Clinical Effectiveness – Medicines Optimisation	Medicines Optimisation update	
Debbie Campbell, Lisa Rees, Alison Mundell, Kate Davis, Helen Wilkinson & Sasha Beresford	**Report for : PCOG/PCCC**	**Reporting Period: January - March 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 25th March 2021 and key things discussed included:

- Incident reporting across the system with specific reference to CCG medication related incidents reported on Datix and how reporting has increased over the previous 6 months.
- The findings and recommendations of an isotretinoin root cause analysis following an incident at a local trust, particularly in relation to the pregnancy prevention programme.
- The work being undertaken nationally and locally in relation to the NPSA steroid emergency safety card
- An anticoagulation safety update including the work undertaken in relation to antiphospholipid syndrome
- An update on the sodium valproate work and how further data is being collected to progress this work with the local trusts.
- An update on PINCER Eclipse Radar (computer software that links with the ScriptSwitch system which aims to improve health outcomes and patient safety) with 71 practices in BNSSG now having had a data extraction.
- Feedback on the first edition of the BNSSG System wide medicines safety newsletter and discussion on items for the next edition.
- Medicines supply issues

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 1st April 2021 and a summary of actions are:

- Review of the guideline tracker
- Agreed updates to the local antimicrobial prescribing guidelines, recurrent UTI guidelines and cellulitis pathway
- Agreed updates to other local guidelines; Citalopram/Escitalopram dose reduction flow chart, adult asthma guidance, gluten free foods guidelines, antiplatelet guidance, magnesium supplementation guideline and heart failure guidance. IBD pathways were also reviewed.
- The findings of the UHB medicines reconciliation on discharge summaries- clinical audit report was discussed and next steps agreed.
- Subgroup updates and NICE guidance updates were also provided to the group.

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 16th March 2021 for the Adult and Paediatric Joint Formulary Group meeting. A number of new drug request applications were presented:

- Testosterone 2% gel (Tostran and Testogel) for the treatment of low sexual desire in post-menopausal women. (JFG agreed further work is needed for a decision to be made for this application).
- Qlaira (estradiol, valerate, dienogest) tablets for oral contraception and hormone replacement therapy in patients (adults and adolescents) with premature ovarian insufficiency (a joint adult and paediatric application).
- Potassium Chloride 600mg (8mmol) modified release tablets (PotaChlor) for correction / prevention of hypokalaemia for adult and paediatric patients.

Other discussions included:

- The approval of three new Shared Care Protocols for adults: Desmopressin oral lyophilisate (Noqdirna) for nocturia; Opicapone for Parkinson's disease; Rivaroxaban for prevention of atherothrombotic events (with aspirin)
- The need for a review of current melatonin indications on the BNSSG Formulary which will require engagement from all relevant stakeholders.

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 still available) were removed from the PGD for children from 31 days to under 2 years at the end of March, in light of changes in evidence of its use and is currently under review. The Penicillin V and Clarithromycin PGDs to treat bacterial tonsillitis for adults and children over 5 years continues to be suspended due to Covid.

We have had a significant increase in the number of pharmacies now live with the service in BNSSG, now at 151 (up from 129 in our last report). There has been an associated increase in activity.

151 pharmacies are now live with PGD services (with good geographical spread across BNSSG) and so far, to Mid March 2021, 3,307 PGD consultations have been provided, meaning that 3,307 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 - 31.10.20	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	150	124	2358
Sore Throat	Currently paused due to COVID-19		29
Impetigo	151	86	393
Hydrocortisone	151	84	437
Chloramphenicol	151	49	90
Total			3,307

This service will continue to run and the results monitored to ascertain the value of the service. We will also report on and review any incidents that occur as part of the service in future reports. Although the training covered all PGDs, it has been noted that there are less pharmacies active for the other PGDs compared to the UTI PGD. This relates to individual pharmacists certifying for each PGD as competent, and so we are working with the Avon Local Pharmaceutical Committee to address this.

Next steps:

- Plan to ensure regular reporting on activity of these services to wider system groups, including urgent care on the progress of this service
- Plan to expand the range of PGDs to other areas/conditions
- Support all GP practices to utilise and maximise benefit of the GP CPCS

Lifestyle prescription project update

Introduction: The Medicines Optimisation Team developed two leaflets for patients that promote lifestyle interventions and self-care. One provides advice on mental well-being and the other on improving gut health.

Aim: The aim of these leaflets is to promote lifestyle interventions for these conditions first, so that people are empowered to self-care and take responsibility for their own health, before seeking a medical solution**.**

Method: The mental wellbeing toolkit and the how to keep your gut healthy leaflets were published and available on Remedy and the CCG website from September 2019 (https://remedy.bnssgccg.nhs.uk/adults/self-care/self-care/). This began the trial of the project which ran until August 2020. Primary care clinicians were encouraged to provide these leaflets to suitable patients. Patients and clinicians were asked to provide feedback via an online survey.

Results: The mental wellbeing toolkit was the most commonly provided leaflet with 75% of patients receiving this leaflet. 65% of patients surveyed made at least one lifestyle change and 64% reported an improvement of symptoms.
68% of clinicians surveyed felt the leaflets had reduced their prescribing in these areas. 91% would recommend the mental wellbeing toolkit and 75% would recommend the how to keep your gut healthy leaflet.

Conclusion: The use of lifestyle intervention leaflets is well accepted by both patients and clinicians. This pilot has shown that not only do these leaflets have the potential to reduce prescribing costs, they may also reduce consultation time and reduce patients revisiting the GP Practice. The leaflets were also shown to positively impact patient outcomes and experience.

Key learning and recommendations:

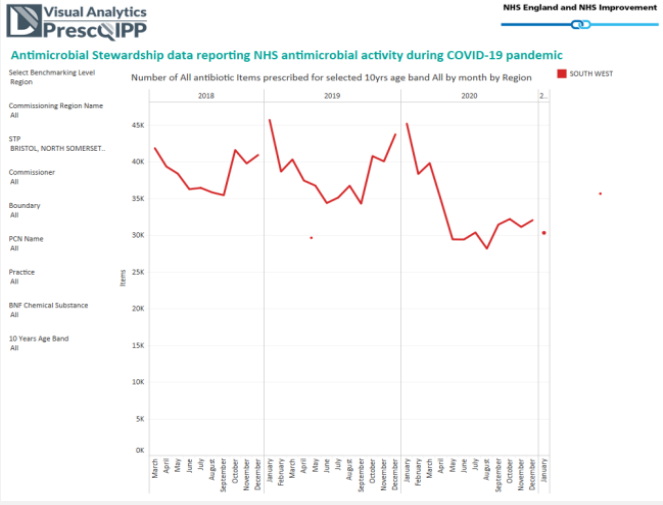
- It is recommended that consideration be given to further development of BNSSG lifestyle intervention leaflets in clinical areas where they are lacking, such as chronic back pain. The leaflets should continue to offer personalised care to patients.
- Consideration should be given to developing a BNSSG online library of lifestyle resources that clinicians could access, in a similar way they do for medicines guidelines.
- It is recommended the leaflets be available in different languages.
- Futures initiatives – back pain, menopause, lifestyle management of diabetes and vitamin treatment and prevention

Next steps:

- An evaluation report to discuss the findings and future of this project has been written and will be shared at Clinical Executive (CE). The discussion will include how this could be taken forward and potential funding requirements.

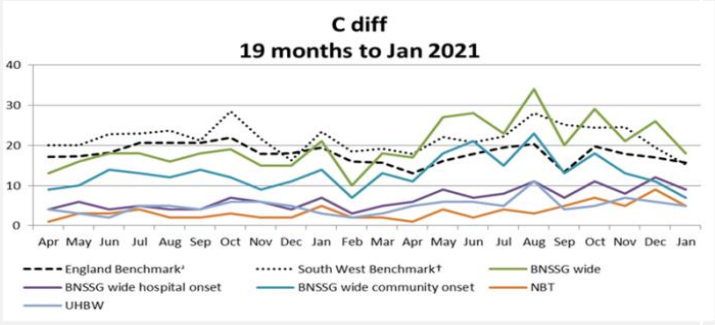
Clinical Effectiveness – Medicines Optimisation	Antimicrobial stewardship update	Assurance Rating: Green No Concerns
Elizabeth Jonas	**Report for : PCOG/ PCCC**	**Reporting Period: Quarter 3**

Overall prescribing

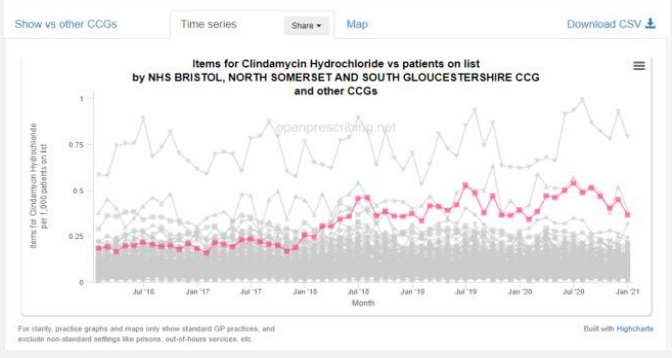


- Data is available until January 21. The reduction in antibiotic prescribing due to the Covid pandemic can still be noted with a 33% reduction between Jan 20 and Jan 21. See chart above which shows the reduction in all antibiotic items.
- There has been a corresponding decrease in antibiotics/STAR-PU measure but an increase in the percentage of broad spectrum antibiotics. This increase is due to a reduction in prescribing of antibiotics such as amoxicillin and phenoxymethylpenicillin used to treat upper respiratory tract infections, where as patients are still presenting with infections that require broad spectrum prescribing such as pyelonephritis. This is in line with the national picture.
- An update to the community antibiotic guideline was released in January this contains detailed advice on treating infections in children.

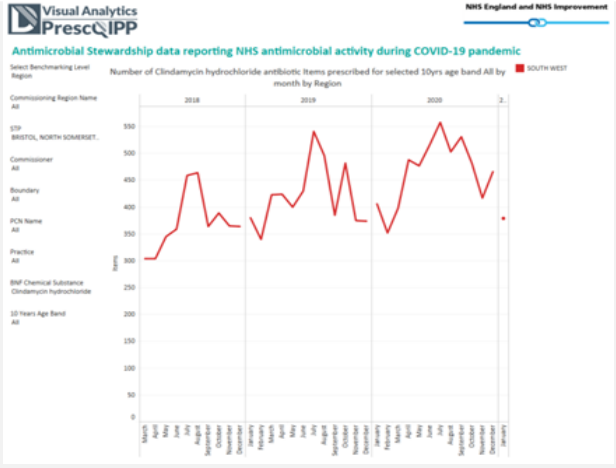
Clostridiodes difficile (C. difficile) and Clindamycin Prescribing



C. difficile cases remain above the England benchmark and raised from previous years. The review into June cases highlighted the need for a review into Clindamycin prescribing (BNSSG is the third highest Clindamycin prescribing CCG per 1000 patients) as highlighted by the red line in the graph below.



There has been a reduction in the prescribing of Clindamycin from the peak in July however cellulitis, for which it is most frequently prescribed, is more prevalent in the summer.



Clindamycin is on the BNSSG community antibiotic guidelines for cellulitis in patients that are penicillin allergic. Following discussion at APMOC advice to risk assess for *C. difficile* when considering prescribing Clindamycin was added to the cellulitis guideline and released in January. The guidelines now include alternatives to prescribe if there is a high risk of *C difficile*.

A cellulitis pathway is under production with information on diagnosis, reducing the prescribing of antibiotics for pseudocellulitis; counselling of patients and actions to take if a patient re-presents, reducing repeat courses of antibiotics. This should lead to a reduction in inappropriate antibiotic prescribing, including a reduction in the use of clindamycin.

Next steps

- Complete and release the cellulitis pathway, providing an education session on its release.
- Work into penicillin allergy to ensure only patients who are truly penicillin allergic receive Clindamycin rather than Flucloxacillin.
- Add clindamycin prescribing to regular monthly monitoring.

Clinical Effectiveness - Medicines Optimisation

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.

Antiphospholipid Syndrome (APLS) – Safety Work

APLS & Coaguchek

It was highlighted by an anticoagulant specialist that there may be large discrepancies in the INR readings for warfarin patients with APLS who use a Coaguchek meter to self-check INR. The Coaguchek meter may overestimate the INR putting patients at risk of an event as they are likely to be under dosed. An EMIS search highlighted 67 patients across 46 GP practices with APLS prescribed warfarin. Medicine Optimisation Pharmacists were tasked to review patients and highlight those needing follow up.

33 Patients with antiphospholipid syndrome prescribed warfarin were identified as self testing with Coaguchek.
48% of these patients were found to be having a yearly venous sample and 16% were found to be having the venous sample at the same time as Coaguchek. In 34% of patients using Coaguchek, it was unclear if their venous sample was taken at the same time as Coaguchek.
59% of patients with APLS using Coaguchek had seen a Haematologist.

APLS and direct-acting oral anticoagulants (DOACs)

An MHRA alert https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-increased-risk-of-recurrent-thrombotic-events-in-patients-with-antiphospholipid-syndrome?utm_source=e-shot&utm_medium=email&utm_campaign=DSU_June2019Main1 highlighted that patients with antiphospholipid syndrome on DOACs should be reviewed due to an increased risk of recurrent thrombotic events.
39 patients with antiphospholipid syndrome were identified as being prescribed a DOAC, of these 27 have seen a Haematologist since the DOAC was prescribed. 12 patients (31%) were therefore identified as needing to be referred to a Haematologist.

Next Steps

Meeting to be arranged with the Haematologists at the acute Trusts to discuss next steps which will then be fed back to the practices.

BNSSG system wide medicines safety newsletter

In February, the first system wide newsletter from the BNSSG Medicines Quality and Safety Group was issued, aimed at informing health and care professionals working across all sectors in BNSSG of any new or ongoing medicines safety issues and work streams, shared learning from medicines related incidents, as well as any national or local medicines safety updates promoting and supporting safer practice. The first edition covered lessons learnt from Covid vaccine incidents, a controlled drug incident and learning in relation to IV Iron infusions. Initial feedback has been positive and is planned to be published quarterly.

Datix reporting of medication related incidents

BNSSG operates a Datix incident reporting system which allows any healthcare professional/member of practice staff with access to an N3 connection to report clinical incidents directly to the CCG. Historically the numbers of incidents reported in relation to medication have been low. It is therefore positive to report that the number of medication related incidents has now increased allowing better sharing of learning across the area.

- Medication related Datix incidents reported in Q3 and 4 in (6 months period) 2019/20 was 34
- Medication related Datix incidents reported in Q3 and 4 in (6 month period) 2020/21 was 176

This increase has been seen across the BNSSG area and has been likely helped by the CCG Prescribing Quality Scheme Medicines Safety Project for 2020/21 which aimed to increase the number of medicines related incidents reported via the Datix system as well as better coding of incidents on the Datix system.

A close working relationship with the quality team, increased sharing of learning through system colleagues and newsletters will help to ensure ongoing safe systems are in relation to medicines are in place following incidents.

Metoclopramide safety warning

Following a local incident, it was highlighted that there was potentially an absence of a clinical safety warning message in EMIS warning that metoclopramide is contraindicated in epilepsy. As a response a CCG wide search using EMIS was undertaken to identify any local prescribing of metoclopramide in patients with epilepsy.
65 patients in 39 practices were identified that have a code of epilepsy and a current course of metoclopramide or a metoclopramide issue in the past 3 months . Of these 59 patients from 35 surgeries were reviewed. All 59 patients reviewed triggered a contraindication warning by EMIS for metoclopramide and epilepsy.
Of the 59 patients reviewed 9 patients were reported to had their metoclopramide stopped.

Coding errors and ‘epilepsy resolved’ were the commonly listed reasons for patients continuing on metoclopramide. The patients that were stopped had less detail, but mainly related to historical issues still on current prescription, never been issued, short course now stopped or the medication was no longer required.