

integrated working



West Suffolk
Clinical Commissioning Group

Primary Care Medicines Management Update

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Overview

- Response to the Covid-19 pandemic
 - Improved access to End of Life Care (EoLC) medication
 - Warfarin-Direct Oral Anticoagulant (DOAC) switch
- Antidepressants, hypnotics and anxiolytics
- Antimicrobial stewardship

Response to the Covid-19 pandemic

Service for the provision of Covid-19 EoLC Medication

- Initially for 6 months – 01 April 2020 to 30 September 2020
- Extended till 31 March 2021

Immediate Access to EoLC Drugs

- To ensure availability and improved access to EoLC medication
- A full procured service from 01 April 2021 (for two years)
- 18 pharmacies across Suffolk and North East Essex – 6 in each locality

Appendix 1: Provision for End of Life Medicines - Medicines Stock List

The pharmacies contracted to provide the service will ensure that the following list of medication will be stocked with the agreed minimum quantities:

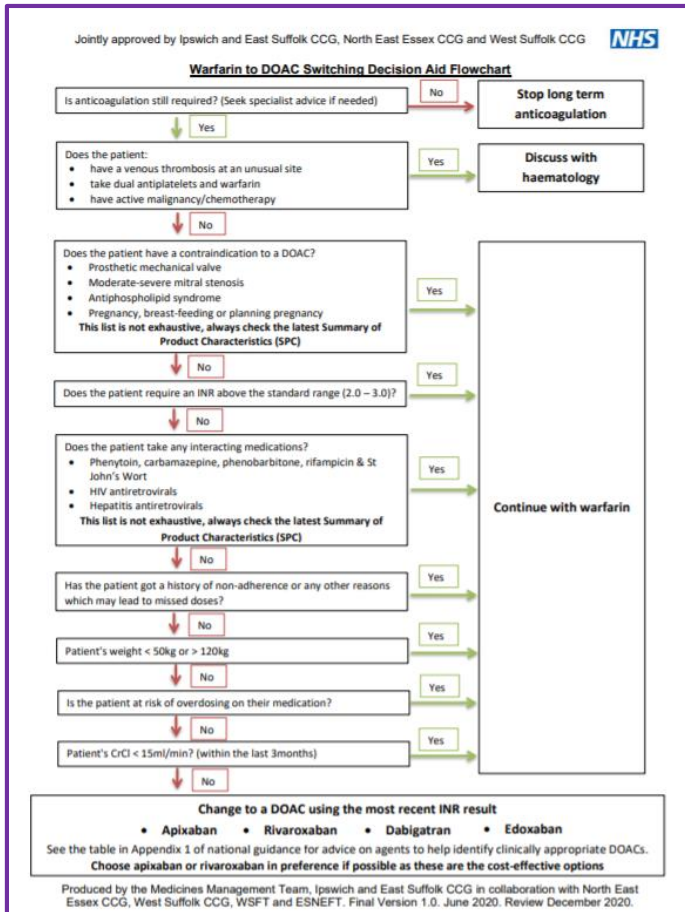
Drug	Form	Strength	Pack Size	Minimum Quantity Needed (OP)
Cyclizine	Solution for injection ampoules	50mg/mL	5 x 1mL	4
Dexamethasone (base)	Solution for injection ampoules	3.3mg/mL	10 x 1mL	4
Glycopyrronium	solution for injection ampoules	200 micrograms /mL	10 x 1mL	2
Haloperidol	Solution for injection ampoules	5mg/mL	10 x 1mL	4
Hyoscine Butylbromide	Solution for injection ampoules	20mg/mL	10 x 1 mL	4
Levomepromazine	Solution for injection ampoules	25mg/mL	10 x 1mL	4
Metoclopramide	Solution for injection ampoules	10mg/2mL	10 x 2mL	4
Midazolam	Solution for injection ampoules	10mg/2mL	10 x 2mL	4
Morphine	Solution for injection ampoules	10mg/mL	10 x 1mL	4
Morphine	Solution for injection ampoules	30mg/mL	10 x 1mL	4
Oxycodone	Solution for injection ampoules	10mg/mL	5 x 1mL	4
Sodium Chloride	Ampoules for Injection	0.9%	10 x 10mL	2
Water For Injection	Ampoules for Injection		10 x 10mL	4
Also, adequate supplies of the following items which are routinely stocked in community pharmacies not funded as part of the service				
Lorazepam tablets	1mg	-	-	-
Buprenorphine patch	5mcg/hour	-	-	-
Fentanyl matrix patch (e.g. Fencino®, Matrifen® or Mezolar®)	12mcg/hour	-	-	-
Morphine oral solution	10mg/5mL	-	-	-
Micropore® tape 2.5cm x 5m	N/A	-	-	-
Buccolam ® Midazolam <i>hydrochloride</i> *	Oromucosal solution pre-filled oral syringes sugar free	10mg/2mL	4x 2mL	1

For general information regarding prescribing these drugs please refer to current BNF Prescribing in palliative care.

***Ensure Buccal Midazolam is prescribed by brand- there are two different formulations available which are not interchangeable.**

Response to the Covid-19 pandemic (2)

Implementation guidance for reviewing switching of patients from warfarin to a DOAC



- Where clinically appropriate
- To avoid regular blood tests for INR monitoring
- To reduce footfall in GP surgeries and pathology departments
- Priority groups:
 - Poor control of INR (not adherence related)
 - Shielding
 - Housebound and require district nurse support

Antidepressants, hypnotics and anxiolytics



Public Health
England

Protecting and improving the nation's health

Dependence and withdrawal associated with some prescribed medicines

An evidence review

CCG	Antidepressants		Benzodiazepines		Z-drugs	
	ISR ^Ω	Rank*	ISR ^Ω	Rank*	ISR ^Ω	Rank*
West Suffolk CCG	1.20	32	1.09	60	1.08	60
North East Essex CCG	1.15	54	1.50	2	1.31	21
Ipswich And East Suffolk CCG	1.18	40	1.06	69	0.91	124

^ΩIndirectly age-sex standardised prescribing proportion (2017/18)

*Rank within CCGs (1=highest ISR, 195=lowest ISR)

Antidepressants, hypnotics and anxiolytics (2)

Deprescribing guidance

West Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
Ipswich and East Suffolk Clinical Commissioning Group



Stopping Antidepressants – Quick Reference Guide

General guidelines

- Upon recovery, patients should normally continue antidepressants for at least 6 months to greatly reduce the risk of relapse.
- If there is a history of recurrent depression or risk of relapse is significant, consider:
 - Continuing antidepressants for at least two years.
 - Augmenting medication if multiple episodes (but not lithium alone).
 - Psychological interventions (individual cognitive behavioural therapy (CBT), mindfulness).
- All antidepressants have the potential to cause withdrawal effects. When taken continuously be stopped abruptly unless a serious adverse event has occurred (e.g. cardiac arrhythmia).
- Usually reduce slowly over four weeks and more slowly with drugs with short half-life (e.g. paroxetine).
- All patients should be informed of the risk of discontinuation symptoms with all antidepressants. The likelihood of causing such symptoms such as paroxetine and venlafaxine.
- Discontinuation symptoms can last between 1 and 2 weeks, are usually mild and rapidly disappear. Many variations are possible, including late onset and/or longer persistence. These differences are due to pharmacokinetics but this is not always the case.
- Although abrupt cessation is generally not recommended, slow tapering may not always reduce withdrawal symptoms. Some patients may therefore prefer abrupt cessation and a shorter discontinuation period. Antidepressants probably increases the risk of relapse.
- If withdrawal symptoms occur, then the rate of drug withdrawal should be slowed or (if the doctor is reassured that symptoms rarely last more than 1-2 weeks).
- Advise patients to seek help if significant discontinuation symptoms occur.
 - Offer additional monitoring/support if mild.
 - If significant, consider reintroducing antidepressant/increasing back to previous dose, then reduce.

See overview for 'How to stop antidepressants' and 'Examples of tapering schedules'

How to stop antidepressants

Agomelatine	Bupropion	Clomipramine	Fluoxetine	Fluvoxamine	Tranlycypromine Selegiline	Moclobemide
Can be stopped abruptly	Reduce over 4 weeks	Reduce over 4 weeks	At 20 mg/day just stop. At higher doses reduce over 2 weeks*	Reduce over 4 weeks	Reduce over 4 weeks or longer if necessary	Reduce over 4 weeks

*If a 10mg strength is needed it is more cost effective to halve a 20mg dispersible tablet

Mirtazapine	Reboxetine	Trazodone	Other SSRI/SSRI
Reduce over 4 weeks	Reduce over 4 weeks	Reduce over 4 weeks	Reduce over 4 weeks

*Citalopram, escitalopram, paroxetine and sertraline.

Examples of tapering schedules

Drug	Maintenance dose (per day)	Dose after 1st week (per day)	Dose after 2nd week (per day)
Amitriptyline	150mg	100mg	50mg
Paroxetine	30mg	20mg	10mg
Trazodone	450mg	300mg	150mg

Bibliography

- PresQIP (2016) Bulletin 237 - Antidepressants
- Taylor, D.M., Barnes, T.R.E., Young, A.N. (2016) The Maudsley Prescribing Guidelines in Psychiatry 13th edn. Chichester: John Wiley & Sons.

Produced by the West Suffolk CCG Medicines Management Team in Collaboration with the Norfolk and Suffolk NHS Foundation Trust. Approved by the Suffolk and North East Essex Area Prescribing Committee. IP

West Suffolk Clinical Commissioning Group
North East Essex Clinical Commissioning Group
Ipswich and East Suffolk Clinical Commissioning Group



Stopping Hypnotics and Anxiolytics – Quick Reference Guide

The long-term use of benzodiazepines is associated with a number of adverse effects and other complications. Older people are more vulnerable to the adverse effects of benzodiazepines, such as impaired cognitive function and memory, which may be wrongly diagnosed as dementia.

Use of z-drugs for prolonged periods can result in tolerance, dependence and withdrawal syndrome. Tolerance to these medicines progressively reduces their effectiveness for the treatment of insomnia or anxiety. Dependence may develop, and continuing treatment may serve only to prevent withdrawal symptoms, for example, anxiety, depression, impaired concentration, insomnia, abdominal cramps, palpitations and perceptual disturbances (such as hypersensitivity to physical and auditory stimuli).

Withdrawal is possible in many patients once problems related to prolonged drug use are resolved. Information (e.g. a letter from their GP) explaining the disadvantages of regular use and substance misuse services may be required with more complex scenarios.

Patients currently taking hypnotics or anxiolytics and will therefore require different management

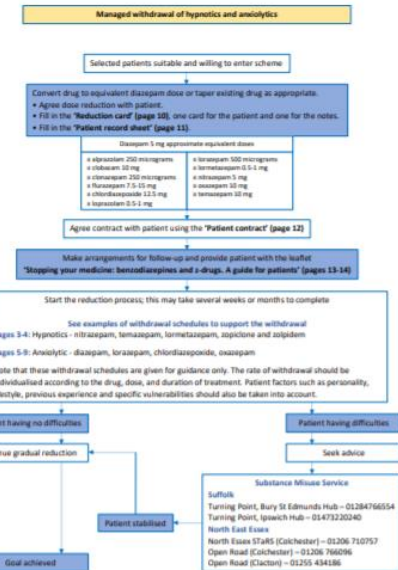
- Potential substance misusers
 - Patients on multiple drugs of abuse.
 - Patients unwilling to participate in a managed withdrawal programme.
 - Patients who may be diverting some or all of their supply to others.
- Patients who may need to
 - Those who are terminally physically ill such as those with severe mental health problems (psychiatrist).
 - Epilepsy requiring benzodiazepines.

Consider a managed withdrawal approach or refer to substance misuse services.

Stabilise and manage withdrawal symptoms.

See overview for guide on managing withdrawal

Adapted from the '16 Weeks Medicines Strategy Group Educational Pack. Material to be used by the Suffolk CCG Medicines Management Team in Collaboration with the Norfolk and Suffolk NHS Foundation Trust. Approved by the Suffolk and North East Essex Area Prescribing Committee. IP



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Antimicrobial Stewardship

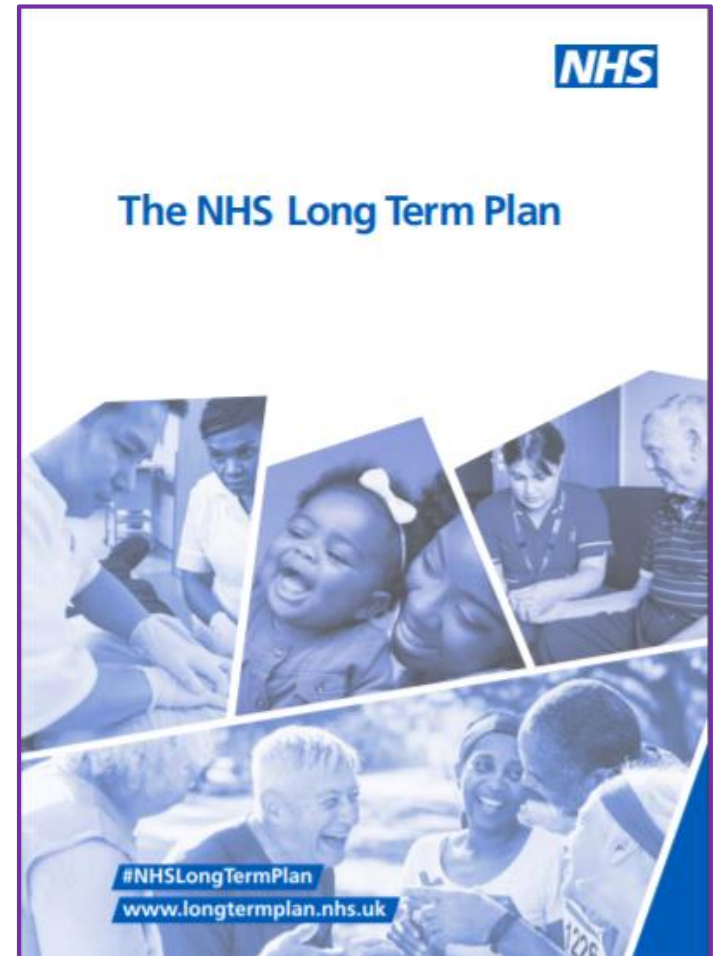
Reducing antimicrobial resistance is highlighted in the NHS Long Term Plan as one of the areas of focus for the NHS.

“No action today means no cure tomorrow.”

Dr Margaret Chan, WHO Director-General 2011

“Antimicrobial resistance poses a catastrophic threat. If we don’t act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can’t be treated by antibiotics.”

Professor Dame Sally Davies, Chief Medical Officer, March 2013



Antimicrobial Stewardship (2)

Support tools

1. Formulary

Ipswich and East Suffolk CCG
West Suffolk CCG
North East Essex CCG

Suffolk and North East Essex Primary Care and A&E* Antimicrobial Formulary

(Adults and paediatrics)

Revision Date: April 2020

*For use in A+E where an admission is not required.

2. The TARGET Antibiotic Toolkit

Public Health
England

TREATING YOUR INFECTION – RESPIRATORY TRACT INFECTION (RTI)

Your infection	Most are better by	How to look after yourself and your family	When to get help
<input type="checkbox"/> Middle-ear infection	8 days ¹	<ul style="list-style-type: none"> • Have plenty of rest. • Drink enough fluids to avoid feeling thirsty. 	<p>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect (even if your temperature falls), trust your instincts and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1-3 go to A&E immediately or call 999.</p> <ol style="list-style-type: none"> 1. If your skin is very cold or has a strange colour, or you develop an unusual rash. 2. If you have new feelings of confusion or drowsiness, or have slurred speech. 3. If you have difficulty breathing. Signs that suggest breathing problems can be: <ul style="list-style-type: none"> • breathing quickly • turning blue around the lips and the skin below the mouth • skin between or above the ribs getting sucked or pulled in with every breath. 4. If you develop a severe headache and are sick. 5. If you develop chest pain. 6. If you have difficulty swallowing or are drooling. 7. If you cough up blood. 8. If you are passing little to no urine. 9. If you are feeling a lot worse. <p>Less serious signs that can usually wait until the next available appointment:</p> <ol style="list-style-type: none"> 10. If you are not starting to improve a little by the time given in 'Most are better by' 11. Children with middle-ear infection: if fluid is coming out of their ears or they have new deafness. 12. Mild side effects such as diarrhoea: seek medical attention if you are concerned.
<input type="checkbox"/> Sore throat	7-8 days ^{1,2}	<ul style="list-style-type: none"> • Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). 	
<input type="checkbox"/> Sinusitis	14-21 days ³	<ul style="list-style-type: none"> • Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol if you or your child are uncomfortable as a result of a fever. 	
<input type="checkbox"/> Common cold	14 days ¹	<ul style="list-style-type: none"> • Use a tissue and wash your hands with soap to help prevent spread of your infection to your family, friends and others you meet. 	
<input type="checkbox"/> Cough or bronchitis	21 days ⁴ (a cough caused by COVID-19 may differ)		
Other infection:	days		

If you develop these symptoms, consider if you may have COVID-19

Common symptoms of COVID-19 to look out for are:

1. A loss of, or change to your sense of smell or taste⁵
2. A high temperature (over 38°C, feeling hot to touch on chest or back)⁵
3. A new continuous cough (coughing a lot for more than an hour, or three or more coughing episodes within 24 hours)⁵

- If you have any of these symptoms book a COVID-19 test, stay at home and self-isolate for 10 days or until you get a negative test result (www.gov.uk/get-coronavirus-test)⁶
- Anyone you live with, and anyone in your support bubble, must also stay at home for 14 days from the start of your symptoms, or until you get a negative test result.⁶
- Call 111 or visit www.111.nhs.uk/covid-19 if you are worried or not sure what to do.⁶

Visit www.gov.uk/coronavirus or www.nhs.uk for more information

Back-up antibiotic prescription to be collected after days only if you are not starting to feel a little better or you feel worse, from:

• Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
 • Taking any antibiotics makes bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them.
 • Antibiotics can cause side effects such as rashes, thrush, stomach pain, diarrhoea, reactions to sunlight, other symptoms, or being sick. If you think about with metronidazole.
 • Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting www.nhs.uk/keepantibioticsworking

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal.

Keep Antibiotics Working

Progress (12 months to April 2021)

Measure	NHSE Target	WSCCG	IESCCG	NEECCG
Antibacterial items per STAR-PU	≤ 0.965 & ≤ 1.161	0.820	0.748	0.853
Proportion of broad-spectrum antibiotics	≤ 10%	10.94%	9.35%	11.64%

Useful links

Suffolk and North East Essex Primary Care and A&E Antimicrobial Formulary

Stopping Antidepressants: Quick Reference Guide

Stopping Hypnotics and Anxiolytics: Quick Reference Guide

Implementation Guidance for Reviewing Switching of Patients from Warfarin to a DOAC

https://www.westsuffolkccg.nhs.uk/clinical-area/prescribing-and-medicines-management/formularies-and-guidelines/#Mental_Health

TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) Antibiotics Toolkit

<https://www.rcgp.org.uk/TARGETantibiotics>