

# General Practice Updates

**NHS**

**Stockport**

**Clinical Commissioning Group**

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## **Cardiovascular disease: risk assessment and reduction, including lipid modification** [NICE clinical guideline 181](#)

The NICE quality statement advises that:

Adults with a 10-year risk of cardiovascular disease (CVD) of 10% or more receive advice on lifestyle changes before any offer of statin therapy. Their rationale is that lifestyle changes such as stopping smoking, increasing physical activity, eating a healthy diet, managing weight and reducing alcohol consumption can reduce the risk of CVD. NICE states that lifestyle changes should be made, if possible, before statin treatment is offered, because these can reduce a person's risk of CVD without the need for drug treatment. It is important that the benefits of lifestyle changes for primary prevention are discussed with adults at risk of CVD, to encourage uptake of lifestyle interventions before any offer of statin therapy.

GPs are advised to follow the advice set out in the NICE pathway, this being:

- Before offering statin treatment for primary prevention, discuss the benefits of lifestyle modification and optimise the management of all other modifiable cardiovascular disease risk factors if possible
- Recognise that people may need support to change their lifestyle. To help them do this, refer them to programmes such as exercise referral schemes (see the [NICE pathway on behaviour change](#))
- Offer people the opportunity to have their risk of cardiovascular disease assessed again after they have tried to change their lifestyle.
- If lifestyle modification is ineffective or inappropriate offer statin treatment after risk assessment.

Support available:

- Patients can be referred or may self-refer into Healthy Stockport for lifestyle advice by contacting the START team on 0161 474 3141 or at [www.healthystockport.co.uk](http://www.healthystockport.co.uk) to make a referral
- The [decision aid](#) is useful to assist with individual conversations.



### **Contact Us!**

The Medicine Optimisation team can be contacted on:  
Tel: 0161 249 4232 (answerphone)  
Email: [STOCCG.Pxenquiries@nhs.net](mailto:STOCCG.Pxenquiries@nhs.net)

## Safety Alerts



### *Hyoscine butylbromide (Buscopan®) injection*

The MHRA has issued an [alert](#) about the risk of serious adverse effects in patients with underlying cardiac disease with Hyoscine butylbromide (Buscopan®) injection

Prescribing information has been updated to help to minimise the risk of serious adverse reactions in patients with cardiac disease.

Advice for healthcare professionals:

- Hyoscine butylbromide injection can cause serious adverse effects including tachycardia, hypotension, and anaphylaxis
- These adverse effects can result in a fatal outcome in patients with underlying cardiac disease, such as those with heart failure, coronary heart disease, cardiac arrhythmia, or hypertension
- Hyoscine butylbromide injection should be used with caution in patients with cardiac disease
- Monitor these patients, and ensure that resuscitation equipment, and personnel who are trained how to use this equipment, are readily available
- Hyoscine butylbromide injection remains contraindicated in patients with tachycardia

### *Fentanyl patches*

Following deaths directly related to the use of fentanyl patches this is a reminder from both the Coroner's Office and the Patient Safety Agency, that patients using these patches should be reminded of the following:

**Discard damaged patches, do not apply heat to site of patch; contact doctor if you have fever.**

It is up to the practice how they remind patients, and pharmacies will also be asked to remind the patients about the risks involved.

Practice can choose to do all or either of the following:

- Add the wording to the dosing directions for use
- Add wording as a patient note for the medication entry
- Issue leaflet with next prescription or with a letter

[Click here](#) for the MHRA patient information leaflet which can be use in its entirety or as a basis for a practice letter.

### *EMIS patient messages*

Practice staff should be aware of limitations when using the "patient text" option on EMIS to inform patients of something related to their medicines.

At the point of printing, any messages will appear on the right hand side at the top of the page and NOT underneath the drug it was written against. This could lead to confusion.

Any medicine related message added in this way needs to state the name of the medicine it refers to, e.g. "paracetamol dose increased" instead of just dose increase, or "pregabalin switched to Rewisca brand" instead of "switched to Rewisca".

Please contact the your Pharmacy Technician if you have any questions.



## SOC CER

SOC CER (Stockport, Optimising, Carbohydrate Counting, Education and Results) is a structured patient education course to



help adult patients manage type 1 diabetes. NICE recommends all type 1 diabetics be offered such a programme 6-12m after diagnosis, or 'at any time that is clinically appropriate and suitable for the person, regardless of duration of type 1 diabetes'.

There is currently capacity for patients with type 1 diabetes to attend the course, which helps people lead as normal a life as possible, while controlling blood glucose levels, hence reducing the risk of long-term diabetes complications. SOC CER allows people to fit diabetes into their lifestyle, rather than changing their lifestyle to fit in with their diabetes.

If you think any of your patients would benefit from this free education and support, the referral details are below.

- [Diabetes referral form](#)
- [Template invitation letter](#)

The referral criteria are as follows:

- Type 1 Diabetes
- Age > 17 yrs
- Not on a pump
- HbA1c < 108 mmols/mol
- Willing to inject 4 times daily
- Willing to monitor blood glucose 4 times daily
- Able to participate in a group session
- Able to attend all sessions
- Basic maths skills
- Able to converse in English
- Motivated to improve diabetes control
- Absence of end-stage diabetes complications

Quotes from recent participants

"I feel a lot more confident about my diabetes now, and was great meeting others going through the same"

"I can't tell you how much this course has changed my life"

## ellaOne® - Pregnancy register

In January 2017, [a letter](#) was sent to healthcare professionals asking for your input to monitor cases of pregnancy in women who used ellaOne® and we would like to ask you to please report these cases in the dedicated registry.

In the particular case of abortion clinics, please ensure that every pregnant woman is asked whether she has taken emergency contraception and if yes, to specify which product.

You will find the link below and in the ellaOne® [product information](#).

Any woman who inadvertently took ellaOne® during her pregnancy or has become pregnant despite having taken ellaOne® can directly report safety information through the website.

Alternatively, any health care professional can also access the website and report safety data through this secured tool.

To access the on-line questionnaire to be filled in, please go to: [www.hra-pregnancy-registry.com](http://www.hra-pregnancy-registry.com) select your language in the drop-down menu on the right side of the screen and follow the instructions.

### PBMC corner

Please make sure that all invoices are submitted promptly via the usual process. Claims for 2016-2017 work which are not submitted by the end of April may have payment delayed or not be paid at all.

We are looking forward to seeing you all at the PBMC training in March where we will share changes to insulin pen needle prescribing and a new branded generic for pramiprexole.

## Discontinued Items

### ***Prempak-C® (both strengths) and Premique® tabs***

Both strengths of Prempak-C® and Premique® tabs have been discontinued/withdrawn by the manufacturers.

This is an opportunity for clinicians to invite patients in to review the use and need for HRT.

Practice-based medicines coordinators (PBMCs) have been asked to conduct a search on the practice clinical system to identify patients who have had Prempak-C® tabs 0.625mg and 1.25mg strengths or Premique® in the last 6 to 12 months, and pass on the patients' details to their lead GP for consideration. (Please note that Premique Low dose MR® tabs (and generic equivalent) is still available so there is no need to change).

Currently there are no equivalent products for these products either as brand or generic. The GMMMG formulary alternative choice for the same indication are:

- Elleste Duet® 1mg or 2mg as an alternative to Prempak-C®
- Kliovance® or Kliofem® as an alternative to Premique®

Please see BNF for prescribing details.

After review, for any patients where HRT treatment is to continue, consider offering the alternative product as mentioned above at the appropriate dose, please prescribe as brand and monitor for any change in symptom control.

### ***Ebesque® XL***

All strengths of Ebesque® XL (quetiapine MR tablets) have been withdrawn from the UK market by its manufacturers Ethypharm due to supply problems.

The CCG recommends that all patients currently taking this brand of quetiapine MR tablets are changed to Zaluron® XL tablets or Biquelle® prescribed by brand as per the Quetiapine SOP. The current strength and dosing directions should remain the same.

Local pharmacies are to be informed of the change by practices but will also receive notification by other means. The manufacturers of both Biquelle and Zaluron® XL tablets have given assurances about supplies and costs to the NHS.

Practice-based medicines coordinators have been asked to conduct searches on the practice clinical system for patients prescribed Ebesque® XL tablets on repeats in the last 3 months and provide the list of patients to the lead GP with this information and obtain signature for change.

When added to repeat list of medicines add patient note "Zaluron® XL is the same as Ebesque® XL".

Please discuss with your prescribing adviser or practice support pharmacist if you have any queries.



# Blacklist

Recent data we have received shows the following as some of the top blacklisted items still being prescribed:

**Dosulepin** - NICE states specifically not to use this drug.

Medicines and Healthcare Regulatory Agency (MHRA) issued safety advice around prescribing of dosulepin, related to the narrow margin between therapeutic doses and potentially fatal doses. Also there is evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose.

Nevertheless, dosulepin continues to be prescribed widely. Over nine years after the safety advice was published, prescribing of dosulepin in the Stockport area remains high.

**Recommended actions:**

- As per NICE Clinical Guidance ([CG90](#)): Do not switch to, or start dosulepin
- Dosulepin still poses a significant risk to patients and prescribers should actively review all patients being prescribed this medicine with a view to slowly stopping the medicine or to identify a suitable alternative.
- The choice of an alternative will depend on the current indication for use. Please consult with your Prescribing Adviser or Practice Support Pharmacist for advice.

**Co-codamol 15mg/500mg**

In December 2016 there have been over 50 issues of this product across Stockport CCG.

This is a fixed dose combination which is particularly poor value to the NHS. Combination preparations such as this one do not allow for effective dose titration.

**Recommended action:**

- Prescribe drugs individually to facilitate dose titration.

**Alimemazine**

This is on the 'GMMMGS Do Not Prescribe (DNP) list' as it is not considered a cost effective use of NHS resources as a choice of antihistamine which helps with sleep.

The overall cost of both Alimemazine 10mg tablets and 7.5 mg/5 ml liquid across Stockport CCG in December 2016 was £11,922.27 – this is due to the recent price increase of Alimemazine which led to its inclusion on the GMMMGS DNP list on the basis of poor value when there are alternatives.

**Recommended action:**

- Please consider using chlorpheniramine, if suitable, or refer to the [GMMMGS formulary](#) for alternatives.

Please refer to the [CCG website](#) for a comprehensive list of blacklisted items and the rationale for it.

NHS Stockport clinical Commissioning Group recognises that there may be exceptional patients or situations where prescribing of these items may be necessary and such situations should be managed through the usual exceptionality processes.

Template documentation to request approval to prescribe outside of policy is available on the [CCG website](#). Completed forms should be submitted from a secure nhs.net email to: [STOCCG.Pxenquiries@nhs.net](mailto:STOCCG.Pxenquiries@nhs.net). Alternatively forms may be faxed to Medicines Optimisation on: 0161 249 4251 (Safe haven)