



The newsletter for General Practitioners, Nurse Prescribers and Community Pharmacists within NHS Plymouth

Issue 72 May/June 2010



Wasted medicines - We need your help!!!

The Medicines Management Team have been trying for many years to raise awareness of and minimise any unnecessary wasted medicines. We have run several campaigns over the last few years and following positive feedback from our previous poster displays we have had three pop-up banners printed with the key messages. We would like to rotate these around the PCT at suitable venues. A team member will contact practices in due course and we would be very grateful if you would display one of these banners in your waiting rooms for the benefit of patients. We would welcome any offers to display the banners at other patient orientated events.

We would like to thank you in anticipation for your continued support.



Implementation of the Cancer Drugs Fund (CDF)



A £200 million a year CDF that will operate for three years was launched by Health Secretary Andrew Lansley on the 1st April this year following the introduction of a £50 million interim CDF in October 2010. This followed a report published by National Cancer Director Mike Richards on international variations in drug usage which shows that the UK's uptake of new drugs falls behind other European countries. The CDF is seen as an interim measure that will improve access to innovative cancer drugs ahead of longer term plans to change the way the NHS pays for drugs.

Applications to the CDF are being assessed by a clinically led panel hosted by the South West Specialised Commissioning Group on behalf of the Strategic Health Authority and it has been recommended that both individual applications and cohort based policies are considered. If a clinician wishes to prescribe a drug that is outside local and NICE policies an individual funding (IFR) or exceptional treatment (ETP) request needs to be submitted to the PCT, and if the PCT does not approve the request then the form will be automatically forwarded to the SW CDF for consideration within 7 days. All PCTs across the SW have agreed to use a single application form for both IFR/ETP and CDF requests.

Please look out for "Lightbulb Les"!



As part of the 2011/12 Local Enhanced Scheme (LES), practices will be rewarded for acting upon specific Drug News articles. These articles will be annotated with a light bulb to highlight which are deemed appropriate, starting from the next issue.

WHAT A WASTE !!

Did you know as much as **£3million** is wasted each year in Plymouth alone on unused medicines!

- This could pay for ...
- 4,010** cataract operations
 - 1,585** knee replacements
 - 549** hip replacements
 - 333** heart by-pass operations

What can you do to avoid wasting NHS Money?

- Stop!** Check your medicines.
- Think!** Do you really need this?
- Tick!** Using the right hand side of the repeat slip, tick the medicines you need.



Wasting medicines wastes **NHS** money

Medicines can be expensive but your doctor has prescribed them for a reason, we want you to use your medicines in the correct way. However we do not want you to over-order or request any that you do not need. If you are having problems with your medicines, please discuss with your Doctor or Pharmacist.

Remember: "The most expensive medicine is the one that is never taken!"

Medicines Management Team NHS Plymouth

Plymouth Area Joint Formulary (PAJF) website: www.plymouthformulary.nhs.uk To assist in promoting safe, cost-effective prescribing in both primary and secondary care within the Plymouth Health Community.

THE MEDICINES MANAGEMENT TEAM,
NHS Plymouth, Building 1, Derriford Business Park, Brest Road, Plymouth PL6 5QZ
Tel: 01752 434870 Fax: 01752 315710

Medicines Use Reviews for 2011-12



Medicines Use Reviews (MURs) help patients to understand their medicines, ensure they are able to optimise their treatment and make the most of their prescribed medication. Practices are encouraged to refer any patient who they think will benefit from this review to their pharmacist. We have attached details of the groups of patients that NHS Plymouth have identified as a priority for an MUR this year.

In October, national target patient groups for MURs will be introduced. This aim is to ensure they are provided to those who will benefit the most. To bolster the effectiveness of MURs, outcome measures for each target group and measures which will improve post-payment monitoring will be introduced. These changes will ensure that MURs are delivered to a high quality, provide greater value for money and benefit to patients.



A patient leaflet on:

Making the most of your food



This leaflet was produced by:
The Medicines Management Team with the support
of The Dietetic Team.

Further copies of this leaflet can be obtained from the Medicines
Management Team
On 01752 434870

Or
On The Plymouth Area Joint Formulary website
<http://www.plymouthformulary.nhs.uk/Patient-Information-Leaflets/>

Or
From your Dietitian

Update on oral nutrition support (Sip feeds)

As many of you will be aware we have completed audits across the PCT to check if these nutritional products were being prescribed appropriately. We are very pleased to announce that recent data shows that for the first time our monthly weighted 'spend' fell below National. We would like to thank prescribers for their valued support and cooperation in this area of work.

We will also be sending patient information leaflets entitled 'Making the most of your food' to all practices for prescribers to give as first line advice where appropriate.



A sticky situation

An application for buprenorphine patches was heard at the Drug and

Therapeutics Committee in April. It was accepted that these patches do not represent good value for money and inclusion in the Plymouth Area Joint Formulary would add to the already widespread prescribing.

No new initiations should be made and secondary care cannot recommend or insist that GPs initiate treatment with these patches.

The options for patients already prescribed these products are less clear, however the cost of these products is very clear - NHS Plymouth spends over £250,000 per year on these products - significantly more than any other non-formulary drug. When reviewing patients on buprenorphine patches (especially those with uncontrolled pain), please take the opportunity to change to an alternative Plymouth Area Joint Formulary choice.



Take care with Liverpool Care Pathway (LCP) prescriptions

The Liverpool care pathway is being used in the community across Plymouth and has been in place for over three years now. Despite this, there are still problems with the prescribing of drugs resulting in prescriptions having to be returned to the prescriber for amendment before they can be dispensed.

Prescribers are reminded to familiarise themselves with the drugs they will need to prescribe under this system and it is crucially important to remember that two of the drugs – diamorphine and midazolam - are controlled drugs and therefore prescriptions must be written correctly for pharmacists to be able to dispense the medication. This includes total quantities in words and figures and full dosage instructions.



MHRA Drug Safety Update summary : May 2011



Prasugrel (Efient ▼): prescribers should be aware of the potential risk of rare but serious hypersensitivity reactions with prasugrel and should monitor for signs in all patients, including those with a previous known history of hypersensitivity reactions to thienopyridines. Patients should inform their doctor immediately if they experience symptoms suggesting hypersensitivity or allergic reaction (e.g. swelling of the face, neck, tongue, lips, or throat; rash; itching; or shortness of breath).

Nicobrevin antismoking preparation: withdrawn from the market. The Commission on Human Medicines and its Pharmacovigilance Expert Advisory Group advised that the risks of Nicobrevin outweigh any benefits, and use of an unproven antismoking preparation could delay or deter patients from seeking effective smoking-cessation treatments. Therefore, Nicobrevin has been withdrawn from the UK market.

For further information: <http://www.mhra.gov.uk>



Medicines Use Reviews (MURs)

Guidance on priority patients for identification for MURs 2011-2012

The underlying purpose of MUR services is, with the patient's agreement, to improve his/her knowledge and use of drugs by in particular:

1. Establishing the patient's actual use, understanding and experience of taking drugs;
2. Identifying, discussing and assisting in the resolution of poor or ineffective use of drugs by the patient;
3. Identifying side effects and drug interactions that may affect the patient's compliance with instructions given to him by a health care professional for the taking of drugs;
4. Improving the clinical and cost effectiveness of drugs prescribed to patients thereby reducing the wastage of such drugs.

We have identified the following groups of patients who would benefit most from a MUR as a priority for this year:

Patient Group	Rationale	Comments
Patients recently discharged from hospital	This vulnerable group of patients may need pharmaceutical support.	<ul style="list-style-type: none"> • Medication regimes may have changed. • Readmissions due to medication-related problems could be reduced. • Derriford Hospital supplies patients with a copy of their discharge document for their community pharmacist which can be used to facilitate the MUR.
Patients taking drugs which suppress the rheumatic disease process (BNF Chapter 10.1.3)	Examples include: gold, penicillamine, sulfasalazine, azathioprine, ciclosporin, methotrexate. These agents require regular blood monitoring.	<ul style="list-style-type: none"> • Monitoring regimes can be found in Chapter 20: Shared Care Information, Plymouth Area Joint Formulary. • For patients taking methotrexate the MUR can emphasise the weekly dosage regime.
Patients who are taking warfarin	NPSA alert issued in March 2007	<ul style="list-style-type: none"> • An MUR can be used to ensure patients have understood the information contained in their "Yellow book".
Patients with asthma	Poor inhaler technique and concordance leads to inadequate disease control; this can result in under-use of steroid and over-use of short-acting bronchodilator.	<ul style="list-style-type: none"> • Inhaler technique and education is important. • Where symptom control is poor (using bronchodilator more than 3 times a week) the importance of regular use of a steroid inhaler should be highlighted. • See British Guideline on the Management of Asthma, Appendix 1, Chapter 3, Plymouth Area Joint Formulary
Patients with diabetes controlled by diet and/or tablets	Poly-pharmacy often an issue with this group of patients.	<ul style="list-style-type: none"> • A MUR would emphasise the importance of concordance to maintain tight blood pressure control and other measures to reduce cardiovascular risk. • Patients often focus on measuring blood glucose levels, however, this is of limited value as results are not usually used to alter management in any way.
Patients returning several items of unused medication.	This may be due to practical problems or ordering problems.	<ul style="list-style-type: none"> • A MUR may help to establish reasons for unused medication e.g. side effects. • Where a patient's medication is for different prescription intervals e.g. a mixture of 28/56 days it would be beneficial to advise to synchronise - Ideally to 28 days as potentially less waste.