CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

Prescribing Newsletter April 2014

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics.

Drug related deaths

Numbers of drug related deaths In Brighton & Hove have reduced each year from 50 deaths (2008) to 20 deaths (2012). The youngest in the current report was 24 years old and the oldest 81, with a peak age of 35-44 years

Toxicology showed opiates other than heroin or methadone were involved in 68%, alcohol in 58%, benzodiazepines in 53% of all cases in 2012. Tramadol was identified on toxicology in 2 cases.

Benzodiazepines and alcohol both increase the risk of death from opiate overdose.

All available prescription drugs seized by the police between January and July 2013 have been examined and all but one appeared to be NHS prescribed, whilst the one exception appeared to have been bought over the internet.

Actions: Prescribers should be aware of potential diversion of prescribed drugs, particularly benzodiazepines, tramadol and opiates

Brighton Area Prescribing Committee (Brighton APC) Update

Brighton APC makes decisions concerning additions to the Joint Formulary. Below are the recent decisions made by the APC:

Summary of Brighton Area Prescribing Committee (APC) decisions

Meeting month	Item	Decision	Notes
February 2014	Zeroderm ointment	APPROVED	Preferred to Epaderm or Hydromol
	Zerocream	APPROVED	Preferred alternative to non-formulary E45
	Zerobase	APPROVED	Preferred to Diprobase
	Diprobase cream	DELETED	Replaced by Zerobase
	ZeroAQS cream	APPROVED	Preferred to aqueous cream
	Fluocinolone intravitreal implant for Diabetic Macular Oedema	APPROVED – RED = specialist ONLY	In line with NICE TA301
	Dymista	NOT APPROVED – BLACK - DO NOT PRESCRIBE	

Hayfever season and allergies – almost that time again…

GPs will soon find themselves being asked for an array of items to relieve symptoms. Now may be the time to review treatments in order to avoid inadvertently prescribing high cost, non - formulary or OTC products.

Dymista Nasal Spray (Fluticasone propionate 50mcg /Azelastine HCl 137mcg) - this is not on the Joint Formulary. The DTB recently examined the evidence and concluded that it offered no significant clinical advantage over current treatment options i.e. oral antihistamine and intra-nasal corticosteroid. Also, at £18.91 per month, it was considerably more expensive. The formulary recommendation is fluticasone furoate (Avamys®) nasal spray plus a daily low cost antihistamine such as loratadine or cetirizine **tablets** (or chlorphenamine if a sedating anti-histamine is required) These should be prescribed generically and, can often be purchased OTC for less than the prescription fee.

Over The Counter (OTC) remedies - OTC formulations such as Benadryl allergy relief® and Benadryl Once Daily® (and also written generically as acrivastine), NasalGuard® Allergy Blockgel and Zirtek Allergy® should not be prescribed. The patient can purchase them directly from their local pharmacy or supermarket if they expressly wish to have such products.

Ketovite and Folic Acid switch to Renavit in dialysis patients

It is usual practice for all patients who have dialysis to receive supplements of water soluble vitamins to replace those which are lost on dialysis.

Sussex Kidney Unit had previously been using Ketovite and folic acid for this purpose. However SKU are now switching over to Renavit due to the following advantages over Ketovite and folic acid tablets.

- It contains all the vitamins at the required levels recommended for kidney patients in one single tablet.
- Renavit will replace Ketovite **and** folic acid tablets (provided the folic acid is not required for a medical reason other than as a dialysis supplement).
- Additionally Renavit tablets do not need to be stored in the fridge

Action: GPs should stop Ketovite and folic acid in patients on dialysis and switch over to Renavit

Communications with mental health prescribers

SPFT recognise that many prescribing problems occurring at the Primary Care/ Mental Health care interface could be addressed with improved communications.

One common problem is when SPFT prescribers do not explain why they have made a potentially controversial decision. In order to avoid patients being caught up in a disagreement, SPFT prescribers are being encouraged to contact GPs in such cases. It has also been suggested that they make time to meet GPs at practice meetings, in order to better understand the issues from a GP perspective.

Action: Practices experiencing interface problems could consider inviting SPFT psychiatrist to a practice meeting.

Valsartan shortages

Several suppliers of valsartan (non-formulary) are experiencing intermittent shortages which may last many months and the situation may change from week to week.

Based on ePACT data, during December 2013 - February 2014, 43 practices have prescribed a total of 546 items for an estimated 136 to 272 patients (based on daily and twice daily dosing).

Action:

- Prescribers are directed to the UKMI guidance for prescriber, which provides possible courses of action including conversion to losartan or candesartan (formulary choices), where this may be indicated.
- It may also be timely to review on-going prescribing of branded Diovan and the premium priced valsartan tablets (5-7 times more expensive than capsules)

Repeat prescribing

The Medical Protection Society (MPS) recently identified repeat prescribing as one of the top 5 risks in general practice.

Common issues included practices not having a robust repeat prescribing protocol in place, not recording uncollected prescriptions, and using administration staff to make changes on the repeat prescription records.

Action: Having a practice repeat prescribing protocol in place is required by the CQC. It not only reduces the risk of prescribing errors, but is essential for successful roll out of the Electronic Prescription Service (ESP)

Access to practice data is changing – act and register now!

The electronic financial and prescribing information for practices system (or **ePFIP**) will be decommissioned in April 2014. ePFIP is often used by practices to monitor their prescribing activity, particularly to reconcile personally administered items and to extract prescribing data for GP appraisals.

This information will still be available but practices need to sign up for access via the Information Services Portal (ISP). To avoid any interruption to receiving this data, please e-mail NHSBSA.GPData@nhs.net with name, email address, telephone number and practice. Once registered the ISP service is available at https://apps.nhsbsa.nhs.uk/infosystems/welcome