

Prescribing Newsletter

December 2013

This newsletter is produced by the Medicines Management Team at the PCT, 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.

Brighton and Hove Non-Prescription Dressings Supply Rollout in 2014 – end of dressings on prescription

In January, Brighton and Hove CCG will be commencing the roll out of a new non-prescription supply route for the majority of dressings. It is anticipated that all routine dressings will have transferred to this system by the end of March.

The system that will be used is ONPOS (Online Non-Prescription Ordering Service), a system developed by Coloplast.

Nurses place orders for dressings to keep as stock at Community Nurse bases, GP surgeries and Nursing Homes. Orders are transmitted to a specified community pharmacy and delivered to the Community Nurse base/ GP Practice / Nursing Home by the next working day. These stocks of dressings will not belong to specific patients and can be used for any appropriate patient.

The roll-out will start with Community Nurse clinics and Nursing Homes and then move on to GP practices, with training for Practice Nurses and nominated administrative staff. Practices will be contacted in January or February to arrange training.

The main change for GP practices is that MOST prescription requests for dressings will stop once this has been fully implemented, though unusual dressings/ sizes etc. which are not included in the Dressings Formulary may still need to be prescribed.

During the transition period where some Community Nurses and Nursing Homes have transferred to ONPOS and some haven't, please continue to prescribe as usual.

In other areas where ONPOS is used, patient care has improved by ensuring:

- the right dressing is available with minimal delay
- reduction of wasted dressings as there is no over-ordering to cover delays and since the dressings no longer belong to the patient, they do not need to be thrown away when requirements change
- considerable saving of time in GP practices

Action: Please ensure appropriate staff are available for training, and that dressings are not included on repeat prescriptions

[BNF distribution update](#)

NICE is reducing the frequency of distribution of the print version of the BNF to annually (autumn) because an increasing number of clinicians are choosing to access the BNF in digital formats. NICE's BNF and BNFC apps and content on [NICE Evidence](#) are updated monthly, unlike the print version, making them the easiest way to keep up-to-date. The apps can be used conveniently without an internet connection. Individuals can purchase print copies of the spring versions directly from BNF publisher

Dispensing Appliance Contractors (DAC) and retrospective prescriptions

DACs identified as having dispensed BHCCG stoma prescriptions have been sent a letter, signed by CCG, local Area Team and BSUHT Stoma lead, to remind them of:

- their contractual requirements to **only** supply upon:
 - receipt of a valid prescription or
 - an emergency supply request from a prescriber.
 Any other supplies would mean they are in breach of their terms of service and they risk their request not being complied with.
- only those items recommended by the NHS Trust Stoma Nurse to GP should be requested

Action: Retrospective requests for prescriptions should be discouraged

Only those items recommended by the NHS Trust Stoma Nurse should be prescribed. Items outside of these recommendations should be referred back to the Stoma Nurse.

That's NICE www.nice.org.uk/Guidance/Date

October 2013 - [DG11](#) Faecal calprotectin testing diagnostic tests for inflammatory diseases of the bowel; [TA297](#) Vitreomacular traction-ocriplasmin is recommended as a possible treatment; [PH47](#) Managing overweight and obesity among children and young people

[NICE Bites October 2013](#) summarises NICE CG171- Urinary incontinence in women.

November 2013

Myocardial infarction: secondary prevention [CG172](#) - updates and replaces NICE CG48 & TA80 - All patients post acute MI should be offered treatment with:

- ACE inhibitor - titrated upwards at short intervals (every 12 to 24 hours) before leaving hospital to the maximum tolerated or target dose. If completion is not possible during hospital stay, it should be completed within 4 to 6 weeks post discharge.
- Beta-blocker - plans for titrating beta-blockers up to maximum tolerated or target dose need to be communicated in the discharge summary
- Statin
- Dual antiplatelet therapy (aspirin plus a second antiplatelet agent)

Other new recommendations include:

- Do **not** offer or advise people to use omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods to prevent another MI
- Do not add a new oral anticoagulant (NOAC) in combination with dual antiplatelet therapy in people who otherwise need anticoagulation, who have had an MI. Moreover, consider switching NOAC to warfarin in people who otherwise need anticoagulation and who have had an MI, unless there is a specific clinical indication to continue.

Neuropathic pain [CG173](#) - updates and replaces NICE CG96 (2010)

- amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain – If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.
- Only consider tramadol only if acute rescue therapy is needed.
- Offer carbamazepine as initial treatment for trigeminal neuralgia

Action: Clinicians should be aware of the [local pain guidance](#) which lists all of the above but places pregabalin lower down in priority

[MHRA Drug Safety Update](#)

October 2013 - **New oral anticoagulants (NOAC)** apixaban (Eliquis®), dabigatran (Pradaxa®) and rivaroxaban (Xarelto®): clarifying risk of serious haemorrhage applies to **all three** medicines

Yellow card scheme update - Black triangle symbol ▼ included in Patient Information Leaflets (PIL). Patients and clinicians encouraged to use online yellow card reporting

November 2013 - highlight of the new advice on **switching** between different manufacturers' products of **antiepileptic drugs**; strengthened warnings on **neuropsychiatric side effects** associated with **mefloquine**; new evidence on **neurodevelopmental delay** in children following **maternal use of sodium valproate** reminding clinicians that it must only be used during pregnancy if there is **no effective alternative**; and warning of risk of **intraoperative floppy iris syndrome (IFIS)** during cataract surgery in patients taking the atypical antipsychotics **risperidone** or **paliperidone**, and therefore the importance of **notification of use** of these drugs on referrals for cataract surgery

CQC – Medicines Management

[BMA's GP Guidance on CQC registration](#) includes a section on Outcome 9 - Medicines Management, one of the CQCs essential standards. A practice is likely to be compliant if they have, amongst other things, a repeat prescribing policy that covers conducting medication reviews and is specifically designed for the practice. An example of such a policy is available in Appendix B8 of the guidance. [BMA Guidance-CQC Registration](#)

Joint Formulary changes include addition of:

Lisdexamfetamine capsules in section 4.4 as per ADHD ESCA

Dapagliflozin - use as per NICE TA288 and DPP-4 Stopping rules apply (a reduction of at least 0.5 percentage points in HbA1c in 6 months, which approximates to a 5.5 mmol/mol reduction)

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