries please contact Lyn Dawkins Macmillan Facilitator End – of - Life Care lyn.dawkins@iow.nhs.uk Tel. 01983 535314
Thank you. Lyn

"Just in Case" boxes

Pro active prescribing is the cornerstone of a peaceful and dignified death in the community setting. How people die lives on in the memory of the bereaved. We only get one chance to get this right.

A new initiative has been launched known as "Just in Case" Boxes which entails pro active prescribing for patients that are coming to the end of their lives. Palliative care patients often experience new or worsening symptoms outside of doctors' normal working hours and since these hours are greater than normal working time the provision of and the availability of appropriate medication within the community can present major problems. To address this issue and to prevent crisis situations the introduction of "Just in Case" boxes may optimise the provision of care to palliative care patients. This project has been awarded platinum points under the quality target of the scheme. Guidelines and crib sheets have been emailed to all GPs, District Nurses and Practice Managers regarding this project.
The recommended five core group of drugs to be prescribed are: SC Diamorphine, Levomepromazine Midazolam, Glycopyrronium, and SL Lorazepam.

In brief the scheme will operate as follows:

- GP generates the prescription, DN administration sheet and alerts District Nurse
- Family collect drugs from community pharmacy.
- District Nurse (DN) visits the patient's home and places drugs in the orange hobby craft "Just in Case" box with the administration sheet and professionals guide. The DN explains the scheme to the patient / family and supplies them with the information leaflet.
- All unused drugs are returned to the community pharmacist in the orange "Just in Case" box for disposal. Pharmacist completes audit trail and faxes this document to the Hospice and informs District Nurse (to collect box).

If you would like further information on this please contact Lyn Dawkins Macmillan Facilitator End of Life Care. Email: lyn.dawkins@iow.nhs.uk Tel: 01983 535314 ☎535314

Appendix 14

Rota Monthly & Quarterly Claim Forms & Out of Hours Protocol & Request Form

Out of hours request protocol

The following protocol should be followed by community pharmacists acting to obtain a supply of medicine on behalf of a patient during hours of surgery closure where medical cover is being provided by the Out of Hours service.

Redirection by NHS Direct

Patients who cannot obtain repeats will be directed to their normal Community Pharmacy in the first instance which should provide better quality information to the out of hours Doctor.

Dedicated Phone Line

This is provided to allow Pharmacists to contact the out of hours service urgently on Saturdays, Sundays, rota and Bank Holidays.

Urgent Only 01983 535632

Administration queries such as missing prescriptions or requests for more pro-formas, should still be resolved on 534170 during normal office hours.

Emergency Repeat Service

Where appropriate, Pharmacists may decide to request a prescription for **10 days' supply** of the medicines. Patients should be informed that this is an emergency service and urgent medical cases will take priority over requests for routine medicines. Please ensure that the request form is filled in completely, including details of your opening hours, and fax to:

Fax 01983 534104

The Out of Hours Doctors on duty will endeavour to fax back the required prescriptions before the Pharmacy closes.

Criteria for inclusion

The Out of Hours Doctor will be acting solely on information collected by the Pharmacist. It is therefore imperative that this data is accurate in every way. The Pharmacy must hold an up to date PMR for the patient and the Pharmacist should be satisfied that the request is valid and reflects that patient's current regime.

A common sense approach must be adopted when requesting sealed units such as inhalers and GTN sprays. Irrespective of quantities appearing on the PMR, only one unit should be requested.

Criteria for Exclusion

With the exception of Phenobarbital for the treatment of epilepsy, no CDs should be requested via the Out of Hours service, except Schedule 5 (e.g. Co-Codamol 8/500). All requests for CDs along with requests from temporary residents and holiday makers should be referred directly to the Island Health Line.

Island Health Line 0845 6031007

Patients requiring external preparations should be advised to see their GP when the surgery re-opens and alternate products could be offered as a stop gap if deemed appropriate.

It is vital that if a patient presents to you with no medication nor access to their prescription, that we do not dismiss the importance of taking their medication regularly. This could destroy any concordance with their drug regime and hinder their well-being in the future.

Produced by Island Pharmacists in conjunction with the Out of Hours Doctors-Feb 2008

Out of Hours Repeat Medication Request

Dear Doctor
The following patient has presented to us unable to obtain their repeat prescriptions which they usually have dispensed by us. Please can you provide a prescription for 10 days of the medication which is listed below?

Pharmacy Name:	Pharmacist Name:
Pharmacy Fax Number:	Pharmacy Closing Time:

Patient's Name and Address: Affix address label if available	Patient's GP and Surgery: Patient's Date of Birth:

Important Note: Requests will be actioned as soon as possible but priority must be given to patients that require medical attention, so there may be up to a two hour wait. If more urgent action is required, please indicate why:

Required Medication: Affix PMR label if available	Required Medication: Affix PMR label if available
Required Medication: Affix PMR label if available	Required Medication: Affix PMR label if available

Please Fax to the Island Health Line on (01983) 534104

For Island Health Line Use

Prescribing Doctor Name:	Time Received:
Prescribing Doctor Signature:	Time Sent:

PSIam Ref: | | | | | | | | |

Appendix 15

Enhanced Medicines Use Review Services (MUR)

Hampshire & Isle of Wight LPC
www.hampshirelpc.org.uk

Community Pharmacy Paediatric Asthma Medicines Use Review + Service Project Protocol

Isle of Wight NHS
Primary Care Trust

Document History	
Preliminary Draft	Sept 2007
Approval Draft	May 2008
Final Draft	Sept 2008
First Published	
First Revision	
Second Revision	
Third Revision	

Hampshire & Isle of Wight LPC
Old Bank House
59 High Street, Odiham
Hampshire RG29 1LF
Tel. 01256 704455
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Email: office@hampshirelpc.org.uk
Web: www.hampshirelpc.org.uk

Introduction

Medicines Use Review (MUR) is a service which can be offered to their patients by accredited community pharmacists as an Advanced Service within their Contractual Framework.

The aim of the Service is to achieve a concordant approach to medicine taking by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying, discussing and resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical effectiveness and cost effectiveness of prescribed medicines and reducing medicine wastage.

Currently, MURs are often a stand-alone service and not always integrated into patient care pathways. In addition, the national specification does not technically allow a concordant consultation with a carer as would be the case with a paediatric asthma service.

By targeting this non-compliant group of patients and by auditing and evaluating the outcomes, community pharmacy can demonstrate the benefits of supporting this patient group and their carers. The outcomes could then be used as credible evidence to persuade the Department of Health to change the service specification to permit carer involvement in MURs for patient groups who are not in a position to grant consent.

The Pharmacy White Paper[6] seeks to optimise the benefits of community pharmacists supporting patients with long-term conditions and screening at risk groups for the benefit of patients and the broader NHS; this project seeks to do so and evaluate the outcomes.

Benefits

To patients:

Improving patients' and carers' understanding of their condition and treatment should:

- improve compliance with prescribed medication;
- improve health outcomes;
- improve quality of life;
- increase ownership of condition and treatment; and
- encourage self-care.

To the NHS:

- 80% of patients with asthma do not comply with some element of their prescribed treatment[7];
- An estimated 5-20% of prescribed medication is wasted[8] (£10million in Hampshire alone);
- A large proportion of GP practice appointments are taken by patients with long-term conditions; and
- Over half of hospital re-admissions in the elderly are a direct result of poor compliance with prescribed medication[9].

[6] Pharmacy White Paper, Department of Health, April 2008

[7] Whitney HAK, Jr. et al. (Editors). Medication compliance: a healthcare problem. Annals of Pharmacotherapy 1993; 27 (9. Suppl).

[8] Pharmacy in the Future - Implementing the NHS Plan. London: Department of Health; 2000

[9] Dunbar-Jacob J, Schlenk E (2001): Patient adherence to treatment regimens.

It does not matter how clinically appropriate prescribed treatment is if the patient does not follow the recommended regimen the desired health outcomes will not be achieved. Improving a patient's compliance with their treatment through the effective delivery of MURs involving their carer should improve patients' health outcomes thus reducing workload for GP practices, unnecessary secondary care admissions and ensure more appropriate use of NHS resources.

Aims and intended service outcomes

Aim:
To optimise the outcomes of treatment of asthma in paediatric patients through the effective delivery of Medicines Use Reviews involving the patient's carer and demonstrating the benefits through audit and evaluation.

Intended service outcomes:

- improved concordance and adherence of paediatric patients with asthma
- improved access to support, particularly for those traditionally hard-to-reach patients
- integration of community pharmacy services into patient care pathways
- updated knowledge of the condition and management guidelines for community pharmacy healthcare teams
- some demonstrable benefits of the MUR service
- demonstrate the benefits of involving carers in the MUR service
- create an evidenced case for the Department of Health to change the service specification for MURs to permit the engagement and involvement of carers.

Measurable outcomes:

Quantitative:

- number of patients accessing the MUR service by age group
- number of these patients receiving a GP/nurse review in previous 12 months
- Royal College of Physicians "Key Questions" score pre and post MUR intervention
- Use of reliever medication
- Compliance issues – belief, device, medicine
- Concordance
- Intervention – patient education, carer education, device training, referral

Qualitative:

- Patient/carer feedback
- Community Pharmacist feedback
- Healthcare professional (GP/nurse) feedback

Service outline and scope

Outline:
This initiative builds the established Medicines Use Review service by providing:

- Training events that cover:
    - updates on the condition, treatment options and local & national management guidelines – provided by local NHS respiratory experts
    - steps to be taken to deliver and expectations of a successful paediatric asthma MUR

- audit and evaluation process

- Resources to support community pharmacists in the delivery of the service:
  - pharmacy team information leaflets and support tools
  - patient information leaflets

- Audit and evaluation deliverables:
  - Anonymised audit of consultation outcomes (appendix 1)
  - Service evaluation feedback from patients, pharmacists and other healthcare professionals
  - A full analysis and report will be made available to participating community pharmacy contractors and other interested parties.

Scope:
The initiative will be delivered through 10 community pharmacies on the IOW with engagement criteria being based on location, MUR accreditation status and recent history of successful delivery of MURs. This process will be managed by the PCT.

The target for asthma patient consultations over the period is a minimum of 20 per participating pharmacy. It is desirable to target a balance of age groups, i.e. 10 patients between 0-5 years and 10 between 5-12 years.

It is important to record that there is no desire to limit a pharmacy's MUR activity to paediatric patients with asthma as this may be detrimental to the broader patient population.

Timelines:
Launch event to be held on September 3rd 2008; the project will run for a period of nine months before evaluation.

Service Protocol

The provision of this service is commissioned as a time limited enhanced service targeted at paediatric patients with Asthma which can be identified opportunistically at the point of dispensing their prescription, by actively searching the pharmacy patient database or by referral from a GP practice (N.B. this does not imply or include direction of patients to a particular pharmacy).

The critical steps in the process are:

1. Following the initial training, familiarise the whole pharmacy team with the documentation and support tools.

2. Make an appointment to meet the local GPs, practice managers and asthma nurses to brief them on the initiative. Printed briefing materials explaining the aims of the pilot and designed to be given to the practices are included in the resources together with a more general leaflet on MURs (N.B. these must not be a substitute for a face-to-face briefing). The objective of this meeting is to engage with the GP practice team, get them to understand the aim of the initiative, integrate with their existing care pathway, support

their hard-to-reach patients who do not attend their clinics and/or may be non-compliant with their therapy, and agree protocols for referral and administration.

3. Identify and actively recruit patients who may be good candidates for an asthma MUR.

4. Complete a normal MUR concordance consultation involving the patient's carer. Ask patient the 3 RCP questions (Appendix 1); record outcomes on Audit Form (Appendix 2).

5. Identify and address any concordance and compliance issues with referral to GP and/or asthma nurse where appropriate and as agreed in the initial briefing.

6. Complete the MUR forms and send the white copy of the action plan to the patient's GP.

7. Give the patient/carer a copy of the MUR form together with any patient and carer information leaflets required to support concordance and compliance.

8. Make follow-up appointment within 3-6 months to assess change in condition management.

9. Complete follow-up audit and record outcomes on audit form.

10. Provide patient/carer a copy of the **Patient Feedback Form** (Appendix 3) which is anonymous and should be sent back to the LPC at the FREEPOST address for collation and analysis.

11. Copies of the Audit Form should be routinely posted or faxed back to input into a database, analysis and report generation. They should be posted to_____ or faxed to_____.

12. At the end of the project, give the GPs and asthma nurses a copy of the **Healthcare Professional Feedback Form** (Appendix 4) which they can fax back to the LPC for evaluation. Complete a **Pharmacist Feedback Form** (Appendix 5) and fax back.

Service finance

All costs related to the provision of training, pharmacy fees, resources and the evaluation of the initiative will be funded by the PCT with support from an educational grant from MSD.

Pharmacies will be paid £27 for the first intervention and £8 for the follow-up audit. This will be claimed from the PCT using a modified version of the standard claim sheet.

Contacts

Kevin Noble MRPharmS, kevin.noble@iow.nhs.uk
Community Pharmacy Lead, Isle of Wight NHS Primary Care Trust 01983 534271

Patrick Leppard MRPharmS, patrick.leppard@hampshirelpc.org.uk
Service Development Lead, Hampshire & IOW Pharmaceutical Committee 01256 704455

Appendices

1. RCP Key Questions
2. Audit form
3. Patient feedback form
4. Healthcare Professional feedback form
5. Pharmacist feedback form

Appendix 1

Royal College of Physicians 3 Key Questions

1. In the last month/week have you had difficulty sleeping due to your asthma (including cough symptoms)?

2. Have you had your usual asthma symptoms (e.g. cough, wheeze, chest tightness, shortness of breath) during the day?

3. Has your asthma interfered with your usual daily activities (e.g. school, sport, play activity)

One "yes" indicates medium morbidity and two or three "yes" answers indicate high morbidity.

PAEDIATRIC ASTHMA MEDICINES USE REVIEW SERVICE AUDIT

Pharmacy Name: | Pharmacy Code:

Patient	PMR No.	DOB	Age	Date of Review	Review 1 or 2?	Last review with GP/Nurse		Patient RCP Score	Use of Reliever (Blue) Inhaler in last month			Compliance issue (complete any that apply)			Patient Concordant?		Intervention (complete all that apply)			
						<12 months	>12 months		Average number of puffs / day	More, Less or Same as usual	Highest use / day within last month	Belief	Device	Medicine	Yes	No	Patient Education	Carer Education	Device training	HCP Referral
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				
17																				
18																				
19																				
20																				

Notes:

1. To complete box either insert figure or simply tick the box
2. Date of review and is this the initial review (1) or follow-up (2)
3. **Compliance issue:**
   Belief: Is the patient non-compliant due to their beliefs/mis-beliefs about their treatment?

   Patients may make a risk/benefit analysis in which beliefs about the need to take their medicines are balanced against the potential/perceived benefits/adverse effects
   Device: Does the patient have difficulty and/or practical issues with the correct use of the device
   Side effects: Dry throat, headache etc
4. **Concordance:** Does the patient understand their condition and treatment and are they in agreement with and have they taken ownership of the diagnosis and treatment regime.
5. **Pharmacist Intervention:**
   Patient/carer Education: Providing information or education to the patient/carer on the appropriate use of the medicines
   Device Training: Inhaler technique check and issues addressed
   Referral: Patient referral for action by another healthcare professional - GP, asthma nurse

Medicines Use Review Service

FEEDBACK FORM

Thank you for taking part in the above service at your local pharmacy for the benefit of the child in your care.

In order to assess how useful you found your involvement in this service, we would be grateful if you could complete this short questionnaire.

All replies will remain strictly confidential and it is not possible for any party to identify you.

If you have any questions, please contact your local pharmacist involved in this service.

Pharmacy to complete before giving to patient's carer

Pharmacy_____

Pharmacist_____

Pharmacy Tel no._____

Date: □□/□□/□□

Getting the most out of your medicines

- Would you like to know more about your medicines?
- Are you unsure what any of your medicines are for?
- Are you not taking any of your medicines but have not told anyone?
- Are you having any problems remembering to take your medicines?
- Do you think you have any side-effects from your medicines?

If you have answered YES to any of these questions then please speak to your pharmacist who can help you.

This is a new NHS service designed to help you get the best out of your medicines.

1. Why did you decide to use this service?
(You may cross more than one box)

☐ I was concerned about my child's condition

☐ I wanted advice from my pharmacist

☐ I wanted to know more about the medicines he/she was using

☐ I was confident that my pharmacist would give me good advice

☐ Other (please state) _____

Please rate how strongly you AGREE or DISAGREE with each of them by marking an 'X' in the most appropriate box.

		Level of Agreement Please mark 'X' in ONE box for EACH statement				
		Strongly disagree	Disagree	Uncertain	Agree	Strongly Agree
2.	The importance of taking part in this service was made clear to me	☐	☐	☐	☐	☐
3.	I know more about my child's condition since using this service	☐	☐	☐	☐	☐
4.	The pharmacist clearly explained how to gain maximum benefits from the medication	☐	☐	☐	☐	☐
5.	The advice given by the pharmacist was useful	☐	☐	☐	☐	☐
6.	I feel that I understand more about the medication since using this service	☐	☐	☐	☐	☐
7.	A follow-up visit to the pharmacy would be of benefit to me	☐	☐	☐	☐	☐
8.	I am happy with the length of time that we spent in the pharmacy	☐	☐	☐	☐	☐
9.	I would recommend this service to others	☐	☐	☐	☐	☐

10. What did you <u>like most</u> about the service?

11. What did you <u>like least</u> about the service?

12. Please write any other comments you have about the service:

Thank you for taking time to complete this form.
Please return the completed form to:
FREEPOST RLXU-ZHJA-CKYJ, Hampshire & IOW LPC
59 High Street, Odiham, Hampshire RG29 1LF

H&IOW LPC, Paediatric Asthma MUR Project, 2007

Appendix 4

HEALTHCARE PROFESSIONAL FEEDBACK FORM
PAEDIATRIC ASTHMA MEDICINES USE REVIEW

Fax

To:	Hampshire & IOW LPC	From:	
Fax:	08716 613991	Pages:	1
Phone:	01256 704455	Date:	

Please rate your level of agreement with each of the following statements by ticking one box for each statement, add any additional comments and fax back to the LPC on 08716 613991.

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
I am aware of this initiative and what it set out to achieve from discussion with local community pharmacist(s)					
Criteria and protocol for referral of patients were clearly agreed with the community pharmacist(s)					
Community pharmacists have an important role to play in the management of paediatric patients with asthma					
Asthma MURs are of benefit to my paediatric patients					
The inclusion of the patient's carer in the consultation is of benefit to the health outcomes of the patient					
This service supports the achievement of my QOF targets					
This programme should reduce my long-term workload					
I would support similar initiatives in the future on the following clinical areas:					
Further comments:					

Thank you for taking the time to provide this feedback.

LPC Office · Old Bank House · 59 High Street · Odiham RG29 1LF
Tel 01256 704455 · Fax 08716 613991 · office@hampshirelpc.org.uk · www.hampshirelpc.org.uk

Appendix 5

Pharmacy: Date: / /

Paediatric Asthma Medicines Use Review Project

PHARMACIST FEEDBACK FORM

- Thank you for participating in this evaluation.
- In order to help us to evaluate the benefits of the service, please would you complete the following questions.
- Questions may be completed by marking 'X' in the most appropriate box(es).
- We would also welcome any additional comments you may have.

Q1. Please indicate who recruited patients for this Asthma MUR Service.

1. Pharmacist		4. Medicines Counter Assistant	
2. Technician		5. GP	
3. Dispensing Assistant		6. Asthma Nurse	

Q2. Please rate your level of agreement with each of the following statements by marking 'X' in ONE box for EACH statement.

Statement	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Community pharmacists have an important role to play in the **management** of paediatric patients with asthma.					
Including the patient's carer in the consultation was of benefit to all parties					
The **training** provided enabled me to implement this service confidently.					
I received sufficient **information** in order to be able to implement the service.					
I received sufficient **support** in order to enable me to implement the service.					
I found the Pharmacist Meetings of benefit in implementing the service					
I found the progress updates of benefit.					
Participation in the service has developed my professional working relationship with other healthcare professionals.					
I would welcome the opportunity to work closer with other healthcare professionals in similar services.					

Additional comments

Thank you for taking the time to complete this form
Please fax the completed form to Hampshire & IOW LPC on 08716 613991

Hampshire & Isle of Wight LPC
www.hampshirelpc.org.uk

Community Pharmacy Osteoporosis Medicines Use Review + Service IOW

Supporting Local Community Pharmacy

Document History	
Preliminary Draft	Dec 2007
Approval Draft	
Final Draft	
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First Revision	
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Third Revision	

The LPC acknowledges the work undertaken in supporting the development of this document by Dr Mark Pugh, Consultant Rheumatologist, St Mary's Hospital, Kate Glen, Shire Pharmaceuticals and Paul Jerram and Kevin Noble, IOW PCT

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Introduction

Medicines Use Review (MUR) is a service which can be offered to their patients by accredited community pharmacists as an Advanced Service within their Contractual Framework.

The aim of the Service is to achieve a concordant approach to medicine taking by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying, discussing and resolving poor or ineffective use of their medicines;
- identifying side effects and drug interactions that may affect patient compliance;
- improving the clinical effectiveness and cost effectiveness of prescribed medicines and reducing medicine wastage.

Currently, MURs are often a stand-alone service and not integrated with other primary healthcare services. By targeting a highly non-compliant and at risk group of patients and by integrating MURs into other patient care pathways including falls prevention, community pharmacy can demonstrate the benefits of their accessibility and utilise their knowledge of pharmacotherapy to the benefit of all stakeholders, particularly patients.

Benefits

To patients:
Improving a patient's understanding of their condition and treatment should:

- improve compliance with prescribed medication;
- improve health outcomes;
- improve quality of life;
- increase ownership of condition and treatment; and
- encourage self-care.

To the NHS:

- Osteoporosis affects an estimated 3 million people in the UK[10]
- One in two women and 1 in 5 men over the age of 50 develop osteoporosis[11]
- One in three women over 50 will suffer vertebral fracture and 1 in 6 a hip fracture[12]
- Around one third of patients who suffer a hip fracture will die within a year[13]
- Cost to the NHS of fractures in osteoporotic patients is in excess of £1.5 billion[14]
- 50% of elderly patients are not compliant with some aspect of their treatment[15]; this is widely reported to be as high as 75% in patients on bisphosphonates
- An estimated 5-20% of prescribed medication is wasted[16] (£10million in Hampshire alone).

It does not matter how clinically appropriate prescribed treatment is if the patient does not understand and follow the recommended regimen. Improving a patient's concordance and

[10] National Osteoporosis Society
[11] International Osteoporosis Foundation, 2004
[12] NICE 2005/001 – technology appraisal 87
[13] Keene GS et al, 1993. Mortality and Morbidity after hip fractures. BMJ 307: 1248-50
[14] NOS – real facts of life in osteoporosis
[15] Dunbar-Jacob J, Schlenk E (2001): Patient adherence to treatment regimes
[16] Pharmacy in the Future - Implementing the NHS Plan. London: Department of Health; 2000

compliance with their treatment through the effective delivery of MURs should improve patients' health outcomes and quality of life thus reducing workload for GP practices, unnecessary secondary care admissions and ensure more appropriate use of NHS resources.

Aims and intended service outcomes

Aim:
To optimise the outcomes of Medicines Use Reviews by demonstrating the benefits of integrated working with other primary care health professionals.

Intended service outcomes:

- improved concordance and adherence of patients on osteoporosis treatment;
- assessed appropriate intake of Calcium and Vitamin D_3 by patients already taking osteoporosis medication with possible initiation of supply under Patient Group Direction (PGD) and referral if appropriate;
- assessed osteoporosis risk of patients on long-term oral steroid therapy or chronic mal-absorption condition such as Crohns, Coeliac disease or colitis and refer as appropriate;
- improved access to support, particularly for those traditionally hard-to-reach patients;
- integration of community pharmacy services into patient care pathways;
- updated knowledge of the condition and management guidelines for community pharmacy healthcare teams;
- some demonstrable benefits of the Medicines Review Service.

Service outline and scope

Outline:
This initiative builds the established Medicines Use Review service by providing:

- Training to cover:
    - updates on the condition, treatment options and local & national guidelines – provided by local NHS rheumatology and falls risk experts;
    - Calcium + D_3 intake assessment tool (a protocol for initiation of adjunct therapy under PGD may be included).

- Resources to support community pharmacists in the delivery of the service:
    - Osteoporosis guidelines (appendix 1)
    - Falls Risk assessment Tool (appendix 3)
    - Triplicate carbonless copies of new simplified MUR form
    - Calcium + D_3 intake assessment tool (Shire)
    - Pharmacy team information leaflets (Shire)
    - Patient information leaflets (Shire)
    - Feedback forms – patient, pharmacist and GP/nurse

- Support will be provided by the LPC and PCT Medicines Management team.

Scope:
The initiative will be delivered initially through three community pharmacies in the Freshwater area with the collaborative engagement of two local GP Practices.

It is important to record that the LPC has no desire to limit a pharmacy's MUR activity to patients with osteoporosis as this may be detrimental to the broader patient population.

Timelines:
To be confirmed

Service finance estimate

Medicines Use Review is funded through the Global Sum mechanism. The pharmacy will receive a fee for the service which is nationally agreed and is paid by the PCT (reductions in the Drug Tariff prices of some medicines [Category M] have produced a budgetary saving which is to be used to fund MURs).

N.B. If significant additional work over and above the standard specification of an MUR is required to be undertaken by the community pharmacy then additional funding will have to be sourced to deliver this project,

Appendices

Appendix 1 - Osteoporosis Management and Medicine Use Reviews (Portsmouth guidelines)

Appendix 2 – Osteoporosis – Lifestyle and Prevention Advice

Appendix 4 – Falls Action Flowchart

Appendix 5 – Audit form

Appendix 6 – Patient Feedback form

Appendix 7 – Healthcare Professional Feedback form

Appendix 8 – Pharmacist Feedback form

Appendix 9 – New MUR form

Appendix 1 - Osteoporosis Management and Medicine Use Reviews

The following guidelines have been written by Dr Jan Beynon, Consultant Geriatrician at Portsmouth Hospital Trusts.

Background

NICE - HTA 87 (January 2005) provides guidance on the secondary prevention of osteoporotic fragility fracture (defined as a fracture occurring when falling from standing height) in postmenopausal women. The guidance covers the use of bisphosphonates (etidronate, alendronic acid and risedronate), selective oestrogen receptor modulators (SERMS e.g. raloxifene) and teriparatide. In September 2005 it was updated to include strontium ranelate.

The guidance states that unless clinicians are confident that women who receive osteoporosis treatment have an adequate calcium intake (equivalent to a 1000mg daily e.g. a pint of milk and a yoghurt) and are vitamin D replete (exposure to 15 – 20 minutes sunlight on arms and face daily from May to September). Calcium and vitamin D supplementation should be provided in the form of high strength calcium and vitamin D i.e. 1000 – 1200mg elemental calcium and 800iu vitamin D_3

Additionally in the RCP 2002 guidance on the prevention of glucocorticoid induced osteoporosis it is recommended that high strength calcium and vitamin D be provided to patients on bisphosphonates

References

- Osteoporosis: Clinical guideleines for the prevention and treatment. Update on pharmacological interventions and algorithm for management. R.C.P. 2000.
- Guidelines on the Prevention and Treatment of corticosteroid induced osteoporosis. Tooth and Bone Society; National Osteoporosis; Royal College of Physicians. December 2002.
- NICE Health Technology appraisal 87 January 2005.
- Portsmouth hospitals Osteoporosis guidelines - see Portsmouth hospitals intranet /extranet.

The following is to provide guidance during a medicines use review if you require further information please review references and you can also contact Dr Jan Beynon, Consultant Geriatrician and co-chair of Portsmouth hospitals osteoporosis group, at Queen Alexandra hospital 023 922 86000 ext 5933

For patients on bisphosphonates, strontium ranelate or raloxifene receiving a Medicines Use Review

Actions:
Assess compliance with osteoporosis treatment and use of adjunct high strength calcium and

vitamin D, i.e. Calcichew D_3 forte™ or Adcal D_3™ 2 daily.

There are currently 3 bisphosphonates recommended by NICE etidronate/calcium (Didronel PMO™) alendronic acid and risedronate (ibandronate is also available it is not currently on the Portsmouth & SE Hampshire formulary in oral form and is not recommended by NICE). All actions should be in accordance with local guidelines and formulary.

- For patients on Didronel PMO™ liaise with GP to consider changing to alendronic acid or risedronate plus 1-1.2g elemental calcium and 800iu vitamin D_3

- For patients taking alendronic acid/risedronate/strontium ranelate

Check they are taking medication correctly. (Timing, position, tap water) → If a problem ask why and support/ advise.

Check compliance and ask about side effects (e.g. GI problems)

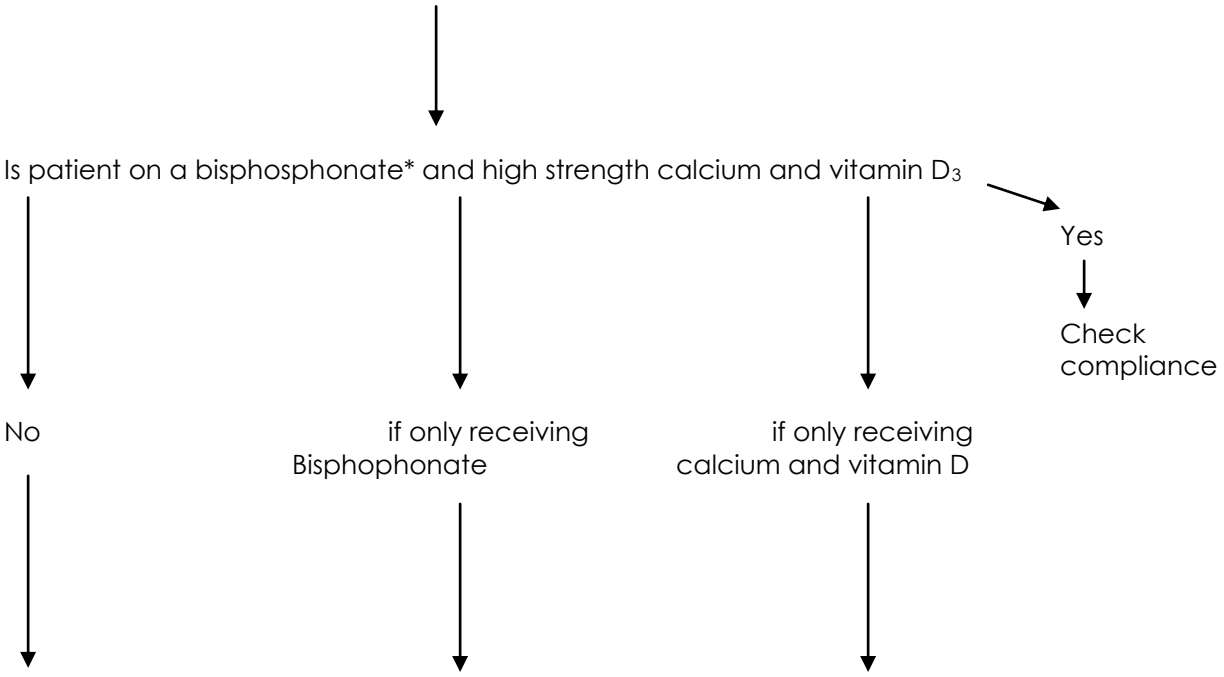
If compliance poor due to intolerance/side effects (especially GI side effects with alendronic acid) liaise with GP for possible changes in line with local osteoporosis guidelines.

Calcium and vitamin D_3 supplementation - ensure adjunct treatment is given

It is recommended that patients on osteoporosis treatment should also receive adjunct treatment with 1-1.2 g of elemental calcium and 800iu Vitamin D (i.e. Calcichew D_3 forte™ or Adcal D_3™ 2 daily) unless there are any contraindications, i.e. primary hyperparathyroidism, bony metastasis ,severe renal impairment, conditions associated with vitamin D toxicity (e.g. Sarcoidosis).

For patients taking regular oral corticosteroids for 3 months or more.

For patients > 65 years on any dose of oral corticosteroids for three months or more **or** <65 years on any dose of oral corticosteroids for three months or more **and** has had a previous low trauma fracture (i.e. a fracture occurring when falling from standing height)



Refer to GP for investigation and treatment in line with local osteoporosis guidelines

For patients between 50 and 65 on oral corticosteroids at any dose for 3 months or more and have not had a low trauma fracture, a bone density scan should be performed. If the patients have not undergone a bone density scan liaise with their GP.

Appendix 2 – Osteoporosis – Lifestyle and Prevention Advice

Lifestyle advice for all those with a risk of developing osteoporosis or who have established osteoporosis:

- Stop smoking
- Avoid excessive alcohol intake (keep to less than 2 units per day)
- Undertake regular weight bearing exercise e.g. 20 minutes of walking every day or 30 minutes five times per week.
- Avoid immobility and
- Avoid excessive dieting and exercise resulting in amenorrhoea (for premenopausal women)
- Ensure a balanced calcium rich diet (aiming at 1000mg of calcium daily see information leaflet for calcium content of foods)), and adequate vitamin D. The main source of vitamin D is sunlight and vitamin D is essential for the absorption of calcium. Some everyday ways of obtaining vitamin D are:
  - Spending 15-20 minutes a day in the summer (months May – September) with your hands and face exposed
  - Exercising out of doors, and
  - Eating vitamin D rich foods such as margarine, and oily fish e.g. sardines

References

- Royal College of Physicians (1999) Osteoporosis: Clinical guidelines for the prevention and treatment. London RCP
- Royal College of Physicians (2000) Osteoporosis: Clinical guidelines for the prevention and treatment. Update on pharmacological interventions and an algorithm for management. London RCP

Useful Contacts

Medicines Management

Paul Jerram	Head of Medicines Management	01983 552466	Paul.jerram@iow.nhs.uk
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Wish-Net	http://www.wish-net.co.uk
RUthe1	http://www.ruthe1.co.uk
NPA	http://www.npa.co.uk

Pharmacy Groups

Pharmacy Liaison Group (PLG) - Membership but anyone can attend or suggest agenda items. Meets bi-monthly @ Post Grad Education Centre Secretary contact Liz Holloway liz@lizholloway.f2s.com