Psychotropic Prescribing In People With Learning Disabilities

In July 2015 there was a Call to Action from NHS England to reduce the inappropriate use of psychotropic medication in people with learning disabilities (PWLD). Medication such as antipsychotics and anti-epileptics required to manage underlying conditions should be initiated by a specialist.

A collaborative approach to address and reduce inappropriate use of these medicines is required to reduce adverse consequences from side effects, interactions and inappropriate use including prescribing in the absence of any recorded mental health illness or for “chemical restraint” to control behaviour (Winterbourne View The 2012). NICE (NG11) offers guidance on appropriate alternative strategies and interventions to manage challenging behaviour in PWLD.

Available guidance that can be used by GPs to review psychotropic medication and challenge the need to continue is listed below:

- NHSE toolkit - Stop Over-Medication of PWLD. STOMP-LD (June 2016)
- LD Annual Health Check RCGP resource pack including The Welsh Health Check Template for medication review.
- Offer NHS England easy read information leaflets for patients and carers.
- Ensure LD QOF registers are accurate and up-to-date. Codes for Autism and Downs Syndrome are not included so GPs must code separately for LD.
- Consider referral back to LD services when expert opinion is required.

Butec® Patches

Butec® is a 7-day buprenorphine patch which is licensed for the treatment of non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.

Butec® is identical in formulation to Butrans® and has the same manufacturing and supply chain. It is available in the full range of strengths.

Prescribing 7-day buprenorphine patches as Butec® will provide a 55% cost saving.

<table>
<thead>
<tr>
<th>Patch Strength</th>
<th>Buprenorphine patches (to be changed every 7 days)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Buprenorphine/ Butrans® Drug Tariff (March 2017)</td>
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<tr>
<td>5mcg/hr</td>
<td>£17.60</td>
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<tr>
<td>10mcg/hr</td>
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<tr>
<td>15mcg/hr</td>
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<td>20mcg/hr</td>
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</tbody>
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New SEL APC Emollient Guidance

The SEL APC emollient guidance for use in primary care is now available. This guidance includes a formulary for 1st line and 2nd line emollient choices, patient letter templates as well as an information leaflet aimed at patients on how to make the most out of their emollients. Other key points include:

- Emollients should only be prescribed for the management of dermatological conditions e.g. eczema or psoriasis and not conditions such as dry skin.
- Patients who do not have a diagnosed dermatological condition or risk to skin integrity should no longer receive NHS prescriptions and be advised to purchase emollients over the counter.
- Bath/shower products should not be prescribed (with rare exceptions for complicated patients under the care of a dermatologist)
- Switching to first line emollients should be considered when reviewing patients’ therapy if they are in agreement to a trial of a drug with a lower acquisition cost.

Please click here to take you to the SEL APC page where you will find this guidance.
New Medicines e-Formulary Launched For South East London

The old PDF version of the Joint Medicines Formulary between KCH, GSTT and LGT has now been updated onto new online software. The advantages of this update will include the formulary being:

- More interactive and intuitive
- Facilitates real time, rather than periodic updating
- Drugs are located in historic BNF chapter, but also easily searchable
- Links to SEL APC documents, including agreed treatment pathways, shared care and recommendation letters
- Clear labelling of “RedAmberGreen” rating for agreed prescribing responsibilities – (e.g. red = hospital prescribing only)
- Links to relevant NICE guidance and technology appraisals for information
- Entries for licensed products have quick links to the SPC and BNF

SEL APC Formulary

RED DRUGS

Botulinum toxin type A injection - For the treatment of refractory diabetic gastroparesis in adults.

NB: RED drugs are NOT suitable for GPs to prescribe and responsibility for prescribing, monitoring, dose adjustment and review should remain with the specialist.

AMBER DRUGS

Insulin GLARGINE (Toujeo®) – For type 2 diabetes. Please note that insulin glargine 100units/ml and Toujeo® 300units/ml are NOT bioequivalent and are NOT directly interchangeable. Dose adjustment is needed when people are changed over to Toujeo®. As these products are not bioequivalent, they must be prescribed by BRAND to minimise the risk of medication errors.

Insulin DEGLUDEC (Tresiba®) – For type 1 diabetes in adults and children/young people aged over 1 year. Insulin degludec may be considered as a third line option provided specific criteria are met, which includes:

- Both insulin detemir and insulin glargine have been tried and the patient still has poorly controlled diabetes and
- The next step would otherwise be an insulin pump and
- Psycho-social or other factors indicate the need for longer duration insulin to facilitate continued treatment and avoid decompensation due to the mismanagement of insulin and
- There have been frequent emergency admissions

GREEN DRUGS

Calcipotriol/betamethasone cutaneous foam spray (Enstilar®) - For the treatment of psoriasis vulgaris in adult patients.

NB: GREEN drugs are suitable to be prescribed in both primary and secondary care.

Electronic Repeat Dispensing (eRD)

NHS Digital is currently promoting the use of electronic repeat dispensing (eRD) and the benefits it offers to practices. eRD is an integral part of the electronic prescription service (EPS). eRD puts the prescriber in control rather than allowing the patient or pharmacy to re-order unnecessary items leading to oversupply or stockpiling.

The GP, practice nurse, prescription clerk(s) or local pharmacist(s) can all help to identify patients who may be suitable for eRD.

Bromley CCG currently has the lowest % repeat dispensing in London. Increasing the % of eRD will also be part of the Prescribing Incentive Scheme (PIS) for Bromley in 2017/2018.

More information on eRD and learning can be found on the NHS digital website: Electronic prescription service/eRD for prescribers

For information on patients suitable for Electronic Repeat Dispensing access Bromley CCG guidance at: Electronic repeat dispensing (eRD) guide

Repeat Prescribing

The Medicines Management Team are aware of ongoing issues about repeat prescribing. There are potential cost savings from adopting more efficient systems e.g. greater use of Patient Online or streamlining requests from Community Pharmacies.

We are exploring various models to develop a more effective repeat prescribing system in Primary Care.

Please look out for a Survey Monkey which we will be sending out for ideas on how we could approach this in Bromley.