This is the twelfth edition of the ‘Right Medicine’ Newsletter from the Medicines Optimisation Team (MOT). We hope to provide practices with a useful overview of key information for quality cost-effective prescribing. Please share and discuss with all members of your practice 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. Primary Care Prescribing Committee (PCPC)
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.

All general practice staff are welcome to attend PCPC.
Please contact the MOT to arrange.

- PCPC Emerade versus EpiPen
  The Committee discussed that Emerade is now the most regularly prescribed adrenaline pen, both from the hospital and out in the community. It has a good shelf life, the appropriate 500 microgram dose formulation for adults, as well as reasonable availability. If there are supply issues, then the Epipen would be a suitable alternative.

- Sodium Valproate
  There are new safeguards (the ‘prevent’ program) being put in place to try and avoid people taking valproate when pregnant. It’s been known for a long time that valproate is teratogenic – the risk is huge (nearly 4 in 10 babies are affected to some degree). Unfortunately, the MHRA suggestions leave quite a lot of gaps in how they envisage the plans being implemented. MOT has drafted a patient letter, as patients should sign a pregnancy prevention programme (PPP) agreement. This letter is available on SystmOne under Medicines Optimisation Letters.
2. NHS BSA Prescriber Changes

The MOT now has 2 authorised signatories to support the transfer of information to NHSBSA. This will ensure that all prescribing costs are attributed to the correct cost centre.

Please let MOT know of all prescribers (medical and non-medical) who are joining or leaving your practice.

3. CRYOGENICS - Liquid Nitrogen

The Trust is reviewing their current service of supplying liquid nitrogen to general practices, due to safety reasons.

Practices could access a container of Liquid Nitrogen direct from BOC, or consider changing to an alternative product such as Carbon Dioxide or liquefied Norflurane (Hydrozid®).

The Trust Sexual Health Team moved to a commercial product “Hydrozid®” in 2016, and after an initial trial, the Sexual Health Service has continued using Hydrozid. Advantages include saving cost and time: no tips to sterilize, no transport of liquid nitrogen and no spillage risks. The canister has a three year shelf life and stays on the shelf and does not evaporate, which means that the clinic can have flexibility arranging clinic times / days.

Medicines Information (2016):

Liquid nitrogen has a lower boiling point (-196°C vs. −103.3°C quoted for liquefied norflurane on Hydrozid website). How that might impact on efficacy is outside our level of expertise, but it would appear to be cryogenically cold especially when you compare it to e.g. carbon dioxide cryotherapy (−78.5°C), and dimethyl ether and propane (−57°C).

Extract from: Southampton Medicines Advice Service

Please could you let the MOT know if you currently order liquid Nitrogen from the hospital?
Please advise if you would be willing to trial an alternative product and provide feedback.

4. Antimicrobial Stewardship

At the recent Regional Medicines Optimisation Committee (RMOC South) meeting, the group considered how they could support the UK antimicrobial resistance (AMR) agenda.

The NHS AMR & Sepsis Incentives 2017-19 targets the reduction in antibiotic usage and the increase of appropriate antibiotic prescribing in primary care.
The World Health Organisation (WHO) has produced this Essential Medicines List (EML) to support the appropriate use of antibiotics so that prescribers may be AWaRE (Access, Watch and Reserve) of their antibiotic prescribing:

**Adapted WHO EML AWaRe List for England**

*This is the new classification structure adopted within the NHS England 2018-19 CQUIN*

<table>
<thead>
<tr>
<th>Access aim to increase use of these</th>
<th>Watch aim to reduce use of these</th>
<th>Reserve aim to minimise use of these</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin / ampicillin Penicillin – all forms Co-trimoxazole Doxycycline Flucloxacinil Fosfomycin oral Fusidate Gentamicin Metronidazole Nitrofurantoin Pivmecillinam Tetracycline Trimethoprim</td>
<td>Amikacin, tobramycin, etc Macrolides Most cefalosporins Chloramphenicol Fluoroquinolones Clindamycin Co-amoxiclav Other tetracyclines Fidaxomicin Piperacillin-tazobactam, etc Temocillin Vancomycin, teicoplanin</td>
<td>Aztreonam Ceftobiprole, Ceftaroline Ceftazidime-avibactam Ceftolozane-tazobactam Colistin Daptomycin Carbapenems Fosfomycin IV Linezolid / tedizolid Televancin Tigecycline</td>
</tr>
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Please be AWaRe when considering the most appropriate antibiotic to prescribe.

5. Gluten Free Foods

Following public consultation in 2016, the Isle of Wight CCG stopped the supply of gluten-free food through the ‘WightBread’ contract on 1st April 2017.

In March 2017 the Department of Health and Social Care has a public consultation regarding the prescribing of GF foods on the NHS. The outcome from the consultation was that: “The Minister's preferred option was Option 3 – Restrict the type of GF foods available on NHS prescription”.

The IoW CCG Governance Committee has reviewed the CCG’s position regarding the prescribing of Gluten Free products on NHS prescriptions and has made a unanimous decision to maintain the current process.
6. DoLCV

As part of Drugs of Limited Clinical Value (DoLCV) policy introduced last year, the Medicines Optimisation Team has been implementing most of NHS England’s recommendations. However, the latest guidance from NHS England supports us all to take a firmer position on the prescribing of these ‘should not prescribe/grey list’ items and this also aligns with the STP position.

The Medicines Optimisation Pharmacists and Technicians will be contacting practices to offer support to implement this clinical advice and evidence by SWITCHING, REVIEWING or STOPPING these DoLCV where appropriate and as recommended by the NHS England document: “Items which should not routinely be prescribed in primary care: Guidance for CCGs”.

The medicines affected by this guidance include:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Action = STOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bio Oil</td>
<td>Stop</td>
</tr>
<tr>
<td>Cod Liver Oil</td>
<td>Stop</td>
</tr>
<tr>
<td>Gamolenic Acid</td>
<td>Stop</td>
</tr>
<tr>
<td>Glucosamine</td>
<td>Stop</td>
</tr>
<tr>
<td>Rubifacients (excludes NSAIDS &amp; capsaicin but includes Algesal)</td>
<td>Stop</td>
</tr>
<tr>
<td>Spatone Iron Water</td>
<td>Stop</td>
</tr>
<tr>
<td>Co-Enzyme Q10</td>
<td>Stop</td>
</tr>
<tr>
<td>Anti-fungal nail paint</td>
<td>Stop</td>
</tr>
<tr>
<td>Branded anti-histamines</td>
<td>Switch to generic equivalent</td>
</tr>
<tr>
<td>Calcium 500mg/Colecalciferol 200u</td>
<td>Switch to TheiCal /Calci D</td>
</tr>
<tr>
<td>Doxazosin MR</td>
<td>Standard formulation</td>
</tr>
<tr>
<td>Iron MR</td>
<td>Standard formulation</td>
</tr>
<tr>
<td>Prednisolone EC</td>
<td>Standard formulation</td>
</tr>
<tr>
<td>Perindopril Arginine</td>
<td>Standard formulation</td>
</tr>
<tr>
<td>Naproxen /Esomeprazole</td>
<td>Separate medicines</td>
</tr>
<tr>
<td>Oxycodone /Naloxone</td>
<td>Separate medicines</td>
</tr>
<tr>
<td>Paracetamol /Tramadol</td>
<td>Separate medicines</td>
</tr>
<tr>
<td>Codeine / Aspirin</td>
<td>Separate medicines</td>
</tr>
<tr>
<td>Co-Proxamol</td>
<td>Switch to paracetamol and invite for a review</td>
</tr>
</tbody>
</table>

Process for patient access to GF bread and flour mixes on prescription:

1. GP referral to IoW Dietitian
2. Dietitian report - Confirmed diagnosis of Coeliac Disease and proof of exceptionality
3. Application to the Individual Funding Request process for a restricted list of GF staples (quantities determined by age and gender).
7. Liothyronine

The SHIP8 Clinical Commissioning Groups Priorities Committee policy (January 2018) regarding the use of liothyronine in the treatment of hypothyroidism recommends:

- Treatment with liothyronine should not be initiated in primary care.
- Hypothyroidism should be treated first-line with levothyroxine.
- Patients whose symptoms are inadequately treated with optimal doses of levothyroxine should be referred to an NHS endocrinologist using Advice and Guidance and eReferral systems.
- Treatment with liothyronine will need to be reviewed by the specialist at 3-months, before prescribing can be considered for transfer to primary care.
- Patients already being prescribed liothyronine in Primary Care, who are not under the care of an NHS Specialist, may be candidates for opportunistic review according to the above recommendations.

The MOT will contact each practice to offer to assist practices to review repeat prescriptions for these items.

MOT will be reviewing the 40 patients identified with Liothyronine on repeat prescription and stratifying patients by risk and any need for referral to Secondary Care
At this stage, prescribers do not need to take any action.
MOT will contact prescribers regarding their patients in due course.

8. SUNCREAM

Now that the sun has arrived, it is closely followed by patients’ requests for sun cream. Please remember a restricted list of sun creams can be prescribed on an FP10 ONLY for “Protection from UV radiation in abnormal cutaneous photosensitivity” [ACBS endorsement required].

‘ACBS’ criteria for sunscreens are met when prescribing for abnormal cutaneous photosensitivity. This includes genetic disorders, photodermatoses, vitiligo from radiotherapy and chronic or recurrent herpes simplex labialis. If ACBS prescribing criteria are not met, then prescribers should stop prescribing the sunscreen as prescribing for other indications is not permitted on FP10.

The permitted sun creams are:

- Sunsense Ultra (EGO) SPF 50+
- La Roche-Posay Anthelios XL SPF 50+ Cream
- Uvistat Lipscreen SPF 50
- Uvistat Suncream SPF 30
- Uvistat Suncream SPF 50
Some patients may have been prescribed these in the past because they had multiple allergies to sun cream. These sun creams are now easily available to purchase from pharmacies and should not be prescribed for patients with allergies. Only patients with conditions which increase their risk of burning or developing skin cancer, or who are taking medicines which increase these risks (e.g. amiodarone, tetracyclines and retinoids) should be prescribed these sun creams.

When patients request sun creams, please check the indication, before prescribing.
Repeats - Please review your patients’ indication is appropriate for supplying sun-screen on an FP10.

9. IT Update

- **General Data Protection Regulations (GDPR)**
With recent changes regarding information governance, it is good practice to review who has access to your IT systems and that the reason they need access is still current and valid.

We’d also like to confirm the members of the Medicines Optimisation Team who access SystmOne (and those who are inactive):

<table>
<thead>
<tr>
<th>Active</th>
<th>Active</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beth Shaw</td>
<td>Caroline Allen</td>
<td>Jana Whelan (maternity leave)</td>
</tr>
<tr>
<td>David France</td>
<td>Sarah Crountear</td>
<td>Melanie Durbridge (left)</td>
</tr>
<tr>
<td>Debbie Cumming</td>
<td>Tracy Savage</td>
<td>Helen Yates (left)</td>
</tr>
<tr>
<td>Rachel Howard</td>
<td>Hayley Jeneson</td>
<td>Theresa Day (left)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Julie Noble (left)</td>
</tr>
</tbody>
</table>

We are currently updating the Data Sharing Agreement between the CCG and General Practices to reflect the recent changes with GDPR and this will be distributed once it is finalised.

With recent changes regarding information governance, it is good practice to review who has access to your IT systems and if the reason they need access is still current and valid.

- **ScriptSwitch / OptimiseRx**
As you may be aware, the Primary Care Prescribing Committee has reviewed the GP decision support tools available and we have decided not to renew the contract with ScriptSwitch, the existing provider. Therefore, ScriptSwitch software needs to be removed from your computers when the contract ceases at the end of June. ScriptSwitch will contact you to start the removal process. Instructions will be sent by a separate e-mail and the MOT will be on hand to provide support.

The instructions to activate the new OptimiseRx software, which is already embedded within SystmOne, will be sent to you separately. OptimiseRx is the preferred decision support tool which is part of the QPSS scheme for 2018-19.
OptimiseRx is much more intuitive than the existing programme and prompts patient specific prescribing advice at an earlier stage of the prescribing process. The MOT is confident that the GPs will find it less intrusive and the suggestions more appropriate for the individual patient.

OptimiseRx has been demonstrated to prescribers and practice managers at the Locality meetings in May. The OptimiseRx system will be localised by the MOT and trialled by a few practices from early June.

**We hope to have all practices confidently using OptimiseRx by the end of June. The MOT will be able to support practices with this transition.**

- **PINCER 3**
  PINCER is an information technology intervention for the reduction of medication errors in GP practices. East Midlands and Wessex AHSNs have been leading regionally-based deployments of PINCER and by the end of 2017 had deployed in 19 CCGs and 569 practices.

  Since 2016, Wessex AHSN has worked with local CCGs and Practices to roll out PINCER and encourage practices to utilise the tool. To date, 235 practices in Wessex were part of the original AHSN work on PINCER and the Isle of Wight is one of the last areas to adopt the tool.

- **Electronic Repeat Dispensing (batch)**
  The Medicines Optimisation Team has pharmacists and technicians who have experience of electronic repeat dispensing (eRD) in general practice and in community pharmacies. The team is experienced and well equipped to support practices and pharmacies to identify suitable patients and to develop efficient systems and processes to increase the use of eRD by patients. We are already working with the general practices and pharmacies in East Cowes and Shanklin.

  **We’d really like to promote eRD now as eRD has the potential to ease winter pressures in busy practices.** ERD can remove the work-load generated by processing repeat prescriptions for a group of stable patients, who the prescribers would be happy to see for a clinical review once a year. We have posters and leaflets to promote eRD in general practices and community pharmacies.

**We would like to support the practices and community pharmacies in each area on the island to work together and COLLABORATE FOR SUCCESS! Please let us know if you would like to be included in the next phase of the roll-out of eRD.**

Please contact the Medicines Optimisation Team
Telephone: 01983 534271 or e-mail: iow.medicinemanagement@nhs.net