



integrated working



West Suffolk
Clinical Commissioning Group

NMPs and CCG Medicines Management Teams: How can we work together?

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NMP Forum 21 October 2019

WSCCG MMT Priorities for 2019-20

	Priority topic
1	Analgesics
2	Diabetes
3	Respiratory
4	Minor conditions (OTC medicines/ self care)
5	Low value medicines
6	Mental health

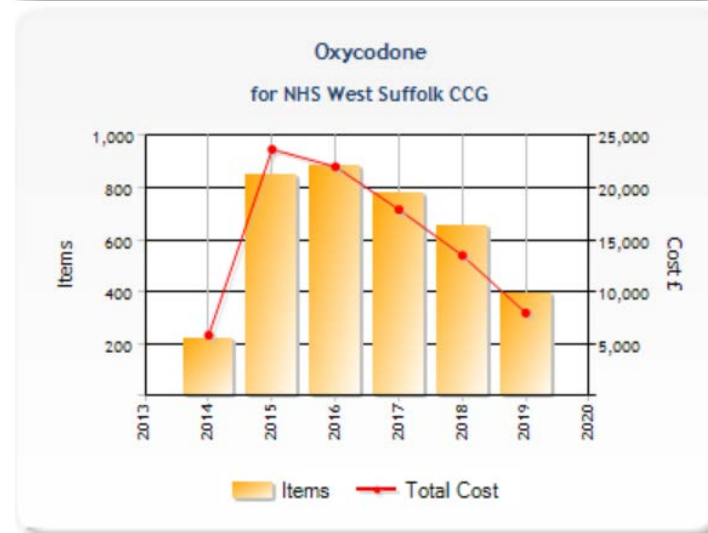
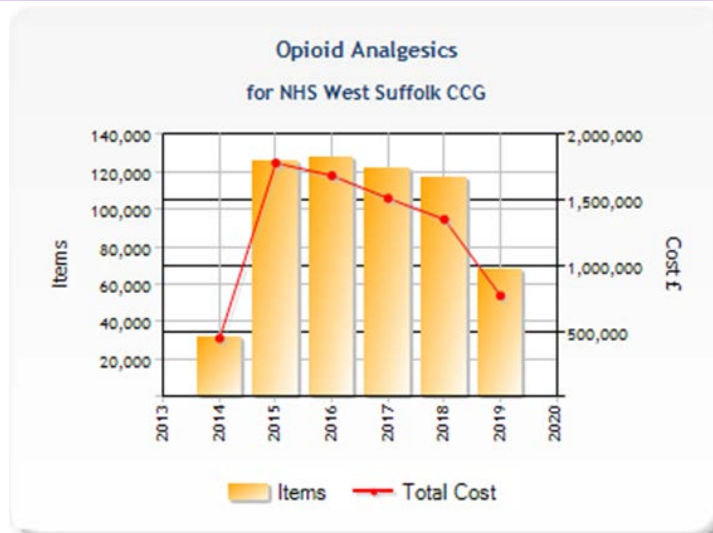
	Priority topic
7	Dietetics
8	Gonadorelin analogues
9	Appliances: Wound care, stoma, continence, others
10	Polypharmacy
11	Antibiotics
12	DOACs

Can you help us with these?

Can the MMT help with your priorities?

Analgesics

- Reduce inappropriate prescribing of opioids and gabapentinoids
- Adhere to pain ladders and further guidelines
- Review 'odd' prescribing e.g. excessive prescribing of opioid patches or oxycodone



Diabetes

- Prescribe **formulary** blood glucose testing strips, needles and lancets
- Prescribe correct quantities
- Do not prescribe FreeStyle Libre[®], unless initiated by a secondary care specialist

Remember
this?



Brand

GlucoRx[®] Q Test Strips

Finetest[®] Lite Test Strips

ACCU-CHEK[®] Performa Test Strips

TEE2[®] Test Strips

Needle

GlucoRx[®] CarePoint & Ultra

BD Viva[®] Pen Needles

Neon Verifine & Ultra[®]

Lancets

GlucoRx Lancets[®]

Glucoject lancets PLUS[®]

OneTouch Delica[®]

Respiratory

- Prescribe **formulary** inhalers
- Follow WSCCG-WSFT prescribing guidelines for asthma and COPD
- Checking inhaler technique at every opportunity



Minor Conditions (OTC Medicines)

Conditions for which over the counter items should not routinely be prescribed in primary care:

Guidance for CCGs

- Do not prescribe for minor **conditions**
- It is the conditions not the drugs that are important

4.1	Items of limited clinical effectiveness
4.1.1	Probiotics
4.1.2	Vitamins and minerals
4.2	Self-Limiting Conditions
4.2.1	Acute Sore Throat
4.2.2	Infrequent cold sores of the lip
4.2.3	Conjunctivitis
4.2.4	Coughs and colds and nasal congestion
4.2.5	Cradle Cap (Seborrhoeic dermatitis – infants)
4.2.6	Haemorrhoids
4.2.7	Infant Colic
4.2.8	Mild Cystitis
4.3	Minor Conditions Suitable for Self- Care
4.3.1	Mild Irritant Dermatitis
4.3.2	Dandruff
4.3.3	Diarrhoea (Adults)
4.3.4	Dry Eyes/Sore tired Eyes
4.3.5	Earwax
4.3.6	Excessive sweating (Hyperhidrosis)
4.3.7	Head Lice
4.3.8	Indigestion and Heartburn
4.3.9	Infrequent Constipation
4.3.10	Infrequent Migraine
4.3.11	Insect bites and stings
4.3.12	Mild Acne
4.3.13	Mild Dry Skin
4.3.14	Sunburn due to excessive sun exposure
4.3.15	Sun Protection
4.3.16	Mild to Moderate Hay fever/Seasonal Rhinitis ...
4.3.17	Minor burns and scalds

Low Value Medicines

Review prescribing of all LVMs including:

- Doxazosin MR
- Fentanyl IR
- Lidocaine plasters
- Targinact[®]
- Tramacet[®]
- Tadalafil one a day
- Liothyronine
- Trimipramine
- Dosulepin
- **Needles >£5 per 100**
- **Bath and shower preparations**

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England

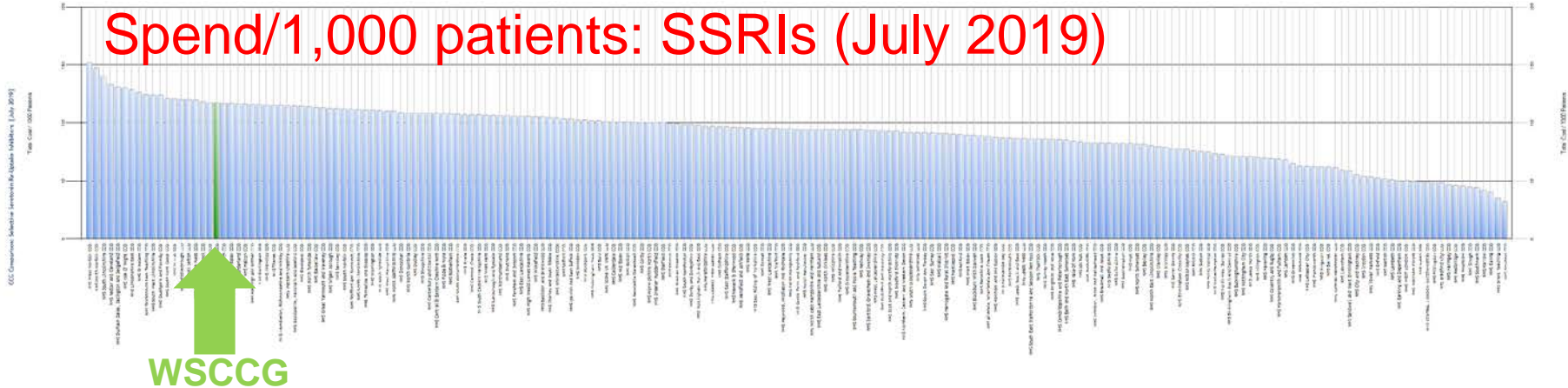


<https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>

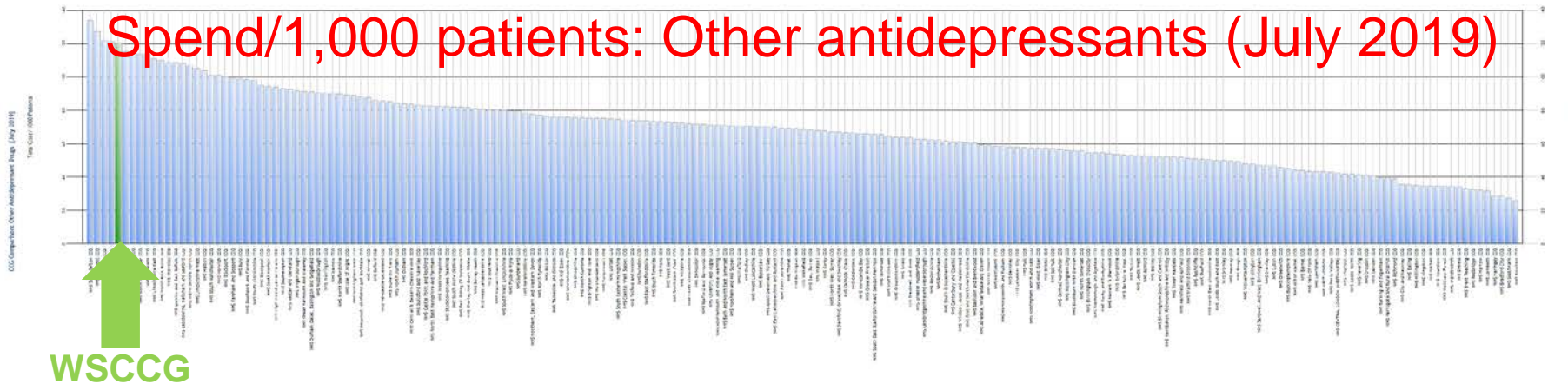
Mental Health

- Reduce inappropriate prescribing of antidepressants, benzodiazepines and Z drugs

Spend/1,000 patients: SSRIs (July 2019)



Spend/1,000 patients: Other antidepressants (July 2019)



Dietetics

- Reduce inappropriate prescribing of infant formula
- Refer all patients requiring ONS or enteral feeds to dietetic service

Specialist Infant Formula Policy 2018-19

Key Points

- Breast milk is the optimal milk for infants; it should be promoted and supported wherever possible.
- This policy is targeted at infants 0 to 12 months of age, unless otherwise stated.
- Only prescribe infant formula in accordance with this policy, and only prescribe 1-2 tins initially to assess tolerance/acceptance.
- Do not put infant formula on repeat prescription until tolerance/acceptance is established. Review repeat prescriptions every 2-3 months.
- Healthy Start vouchers can be used to purchase infant formula that is based on cow's milk that is appropriate for use from birth. The vouchers cannot be used for soya or goat's milk infant formula or follow-on formula for babies aged 6 months or older.

Summary Table

Infant formula that can be prescribed but only in accordance with this Policy		Must be purchased
Aptamil Pepti 1 Aptamil Pepti 2 Infatrini Neocate Active Neocate Advance Neocate Junior Neocate LCP Neocate Spoon Nutramigen 1 with LGG Nutramigen 2 with LGG Nutramigen Puramino Nutriprem 2 liquid Nutriprem 2 powder Similac Alimentum Similac High Energy SMA Alfamino SMA Althéra SMA PRO High Energy SMA PRO Gold Prem 2 liquid SMA PRO Gold Prem 2 powder	Key: First line Second line Should not routinely be prescribed in primary care. If started in primary care, refer to Paediatric Dietitian and Paediatrician	Aptamil Anti-Reflux Aptamil Lactose Free Cow & Gate Anti-Reflux Cow & Gate Comfort Enfamil AR Enfamil O-Lac SMA H.A. SMA LF SMA PRO Anti-Reflux SMA Staydown SMA WySoy All other 'standard' formula

Flowcharts

- Managing infants with suspected cow's milk protein allergy
- Managing secondary lactose intolerance
- Managing faltering growth
- Managing preterm infants

Appendices

- Appendix 1: Diagnostic milk challenge guidelines (Non-IgE mediated allergy)
- Appendix 2: Home milk challenge guidance for parents
- Appendix 3: Frequently asked questions about cow's milk protein allergy
- Appendix 4: Guidance on volumes of infant formula to prescribe
- Appendix 5: References
- Appendix 6: Change log

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Gonadorelin analogues

- Prescribe triptorelin (Decapeptyl®) as the cost-effective choice
- Prescribe under a shared care agreement

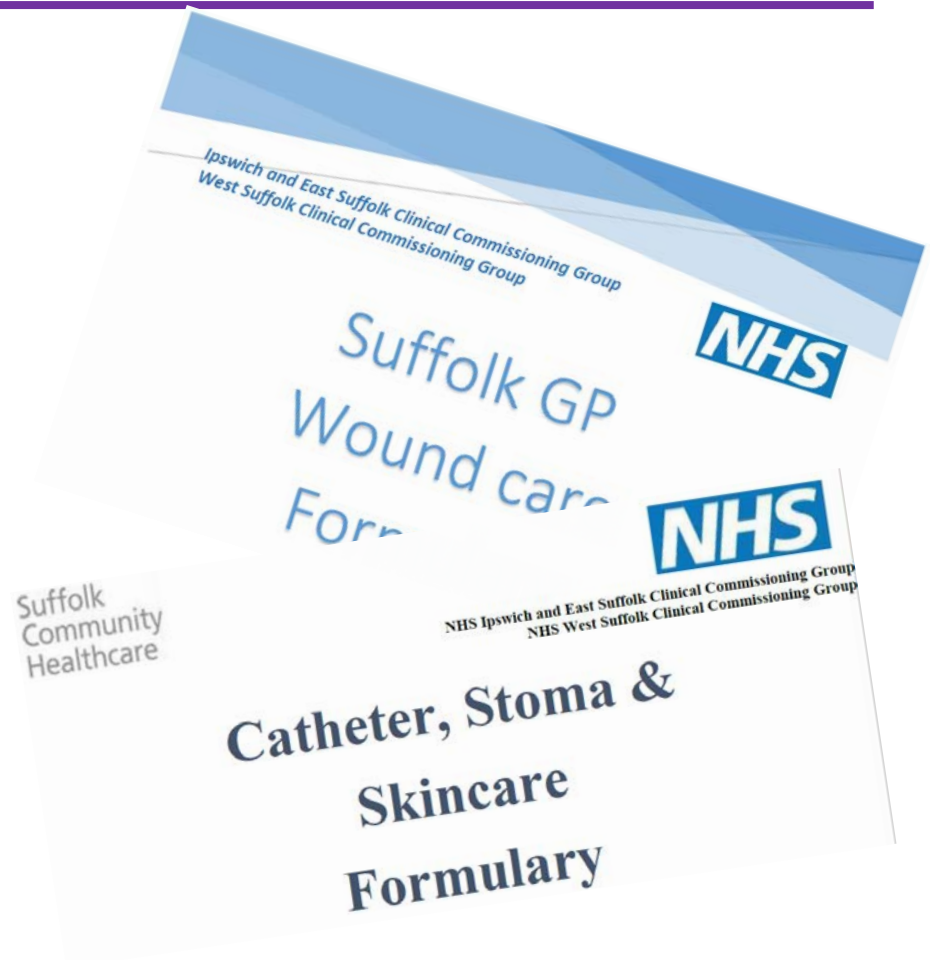
<https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/traffic-light-system/>

SHARED CARE AGREEMENT (SCA) Gonadorelin analogues (goserelin, leuprorelin and triptorelin) for use in prostate cancer ALL WSCCG SCAs ARE PATIENT-CENTERED	
Specialist Responsibilities	
1. Assess the patient, confirm diagnosis, and discuss benefits and risks of treatment with the patient.	
2. Perform pre-treatment assessments.	
3. Provide the patient with appropriate written information on their treatment.	
4. Discuss proposed SCA with the patient and explain that their GP may or may not wish to participate. The patient has the choice to continue receiving treatment solely from the specialist if they wish.	
5. Send a clinic letter to the patient's GP to request participation in the SCA, to provide full details of the prescribing and treatment plan, and to clarify that the gonadorelin analogues recommended for prescribing in West Suffolk are goserelin (as Zoladex® 3.6mg implant monthly) and triptorelin (as Decapeptyl® SR 11.25 mg injection every three months).	
6. Send the SCA to the patient's GP, or a link to the SCA on the WSCCG website: WSCCG Traffic Light List .	
7. The GP is invited to participate in the agreement, but is under no obligation to do so. The GP must respond to the specialist within 14 days if they are NOT willing to participate.	
8. If the GP declines to participate, full clinical responsibility for the patient and the prescribed treatment will remain with the specialist.	
Once the GP has agreed to participate in the SCA, the specialist will:	
9. Make a record in the patient's secondary care notes that treatment is being given as part of an SCA.	
10. Inform the patient which aspects of their care will be provided by the specialist, and which will be provided by their GP.	
11. Give at least 14 days' notice to the GP before transferring prescribing.	
12. Advise the patient on when to contact their GP practice.	
13. Ask the patient to report any adverse effects about their treatment to the specialist or GP.	
14. Inform the GP of how frequently specialist review of the patient will be undertaken, and of any changes to treatment.	
15. Ensure clear arrangements exist for GPs to obtain advice and support if required.	
GP Responsibilities	
1. Review the letter from the specialist that requests participation in shared care, and the SCA from the WSCCG Traffic Light List .	
2. If NOT willing to participate in the SCA, respond to the specialist within 14 days by sending an email to the relevant mailbox (see email addresses below for oncology and urology) stating the reason for non-acceptance. Prescribing should not be refused on the grounds of drug cost.	
Once shared care is accepted, the GP will:	
3. Make a record in the patient's primary care notes that treatment is being given as part of an SCA.	
4. Familiarise themselves with the drug indication, dose, administration, contra-indications, cautions, side effects, interactions and preparation by referring to the current versions of the Summary of Product Characteristics or the BNF .	
5. Prescribe a gonadorelin analogue in accordance with the specialist's prescribing and treatment plan.	
6. The gonadorelin analogues recommended for prescribing in West Suffolk are goserelin (as Zoladex® 3.6mg implant monthly) and triptorelin (as Decapeptyl® SR 11.25 mg injection every three months).	
7. Report any adverse effects to the specialist and to the MHRA via the Yellow Card Scheme .	
8. Refer to the specialist if the patient's clinical condition deteriorates, if intolerance to treatment develops, or if contra-indications/cautions arise that prevent continued prescribing.	
9. Prescribe a different dose (if necessary) on the advice of the specialist.	
10. Discontinue treatment on the advice of the specialist.	
11. Contact the specialist for any advice/support via contact details provided.	

Appliances (wound care, stoma, continence, others)

- Adhere to CCG formularies
- Refer to resources on our website:

<https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/dressings-and-stoma/>



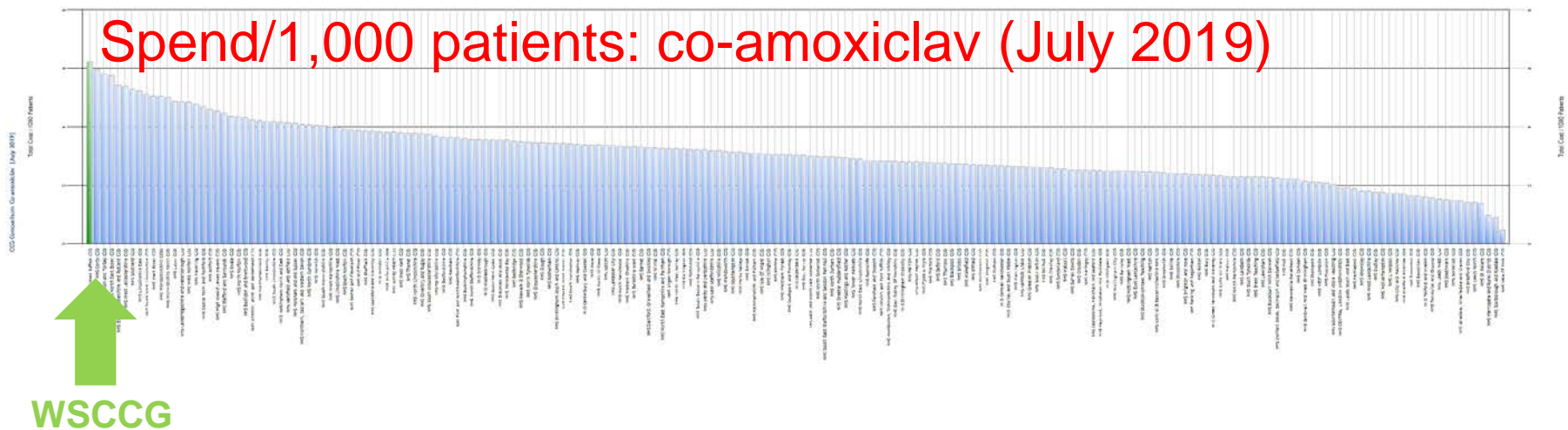
Polypharmacy

- Intensive work started 2016
- We're making good progress, but please help!



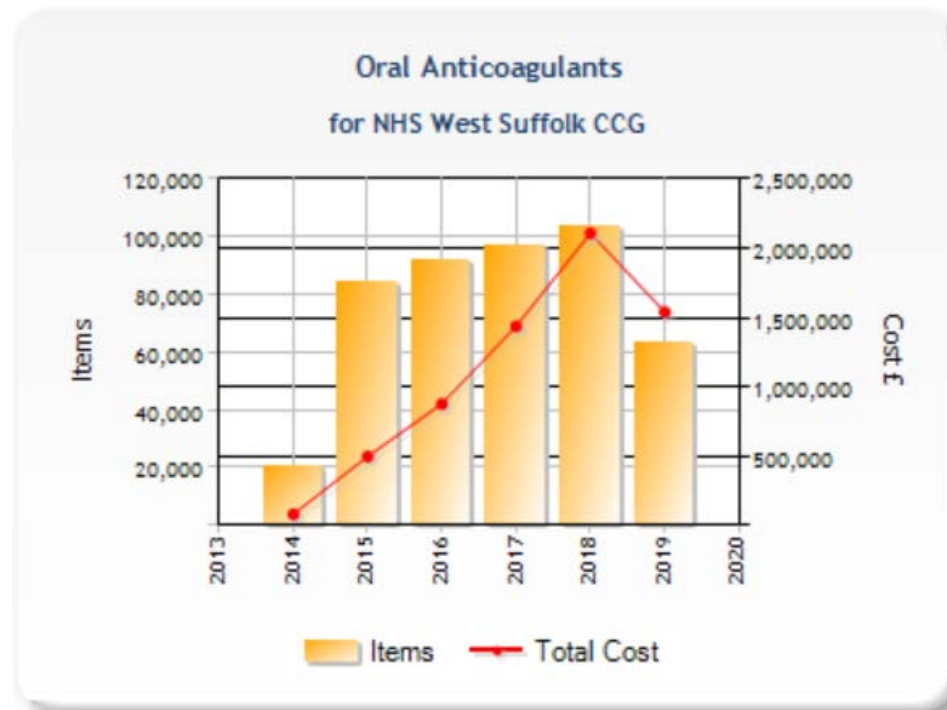
Antibiotics

- Reduce overall prescribing
- Reduce prescribing of broad spectrum antibiotics: cephalosporins, quinolones and especially **co-amoxiclav**



DOACs

- Prescribing actively encouraged for patients with AF to reduce incidence of stroke
- Intensive work with cardiologists and stroke specialists
- **Please check compliance at every opportunity**



Resources

- WSCCG website:
www.westsuffolkccg.nhs.uk
- Clinical Area, Prescribing and Medicines Management
- Especially:
 - Formularies, Policies and Guidelines
 - Wound care, catheters, stoma and skin care
 - Dietetics
- No password needed



Controlled
Drugs



Dietetics



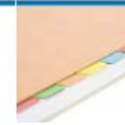
Education
and Training



Financial
Information



Forms



Formularies,
Policies and
Guidelines



Medicines
Optimisation
Group (MOG)



Oxygen



Practice work



Prescribing
Reports



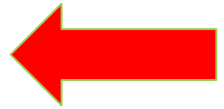
Specials and
Unlicensed
Medicines



Traffic Light
System



Woundcare,
Catheters,
Stoma and
Skincare



Any questions?

Workshop

- Which of the MMT priority topics can you help with please?
- How could you help?
- What are **your priorities**?
- How can we work together to help with your priorities?
- Do you have other ideas for how we can work together effectively?