Medical Directorate – Medicines Optimisation	Medicines Optimisation Update	
Debbie Campbell, Lisa Rees, Alison Mundell, Kate Davis, Helen Wilkinson & Sasha Beresford	**Report for : PCCC**	**Reporting Period: April - June 2021**
This report aims to provide 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 18th May 2021 and key areas discussed included:

- Sharing of learning from incidents including an in-depth review of an oral morphine sulfate incident
- Review of methotrexate prescribing in BNSSG
- Review of safety issues relating to insulin pens
- Discussion on the progress of emergency steroid card NPSA alert across the BNSSG area
- Updates on isotretinoin and valproate work streams
- An overview of the Prescribing Quality Scheme for 2021/22

Updates from the medicines safety working groups includes the following:

- Diabetes – Toujeo Double Star discussion to ensure safe prescribing, consider formulary status as well as the related communications to promote patient safety. Diabetes related incidents were also reviewed.
- Dependence forming medicines (DFM) – Review of learning from an oral morphine sulfate incident and opiate prescribing data reviewed. Training plans for primary care to support DFM structured medication reviews was also covered. A discussion in relation to the management of illicit benzodiazepines when patients present in a hospital setting also took place.
- Anticoagulation – Work with primary and secondary care is ongoing to ensure enoxaparin is prescribed by brand. Also review of anticoagulation related incidents.

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 10th June 2021 and a summary of the meeting includes:

- Review and approval of a number of guidelines including Renavit prescribing guidelines, BNSSG Paracetamol guidelines, wound pouch covers, catheter tray pack guidance, commissioning pathway Botox for pyloric spasm, algorithm to assess bisphosphonate drug holiday, algorithm to assess denosumab drug holiday, updated vitamin D guidance and the BNSSG COVID-19: Coagulopathy, Thrombosis Prevention and DIC guideline. These guidelines will be added to the BNSSG Formulary. The updated STOPP START tool to support medication review guideline, required a minor amendment, prior to circulation.
- Feedback from RMOC and other STP related medicines meetings was 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 27th April 2021 for the Adult Joint Formulary Group meeting.

A number of new drug request applications were approved:

• Methoxyflurane inhalation vapour (Penthrox) as an adjunct for moderate to severe pain for women undergoing ambulatory gynaecology procedures

• Evorel Conti (estradiol and norethisterone) patch for hormone replacement therapy

• Lenzetto (estradiol) transdermal spray for hormone replacement therapy where transdermal treatment is indicated and transdermal patches are not suitable

Other discussions included:

• A change to TLS status for mycophenolate for autoimmune hepatitis and inflammatory bowel disease. 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.

• A system wide review of melatonin is to be completed. No individual melatonin new drug requests will be considered until full melatonin review is complete.

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 years (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. The Chloramphenicol eye drops PGD has now been reinstated following the MHRA review which stated the drops can be safely administered to children under 2 years. The ointment PGD remained available. The Penicillin V and Clarithromycin PGDs to treat bacterial tonsillitis for adults and children over 5 years continues to be suspended due to Covid.

158 pharmacies are now live with PGD services (with good geographical spread across BNSSG) and so far, to end of May 2021, PGD consultations have been provided, meaning that 4,260 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 - 31.05.21	Accredited Pharmacies	Active Pharmacies	Number of interactions/ provisions
UTI	157 (up from 150 at the time of the last report)	133 (up from 124 at the time of the last report	3025 (up from 2358 at the time of the last report)
Sore Throat	Currently paused due to COVID-19		29
Impetigo	158 (up from 151)	100 (up from 86)	512 (up from 393)
Hydrocortisone	158 (up from 151)	101 (up from 84)	574 (up from 437)
Chloramphenicol	158 (up from 151)	58 (up from 49)	120 (up from 90)
Total			4,260

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 was noted that there were 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 have worked with the Avon Local Pharmaceutical Committee to address this and numbers of active pharmacies are now increasing.

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

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

Under the GP-CPCS, GPs are able to refer patients to community pharmacies to receive a CPCS consultation for minor illness. The Avon LPC has worked closely with the CCG and NHS England to support community pharmacies and encourage practices to engage with this service. The data shows that the activity has been increasing over the last quarter with an outstanding increase in June with an additional 800 referrals being completed in June compared to May.

The chart highlights the Increase in referrals in June to the CPCS.

The main conditions patients have been referred into the scheme, include rashes, sore throat, cough, ear wax or discharge and eye complaints such as red eyes or 'sticky' eyes. Back pain, insect bites and headaches were also reasons for referral. In 38% of cases patients only required advice from the pharmacist and 30% of cases patients were sold an over the counter medication to support their complaint.

It is also pleasing to note that this work stream was nominated and won the Regional Champion for the South West for Excellence in primary care award in the NHS Parliamentary Awards.

BNSSG Medicines Optimisation Strategy

We are about to undertake engagement on our Medicine Optimisation Strategy which aligns with the Long Term Plan timelines until 2024 and is collectively owned by all of the partner organisations that make up Healthier Together.

The BNSSG Medicines Optimisation Vision is to implement a person-centred collaborative approach to get the best value from medicines. The strategy describes this vision and aims for Medicines Optimisation to enhance care within BNSSG. The strategy applies to all those involved in patient care across BNSSG and it is intended that the Medicines Optimisation principles are embedded within all programmes of work where there is a direct or indirect impact on medicines.

The strategy aligns with supporting an integrated system for pharmacy and medicines optimisation focussing on delivering national and local priorities.
The key medicines optimisation principles / priorities for BNSSG are:

- Safe Person Centred Care
- Delivering Best Value
- Medicines Quality & Safety
- Acute Trust Projects
- Antimicrobial Stewardship
- Polypharmacy
- Strong Collaborative System Leadership
- Resilient Pharmacy Workforce
- Investing in medicines to improve patient outcomes

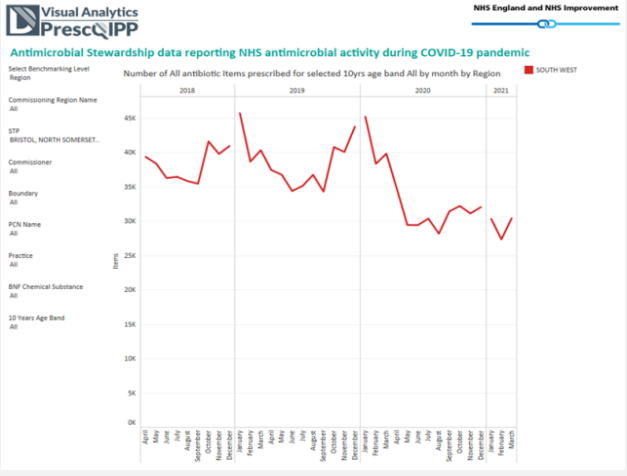
Medicine Optimisation

Antimicrobial stewardship update

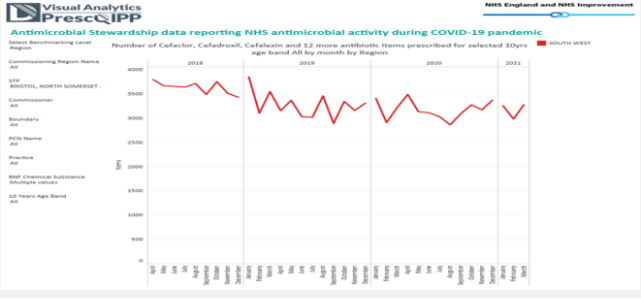
Elizabeth Jonas

Report for : PCOG/ PCCC

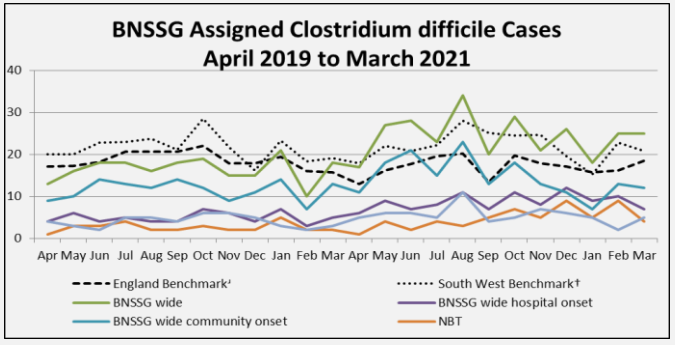
Overall prescribing



- Antibiotic prescribing remained low over the winter months.
- There has been a corresponding decrease in antibiotics/STAR-PU measure and an increase in the percentage of broad spectrums that are broad. The CCG has passed the 10% threshold for the percentage of antibiotics that are broad spectrum. However the number of broad spectrum antibiotics has remained stable (as seen in the graph below) and it is due to an overall decrease in antibiotics prescribed.
- Where practices have shown an increase in broad spectrum prescribing figures, we are gaining assurances that this prescribing is appropriate and in line with guidance.



Clostridiodes difficile (C. difficile) and Clindamycin Prescribing

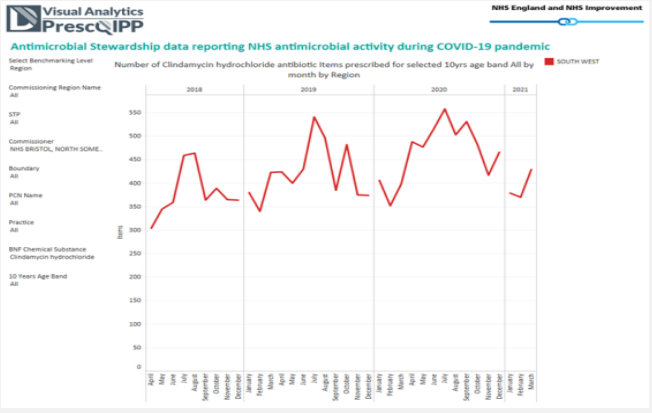


C. difficile cases remain above the England benchmark and raised from previous years. Clindamycin prescribing was identified as one possible driver in a review in Summer 2020.

Clindamycin remains on the BNSSG community antibiotic guidelines for patients with a penicillin allergy being treated for cellulitis. However a risk assessment for *C. difficile* was added in February 21 with alternatives to clindamycin advised for patient with a high risk of developing *C. difficile*.

A pathway for the diagnosis and treatment of cellulitis has been produced and approved and released in June 21. Teaching on cellulitis and the pathway will occur shortly, this will be made available to anyone in the system who treats cellulitis. The aim of the pathway is to reduce the prescribing for pseudocellulitis and repeat courses, this in turn should lead to a reduction in clindamycin prescribing. Up until March 21 the impact of these measures has yet to be seen on Clindamycin prescribing.

There is now an immediate focus on putting a range of measures in place to address the high numbers of *C.difficile* cases as clindamycin prescribing is only a part of the issue. The South West region has also set up a Health Care Associated Infections (HCAI) CDI Improvement Collaborative which the BNSSG area is a part of and the focus of this group is to review why cases are so high, develop plans and implement focussed work to reduce the numbers.



The antibiotics section of the Prescribing Quality Scheme for 21/22 will include an audit on the prescribing for cellulitis to help imbed the new pathway.

The scheme will also include a section on penicillin allergy and ensuring there is clear documentation of an allergy, removing allergy status where it is not an allergic reaction but a side effect for example GI upset and thrush.

Next steps

- The BNSSG antimicrobial stewardship collaboration has agreed three main areas of focus during 21/22:
  - To support work to reduce *C. difficile* cases including the work on cellulitis and clindamycin prescribing
  - To have a consistent approach on the clear documentation and delabelling of penicillin allergies
  - To support the prescribing of antibiotics in patients with frailty.
- A new BNSSG antimicrobial resistance diagnostics group has been set up with the initial focus around urinary tract infections.
- Take forward focused work following HCAI CDI Improvement Collaborative meeting

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.

Gosport Assurance Audits

The Gosport Independent Panel set about to describe as clearly as possible what happened at Gosport Memorial Hospital, a community hospital in Hampshire. The report concluded that hundreds of patients died due to the unsafe use of opioids and inappropriate end of life practices.

To review current processes providers across BNSSG were asked to provide assurance that prescribing of opioids medicines is clinically appropriate and that starting doses and dose escalations were appropriate.

Criteria

1. Indication for opioid is clearly documented in the patients' notes
2. Starting daily dose of opioids in opioid naïve patients (not currently taking any opioids) does not exceed 30mg oral morphine or equivalent
   Or
   Starting dose range of opioids in opioid naïve patients does not exceed 10-15mg/24hours morphine or equivalent (via subcutaneous syringe pump)
   Or
   Starting dose range of opioids in opioid naïve patients does not exceed 2.5mg-5mg PRN up to hourly morphine or equivalent via subcutaneous route
3. When escalation of dose is intended the new dose should not be more than 50% of the previous dose

Method:

AWP/Sirona
All patient notes where the patient was prescribed an opioid medicine were reviewed over one week across all teams excluding patients who are known end of end of life or are on a palliative care pathway. Within AWP, patients with opioid type dependency were also excluded.

NBT/UHBW
All patient notes where the patient was prescribed an opioid medicine were reviewed over a one day period for each ward, excluding all patients on surgical wards. Within NBT patients who are known end of end of life or are on a palliative care pathway were also excluded.

GP Practices
All patient notes where the patient was prescribed an opioid injection medicine over a three month period were reviewed.

Results

Criteria	AWP	NBT	UHBW	GP Practices	Sirona
1	11/12 (92%)	80/98 (81%)	213/234 (91%)	764/784 (96%)	9/14 (64%)
2	5/5 (100%)	72/78 (92%)	71/79 (90%)	391/418 (94%)	2/2 (100%)
3	0/0 (0%)	14/15 (93%)	15/23 (65%)	37/40 (93%)	1/1 (100%)

Discussion

- In accessing the documentation of indication it was noted that the auditor did not always have access to the patients' full notes and with several auditors there may have been variation in the understanding of the term patients' notes.
- Where patients did not meet criteria 1 or 2 many of these were due to patients being prescribed when required medication prescribed as the full dose. If the full dose was administered this would have been more than the recommended starting dose or dose escalation. In all these cases the actual dose administered was clinically appropriate.
- Criteria 3 is more strict than the wording in the NPSA alert which states '*ensure where a dose increase is intended, that the calculated dose is safe for the patient (e.g. for oral morphine or oxycodone in adult patients, not normally more than 50% higher than the previous dose)'.* Where an explanation was provided, the dose escalation was clinically appropriate although it was more than 50% of the previous dose.

Conclusion and recommendations

Overall looking at all four providers and GP Practice opioid prescribing, no areas of significant concern were highlighted. Where areas of improvement were identified these will be re-audited as part of the annual assurance process.

Additional recommendations are:

- It is recommended that Trusts and community providers complete an annual audit on an agreed area of controlled drugs prescribing to provide ongoing assurance.
- The results from the audit should be shared with BNSSG Quality Committee, BNSSG Primary Care Commissioning Committee (PCCC), BNSSG Medicines and Safety Group and providers' internal governance groups to reflect on actions and recommendations.

Proxy Access for Care Homes to Order Medications

Proxy access for ordering medication is a system that allows care home staff to order medication on behalf of their residents. This uses current proxy functionality available in EMIS, via GP online services to enable care home staff to be set up by proxy for all residents in their care to access information and order medication for direct care.

The benefits of Proxy Ordering are:

- Improved communications and working relationships
- Time saving in both the care homes and GP practices
- A reduction in risks and issues associated with ordering, issuing, collecting and dispensing repeat medications improving clinical safety
- Improved access as care home staff can order at any time of the day or night
- Improved digital audit trail and easy to access
- Improved data security and clinical safety as having NHSmail allows communications with the practice and other health care professionals via secure email directly for queries or requests
- Improved turnaround time for queries

So far, in BNSSG around 8% of the care home have adopted proxy ordering, the team is also supporting 48 care homes at different stages of implementation across the area. The approach in the BNSSG has been to “train the trainer”, enabling local teams and services to have the knowledge, skills and experience in how to implement and use proxy access, and therefore providing sustainability. NHSE/X have provided some funding to support implementation in BNSSG and have set us a target of 80 homes live with Proxy Access as a first step. We are currently planning how to make best use of the funding received. The financial support for the project will enable significant levels of engagement and support more rapid progress.

BNSSG Prescribing Quality Scheme for 2021/2022

BNSSG CCG currently offers an annual Prescribing Quality Scheme (PQS) which all GP practices can sign up to participate in. The scheme includes quality, safety and cost saving prescribing tasks. GP practice engagement with the scheme has always been good even despite the covid pandemic.

For the quality projects for 21/22 we have considered areas of importance nationally and for the system e.g. high risk medicines, long term conditions and reducing emergency admissions and have tried to align with system priorities while avoiding duplication. Projects will aim to embed evidence based guidance within practices in order to reduce inequalities through adoption and guidance adherence.

The quality projects include; a clinical review of heart failure patients, antibiotic stewardship with a focus on cellulitis prescribing, an azathioprine project to support wider system pathway development in order to understand compliance with medication to extend the time before a biologic medication would be required, safety projects including a review of oral morphine sulfate solution prescribing and adrenaline autoinjector pens. Practices also have an option of a clinical project depending on their local priorities from either diabetes or drugs of dependence.

Polypharmacy training

In response to feedback from Health Care Professionals in BNSSG, a modular training programme is being developed allowing clinicians a menu of choices for upskilling in areas of need to support them undertake structured medication reviews. This training aims to improve quality & safety in relation to medication as well as reduce cost and waste. This will help encourage a proactive approach to deprescribing and support the Structured Medication Review DES. The training is planned to start in September/October.

Topics include shared decision making, how to facilitate behaviour change, initiating medications, approach to Long Term Conditions review as well as deprescribing and prescribing in special groups. Updates will be provided as the training progresses.

Evaluation of Bisphosphonate PQS project

One of the BNSSG CCG 2019-20 Prescribing Quality Scheme (PQS) projects asked embedded practice based clinical pharmacists supported by the CCG Medicines Optimisation Pharmacists to conduct a systematic assessment of all adult patients over 50 years currently prescribed medications to treat osteoporosis and reduce fracture risk.
This project sought to improve adherence to medications to treat osteoporosis and reduce fracture risk by identifying the numbers of people on these medicines for more than 5 years, the number of people with low or non-adherence where an alternative medication could be recommended, the proportion of people where a DEXA scan is ordered and the proportion where additional healthcare utilisation occurs as a result of this intervention.

2,987 patients were found to be prescribed osteoporosis medication for more than five years. The majority of these patients (76%) have been prescribed these medicines for 5 -10 years. Those patients were then reviewed by the GP practices. Practices also reviewed calcium and vitamin D prescribing, 79% patients over 50 years prescribed medication to treat osteoporosis were also co-prescribed a calcium and vitamin D supplement.

Following medication reviews a number of patients had their osteoporosis medication stopped (except denosumab) as part of this project;49 patients (34%) stopped their osteoporosis medication who had been on these medication for ≥ 15 years and 222 patients (39%) who had been taking osteoporosis medication for 10-15years had it stopped. For those patients where adherence to medication was an issue (e.g. due to side effects of the medication, patient unclear on how to take the medication) the practice pharmacist discussed this with the patient, switching them to an alternative treatment where appropriate and referring to secondary care as needed.

Based on the practice feedback on the project, it appears to have been a good opportunity for practices to review and embed their processes when initiating bisphosphonates, make improvements around reassessing bisphosphonate prescribing at regular intervals, improve documentation around fracture risk by coding FRAX and then the decision around whether a DEXA is necessary. It has also been a good opportunity to highlight to prescribers the current guidance in this area.