

Prescribing Hints & Tips

December 2024

MHRA DRUG SAFETY UPDATE: GLP-1 RECEPTOR AGONISTS

Healthcare professionals are reminded to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs) and to be aware of the potential for misuse. The full Drug Safety Update can be viewed [here](#).

IMPORTANT REMINDER: ADHD MEDICATION PRESCRIBING AND DISPENSING

Due to ongoing ADHD medication shortages, please be reminded of the following local recommendations:

- **12-hour Prolonged-Release Methylphenidate tablets and Lisdexamfetamine capsules** can be prescribed generically. This allows community pharmacies to dispense any available brand, helping to manage supply issues.
- **8-hour Modified-Release Methylphenidate capsules**, however, **MUST be prescribed and dispensed by brand** due to differences in their release profiles. Please do not ask the prescriber to issue a generic prescription for 8-hour Modified-Release Methylphenidate capsules. Instead, it would be helpful to inform the prescriber of the available brand so the prescription can be amended accordingly.

For further information and resources, please refer to [ADHD Shortages - Nottinghamshire Area Prescribing Committee](#). Thank you for your cooperation in ensuring continuity of care for patients.

PRESCRIBING MEDICATION FOLLOWING A PRIVATE ADHD ASSESSMENT

The APC and the medicines optimisation team cannot make clinical decisions about individual patients and patients should not be directed to contact those teams directly. Sharing care with a private provider is a clinical decision which the Primary Care prescriber should make. There are several resources available to aid your decision making:

[nhs-and-privateinterface-prescribing-110324-pmr.pdf](#)
[guidance-on-the-management-of-private-shared-care-prescribing-requests.pdf](#)
[shared-care-faq-for-patients.pdf](#)

The APC and medicines optimisation team can be consulted directly by the prescriber for support if needed.

SAFETY PEN NEEDLES AND SAFETY LANCET DEVICES REMINDER

Under HSE regulations 2013 Safety pen needles and safety lancet devices should not be prescribed on FP10 for use by healthcare professionals and employees.

We still have several practices that prescribe these items. Safety needles currently cost Nottinghamshire ICB approximately £124,000 annually.

To help practices comply with these regulations we've created a guide to assist you in reviewing your prescribing. If your practice has a Medicines Management Facilitator (MMF), they can also provide additional support. These resources can be found on [TeamNet](#).

Our local position statement can be read [here](#).

TALL MAN FUNCTIONALITY FOR SYSTM ONE USERS

Medicines that look-alike and/or sound-alike (LASA) are a well-recognised cause of errors due to orthographic (look-alike) and phonetic (sound-alike) similarities. These similarities can cause confusion at the point of prescribing and dispensing and lead to medication errors.

First DataBank (FDB) has incorporated Tall Man Lettering (TML) into its Multilex solution to support clinicians and clinical systems in making accurate medication selection. Tall Man Lettering (TML) uses certain uppercase lettering to differentiate between LASA medicines and prevent any confusion.

For further information on how to enable this function please see the [Tall Man Lettering information sheet](#) provided on the medicines optimisation team website. Please note, this is only available for Systm One.

SPECIAL PATIENT NOTES (SPNS) USED BY NEMS

NEMS, which offers acute and emergency services, including out of hours care and home visits, uses Adastra as their IT system, which does not fully interface with SystmOne.

To ensure high-risk patients are flagged appropriately, NEMS encourages GPs, nurses, and clinical pharmacists to register and utilise SPNs to enhance patient safety and prevent medication-related incidents. SPNs capture vital information about patients who may be at risk or unable to manage their healthcare effectively.

Examples of patients who should have SPNs include:

- Patients with rare conditions requiring specific management.
- Severely mentally ill patients under enhanced care.
- Patients noted to have aggressive behaviour.
- Frequent callers with established management plans.
- Abusive patients posing a risk to staff.
- Patients exhibiting drug-seeking behaviour.
- Patients on medicines requiring shared care protocols any changes made to this, especially if the SCP is discontinued but patient seeks access to the medicine.

NEMS has access to the Summary Care Record (SCR), EPACCS, and GP Connect, enabling its clinicians to view the last three primary care consultations. We encourage primary care clinicians to use appropriate read coding so that relevant information is visible within the SCR, reducing the need for SPNs, for instance, when a DNAR is completed.

We encourage all clinical staff to familiarise themselves with SPN criteria and ensure their appropriate use. PCN/Practice pharmacists are especially urged to set up accounts and collaborate with NEMS.

For account setup or inquiries regarding SPNs, please apply to kim.mcmahon3@nhs.net

CHOICE AND MEDICATION WEBSITE REMINDER

The Choice and Medication website for patient information leaflets on psychotropic medicines must only be used by patients (or carers) of, or healthcare professionals working under or employed by Nottinghamshire Healthcare NHS Foundation Trust. Any illegal use outside of the subscribing organisation, including by primary care healthcare professionals, is strictly prohibited, and usage is being monitored.

CLINICIAN SURVEY: IS THERE A NEED TO DEVELOP LOCAL PRESCRIBING GUIDELINES FOR IRRITABLE BOWEL SYNDROME (IBS)?

We would like to gather the opinion of clinicians working in primary care as to whether there is local need to develop prescribing guidelines to aid treatment choice in the management of IBS. We would be grateful if you could take this very short survey of single question by **24th January** to help us guide the decision:

https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9UeyIge0jXdO44-L_ZMXTt1MsGQZL43Sr0IUNDZRU1dYNUZYWU9TRUpKOVVVU0RaSVpCRS4u

APC AND INTERFACE UPDATE

There is a new podcast available:

[PILS ep17, Dec 24, Inclisiran - NHS Notts | Podcast on Spotify](#)

In this episode, our guests Sue Haria and Dr Rushabh Shah talk about Inclisiran.

Clinical trials and our local data show that inclisiran reduces the LDL cholesterol levels by approximately 50%. This drop would allow almost all patients to meet LDL targets as per NICE.

We'd be glad to hear your feedback either below the episode or by emailing nnicb-nn.nottsapc@nhs.net.

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net