MCSS GOOD PRACTICE GUIDE

PROFESSOR MIKE BARNES MD FRCP

CHAIR, MEDICAL CANNABIS CLINICIANS SOCIETY

Medical Cannabis Clinicians Society

MCCS - ABOUT US

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MEMBERS

Members are supported by the Expert Committee - international and UK based cannabis experts.

STATE OF PLAY

- Progress over last 7 years
  - 80000 patients
  - Seen by about 160 prescribers
  - In 44 private clinics
  - Most clinics provide a good, responsive service
  - But not all!
  - Hence, the MCCS Good Practice guide which clinics can (and should!) sign up to so that the public can be reassured that those clinics adhere to a high standard

WHO CAN PRESCRIBE?

- Initial prescription – only by medic on specialist register of GMC. That doctor must decide if prescribing is in the Best Interest of the patient.
- Follow-up prescription – by any other medical practitioner or appropriately trained Independent Prescribing pharmacist or nurse – “once patients established on a particular treatment with no problems”. But the patient remains “under the direct care of a specialist doctor”.
- Prescribers should only prescribe within their own area of competence (GMC)

PEER APPROVAL PROCESS

- Initial prescribing decisions to be approved by an MDT
- Composition not stipulated (except in Wales!)
- CQC expect at least one other specialist
- What about follow-up approval?
- If stable – probably not, but if unstable or need significant dose change or product change then re-approval seems sensible. A written protocol is expected.

INITIAL CONSULTATION

- Usually, a health questionnaire at first but also needs face-to-face consultation
- Should take at least 30 minutes?
- Summary of care records must be seen. If not available – do not prescribe. “If you don’t have access to relevant information from the patient’s medical records you must not prescribe controlled drugs“ (GMC guidance)

COMMUNICATION

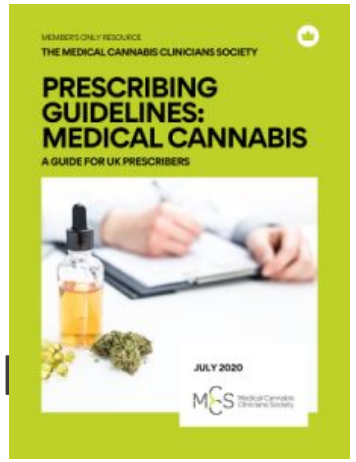
- Always send letters to GP / specialist and relevant other health care providers.
- If patient has changed clinics request notes from that clinic.
- Communication is essential - and spreads the word!

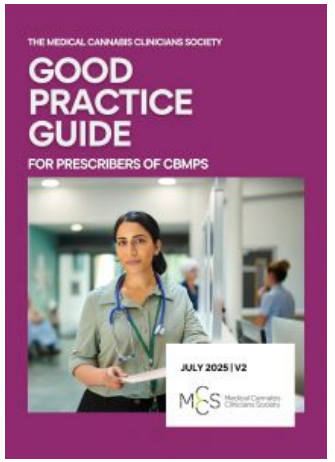
TWO LICENSED MEDICINES?

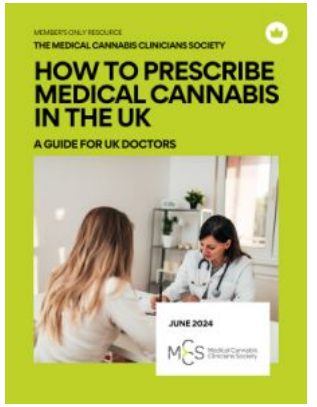
- Widely misunderstood
- Two licensed medications before prescription is NOT a requirement
- What about OTC products (aspirin, NSAIDS)? What about non-pharmaceutical treatments (acupuncture, physio, etc)?
- CQC is OK with two accepted, evidenced-based treatments and with enough time lapsed to determine that the treatment has genuinely failed.
- Always the criterion is “Is it in the Best Interest of the patient?”

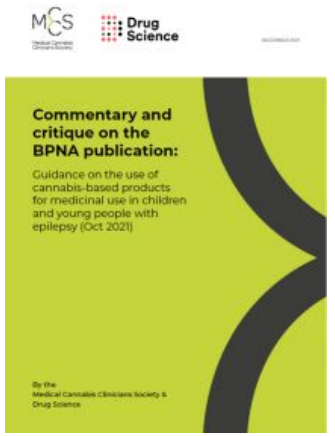
PUBLISHED GUIDELINES

- Be aware of them and make sure prescribers are aware of t
- Even the awful ones, like RCP and BPNA







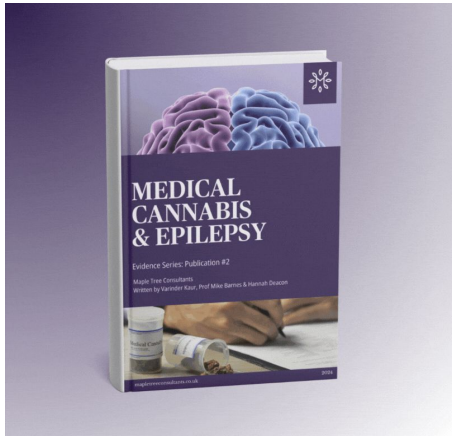


RELATIVE CONTRAINDICATIONS TO PRESCRIBING

- History of psychosis
- History of mania
- Hypersensitivity to cannabis
- Unstable cardiopulmonary disease of recent history MI / stroke
- Cardiac dysrhythmia if adversely affected by tachycardia
- Pregnancy or breastfeeding
- Severe liver or renal disease
- Cannabis dependency
- Hepatitis C

MAIN INDICATIONS - THERE ARE NO BANNED INDICATIONS

- Chronic pain (55%)
- Anxiety and related disorders (like PTSD) (30%)
- Epilepsy
- Chronic neurological conditions (Tourettes, Parkinson's, MS) (10%)
- Inflammatory bowel disease
- Life-threatening cancer (as quality of life)
- Sleep disorders
- Keep up to date with the evidence base



WHAT CAN BE PRESCRIBED?

- Clinicians need not be too worried about the legality of products as all should have been screened by the MHRA to be allowed into the UK or if grown in the UK. EuGMP essential. A C of A is also essential to confirm the content. Do not rely on the fancy names.
- Please can we abandon the silly names. They mean very little in terms of content and do not help acceptability. No more Big Narstie please. The chemovar is all that matters
- Likewise, sativa v indica is not helpful
- A clinician can prescribe any available product, not just the products on a linked pharmacy formulary

FUTURE SCENARIO?

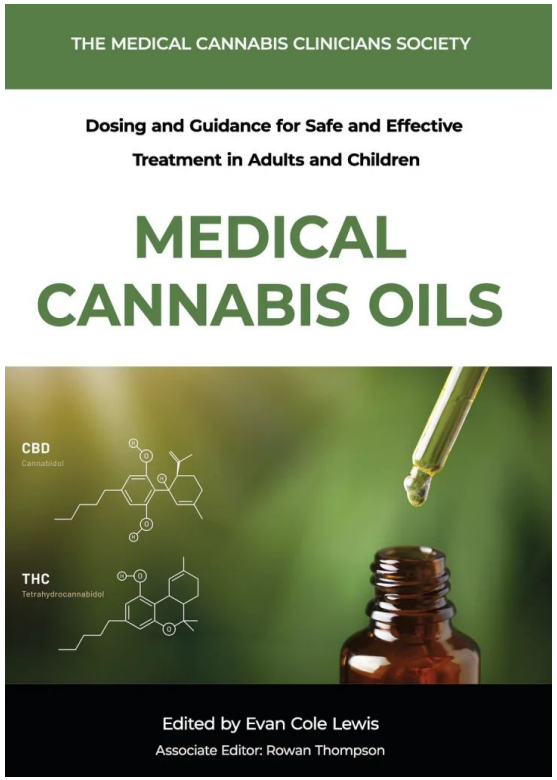
“Nice to see you again Mrs Smith. I have a new treatment for your back pain. Here is prescription for you to vape a gram each day of Big Narstie’s Moroccan Peaches”

PRESCRIBING PLAN

- No set rules but “Start low and go slow” is important given highly personalised response
- Ignore ridiculous FSA guidance on CBD dosing which has no factual basis
- For discussion – do we use too much flower?
- Use outcome measures – can be very simple

GUIDELINES FOR PRESCRIBING OIL

- Oil guide now available



FLOWER GUIDELINES

- Coming soon!
- Do we use too much flower?
- Peer approval if more than 2g daily
- Peer approval if more than 25%

THE PRESCRIPTION

- CD FP10
- Standard controlled drug prescription pad with set format for writing (numbers and words, etc)
- Script direction not allowed!
- Top copy still needed by pharmacy

FOLLOW-UP CONSULTATIONS

- By any medic or Independent Prescribing pharmacist or nurse
- But initiating specialist still has overall responsibility
- Clear protocol needed for when a referral back to the specialist is required
- The RM has responsibility to oversee clinical functions and report to CQC if needed
- Clinic management must not interfere with clinical decisions

TRAINING

- All clinical staff must be trained
- MCCS has monthly basic training and specialist training
- Non-clinical staff also need to understand cannabis

CONCLUSION

- Adherence to these basic standards will improve the prescription of cannabis and aid its acceptance as part of mainstream medicine

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50% OFF

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Join the UK's independent network of clinicians dedicated to safe, effective and evidence-based cannabis medicine.

- Expert clinical guidance
- CPD-accredited training
- 24/7 peer support
- Independent, unbiased advice
- Resources and tools

> **"Having an independent network of colleagues working within medical cannabis, sharing information and experiences is vital to developing my understanding of this**

ANNUAL MEMBERSHIP

£120 / £60 / £1 STUDENTS

CRITERIA

Membership is open to all clinicians, nurses, GPs, AHPs, medical students, pharmacists working across acute, primary and community healthcare.

JOIN TODAY

ukmccs.org | contact@ukmccs.org

Medical Cannabis Clinicians Society

contact@ukmccs.org

The MCCS is an independent community of cannabis clinicians – the first prescribers of this treatment in the UK.

The Society is an expert-led, not-for-profit community, dedicated to bringing this safe, legal and effective medicine to people living with chronic conditions.