All the latest prescribing news from your Medicines Management Team at the CCG.

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NHS Brighton and Hove Clinical Commissioning Group

NHS High Weald Lewes Havens Clinical Commissioning Group

CITY SCRIPTS

Jan - Feb 2016

Prescribing Newsletter

Brighton and Hove CCG & High Weald Lewes Havens CCG

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics.

With many thanks to neighbouring CCGs who have contributed material to this newsletter.

IMPORTANT - PLEASE READ

This edition comes to you jointly from the Medicines Management Teams at Brighton and Hove CCG and High Weald Lewes Havens CCG.
Many of the articles will be of interest to both CCG localities however, please be aware that a few may be CCG specific. In this instance the articles will be clearly highlighted.

IN THIS EDITION:

The following articles are relevant to both BHCCG and HWLHCCG:

The following articles are relevant to BHCCG only:

- Antiviral Medicines
- Current Supply Issues
- Gentisone HC Ear Drops
- Monitoring of Denosumab Treatment in Bone Metastases
- Prescriber Codes
- MHRA Drug Safety Update
- Brighton APC and Joint Formulary Update
- NICE Guidance

The following articles are relevant to HWLHCCG only:

- Antimicrobial Stewardship
- PHE 'Stay Well This Winter'

Medicines Management Team Update
"Hello...!"

Brighton and Hove CCG

We welcome two new members to our team this month. Agnieszka Danson and Kulsuma Begum will start on the the 22nd February as Prescribing Support Technicians. Their role will be to deliver the Action Plan and support the Pharmaceutical Advisors ensuring quality and cost effective prescribing in the city. They will be allocated surgeries and will be in touch to introduce themselves after a period of training.
Kulsuma can be contacted on kulsuma.begum1@nhs.net and Aggie can be contacted on agnieszka.danson@nhs.net

High Weald Lewes Havens CCG

Ingrid Philpot and Wenda Avey have joined the medicines management team at High Weald Lewes Havens CCG on our Integrated pharmacy team based at Meridian Surgery and Rowe Avenue Surgery in Peacehaven. Ingrid is the Integrated Clinical Pharmacist and Wenda is the Integrated pharmacy technician.
Ingrid can be contacted on ingrid.philpott@nhs.net and Wenda can be contacted on w.avey@nhs.net.

We also welcome Michael Watson to the team, Michael is an Integrated pharmacy technician and his main priority will be to support our member practices with rolling out Repeat Dispensing across the CCG .
Michael can be contacted on michael.watson7@nhs.net

We are currently reviewing the Brighton Joint Formulary platform.
Please fill in this short survey which will influence any future developments.
https://www.surveymonkey.co.uk/r/F82HSMJ

COMING SOON TO A PRACTICE NEAR YOU...
Prescribing Decision Support Software: Optimise Rx

What is it?

Prescribing decision support software (Scriptswitch) has been installed across all practices in Brighton & Hove CCG and High Weald Lewes Havens CCG for many years. The content of the messages seen by prescribers are authored by the Medicines Management team and the systems contributes towards cost-effective prescribing as well as the quality and safety agenda. Until recently Scriptswitch has been the sole provider of prescribing decision support software and as such there has been a lack of competition to drive improved value and system development in line with CCG and prescriber requirements. Optimise Rx is a relatively new piece of decision support software produced by First Databank (FD) but is the only system fully integrated with the patient record. It is now used in a growing number of CCGs as an alternative to Scriptswitch. As a result of the availability of an alternative system a comprehensive evaluation of systems has been conducted to support the decision as to which software to commission. Optimise Rx retains all the features of Scriptswitch with the following enhancements:

- Integration – as an integrated part of the clinical system Optimise Rx supports patient centred decision making by taking into account the full patient history and prescriber preferences.
- Installation - Optimise Rx removes the need for this since the system is integrated within the clinical system itself as an additional module activated by a specific key code. It therefore maintains system continuity throughout periods of change and anyone with prescribing rights will have access to the support system.
- Automation - Optimise Rx's use of informatics enables integration of preloaded up to date best practice content (based on medicines optimisation principles around value, safety, and clinical best practice) automatically. A dedicated FDB team of analysts, informaticians, clinicians and pharmacists refresh and update the medicines database regularly in line with new evidence and national guidance removing the need to locally manage this element. However, ability to tailor the database is retained through an easy to use interface portal allowing reference messages to be switched on or off instantly.

As a result of the key system benefits both organisations have agreed to move to Optmise Rx as our preferred decision support software.

What does this mean for me?

In practice very little will change for prescribers in terms of their interaction with the software. A similar pop up will be displayed with any relevant content as previously with Scriptswitch. As the system is

more clinically intuitive the reality will likely be that prescribers receive less pop ups and these are more clinically relevant for prescribers.

What happens next?

The current contract for Scriptswitch expires in April. We are working with Optimise to deploy the new system as seamlessly as possible to avoid any gaps in service. Further details about deinstallation of Scriptswitch and activation of Optimise will be circulated in due course in advance of this date. If you have any further questions in the interim please get in touch with your relevant medicines management team.

Further information can be found here: http://optimise-rx.com/

Corrections

It has been highlighted to us that there were the following errors in the Nov - Dec issue of CityScripts.

- **Liothyronine** was incorrectly stated as BLACK for hyperthyroidism. This should have stated hypothyroidism. Hypothyroidism was correctly stated throughout the article.
- **Moclobemide** was incorrectly stated as removed from the formulary. Moclobemide Tablets 150mg, 300mg are listed on the formulary as blue only prescribable after recommendation from Mental Health.

Health Protection Guidance - Zika virus

Public Health England have issued guidance on Zika virus. The guidance contains information on epidemiology, symptoms, transmission, diagnosis and travel advice. There are also links to travel advice portals, an algorithm for assessing pregnant women following travel and specific guidance for clinicians working in **primary care**.

The main advice points for primary care are:

- All travellers to areas with active Zika virus transmission should practise mosquito **bite avoidance measures**
- **Pregnant women** planning to travel should **consider avoiding travel** to areas with active Zika transmission
- All **pregnant women** who have **recently travelled** to a country where active Zika transmission is reported should **notify their primary care clinician**, obstetrician or midwife
- An application of insect repellent containing **50% DEET** (N,N-diethyl-m-toluamide) will repel mosquitoes for approximately 12 hours; such repellents containing 50% DEET can be used by pregnant women

- To reduce the **risk of sexual transmission** to woman of child bearing age, including those already pregnant, male partners should use a **condom** for 28 days after arriving from an affected area or 6 months following recovery if a clinical illness compatible with Zika virus infection or laboratory-confirmed Zika virus infection was reported

Action: Clinicians should be **aware** of this guidance and ensure they **implement** the recommendations.

Stolen Prescriptions

Theft of prescription forms and their consequent misuse is an area of concern for a number of reasons. Prescription forms should be treated as 'blank cheques' which, in the wrong hands, can lead to a misuse of NHS resources.

Stolen forms, or indeed whole pads, can be used to illegally obtain controlled drugs (CDs), as well as other medicines either for illegitimate personal use, which might lead to a clinical incident, or for the purpose of selling them on. The forms themselves are items of value which can be sold to a third party.

1. If the prescriptions are stolen from a GP practice then this is theft not fraud, and the theft is against the practice not the CCG. If staff need to report theft or violence and/or aggression at a GP practice then they should contact the national Fraud and Corruption Reporting Line on 0800 028 40 60. This information will then be relayed to an Operations Manager at NHS England who will consider the matter and if deemed appropriate will commission a Local Security Management Services to investigate the matter.
2. If the stolen prescription is presented at a pharmacy to obtain drugs etc. having been forged to appear as if it had been issued by a GP, then it becomes fraud and the loss is against the CCG, therefore, it is one for the Counter Fraud Team and Specialist Manager, Andrew Morley to investigate andrew.morley2@nhs.net . If he raises a local alert all he is instructed to do is to circulate it to his counter parts at local Trust/CCGs. Therefore, it will still not get to the pharmacies. For it to be sent to all pharmacies, the alert should also be sent by Andrew's team to ENGLAND.southeastcommunitypharmacy@nhs.net

Influenza season 2015/2016: use of antiviral medicines

GPs and other prescribers working in primary care may now prescribe at NHS expense, antiviral medicines for the prophylaxis and treatment of influenza, in accordance with NICE guidance and the Grey List or Selected List Scheme (SLS).

Antiviral medicines should be considered for patients if they are **at risk of severe illness and/or complications** from influenza if not treated, whether or not they are in a 'clinical at risk group'. NICE guidance on the use of antiviral medicines can be accessed for treatment and for prophylaxis.

Primary care prescribers are reminded to endorse all prescriptions for oseltamivir (Tamiflu) and zanamivir (Relenza), with the reference **'SLS'**. Community pharmacies are only able to dispense oseltamivir and zanamivir at NHS expense, if the prescriber endorses the prescription with 'SLS'

Wherever possible, for children over the age of one year and for adults who are not able to swallow capsules, the appropriate strength of capsules should be prescribed. The contents of the capsules can be emptied and added to a suitable sugary diluent. As far as possible, oseltamivir (Tamiflu) suspension should be restricted for children under one year of age . Oseltamivir is not licenced for children under 1 and should be based on the judgment of the clinician, after considering the risks and benefits of treatment.

The increase in flu activity also highlights the need to ensure maximum protection through vaccination. Please encourage as many people in the at risk qualifying groups those aged 65 and over, those under 65 in 'at risk' groups, pregnant women and children aged 2 to 4 and in primary school year 1 and year 2 to get the flu vaccination.

Action: Clinicians should be aware of this new advice and familiarise themselves with the current NICE guidance

Current Supply Issues

We have been made aware of the following supply issues:

- Insulin Insuman - temporary shortages until July 2016. See letter from Sanofi.
- Pioglitazone tablets, all strengths - limited supplies available over the next few months. See memo from UKMi.
- Bumetanide 1mg tablets - out of stock although limited availability from small wholesalers.
- Ramipril capsules, all strengths - temporary stock issues.
- Cyclizine 50mg/1ml amp - out of stock.
- Diamorphine 5mg and 10mg injection - limited stock.
- Haloperidol 5mg/1ml amp - manufacturing issues, out of stock.
- Haelan tape 50cm and 200cm - out of stock

- Nitrofurantoin 100mg MR capsules (Macrobid) - out of stock.

For further information on alternatives please refer to the Joint Formulary or contact your CCG Medicines Management Team.

Gentisone HC ear drops

The above ear drops have been 'de-branded' and now they need to be prescribed generically as

"gentamicin 0.3% w/v and hydrocortisone acetate 1% w/v ear drops".

Pharmacies will not be able to dispense any prescriptions which state the brand. Prescriptions will need to be re-written by the prescriber which may cause delays to the patient's treatment.

Updated monitoring parameters for denosumab in bone metastases (part of the drug monitoring in primary care LCS).

At the October Area Prescribing Committee (APC), the drug monitoring schedule for denosumab for bone metastases was updated following a consultation with specialists and APC members.

The monitoring of calcium should now follow the below schedule:

- Routine monitoring of calcium levels and renal function on a 2-monthly basis.
- Monitoring frequency should be increased to monthly if eGFR <30ml/min or if calcium levels are found to be outside the normal range.

The blue information sheet has been updated to reflect this change.

Practices are reminded to ALWAYS CONSULT the electronic versions of shared care guidelines (SCGs) and information sheets for up to date copies.

Current SCGs and information sheet can be found on the Joint Formulary website:
http://www.gp.brightonandhoveccg.nhs.uk/files/sharedcareguidelines080715

Prescriber Codes

The NHS Business Services Authority (NHS BSA) use prescriber and organisation codes to identify where prescription costs should be assigned and to provide data about who has prescribed what products. These codes are pre-printed on FP10 pads and entered into the prescribing system to be printed on computer generated FP10s, or used in electronic prescription messages. The authorised signatory for each CCG must notify the NHS BSA to inform them which practice (or other cost centre) is linked to each prescriber, in order to charge the cost of the

prescription back to the correct prescriber and prescribing budget.

However, there has been a recent increase in the number of prescriptions received with incorrect prescriber details or prescriber codes that aren't linked to the correct practice. This 'unidentified prescribing' creates additional work for both NHS Prescription Services and CCGs, and makes monitoring and benchmarking prescribing activity more difficult.

GP practices can help address this by ensuring that the correct prescriber code is in-putted into the prescribing system - for example, checking that the correct code is being used and none of the digits have been transposed. CCGs, trusts and provider organisations can help by keeping the NHS BSA informed of any additions, deletions and changes to prescriber and organisational data.
More information can be found on the NHS BSA website.

- Where a GP is working in only one practice, NHS Prescription Services will link their Doctor Index Number (DIN) with that practice and this unique six digit code (e.g. 123456) will identify both the GP and practice.
- GPs working in two or more practices (or a practice and another service) need a separate code for each practice. These 'spurious codes' are allocated by NHS Prescription Services.

The Medicines and Healthcare products Regulatory Agency (MHRA) has published Drug Safety Update for:

November 2015 advises:

Crizotinib (Xalkori▼): risk of cardiac failure There have been reports of severe, sometimes fatal, cases of cardiac failure in patients treated with crizotinib.

Vemurafenib (Zelboraf▼): risk of potentiation of radiation toxicity Prescribers should be aware of the risk of potentiation of radiation toxicity with vemurafenib when given before, during, or after radiotherapy.

December 2015 advises:

Thalidomide: reduced starting dose in patients older than age 75 years Use a lower starting dose of thalidomide in patients with untreated multiple myeloma who are older than age 75 years.

Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men

Mycophenolate mofetil and its active metabolite mycophenolic acid are associated with a high rate of serious birth defects and increased risk of spontaneous abortion.

Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal Osteonecrosis of the external auditory canal has been reported very rarely (fewer than 1 in 10 000 patients) with bisphosphonates, mainly in association with long-term therapy (2 years or longer).

Antiretroviral medicines: updated advice on body-fat changes and lactic acidosis With the exception of medicines containing zidovudine, stavudine, or didanosine, product information will no longer include warnings on fat redistribution or lactic acidosis.

January 2016 advises:
Nicorandil (Ikorel): now second-line treatment for angina; risk of ulcer complications Note updated advice on use of nicorandil as second-line treatment for stable angina; some ulcers may progress to complications unless treatment is stopped.

Levonorgestrel-releasing intrauterine systems: prescribe by brand name Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers.
A levonorgestrel-releasing intrauterine system (IUS) has been available as the brand Mirena for a number of years. Recently, a second product called Levosert was licensed for use in the UK. Although Mirena and Levosert both contain 52 mg levonorgestrel, they differ in two important ways:

Indications for use

- Mirena is licensed for 5 years' use and Levosert is licensed for 3 years' use in the indications of contraception or heavy menstrual bleeding. Clinical data for long-term efficacy and safety of Mirena for contraception and heavy menstrual bleeding are available for 5 years of use, whereas 3 years of data are currently available for Levosert
- Mirena is also licensed for 4 years' use for endometrial protection as part of a hormone-replacement therapy regimen (Levosert is not licensed for this indication)

Introducer or insertion device

- Mirena and Levosert have different introducers, requiring different insertion techniques. Insertion (and removal) of any intra-uterine device (IUD) may be associated with pain, bleeding, and (in some cases) perforation of the uterus. Therefore, IUDs should only be inserted by healthcare professionals who are experienced in insertion or who have had training in the relevant insertion techniques.

Galantamine (Reminyl®): serious skin reactions have been reported, these include Stevens Johnson Syndrome, acute generalised exanthematous pustulosis and erythema multiforme. Patients and carers should be told to watch for signs of these and stop treatment if they occur.
See also letter sent to healthcare professionals.

Valproate and risk of abnormal pregnancy outcomes: new communication materials.
In January 2015 MHRA wrote to HCPs to inform them that children exposed to valproate in utero are at high risk of developmental disorders and congenital malformations. To further improve awareness of the risks of valproate in pregnancy they are asking that HCPs use the new communication materials described in the below letter to support discussion of these risks with women of childbearing potential and girls who take valproate. See letter here: https://www.cas.dh.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=102363

Brighton Area Prescribing Committee and Joint Formulary Update

The Brighton APC makes decisions concerning additions to the Joint Formulary. The following summarises decisions made by the APC January 2016 (the APC did not sit in December 2015):

Insulin degludec: **Not supported** for use in adults with type 1 and type 2 diabetes.
Fostair 200/6 pMDI: **GREEN** suitable for non-specialist initiation.
Fostair 100/6 and 200/6 NEXThaler: **GREEN** suitable for non-specialist initiation.
Riluzole oral suspension: **AMBER** specialist initiation with continued prescribing in primary care under a shared care guideline. *(SCG to be updated to include suspension shortly.)*
Tolvaptan (Jinarc®): **RED** For initiation and continuation (including monitoring) by a specialist only.
Omalizumab: **RED** For initiation and continuation (including monitoring) by a specialist only.
Ledipasvir–sofosbuvir: **RED** For initiation and continuation (including monitoring) by a specialist only.
Daclatasvir: **RED** For initiation and continuation (including monitoring) by a specialist only.
Ombitasvir–paritaprevir–ritonavir: **RED** For initiation and continuation (including monitoring) by a specialist only.
Pembrolizumab: **RED** For initiation and continuation (including monitoring) by a specialist only.
Apremilast: **BLACK** not routinely supported for the treatment of moderate to severe plaque psoriasis and active psoriatic arthritis.
Bortezomib: **RED** For initiation and continuation (including monitoring) by a specialist only.
Trastuzumab emtansine: **BLACK** not routinely supported for the treatment of HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane.

Abatacept, adalimumab, etanercept and tocilizumab: **RED** For initiation and continuation (including monitoring) by a specialist only.
Erlotinib and gefitinib: **RED** For initiation and continuation (including monitoring) by a specialist only.

That's NICE... https://www.nice.org.uk/guidance

November 2015

TA367: Vortioxetine for treating major depressive episodes.

Vortioxetine is recommended as an option for treating major depressive episodes in adults whose condition has responded inadequately to 2 antidepressants within the current episode.

TA363: Ledipasvir–sofosbuvir for treating chronic hepatitis C.
TA364: Daclatasvir for treating chronic hepatitis C.
TA365: Ombitasvir–paritaprevir–ritonavir with or without dasabuvir for treating chronic hepatitis C.

TA366: Pembrolizumab for advanced melanoma not previously treated with ipilimumab.

TA368: Apremilast for treating moderate to severe plaque psoriasis.

Apremilast is not recommended within its marketing authorisation for treating psoriasis, that is, for treating adults with moderate to severe chronic plaque psoriasis that has not responded to systemic therapy, or systemic therapy is contraindicated or not tolerated.

NG26: Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care.
NG25: Preterm labour and birth.
NG24: Blood transfusion.
NG23: Menopause: diagnosis and management.
NG22: Older people with social care needs and multiple long-term conditions.

NICE BITES November 2015 includes:

- NICE NG18: 2015 Diabetes (type 1 and 2) in children and young people

December 2015

NG32: Older people: independence and mental wellbeing.
QS106: Bladder Cancer.
NG31: Care of dying adults in the last days of life.

TA369: Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears.

Ciclosporin is recommended as an option, within its marketing authorisation, for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear

substitutes.

TA370: Bortezomib for previously untreated mantle cell lymphoma.
TA371: Trastuzumab emtansine for treating HER2-positive, unresectable locally advanced or metastatic breast cancer after treatment with trastuzumab and a taxane. Not recommended.

TA372: Apremilast for treating active psoriatic arthritis.
Apremilast alone or in combination with disease-modifying antirheumatic drug (DMARD) therapy is not recommended within its marketing authorisation for treating adults with active psoriatic arthritis that has not responded to prior DMARD therapy, or such therapy is not tolerated.

TA373: Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis.
TA374: Erlotinib and gefitinib for treating non-small-cell lung cancer that has progressed after prior chemotherapy.
NG30: Oral health promotion: general dental practice
QS105: Intrapartum care.
NG29: Intravenous fluid therapy in children and young people in hospital.
QS103: Acute heart failure: diagnosis and management in adults
QS104: Gallstone disease.
NG28: Type 2 diabetes in adults: management.
NG27: Transition between inpatient hospital settings and community or care home settings for adults with social care needs.

NICE BITES December 2015 includes:

- NICE NG23; 2015 Menopause

NICE BITES January 2016 includes:

- NICE NG28; 2015 Type 2 diabetes

Better Health For Our City

The following is intended for healthcare professionals in the Brighton and Hove CCG locality.

Reminder

Prescribing Incentive Scheme (PIS) 2015-16 submissions deadline.

General Practices are reminded of the deadlines for PIS 2015-16 submissions are:

28th February 2016

- Antibiotics
- Asthma
- AF
- Low Cost BGM
- Repeat Prescribing Processes reviews.

28th March 2016 (at least 2 months upon release) of the Prescribing Data Reviews

- High Cost Prescriptions & Specials – 2
- Prescribing Dashboard Q2 [July-Sept 15]

Practices can contact their CCG Pharmaceutical Advisor if an extension is required.

Antibiotics... Good news!

The Chief Medical Officer has written to those GPs working in practices that rank in the top 20% of practices nationally based on the number of antibacterial items/STAR-PU prescribed during the 12 months July 2014- June 2015. This intervention is based on the outcome of a previous trial last year led by the Behavioural Insights Team and Public Health England that demonstrated peer intervention can influence GP antibiotic prescribing behaviours, leading to a reduction in antibiotic prescribing.

The good news is that within Brighton and Hove CCG there is only one practice that falls into the top 20%.

Reminder for General Practice
Check patient's INR before issuing prescription for Warfarin

General Practice is reminded that in order to comply with the NPSA 2007 Patient Safety Alert 18 on making anticoagulation therapy safer (Ref: NPSA/2007/18), prescribers should check patients' INR is being monitored regularly and it is at a safe level for an anticoagulant repeat prescription to be issued.

Locally, this can be done in one of two ways:

- For those patients under CPAMS, access to CPAMS DAWN clinical website https://www.cpams.co.uk/dawnac will provides all necessary information for these checks.

To apply for CPAMS DAWN access or update expired passwords, please email: valerie.x.sefton@boots.co.uk providing the following details: Name; Position; Practice Name; if

access was previously obtained

OR

- Reviewing patient held INR record, which may be in the form of a single printed sheet or yellow book' each time a prescription is issued. This record includes the date of the last clinic appointment, the latest INR test result and current dose

http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60105

Contact the BH medicines management team

The following has been written by the medicines management team at High Weald Lewes Havens CCG and is intended for healthcare professionals in this CCG locality.

Antimicrobial Stewardship (AMS)

Prescriber Focus

AMS section of Medicines Optimisation section of HWLH CCG website

Antimicrobial resistance (AMR) represents one of the biggest threats to global health today. According to the Chief Medical Officer (Dame Sally Davies), resistance to antibiotics is putting people's lives at risk and creating extra pressure on our healthcare system with drug-resistant strains of common diseases emerging in the UK. Antimicrobial stewardship (AMS) is an organisational or healthcare-system-wide approach to promoting and monitoring judicious use of antimicrobial drugs to preserve their future effectiveness, and to minimise the risk of individuals developing healthcare acquired infections (HCAI) such as *Clostridium difficile* infection.
HWLH CCG has already seen a marked reduction in total volume of antibiotics prescribed. Expressed as antibacterial items / STAR PU we are well below the national median.
We are, however, one of the highest users nationally of high risk antibiotics (cephalosporins, quinolones and co-amoxiclav) and we are ranked 2nd highest CCG within the Surrey-Sussex Area.
The AMS section within the Medicines Optimisation area of the HWLH CCG public-facing website (link above) provides links to some potentially useful local guidance, including:

- Management of Infection Guidance for Primary Care (via the link "Antibiotics in Primary Care amended" [also available via the Joint Formulary])

- Antibiotics Aide Memoire (first- and second- choice antibiotics for common conditions)
- Diagnosis of Urinary Tract Infections in men & women over 65 in primary care
- *Clostridium difficile* infection in the community – a guide for GPs (via the link "*C.diff* guidelines for local GPs")
- Antibiotics Self Care Patient Leaflet, titled "Treating Your Infection" (primarily for use in consultations when antibiotics are not clinically appropriate)

Once you have 'clicked' on a link, please do remember to scroll to the bottom of the newly opened page to find your chosen document.

Patient Focus

Public Health England – 'Stay well this Winter' video

As part of the NHS Stay Well This Winter campaign, Public Health England recently launched (January 15th) a new 4 minute video designed to raise public awareness of the threat of AMR.

To help manage patient expectations with regard to the prescribing of antibiotics, the video uses some of our most recognisable doctors (TV Faces) to highlight the consequences of a world without effective antibiotics. The need to only use antibiotics when clinically needed is explained, and simple actions to help preserve the effectiveness of the antibiotics that we now have are described. This links with other campaigns ("top tips to keep warm and well" and "keep warm and well this winter"), which focus on lifestyle advice and assistance that might be available.

Key messages within the NEW video include:

- remember that sore throats, colds, coughs and earaches are usually self-limiting (getting better on their own) but pharmacists can recommend remedies to help
- trust our GPs to know when antibiotics are and are not needed
- if you have been prescribed antibiotics, make sure you take them as directed

We hope that these resources may be of some assistance. Please do contact the Medicines Management Team if you need additional information and/or wish to provide any comment.

Contact the HWLH medicines management team

Feedback to the author of this newsletter

errors or omissions in information provided by external organisations. Any opinions expressed are those of the editor/s and do not necessarily represent the opinions of Brighton and Hove Clinical Commissioning Group or High Weald Lewes Havens Clinical Commissioning Group

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