

NHS Borders Prescribing Bulletin

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June 2022

Antiepileptic medicines in pregnancy - safety update links

In January 2021 a drug safety update was issued by MHRA regarding safety of antiepileptics in pregnancy. A patient information leaflet (PIL) was produced and should be discussed with all female patients who are pregnant, or may be considering pregnancy.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950069/Epilepsy-medicines-in-pregnancy-leaflet.pdf [accessed 24 May 2022]

Sodium valproate in females of child bearing age – a reminder

All female patients of childbearing age taking sodium valproate MUST fulfil the conditions of the PREVENT programme. These are:

- Be using continuous highly effective contraception
- Have a signed and up to date annual acknowledgement of risk form
- Have an annual review
- Refer to a specialist urgently in case of unplanned pregnancy or patient plans for pregnancy.

Primary Care - please check that all relevant patients have an up to date epilepsy review and fulfil current PREVENT programme conditions

Community Pharmacy - please ensure a warning label is on every pack of sodium valproate dispensed, and a PIL is included. Discuss the risks with patients and refer them to their GP for review or contraception if required.

<https://www.gov.uk/drug-safety-update/valproate-medicines-epilim-depakote-contraindicated-in-women-and-girls-of-childbearing-potential-unless-conditions-of-pregnancy-prevention-programme-are-met>

[accessed 24 May 2022]

Pregabalin MHRA update advice - April 2022

Pregabalin has been associated with a slight increase in risk of major congenital malformations. Avoid use in pregnancy unless clearly necessary and risk/ benefits have been assessed and discussed with patients.

Advise patients who may be planning pregnancy to arrange review of medication. A PIL has been produced which can be used to aid discussion and review.

<https://www.gov.uk/drug-safety-update/pregabalin-lyrica-findings-of-safety-study-on-risks-during-pregnancy#pregabalin-indications-and-scope-of-this-advice>

[accessed 24 May 2022]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070488/Pregabalin-PSL-April_2022_V2.pdf

[accessed 24 May 2022]



Some quick one liners

Size does matter

Please remember the Department of Health and Scottish Government strongly recommend that the maximum quantity of Schedule 2, 3 or 4 controlled drugs prescribed should not exceed 30 days; exceptionally, to cover a justifiable clinical need and after consideration of any risk, a prescription can be issued for a longer period, but the reasons for the decision should be recorded on the patient's notes.

Nil by mouth

A reminder of the National Patient safety alert about inadvertent oral administration of potassium permanganate (full details can be found [here](#))

You are reminded that you should:

- Check that patients are not on repeat prescriptions for potassium permanganate
- Include clear instructions to dilute before use on prescriptions
- Include the warning 'HARMFUL IF SWALLOWED' on the dispensing label

Our quarterly quote

"Compared with most medicines, communication skills have undoubted palliative efficacy, a wide therapeutic index and the commonest problem in practice is suboptimal dosing"

BMJ 2002; 325-6: 672

NHS Borders Joint & East Region Prescribing Formulary Updates

From December 2021 NHS Borders Joint Formulary chapters will be replaced with updated chapters from the East Region Formulary. The latest progress update can be found in [March 2022 East Region Formulary Progress Report](#).

A summary changes from the Borders to East Region Formulary chapters is available [here](#).

The Formulary encompasses prescribing in both primary and secondary care, and practitioners should aim to use a product included in the Formulary. If prescribing a non-Formulary product then a Non-Formulary request form must be completed.

Non-Formulary request forms can be accessed [here](#).

The NHS Borders Joint & East Region Formulary can be accessed [here](#).

Supporting displaced persons from Ukraine

NHS Borders has a number of displaced persons from Ukraine living in the region as part of the Homes for Ukraine scheme.

To help them navigate their way through health care support available, a guide to NHS Scotland Services has been produced. This covers how to access primary care services together with information on emergency services, social care and vaccines. You can download a copy [here](#).

For the Pharmacy First service, a patient leaflet is available online to download in Ukrainian and Russian and can be found [here](#).

[This resource link](#) may be useful in dealing with queries related to Ukrainian medicines.

Community Pharmacy Urgent Supply (CPUS) of medicines – agree local guidelines for use

Community pharmacists across NHS Scotland can use a Patient Group Direction (PGD) to allow patients access to medicines when their usual prescriber is unavailable, there is a clinical need for the supply and it is clinically appropriate to make the supply. This has been in place for a number of years and is a helpful change to improve patient care.

The PGD can be used when the patient's usual prescriber is unavailable. This will most often occur out-of-hours (OOH) but there will be circumstances "in hours" during which their usual prescriber may not be available and the PGD can be employed to supply medication. As the definition of "unavailable" is a moveable feast, it is important that the community pharmacies work with their local GP practices to define for the whole health care team what "unavailable" means in your local community. **If you have not already had that conversation, please put it on your "to do" list.**

Use of the PGD requires clinical judgement and assessment on an individual, patient-specific basis and use should be reserved for situations where there is a benefit to patient care, without compromising patient safety, and it is part of an agreed framework of professional relationships and accountability.

In the speech marks are some examples of GP practice pharmacists experience of the use of this PGD.

In one area, I worked with a Community Pharmacist (CP) who was happy to switch between different emollient products when a particular one I had prescribed wasn't available for several patients. This saved us both a lot of time, since the CP knew what they had available on their shelves, and they didn't need to keep coming back to me for a new prescription. This approach also meant the patient didn't experience any delays in getting the prescription and the CP was able to talk to them directly about the changes.

Elsewhere, unfortunately, I was aware that methotrexate injection had been issued via CPUS 'in-hours' to a patient who I was in the midst of getting bloods organised for and I was concerned that it had been issued without up-to-date bloods.

I think open and clear communication between the practice and pharmacy is essential to get the best out of using CPUS for both teams, and for the patient.

Cetirizine 10mg capsules issued by locum GP on GP10. Cetirizine 10mg tablets are formulary, cost effective and available – patient happy to take tablets. CPUS issued for Cetirizine 10mg tablets with a note to surgery to alter repeats for future issues. Cost effective and timely supply.

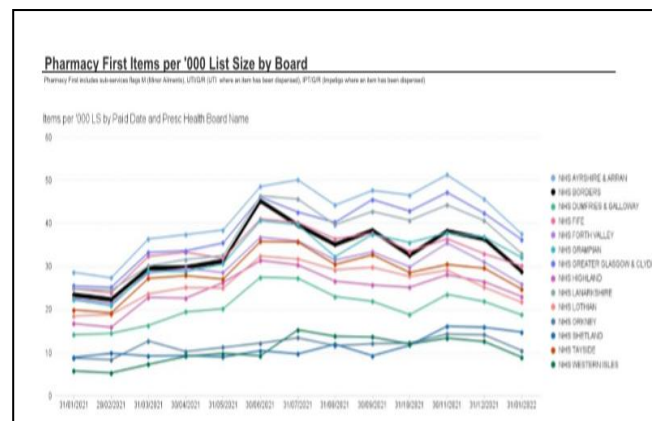
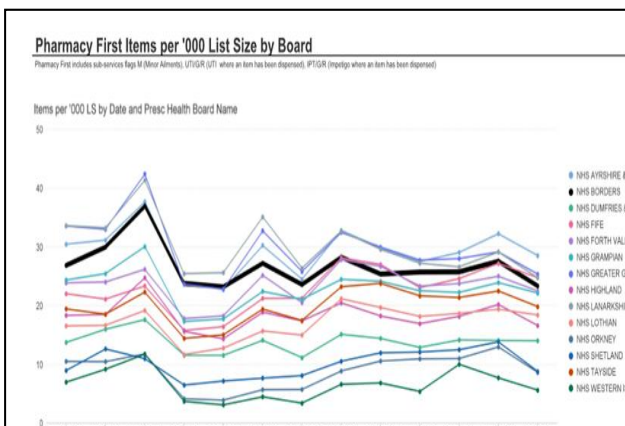
CPUS written for care home patient with swallowing difficulties changing amoxicillin caps to suspension at same dose and length of course.

Pharmacy First – Two Years On

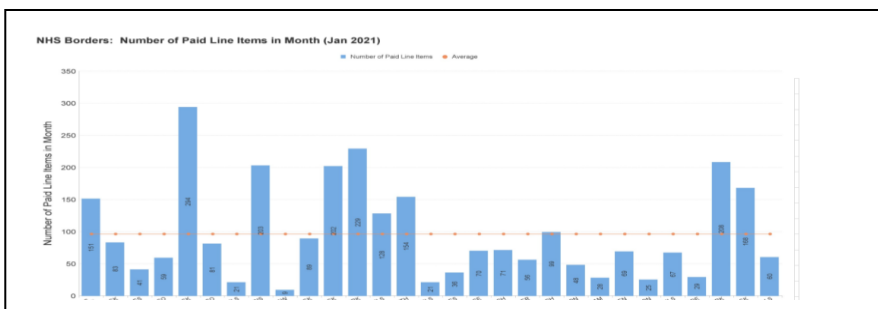
Last year, we showed you graphs of the uptake of Pharmacy First. This year, we can show you how activity levels have changed.

Activity levels vary widely but so too does the size of the pharmacy making comparisons in service delivery difficult. What we can see is that there has been a change in some pharmacies individual activity over the year.

This data is anonymised here. If you would like to receive feedback on your individual pharmacy activity levels, please contact communitypharmacy.team@borders.scot.nhs.uk



These graphs show activity levels for Pharmacy First for each Health Board. NHSB is the thick black line. The graph on LHS is January 2021 and the RHS is January 2022. As a Health Board we have moved from being the 3rd highest in terms of activity to 6th.



These graphs show activity levels for each community pharmacy in January 2021 (top) and 2022 (bottom). As you can see the pattern is different with some pharmacies significantly increasing activity and some dropping.