

# PostScript - Primary Care

## OCTOBER 2007

**CLOPIDOGREL:** All GP practices should have received a letter from the Heart MCN notifying them that patients with drug eluting stents will now be discharged with a six month supply of clopidogrel and that the GP should supply the second six month supply of clopidogrel. To facilitate this GPs are encouraged to:

- Add clopidogrel to the repeat prescribing system and to include the stop date eg 'One tablet daily until October 2008'
- Set the review interval to six months to prompt a prescription when hospital supply has finished and again for a further six months to prompt inactivating at the discontinue date.
- Use the message box to note the patient has six months supply from hospital

### **LORAZEPAM IN PALLIATIVE CARE:**

Lorazepam tablets are often used in palliative care to manage and prevent the onset of panic attacks. To be effective they should be taken sublingually as the onset is much quicker than if swallowed. It is preferable to use the blue scored GENUS make which is more practical to use in these circumstances. Pharmacists should endorse the prescription 'Lorazepam sublingual 1mg Genus' to ensure the actual cost of the product is reimbursed. A copy of the invoice should be attached to the prescription and forwarded to Lorna Ramage, Customer Relations Manager, Practitioner services, NHS National Services Scotland who will verify the claim.

**COMBIVENT® DISCONTINUATION:** During September, Boehringer Ingelheim Ltd announced that Combivent Metered Dose Inhalers will be withdrawn from the market during 2008. Patients currently using this product should be reviewed at a suitable opportunity. Following review patients may require to have their medication changed. If

this is not the case they should be prescribed the drugs salbutamol and ipratropium in their separate CFC-free metered dose inhalers.



**EQUIPMENT FOR VACCINE STORAGE:** All GP practices in NHSGGC are being visited to review vaccine storage and provide recommendations. A full report will be available later this year but current findings have identified some improvements are required. A number of fridges are domestic fridges, over 5 years old, do not have protection to the plug/power source or are not serviced or maintained regularly according to manufacturer's instructions. Equipment guidance was issued by NHS GGC in April 2007 highlighting that domestic fridges are unsuitable for vaccine storage. Pharmaceutical fridges are available from Lec, Swan, Dometec and Labcold.

The following features are desirable:

- Visual display from the Microprocessor digital temperature control with min/max memory for continuous monitoring.
- The displayed temperatures simulate that of the vaccine rather than solely the air temperature of the refrigerator
- Forced air-cooling for temperature stability and rapid temperature recovery after door openings.
- Tangential fan for quiet technology
- Internal air temperature is maintained between 2-8 C
- Audio/visual alarm signal on temperature deviation, with remote alarm terminals providing mains failure alarm signal
- CFC free system and insulation
- Lockable door with 2 keys.
- Automatic defrosting.

When deciding on a model, consider the recommendation not to fill fridge more than two thirds full to ensure sufficient air circulation. Some fridges continue to have solid bottom drawers with lids which should not be used for storage and wire shelves are preferred. Contact manufacturers for the current models and features:

Lec Refrigeration Plc 0870 122 0209, Swan 0131 448 0880, Dometic Ltd 01582 494 111, Labcold 0870 300 1001

Most manufacturers will quote negotiated NHS prices when contacted directly.

## KEEP WELL PHARMACY SUPPORT THROUGH THE LONG TERM MEDICINES SERVICE (LTMS) AND ENHANCED SMOKING CESSATION SERVICE

Socioeconomic differences in health are long term problems but reducing them is now a public health priority. Helping people from disadvantaged social classes to achieve good health should help reduce health and healthcare inequalities.

The Scottish Government has set up five Wave I 'Keep Well' pilots across Scotland (Glasgow North and East CHSCPs, Tayside, Lanarkshire and Lothian). The pilots run for two years and aim to increase the rate of health improvement in deprived communities through innovative forms of engagement with 'hard to reach' people. National and local structures oversee the development and evaluation of the process and outcomes from Keep Well. The pilots are GP practice led, with a systematic approach to anticipatory care for patients aged 45 to 64 with all ages offered additional smoking cessation services.

Although the main focus in Keep Well is on targeting those at risk of preventable serious (cardiovascular) ill health, it is acknowledged that non-compliance with medicines causes ill health, and patients in deprived areas have greater capacity to benefit through greater involvement of pharmacy. In particular, compliance and health literacy are poor among patients from deprived areas. A disproportionate amount of patients in deprived areas smoke compared to affluent areas. Pharmacy can do more to help, and therefore Glasgow has formal involvement of pharmacy in support of patients targeted within participating practices in North and East CHCPs. Pharmacy support aims to make better use of the monthly/bimonthly prescription collection process by providing support that is modelled on an intervention known to improve compliance, reduce hospital admissions and keep people alive and well for longer.

Targeted patients in participating practices receiving polypharmacy have their repeat prescription quantities synchronised. They then receive a pharmacy based intervention designed to improve compliance with medicines, attendance at practice appointments and use of additional services eg Glasgow Council on Alcohol. If the patient smokes, pharmacy can deliver an enhanced smoking cessation service that builds on existing successful pharmacy based work. Community pharmacists are well placed to deliver on this need; the model fits with the health and social care response to tackling the poor engagement and seen in deprived areas.

Since the service was rolled out from April 2007 almost 1,000 patients have been identified and will benefit from repeated pharmacy support. For further information on Long Term Medicines Service please contact Richard Lowrie, Community Pharmacy Clinical Services Lead, 0141 201 5317 and Enhanced Smoking Cessation Service, Liz Grant on 0141 201 4824.

**SCOTTISH DRUG TARIFF:** The Scottish Drug Tariff contains information about the prescribing, dispensing and reimbursement of medicines and appliances on primary care NHS prescriptions. You can now find it online on the ISD (Information and Statistics Division) website at [www.isdscotland.org/](http://www.isdscotland.org/) click on "Site Index" and then click on "Drug Tariff, Scottish".

A paper copy will be published in September 2007 and a further copy in April 2008. Thereafter, a paper copy will be published annually. Part 7, which lists the price that the NHS pays for generic medicines, is currently updated every 3 months.

**GGC FORMULARY CORRECTIONS:** The Formulary Team wish to advise all prescribers of the following unintentional omissions from the Total Formulary (grey) section of the Greater Glasgow and Clyde Formulary 1<sup>st</sup> edition (published August 2007):

- Section 2.2.4: Co-amilofruse
- Section 4.2.1: Quetiapine
- Section 4.3.1: Trazodone

The above medicines are still considered Formulary within the health board.

**VARENICLINE PRESCRIBING PROTOCOL:** We have had a number of requests for the above protocol. This can be found at [www.ggcformulary.scot.nhs.uk](http://www.ggcformulary.scot.nhs.uk) under Postscript Primary Care March 2007.