

PostScript - Primary Care

SEPTEMBER 2007

QUARTERLY UPDATES FOR INCENTIVE SCHEME AND GMS MED10: Queries to allow you to access updates to all the indicators used in the incentive scheme and nGMS MED 10 are now available on the PRISMS front page under Local Reports Greater Glasgow and Clyde. The central prescribing team will send details to each practice of their position at the end of each quarter and the final position when March 2008 data becomes available for the current financial year. Your prescribing lead or prescribing support pharmacist may help provide interpretation of the figures.

Anyone wishing to sign up to become a PRISMS user should visit the PRISMS website <http://www.prismsweb.scot.nhs.uk/>. All users must undertake training before being given access to the system. This can be done either face-to-face at your practice or an e-learning pack is available for you to complete at your own pace. You will only need to complete foundation training part 1 to allow you to run these reports. This is a three hour session.

SPA 2 DATA: This is now only available via PRISMS. Paper copies are no longer being produced so anyone wishing access to these reports must register as a PRISMS user.

PRODUCT SHORTAGES: The Solutions website (<http://www.uclhsolutions.com/>) is the UK National NHS Shortages Database and can be accessed by health professionals. It gives details of unavailable products and options for alternatives. The site aims to provide details of the reason for the shortage and the expected date for resolution. It includes a list of critical product shortages, eg diamorphine. Where possible the site provides further information on expected delivery or reasons for delay from the manufacturer.

REMINDER: WITHDRAWAL OF CO-PROXAMOL The Committee on Safety of Medicines (CSM) conducted a review of



the risks and benefits of co-proxamol as it was one of the most common agents of drug related suicide and fatal overdose. It considered that the risks outweighed the benefits and announced in January 2005 that it should be withdrawn from the market. The MHRA is withdrawing the marketing authorisations for co-proxamol at the **end of 2007**. Beyond this time, any prescribing of co-proxamol will be unlicensed and therefore the prescriber is fully responsible for any adverse consequences. Patients who remain on co-proxamol should be changed to an alternative analgesic such as paracetamol before the end of the year.

VARENICLINE: Varenicline was accepted for use in NHS Scotland by the Scottish Medicines Consortium in December last year. It has since been added to the Glasgow and Clyde total formulary restricted to use according to the local prescribing protocol which can be found at www.ggcformulary.scot.nhs.uk. In summary:

- Varenicline must be prescribed by a GP and should be dispensed weekly (except the two week starter pack)
- Patients must have failed using NRT through a smoking cessation programme for at least four weeks
- The last quit attempt was more than six months before
- Patients must receive support from a local smoking cessation adviser or Starting Fresh Pharmacy.

PRESCRIBING QUANTITIES: The prescribing team receives a monthly report of all items prescribed or dispensed with a quantity higher than the average range. Items commonly prescribed in high quantities are simple linctus, paracetamol suspension and pholcodine linctus both on GP10 and CP2 forms. All prescribers should ensure that the quantity prescribed is correct and specified, eg not as 10p as this is often paid from the most cost-effective pack size which may be 2000ml. Pharmacists should ensure that the dispensed quantity is endorsed on the prescription.

As highlighted in the PSPC May 2007 and the recent PostScript special edition, new legislation has been introduced covering the management of controlled drugs (CDs). This has implications for all practitioners who have any dealings with CDs including prescribing, supplying, administration, storage of drugs and stationery, and record keeping. Work is ongoing to scope the exact implications. Some of the major issues are:

- All service areas need to have standard operating procedures covering all aspects of CD use.
 - The Pharmacy and Prescribing Support Unit will work with practitioners to develop SOP templates centrally.
- All GP practices and community pharmacies along with a variety of other service areas will be required to complete a self-declaration form on CD use at least every two years.
- All hospital wards, theatres and departments will have CD checks carried out every three months.
- The Accountable Officer now has the authority to authorise people from NHSGGC to witness the destruction of CDs. This service should be available in the next few months. Anyone who requires this service should contact 0141 201 5214 or prescribing@ggc.scot.nhs.uk
- Private and NHS prescribing of schedule 2 and 3 CDs will be closely monitored.
- A random sample of premises will be inspected every year along with any premises where there are concerns or issues relating to CD use. This inspection will cover both drugs and associated records.
 - Work is ongoing with the medical profession to identify the best method of inspecting GP practices.
- An intelligence network will be created covering all users of CDs within NHSGGC's geographical boundaries including hospices and private hospitals to ensure good practice and any concerns relating to CD use can be shared quickly and effectively.

This will be a supportive process for services and practitioners across all care settings in NHSGGC to ensure best practice and compliance with the relevant legal and ethical requirements. However, the legislation demands that concerns are investigated promptly and referrals made to professional regulatory committees, NHS Counter Fraud or the Police Service if appropriate.

CHANGES TO THE MAS FORMULARY: The first annual review of the local minor ailment formulary has been completed and the following is a summary of the changes:

- Addition of Hedrin® to Head Lice preparations
- Change to Rapolyte® from Dioralyte®
- Addition of Domperidone 10mg tablets
- Change to Occlusal® from Salactol® and Salatac® for warts/verrucae
- Addition of Pavacol D® (with restriction to diabetics)
- Addition of Cystopurin®
- Addition of anti-fungal/corticosteroid topical preparations
- Addition of Bug-Busting Kit
- Removal of Pholcodine Paediatric Linctus in line with BNF advice.

DOSULEPIN (DOTHIEPIN): Analysis of a drug-related death recently has revealed dosulepin present, although it was not cited as the direct cause of death. Prescribers are reminded that dosulepin is not in the Glasgow and Clyde Formulary as it is known to be particularly dangerous in overdose and has a high rate of fatality. It is marked as a drug less suitable for prescribing in the BNF.

Fluoxetine and citalopram are the antidepressants on the preferred list of the new Formulary. Second line choices on the Greater Glasgow and Clyde Management of Depression Guidelines are alternative SSRI, lofepramine or mirtazapine (if night-time sedation required).