

January 2017 ♦ Produced by the Prescribing Team

## Primary Care Adult Infection Management Guidance - November 2016 Update

NHSGGC has recently updated the primary care infection management [guideline](#), and [poster summary](#). The guidelines replace the August 2014 version, and are hosted in the Staffnet guideline [repository](#). Copies of the poster summary are currently being printed and will be distributed to primary care prescribers in due course.

The accompanying app '[GP antibiotics](#)' for iPhone and Android is currently being updated, alongside the e-Formulary and Synonyms. Synonym disease codes (e.g. '.UTI') for EMIS are included in the poster summary, with the [full list](#) available via Staffnet.

The main guideline revisions include:

Topic	Revision Description
Urinary Tract Infection	Fosfomycin & pivemecillinam included for 2 <sup>nd</sup> line use
Community Acquired Pneumonia	Antibiotic duration reduced from 7 to 5 days
Sore Throat Self-limiting - antibiotics often not required	CENTOR replaced with <a href="#">FeverPAIN score</a> for assessing streptococcal infection risk
Otitis Media Self-limiting - antibiotics often not required	Erythromycin replaced with clarithromycin (Amoxicillin remains)
Rhinosinusitis Self-limiting - antibiotics often not required	Phenoxycephalothin removed (leaving amoxicillin and doxycycline)
Long-term Antibiotics	Addition of minimum review periods for UTI prophylaxis (every 3-6 months); and acne/ rosacea (6 monthly)

A number of other more minor changes have also been made, primarily in relation to genital tract infections, and when to refer to the Sandyford Service. Please refer to the [guideline](#) for details.

There are a number of **new learning opportunities** to support prudent use of antibiotics:

- [TARGET](#) 7 x 45 minute webinars available to watch (includes patient expectations, assessing need, UTI, children, back up prescribing)
- ScRAP 2 –updated during 2016 to support quality improvement in infection management and include interactive small group learning sessions on UTI (available for use from February 2017)

### Glyceryl Trinitrate 400mcg Pack Size

There has been an increase in the [Scottish Drug Tariff \(Jan 2017\)](#) price of **180 dose pack size** Glyceryl trinitrate 400micrograms/dose pump sublingual spray from £1.79 to £3.18 (43%)

Product	Pack size	Price
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	200 dose	£1.83
Glyceryl trinitrate 400micrograms/dose pump sublingual spray	180 dose	£3.18
Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	200 dose	£3.44
Glyceryl trinitrate 500microgram sublingual tablets	100 tablets	£10.44

When prescribing sublingual glyceryl trinitrate prescribers are recommended to select glyceryl trinitrate 400micrograms/dose pump sublingual spray and **enter a quantity of 200 doses**. This will ensure the product with the lowest acquisition cost is dispensed. The EMIS e-formulary file (January 2017) has been updated and Scriptswitch messages have been added to help support this change. Licensed indications and excipients are identical for both 180 dose and 200 dose products.

**It is anticipated that the switch from the Glyceryl Trinitrate 180 dose pump spray to the 200 dose pump spray could generate savings in excess of £100,000 per annum for NHSGGC.**

## Seasonal Influenza Use of Antivirals

In Scotland, clinical influenza activity in primary care is stable and remains low. However clinical activity in secondary care is increasing.

Virological influenza activity suggests that there is evidence of increasing community circulation of influenza. A [CMO letter](#), recommending that antiviral drugs can now be prescribed for the prevention or treatment of influenza in the community where clinically indicated was issued on 23 December 2016. In particular they should be used in those presenting with severe symptoms where it is evident their use may help reduce overall symptoms and mortality in hospitalised patients.

Treatment advice for **at risk individuals only**  
Antivirals should now be **considered** when;

- a person with an influenza-like illness is in an 'at-risk' group (including those over the age of 65);
- the national surveillance schemes indicate that influenza virus A or B is circulating (as the first part of the CMO letter confirms); and.
- they can start treatment within 48 hours (or within 36 hours for zanamivir treatment in children) of the onset of symptoms, as per licensed indications

The use of antivirals for the general population should only be in exceptional circumstances.

## Prescriptions – Advice for Prescribers for Endorsing Prescriptions

Prescribers are reminded to endorse all prescriptions for antivirals with the reference "SLS". Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

## Seasonal Influenza Patient Advice

Medics at the Beatson West of Scotland Cancer Centre are asking people with cold or flu like symptoms not to visit patients at the hospital. In-patients at the Beatson are particularly susceptible to viruses, so it's important that any visitors who have experienced any cold or flu-like symptoms do not visit friends and family until at least 48 hours after the end of symptoms.

## Nystan Dosage Change

The BNF recommended dosage for Nystan suspension has changed and is no longer 1ml QDS for all age ranges. Please check the dose is appropriate for your patient.

Link to [BNF](#)

There is a scripswitch message advising of the change and EMIS has been updated.

## Move to Prescribing of Stanek®

Stanek® is now the preferred brand of entacapone/levodopa/carbidopa across acute and primary care in NHSGGC. Acute services will be moving away from the procurement and supply of Stalevo® and patients who go into hospital will be discharged on Stanek® as it is the most cost effective formulation.

This month community pharmacists are being made aware of a likely reduction in prescribing of Stalevo® and advised to monitor demand and adjust stock levels of products accordingly.

Prescribers in primary care will be made aware of this recommendation via ScriptSwitch software. The ScriptSwitch message prompting prescribing of Stanek® will be deployed on GP clinical systems in April 2017 to allow time for community pharmacists to adjust stock levels.