

# PostScript - Primary Care

July 2008

## **CLOSTRIDIUM DIFFICILE (C.Diff):**

Clostridium difficile is a bacterium that causes diarrhoea and colitis. It is found in around one in fifty healthy adults, who carry the bug asymptomatically. Patients who have been treated with broad spectrum antibiotics are at greatest risk of C.Diff disease. Most of those affected are elderly with serious underlying illnesses. Most infections occur in hospitals but can also occur in primary care settings.

Parenteral or oral antibiotics such as cephalosporins, clindamycin, co-amoxiclav and quinolones are associated with *C. diff* disease. The GGC hospital infection management guidance has been revised to promote use of alternative, narrow spectrum antibiotics eg amoxicillin. Although this guidance applies principally to hospital inpatients, primary care prescribers are encouraged to adopt these principles of good practice as far as clinically possible.

**PRESCRIBING FOR YOURSELF AND SOMEONE CLOSE TO YOU:** The professional bodies linked to medicine, dentistry, pharmacy, and nursing and midwifery have all issued standards or guidance on prescribing for their members. All recommend that practitioners should not prescribe for themselves or anyone with whom they have a close personal relationship. This is because it can be difficult to remain objective and so prescribers risk overlooking serious problems, tolerating unsuitable behaviour, or interfering with care or treatment provided by other healthcare personnel.

Controlled Drugs (CDs) present particular problems due to the possibility of addiction, misuse and diversion. Prescribing CDs to yourself or someone close to you is only likely to be considered acceptable by the professional regulatory bodies if:

- No other person with the legal right to prescribe is available to assess the patient's clinical condition and to prescribe without a delay; which would put the patient's life or health at risk, or cause the patient unacceptable pain.
- Such treatment must also be immediately necessary to save life, avoid serious deterioration in the patient's health, or alleviate otherwise uncontrollable pain.
- Where prescribers do issue scripts or administer CDs to themselves or those with whom they have a close personal relationship they must be able to justify the actions.

The Controlled Drug Governance Team, working with the Board's Accountable Officer, has discovered several instances of prescribers issuing scripts for CDs either for themselves or family members. Areas of concern will be referred to the relevant CHP. If you have any questions or wish further information, please contact the team on 0141 201 5348.

## **BOC OXYGEN FOR PRACTICES:**

BOC have available portable oxygen kits for emergency resuscitation suitable for GP practice use. All equipment that is required for use is included. There is an annual service charge payable for maintenance. For full details see: [www.boclifeline.co.uk/](http://www.boclifeline.co.uk/)



## **GLUCOSAMINE:**

Alateris® is the first licensed glucosamine formulation, indicated for symptomatic relief of mild to moderate osteoarthritis (OA) of the knee. This has recently been assessed by the Scottish Medicines Consortium who have not recommended its use within NHS Scotland. There was no direct trial evidence of the efficacy and safety of this product. Other randomised controlled trials of glucosamine have indicated little or no benefit over placebo in improving symptoms of OA of the knee.

## **GOODBYE ELAINE:**

This month sees the departure of Elaine Aggleton from the Central Prescribing Team and as the Prescribing Lead for East Dunbartonshire CHP. Elaine has been a great asset to the prescribing teams within Glasgow and Clyde over the last seven years. We wish Elaine all success in her new venture as a Pharmacy Contractor.

## INDICATOR FINAL MEASUREMENT FOR 2007-2008 AVAILABLE SOON

Indicator	Indicator Target	NHSGGC Average Jan-March 2008	No. of practices achieving indicator (n=271)
Lansoprazole and omeprazole (excluding FasTabs & MUPS) should account for at least 90% of all single agent oral PPIs or there should be an absolute increase of 20%	<b>≥90%</b>	90%	183
Standard ISMN should account for at least 70% of all ISMN Prescribing or there should be an absolute increase of 20%	<b>≥70%</b>	58%	163
AIIRA should account for less than or equal to 25% of all ACEI and AIIRAs or there should be an absolute decrease of 5%	<b>≤25%</b>	25%	178
Co-codamol 8/500, co-codamol 30/500 and paracetamol tablets, capsules or caplets should account for at least 90% of all solid dose co-codamol and paracetamol.	<b>≥90%</b>	89%	150
Potential Generic Savings should account for less than or equal to 0.25% of total expenditure	<b>≤0.25%</b>	0.32%	130
Clopidogrel should account for less than or equal to 10% of all antiplatelet drugs or there should be an absolute decrease of 5%	<b>≤10%</b>	8.4%	234
Dispersible 75mg aspirin should account for at least 85% of all 75mg aspirin items	<b>≥85%</b>	87%	185
Loratadine & cetirizine should account for at least 85% of all non-sedating antihistamines	<b>≥85%</b>	80%	115
Standard diclofenac sodium, ibuprofen & naproxen should account for at least 65% all NSAIDS including Cox-2s	<b>≥65%</b>	72%	220
Alendronate should account for at least 85% of all bisphosphonates prescribed for osteoporosis (excluding daily doses) or there should be an absolute increase of 5%	<b>≥85%</b>	87%	217
Fluoxetine & Citalopram should account for at least 60% of all antidepressants (excluding tricyclics) or there should be an absolute increase of 5%	<b>≥60%</b>	56%	178
“Z” drugs (zopiclone, zaleplon, zolpidem) – Defined Daily Doses / 1000patients / quarter should be less than or equal to 500 DDDs or there should be an absolute decrease of 5%	<b>≤500</b>	529	204
Audit on the Top 4 prescribed SMC non-approved drugs (items / 1000 patients) (excluding drugs with other indications that have been approved by SMC e.g. pregabalin)	N/A	5.4	N/A
Audit on NSAID Defined Daily Doses / 1000 patients / quarter	N/A	3436	N/A
Formulary choices should account for at least 96% of all prescribing in BNF 2.12 and Simvastatin should account for at least 65% of all statins or there should be an absolute increase of 10%	<b>≥96%</b> <b>≥65%</b>	96% 64%	178

Practices will be receiving letters with their final measurement for the GMS and Rational Prescribing Incentive Scheme during this month. Please see letters for appeal information and timescales.