



Newsletter



Northern Lincolnshire
Area Prescribing Committee

February 2013

Introduction

Welcome to the Northern Lincolnshire Area Prescribing Committee (APC) Newsletter for February 2013. The APC is now heavily involved in the creation of Shared Care Guidelines for medicines, including low molecular weight heparins such as enoxaparin. This is a medicine that is used to treat and prevent blood clots, such as those that cause pulmonary embolisms and deep vein thrombosis. We are especially looking to further shared care relating to enoxaparin in pregnancy, where the medicine has shown to have excellent therapeutic advantages, which could ultimately save lives.

We also welcome a new member to the APC who will represent the opinion of the public in North Lincolnshire.

Medicine Wastage

In addition to the superb advancements made in patient care, the APC is addressing medicine waste and related expenditure. In Northern Lincolnshire, it is estimated that over £2,000,000 of medicines are returned to pharmacies and destroyed each year. Many of these are medicines that are on patient's repeat prescriptions from their GP. This emphasises that it is essential for patients to inform the surgery staff that they do not require or are no longer taking certain medicines. Once dispensed and issued, medicines cannot be reused or sent to developing nations; they are simply incinerated. Each and every person involved in medicines, from healthcare professionals through to patients, must take responsibility in order for a difference to be made. Just imagine the possibilities of spending £2,000,000 every year on bettering the public services that our esteemed region has to offer.

Along with making sure that patients in the community get the correct medicines, it is vital for patients to understand how the hospital medicine system works. Patients should always take their current medication into hospital with them. This saves the hospital supplying more medicines that are not needed and also helps to ensure that the patient is maintained on the same medicine brands that they have become accustomed to. Not all hospital visits are anticipated, but if an ambulance is required, ensure that current medication is taken to hospital whenever possible. This is something that every member of the community must keep in mind and will help to ensure the best quality of care is continued with minimal interruption to treatment. Money can then be spent on making people better and buying new, life saving equipment rather than on avoidable medicine wastage.

Many pharmacies offer a prescription collection and delivery service and some will order medication on a patient's behalf too. This can be an excellent way of ensuring that a patient does not run out of their medicine. However, due to a potential lack of regular patient contact, medicines that the patient only takes when required (such as an indigestion remedy) can be re-ordered when the patient still has a sufficient quantity for the next prescription period. This inevitably leads to medicine waste. Therefore, it is essential that patients and their pharmacy understand which medicines are required. Remember that your pharmacist is a medicines expert and has an unsurpassed knowledge of how your medicines work. Patients should utilise this superb and accessible expert advice whenever possible, as it is key to receiving an excellent healthcare service. Even when a patient is in hospital, this system will continue and these medicines should still form the basis of a treatment regime. Patients, carers and healthcare staff should not make the incorrect assumption that just because somebody is in hospital, their medicines are no longer needed.

New Formulary Additions

Sodium chloride 5% eye drops have been added to the Northern Lincolnshire Formulary. These are to be used primarily in a hospital environment to treat corneal oedema, which can occur following ophthalmic surgery. The standard duration of treatment is one month. Due to the nature of this treatment, the hospital would always prescribe for and review each patient for the first three months, even if longer courses were needed. After three months, GPs may take over prescribing. A small number of patients may require long term treatment with sodium chloride 5% eye drops for their conditions.

Boceprevir and telaprevir have been added to the Formulary. These are protease inhibitors indicated for use in combination with ribavirin and peginterferon alfa for chronic hepatitis C infection of genotype 1 in patients with compensated liver disease. The brand names are Vivtreelis and Incivo respectively.

Bromfenac sodium sesquihydrate 0.9mg/ml eye drops have been added to the local Formulary. These are an anti-inflammatory used in the treatment of postoperative ocular inflammation following cataract extraction in adults. Only a maximum of fourteen days should be prescribed. These are more commonly known by their brand name, Yellox.

Testosterone enantate injection is an alternative to Sustanon injection, which many dispensaries have not been able to obtain for a relatively long period. The hospital will use this in male children over the age of 12 years, who require additional testosterone to induce and maintain sexual maturation.

The APC is committed to enhancing the quality of patient care across Northern Lincolnshire. Keep up to date with the APC online by visiting:

www.northernlincolnshireapc.nhs.uk