



March 2018

Rx ISLE OF WIGHT Medicine

WELCOME

6th 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.

CONTENTS

1. Primary Care Prescribing Committee
2. QPSS
 - Opioid Prescribing
 - Lidocaine 5% Plasters
3. Shared Care Agreements
4. Individual Funding Requests
 - Weight Management
 - SOMAerect® Vacuum Pumps
5. DoLCV
 - Lutein and antioxidants for AMD
6. Formulary Development
 - Blood Glucose Test Strips
 - Food Thickeners
7. ScriptSwitch®
 - January savings
8. Care Homes
 - Instructions on Prescribed Creams
 - Patient Refusal of Medicines
 - Bulk Prescribing and Homely Remedies Guidance
9. MOTIVE

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. QPSS – Opioid Prescribing

• Palliative Symptom Control

Dr Paul Howard and colleagues have produced Palliative Symptom Control Guidelines for the Isle of Wight. A hyperlinked PDF is available from www.iwhospice.org/page/clinical-guidelines.html or from St. Mary's intranet.

OPIOID USE IN PALLIATIVE AND CHRONIC PAIN

Dr Howard supports the principle that at doses of greater than 60mg Morphine BD, 40MG Oxycodone BD or a Fentanyl 50 patch the patient is "non-opioid responsive" and the prescriber needs to consider alternative analgesia.

It is possible to titrate higher doses of opioids down to these levels WITHOUT any reduction in pain control/analgesic effect.



- **Lidocaine Patches**

The only licensed indication for lidocaine plasters is for post-herpetic neuralgia (NICE CG173). The evidence to support the use of lidocaine patches in patients with rib fractures is lacking. The Chronic Pain Team may recommend that GPs try patients with lidocaine patches.

3. Shared Care Agreements from Mainland Hospitals

A shared care policies database has been developed using the Hampshire Medicines Safety Group (HMSG) resources Shared Care Agreements. This will be linked to the Formulary on the CCG website. The list of the current shared care agreements will be used to compare the schemes and commissioning arrangements.

The MOT has also developed a patient information leaflet to explain what a shared care agreement is (attached).

4. Individual Funding Requests (IFR)

- **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 or to prescribe replacement parts for patients that have not been approved via the IFR process.

5. Drugs of Limited Clinical Value (DoLCV)

The MOT recommends that practices review patients prescribed any drugs of limited clinical value (DoLCV) and stop prescribing these medicines. The MOT technicians can assist practices to stop the repeat prescriptions for these items by identifying patients and sending letters on behalf of the practice.

- **Lutein and Antioxidants for AMD**

MOT will address the prescribing of supplements for patients with Age-related Macular Degeneration (AMD) and we have produced a leaflet to support patients with AMD to eat a healthy varied diet.

Please support the CCG message:

“we cannot always prescribe everything you want but we will always prescribe everything you need”

These supplements are available to buy if people want to continue taking them.

6. Formulary Development

The CCG will be working with the Trust to develop one joint formulary to cover prescribing across the Isle of Wight.



The Trust and CCG pharmacists will be reviewing each BNF chapter with support from clinical colleagues and the agreed joint formulary will be available electronically.

- **Blood Glucose Test Strips 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 test strips for patients with type II diabetes. **The preferred choice of meters for the majority of patients will be Spirit Tee2 and Agamatrix Wavesense Jazz.**

- **Food Thickeners**

Due to the potential for clinical incidents relating to choking hazards, the MOT worked with the St. Mary's Trust Speech and Language Therapy Team (SALT) in February to test the available thickener products in different drinks. The products were evaluated against quality and cost criteria. **The preferred food thickener was Nestle Resource ThickenUp Clear.**

The MOT will be arranging training in April for general practice, care home and pharmacy staff and there will be a gradual switch to the new products. Please ensure that patients use up the items that they already have in stock before switching to the new products to reduce unnecessary waste.

MOT advises that patients use up any stock prior to switching to the preferred brands to avoid waste.

7. ScriptSwitch®

ScriptSwitch® prompts the most-cost effective alternative to many commonly prescribed medicines, where changing the brand is both safe and effective for the patient.

In January 2018, **31%** of the potential ScriptSwitch cost savings were achieved, which saved the **CGG £24,494** out of a potential £77,876.

The MOT has been busy keeping 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 the MOT.

8. Care Homes

- **Instructions on Prescribed Creams**

Care homes are being asked to ensure all prescribed topical preparations have full instructions printed on the label. You may receive phone calls asking for full instructions to be added to the prescription, instructions such as 'as directed' or 'apply when required' are inadequate. Please ensure topical preparations have full instructions i.e. where to apply, how often etc.

- **Patient Refusal of Medicines**



If residents continually refuse to take certain medicines care home staff are encouraged discuss with the prescriber. The care home staff are advised to contact the GP after two missed doses as this may need a review by the G.P. Some medicines are much more crucial than others; if care home staff are unsure which medicines are important, they are advised to contact their pharmacy for advice.

List of medicines to notify G.P if residents are refusing:

- Blood pressure medicines. E.g. amlodipine
- Anti-Epilepsy medicines. E.g. Sodium valproate
- Anti-psychotics. E.g. Aripiprazole
- Anti-diabetic medicines. E.g. Metformin
- Warfarin or NOAC's
- Insulin injections
- Parkinson's disease medicines

- **Bulk Prescribing and Homely Remedies Guidance – Nov 2017**

A 'bulk' prescription allows care home staff to use one supply of medication or product for all residents identified as clinically appropriate for that prescribed product, rather than the usual route of supply which is a named prescription for each patient.

Items suitable to be prescribed in bulk:

- Lactulose syrup
- Senna tablets or senna liquid for residents with swallowing difficulties.
- Cosmocol sachets (first-line in the IOW CCG formulary)
- Paracetamol tablets - up to 96 tablets only - quantity greater than this is a Prescription Only Medicine (POM). Service users taking regular paracetamol will not be suitable for bulk prescriptions.
- Paracetamol suspension 250mg/5ml, for residents with swallowing difficulty/restricted fluid intake.

Bulk prescribing is NOT a way of obtaining stock items of homely remedies. Anything being used as a homely remedy must be purchased by the home not ordered on a bulk prescription.

Examples of medicines that can be included in a homely remedy policy:

Name of medicine	Indication for the medicine to be used as a homely remedy
Paracetamol 500mg tablets	For the relief of mild/moderate pain, or to reduce temperature
Paracetamol 250mg/5ml susp	For the relief of mild/moderate pain, or to reduce temperature
Peptac liquid	For the occasional relief of indigestion/heartburn
Senna 7.5mg tablets	For the relief of mild constipation
Senna 7.5mg/5ml liquid	For the relief of mild constipation
Oral rehydration sachets	To replace electrolytes after vomiting/diarrhoea
Simple linctus sugar free	Relief from a dry irritating cough (sugar free recommended to allow use in diabetic residents)
Cetirizine 10mg tablets	For allergy relief
Cetirizine 5mg/5ml liquid	For allergy relief

This is just an example list of products that could be included in a homely remedy policy



- **Reducing Waste in Care Setting – June 2017**

Key administration points:

- If medication/preparation is still being prescribed for a resident and it is in date – Do Not dispose of any leftover stock at the end of the month, carry it forward (make a note on the MAR chart) and use it the following month.*
- Ensure correct amounts of creams and ointments are used and only change dressings as per instructions. **
- Meet regularly with the community pharmacy and G.P practice to ensure clarity of the ordering process
- Ensure the residents medications are reviewed regularly by the G.P and/or Medicines Optimisation Team. This is usually annually, but can be more frequent.

*This does not apply to part used Monitored Dosage Systems. These should be disposed of at the end of each month.

**This is likely to vary from product to product.

Copies of these CCG Guidelines are available on the [CCG website](#) and will be sent to every care home.

9. MOTIVE

MOTIVE is the name given to a pharmacist based medicine-related problem risk assessment. Patients are coded as MOTIVE 0-4 whilst in hospital and if appropriate, are followed up post-discharge, either by their community pharmacist for a Medicine Use Review (MUR) or New Medicine Service (NMS) (MOTIVE 3) or by a pharmacist from the practice or MOT for a domiciliary visit (MOTIVE 4).

The pharmacist based medicine-related problem risk assessment considers:

- The number of medicines prescribed, and the complexity of the dosing regimen
- If high-risk medicines are being taken
- If the patient has any physical or cognitive impairment
- If the patient has any known adherence problems
- If the patient has any compliance or social support.

The MOTIVE (Medicines Optimisation in Vulnerable Patients) service is a way of supporting patients recently discharged from hospital who have been identified with a need for further support with their medication. Previous evaluation of the pharmacy reablement service showed that this form of support on the Isle of Wight was associated with fewer days in hospital. Mobile patients will receive a targeted MUR or NMS within their nominated community pharmacy, whilst housebound patients will receive a domiciliary review by a member of the medicines optimisation team who will liaise with the patient's nominated community pharmacist and GP.



The aim of this service is to support patients with their medicines, thereby improving their adherence, reducing adverse effects and improving their quality of life.

Community pharmacists providing the previous pharmacy reablement service reported that it gave them a great sense of personal and professional satisfaction to see that they had directly contributed to patients being able to stay at home for longer.

The service will be rolled out from 9th April with on-going training and support.

The aim of MOTIVE is to support patients in the community and prevent avoidable readmissions to hospital post-discharge.

COMMUNITY PHARMACIST EDUCATION EVENTS

PGDs Update and Training!

We are pleased to announce a relaunch of some existing PGD's together with the introduction of several new PGD's that will be available to provide from community pharmacy locations.

DAY: Thursday 22nd March

TIME: 6pm registration (tea and coffee provided, please feel free to bring your own snacks/tea – sorry there is no extra funding for food for this meeting)

6.30-8.30pm

VENUE: Isle of Wight Council Jubilee Stores, Newport Quay, PO30 2EF.

Invite has been sent via PharmOutcomes and information is available on the CPSC website.

Please RSVP your attendance.

2 places per pharmacy so please come along and bring a colleague.