

# The T@blet

## News from the Medicines Management Team

Issue 2 February 2019

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### PRIORITY INFORMATION

#### MMT STAFF UPDATE

In order to offer a robust service to practices the MMT has been restructuring.

**Practice Support Team(PST):** We are pleased to announce that shortly we will be joined by 3 new pharmacy technicians to work in and support practices with the CCG medicines management plan. We are also advertising for 2 new pharmacists to work in practice alongside this new technician team.

**Commissioning Support Team (CST):** The existing more senior band 6 technicians will be working less in practice, but will still visit some practices for particular pieces of project work. Their focus will be changing to supporting the integration of medicines management into commissioning projects that affect primary care and prescribing.

**Locality Lead Pharmacists (LLPs):** New senior pharmacist recruitment is underway to replace a team member who has recently left and will join our existing senior pharmacists. The pharmacists will have a slight change of emphasis in their role, moving from working daily in practice to providing leadership to localities regarding the CCG medicines management plan, assisting with prescribing issues and providing support to the new PST members operating within locality practices there. This will form a group of locality lead pharmacists. They will also be providing greater strategic support to CCG initiatives and departments.

**MMT leadership:** A new Deputy Head of Medicines Management/ Practice Team Lead will be starting with us to support the LLPs and the CCG with responding to the need of localities and the local health

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system. We have also a new Chief Technician role joining the leadership team to support and lead the senior technicians in their new capacity.

Medicines Optimisation in Care Homes Team (MOCH): A new senior pharmacist and senior technician have been appointed by the SYB ICS to support care homes in the Doncaster area. They will aim to integrate into the homes to review processes and treatment for the patients therein. They will be undergoing a thorough training program via a university course over the next 18 months. This is a shared service with Bassetlaw CCG.

New PST members and MOCH members will visit practices with members of the existing team to introduce themselves and hopefully identify ways to work with practices when they start. New colleagues are commencing from this week onwards.

## COPD REVIEWS

As a service to medicine Chiesi UK are supporting a COPD patient review service. The service is provided by an independent team of pharmacists employed by Interface Clinical Services. The CCG is supportive of and enthusiastic about the opportunity to offer a quality respiratory intervention that aims to assist practices in achieving their 2019-20 QOF and improve morbidity and condition management for what can be a large patient group to review. If your practice is keen to take advantage of the Interface service, please contact Interface Clinical Services on 0113 202 9799 and Interface will arrange to visit your practice and provide you with further information. You can also contact the MMT.

## CD CHANGES

All prescribers should note that from the 01/04/2019 pregabalin and gabapentin preparations become Schedule 3 controlled drugs. This will affect electronic prescription issues and electronic repeat dispensing. Please [click here](#) to see the NHS England update on this matter which contains action for practices. EmisWeb will start to update to reflect the changes from the 15/02/2019 and SystemOne is scheduled from the 19/03/2019.

## SPIRIT TEST STRIP SWITCHES

Spirit Healthcare wishes to engage with practices to sign up to have their team switch patients to a CCG first choice formulary test strip. This is where practices have not already signed up to Roche who are providing a similar program using their own team. The CCG supports using the team provided by Spirit to undertake switching to this first line product cost-effective product. It is a very similar process to that undertaken by MMS with other products who have been operating in practices for the last year and will allow the MMT to focus on other large scale work. A letter for practices is available [here](#) and we hope you feel able to take up this service. You can also contact the MMT.

## REGULAR INFORMATION

### OPTIMISE RX

A review has been undertaken of the cost saving aspects of the Optimise Rx profile looking at rejection figures and your feedback to reduce the number of prompts that are active. This will reduce popups and reduce data transmission, which might increase response speed of the Optimise system. Example of deactivations include:

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- Message 5194 – felodipine 24 hour MR to amlodipine – high hit rate but very low acceptance rate. In consultation switch of this drug does not seem practical.
- Message 8445 - Ondansetron 4mg orodispersible tablet: consider swapping to ondansetron 4mg tablet. This represents large savings but has a high rejection rate.

Please remember that for best practice and information prompts Optimise Rx looks to Snomed/ Read codes to analyse whether a prompt is needed. If you are getting such prompts that appear irrelevant please consider having the codes checked at an appropriate point. If they are fine please let us know, we can adjust the exclusion criteria to reduce irrelevant messages.

## FREESTYLE LIBRE

This has recently been commissioned across Doncaster with a view that practices will be requested to prescribe from June (after 6 months of specialist prescribing). It is hoped that the manufacturer representatives will be able to present at a Target slot, and that community pharmacists will have received sufficient training to be in a position to support patients with using the monitor by that point. It has been agreed that children managed under the Sheffield specialist service can receive Freestyle Libre supply from Doncaster GPs with immediate effect. Monitoring and decisions related to the care of which is anticipated to be a very small group of patients remains the responsibility of Sheffield.

## APC UPDATE

Bicalutamide – there is now a shared care protocol to support the prescribing of bicalutamide in Primary Care. This will be used for all new patients, the paperwork will be available on the medicines management website under the Shared Care Section. This is presented utilising the new ICS shared care template.

Liothyronine – There are updated TLS statuses for liothyronine: Amber-G for hypothyroidism, Red for depression and oncology reasons.

**Why it matters:** It has a very high cost and limited evidence. Most patients can have symptoms controlled on much cheaper levothyroxine. The manufacturer has been the subject of a Competition and Markets Authority investigation. Liothyronine should not be started for any new patients unless initiated by a specialist. All existing patients should be referred to a NHS specialist for review and switch where possible. See [RMOC guidance](#) for further information.

Vitamin D in children: New guidance has been published with formulary choices and fitting the guidance to the OTC prescribing reduction framework. Please see [Children-Vitamin-D-guidance-V1.0](#)

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