

# Prescribing 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

## Investigation and Management of Vaginal Discharge in Adult Women

Although GPs often diagnose and treat vaginal candidosis and bacterial vaginosis (BV) on clinical grounds there is evidence that clinical diagnoses based on signs and symptoms correlate poorly with laboratory findings. In particular candidosis is probably over diagnosed and BV under diagnosed.

The updated [Investigation and Management of Vaginal Discharge in Adult Women](#) guidelines are intended to aid diagnosis and rationalise prescribing. They include information on:

- causes of abnormal discharge including vulvovaginal candidiasis, bacterial vaginosis, trichomoniasis, *Chlamydia trachomatis* and *Neisseria gonorrhoeae*
- when to send a swab: postnatal, pre & post termination of pregnancy, pre & post operative gynae surgery, persistent or recurrent ( $\geq 4$  episodes/year) symptoms, symptoms not characteristic of candida or bacterial vaginosis, vaginitis without discharge, possible STI and suspected PID
- investigations needed, including using narrow range pH paper as a diagnostic tool (pH  $>4.5$  more likely BV)
- treatment options, including duration and costs

### So what?

Prescribers should be aware of the updated guidelines. A flow chart is available on the final page as a summary of the investigations and treatment options available.

## Pipothiazine depot discontinuation: alternatives

The manufacturer of pipothiazine depot injection (Piportil), Sanofi, will be discontinuing its production due to a shortage of the active ingredient. Sanofi predict that supplies will run out by the end of March 2015. As there are no other formulations or suppliers of this depot, patients currently receiving pipothiazine will need to be reviewed as soon as possible and switched to an alternative depot. Further advice from Oxford Health FT is available [here](#)

### So What?

Patients currently prescribed pipothiazine depot will need to change to an alternative depot. Please note the Oxford Health bulletin suggests that paliperidone may be the closest alternative this is traffic lighted red so would need to be prescribed in secondary care.

## Advice for prescribers on the risk of the misuse of pregabalin and gabapentin

Public Health and NHS England have published information regarding the potential for misuse of pregabalin and gabapentin and suggestions for the balanced and rational use of these medications.

Key recommendations include:

- Professionals prescribing pregabalin and gabapentin should be aware not only of the potential benefits of these drugs to patients, but also that the drugs can lead to dependence and may be misused or diverted.
- Practitioners should prescribe pregabalin and gabapentin appropriately to minimise the risks of misuse and dependence, and should be able to identify and manage problems of misuse if they arise. Most patients who are given these drugs will use their medicines appropriately without misuse.
- Less harmful, alternative drugs can often be first-line treatments for the indicated conditions for which pregabalin and gabapentin are now used, and may be tried preferentially in higher risk settings or in patients who may be more likely to be harmed by the drugs.

The full document is available here:

[Pregabalin and gabapentin: advice for prescribers on the risk of misuse - Publications - GOV.UK](#)

## Retrospective Prescriptions

The Medicines Management Team have become aware of an increasing number of instances where some home care delivery companies are allowing patients to request prescription items directly from them or are recommending and supplying new products and then asking the patient's GP to provide a retrospective prescription. In response to this and to support practices in refusing such requests a letter has been sent to dispensing appliance contractors reminding them that we do not support retrospective prescribing. A copy of this letter is available here: [Letter sent to appliance contractors March 2015](#)

## Updated OUH Haemophilia-Thrombosis website address

Please be aware that the website address has changed to:

<http://oxford-haematology.org.uk/clinical-services/haemophilia-thrombosis>

The old website is due to become inactive. Previous information including protocols, guidance, referral forms (e.g. for DVT) and advice are contained within the website.

## Oral Nutritional Supplements (ONS) – A Reminder

**Ensure®** is a **1kcal/ml** sip feed **NOT** to be confused with **Ensure Plus®** a **1.5kcal/ml** sip feed.

In January 2011, all **1kcal/ml sip feeds** ,(this does not include tube feeds) including **Ensure®** and **Fresubin®** were **blacklisted** on the [Oxfordshire traffic light classification for prescribing responsibility](#) Patients should be prescribed **1.5kcal / ml** supplements as **standard** unless otherwise directed by a dietitian. However, over the last 12 months (Feb 14 – Jan-15) in excess of **£45,000** was spent on these **1kcal / ml** feeds.

It is likely that some of this prescribing is either historic or an error, maybe the intention was to prescribe **Ensure Plus?**

Patients currently prescribed a 1 kcal/ml feed should be reviewed and consideration should be given as to whether:

- the patient has received and is following [food fortification advice](#)
- the patient still requires a sip feed or can fortify food instead to increase energy intake?
- there is there a reason why the patient is prescribed a 1kcal/ml feed?
- the patient could be switched to a 1.5kcal/ml sip feed?
- the patient could manage a powdered shake type sip feed?

Powdered shakes are cost-effective milk based sip feeds. They should be a suitable option for most patients although not for patients who are lactose intolerant, tube fed patients, have CKD stage 4/5 or who are on dialysis.

The full [Guidelines for the Management of Undernutrition for Adults in Primary Care](#) are available on the OCCG intranet. Nutritional supplements should only be used when food fortification advice has failed to improve nutritional status, except for specific medical conditions such as malabsorptive disorders or severe dysphagia where they may be needed as first-line treatment. Supplements available on FP10 must be prescribed for **approved conditions** as advised by the Advisory Committee on Borderline Substances (ACBS). These conditions include short bowel syndrome, intractable malabsorption, pre-operative preparation of undernourished patients, inflammatory bowel disease, total gastrectomy, dysphagia, bowel fistulae, haemodialysis, CAPD and disease related malnutrition

**The current first line choice is Aymes Shake 57g powder sachet with 200ml whole milk**

### So What?

- All appropriate requests for **Ensure®** should be prescribed as **Ensure Plus®** or an alternative sip feed
- **Review all patients prescribed a 1kcal/ml sip feed.**
- **Consider if the patient still requires a sip feed – refer to The Guidelines for Undernutrition**
- **If sip feed still required** - Powdered shakes are cost effective milk based sip feeds and should be suitable for most patients: Aymes Shake is currently the first line choice
- **See guidelines for food fortification advice, alternative feeds and associated costs**

**Oxfordshire Drug and Alcohol services : change of provider.  
TURNING POINT**

From 1st April 2015, there will be a new provider of the Drug and Alcohol recovery service in Oxfordshire. Turning Point will be providing Oxfordshire Roads to Recovery, an integrated treatment, maintenance and recovery service. Turning Point is a well-established organisation, with extensive experience of providing services for people with complex needs including those affected by drug and alcohol misuse, mental health problems or those with a learning disabilities, for over 50 years. They will take over from the previous providers of the Harm Minimisation service (Oxford Health) and the Recovery service (Lifeline Project).

Over the last three months they have undertaken consultation with services users, current staff and primary care providers, and are actively encouraging peer mentors and volunteers to support the service. They have also been running RCGP Drugs Part 1 courses. If you are a provider of the OST Shared Care service, and have not already had the chance to meet them, there will be the opportunity to meet at one of their hubs, and they will be contacting GP providers directly to arrange this. To smooth the transition to a new provider over the first few months, Turning Point have endeavoured to maintain the same shared care support staff in surgeries wherever possible.

#### **Service Hubs**

Turning Point will be operating four service hubs in Oxfordshire, which will provide a range of clinical and psychosocial interventions. Timetables for these are available on their website. Initial opening times will be 9am – 5pm, Monday to Friday, and weekend and evening opening times will be introduced once the service has started.

Hub locations:

**Oxford** – Rectory Centre, Rectory Road, Oxford, OX4 1BU **T: 01865 261690 F: 01865 261699.**

**Didcot** – The Glass Tower, 6 Station Road, Orchard Centre, Didcot, OX11 7LL. **T: 01235 514 360 F: 01235 514 369**

**Witney** – Marlborough House, Marlborough Lane, Witney, OX28 6DY. **T: 01993 849 405 F: 01993 849 491**

**Banbury** – The Banbury Health, Centre, 58 Bridge St, Banbury, OX16 5QD. **0300 0134 776**

#### **Referrals**

Referrals to Turning Point can be made via a dedicated form on GP Proforma Practice systems or [OCCG intranet library](#). They also accept self-referrals from professionals, organisations, individuals and concerned family members or friends, using the referral form available on their website.

#### **Contact details:**

Freefone : 0300 0134 776

Email: [Oxfordshire@turning-point.co.uk](mailto:Oxfordshire@turning-point.co.uk)

Secure email : [turningpoint.oxon@nhs.net](mailto:turningpoint.oxon@nhs.net)

<http://www.turning-point.co.uk/oxfordshire-roads-to-recovery>