

integrated working



West Suffolk
Clinical Commissioning Group

Medicines Management Update and Priorities for 2019-20

Linda Lord, Chief Pharmacist
01 July 2019

Background (1)

WSCCG Medicines Management Team

- Based at West Suffolk House, BSE
- 3 pharmacists, 6 pharmacy technicians, dietitian, appliance nurses, clinical pharmacists (sessional)
- Strategic and 'hands on' prescribing support

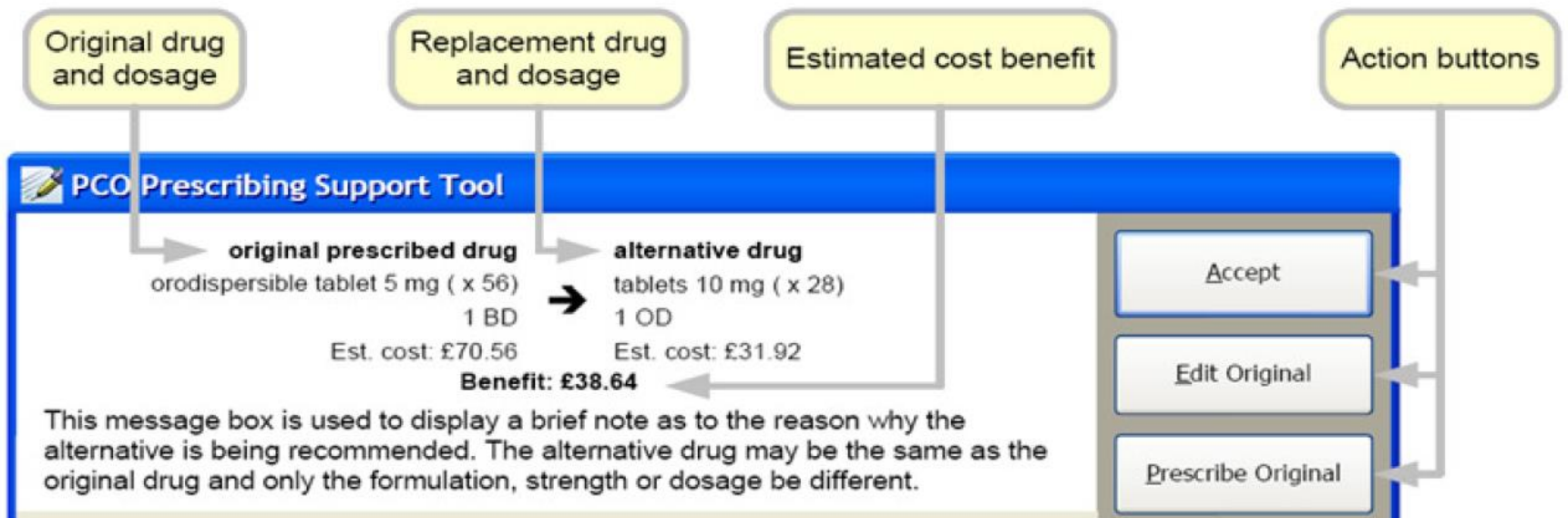


Background (2)

- Prescribing support for 24 GP practices
- Partnership working with many stakeholders, e.g. WSFT, NSFT, care homes, NMPs, community pharmacists, other CCGs, other acute trusts
- Wide range of initiatives to promote **safe, evidence based and cost effective prescribing**
- Initiatives include...

ScriptSwitch (1)




- Software tool, installed on GP systems, giving messages at point of prescribing
- Safety messages, drug switches, dose optimisation messages



ScriptSwitch (2)

Examples of ScriptSwitch messages:

Cost

- Tamsulosin 400mcg MR tablets  capsules
- Sitagliptin 100mg tablets  alogliptin 25mg tablets
- Diprobase cream  Epimax cream

Safety

- Co-amoxiclav: Risk of C.difficile infection
- Oncology drugs: Hospital only, do not prescribe
- Trimethoprim: Do not prescribe with methotrexate, fatalities have occurred

Polypharmacy (1)



The WHO has identified addressing polypharmacy as one of three main priorities in its global patient safety challenge

<https://www.who.int/patientsafety/medication-safety/medication-without-harm-brochure/en/>

Polypharmacy (2)

- Appropriate vs inappropriate
- Local Enhanced Service (LES)
- Funding for enhanced medication reviews
- All 24 practices taking part
- Special focus on opioids and gabapentinoids, benzodiazepines and oral hypoglycaemic
- Dec 2016 – Jan 2019:
 - 7,231 medication reviews completed
 - 11,395 items stopped or dose reduced
 - 12-month saving of £967,006 achieved
 - Safety improved, e.g. drugs stopped that cause drowsiness/falls, gastric bleeds, renal damage

Polypharmacy (3)

Drugs most frequently identified as no longer needed and stopped:

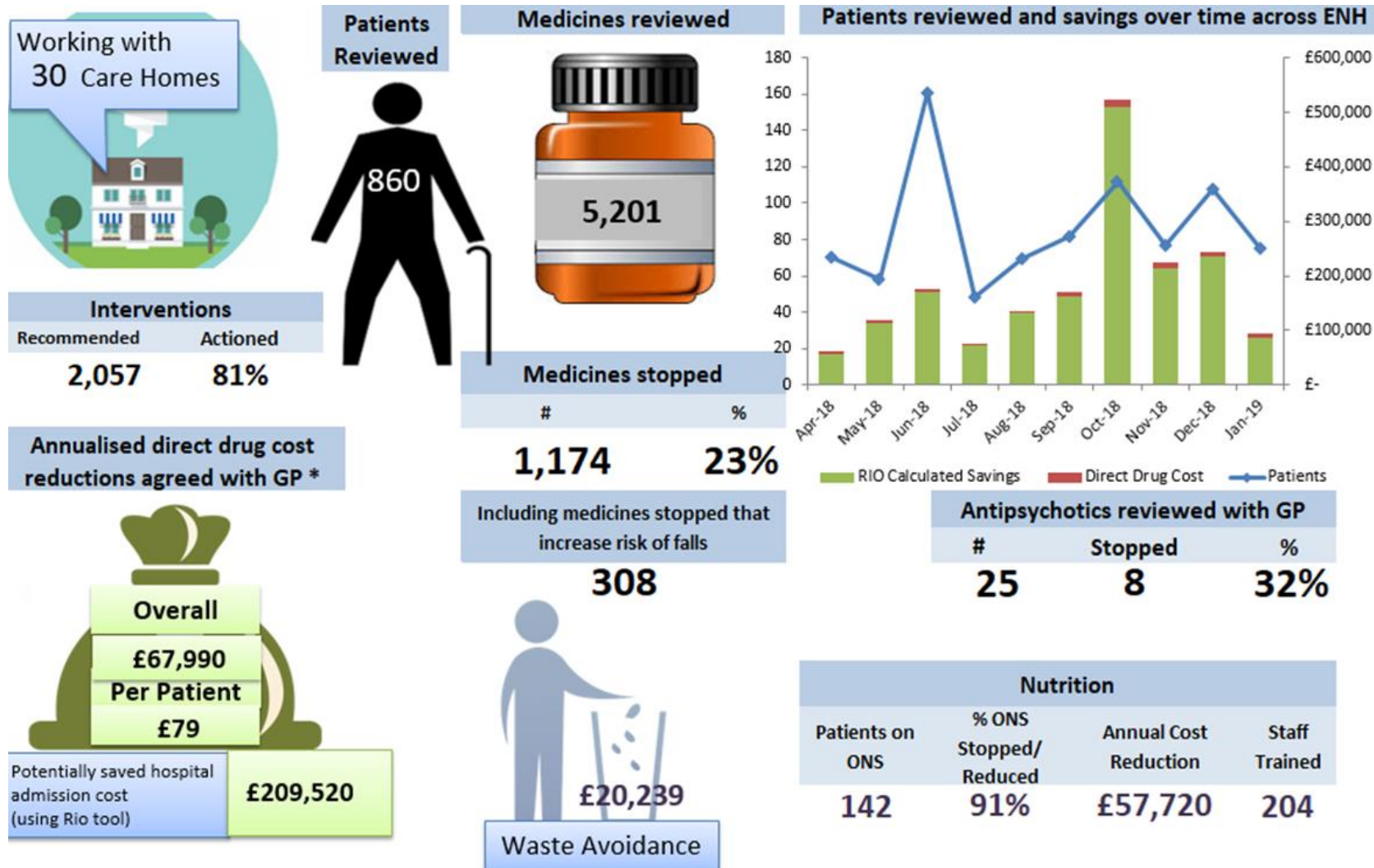
- Omeprazole/lansoprazole
- Paracetamol
- Alendronic acid
- Iron tablets
- Naproxen
- Atorvastatin
- Tamsulosin
- Amitriptyline
- Codeine
- Calcium and vitamin D
- Furosemide
- Prednisolone
- Carbocisteine
- Sip feeds

Medicines Optimisation in Care Homes (1)

- NHSE programme for pharmacy professionals working in care homes
- Structured, supported and funded training
- *“Designed to see pharmacists and pharmacy technicians trained to support older frail people and other people living in care homes, to get the best from medicines and by doing so, reduce the risk of harm, improve quality and save NHS and care home resources”*

Dr Wasim Baqir, NHSE Lead Pharmacist, MOCH Programme

Medicines Optimisation in Care Homes (2)



Rewarding Appropriate Prescribing (RAP) Scheme

- Incentive scheme
- Practices funded to prescribe cost effectively
- No metrics or targets
- Recommendations and ideas for cost effective prescribing provided, but practices choose how to deliver savings
- Share of savings achieved from the prescribing budget paid back to practices **for reinvestment in patient care**
- Win-win-win for practices, patients and CCG
- 2018-19:
 - RAP scheme payments to practices £449,625
 - WSCCG prescribing budget underspent by £1.4m

Self Care (1)

Thinking of going to see your doctor?

Ask your pharmacist first for advice about treating minor conditions.

By asking a few questions, your pharmacist will be able to advise if you need to see a doctor.



Self Care (2)

Minor conditions include:

- Aches and pains
- Coughs
- Athletes foot
- Blocked nose
- Cold sores
- Verruca
- Indigestion
- Hay fever
- Colic
- Nappy rash
- Ear wax
- Dry eye
- Common cold
- Teething
- Travel sickness
- Acne
- Insect bites
- Mouth ulcer
- Vaginal thrush
- Skin rash

Waste Campaign (1)



Medicines returned from 1 patient: £3,094

Waste Campaign (2)

Bid to reduce wastage of prescription drugs

Matt Reason

matt.reason@archant.co.uk

A campaign to crack down on unused and wasted prescription drugs has been launched by the NHS in west Suffolk.

GPs at the NHS West Suffolk Clinical Commissioning Group (CCG) are urging patients to only order the medicines they need.

The campaign started this week, as the CCG hopes to help save millions of pounds lost to the NHS through wasted drugs.

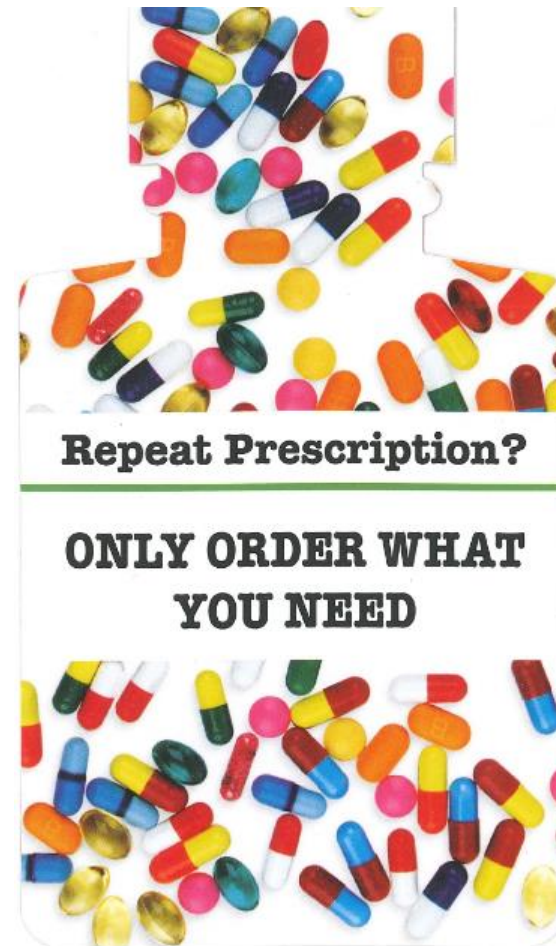
Dr Christopher Browning, a GP in Long Melford and CCG chairman, said: "Wasted medicines are a serious problem and cost the NHS millions of pounds every year.



■ The launch of the campaign at Asda Pharmacy in Bury St Edmunds. From left are Jo John (CCG), Sharon Darbyshire (medicine counter assistant), Ladele Fabiyi (resident pharmacist, Asda) and Adewale Abimbola (medicines management pharmacist, CCG).

Waste Campaign (3)

- Radio
- Press
- Posters, leaflets
- Social media messages
- Videos in GP waiting rooms
- Prescription bag inserts
- Market stalls
- Competitions



Priorities for 2019-20

	Initiative
1	Analgesics
2	Diabetes
3	Respiratory
4	Self care
5	Low value medicines
6	Mental health
7	Dietetics
8	Gonadorelin analogues
9	Appliances
10	DOACs
And more!	

1. Analgesics

- Adherence to pain ladders
- Reduction in prescribing of opioids and gabapentinoids
- Promotion of non-pharmacological strategies

PAIN LADDER - ACUTE PAIN																				
Guidance on analgesic choice for non-cancer acute pain < 3 months duration in adults in primary care ^{1,2,3,4}																				
Preferred and alternative options after optimising non pharmacological strategies																				
MILD STEP 1	<p>Paracetamol oral/rectal 1g qds (1g tds if < 50 kg, malnourished, renal or hepatic impairment) Paracetamol alone is not recommended management for low back pain³ + / OR Ibuprofen oral 400 mg tds /topical 5% gel tds OR Naproxen oral 250-500 mg bd NSAID at lowest effective dose for shortest period. Consider a PPI.</p>	<p>Adjuvant therapies</p> <ul style="list-style-type: none"> • Muscle relaxants, e.g. baclofen • Benzodiazepines - short term only and extreme caution with strong opioids 																		
	Consider possibility of neuropathic/mixed pain; refer to neuropathic pain ladder																			
MODERATE STEP 2 ADD weak opioid	<p>Codeine oral 15-60 mg qds Avoid if breast feeding or if patient has experienced excessive response to codeine previously* OR Tramadol oral 50-100 mg qds OR Meptazinol oral 200 mg 3-6 hourly</p>																			
SEVERE STEP 3 STOP weak opioid	<p>Morphine Sulfate oral solution up to 4-6 hourly: age related dose OR if patient intolerant to morphine Oxycodone oral solution up to 4-6 hourly: age related dose Strong opioid at lowest effective dose for expected duration of pain. < 3 days usually sufficient; 7 days rarely needed.</p>	<p>Age related dose for oral solution 4-6 hourly</p> <table> <tr> <th>Age</th><th>Morphine</th><th>Oxycodone</th></tr> <tr> <td>16-39</td><td>7.5-12.5 mg</td><td>3 mg-6 mg</td></tr> <tr> <td>40-59</td><td>5-10 mg</td><td>2.5-5 mg</td></tr> <tr> <td>60-69</td><td>2.5-7.5 mg</td><td>1.25-3 mg</td></tr> <tr> <td>70-85</td><td>2.5-5 mg</td><td>1.25-2.5 mg</td></tr> <tr> <td>>85</td><td>2.5 mg</td><td>1.25 mg</td></tr> </table>	Age	Morphine	Oxycodone	16-39	7.5-12.5 mg	3 mg-6 mg	40-59	5-10 mg	2.5-5 mg	60-69	2.5-7.5 mg	1.25-3 mg	70-85	2.5-5 mg	1.25-2.5 mg	>85	2.5 mg	1.25 mg
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<p>KEY MESSAGES</p> <p>Taper down and stop ineffective medicines. Caution when prescribing in elderly or debilitated. Renal impairment: Seek advice Hepatic impairment: Seek advice Dose equivalence and changing opioids: Seek advice Dose equivalence and changing opioids Aim to stop strong opioids commenced for post operative pain within 2 weeks of surgery. Do not prescribe fentanyl/ for acute pain (risk of serious adverse effects and fatalities reported). Fentanyl generally only for palliative care. Pain > 3 months: Refer to chronic pain ladder.</p> <p>Consider seeking advice or refer to West Suffolk Pain Services Single Point of Access if red flags have been excluded AND diagnosis and treatment plan have been reviewed AND: - EITHER opioid dose significantly increased - OR step 3 opioid required for > 7 days unless longer term treatment specifically established as appropriate following assessment by the GP, e.g. following surgery or acute injury. Regular further review by the GP is essential to ensure the opioid is not continued inappropriately. - OR patient with < 3 months pain with escalating drug requirements and/or distress or significant pain preventing sleep, function or work. Tel: West Suffolk Community Pain Services 0845 241 3313 option 6; WSH Pain Services: 01284 712528.</p>																				

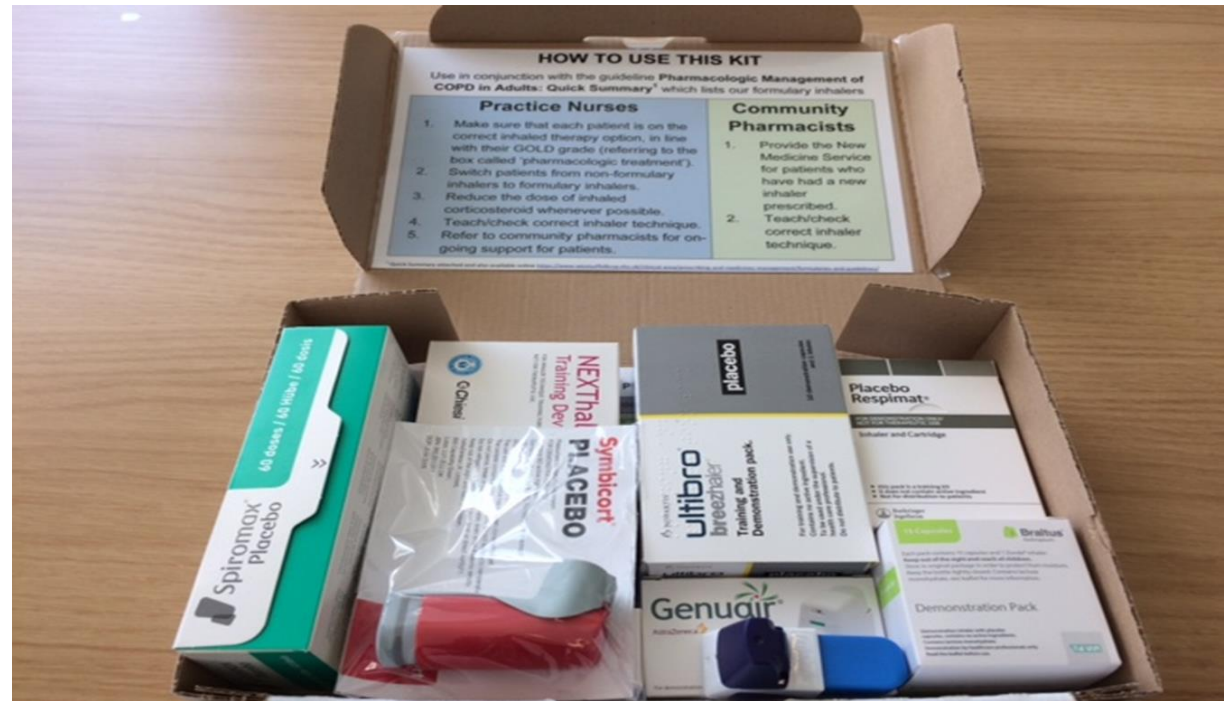
2. Diabetes

- Cost effective prescribing of blood glucose testing strips, needles and lancets
- Adherence to WSCCG prescribing guidance on hypoglycaemic agents
- Adherence to WSCCG policy on FreeStyle Libre



3. Respiratory

- Adherence to WSCCG guidelines on asthma and COPD
- Formulary inhalers
- Reduce use of high dose ICS (fluticasone)



4. Self Care

IN NHS WEST SUFFOLK CCG



Over the last year the NHS spent £9,016,251 on treatments for all common self care conditions

**Choose
self
care**

£8,260,194



spent on GP appointments

£756,057



spent on medicines

If we were more self care aware we could use these important resources to fund:



361
Ambulance staff

OR



345
Practice nurses

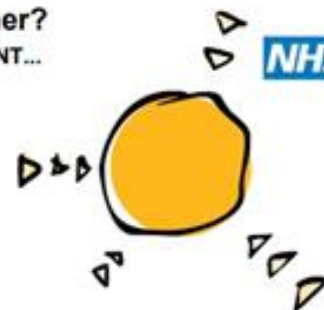
Speak to your pharmacist for help and advice on managing your symptoms for common conditions

Are you ready for summer?

NHS WEST SUFFOLK CCG SPENT...



£38,663
On sunburn and sun protection.



Over the last year we spent £156,302 on treatments for summer health for which a prescription is not needed.



£139
On insect bites and stings.



£34,804
On travel sickness.



£82,697
On mild hayfever.

Choose self care.

Speak to your pharmacist for help and advice on managing your summer health symptoms.



5. Low Value Medicines

- Reduction in prescribing of:

- Doxazosin MR
- Fentanyl IR
- Lidocaine plasters
- Targinact®
- Tramacet®
- Tadalafil one a day
- Liothyronine
- Trimipramine
- Dosulepin

- Have already tackled:

- Coproxamol, homeopathy, herbal therapy, glucosamine and chondroitin

- Further additions coming soon:

- Aliskiren, amiodarone, bath and shower preparations, BGTS for T2 diabetes, dronedarone, minocycline for acne, insulin needles, silk garments



6. Mental Health

- Partnership working with NSFT
- Cost effective prescribing of quetiapine
- Reduction in prescribing of benzodiazepines and Z drugs
- Reduction in prescribing of antidepressants

Norfolk and Suffolk 
NHS Foundation Trust

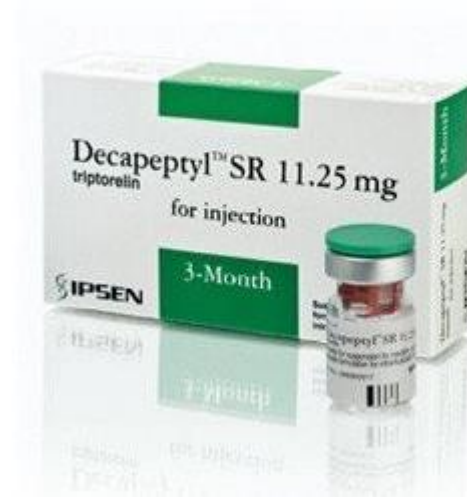
7. Dietetics

- Reduction in prescribing of infant formula
- Reduction in prescribing on oral nutritional supplements
- No prescribing of GF food for adults (and limited prescribing for children)



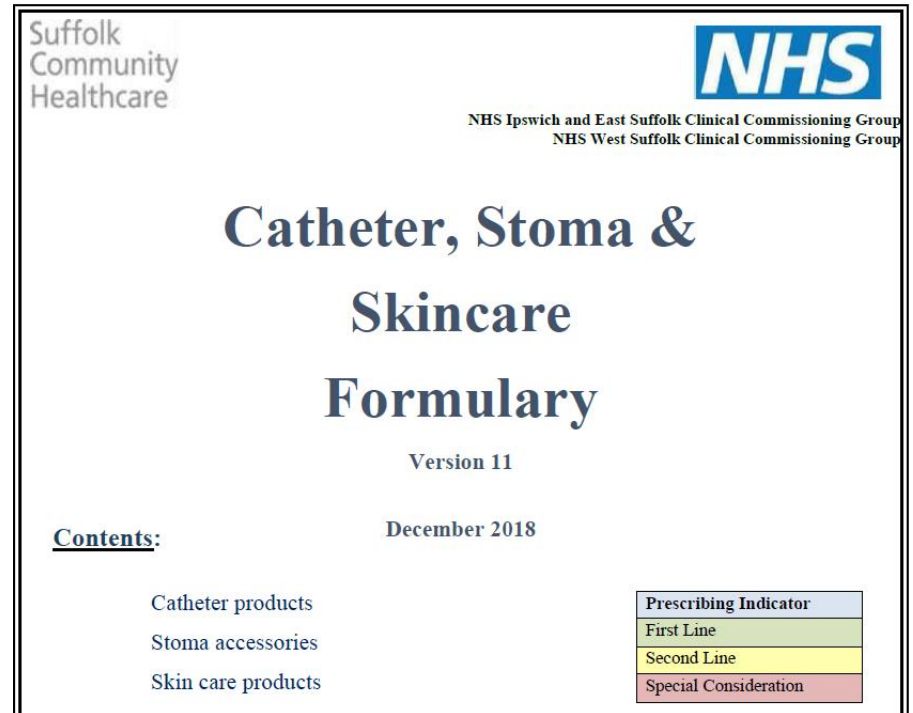
8. Gonadorelin analogues

- Cost effective choices for treatment of prostate cancer
 - Triptorelin (Decapeptyl®) for 3-monthly and 6-monthly injections
 - Goserelin (Zoladex®) for monthly injections



9. Appliances

- Compliance with formularies: Wound care, catheters, stoma and skincare
- Cost effective prescribing of emollients
- Cost effective prescribing of eye preparations for dry eye



10. DOACs

Atrial Fibrillation

- Over 1.5 million diagnosed with AF
- Increases risk of stroke 5 fold
- Contributes to 20% of all strokes
- Anticoagulation will reduce the risk of stroke by up to 70%
- 31% patients with AF eligible for anticoagulation treatment are not treated



- Enhanced appropriate prescribing of DOACs for AF
- Enhanced compliance checks

Resources

- WSCCG website:
www.westsuffolkccg.nhs.uk
- Clinical Area
- Prescribing and Medicines Management
- Especially Formularies, Policies and Guidelines
- No password needed

Reminder:

Please provide your email address on today's sign in sheet

