

# South Staffordshire Area Prescribing Group (APG) Update

July 2014



A resource for South Staffordshire Clinical Commissioning Group Members

## Your APG is Changing

In order to facilitate collaborative working across the South Staffs CCG Medicines Optimisation Teams, the APG structure and functions has been reviewed and updated.

The multi-disciplinary cross-organisation APG which reports to each CCG Quality Committee will receive and where appropriate ratify decision and actions taken by the various sub-groups that report to it.

The **Formulary Working Group** will have an extended remit, not only to maintain the prescribing formulary, but also to produce prescribing guidance, pathways, ESCA's and RiCaDs.

It has also been agreed that to facilitate access to these prescribing support materials– the APG will develop a *Netformulary*, to allow all prescribing support information to be accessed in one place. The first version will hopefully be ready by September! In the meantime resources will continue to be available on the SES-SP CCG website.

A **PGD working group** has been established to maintain those PGDs that GP practices use, but which do not fall under the responsibility of the Area Team.

A **Medicines Safety Group** will be established to meet the recommendations set out in the MHRA/NHS-England Alert, and this group will be part of the National Reporting and Learning System for Medicines Safety.

A **Joint Medicines QiPP** group has replaced the pharmaceutical advisor/technician meeting to ensure that the approach to QiPP is collaborative and efficient and information and expertise is shared across CCG teams.

Any GPs that might be interested in getting involved in any of the above groups should contact their local pharmaceutical adviser or [Mark.seaton@northstaffs.nhs.uk](mailto:Mark.seaton@northstaffs.nhs.uk)



## Formulary Working Group (FWG) Decisions

APG ratified the following recommendations from the FWG:-

- Fluomethalone Eye Drops– inclusion in the formulary as Amber ( Suitable for GP prescribing after specialist initiation)
- Actikerall and Efudix for superficial malignant and pre-malignant skin conditions– Included in formulary as RED ( Specialist use only– including GPwSI) not suitable for Amber as short-term only.
- A formulary application for Relvar (Fluticasone Furoate/vilanterol) in asthma was considered, and agreed as RED ( specialist use only) due to concerns of safety, potency of the steroid, inability to step down and therefore it's place in current guidance. It was noted that some GPs are already prescribing this.

**FWG– Work Programme.**

In recognising the restructuring of the group it was agreed that the following items would be prioritised:-

- **Prescribing Guidance for Anticoagulants in AF ( including Noacs)**
- **Neuropathic pain prescribing guidance**
- **Strong opioids in non-cancer pain**
- **Vitamin D prescribing guidance**
- **Drug Monitoring Guidance**
- **Shared Care Guidance and Agreements review**
- **Dermatology guidance ( Steroids and Emollients)**
- **Continence Appliance Formulary ( SSOTP)**
- **Revised Nutritional Support Guidance (SSOTP)**
- **Formulary compliance monitoring and governance procedures at practice/CCG level**

CCG Member practices are invited to submit any other items that might be useful in supporting quality prescribing and medicines optimisation to [Lesley.Arnold2@northstaffs.nhs.uk](mailto:Lesley.Arnold2@northstaffs.nhs.uk)

**MHRA Safety updates.**

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

[www.mhra.gov.uk/Publications/safetyguidance/Drugsafetyupdate/index.htm](http://www.mhra.gov.uk/Publications/safetyguidance/Drugsafetyupdate/index.htm)

**Digest & Highlights:-**

April 14

- Guidance advising that patients being considered for anti-tnf therapy ( rheumatology, dermatology and gastroenterology) should undergo testing for Tuberculosis. The Acute Trusts present confirmed that this was now being done.

May 14

- **Domperidone– risk of cardiac side-effects– indications restricted to nausea and vomiting, new contra-indications and reduced dose and duration of use.**
- Domperidone should be restricted to use for nausea and vomiting and the lowest effective dose should be used for the shortest period.
- It is now contraindicated in patients with severe hepatic impairment, those with cardiac conduction issues or concerns or congestive heart failure. It is also contraindicated in patients taking other drugs known to prolong QT interval.

**Adrenaline Autoinjectors**

- Patients to be advised to call an ambulance after an adrenaline autoinjector use even if symptoms are improving. Patients are advised to lie down with legs raised if possible and should not be left alone.

**Q& A**

**Q .Rifaximin has been launched and is being marketed as an alternative to lactulose to manage recurrence of hepatic encephalopathy– Should GPs prescribe if requested.**

A. This is currently going through a NICE TA and the guidance will be published later in the year. It is therefore prudent to await the outcome of the review before prescribing. Similarly, nalmefene for alcohol misuse is also being appraised by NICE. Commissioning responsibility for this will sit with local authorities and therefore GPs are advised to await guidance and funding agreement before prescribing.

**Q. What is the formulary status of Eflornithine Cream?**

A. This is a product to deliver a cosmetic benefit and does not have a direct health benefit– it has therefore been designated by all CCGs as low-priority treatment that should not be routinely prescribed.

**APG Membership**

Mark Seaton( Chair)  
 Mahesh Mistry (SES & SP CCG)  
 Samantha Buckingham (S&S CCG)  
 Sharuna Reddy (CCCCG)  
 Susan Bamford (ESCCG)  
 Dr Mark Stone (S&S CCG)  
 Dr C Pilkington ( SES &SP CCG)  
 Dr J Crosse (ES CCG)  
 Dr D Mulherin ( MSFT)  
 Cathy Riley ( SSSHFT)  
 Tracey Hall/Teresa Froggatt (SSOTP)  
 Julie Lomas (MSFT)  
 Tania Carruthers (HEFT)  
 Lesley Brown (BHFT)  
 Gill Hall ( SSLPC)

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