



December 2017

# Rx ISLE OF WIGHT Medicine

## WELCOME

3<sup>rd</sup> Edition

This is the 'Right Medicine' Newsletter from the Medicines Optimisation Team (MOT). We hope to provide community pharmacists with a useful overview of key information for quality cost-effective prescribing.

**Please share and discuss with all members of your pharmacy team.**

If you have any questions, please get in touch and if you have any suggestions for improvement, please let us know.

## CONTENTS

1. Safety Alert <ul style="list-style-type: none"><li>o Sodium Valproate</li></ul>	6. Quality Prescribing and Safety Scheme (QPSS) Polypharmacy Reviews
2. News Flash – Drugs of Limited Clinical Value	7. ScriptSwitch® <ul style="list-style-type: none"><li>o October savings</li></ul>
3. Primary Care Prescribing Committee Update	8. Community Nutrition
4. High-Cost Drugs <ul style="list-style-type: none"><li>-Rifaximin Shared Care Agreement</li></ul>	9. Winter Resilience
5. Opioid Prescribing <ul style="list-style-type: none"><li>o Enhanced Pharmacological Recovery</li></ul>	10. Pharmacy First
	11. NHS Community Pharmacy Emergency Supply Service

**Welcome!** The MOT are pleased to welcome Dr Rachel Howard, Debbie Cummings and David France to the team. Practices will be able to get more pharmacist support from January 2018.

## 1. Safety Alerts

### • Sodium Valproate

General Practitioners can ring the Southern Health NHS Foundation Trust for advice regarding supporting women of child bearing age who may want to start planning a family and are taking Sodium Valproate. Any change to prescribed therapy will need to be advised by the epilepsy specialist.

*Professionals are welcome to call the  
Perinatal Mental Health Service team for advice: 01962 897780*

## 2. News Flash – Drugs of Limited Clinical Value

NHS England, NHS Clinical Commissioners have released a gateway document 07448: "Items which should not routinely be prescribed in primary care: Guidance for CCGs".

It is available from the NHS England website or by clicking on this link: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

The release of this guidance is timely, as section 4.11 Omega-3 Fatty Acid Compounds aligns with the latest advice from the CGG regarding the prescribing of Omega 3.



*The MOT recommends that there is no more prescribing of omega-3 fatty acid preparations on FP10 prescription.  
The MOT technicians will assist practices to stop all repeats.*

### 3. Primary Care Prescribing Committee (PCPC) Update

The Primary Care Prescribing Committee meets on the third Tuesday of every month. The Clinical Executive has given PCPC decision making authority. Membership includes representatives from primary care and the CCG, it reports to the Clinical Executive and the Primary Care Committee. The minutes are available; you are welcome to request a copy.

*You are welcome to attend PCPC - Please contact MOT.*

### 4. High Cost Drugs - Rifaxamin

The MOT have drafted a shared care agreement for Rifaxamin. It is currently under development and needs to be reviewed and approved by the relevant specialists.

**The ScriptSwitch message for Rifaxamin:**

“This item was agreed to be secondary care only by PCPC. It was considered to be a highly specialised condition which guidance states should be monitored by a specialist every 3-6 months. If shared care agreement is produced then this may change but at present no agreement.”

A GP may decide to prescribe Rifaxamin prior to the shared care agreement being formalised, but technically Rifaxamin is a secondary care medicine. When the shared care agreement is in place to support Rifaxamin prescribing in primary care, it will be added to the high-cost drugs list.

### 5. Opioid Prescribing – Enhanced Pharmacological Recovery

The Orthopaedic specialists at St Mary’s are discharging patients with an “enhanced pharmacological recovery” prescription which includes:

<b>Enhanced Pharmacological Recovery:</b>	1. Oxycodone M/R 12 hourly (3 doses whilst in hospital)
2. Gabapentin for 5 days	3. Oramorph prn
4. Celecoxib for 10 days	5. Lansoprazole

Be aware of patients requesting repeat issues of some of the “enhanced pharmacological recovery” medicines - this is not clinically appropriate. The combination is intended to get patients mobile and discharged promptly after orthopaedic surgery and as such it is intended for short-term use not for continuous use after discharge. Long-term prescribing of these medicines has greater safety risks for the patient than short-term use.

**Please support the safety message:  
These medicines are for discharge only and are not intended for repeat**



*prescribing after discharge.*  
*The hospital pharmacists are endeavouring to ensure that this message is on every discharge letter.*

## 6. Quality Prescribing and Safety Scheme (QPSS) - Polypharmacy Reviews

According to our current data **2414 out of 2869** polypharmacy reviews have been completed. That's **84%** - MOT thank you for the good work. The potential improvements in quality of prescribing will lead to reductions in workload for general practice staff, as well as financial savings.

**Feedback from practices has included:**

*"It has been a steep learning curve for all of us and in fact it has opened many avenues that we did not consider at the start of the process."*

*"On average 2-6 medicines stopped per review..."*

*"...uncovered compliance issues, safety issues, monitoring issues, costly meds with no outcome, illogical prescribing combination and others..."*

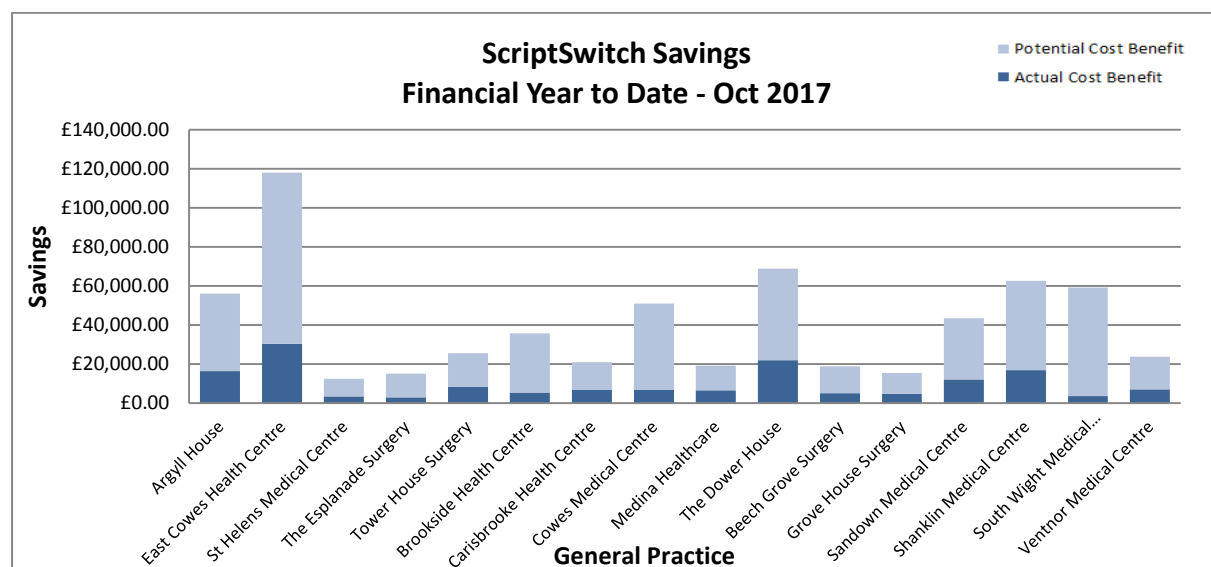
*"One lady with 5 emollient creams on repeat..."*

## 7. ScriptSwitch®

ScriptSwitch® prompts the most-cost effective alternative to many commonly prescribed medicines, where changing the brand is both safe and effective for the patient. By choosing to prescribe the most cost-effective brands, prescribers have the potential to save almost £400,000 on the prescribing budget this year.

In October, **32%** of the potential ScriptSwitch cost savings were achieved, which saved the CGG **£18,461 (out of a potential £57,690)**.

On average, practices accepted 41% of acute prescription ScriptSwitch suggestions and 30% of repeat prescription ScriptSwitch suggestions, which is a good acceptance rate.





The MOT has been busy doing some housekeeping on the ScriptSwitch® database and prescribers should see more recommendations and safety messages popping up to offer good prescribing advice.

*If you have any queries please contact MOT.*

## 8. Community Nutrition – Food First

The MOT pharmacists and technicians attended a community nutrition study day presented by the St. Mary's Dietitians, which was really interesting about the prevalence of malnutrition. One in ten people over the age of 65 in the community are at risk and with our elderly population this is a significant number. Malnutrition is also prevalent in young adults and 35-40% of people admitted to hospital may be malnourished.

### The key message was: **Food First!**

- **A healthy balanced diet** is the starting point for everyone.
- **Food fortification** - The dietitians described then suggested various simple ways in which regular food can easily be fortified using full-fat milk or by adding milk powder, butter, cheese or cream to increase the protein and calorific content without needing to prescribe supplementary vitamins or drinks. (Leaflets with recipes are available on the Trust website).
- **Over-the-counter supplement** (such as Complan®) may be worth buying and using in addition to the fortified foods, if patients/carers have tried fortifying the diet and the patient is still struggling or still losing weight.
- **Nutritional supplements** (such as Ensure Plus®) should only be prescribed for specific patients with conditions that increase the body's requirements for nutrition or cause malabsorption. Examples of these conditions would be cancer, gastrointestinal surgery, inflammatory bowel disease, neurological disease, or cerebral palsy where the involuntary movement caused by the condition create extra demands for energy from the diet. Also they should be considered for patients with poor wound healing, those with continued weight loss despite food fortification / OTC products and those with significant (greater than 15%) weight loss to provide a time limited intervention to correct the malnutrition.

*It is important to monitor if prescribed supplements are still appropriate for the patient - and if the person still likes them.*

*Supplements should be stopped if the person is eating well, has gained weight or the medical condition has improved.*

After **Bariatric Surgery** patients should be advised to **purchase pharmacy own brand A-Z vitamins** which have a more complete formulation than the vitamins available on the NHS. If a soluble version is needed then the patient needs Forceval soluble® on prescription.

It is important to review vitamin use post bariatric surgery to ensure compliance. Increasing numbers of post bariatric surgery patients are referred to the dietitians with severe deficiencies due to non-compliance with vitamins and minerals 5 years after the surgery.



## 9. Winter Resilience

In the UK, cold weather is associated with increases in mortality and demands on hospital services, particularly by the elderly<sup>[1]</sup>. As you have probably noticed, there is also likely to be an increase in consultation rates in primary care. Pharmacy staff are ideally placed to provide easily assessable professional advice for patients at these busy times.

*Ensure that your pharmacy staff/colleagues are aware of the pharmacy services available to support patients at this busy time of year.*

[1] Cold weather and GP consultations for respiratory conditions by elderly people in 16 locations in the UK. [Hajat S, Bird W, Haines A. Eur J Epidemiol. 2004;19\(10\):959-68.](#)

## 10. Pharmacy First – Minor Ailments Service



This service is ideally suited for children, over 65 year olds and those who are entitled to free prescriptions and are registered with a local GP.

The scheme allows people with certain ailments to go straight to their pharmacist to receive a consultation without needing to visit their GP to get a prescription first.

The pharmacist is a qualified healthcare professional who can help patients with health problems and if it is something more serious, then they will direct them appropriately.

Below is a list of ailments that your local pharmacist should be able to give eligible patients treatment for:

Allergic rhinitis/	Earwax	Minor burns & scalds	Paediatric teething
Athletes foot	Haemorrhoids	Mouth ulcers	Soft tissue injuries
Cold sores	Headache	Musculo-skeletal	Sore throat
Constipation	Headlice	Nappy rash	Threadworm
Conjunctivitis	Hay fever	Oral thrush	Vaginal thrush
Diarrhoea	Insect bites & stings	Paediatric fever	Viral infections
Dyspepsia			

**Pharmacists may supply an alternative brand of the medication listed as long as it has a cost price similar to the reimbursement price listed on Pharmoutcomes, and is within its license as P or GSL med. For example: generic Fluconazole 150mg capsule may be supplied instead of Canesten® brand.**

*To reduce demand for consultations at general practices, reception staff are aware that the Pharmacy First Service available from every community pharmacy.*



## 11. NHS Community Pharmacy Emergency Supply Service

The purpose of the Community Pharmacy Emergency Supply Service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand.

**The emergency supply provisions permit the supply of sufficient quantities of most prescription only medicines for up to 30 days treatment.**

*This Emergency Supply service covers the GP weekend out-of-hours period between 6.30pm Fridays to 8.30am Mondays and includes Bank Holidays.*



*The Medicines Optimisation Team would like to thank everyone for their hard work this year.*

*We wish you a safe, healthy and happy Christmas and New Year.*

*The IoW CCG offices are only closed the statutory Bank Holidays: 25/26<sup>th</sup> December and 1<sup>st</sup> January 2018*