

Fife Prescribing update

A BI-MONTHLY NEWSLETTER AIMED AT ALL MEDICAL AND NON-MEDICAL PRESCRIBERS ACROSS NHS FIFE

Welcome to issue 46 of the Fife Prescribing Update - a bi-monthly newsletter aimed at all medical and non-medical prescribers across NHS Fife.

I hope you enjoy reading this festive newsletter. If you have enquiries about the content or articles covered in this newsletter, please contact your Locality Pharmacist. Articles in this newsletter are for guidance only and appropriate medical information e.g. BNF, Summary of Product Characteristics etc. should be consulted before use. Similarly, if you do not wish to receive this newsletter or your contact details are incorrect; please drop a line to gilliankerr1@nhs.net.

GLUTEN FREE FOOD (GFF) - ADDITIONAL PHARMACY SERVICE

An additional Community Pharmacy Service will be introduced in Fife from April 2014 enabling patients to obtain gluten free foods directly from their chosen local pharmacy. The service will run as a pilot until 31 March 2015. NHS Fife has developed a Gluten Free Food formulary which will be available soon on <http://www.fifeadtc.scot.nhs.uk/> and a patient [information pack](#) and leaflet are available.

To be eligible children and adult patients must:

- Have a confirmed diagnosis of coeliac disease or dermatitis herpetiformis
- Live in Scotland and be registered with a GP practice in Scotland

Patients resident in care homes do not have access to this service but will continue to be eligible for prescriptions from their GP in the normal way if appropriately diagnosed. The Scottish Government circular [PCA \(P\) \(2013\) 29](#) provides further information regarding the service.

Eligible patients will no longer be required to request individual prescriptions for GFF items from their GP practice. After referral by their GP the patient will be able to register their condition with a community pharmacy of their choice. All community pharmacies in NHS Fife will offer the service. Patients will complete a [Gluten-Free Food Requirement Order Form](#) each month and submit this to their pharmacy where GFF collection details can be agreed. However, patients can choose to remain with their GP practice to collect their prescriptions for gluten free foods if preferred. Ideally the majority of patients should receive their monthly supply of GFF through the community pharmacy service.

The quantity of GF items that a patient can have is based on the nationally agreed monthly unit allocation based on age and gender (see table). The Fife GFF formulary includes: breads and rolls, flours or bread/pastry mixes, pastas, crackers, crispbreads, pizza bases and xanthan gum. Gluten-free foods considered 'luxury items' include biscuits, cakes and cake mixtures and should be self funded. The amount of gluten-free units patients are given should meet their individual dietary needs.

The formulary and monthly unit allocation should be followed irrespective of whether patients choose to receive their GFF through the Additional Pharmaceutical Service or continuing through their GP practice to ensure patients receive an equitable service.

Monthly gluten free food unit requirements

Age and Sex	Units per Month
1-3 years	10
4-6 years	11
7-10 years	13
11-14 years	15
15-18 years	18
Male 19-59 years	18
Male 60-74 years	16
Male 75+ years	14
Female 19-74 years	14
Female 75+ years	12
Breastfeeding	+4
3rd trimester of pregnancy	+1

Pharmacists will be required to register patients, complete a Pharmaceutical Care Record (PCR) AND carry out an initial and thereafter an annual health check on patients using the service. The benefits to patients are intended to:

- Enable easier access to gluten-free foods by using their community pharmacy directly to order their GFF rather than request GP prescriptions.
- Enable more flexibility by being in charge of the amount and type of foods they order (from the formulary) each month (up to their agreed monthly unit allocation).
- Ensure compliance with best practice guidelines by having an annual coeliac disease health check to monitor their health and dietary compliance (adults with coeliac disease only).

Training / Information

In December 2013 information was sent out to all GPs from NES which included a description of the service and the necessary referral forms. The Implementation and Support Pack is available at: www.NES.scot.nhs.uk and a training webcast (recording) is available at www.neswebinars.co.uk/login.aspx. A local NHS Fife training event intended for community pharmacists and GPs will be held on the evening of Monday the 10th of March. Contact Pharmacy Services (01383 565374) for further information. The documentation, patient leaflet and a list of the formulary products that can be handed to patients are all available on the SHOW website and via NHS Inform: www.nhsfife.org; www.nhsinform.co.uk

Repeat Prescribing Scheme for GP Support Staff

Repeat Prescribing Scheme training is being delivered to selected GP practices this month with a follow up session in April.

The aims of the scheme:

- Improving the efficiency of repeat prescribing systems
- Improving patient safety
- Reducing medicines waste
- Improving accuracy of medication records
- Reducing same cycle repeat prescription requests

Practice support staff will review and standardise repeat prescribing processes within the practice, undertake non-clinical medication reviews and support prescribers to improve formulary compliance and generic prescribing.

All non-clinical medication reviews will include:

- Identification of over/under ordering
- Quantity alignment
- Brand to generic changes – for appropriate medicines
- Inactivation of duplicate items (eg same drug, different strengths/dosage instructions)
- Inactivation of obsolete items

Further support will be available in practice from the practice pharmacists. Funding has now been approved for the next cohort of practices to attend training. The dates are still to be confirmed but will be notified to practices as soon as they are confirmed.

CONTROLLED DRUG DOSE REQUIREMENTS ON PRESCRIPTIONS

A reminder to all prescribers that it is **unlawful** for a practitioner to issue a prescription containing a schedule 2 or 3 controlled drug or a pharmacist to dispense it, unless it complies with the prescription requirements. Controlled drug prescriptions legally require a dose to be specified. As directed or when required is not acceptable. The most common prescription writing errors are:

<u>Examples not legally acceptable</u>	<u>Legally acceptable</u>
When required	One when required
As directed	Two as directed
As per chart	One ampoule to be given as directed
PRN	One PRN

In addition instalment prescriptions require **both** a dose and instalment amounts. Dispense Monday and Thursday is not acceptable, an instalment amount is required for example:

Methadone Oral Solution 1mg/ml
Send <2240ml> two thousand two hundred and forty ml

Label 80ml daily

DOSE

Supply 240ml on Monday,
320ml on Thursday

INSTALMENT
AMOUNTS

Finally: a reminder that **buccal midazolam** (Epistatus®. Buccolam®) is a schedule 3 controlled drug and requires a dose to be specified.

NB: Epistatus is the NHS Fife formulary choice. Epistatus® and Buccolam® are NOT interchangeable. Buccal midazolam should always be prescribed by brand name only.

"Specials" Update

It is just over a year since the Scottish Government informed the Scottish Health Boards and all Community Pharmacies of new guidelines for reimbursement of Specials. (A Special is an unlicensed medicine that is manufactured or obtained) Work is underway to reduce the amount of unlicensed medicines that are prescribed in NHS Fife.

What can be done to reduce the prescribing of unlicensed medicines?

Use a licensed medicine wherever possible

- Could there be a direct substitution of the licensed medicine with another form e.g. dispersible/sachet/patch?
- Could another medicine in the same group offer a more suitable formulation?

Use a licensed medicine in an unlicensed way (off-label use)

- E.g. crush tablets, open capsules, disperse in water? Please note: any staff or carer required to administer medicines in this way require clear written instructions from the prescriber.

Use an unlicensed medicine/special

- Are you willing to accept the additional responsibility of prescribing an unlicensed medicine?
- Is the prescribing of this medicine evidence based?

Prescribers can contact their Community Pharmacist, Practice Pharmacist or Hospital Pharmacist for advice. Please also refer to the "New Specials Drug Tariff for Scotland" article in the Fife Prescribing Update issue 42 June 2013.

Colecalciferol preparations

There are now 2 licensed preparations available: Fultium® and Desunin®, which contain colecalciferol 20 micrograms. There should be no need to prescribe the unlicensed colecalciferol preparations.

Metolazone

Although unlicensed, metolazone may be prescribed for a small group of patients on the recommendation of a heart failure specialist. Community Pharmacies can obtain supplies of 2.5mg and 5mg, provided approval is obtained from Pharmacy services NHS Fife. Supplies can be obtained from importing companies such as IDIS and Pharmarama.

Update on Just in Case (JIC) Boxes



Just in Case boxes (JIC) continue to be used across NHS Fife. They are intended to enable patients to stay in their chosen place of care by ensuring that the medicines that may be useful as a patient approaches the end of life are available in the patient's home. From April to October 2013 there were 145 boxes issued through the NHS Fife Palliative Care Network Pharmacies and 52% of boxes had their contents used. Community Nurses are most likely to first use the boxes. The most common reason for opening the box was to manage agitation and confusion followed by breakthrough pain and then for problems with swallowing medicines.

The average cost of medicines included within the box is below £27. From the audit forms the boxes appear to continue to enable patients to stay in their chosen place of care and avoid unwanted hospital admissions and GP call-outs.

The medicines to be included in each box are:

Medicine	Indication
1. Morphine / Oxycodone	Pain / Breathlessness
2. Levomepromazine / Cyclizine	Antiemetic
3. Midazolam 10mg / 2ml	Agitation
4. Hyoscine Butylbromide 20mg/ml	Respiratory secretions

The medicines have been chosen to reflect local and national palliative care guidance. The following are a few useful prescribing points for clarification:

- **Morphine** remains the first choice parenteral opioid rather than diamorphine and does not need reconstituting prior to administration.
- A legal requirement for controlled drug prescriptions is that they must always specify a dose to administer so '**one ampoule to be administered**' / '**one ampoule to be used as required**' is legal whereas '**to be administered**' / '**used as required**' isn't. See article below.
- The formulation of midazolam injection to be selected is **10mg/2ml**. Other concentrations aren't usually used within the palliative care setting.

- Hyoscine **Butylbromide (Buscopan)** is used for respiratory secretions as it doesn't cross the blood brain barrier and doesn't cause as many central side effects as hyoscine hydrobromide.
- EMIS practices using the **synonym (JIC)** will bring up the list of 6 medicines to select the 4 most appropriate for your patient.

Recent reports have highlighted that when a patient first requires a syringe pump and a JIC box is in place there can be differences in how the JIC box is managed. To ensure consistent use of the boxes it has been agreed that when a syringe pump is commenced appropriate medication can be used from the JIC box for the pump. The medicines for use in the syringe pump should be removed from the JIC box and transferred across to the usual Community Nursing paperwork. The JIC box should continue to be used for those medicines already prescribed but not required in the syringe pump. A blue tag should be attached to the box handle to signify that some medicines have been removed for use in a syringe pump. The contents of the JIC box **must** be reviewed at the time to ensure continued suitability of prescribed medication for the patient. The electronic special note/patient alert form must be altered to highlight that a syringe pump is now in place and which medicines remain in the JIC box. These changes have been updated in the SOP for JIC box use which will be circulated before March.

Finally the use of the JIC box has been formally supported by the NHS Fife Cardiovascular MCN for use in patients with end stage heart failure. The same choice of 4 medicines from the 6 above should be included within the box to provide symptom management in the same way. This ties in with the principles of 'Living and Dying Well' the national action plan for palliative and end of life care in Scotland which advocated delivery of high quality palliative care to everyone in Scotland on the basis of clinical need not diagnosis.

If your practice would like to find out more about JIC boxes or hear about the changes please contact Sheila Dall on 01383 565351. Relevant documentation will be available on <http://www.fifeadtc.scot.nhs.uk/> and select 'Guidance Documents' and then 'Just in case information'.

Prescribing Efficiencies

Phase 1 of the GP Prescribing Incentive Scheme was recently completed by 75% of practices across Fife, delivering efficiencies of £340,000. This involved simple changes to patients' medicines such as brand to generic and tablets to capsules. NHS Fife prescribing budget is currently showing an overall **overspend of approx £400,000** - we need to continue to identify further areas of prescribing efficiencies. Please click [here](#) for The Prescribing Action Plan which contains a list of projects identified so far. This can be only be accessed via the NHS Fife intranet.