

# PostScript - Primary Care

**June 2008**

## **CONTRACEPTIVE PRESCRIBING GUIDELINES:**

New contraceptive prescribing guidelines have recently been approved for use in primary care in Greater Glasgow and Clyde. The guideline advocates use of long-acting reversible contraception as the first-line option due to the greater efficacy compared to oral alternatives. The guideline also recommends annual review of these patients which should check for changes to risk factors. The guideline is available on the formulary website at: <http://tinyurl.com/6hokba>

## **INVASIVE MENINGOCOCCAL DISEASE SIGN GUIDELINE:**

The new SIGN guideline on management of invasive meningococcal disease (IMD) (<http://tinyurl.com/5q2acd>) in children and young people has recently been published.

Features in an ill child which should prompt consideration of a diagnosis of IMD are:

- Petechial rash
- Altered mental state
- Cold hands and feet
- Extremity pain
- Fever
- Headache
- Neck stiffness
- Skin mottling

A generalised petechial rash beyond the distribution of the superior vena cava or a purpuric rash in any location, in an ill child could suggest meningococcal septicaemia and should lead to urgent treatment and referral to secondary care. The guideline states that if IMD is suspected, parenteral antibiotics should be administered as soon as possible.

Benzylpenicillin or cefotaxime are the first-line drugs. GPs should ensure that they have supplies of these injections in their bags and practices to avoid delay in treatment.

## **PRISMS UPDATE:**

Prisms is being upgraded to a new version of the software. There will be a training roadshow during July and August to provide users with a knowledge of the new version. To apply for training see: [www.prismsweb.scot.nhs.uk](http://www.prismsweb.scot.nhs.uk)



Users should note that personal documents saved or modified after the 9<sup>th</sup> of June will not be available after the upgrade.

## **MELATONIN (CIRCADIN®):**

Lundbeck have recently launched a prolonged-release tablet formulation of melatonin - Circadin® 2mg tablets, which has a European marketing authorisation. It is licensed as monotherapy for the short-term treatment of primary insomnia characterised by poor quality of sleep in patients aged 55 or over.

Until a submission is made by the manufacturer to the Scottish Medicines Consortium (SMC) for evaluation for use in NHS Scotland, this product will remain non-Formulary.

## **PRIMARY CARE NON-FORMULARY PROCESS:**

Over the next few months, a process to monitor and gather relevant information on non-Formulary prescribing will be rolled out to all primary care prescribers. This follows on from the introduction of similar processes in all acute sites in NHSGGC.

A limited list comprising of 26 non-Formulary and non-SMC approved medicines has been agreed and prescribers are asked to complete a short form when they initiate one of these medicines for an individual patient or when they receive a request from a clinician in the acute sector to initiate one of these medicines.

The information gathered will be used to highlight areas in the acute sector where there are high levels of recommendations of non-Formulary medicines and address the issue from within the relevant directorate. Full details will be sent to practices when the rollout programme reaches their CH(C)P. StaffNet users can access the process on: <http://staffnet/Info+Centre/GGC+Formulary/FormularyNonFormularyInfoRFAKSept07.htm>



# TRAVEL PRESCRIBING INFORMATION



**VACCINES:** Vaccines included in the Global Sum which should be supplied and administered on the NHS when indicated are:

- ✓ Cholera
- ✓ Diphtheria / Tetanus / Polio
- ✓ Hepatitis A
- ✓ MMR / Rubella
- ✓ Smallpox
- ✓ Typhoid

These may be prescribed for individual patients on a GP10. No charge can be made for administration or accompanying advice given with an NHS prescription. Only if a GP opts out of the Vaccination and Immunisation Additional Service (and has their Global Sum reduced by 2%) can they refuse to give them free of charge. This applies to both nGMS and PMS practices.

All other travel vaccinations can be charged for if prescribed privately. This includes:

- Hepatitis B
- Japanese encephalitis (named patient)
- Meningococcal meningitis
- Rabies
- Tick borne encephalitis
- Yellow fever

Rabies vaccine can only be provided on the NHS to workers at special risk of contact with infected animals, eg persons employed at quarantine centres. Immunisation is recommended for people living or travelling in

enzootic areas who may be at risk of infection. This is not an NHS service.

**MALARIA PROPHYLAXIS:** This should not be prescribed on the NHS. Some regimens can be purchased over the counter from a community pharmacist; others should be prescribed privately. For guidance see [www.hpa.org.uk/infections/topics\\_az/malaria/default.htm](http://www.hpa.org.uk/infections/topics_az/malaria/default.htm) or [www.travax.nhs.uk](http://www.travax.nhs.uk).

## EXCESS QUANTITIES OF REGULAR REPEAT PRESCRIPTIONS:

A Scottish Home and Health Department circular from 1971 clarifies the position on prescribing for patients going abroad for extended periods. It states:

*“if a patient intends to go away for a longer period [than two to three week’s holiday] he may not be regarded as a resident of this country and would not then be entitled to the benefits of the National Health Service...it may not be in the patient’s best interest for him to continue self-medication over such longer periods ... if a patient is going abroad for a long period, he should be prescribed sufficient drugs to meet his requirements only until such time as he can place himself in the care of a doctor at his destination.”*

Where ongoing medical attention is not necessary, the patient may be given a private prescription.

Vaccine	Notes
Cholera	Confirmed cholera is rare in travellers and it is believed that care to avoid contaminated foods and water is more important than vaccination. Vaccination only provides partial protection and is indicated where precautions cannot be taken, eg in refugee camps. This is now only available as an oral vaccine.
Diphtheria / Tetanus / Poliomyelitis	For individuals who have not had the basic course of immunisation or a reinforcing dose. Should be prescribed as combination vaccine.
Hepatitis A	Recommended for persons travelling to areas of poor sanitation where the degree of exposure to infection is likely to be high.
MMR / Rubella	Children aged 6-15 not previously immunised and un-immunised adults travelling to areas where the diseases are still common.
Smallpox	There is no indication for smallpox vaccination for travellers. The exception is laboratory staff or workers at identifiable risk.
Typhoid	Vaccination is recommended for travellers to areas where food and water are likely to be contaminated. Also available in combination with Hepatitis A vaccine.

*Vaccines provided from the nGMS Global Sum*