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Excellent progress as *C difficile* hospital rates fall

Dr Brian Cook, Medical Director, Acute Services, NHS Lothian, wrote to clinical teams on 8 November:



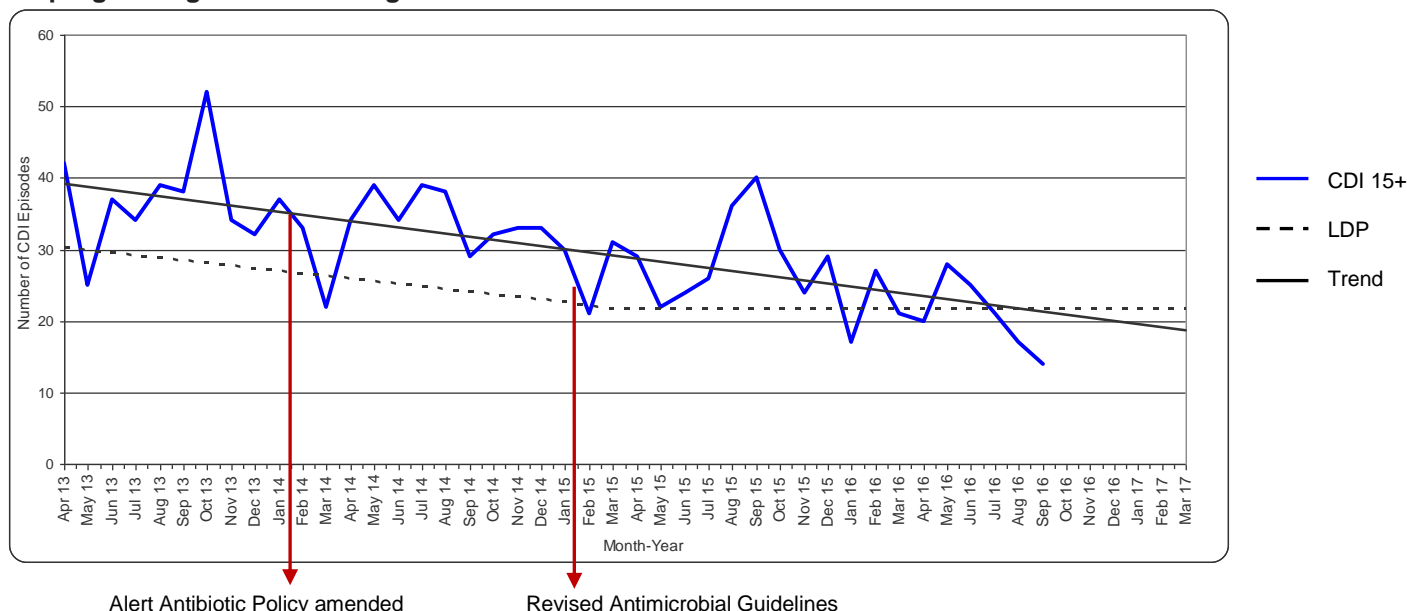
Key actions include:

- ✓ Revised guidelines to restrict the use of broad-spectrum agents such as co-amoxiclav and piperacillin/tazobactam and rely more heavily on older agents, especially amoxicillin and gentamicin.
- ✓ A programme of education for healthcare staff to underpin implementation of the revised guidelines.

*"Dear Colleagues,
I would like to thank all staff involved in making excellent progress with reduced *C difficile* rates across NHS Lothian acute hospitals in 2016. This is due to a combination of factors which your hard work has helped to implement. Among these are the 2015 change of antibiotic policy to reduce use of antibiotics associated with *C diff* and improved practice and procedures around infection sampling, control and antibiotic stewardship. For the first time, NHS Lothian is meeting our HEAT target for *C diff* rates."*

Meanwhile the *C difficile* infection (CDI) incidence in primary care has remained at a very low level during 2016.

CDI progress against HEAT target



NHS Lothian's CDI target in its Local Delivery Plan (LDP) for 2016/17 is an incidence of 0.32 episodes per 1000 bed days (<262 episodes) with a current incidence of 0.30 (n=125 episodes).

Across Scotland there is recognition that a proportion of CDI can arise in the community in patients who have had no hospital contact. Minimising exposure of vulnerable patients to multiple courses of antibiotics, known to be associated with higher incidence of subsequent CDI and reducing proton pump inhibitor prescribing continues to be a priority.

Skin refresh

LJF update

The chapters on skin have been updated in both the Adult and Child formularies. These changes align the LJF with the Minor Ailments Formulary which was revised during 2016. The main change is the introduction of Zeroderma[®] products to the formulary. Minor changes have been made to prescribing notes in other sections and available pack sizes for products. Please see the [LJF](#) for full details.

Emollient and barrier preparations

- The cream based first choice is Zerobase[®] cream.
- Second choices are Oilatum[®] cream and Zerodouble[®] gel.
- Aveeno[®] and Diprobase[®] are no longer formulary choices.
- Metanium[®] ointment is now an option as a barrier preparation.



A new note has been added to advise changing bedding and clothing preferably daily, due to the fire hazard risk from emollients.

Soap substitutes

ZeroAQS[®] cream and Zerobase[®] cream are first and second choices.

Topical antipruritics

Dermacool[®] (1% menthol in aqueous cream) is the new second choice topical antipruritic.

Where has the UKMI website gone? Introducing the SPS

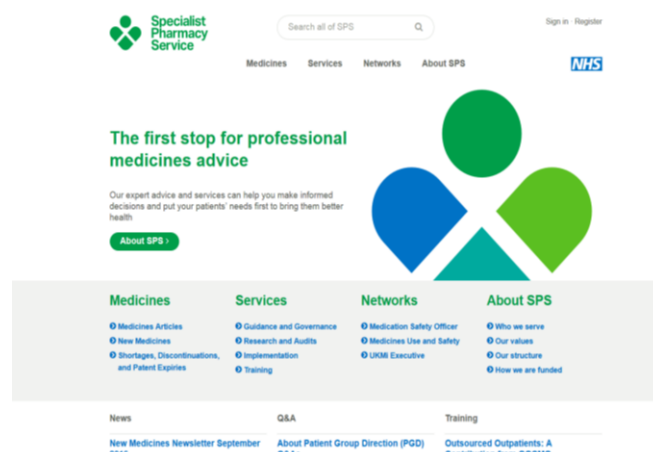
If you are familiar with accessing the UKMI website for its Q&As, Compliance Aid Database, Fridge Database or Lactation Database then you may be wondering what has happened to these?

The good news is that all this information can still be accessed freely via a new website www.sps.nhs.uk.

The **Specialist Pharmacy Service (SPS)** is commissioned and funded by NHS England, to support medicines optimisation in the NHS. The new website brings together a number of expert networks in a single platform to create a vast array of impartial advice on medicines; the UKMI is just one of these networks. This means that additional information will be available to you, such as the NICE bites (summaries of key prescribing points from NICE guidance), and articles produced by other SPS teams.*

Importantly, the following UKMI resources have now been transferred to the SPS website:

- Medicines safety in lactation
- Medicines stability in compliance aids (MCA)
- Medicines stability for fridge items accidentally stored out of fridge
- A wide range of peer reviewed Q&As
- Information about New Medicines, Shortages and Patent Expiries.*



The website hosts many networks' contents, so it may not be as easy to find the contents you are familiar with. The easiest way to search for this information is to type a drug name into the main search box> click on the medicine from the display list> **scroll down the page** to the advice required (you will need to scroll past the list of articles to get to the MCA or lactation advice)> click on links to further information (i.e. Q&As). Note that the site works best on modern browsers (IE8 and earlier may not display all content). There is a [training guide](#) to help you get the best from this resource.

**Not all articles are peer reviewed by the UKMI, and some advice applicable in NHS England may not apply in NHS Scotland (other networks contribute to the website).*

Visualising your prescribing

The Primary Care Pharmacy (PCP) team have been developing a dashboard of prescribing data for GP practices. Practices will be able to view their own data compared to the locality and health board and identify areas of need in relation to prescribing. PCP Teams will be able to identify and offer support more effectively and minimise potential disruption to practices.

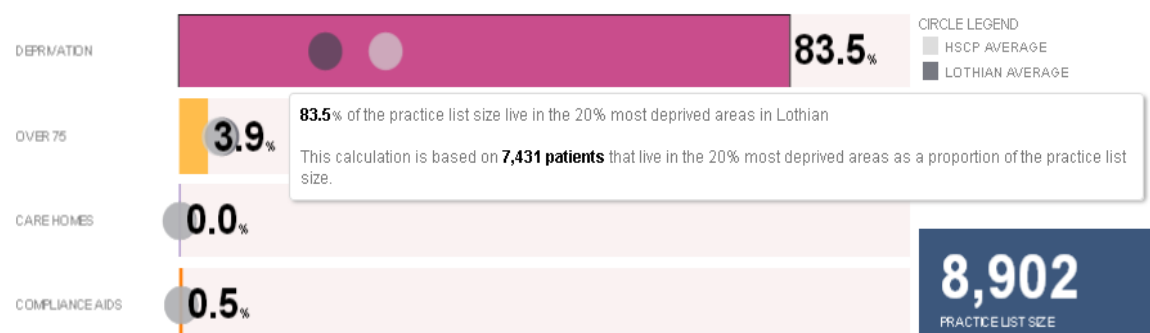
The data is drawn from:

- Prescribing Information System for Scotland (PRISMS)
- Scottish Therapeutic Utility (STU)
- Information Services Division (ISD) of National Services Scotland (NSS) data for demographics

: AS AT October 2016

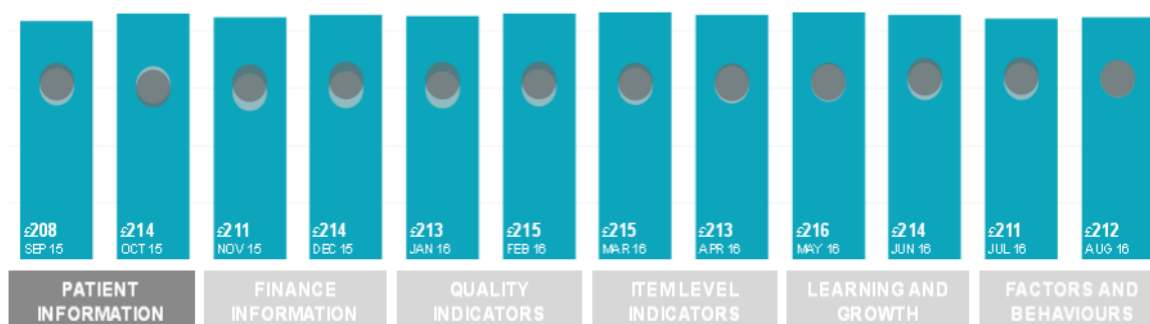
SOURCE: SCOTTISH THERAPEUTICS DATA, NHS Lothian
ALL HSCP AVERAGES REFER TO

PRACTICES THAT HAVE SIGNED UP TO THE DASHBOARD PROJECT.



COST PER PATIENT IN
SOURCE: PRISMS, ISD SCOTLAND

BY YEAR END: September 2015 to August 2016



The above image is a screenshot of ONE of the SIX pages of the dashboard, this one is focused on information about the practice population, which displays:

- List size
- Demographics
- Cost per patient over 18 months

The Pharmacy and Practice teams are able to use this information to monitor changes in spend, shifts in practice population and identify areas of need around high priority groups of patients (such as those on compliance aids or in care homes).

The team behind the dashboard project are experienced in analysis of primary care prescribing data, and are happy to answer questions about this. The dashboard is planned to be 'live' and available to GP practices by the New Year.



If you have any queries about the dashboard, please contact a member of the team on peatteam@nhslothian.scot.nhs.uk. Please check out the NHS Lothian Intranet site at [>NHSLothian > Healthcare > A-Z > Pharmacy Services > Health and Social Care Partnership \(HSCP\)](#)

Thanks to Nathan Richardson-Read, Advanced Pharmacist (Primary Care – NE Edinburgh) for contributing this article.

Take home naloxone – wider availability

Take home naloxone is designed to save the lives of opioid users when they overdose. The aim is that it should be available to all patients on opioid replacement therapy, their family members or carers. In Lothian the majority of these people are seen in primary care where naloxone can be prescribed as Prenoxad[®] injection with appropriate brief training in its use.

A programme began in NHS Lothian in 2011 and was delivered via a Patient Group Direction. In the five-year period from April 2011 to March 2016, 3,653 kits were supplied with 398 kits reportedly used for overdose and possibly many more that were not reported.


An independent evaluation of the implementation of Scotland's National 'Take Home' Naloxone programme concluded that that progress made to date was commendable, but recognised the need for further reach of naloxone kits to those at risk of

opioid overdose. It recommended greater consistency of Alcohol and Drug Partnership involvement across Scotland and greater involvement of GPs in the programme.¹

Opiate overdose occurred in the presence of others in 50 drug-related deaths in Lothian during 2014 (half of all cases). Had it been used, take home naloxone could have prevented death in many of these cases.²


Legislation

Legislative changes in 2015 altered the status of naloxone. Any organisation involved in drug treatment can purchase and supply naloxone to people at risk and their families and friends. This allows for third sector agencies and appropriately trained staff to supply without the need for a doctor, nurse or pharmacist. Friends and family who traditionally were denied naloxone without the consent of the person at risk may now receive a supply without consent.³



Information on Prenoxad[®] (naloxone hydrochloride 2mg/2mg injection) can be found at www.prenoxadinjection.com including a prescriber's guide, and videos on how to manage a critical incident.

Naloxone training in General Practice article www.rcgp.org.uk/clinical-and-research/bright-ideas/naloxone-training-in-general-practice.aspx



For further information and training, please contact:
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References

1. Service Evaluation of Scotland's Take-Home Naloxone Programme. The Scottish Government. 27 May 2014. www.gov.scot/Publications/2014/05/6648 Accessed 21.12.16
2. Drug-related deaths, Edinburgh and Lothians. 2014. www.drldlothian.org.uk/Data/Pages/default.aspx Accessed 21.12.16
3. Widening the availability of naloxone. Guidance. Department of Health, Medicines and Healthcare products Regulatory Agency and Public Health England. 10 November 2015. Updated June 2016. www.gov.uk/government/publications/widening-the-availability-of-naloxone Accessed 21.12.16

Thanks to Andrew O'Donnell, NHS Lothian Trainer in Substance Misuse/Naloxone Lead, for contributing this article.

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