PostScRxipt – PrimaRxy Care

January 2009

GGC e-FORMULARY v2.54: The e-Formulary for GPASS will be available for installation on a voluntary basis in practices from 16th February. The e-Formulary can be installed for a single prescriber or all prescribers within a practice and offers clinicians the ability to ensure that Formulary medicines are considered as first line options, which can be of help in meeting prescribing indicators. It speeds up the prescribing process by suggesting standard adult doses for many of the medicines. It also allows prescribers to search for formulary medicines for specific common presentations using the disease code functionality, including a disease code which lists the most commonly prescribed paediatric medicines with suggested doses based on age.

Practices wishing to install the e-Formulary should approach their Prescribing Support Pharmacist or Technician to arrange a suitable time for the installation. Installation only takes a few minutes and there is no need to shut down GPASS, though it is advisable to install the e-Formulary when the system is not being used to full capacity (eg at lunchtime).

In order to install the e-Formulary, the pharmacist/technician will need:

- access to a single computer with GPASS
- to be logged on with the capacity to access the Drugs Maintenance screens (some pharmacists/technicians may already have this, but if not, the Practice Manager will be able to access this)

A Quick Start user guide will be available to practices choosing to install the e-Formulary. If you require further information about the e-Formulary before wishing to arrange installation, contact Roy Foot from the Prescribing Team on 0141 201 5214 or email prescribing@ggc.scot.nhs.uk

CASE STUDY: DIVERSION OF METHADONE: Staff working in a mental health ward discovered that a patient was in possession of what appeared to be methadone mixture that had not been prescribed for him. The green liquid was in a brown glass bottle which looked as if it had been dispensed by a community pharmacy. The label had been partly ripped off and although the name of the pharmacy was visible, there was no information remaining about the patient for whom it had been dispensed, the date of dispensing or the quantity that had been supplied. The liquid was taken from the patient according to the policy for dealing with unauthorised drugs found in NHS hospital premises. This is available in appendix 5 of the *Safe and Secure Handling of Medicines* policy (http://staffnet/Corporate+Services/Clinical+Governance/Clinical+Risk/SaferUseOfMedicines.htm).

LEARNING POINTS

- Methadone and other opioid drugs can be diverted from legitimate use to the street supply by a number of methods. The intended patient could have lost the methadone, had it stolen or may have given or sold the dose to another person.
- Supervision of methadone consumption reduces the risk that the product will be taken by someone other than the person for whom it was lawfully prescribed.
- Had this patient taken the methadone, significant harm or death may have resulted.
- It is an offence to be in possession of a controlled drug (CD) unless falling into one of the exemption categories in the Misuse of Drugs Act, eg a practitioner in the course of their work or a patient prescribed the drug. This person was not legally entitled to be in possession.
- It is an offence under The Misuse of Drugs Act for any person concerned in the management of any premises to knowingly permit production or supply of CDs to take place on those premises or associated land.
- Under no circumstances can a substance suspected to be a CD be handed back to a person as they leave the premises, the person doing so could be guilty of unlawful supply of a CD.

PRIMARY PREVENTION OF CARDIOVASCULAR DISEASE

There are two strategies for primary prevention of cardiovascular disease:

- **Population strategy:** aims to reduce risk factors at a population level through lifestyle and environmental changes affecting the whole population without requiring medical examination of individuals. This strategy is mostly achieved by health improvement.
- **Individual level primary prevention (also known as the 'high risk' approach):** seeks out apparently healthy individuals, estimates individualised cardiovascular disease risk, eg JBS2 score, and then intervenes in those at higher risk by encouraging health related behaviour change and pharmacological management of raised cholesterol and blood pressure.

What is the current NHS Greater Glasgow & Clyde policy on primary prevention?

NHSGG&C has well established primary prevention strategies for cardiovascular disease and is continuing to strengthen these, e.g. by encouraging systematic referral systems to smoking cessation, offering exercise referral if a patient requires support to become more active, weight management services, "Eat Up" to help patients achieve a healthier diet etc. These are available for everyone who needs some support to change health related behaviours throughout the Health Board area without risk assessment.

Individual level primary prevention is currently unsatisfactory. Various guidelines have defined different levels of "high risk" and some practitioners are not using any formal risk assessment tool at all, i.e. treating on the basis of a single risk factor, such as smoking or high cholesterol value.

What is the new NHS Greater Glasgow & Clyde policy on primary prevention?

- To continue to develop, improve and strengthen population level primary prevention. To **encourage referral to services supporting health related behaviour change** – smoking cessation services, Live Active for the sedentary, Eat Up for healthy eating advice, and weight management services (Shape Up and GCWMS) which are available for everyone who needs and wants them – not just those with a high risk score.
- To support **opportunistic risk assessment** (as opposed to a systematic screening or case finding approach) for identifying patients eligible for pharmacological intervention
- To support consistent practice between primary and secondary care by encouraging **practice based on the revised local guidelines** rather than any other guideline.
- To ensure a consistent threshold (30% risk of cardiovascular disease over ten years) for pharmacological intervention to prevent cardiovascular disease in individuals
- To support the use of a formal algorithm for assessing risk rather than treating on individual risk factors. The preferred tool is the **JBS2 risk calculator** until the ASSIGN score has been evaluated through Keep Well.
- To advise **tackling all risk factors** (blood pressure, cholesterol and smoking), unless any is particularly high as defined in the new guidelines
- To **implement fully the local enhanced services** for secondary prevention of cardiovascular disease (currently no CHD LES in Renfrewshire CHP, and no stroke LES anywhere in Clyde).
- To keep policy under constant review in the light of local and national policy changes.

VSL3: We have had a number of enquiries regarding a probiotic product VSL#3®. This has been added to the Drug Tariff under ACBS rules. Probiotics are cultures of beneficial bacteria that are normally present in a healthy digestive tract. The WHO definition of a probiotic is:
'Live microorganisms which when administered in adequate amounts confer a health benefit on the host.'
There is a very specific indication for VSL#3®:
'..use under the supervision of a physician for the maintenance of remission in ileoanal pouchitis only in adults as induced by antibiotics.'

Unless your patient meets this criterion and you can add ACBS to the script then you are **not** in a position to prescribe on a GP10. We are in the process of feeding this information back to colleagues in the acute sector.

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