

NHS Borders Prescribing Bulletin

In this issue:

Vitamin B¹² deficiency
Lidocaine 5% plasters
A green escape plan

Pharmacy First Scotland data
One or two quick paragraphers!
East Region formulary update

June 2023

Vitamin B¹² Deficiency

Throughout the lockdown periods of COVID19, the British Society for Haematology issued guidance for patients receiving hydroxocobalamin intramuscular (IM) injection for B¹² deficiency. This guidance, implemented to take account of lockdown measures and public safety, supported the safe cessation of hydroxocobalamin IM injection OR a switch to cyanocobalamin tablets where deemed clinically necessary.

Much of this trend has been driven by the aforementioned switches to cyanocobalamin tablets during the lockdown periods.

Current national guidance makes the following recommendations:

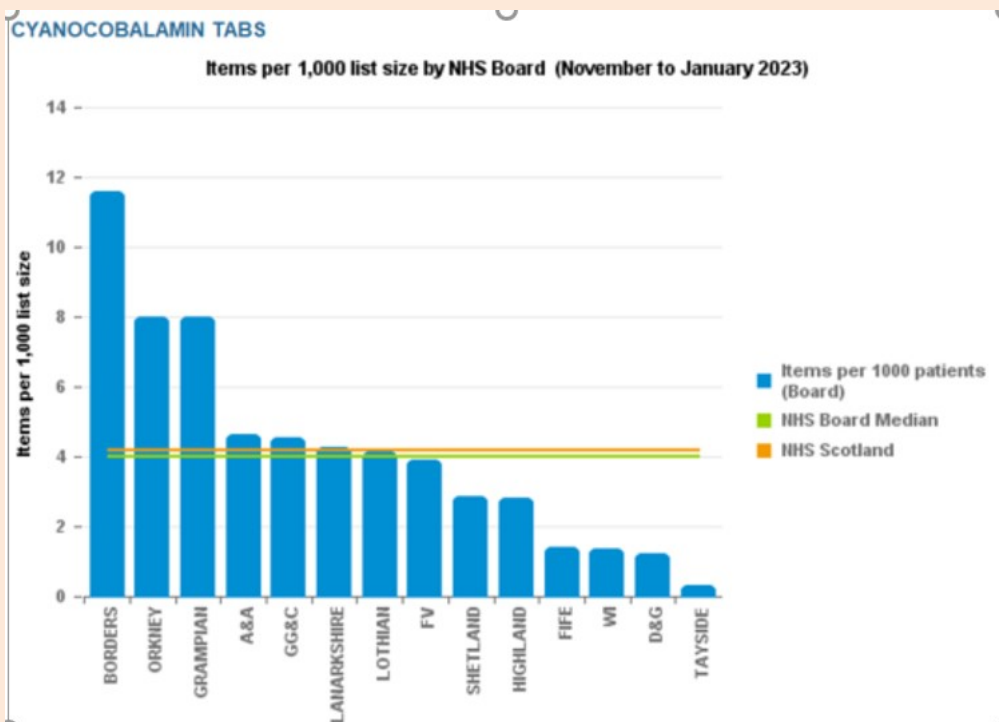
For non-diet-related B¹² deficiency (e.g. pernicious anaemia), hydroxocobalamin 1mg IM injection every 2-3 months is the preferred treatment option as it is retained in the body longer than cyanocobalamin.

For diet-related B¹² deficiency (in people who retain intrinsic factor production), oral cyanocobalamin at 50 – 150 micrograms daily is recommended OR twice yearly doses of hydroxocobalamin 1mg IM injection. Dietary advice should also be provided: B¹²-containing foods include eggs, meat, dairy products, and fish (such as salmon and cod). Foods such as soy products and breakfast cereals are often fortified with B¹² as well.

Updated chapters in the East Region Formulary (<https://www.nhsborders.scot.nhs.uk/media/948738/ERF-Nutrition-and-Blood-Adult-2023-04-20.pdf>) are now available and will be supported with the EMIS Formulary and Scriptswitch® to help direct prescribing to the preferred products.

Please take every opportunity to review the appropriateness of oral prescribing.

Our thanks to Keith Maclure, Lead Pharmacist for Medicines Utilisation and Planning, for contributing to this article.



Lidocaine 5% plaster prescribing in NHS Borders

On Formulary?

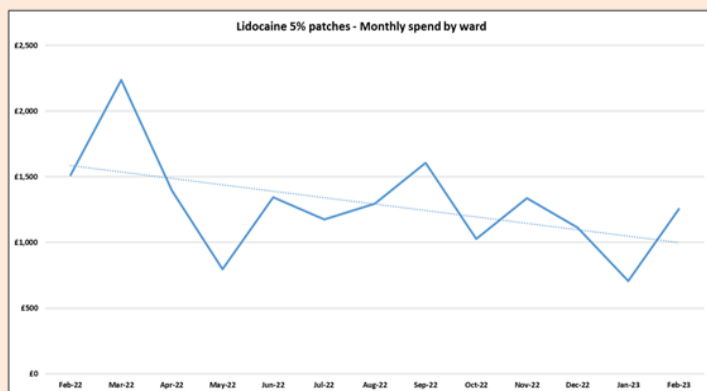
Lidocaine 5% plasters are included in the East Region Formulary as a **5th line option** in the treatment pathway for "Pain with a neuropathic component OR neuropathic pain." <https://www.nhsborders.scot.nhs.uk/media/937089/ERF-CNS-Adult-2023-02-22.pdf>

What does 5th line mean?

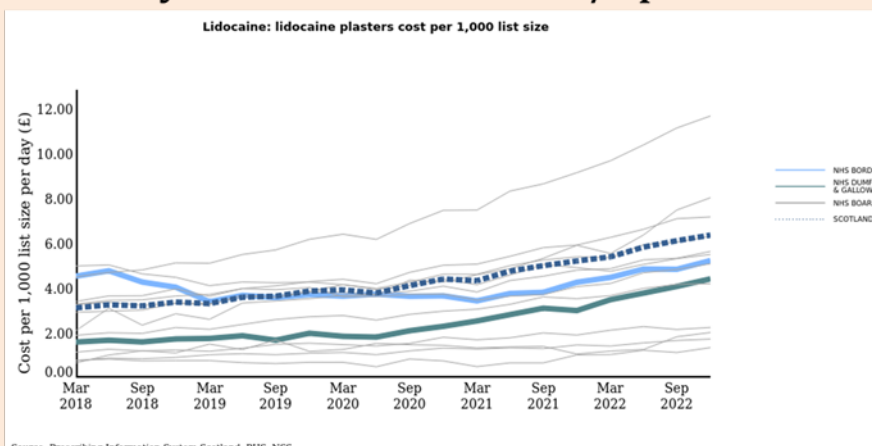
This position in the formulary treatment pathway reflects that there is limited supporting evidence of clinical benefit, with a number of preferred therapeutic options, and our guidance is very clear that treatment should be initiated on a trial basis, with regular review for benefit so that treatment is continued **only** for patients who respond to treatment and maintain a response to treatment.

Notes and actions (use out with Post Herpetic Neuralgia (PHN) is unlicensed/off-label) may be used in the treatment of PHN where first line therapies are ineffective. Lidocaine plasters may be considered where there is evidence of localised neuropathic pain (particularly for patients who are unable to tolerate adequate oral analgesia) i.e. small area of allodynia or hyperalgesia or pain with burning, shooting qualities. Prescription of lidocaine plasters should be on a trial basis (4 weeks and then reviewed) with treatment continuing if there is a response. Ensure appropriate patient counselling and regular review of efficacy with a plaster-free day each month. If initiated for BGH inpatient a prescription request form <http://intranet/resource.asp?uid=32319> should be completed (consultant) and the plan for trial of lidocaine plasters should be documented in the notes and indication and plan included in discharge letter.

Secondary Care Lidocaine Use/Spend



Primary Care Lidocaine Use/Spend



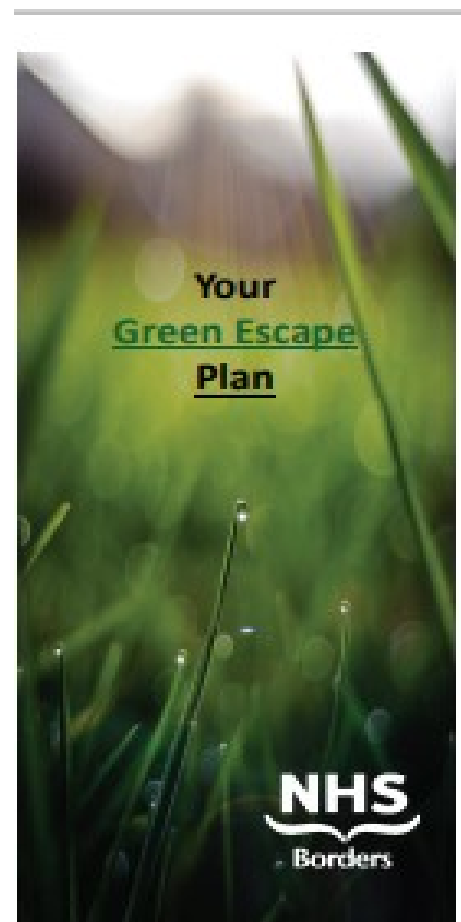
Source: Prescribing Information System Scotland, PHS, NSS.

A green escape plan

Research suggests spending time in green spaces has been shown to benefit your mental and physical wellbeing. It is proven to help: improve your mood; reduce feelings of stress; make you more active; improve your confidence and self-esteem.

We have worked together with Health in Mind to produce a green escape plan that can be used, when appropriate, in discussions with patients. The leaflet contains ideas for activities, walks and organisations that support people to live healthier lives.

Copies available from: kate.warner@borders.scot.nhs.uk



Healthcare professionals call for action with sustainable greener prescribing

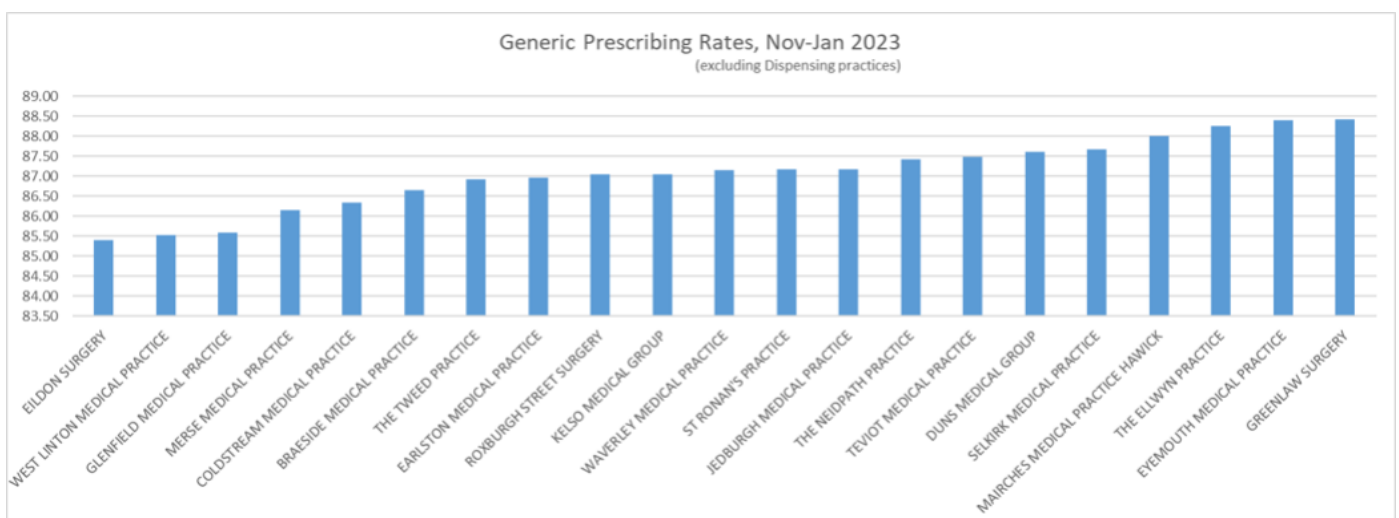
“Our health is inextricably linked to the health of the planet – so we strive to embed green principles and actions into high quality patient care”

You can read the full joint statement from the Royal College of General Practitioners Scotland and the Royal Pharmaceutical Society Scotland [here](#).

Switching from branded to generic medicines

Branded prescribing (where the generic equivalent would have been possible) has cost NHS Borders in excess of £115,000 in the latest 12 months (to January 2023).

A switching protocol has been approved by the Primary Care Prescribing Group and Pharmacy Support Staff will use PRISMs generic savings reports (Feb 22 - Jan 23) to target the top 10 Brands in each of their GP practices with a view to switching them to the generic equivalent (excluding palliative care patients, allergies or failed trials previously) under the supervision of the Senior Pharmacy Technician.



Pharmacy First Scotland data

Public Health Scotland is now producing information on the characteristics of patients using NHS Pharmacy First Scotland.

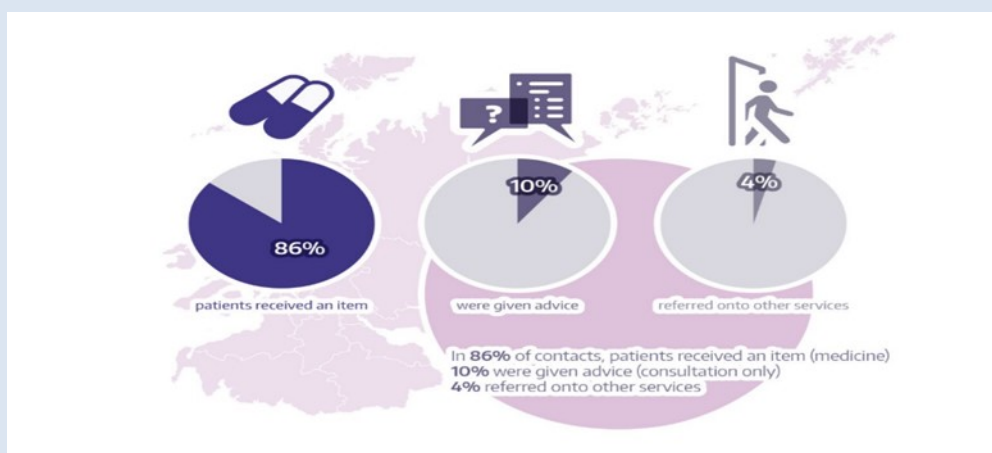
The data consists of some high level statistics on overall use with a dashboard of charts and background text for context. The data is broken down to include information on: demographics; geography and clinical outcomes.

Data released for the period 2021/22 found:

- Twenty-three percent of the Scottish population (1,242,801 people) accessed Pharmacy First Scotland services at least once.
- Of the 1,242,801 people accessing the service, 61% were female and 39% were male.
- The highest rate of people accessing the service was in the 0-9 years age group (469 females per 1,000 pop and 444 males per 1,000 pop).
- Use of Pharmacy First Scotland can be seen across all levels of deprivation in the population. Forty-five percent of patients lived in the two most deprived quintiles.
- In 86% of contacts, patients received an item. Of the remaining contacts, 10% resulted in advice only (for example, advice on self-care) and 4% resulted in an onward referral to another healthcare professional.

Data from this publication is available at: [NHS Pharmacy First Scotland - NHS Pharmacy First Scotland - Publications - Public Health Scotland](#)

The data is currently badged as “experimental” giving users and stakeholders the opportunity to feedback on development of the data.



One of two quick paragraphs!

Our quarterly quote

Never go to a doctor whose office plants have died.

Emma Bombeck

MHRA drug safety updates: February, March and April at: [Drug Safety Update: monthly PDF newsletter - GOV.UK \(www.gov.uk\)](#)

Pholcodine withdrawn

The Medicines and Healthcare products Regulatory Agency (MHRA) released an alert on 14 March 2023 withdrawing all pholcodine-containing medicines from the UK as a precaution.

The MHRA has considered the evidence of an increased risk of the very rare event of anaphylaxis when exposed to neuromuscular blocking agents (NMBA). Supply of products were immediately stopped and recalled and, healthcare professionals are advised to check whether patients who are scheduled to undergo general anaesthesia with NMBAs have used pholcodine, particularly in the previous 12 months and remain vigilant for the risk of anaphylaxis in these patients. Patients should be advised to tell their anaesthetist if they think they have previously taken pholcodine.

Full details can be found at: [Class 2 Medicines Recall: Various Marketing Authorisation Holders, pholcodine-containing products, EL \(23\)A/09 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/class-2-medicines-recall-various-marketing-authorisation-holders-pholcodine-containing-products)

Nebulised asthma rescue therapy in children

Home use of nebulisers in paediatric asthma should be initiated and managed **only** by specialists. Independent purchase of nebuliser devices outside of medical advice for use at home to deliver rescue therapy for the acute treatment of asthma in children and adolescents is not recommended. Pharmacists are asked to advise people seeking to purchase a nebuliser for this purpose that it is not recommended without specialist clinical management.

This MHRA Drug Safety Update was issued in August 2022. Full details are at: [Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/nebulised-asthma-rescue-therapy-in-children-home-use-of-nebulisers-in-paediatric-asthma-should-be-initiated-and-managed-only-by-specialists)

East Region Formulary Update

NHS Borders has been working with NHS Fife and Lothian to develop the East Region Prescribing formulary (ERF) – the adult section of the ERF is now complete and in the very near future the 3 NHS boards will move to using the same East Region Formulary platform.

The paediatric section of the ERF is now under development with an expected completion date of autumn 2023. The regional development of a prescribing formulary in the east region is a first in Scotland and the commitment of those of you who have been involved (and continue to be involved) in the chapter expert working groups is very much appreciated.

A summary of the main changes of medicine choices associated with the move from BJF to ERF has been compiled and the link to that document is [Borders-Joint-Formulary-to-East-Region-Formulary-April-2023.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/media/950698/Borders-Joint-Formulary-to-East-Region-Formulary-April-2023.pdf) with an abbreviated copy at <https://www.nhsborders.scot.nhs.uk/media/950698/Borders-Joint-Formulary-to-East-Region-Formulary-Abbreviated-April-2023.pdf>.

Of particular note is the removal of pregabalin, dihydrocodeine and tramadol (included for short term post-op pain only). Primary Care Prescribing Group, BGH clinical directors and Borders ADTC will work together to agree a plan. In the meantime, the advice is for prescribers to exercise caution and consider alternative therapies prior to considering new initiation of pregabalin, dihydrocodeine or tramadol.

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