

June 2015 ♦ Produced by the Prescribing Team

## Local Enhanced Services 2015/16

The main elements of the General Practice (GP) and Community Pharmacy (CP) local enhanced service (LES) activities for 2015/16 are summarised below:

### Repeat Prescribing LES

GPs are asked to:

- Choose one of the following:
  - Complete three significant event analyses in relation to repeat prescribing
  - Undertake a review of acute prescribing systems and processes
  - Complete a patient medicines awareness campaign (medicines adherence or wastage)
- Maintain a register of patients resident in a care home, and a register of patients who receive medication via a monitored dosage system; patients to be on a 7 or 28 day supply. Practice to have a process / protocol in place for communicating MDS and Care Home changes to community pharmacy
- 85% of patients with at least one drug on active repeat prescription to have a level 1 medication review within the previous two years
- Review of patients ordering all medication as a single order (e.g. on a single date) for the most recent three issues

### Polypharmacy LES 2015/16

- Nominated GP from practice to provide a case study then attend an external polypharmacy small group learning session
- Nominated GP from practice to subsequently lead an internal reflective learning session to share best practice in managing the clinical and practical challenges of undertaking medication review
- Practice to undertake polypharmacy medication review in maximum 1.5% of practice list (excluding ACP patients, nursing home patients Read coded 13F61, patients who had polypharmacy review 2014/15)

### Medicines reconciliation

- Practice to complete and submit a reflective template on 2015/16 medicines reconciliation activities
- Practice to complete and submit one enhanced significant event in relation to discharge medication ('positive' or a 'negative')
- Identify priority patient group and carry out medicines reconciliation 'care bundles'
- Record and report compliance against care bundles for a random sample of 5 patients monthly
- Review data monthly to identify areas for improvement
- Undertake the secondary care medicines reconciliation "care bundle" (**optional**)

### 2015-2016 CP LES activity

Community Pharmacists (CPs) have been invited to participate in three LES for 2015-2016

### Respiratory LES

CPs are asked to:

- Review any consenting patient diagnosed with asthma or COPD on an inhaler
- Assess inhaler technique
- Perform initial review **with** follow up review after up to 8- 16 weeks
- Review 40 patients per pharmacy
- Send a copy of both reviews to the GP/ practice nurse (with consent) after follow up

### Bisphosphonate LES

CPs are asked to:

- Provide patient information on falls prevention to all patients on bisphosphonates
- Undertake level 1 falls intervention conversation with consenting patients
- Refer appropriate patients in the NHSGCC Community falls prevention programme
- Where patients are not present or do not consent, provide information on the open access nature of the CFPP (for patients who meet the inclusion criteria)
- Routinely counsel all patients on a bisphosphonate therapy

- Use best practice for patients on a bisphosphonate with a medicines compliance aid
- Record such CMS interventions within the care planning screens
- Consult with ≥ 75% of patients they dispense bisphosphonates to

### Chronic pain LES (Renfrewshire and West Dunbartonshire Only)

CP's are asked to:

- Review patients (who agree to participate and are not currently being reviewed for their pain) who have received 2 prescriptions for either co-dydramol, co-codamol or NSAID in the previous three months.
- Optimise current therapy and signpost patients to possible non-pharmacological self-management strategies.
- Review and follow up 40 patients per pharmacy
- Assess patient, complete where appropriate a musculoskeletal (MSK) START tool and care plan, provide information on chronic pain and signpost to other services (e.g. Pain Education Class)
- Inform GPs or Practice Nurses of outcomes (with patient consent)

### Shingles Vaccination Reminder

This year's shingles vaccination programme ends on 31 August 2015 and GPs can continue to offer vaccination to all those who were aged 70 (routine cohort), 78 and 79 years on 1<sup>st</sup> September 2014, as well as those who were aged 70 years on 1<sup>st</sup> September 2013. Details can be found [here](#).

Uptake figures suggest many eligible patients may not yet have received the vaccination, leaving patients at risk of shingles and its complications. In particular, practices that have recently registered care homes patients are requested to check their shingles vaccination status.

Practices are reminded that Zostavax<sup>®</sup> is an expensive vaccine with a relatively short expiry date. Stock held in practices may expire anytime between end of August and end December

2015. Please check existing stock prior to submitting an order and order the minimum required with no more than 2 weeks stock held at any one time.

### Polypharmacy Guidance 2015

The [Polypharmacy Guidance 2015](#) builds on, and refines the previous guidance from 2012.

The updated guidance contains comprehensive information on:

- A 7 step standardised structure for the medicines review process of an adult patient with co-morbidity
- Reviewing medication need and effectiveness
- Understanding numbers needed to treat
- Case studies to demonstrate application of a holistic patient review in order to get the best possible outcomes from medicines.
- Updated information on falls medication, anticholinergic drugs, stopping antipsychotics in patients with dementia, stopping benzodiazepines and z drugs and managing constipation
- The guidance will be made available in the form of an app in summer 2015.

### Medicines with or after food?

There are six main reasons why medicines may need to be taken with or just after food, or a meal:

- Medicines that may cause nausea or vomiting (with or after meals) e.g. allopurinol, bromocriptine, co-beneldopa
- Irritant medicines (with meals) e.g. aspirin, steroids, non steroidal anti-inflammatories
- Medicines to treat conditions in the mouth and/or throat (after meals) e.g. miconazole, nystatin liquid
- Medicines that are better absorbed with food (with meals) e.g. HIV medicine saquinavir
- Antidiabetic medicines (can be before, with or after meals depending on drug)
- Antacids in patients with meal-time symptoms (immediately after meals)

Details can be found [here](#).