

General Practice Updates

NHS

Stockport

Clinical Commissioning Group

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Antibiotics News

We now have new NICE guidance published January 2017 on Antimicrobial stewardship - [NICE NG63](#)

The main messages for primary care when people present with self-limiting conditions are:

- Share advice on [self-care](#) for each of the symptoms.
- Use and share [resources](#) that provide written advice to encourage people to change their behaviour (see [recommendation 1.2.1](#)).
- Verbally emphasise the key messages given in the written resources.
- Display resources that provide or signpost to advice and information about self-care; for example, [NHS Choices](#), 111 and local advice or helplines.
- Signpost them to further information to read at home, such as online advice.
- Discuss with them whether taking or using an antimicrobial is the most appropriate option (see the recommendation on discussions with patients and family members or carers under 'antimicrobial prescribing' in [NICE's guideline](#) on antimicrobial stewardship).
- Raise awareness of community pharmacists as an easily accessible first point of contact for advice about managing a self-limiting infection.
- Consider using computer prompts or decision support aids to prompt healthcare professionals to share information with people on the appropriate use of antimicrobials, self-care and [safety netting](#) (see [NICE's guideline](#) on antimicrobial stewardship).

Stockport CCG prescribing performance update for improving antibiotic prescribing in Primary Care.

As you know, we are measured on 2 targets (see tartan blanket columns 1 and 2)

- A reduction in the number of antibiotics prescribed in primary care.
- A reduction in the proportion of broad spectrum antibiotics prescribed in primary care.
- **Current data for the 1st two financial quarters 16/17 shows that Stockport continues to be below the national average for prescribing the broad spectrum high risk antibiotics co-amoxiclav, cephalosporins and quinolones. Keep up the good work.**
- **Stockport as a whole continues to not perform as well as other CCGs with a small increase in item growth. What this means is that overall we continue to prescribe larger than average volumes of antibiotics (in particular Amoxicillin 500mg capsules) compared to 'similar' national and local CCGs most of whom are now showing a percentage decrease.**

Well done to those of you who are maintaining your green status or showing improvement, however at practice level breakdown we do still appear to have a significant number of outliers. In order to better understand whether our higher than average uses of antibiotics overall is justified, the Medicines Optimisation Team has been auditing prescribing within a number of practices. Individual performance graphs and data were circulated to all practices at the beginning of November. Please speak to your Prescribing Support Pharmacists and team if you require this data again or need further help with improving your practice's prescribing.

Lower back pain and sciatica

NICE has issued an [updated guideline](#) which recommends the use of all forms of exercise (for e.g. aerobics, stretching, strengthening) as the first option in the management of lower back pain and sciatica.

Paracetamol is no more considered as the first option in the treatment of lower back pain rather NSAIDs such as Ibuprofen should be tried first and if not effective then weak opioids such as codeine should be considered as the next option in acute cases or when NSAID is not a favourable option.

GP direct access to physiotherapy is a tool that can be used to refer patients with lower back pain and sciatica to physiotherapy but if there is a long waiting list for NHS physiotherapy, an alternative would be to signpost patients to private physiotherapy which does not need a GP referral except for the fact that its services has to be paid for.



Mental health checks in learning disability

NICE has issued recent [recommendations](#) stating that everyone with learning disabilities should receive annual health checks, which includes a review of their mental health.

Other [recommendations](#) made states that :

- People with learning disabilities who need mental health assessment should be referred to a specialist in mental health problems in people with learning disabilities.
- People with learning disability and serious mental health problems should not only have key workers to coordinate their care but also psychological interventions tailored to their individual needs.
- People with learning disabilities who are taking long-term medications (such as antipsychotic drugs) should have annual documentation on the reasons for continuing this treatment.

Use and prescribing of dressings in the community

A multidisciplinary team with representatives from Stockport CCG, Stepping Hill Hospital and Stockport Community Services met to discuss and review the use of dressings in the community. The aim is to try to standardise processes for ordering and prescribing dressings thereby improving efficiency, reducing duplication and waste and ultimately reducing costs.

Outcomes from the first meeting suggests that this process would benefit from practices changing any current dressings prescribed on repeat medication lists to acute and prescribing any new dressings as acute. Prescribers are asked to document as much information as possible after receiving a request to prescribe dressings, including:

- who has made the request
- details of how the dressings are to be used
- duration of treatment where possible

This data can then be used as part of audits to improve the prescribing and use of dressings, reduce waste and release funds for other patients. Further meetings and actions for the group are planned. Please ask medicines optimisation staff for help to identify patients prescribed dressings as repeats.

Blacklisted items

Umeclidinium (Ellipta) inhaler has been removed from the [black list](#) and **Ferric Maltol (Feraccru)** has been added to the [grey list](#); the changes reflect the latest updates from STAMP.

In addition, the recent data we have received shows the following as some of the top five blacklisted items still being prescribed:

- **Co-codamol 15mg/500mg tablets** – Single dose compound preparations do not allow for effective dose titration and the advantages of using a compound formulation has not yet been substantiated. This fixed dose combination is particularly poor value for the NHS. We recommend prescribing the drugs individually
- **Prednisolone 5mg e/c tablets** – Now on the GMMMG do not prescribe list because there is poor evidence to support its use over uncoated tablets.
- **Blephasol** - All products marketed for blepharitis either as lid cleanser or for relief including devices. NICE does not recommend these products instead good lid hygiene should be encouraged.
- **Tadalafil (2.5mg & 5mg) tablets** – Stockport CCG policy does not support the use of daily treatment for ED and there is an NTS statement which does not recommend this product for the second licensed indication of benign prostatic hyperplasia.
- **Tadalafil (10mg & 20mg) tablets** – (Grey-listed item) Use is only permitted to a maximum of 4 treatments per month in line with NHS Stockport CCG policy on the treatment of erectile dysfunction; however, Sildenafil is currently first choice and Avanafil second choice in the GM joint formulary in the management of ED.
- **Lidocaine (Versatis) plasters/patches** – NTS does not recommend this product for this indication as they felt that efficacy and cost effectiveness of the product in comparison with other agents has not yet been proven.

[Click here](#) for a comprehensive list of blacklisted items and the rationale for it.

NHS Stockport clinical Commissioning Group recognises that there may be exceptional patients or situations where prescribing of these items may be necessary and such situations should be managed through the usual exceptionality processes.

Template documentation to request approval to prescribe outside of policy is available on the [NHS Stockport CCG website](#)

Completed forms should be submitted from a secure nhs.net email to:
STOCCG.Pxenquiries@nhs.net

Alternatively forms may be faxed to Medicines Optimisation NHS Stockport CCG
Fax No: 0161 249 4251 (Safe haven)

PBMC Corner

At January's PBMC training session we began the new format of presenting two SOPs at each training session. Firstly Jacqueline Coleman, Prescribing Advisor for Stepping Hill and Victoria delivered the Tiotropium to Braltus switch SOP. Also Udie Akpan, Practice Support Pharmacist for Tame Valley, delivered the Glyceril Trinitrate 400mcg sublingual pump spray presentation. The red, black and grey lists will be emailed out in due course and quarterly data is due to be sent out in February.

PBMCs fed back progress on other work including Symbicort and DuoResp inhalers.

Prescribers are encouraged to prescribe as either brand in order to provide consistency for the patient and also avoid confusion.

Next training sessions scheduled for March 2017.

Stockport Heart Failure Service

The Stockport Heart Failure Service is based at Kingsgate in the centre of Stockport.

The service is multidisciplinary comprising of Heart Failure Specialist Nurses, a GP with special interest (GPSI) in Cardiology, and Cardiologists with an interest in heart failure. The team provide both primary care clinics for new referrals and follow ups alongside an in-reach service at Stepping Hill Hospital where inpatients are seen presenting with a primary diagnosis of heart failure. Patients receive thorough assessment, medication management plans and comprehensive education, including self management advice and access to Heart Failure Specialist Nurse telephone support.



The Stockport Heart Failure Service receives referrals from Stockport GP practices where patients have a new or previously existing heart failure diagnosis, with mild and above Left Ventricular Systolic Dysfunction (LVSD) on Echo – These referrals are seen within 6 weeks.

Standard referral proforma

Where a new suspected case of Heart Failure with an elevated BNP >400 or previous MI . These referrals follow the 2 week fast track, whereby the service will request the Echo and see the patient within 2 weeks.

Fast track proforma

Both referrals are submitted via e-referral, selecting Cardiology, then Heart Failure.

All non LVSD referrals should be directed to General Cardiology at Stepping Hill Hospital.

Stock Shortages

Valsartan capsules and tablets are currently unavailable with the wholesalers due to manufacturing delays and there are no dates on when these products would be back in stock so we would recommend that patients who are currently prescribed Valsartan be switched to Candesartan as first choice or Irbesartan based on the GMMMG formulary.

In addition, there is also a manufacturing delay with all strengths of **Fentalis patches** and we would recommend that practices would use this as an opportunity to switch from Fentalis patches to Fencino patches which is currently the favoured brand by the CCG.

Trazodone is also in short supply and prices have risen significantly. We would recommend that anyone regularly prescribed Trazodone is reviewed as to whether they need to continue.

A big welcome to the following new members of staff who have recently joined the Medicine Optimisation Team:

- **Pooja Ranpuria** - Practice Support Pharmacist (Cheadle and Bramhall) & Enhanced Primary Care Capacity Practice Pharmacist (Heald Green Health Centre)
- **Helen Pickering Pick** - Practice Support Pharmacist (Heatons and Tame Valley) and Enhanced Primary Care Capacity Pharmacist for Heatons Neighbourhood.
- **Helen McKinley** - PBMC for Heatons & Tame Valley
- **Josh Percival** - PBMC for Stepping Hill & Victoria
- **Jeanette Bennett** - Pharmacy technician for Heatons under Enhanced Primary Care Capacity & Tame Valley

We are sure the practices and the Medicine Optimisation Team will make the new team members feel welcome.