

Medicines matters

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Medicines waste message reinforced

As part of a campaign to reduce medicines waste, patients in south west Scotland are being encouraged to check the contents of the bag they receive from a pharmacy before they leave the premises, so that medicines that are not required can be returned. The initiative is discussed in NHS Dumfries and Galloway's October 2017 [newsletter](#). A label has been produced to attach to all prescription bags to reinforce this message.

Practice-based pharmacy service expectation included in Scottish GP contract

A pharmacotherapy service has been proposed in the Scottish General Medical Services contract for 2018-21. The service suggests how GP practice-based pharmacists and pharmacy technicians can be used to reduce GP workload.

The [GMS](#) contract includes a section entitled "Managing workload" — within which the core and advanced services of such pharmacy staff are outlined. Examples of core services to be conducted by pharmacy technicians include medicines adherence clinics, medication management advice to care homes and formulary adherence. Examples of services delivered by pharmacists include polypharmacy medication reviews, monitoring high-risk medicines and conducting specialist clinics (such as for chronic pain or heart failure).

Glargine biosimilar arrives on formularies

Insulin glargine biosimilar Abasaglar is starting to appear on local formularies nationwide — one such example being Northern Ireland (as outlined in NI's medicines management November 2017 [newsletter](#)). The [newsletter](#), dedicated to diabetes, includes sections on selecting the most cost-effective insulin needles and how to conduct a medicines use review on a diabetic patient.

Maintenance vitamin D tabooed

Southend CCG have issued a position statement stating that vitamin D will only be prescribed by GPs at loading doses for adults. Patients requiring maintenance doses will be expected to buy their own supplements, whereas children requiring vitamin D will receive supplies from the local hospital. The release of the statement is reported in the CCG's October 2017 medicines [newsletter](#).

Guideline for using antibiotic prophylaxis against UTIs

Long-term prophylaxis for urinary tract infections should only be prescribed if recommended by a urologist and should not continue beyond 6 months, according to the October 2017 [newsletter](#) for three Cheshire CCGs. A local guideline has also been produced highlighting a clinical pathway for patients who experience more than two UTIs in six months, or three in 12 months.

New methylphenidate brand recommended in Cambridgeshire

GPs in Cambridge and Peterborough who are prescribing modified release methylphenidate are now encouraged to select the Xaggitin XL brand. The local CCG has dedicated a full page [newsletter](#) to the product, which is deemed to be the most cost effective.

Diabetic amputation rates halved following pathway implementation

The number of major amputations experienced by diabetic patients in Somerset has almost halved over recent years following the implementation of an integrated diabetes foot pathway. According to Somerset CCG's October 2017 [newsletter](#), the improvement has occurred following the establishment of community podiatry clinics, the provision of training to GP practice and podiatry staff, and the initiation of a "hot clinic" — allowing vascular surgeons to review high-risk cases.

Delayed antibiotics do not increase hospital admissions for respiratory tract infections

According to Brent CCG's September 2017 [newsletter](#), the use of delayed prescriptions for treating uncomplicated respiratory tract infections among young people and adults has not led to an increase in hospital admission or death; furthermore, it has reduced the incidence of GP re-consultations to treat new, worsening or non-resolving symptoms. The article in the [newsletter](#) summarises a [study](#) that was published in the Drug and Therapeutics Bulletin earlier in the year.