

PostScript - Primary Care

July 2009

SWINE FLU ADR REPORTING: A special web-based system for reporting adverse drug reactions (ADRs) to oseltamivir (Tamiflu®), zanamivir (Relenza®) and the H1N1 vaccines, when available, has been set up by the MHRA. This can be found at: www.mhra.gov.uk/swineflu. This will remain available for the duration of the pandemic and may be used by both healthcare professionals and patients. As these medicines have not been widely used previously, reporting ADRs is strongly encouraged to help monitor their safety.

HbA1c: From the 1st June, HbA1c will be measured in millimoles per mol (mmol/mol) as well as by percentage. The measurements will be reported in both ways until 31st May 2011.

The change has been brought in by the Department of Health in response to the International Federation of Clinical Chemistry and Laboratory Medicine's call for all countries to adopt the same measurement.

A 0.5% difference in HbA1c is equivalent to a difference of about 5.5mmol/mol. For exact conversions please see [Diabetes UK online calculator](#).

FREE EHC FROM PHARMACIES: In August 2008, Scottish Government produced a circular ([PCA\(P\)\(2008\)17](#)) which provided the remuneration arrangements and service specification for new public health pharmacy services. The circular announced that the new sexual health additional services would involve free provision of Emergency Hormonal Contraception (EHC) to females aged 13 and upwards using a patient group direction (PGD) for the supply of levonorgestrel. All except 5 community pharmacies in NHSGG&C now provide this service.

The service has now been operating for several months with success. Practices may wish to consider adding the pharmacy option to patients seeking appointments with their GP as part of a triage system.



DDD AND WEIGHTED PATIENTS FOR INDICATORS: The prescribing indicators for 09/10 include measures of prescribing using Defined Daily Doses (DDDs) and Weighted Patients. We have been asked frequently what these actually mean.

DDDs

Defined daily dose or DDD is a measure sometimes used in prescribing analysis to compare the prescribing of a product across the organisation or to other similar drugs. The DDD is the assumed average maintenance dose per day for a drug used for its main indication in adults. It does not necessarily reflect the recommended or actual dose.

The DDD was devised by the World Health Organisation (WHO) – <http://www.whooc.no/atcddd/> to help compare the use of different drugs.

For example, the DDDs for omeprazole and lansoprazole are 20mg and 30mg respectively. We can then compare prescriptions as follows:

For a monthly supply the total number of DDDs per prescription item are:

- 28 Omeprazole 20mg capsules = 28 DDDs
- 56 Omeprazole 10mg capsules = 28 DDDs
- 28 Omeprazole 40mg capsules = 56 DDDs
- 28 Lansoprazole 15mg capsules = 14 DDDs

Weighted Patients

Weighting is a method of allocating central funds to areas of the NHS based on relative need. Different variations of the same basic formula have been devised for different sectors of the NHS, including GP prescribing. The weighting formula takes into account the age and sex distribution of the practice population and the general level of morbidity and life circumstances of the practice population. This allows comparisons between practices across Scotland to be made.



TRAVEL PRESCRIBING INFORMATION



VACCINES: Vaccines included in the Global Sum which should be supplied and administered on the NHS when indicated are:

- ✓ Cholera
- ✓ Diphtheria / Tetanus / Polio
- ✓ Hepatitis A
- ✓ MMR / Rubella
- ✓ Smallpox
- ✓ Typhoid

See table below for details.

These may be prescribed for individual patients on a GP10. **Stock orders should not be used to order travel vaccines.** No charge can be made for administration or accompanying advice given with an NHS prescription. Only if a GP opts out of the Vaccination and Immunisation Additional Service (and has Global Sum reduced by 2%) can they refuse to give them free of charge. This applies to both nGMS and PMS practices.

All other travel vaccinations can be charged for if prescribed privately. This includes:

- Hepatitis B
- Japanese encephalitis (named patient)
- Meningococcal meningitis
- Rabies
- Tick borne encephalitis
- Yellow fever

Rabies vaccine can only be provided on the NHS to workers at special risk of contact with infected animals, eg persons employed at quarantine centres. Immunisation is

recommended for people living or travelling in enzootic areas who may be at risk of infection. This is not an NHS service.

MALARIA PROPHYLAXIS: This should **not** be prescribed on the NHS. Some regimens can be purchased over the counter from a community pharmacist; others should be prescribed privately. For guidance see www.hpa.org.uk/infections/topics_az/malaria/default.htm or www.travax.nhs.uk.

EXCESS QUANTITIES OF REGULAR REPEAT PRESCRIPTIONS: A Scottish Home and Health Department circular from 1971 clarifies the position on prescribing for patients going abroad for extended periods. It states:

“if a patient intends to go away for a longer period [than two to three week’s holiday] he may not be regarded as a resident of this country and would not then be entitled to the benefits of the National Health Service...it may not be in the patient’s best interest for him to continue self-medication over such longer periods ... if a patient is going abroad for a long period, he should be prescribed sufficient drugs to meet his requirements only until such time as he can place himself in the care of a doctor at his destination.”

Where ongoing medical attention is not necessary, the patient may be given a private prescription.

Vaccine	Notes
Cholera	Confirmed cholera is rare in travellers and it is believed that care to avoid contaminated foods and water is more important than vaccination. Vaccination only provides partial protection and is indicated where precautions cannot be taken, eg in refugee camps. This is now only available as an oral vaccine.
Diphtheria / Tetanus / Poliomyelitis	For individuals who have not had the basic course of immunisation or a reinforcing dose. Should be prescribed as combination vaccine.
Hepatitis A	Recommended for persons travelling to areas of poor sanitation where the degree of exposure to infection is likely to be high.
MMR / Rubella	Children aged 6-15 not previously immunised and un-immunised adults travelling to areas where the diseases are still common.
Smallpox	There is no indication for smallpox vaccination for travellers. The exception is laboratory staff or workers at identifiable risk.
Typhoid	Vaccination is recommended for travellers to areas where food and water are likely to be contaminated. Also available in combination with Hepatitis A vaccine.