

NHS Borders Prescribing Bulletin

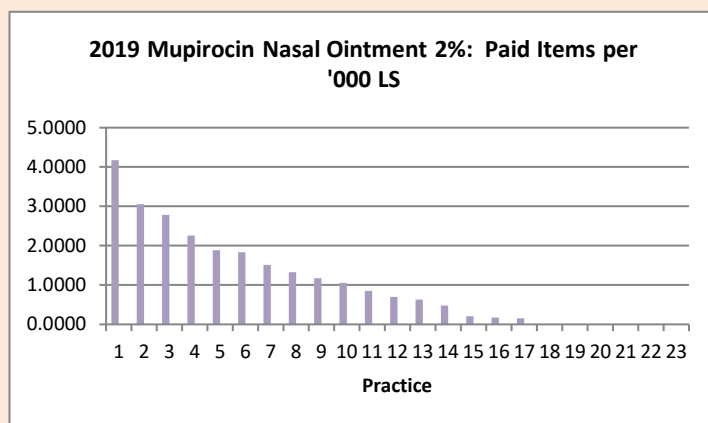
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September 2021

Mupirocin Nasal Ointment (Bactroban)

A recent review of Primary Care mupirocin nasal ointment prescribing in NHS Borders has suggested variation in how it is being used between practices.



Within NHS Borders, mupirocin is reserved for use in the eradication of nasal carriage of staphylococci in MRSA¹, peri-operative suppression of staphylococci in patients receiving certain implants and special situations requiring staphylococcal suppression e.g. PVL carriage

There is increasing global concern regarding mupirocin resistance². Any reduction in the effectiveness of mupirocin as part of MRSA/PVL eradication regimens presents a risk for invasive infection and surgical site infection in joint replacement. It is therefore important that inappropriate use is minimised.

NHS Borders Joint Formulary indicates Naseptin Nasal Cream (chlorhexidine hydrochloride 0.1%, neomycin sulphate 0.5%) as the preparation of choice for nasal infections. Naseptin Nasal Cream contains arachis oil and should not be used in patients allergic to neomycin, peanut or soya. In such circumstances, mupirocin could be considered as an alternative.

NICE has produced a Clinical Knowledge Summary (CKS) on the management of acute epistaxis, including the role of topical antibacterials, which prescribers may find helpful to use in reflecting on their use of these agents <https://cks.nice.org.uk/topics/epistaxis-nosebleeds/>

1. NHS Borders Joint Formulary. Nasal Preparation for Infection
2. Cookson B D. The emergence of mupirocin resistance: a challenge to infection control and antibiotic prescribing practice. J Antimicrob Chemother 1998; 41: 11-18

Thanks to Anne Duguid, Antimicrobial Pharmacist for providing this article.

Some quick one liners

Out of Stock guidance:

Please remember to follow NHS Borders Out of Stock guidance which can be found at:

<http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/supply-of-products-from-bgh-pharmacy/>. We have had a few reports recently of the guidance not being followed.

Up to date:

The Approved list for the NHS Pharmacy First Scotland service was updated on 1 July 2021 (11th edition) and can be found at: <https://www.publications.scot.nhs.uk/details.asp?PublicationID=7020>

Is it in the water?:

Sodium fluoride toothpastes are indicated for the prophylaxis of dental caries or to treat dry mouth induced by head and neck radiotherapy. The decision to prescribe these must take into account local water fluoride levels, fluoride content of the product and whether the patient uses fluoride rinses. **Routine prescribing should be undertaken by dental practitioners, these should not normally be prescribed via general practice.** Prescribing information available at:

<http://www.nhsborders.scot.nhs.uk/BordersFormulary/index.html>

Domestic Abuse Services:

A reminder that there are a number of key services that can provide you with advice, guidance and information if you are concerned for anyone or receive a disclosure from a customer/staff member. Full details of all services can be found on

https://www.scotborders.gov.uk/directory/21/domestic_abuse_services

Pharmacy First – some new Patient Group Directions

NHS Pharmacy First is a national service delivered by all community pharmacies in Scotland. Two new PGDs have been added to the service supporting treatment of shingles and bacterial skin infections. Full details of the PGDs including patient assessment forms can be found at: [https://www.sehd.scot.nhs.uk/pca/PCA2021\(P\)07.pdf](https://www.sehd.scot.nhs.uk/pca/PCA2021(P)07.pdf)

It is important that GP practice staff and pharmacists work together to agree on referral procedures.

The PGDs include exclusion criteria that are listed below:

Treatment of herpes zoster (shingles) infection in patients over 18 years – exclusion criteria

Shingles* *POM treatment supplied via PGD	All patients over 18 years except <ul style="list-style-type: none"> • Rash affecting head, neck, arms or legs (only rash on torso can be treated on NHS PFS) • Rash involving multiple adjacent or non-adjacent dermatomes or where the rash spreads across both sides of the body • Rash present for more than 72 hours • Pregnant or breastfeeding women • Systemically unwell including symptoms of headache or fever • Recurrent shingles (2 or more episodes in patient's lifetime) • Severe pain not responding to OTC analgesics 	There are additional PGD exclusions for aciclovir but are relatively rare. Community pharmacists will refer a patient presenting with these back to the practice for assessment by GP / ANP.
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Treatment of bacterial skin infections in patients over 18 years – exclusion criteria

Skin infections* *POM treatment supplied via PGD - Infected insect bite - Cellulitis (patient afebrile and healthy other than cellulitis) - Acute paronychia with signs of cellulitis	All patients over 18 years except <ul style="list-style-type: none"> • Cellulitis where patient has features suggestive of systemic infection e.g. febrile/feeling unwell • Cellulitis related to animal or human bite • Cellulitis related to surgical wound or chronic wound/leg ulcer/burns • Any sign of cellulitis on the face / around the eye (peri-orbital/pre-septal/orbital cellulitis) • Cellulitis on arms or torso NOT linked to an insect bite • Recurrent cellulitis (more than one episode in 12 months) • Acute paronychia with signs of cellulitis AND a collection of pus requiring drainage AND/OR in severe pain • Diabetic foot infection • Pregnant or breastfeeding women 	There are additional PGD exclusions for flucloxacillin but are relatively rare. Community pharmacists will refer a patient presenting with these back to the practice for assessment by GP / ANP.
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Links for more information

NHSB community pharmacy webpage – NHS PHS: <http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/nhs-pharmacy-first-scotland/>

Community Pharmacy Scotland, Pharmacy First Info Hub: <https://www.cps.scot/nhs-pharmacy-first-scotland/>

Some quick one liners

Diolch (“thanks!”):

Our Welsh colleagues at the All Wales Prescribing Advisory Group have updated their useful resource “Prescribing dilemmas: a guide for prescribers. Worth checking out at: <https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/prescribing-dilemmas-a-guide-for-prescribers/>

Coming up short:

A shortage of Champix (varenicline) was reported in June which looks set to continue. Have a look at the guidance on helping clients switch to alternative treatment at: www.ncsct.co.uk/publication_Champix_16.06.21.php

Development of the East Region Joint Prescribing Formulary

NHS Borders, Fife and Lothian are the first Health Boards in Scotland to work together to develop a regional joint prescribing formulary, to support safe, clinical and cost effective prescribing across the East region. The East Region Formulary will be hosted on an innovative new website with clinical condition and treatment pathway structures, which help to align the formulary recommendations to the treatment of the patient.

The move from individual board prescribing formularies to an east region formulary is supported by the ADTCs of NHS Borders, Fife and Lothian and has been agreed by the medical directors, chief executives and directors of pharmacy of all 3 boards.

The development of the original Borders Joint Formulary involved GP, consultants, specialist nurses and pharmacists from across the Borders and it is important that Borders has strong involvement with the development of the East Region Formulary, which will become our prescribing formulary.

During the year ahead Chapter Expert Working Groups (CEWGs) with membership from all 3 boards will meet to develop the formulary sections of the East Region Formulary. Each CEWG will have GP, acute medical and pharmacist representation from each of the 3 boards and will be chaired by the formulary pharmacist from Borders, Fife or Lothian. Specialist nurses will also be involved with some of the CEWGs.

Once each East Region formulary section is completed and approved, the formulary section will replace the relevant section of the Borders Joint Prescribing Formulary on NHS Borders intranet, and once the East Region Formulary is complete NHS Borders will have access to the East region Formulary website and app (see above).

There will be regular updates on the progress of the east region formulary development and a summary of the impact of any changes on prescribing in NHS Borders.

Please contact liz.leitch@borders.scot.nhs.uk for further information or if you would like to discuss involvement with any of the CEWGs .

Thanks to Liz Leitch, Formulary Pharmacist, for providing this article.

Community Pharmacy Palliative Care Network – Information for GPs, community nurses and community pharmacists to support timely access to palliative care medicines in the community

NHS Borders has established a network of 5 community pharmacies that provide **additional** palliative care support to community healthcare professionals, patients and carers. These pharmacies keep an extended stock of medicines that may be required for palliative care and are able to provide specialist pharmaceutical care support and advice.

In most circumstances, prescriptions for palliative care medicines should be taken to the patient's usual community pharmacy. If the pharmacy is unable to dispense the medicine within a reasonable time then the nearest network pharmacy should be contacted to arrange prompt supply.

Access to palliative care medicines out of hours - if these network pharmacies are closed, please contact NHS Borders Out of Hours Services. Opening hours for the pharmacies can be found at:

<http://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/a-z/c/>



Berwickshire:	GLM Romanes, Duns
Eildon:	Lindsay and Gilmour, Selkirk
Tweeddale:	West Linton Pharmacy
Teviot and Liddesdale:	TN Crosby, Hawick
Cheviot:	Jedburgh Pharmacy

Medication-Related Adverse Event Reporting on Datix

Within NHS Borders, medication related adverse events are reviewed weekly by the Pharmacy Medicines Governance team. The team are responsible for reviewing all medicine related Datix's (adverse events) and ensuring that each adverse event is sent to the appropriate person and department so that the issue/event reported on is responded to. The team also notify relevant clinical governance groups within the Board of the Datix, ie. anti-coagulant group, anti-microbial group, IV group, fluid group and the pharmacy clinical governance group for any pharmacy-related errors. The aim of these groups is to identify key themes and respond appropriately to help reduce the likelihood of errors occurring through supporting staff and providing education/training as necessary. There continues to be a high level of Datix's received in relation to insulin, anti-microbials, anti-coagulants and controlled drugs.

There has been a noticeable increase of Datix's completed by the Pharmacy Prescribing Support team, whom are based in General Practice, over the past 12 months concerning errors on Immediate Discharge Letters (IDLs). Due to this sharp increase, the Pharmacy Medicines Governance team now shares a regular monthly report with the Associate Medical Director and Clinical Directors.

- Of the **167** adverse events reported from 1st April 2021 to 30th June, **35** of these were due to **prescribing issues**. This is **21%** of all adverse events reported.
- Of the **35** events involving prescribing issues, **16** of these involved inaccuracies on IDL's which then lead to medication adverse events being reported. This is **45%** of the adverse events reported due to **prescribing issues**.

The contributing factors identified in this instance include: incorrect transcription from Kardex to IDL; omission of medications from an IDL that a patient should still receive and; discrepancies related to medication changes which are not clearly documented on the IDL. Patients have often reported to their GPs that they were unaware of any changes made to their medications whilst they were inpatients.

BGH policy is that feedback should be given to all the members of staff that were involved in the adverse event by their line manager in order to provide support and training as well as limit the chance of the adverse event recurring. All staff are asked to complete Datix reporting for any adverse event and guidance for this is available on the Intranet.

Thanks to Shelly Scott, Controlled Drug Governance Officer, and Rhona Morrison, Primary Care and Community Services, for providing this article. Edited by Nate Richardson-Read on behalf of the Prescribing Bulletin Editorial Team.

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Past bulletins can be found at: <http://intranet/microsites/index.asp?siteid=5&uid=5>