

April 2013 ♦ Produced by The Prescribing Team

One Touch® Verio Meters Recall

LifeScan has notified the MHRA of a software problem affecting the One Touch® Verio Pro and One Touch® Verio IQ blood glucose meters and issued a recall.

MHRA Medical Device Alert can be viewed at

<http://www.mhra.gov.uk/home/groups/dts-bs/documents/medicaldevicealert/con261802.pdf>

All One Touch® Verio blood glucose meters manufactured up to 7th March 2013 are being recalled and LifeScan has written to patients and relevant healthcare professionals.

This problem also affects the One Touch® Verio Pro+ device used by health professionals only. A Field Safety Notice has been sent to all affected customers.

This problem does not affect any other blood glucose meter supplied by LifeScan. The performance of the test strips is not affected.

NHSGGC has already issued practices with a letter advising them of the recall to identify any patients using One Touch® Verio meters.

Hyperkalaemia, Mineralocorticoid Receptor Antagonists (MRA) and Chronic Heart Failure (CHF)

There has recently been concern raised from general practice about patients being started on a MRA without adequate U&E monitoring. Both spironolactone and eplerenone are known to increase the risk of hyperkalaemia in CHF. Long term follow-up of patients on spironolactone has shown that patients are at increased risk of hyperkalaemia associated hospitalisations and death if they are not adequately monitored (*N Engl J Med* 2004; 351:543-551).

The NHSGGC Near Patient Testing LES supports GPs to monitor CHF and post-MI patients started on a MRA. Practices are advised to be vigilant

that all patients started on a MRA are followed up as specified. Advice on monitoring requirements of CHF patients and managing hyperkalaemia can be sought from the HF specialist nurse team and the HF specialist pharmacist if required (contact details in local NHSGGC HF guidelines).

NHSGGC Gluten Free Prescribing Guidelines

The NHSGGC Gluten Free prescribing guidelines have been updated in April 2013 and can be accessed from StaffNet using the following link.

<http://www.staffnet.ggc.scot.nhs.uk/Info%20Centre/PoliciesProcedures/GCClinicalGuidelines/GC%20Clinical%20Guidelines%20Electronic%20Resource%20Direct/Gluten%20Free%20Guidelines%20April%202013.pdf>

The guideline lists all foods which are prescribable within NHSGGC as well as the equivalent recommended maximum number of units that a patient should be prescribed on a monthly basis. The number of units varies dependent on age and sex.

The guidelines are updated quarterly to ensure new products are added and discontinued ones removed.

If you have any queries in relation to this guidance please contact the prescribing support dietitians on 0141 201 5214 or presupdiet@ggc.scot.nhs.uk

Diazepam 10mg Voluntary Ban

NHSGGC had adopted a voluntary ban on the prescribing of diazepam 10mg tablets, with 2mg tablets being prescribed instead where possible or appropriate. The decision has been supported by Primary Care and Mental Health PMGs and is in line with Glasgow Addiction Services prescribing recommendations.

Domiciliary Oxygen – Transfer to Dolby Vivisol

The provision of domiciliary oxygen services for NHS Scotland is changing from community pharmacy to a single supplier. In NHS Greater Glasgow & Clyde, this process commenced in February 2013 but the rollout has been delayed.

National Services Scotland (NSS) is currently transferring patients across NHSGGC with some areas nearing completion. Dolby Vivisol has

been provided with patient details and contacted them directly. It is hoped the transfer process will be complete by the end of May 2013.

Community pharmacies will continue to provide an oxygen service to patients during the transfer process and co-operate with Dolby Vivisol during the changeover period until such times as Dolby Vivisol confirm that they have completed the transfer exercise and all patients have been safely moved across to the new service.

NHSGGC Prescribing Indicators 2013/2014

The proposed indicators are listed below and a special PostScript indicators bulletin will follow in May –

GASTROINTESTINAL	
1	Proton Pump Inhibitors (DDDs per 1,000 weighted patients per day)
CARDIOVASCULAR	
2a	Lipid Regulating Drugs: non-preferred list lipid regulating drugs as a percentage of all lipid-regulating drugs (BNF 2.12) (items)
2b	Statins: simvastatin, atorvastatin & pravastatin as a percentage of total statins (DDDs)
RESPIRATORY	
3	High Strength Inhaled Corticosteroids: high strength inhaled corticosteroids as a percentage of all steroid inhalers (items)
4	Leukotriene receptor antagonists (items per 1,000 weighted patients per 100 days)
5	Mucolytics: carbocisteine, erdocisteine and mecysteine (DDDs per 1,000 weighted patients per 100 days)
CNS (PSYCHOTROPICS)	
6	Hypnotics and anxiolytics (DDDs per 1,000 weighted patients per day)
7	Non-preferred list Antidepressants as a percentage of all SSRIs, mirtazapine, duloxetine, reboxetine and venlafaxine (items)
8	Review of long-term (≥ 2 years) antidepressants: percentage of patients receiving the same antidepressant (excluding amitriptyline) not reviewed in the last 9 months.
CNS (PAIN)	
9	Analgesics: pregabalin and gabapentin (cost per 1,000 weighted patients per day)
10	Moderate to Severe Pain: Opioids (BNF 4.7.2, co-codamol 30/500, co-dydramol 20/500 and 30/500, and Tramacet [®]) (cost per 1,000 weighted patients per day)
11	CNS (pain): Lidocaine plasters (cost per 1,000 weighted patients per day)
ANTI-INFECTIVES	
12	Total Antibiotic Use (items per 1,000 patients per day)
13a	4C Antibiotics: fluoroquinolones (items per 1,000 patients per 100 days)
13b	4C Antibiotics: cephalosporin (items per 1,000 patients per 100 days)
13c	4C Antibiotics: co-amoxiclav (items per 1,000 patients per 100 days)
14	Antimicrobial Wound Products: Antimicrobial wound products as a percentage of total wound products (items)
DIABETES	
15	Antidiabetic drugs: established oral hypoglycaemics (metformin & sulphonylureas) as percentage of all antidiabetic drugs (DDDs)
16	Long-acting insulin analogues (detemir and glargine) as a percentage of all intermediate and long-acting insulins (excluding biphasic insulins) (DDDs)
MUSCULOSKELETAL, ANTI-INFLAMMATORIES & OSTEOPOROSIS	
17	Non-preferred list NSAIDs as a percentage of all NSAIDs (DDDs)
18	NSAIDs (DDDs per 1,000 weighted patients per day)