NHS
Isle of Wight
Clinical Commissioning Group

December 2017

Right Medicine

Happy New Year from the MOT!

7th Edition

This is the seventh edition of the 'Right Medicine' Newsletter from the Medicines Optimisation Team (MOT). We hope to provide practices with a useful overview of key information for quality cost-effective prescribing. Please share and discuss with all members of your practice 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)

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; you are welcome to request a copy.

2. Drugs of Limited Clinical Value

NHS England, NHS Clinical Commissioners have released a gateway document 07448: *"Items which should not routinely be prescribed in primary care: Guidance for CCGs*". This is available from the NHS England website or by clicking on this link: https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-precscribed-in-pc-ccg-guidance.pdf

The Isle of Wight has already been implementing many of the recommendations in the document and the latest guidance will support us to take a firm position in line with the rest of the country on the prescribing of these 'should not prescribe/grey list' items.

Other DoLCV that prescribers should consider reviewing and stopping:

- Co-proxamol
- Doxazosin MR
- IR Fentanyl
- Glucosamine and Chondroitin
- Herbal Treatments
- Homeopathy
- Lidocaine Plasters
- Liothyronine
- **Omega-3****
- **Lutein and antioxidants*****
- Oxycodone and Naloxone
- Paracetamol & Tramadol
- Perindopril arginine
- Rubefacients (excluding topical NSAIDs)
- Tadalafil once daily
- Trimipramine
- **Travel Vaccines***

Travel vaccines*

Prescribers can prescribe if for the exclusive purpose of travel but patients should purchase themselves. This is a restatement of existing regulations.

VACCINE	AVAILABLE ON NHS FOR TRAVEL
CHOLERA	YES
DIPTHERIA/TETANUS/POLIO	YES
HEPATITIS A	YES
HEPATITIS A/TYPHOID	YES
TYPHOID	YES

- **Omega-3****

MOT has worked with practices to stop all repeat prescriptions for Omega-3 in December 2017.

- **Lutein and antioxidants*****

The next DoLCV that we will target are supplements prescribed for Age-related Macular Degeneration (AMD) and MOT has produced a leaflet to support patients with AMD to eat a healthy varied diet. The Age-Related Eye Disease Study (AREDS) suggested supplementation with antioxidant vitamins and minerals reduced by 25% the chance of developing advanced AMD. However, patients diagnosed with early AMD showed no reduction in development of intermediate AMD and patients in all treatment groups continued to progress towards advanced AMD and vision loss.

Age-Related Eye Disease Study Research Group. A Randomized, Placebo-Controlled, Clinical Trial of High-Dose Supplementation With Vitamins C and E, Beta Carotene, and Zinc for Age-Related Macular Degeneration and Vision Loss: AREDS Report No. 8. Arch Ophthalmol 2001; 119(10):1417-1436.

MOT is happy to respond to any patient queries regarding the discontinuation of these items on FP10, if the patient telephones us on 534271.

The MOT recommends that pharmacies review their stock levels of these medicines and support the clinical evidence regarding the safe and appropriate prescribing of these medicines when talking with patients.

- **SOMAerect® Vacuum Pump Devices**

PCPC supports the recommendations of the Southampton, Isle of Wight and Portsmouth (SHIP) Priorities Committee that these devices should only be prescribed for patients with clinical exceptionality via the Individual Funding Request (IFR) panel. PCPC advise that prescribers decline to prescribe for new patients.

- **Dental products**

These are ***grey list*** items and as such should normally be issued by a dentist.
e.g. Duraphat toothpaste.

3. High Cost Drugs

PCPC reviewed a few of the high-cost drug queries frequently referred to the MOT:

- **Rifaxamin**

Shared Care Agreement developed for discussion/approval at the January DAC. It will be classed as a high-cost drug. Once this is agreed PCPC will advise prescribers to prescribe Rifaxamin for patients in primary care.

- **Lanreotide**

Patients initiated before 2012 to continue to have it prescribed in primary care. It will be classed as a high-cost drug. PCPC advice that prescribers decline to prescribe for new patients.

If prescribers are unsure if they should prescribe a medicine, whether it is a high-cost drug, secondary care or a drug of limited clinical value, please contact MOT for advice.

4. Quality Prescribing and Safety Scheme (QPSS)

- **Polypharmacy Reviews**

According to our current data over 3000 polypharmacy reviews have been completed. MOT thank everyone for the good work! The potential improvements in quality of prescribing will lead to reductions in workload for general practice and pharmacy staff, as well as financial savings.

Twelve practices (75%) have not only achieved but exceeded their QPSS goal of reviewing 2% of their registered populations.

- **Care Home Patient Polypharmacy Reviews - restarting January 2018**

Now that the MOT has a full complement of pharmacists and technicians, from January 2018 we are able to resume providing support and advice to care staff around the use of medicines and regular medicine reviews for people living in residential care.

Please provide supportive advice to patients and carers of the benefits of polypharmacy reviews to improve the quality and safety of prescribing.

- **Anti-Microbial Resistance – UTI Prophylaxis**

MOT met the new antimicrobial pharmacist at St Mary's, Mel Stevens. Mel would like to remind prescribers that the clinical evidence for antibiotic prophylaxis for UTIs in older women only supports the use for 3-6 months. (There is limited evidence for use in men and none for use with catheters).

UTI Prophylaxis - Patient Counselling Points:

- **Be clear about fixed course and not life-long treatment**
- **Discuss prevention/lifestyle - encourage patients to improve their hydration**
- **Reassure that bladder should have healed**
- **High-light benefits of stopping – antimicrobial resistance, healthcare associated infections e.g. C.Diff , side-effects e.g. candida**
- **Safety netting – to come back if any future problems.**

https://www.scottishmedicines.org.uk/SAPG/Decision_aid_for_UTI_in_older_people.pdf

MOT advises that general practices review older women prescribed prophylactic antibiotics for UTIs and ensure these are stopped after 6months.

- **QPSS Aspirations – Compound Opioid Analgesics**

One of the QPSS aspirations is to reduce the quarterly proportion of opioids prescribed as compound opioids.

- **Zapain®**

Dr Isobel Rice reminds practitioners to *prescribe paracetamol and codeine separately*, to allow for maximal dosing of paracetamol and top-up dosing with codeine as and when required. She has observed patients who don't take any analgesia because they dislike the side-effects of the codeine. The combined product does not give patients any flexibility to take one medicine without the other and the patient will go without any pain relief.

MOT advises that general practices review people prescribed combination analgesics and ensure these are prescribed separately.

- **Blood Glucose Meters for Patients with Type II Diabetes**

The CCG has worked with the St. Mary's Trust diabetes team to review the formulary for blood glucose meters for patients with type II diabetes. We will be recommending 2 brands to be the preferred choice of meters for the majority of patients (more information will follow).

We will be having a gradual switch to the new products and asking patients to use up the test strips that they already have in stock before switching meters. We will be providing education and training for patients.

MOT advises that pharmacies use up their stock of meters and test strips prior to the switch to the preferred brand to reduce waste.

5. ScriptSwitch®

ScriptSwitch® prompts the most-cost effective alternative to many commonly prescribed medicines, where changing the brand is both safe and effective for the patent. By choosing to prescribe the most cost-effective brands, prescribers have to potential to save almost £400,000 on the prescribing budget this year.

In November, **32%** of the potential ScriptSwitch cost savings were achieved, which saved the **CGG £23,744** actual savings were achieved (out of a potential £73,437).

The MOT has been busy keeping on the ScriptSwitch® database up-to-date and you may see more changes to support good, cost-effective prescribing advice.

If you have any ScriptSwitch® queries please contact MOT.

6. Pharmacy First – Minor Ailments Service

MOT are reviewing the Pharmacy First service and we would appreciate your comments and suggestions.

How could the service be improved?

QUESTIONS:

- ***Have you directed patients to use the service?***
- ***Have you had any feedback from patients who have used the service?***
- ***What other minor ailments do you see regularly that a pharmacist could manage?***