

# General Practice Updates

**NHS**

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## Your Chance to Speak!

### Items routinely prescribed

Last year 1.1 billion prescription items were dispensed in primary care at a cost of £9.2billion. This cost coupled with finite resources means it is important that the NHS achieves the greatest value from the money that it spends. We know that across England there is significant variation in what is being prescribed and to whom.

CCGs asked for a nationally co-ordinated approach to the development of commissioning guidance in this area to ensure consistency and address unwarranted variation. The DoH is consulting on a range of items which should not be routinely prescribed. The position would leave it to CCG to be responsible for managing this, however there is support in General Practice for a stronger national stance. This is your chance to influence the national position on a number of products, many of which are blacklisted locally with a variable impact.

Included in the consultation are OTC medications for self-care/self-limiting illnesses which currently account for approx. £50m - £100m pa of NHS spend. Examples include treatments for; acute pain, fever, diarrhoea, ear wax, head lice, nappy rash and teething.

To have your say [click here](#). The consultation closes on 21 Oct 2017.

### GP Needs Assessment Survey

Public Health England (PHE), in collaboration with the RCGP, would like to invite you take part in a survey to identify which conditions you would like to see more evidence for management in your daily clinical practice.

The survey takes approximately 7 minutes to complete and your response will be used to determine where research is needed and to inform guidance development.

You can access the [survey here](#).



### FreeStyle Libre Glucose testing system

Prescribers are reminded that this product is **not currently prescribable** in the NHS England drug tariff and therefore GPs cannot currently prescribe it on FP10. The system employs a sensor attached to the patient's skin and readings are taken by scanning the sensor with a meter.

There is significant promotion of the system being issued by the manufacturer and it will become prescribable nationally in November. GMMMG are reviewing the outcomes and affordability of its use and will issue a statement in due course. Until this is in place please do not prescribe this product.

## “Should you finish a course of antibiotics?.....”

A recent BBC news article highlighted some research into potentially reducing the course length of antibiotics or stopping them before the prescribed course was complete. Further research is needed before the 'finish the course' mantra for antibiotics is changed in general practice. The study acknowledges that hospitals are increasingly reviewing the need for antibiotics from day to day and that there is a growing trend towards shorter courses of drugs. However patients in primary care do not have the same opportunity for daily review and clinician input.

Prof Helen Stokes-Lampard, leader of the Royal College of General Practitioners, said an improvement in symptoms did not necessarily mean the infection had been completely eradicated and Public Health England says patients should continue to follow current advice about using antibiotics (see box on right).

- Only prescribe an antibiotic when there is likely to be a clear clinical benefit.
- Consider a 'No' or 'Back-up/ Delayed', antibiotic strategy for acute self-limiting upper respiratory tract infections, and mild UTI symptoms.
- Limit prescribing over the telephone to exceptional cases, and use simple generic antibiotics where possible.
- Avoid broad spectrum antibiotics (eg. co-amoxiclav, quinolones and cephalosporins) when narrow spectrum antibiotics remain effective, as they increase the risk of *Clostridium difficile*, MRSA and resistant UTIs.

## Adrenaline auto-injectors

After European review advice has been updated to recommend that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times.

### Advice for healthcare professionals:

- Ensure that people with allergies and their carers have been trained to use the particular auto-injector that they have been prescribed—technique varies between injectors
- Encourage people with allergies and their carers to obtain and practice using a trainer device (available for free from the manufacturers' websites)

## Enoxaparin strength

A recent communication from Sanofi announced that enoxaparin strength previously expressed in milligrams (mg) will now be expressed both in international units (IU) of anti-Xa activity and in milligrams (mg): 1 mg of enoxaparin sodium is equivalent to 100 IU anti-Xa activity.

For example, for the pre-filled syringes of 0.4 ml, the strength will appear as: Clexane Syringes 4,000 IU (40 mg)/0.4 ml solution for injection.

Important discrepancies previously existed between EU member states in the way enoxaparin strength was expressed.

## PBMC Corner

This month's PBMC training involved 2 new SOPs being delivered. The first was delivered by Mike Walker on optimising blood glucose testing strips to more cost effective brands. The second piece of work presented by Jacqueline Coleman was on auditing COPD rescue packs.

There was a MHRA alert sent out in August for affected batches of NovoPen Echo and/or NovoPen 5 dating back to 2014. Please ensure that your practice have acted on the advice given. Any patients issued these devices since 2014 should be advised to contact Novo Nordisk directly (Customer Care line on 0845 600 5055) to check if they have an affected pen and to arrange a replacement. Novo Nordisk will be supplying replacements and so GPs should not issue a new one on FP10.

A reminder that there is no training in October and November's training dates will be Thursday 23rd 1:30pm – 3pm and Tuesday 28th 10:30am – 12pm.

## MHRA Warnings

### **Sodium valproate prescribing in women of child bearing age**

A letter was sent by the MHRA in July to health care professionals reminding them that children exposed in utero to valproate are at a high risk of serious developmental disorders (in up to 30–40% of cases) and/or congenital malformations (in approximately 10% of cases).

A recent survey has identified that 20% of women of childbearing age taking valproate for epilepsy had not been informed of these risks and 80% had not received any written information from their HCPs.

#### **For this reason, you are asked to take the following actions:**

- DO NOT prescribe valproate to female children, female adolescents, women of childbearing potential, or pregnant women UNLESS other treatments are not effective or other treatments are not tolerated.
- ONLY doctors experienced in managing epilepsy or bipolar disorder should prescribe valproate to these patients, and must supervise on going treatment with a review annually, at a minimum.
- If you prescribe valproate YOU MUST INFORM all girls and women of childbearing age of the following, and ensure the information is understood:
  - the risks to a baby from taking valproate during pregnancy;
  - the need to use effective contraception while taking valproate;
  - the need for regular (at least annual) review of treatment;
  - the need to rapidly consult you if planning a pregnancy or becomes pregnant
- If you are a General Practitioner caring for girls or women of childbearing age taking valproate, YOU MUST ENSURE that your patient is seen by the specialist responsible for prescribing valproate at least annually, and as a matter of urgency if she is planning pregnancy or becomes pregnant.



A [toolkit](#) is available providing a prescribing guide and checklist for HCPs and a patient guide and card.

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### **Central serous chorioretinopathy**

Central serous chorioretinopathy is a retinal disorder that has been linked to the systemic use of corticosteroids. Recently, it has also been [reported after local administration of corticosteroids](#) via inhaled and intranasal, epidural, intra-articular, topical dermal, and periocular routes.

#### **Advice for healthcare professionals:**

- Advise patients to report any blurred vision or other visual disturbances during corticosteroid treatment
- Consider referral to an ophthalmologist for evaluation of possible causes if a patient presents with vision problems
- Report suspected adverse reactions on a [Yellow Card](#)

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### **NICE Bites: Parkinson's disease in adults**

The [July/August edition](#) presents a summary of the management and prescribing recommendations from NICE on Parkinson's disease in people ≥ 18years.