

**Jacci Yuill**

**Report for : PCCC**

**Reporting Period: May 2020**

Current Issues

- Impact of COVID-19 on Primary Care/Community and Care Homes
- Suspension of CQC inspections due to COVID
- 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
- Infection Prevention & Control(IPC) to prevent outbreaks and infection spread
- Influenza season 2020/21 management

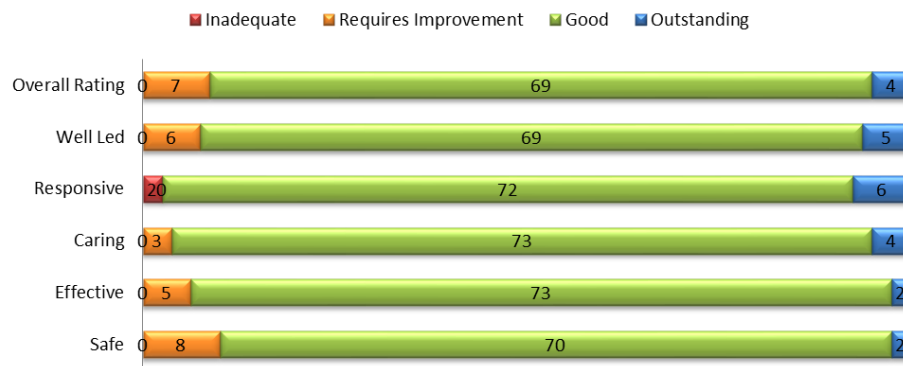
Actions

- Collaboration between CCG Infection Prevention and Control Cell and Primary Care
- Quality/CQC/Primary Care Development and Contracting to managing issues regarding quality and resilience .
- Quality Team supporting practices with RI CQC ratings and Inadequate domains.
- Re-establishment of BNSSG Influenza Planning Group to include all stakeholders relevant to the programme
- Incident management using Datix reporting
- Infection Prevention and Control(IPC)Training to be delivered to all BNSSG GP Practices based on the Supertrainers Programme for Care Homes(COVID).

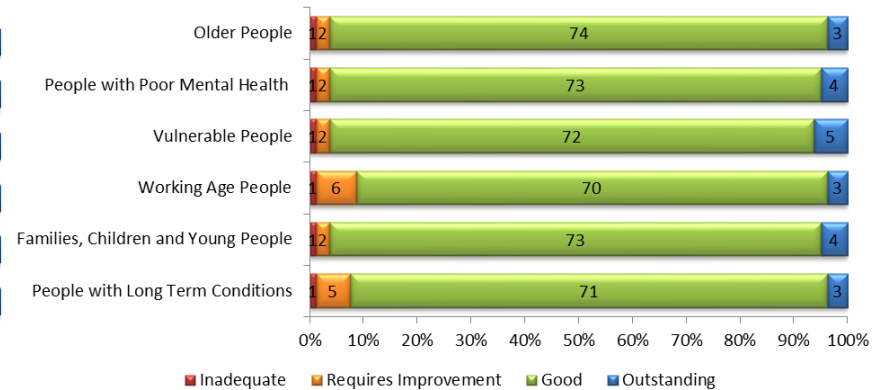
Risks/assurance gaps

- COVID-19 outbreaks with implications for containment/treatment/workforce
- Suspension of routine CQC inspections
- Escalations regarding safety and quality of care where there may be safeguarding concerns
- Influenza season 2020/21 may be compromised due to social distancing, management of shielded and 'at risk groups'
- Maximise uptake of vaccination programme
- Suspension of FFT collection

**CQC Domain Ratings**



**CQC Ratings for population groups**



**Recovery actions**

- Collaboration across the system to support practices with IPC Training
- Quality Team working with specific practices on CQC action plans particularly relating to Inadequate domains
- Strategic collaboration to manage the Influenza season 2020/21 across Local Authority, Public Health England, BNSSG CCG, Local Medical Committee, Local Pharmacy networks.
- Locality In Reach to manage Care Home outbreaks

**Assurance**

- Quality Assurance reports are reported to PCOG/PCCC
- Practices with CQC issues are reported to PCCC (closed)
- Influenza Seasonal Planning Group to report to PCCC
- Collaboration with strategic IPC

## Report to Primary Care Commissioning Committee – June 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/<br>Decision | For Review | Receive for<br>assurance | Receive for<br>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, supporting the safe, effective and efficient optimisation of medicines across the local health system and organisational interfaces. APMOC last met in April and reviewed and authorised local guidance including anticoagulation guidance switching patients from warfarin to DOACs during the COVID outbreak, swallowing difficulties in Parkinson’s disease guidance and a local medication review tool to support the local polypharmacy work stream.

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 May and discussed potential safety issues related to medicines and COVID. Other discussions included reviewing the findings from a recent audit on red drug prescribing as well as sharing learning from incidents.

During the COVID-19 pandemic the Joint Formulary meetings were suspended, however Formulary work has now started to resume ensuring governance around prescribing for new medicines as well as facilitating existing formulary medicines to be prescribed in the most appropriate sector.

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

**A range of guidance and resources in relation to medication and prescribing during the COVID-19 pandemic have been developed to support local clinicians.**

Guidance has been developed in collaboration with colleagues in secondary care and community providers to support prescribing in the COVID pandemic and includes guidance on high risk medicines monitoring, vitamin b12 and anticoagulation due to the implications of COVID on drug monitoring and drug administration. Also guidance has been developed in relation to end of life care prescribing and medicines such as SGLT2 inhibitors where evidence is emerging of increased occurrence of Diabetic Ketoacidosis (DKA) in patients taking these medicines when infected with Covid-19.

**Supporting primary care to utilise Electronic Prescribing (EPS) and Electronic Repeat Dispensing (eRD) is showing positive results.**

Guidance has been issued by the Medicines Optimisation Team to primary care to support them with the EPS version 4 roll out. EPS use is above the national average in 63 of 80 practices in BNSSG, with 21 practices having more than 90% of items prescribed electronically.



|  |  |
|--|--|
| <b>Prescribing Quality Scheme Red traffic light drug prescribing audit results reviewed and learning shared.</b> | <p>Red traffic light (RTL) drugs are for specialist use in secondary care or by a competent clinician only.</p> <p>An audit was undertaken to review a sample of patients with Ulcerative Colitis, Crohn’s disease or Rheumatoid Arthritis to ensure any RTL drugs had been documented clearly on a patient’s medication summary. The results showed that 22.4% of RTL drugs were not documented on GP computer systems. The audit highlighted some learning and some next steps were identified.</p>  |
| <b>The Prescribing Quality Scheme will continue for 20/21.</b>   | <p>The Prescribing Quality Scheme for 2020/21 will be run for practices from July 2020 to March 2021 and will include both a financial and quality project element as in previous years. Quality projects have been reviewed in light of COVID 19 to ensure that they are in line with COVID priorities (reducing patient face to face contacts and ensuring the projects do not generate increased contacts) as well as link to the Long Term Plan.</p>   |
| <b>Prescription Clerk training is ongoing and practices report the training as useful.</b>                       | <p>Three prescription clerk training modules have been delivered over the last year, to support safe prescribing practices these include continence appliances, respiratory, older people, nursing homes and compliance aids, and further training is currently being developed on diabetes.</p>   |
| <b>Community Pharmacy Consultation Service extension to include PGDs is now active.</b>                          | <p>The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. 120 pharmacists have attended training and 239 PGD supplies have been provided, meaning that 239 appointments in other parts of the system for prescriptions have been avoided.</p>  |
| <b>Following the recent call to action work is ongoing to review the current pharmacy support to Care Homes.</b> | <p>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 system wide membership.</p>   |
| <b>Antimicrobial stewardship update – positive prescribing trends noted and next steps identified.</b>           | <p>Good results have been noted with all localities now achieving the Antibiotics/STAR-PU target, with Weston and Worle meeting it towards the end of 19/20.</p> <p>All localities are also meeting the target of 10% or less of all antibiotics should be cephalosporins, quionolones and co-amoxiclav and they continue to reduce.</p> <p>Next steps have been identified including supporting those practices who have not being meeting the antibiotic prescribing targets as well as to review the TARGET antibiotic stewardship self-assessment sheets and audits that all practices completed as part of the prescribing quality scheme in 19/20 – sharing good practice and actioning areas for improvement.</p> |

**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, Liz Jonas Senior Medicines Optimisation Pharmacists**



**Debbie Campbell, Lisa Rees, Ali Mundell, Kate Davis, Helen Wilkinson & Sasha Beresford**

**Report for : PCCC**

**Reporting Period: Quarter 4**

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 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 13th May and key things discussed included:

- Discussion on the Quality Schedules for 20/21 and reporting schedules
- Guidance and safety related issues that had been raised in relation to COVID-19 including End of Life Care, anticoagulation, STOMP and antimicrobial resistance.
- Reviewing incident reporting for all areas including a focus on patients with dosette boxes.
- The potential risks in relation to medicines reconciliation on discharge from hospital if there is a second wave of COVID 19.
- The results and learning from the recent Prescribing Quality Scheme red drug audit in primary care
- The development of a local opiate safety working group
- Updates on key safety work such as PINCER and sodium valproate as well as the impact of medication shortages.
- Updates from the insulin and anticoagulation working groups are planned for 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 secondary care trusts, community services, NHS England, Local Public Health Consultant , the LMC and LPC as well as the CCG.
- The group met on 2<sup>nd</sup> April and the following local guidance was reviewed and authorised:
- Anticoagulation guidance on switching patients from warfarin to DOACs during the COVID outbreak.
- Swallowing difficulties in Parkinson’s disease guidance
- BNSSG Medication review tool for polypharmacy in the elderly
- Guidance relating to the handling of patients own medication for suspected COVID patients
- The group also reviewed recent NICE guidance and had oversight of meeting minutes or updates from other local medication related sub groups.
- The next meeting is planned for 11<sup>th</sup> June 2020.

**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.
- During the COVID-19 pandemic JFG meetings were suspended, however Formulary work has started to resume with a JFG meeting held on 2nd June 2020 to ensure governance around prescribing for new medicines as well as facilitating existing formulary medicines to be prescribed in the most appropriate sector.
- The Formulary team has supported the Medicines Optimisation Cell during the pandemic to produce, co-ordinate, local or adopt national COVID-19 guidance e.g. High Risk Drugs Medicines Monitoring/Vitamin B12 guidance and COVID-19 related NICE guidance as timely as possible. A separate area has been designated on the BNSSG Remedy Formulary website for access to prescribers.

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 our main focus.

### Medicines Guidance to support the COVID -19 pandemic

The COVID-19 pandemic and the related social isolation has affected the way some medications are prescribed as well as how they are monitored. In order to support clinicians, local guidance has been developed or national guidance adopted and implemented. This includes guidance in the following areas:

#### ❖ High risk drug monitoring

The Medicines Optimisation Team worked together with local specialists to put together [guidance](#) on which monitoring intervals for high risk drugs might be able to be safely extended if needed during the COVID-19 outbreak. Prescribers were reminded that adhering to the usual monitoring intervals is always the preferred option, but if needed, some intervals may be safely extended. The decision to do so should be taken on a case by case basis.

#### ❖ End of life care medicines (EOLC)

The CCG Medicines Optimisation Team in collaboration with the local specialists updated the [end of life guidance](#) which contains a range of resources for anticipatory prescribing to facilitate good symptom control at the end of life. The guidance takes into account the extraordinary circumstances of the COVID-19 pandemic by suggesting non-injectable options for certain groups of patients. Prescribers have been informed that there may be shortages of the usual injectable medications and a flexible approach may be needed which is reflected in the guidance. Work was also undertaken to ensure that the local acute trusts had the ability to develop Just In Case packs of end of life care medication to support a surge in requests as well as work with community pharmacies, in particular those pharmacies signed up to the NHS England Specialist Medicines Local Enhanced Service to ensure good levels of EOLC medicines are held. Regular stock counts from these community pharmacies of some of the key medications included in this service is being shared to support prescribers in primary care and a trial of a pharmacy health care professional mobile telephone number is also taking place.

#### ❖ Anticoagulation

Due to the implications of COVID-19, warfarin monitoring may not be able to be carried out at the same frequency and some suitable patients may benefit from a change to an alternative medication such as a DOAC. Therefore, [BNSSG guidance](#) on switching between warfarin and DOACs during the COVID-19 outbreak was developed.

#### ❖ Vitamin B 12

The RCGP has suggested that Hydroxocobalamin (Vitamin B12) administration is an amber priority during the COVID-19 pandemic, meaning this activity should continue as capacity allows. The BNSSG [Guideline](#) for the management of patients on Hydroxocobalamin IM injections during COVID-19 pandemic was therefore developed to support primary care manage their patients on Vitamin B12 and help them to follow a stepwise approach to patient management on an individual patient basis.

#### ❖ Diabetes - Prescribing of Sodium-Glucose Cotransporter-2 Inhibitors (SGLT-2i) during the COVID-19 pandemic

Evidence is emerging of increased occurrence of Diabetic Ketoacidosis (DKA) in patients taking SGLT2 inhibitors when infected with Covid-19. There is a significant risk to patients on this medication to develop DKA or Hyperosmolar hyperglycaemic state (HHS) even when euglycaemic. The class of SGLT2 Inhibitors includes the following drugs, Dapagliflozin, Empagliflozin, Ertugliflozin, and Canagliflozin. All patients currently taking a SGLT2 inhibitor (either as a sole agent or in a combination product) should be reviewed and appropriate action taken. [Guidance](#) was developed in collaboration with the specialist diabetic nurses.

#### ❖ Sick day rules

Dehydration can cause harm to patients taking certain medicines. These medicines should be stopped temporarily during illness which can result in dehydration (e.g. vomiting, diarrhoea, fever as well as reduced intake). If left untreated, dehydration can lead to acute kidney injury. Local [guidance](#) was developed to highlight key medicines that would benefit from temporary cessation in this situation.

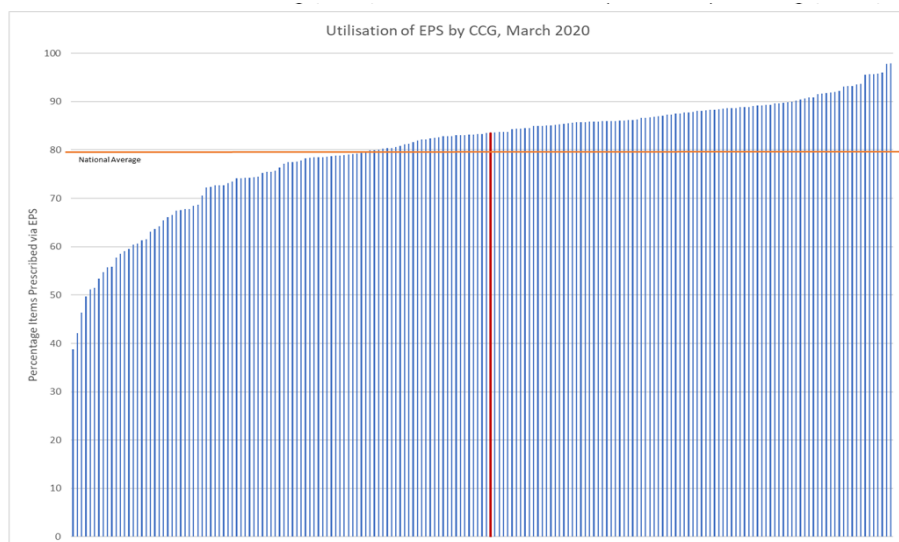
## Supporting Electronic Prescribing (EPS) and Electronic Repeat Dispensing (eRD) in primary care

### Electronic Prescribing developments:

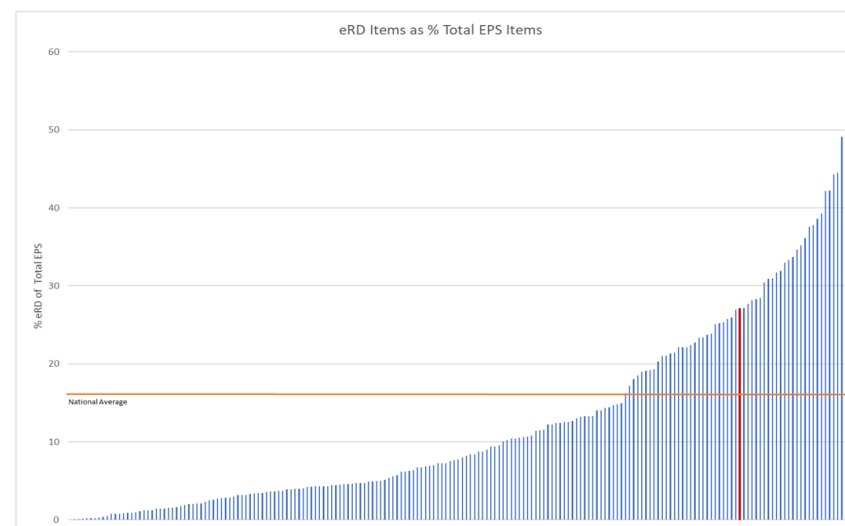
- EPS version 4 has been rolled out across BNSSG from the beginning of April.
- EPS4 will see practically all prescriptions sent electronically, and will see prescribing 'go paperless' for practices which have implemented.
- Guidance issued by the Medicines Optimisation Team to coincide with EMIS supported roll out.
- EPS4 will see the percentage of electronic prescribing increase as practices will no longer be able to issue paper prescriptions.
- Within BNSSG there is variation in EPS utilisation across practices. EPS use is above the national average in 63 of 80 practices, with 21 practices having more than 90% of items prescribed electronically.
- Practices with lower levels of existing EPS usage are being supported to maximise uptake of EPS version 3 before switching to version 4.
- Many of the COVID resilience benefits of electronic prescribing (e.g. not having patients collect prescriptions from surgery) can be realised under version 3 by encouraging patients to nominate a pharmacy.

### Electronic Repeat Dispensing (eRD) developments:

- SWAHSN led programme to increase uptake of eRD across the South West, supported by Medicines Optimisation Teams within CCGs. Aim to share best practice from those already using eRD successfully.
- April 2020 guidance on use of eRD issued by Medicines Management Team.
- eRD offers potential system wide benefits if well implemented, although care needs to be taken when introducing to ensure patients are suitable.
- Practices to be encouraged to nominate an eRD lead, liaise closely with local community pharmacies and to consider how existing patient monitoring SOPs may work with eRD.
- Within BNSSG there is a large variation in the use of repeat dispensing (both electronic and paper based). There are four practices where more than 50% of items were repeat dispensing, and four practices with zero repeat dispensing in March 2020. A few practices have high levels of paper repeat dispensing – engagement with community pharmacies should make switching these patients to eRD straightforward.



In March 2020 BNSSG prescribed 83.5% of items electronically, compared to a national average of 79.7%. BNSSG is ranked 94<sup>th</sup> out of 192 CCGs in terms of EPS utilisation.



BNSSG has relatively high levels of electronic repeat dispensing, with 27% of all EPS items being eRD compared to a national average of 13%

### Prescribing Quality Scheme - Red drug prescribing audit results

Red traffic light (RTL) drugs are for specialist use in secondary care or by a competent clinician only.

The aims of the audit were to review a sample of patients with Ulcerative Colitis, Crohn's disease or Rheumatoid Arthritis to ensure any RTL drugs had been documented clearly on a patient's medication summary. In addition, to identify whether monitoring for these patients is undertaken in primary or secondary care and who is reviewing the results.

A total of 2,021 patients prescribed a RTL drug were reviewed across 76 practices within BNSSG.

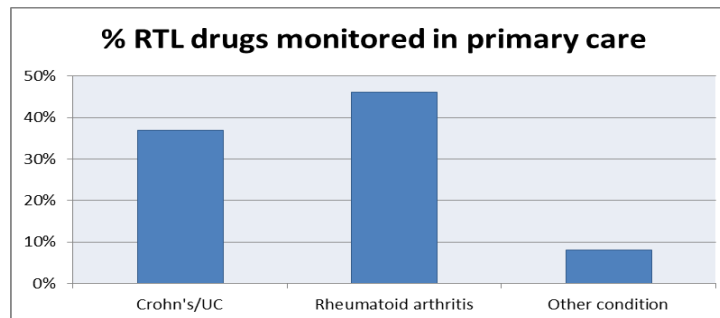
The results showed that 22.4% of RTL drugs were not documented on GP computer systems. Other errors included RTL drugs that had been discontinued remained on patient records, incorrect doses of the RTL drug and items placed in the "incorrect" section in EMIS i.e. not in the section for "Hospital" drugs.

#### Learning points related to documentation:

- Guide for adding red drugs circulated to practices as part of this audit.
- Red drugs no longer being prescribed need to be removed once stopped by secondary care i.e. robust medicines reconciliation process in practices. Good practice to add "hospital only" medications at time of reconciling outpatient clinic and hospital discharge letters.
- Dose should be specified and should match most recent secondary care letter.
- All red drugs should be able to be viewed on the patient's medication record in the GP practice as "Hospital" drugs. This is ideally done following receipt of the initial hospital letter indicating initiation of a red drug.

#### Monitoring of Drugs in Primary Care

Whilst reviewing the results it was highlighted that a number of patients prescribed a RTL drug are also prescribed an amber drug (e.g. DMARD) which requires monitoring. For those patients whose bloods were taken in primary care, the GPs were mostly reviewing the bloods as they felt it was their responsibility to ensure the patient was reviewed. Overall, there was a lack of assurance that a system is running in secondary care to identify and report to the patient or the GP any erroneous results on the bloods drawn by the GP practice.



#### Conclusion and next steps:

This audit has highlighted areas where documentation of RTL drugs could be improved in GP practices.

Practices completing this project have reviewed processes for the documentation of these red drugs and have amended procedures accordingly where appropriate.

The practices acknowledge that there are multiple risks associated with the current practice regarding monitoring. Discussions need to be undertaken with secondary care to ensure robust processes are in place for the monitoring and reviewing of RTL drugs.



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

### **Prescribing Quality Scheme 20/21 update**

The Prescribing Quality Scheme 20/21 will be run for practices from July 2020 to March 2021 and will include both a financial and quality project element. Quality projects have been reviewed in light of COVID 19 to ensure that they are in line with COVID priorities (reducing patient face to face contacts and ensuring the projects do not generate increased contacts) as well as link to the Long Term Plan. The key themes of the quality projects agreed by PCCC for the 20/21 scheme are:

- A medicines safety project embedding the use of a risk stratification tool for practices along with increasing medication incident reporting via Datix from practices across BNSSG
- Antibiotic stewardship (specifically the review of nitrofurantoin prescribing in line with guidance)
- Respiratory review of asthma patients and overuse of SABA inhalers
- Cardiovascular – review of prescribing of medium intensity statins in line with NICE guidance and prescribing of GLP-1 inhibitors and their outcomes
- Vitamin B12 prescribing reviews to reduce patients contacts in line with updated BNSSG guidance in this cohort of patients
- Just in Case medication and End of life medication prescribing – retrospective review. In line with the Gosport review and audits being undertaken by Secondary Care and Community providers, it will provide assurance to the CCG of appropriate prescribing of syringe drivers in primary care.

### **Prescription Clerk training update**

The Medicines Optimisation Team are continuing to support GP practice prescribing clerks through the delivery of specialised quarterly training, which focuses on high quality and formulary-based repeat prescribing. Three modules have been delivered over the last year, namely continence appliances, respiratory, older people, nursing homes and compliance aids, and further training is currently being developed on diabetes. This has increased clerk knowledge and confidence in processing repeat prescription requests and resulted in a decrease in the prescribing of inappropriate catheter tray packs.

The number of experienced prescription clerks working in GP practices has reduced since the start of the COVID-19 crisis, due to many prescription clerks shielding or self-isolating. The Medicines Optimisation Team has been supporting new and trainee prescription clerks through the delivery of bespoke remote training packages and the provision of written 'how to' guides. This support will continue to be offered to practices as needed.

### **Repeat Prescription Hubs – update**

An event was held in February to showcase the positive benefits of a prescribing Hub, hosted and facilitated by the CCG but presented by the prescribing Hub Team from Tynesfield PCN. This has led to much interest in further setting up of prescribing Hubs across BNSSG PCNs and at the start of the COVID19 pandemic, the CCG supported the launch of the prescribing Hub for Weston PCN. There are now a number of PCNs at different stages in the development towards a repeat Prescription Hub who are working closely with the CCG to achieve this. A memorandum of understanding has been agreed with key performance indicators to monitor to ensure that prescribing quality and benefits of the Hub are monitored and maintained at all times.

### **BNSSG Primary Care Controlled Drug Monitoring Q3 19/20**

Primary Care controlled drugs (CD) prescribing is monitored quarterly by the Medicines Optimisation Team (MOT). Should poor care or poor management of CDs be identified the MOT will support providers to improve and will escalate to the NHS England Controlled Drugs Officer (CDAO) where appropriate.

With COVID 19 the monitoring results for Q3 are delayed. To date 125 patients have been identified as having been prescribed high dose, high quantity or low priority controlled drugs. Analgesia continues to be the main indication and the majority have also confirmed as being prescribed appropriately. 14 patients have been referred for further review with their GP and 5 had the quantity of medicines reduced to one month's supply. Overall prescribing of controlled drugs remains stable.

### Community Pharmacy Consultation Service extension to include PGDs

The BNSSG Community Pharmacy Patient Group Direction (PGD) Service successfully went live in March 2020. These changes are 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 episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers for prescriptions are avoided.

Prior to the COVID-19 outbreak, 120 pharmacists had attended face to face training. Plans are now being developed to deliver the remainder of the pharmacist training sessions virtually.

Initial feedback has been positive, and reporting is now in place to monitor service delivery and antimicrobial stewardship to ensure high quality. The Sore Throat Service has had to be temporarily suspended due to Covid-19.

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) and Sore Throat for adults and children over 5 years old (Penicillin V or Clarithromycin).

So far 239 PGD supplies have been provided, meaning that 239 appointments in other parts of the system for prescriptions have been avoided.

| 01.03.20 - 31.05.20 | Accredited Pharmacies            | Active Pharmacies | Number of interactions/provisions |
|---------------------|----------------------------------|-------------------|-----------------------------------|
| UTI                 | 57                               | 25                | 106                               |
| Sore Throat         | Currently paused due to COVID-19 | 10                | 29                                |
| Impetigo            | 57                               | 20                | 32                                |
| Hydrocortisone      | 57                               | 21                | 43                                |
| Chloramphenicol     | 57                               | 15                | 29                                |
| <b>Total</b>        |                                  |                   | <b>239</b>                        |

This service will continue to run with additional pharmacists being trained virtually and the results monitored to ascertain the usefulness of the service.

### Care Home and pharmacy support update

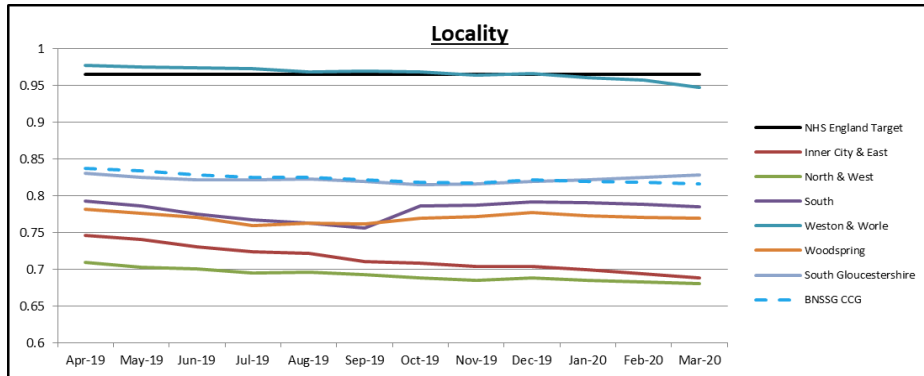
Following the NHS England and NHS Improvement [call to action](#) to ensure there is provision of pharmacy and medication support to care homes, within BNSSG, a short life Pharmacy and Medicines working group has been established with membership that includes pharmacy leads, GPs, clinical nurse leads 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 and where there are gaps.

A gap analysis is being undertaken to ascertain the areas we need to focus on and support. The four main areas in relation to care homes are as follows:

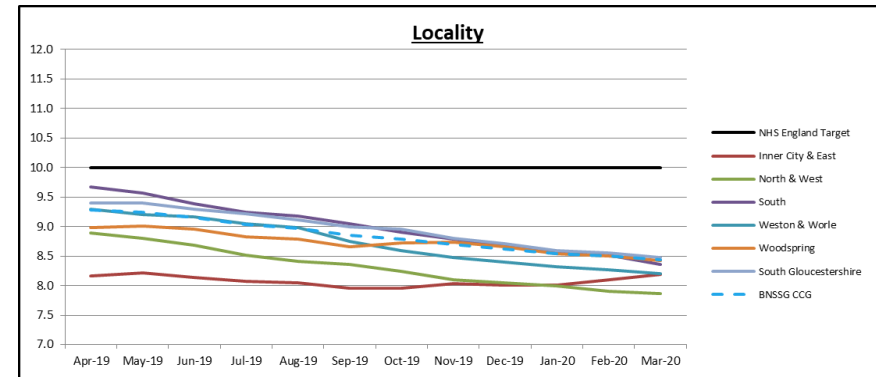
- Medication supply to care homes, including end of life care medication (EOLC) –** Although EOLC medicines should be available from all pharmacies, EOLC medication (and some other additional medications) is included in community pharmacies signed up to the Specialist Medicines LES ( 15 pharmacies in BNSSG). Regular stock counts of some of the key medicines held is shared with GP practices, OOH and hospices. Sirona also plan to hold some stock of EOLC medicines too.
- Structured Medication Reviews (SMRs) –** There is a range of pharmacist input and experience into medication reviews across BNSSG. Work is being undertaken to ascertain the educational support needed to support the pharmacists with these reviews as well as how these reviews can be best prioritised.
- 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 – but ongoing monitoring is taking place to ascertain capacity.

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



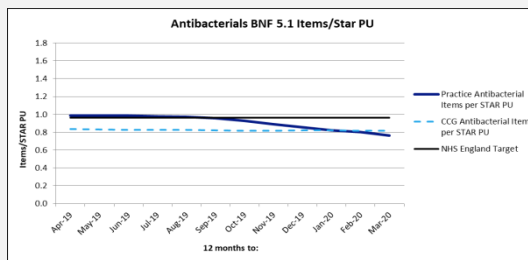
Percentage of cephalosporins, quinolones and co-amoxiclav



Nationally Set Targets

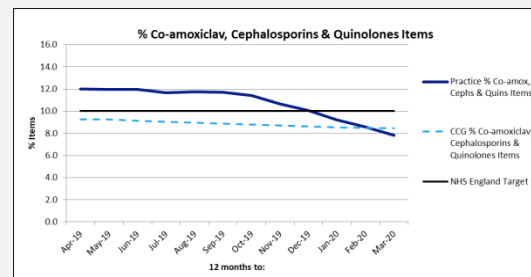
- The two main prescribing measures for antibiotic stewardship the CCG is measured on are Antibiotics/STAR-PU and the percentage of all antibiotic prescriptions that are broad spectrum.
- Antibiotics/STAR-PU looks at overall antibiotic prescribing. The nationally set target is 0.985 antibiotics/STAR-PU. All localities have now met the target, with Weston and Worle meeting it towards the end of 19/20. The CCG average (March 20) is 0.816 which benchmarks well against the England average of 0.938. There are 11 practices that are not meeting the target of which 6 are in Weston and Worle. Two practices met the target during 20/21; Frome medical and Graham Road.

Graham Road antibiotics/ STAR-PU



- 10% or less of all antibiotics should be cephalosporins, quionolones and co-amoxiclav. All localities are meeting this target and continue to reduce.
- Only 4 practices are currently not meeting the target with the highest percentage of 10.4%. During 20/21, 16 practices met the target including 5 in quarter 4. There has been great improvement in several practices. Three Shires Medical Practice which had the highest percentage have reduced from 14.3% in January 2019 to 9.8% in March 2020. Monks Park have decreased from 12% in April 19 to 7.8% in March 20.

Monks Park Broad spectrum prescribing



Next steps

- Several practices who have not been meeting the antibiotic prescribing targets have had additional support from the medicines optimisation team, this will continue during 20/21 focusing on the 15 practices that are not meeting a target.
- To review the TARGET antibiotic stewardship self-assessment sheets and audits that all practices completed as part of the prescribing quality scheme in 19/20– sharing good practice and actioning areas for improvement.
- Focusing on the appropriate labelling of penicillin allergies and intolerances and the long term prescribing of Trimethoprim as part of the 2020/21 prescribing quality scheme.
- A continued review of the BNSSG antibiotic guidelines, especially with the release of NICE antibiotic guidelines. Antibiotic prescribing in children will be a particular focus.