

Medicines Optimisation

Update Report

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Report for : PCOG/PCCC

Reporting Period: January - March 2022

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 10th March and key areas discussed included:

- Learning from NHS Surrey Heartlands ICS in relation to valproate safety. This learning will help us to review our local systems.
- Review of incidents from across the ICS
- Denosumab and the risk of hypocalcaemia
- An update on the allergy audits undertaken by NBT and UHBW and how a task and finish group could take the findings forward.
- An update on antibiotic prescribing (see separate report on slide 4)
- An update on potential oxycodone errors following a new oxycodone immediate release tablet brand called Oxyact[®] becoming available. It was agreed to add messages to ScriptSwitch to reduce potential risks
- Discussions in relation to long term steroid monitoring following an incident whereby this had not been completed and suggested required actions.
- Supply issues in relation to Dulaglutide, a GLP-1 receptor agonist for diabetics and the related advice to manage the shortage.

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 3rd February and 7th April since the last report and a summary of the meetings includes:

- At the February meeting, the updated blood glucose monitoring guidelines were considered and more appropriate and cost-effective devices included in the guideline following a review and testing process of the available meters. The diagnosing and treating lower urinary tract infections in adult guidance were updated and approved in line with updated national guidance. Updates were also provided on Inclisiran (a new medication to treat patients with high cholesterol when statins are not providing a sufficient response) following the recent issue of local guidance and the national procurement of Direct-acting Oral Anticoagulants (DOACs).
- At the April meeting, guidance reviewed included ulipristal acetate cross city guidance following an MHRA safety alert, covert administration of medicines guidance for care homes (updated to ensure clarity of advice), sick day rules guidance update (minor changes), updates to the chronic pain guidance and resources following new NICE guidance and system wide consultation with stake holders. New menopause guidelines and a HRT pathway was discussed to offer easy access to certified menopause resources and support primary care prescribers with formulary HRT prescribing options. Also reviewed was a DOAC decision making aid for stroke prevention in non valvular atrial fibrillation as well as guidance to manage high or low INRs. There was also oversight of the first set of system wide BNSSG musculoskeletal PGDs which will be launched shortly.
- At both meetings, updates from other STP related medicines meetings were also provided to the group. An overview of the current financial position and new NICE guidance was also discussed.

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 December 2021 for the Adult and Paediatric Joint Formulary Group meeting and the 25th January 2022 for the Adult Joint Formulary Group meeting. A number of new drug request applications were approved on the Adult Formulary such as:

- Faecal Microbiota Transplant (TLS Red)
- Guanfacine (TLS Red) for treatment of ADHD in adults where stimulants are not suitable, tolerated or ineffective as 4th line option
- Trazodone (TLS Blue)
- VisuXL Gel (TLS Amber no SCP) for aqueous deficiency in moderate to severe dry eyes where other treatments ineffective
- HyloDual preservative free eye drops (TLS Red) for patients with severe evaporative dry eye disease
- Imvaggis Pessary (TLS Green) for treatment of vulvovaginal atrophy

A shared care protocol was also approved for Testosterone Gel for treatment of low libido causing distress in women with optimised HRT and with early menopause (age 45 years and under) or surgical menopause.

The Formulary team are also facilitating guideline updates, formulary chapter updates and shared care protocol updates on a regular basis. The Formulary team will be reviewing the use of melatonin across the adult and paediatric patient cohorts over the next year, this will include reviewing several new drug request applications for melatonin to be used for additional indications, and to re-review current formulary positions. This will involve review of the evidence and cost effectiveness for each indication.

Community Pharmacy PGD Service – Local pilot update

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service has successfully been running since March 2020 and numbers using the service continue to grow. 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. Expansion of this service is anticipated in April/May 2022 – it has been delayed slightly while some clinical queries regarding the pathway are resolved.

We have also begun work on hayfever pathways as this has been identified as a priority area where Community Pharmacy are likely to be able to wholly manage the vast majority of patients. 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.

168 (96%) pharmacies are now live with PGD services (an increase from 166 at the time of the last report, with good geographical spread across BNSSG) and so far, to 20.03.22, 11,459 PGD consultations have been provided, a large increase from 8570 at the time of the last report. This means that 11,459 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 - 20.03.22	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	168 (up from 166 at the time of the last report)	160	7216 (up from 5771 at the time of the last report)
Sore Throat	167 (up from 166 at the time of the last report)	103	1163 (up from 475)
Impetigo	168 (up from 166 at the time of the last report)	128	1162 (up from 895)
Hydrocortisone	168 (up from 166 at the time of the last report)	130	1027 (up from 868)
Chloramphenicol	168 (up from 166 at the time of the last report)	132	891 (up from 561)
Total			11,459

Next steps:

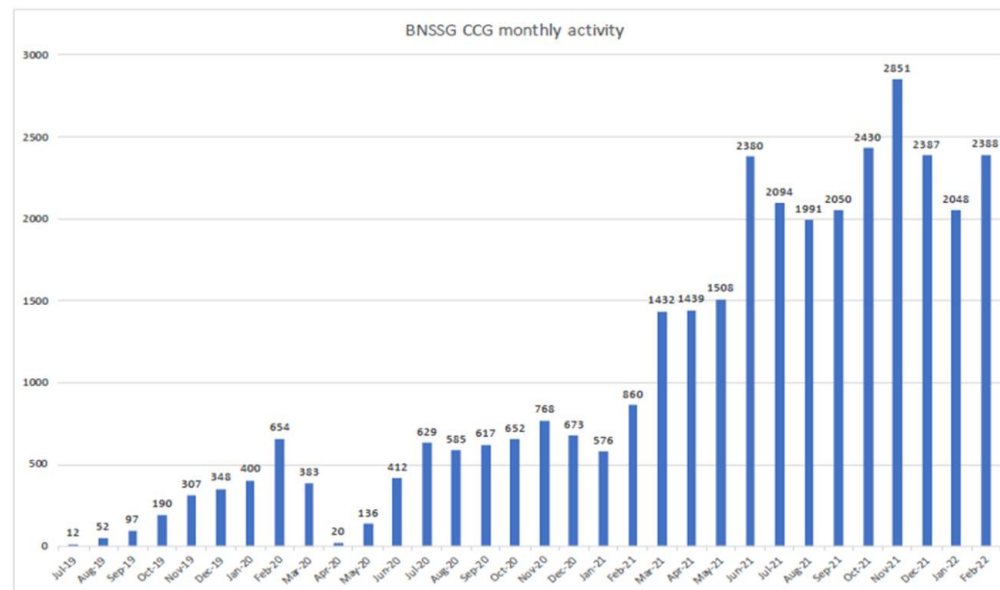
- Undertake more detailed service evaluation in order to understand any inequalities and to understand how QI work around a patient communications campaign should be targeted.
- Plan to expand the range of PGDs to other areas/conditions as above
- Having started to review the data in more detail; the 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

Stoma Prescribing Hub update

A Stoma Nurse Prescribing Hub has been set up at Southmead Hospital as part of a pilot with North Bristol Trust (NBT) stoma nurses. Due to the pandemic, the pilot has been extended until 30th September 2022. The NBT stoma nurses have been prescribing stoma appliances for patients under their care and been able to assess and discuss concerns with patients at the point of prescribing which has improved patient care, formulary compliance and reduced the prescribing workload for our GP practices. A full evaluation of this pilot is currently underway.

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

- Since the pilot started in July 2019, over 33,000 referrals have been made from a GP to a community pharmacy for a minor illness. In 21/22 there were over 25,000 referrals, November saw the highest number of referrals (2851) and we are continuing to work with practices to increase the number further.
- 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 30.03.22, 278 referrals have been completed. In addition, the pilot will expand in April to the Emergency Departments, starting with UHBW (Bristol site).
- Expansion of the PGDs (previously mentioned on page 2) will help the UTC and other sites to refer a wider scope of patients and help alleviate pressures on the system.
- BNSSG are also involved in a pilot with NHSEI to expand NHS 111 on line referrals to a community pharmacy, this went live in March.



Eclipse RADAR

The CCG commissions Eclipse Live, which is an NHS Digital centrally assured and funded clinical support service. ECLIPSE stands for: “Electronic Checking Leading to Improved Prescribing Safety & Efficiency”. Eclipse Live is a risk stratification system which can be used to help identify patients who may be at an increased risk of harm from their medicines.

All BNSSG GP practices have this digital tool in place, and since the start of this financial year, 3,279 patients have been proactively reviewed, potentially preventing admissions. The high levels of reviews undertaken demonstrates that our practices are engaging with safety systems and promotion of the patient safety agenda.

Methotrexate safety work update

Incidents reported to the NRLS (National Reporting and Learning System) over the last 4 years involving Methotrexate have included dosing errors associated with the prescribing or dispensing of 10mg tablets; errors arising from the dual prescription of 2.5mg and 10mg tablets; daily dosing instead of weekly; omitted or delayed monitoring.

The prescribing and supply of Methotrexate 10mg tablets remains an amendable contributory factor to error and harm. Improving the safety of prescribing of oral Methotrexate has been a priority for the [Medicines Safety Improvement Programme \(MedSIP\)](#) whose ambition is to reduce patient harm by reducing the prescription and supply of oral methotrexate 10mg tablets by 50%, by October 2021. To ensure BNSSG were meeting the MedSIP ambition, audits were conducted in primary care in 2021 to review Methotrexate 10mg tablet prescribing. 37 patients were highlighted as prescribed Methotrexate 10mg tablets in November 2021 and following a co-ordinated switching programme/ structured medication reviews including shared decision making to see if existing patients could be switched to oral Methotrexate 2.5mg tablets where appropriate, there are currently only 14 patients prescribed Methotrexate 10mg tablets in primary care (i.e. more than 50 % patients have had Methotrexate 10mg tablets switched/stopped to Methotrexate 2.5mg tablets). Reasons stated in the GP practice feedback as to why some patients were not switched included patient preference to remain on the higher strength and that patient would struggle to take increased number of 2.5mg tablets. However, we endeavour to ensure that patients remaining on 10mg tablets, are on doses that only require 10mg tablets i.e. either a 10mg or 20mg weekly dose.

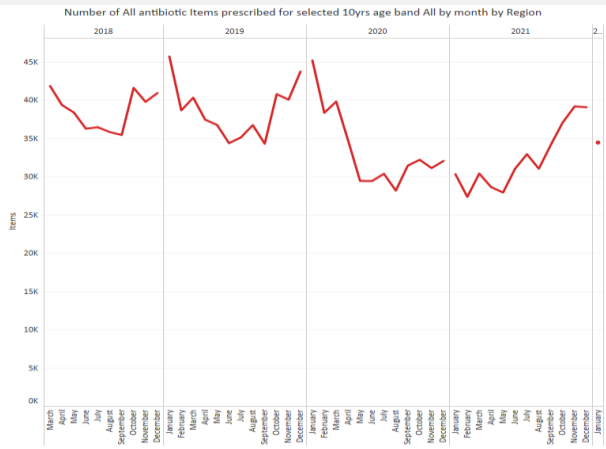
To further support this workstream, ScriptSwitch messages have been updated and clinicians reminded via the system wide BNSSG Medicines Safety Newsletter, that if prescribing or administering Methotrexate always consider dose, frequency and prescribed preparation.

Elizabeth Jonas

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Reporting Period: Data to Jan 22

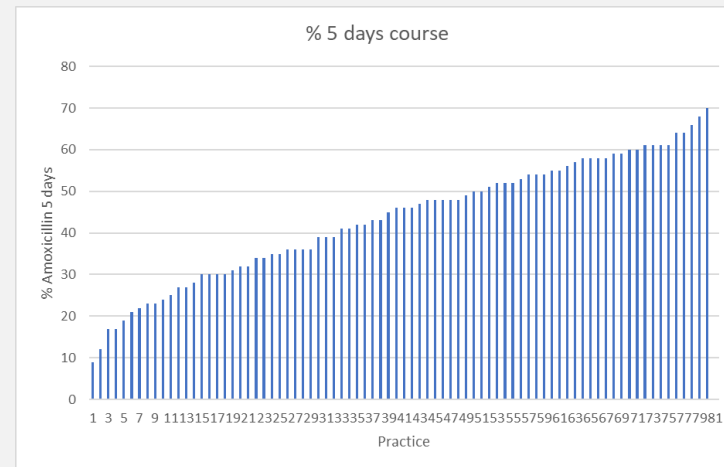
Overall prescribing – data is available to January 22



The increase in prescribing rates is continuing which is linked to increased social mixing and an increase in prescribing for upper respiratory tract infections. This has had a knock on effect on our prescribing targets with the CCG now meeting the broad spectrum antibiotic prescribing target of less than 10% at 9.9% Antibiotics/Star-PU are increasing but are still significantly below the new target of 0.871 at 0.684

Amoxicillin Course Length

In 20/21 40% of amoxicillin 500mg prescribed in BNSSG was for a 5 day course length with 51% for 7 days despite all NICE guidelines from respiratory conditions except bronchiectasis advising a 5 day course length. Rates in practices vary from 9-70%. Prescribing appropriate short courses of antibiotics can assist in reducing antimicrobial resistance.



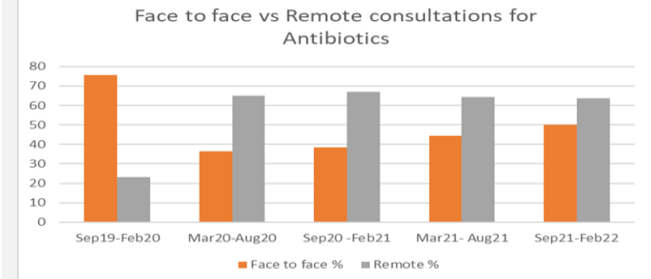
Practices have been sent their prescribing data and a Script Switch message was activated for 2 weeks reminding prescribers of the course length in guidelines. The prescribing rates will be reviewed after this short impact and assess what further interventions are required.

Clostridioides difficile

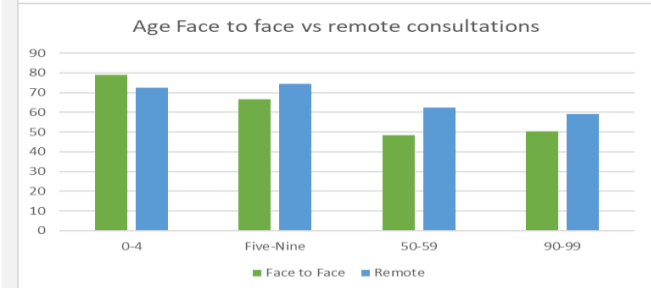
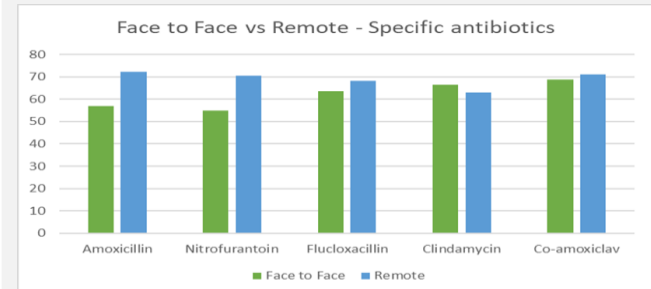
Rates continue to remain high and a BNSSG working group has been set up.

Remote versus Face to Face Prescribing

EMIS data has been extracted to review whether antibiotics are being prescribed during face to face or remote consultations. Please note this data is very reliant on the coding at practices and the percentages do not add to 100% so some consultations where antibiotics are prescribed will be coded as both. However we are comparing like with like and therefore a trend can be seen. When looking at 6 monthly intervals from pre pandemic to now, a switch to remote prescribing can be seen followed by a steady increase in face to face consultations during the pandemic, but not to pre-pandemic rates.



In the last 6 months does the infection treated makes a difference?



The data suggests, you are more likely to be seen face to face for a skin infection than a urinary tract infection and that younger children are more likely to be seen face to face. It should be noted that resources, tools and guidance have been issued following the pandemic to support the use of safe, appropriate remote consultations to ensure patients are seen in the most appropriate way.