

Nursing & Quality	Primary Care-Summary	Assurance Rating: Green
<b>Jacci Yuill</b>	<b>Report for : PCCC</b>	<b>Reporting Period: Sept 2020</b>
<p><u>Current Issues</u></p> <ul style="list-style-type: none"> <li>▪ 7 practices out of 80 have ‘requires improvement’ overall ratings from Care Quality Commission(CQC) inspections</li> <li>▪ 2 practices with ‘Responsive’ domain Inadequate with Inadequate in all the Population Groups</li> <li>▪ Ongoing risk of COVID-19 outbreaks, infection spread and potential local lockdowns</li> <li>▪ Influenza vaccine programme challenges and risks due to COVID-19</li> <li>▪ Increased pressures and challenges to workforce as business as usual returns and practices work towards recovery.</li> <li>▪ Improvements required to increase the number of LD Health checks being undertaken in Primary care</li> </ul>	<p><u>Actions</u></p> <ul style="list-style-type: none"> <li>▪ Quality/CQC/Primary Care Development and Contracting meeting monthly to manage issues regarding quality and resilience .</li> <li>▪ Quality Team supporting practices with RI CQC ratings and Inadequate domains.</li> <li>▪ Engagement with practices on CQC action plans and issues that have arisen with the change to CQC process</li> <li>▪ Collaboration between CCG Infection Prevention and Control Cell(IPC)/Primary Care Cell/Medicines Optimisation</li> <li>▪ System collaboration to manage BNSSG Flu Planning and Outbreak management</li> <li>▪ Quality Lead collaborating with Medicines Optimisation to support GP Practices with Flu Planning</li> <li>• End of year completion of LD annual health checks by GP’s reviewed. Improvements required in uptake and quality.</li> </ul>	<p><u>Risks/assurance gaps</u></p> <ul style="list-style-type: none"> <li>▪ COVID-19 outbreaks with implications for containment/treatment/workforce</li> <li>▪ Process changes to CQC inspections</li> <li>▪ Escalations regarding safety and quality of care where there may be safeguarding concerns</li> <li>▪ Influenza vaccine programme may be compromised due to social distancing, management of shielded and ‘at risk groups’ and vaccine supply</li> <li>▪ Maximise uptake of vaccination programmes</li> <li>▪ Suspension of FFT collection</li> <li>▪ Priorities including focusing on work that had not been undertaken during COVID, such as cervical screening could impact</li> <li>▪ Developing plan to maximise LD Health checks in PC</li> </ul>

#### Key successes

- BNSSG has **4** Practices with an Overall ‘Outstanding’ Rating and **69** Practices with a ‘Good’ rating
- System collaboration to increase the uptake of seasonal flu vaccinations in the Eligible Cohorts to 75% ambition target
- Bristol Practice involved in National Flu Video resource
- All LD GP’s leads in BNSSG contacted regarding support for Annual Health Checks.
- General Practice Significant Incident Reporting Guidance shared out to practices on Team Net
- BNSSG Practice Nurse Forums undertaken on MS Teams
- Motivational Interview Training for BNSSG GPNs in October(18 Places)

#### Assurance

- Quality Assurance reports are reported to PCOG/PCCC and other governance groups
- Practices with CQC escalations are reported to PCCC (closed)
- System Governance structure for Influenza Seasonal Planning
- Collaboration with strategic IPC

# Nursing & Quality

# CQC Update September 2020

## Current position

- BNSSG = 80 Practices
- 4 Practices have an **Overall 'Outstanding'** Rating and 69 Practices have a 'Good' rating
- 69-73 Practice Key Questions (Domains) are rated **'Good'**.
- 70-74 Practices have **'Good'** ratings for their **Population Groups**
- 7 practices out of 80 have **'Requires Improvement'** overall ratings from Care Quality Commission(CQC) inspections
- 2 practices with 'Responsive' domain Inadequate with Inadequate in all the Population Groups
- CQC inspection process changes due to COVID-19. No inspections completed and published since January 2020.

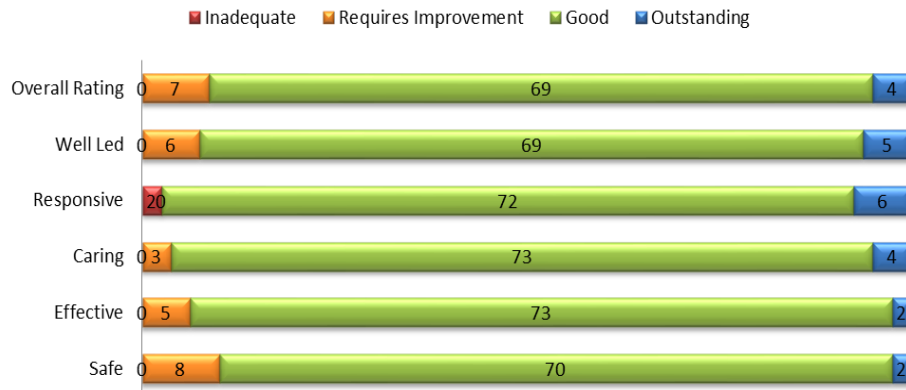
## Actions

- Quality Assurance reports to Quality Committee/Primary Care Commissioning Committee.
- Support to practices with RI CQC ratings and Inadequate domains.
- Support to practices pre and post inspection
- Fortnightly meetings with CQC and Quarterly meetings with CQC/Primary Care Development/Contracts to oversee Quality issues

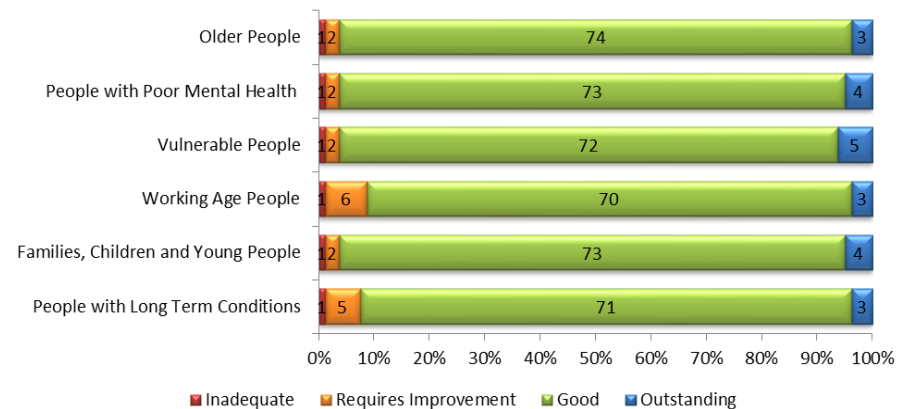
## Risks/assurance gaps

- Process changes to CQC inspections and no reports since January 2020
- Practice ratings not improving
- Recovery and return to business as usual could impact on preparation for CQC process inspections
- Potential second Covid-19 peak which could affect inspection programmes.
- Escalation to PCCC(Closed) with Practice Quality concerns

CQC Domain Ratings



CQC Ratings for population groups



Jacci Yuill

Report for : PCCC

Reporting Period: current

Current position against National requirements

- BNSSG System Flu Programme established.
- NHSE KLOE Flu Plan submitted on 21/08/20 with **KLOE’s-System Leadership; Extended Cohorts & Uptake Ambitions; Inequalities; Frontline Workers; Community Settings; Communications & Engagement; Innovation**
- Flu response Group overseeing outbreak management and antivirals.
- 100% offer of flu vaccination to front line health and social care workers.
- Existing cohorts have increased uptake ambitions of at least 75%.
- Additional cohorts confirmed (See eligible groups table below).
- Possible extension to 50-64 year old cohort later in the season following prioritisation of at risk groups, **subject** to vaccine supply.

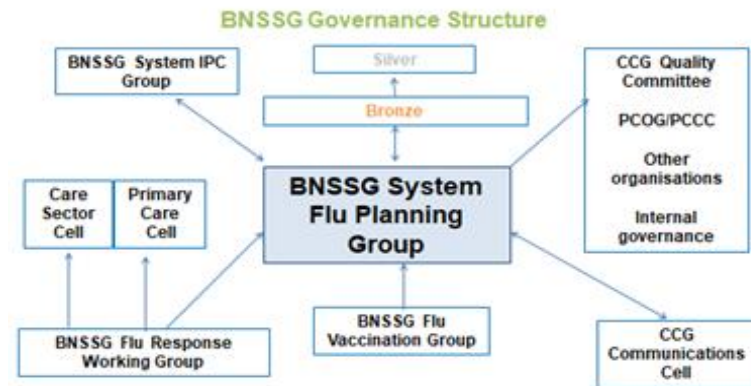
Assurance

- Quality Assurance reports to BNSSG System Infection Prevention & Control Group, PCOG/PCCC, Bronze and Silver.
- System Flu Planning Group developing system governance structure –see below.
- Collaboration with strategic IPC
- Data reporting as soon as available-likely October

Risks/assurance gaps

- Pending information on access to vaccine national supply - due September.
- Operational programme delivery and impact of data collection, PGDs/PSDs and workforce.
- Recovery and return to business as usual in accordance with Phase 3
- Potential second Covid-19 peak which could affect vaccination programme and workforce supply.
- If concurrent delivery of flu and Covid vaccines will need to consider the 28 day space between vaccines.
- Social distancing and IPC requirements will need different system approaches to vaccination procedures which will impact on clinic delivery times.
- Dual flexible workforce required to deliver vaccinations and return to activity in accordance with the phase 3 letter (eg. Cervical Screening).
- Agree processes for outbreak management and antiviral access.

Eligible Groups	Uptake ambition trajectory
Aged 65 years and over	At least 75%
In clinical at risk group	At least 75%
Pregnant women	At least 75%
Children aged 2 and 3 year olds	At least 75%
All primary school aged children and school year 7 in secondary school	At least 75%
Frontline health and social care workers	<b>100% offer</b>



**Jenny Thompson/Liz Mallett**

**Report for : PCCC**

**Reporting Period: current**

Completed actions/projects:

- Attended SW wide meetings to discuss Care Programme participation (Stepping in/Shiny mind)
- £10k NHSE/I funding bid submitted to fund Care Programme
- Digital Nurse Network webinars and meetings attended by GPNs
- 4 GP Practices submitted applications to be Seminal Practices for (41 SW wide training places ) for Video Group Consultation delivery
- All GPN monthly forums delivering standardised information via Microsoft Teams
- GPN Lead and GPN Educators peer support established
- BNSSG Flu delivery video completed and shared with GPNs at NHSE/I and South West Flu Symposium
- GPN website updated with Training Hub to share resources, key messages and information

Next Steps:

- Identify Locality Lead /Champion GPNs to support GPN MS teams forums in preparation to amalgamate into one to provide standardised information dissemination
- Identify PN Leads/Champions for Health Improvement topics and to support dissemination of information/best practice and training across BNSSG
- Supporting agreement of Flu delivery packages/resources/tools and support required for GPNs across BNSSG and Locality Champions to support delivery - utilise GPN expertise on delivery plans
- Deliver training in association with Training Hub to roll out plan for the Motivational Interview training for 18 GPNs and GPNEs to enable champions across BNSSG
- Identify IPC GPN Champions in PCNs and Localities

Key Successes:

- Delivery of Infection Prevention & Control Training across BNSSG GP practices via MS Teams. This will assist in identifying potential IPC GPN champions in PCNs/Localities
- GPN engagement with Microsoft Teams to deliver GPN forums. This has built confidence in using digital systems and assisting with effective communication to standardise messages across BNSSG.

Challenges:

- Increased pressures and challenges to workforce as business as usual returns and practices work towards recovery. This may impact staff capacity to progress next steps and limit innovation

## Report to Primary Care Commissioning Committee – September 2020

**Title:** **Medicines Optimisation Quality Update Report**

**Purpose of paper:** To provide an update to the group on the quality and safety work undertaken by the Medicines Optimisation team.

For Approval/ Decision	For Review	Receive for assurance	Receive for information
		✓	✓

### For Discussion

#### Executive Summary:

**There are a number of medicines groups which ensure system wide oversight of the quality and safety work being undertaken in BNSSG.**

The BNSSG Area Prescribing Medicines Optimisation Committee (APMOC) provides overarching strategic leadership and advice in relation to medicines across the local health system and organisational interfaces. APMOC last met in September, during which local guidance was reviewed and authorised including Botox pathway, asthma guidance, nicotine replacement guidance, and adrenaline autoinjector guidance. Updates from other medicines related meetings were also provided to the committee.

The Medicines Quality and Safety Group continues to help to encourage a system wide approach to medicines quality and safety. The group met recently in August and discussed updates from the anticoagulation and diabetes working group as well as controlled drug prescribing including the finding from a review of clonazepam prescribing in primary care. Shared learning from incidents was also discussed.

The Joint Formulary Group met in July and a number of shared care protocols were reviewed including Dexamfetamine for narcolepsy and idiopathic hypersomnia, Azathioprine and Mercaptopurine for maintenance therapy in Ulcerative Colitis or Crohn's Disease and Glycopyrronium Bromide for Hypersalivation. Other discussions took place with regards to the new licensed formulations of Omeprazole powder for suspension

These groups have system wide membership to ensure consistent approaches to medicines safety are undertaken.

**The Prescribing Quality Scheme – safety project includes a focus on valproate to gain assurances**

The Prescribing Quality Scheme for 2020/21 includes a medication Safety project which aims to promote medicines safety within GP practices and reduce the potential harms associated with medicines through the use of a risk stratification tool. This project also has a specific focus on valproate prescribing and aims to gain assurance that the recommendations in the MHRA safety alerts and the 'First do no harm' report are being followed in BNSSG.

**Prescribing Support Software (Eclipse-RADAR and ScriptSwitch) going live in GP practices**

Prescribing decision support software supports prescribers to deliver safe, cost effective, evidence based, quality prescribing by presenting best practice advice or cost savings messages at point of prescribing in the prescribing workflow. In BNSSG, ScriptSwitch is being rolled out and it is anticipated that all practices will be live with the system by the end of August 2020.



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In addition, the medicines optimisation team are also rolling additional software, Eclipse-Radar which is a tool designed to improve patient safety. Radar identifies patients who are at potential risk of adverse events or harm from their prescribed medication, and stratifies this risk in blue, amber or red, allowing you to prioritise those who are at the highest risk of harm for a review.

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**The Community Pharmacy PGD service continues and has had positive feedback.**

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. Initial feedback has been positive and reporting is now in place to monitor service delivery and antimicrobial stewardship to ensure high quality.

109 pharmacies are now live with PGD services and so far 740 PGD consultations have been provided, meaning that 711 appointments in other parts of the system for prescriptions have been avoided.

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**Work is ongoing following the call to action in relation to pharmacy support to Care Homes.**

Following the NHS England and NHS Improvement call to action to ensure there is provision of pharmacy and medication support to care homes, a short life Pharmacy and Medicines working group was set up and continues to meet and has system wide membership.

Standard Operating Procedures to support the government guidance on the reuse of medicines in care home and some good practice guidance for care homes around ordering medicines have been developed to support the medicines supply work stream.

Also clinical training has been provided by local specialist pharmacists to pharmacists working in primary care in BNSSG to support the medication reviews of patients who are Covid positive.

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**Antimicrobial stewardship update**

National antibiotic prescribing measures continue to be monitored and the impact of Covid-19 on prescribing levels can be seen. Overall antibiotic prescribing (as shown by antibiotics/STAR-PU) has reduced during the Covid-19 period. There was an increase prior to lockdown when we saw an overall increase in prescribing, likely for requests for standby and repeat antibiotics. We have then seen a significant decrease.

However, an increase in the proportion of antibiotic that are cephalosporins, quinolones and co-amoxiclav has been noted and is also being seen nationally.

Next steps include further monitoring, reviewing the BNSSG community antibiotic guideline to give a larger focus on the prescribing for children as well as the inclusion of a penicillin allergy project in the Prescribing Quality Scheme.

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**Work is ongoing to improve safety in relation to anaphylaxis**

The CCG are working with [The Anaphylaxis Campaign](#) to review the resources currently available for healthcare professionals working in Primary Care on anaphylaxis and AAI. We have also met with local allergy specialist teams to try and embed the BNSSG guidance and improve allergy care in young people. This work is still in the early stages but we will update on the progress of this work.

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**Clonazepam prescribing review undertaken**

A sample of GP practices in BNSSG with a high clonazepam prescribing rate (based on items) were identified and a brief data collection undertaken. Feedback showed that clonazepam was most commonly prescribed for anxiety, restless legs syndrome, sleep disorders and depression. It was largely initiated by secondary care teams, followed by

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mental health and primary care. There was some variation in the duration of clonazepam prescribing, with the highest number of patients having been prescribed clonazepam for > 10 years.

Newsletter reminders and prompts on the prescribing support tool ScriptSwitch are planned to support this work.

**Controlled drug (CD) monitoring update**

During 19/20, 869 patients identified as being prescribed a high dose, high quantity or less suitable for prescribing CD were reviewed and prescribing was found to be clinically appropriate in the majority of these patients. 78% of patients were found to have an indication of pain and a further 5% were on an end of life/palliative care pathway. 2% of patients were observed overusing their CD medicines and for these patients more frequent follow ups were put in place and where appropriate patients were put on a reducing regimen or referred onto specialist services.

**Anticoagulation prescribing review provided reassurance**

A review of patients changing from the anticoagulant warfarin to a direct-acting oral anticoagulant (DOAC) such as apixaban, edoxaban, rivaroxaban or dabigatran was undertaken. Data highlighted 11 patients across 10 practices were potentially at risk of taking both DOAC and a vitamin K anticoagulant (e.g. warfarin). However, upon review none of the 11 patients had taken both warfarin and a DOAC concomitantly.

**Action Required**

**The Primary Care Commissioning Committee is asked to note the contents of this report and support the work programme outlined.**

<b>Financial resource implications</b>	There are no specific financial resource implications highlighted in this paper.
<b>Legal implications</b>	No legal implications associated with this paper
<b>Risk implications</b>	Specific programme risks have been highlighted in relevant sections of the paper.
<b>Equality &amp; Diversity Impact – reducing health inequalities.</b>	Monitoring of prescribing trends will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly. Any projects undertaken will have an individualised EIA undertaken.
<b>Engagement with patients and/or public:</b>	Whilst there has not been any direct consultation and communication with the public in production of this paper, most GP practices have established Patient Participation Groups and individual projects will have consultations or advice sought when required.

Presented by: **Debbie Campbell, Deputy Director (Medicines Optimisation)**

Prepared by: **Lisa Rees, Kate Davis, Alison Mundell, Helen Wilkinson, Sasha Beresford Principal Medicines Optimisation Pharmacists and Michelle Jones, Kate Ryan, Liz Jonas Senior Medicines Optimisation Pharmacists**

Clinical Effectiveness – Medicines Optimisation	Medicines Optimisation update	Assurance Rating: Green No Concerns
<b>Debbie Campbell, Lisa Rees, Alison Mundell, Kate Davis, Helen Wilkinson &amp; Sasha Beresford</b>	<b>Report for : PCCC</b>	<b>Reporting Period: June - September 20</b>
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.	<u>Issues:</u> Global priority to reduce harm from medicines by 50% in next 5 years <u>Actions:</u> Many safety work streams being initiated and ongoing	<u>Assurances:</u> System wide collaborative work across BNSSG continues to ensure consistent and sustainable approaches to medicines safety.

### Medicines Quality and Safety (MQS) Group update

The Medicines Quality and Safety Group aims to oversee and drive 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 30<sup>th</sup> August and key things discussed included:

- An update from the diabetes working group including the communications which have gone out to practices on the prescribing of SGLT2 during the Covid-19 pandemic .
- An update from the anticoagulation working group including anticoagulation guidance update. Also as part of this year's Prescribing Quality Scheme practices will be asked to complete a Root Cause Analysis (RCA) of hospital discharges related to patients who have been admitted to secondary care with a stroke, focussing on those patients who had a diagnosis of atrial fibrillation (AF) prior to admission but who weren't prescribed an anticoagulant or were prescribed an inadequate dose. Updates will be provided as this work continues.
- Controlled drug prescribing including discussion of immediate release fentanyl, a n NHS England listed low priority item
- Review of the quality schedules and how the reporting of these could be harmonised across the different local trusts.
- Discussion on the 'First Do No Harm' report from The Independent Medicines and Medical Devices Safety Review and actions required.
- Incident reporting from all providers and shared learning.
- Findings from a review of clonazepam prescribing
- Review of medication supply issues and MHRA alerts

### 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 secondary care trusts, community services, NHS England, Local Public Health Consultant , the LMC and LPC as well as the CCG.

The group met on 6<sup>th</sup> September 20 and key areas discussed:

- Review of current guidelines and those in need to review using the guideline tracker
- Review and discussion of updated or new guidance including botox pathway, asthma guidance, nicotine replacement guidance, and adrenaline autoinjector guidance.
- Discussion in relation to Shared Care Protocols and licenced liquid medicines
- Updates from all related medicines groups such as the MQS group, Joint Formulary group, STP Antimicrobial resistance Strategy Group and the STP high cost drugs Group
- Updates on the current financial position, NICE guidance and Flu planning were also provided.

### 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 14<sup>th</sup> July 2020. A number of updated shared care protocols were approved including; Dexamfetamine for narcolepsy and idiopathic hypersomnia, Azathioprine and Mercaptopurine for maintenance therapy in Ulcerative Colitis or Crohn's Disease and Glycopyrronium Bromide for Hypersalivation.

Other decisions made included:

- Duloxetine approved as first line for neuropathic pain in patients on methadone/buprenorphine.
- Recognition of the option of mirabegron and solifenacin combination therapy for treatment of overactive bladder (OAB)
- The new licensed formulations of Omeprazole powder for suspension 2mg/ml and 4mg/ml was not approved for use in adults in light of several existing formulations available for patient's needs which are more cost-effective.



There have been a number of strategic developments in relation to Medicines Optimisation and these are highlighted below.

### Prescribing Quality Scheme 2020/21 – Safety project update

The 2017 WHO Global Patient Safety Challenge has been adopted nationally and the ask of medicines optimisation is to improve medication safety by strengthening the systems for reducing medication errors and avoidable medication related harm. To address this challenge, system wide collaborative work is needed to ensure consistent and sustainable approaches to medicine safety.

With this in mind, the 2020-21 Prescribing Quality Scheme includes a medication Safety project which aims to promote medicines safety within GP practices and reduce the potential harms associated with medicines through the use of a risk stratification tool.

One aspect of this project relates to the review of female patients prescribed valproate. The Independent Medicines and Medical Devices Safety Review '[First do no harm](#)' report and [recent MHRA safety alerts](#) highlight the harms associated with sodium valproate in pregnancy and the requirements to minimise risks. This includes ensuring the Pregnancy Prevention Programme (PPP) is in place for woman or girls able to have children prescribed valproate. This project therefore is designed to gain assurance that the recommendations are being followed and reviews/referrals are happening in BNSSG as well as to identify and gaps or issues that might need addressing. Returns for this valproate project are expected early November after which the findings will be reviewed and addressed.

Other areas included in this safety project include a focus on practice processes in relation to red traffic light drug documentation in EMIS and medicines reconciliation following the red drug project learning from the project last year as well as to encourage incident reporting on Datix so that support and guidance can be developed around drugs commonly involved in incidents and that learning from serious incidents can be shared to prevent future occurrences.

### Flu planning for 2020/21

Due to the risk of influenza and COVID-19 co-circulating this winter, there is a greater need than ever to protect vulnerable people and support the wider resilience of the healthcare system. Two national flu letters have now been issued, stating the requirements for this seasons flu programme.

Locally a BNSSG System Flu Planning Group has been set up to ensure effective plans are in place across the local area, this is supported by a BNSSG Flu vaccination group, a BNSSG Flu response working group. A clear communications strategy with regards to influenza has also been agreed. Clear system reporting to Bronze command is in place to ensure updates are shared with the wider health system.

### Prescribing Support Software (Eclipse-RADAR and ScriptSwitch)

Prescribing decision support software supports prescribers to deliver safe, cost effective, evidence based, quality prescribing by presenting best practice advice or cost savings messages at point of prescribing in the prescribing workflow. The system currently being rolled out in BNSSG is ScriptSwitch and it is anticipated that all practices will be live with the system by the end of August 2020.

In addition, the medicines optimisation team are also rolling additional software, Eclipse-Radar which is a tool designed to improve patient safety. Radar identifies patients who are at potential risk of adverse events or harm from their prescribed medication, and stratifies this risk in blue, amber or red, allowing you to prioritise those who are at the highest risk of harm for a review. This tool could support with Structured Medication Reviews and a more population based approach to medicines optimisation. It also integrates with ScriptSwitch.

RADAR has been associated with significant reductions in secondary care utilisation leading to a 9% reduction in A&E attendance and a 5% reduction in emergency hospital admissions

<http://library.prescribingservices.org/docs/ImpactAssesment.pdf>

Radar can help:

- Reduce medicines related preventable events, that result in hospital A&E attendance and non-elective admissions
- Reduce costs associated with the number of preventable events
- Support medicines optimisation
- Reflect local preferences through customisable alerts
- Reduce GP workload
- Enhance Quality and Outcomes Framework performance

As part of the 2020/21 Prescribing Quality Scheme, we have asked practices to:

1. Nominate a member of their team as a 'Radar champion' to attend an online training session, and promote use of the tool. This may be the practice or PCN pharmacist, GP prescribing lead or other suitable clinical member of staff.
2. Using Radar, continue to improve the practice performance against the 14 Pincer indicators, taken against a baseline figure from when Radar becomes live in their practice.
3. Show a reduction in the number of patients with red severity alerts flagged in Radar by 20%. This should be achieved by March 31st 2021, compared to a baseline figure when Radar becomes live in your practice. Practices will be sent monthly updates on their performance towards this target.

We will feed back progress with use of Radar in future updates.

### 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 local Community Pharmacy Consultation Service (CPCS) pilot with GP practices. The PGD service is aimed at alleviating some of the pressure on General Practice and Out of Hours Services, as staff will now be able to signpost towards community pharmacy in these instances. Using PGDs will mean that pharmacists can provide prescription-only treatments for certain conditions, meaning episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers for prescriptions are avoided.

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), Hydrocortisone cream for children under 10 and for use on the face in patients over 1 year, Chloramphenicol eye drops from 31 days to under 2 years old (can be bought over the counter over 2 years). The Sore Throat for adults and children over 5 years old (Penicillin V or Clarithromycin) PGD has temporarily been suspended due to Covid.

Prior to the COVID-19 outbreak, 120 pharmacists attended face to face training. On 15<sup>th</sup> July 2020 a second training session was delivered virtually with a further 110 pharmacists attending. Additionally the training has been recorded and made available online for those who were unable to attend or new pharmacists coming into BNSSG. The CCG’s GP Clinical Lead for Prescribing, Dr Shaba Nabi also successfully promoted the service on local radio.

Initial feedback has been positive, and reporting is now in place to monitor service delivery and antimicrobial stewardship to ensure high quality. 109 pharmacies are now live with PGD services and so far 740 PGD consultations have been provided, meaning that 711 appointments in other parts of the system for prescriptions have been avoided.

01.03.20 - 17.08.20	Accredited Pharmacies	Active Pharmacies	Number of interactions/provisions
UTI	108	64	447
Sore Throat	Currently paused due to COVID-19		29
Impetigo	109	46	111
Hydrocortisone	109	37	116
Chloramphenicol	109	21	37
<b>Total</b>			<b>740</b>

This service will continue to run and the results monitored to ascertain the usefulness of the service. We will also report on and review any incidents that occur as part of the service in future reports.

### Care Home and pharmacy support update

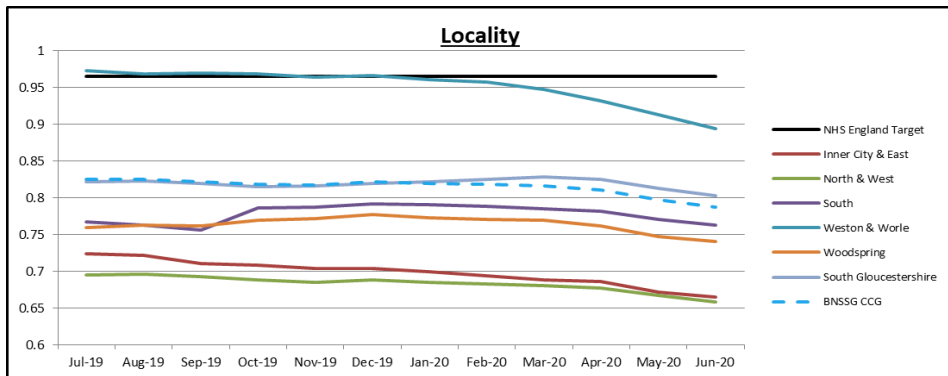
Following the NHS England and NHS Improvement [call to action](#) to ensure there is provision of pharmacy and medication support to care homes, within BNSSG, a short life Pharmacy and Medicines working group has been established with membership that includes pharmacy leads, GPs, clinical nurse leads from across all sectors to agree the model of support that would be optimal to deliver the requirements, building on the infrastructure already in place.

The main areas in relation to care homes are as follows:

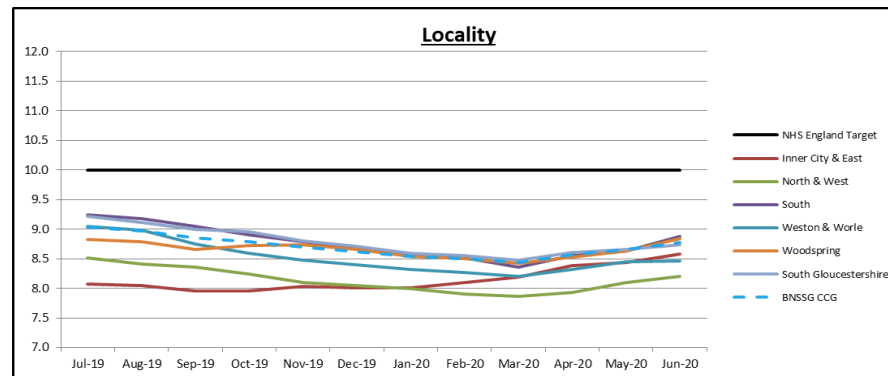
- **Medication supply to care homes, including end of life care medication (EOLC)** – EOLC medication is included in community pharmacies signed up to the Specialist Medicines LES (15 pharmacies in BNSSG). Regular stock counts of some of the key medicines held is shared with GP practices, OOH and hospices. Sirona also hold some stock of EOLC medicines too.
- We have also provided guidance (SOPs) to support the government guidance on the reuse of medicines in care homes for both care homes themselves and healthcare professionals. We are currently scoping training options to support this.
- The CCG has produced some Good Practice Guidance for care homes around ordering Medicines. The guidance provides a framework for care home staff responsible for ordering and processing medication for patients in care homes. This is to ensure a safe and efficient prescription ordering process in line with [NICE guidance](#) and enhanced communication between care homes, GP practices and community pharmacies to allow uninterrupted medicines supply for residents, including during the COVID-19 pandemic.
- **Medication Reviews** – It is important to consider medication reviews of patients who are Covid positive. The Medicines Optimisation team is on the notification cascade for the three Local Authorities to be made aware of outbreaks in care homes. We also attend IMT meetings if needed. Some PCNs and practices already provide pharmacist support to care homes and so can undertake these reviews. If not the MOCH team can support, as could CCG pharmacists. Clinical training has been provided by local specialist pharmacists to pharmacists working in primary care in BNSSG (these sessions will also be recorded and shared for those who cannot attend). We are also planning training to support routine SMRs and the DES for autumn 2020 as there is a range of pharmacist input and experience into medication reviews across BNSSG.
- **Supporting reviews of new residents or those recently discharged from hospital**- Sirona pharmacists have been working with the trusts to identify discharged patients but may need more capacity. Ongoing discussions are taking place to ensure a system wide approach.
- **Supporting care homes with medication queries, and facilitating their medicines needs with the wider healthcare system** - The wrap around care home service in place by Sirona which includes this offer, so infrastructure is in place. Additionally, care homes can contact their GP practice or community pharmacy for support with queries.

This work continues to develop at a BNSSG system wide level with good engagement from all parties to ensure high quality support to care homes.

Antibiotics/ STAR-PU

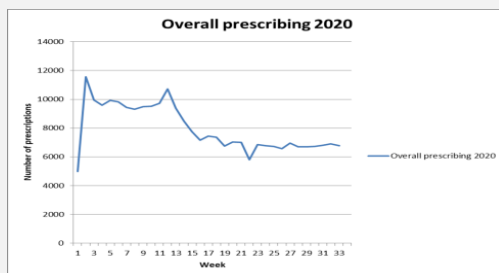


Percentage of cephalosporins, quinolones and co-amoxiclav

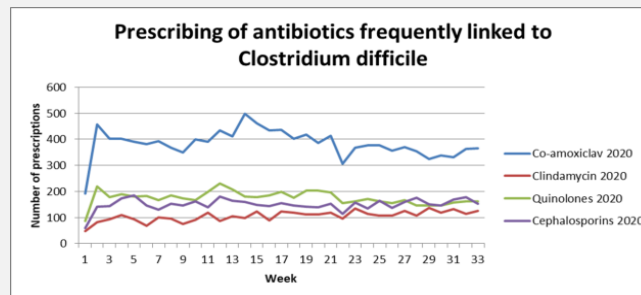


Nationally Set Targets

- The two main prescribing measures for antibiotic stewardship the CCG is measured on are Antibiotics/STAR-PU and the percentage of all antibiotic prescriptions that are broad spectrum.
- We are seeing an impact of Covid-19 on prescribing levels. Overall antibiotic prescribing (as shown by antibiotics/STAR-PU) has reduced during the Covid-19 period.
- The graph below shows the weekly prescribing rates during 2020. Week one is not a full week. There was an increase in week 13 before lockdown when we saw an increase in prescribing, likely for requests for standby and repeat antibiotics. We have then seen a significant decrease (the larger dip in week 22 is due to late May bank holiday).



- During quarter one there has been an increase in the proportion of antibiotic that are cephalosporins, quinolones and co-amoxiclav. This increase is also being seen nationally.
- This increase will in part be due to a smaller overall number of antibiotics and therefore being a larger proportion but we have also seen a rise in the prescribing of broad spectrum antibiotics.



- The graph above shows prescribing during 2020. There was an initial rise in Co-amoxiclav during the Covid-19 pandemic but this has returned to normal rates, quinolone and cephalosporin prescribing has been stable. There has been a slight increase in the prescribing of Clindamycin.

Next steps

- There has been a rise in community *Clostridium difficile* cases in the last few months so a review of these is occurring enabling us to understand if any changes in prescribing during the Covid-19 pandemic had an impact. This may lead to additional work on the patterns of prescribing during Covid-19 to gain an understanding if anything further work is required before the winter.
- With support from the Children's hospital the BNSSG community antibiotic guideline is being reviewed to give a larger focus on the prescribing for children – ensuring appropriate dosing, consideration on the palpability of antibiotics and ensuring they are linked to that advised from the children's hospital. Information on prescribing in Tick bites has already been updated.
- The prescribing quality scheme includes a project on penicillin allergy. This is being finalised.

Medicines Optimisation work undertaken in relation to quality includes regular work reviewing antibiotic prescribing, controlled drug prescribing as well as specific projects undertaken through the Prescribing Quality Scheme. Work is also undertaken by the team in response to national areas of concern. Over recent months work to support safe prescribing and the management of social distancing and its effects on medication in the COVID 19 crisis has been a main focus.

### **Anaphylaxis and Adrenaline Auto Injectors (AAI)**

Anaphylaxis is an acute, severe and potentially life-threatening systemic allergic reaction. Anaphylaxis requires an immediate intramuscular injection of adrenaline (epinephrine), delays in administration of adrenaline result in more serious, severe reactions and even fatal anaphylaxis. Recent supply issues and recalls have affected some brands of adrenaline autoinjectors (AAI) on the UK market. When a patient is switched to an alternative device, it is essential to ensure patients are able to use their new device correctly. (Pharmaceutical Journal, Aug 2020).

The publication of the [Prevention of Future Deaths Report](#) issued by the coroner on the inquest into the death of Shante Turay-Thomas, an 18 year old woman who died from an allergic reaction to Hazelnuts in September 2018 highlighted a series of failures involving human and system error. The report highlighted a number of recommendations for CCGs including giving GP's the correct information about the training required for different brands of AAI as the brands are not exactly the same and the method of use varies between them.

In response to this publication, BNSSG CCG are working with [The Anaphylaxis Campaign](#) to review the resources currently available for healthcare professionals working in Primary Care on anaphylaxis and AAIs to ensure that incidents such as this don't happen again. We have also met with local allergy specialist teams to try and embed the BNSSG advice and improve allergy care in young people in BNSSG. This work is still in the early stages but we will update on the progress of this work.

### **Anticoagulation medication reviews**

In June 2020, CCGs were encouraged by the Specialist Pharmacy Services to undertake a review of patients changing from the anticoagulant warfarin to a direct-acting oral anticoagulant (DOAC) such as apixaban, edoxaban, rivaroxaban or dabigatran. For some patients during the COVID pandemic, a switch away from warfarin to a DOAC was suggested, as DOACs require less rigorous monitoring. However, there was the concern that patients might occasionally restart warfarin in error and could end up inadvertently taking warfarin and DOAC together.

The CCG Medicines Optimisation Pharmacists and embedded practice pharmacists oversaw this medication review and will adopt processes to ensure this is reviewed regularly. Data highlighted 11 patients across 10 practices were potentially at risk of taking both DOAC and a vitamin K anticoagulant (e.g. warfarin). However, upon review none of the 11 patients had taken both warfarin and a DOAC concomitantly.

### **Clonazepam prescribing review**

The 2019 PHE [Prescribed Medicines Review](#) looked at 5 classes of prescription drugs of dependence, including the drug class benzodiazepines. Whilst the review concluded that there has been an increasing fall in the number of prescriptions for benzodiazepines, it did highlight the need to ensure practice prescribing is consistent and in line with national and local guidance. This publication prompted the MQS group to form a Prescribed Drugs of Dependence Working Group to review the prescribing of these medicines in BNSSG.

It was discussed at the February Medicines Quality and Safety (MQS) group meeting that it would be useful to review the prescribing of Clonazepam, a benzodiazepine, in primary care to gauge how and why this medication was being prescribed due to it being indicated for a wide range of conditions. A sample of GP practices in BNSSG with a high clonazepam prescribing rate (based on items) were identified and a brief data collection undertaken. Feedback on clonazepam prescribing relating to 150 patients, showed that clonazepam was most commonly prescribed for anxiety, restless legs syndrome, sleep disorders and depression. It was largely initiated by secondary care teams, followed by mental health and primary care. There was some variation in the duration of clonazepam prescribing, with the highest number of patients having been prescribed clonazepam for > 10 years.

This exercise has been helpful to get a snapshot of clonazepam prescribing in primary care and to gain an insight into its common indications, where it is initiated and how long patients are remaining on the drug. This data would suggest that there is scope for improvement in clonazepam prescribing (and probably benzodiazepines in general) in particular around duration of treatment. Newsletter reminders and prompts on the prescribing support tool ScriptSwitch are planned to support this work.

### **BNSSG Primary Care Controlled Drug Monitoring 2019/20**

Primary Care controlled drugs (CD) prescribing is monitored quarterly by the Medicines Optimisation Team. Prescribing identified as outside of local and national guidance should be reviewed for appropriateness with practices and plans put in place where appropriate.

For 2019/20, 869 patients were reviewed as part of the primary care CD prescribing. These patients had been identified as being prescribed a high dose, high quantity or less suitable for prescribing CD. This prescribing was found to be clinically appropriate in the majority of these patients. 78% of patients were found to have an indication of pain and a further 5% were on an end of life/palliative care pathway. 2% of patients were observed overusing their CD medicines and for these patients more frequent follow ups were put in place and where appropriate patients were put on a reducing regimen or referred onto specialist services. Patients identified without having a medication review in the last 12 months were referred to their GP for review.