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Lothian in Cumbria

Mr Tim Slaughter, Clinical Effectiveness Pharmacist, North Cumbria Medicines Management Group, writes:

"Strange though it may seem at first, but North Cumbria has adopted the Lothian Joint Formulary (LJF).

In 2003, there were three PCTs in North Cumbria, Eden Valley, Carlisle and West Cumbria, one acute hospital trust and a mental health trust. The population was about 320,000 but is spread over a largely rural area, although there are a few conurbations, with areas of deprivation especially on the west coast. The Medicines Management Group considered the feasibility of producing a formulary of their own, but soon realised the work that would be involved, producing what would be fundamentally the same recommendations that are produced by countless other trusts and other healthcare bodies.

The Medicines Management Group searched for a formulary that could be adopted from another area. It wanted a formulary that would be more than just a list of drugs, one that included therapeutic guidance, was evidence-based and updated regularly. After searching among a number of formularies, the LJF was identified as suiting our needs. When the Lothian Formulary Committee was approached, they were agreeable, but in return they felt that they would like an active arrangement, where North Cumbria had an input, providing an 'outsiders' view on the formulary, particularly with regards to the NICE Technology Appraisals, which QIS have agreed to follow (with a few minor variations).

At first, there was a degree of suspicion about the lack of ownership, but the LJF has now been accepted as being authoritative and well set out. There are a few problems about the different services available in Lothian and Cumbria and recommendations regarding cancer drugs, but this seems to have been largely ironed out. The formulary is installed on GP's computer systems using a proprietary system called ScriptSwitch, which flags up formulary alternatives and other prescribing messages as appropriate.

Requests to use the LJF have been received from the Scottish Prisons Service, and several NHS organisations throughout the UK.

In 2006, the PCTs in England were reorganised again, with North Cumbria PCT being merged with part of Morecambe Bay PCT to form the Cumbria PCT. This is geographically one of the largest PCTs in England with a population of approximately half a million. There is interest in rolling out the LJF throughout Cumbria, but there are difficulties to be sorted out with the acute trust in the south, as this straddles both Cumbria and North Lancashire.

Although the LJF can probably not take all the credit, prescribing in Cumbria is highly cost effective. Data comparing both the old North Cumbria and now Cumbria has shown it to have the second lowest prescribing cost per head of population in the North West and the PCT performs very well in comparisons using QOF data returns.

In brief, North Cumbria feels that it has benefited greatly by its adoption of the LJF and is keen to continue this cooperation. Cumbria is not only a great place for a holiday, but also to be a patient, knowing that there is a high quality of prescribing done in a cost effective manner."



The safe use of methotrexate

Methotrexate is an anti-metabolite and immunosuppressant. It is used in the treatment of cancer, rheumatoid arthritis, psoriasis and Crohn's disease. Serious adverse effects with methotrexate include blood dyscrasias and liver, kidney and lung damage. In the last 10 years, 25 deaths and 26 cases of serious harm were linked to methotrexate in England. The main problems identified were the wrong dose being prescribed, and poor monitoring.

In 2004 the National Patient Safety Agency¹ produced a document 'Towards the safer use of oral Methotrexate', outlining the safety issues around prescribing and dispensing methotrexate. NHS Quality Improvement Scotland endorsed this report and asked Scottish Health Boards to implement the recommendations. From this the Lothian Area Drug and Therapeutics Committee produced 'The safe management of patients receiving oral Methotrexate therapy', including a 'safe practice' checklist² and 'recommendations and implementation for Lothian'.

Methotrexate audit in South East Edinburgh LHP

An audit of prescribing and monitoring of methotrexate in GP practices in South East Edinburgh LHP commenced in 2006. Information was gathered on patient compliance, monitoring of bloods, and dosing of both methotrexate and folic acid. Due to the risks associated with methotrexate, the criteria standards were set at 100%.

On re-audit in 2007, improvements were noted in:

- the number of patients with folate cover
- the number of patients prescribed single strength methotrexate tablets (2.5mg)
- the frequency of blood monitoring (FBCs and U&Es) undertaken in the required timescale
- patient compliance.

Despite the improvements, 100% was not achieved for any of the criteria. There is still work to be done in this area to ensure a robust, safe system for patients.

Key messages:



Prescribe and dispense only the 2.5mg strength of methotrexate tablets.

Prescribe and dispense methotrexate *once a week*.

Prescribe folic acid once weekly to prevent methotrexate-induced side effects.

References

1. Improving compliance with oral methotrexate guidelines. Reissued guidance. The National Patient Safety Agency (NPSA). 1 June 2006. www.npsa.nhs.uk/patientsafety/alerts-and-directives/alerts/oral-methotrexate/
2. Lothian Prescribing Bulletin. Issue No. 15. June/July 2005. www.ljf.scot.nhs.uk/lpb/LPB15_Methotrexate.pdf

Thanks to Kirsten McFarlane, Pharmacy Technician, South East Edinburgh LHP, for contributing to this article.

Read what you see, not what you think you see

Increasing numbers of medication incidents are due to the wrong medication being administered or dispensed. Many drugs have similar names which can be easy to misinterpret. Examples include:

bisoprolol	↔	bisacodyl
diamorphine	↔	morphine
fluoxetine	↔	paroxetine
flupentixol	↔	zuclopenthixol
lorazepam	↔	lorazepam
OxyNorm®	↔	OxyContin®

See how easily your eyes and brain can be deceived by looking at this passage:

I cdnuol't blveiee taht I cluod aulaclyt uesdnatnrd waht I was rdanieg. The phaonmneel pwoer of the hmuan mnid! Aoccdnrig to rsceearh at Cmabrigde Uinervisty, it deosn't mtttaer in waht oredr the ltteers in a wrod are, the iprmoatnt thnig is taht the frist and lsat ltteer are in the rghit pclae. The huamn mnid deos not raed ervey lteter by istlef, but the wrod as a wlohe.

Key messages:



Be vigilant; take time to read labels and drug administration charts.

Paying attention to detail is of the utmost importance - clarify anything you are unsure about.

Record and report all incidents involving medication so that we can all learn from any mistakes.

Thanks to Karen Drury, Pharmacy Technician, Medicines Management, Royal Edinburgh and Associated Services, for contributing to this article.

Palliative care medicines for community pharmacies

The medicines stock list for the Lothian Palliative Care Community Pharmacy Network has been updated.

What is the Lothian Palliative Care Community Pharmacy Network?

- There are 21 community pharmacies across Edinburgh, Midlothian, East and West Lothian in this network.
- They allow timely access to palliative care medicines for patients being cared for at home.
- They provide information regarding palliative care medicines to patients, carers and other health care professionals.
- These pharmacies continually stock a range of palliative care medicines. This stock list has recently been reviewed and updated by Palliative Care Specialists and GPs.

The updated list of medicines:

alfentanil	levomepromazine
cyclizine	metoclopramide
dexamethasone	midazolam
diamorphine	morphine sulphate (oral liquid, injection and CR 30mg sachet)
diazepam (rectal tubes)	oxycodone
fentanyl	phenobarbitone
glycopyrronium	sodium chloride 0.9%
haloperidol	water for injection
hyoscine	

Obtaining prescriptions

Patients or their carers will continue to use their usual community pharmacy to obtain routine prescriptions. The network pharmacies can only be accessed (either during working hours or out-of-hours) when the patient's usual community pharmacy cannot supply the palliative care medicine(s) within the timescale required. Lothian Unscheduled Care Services (LUCS) also hold a range of palliative care medicines.

Contact details are available from the Primary Care Contracts Organisation ☎ 0131 537 8407, 8.30am to 5.00pm Monday to Wednesday and 8.30am to 4.30pm Thursday and Friday. Please ring the NHS Lothian Hub for details if out-of-hours.

Normal community pharmacy opening hours (Edinburgh, Midlothian, East and West Lothian)

- The GP or community pharmacist contacts one of the network pharmacies and informs the pharmacist that they will be receiving a prescription for a medicine(s) from the palliative care stock list.
- Where possible the patient's relative/carer will take the prescription to the pharmacy and pick up the medicines. When this is not possible, alternative arrangements will be made to deliver the prescription to the pharmacy and deliver the medicines to the patient. A telephone order or faxed prescription is not acceptable.
- The network pharmacist will provide advice to the patient/carer when appropriate regarding the medicines supplied and will usually liaise with the patient's usual community pharmacist

Out-of-hours (Edinburgh, Midlothian and East Lothian)

- The on-call network pharmacist is contacted through the NHS Lothian Hub.

Out-of-hours (West Lothian)

- If the network pharmacies are closed, LUCS may be able to provide access to a limited list of palliative care medicines for an overnight supply or a prescription can be issued for use the next day.
- Otherwise, an on-call pharmacist can be contacted via the St John's Hospital switchboard.

Thanks to Dorothy McArthur, Principal Pharmacist, Palliative Care, St Columba's Hospice and Marie Curie Hospice, for contributing to this article.

eLJF-GPASS v2007.11 upgrade

The latest version of eLJF-GPASS was recently circulated to all practices by email and will shortly be available on the LJF website - www.ljf.scot.nhs.uk. This includes all the latest changes to the LJF and is compatible with the new drug dictionary PPD 47.

Please ensure that you upgrade your Gpass system with this new version.

EPASS accredited CPD packs for new users of eLJF-GPASS are available free of charge from the Medicines Management Team or can be downloaded from the LJF website.

Exubera[®] inhaled insulin expires

Pfizer announced in October 2007 that it will be ceasing the marketing and production of inhaled insulin, Exubera[®]. After 16 January 2008, they will no longer promote or sell Exubera[®]. They state that this is not the result of any safety concerns, but due to "the product falling short of our expectations and those of our customers".

No new patients should be started on Exubera[®] and existing patients should be transferred to alternative glucose lowering medications.

- If Exubera[®] is their only insulin, it is recommended that it is replaced with a long-acting insulin, given in accordance with the prescribing information.
- If Exubera[®] is being used in addition to long-acting insulin, it is recommended that Exubera[®] is replaced with a short-acting insulin at mealtimes.

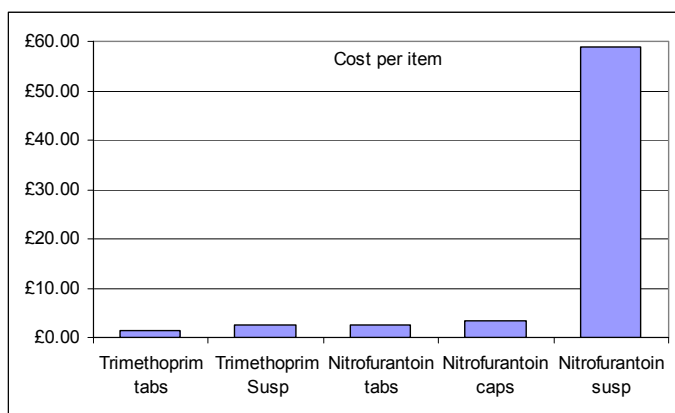
A 1mg blister of inhaled insulin is approximately equivalent to 3 units of subcutaneously injected short-acting human insulin. A 3mg blister of inhaled

insulin is approximately equivalent to 8 units of subcutaneously injected short-acting human insulin.

In all situations clinical judgement should be used in determining the most appropriate treatment options for the patient.

Approximate mg to unit equivalents	
Exubera [®] dose (mg)	SC regular short-acting human insulin dose (units)
1mg	3 units
2mg	6 units
3mg	8 units
4mg	11 units
5mg	14 units
6mg	16 units
7mg	19 units
8mg	22 units
9mg	24 units
10mg	27 units

Did you know?...



- Nitrofurantoin suspension costs £65 per 300mL bottle - much more expensive than the LJJ first choice trimethoprim.
- Next time you prescribe nitrofurantoin suspension consider whether it is really necessary.
- The LJJ recommendation for cystitis and uncomplicated urinary tract infection (UTI) is:

First choice:

trimethoprim 200mg twice daily for 3 days (10 days for male UTIs)

We wish all of our readers a successful 2008!

Now is the time to put the LJJ 2008 Calendar on your wall - *circulated with Issue No. 29 and available at* www.ljf.scot.nhs.uk

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