

# Prescriberfile

From the Primary Care Prescribing Group

## Prescribing Improvement Initiative Outcomes

The Prescribing Improvement Initiative (PII) ran from July 2020 to July 2021 in GP Practices, and was well received, with 47 of 50 (94%) of the current GP Practices participating in the initiative.

The unprecedented and sustained impact of the COVID-19 pandemic introduced challenges both for the preparatory work (formulary discussions with secondary care specialist teams, implementation of changes and production of associated support materials), and also the capacity of GP Practices to undertake the work. The challenges of delivering the PII alongside other organisational priorities including COVID Triage, flu and COVID-19 vaccination alongside workforce sustainability issues were recognised by the Primary Care Medicines Resource Group, with modifications to elements of the PII implemented to facilitate the work within GP Practices.

Despite these challenges, the PII has delivered significant outcomes and efficiency savings. (estimated gross annualised savings of **£983.7K**) which was in line with the overall original estimates.

There were 3 workstreams included in the PII, each with associated support material for GP Practices (see table below)

PII Workstream	Description	No. of Practices Contracted
<b>Part 1 (Mandatory for Contracted Practices)</b> Core Prescribing Quality Initiatives (PQIs)	Pre-defined prescribing quality initiative switches identified as key prescribing switches across NHS Forth Valley (FV)  Phase 1 – 22 PQIs (August 2020 start) Phase 2 – Further 6 PQIs in Jan 2021	<b>47 (94%)</b>
<b>Part 2 (Optional)</b> Practice-specific pre-prescribing changes	Practice-specific generics switches; centrally-identified generic switches; Review of specific Pay and Report items (Blephasol <sup>®</sup> , Vivomixx <sup>®</sup> , VSL#3 <sup>®</sup> )	<b>46</b>
<b>Part 3 (Optional)</b> – Repeat prescription over-ordering review		<b>44</b>

Improvements were seen in the associated Key Performance Indicators used to monitor specific PQIs (see graph on next page). Significant improvements have also been seen in the effectiveness and impact of ScriptSwitch<sup>®</sup> in supporting prescribing switches following a focussed review of the profile, as well as the inclusion of switch messages to support the PII PQIs.

The PII has also delivered improvements to repeat prescribing systems through the Part 3 workstream, with associated improvements in safety and patient medication outcomes. Learning will be shared with Practices through the Whole System Working project.

The achievements of the PII in the challenging circumstances of the COVID-19 pandemic are testament to both the work carried out centrally to plan and support the PII, and the commitment of the GP Practices in carrying out the prescribing-related switches.

Individual elements which delivered below original expectations are largely due to the specific circumstances of the COVID-19 pandemic, the restrictions on face-to-face appointments for the respiratory workstreams and changes in Scottish Drug Tariff prices since the original baseline period of Oct-Dec 2019. Overall, the PII delivered the expected outcomes.

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Please Circulate to All Staff

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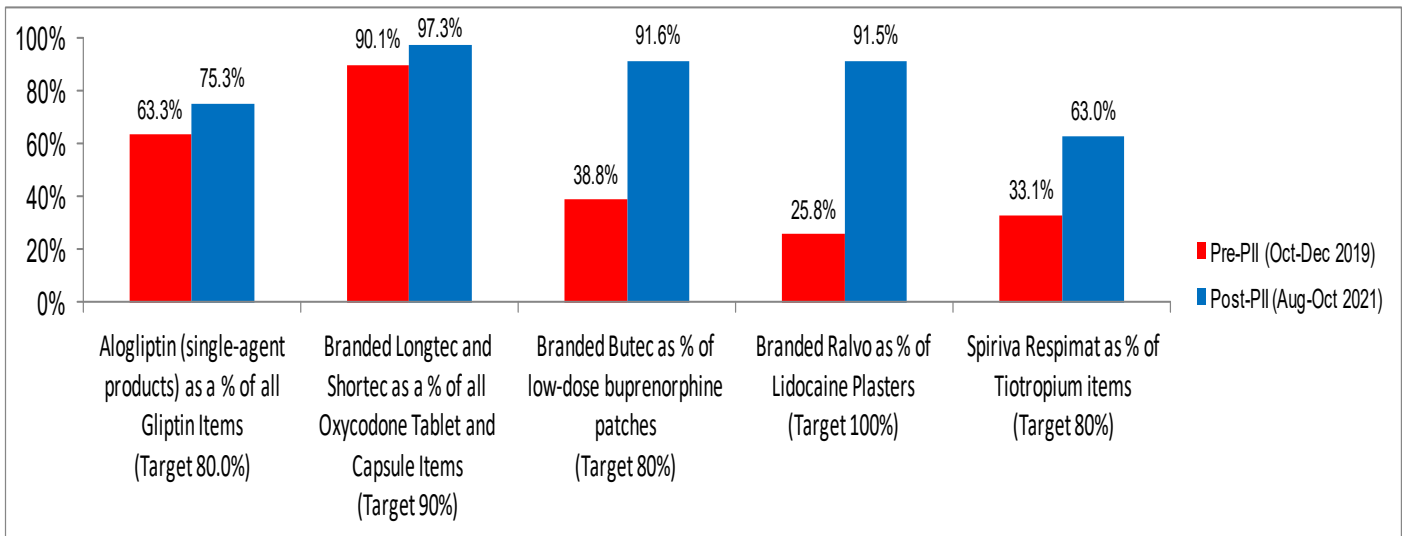
### Supply issues

For the latest Supply Issues affecting Primary Care and local associated guidance see [here](#)

### Key Points of interest:

- GP Prescribing Improvement Initiative successful—despite COVID19 pandemic
- Epidyolex<sup>®</sup> (canabidiol) added to FV Formulary (Specialist use only)
- EMIS Prescribing Safety Checks—be aware of limitations
- Useful Resources available: diabetes; mental health

Graph—Forth Valley Averages for the PII Key Performance Indicators Pre-PII (at baseline Oct-Dec 2019 ) and Post-PII (Aug-Oct 2021):



### EMIS – Prescribing Safety Checks

Prescribers should be aware that the only prescribing safety checks carried out by EMIS PCS are:

- Drug-drug interaction checks
- Drug-allergy checks
- Adverse drug reaction/sensitivity warnings
- Duplicate therapy warnings
- Similarly named drug alerts

The system does **not** check for drug-condition suitability against READ-coded medical conditions. Similarly, the system does not check any patient-specific factors eg age or sex as suitability checks.

### Updates to the NHS Forth Valley Formulary

The following changes to the [Forth Valley Formulary](#) have been agreed by the New Drugs & Formulary Group. Additions and deletions of medicines are based on formulary submissions, new drug assessment requests or formulary section reviews. ADTC decisions relating to SMC assessments can be accessed [here](#). Relevant messages will be added to *ScriptSwitch*<sup>®</sup> to support prescribers in primary care.

**Epidyolex<sup>®</sup> (cannabidiol)** has been included in the FV Formulary (**Specialist hospital use only**) for Dravets Syndrome and Lennox Gastaut Syndrome. The item is listed in EMIS which will allow it to be added to the patient record as an **Outside Drug**.

### Useful Resources for Patients and Healthcare Professionals

The **Diabetes** Specialist Team have published updated [resources](#) for people living with diabetes and health professionals involved in their care:

<https://nhsforthvalley.com/health-services/az-of-services/diabetes/>

**Adult Mental Health Services** have a dedicated page providing links to national and local resources on [Mental Health Well-being](#):

<https://nhsforthvalley.com/health-services/az-of-services/mental-health-unit/mental-health-wellbeing/>

Additional interactive resources are available [here](#).

#### Contact Information:

General Primary Care Prescribing Advice:  
Contact your Primary Care Pharmacist; or alternatively  
Primary Care Prescribing Support Team on 01324 567937  
Email: [FV.prescribingsupport@nhs.scot](mailto:FV.prescribingsupport@nhs.scot)

For Advice Related to Management of Controlled Drugs:  
Kirsty Peacock, Inspection Officer for Controlled Drugs,  
NHS Forth Valley, Forth Valley Royal Hospital Tel: 01324-566743  
Email: [kirsty.peacock@nhs.scot](mailto:kirsty.peacock@nhs.scot)