

# PostScript - Primary Care

**April 2008**

**PERINDOPRIL:** Servier have recently announced that they are replacing Coversyl® tablets with a new salt – perindopril arginine (Coversyl Arginine®). This is not bioequivalent to the original formulation. SMC advice is due on the 9<sup>th</sup> of June. Perindopril is available generically and was added to the drug tariff at the beginning of this month. We have been informed that GPASS will change the existing generic entry to perindopril erbumine after July and will add the arginine salt as a new entry. Prescribers are therefore encouraged to **continue to prescribe perindopril generically as the erbumine salt.**

Prescribers should also note that the combination product Coversyl Plus® is non-formulary. Prescribers may consider switching from this to generic perindopril erbumine and bendroflumethiazide 2.5mg at this time.

**DEXAMETASONE INJECTION:** There are currently some supply difficulties with dexamethasone injection. Mayne Pharma have no supplies of 4mg/1ml until January 2009 but 8mg/2ml is available. Organon cannot supply 8mg/2ml vials until this month but the 4mg/1ml preparation can be ordered by pharmacists direct from the company (Tel. 01223 432700).

For further information please contact Elayne Harris, Area Pharmacy Specialist (Palliative Care) on 0141 427 8316.

**GPASS eFORMULARY:** A new electronic version of the Greater Glasgow and Clyde Formulary for use with GPASS will be launched in the near future. Based on the Preferred List of the Formulary, the *GGC e-Formulary* will help prescribers choose high-quality, cost-effective treatment options for common conditions seen in general practice.

Benefits of using the e-Formulary include:

- Speeding up of the prescribing process by suggesting doses, frequencies and quantities (all can be changed)
- Helps practices ensure that prescribing indicators are met by suggesting suitable Formulary choices for almost 100 common conditions
- Contains paediatric doses for several medicines commonly used in children
- Contains entries from the recently introduced Wound Dressings Formulary
- Helps ensure that generic prescribing is optimised

Installation of the e-Formulary will be voluntary. Practices in Glasgow will be able to download and install the e-Formulary from the local server. Practices in Clyde can either request the file from their local Prescribing Lead or Practice Pharmacist and install it themselves, or ask their Practice Pharmacist to install it for them at a suitable time.

**GMS MED 10 INDICATORS:** For the MED10 indicator for 08/09, practices should agree and work on three prescribing actions. Practices will be offered five indicators (for the full list of indicators see Postscript Primary Care March 2008) from which they may select three or agree alternatives with their CH(C)P prescribing lead. Letters will be sent to practices before the end of April and the reply slip should be returned to us by the end of May. Unlike the rational prescribing incentive scheme the final measurement will be made from January to March 2009 data. More information to follow in next months bulletin.

**FORMULARY CHANGES: 4.1 HYPNOTICS:** There have been a couple of changes to the above Formulary section:

- Zopiclone has been added to the total formulary restricted to use in patients who require pharmacological treatment where temazepam is not tolerated or appropriate
- Lormetazepam has been removed from the Formulary

Prescribers may want to review patients currently being treated with lormetazepam and where withdrawal is not appropriate consider switching to temazepam or zopiclone.



## PRESCRIBING INDICATOR SEARCHES ON GPASS

**INDICATOR SEARCHES ON GPASS:** The Prescribing Team have developed a reporting database using Microsoft Access which can run a number of prescribing indicator searches in GPASS simultaneously. Currently there are 13 searches which reflect the majority of prescribing indicators being used in 2008/09. The reporting database is a useful tool for quickly extracting pre-determined prescribing and clinical information from GPASS for multiple groups of patients. The results can be read and used within the database or exported to Microsoft Excel for further manipulation. The main benefit of this support tool is in quickly collating information relevant to each indicator and enabling practices to plan the work required to achieve an indicator.

**Example:** Statins – the database will identify patients who have an active repeat prescription or an acute prescription in the last

3 months for any lipid regulating drug (BNF 2.12) other than simvastatin (preferred drug). It will report whether these patients have ever had a trial of simvastatin, are taking a drug which interacts with simvastatin and the last cholesterol measurement (if recorded).

It is recognised that data on GPASS may not always be complete or up to date and so changes to patient's medication should only be done after the information has been verified, using the patient's case notes. Despite this limitation the reporting database is an extremely useful starting point for tackling the prescribing indicators for 2008/09.

If you would like to receive a copy of the database or for more information, please contact your CH(C)P Prescribing Lead or one of your local Prescribing Support Pharmacists/Technicians.

**KEEP WELL – LONG TERM MEDICINE SERVICE:** Community Pharmacies across the North, East and South West are involved with Keep Well General Practices in these areas. Pharmacy support aims to help patients and practices simplify and manage the repeat prescription ordering process (reducing unnecessary visits by patient to practice), improve adherence and support onward referral to other health and social care services. Patients are accepted onto the Pharmacy Keep Well programme using the following selection criteria:

- aged 45 to 64 years
- suffer from one or more of the following chronic disease states: diabetes, cardiovascular disease or coronary heart disease
- prescribed four or more relevant repeat medications for the previously listed disease states
- evidence of irregular ordering of prescriptions or attendance at the practice in the last year.

The patient's choice of pharmacist is able to offer individual patient assessment focussing on their compliance issues. They also concentrate on educating patients on the health benefits of their medication as well as identifying the need for and referring onto other social and healthcare services. This can be achieved by direct onward referral to the other support services tailored to the individual needs of the patient. Pharmacists and their support staff are well placed to offer this service as they are easily accessible in the community and patients visit their pharmacy on a regular basis for their medication and advice. They are also able to support and minimise dropout from GP based appointments.

The project has now been running since February 2007 and in the second year we are hoping to increase and actively promote referrals into the project from community pharmacists, doctors and practice nurses. Local pharmacists can identify patients that may benefit from extra support in medicine adherence and refer them into the Keep Well project using:

- The Pharmacy referrals forms in the Keep Well Directories for the North and East. (See appendix)
- Contacting Sharon Parrot, Keep Well Link Worker, phone 0141 201 5752 or e-mail [Sharon.Parrot@ggc.scot.nhs.uk](mailto:Sharon.Parrot@ggc.scot.nhs.uk)

# Keep well

## Client's Personal Details

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
CHI Number: \_\_\_\_\_  
Tel (home): \_\_\_\_\_  
Tel (mobile): \_\_\_\_\_

## Referrer Details

Name: \_\_\_\_\_  
Practice Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Tel: \_\_\_\_\_

## Service Required

Pharmacy

I have discussed personal information about my circumstances and understand that in being referred to the above organisation I agree for them to exchange relevant information I have provided and communicate with each other about my case. I have provided my telephone number and address and give permission for these organisations to contact me at home if necessary.

I understand that my participation in the Keep well project is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I agree to have the information I provide recorded for this project.

I agree for anonymous information about me to be given to the evaluation team to compile reports on the success of the project for the Scottish Executive.

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Referrer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Return to: -**

**Sharon Parrott, Keep well Pharmacy Link Worker,  
Pharmacy and Prescribing Support Unit,  
Queens Park House,  
Victoria Infirmary, G42 9TY**

**Fax Number:- 0141 201 5319**

**Tel Number:- 0141 201 5752**