

## *Items not Recommended for use in NHS Grampian - Strengthening the Approach to Maximise Value*

NHS Grampian has a clinical and ethical responsibility to treat patients with evidence based, cost effective medicines. Various tools can aid in the delivery of cost effective prescribing, for example ScriptSwitch which guides new prescribing decisions.

The NHS Grampian Primary Care Prescribing Group was convened in November 2017 to provide a forum to discuss strategic prescribing issues across the Health and Social Care Partnerships. This group includes a membership of clinical leads, management and pharmacy representation from each Health and Social Care Partnership.

The NHS Grampian Primary Care Prescribing Group are currently reviewing a range of areas focussing on the PrescQIPP [DROPList](#) (Drugs to Review for Optimised Prescribing) and the NHS England [guidance](#) for Clinical Commissioning Groups with recommendations for prescribers being developed and disseminated.

Areas under review include: items of low therapeutic value, e.g. rubefaciants, glucosamine, Omega-3 and liothyronine. There are a range of items of lower therapeutic value being prescribed across Grampian. Such items do not have sufficient clinical evidence to support their use on the NHS. NHS Grampian is committed to supporting prescribers and the wider public served by NHS Grampian by ensuring that items of low therapeutic value are not prescribed on the NHS.

Other areas of review include safety concerns regarding co-proxamol prescribing as well as producing guidance to maximising cost effective prescribing through maximal generic prescribing, dose optimisation and formulation choice, e.g. doxazosin IR, melatonin 3mg capsules.

All prescribers, across primary and secondary care, and community pharmacy teams are requested to support NHS Grampian and Health and Social Care Partnerships in the delivery of effective care, aiming to meet the clinical needs of the local population and maximise the potential for health gain, within what is a challenging financial climate. Ineffective and avoidable spend in the prescribing budget does come with an opportunity cost as this funding is not available for other uses within the H&SCP.

Please ensure all guidance issued by the Primary Care Prescribing Group is implemented by all prescribers across NHS Grampian. Please contact your clinical lead/lead pharmacist if you have any suggestions regarding other areas of prescribing that could be reviewed.

### ***NHS Grampian Guidance For Prescribing Stoma Appliances In Primary Care***

The guidance provides information on appropriate and cost-effective stoma care prescribing for prescribers, practice staff and community pharmacists. It contains advice relating to the prescribing and dispensing of stoma products (including accessories), including suggested quantities that would be appropriate to provide on a prescription. Please distribute within your practice/pharmacy as appropriate.

The guidance is available on the [NHS Grampian Medicines Management Website](#) in the Policies tab (under BNF Section (General Advice) and also in the A to Z section under S).

Practices, pharmacists and patients can contact the Colorectal/Stoma Clinical Nurse Specialists directly for advice:

Aberdeen & Aberdeenshire: (01224) 553987

Moray: (01343) 567480 / 567786

Email: [grampian.stomanurses@nhs.net](mailto:grampian.stomanurses@nhs.net) (For non-urgent queries)

## *Clozapine, Constipation & GP Complications*

*Angela MacManus – Principal Pharmacist Mental Health & Learning Disabilities, Royal Cornhill Hospital*

Clozapine is a high risk medicine licensed for treatment resistant schizophrenia and treatment resistant psychosis in Parkinson's disease. Clozapine is associated with varying degrees of impairment of intestinal peristalsis attributed to its anticholinergic properties. These range from constipation (very common; >1 in 10) to intestinal obstruction, faecal impaction and paralytic ileus (very rare; <1 in 10,000). On a few occasions cases have been fatal.

In October 2017 the MHRA issued a Drug Safety Update reminding healthcare professionals of the potential risk of intestinal obstruction, faecal impaction and paralytic ileus associated with clozapine:

<https://www.gov.uk/drug-safety-update/clozapine-reminder-of-potentially-fatal-risk-of-intestinal-obstruction-faecal-impaction-and-paralytic-ileus>

and issued the following advice:

- exercise particular care in patients receiving other drugs known to cause constipation (especially those with anticholinergic properties), patients with a history of colonic disease or lower abdominal surgery, and in patients aged 60 years and older
- clozapine is contraindicated in patients with paralytic ileus
- advise patients to report constipation immediately
- actively treat any constipation that occurs.

### **Prevention of Constipation**

Discuss the risk of constipation with the patient before starting clozapine treatment and

- Provide appropriate lifestyle advice on diet, fluid intake & exercise
- Consider the use of prophylactic laxatives, as appropriate
- Monitor for signs of constipation regularly (weekly) during the first 4 months of treatment as this seems to be a higher-risk period.

Information for patients on recognising constipation and action to be taken can be found on the [choiceandmedication](http://www.choiceandmedication.org) website:

<http://www.choiceandmedication.org/generate.php?sid=113&fname=handyfactsheetclozapineandconstipation.pdf>

### **Treatment of Constipation**

When constipation occurs in a clozapine patient an abdominal examination is indicated. If intestinal obstruction can be excluded treat with an appropriate laxative regime:

- Stool softener (e.g. docusate sodium) plus stimulant (e.g. senna; bisacodyl)
- Or
- osmotic laxative (e.g. macrogol) plus stimulant (e.g. senna; bisacodyl)

Severe constipation needs to be managed but does not generally warrant clozapine discontinuation, although a dose reduction may be helpful. However in case of serious motility impairment (e.g. intestinal obstruction, faecal impaction & paralytic ileus) clozapine must be stopped immediately and the patient referred to a specialist for treatment.

Where Community pharmacists provide OTC laxatives patients should be encouraged to highlight this to their Community Mental Health Team.

### **References**

1. MHRA Drug Safety Update 26<sup>th</sup> October 2017
2. Zaponex Fact Sheet Constipation
3. NHS inform Handy Fact Sheet Clozapine and constipation

## *Lithium Shared Care Policy - Updated*

The [Shared Care Policy and Prescribing Information for General Practitioners for lithium treatment](#) has been updated and is available on the intra/internet. This is in a new format with clearly states the responsibilities for the consultant, GP and the patient in relation to prescribing, monitoring and concordance with medication. Please review this document ensuring all recommendations are being followed for patients prescribed lithium. It is recommended that a copy of the SCP, should be held in the patients records.