Annual Prescribing Meeting 2022

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| Questions & Answers |
| Question | Which calculation did the Dorset audit use to measure DOAC dosage? Was it CrCl or age+weight+creatinine?  |
| Answer | We advise CrCL in the audit instructions, however they may have been some variation as this was completed by individual practices.  |
| Question | Why have they picked the DOAC without a reversing agent? I had a patient refuse to change because of this.  |
| Answer | The decision to choose Edoxaban as first line DOAC was made by a group of national experts.  We have confirmed with UHD Thromboprophylaxis group that the reversal agent approved for use by NICE is used ‘off label’ and is equally effective in Edoxaban.  |
| Question | Changing to Edoxaban is tricky when the local stroke physician does not choose as first line and prefers apixaban.  |
| Answer | Please feedback the details via email to the meds management team and we will pick up directly with the acute trusts. We have engaged with secondary care including the stroke teams and are monitoring the DOAC prescribing data coming out of the trusts, which is on an upward trend.  |
| Question | How much money will be saved by switching Patients with AF, already prescribed a DOAC, to Edoxaban?  |
| Answer | In terms of financial saving, the national aim is to be able to release money to treat more AF patients with a DOAC. In terms of local savings, savings of around £600,000 have already been made with the potential to save up to £3,000,000 in Dorset by putting all patients, where it is clinically appropriate to change, on to Edoxaban. It’s a National save to invest scheme so will result in more people being diagnosed and treated for AF.  |
| Question | Is it true that if patient has normal kidney function, Edoxaban was less effective than the other DOACs and therefore younger, fitter patients would not benefit from a review then change?  |
| Answer | If CrCl >95ml/min might not be suitable for Edoxaban. All searches provided exclude this group of patients.   |

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| Question | How are the CCG managing the prescribing of DOACs from secondary care?   |
| Answer | We have discussed with both trusts and the DOAC plan has gone through the cardiology working group and the DNTs at both trusts. We are monitoring the percentage of the different DOACs being prescribed by the trusts.   |
| Question | Is there a text message template for requesting weight from a patient if on DOAC?  |
| Answer | As you are on a blood thinner, we need a weight measurement every year to ensure you are on the correct/safest dose Please reply to this message with your weight in Kg (conversion link via Florey) If you don’t have scales, please ask family / friends to help you get a weight or use a scales in the pharmacy / surgery Do not attempt to weigh yourself if dangerous to do so   |
| Question | How are others dealing with requests to prescribe OTC medicines, how do we advise patients to buy these items when they would prefer to have on prescription?   |
| Answer | This is a national initiative with resources such as [NHS selfcare posters](https://www.england.nhs.uk/publication/prescribing-of-over-the-counter-medicines-is-changing/) that can be displayed in practices and pharmacies to support conversations with patients. Speaking with other practitioners can be helpful to share successful conversations on this topic. The [GP tenancy site](https://nhsdorsetgp.sharepoint.com/sites/Medicines/SitePages/Savings.aspx) also has some resources that may be useful.  Explaining that processing prescriptions for items such as paracetamol can cost 20 times the price of buying identical medication at your local pharmacy or supermarket and will free up NHS funds for frontline care and other services, could help to engage the patient.  \*The guidance will not affect prescribing of over the counter items for longer term or more complex conditions or where minor illnesses are symptomatic or a side effect of something more serious.   |
| Question | Are consultants aware of Dorset formulary?   |
| Answer | It is a Joint formulary and therefore secondary care are aware, are involved in decisions made and should be prescribing in line with the Dorset Formulary.  |