

# Prescribing Newsletter

Produced by Herefordshire CCG  
Medicines Optimisation Team

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Herefordshire

Clinical Commissioning Group

## STOMP and STAMP

Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP)

and

Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)

Children and young people with a learning disability, autism or both are more likely to be given medication (including psychotropic medication) than other children and young people.

**STOMP** aims to stop the overuse of psychotropic medications for children and young people with a learning disability, autism or both. It is about helping children and young people to stay well and have a good quality life. If children or young people do need psychotropic medication, it should be seen as the last resort. Medication should be regularly reviewed to make sure it is still the right thing for them and they do not stay on the medication for longer than is necessary.

**STAMP** aims to make sure that children and families can access other treatment and support when children display behaviours that challenge, for example, Positive Behaviours Support or other therapeutic support. Sometimes when children and young people do need medication it can be difficult to make sure they are always able to get it when they need it. STAMP is about making sure where medication will help children and young people to have a good life, barriers are removed.

### [STOMP/STAMP pledge and leaflet](#)

#### Resources:

The Royal College of GPs has updated and published a [Step by Step guide](#) for annual health checks which includes advice on medication reviews and the need to reduce psychotropic medication

Other professional resources are available [here](#)

## STOP PRESS!

[Care Homes Pre- Signed form for Homely Remedies](#) has been re-signed by the CCG Prescribing Lead and is now valid until 31<sup>st</sup> July 2020!

### Rivaroxaban

Absorption is improved by the presence of food and should always be taken with food as recommended by the SPC; please remind patients as the opportunity arises.

For accurate DOAC dosing, remember to convert standardised eGFR readings for actual body surface area (it's not always 1.73m<sup>2</sup>), or ideally work out the estimated CrCL (C&G) for accurate dosage calculations.

### Guidance on Device and Appliance Companies (DACs) Access to EMIS

Advice for practices is available on GP Teamnet.

### Safety Needle Change

The formulary safety needle for Herefordshire is:

**BD AutoShield Duo 5mm/30gauge**  
Cost = £30.08 per 100.



This safety needle is **only** required for caregivers and District Nurses to protect them from needlestick injury during injection and disposal.

It protects the user against the needle which injects the patient and the needle which connects to the cartridge and features dual protection shields on both ends which lock after use.

Link to product information [here](#)

# Opioid Resource Pack



This document brings together a number of resources clinicians can use to support the appropriate use and review of opioids used for chronic pain. The information included refers to the management of adult patients although some of the principles may also apply to use in older children. The information in this document does not apply to palliative care and end of life care where use of opioids should follow the World Health Organisation (WHO) pain ladder and relevant guidance.

Opioids are increasingly being prescribed to manage chronic pain; however, the clinical evidence shows limited effectiveness and patient safety concerns due to the risks associated with long-term use of opioids such as fractures and falls, endocrine abnormalities, immunomodulation, opioid induced hyperalgesia and dependence.



Opioids for long-term pain only benefit around one in every four or five people achieving a 30-50% reduction in pain at best. This means that for every 10 patients initiated on opioids for chronic pain they will be ineffective and so should be stopped for 7 - 8 patients.

The resource pack is available online [here](#)

## Emollient Prescribing Guidance

New guidance for managing patients with a diagnosed dermatological condition is available on the [CCG website](#) and GP Teamnet. The guidance includes key information for prescribers, a table of suggested quantities a patient may need plus a list of preferred formulary products with first and second line choices.

Top cost effective switches include:

- ✚ Emulsifying ointment (availability problems) to Epimax Ointment
- ✚ Cetraben cream to ExCetra cream (similar formulation)
- ✚ Doublebase gel to Isomol gel (similar formulation)
- ✚ Aveeno cream to Epimax Oatmeal cream (dermatology request only, otherwise self care)

Patient requests for emollients for basic dry skin should be recommended to self care.

## Over the Counter (OTC) Medicines

Each year in Herefordshire the NHS spends nearly **£1.2million** on medicines which are easily, and cheaply, available elsewhere; money that could be used elsewhere in Herefordshire's health and social care system.

These are things that are readily available over-the-counter from pharmacies, shops and supermarkets, such as paracetamol and ibuprofen.

Over a single year, that £1.2million could fund:

- 170 more hip operations
- 74 more breast cancer treatments
- 39 community nurses

Resources including posters, leaflets are available [here](#)

## Low Value Medicines

This [national guidance](#) was first published in November 2017 and included recommendations on 18 items. This updated guidance therefore includes original recommendations for 17 items, an update to the recommendations for 1 of the original items and recommendations for the 7 new items which include:

- Aliskiren
- Amiodarone
- Bath and shower preparations for dry and pruritic skin conditions
- Dronedarone
- Minocycline for acne
- Needles for pre-filled and reusable insulin pens
- Silk garments

Currently HCCG spends **£348k/yr** on low value medicines.