

NHS Borders Prescribing Bulletin

In this issue:

- NHS Pharmacy First Scotland – Updated Patient Group Directions
- Some Quick One Liners
- Formulary Updates – Mental Health
- Valproate Reminder
- NHS Borders Prescribing Strategy Projects

December 2022

NHS Pharmacy First Scotland – Updated Patient Group Directions

Changes have been made to the Patient Group Directions (PGDs) used for the treatment of urinary tract infections (UTI) and impetigo under NHS Pharmacy First Scotland. These PGDs have been updated to extend the age range and reduce the exclusion criteria allowing more people to access treatments through their community pharmacy. Full details can be found [here](#). A brief summary is below.

[PGD for the supply of Trimethoprim 200mg tablets](#) and [PGD for the supply of Nitrofurantoin capsules MR 100mg / tablets 50mg](#) to allow management of acute uncomplicated urinary tract infections (UTI) in non-pregnant females aged 16 years and over, by registered pharmacists within community pharmacies.

The eligibility criteria have been extended to include patients who are **16 years and over with:**

Haematuria	considered for treatment in community pharmacy in certain circumstances (some exclusions still apply)
Diabetes	considered for treatment in community pharmacy
Symptoms of UTI lasting longer than 7 days	considered for treatment in community pharmacy with guidance to report to GP practice
Breastfeeding	considered for treatment in community pharmacy
Presence of vaginal discharge or itch	considered for treatment unless “presence of new, unexplained vaginal discharge or itch suggestive of other pathology”

[PGD for the supply of Fusidic Acid Cream 2%](#) to allow management of impetigo in adults and children by registered pharmacists in community pharmacies.

Changes include **removal of the lower age limit** and minor changes to the inclusion and exclusion criteria as listed below:

Inclusion criteria	<ul style="list-style-type: none">• Adults and children with minor/localised, uncomplicated skin infection• The rash consists initially of vesicles with erythematous base which easily rupture and are seldom observed. The exudate dries to form yellow-gold or yellow-brown crust which gradually thickens• Informed consent by patient or parent/carer• Patient must be present at consultation
Exclusion criteria	<ul style="list-style-type: none">• Widespread skin infection.• History of MRSA colonisation or infection• Has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months.• Patient systemically unwell• Allergy to any component of the cream.• Patient/carer refuses treatment.• Presenting with any underlying skin condition on the same area of the body as impetigo.

Some quick one liners

Food for thought

The gluten-free food learning resource designed to help community pharmacists gain a general understanding of conditions requiring a gluten-free diet and how to deliver the service is now available in an **e-learning module** and can be accessed using Turas at: <https://learn.nes.nhs.scot/63144>

Keep taking the tablets

A reminder that [Healthy Start Vitamins](#) are free for all pregnant women in Scotland and breastfeeding mothers and all children under 3 years are entitled to free [Vitamin D supplements](#). For Information and access contact local midwife, health visitor or Joint Health Improvement team on 01835 825970.

Keeping up to date

The most recent issues of the MHRA drug safety update can be found at: <https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter>. The September issue advises that prescribers use caution if switching patients between products of methylphenidate long-acting preparations as different instructions for use and different release profiles may affect symptom management.

Keeping stock

A reminder of details of our Community Pharmacy Palliative Care Network and the **stock list** kept at these pharmacies can be found at: www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/communitypharmacy/community-pharmacy-palliative-care-network/

Follow the Yellow Card....

The most recent Yellow Card Centre Scotland annual report can be found at: https://www.yccscotland.scot.nhs.uk/?page_id=201. The report includes details in relation to COVID-19 vaccines.

Change ahead

This is the title of the monthly newsletter from National Service Scotland Practitioner and Counter Fraud Services. It provides details of system changes happening in pharmacy, medical, dental and ophthalmic services. Have a look at: <https://sway.office.com/pasgGtGKnER0Mih?ref=Link>

Our Quarterly quote

"And so I'm offering this simple phrase to kids from one to 92. Although it's been said many times, many ways, merry Christmas to you."

Robert Wells, "The Christmas Song"



Formulary Updates – Mental Health

The update of the Borders Joint Formulary to the East Region Formulary continues with the Central Nervous System (CNS) section which is due to be published shortly. Within the CNS section are some changes to indications for Mental Health and these have been detailed below for information.

Please note any changes affect NEW patients only. Patients established and stable on treatment should not be changed unless there is a clinical need.

The changes include:

- Paroxetine and citalopram have been **removed** from the Formulary and are no longer recommended in the treatment of Generalised Anxiety, Panic Disorder, or any grade of depression
 - GAD: sertraline or venlafaxine
 - OCD: fluoxetine or sertraline / clomipramine
 - Panic Disorder: sertraline
 - New depression: sertraline or fluoxetine / venlafaxine or mirtazapine / amitriptyline
 - Recurrence of depression: Previous agents / sertraline / venlafaxine or mirtazapine / amitriptyline or imipramine
 - Severe depression: vortioxetine / esketamine [**specialist use only**]
- New pathway for depression in pregnancy and 6-weeks post-partum: sertraline
- New pathways for Dementia with Parkinson’s Disease, Dementia with Lewy Bodies, and behavioural disturbances in Dementia: donepezil, galantamine, rivastigmine, memantine / risperidone or haloperidol
- Valproic acid and sodium valproate have been **removed as first-line choices** for acute mania but remain a second-line option in maintenance of Bipolar Disorder
- Quetiapine has been removed from several indications and is **no longer a first-line agent**
 - Schizophrenia: aripiprazole, haloperidol, amisulpride, risperidone or olanzapine / quetiapine, cariprazine, chlorpromazine, or lurasidone
 - risperidone depot has been removed from treatment of Schizophrenia
- Management of Weight Gain with Antipsychotics has been added as a new pathway and the treatment is metformin

Please see <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/medicines-and-prescribing/nhs-borders-formulary/> for more details.

The East Region Formulary includes a number of prescribing notes for the above changes as well as clear indications on what is “specialist initiation”.

Valproate reminder

At the end of October the General Pharmaceutical Council (GPhC) issued a reminder to all registrants regarding the safety concerns of valproate and risk of pregnancy.

The GPhC re-iterated the risks of birth defects and developmental disorders in children exposed to valproate during gestation. The reminder highlights the importance of providing appropriate safety information to those taking valproate to avoid risk of pregnancy. It has been reported that a number of pharmacies were not providing Patient Information Leaflets (PILs) or marking dispensing boxes with suitable safety warnings for valproate.

Government guidance regarding valproate and pregnancy prevention programmes (PPP) is available here: <https://www.gov.uk/guidance/valproate-use-by-women-and-girls#toolkit>

The GPhC makes the following recommendations for community pharmacies:

- Ensure a system is in place in the pharmacy to flag people who are at risk to make sure they are provided with the right information
- Make sure people at risk have a PPP in place and understand the risks, and refer to local contraceptive services if appropriate
- Refer people who have not had a review within the last 12 months to their GP or specialist, and know who to contact if their circumstances change
- Record referrals and information provided on the patient medication record

The GPhC keep all relevant resources on this topic in one place on their website and you can find this here: [Sodium Valproate resources and information | General Pharmaceutical Council \(pharmacyregulation.org\)](#)

NHS Borders Prescribing Strategy Projects

Within the Primary Care pharmacy teams, resource has been allocated to build on work within the three national strategic priorities of chronic pain, Realistic Medicine, and mental health.

Approximately 2-4 sessions of time from clinical pharmacists has been put toward each of these three areas. These work-streams will be driven by multidisciplinary working, peer review, education and training, clinic reviews, and specialist pharmacist support in Primary Care.

These project areas are overseen by the Lead Pharmacist for Medicines Utilisation and each strand reports on a regular basis to the Area Drug and Therapeutics Committee.

If you have any questions about the above projects, please get in touch with your local Pharmacotherapy team who will be able to direct your query to the appropriate person.

Within each of the national strategic priorities, the following is being delivered:

Chronic Pain

- Pharmacy-led clinics reviewing patients with chronic pain and their medication established in 2 practices
- Promotion of self-management & non-pharmacological management of chronic pain
- Patient education on chronic pain & the limited role of medicines, as well as supporting patients through medication changes

Realistic Medicine

- Pharmacy-led clinics reviewing polypharmacy & high risk medicines established in 2 practices
- Educational support for healthcare professionals in Primary Care, including those undergoing training prior to qualification
- Care home medication reviews

Mental Health

- A programme of education and training sessions focused on prescribing in mental health for Primary Care colleagues
- Implementation of audits of antipsychotic prescribing in Primary Care to review uptake of physical health monitoring and support Primary Care prescribers
- Development of prescribing review protocols for Pharmacotherapy teams to look at specific areas of prescribing e.g. antidepressants not recommended for routine prescribing

Editorial Team: Susie Anderson, Dawn MacBrayne, Nate Richardson-Read

Correspondence and Feedback to: prescribing.bulletin@borders.scot.nhs.uk

Past bulletins can be found at: <http://bgh-bd-intra-01/microsites/index.asp?siteid=5&uid=5>