NHS
Hampshire and Isle of Wight
Partnership of Clinical Commissioning Groups

RIGHT Medicine

January/February 2020

This is 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.

Contents

1. Medicines Optimisation Committees

The Primary Care Prescribing Committee (PCPC) and the Island Medicines Optimisation Committee (IMOC) meets on the third Tuesday of every ALTERNATE month at the CCG, Newport.
Committee membership includes representatives from Primary Care and the CCG. Please contact the MOT for more information or to receive the agenda/minutes.

2. Over-The-Counter (OTC) Medicines

As you will already be aware, in December 2018, NHS England published guidance regarding the "over-the-counter" (OTC) medicines that GPs should not routinely prescribe in primary care for minor self-limiting conditions. The NHS England document ***"Conditions for which over the counter items (OTC) should not routinely be prescribed in primary care"*** is available at: https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

Communications

The Medicines Optimisation Team has been working for the last year to raise awareness of this guidance with prescribers as it has the potential to save the IOW healthcare system money that could be better used on providing other medicines and services. **We have posted this information with posters and leaflets to all general practices and community pharmacies to promote the campaign.** The CCG, with the support of HIOW partnership communications team, will be going out by various media routes to raise public awareness from Monday 13th January 2020.

Guidance for GPs

- IWCCG Guidance on Prescribing OTC medicines- Developed by Dr Poole (Prescribing Lead) approved by PCPC
- OTC Info for GPs – Developed by MOT to support implementation approved by PCPC

OTC Campaign key messages for patients

- Medications for the treatment of a range of minor, self-limiting (short-term) conditions such as a sore throat, indigestion or fungal infections can be bought directly from a pharmacy or supermarket, without the need for a GP appointment or prescription
- By going to your pharmacy for health advice, you will get much quicker treatment for your illness and you will also free up appointments for other people with more serious illnesses to be seen by a GP
- Buying 'over the counter' medication helps free up much needed funding within the health care budget for new interventions which will potentially have a significant impact on the quality of life for island residents e.g. continuous glucose monitors or new medicines approved by NICE.

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

We are asking prescribers and patients to consider if it is appropriate for the patient to buy the medicine themselves for a minor self-limiting condition (i.e. from a pharmacy or supermarket) or to refer to Pharmacy First (the IOW CCG commissioned minor ailments service, which will enable them to obtain the medicine free of charge if they are eligible for free prescriptions). We are not saying that no OTC medicines may be prescribed, as prescribing may be appropriate for longer-term use and for vulnerable patients.

We appreciate your support with this campaign. If you have any queries, please contact the MOT. If you have any unhappy patients, please give them the MOT telephone number: 534271.

Please let us know if you have any more suggestions for how we can support you with this work.

3. Safer Opioid Prescribing

In preparation for a programme of work next year to reduce the inappropriate prescribing of opioids on the Isle of Wight, Dr Isobel Rice from the chronic pain team delivered a training session on initiating and stopping opioids. This training married up with the guidance and resources developed to support this work: Safer Opioid Prescribing for Chronic Pain Resource Pack. Dr Rice can repeat this training for GPs in each PCN.

The key messages from Dr. Isobel Rice were:

- Do not initiate strong opioids unless part of a package with clear goals – to be "pain-free" is not a realistic goal.
- Opioids only work for 10% of patients and at best achieve 30-50% increase in functionality.
- Don't get trapped into dose escalation – if one opioid does not work, all opioids will not work.
- If an opioid is not working – stop prescribing.
- Try neuropathic medicines – amitriptyline/duloxetine and/or gabapentin/pregabalin before referring to the pain service
- High dose (>120mg/day morphine equivalent) strong opioids carry a substantially increased risk of harm without providing additional analgesic benefit
- Tolerance to opioids in chronic pain is inevitable; review patients every 6 months with a trial down-titration of dose to see if they are still effective

Ask your patients if they think that the opioids they are prescribed are working effectively for them to manage their pain, and if not, work together to reduce the dose and trial neuropathic medicines. Attendees who have tried this approach following the training have been pleasantly surprised by how receptive patients are to this message, and are already working to reduce opioid prescribing in their surgeries. Pembe Hassan-Hicks (Newport Health Centre), Dr. Rachel Howard (Esplanade) and Dr. Adam Poole (Argyll House) have reported that the question and subsequent step-down have been well received by patients.

Dr. Rachel Howard and Dr. Isobel Rice have produced a **Safer Opioid Prescribing resource pack to support prescribers and clinicians to help these patients.** The resources will be added to SystmOne to enable easy access during consultations and is also available on the CCG website. https://www.isleofwightccg.nhs.uk/opioid-prescribing.htm.

Have you seen the BBC's Horizon programme
"Addicted to Painkillers? Britain's Opioid Crisis" by Dr Michael Mosely?
It made for very interesting viewing and delivers the same safer prescribing of opioid messages.
https://www.bbc.co.uk/iplayer/episode/m000dbpf/horizon-2020-1-addicted-to-painkillers-britains-opioid-crisis

4. IOW Trust SIRI

The action below has arisen from a Serious Incident in which a mental health service user deliberately overdosed on an accumulation of **Lithium**, with alcohol, prescribed by primary care and prior to primary care prescribed by secondary care. The service user was initially admitted to ICU. As a consequence of the overdose, the service user currently presents with ongoing slurred speech and reduced mobility. It is unknown whether this will completely resolve.

One of the root causes of the incident was that the service user had continued to be issued with Lithium (and other medication) prescriptions despite not attending routine blood tests for their Lithium and associated blood levels to be reviewed. This provided an opportunity to accumulate medicines without ongoing review of mental status.

This SIRI was discussed at the IMOC meeting in November, with Dr. Alexis Bowers, Consultant Psychiatrist, Community Mental Health Services, IOW NHS Trust and Tracey Green-Psychiatric/Community Pharmacist, IOW NHS Trust present. The GPs present agreed that they are conflicted in these circumstances, and thought on balance that it was safer to continue to prescribe rather than leave the patient without medicines. The GPs commented that they attempt to contact the patient by various methods, recording these and then let the community mental health team know of the situation.

If patients do not attend/engage for routine monitoring appointments relating to mental health medicines, it is vital that GPs attempt to contact the patient by various methods, recording these actions in the patient notes and make the community mental health team aware of the situation.

5. IOW Joint Formulary – Working Group

The IMOC joint formulary working group is made up of pharmacists from the Trust and CCG.

The aims of the working group are:

- To meet and review formulary sections frequently/ regularly,
- To simplify and streamline formulary review process
- To gain input and gain engagement from specialists and primary care
- To agree and implement minor (house-keeping) changes within the group – decisions go to IMOC for information only
- To identify more significant changes requiring approval by the appropriate committee e.g. additions to the formulary to be referred to the appropriate committee: MUSG / PCPC /IMOC
- To align with Southampton formulary where possible as the specialists tend to come from Southampton and this will reduce queries and confusion regarding prescribing and funding.

Please suggest any areas of the IOW joint formulary that you would like see reviewed

6. IOW Joint Formulary – Reviews and Updates

DOACS

- **Edoxaban (Lixiana®)** is now the 1st line choice of DOAC for non-valvular AF (rivaroxaban remains the preferred DOAC for PE/DVT). This has been agreed with our local cardiologists so you will see more edoxaban being prescribed locally. An algorithm to guide dose selection for edoxaban in different patient groups is available on the Isle of Wight Formulary.

We anticipate having Edoxaban as 1st line, for all suitable new patients will generate significant savings for the CCG and STP moving forward. At present, we are not advocating switching existing patients. We will, however, consider a future work programme to switch existing patients to edoxaban.

NICE has published a positive draft final appraisal determination recommending the use of rivaroxaban by the NHS. The NICE recommendation sets out a dose of 2.5mg twice daily, combined with 75–100mg aspirin once daily, as an option for preventing atherothrombotic events in adult patients with coronary artery disease (CAD) or symptomatic peripheral arterial disease (PAD) who are at high risk of ischaemic events.

UROLOGY

- **Tamsulosin and dutasteride** - if prescribed separately as more cost effective than Combodart®.
- **Solifenacin** - now category M so please prescribe generically.
  It is more cost effective to give solifenacin 5mg (£3.54) + tamulosin 400mcg cap (£3.87) than Vesomni® 6mg/400mcg (£27.62).
- **Tadalafil** – this is a more cost-effective option now that Cialis® is available generically. Tadalafil has moved from 3rd to 2nd line PDE5 inhibitor and making avanafil 3rd line now. If tadalafil is required daily due to a dual diagnosis of BPH/LUTS and ED then please prescribe as 5mg tablets not 2.5mg tablets due to the cost implication.

- **Mirabegron** – secondary care will confirm if the BP is controlled when initiating or advising GP to initiate. This avoids a delay in treatment if the patient does not have a recent BP recorded on the GP system and has to be called in for a BP check first (contraindicated if >180/110).

Other formulary areas reviewed and updated:

- **Anti-Epileptic Medicines** – the majority of these medicines have the Green+ RAG rating for the management of epilepsy. This means they require specialist initiation, but not stabilization.
- **Dry eye guidance** – this has been reviewed and a few changes made. We have added a reminder where patients could be encouraged to self-manage the dry eye symptoms themselves.

Have you visited the IOW joint formulary website recently?
We have activated the newsfeed so that you can easily see the recent additions or changes to the formulary.

7. DENOSUMAB (Prolia®)

The Isle of Wight Trust and Clinical Commissioning Group, via the Island Medicines Optimisation Committee (IMOC) have developed a shared care agreement for Denosumab. Practice Managers and Prescribing Leads have received a letter and copy of the shared care agreement. The aim is for all patients to receive their first injection in secondary care, and then for patients to be re-prescribed and retreated 6 monthly in primary care for a 5 year course and then reviewed by the specialist.

Dr. Stuart Linton, Consultant Rheumatologist, St Mary's Hospital, has alerted that elsewhere that the numbers of patients who are receiving their treatment at 'exact' 6 monthly intervals in primary care can be quite low due to a number of reasons. There is a window (ideally within 1 month) within which it is important to re-treat. If there is a longer delay, patients begin to lose the benefit of continuing therapy and can be at an increased risk of subsequent fracture. This is a phenomenon that only applies to this drug in the wider field of osteoporosis.

General practice staff needs to be aware of the importance of timing of delivery. The Shared Care Agreement has been updated to remind GPs of this requirement and Caroline will include it in clinic letters to the practices.

The letter and copy of the Shared Care Agreement should hopefully answer your questions.
If you have any questions about patients, please contact the Rheumatology helpline: 01983 552218
If you have questions regarding the SCA, please contact the MOT.

8. DEGARELIX (Firmagon®)

The IMOC reviewed a formulary application by Mr Ochai and Mr Makunde, Consultant Urologist, St. Mary's Hospital, for Degarelix to be re-classified to be administered in primary care. Mr Ochai would like to enable the continuation of care by primary care clinicians of patients receiving Degarelix (Firmagon®) initiated by the Urology Specialist for Advanced hormone-dependent prostate cancer. This will be included in the service specifications offered to primary care under the new GP contract April 2020.

Summary of clinical evidence to support the use of Degarelix as maintenance therapy:

- Degarelix as an antagonist has a different mode of action compared to the luteinising hormone-releasing hormone (LHRH) agonists and is the only selective gonadotrophin-releasing hormone (GnRH) antagonist licensed for advanced hormone-dependent prostate cancer in the UK.
- Degarelix offers significantly faster reduction in prostate specific antigen (PSA) compared to LHRH agonists
- Improved prostate specific antigen (PSA) progression free survival (PFS) compared to LHRH agonists.
- Better serum alkaline phosphatase (S-ALP) control compared to LHRH agonists.
- Lower probability of cardio vascular events than agonists in patients with a history of cardiovascular disease at baseline

This service is the opportunity to support care closer to home for patients; however, participation is optional as we appreciate the current work load pressures in general practices. The shared care agreement provides a potential for expanding the range of services provided in primary care, this may be an interim arrangement and a future opportunity for Primary Care Networks.

Degarelix is currently hospital only administered but we are working towards community administration via GP surgeries in the interests of patient-centred care closer to home. GP practices will be paid for the activity, as an extension to existing schemes such as PSA, LSC and LHRH. Degarelix has been added to the GPs Primary Care Community Services Contracts. Delivery of the service is an opportunity to support care closer to home for patients and GP participation is voluntary.

The shared care agreement for Degarelix provides a potential for expanding the range of services provided in primary care and this may be a future opportunity for Primary Care Networks to develop, should they wish to.

An introductory letter, a copy of the proposed Shared Care Agreement and the service specifications will be e-mailed to prescribing leads and practice managers in due course.

9. Pharmacy First medicines added

The Pharmacy First meds are all uploaded now into the eFormulary so it's easy to view for GPs, reception staff etc. if they are diverting patients where necessary. It also means it's nice and quick for us to amend if required in one central location.

The Pharmacy First formulary can be found HERE

10. IOW Wound Care Formulary - Barrier Creams

The formulary approved barrier creams should be obtained by the nurse in charge of the care for that patient via the CCOMs portal e.g. for patients under the care of the community nurses it would be ordered by the community nurses; for patients not under the community nurses it would be ordered by the either the nurse at the nursing home or the practice nurse for patients who are at a non-nurse led home.

The community nursing teams are being asked to supply barrier creams for patients that they have no involvement with and have not assessed. In these cases asked the homes to request via other routes as they may be supplying the creams on a purely historical basis (the patient has always used it) and this is one of the reason we see high levels of stocks in homes and wastage. It is not a good use of community nursing time delivering these items - especially when often the patients did not require barrier cream.

It is important that the nurse initiating a barrier cream monitors the patient to assess its effectiveness and reviews the appropriateness of the product as required.

The approved formulary products (chosen for proven cost-effectiveness) ordered via CCOMs are charged to the **wound care budget** held by the CCG. Any non-formulary lines should not be used and suitable alternatives should be suggested and ordered via CCOMs. The local CCG's prescribing policy states that **barrier creams should never be prescribed on a prescription**. Please ask you practice nurse to show you what is currently on the wound care formulary and ensure that you have a least 2 members of staff who are able to order via CCOMs.

**Please ask you practice nurse to show you what is currently on the wound care formulary.
Ensure that you have a least 2 members of staff who are able to order via CCOMs.**

11. Changes to the FP10 NHS Prescription Form

The new FP10 form is being rolled out at the end of January. Existing stocks of the old form already in the system, such as in GP practices and pharmacies, should be used up prior to use of the new form. Both forms will be accepted for processing during the transition to the new form.

**A media release and toolkit from NHS England & NHS Improvement
has been e-mailed to prescribers and practice managers.
More information and guidance will be issue via the NHS Business Services Authority website in due course.**

12. Stoma Care Nurses Prescribing

From January 2020, the nurses will start transferring the patient's stoma appliances on to SystmOne. **The stoma bags and accessories will be annotated [stoma nurse only] and only have 1 repeat authorised at a time.** The nurses will start using SystmOne to order the stoma appliances electronically via DACs (or the pharmacy of their choice), instead of hand-writing and posting the prescriptions. Practices should not be affected by these changes to the processes; however, the efficiencies for the stoma care nurses will be huge.

Going forward,

- Prescription ORDERS, please refer all patients to the stoma nurse via telephone: 534009 or e-mail: stomacare1@nhs.net.
- **Please remind all practice staff not to initiate or re-authorise products for patients.**
- If patients have any QUERIES, please refer them to the stoma care service. Regular reviews improve the quality of life for patients and should be encouraged if there are any problems or changes with the patient's stoma care.

The MOT will run an EPACT search for the stoma bags and accessories on the formulary that have been prescribed on FP10 and the finance team will re-imburse the costs from the stoma budget for each practice. (Just like we already do for the high-cost specialist recommendation drugs).

The stoma nurses work within a restricted accessories formulary where the products have been assessed for cost-effectiveness. *If practices prescribe stoma products outside of the approved list then this cost will remain with the practice prescribing budget.*

The 6 practices that have not already signed and returned the DSP, please do so, or if you have any queries regarding the processes, please contact me or if you have any queries regarding IG, please contact Lucy Long.

The patients' event day (in conjunction with Hollister/Dansac/Fittleworth) will be held at the Quay Arts in the morning and Lakeside in the evening in May.
The Stoma Nurses would like to extend the invite to any general practice staff who may like to attend.
A poster will be distributed.

13. IOW CCG Formulary and Website

Just a reminder that the information provided in these newsletters is also available on the IOW Joint Formulary website and the IOW CCG website. A full set of guidelines was e-mailed to practices prior to the QPSS meetings. If you would like a printed set of guidelines, please let us know.

- **IOW Joint Formulary: www.iowformulary.nhs.uk**
- **IOW MOT Website: www.isleofwightccg.nhs.uk/mot.htm**

The previous **MOT newsletters** have all been added to the MOT website, along with a **search box** so that you can search for the relevant MOT advice relating to common queries.

14. Next meeting dates – ALL welcome!

- **Primary Care Prescribing Committee (PCPC)**
  Tuesday 18th February 2020 12.30-14.00 – Review of QPSS 2020-21
  Tuesday 21st April 2020 12.30-14.00

- **Island Medicines Optimisation Committee (IMOC)**
  Tuesday 17th March 2020 12.45-14.15
  Tuesday 19th May 2020 12.45-14.15