

South Staffordshire Area Prescribing Group (APG) Update

October 2013



A resource for South Staffordshire Clinical Commissioning Group Members

Your APG

The South Staffordshire APG is a multidisciplinary, cross health economy medicines forum, that reports to the Quality Committee of each CCG.

The APG also has delegated decision making responsibility within its terms of reference to support good medicines governance and practice as well as addressing issues at the interface of primary and secondary care.

Each CCG has both a pharmaceutical adviser and a GP representative on the group.

As well as reviewing and advising on medicines policy, the APG supports CCGs in discharging their responsibilities in relation to medicines safety by review-

ing and actioning MHRA medicines safety alerts, as well as documenting new NICE TA guidance and ensuring that newly approved drugs are incorporated in to the formulary in accordance with statutory requirements.

As the APG finds its feet it will be reviewing a range of medicines optimisation resources and when approved these will be published on the Medicines Management Pages of the South East Staffordshire and Seisdon Peninsular Website.

The Joint formulary, woundcare formulary as well as links to other resources are already uploaded and can be accessed here.

[http://
www.sesandspccg.nhs.uk/
medicines-management](http://www.sesandspccg.nhs.uk/medicines-management)

Our aim is to provide CCG members with a range of support materials to ensure high quality, cost-effective prescribing. If any CCG member wishes to make suggestions of resource that might be useful, then please liaise with your APG rep. (contacts on back page)

This update is to keep GPs apprised of decisions and actions agreed at APG meetings



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Denosumab- move to primary care-have your say?

Denosumab was approved by NICE in August 2010, for osteoporosis in post-menopausal women on the expectation that it would be initiated in specialist care and then stable patients would be managed in primary care.

The view of NICE was that this service would be covered within GMS/PMS contracts, but this view is not shared by the LMC. Some GPs have also raised concern as to whether it is clinically safe for GPs to prescribe and

administer a mono-clonal antibody. The APG would therefore welcome the views of GP's to establish whether there is sufficient interest in providing the service to justify developing it. Please take the quick on-line survey at:-

[http://www.smartsurvey.co.uk/
s/92664QSUBE](http://www.smartsurvey.co.uk/s/92664QSUBE)

Anti-oxidant Vitamins In AMD

South Staffordshire PCT previously had a policy of not supporting the prescribing of these vitamin products as none are licensed for this indication and the products do not meet the specification of the doses used in the clinical trials where marginal benefit was observed.

GPs have raised concern that patients are being advised by optometrists to seek prescriptions for these products.

A letter has therefore been sent to all South Staffordshire Optometrists advising them of the position.

GPs are advised not to prescribe these supplements.



“Drug supply shortages cause increased workload for GPs and pharmacists as well as confusion and inconvenience for patients”

Drugs In Short- Supply

This is an ongoing problem and causes increased workload for GPs and pharmacists as well as inconvenience and confusion to patients.

Product Shortages are not the fault of pharmacists, but generally sit with manufacturers and the supply-chain itself.

The Pharmaceutical Services Negotiating Committee (PSNC) maintain a range of information and contingency

arrangements put in place by various manufacturers on their website: <http://psnc.org.uk/dispensing-supply/supply-chain/>

In addition the LPC occasionally receive lists of drug shortages which they have agreed to share with CCGs.

These lists will be copied to practices as they become available.

PGD's

Public Health England are now responsible for commissioning most vaccination and immunization services from GP practices.

This team also now has responsibility for the production and distribution of PGDs that are produced to support these services.

To date they have issued PGDs for Shingles vaccination and the intranasal flu vaccine (Fluenz).

The CCGs are no longer involved in this process, and any queries might best be addressed to Alison Minshall, Screening and Immunisation Manager on 07841730791 Or Rebecca Woods at:- Rebecca.woods@nhs.net

Prescribing Support Resources

The APG have over recent meetings approved a range of resources for inclusion on the website.

These include updated versions of the following:-

- Travel medicines guidance
- ED drug prescribing
- Hep B information
- Oral nutritional supplements
- MUST Screening tool

There is also link to the

RCGP antibiotic toolkit which is considered a very useful resource to support effective antibiotic prescribing, which continues to be a challenge across South Staffordshire.

A resource pack to support benzodiazepine withdrawal has also been approved and will be uploaded shortly.

It is intended that this resource area will expand considerably over time.

It is located on the

SES&SP CCG website as the content is managed by the team hosted by this CCG, and is considered more efficient than maintaining four different CCG websites. <http://www.sesandspccg.nhs.uk/medicines-management>

Shared Care & ESCA's

With changes to the local arrangements for LES's, the APG is aware that there are some concerns on ongoing issues with regard to "shared care" and the use of Share care agreements.

The APG agreed to establish a working group to address this issue.

Mark Seaton will be leading this work-stream.

The aim is to have a shared understanding around this agenda and consistency in terminology.

APG Policies Approved

APG Approved the following policies and will be making recommendations to CCGs to ratify the following:-

- Policy for Primary Care Rebate Schemes
- Policy relating to relationships between CCGs and Pharmaceutical Industry and commercial sector.

These policies will be available on the website.

It was agreed that a range of rebate schemes will be reviewed at the next APG meeting.

Safety Devices

APG discussed new Health and Safety(Sharp Instruments in healthcare) Regulations that came into effect in May 2013. Providers do have implementation plans but it was less clear whether GP practices, as employers were aware of their obligations to provide their staff with safer (protected) sharps devices to reduce the risk of needle-stick injury.

For patients who are cared for solely by others, it might be appropriate for these safer sharps to be prescribed instead of the standard lancets, insulin syringes or pen-needles. However these numbers should be small.

The Health and Safety Regs are on the APG resource section of the website.

Formulary Changes

The formulary working group of the APG reported that Lixisenatide had been included in the formulary. Forxiga (Dapagliflozin) has also been added to the Formulary in accordance with NICE guidance. It has been designated as amber (specialist initiation only)

The formulary is updated on the website after each APG meeting.

GPs are advised to seek advice if requested to prescribe drugs that are not included on the joint formulary.

A new formulation of melatonin has been added to the ESCA by the South Staffordshire and Shropshire Healthcare Foundation Trust. The product is called Bio-Melatonin and will be used as a means of avoiding unlicensed special formulations.



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APG

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MHRA Safety updates.

The complete suite of MHRA safety updates are available online:-

www.mhra.gov.uk/Publications/safetyguidance/Drugsafetyupdate/index.htm

- 1) New oral anticoagulants, Apixaban, Dabigatran and Rivaroxaban; Risk of serious haemorrhage– contraindications clarified for all three drugs. The following contraindications now apply:-
 - Current or recent GI ulceration
 - Presence of malignant neoplasm with high bleeding risk
 - Recent brain or spinal injury
 - Recent brain, spinal or ophthalmic surgery
 - Recent intracranial haemorrhage
 - Known or suspected oesophageal varices
 - Arteriovenous malformation
 - Vascular aneurysm, or ,major intraspinal or intracerebral vascular abnormalities
 - Concomitant treatment with other anticoagulants.

There is no specific antidote to any of these three products and care should be taken when prescribing any drugs concomitantly that might increase bleeding risk.

2) Oral Ketoconazole should not be used or prescribed for fungal infections as the risk of liver injury outweighs the benefits.

3) Metoclopramide: Risk of neurological adverse effects-restricted dose and duration of use. Maximum adult dose is 10mg tds for maximum of 5 days– please see guidance for full details.

4) Nitrofurantoin– reminder for precautions in use in renal impairment

Use of nitrofurantoin for the treatment of UTI is contra-indicated in patients with creatinine clearance <60ml/min.