MedicinesUpdatePrimaryCare

NHS Greater Glasgow and Clyde

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The Scottish Therapeutics Utility (STU) and the Effective Feedback to Improve Primary Care Prescribing Safety (EFIPPS) Study.

The Scottish Therapeutics Utility (STU) is software that has been commissioned by the Therapeutics Branch of the Scottish Government and is free to use for all NHS Scotland GP practices. The aim of STU is to help practices improve safety, optimise efficiency and reduce avoidable waste, particularly in relation to repeat prescribing.

STU displays real-time prescribing data via graphs and tables (including patient and drug details) to help identify trends in repeat prescribing. Matters such as duplicate prescribing, non-issued items and excessive medication issues are highlighted and can be prioritised for corrective action.

STU now incorporates a report which identifies patients on 6 types of high-risk prescription (EFIPPS)

High Risk Prescribing Report	Risk	Recommended Action
1. **Older person (≥75yrs) prescribed oral antipsychotic**	Potential for significant harm with only small benefits on behavioural disturbance in dementia	Prescribing of antipsychotics for behavioural disturbance in people with dementia should be reviewed regularly and prescribing stopped by phased withdrawal wherever possible.
2. **Older person (≥65yrs) prescribed ACEI/ARB and diuretic and NSAID**	Increased risk of acute renal failure and death, particularly in those with chronic kidney disease or heart failure	Avoid the NSAID where possible. Undertake regular review where NSAID prescribing continues.
3. **Older person (≥75yrs) prescribed NSAID without gastroprotection**	10-fold increased risk of gastro-intestinal bleeding, compared to NSAID use in middle age	Avoid the NSAID where possible. Undertake regular review where NSAID prescribing continues. Consider use of gastro-protection.
4. **Older person (≥65yrs) prescribed antiplatelet and NSAID without gastroprotection**	8-fold increased risk of gastro-intestinal bleeding, compared to aspirin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.
5. **Person prescribed oral anticoagulant and NSAID without gastroprotection**	3 to 8-fold increased risk of gastro-intestinal bleeding, compared to aspirin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.
6. **Person prescribed oral anticoagulant and antiplatelet without gastroprotection**	4 to 10-fold increased risk of gastro-intestinal bleeding, compared to warfarin alone	Avoid combination (unless clearly recommended by a specialist, ideally with a clear indication of the duration of co-prescribing). Consider use of gastro-protection.

Practices interested in accessing STU can ask their Prescribing Support Pharmacist or Technician for further information. Further information on EFIPPS is available here

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Pharmacist Independent Prescribers and Electronic Prescribing

There is now a new process to allow GP practice-based Pharmacist Independent Prescribers (PIPs) to prescribe electronically using GP clinical systems.

Key Points of the process;

- Using EMIS or Vision, PIPs will produce GP10 forms which are stamped on the bottom right hand corner and annotated with the prescribing PIP's GPhC number and signature.
- an agreed READ-code is added
- and a summary of the patient consultation is annotated in the electronic consultation notes to ensure the interaction was recorded.

This process improves record keeping and accuracy, reducing transcribing errors from hand written prescriptions.

Advantages include;

- Ensures the PIP's prescribing activity can be delivered in an electronic manner.
- The printed GP10 prescription form appears as though it has been generated by a local practice GP with the barcoded message also containing GP details.
- The PIP/GPhC annotation ensures the PIP is easily identifiable.
- If there is a requirement to assess activity by an individual PIP, then that could be reviewed at practice level using the embedded READ code and annotation in the consultation notes.
- The PIP's signature with stamp provided ensures all legal requirements are addressed.

Practice-based PIP will commence using this process shortly and in collaboration with the practice.

GP practices will need to approve the use of this new method of prescribing and ideally, nominate a GP as the authorizing prescriber for this process to work.

Hypoglycaemia Treatment with Sugary Drinks.

In response to the forthcoming "Sugar Tax" levy on the production of sugary drinks, many manufacturers are significantly reducing the amount of sugar in their products. This has implications for diabetics who may use drinks, most commonly Lucozade, to manage hypoglycaemia. April 17 Lucozade began rollout of new formulations across their product range.

Key Points

The new recipe of Lucozade Original has 8.9g carbohydrate per 100ml, reduced from 17g.

- Patients will have to drink approximately 120mls of the new formula Lucozade Original to ingest 10g of carbohydrate.
- For patients unable to tolerate the higher volume of fluids, combining with carbohydrate supplement such as MaxiJul will achieve the required amount of carbohydrate, e.g. 60ml Lucozade Original + one 5g scoop of MaxiJul = 10g of carbohydrate.
- The carbohydrate content of glucose gels e.g. Glucogel and Rapilose and glucose tablets, eg Dextro Energy and Lucozade tablets will remain the same.
- Ensure any patients managing hypoglycaemia with sugary drinks are aware of the changes.
- If preparing, always check the nutritional information
- Seek advice from your local Diabetic Service if you require additional advice or support for a patient.
- Information for Healthcare Professionals provided by Lucozade can be found here.

There will be a mix of old and new formula products on the shelves for some time to come. All drinks across the Lucozade range are changing and other soft drink manufacturers are changing many of their products. Lucozade are also adding aspartame artificial sweetener to their products, this is a source of phenylalanine. Other manufacturers may do the same.

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