Medicines Optimisation	Update Report	
Debbie Campbell, Lisa Pottenger, Lisa Rees, Alison Mundell, Helen Wilkinson, Michelle Jones & Sasha Beresford	**Report for : PCOG/PCCC**	**Reporting Period: October - December 2021**
This report aims to provide PCOG/PCCC an overview of the work undertaken by the Medicines Optimisation team focusing mainly on work with a quality and safety focus.	Issues: Global priority to reduce harm from medicines by 50% in next 5 years Actions: Many safety work streams being initiated and ongoing	Assurances: System wide collaborative work across BNSSG continues to ensure consistent and sustainable approaches to medicines safety.

Medicines Quality and Safety (MQS) Group update

This group oversees and drives improvement in quality and safety surrounding the use and management of medicines across the BNSSG system. Membership includes the local secondary care trusts as well as AWP, community services, the LMC and LPC as well as CCG representatives.

The group met on 16th November 2021 and key areas discussed included:

- Patient safety event learning from all health care sectors in BNSSG, including review of events by harm.
- Deep dive into learning events around discharge medications. This included a review of the community pharmacy Discharge Medicines Service (DMS), which is showing around 400 referrals per month. Trends from the service are being monitored, and trends from the script check stage (stage 2) included wrong formulation or strength or when medicines had been stopped in hospital but remained on the prescription.
- Discussions relating to emergency hydrocortisone kits. Variation in processes by local providers. Plan to work towards a more consistent approach.
- The new antibiotic target for the community (0.871%) was highlighted
- The use of technology to support the review of patient safety events was also discussed.
- Medicines shortages and subgroup updates were also reviewed.
- Next meeting planned for February 2022

BNSSG Area Prescribing Medicines Optimisation Committee (APMOC)

APMOC aims to provide strategic leadership and advice, supporting the safe, effective and efficient optimisation of medicines across the local health system and organisational interfaces. Membership is system wide including local acute trusts, community services, NHS England, Public Health Consultant, GPs, NMP, the LMC and LPC as well as the CCG.

The group met on 9th December 2021 and a summary of the meeting includes:
The review of the guideline tracker and approval of a number of guidelines including; updated version of the medicines to avoid prescribing in dementia for common physical health conditions guidance, primary care prescribing of PDE-5 inhibitors for erectile dysfunction guidelines, Healthier Together community Patient Specific Directions, updated Health Care Support Workers and influenza vaccinations guidance, anal irrigation guidance and the homely remedy guidance update.
Guidelines requiring further adjustments following feedback included the diabetes blood glucose monitoring guidance and the oral nutritional supplementation guidance. There was also a discussion in relation to the Inclisiran pathway and local lipid guidelines and further work on this pathway is ongoing. The group was also updated on the work being undertaken to support the delivery of the neutralising monoclonal antibodies (nMABs) and antivirals to high risk patients with COVID infection following the recent CAS alert.
There was also feedback from the system medicines groups and a review of updated NICE guidance.

BNSSG Joint Formulary Group (JFG)

The BNSSG Joint Formulary Group (JFG), (membership includes representation from primary and secondary care, community providers and commissioners), develops, manages and produces the local formulary which is evidence based, considers clinical effectiveness, safety and reflects the needs of the local population and local affordability.

The group met on the 14th September 21 for the Adult and Paediatric Joint Formulary Group meeting and the 19th October 2021 for the Adult Joint Formulary Group meeting.
A number of new drug request applications were approved on the Adult Formulary such as:

- Candesartan for migraine prophylaxis(TLS Blue)
- Verapamil for cluster headache prophylaxis (TLS Red)
- Evorel Sequi for Hormone Replacement Therapy (TLS Green)
- Insulin Aspart (Trurapi) (TLS Green) for new patients, further work to follow to support safe switching for existing patients
- Toujeo Doublestar (TLS Amber no SCP) reserved for patients requiring >80 units per dose or more
- Azathioprine and Methotrexate (TLS Red) for ocular inflammation
- Aprepitant (TLS Red) for prevention of post-operative nausea and vomiting for patients attending adult anti-reflux surgery

Ranibizumab (Lucentis) was also approved on the Paediatric Formulary as (TLS Red) for the treatment of retinopathy of prematurity disease in preterm babies.

The Formulary team are also liaising with clinicians regarding the development of dry eye guidelines, menopause guidelines and facilitating guideline updates, formulary chapter updates and shared care protocol updates on a regular basis. Supporting implementation of the Standard Operating Procedure for delegated phlebotomy for secondary care has also been a key piece of work.

Community Pharmacy PGD Service – Local pilot update

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. This service compliments the national NHS 111 service and Community Pharmacy Consultation Service (CPCS) with GP practices. The PGD service is aimed at alleviating some of the pressure on General Practice and Out of Hours Services.

The PGDs cover: UTIs for females aged 16-64 (Trimethoprim or Nitrofurantoin), Impetigo for adults and children aged 2 and over (Fucidin, Flucloxacillin or Clarithromycin) and Hydrocortisone cream for children under 10 and for use on the face in patients over 1 year, Chloramphenicol eye drops & ointment for children from 31 days to under 2 years. The Penicillin V and Clarithromycin PGDs to treat bacterial tonsillitis for adults and children over 5 years has now been reinstated along with IPC advice for the community pharmacists and has seen excellent uptake.

We have had discussions about expanding the PGDs and will start by updating the UTI service to include urine dipping so that community pharmacists can treat a wider cohort of patients and avoid referrals back to GP practices. It is anticipated that this expansion to the service will happen by the end of February 2022.
We also intend to look at possible hayfever as this has been identified as a priority area to explore ahead of next spring and we are also scoping options for a pilot ear service, where a small number of pharmacists will be trained to examine ears and identify whether the problem is, for example, wax or an infection.

166 (95%) pharmacies are now live with PGD services (an increase from 164 at the time of the last report, with good geographical spread across BNSSG) and so far, to 30.11.21, 8570 PGD consultations have been provided, a large increase from 5984 at the time of the last report. This means that 8570 appointments in other parts of the system such as GP practices and Out of Hours services for prescriptions have been avoided by this service managing the patient's health needs.

01.03.20 - 30.11.21	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	166 (up from 164 at the time of the last report)	156	5771 (up from 4285 at the time of the last report)
Sore Throat	166 (up from 164)	87	475 (up from 70)
Impetigo	166 (up from 164)	125	895 (up from 666)
Hydrocortisone	166 (up from 164)	127	868 (up from 729)
Chloramphenicol	166 (up from 164)	123	561 (up from 234)
Total			8570

Next steps:

- Undertake more detailed service evaluation in order to understand any inequalities and to understand how QI work around a patient communications campaign should be targeted.
- Plan to expand the range of PGDs to other areas/conditions as above using Winter Access Funding
- Having started to review the data in more detail; the vast majority of activity is Monday to Friday but also to white British people and women. More detailed work is therefore needed on mapping and understanding who is using the service if there any inequalities that we need to address. It has also been identified that a Quality Improvement (QI) piece of work is needed around communications to the public about this service.
- Support all GP practices to utilise and maximise benefit of the GP CPCS

Clinical Effectiveness - Medicines Optimisation

NHS Community Pharmacist Consultation Service - GP Referrals (GP-CPCS)

- Since the pilot started in July 2019, 26,500 referrals have been made from a GP to a community pharmacy for a minor illness, November saw the highest number of referrals (2851).
- A pilot with NHS England started in October in the South Bristol Urgent Treatment Centre (UTC) to refer minor illnesses to the community pharmacy via an electronic referral. Up to the 30.12.21, 35 referrals have been completed, 2 patients were referred for an urgent appointment and 5 for non-urgent GP appointments. All of the referrals to the UTC over a 2 week period were reviewed to see how many patients could have been referred to Community Pharmacy. This showed 140/1078 (13%) could have been referred to a Community Pharmacy – further training with the reception team will take place. Expansion of the PGDs will help the UTC to refer more patients and help alleviate pressures on the system. In addition, the pilot will expand in the New Year to the Emergency Departments in the Acute Trusts.
- A meeting took place in December to look at expanding some of the pathways to increase referrals to CPCS –nationally this could equate to 275,000 additional referral opportunities to CPCS a year. This will go live in the next month.
- BNSSG are also involved in a pilot with NHSEI to expand NHS 111 on line referrals to a community pharmacy (currently this is not available and results in a call to NHS 111). This is planned to go live Mid January.

BNSSG Medicines Optimisation Strategy and Integrating NHS Pharmacy and Medicines Optimisation (IPMO) Plan update

The Medicines Optimisation Strategy highlights the Medicines Optimisation vision, the reasons for change alongside the principles, key deliverables and project deliverables. This strategy is planned to be launched across the system from January 2022 subject to system pressures. A poster to support the launch of this strategy is in its final stages of production following stakeholder feedback. The IPMO plan has now been signed off by the Healthier Together Executive Group on 16th December 2021 and so work will now continue to ensure the system vision is taken forward.

Medicines Quality and Safety Newsletter update

A system wide Medicines, Quality and Safety newsletter continues to be produced, which aims at sharing learning and work collaboratively as a system to promote and support safer practices.

This quarter articles include Looks Alike Sounds Alike (LASA) medication errors, following a serious local incident involving propranolol and prednisolone tablets. The article aims at raising awareness and advises clinicians to be extra vigilant when prescribing and dispensing medicines with commonly confused drug names to ensure that the intended medicine is supplied.

Other areas of focus include an article on glucagon kits and hypoglycaemia and the importance of investigating hypoglycaemic episodes as well as reviewing the patient's current treatment. Another article looked at methotrexate safety and highlights the risk of dosing errors associated with prescribing or dispensing 10mg tablets.

Inclisiran update

Inclisiran is a new anti-cholesterol treatment. It is given by subcutaneous injection. NICE Guidance (TA733) recommends Inclisiran as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults where there has been a history of a cardiovascular event (refer to full guidance).

Inclisiran has been added to the BNSSG joint formulary as TLS Green as per NICE guidance and NHSE/I letter. Inclisiran should be prescribed in primary care as a personally administered item. Practices to purchase stock from wholesaler (AAH) and claim via the monthly submitted FP34D. Alternatively it may be prescribed on FP10. Work is being undertake to develop a local lipid pathway and once finalised this will be added to the BNSSG Remedy website.

Medicines Optimisation Polypharmacy Training Update

A series of Polypharmacy Medicines Optimisation training has been delivered in conjunction with the Training hub, allowing Primary and Secondary care clinicians a variety of choices for upskilling in areas of need. Training sessions are delivered virtually and are recorded, to enable access for those unable to attend a module. The training to date has been well attended from a range of clinicians in BNSSG and received positive feedback. Training has included shared decision making, pain management, long term conditions and deprescribing, how to facilitate behaviour change, dependence forming medicines and initiating medicines. Virtual delivered training has enabled more attendees to access the training as well as being able to get national experts to deliver some of the training. Due to the delivery of the Covid-19 vaccination programme and the effect that Covid-19 has on the system, some of the training will be delayed until later in the year. More information can be found on the Training Hub website.

Medicine Optimisation

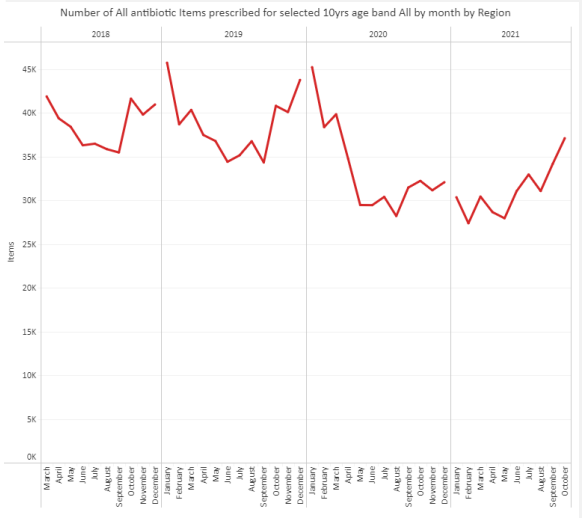
Antimicrobial stewardship update

Elizabeth Jonas

Report for : PCOG/ PCCC

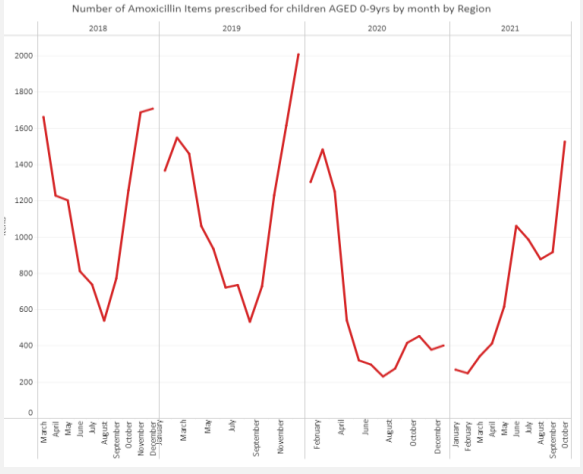
Reporting Period: Quarter 3

Overall prescribing – data is available to October 21



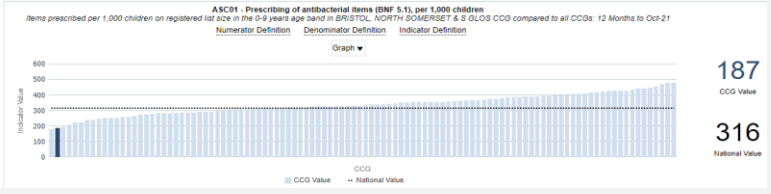
An increase in antibiotic prescribing is occurring with rates at the highest level since the start of the pandemic. This is particularly noted in amoxicillin prescribing in children.

Amoxicillin Items in children aged 0-9 years

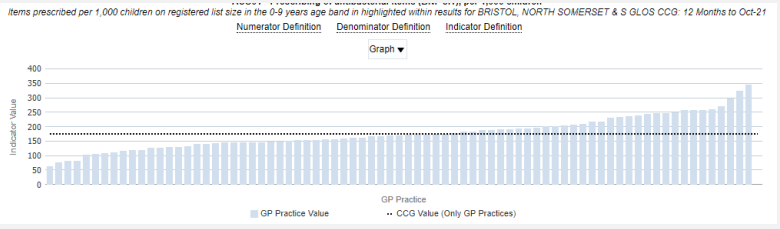


Antibiotic Prescribing in Children

During World Antimicrobial Awareness Week in November we had a focus on antibiotic prescribing in children. An antibiotic prescribing in children data pack was sent to each PCN via their PCN pharmacists. This pack highlighted how each PCN and practice within the PCN benchmarked in their prescribing to children. As a CCG we benchmark well as the second lowest prescribers of antibiotics in children aged 0-9, BNSSG is the dark blue line in the graph below. The data is per 1,000 children on list.



There is some variation in practice however the highest prescribing practices are just above the national average.

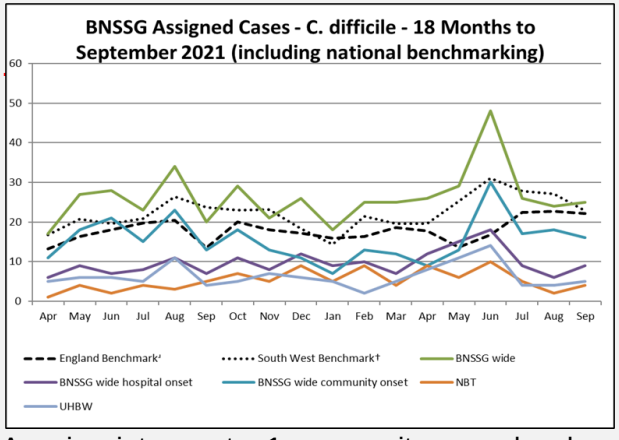


Although our prescribing rates in children are positive we need to continue stewardship to ensure prescribing is appropriate. This has been particularly highlighted in the recent increase in amoxicillin prescribing.

To support antibiotic stewardship in children during antimicrobial awareness week social media communications on minor infections in children were released and a press release led to a Paediatric Infectious Diseases Consultant being interviewed on Radio Bristol.

Clostridioides difficile

C. difficile continues to be monitored. Cases continue at the higher rate we have been seeing since the start of the pandemic. Although November has seen a drop (data too recent to be included in the graph below) to 11 cases.



A review into quarter 1 community cases has been completed, with 56 COCA (Community onset community associated), COIA (community onset indeterminate association) and COHA (community onset hospital associated) cases reviewed. There was nothing in the data that indicated a cause for the increased rates in CDI.

Women over 70 years were the highest cohort.

The most common risk factors (excluding antibiotics) were taking a PPI and immunosuppression.

Skin infections were the most frequent indication for antibiotics and amoxicillin was the most frequently prescribed.

73% of antibiotic courses reviewed were considered to be appropriate.

30 day all case fatality was within the national rate.

A BNSSG STP C difficile working group has been set up to support this work.