Formulary launch – SystmOne
The MMT have now updated and improved the SystmOne formulary to help guide cost-effective prescribing in line with local guidelines. Key changes are as follows:
- All drugs in the JAPC formulary are included (not just first line choices). Second and third line options will have information attached to prompt consideration of the first line choice where appropriate.
- Default doses and indications have been included where possible. Please be aware that doses are generally standard adult doses. This information will always need reviewing prior to prescribing the drug to ensure it is appropriate.
- Synonyms have been included to prompt more cost-effective options where possible e.g. if senna entered in the multilix, bisacodyl will appear as the first option in the list.
- Red, brown and black drug formularies have also been updated in line with the current classifications.
- The formulary is fully EPS compliant.
Our MMT technicians will soon be installing the formulary in SystmOne practices and will be responsible for updating it on a regular basis. Further information will be provided and the technicians will be happy to talk through and demonstrate the key points at practice meetings. This is an ideal opportunity to ensure that all clinicians are aware of how their settings should be configured to ensure they get the best out of the formulary. Please ensure that all new prescribers, including locums, are aware of the issues. Our technicians are always happy to advise.

Lipid reporting from Chesterfield Royal Hospital FT
From March 2015, in line with the updated lipid modification guideline, non-HDL cholesterol will also be reported (non-HDL cholesterol is total cholesterol minus HDL-cholesterol).

Blood glucose meter upgrades
Please be aware that companies may contact patients to tell them when their existing meters are being upgraded. Often this may require a more expensive testing strip to be prescribed. If patients request a change in their strips on prescription, please take the opportunity to review whether the formulary choice meters and strips (WaveSense JAZZ or TRUEResult) may be appropriate. Both meters can be provided free of charge and the testing strips are likely to be significantly more cost-effective.

Derbyshire Healthcare Foundation Trust are now using SystmOne to prescribe. This means that certain drugs e.g. methadone will appear on the patient’s practice SystmOne repeat template for information only. The drugs cannot be inadvertently issued by the practice since the repeat is “owned” by another provider. However, the shared information should be very useful for practice staff especially since it provides the date the prescription was issued.

Prescribing Sub-group News
- Three month’s supply of rivaroxaban for DVT – how best to issue prescriptions in primary care? When a three month course of rivaroxaban is required for treatment of DVT or PE, the patient requires three weeks at a dose of 15mg twice daily and the remaining 9 weeks at 20mg daily. The first three weeks is provided by CRHFT, but the remaining 9 weeks is issued by the patient’s surgery. There are various ways that this could be done in practice, but to avoid potential wastage or treatment for longer than necessary, the sub-group felt the preferred option would be to issue an acute prescription for 5 weeks, with an additional post-dated acute prescription provided for 4 weeks. The patient will need to be given clear information on the intended treatment course.

- Getting the best from the New Medicine Service (NMS). The New Medicine Service (NMS) is a free service provided by most Community Pharmacies to provide support for people with certain long-term conditions newly prescribed specific medicines. The aim is for the Community Pharmacist to offer additional patient support to help improve medicines adherence, reduce waste and improve outcomes for patients. It is initially focused on asthma and COPD, type 2 diabetes, antiplatelet/anticoagulant therapy and hypertension. For eligible patients who wish to access the service, the Community Pharmacist will provide specific support around one and three weeks after the patient starts their new medicine, which is known to be an important time to maximise long-term compliance. This may be as a consultation in the pharmacy or a telephone conversation where information and advice can be provided and if necessary feedback to the patient’s GP.

The sub-group feels that good communication between local surgeries and community pharmacies is the key to patients getting the best out of this useful service and encourages local discussion on priority areas e.g. inhaler technique counselling and patients prescribed warfarin or a new oral anticoagulant following the GRASP AF reviews. Stamps or stickers added to prescriptions for new medicines are not recommended since they can affect the accuracy of the computerized pricing systems used by the PPD, but surgeries are encouraged to use leaflets to ensure patients are aware of the service.

Rivaroxaban 15mg with EMIS web: With EMIS web, the default dose for rivaroxaban 15mg on the clinical system is 15mg TWICE daily. This is the loading dose for DVT (given for first 21 days) so there is the potential for error if the 15mg dose is required for AF due to renal impairment when the dose would be 15mg DAILY. STOP PRESS EMIS web are intending to remove the dose shortly to reduce the potential for errors.
**Drugs and driving.** A new offence of driving with certain drugs (including some prescription drugs) in excess of specified levels came into force on 2 March 2015 in England and Wales. Anyone found to have any of the drugs above specified limits in their blood will be guilty of an offence, whether their driving was impaired or not. The legislation provides a statutory “medical defence” for people taking the drugs for medical reasons - if their driving was not impaired, the individual is not guilty of an offence if:

- the medicine was prescribed, supplied, or sold to treat a medical or dental problem, and
- it was taken according to the instructions given by the prescriber or the information provided with the medicine.

If the individual’s driving is impaired, they can be found guilty of an offence under the current law, which has no statutory medical defence and will not change. Please continue to warn patients of any potential driving impairment caused by a medicine and the need for caution and advise patients:

- To take the medicine as directed
- To read the PIL, which now has extra information about the new laws
- To be aware that the new medicine may affect their ability to drive and that they should not drive until they are confident that they aren’t affected.
- That they should not drive if they feel dizzy, drowsy, etc.

National patient leaflets and posters are available. St Lawrence Road surgery have also produced an in house leaflet for patients that they would be happy to share. Please contact the MMT if you would like more details.

**Reminder on correct procedures to ensure prescribing costs are attributed correctly.** Occasionally the MMT are aware that prescribing costs have been wrongly attributed. To help avoid this, when a prescriber leaves a practice, their prescribing rights should be disabled on the clinical system to stop prescriptions being issued which could be attributed to their new practice. When a salaried GP joins or leaves a practice the Practice Manager and GP need to complete two forms. The GP is to complete an NPL3 form and the PM is to complete a Notification of Changes to Practice Personnel form. Both forms should be sent to Primary Care Services (PCS - contacts below) who notify the PPD about the addition/deletion. When a GP Partner joins or leaves a practice the practice has to contact the Area Team in the PPD about the addition/deletion. When a prescriber leaves a practice, their prescribing rights are disabled on the clinical system to stop prescriptions being issued which could be attributed to their new practice.

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**NHS England Patient Safety Alerts**

- **Thickening agents.** A care home resident has died following accidental ingestion of thickening powder that had been left within their reach. It appears the powder formed solid mass and caused fatal airway obstruction. Another similar incident has also occurred in a hospital setting. Thickening agents are available in a range of preparations, the most common being a powdered form, supplied in tubs, and commonly kept in a place that is accessible such as at the bedside. This alert reiterates the need for appropriate storage and administration of thickening agents.

- **Potassium Permanganate - risk of death or serious harm from accidental ingestion of potassium permanganate preparations.** Potassium permanganate is used in topical preparations for the care of wounds because of its antiseptic and antimicrobial properties. It is available as a solution for further dilution and as a tablet preparation, which is dissolved in water. It is for external use only and can be fatal if ingested orally.

- Although packaging clearly states it should not be swallowed, it is very unusual for a topical preparation to come in a tablet form, and therefore some staff, patients and carers may accidentally treat it as an oral preparation. The risk of accidentally swallowing the solution also increases where containers such as plastic cups or jugs are used. When accidental ingestion has occurred, the need to treat it as a medical emergency has not always happened. Chesterfield Medical Partnership have developed a protocol for their clinical system to alert prescribers to the issues. Please ask your MMT technician for more details.

- Full details of both alerts can be found at [www.england.nhs.uk/ourwork/patientsafety/psa/](http://www.england.nhs.uk/ourwork/patientsafety/psa/)

**Warfarin counselling developed by CRHFT on Youtube**

The Chesterfield Royal pharmacy team have produced a 7 minute video aimed at patients newly started on warfarin. Patients at the Royal are given information about the video link when they are first seen on the admissions unit and are encouraged to watch the video and note down questions for when they are followed up in anticoagulation clinic. There has been very positive feedback from the patients and it has helped reduce the time the anticoagulation pharmacists need to spend counselling patients.

The video may be found by searching Youtube for ‘chesterfield warfarin’. Practices may find the video useful for their own patients newly prescribed warfarin.

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Please see our website at [www.derbyshiremedicinesmanagement.nhs.uk](http://www.derbyshiremedicinesmanagement.nhs.uk) for local information on prescribing and medicines management in Derbyshire.

If you have any Medicines Management issues please contact the team on 01246 514940 or send all correspondence to:

Medicines Management Team, NHS North Derbyshire Clinical Commissioning Group, CGG Headquarters, Nightingale Close, Off Newbold Road, Chesterfield, Derbyshire S41 7PF

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Remember to anonymise any patient confidential information.