

Medicines Optimisation Team: Induction Pack for Prescribers

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Introduction

This induction pack aims to inform new prescribers in Nottingham and Nottinghamshire Integrated Care System (ICS) of resources available to them to support safe and cost-effective prescribing of medicines.

Medicines are the most frequent healthcare intervention. It is estimated that around 14% of total ICB budgets will be spent on medicines.

Medicines Optimisation focuses on how medicines are used by patients and the role that evidence-based prescribing has in improving patient outcomes. Patients should be supported to take their medicines safely and feel able to discuss and review their medicines with anyone involved in their care. The Medicines Optimisation (MO) team is made up of pharmacists and pharmacy technicians and support multi-disciplinary teams in GP practices with safe and cost effective use of medicines.

The MO team website is found at www.nottinghamshiremedicinesmanagement.nhs.uk and contains information about medicines for NHS primary health care workers in Nottingham and Nottinghamshire.

1. Nottinghamshire Area Prescribing Committee

The [Nottinghamshire Area Prescribing Committee](http://www.nottsapc.nhs.uk) (APC) establishes a collaborative strategy for ensuring the consistent high quality and cost effective use of medicines across the Nottinghamshire Health Community. There are many useful resources on the website: www.nottsapc.nhs.uk

Joint formulary

The [joint formulary](#) provides information on the formulary status of medicines in Nottinghamshire and contains useful information e.g. formulations available, costs, associated guidelines, traffic light status, and whether an oral formulation can be crushed and dispersed for administration. There are also direct links to the relevant sections of the BNF, BNF for Children and manufacturers information (summary of product characteristics (SPC) and patient information leaflets (PIL)) – click on the symbols next to the medication to access these resources.



Nottinghamshire Area Prescribing Committee

Joint Formulary

- Home
- Chapters
- News
- Mobile
- Reports
- Contact Us

Introduction

Welcome to the Nottinghamshire Joint Formulary

For use by **all** primary and secondary care prescribers within Nottinghamshire. See ['about'](#) page.





Useful Links

APC Guidelines	Shared Care Protocols	Patient information leaflets
Price graphs	New drug request	Drug Reviews
SFH Intranet	BNF SPC	NUH DTC
Prescribing queries & issues logs	OpenPrescribing	Drug Tariff history

News Feed

[APC Bulletin September 2022](#)

[Testosterone gel for low libido in postmenopausal women \(NEW\)](#)

[Transgender Collaborative Care Protocol - NEW](#)

Colecalciferol

[BNF](#) [SPC](#) [BNF C](#)

Formulary



OTC Patients should be advised to purchase vitamin D supplements for maintenance and prevention over the counter. See [local vitamin D position statements](#) for details and exceptions.

Low dose for maintenance or prevention (only prescribed in exceptional circumstances where self-care is not possible):

-**Tablet:** ValuPak[®] is the most cost effective option at £0.59 for 60 tablets (food supplement, 1000 units = 25 micrograms) - see [guideline](#) for other options

-**Liquid:** Fultium-D3[®] Drops 2740 units/ml. 25ml bottle. 12 drops contain 800 units. **Nov 22 supply problem - Pro D3[®] (colecalciferol) 2,000units/mL oral drops will be supplied at NUH as an alternative - 8 drops contain 800 units.**

High dose for treatment of deficiency (see [guideline](#) for doses):

-**Capsule:** InVita-D3[®], Strivit-D3[®] or Fultium-D3[®]

-**Liquid:** InVita-D3 oral liquid in snap and squeeze ampoules.

-**Tablet:** Stexerol-D3[®]

- Primary care prescribers encouraged to prescribe by brand name to avoid unlicensed specials being dispensed.
- Therapeutically equivalent to ergocalciferol (ref: Martindale)
- For routine dosing schedules see Nottinghamshire guidelines below. Higher doses may be used when a loading dose of Vitamin D is required prior to IV bisphosphonates (see zoledronic acid SPC).

[NICE ES28: Vitamin D, no evidence for preventing/ treating Covid-19](#)

[Nottinghamshire APC Vitamin D guideline - Adults](#)

[Nottinghamshire APC Vitamin D guideline - Children](#)







[Nottinghamshire APC Vitamin D Patient Information Leaflet](#)

[Link to reviews](#)

Nottinghamshire formulary traffic light status

The APC review medicines that are added to the Nottinghamshire formulary and give it a traffic light status which indicates who can prescribe a medication. A given medicine may have a different traffic light status for different indications so check the formulary for each clinical situation.

Traffic Light Status Information

 Grey	<p>Grey / Non-Formulary: Medicines, which the Nottinghamshire APC has actively reviewed and does not recommend for use at present due to limited clinical and/or cost effective data. https://www.nottsapc.nhs.uk/media/1327/lpmeds-position-statement.pdf</p> <p>Grey / Non-Formulary (undergoing assessment): Work is ongoing and will be reviewed at a future APC meeting.</p> <p>Grey / Non-Formulary (no formal assessment): APC has not formally reviewed this medicine or indication because it had never been requested for formulary inclusion. Often used for drugs new to market.</p>
 Red	<p>Medicines which should normally be prescribed by specialists only e.g. hospital only medicines (cytokine inhibitors: infliximab, mercaptopurine for chemotherapy)</p>
 Amb1	<p>Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised (e.g. DMARDS)</p>
 Amb2	<p>Medicines suitable to be prescribed in primary care after specialist* recommendation or initiation e.g. melatonin for REM sleep disorders or in Parkinsons disease.</p>
 Amb3	<p>Primary care/ non specialist may initiate as per APC guideline e.g. apixaban</p>
 Green	<p>Medicines suitable for routine use within primary care.</p>

Further information on Red Drugs

- Red drugs should be prescribed by secondary care. If a GP practice is requested to prescribe a red drug, the practice can use the standard letter template to write to secondary care. This template is on the F12 pathfinder (select prescribing toolkit, then Template inappropriate prescribing requests, see section 8). If in doubt, please ask for advice.
- Inappropriate prescribing requests from secondary care can also be reported using [eHealthscope](#). Links to access reporting are on the Nottinghamshire formulary homepage (see above).
- Optimise Rx (see section 5) will flag up if a red drug is prescribed but check the indication – the drug may not be red for your patient’s condition.
- Patients attending from out of area on red drugs - Wherever possible patients should be transferred to the care of a local specialist e.g. HIV management. If this is not possible e.g. liver transplant, please let the *Medicines Optimisation pharmacist* (and a partner at the practice) know. If necessary a small amount of medication supply may be required whilst arrangements are made if appropriate. See guidance on [out of area prescribing requests](#) for further information.

[Nottinghamshire Formulary home page \(see page 4\) links to:](#)

[Shared care protocols](#)

Shared care protocols contain information on the responsibilities of GPs and secondary care for amber 1 medication, including frequency of monitoring and when to refer back to the specialist.

[Clinical Guidelines and Formularies](#)

All local guidelines can be found on the APC website e.g. asthma, COPD, antimicrobials, anticoagulants in AF and formularies for specific areas e.g. wound care, emollients, and blood glucose meters

[Patient information](#)

There are leaflets available for many minor ailments on the APC website e.g. hayfever, vitamin D maintenance and dry skin.

[Reporting Outpatient and discharge prescription issues.](#)

To report prescribing queries and issues, e.g. inappropriate requests or discrepancies.

2. Guidance on medicines that require extra consideration

Specials (Unlicensed Medicines)

- Specials are only to be used when there is no suitable licensed alternative; see guidance on [alternatives to using an unlicensed special](#) for advice.
- If you prescribe an unlicensed medicine, you take complete prescribing responsibility. Document clearly your prescribing decision and if the patient/carer was informed.
- Costs are unpredictable and often high (although some specials are now in the Drug Tariff so the cost for these is fixed – please note that there may be a minimum order quantity).
- Specials can usually be identified on SystemOne by a 'cost warning' message next to the drug rather than a given price or the cost may be displayed as £0.00. See section 4.
- Ask your medicines optimisation pharmacist for advice if uncertain.

Controlled Drugs (CDs)

- First line brands of CD are listed here [Preferred Prescribing List \(for new prescribing\)](#) this ensures a consistent brand during transfer of care across the Nottinghamshire health community.
- All strong opioids should be prescribed by brand to avoid confusion and allow for continuity of supply, reducing risk of potential dosing, dispensing and administration errors.
- Make sure you are aware of the process for issuing and reviewing CD prescriptions in your practice.
- A CD prescription is legally valid for 28 days after the date signed (schedule 2 to 4 CDs).
- It is strongly recommended that the maximum quantity should not exceed 30 days' supply.
- Ensure prescription requirements are met (schedule 2 and 3 CDs) including total quantity in words and figures and dosage instructions.
- Gabapentin and pregabalin are schedule 3 (without safe custody requirements).
- Take care when selecting drug strengths on a drop down list, especially with high doses or high strength liquids. Please note that both morphine and oxycodone have a very high strength liquid formulation available and prescribing errors have occurred when the incorrect strength was selected from the pick-list.

- Risk of harm / mortality from opioids increases substantially at doses exceeding 120mg/day of morphine (or equivalent dose of other opioids) but there is no increased benefit. See APC guidance [opioids for persistent non-cancer pain](#).
- The [opioid dose calculator](#) can help with calculating morphine equivalent opioid dose. It can be found using the F12 pathfinder prescribing toolkit (see section 8) or by downloading the opioid dose calculator app by ANZCA.
- For CD incidents e.g. missing or lost scripts, there is a statutory responsibility to report to <https://www.cdreporting.co.uk>. Ensure North Midlands is selected in the drop down list.

Antibiotic prescribing

- Antimicrobial [prescribing guidelines](#) are on the APC website (accessed by clicking on guidelines then antimicrobial guidelines, see picture on page 2). There is also advice about [Antibiotic prescribing in pregnancy and breastfeeding](#).
- The guidelines are reviewed and updated regularly. Changes occur frequently so please use the online guidelines.
- Guidance may be different from surrounding geographical areas due to resistance rates.
- To reduce rates of C.diff, MRSA and resistance use cephalosporins, quinolones and co-amoxiclav only in line with local guidelines or on advice from microbiology. Prescribing is monitored both locally and nationally.
- Ensure the drug and dose is appropriate for the patient's renal function e.g. prescribing of nitrofurantoin in most patients with an eGFR <45ml/min/1.73m² is now contraindicated (but see MHRA/local guidance for exceptions).
- Consider delayed prescriptions the guidelines contain information on when it may be appropriate for each infection type.
- Antibiotic patient information leaflets (including delayed prescriptions) are available using the F12 prescribing toolkit (section 8) or using the Royal College of GP [TARGET antibiotic tool-kit](#) where information is available in different languages.
- Correctly documenting allergy status is important to help with antimicrobial stewardship and reduce antimicrobial resistance. Always include full details of the allergic reaction including severity and effect. For penicillin allergies the following resource is available: [Is it really penicillin allergy?](#)

Anticoagulant prescribing

- Patients that are newly started on Warfarin must be referred to the Anticoagulant Clinic (unless the practice is commissioned to manage their own INR monitoring).
- The APC guideline for [PE / DVT](#) and [AF](#) will help decision making.
- U+Es, FBC and LFTs must be monitored when on a DOAC (frequency of U+Es depends on CrCl).
- Use Creatinine Clearance (CrCl) for DOACs (and all drug dose adjustments) rather than eGFR reported on bloods – SystmOne can calculate this for you (under clinical tools), for EMIS there is a template in the EMIS library.
- All patients prescribed a DOAC should carry a [DOAC alert cards](#) which can be shown to all health professionals prior to treatment.

Self-Care (medicines for minor self-limiting conditions)

- As part of its self-care strategy, Nottingham and Nottinghamshire ICS recommends that people visit their local pharmacy to purchase medicines and treatments for minor, short term conditions.
- It is advised that all prescribers, including GPs and non-medical prescribers, direct individuals to purchase recommended, readily available, over the counter medicines, treatments and products.

- If you see this symbol in the formulary:  it may be suitable to advise patients to purchase a suitable product over the counter first line.

Self-care position statements are available here:

<https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance/>

Patient information leaflets about self-care are available here:

<https://www.nottsapc.nhs.uk/patient-info/>

Quick reference guide for prescribers:

<https://www.prescgipp.info/media/4056/227-self-care-and-otc-items-quick-reference-guide-24.pdf>

3. Generic or Branded prescribing

- Generic prescribing is largely recommended and is usually most cost effective.
- Occasionally brand prescribing is required for clinical or safety reasons e.g., adrenaline auto-injectors, inhalers, insulin, controlled drugs.
- Occasionally branded generics are cheaper than the Drug Tariff price so cost savings can be made by prescribing these. See the [Preferred Prescribing List](#) for more details.
- Optimise Rx and SystmOne formularies can identify when brands are recommended. See section 4 and 5.

4. SystmOne Clinical System

SystmOne formulary

The SystmOne formulary can help you to identify preferred products to prescribe. It incorporates antimicrobial, emollient and eye lubricant formularies and the [Preferred Prescribing List](#), designed to promote cost-effective prescribing through guided choice of brand, formulation and strength of medication. This is regularly updated by the ICB Medicines Optimisation Team.

****Please amend the dose directions as appropriate for the individual patient or indication *****

Please see the next page for information on how to amend your user settings to ensure that formulary products are displayed in SystmOne. This also indicates what the different symbols mean. Each individual SystmOne user needs to configure their own settings, but the amendments only need to be done once.

This document is also on the MO website:

<https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/preferred-prescribing-list/>

Using the SystmOne formulary

The SystmOne formulary can help you to identify preferred products to prescribe. It incorporates the [Preferred Prescribing List](#), designed to promote cost-effective prescribing through guided choice of brand, formulation and strength of medication. This is regularly updated by the ICB Medicines Optimisation Team.

Setting up your user preferences

When prescribing a new drug, you will see the prescribing window below. Please ensure the “formulary entries” box is ticked and the “£” symbol is selected as indicated below. You will only need to do this once then this will be your default setting allowing you to make the most of the formulary.

Click on the £ symbol to display drug costs

Tick the “Formulary entries” box

Formulary options appear at the top* with the following symbol:



*except Mid Notts practices

If the “frequently used” box is ticked, the green star will indicate the items that **you** prescribe most often. N.B. this can be misleading if you’ve regularly prescribed non-formulary items

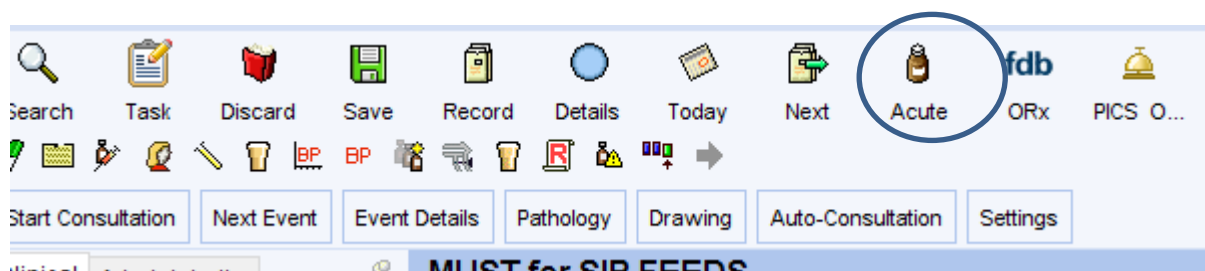
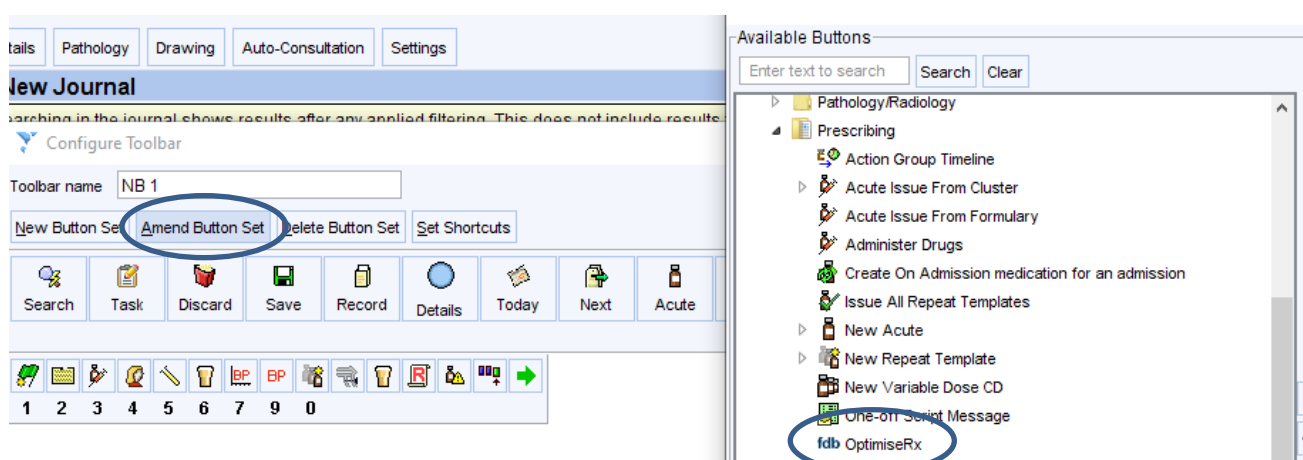
Be cautious of products which show no price or “cost warning”. This often denotes a “special order” product which can be expensive.

Other settings

- If the drug appears in **ORANGE text** – the item is Non-prescribable / unlicensed or not to be prescribed generically.
- If the drug appears in **GREY text** - the item is Discontinued/Withdrawn.
- If the text is **RED** - it means the item is High Risk (often a red traffic light drug).
- Note orange and grey text will only appear if you have ticked the “Discontinued/Withdrawn” or “Non-prescribable/unlicensed” boxes.

5. Optimise Rx[®]

- Optimise Rx[®] is a prescription decision tool that supports GP practices with point of care messaging on locally aligned best practice, safety and cost-effective prescribing.
- Messages are reviewed by the MO team regularly. If you disagree with a message please use the 'reject with reason' option and state why the message is not appropriate. Your feedback can then be used to review the message.
- The Optimise Rx[®] FDB button (SystemOne only) can be used to highlight best-practice and cost-effective prescribing messages when reviewing a patient's medicines. To add the FDB button to your tool bar, right click on the tool bar, select amend button set, scroll to the prescribing folder and select fdb optimise (see screen print below).
- Prescribers are encouraged to consider carefully the prescribing and or monitoring advice being presented.



6. Prescribing errors/issues

Patient safety incident reporting

Please report all patient safety incidents where a patient was harmed, or could have been harmed i.e. any near misses, on the National Reporting and Learning System website and tick the box to share the information with the ICS to enhance local learning: <https://record.learn-from-patient-safety-events.nhs.uk/>

NSAIDs, Antiplatelets, Anticoagulants, Diuretics and Antihypertensives are most commonly responsible for medication related admission.

[The PRACTiCe Study](#) involved examination of 6,048 unique prescription items for 1,777 patients at 15 GP practices in England. Prescribing or monitoring errors were detected for one in eight patients, involving around one in 20 of all prescription items with one in 550 items being associated with a severe error.

Around 5% of hospital admissions are medication related with almost half of these thought to be preventable.

7. Items that should not be prescribed in Nottingham and Nottinghamshire

Gluten Free

The prescribing of gluten free products on the NHS is no longer supported in Nottinghamshire and should never be prescribed.

Continence Prescriptions (except Mid Notts)

Request prescriptions for all catheters, sheaths and bags etc from the specialist services.

- South Notts ICP. Tel: 0115 883 5145. Email southcas@nottshc.nhs.uk Continence Prescription Service. Nottingham Healthcare NHS Foundation Trust.
- Nottingham City ICP Nottingham CityCare Continence Prescription Service. Telephone 0115 883 8900, option 1.
- Mid Notts ICP There is no continence prescription service for patients so any items required should be prescribed by GPs.

Smoking cessation

All patients needing nicotine replacement therapy can self refer to:

- Nottingham City [Stub it! - Nottingham City GP Alliance \(ncgpa.org.uk\)](#) 0115 8240583
- Nottinghamshire County [Stop Smoking | Nottinghamshire Residents | Your Health Your Way \(yourhealthnotts.co.uk\)](#) 0115 772 2515

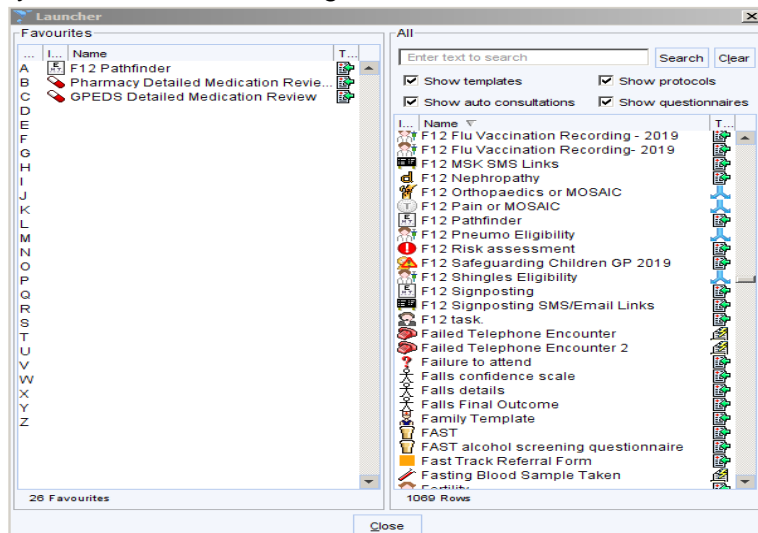
Stoma Prescriptions

Request all prescriptions for patients requiring stoma products from

- Nottinghamshire Appliance Management Service (NAMS). Telephone number for patients: 0800 0853745. Email: NCCCG.NAMS@nhs.net

8. F12 Pathfinder

- A range of referral forms, guidelines, patient information leaflets, clinical templates, and prescribing tools (Liverpool HIV interaction checker, valproate in pregnancy) are available on the F12 button.
- To set this up (this only needs doing as a one-off), press F12 when you are in a patient record and you will see the following:



Type F12 pathfinder into the search box or scroll down the right hand column until you find it.


Left click on “F12 pathfinder” and drag it over to the left hand “favourites” column.

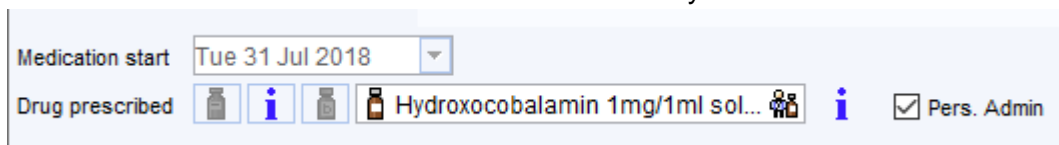
Double click on “F12 pathfinder” in the left hand column to launch it.

9. Electronic transfer of prescriptions (ETP) and Electronic Repeat Dispensing (eRD)

Electronic transfer of prescriptions (ETP) to community pharmacy is the preferred method of prescribing. Prescribers should ensure the nominated pharmacy is correct before sending a prescription during a consultation. The pharmacy nomination can be changed by the patient at any time. Prescribers can print a paper token which is a copy of the prescription if they wish.

Common ETP problems

- To be sent via ETP all items must be written in a current format (DM+D mapped) occasionally the descriptions of medications are changed by the clinical system and medication will have a non-ETP symbol  at the end of the description or repeat template. Re-prescribing the product in the new format (DM+D mapped) will usually resolve this issue.
- Items that are usually administered at the surgery (e.g. injectables, EMLA cream) may also be non-ETP because the Rers Admin box is ticked by default.



Unticking the box in the prescribing template will allow the drug to go ETP if the description is current (DM+D mapped).

Electronic Repeat Dispensing (eRD) allows the GP to authorise up to 12 months of repeat prescriptions for patients with chronic conditions who are on stable medication with just one digital signature. The prescriptions are sent directly to a community pharmacy, who will dispense the prescriptions based on the dates specified by the prescriber.

Further information about eRD:

NHSBSA: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic/erd-resources>

NHS Digital:

- <https://www.england.nhs.uk/publication/electronic-repeat-dispensing-guidance/>
- [Electronic repeat dispensing for prescribers - NHS Digital](#)
- <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

10. Prescribing Hints and Tips newsletter

The MO team produce monthly prescribing Hints and Tips newsletters with information about current prescribing issues. These are emailed to all GP practices and can also be found at:

<https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/newsletters-and-publications/prescribing-hints-and-tips-newsletters/>

11. Medicines Safety Officers

Medicines Safety Officers (MSO) group improves reporting of and learning from medicines incidents. They form part of a national network and are supported by the MHRA. Information about the local network of MSOs and accompanying newsletters can be found on the [Nottinghamshire Medicines Optimisation Team website](#).

12. Further useful information for prescribers

Supply Issues

See the APC joint formulary home page [Nottinghamshire Area Prescribing Committee Formulary \(nottinghamshireformulary.nhs.uk\)](#) for links to medicine supply information. Also listed below.

- [SPS compilation table](#) (free registration)
- [Medicines supply issues](#) (Teamnet access required)

Deprescribing and STOMP (STopping Over Medication of People with a learning disability, autism or both with psychotropic medicines)

See the [Deprescribing and STOMP](#) section of the APC website for information and links including advice about opioids, z drugs, benzodiazepines, gabapentin and pregabalin

Information about Medicines for children

<https://www.medicinesforchildren.org.uk/>

Medicines for Children is a partnership programme by the Royal College of Paediatrics and Child Health (RCPCH), Neonatal and Paediatric Pharmacists (NPPG) and WellChild.

Respiratory

Respiratory Futures is a platform to support integrated respiratory care. They have a number of resources and also share good practice in respiratory care. Further information can be found on their website: <https://www.respiratoryfutures.org.uk/about/>

The in-check inhaler training device is useful for checking inhaler technique and coaching patients on how to use their inhalers. This [video](#) shows how to use an in-check device.

Patient [inhaler training videos](#) for different devices are available on TeamNet.

Greener NHS resources [NCL green asthma and COPD \(nottsapc.nhs.uk\)](#)

Teamnet [Clinical support](#) includes demonstration videos

Oral nutritional supplements

Oral nutrition support is a process used to support patients at risk of malnutrition. This is determined by a MUST score and food first approaches are taken initially, to include food fortification and maximising energy intake in the diet. Should food first and over the counter support not work, nutritional supplements are available on prescription for a small number of patients where needed. First line options are powder based and these should be reviewed every three months to meet dietary requirements.

The NAPC [Guidelines for Prescribing Oral Nutritional Supplements in Adults](#) provides guidance on the appropriate prescribing of Oral Nutritional Supplements (ONS) for adults in the community, in line with national guidance from NICE and other Health Professional Organisations. This leaflet provides [nutritional advice](#) for patients.

13. Email Addresses

- ❑ Mid Notts nnicb-nn.medsopmidnotts@nhs.net
- ❑ City nnicb-nn.medsopnottscity@nhs.net
- ❑ South nnicb-nn.medsopsouthnotts@nhs.net