

PostScript - Primary Care

March 2010

SMOKEFREE SERVICES: No Smoking Day 2009 saw 1 in 10 UK smokers kick the habit - an impressive 900,000 people.



In Glasgow and Clyde, over 20,000 people set a quit date each year with help from specialist services - about 15,000 use the Pharmacy Smokefree Service and 5,000 try quitting through the group Service. Over 7,000 stop smoking for at least four weeks, the time

period on which HEAT target delivery is measured.



About 30% of Glasgow and Clyde's population are smokers and over two thirds of them claim they would like to stop. Many have tried unsupported, have not succeeded on more than one occasion and therefore lack the confidence to try again. Smokefree Services can restore their confidence with a service that suits their needs.

Research at the University of Glasgow has shown that if clients are referred to specialist services by their GP practice; such as those which run for groups of patients or delivered in pharmacies in NHSGG&C; they are more likely to attend and to stop smoking. See: www.gcph.co.uk/component/option,com_docman/task,doc_download/gid,153/

	<p>Over 300 pharmacies are involved in providing stop smoking support. No appointment is necessary and pharmacy services, apart from being very accessible, achieve the highest throughput of patients. The scheme involves the supply of NRT and brief support on a weekly basis for a maximum of 12 weeks.</p>
	<p>All community health partnerships (CH(C)Ps) have a dedicated stop smoking adviser with a team of staff to provide intensive support for those smokers who find it very hard to stop and have made more than one quit attempt. All CH(C)Ps have a programme of intensive support. People meet regularly for 7 weeks with quit date at week 3. The aim of the sessions is to help motivated quitters stop smoking using NRT prescribed by the local pharmacist weekly (or bupropion or varenicline) and support each other giving up. After week 7, clients continue to collect their product from pharmacy and receive ongoing support there up to week 12.</p>
<p>See http://www.nhsggcsmokefree.org.uk/ for details of all services or call Smokeline 0800 848484</p>	

NRT SUPPLY: Since Nicotine Replacement Therapy (NRT) supply has become a core aspect of the pharmaceutical services contract, we have recommended that all NRT products should be prescribed by community pharmacists either directly or by referral from the Smoking Cessation Advisor. Only in special circumstances should NRT be prescribed on a GP10. The reasons are:

- provision of NRT supply is covered by the NHS pharmaceutical health services contract and therefore budget for NRT sits with community pharmacy. All pharmacies can provide NRT.
- historically, many patients prescribed NRT on a GP10 were not linked into a recognised cessation service and thus miss out on support which is crucial to a successful quit attempt and consequently:
- this data was then not available to be captured on the HEAT target database

Prescribers should refer patients to the services noted above for provision of support/supply of NRT.

INDICATORS 2009/10: The RPS figures are in for Oct to Dec 2009 and achievement letters for the 2009/10 prescribing indicators will be sent to practices in early April. The RPS exceptions are the antibiotic indicator which is now an audit (submit if target not met) and the ferrous fumarate indicator which due to supply issues has had its measurement period changed to Jan-March 2010. A reminder to all practices that all audits should be sent to their prescribing lead before 1st May.

RATIONAL PRESCRIBING SCHEME INDICATORS 2010/11

RPS INDICATORS 2010/11: The Rational Prescribing Indicator Scheme for 10/11 has been agreed by the Prescribing Management Group (Primary Care). The scheme will consist of three **fixed practice specific** prescribing indicators. The indicators as in previous years will be selected based on the potential to generate the greatest prescribing efficiencies for NHSGGC. The baseline data for setting the indicators is October to December 2009. The final measurement will be using **Oct-Dec 2010** data. The three prescribing indicators for the scheme are selected from the following:

INDICATOR	TARGET
Generic omeprazole and lansoprazole capsules as a % of all oral PPI (Items) <i>Rationale: Lansoprazole and omeprazole are the PPIs of choice in the Preferred List</i>	≥90% (or abs increase of 5%)
Standard ISMN as a % of all ISMN Prescribing (Items) <i>Rationale: There is no evidence that modified-release nitrates are more effective or improve compliance compared to standard. Standard release ISMN is more cost-effective.</i>	≥70% (or abs increase of 10%)
Generic diclofenac sodium, ibuprofen tabs/susp, naproxen (excluding EC) as % of all oral NSAIDs (inc. COX-Is) (Items) <i>Rationale: Diclofenac & ibuprofen are drugs of first choice in the Preferred List. The MHRA noted naproxen may be less likely than other NSAIDs to have adverse CV events.</i>	≥70% (or abs increase of 10%)
Generic alendronate as a % of all bisphosphonates prescribed for osteoporosis (excluding daily doses) (Items) <i>Rationale: This is the oral bisphosphonate of choice for osteoporosis in the Formulary.</i>	≥90% (or abs increase of 10%)
Fluoxetine and citalopram as a % of all SSRIs, duloxetine, mirtazapine, reboxetine and venlafaxine (Items) <i>Rationale: Fluoxetine and citalopram are the drugs of choice in the Preferred List.</i>	≥65% (or abs increase of 2%)
Generic simvastatin as a % of all statins (Items) <i>Rationale: Simvastatin is the statin of choice in the Preferred List and in the Cholesterol guidelines.</i>	≥65% (or abs increase of 10%)
Solid dose ferrous fumarate as % of solid dose ferrous fumarate and ferrous sulphate (Items) <i>Rationale: Ferrous fumarate is more cost-effective compared to ferrous sulphate.</i>	80%
Escitalopram as a % of all SSRIs (Items) <i>Rationale: Escitalopram is non-Formulary and significantly more expensive than citalopram.</i>	≤5% (or decrease of 5%)
Home Blood Glucose Monitoring Strips cost per 1000 weighted patients <i>Rationale: BG test strips are only recommended for patients where knowing the blood glucose level is important eg those using insulin or those prone to hypoglycaemic attacks.</i>	≤£400 (decrease of £100)
Vitamin B co strong as a % of vitamin B co strong and thiamine (items) <i>Rationale: Vit B Co Strong has been removed from the formulary following a review of the evidence for its use in chronic alcoholism. The dose of thiamine is insufficient in this preparation for this indication.</i>	≤5% (or 50% decrease)
Prednisolone 5mg EC tabs as a % of prednisolone 5mg EC and standard tabs (items) <i>Rationale: There is no evidence that enteric coating provides any clinically significant advantage over standard prednisolone tablets. Standard prednisolone is more cost-effective.</i>	≤5%

Next month's bulletin will provide the list of additional indicators for the GMS Med10 actions.

FORMULARY SECTION REVIEW: ANTIMUSCARINICS – GPs WANTED: The Formulary Team are currently trying to arrange a multi-disciplinary group to review section 7.4.2 of the Formulary (Drugs for urinary infrequency and incontinence) and need interested GPs to participate. Involvement would consist of attendance at a single meeting lasting between 1.5 to 3 hours within an acute site in NHSGGC. Participants would be reimbursed for one half-day session at the NHSGGC standard rate. This is an ideal way to shape this section of the Formulary and ensure that the primary care viewpoint is heard. If you are interested, contact Kathrin Greschner, Formulary Support Pharmacist on 0141 211 5433 or email on kathrin.greschner@ggc.scot.nhs.uk for more information at the earliest opportunity.