



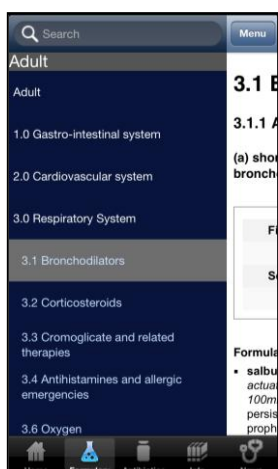
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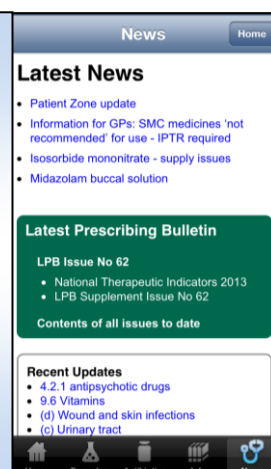


Instant access – introducing the LJF and ABx App

The Lothian Joint Formulary and the Antibiotic Prescribing Guidelines are now available as an App for Smart phones (iOS and Android) and tablets. Software™ have produced Apps for several Scottish Health Boards and these have been found to be extremely useful for hosting formulary information, antibiotic prescribing guidance and other associated guidelines.



- The App is available free of charge via the Apple App Store and Google Play Store and is quick and easy to install
- It will enable easy access to the LJF and antimicrobial guidelines, with no need to find a networked terminal or requiring internet or WiFi connectivity
- It remains available to users regardless of location, including hospital and community settings and at the point of attending a patient
- The information is cached to the device at regular intervals and is always up to date
- The App will notify you of updates and you can re-cache when connected to WiFi



Formulary decisions – in with the new

The Scottish Government [CMO \(2012\)1](#) letter outlined NHS Boards' responsibilities and requirements regarding the introduction of new medicines. The main new Formulary Committee (FC) requirement is that a formulary decision on the use of a medicine must be made within 90 days of the SMC advice. NHS Boards must publish their decision within 14 days. It is the responsibility of the clinical teams to ensure applications are submitted to the FC within the 90-day timescale.

The CMO letter provides standard wording for formulary decisions:

- **Included** on the NHS Board formulary for the indication in question,
- **Included** pending protocol,
- **Not Included** on the NHS Board formulary because the NHS Board decision is that the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question,
- **Not Included** on the NHS Board formulary because clinicians do not support the formulary inclusion,
- **Not Included** on the NHS Board formulary because clinicians have not responded to an invitation to apply for formulary inclusion for this medicine,
- **Not included** pending protocol.

In NHS Lothian the 'Included' medicines are then classified as first line, second line, additional list or a prescribing note. A statement is included where the drug is 'Specialist Use Only'.

Where the medicine is 'Not included' a subsequent submission will be accepted at any time.

All FC decisions are posted on the LJF website (FC [minutes](#) and webtables of [new drug decisions](#)).

The good things about eLJF-CLINICAL

Version 2.02 of eLJF-CLINICAL will be installed in the Lothian Vision practices throughout the autumn of 2013. This is a major advance from the earlier versions as it is beginning to play to the strengths of the system, rather than its weaknesses. Experience gained from using eLJF-CLINICAL in clinical consultations is now beginning to inform development, and version 3.0 will be better still in facilitating LJF adherence in the clinical setting.

1. eLJF-CLINICAL can select multiple drugs for the same prescription

This includes prescribing for *Helicobacter pylori* eradication and 'just-in-case' palliative care medicines. Individual drugs are selected by a mouse click; hitting the 'go' button then populates the prescription with all the required medicines.

2. Prescribing accuracy

The treatment instructions for the 'just-in-case' palliative care prescriptions are detailed and specific. In the time constraints of a consultation it is not always possible to use dosing instructions of sufficient detail. eLJF-CLINICAL provides the correct instruction in the click of a button. Although the dosing instructions appear cumbersome, great effort has been made to ensure that they are compatible with community pharmacy labelling systems.

3. Built-in safety features

One example in version 2.02 is the clear identification of standard strength and high strength inhaled corticosteroid within the many different respiratory products available in the formulary.

4. Correct dose instructions for children of different ages

Another improved functionality along these lines is the inclusion of age filters in the children's chapter to ensure the correct dose for age group is selected. For example, the recent MHRA dosing advice for oral paracetamol has been included. It is only possible to select the correct dose for that age of child, whilst in their clinical screen.

5. Waste reduction from correct pack size selection

In addition to the correct dosing instruction, great attention has been given to selecting a sensible pack size. For children, where a large volume of medicine is required for each dose, this is reflected in the pack size. Standard pack sizes are also included in the wound formulary (these are often not included in the BNF).

6. Safe product identification

For some therapeutic areas prescribers identify products by brand name, even when the intention is to prescribe generically. Version 2.02 includes some chapters where this is possible. For example with topical steroids, potency may be more commonly identified by brand name. eLJF-CLINICAL is configured in such a way that recognises this practice, yet still promotes generic prescribing.

7. Accurate prescribing of complex drug regimens

Many of the newer drugs used in Parkinson's require up-titration of dose at fixed time intervals. eLJF-CLINICAL facilitates this by accurately defining starting, titration and maintenance doses.

8. eLJF-CLINICAL headings

It is possible to identify a specific clinical therapeutic area using the 'select guideline' shortcut. We surveyed GPs for their favourite clinical headings, which include:

Palliative Care	/PALAnticipatory
Asthma	/ASTHma
Emollients	/EMOLlient
HRT	/HRT
Children infection	/CINFEdction

The list of [eLJF-CLINICAL headings](#) has been sent to each practice and can be downloaded from the LJF website.



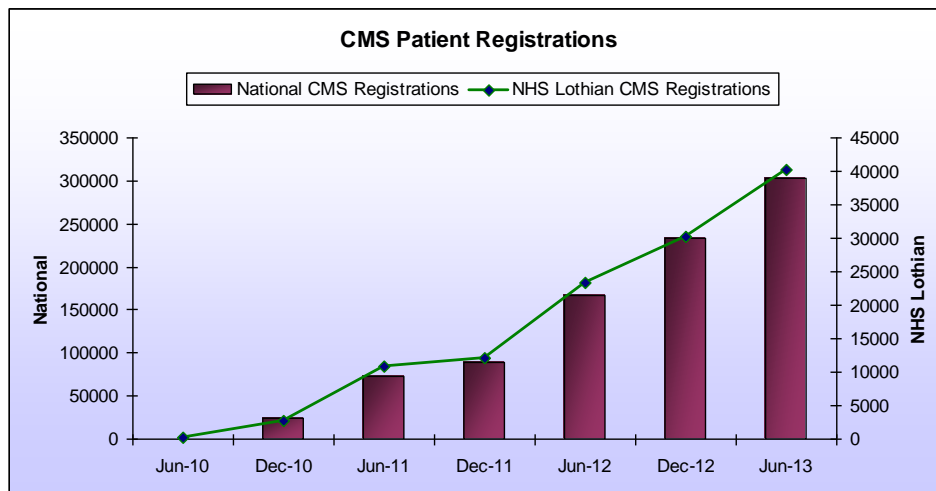
Chronic Medication Service

The pharmacist's role

The Chronic Medication Service (CMS) formalises the role of community pharmacists in supporting people with long-term conditions. The pharmacists use their skills and expertise to improve an individual's understanding of their medicines and to help maximise the clinical outcomes from their therapy.

CMS is the fourth and final core element of the revised community pharmacy contract in Scotland and has been delivered from community pharmacies since May 2010. It is designed for patients on medication for a long-term condition. Once the patient is registered, consent for the process and sharing of information between the community pharmacist and general practice is obtained. Consultations with patients are documented on the Patient Care Record (PCR), a secure web-based system which provides the pharmacist with documentation, including for pharmaceutical care issues (for example: side-effects, under-dosing, ability to use inhaler devices, etc.).

The graph below shows the steady increase in patient registration since the service commenced.



There was an extension to the service in 2012, which focused on high risk and newly prescribed medicines. The 'high risk medicines' service focuses on patients currently prescribed lithium or methotrexate. Pharmacists identify pharmaceutical care issues including patients' understanding of their medicines, compliance and monitoring requirements. The new medicine intervention tool enables a systematic approach to identify issues which may have arisen in the first week or two of treatment.

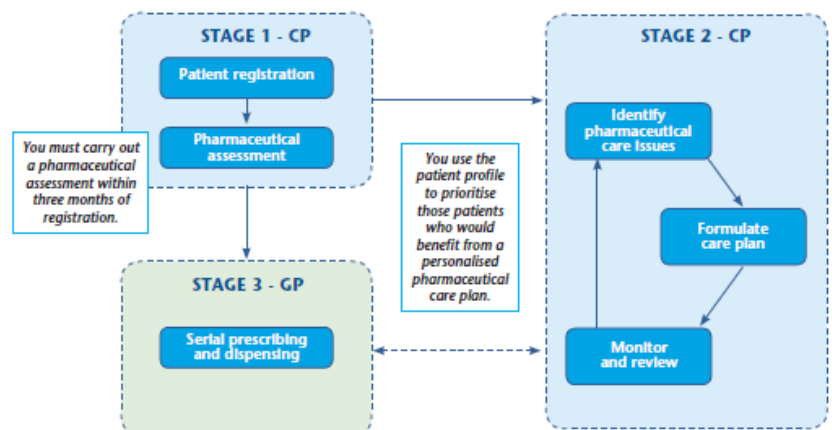
Serial prescriptions

The final element of the service is the provision of a serial prescription valid for 24 or 48 weeks for a CMS-registered patient deemed suitable for this service by their GP. This means that the GP practice issues one master prescription which covers the 24 or 48 weeks. However, many patients who will benefit from being registered at their pharmacy will not be eligible for serial prescriptions.

The Scottish Government Health Department in 2012 expressed the aim that *"All systems are in place which will allow all patients in Scotland to have access to the benefits of pharmaceutical care delivered through CMS by 2013"*.

NHS Lothian is making good progress towards the Scottish Government's goal with 56% of GP practices having agreed a date to engage with the training and generation of associated serial prescriptions. Training is being delivered across Lothian by the clinical system providers over the coming months on a locality basis.

If you wish to be part of this national initiative and wish to sign up for training, or would like further information, please contact the CMS mailbox CMS@nhslothian.scot.nhs.uk or contact the CMS team on 0131 537 6575.



Thanks to Anne Lorimer, Pharmacy Locality Group Co-ordinator.

OPAT – an excellent service say patients

The [Outpatient Parenteral Antimicrobial Therapy \(OPAT\)](#) service was initiated in January 2011 in the Regional Infectious Disease Unit (RIDU). It allows patients to be treated with intravenous antibiotics for both long- and short-term infections while living at home. This seven-day service at the Western General Hospital avoids the inconvenience to patients of unnecessary inpatient stays and also reduces risks of exposure to healthcare associated infection. The service is led by Dr Claire Mackintosh, Consultant Physician in Infectious Diseases and Charge Nurse David Whiteley, with a team of six nurses and a clinical pharmacist. A survey carried out earlier this year showed a high level of patient satisfaction with the service, with patients describing it as helpful, friendly and excellent.

Broadly the OPAT service covers two categories of infection:

- **Skin and soft tissue infections** including cellulitis, wound infections, bursitis, infected bites, facial erysipelas
- **Complex infection** including osteomyelitis, septic arthritis, diabetic foot infections, infective endocarditis, meningitis

Patients can be referred into the OPAT service direct from primary care if, for example, a GP has a patient with cellulitis who has not responded to a trial of oral antibiotics. Referrals can be made by discussing the patient with the OPAT clinical nurse specialist based at the Western General Hospital on 0131 537 2844; the OPAT Infectious Disease consultant can be reached on 07775 802818 and is also happy to discuss potential referrals. There are strict criteria whereby a patient would be deemed *not suitable for referral* and these are outlined below. In these cases patients should be referred to their local hospital.

- Pain out of proportion to skin changes/rapidly evolving/blistering
- Systolic BP < 100 mmHg
- Two or more of the following:
 - temperature < 36 or > 38°C
 - heart rate > 90 bpm
 - respiratory rate > 20
- Drug misusers – actively injecting intravenously or subcutaneously into muscle
- Current alcohol dependency
- Mental health morbidity / history of self-harm
- Other active medical problems requiring hospitalisation
- The inability to travel to hospital regularly.



*Thanks to Carol Philip, Lead Antimicrobial Pharmacist and
Dr Claire Mackintosh, Consultant Physician in Infectious Diseases.*

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

The supplements can be accessed via the LJF website
www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

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View the Lothian Joint Formulary at www.ljf.scot.nhs.uk