



Corby Clinical Commissioning Group



Nene Clinical Commissioning Group

Prescribing Achievement Framework – Community Pharmacist Information

For 2015-16 the markers and the actions that GPs are asked to take to achieve targets in these areas, are as listed below.

The information below only provides a short summary of the markers; the full rationale and evidence base behind the markers can be found on Pathfinder at

<http://www.plain.pathfinder-rf.net/nene> User Name: pharmacists Password: N3n3

Continence appliances

- GP practices and community nurses will attempt to improve the cost-effectiveness of continence prescribing based on the guidance of a continence nurse within the Medicines Management team who is available to provide general advice and specific patient reviews.

NSAIDs (oral and topical)

- Prescribers are encouraged to use NSAIDs wisely – safest drug (ibuprofen or naproxen) in the lowest effective dose for the shortest period. NSAID users should be a high priority for medication reviews: thinking about heart failure, hypertension, GI and renal issues routinely.
- The least expensive topical NSAID choices are currently Fenbid gel (ibuprofen) or ketoprofen gel and these will be recommended first-line.

Zero emollient products as % of equivalent products

- The Zeroderma range of emollients made by Thornton and Ross offer savings of up to 37% compared to other brands <http://www.trderma.co.uk/zeroderma.html>

Vitamin D formulary products as % of all vitamin D products

- The Northamptonshire Vitamin D guidelines have been recently revised; the formulary choices are now InVita D3 and Fultium D3 and high cost, unlicensed “specials” should be avoided
- For the treatment of deficiency and subsequent maintenance, vitamin D will be provided via NHS prescription.
- For the management of insufficiency and the prophylaxis of deficiency in “at risk” patient groups, vitamin D should be purchased OTC or, if eligible, obtained free of charge via the government’s “Healthy Start” scheme

Branded generics* as % of equivalent products

- The branded generic products included in this marker offer very good value for money for the NHS compared to the equivalent brands
- These include Gatalin. Monomax/Monomil, Longtec, Shortec, Reltebon, Xenidate, BiQuelle, Repinex, Neditol, Marol and Vensir
- We have previously written to community pharmacists regarding the CCGs’ proposed use of these and we are grateful for your assistance in obtaining these products for patients

Ezetimibe

- In July 2014 NICE issued a revised clinical guideline on lipid modification
- Ezetimibe is not routinely recommended by NICE as a treatment for patients without heterozygous hypercholesterolaemia. Prescribers may want to “consider” ezetimibe only for such patients who cannot tolerate a statin, or can only tolerate a lower intensity statin provided that they have had a trial of treatment with at least two statins
- People with primary hypercholesterolaemia (heterozygous familial and non-familial) should be considered for ezetimibe treatment as per NICE technology appraisal 132

Respiratory

- The aim of this marker is to ensure prescribing in asthma and COPD is in line with the BTS and NICE guidance and the local formulary/guidance

- There are a number of new product choices within the local guidance which are likely to be used to improve safety and reduce costs, including Fostair, DuoResp, Ekilra and Flutiform
- Community pharmacists can help by demonstrating inhaler technique and undertaking MURs and / or the NMS
- The Northamptonshire asthma guidance, COP guidance and advice on stepping down ICS in asthma can be found on Pathfinder at [Northamptonshire asthma guidance](#)
[Northamptonshire stepping down ICS in asthma guidance](#)
[Northamptonshire COPD guidance](#)

Benzodiazepines and Z drugs

- Prescribers will aim to reduce the use of both
- This is a cost marker due to the high cost of some benzodiazepines, particularly temazepam, which has been very expensive for some time. The aim remains to try to wean patients off long-term benzodiazepine or Z drug use, but if this is not possible, the Z drugs are far cheaper.

Antibiotics

- Prescribers will aim to reduce inappropriate antibiotic use for viral or self-limiting infections and consider using delayed prescriptions as per NICE guidance
- Community pharmacists can help by advising patients of the normal duration of colds, coughs and sore throats and by promoting self-care

Cephalosporins and quinolones

- Where possible, the use of these antibiotics should be avoided, especially in patients with risk factors for *C. difficile* infection.

“Double red” drugs

- Double red drugs are those drugs, often newly launched, categorised by the Northamptonshire Prescribing Advisory Group as being not recommended for prescribing in either primary or secondary care. Particular examples might include stereoisomers or modified-release versions of existing drugs that are nearing their patent expiry date.
- Prescribers should not initiate double red drugs without Prior Approval
- See [Prior Approval Information](#)

Sip Feeds

- This indicator is intended to promote appropriate and cost-effective use of sip feeds and the promotion of “food first”.
- Supplements are not indicated as a long term solution to maintain nutrition. Any patient prescribed a supplement for more than 3 months needs a review.
- Local guidance on appropriate sip feed prescribing, including in palliative care and substance misuse is available on Pathfinder [Six steps to appropriate prescribing of oral nutritional supplements \(ONS\) in adults in Primary Care](#)

Diabetes

- There are a number of options that prescribers can consider to increase cost-effectiveness in this area where appropriate.
- These include newer hypoglycaemic drugs, choice of insulin and use of BGTS.

Fentanyl and buprenorphine transdermal patches

- Indications for topical analgesia may include swallowing difficulty, poor absorption from the GI tract (short bowel/ IBD) and persistent side effects from oral opiates due to peaks in plasma concentrations.
- Transdermal patches should normally be reserved for these situations

Budgetary target

- Practices should aim to achieve financial balance against their prescribing budget.