General Practice Updates

NHS Stockport Clinical Commissioning Group

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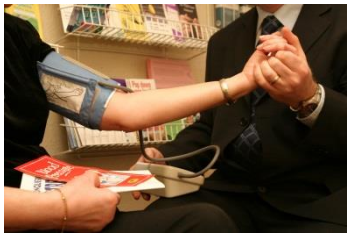
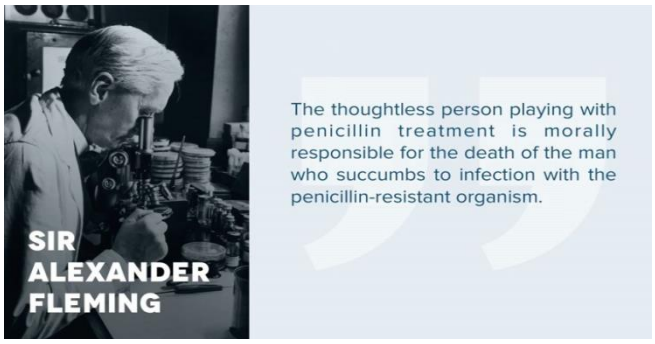


Not all bugs need drugs!



Sir Alexander Fleming himself predicted not only how useful antibacterial drugs would be, but how dangerous a world without them could be. This quote comes from an interview Fleming made shortly after winning the Nobel Prize in 1945 for discovering penicillin.

How true this is as we face a growing threat to public health from increasing antimicrobial resistance. Disappointingly, and despite some individual GP improvement, our prescription rates in Stockport are still higher than is clinically justified by NHS England both locally and nationally. Of the 12 Greater Manchester CCGs we are 1 of 2 areas that have NOT met recommended reduction targets for the volume of antibiotic items we issued to patients in 2016/17.

As we approach the season of increased demand and consultations for respiratory tract infections (RTI) here are a few statements taken from the NICE guidance on self-limiting RTI's which you may find useful:

- A central task of the healthcare professional during the patient consultation is to address the patient's ideas, concerns and expectations (ICE) regarding treatment before agreeing a management plan. This is particularly important in consultations for RTIs, when there may be an expectation on the part of the patient that an antibiotic will be required, whereas the opinion of the healthcare professional is that an antibiotic prescription is not clinically indicated immediately. Conversely, there may be an expectation on the part of the healthcare professional that the patient has attended specifically with a view to obtaining an antibiotic prescription whereas the patient is seeking only advice and/or reassurance.
- The 3 main antibiotic options are no prescribing, delayed prescribing and immediate prescribing.

When the ***no antibiotic prescribing strategy*** is adopted, patients should be offered:

- Reassurance that antibiotics are not needed immediately because they are likely to make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- A clinical review if the condition worsens or becomes prolonged

When the ***delayed antibiotic prescribing strategy*** is adopted, patients should be offered:

- Reassurance that antibiotics are not needed immediately because they are likely to make little difference to symptoms and may have side effects, for example, diarrhoea, vomiting and rash
- Advice about using the delayed prescription if symptoms are not starting to settle in accordance with the expected course of the illness or if a significant worsening of symptoms occurs
- Advice about re-consulting if there is a significant worsening of symptoms despite using the delayed prescription.

- A no antibiotic prescribing strategy or a delayed antibiotic prescribing strategy should be agreed for most patients with the following conditions:
    - Acute otitis media
    - Acute sore throat/acute pharyngitis/acute tonsillitis
    - Common cold
    - Acute rhinosinusitis
    - Acute cough/acute bronchitis

A delayed prescription with instructions can either be given to the patient or left at an agreed location to be collected at a later date.

THINK!

How could a delayed prescribing strategy be implemented in your surgery?

And, for all antibiotic prescribing strategies, what methods/tools could be used to help your patients take a greater role in self-managing their uncomplicated RTIs?

COPD rescue medication

Medicines Optimisation would like practices to review their current system of managing the use of these medicines and patients who manage their medicines at home. Click here to view some guidance that has been produced.

A well-managed robust system would help to improve patient care and education around their disease also to reduce waste and inappropriate use of these medicines. Practices are encouraged to adopt the process indicated in the document and conduct the before and after audits. Help is available from the medicines optimisation team.

7 –Day Prescription Guidance

GMMMG have approved guidance on when it is appropriate to use a 7 day prescription. This has been agreed with the body that represents the community pharmacies across GM.

We will be working with practices over the next few months to review all 7 day prescribing and to ensure that prescriptions issued are in line with the GM guidance.

Details of the guidance can be found here.

Continence products and appliances

Prescribing costs in NHS Stockport CCG for continence products and appliances for year 2016-2017 were approximately £1m. A proportion of this is as a result of inappropriate or over ordering of some of the accessories.

Please encourage staff responsible for dealing with the prescription requests for these products to use the information here to check and challenge some of the requested items. This will help to reduce waste and spending in this area which is increasing by 10% each year.

Key Learning Points for EPS, eRD and Patient Access Masterclass

Following on from the masterclass here are some hints and tips for improving your use of electronic access and repeat dispensing for yourselves and patients.

- Review patient repeat prescription ordering methods & try to promote patient access online for ordering repeat medication.
- Review practice websites & look to re-direct patients to patient access as this is a safer method (practice websites often do not have log in details like passwords etc.)
- Think about patient access sign up for new registrations & also look at deduction processes for cancelling any outstanding electronic repeat dispensing prescriptions or they will still be charged to the practice once the patient has moved on.
- If practices rely mainly on medication review dates for medication reviews then a team approach is needed to ensure these are kept up to date. Overdue medication reviews can be a risk to patient safety & also can cause increase in prescription queries to prescribers.
- Review non DM+D mapped medications to map to EPS enabled selection to optimise EPS use.
- Look at eRD suitable patients (stable patients) as this can massively optimise workload in practices if they are set up correctly, medications synchronised & the process explained to patients when obtaining consent.
- Practices can use the benefits estimator calculator produced by NHS Digital to see the potential cost & time savings by increasing EPS & eRD usage.
- Temporary resident's prescriptions can now be sent via EPS (when the PDS box is blue) but remember to check the pharmacy nomination is up to date.
- Guidance has been released from GM regarding 28 day and 7 day prescribing.
- Please save EPS tracker to all favourite bars on all computers used in prescribing/requesting medication (NB requires an N3 connection & logged in with SMART Card) https://portal2.national.ncrs.nhs.uk/prescriptionsadmin/

PBMC corner

This month's PBMC training involved 2 new SOPs being delivered. The first involves an audit of patients receiving COPD rescue packs and was delivered by Jacqueline Coleman. The second was delivered by Mike Walker and looked at optimising blood glucose testing strips to more cost effective brands.

The CCG are being audited on several areas and one will include the PBMC program. An outside auditor will contact individual practices to arrange a time to come. They will not be watching you do work but will be auditing work already done.

Jacqueline Coleman also spoke about continence products and a poster is available here which will help staff understand how many products a patient should be using per year for given scenarios.

A reminder that there is no training in October. November's training dates will be Thursday 23rd 1:30pm – 3pm and Tuesday 28th 10:30am – 12pm

Safety News

Aspirin 75mg

Prescribers are reminded to review the need for gastroprotection to be co-prescribed with aspirin 75mg. Careful consideration needs to be given to the risk of GI bleed and the risks of long term PPI use. The lowest dose of agent for gastro-protection should be prescribed

See here for further information.

Mefenamic acid - safer and more cost effective use

- Mefenamic acid should not be a first-line choice for analgesia (including dysmenorrhoea), should be avoided in individuals considered at risk of self-harm and has a narrow therapeutic window
- In 2014 the NHS Regional Drug and Therapeutics Centre produced a bulletin highlighting concerns around the safety of mefenamic acid
- NICE Clinical Guideline on 'Heavy menstrual bleeding: assessment and management' does not specify a particular NSAID as there is no evidence that mefenamic acid is more effective than other NSAIDs for these indications. (Cochrane review)

Recommendations:

If an NSAID is required for dysmenorrhoea or menorrhagia, consider the use of ibuprofen or naproxen which are first choice/alternative NSAID on the GMMMG formulary rather than mefenamic acid which is increasingly expensive sue to supply issues (£55 for 28 tabs).

Review any patients on repeat prescriptions for mefenamic acid: assess on-going need for an NSAID and change to an alternative where appropriate

Methotrexate injection prescription requests from Alcura

Alcura provide a homecare service for patients who are administering their own methotrexate injection, they then request prescriptions from GPs for methotrexate injections using their own prescription forms. It has come to light that requests are often made early (Alcura do point this out) which may lead to significant waste if the patients' dose changes.

In order to reduce the risk of this, review the practice process of supplying these prescriptions and delay issuing as appropriate to no more than 2 weeks before it is due. The maximum length duration of prescription to provide is 8 weeks and make sure that the patient has had their blood tests before the prescription is issued.

Eplerenone supply

Due to one manufacturer ceasing to produce this drug there may be supply issues

Action for practices:

Please do forward all queries on the supply of Eplerenone to your practice support pharmacist/prescribing adviser who would liaise with the community pharmacist to resolve this.