



Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in
Northamptonshire Primary Care Trust



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- **Blood glucose test strips (BGTS) – new PCT formulary choice**

Following a review of all the BGTS on the market, the PCT and Nene Commissioning have selected CareSens N strips and lancets, made by Spirit Healthcare, as the first-line formulary choice in primary care. This is being recommended for new patients and other patients at review; this is not a mass switch program and patient agreement and choice is vital for success. This also offers an opportunity to discuss appropriate use of BGTS generally.

Over half of all GP practices have already signed up for the training sessions which are being run by Spirit Healthcare. To arrange training please contact Jo Mawley at Spirit Healthcare on 0116 286 5000 or email jom@spirit-healthcare.co.uk

Jo will also contact pharmacies adjacent to the GP practices she is visiting to advise them that the practice is likely to start using the CareSens N strips so that stocks can be managed accordingly.

- **Delays in deliveries of seasonal influenza vaccine 2010 + Intanza.**

There are delays in deliveries of some seasonal influenza vaccines. The relevant companies should have written to all affected surgeries. They have provided assurance that outstanding deliveries will be fulfilled by the end of October or shortly thereafter. The DH recommends that affected GP surgeries should reschedule their clinics or contact other flu manufacturers to arrange stock to cover clinics planned for October. The Intradermal influenza vaccine INTANZA™ is not included in the PGD and should NOT be used as this will incur significant increased costs to NHSN.

- **Bisphosphonates and risk of oesophageal cancer**

A recent case control analysis published in the BMJ and picked up by the media has raised the possibility that long term use of bisphosphonates could double the risk of oesophageal cancer (from 1:1000 to 2:1000) <http://www.bmj.com/content/341/bmj.c4444.full>. A detailed commentary on the study is available at <http://www.nhs.uk/news/2010/09September/Pages/brittle-bone-drug-cancer-risk.aspx>. Patients should be reassured that any increased risk is small and the MHRA does not advise discontinuing bisphosphonates based on this study alone. Patients should be encouraged to follow the safety advice on how to take their tablets carefully so as to minimise oesophageal irritation.

- **Supply problem with Fendrix (Hepatitis B vaccine)**

There is a supply problem with Fendrix which is likely to continue until January 2011. Whilst it is recommended that renal patients receive a preparation specifically marketed for this group of patients e.g. Fendrix, HBvaxPRO, this is no longer possible as there are now supply problems with both these preparations. In the interim a "Patient Specific Direction" for Engerix will be required for any renal patients requiring hepatitis B vaccine.

- **Blood glucose control in type 2 diabetes pre- and during pregnancy**

Following previous articles on HbA1c control in type 2 diabetes we have been asked to point out that advice is different pre- and during pregnancy.

Healthcare professionals caring for patients with type 2 diabetes should ensure that people planning (or at risk of unplanned) pregnancy are offered pre-conceptual counselling, have regular HbA1c monitoring, and if necessary referral for advice pre-pregnancy to the diabetes / obstetric teams at the acute trusts. Type 2 diabetes is a group with significant pregnancy associated risk, and often a group where preconception control has been poor, greatly increasing the risk of congenital abnormality and antenatal complications

Those wishing to learn more of the complications of diabetes and pregnancy should refer to the CEMACH reports, available at <http://www.cmace.org.uk/publications/CEMACH-publications/Maternal-and-Perinatal-Health.aspx> or contact a member of the diabetes / obstetric team.

- **Oxygen prescribing for cluster headache**

GPs may continue to prescribe oxygen using a HOOFF for those few patients that have been recommended this by a neurologist for the treatment of cluster headache. They do not need to be referred to the new oxygen assessment service.

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854¤tid=2854>

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