

PostScript - Primary Care

November 2007

SAFER MANAGEMENT OF CONTROLLED DRUGS:

We have started to receive information on the inspection of premises in relation to management of CDs. We thought it would be useful to flag up recurring themes to ensure practitioners have a chance to review their systems against best practice.

- All private prescriptions for schedule 2 and 3 CDs (including temazepam) must be written on the PPCD(1) form.
- It is good practice not to prescribe CDs for yourself, close family or friends, except in an emergency.
- Healthcare professionals collecting a Schedule 2 CD on behalf of a patient should provide their name, address and evidence of identity.
- CDs should only be placed on repeat when the patient's need for these products is stable. If CDs are placed on repeat prescription, the use should be monitored to ensure patients are not over-ordering the medication. This may indicate poor symptom control and a need for review or could indicate misuse or diversion.
- The Accountable Officer must be informed of any complaints or concerns related to use of CDs.
- Prescribers are asked to highlight unusual CD prescribing patterns along with an explanation for this use. These reports can be made through the Prescribing Team.

COMMUNITY PHARMACY MINOR AILMENT SERVICE (MAS):

GPs and practice nursing staff are reminded that the purpose of the pharmacy minor ailment service is for the prompt supply of a medicinal product for the treatment of minor conditions. Where a GP or nurse consultation results in the requirement to provide treatment, that practitioner should issue a prescription. Patients should not be referred to the pharmacist for a prescription as

this would result in a duplicate consultation. Patients with chronic minor conditions should continue to receive prescriptions from their GP.



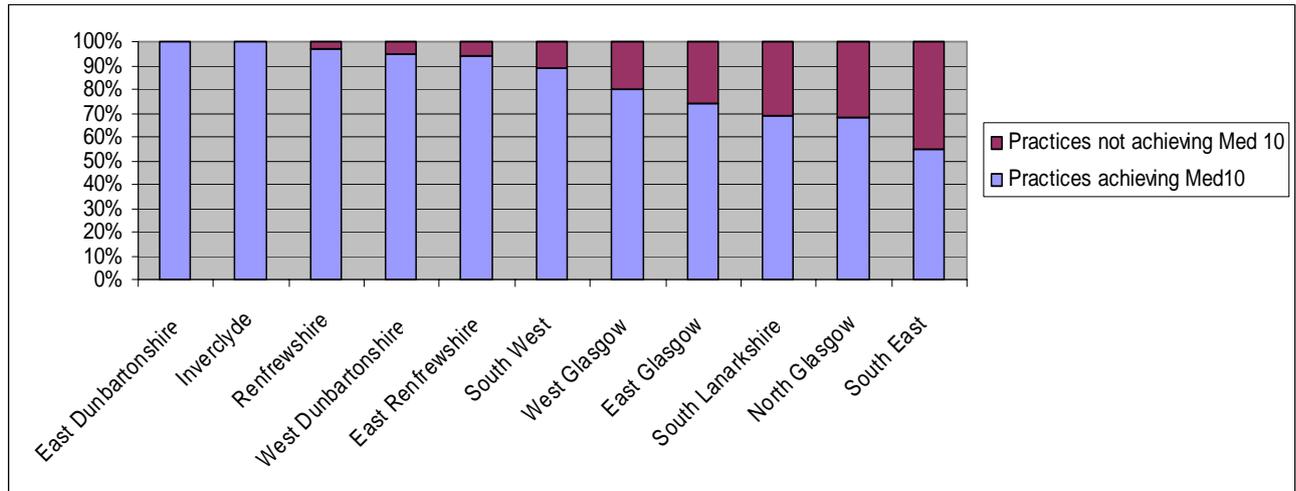
NUELIN SA: We have been informed that there are currently supply problems with Nuelin SA[®] 250mg tablets which may continue for some time. Patients should be changed to the nearest equivalent dose of Slo-Phyllin[®] or Uniphyllin Continus[®] if necessary. The rate of absorption of theophylline can vary between formulations and therefore patients being switched should be monitored closely for symptoms. If the patient's theophylline concentration is at the upper end of the target range to begin with, close monitoring of levels may be required.

SATIVEX[®]: Sativex[®] is an unlicensed oral spray containing tetrahydrocannabinol and cannabidiol. It was developed for use in patients with multiple sclerosis to treat neuropathic pain and spasticity. An application for a marketing authorisation as an add-on for relief of spasticity symptoms was rejected as the MHRA were not satisfied with efficacy data. The unlicensed product can be imported from Canada on a named-patient basis.

Sativex[®] will not be considered for use in NHS Scotland by the SMC until such time as it gains a marketing authorisation. Until then it remains non-Formulary. The unlicensed medicines policy for Greater Glasgow and Clyde states that GPs should not be asked to prescribe unlicensed medicines.

ISOTRETINOIN: The Formulary status of isotretinoin is restricted to use in hospitals, under specialist dermatological supervision. The BNF states that it should be 'prescribed **only** by, or under the supervision of, a consultant dermatologist'. It is a toxic and teratogenic drug which must only be given to women of child-bearing age if registered with a pregnancy prevention programme. All patients on isotretinoin therapy should be closely monitored and counselled (see BNF). There were 18 isotretinoin prescriptions issued by GPs between April and August 2007 in NHS Greater Glasgow and Clyde.

GMS MED10 PRESCRIBING INDICATORS: In 2006/07, a total of 223 practices out of 271 in Greater Glasgow and Clyde achieved four GMS points for the MED10 indicator. The performance in each CH(C)P area is illustrated below:



INCENTIVE SCHEME (GLASGOW): This involved 2 indicators, one of which was updated to allow for changes in Formulary status part way through the year:

1. Fluoxetine should account for $\geq 30\%$ of all antidepressants excluding tricyclics or there should be an absolute increase of 5%.
or
Fluoxetine & citalopram should account for $\geq 60\%$ of all antidepressants excluding tricyclics or there should be an absolute increase of 5%.
2. Formulary choices should account for $\geq 96\%$ of prescribing in BNF 2.12 and simvastatin should account for $\geq 65\%$ of all statins.

Both indicators were met by 96 practices with an additional 87 practices meeting one of the indicators. This resulted in net savings of approximately £1.26million.

GREATER GLASGOW SIP FEED AUDIT:

Sip feed prescribing costs in Glasgow have risen by almost 20%, from 2005/2006 to 2006/2007 to £3.16 million. One of the measures to address this is an audit to identify patients on repeat sip feed prescriptions and to assess the continued need. There are plans to roll this out to Clyde in 2008.

- GP practices will be offered a specific search template by PPSU for GPASS, EMISS and VISION. This will identify patients on repeat sip feed scripts for more than 3 months.
- A standard letter will be provided to use with mail merge function to contact all identified patients. This asks patients to consider using snack alternatives listed on a separate nutritional information sheet that gives suggestions for foods to replace the calorific value of each nutritional

supplement, rather than continuing to request repeat prescriptions.

- If the patient believes that they will have difficulty including these snacks in their diet and feel they still require a nutritional supplement, the letter suggests they should contact their GP practice before ordering their next prescription.
- Patients that request continued sip feeds should be referred to PPSU. Those without current dietetic care will be sent a local appointment with a dietitian who will assess the continued need.
- A report will be sent back to the GP detailing whether sip feeds should be continued or not.
- Practices will be able to claim £120 on completion of the audit as a contribution towards administrative and postage costs.