

# Prescribing Points



# Points

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**Oxfordshire  
Clinical Commissioning Group**

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This newsletter is for all health professionals in Oxfordshire and is written by the Medicines Management Team, Oxfordshire CCG, Jubilee House, Oxford Business Park South, Oxford, OX4 2LH

## Guidance for Management of Acute Diarrhoea in Primary Care

In conjunction with OUH microbiology and a local GP, updated guidance on the management of acute diarrhoea has been produced and is now available on the CCG intranet [here](#). It will also be available when requesting tests via the ICE system. A summary of the guidance is given below:

### Summary Points – Adults & Children

- Stool microbiology should be requested selectively in the case of acute diarrhoea – guidance is given as to when, what and how.
- The use of oral rehydration fluids should always be considered.
- Antimicrobials are often not required in acute diarrhoea and can increase the risk of *Clostridium difficile* infection. Guidance on when antimicrobials should be considered is included.
- Antimotility agents including loperamide and codeine should **NOT** be given to adults if *Clostridium difficile* infection, dysentery or *E.coli* 0157 is suspected or confirmed due to a small risk of toxic megacolon.
- Antimotility agents should usually be avoided in children.
- Hospital admission may need to be considered if patients with diarrhoea are acutely unwell, particularly those in “high risk” groups.
- A Flow Chart is included which incorporates the main features of the guidance and which can be kept in a convenient place for quick reference.
- Guidance on collecting a stool specimen is also included which can be printed out and given to patients. This also available as a standalone document [here](#)

### So What?

The guidance should be used to help assess when, what and how microbiology tests should be ordered and whether antibiotics are appropriate

## Free to access E-learning prescribing course available – Prescribing Errors

The General Medical Council (GMC) published the PRACTiCe study in 2012, which gathered evidence to formulate prescribing error rates, and also began exploring possible reasons why errors were occurring (more details can be found here <http://www.gmc-uk.org/about/research/25043.asp> ). One of the outcomes of this study has been to produce an on-line learning course entitled “Prescribing in General Practice”, which examines the principles that inform good prescribing, and details the more common reasons for prescribing errors. The course takes around three hours to complete and is divided into five modules that use case studies to cover the principles of:

- Appropriate drug selection
- Avoiding prescribing errors
- Choosing the right dose
- Right dose instructions
- Effective medication reviews

The course is currently available free to use, for all healthcare professionals in the UK. The course is hosted by the Royal College of General Practitioner’s E-learning platform. The course is recommended to all doctors, pharmacists, non-medical prescribers and nurses for a useful update.

In order to access the course, you have to register with the RCGP e-learning platform, which involves completing a one page registration form at <http://elearning.rcgp.org.uk/>

The prescribing course is contained within the section of e-learning entitled ‘Promoting Health and Preventing Disease’. You may also wish to look at other courses provided on this useful free-to-use platform, which may help contribute to your professional development requirements.

## Primary Care Rebate Schemes

OCCG has recently approved a process for evaluation and approval of Primary Care Rebate Schemes (PCRS). PCRS offer a mechanism to offset overall prescribing costs for the CCG in a climate of increased financial pressure however it is important to have a clear process and governance arrangements in place. They are contractual arrangements between the CCG and the Pharmaceutical Company, which offer a retrospective rebate on GP prescribing. The schemes will be assessed against specific criteria for approval and the administrative burden will be considered. Practices will not be informed of individual schemes.

## Methotrexate 10mg tablets – Reminder

The Oxford University Hospital Trust pharmacy department have recently noticed a number of patients who appear to have been prescribed and dispensed methotrexate 10mg tablets in the community. Following the publication of the [2006 NPSA guidance](#) on the use of oral methotrexate, several recommendations were introduced locally in an effort to reduce the risk associated with this. It was agreed that there should be **no prescribing of methotrexate 10mg tablets in primary care.**

Prescribers are asked to **always prescribe 2.5mg tablets regardless of patient dose** and pharmacists are asked **not to keep 10mg tablets in stock** and contact the prescriber if a prescription for the 10mg tablets is presented for dispensing. Please take care to ensure any change in the strength of the tablets is communicated to the patient and the number of tablets to take is clear. If the 10mg tablets are required then the supply should be obtained from secondary care.

### So what?

Ensure that methotrexate tablets are only prescribed and dispensed as 2.5mg tablets

## Nalmefene for Reducing Alcohol Consumption in People with Alcohol Dependence

In November 2014 NICE published [technology appraisal 325](#) recommending nalmefene (Selincro®) as a possible treatment for people with alcohol dependence who:

- are still drinking more than 7.5 units per day (for men) and more than 5 units per day (for women) 2 weeks after an initial assessment
- do not have physical withdrawal symptoms
- do not need to either stop drinking straight away or stop drinking completely.

It was agreed at the Area Prescribing Committee (APCO) meeting in November that nalmefene should only be prescribed by the Drug and Alcohol Service as part of a structured support programme. The marketing authorisation for the drug states that it should be prescribed in conjunction with continuous psychosocial support focused on treatment adherence and reducing alcohol consumption. Funding for this drug will be available within three months of the NICE recommendation being produced.

### So What?

GPs should not initiate or continue treatment, suitable patients will need to be referred to the local service. Information on the local drug and alcohol service is available on Oxfordshire County Council's website [here](#)

## Fluenz Tetra vaccine for Children

A reminder that where Fluenz Tetra vaccine nasal suspension or Influenza vaccine (live attenuated) nasal suspension have been centrally procured for the practice through Public Health England, they **should not** make a claim under personal administration arrangements to the [NHSBSA](#) on form FP34P/D Appendix.

An FP34P/D appendix form should only be submitted for payment where the vaccine has been purchased by the practice specifically for personal administration.

October prescribing data has shown that there are a number of practices in Oxfordshire where this has happened and the Medicines Management Team will be in touch with individual practices to discuss what needs to be done. Details of how payment is made to practices for administering this vaccine are available from NHS England [here](#)

## Hyperlinks and CCG Intranet

Practices will be aware that since the switch over to and recent updating of the CCG intranet pages, quite a few hyperlinks in documents such as past editions of Prescribing Points and the Oxfordshire Prescribing Traffic Lights, as well as ScriptSwitch, have been broken.

Work is ongoing to update the links on ScriptSwitch and a new prescribing traffic light document will be available shortly on the CCG website with all links updated. In addition, Prescribing Points articles issued over the last year and published on the website will also be updated where links have been broken.

## Primary Care Prescribing Dashboard

The [Primary Care Prescribing Dashboard](#) has been updated recently to now include four reports at individual practice level:

Budget v Spend (year to date); a list of all black, red and special order products prescribed in the most recent three months for which we have data; potential generic savings list and an incentive scheme tracker. Details of how to access these are available [here](#)

Details of how to access the dashboard from the CCG intranet are given overleaf

## How to access the Dashboard:

- Need to use a computer with N3 connection (this is the NHS connection practice computers will have this but you will not be able to access from a non NHS computer e.g. at home unless using a VPN connection).
- Go to <http://occg.oxnet.nhs.uk>
- Click on **general practice**, then **prescribing report and dashboard** in the left hand column.
- Click on the prescribing dashboard which should then open (if any boxes pop up click ok or cancel)

