

The T@blet

News from the Medicines Management Team

Issue 4 May 2019

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PRIORITY INFORMATION

FLUOROQUINOLONE ANTIBIOTICS: NEW RESTRICTIONS AND PRECAUTIONS

Disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

For full information on Drug safety update March 2019 [Click here](#)

MEDICINES WITH TERATOGENIC POTENTIAL AND CONTRACEPTION

There is new guidance on contraceptive methods and frequency of pregnancy testing to reduce inadvertent exposures during pregnancy in a woman taking a medicine of teratogenic potential.

For full information on Drug safety update March 2019 [Click here](#)

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SELF-CARE CAMPAIGN – UPDATES + NEW STOP LETTER

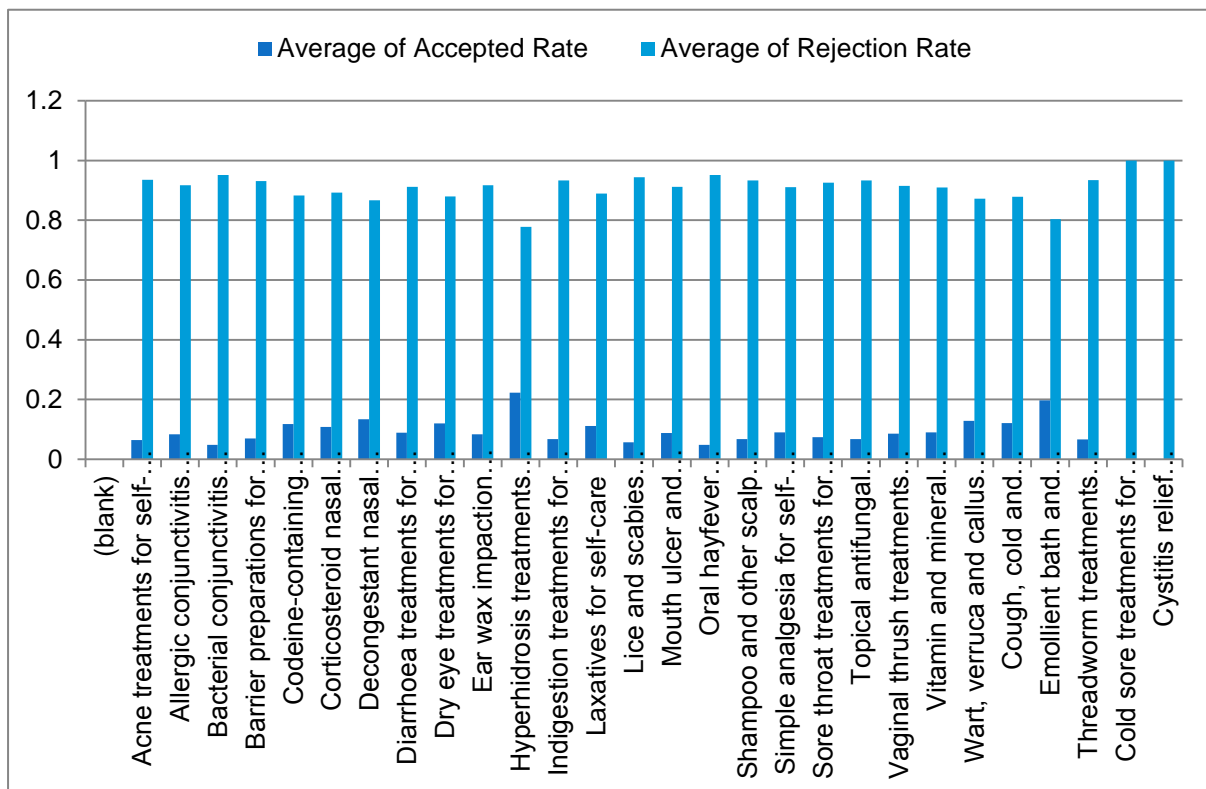
The GP practice briefing pack has been updated with a STOP letter for patients receiving OTC products on repeat that could instead be purchased. This can be downloaded from the [CCG website](#).

The Care Home Homely Remedies Guidance pack has been updated with further examples of homely remedies, clarity on the difference between homely remedies and self-care and is now editable by care homes.

[Please click here](#) to view/download the resources. The password for the page is OTCMarch19. Updates will continue so always refer to the online version for the latest information.

The CCG prescribing lead Dr Jeremy Bradly will be presenting a video to the public on the self-care rollout which will be available via Healthwatch in the near future.

We are currently showing mainly 90% rejection rates for OTC messages which seems likely to correlate with significant issuing of OTC medication. These messages only trigger when there is no chronic condition recorded. As generally acute medications these are being issued since the launch of the campaign:



We appreciate that at this stage some of these high values may be generated due to issuing to patients who have longer term conditions. Optimise Rx works on read codes. If patients are not coded correctly the minor ailment warnings will show causing you to have to reject them. Here for example are the exclusion criteria for paracetamol – patients coded with any of these conditions will not trigger the warning:

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Patients recorded as pregnant within 10 months or as breastfeeding within 3 years; patients recorded as receiving palliative care within 13 months; patients with cancer within 10 years; patients with Kawasaki disease within 2 months; patients with osteoarthritis or rheumatoid arthritis prescribed simple analgesia for self-care.

Prescribing for allergic conditions eg: hayfever and allergic conjunctivitis features high on the rejection chart. Hayfever is classed as a minor self-limiting condition and most patients should self-treat from a pharmacy. A pharmacy can sell the tablet, eye drop and even a steroid spray simultaneously. According to the Met Office, hayfever seasons last around 3 months per pollen type and treatment for this duration can be obtained from a pharmacy.

We have also been informed that Optimise-Rx has highlighted self-care should be implemented in scabies and that this is not on the NHS England "Over the Counter" document. An amendment to this message by Optimise-Rx has been requested.

INFORMATION

ECLIPSE LIVE

The NHS is currently funding a software package called Eclipse which provides overviews, derived from GP practice systems, of the effects of interventions. This may empower practices and LCNs by enabling you to identify and see positives and more easily, in one place, identify areas for review, as opposed to trying to match up data from multiple sources as is currently the case. It also overcomes some of the technology issues that are encountered by the MMT when supporting searches and audits across SystemOne and EmisWeb platforms, meaning the MMT can provide greater facilitation to practices to fulfil the CCG and practice delivery agenda.

It is used by Sheffield, Barnsley and Bassetlaw CCGs. In these CCGs it is already showing potential to support the new medicines optimisation QOF area in the new GP contract. Unlike Optimise Rx this does not run during consultations but after the practice has closed uploading non patient identifiable data for analysis (although the practice can identify the patient from the data held only within their practice). There should therefore be no risk of system slowdown or popups.

West Berkshire CCG have a good guide on their implementation of Eclipse Live. Please [click here](#) to view it.

If you would like to volunteer to be a pilot practice below get in touch on the email address in the footer.

TRAFFIC LIGHT STATUS AND FORMULARY

Recently a survey was undertaken to ascertain awareness of the traffic light system and formulary used in the local commissioning process. This told us that some of you were not aware of the formulary and were uncertain of the relationship between the traffic lights and the formulary. We have taken steps to provide greater clarity regarding the meanings of the traffic light colours, when the formulary should be referenced and routes to access the

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formularies. We have provided clear wording as to the application of the formularies for primary care. Updated letters to support repatriation of RED drugs and highlight issues with AMBER prescribing requests have also been published. Please [see our website](#) for these changes. Further work will be undertaken to provide greater interlinking between the TLS and other online guidance resources.

NMP (DE)REGISTRATION AND CHANGE PROCESS

The guidance for this process has been updated. If you are making changes to non-medical prescribers in your practices please use the NMP process on [our website](#). It has come to our attention that practices may be using out of date forms with lower level of assurance around registration. Please destroy any old forms and always use the online versions to be sure they are up to date.

FREESTYLE LIBRE AND 3RD PARTY TRUSTS

For patients attending out of area trusts for diabetes treatment we are expecting those trusts eg: Sheffield and Rotherham adults to follow our commissioning position. They can receive payment for supply from the Trust via their normal CCG charging mechanism

There is a modification for Sheffield Teaching Hospitals and children. For such children being treated by Sheffield this is AMBER and practices are asked to prescribe, with the monitoring remaining with Sheffield while the child receives their services.

APC UPDATE

Traffic Light News

The Area Prescribing Committee has made the decision to create a new rationale in the Grey status of the traffic light system, the status is GREY 5 (A product for which the APC's view of evidence of benefit over existing therapy does not justify routine availability). [TLS Category Key](#) Items added to this section will include the over the counter products identified in the NHSE consultation. Other items will also be categorised as Grey 5 in line with new guidance in the future months.

OTC Consultation School update

The APC was informed that there are still requests to Primary Care from parents asking for OTC preparations on prescription as schools are requesting labelled medication. Please be reminded that schools do have a legal obligation to support NHSE guidance and legislation.

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