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Bite Size Prescribing News

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Rotherham
Clinical Commissioning Group

Launch of the Rotherham CCG Self Care Campaign

As you will be aware, NHS England consulted and produced guidance on which over the counter (OTC) items should not routinely be prescribed in primary care. Following this, we have developed and agreed a curated list of minor and self-limiting conditions for which RCGG will no longer support the provision of OTC products.

The Medicines Management Team will be providing practices with further information and promotional material in the form of leaflets and posters after the campaign is launched at PTLC on the 12th July.

Changes to the prescribing of Lymphedema garments.

From the 9th July 2018, the lymphedema service will be issuing lymphedema garments for the patients under their care. The garments will be ordered via the wound care service team, and delivered directly to those patients.

NB. Practices will still need to prescribe lymphedema garments for those patients who are not on the Lymphedema service caseload.

Emollient bath additives have no benefit in childhood eczema

The BATHE trial published by the BMJ has found that there is no clinical benefit in using emollient bath additives in the standard management of eczema in children.

482 children aged between 1-11 years with eczema were included in the study. The intervention group were prescribed emollient bath additives. The control group were asked not to use any bath additives. Both groups continued standard eczema management including regular leave-on emollients and topical corticosteroids when required. There was no statistical difference in adverse effects between the two groups. Slips in the bath, stinging and redness are common side effects with bath additives. This trial adds further weight to the NHS England OTC consultation & Rotherham CCG stance on stopping prescriptions for emollient bath additives. <https://www.bmj.com/content/361/bmj.k1332>

NICE Guidance/Updates of Note

Dementia: assessment, management and support for people living with dementia and their carers (NG97). This guideline covers diagnosing and managing dementia (including Alzheimer's disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia. We are currently reviewing prescribing advice following updates in this guidance.

<https://www.nice.org.uk/guidance/ng97>

Oral vitamin B prescribing

Wernicke's encephalopathy can occur when people are withdrawing from chronic excessive alcohol consumption and is thought to be caused in part by a lack of thiamine. NICE CG115 recommends the prescribing of thiamine at the upper end of BNF dose 200-300mg daily in divided doses for those at high risk of developing or with suspected Wernicke's encephalopathy, malnourished or entering planned assisted alcohol withdrawal. Traditionally, vitamin B compound preparations have been initiated to complement alcohol related therapy. There is however no current evidence suggesting any benefit in this indication.

Rotherham CCG in partnership with local alcohol services provider CGL does not support prescribing of vitamin B compound or vitamin B compound strong tablets for the prevention of Wernicke's encephalopathy.

Prescribing of oral vitamin B compound preparations should be limited only for clear indications where diagnosis has been made by a secondary care consultant and clearly documented in a clinical letter.

<https://www.nice.org.uk/guidance/cg115>

Clarification of Tinzaparin prescribing from The Rotherham Foundation Trust

Following queries on the supply, continuation and monitoring of Tinzaparin from TRFT, the following table has been produced as a summary for GP's

Tinzaparin: supply and monitoring in Adults

Tinzaparin: supply at discharge		
Patients	Indications	TRFT supplies
Obstetric patients postnatal	Prophylaxis only	Low risk of VTE – to complete 10 day course High risk of VTE – to complete 42 day course Transfer of Care from hospital to GP is <u>not</u> required
Obstetric patients antenatal	Prophylaxis and Treatment	14 days only – continuation by GP's Transfer of Care: Clinical teams to complete the transfer of prescribing form and fax to GPs
All other patients	Prophylaxis and Treatment	14 days only – continuation by GP's 'See GP for further supply' added to dispensing label. Transfer of Care: Clinical teams to complete the transfer of prescribing form. Anticoagulation nurses to fax the form to GPs

Monitoring for heparin induced thrombocytopenia (HIT)

Patients prescribed tinzaparin	Monitoring for HIT is only required if patient has been administered unfractionated heparin in the previous 100 days. GP may be asked on the transfer of prescribing form to monitor on Day 12-14 if the patient discharged before then.
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The following is for any medication:

Monitoring whether DOSE is appropriate

Patients on long term prophylaxis or treatment of tinzaparin	Tinzaparin dose is based on patient weight and renal function NPSA alert http://www.nrls.npsa.nhs.uk/alerts/?entryid45=75208 Monitor weight and renal function in patients on long term tinzaparin to ensure the dose is appropriate. The transfer of prescribing form will state the patients weight and renal function at discharge.
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Further information can be found in the Cardiovascular System section of the Top Tips & Therapeutics Guidelines on the CCG website.