

Rotherham Place Prescribing Bitesize

 yourhealthrotherham.co.uk

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Rotherham Paediatric Epilepsy Service

Clinicians are reminded that in addition to the Sheffield Children's Epilepsy Service, TRFT also has a Paediatric Epilepsy Service. The Rotherham Paediatric Epilepsy Service (RPES) uses the same list of medication found in the current Sheffield Children's epilepsy service [shared care protocol](#). They will initiate and titrate up medication until the patient is stabilised before asking primary care clinicians to take over prescribing (via a medications notification form).

The RPES will complete the valproate annual risk assessment form ([VARAF](#)), and send a copy to the practice.

New location for Rotherham medicines management information


Information and assets from the Rotherham Medicines Management Team can now be found in the [FOR CLINICIANS](#) section of the www.yourhealthrotherham.co.uk website.

In this section you will find the Rotherham traffic light prescribing document, clinical guidelines and shared care protocols amongst other things. The website is being regularly updated with new material.

Trans Active

Details of the trans gender support group [Trans Active](#) are now on the [RotherHive](#) website. Trans Active is a local trans and non binary community in and around Sheffield that provides access to sport and exercise in a safe and relaxed environment. Their activities are open to all trans and non-binary people, including those who are questioning their gender identity.

Antipsychotic Depot Prescribing by RDaSH

The RDaSH Depot Clinic will start to record (as acute prescribing) antipsychotic depot administrations within their CMHS SystemOne Unit. S1 practices are reminded that the patients "Medication Tree" [ Medication] includes ALL prescribing from ALL S1 units (e.g. RDaSH, TRFT 0-19 etc) not just the practice. Colleagues should take care when issuing medication from the "Medication Tree" as to not inadvertently issue medication prescribed by another organisation/service.

Changes to Madopar Prescribing

The Department of Health of Social Care (DHSC) has re-determined that all six Madopar® (Co-beneldopa) preparations now meet the special container criteria. Pharmacies must now dispense (and be reimbursed) to the nearest complete pack size of 100, regardless of the original quantity prescribed. (e.g. 56 → 100, 112 → 100, 168 → 200).

Clinicians are asked to update repeat templates for Madopar (Co-beneldopa) such that:

- Quantity prescribed is in multiples of 100
- Days "duration" of supply (S1 = Issue duration, Emis = Duration) reflects this

MHRA warning for nebulisers in paediatric patients

The [MHRA](#) have issued new guidance stating that home use of nebulisers in paediatric asthma should be initiated and managed only by specialists.

Independent purchase of nebuliser devices outside of medical advice for use at home is not recommended. Prescribers are asked **not to prescribe** nebulisers in these circumstances.

Community pharmacists have been asked to advise people seeking to purchase a nebuliser for this purpose that such home use of nebulisers is not recommended without specialist clinical management.

Updated Guidelines for Deprescribing of Proton Pump Inhibitors

Guidance for the deprescribing of PPIs has been updated and uploaded to the “For Clinicians” area of the “Your Health Rotherham” website [here](#).

The main change is the removal of H2 antagonists in the stepping down of PPIs. The few H2 antagonists that remain available now command a higher price point and should be reserved for patients that cannot tolerate a PPI and require significant gastro-protection or for treatment of allergy syndromes (full histamine blockage).

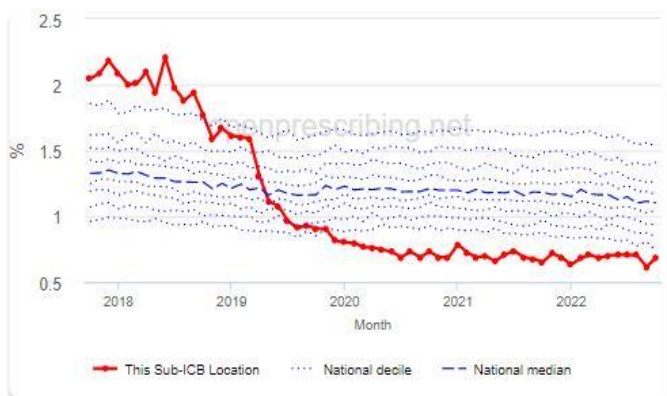
The continued reviews of PPIs by practices and PCN teams over the last few years, as encouraged by the Prescribing Incentive Schemes (PIS), have been producing significant results including reduction the risks that long-term PPIs can cause. In March 2019 the patients that did NOT have a condition or medication that required long-term gastroprotection **was 38.1% and has reduced to 32.7%** in September 2022 (Current PIS target of 33%). Therefore, even though PPI usage has increased, we can be assured that we are using them when clinically necessary and reviews are being taken to reduce and stop when they are no longer required.

The graphs below from open prescribing, show that Rotherham has gone from one of the highest (98th) to lowest (2nd) use of high-cost PPIs by removing unnecessary use of brands or expensive formulations. We also have improved against national in stepping many patients down to the lowest effective dose (reduction from 18th to 13th percentile)

<https://openprescribing.net/sicbl/03L/measures/?tags=gastrointestinal>

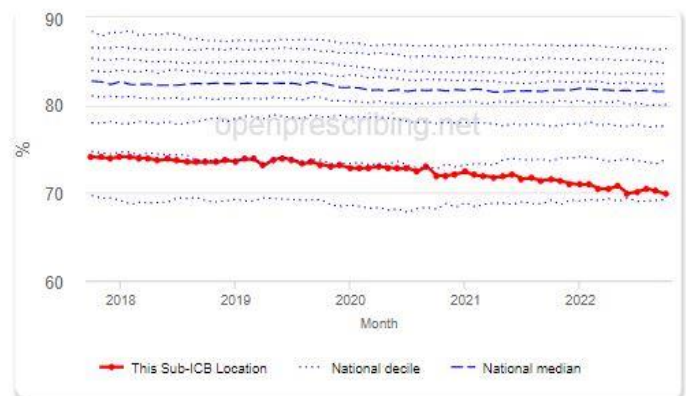
High-cost PPIs

Prescribing of high-cost PPIs as a percentage of prescribing of all PPIs. See the full list of BNF codes used in this measure.



Higher dose Proton Pump Inhibitors (PPIs)

Prescribing of higher dose Proton Pump Inhibitors compared with prescribing of all PPIs (excluding liquids)



The **Long-term use of PPIs** has been linked to **serious adverse effects** such as:

- Clostridium difficile infection
- Increased mortality in older patients
- Hypomagnesaemia
- Rebound acid hypersecretion syndrome
- Hyponatraemia
- Increased risk of bone fractures
- Acute interstitial nephritis
- Vitamin B12 deficiency
- Community acquired pneumonia

PPIs should be initiated **ONLY** where clearly indicated and for the shortest duration that is appropriate, to minimise adverse effects.