Greenwich Clinical Matters

NHS South East London Clinical Commissioning Group

September 2021

MEDICINES MANAGEMENT

National Review of Overprescribing

A new national overprescribing review report looking at reducing inappropriate prescribing has been published by the Department of Health and Social Care (DHSC). The review, which was led by Chief Pharmaceutical Officer Dr Keith Ridge, takes a detailed look at this complex, global issue and focuses on the role of digital technologies, research, culture change and social prescribing, repeat prescribing and transfers of care. It recommends changes to systems and culture in primary and secondary care and supports shared decision-making between clinicians and patients. The review was guided by an expert Short Life Working Group comprised of patients, doctors, pharmacists, policy makers and academics. The working group found that medicines do a lot of good in millions of people's lives, and the NHS is good at evidence-based prescribing and has already taken important steps to address the problem of overprescribing. But it also found that medicines can also cause harm if they're not needed or reviewed enough, and they're all too often being wasted. It identified the importance of sustainability and where we need to work together, with patients, to do more to address this global issue. The NHS commitment to become carbon net zero is a great step forward, and commitments on reducing use of specific medicines, such as inhalers and anaesthetics, with high carbon impacts risks are important, but it could go further in reducing unnecessary prescribing and reducing waste.

Action: Greenwich borough has the highest prescribing in short acting beta agonist (SABA) MDIs nationally. Excessive use of SABA (Meter Dose Inhalers (MDI)) and single use inhaler devices and capsules are not only harmful to the environment due to high carbon footprint but also indicates poor control of respiratory conditions. Practices are encouraged to identify patients prescribed preventer inhalers without antimuscarinics who were also prescribed 6 or more SABA inhalers for a review

Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

Action: Use of these medicines in children and adolescents is not generally recommended and should be under the supervision of a medical specialist

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Abbott funded support for a prescribing review that reduces costs and optimises prescribing

Practices in Greenwich have been approached by Abbott to sign up for funded prescribing review of oral nutritional support products. We would like to remind practices that given the significant governance and administrative requirements involved in setting up proper joint working arrangements most joint working projects will be of a significant size and duration generally involving resources (manpower, materials, funding etc.)

Action: We would strongly advise that practices seek the advice of Greenwich Medicines Optimisation Team before agreeing to participate in therapeutic review services offered by third parties to review on the possible benefits and risks of accepting offers of therapeutic review services from the industry. The provision of services is strictly regulated through the 'Association of the British Pharmaceutical Industry' (ABPI) Code of Practice for the Pharmaceutical Industry (July 2012) and the conditions under which companies can offer and provide.

Medication Safety Week (from 1/11/21): Methotrexate 10mg tablets

The National Patient Safety Agency has published patient safety alert in 2006 to avoid prescribing error with oral methotrexate. A study on trends and variation in unsafe prescribing of methotrexate in 2020 has revealed that the prevalence of unsafe methotrexate prescribing has reduced but remains common, with substantial variation between practices and CCGs.

Action: To avoid error with low-dose methotrexate, it is recommended that:

- The patient is carefully advised of the dose and frequency and the reason for taking methotrexate and any other prescribed medicine (e.g., folic acid)
- Only one strength of methotrexate tablet i.e., 2.5 mg is prescribed and dispensed. Methotrexate 2.5mg and 10mg tablets and folic acid 5mg look similar in colour and size
- Avoid "as directed" on instruction, specify frequency e.g., weekly on Wednesday and dose by number of tablets instead of mg
- Beware patients attending with other symptoms; signs of methotrexate toxicity or intolerance may present as for example, breathlessness, dry persistent cough, vomiting and diarrhoea

Methotrexate 10mg has recently been changed to a GREY drug status, therefore, it is non-formulary and not recommended for prescribing. Please review these patients by following the recommended actions and document the review using read code: High Risk Drug Monitoring: #66P

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SEL Integrated Medicines Optimisation Committee (IMOC)

The following IMOC decisions / outputs have been ratified through SEL IMOC and SEL Medicines Optimisation sub-Committee Chair's action and can be accessed via the links:

UPDATES

The SEL lipid management pathways have been updated through the cardiovascular sub-group and the ratified pathways can now be accessed here. These incorporate recent NICE guidance on the use of bempedoic acid, which has been categorised as **amber 2** in SEL (initial prescribing and supply from the specialist, GP can then be requested to take on prescribing).

SEL IMOC website update

The new webpages for the South East London Integrated Medicines Optimisation Committee (SEL IMOC) are now up and running at **www.selondonccg.nhs.uk/selimoc**. The new SEL IMOC webpages are now part of the NHS South East London CCG website and sit in the Medicines Optimisation section of the CCG website. **Please update your bookmarks/favourites with the new address.**

The old SEL IMOC website will closed on Thursday 30th September. Colleagues are in the process of updating the South East London Joint Medicines Formulary (SEL JMF) website and the GP prescribing decision tool, OptimiseRx, so that any links to SEL IMOC guidance are updated to help make the transition as smooth as possible. Any links to the old SEL IMOC website address will automatically redirect to the NHS South East London CCG website when the old website closes.

Information you can find on the SEL IMOC webpages includes links to clinical guidelines, formulary recommendations and shared care guidelines. Please use the links on the main Committee webpage to navigate to the specific area you're interested in. **Please note that the new webpages are still being tweaked so there may be some changes to how it looks over the coming days** as our Communication and Web Team improve the navigation and functionality in response to how people are using the site. Any changes you notice will purely be aesthetic – any links and information should not change.

Electronic Repeat Dispensing (eRD) Workshop recording

The training workshops for eRD have now been completed and are now only available to watch online. Please see link below for recordings to assist with eRD.

- **Workshop 1&3** - Identifying patients and medication for eRD via EMIS, when to set up eRD, setting up multiple medications as eRD for a patient. https://youtu.be/m10JiuHGSUg
- **Workshop 2&4** - Using the EPS tracker, cancelling eRD, trouble Shooting, questions and answers. https://youtu.be/QB6R9u5SkLs

Action: Please see attached slides to accompany the webinars and encourage clinicians, practice managers and practice staff who are involved in the prescription management process to view these.

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Reminder: Upcoming CVD webinars

The Greenwich Medicines Optimisation team is running an update event on AF and DOAC optimisation on November 3rd (1-2pm). This webinar aims to support the clinicians to achieve the following learning outcomes by the end of the webinar:

1. Be able to identify opportunities for detection and how to confirm a diagnosis of AF
2. Be able to undertake stroke risk assessment and prescribe anticoagulation safely
3. Be able to undertake bleeding risk assessment and take steps to minimise bleeding risk
4. Be able to describe when rate and rhythm control strategies should be utilised
5. Be able to identify and address sub-optimally treated patients
6. Know where find relevant resources
7. Understand the place of the GP LES and Investment and Impact indicators for AF 2022-23

Action: Please see attached poster for further details on how to join.

Reclassification by the MHRA -Desogestrel-containing contraceptives

In July 2021, the MHRA agreed to reclassify 2 desogestrel-containing progestogen-only oral contraceptives (Hana 75 microgram, Lovima 75 microgram) from prescription-only (POM) to pharmacy (P) products for the prevention of pregnancy in women of childbearing age. The MHRA's decision to reclassify these desogestrel products follows a safety review by the Commission on Human Medicines and public consultation.

Action: Desogestrel is safe for most women to take and will still be available free of charge from a doctor, from commissioned services and sexual health clinics.

UPCOMING OPTIMISE Rx® WEBINAR

OptimiseRx® delivers patient-specific messages at the point of care, ensuring appropriate and cost-effective prescribing. It is tailored to the medical record and takes into consideration current and previous medications, co-morbidities, observations and measurements to support prescribers to make the safest, most clinically appropriate prescribing decision.

Action: See below for the last scheduled OptimiseRx ® workshop

Day of Week	Time	Date	TEAMS Link
Thursday	1-2pm	18/11/2021	**Click here to join the meeting**

Contact Details

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