



# Rx ISLE OF WIGHT Medicine

## WELCOME

October 2017 Edition

This is the 'Right Medicine' Newsletter from the Medicines Optimisation Team (MOT). We hope to provide community pharmacists with a useful overview of key information for quality cost-effective prescribing. Please share and discuss with all members of your pharmacy team. If you have any questions, please get in touch and if you have any suggestions for improvement, please let us know.

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## 1. Primary Care Prescribing Committee (PCPC) Update

The Primary Care Prescribing Committee meets on the third Tuesday of every month. The Clinical Executive has given PCPC decision making authority. Membership includes representatives from primary care and the CCG, it reports to the Clinical Executive and the Primary Care Committee. The minutes are available, please request a copy.

### • Formulary Review

The MOT is gradually reviewing each BNF section over the next few months to develop guidance and pathways for prescribing decisions. Much of the current 'formulary' is embedded in the GP prescribing system and is being updated with cost changes and safety information over time. What is clear is that we need to have joint guidance on areas that impact in primary and secondary care which are crucial for patient care.

### • Two new guidance documents: Emollients and Dry Eye Guidelines

The guidance will go on the CCG website, but as this will take a while due to the website being updated, copies are attached with this newsletter to enable you to adjust your stock levels and talk to any patients whose treatment has changed.

### • Drugs of Limited Clinical Value (DoLCV)

Medicines are included on this list due to safety concerns, having a poor evidence base or being an inefficient use of NHS resources. Additions to the DoLCV policy in Sept 2017 included:

- o Trimipramine
- o Oxycodone/Naloxone combination
- o Homeopathic medicines
- o Herbal remedies

Hopefully, you will gradually see a reduction in the prescribing of these lines as patients' medicines are reviewed by the practices. Please consider these DoLCV when doing Medicine Use Reviews.

*Prescribers are being advised to decline to prescribe any of the medicines on the DoLCV list by patients, specialists/consultants, or other allied healthcare professionals (such as physiotherapists). Prescribers may recommend that patients eat a varied healthy diet and discuss buying vitamin and mineral supplements if they want them themselves.*

Where patients disagree with the position taken by the CCG they are able to take it further through the usual complaints process which is available on the CCG website.



## 2. ScriptSwitch®

All prescribers have access to ScriptSwitch® which is a computer programme that prompts prescribers with the most-cost effective alternative for many commonly prescribed medicines, where changing of brand is both safe and effective for the patient. We'll do our best to keep you informed of up-and-coming switches as we'd appreciate your input especially regarding stock availability.

The MOT generates a list of medicines appropriate for switching, which is sent to the prescribing leads at each general practice for approval, before it is entered on ScriptSwitch®.

By choosing to prescribe the most cost-effective brands, prescribers have the potential to save almost £400,000 on the prescribing budget this year.

*Pharmacists have an important role in answering patient queries regarding medicine brand changes. If you have any queries please contact MOT.*

## 3. Quality Prescribing and Safety Scheme (QPSS)

The MOT have been busy visiting all of the general practices to discuss the QPSS 2017/18 scheme and the Locally Agreed Aspirations. The GPs agree that the aspirations are achievable and, measureable against local and national averages.

The aspirations to improve quality and safety of prescribing include:

- Reducing the proportion of ezetimibe and "other" lipid modifying drugs prescribed e.g. Omega 3
- Reducing the antibacterial prescribing rate and the proportion of co-amoxiclav, cephalosporin and quinolone antibiotics prescribed
- Reducing the NSAID prescribing rate whilst ensuring more NSAIDs are prescribed as naproxen or ibuprofen.
- Reducing the prescribing of pregabalin, strong opioids and compound opioids.
- Reducing the hypnotic and antidepressant prescribing rates.

- **Polypharmacy Reviews**

All practices are providing polypharmacy reviews for 2% of their registered population. According to our current data 625 out of 2869 polypharmacy reviews have been completed. That's just over 28% of the island population.

Most of the practices are focusing the polypharmacy reviews on their frail or elderly patients and those living in care or nursing homes. The polypharmacy reviews have the potential to improve the quality of prescribing; less medicines prescribed means a reduction in workload, better quality of life for the person and potentially financial savings for the NHS.

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## 4. Care Homes

The MOT is doing a lot of work around the safe administration of medicines in care homes. Hayley and Annika are providing training for care home staff on all aspects of medicines administration and have already trained around 100 people. Pharmacists and pharmacy staff who provide medicines and administration charts for care homes are also welcome to attend the training session. It might be particularly useful for pharmacy staff to understand the demands and expectations from the Care Homes perspective.

The MOT are also developing a policy regarding discontinuation of bulk prescribing in care homes so that medicines are prescribed for individuals and records of medicines administered are complete, accurate and up to date.

*If you have any questions about the Care Home staff training, please contact Hayley or Annika on the MOT telephone number 01983 534271.*

## 5. Abbott Freestyle Libre™

Recent promotional material from Abbott Diabetes Care has highlighted that their FreeStyle Libre™ flash glucose monitoring system will be reimbursed in the UK from 1 November 2017, subject to local health economy approval.

The Hampshire and IOW Priorities Committee will be reviewing its previous guidance around Continuous Glucose Monitoring devices and will take into account any change in pricing and availability for FreeStyle Libre™ flash glucose monitoring system to develop a local policy for its use. As yet no official announcement around the national reimbursement processes for the FreeStyle Libre™ flash glucose monitoring system has been released.

*Please advise patients to wait for the local Priorities Committee statement before requesting the new meter as it will only be funded where clinically appropriate for the patient.*

## 6. National View and evidence round-up – Update from ‘The Centre for Medicines Optimisation at Keele University’

### **Benzodiazepines and Z-drugs: GP survey suggests long-term prescribing may be common in the UK**

A GP surgery survey conducted in Bradford, UK found that 0.69% of people aged 16 to 80 years were prescribed a benzodiazepine or a Z-drug for more than 1 year. Applied to the population of the UK, this would mean that approximately 300,000 people may be on long-term treatment, a proportion of whom may wish to try and stop taking these medicines. Although caution is required when extrapolating local survey results to a national level, this study suggests that, despite efforts to reduce inappropriate prescribing of these drugs, potentially harmful, long-term use of hypnotics is not uncommon. Improving prescribing in this area should remain a key medicines optimisation priority at a local and national level.<sup>[1]</sup>

### **The Evidence**

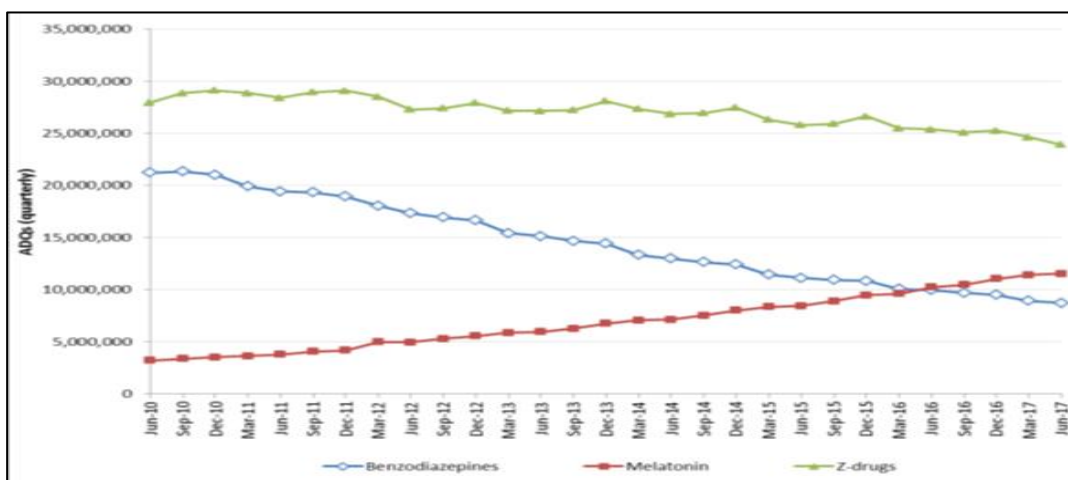
- The risks associated with benzodiazepines and 'Z-drugs' (zolpidem, zopiclone, zaleplon) include falls, cognitive impairment, dependence and withdrawal symptoms. A recent observational study suggested that some of these risks may also apply to melatonin (Frisher et al. 2016).
- Prescribing data from England show that in 2016 nearly 16 million prescriptions for hypnotics and anxiolytics (BNF section 4.1) were dispensed in primary care. This volume of prescribing has remained relatively consistent for the last decade, although prescribing patterns are changing, with a reduction in benzodiazepine and Z-drug prescribing and an increase in the use of melatonin in recent years.



- The BNF states that the prescribing of benzodiazepines and other sedatives is widespread, and that physical and psychological dependence can occur. This may lead to difficulty in withdrawing the drug after a person has been taking it for more than a few weeks. The BNF recommends that hypnotics and anxiolytics should be reserved for short courses (2 to 4 weeks) to alleviate acute conditions after causal factors have been established (BNF: hypnotics and anxiolytics).
- NICE key therapeutic topic on hypnotics advises that hypnotics should be used only if insomnia is severe, using the lowest dose that controls symptoms for short periods of time, and that prescribers should review and, if appropriate, optimise prescribing of hypnotics to ensure that it is in line with national guidance.
- Benzodiazepine and Z-drug withdrawal is discussed in a NICE Clinical Knowledge Summary (CKS).

### Trends in prescribing of benzodiazepines, Z-drugs and melatonin in England

(Source: Keele University Centre for Medicines Optimisation analysis of PACT data [Aug-17])



### References

1. Davies J, Rae TC and Montagu L. Long-term benzodiazepine and Z-drugs use in the UK: a survey of general practice. British Journal of General Practice. 17 July 2017; bjgp17X691865. DOI:10.3399/bjgp17X691865

Any questions, suggestions, comments or feedback?  
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