LEEDS LMC
Local Medical Committee

LEEDS GP CONFEDERATION

14th October 2022

Dear Dr Jonathon Nelson,

Regarding: The request for GPs to prescribe dihydrocodeine and enoxaparin for women choosing a home birth.

The Leeds Primary Care Collaborative Group, made up of the Leeds Local Medical Committee, Leeds GP Confederation and the 19 Primary Care Networks across the city, has undertaken an impact assessment to carefully consider the request to transfer the responsibility for prescribing medication for intrapartum use for women who choose to have a home birth onto general practice.

The outcome of the impact assessment on this occasion is we do not believe practices should accept these requests and we therefore ask that the Maternity Care Board reconsiders the secondary care options available to solve the issue of these women not being able to easily obtain a prescription from their specialist team.

There are a number of reasons for our decision, which include:

1) **It is not safe to do this. There is an unacceptable level of clinical risk even if the Maternity Care Board was to agree to fund GP practices to provide this service using part of the current LTHT obstetric-care budget.**
   - GPs are not experienced in the use of dihydrocodeine and enoxaparin for these very specific indications and by issuing a prescription are taking on the prescribing responsibility for any subsequent adverse effects that may occur. This is not appropriate when another healthcare professional is providing direct care.
   - That this applies to a very small number of women each year increases the clinical risk further for GPs as we will not be able to develop and maintain competencies to do this work as per the GMC's *Good Medical Practice*. It will also mean the work remains unfamiliar, time consuming and stressful for GPs, made worse by the fact these requests come in as 'urgent' prescribing requests to the on-call duty doctor, rather than through the agreed TAN protocol which allows 28 days for action.
   - With regards to dihydrocodeine, the letter states "*there are almost no maternal or neonatal risks from its use in this context*", but the letter does not state what these risks are (and one possibility is the small but serious risk of respiratory depression in the new-born infant). The letter also does not give us reassurance that a conversation between a prescriber and the pregnant woman has taken place about the risks and benefits of the medication and that an informed decision has already been made.
   - With regards to enoxaparin, there is also no mention of the adverse effects of this medication and the specific risks for women who are in the 10-day post-partum period. Again, the letter does not give us reassurance that a conversation between a prescriber

and the woman has taken place about the potential risks and benefits and that an informed decision has already been made. Given that the Amber 1 guidance states that enoxaparin is a suitable medication for GP initiation following "*specialist assessment and recommendation*" this is especially concerning to us, as these women have generally not seen an Obstetrician or another health-care professional with a prescribing qualification who is experienced and competent to counsel about risks and benefits of enoxaparin for this specialist indication. We also remain confused around the reasons for downgrading enoxaparin to Amber 1 for women who are under the Home Birth Team, when it is regarded to be an Amber 2 medication for women receiving Enoxaparin for the same indication.

2) **It is not in line with the Government and NHS England policy intention of delivering Midwifery Continuity of Care at full scale.**
   - This policy outlines an expectation for more midwife-led care and the improvement of continuity of care for pregnant women. Involving GPs in this prescribing and intrapartum role undermines this.

3) **It is not part of the GP Contract, and it is not work that general practice is required or funded to provide.**
   - While general practice is required to provide some limited general maternity services, this does not include intrapartum care.
   - However, even if the Maternity Care Board was to consider using some of their budget to fund general practice to provide this service, we would not be able to accept this as an option on this occasion for the reasons stated above.

The Leeds Primary Care Collaborative Group does respect the intentions behind this proposal and the desire to prevent these women from needing to attend hospital at a late stage in pregnancy. However, we believe that there are other ways of providing this medication that are both better for the patient but will also empower midwives in the way they provide holistic continuity of care. We therefore make the following suggestions for the Maternity Care Board to consider instead:

1) **Electronic Prescribing:**
   - If LTHT was to expedite the planned roll-out of electronic prescribing, this would enable a hospital-based prescriber to send a prescription directly to a community pharmacist very close to the woman's home. This is a much-needed transformative change and will have wide benefits across the Leeds Population and Care Boards, making it far easier for hospital-based teams to offer safe, efficient, and timely prescribing for their patients. It will also release GP time to focus on the work that they are contracted to provide across the city including more GP appointments. Access to primary care services in general will improve as practice reception and admin staff will be more available to deal with patients who contact them needing support, rather than dealing with patients who understandably want to start medications recommended by their specialist as soon as possible. The roll out of electronic prescribing is already underway in Leeds Community Healthcare Trust.

2) **Midwives to become independent prescribers:**
   Providing the opportunity for midwives to obtain prescribing qualifications will allow them to act as truly independent health-professionals who are able to manage all aspects of low-risk intrapartum care for women who choose a home delivery. This initiative would also free up GP and practice staff time as we often prescribe

medications on behalf of midwives. Much of this is unfunded work that should really be carried out by hospital maternity services. Many other healthcare professionals in the community, including nurse practitioners, physiotherapists, paramedics and pharmacists are now able to prescribe items within their range of competency and we believe midwives should be should be able to do this too.

3) **Interim and immediately available short-term measures:**

Prescriptions can be;

- posted to the woman's house (as is the case for adults prescribed controlled ADHD stimulant medications from the local LYPFT based ADHD service)
- distributed by a midwife at a planned review appointment
- issued up to 3 months in advance at an earlier time in pregnancy when the woman can easily attend the hospital
- collected from the hospital by a relative or friend

We will be notifying all GP practices in Leeds of our decision and the reasons for this via our weekly primary care bulletin, and we ask that these letters are no longer sent out with immediate effect.

In future, please can we request on behalf of primary care in Leeds, that any suggestions to transfer work, or when there are changes to clinical pathways that have an impact on primary care in other material ways, that these are raised directly through the primary care representative for the appropriate Population and Care Board as early as possible, and preferably **at inception point**. The primary care Voice Committee will consider any proposals put forward and will take these for a wider consultation when necessary to the various partners that make up the Leeds Primary Care Collaborative Group, including Leeds Local Medical Committee. This will enable us to conduct an impact assessment early on where we will consider the funding, workforce and patient safety implications of the proposal. The Leeds Primary Care Collaborative Group can then facilitate and work with system partners to identify alternative solutions when it is necessary to do so.

Contact details to instigate a general practice impact assessment:

Dr Amal Paul - Primary care representative for the Maternity Care Board amalpaul@nhs.net
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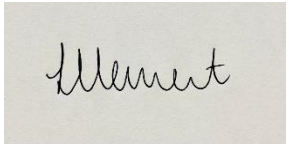
GP Confederation – Jim Barwick, GP Confederation, Chief Executive jim.barwick@nhs.net

Your sincerely



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