

## Medicines Optimisation

## Update Report

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**Report for : PCOG/PCCC**

**Reporting Period: July - September 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 21<sup>st</sup> September and key areas discussed included:

- An overview from NBT on the Patient Safety Incident Response Framework as early adopters of this framework and how they plan to set up a medicines academy.
- An overview of the local incidents, including a discussion in relation to the numbers of incidents involving harm/moderate /serious harm.
- The recent blood bottle shortage and local guidance was discussed
- An update on action taken on the MHRA alert relating to Ulipristal acetate (Esmya<sup>®</sup>) for Uterine Fibroids and the liver injury risk was discussed, highlighting how secondary care teams have been working closely with the formulary team to ensure prescribing would be limited to strict criteria in line with the alert.
- A brief antibiotics update was also provided to the group which highlighted the recent cellulitis training. National concerns relating to increases in Amoxicillin use, especially in children was also mentioned ( see slide 3).
- The national supply problems with the Clexane brand of Enoxaparin was mentioned and the supporting local communications which have been circulated.
- It was agreed to have further discussions on hospital discharge summaries at the next meeting.

### **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 7<sup>th</sup> November and a summary of the meeting includes:

- A review of new or updated guidelines; the paediatric Asthma guideline, medicines reuse in care home or hospice setting guidelines, chronic pain self help resource, the local travel vaccines position statement and the SOP for delivering Comirnaty/Pfizer Vaccine in school and clinic setting.
- Strategic updates from RMOC including Inclisiran, the national overprescribing review report and community Phlebotomy proposals for Red Amber Drug Monitoring.
- Updates from other STP related medicines meetings were also provided to the group. An overview of the current financial position and new NICE guidance 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 20<sup>th</sup> July 2021 for the Adult Joint Formulary Group meeting.

A number of new drug request applications were approved:

- Cefiderocol (Fetroja power for intravenous infusion) for treatment of multidrug resistant aerobic gram-negative infections where there are no other treatment options available
- Dequalinium chloride (Fluomizin<sup>®</sup> 10mg vaginal tablets) for treatment of trichomoniasis vaginalis and bacterial vaginosis
- Sanatogen Complete A-Z as a complete vitamin and mineral supplement to maintain normal levels in intestinal failure patients under the care of the nutrition team
- Forceval soluble tablets as a complete vitamin and mineral supplement to maintain normal levels in intestinal failure patients who have swallowing difficulties under the care of the nutrition team

Other discussions included:

- Approval of new shared care protocols for testosterone (Sustanon and Nebido) intramuscular injection
- A change to TLS status for mycophenolate for neurological indications. Changed from TLS Red to TLS Amber 3 months. TLS change pending updated shared care protocol approval at JFG, new indications to be incorporated into existing shared care protocol for rheumatological conditions.
- Withdrawal of shared care protocol and change to TLS status for sodium aurothiomalate. Shared care protocol no longer required and sodium aurothiomalate has not been prescribed in the past year. Changed from TLS Amber 1 month to TLS Red.

**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.

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.

164 (94%) pharmacies are now live with PGD services (an increase from 158 at the time of the last report, with good geographical spread across BNSSG) and so far, to 07.09.21, 5984 PGD consultations have been provided, meaning that 5,984 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. Only 150 people needed to be referred on by the community pharmacist to another healthcare professional.

01.03.20 - 07.09.21	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	164 (up from 157 at the time of the last report)	153 (up from 133 at the time of the last report)	4285 (up from 3025 at the time of the last report)
Sore Throat	164	49	70
Impetigo	164 (up from 158)	117 (up from 100)	666 (up from 512)
Hydrocortisone	164 (up from 158)	123 (up from 101)	729 (up from 574)
Chloramphenicol	164 (up from 158)	92 (up from 58)	234 (up from 120)
<b>Total</b>			5,984

As part of the service, patients are asked where they would have attended if the service had not been available (total for all services) showing where activity has been prevented.

<b>GP</b>	4921
<b>NHS111</b>	510
<b>WIC</b>	103
<b>A&amp;E</b>	28
<b>Other</b>	53

**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; Hayfever has been identified as a priority area to explore ahead of next spring
- Support all GP practices to utilise and maximise benefit of the GP CPCS

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

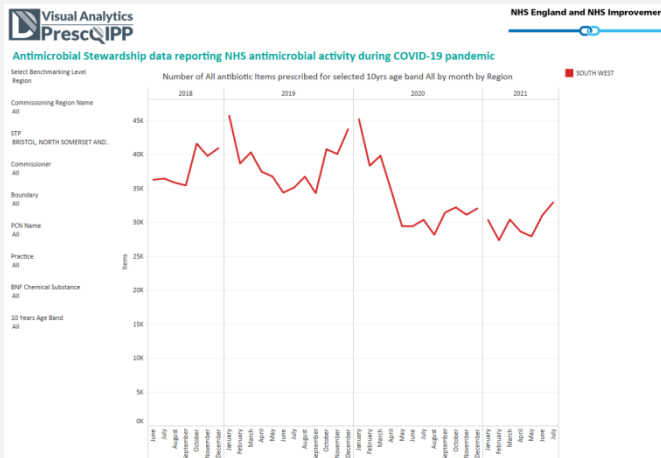
- Since the pilot started in July 2019, 20,000 referrals have been made from a GP to a community pharmacy for a minor illness.
- A pilot with NHSE will be starting this month in the South Bristol Urgent treatment centre to refer minor illnesses to the community pharmacy via an electronic referral. An update will follow once the pilot has started.

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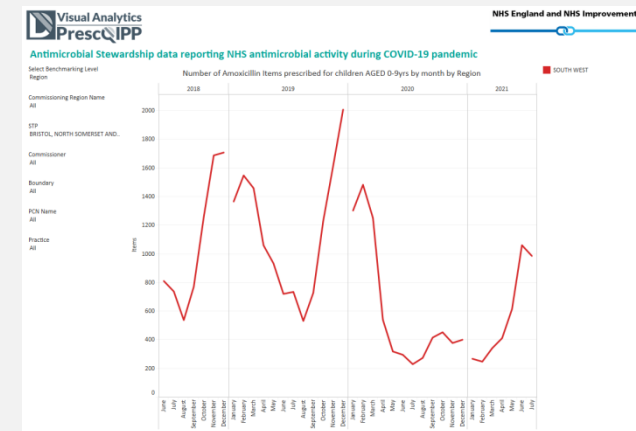
Reporting Period: Quarter 2

## Overall prescribing – data is available to July



- Although antibiotic prescribing remains low we are starting to see a slight increase mainly driven by an increase in amoxicillin prescribing in children

## Amoxicillin Items in children aged 0-9 years

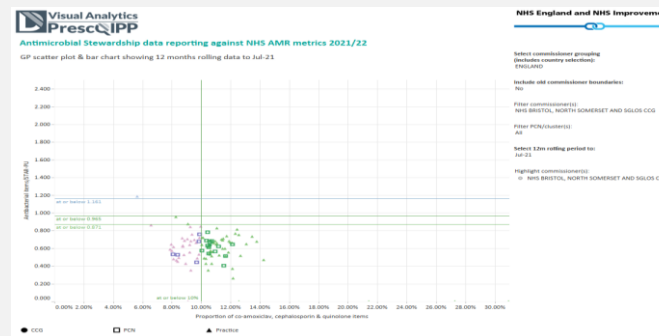


This is linked to an increase in respiratory infections. Through the medicines optimisation newsletter prescribers have been reminded of leaflets that can assist in conversations with parents and carers including ‘When should I worry’

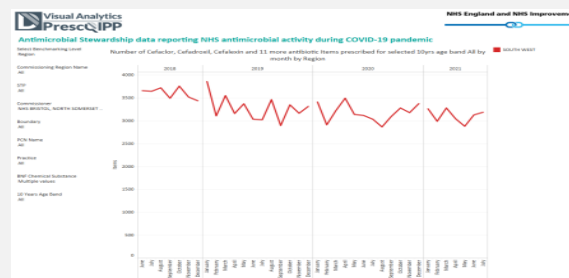
## New antimicrobial prescribing target

In line with the national prescribing target of reducing antibiotic prescribing by 25% from the 2013/14 baseline there is a new target of 0.871 antibiotics/STAR-PU in the system oversight framework. The target of less than 10% of antibiotics being co-amoxiclav, cephalosporins and quinolones remains. In the 12 months to July 21 the CCG met the antibiotic target of 0.636 antibiotics/STAR-PU but although the prescribing of broad spectrum antibiotics has not increased due to the lower denominator is currently at 10.58%.

The chart below shows spread for practices within BNSSG

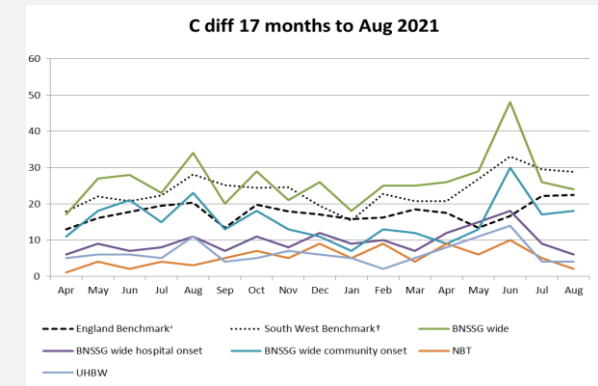


However we know the changes in antibiotic prescribing during Covid has had an impact, reducing overall prescribing which has led to an increased percentage of broad spectrum. In January 2020, so pre-Covid, the CCG was meeting the new antibiotics/STAR-PU target at 0.821 and 8.53% of antibiotics were broad spectrum. The actual number of broad spectrum items that are prescribed is quite stable as shown in the graph below.



## Clostridioides difficile

*C. difficile* continues to be of concern with a very high number of cases reported in June including a sharp rise in community onset cases, although they have since reduced in July and August.



Reviews into the community onset cases are ongoing with a meeting planned to evaluate if there are themes to help understand any possible causes of the CDI increase.

The CCG and system partners are actively involved in the South West CDI Improvement Collaboration as well as considering a local action plan.

The BNSSG *C. difficile* treatment guideline has been reviewed and re-released in line with new NICE guidelines. This guideline advises vancomycin as first line treatment with discussion with microbiology where further treatment is needed.

Medicines Optimisation work undertaken in relation to quality includes regular work reviewing antibiotic prescribing, controlled drug prescribing as well as specific quality projects undertaken through the Prescribing Quality Scheme. Work is also undertaken by the team in response to national areas of concern.

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

As recommended by the Communications team we have collaborated with Greenhat studio, an ethical graphic design company to devise a slide deck of the Medicines Optimisation Strategy. This was approved by the ICS Medicines Optimisation programme board on 30<sup>th</sup> September 2021 and by Acute Care Collaboration (ACC) for final sign off on 7<sup>th</sup> October 2021. The strategy slide deck will be utilised as part of a presentation to all stakeholders across the system, including all healthier together groups.

The Medicines Optimisation Strategy highlights the Medicines Optimisation vision, the reasons for change alongside the principles, key deliverables and project deliverables. This will be used as an educational and promotional tool for teams across the system and will be presented in a bespoke manner depending on the audience.

The IPMO plan (approved at ICS Medicines Optimisation programme board has been approved by ACC and will now go forward to the HT Executive group) has been built on from the Medicines Optimisation Vision to implement a person-centred, collaborative approach to get the best value from medicines, investing in medicines to improve patient outcomes, reduce avoidable harm and improve medicines safety, aligning and simplifying processes including the transfer of information, reduce wastage of medicines and avoid patients taking unnecessary medicines.

The IPMO plan, which is a national ask that all systems have a plan, sets out a three year vision to achieve this with health and care services across primary, secondary and community care, working collaboratively to implement the plan across BNSSG.

### **NatPSA Alert – Inappropriate Anticoagulation of patients with a mechanical heart valve**

NHSE&I issued an NatPSA alert on 14th July 2021 on the risk of inappropriate anticoagulation of patients with a mechanical heart valve. All patients with prosthetic mechanical heart valves require life-long oral anticoagulation with a vitamin K antagonist, usually warfarin, as the valves predispose the patient to systemic embolism. Thrombosis of a prosthetic valve is potentially life-threatening and can result in haemodynamically severe stenosis, or acute heart failure. Despite guidance not to switch, incidents have been reported nationwide of patients with a mechanical heart valve being switched to a low molecular weight heparin or a Direct Oral Anticoagulant (DOAC). The alert set out immediate actions for primary and secondary care to identify and review patients who have a record of a mechanical heart valve and are receiving a DOAC. EMIS also contacted GP practices with identified patients, asking them to urgently review these specific patients.

25 patients were highlighted within BNSSG and having audited the practice results, patients have not been found to have a prosthetic mechanical heart valve but were given a biological, tissue or bio-prosthetic valve and a DOAC appropriately prescribed. For patients where the valve type was unclear they are being followed up with Cardiology. Practices have been asked to amend the coding to reflect this. EMIS has also been updated to include a safety pop-up to prevent future prescribing errors.

[\(https://www.england.nhs.uk/publication/national-patient-safety-alert-inappropriate-anticoagulation-of-patients-with-a-mechanical-heart-valve/\)](https://www.england.nhs.uk/publication/national-patient-safety-alert-inappropriate-anticoagulation-of-patients-with-a-mechanical-heart-valve/)

### **Valproate Update**

Medicines Optimisation team colleagues met with the NBT Neurologist leading on the valproate alert and Clinical Lead Pharmacist at AWP in September to discuss valproate prescribing in relation to the MHRA safety alert and better understand current processes for reviewing these patients. Discussions with NBT highlighted the need to update the NBT valproate patient list by consolidating NBT data and valproate data held by GP practices in BNSSG. CCG will work with GP practices and NBT to consolidate this data. Advice was sought from Information Governance on how best to do this. NBT will then have a better understanding of how many valproate patients who need a review.

Datix reports received that highlight Neurology patients on valproate not being reviewed within a timely manner were also discussed. There is currently a delay within Neurology in relation to patients being referred which links to the pandemic and previous lockdowns. Patients seen in person complete the ARAF (Annual Risk Acknowledgement Form) in clinic, however those patients seen remotely will receive a ARAF in the post to their home address to sign and send back to secondary care who will then send the completed form to the GP via post. There is an approximate 50% initial return rate for patients returning ARAF forms to secondary care currently which may explain some delays in GP practices receiving valproate ARAF forms. This has highlighted a potential opportunity for a quality improvement project at NBT to improve the system process in referral forms being sent via post and to improve the technology used. In terms of AWP's valproate patients they are currently undertaking an internal audit/review of these patients and will be collating a list of patients on valproate who require a review, however it is proving difficult to gain other clinician input into this work. This work will be monitored and audit results will be discussed in December and an update provided in a future report . 4

## Update on Repeat Prescription Hubs

In 2017 a pilot repeat Prescription Management Hub was run at Tyntesfield PCN for an 18 month period which was followed by an evaluation. The prescription Hub centralises the repeat prescription ordering process bringing staff together to streamline processes to ensure these are efficient and safe. The evaluation of the Tyntesfield hub showed reduced prescribing workload and freed up time for prescribers and operational staff within the practice to focus on other healthcare related priorities. It was also identified that this type of centralised prescribing system can help to improve medication safety and patient care as well as to ensure equity in prescribing. A reduction in prescribing spend was also noted. It was also widely accepted by GP practice staff, patients and community pharmacists local to the PCN.

Following the evaluation, this was presented across the CCG and there was interest from other PCNs keen to take this forward. In February 2020, a networking morning was held with staff from Tyntesfield presenting how their prescribing Hub worked and taking questions from practice staff from across BNSSG who attended.

Unfortunately, the pandemic arrived and all plans were put on hold while primary care got used to working in a different way and the pressure from COVID along with staffing issues has meant that further roll outs of the hubs has slowed. The Medicines Optimisation team, have, over the past year supported the development of a number of Prescription Hubs across BNSSG all now at slightly different stages of their development.

The Hubs which are currently running are at Tyntesfield, Health West and Bridge View Medical PCNs, along with Severnvale and Pier Health who have gone live w/c 4<sup>th</sup> October. The inclusion of Pharmacy Technicians in the Additional Roles Reimbursement Scheme as part of the GP contract has led to these members of staff taking a key role in the running of some of the newer Hubs and also planning those in the pipeline.

We are in the process of setting up the effective monitoring of the Hubs through the Key Performance indicators (KPIs) which have been included in the Memorandum of Understanding (MOU) between the CCG and PCN. The KPIs monitor the financial benefits of the Hubs along with ensuring a quality service is maintained and there is a positive acceptance from both patients and practice staff. This MOU also lays out clearly the gain share arrangement that has been agreed between the CCG and PCN.

We have recently made contact with all the PCN Directors to enquire about any other Hubs which might be being planned. While there is interest in the introduction of the Hubs, currently no further PCNs are in a position to proceed with their introduction. PCNs will be re-contacted over the coming months and offered support to introduce the hubs where required.

## Medicines Optimisation Training Update

A series of Polypharmacy Medicines Optimisation training is being 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 will be delivered virtually and will be recorded, to enable access for those unable to attend a module. The first session started in September and focussed on Shared Decision Making. The second session provides an overview of Pain Management, focussing on NICE and local guidelines and resources for clinicians and patients. Following on from this there will be an interactive teaching session on the deprescribing of Opiates, Benzodiazepines and Gabapentinoids.

We have a session on how to facilitate behaviour change involving health coaching and motivational interviewing and teaching on structured medication reviews and the tools and templates to use.

Lelly Oboh (Consultant Pharmacist) will be teaching on the approach to the initiation of medicines and how to explain the risks and benefits to patients. In the new year we will be delivering education sessions on prescribing in special groups e.g. Elderly, renal impairment and liver impairment.

In addition to the Polypharmacy training there has been training on the diagnosis and management of Cellulitis with Dr Martin Williams this was a well attended informative session discussing the latest guidelines.

Dr Yasmin Ismail delivered a webinar on new heart failure guidelines that was attended by 90 clinicians and had excellent feedback.

Further information can be found here:

[Medicines Optimisation Training – BNSSG Training Hub](#)