NHS
Isle of Wight
Clinical Commissioning Group

November 2017

RIGHT Medicine

WELCOME

November 2nd 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.

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1. Meet the Medicines Optimisation Team

As the Medicines Optimisation Team has grown over the last year and we'd like to introduce ourselves:

- **Tracy Savage** - Assistant Director and Head of Medicines Optimisation, with a background in evidence-based prescribing and health economics from the Medicines Optimisation Centre, Keele University.
- **Caroline Allen** - Deputy Head of Medicines Management, with a background in community pharmacy and experience with implementing pharmacy services in primary care in New Zealand.
- **Beth Shaw** - Advanced Clinical Pharmacist, currently working towards Non-Medical Prescribing qualification specialising in elderly mental health.
- **Janna Whelen** and **David France** are Clinical Pharmacists currently employed one day a week. They both have other jobs, Janna at HMP Isle of Wight and David at Regent Pharmacy and Solent General Practice, Southampton. Janna is studying for a Master's Degree in research and David is working towards Non-Medical Prescriber specialising in diabetes management.
- **Lynne Webb** – Community Stoma Nurse Prescriber.
- **Janice Salter** - Quality Manager currently seconded to the CCG Quality Team
- **Hayley Jeneson** and **Sarah Croutear** – Hayley is a Senior Pharmacy Technician specialising in care home assessments and staff training, Sarah is new to primary care and will be supporting the wider medicines optimisation work alongside Hayley.
- **Annika Conroy** - Prescribing Support Officer is working alongside Hayley, Sarah and the rest of the team.
- And last, but definitely not least, **Chantal Cave** - Administrator to the team and PA to Tracy.

2. Public Health England - "Keep Antibiotics Working".

Public Health England is inviting general practice staff to support their national antibiotic resistance campaign called "*Keep Antibiotics Working*". Leaflets and posters will be available for pharmacies. Resources are available free to healthcare professionals and are available from the PHE campaign resource centre.

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, please request a copy.

- ### Omega-3 supplements

The IoW was involved in a trial of omega-3 in the past, however, since then it has become apparent that the evidence was very scant and the prescribing of Omega 3 is not recommended by NICE.

The NICE guideline on cardiovascular disease: risk assessment and reduction, including lipid modification recommends that people with or at high risk of CVD should be advised to consume at least 2 portions of fish per week, including a portion of oily fish. However, it advises that omega-3 fatty acid compounds should **not** be offered for primary or secondary prevention of CVD, alone or in combination with a statin, including in people with CKD or type 1 or type 2 diabetes. Moreover, the guideline recommends that healthcare professionals should tell people that there is no evidence that omega-3 fatty acid compounds help to prevent CVD.

The NICE guideline on familial hypercholesterolaemia also states that people with this condition should **not** routinely be recommended to take omega-3 fatty acid supplements. In addition, the NICE guideline on myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease recommends that healthcare professionals should **not** offer or advise people who have had an MI to use omega-3 fatty acid capsules or omega-3 fatty acid supplemented foods to prevent another MI. *Dr Oommen John*.

Dr Al-Bahrani will be providing practices with a statement to go in letters to patients advising of the change of policy regarding the prescribing of Omega-3.The IoW Lipid modification guidelines from 2014 will be updated to take the new recommendations and the NICE guidance into consideration and a message will be added to Scriptswitch® as a reminder for prescribers.

- ### Ocuvite® and other vitamin supplements for AMD

The Age-Related Eye Disease Study (AREDS) suggested supplementation with antioxidant vitamins and minerals reduced by 25% the chance of developing advanced AMD. However, patients diagnosed with early AMD showed no reduction in the development of intermediate AMD and patients in all treatment groups continued to progress towards advanced AMD and vision loss. [1]

MOT has produced a leaflet to support prescribers to decline to prescribe vitamin supplements for Age-related Macular Degeneration (AMD). Copies will be available from our website.

A balanced varied, healthy diet, with plenty of fresh fruit and vegetables, provides most people with all of the vitamins and minerals they need to be healthy.
Prescribers are being asked to only prescribe specific vitamins where clinically indicated for a diagnosed deficiency and advise people to buy vitamin and mineral supplements if they want them themselves.

[1] Age-Related Eye Disease Study Research Group. A Randomized, Placebo-Controlled, Clinical Trial of High-Dose Supplementation With Vitamins C and E, Beta Carotene, and Zinc for Age-Related Macular Degeneration and Vision Loss: AREDS Report No. 8. Arch Ophthalmol 2001; 119(10):1417-1436.

4. 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 to potential to save almost £400,000 on the prescribing budget this year.

The MOT has been busy doing some housekeeping on the ScriptSwitch® database and pharmacists may see more recommendations and we ask that you support any changes to good prescribing practice. We are currently developing patient information posters and leaflets to support this work.

If you have any queries regarding the ScriptSwitch recommendations please contact MOT.

5. Sodium Valproate

The public hearing is the first of its kind to be held by the EMA and is part of its ongoing review into the safety of valproate-containing medicines which are widely available across the European Union (EU) for the treatment of epilepsy, bipolar disease and migraine.

The hearing focused on three issues — the risks associated with valproate during pregnancy and its potential risks to the unborn child, the current measures in place to reduce risks, and what else needs to be done to reduce risk. Epilepsy Society UK suggested that GPs should hold a face-to-face consultation with a woman prescribed valproate every 12 months to discuss the risks of the drug to an unborn child.

A data search has identified 189 women of childbearing age registered with general practices on the Isle of Wight.
When providing MURs please remind women of the risks associated with taking sodium valproate during pregnancy.

6. Quality Prescribing and Safety Scheme (QPSS)

The MOT has been developing Prescribing Action Plans with each general practice in three key areas:

- Polypharmacy Reviews
- A practice specific prescribing action plan
- A Care Home action Plan

What is the value of a polypharmacy review?
From one patient with some compliance issues:
Over **£1,300's** of medicines prescribed dispensed and accumulated since 2007…
If only they'd said something!
This hoard includes Aspirin, Simvastatin, Paracetamol, Allopurinol, Frusemide, inhalers and nebuliser solutions.

When providing eRD, please ask what medicines people have at home before ordering more.
Always ask questions about compliance if people request "everything" each month.

- **QPSS Dashboard**

The general practices are prescribing well across the board and only the areas where the island is an outlier have been identified to focus on this year.

- **Aspirations for Pain QPSS**
  - Reduce pregabalin prescribing rate
  - Reduce strong opioid drugs prescribing rate
  - Reduce the proportion of opioids prescribed as compounds

Based on NICE Guidance (Nov.16) for managing low back pain:

- Do not routinely offer opioids for managing **acute** low back pain.
- Do not offer opioids for managing **chronic** low back pain.
- Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.
- Do not offer anticonvulsants for managing low back pain.

MOT has some tips for managing opiate and pregabalin prescribing for patients with chronic pain in primary care.

- Be aware of the signs and behaviours that may indicate potential misuse and abuse – see information attached.
  - Practices should request a Police crime number before replacing "stolen" prescriptions.
  - Pharmacies could record prescription collection from the pharmacy.

When providing MURs please support these pain management safety messages.

7. Care Homes – Bulk Prescribing and Homely Remedies

The MOT Care Home "Tech. Check" has identified one care home facility with over 2000 paracetamol tablets as bulk stock, when 100 would be a more appropriate amount. An excessive range and quantity of bulk supply medicines raise several potential safety risks, including the clinical risk of administration when the GP is not aware of the supply and has not initiated a medicine.

The MOT advises that the majority of medicines should be prescribed for individual patients, clinically assessed by their GP to be safe and appropriate and recorded on that patients' chart so that the records are complete, accurate and up to date this will improve the quality and safety of medicines administered.

The MOT has been developing a policy regarding bulk prescribing. The number of medicines that will be approved for bulk prescribing has been reduced to a few essentials which must be initiated by a GP before being administered from bulk stock:

The new Bulk Prescribing list includes:	Cosmocol sachets
Paracetamol tablets and suspension	Peptac Liquid
Senna tablets and liquid	Lactulose solution

- ***A bulk prescription*** *is an order for two or more patients bearing the name of an institution in which at least 20 persons normally reside, 10 or more of whom are registered with a particular GP practice.*
- **A *homely remedy*** *is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in a care home for the short-term management of minor, self-limiting conditions, e.g. a headache, cold symptoms, cough, mild diarrhoea, occasional pain*.

A new IoW CCG Bulk Prescribing Policy will be distributed shortly.
In the meantime, it would be good practice to review if individual care home patients need to have these medicines prescribed routinely or as a "prn".

8. Projects

- **Stoma Care Reviews**

The MOT has been able to secure an additional stoma nurse part-time for 4 months (December 2017 – March 2018). The role will link closely with the stoma teams in St Mary's and at the CCG and will focus on reviewing patients with stomas in the community who have not had a clinical review with a stoma nurse for over 2 years. The nurse will provide a comprehensive review of the patient and ensure that the products prescribed are the most effective for the individual to live an independent and rewarding life.

MOT has been alerted to DAC offering "free" samples to patients when a clinical referral to the stoma nurse is indicated. We have advised the companies to stop samples and that new items will not be prescribed unless initiated by the stoma nurse.

Patients with stomas should be referred to Lynne at iow.medicinemanagement@nhs.net or telephone 822099 Ext 3123 regarding their prescription needs

9. Diabetes Updates

- **Withdrawal of Hypurin® Bovine Insulin**

Hypurin® bovine insulin preparations will be withdrawn from the end of 2017, due to a limited availability of the active ingredient. Patients using these insulins are likely to want to switch to an alternative, acceptable animal-based product. These patients are a vulnerable group and the change is likely to be challenging with a high risk of hypoglycaemia and glucose instability.

Safety information regarding the withdrawal of Hypurin® Bovine insulin has been added to ScriptSwitch as a reminder when prescribing for these patients.

Please contact the St Mary's diabetes specialist team regarding your patients as the change from these insulins will require considerable education of patients, families and carers and close supervision and follow-up of the patient.

- **Blood Glucose Monitoring Meters**

The MOT is working with the diabetes specialist team to develop a formulary to guide on the cost-effective prescribing of blood glucose monitors for patients with Type I diabetes, Type II diabetes who use insulin and Type II diabetes controlled by tablets and diet.

The Hampshire and IoW Priorities Committee will be reviewing its previous guidance around Continuous Glucose Monitoring devices and will take into account any change in pricing and availability for FreeStyle Libre™ flash glucose monitoring system to develop a local policy for its use based on clinical need.