Healthy Start is a UK-wide government scheme to improve the health of low-income pregnant women and families with young children on benefits*, tax credits* or pregnant and under 18.

*You qualify for Healthy Start if you’re pregnant or have a child under four years old AND claiming:

- Income Support, or
- Income-based Jobseeker’s Allowance, or
- Income-related Employment and Support Allowance
- Child Tax Credit and have an annual family income of below £16,190 or less (20011/12)

All applications for Healthy Start must, by law, be supported by a registered health professional – usually a midwife or health visitor (but it can be any registered nurse or GP).

Healthy start helpline 0845 607 6823 www.healthystart.nhs.uk

**Important SPC Change**

The Summary of Product Characteristics (SPC) for sitagliptin (Januvia®) has been changed with regards to dosages in renal impairment;

- “When considering the use of sitagliptin in combination with another anti-diabetic product, its conditions for use in patients with renal impairment should be checked.
- For patients with mild renal impairment (creatinine clearance [CrCl] ≥ 50 ml/min), no dose adjustment for Januvia is required
- For patients with moderate renal impairment (CrCl ≥ 30 to <50 ml/min), the dose of Januvia is 50 mg once daily
- For patients with severe renal impairment (CrCl <30 ml/min) or with end-stage renal disease (ESRD) requiring haemodialysis or peritoneal dialysis, the dose of Januvia is 25 mg once daily. Januvia may be administered without regard to the timing of dialysis.
- Because there is a dosage adjustment based upon renal function, assessment of renal function is recommended prior to initiation of Januvia and periodically thereafter.”

Sitagliptin is currently second line on the Rotherham Diabetes pathway. It is a new drug and is subject to intensive monitoring by the CHM and MHRA; its adverse effect profile may not be fully known. If you suspect an adverse drug reaction (ADR) please report this to the MHRA via the yellow card scheme www.yellowcard.gov.uk

---

**Updated guideline: Vitamin D guideline for Primary Care**

Thank you to all those GPs and other staff who attended the Magna Vitamin D event and contributed comments and questions. Hopefully the updated Vitamin D guidance for Primary Care reflects your comments. The MMT worked with GPs, dieticians, breast feeding co-ordinators, RFT consultants and pregnancy advisors to produce these guidelines which are in accordance with the advice given in the CMO’s recent letter regarding vitamin D.

Key to implementing the CMO guidance is improving the uptake of Healthy Start Vitamins.
The Future of Prescribing Continence & Stoma Products

Background
In April 2009 the prescribing of all continence products was removed from GP practices and transferred with the budget to the continence service.

As a result, expenditure on continence products has resulted in;
- Cost growth this financial year = 0.97% vs England 9.05%
- Cost growth since project began = Rotherham -7.28% vs England 17.50%
- Equipment expenditure less than 07/08 = £575,564 vs £571,763
- Virtual saving = £152,817 saving against predicted expenditure if Rotherham’s cost growth had followed national cost growth trajectory.

The savings made have fully funded two community based continence nurses and a prescribing co-ordinator post. This expanded continence service.
- Manages 1300 patients
- Makes approximately 9500 clinical interventions a year.
- Undertakes approximately 30-40 trials without catheter a year
- Receives approximately 45 new referrals a month
- Prevents 30-40 hospital admissions a year due to blocked catheters.
- Runs a very active patient/users group.

Future developments
- Working with the MMT and NHS Rotherham procurement, Rotherham is the first PCO in the country to have awarded a contract for continence products. This process attracted much controversy within the industry but the successful awarding of this contract will bring benefits to patients and to NHS Rotherham.
- Continence nurses are now undertaking ‘in reach’ work in Urology outpatients which will improve the patient pathway and reduce outpatient follow ups.

And now for stoma patients
In 2011/12 cost growth for these products increased by 10.14% compared to an overall cost growth for prescribing of -0.55%, (yes we spent less in 2011/12 than in 2010/11) an annual stoma prescribing cost growth of between 8-10% has been experienced for the past 5 years. Rotherham spends £875,000 a year on these products. For approximately 625 patients = £1400/patient = 2.1% of the NHS Rotherham Prescribing budget.

A patient audit has demonstrated that 47% of patients have not had a review in the last 3 years, cases have been discovered of a lady in her 50’s that last saw a stoma nurse when she had her operation at the age 19, another patient last saw a stoma nurse in 1973. It is perceived that there is a degree of unmet need amongst this patient group and that the current system for ordering products is very wasteful.

The way forward
Finance has been secured to fund a stoma nurse and support worker for a year. These 2 new posts will join the established continence service. The staff currently working within the continence service will be upskilled to support stoma as well as continence patients.

If at the end of the project the efficiencies made can fund the additional staff required then it is proposed to transfer the budget for stoma prescribing from GP practices to the continence/stoma service.

Action for practices
Do nothing. The medicine management team will visit each practice and transfer the patient details to the continence service. After which the practice will be instructed to no longer prescribe any stoma products. The budget will still reside with the practice but all prescribing will be managed by the continence service. Any requests for prescriptions for stoma products once the patients have been transferred should referred to the continence/stoma service. In summary do nothing until MMT tell you to stop prescribing stoma products, and after then, don’t prescribe any.