

NHS Borders Prescribing Bulletin

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December 2021

Prescribing data indicates successful introduction of Pharmacy First service for the management of UTIs

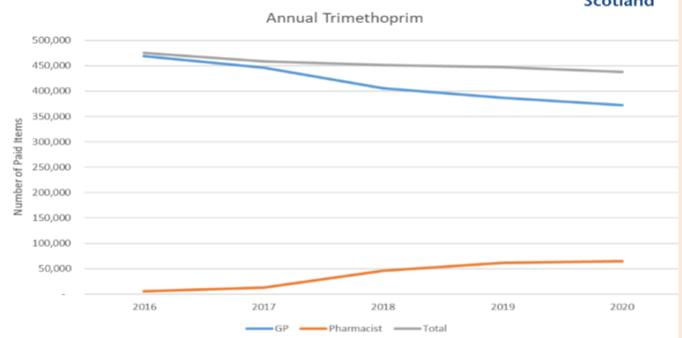
Access to antibiotic treatment for the management of Urinary Tract Infections (UTI) has been available through community pharmacies since 2016. Using patient group directions (PGDs), the pharmacist is able to provide a 3 day course of trimethoprim or nitrofurantoin where appropriate.

Prescribing data has been reviewed from 2016 to Q1 2021 to determine whether the introduction of this service has been associated with changes in use of antibiotics recommended for treatment of UTIs. The findings are as follows:

- Implementation of this service has not been associated with an increase in the use of antibiotics commonly used for UTIs (see graph)
- Year on year increase in the proportion of prescribing by pharmacists suggest a change in patient behaviours around where they seek treatment and advice (see table)

This data provides reassurance that prescribing by pharmacists is appropriate.

Results: Annual Total, GP, and Pharmacy Items for Trimethoprim



Year	Quarter	Trimethoprim		Nitrofurantoin	
		GP	Pharmacist	GP	Pharmacist
2016	Q1	99.4%	0.6%	99.9%	0.1%
2017	Q1	98.0%	2.0%	99.9%	0.1%
2018	Q1	90.7%	9.3%	99.6%	0.4%
2019	Q1	87.4%	12.6%	99.3%	0.7%
2020	Q1	86.0%	14.0%	99.1%	0.9%
2021	Q1	84.6%	15.4%	98.7%	1.3%

Care Optimisation in COPD: COPD Therapy Review Service

Several practices in NHS Borders are taking part in a COPD Therapy Review project being run by GlaxoSmithKline UK Ltd (GSK) in partnership with Interface Clinical Services (Interface). This project aims to deliver clinical pharmacist-led review of COPD patients and their therapies, the clinical pharmacists are provided by Interface Clinical Services with funding provided by GSK as part of a Joint Working Arrangement between GSK and NHS Borders.

This project aims to:

- Identify patients with a diagnosis of COPD & provide a baseline of COPD management, as well as identify which of those patients would benefit from optimisation of treatment
- Provide clinical pharmacist-led consultations, with pharmacists provided by Interface, to optimise management of these patients and ensure treatment is in-line with best practice guidelines
- Support sustained Quality Improvement (QI) in the management of COPD patients through provision of data on key outcomes of the project, educational modules for the participating practices and support to complete the QI cycle up to 6 months after project completion

The changes recommended to management during this project will be subject to local GP authorisation.

Reminder of good practice for prescribing insulins by brand and extra care with high dose insulins

A recent near miss in which a generically written prescription for insulin glargine resulted in a patient being issued with a prescription for a high dose insulin glargine 300 units/ml as opposed to insulin glargine 100 units/ml. The error was detected prior to administration as it was noted this was not the patient's usual insulin.

Medicines containing high-strength insulin may allow patients to receive a high dose in a single injection and help meet an increasing need for higher doses of insulin. However there are differences in the way high-strength insulin products are used compared with existing insulin formulations of standard strength and there is therefore a risk of medication errors.

Insulin glargine is a biological medicine. Biological medicines must be prescribed and dispensed by brand name.

Examples of high-strength insulin formulations are Tresiba (200 units/ml insulin degludec) and Humalog (insulin lispro 200 units/ml).

Toujeo (insulin glargine 300 units/ml), although it is also a high-strength insulin, is not bioequivalent to insulin glargine 100 units/ml (such as Lantus) which means that these insulins are not interchangeable.

Healthcare Professionals should explain to patients the differences in the design of the package and the pre-filled pen for high-strength insulins and standard-strength insulins, especially if the patient has been transferred from standard strength insulin to high-strength insulin. Focus on colour differentiation, warning statements on carton/label and other safety design features (such as tactile elements on the pre-filled pen).

Pharmacists are encouraged to check that patients and carers are able to read the strength of insulin and the dose counter of the pen device before dispensing the medicine. Pharmacists are also encouraged to check that patients have been trained on how to use the new pen.

Further information is available at the following links:

NICE advice on safer insulin prescribing:

<https://www.nice.org.uk/advice/ktt20/resources/safer-insulin-prescribing-pdf-58758006482629>

EMA Guidance on prevention of medication errors with high strength insulins

https://www.ema.europa.eu/en/documents/medication-error/insulins-high-strength-guidance-prevention-medication-errors_en.pdf

High strength, fixed combination and biosimilar insulin products: minimising the risk of medication error

<https://www.gov.uk/drug-safety-update/high-strength-fixed-combination-and-biosimilar-insulin-products-minimising-the-risk-of-medication-error>

Some quick one liners

Near Me Summary Report

You can read the summary report of the evaluation of the Near Me Consultation Services at:

<https://tec.scot/programme-areas/near-me/equality-and-accessibility/evaluation-near-me-consulting-service-scotland-during-covid-19>

It's a fact (from NHS Business Intelligence Services):

In August 2021, 40% of GP referrals attended the Emergency Department, BGH, between 16:00 and 20:00. This is above the average number of attendances.

Food for thought:

"If a person is treated like a patient, they are apt to act like one"

Frances Farmer, US actor who was repeatedly confined to mental institutions.

The SPRING social prescribing network has been established in the Scottish Borders to promote a community led and holistic approach to wellbeing. **Health care professionals can support and work with the network by identifying and referring people into the network.**

SPRING creates a link between the health service and communities and helps people to address their health and wellbeing by connecting them to sources of support within their community. Those typically referred to SPRING include patients who are experiencing: social isolation; low mood; mild depression; chronic pain; long term conditions or, physical inactivity.

It works by a social prescriber spending time engaging with the person, listening to their needs and exploring services and activities that can help them improve their health and wellbeing.

You can listen to John's story at: <https://www.youtube.com/watch?v=bbYbiBhE3oY&t=19s>

Health care professionals already contributing to the social prescribing network say:

- SPRING improving the health and wellbeing of patients has had a positive impact on primary care
- health care professionals are more aware of community led health initiatives
- SPRING is helping tackle the root cause of patient issues
- patients are receiving high quality help and support services that otherwise may not have been open to them

GP practices have been working with the network for some time and 3 community pharmacies have recently engaged with the network. We can always do with more, so if you are interested please use the contact details below to get in touch:

Rachael Honeyman, Scottish Borders Community Health and Wellbeing Services Manager at: rachael.honeyman@health-in-mind.org.uk

Lynn Bellis, Social Prescriber at: lynn.bellis@health-in-mind.org.uk

Patient Information Cards

Methotrexate

THIS PATIENT CARD IS ONLY INTENDED FOR PATIENTS TAKING METHOTREXATE ONCE A WEEK FOR CONDITIONS INCLUDING ARTHRITIS, PSORIASIS AND CROHN'S DISEASE.

If you use methotrexate for one of the above-mentioned indications, you must take your methotrexate containing medicine only once a week, on the same day every week.

Day of the week for taking Methotrexate (write in full):

A reminder that pharmacies can order copies of public health posters or patient leaflets by contacting the APS group. Supplies include MCR patient leaflets, NHS Pharmacy First Scotland leaflets, methotrexate patient booklets, steroid record cards, anti-coagulant therapy packs/books/alert cards, and NHS Pharmacy First Scotland posters.

A full list of currently available materials and contact details for APS can be found [here](#).

It's time to have your say. Please share your views, thoughts and "bucket list" by taking the NHS Borders Prescribing Bulletin Feedback Survey 2021 at: <https://www.surveymonkey.co.uk/r/H3GCTR3>. It will only take a few minutes to complete.

Many thanks, Dawn, Nate and Susie