Non-Medical Prescribers’ Current Awareness Bulletin

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Contents

Research Articles

- Antimicrobial Prescribing
- Dementia
- Electronic Prescribing
- Nursing Homes
- Ophthalmic Prescribing
- Paediatric Prescribing
- Pharmacy
- Rheumatology
- Systematic reviews

Prescribing Journals – Table of Contents

Policy & Guidance

- Department of Health and Social Care
- NHS England
- NHS Digital
- Public Health England
- Royal Pharmaceutical Society
- General Pharmaceutical Council
- National Institute for Health and Care Excellence
- Health Education England
- Healthcare Safety Investigation Branch
- Advisory Council on the Misuse of Drugs
- General Medical Council

Resources
Antimicrobial Prescribing

UK

General practitioners' accounts of negotiating antibiotic prescribing decisions with patients: a qualitative study on what influences antibiotic prescribing in low, medium and high prescribing practices.

Authors: van der Zande, Marieke M; Dembinsky, Melanie; Aresi, Giovanni

Source: BMC family practice; Dec 2019; vol. 20 (no. 1); p. 172

The aim of this study was to understand contextual factors related to general practitioners' (GPs) antibiotic prescribing behaviour in low, high, and around the mean (medium) prescribing primary care practices. Qualitative semi-structured interviews were conducted with 41 GPs working in North-West England. Participants were purposively sampled from practices with low, medium, and high antibiotic prescribing rates adjusted for the number and characteristics of patients registered in a practice. The interviews were analysed thematically. This study found that optimizing antibiotic prescribing creates tensions for GPs, particularly in doctor-patient communication during a consultation.

The effectiveness of repeating a social norm feedback intervention to high prescribers of antibiotics in general practice: a national regression discontinuity design

Authors: Alfageh, Basmah H; Man, Kenneth K C; Besag, Frank M C; Alhawassi, Tariq M

Source: Journal of autism and developmental disorders; Nov 2019

A randomized controlled trial in 2014-15 showed that a letter from England's Chief Medical Officer (CMO) to high-prescribing GPs, giving feedback about their prescribing relative to the norm, decreased antibiotic prescribing. The CMO sent further feedback letters in succeeding years. The authors evaluated the effectiveness of the repeated feedback intervention. The GP practices who received the letter changed their prescribing rates by -3.69% (95% CI=-2.29 to -5.10; P<0.001), representing an estimated 124 952 fewer antibiotic items dispensed.

The role of real-world data in the development of treatment guidelines: a case study on guideline developers' opinions about using observational data on antibiotic prescribing in primary care.

Authors: Steels, Stephanie; van Staa, Tjeerd

Source: BMC health services research; Dec 2019; vol. 19 (no. 1); p. 942

The aim of this study was to investigate how national and local guidelines for managing common infections are developed and explore guideline committee members' opinions about using real-world observational evidence in the guideline development process. This case study...
indicates that there is the potential for a wider range of evidence to be included as part of the guideline development process at both the national and local levels.

**Exploring the appropriateness of antibiotic prescribing for common respiratory tract infections in UK primary care**

**Authors:** Stuart, Beth; Brotherwood, Hannah; Van’t Hoff, Catherine; Brown, Alastair

**Source:** The Journal of antimicrobial chemotherapy; Oct 2019

To use illness severity scores to evaluate the appropriateness of antibiotic prescribing in UK general practice. Higher prescribing practices may see more unwell patients with high illness severity scores, but the differences in scores account for a minority of between-practice prescribing variation.

**Opportunities to reduce antibiotic prescribing for patients with COPD in primary care: a cohort study using electronic health records from the Clinical Practice Research Datalink (CPRD).**

**Authors:** Rockenschaub, Patrick; Jhass, Arnoupe; Freemantle, Nick; Aryee, Anna; Rafiq, Meena

**Source:** The Journal of antimicrobial chemotherapy; Jan 2020; vol. 75 (no. 1); p. 243-251

**Objectives:** To identify which types of COPD patients get the most antibiotics in primary care to support targeted antibiotic stewardship.

**Methods:** Observational study of COPD patients using a large English primary care database with 12 month follow-up.

Patients with severe COPD have the highest rates of antibiotic prescribing but most antibiotics are prescribed for patients with mild to moderate COPD.

**International**

**Antibiotic prescribing without documented indication in ambulatory care clinics: national cross sectional study.**

**Authors:** Ray, Michael J; Tallman, Gregory B; Bearden, David T; Elman, Miriam R; McGregor, Jessina C

**Source:** BMJ (Clinical research ed.); Dec 2019; vol. 367; p. l6461

USA study to identify the frequency with which antibiotics are prescribed in the absence of a documented indication in the ambulatory care setting, to quantify the potential effect on assessments of appropriateness of antibiotics, and to understand patient, provider, and visit level characteristics associated with antibiotic prescribing without a documented indication. Antibiotic prescribing in the absence of a documented indication may severely bias national estimates of appropriate antibiotic use in this setting.

This study identified a wide range of factors associated with antibiotic prescribing without a documented indication, which may be useful in directing initiatives aimed at supporting better documentation.
Impact of an electronic best-practice advisory in combination with prescriber education on antibiotic prescribing for ambulatory adults with acute, uncomplicated bronchitis within a large integrated health system

Authors: Pagels, Courtney M; Dilworth, Thomas J; Fehrenbacher, Lynne; Singh, Maharaj
Source: Infection control and hospital epidemiology; Dec 2019; vol. 40 (no. 12); p. 1348-1355

The objective of this study was to determine the impact of a passive, prescriber-directed, electronic best-practice advisory coupled with prescriber education on the rate of antibiotic prescribing for acute, uncomplicated bronchitis in ambulatory adults across a large health system in Wisconsin. It was associated with a statistically significant reduction in antibiotic prescribing for adults with acute bronchitis.

Antibiotic Stewardship in European Nursing Homes: Experiences From the Netherlands, Norway, Poland, and Sweden

Authors: Van Buul, Laura W; Monnier, Annelie A; Sundvall, Pär-Daniel; Ulleryd, Peter
Source: Journal of the American Medical Directors Association; Jan 2020; vol. 21 (no. 1); p. 34

The authors describe the experiences with Antibiotic Stewardship (ABS) in nursing homes (NHs) from the perspective of 4 European countries: the Netherlands, Norway, Poland, and Sweden. In these countries, a large variety of initiatives to develop and implement ABS in NHs have been introduced in recent years. Among these initiatives are national antibiotic prescribing surveillance systems, NH-specific prescribing guidelines, and national networks of healthcare institutions that exchange information and develop ABS policy. Several initiatives evolved as a result of political prioritization of antibiotic resistance, translated into national action plans.

Autism

Psychotropic Medication Prescribing for Neuropsychiatric Comorbidities in Individuals Diagnosed with Autism Spectrum Disorder (ASD) in the UK

Authors: Alfageh, Basmah H; Man, Kenneth K C; Besag, Frank M C; Alhawassi, Tariq M
Source: Journal of autism and developmental disorders; Nov 2019

This is a population-based study aimed to provide an evaluation of the changing trend in the incidence and prevalence of Autism spectrum disorder and to analyse the pattern of psychotropic medication prescribing in the UK.

Dementia

Potentially inappropriate prescribing in dementia: a state-of-the-art review since 2007.

Authors: Delgado, Joao; Bowman, Kirsty; Clare, Linda
Source: BMJ open; Jan 2020; vol. 10 (no. 1); p. e029172

The authors aimed to estimate prevalence of, and identify factors reported to be associated with, potentially inappropriate prescribing (PIP) for older individuals diagnosed with dementia. The estimates of PIP prevalence for people living with
dementia ranged from 14% to 64%. Prevalence was 31% (95% CI 9 to 52) in the community, and 42% (95% CI 30 to 55) in nursing/care homes. PIP included prescribing likely related to dementia (e.g. hypnotics and sedative and cholinesterase inhibitors) and prescribing related to treatment of comorbidities (e.g. cardiovascular drugs and non-steroidal anti-inflammatory medication). Higher levels of comorbidity were associated with increased risk of PIP; however, only one study investigated associations with specific comorbidities of dementia.

**Diabetes**

**Strategies to reduce insulin prescribing errors in UK hospitals: results from a national survey.**

_Authors:_ Bain, A; Hasan, S S; Kavanagh, S; Babar, Z-U-D  
_Source:_ Diabetic Medicine: a journal of the British Diabetic Association; Dec 2019

A cross-sectional questionnaire was sent to chief pharmacists in all National Health Service hospital trusts in the UK in January 2019. Questions concerned the use and functionality of electronic and paper systems used to prescribe subcutaneous insulin, along with features and interventions designed to reduce insulin prescribing errors. Ninety-five hospital trusts responded (54%). The availability of specialist diabetes pharmacists to support the safe prescribing of insulin was low (29%), but was positively associated with the use of a greater number of insulin prescribing error reduction strategies (P=0.002).

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**Electronic Prescribing**

**UK**

**Improving prescribing through Big Data approaches - Ten years of the Scottish Prescribing Information System.**

_Authors:_ Bennie, Marion; Malcolm, William; McTaggart, Stuart; Mueller, Tanja  
_Source:_ British journal of clinical pharmacology; Nov 2019

This article outlines the development of the Scottish National Prescribing Information System (PIS) and describes how this capability is being used to support the safe and effective use of medicines, both nationally and internationally.

**International**

**Unexpected Increase in Benzodiazepine Prescriptions Related to the Introduction of an Electronic Prescribing Tool: Evidence from Multicenter Hospital Data.**

_Authors:_ Del Giorno, Rosaria; Schneiders, Carmen; Stefanelli, Kevyn; Ceschi, Alessandro  
_Source:_ Diagnostics (Basel, Switzerland); Nov 2019; vol. 9 (no. 4)

The authors hypothesize that an undesired effect of digitalisation, due to the easier and faster prescribing process allowing patients to skip face-to-face conversations with patients and nurses, is that it could facilitate the prescription of medications at high risk of overuse or abuse, such as benzodiazepines (BZDs). Their panel data study found that E-prescribing implementation was associated with a significant increase of new in-hospital BZD prescriptions.
Clinical decision support in a hospital electronic prescribing system informed by local data: experience at a tertiary New Zealand centre.

Authors: Chin, Paul Ken Leong; Chuah, QianYi; Crawford, Amanda May; Clendon, Olivia Robyn

An electronic prescribing and administration (ePA) system has been progressively rolled out to Canterbury District Health Board (CDHB, Christchurch, New Zealand) public hospitals since 2014, and is currently used for around 1300 tertiary beds. ePA data can be used to monitor user behaviour, and to evaluate and inform the local customisation of clinical decision support (CDS) tools within the ePA system.

Nurse Prescribing

International

Development of consensus-based international antimicrobial stewardship competencies for undergraduate nurse education.

Authors: Courtenay, M.; Castro-Sánchez, E.; Gallagher, R.; McEwen, J.; Bulabula, A.N.H
Source: Journal of Hospital Infection; Nov 2019; vol. 103 (no. 3); p. 244-250

To provide international consensus on the antimicrobial stewardship competency descriptors appropriate for undergraduate nurse education.

A survey of nurse practitioner controlled drugs and substances prescribing in three Canadian provinces.

Authors: O'Rourke, Tammy; Kirk, Joseph; Duff, Elsie; Golonka, Richard
Source: Journal of clinical nursing; Dec 2019; vol. 28 (no. 23-24); p. 4342-4356

In Canada, nurse practitioners (NP) were legally authorised to prescribe controlled drugs and substances (CDS) in 2012. The objective of this study was to understand current NP-CDS prescribing in Alberta, Manitoba and Saskatchewan, Canada.

This study is a component of a larger three-phase survey of NP practice patterns in these same provinces. Five variables were found to be associated with increased odds of more frequent NP-CDS prescribing in addition to three confounders/clinically relevant variables. Factors commonly associated with an increased frequency of NP-CDS prescribing relate to location of practice, area of practice, previous nursing experience, team environments and common diagnoses.

Nurse prescribing of medicines in 13 European countries

Author: Maier, Claudia B
Source: Human resources for health; Dec 2019; vol. 17 (no. 1); p. 95

The objective of this study was to analyse which countries in Europe have adopted laws on nurse prescribing.
"Providing a complete episode of care": A survey of registered nurse and registered midwife prescribing behaviours and practices.

**Authors:** Casey, Mary; Rohde, Daniela; Higgins, Agnes; Buckley, Tom; Cashin, Andrew; Fong, Jacqueline

**Source:** Journal of clinical nursing; Jan 2020; vol. 29 (no. 1-2); p. 152-162

Cross-sectional national survey of registered nurse and midwife prescribers. Data were collected through an online survey between April-July 2018. A total of 84 nurse and midwife prescribers participated. Respondents estimated that two-fifths of their consultations involved an episode of prescribing. Nurse and midwife prescribers engaged in similar prescribing behaviours spanning the range of activities from initiating new medications to ceasing medicines.

The most frequently selected criterion for prescribing was clinical effectiveness. Prescribing was viewed as essential to respondents' clinical practice, allowing them to provide a complete episode of care and leading to a reduction in medication errors and reduced delays and waiting times for patients. Enablers of prescribing included knowledge, experience, education and access to continuous professional development, as well as support from colleagues and organisations.

**Nursing Homes**

**Process evaluation of a complex intervention to optimize quality of prescribing in nursing homes (COME-ON study)**

**Authors:** Anrys, Pauline; Strauven, Goedele; Roussel, Sandrine; Vande Ginste

**Source:** Implementation science: IS; Dec 2019; vol. 14 (no. 1); p. 104

The COME-ON study was a cluster-controlled trial of a complex intervention that consisted of a blended training program, local interdisciplinary meetings, and interdisciplinary case conferences in Belgian nursing homes. The intervention was associated with significant improvements in the appropriateness of prescribing. The aims of this study were to describe the implementation of the intervention and to explore the experiences of participants, for the purpose of identifying factors associated with implementation and perceived impact and to draw lessons for future implementation.

**Oncology**

**The impact of new cancer drug therapies on site specialised cancer treatment activity in a UK cancer network 2014-2018.**

**Authors:** Bhimani, Jenna; Philipps, Lara; Simpson, Lawrence; Lythgoe, Mark; Soultati, Aspasia

**Source:** Journal of oncology pharmacy practice; Jan 2020; vol. 26 (no. 1); p. 93-98

The authors reviewed the prescribing records for 2014-2018 in a UK cancer network. During the five-year study period, there were 49 new systemic anti-cancer therapy drugs for all tumour
types, and a total of 65 NICE technology approvals for solid tumour indications. Overall numbers of treatment courses increased by 40.7% and total treatment-related visits by 80.6%. There was a wide variation across tumour types with the highest number of increased visits seen for melanoma (349.3%) and prostate cancer (242.3%), but in contrast, no appreciable increases were seen for lower gastrointestinal cancers or small cell lung cancer.

Ophthalmic Prescribing

10-year trends in English primary care glaucoma prescribing.

Authors: Hogg, H D Jeffry; Connor, Alan
Source: Eye (London, England); Nov 2019

Prescription cost analyses for England from 2009 to 2018 were reviewed and data concerning items for the treatment of glaucoma were extracted. Glaucoma prescribing costs the NHS a great deal. There is a broad trend to generic prescribing as per recent NICE guidance, but significant further costs could be saved with no robustly evidenced clinical consequence.

Opioids

International

Effectiveness of Prescription Monitoring Programs in Reducing Opioid Prescribing, Dispensing, and Use Outcomes: A Systematic Review.

Authors: Wilson, Maria N; Hayden, Jill A; Rhodes, Emily; Robinson, Alysia; Asbridge, Mark
Source: The journal of pain: official journal of the American Pain Society; Dec 2019; vol. 20 (no. 12); p. 1383-1393

Prescription monitoring programs (PMPs) house and monitor data about the prescribing practices of health care providers, as well as medications received by patients. PMPs aim to promote the appropriate use of prescription opioids by providing this information to prescribers and dispensers.

The objective of this systematic review was to comprehensively identify and assess the available evidence about the impact of PMPs on opioid prescribing and dispensing, multiple provider use for obtaining opioids, inappropriate opioid prescribing, and the extent of nonmedical prescription opioid use.

Overall, they did not find evidence to support an association between PMPs and decreased opioid prescribing and dispensing. The authors found limited, but inconsistent, evidence that PMPs were associated with reduced schedule II opioid prescribing and dispensing, as well as multiple provider use.

Provider perceptions of system-level opioid prescribing and addiction treatment policies.

Authors: Haffajee, Rebecca L; French, Cecelia A
Source: Current opinion in psychology; Dec 2019; vol. 30; p. 65-73

Stakeholders have implemented a multitude of system-level policies to address the U.S. opioid overdose epidemic. Because opioid prescribing partly fuelled the crisis and because prescribing
of medications for opioid addiction treatment is a key prevention strategy, it is critical to understand prescriber perceptions of policies in these domains.

This article reviews prescriber awareness and opinions of the following system-level policies: opioid prescribing guidelines, prescription drug monitoring programs (PDMPs), medications for addiction treatment, and naloxone distribution programs.

**Osteoporosis**


**Authors:** Agirrezabal, Ion; Cabasés, Juan M; Di Tanna, Gian Luca; Sánchez-Iriso, Eduardo

**Source:** Bone; Jan 2020; vol. 130; p. 115-125

**Objective:** To investigate potential variations in prescription rates of anti-osteoporosis drugs at the general practitioner (GP) practice level in England, analysing associations of prescription rates with key demographic and socio-economic variables, and its evolution over time.

**Methods:** A retrospective database analysis was conducted using prescription data from all GP practices in England between April 2013 and September 2018. Potential associations between prescription rates and other variables (sex, age, ethnicity, rural-urban classification and income deprivation) were analysed using mixed-effects Poisson regressions and concentration indices.

The analyses demonstrated that different prescribing behaviours may exist across GPs according to the Clinical Commissioning Group (CCG) to which they belong.

**Paediatric Prescribing**

**UK**

*Vitamin D prescribing in children in UK primary care practices: a population-based cohort study.*

**Authors:** Wan, Mandy; Horsfall, Laura J; Basatemur, Emre; Patel, Jignesh Prakash

**Source:** BMJ open; Dec 2019; vol. 9 (no. 12); p. e031870

Population-based cohort study to examine temporal changes in the incidence and patterns of vitamin D supplementation prescribing by general practitioners (GPs) between 2008 and 2016. There has been a marked and sustained increase in vitamin D supplementation prescribing in children in UK primary care. The authors’ data suggests that national guidelines on vitamin D supplementation for children are not consistently followed by GPs.

*STAMP: a continuous improvement approach to improve paediatric prescribing and medication safety.*

**Authors:** Styles, Katherine; Trivedi, Ashifa; Bate, Tristan; Ajitsaria, Richa

**Source:** Archives of disease in childhood. Education and practice edition; Dec 2019; vol. 104 (no. 6); p. 332-336

Describes an ongoing quality improvement project focusing on paediatric prescribing and
medication safety for medical, surgical and oncology patients in a district general hospital. The project is called STAMP-Safe Treatment and Administration of Medicine in Paediatrics.

The project has been running continuously for 24 months. No one factor has been identified to sustain a reduction in prescribing error rates. However, the authors have improved the quality and frequency of feedback to prescribers following errors. They believe that this ongoing project is changing the local prescribing culture, and with further Plan-Do-Study-Act cycles hope to see improvement in prescribing error rates.

International

Who is prescribing psychotropic medications in a public developmental-behavioural clinical service and how often?

Authors: Hughes, Katherine L; Roberts, Gehan

Source: Journal of paediatrics and child health; Nov 2019

The aims of this study were to examine current rates of psychotropic prescribing in the developmental-behavioural outpatient clinics at the Royal Children's Hospital's Centre for Community Child Health, Melbourne Australia, and to compare rates between paediatric consultants and advanced trainees.

Psychotropic prescribing rates were lower than expected. Advanced trainees may need more experience in psychotropic prescribing.

A population-based study of prescribing trends in a potentially vulnerable paediatric population from 1999 to 2012

Authors: Sears, Kim; Elms, Sherri; Whitehead, Marlo; Tranmer, Joan E; Edge, Dana S; Van Den Kerkhof, Elizabeth G

Source: The International journal of pharmacy practice; Dec 2019; vol. 27 (no. 6); p. 545-554

The objective of this study was to determine overall medication prescribing trends and patterns among children receiving Ontario Drug Benefits over a thirteen-year period in the province of Ontario, Canada. Changes in prescribing patterns within opioids, hormones and autonomic agents were noted. The results suggest that historically, prescribing trends have shifted with public policy, pharmaceutical marketing and diagnostic patterns, thus identifying them as a possible tool to measure the impact of policy driven practice changes.

Antibiotic appropriateness and guideline adherence in hospitalized children: results of a nationwide study.

Authors: McMullan, Brendan J; Hall, Lisa; James, Rodney; Mostaghim, Mona; Jones, Cheryl

Source: The Journal of antimicrobial chemotherapy; Nov 2019

To analyse antimicrobial prescribing and appropriateness, and guideline adherence, in hospitalized children across Australia.
**Palliative Care**

*Safe and effective prescribing for symptom management in palliative care*

**Author:** Harris, Dylan  
**Source:** British journal of hospital medicine; Dec 2019; vol. 80 (no. 12); p. C184

The author states that an awareness of a structured approach to managing common symptoms and end of life care is essential for the doctor in training.

**Pharmacy**

**UK**

*General practice pharmacists in England: Integration, mediation and professional dynamics*

**Authors:** Nabhani-Gebara, Shereen; Fletcher, Simon; Shamim, Atif; May, Leanne  
**Source:** Research in social & administrative pharmacy: RSAP; Jan 2020; vol. 16 (no. 1); p. 17-24

A number of key publications in recent years have advocated a more integrated vision of UK primary care involving increased multi-professional communication and understanding. This has resulted in a marked change in the roles being undertaken by pharmacists.

Community pharmacists have traditionally provided a medicine supply function and treated minor ailments in addition to delivering a suite of locally commissioned services; however these functions have not necessarily been part of a programme of care involving the other clinicians associated with the patient.

An integrated model of care would see much closer working between pharmacy and general practice but also with pharmacists not only working with, but in the practice, in an enhanced patient-facing role, trained as independent prescribers. This has implications for the dynamics amongst professionals in this environment.

This exploratory multiple case study attempts to explore these changing dynamics across ten GP surgeries throughout the South-East of England.

**International**

*Competence and confidence with prescribing in pharmacy and medicine: a scoping review*

**Authors:** Woit, Cassandra; Yuksel, Nese; Charrois, Theresa L  
**Source:** The International journal of pharmacy practice; Dec 2019

The objective of this scoping review is to explore themes within the literature related to prescribing competence and confidence in the disciplines of pharmacy and medicine.

Many studies demonstrate that medical students and junior doctors are not competent in prescribing when they enter practice, and their perceived confidence is often higher than their assessed competence. There were fewer studies about pharmacist competence and confidence with prescribing; however, they described pharmacists that felt competent to prescribe but lacked confidence.

Themes from the review included self-awareness, lack of education and educational improvements,
prescribing errors and resources, prescribing culture and barriers to prescribing, gender differences and benefits to prescribing.

A survey to assess the availability, implementation rate and remuneration of pharmacist-led cognitive services throughout Europe.

**Authors:** Soares, Inês Branco; Imfeld-Isenegger, Tamara L

**Source:** Research in social & administrative pharmacy: RSAP; Jan 2020; vol. 16 (no. 1); p. 41-47

Pharmacist-led cognitive services (PLCS) are increasingly necessary in primary care as a response to patient-centered care. However, the implementation rate and remuneration models of PLCS are either absent or superficially described in the literature.

The aim of this study is to review the implementation of PLCS in primary care across Europe and explore the associated third-party paid remuneration models. The availability of PLCS is increasing and varying in scope across Europe. There is wide variation in the implementation level of services across Europe and a lack of valid data. Remuneration of PLCS is also spreading but no clear pattern was found that relates service provision to payment.

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**Physiotherapy**

Limited pharmaceuticalisation: a qualitative case study of physiotherapist prescribing practices in an NHS Trust in England following the expansion of non-medical prescribing in the UK.

**Authors:** Wilson, Nicky; Pope, Catherine; Roberts, Lisa; Crouch, Robert

**Source:** Sociology of health & illness; Dec 2019

The authors present data from a case study of physiotherapists' prescribing practices. Ethnographic methods were used to gather data from an outpatient orthopaedic service in an NHS Trust in England employing physiotherapist prescribers. From the data, the authors identified a grid of intelligibility - an organising framework formulated by powerful discourses and technologies of government through which physiotherapist prescribing was acted into being.

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**Rheumatology**

Variation and implications of treatment decisions in early rheumatoid arthritis: results from a nationwide cohort study

**Authors:** Yates, Mark; MacGregor, Alexander J; Ledingham, Jo; Norton, Sam; Bechman, Katie

**Source:** Rheumatology (Oxford, England); Dec 2019

The objectives of this study are to characterize baseline prescribing for patients with rheumatoid arthritis across the National Health Service, identifying treatment decisions that associate with patient outcomes. Guideline adherence varies between departments and cannot be explained by case-mix alone. Departments that
prescribe early adjunctive steroid achieve better short-term outcomes.

**What do Australian patients with inflammatory arthritis value in treatment? A discrete choice experiment.**

**Authors:** Ho, Kerrie-Anne; Acar, Mustafa; Puig, Andrea; Hutas, Gabor; Fifer, Simon  
**Source:** Clinical rheumatology; Dec 2019

The purpose of this study was to develop an understanding of treatment preferences in patients with inflammatory arthritis (IA) [rheumatoid arthritis (RA), ankylosing spondylitis (AS) and psoriatic arthritis (PsA)] focusing on treatment attributes that patients' value, their relative importance, and the risk-benefit trade-offs that characterise patients' choices around treatment.

**Safety**

**Calcium Channel Blockers Co-prescribed with Loop Diuretics: A Potential Marker of Poor Prescribing?**

**Authors:** Woodford, Henry J  
**Source:** Drugs & aging; Dec 2019

Discusses prescribing cascades where a drug adverse reaction is wrongly attributed to the emergence of a new condition, which leads to further drug prescribing.

**Digital Learning to Improve Safe and Effective Prescribing: A Systematic Review.**

**Authors:** Bakkum, Michiel J; Tichelaar, Jelle; Wellink, Anne; Richir, Milan C; van Agtmael  
**Source:** Clinical pharmacology and therapeutics; Dec 2019; vol. 106 (no. 6); p. 1236-1245

The European Association for Clinical Pharmacology and Therapeutics (EACPT) Working Group on education recommended the extensive use and distribution of digital learning resources (DLRs). However, it is unclear whether the complex task of prescribing medicine can be taught digitally. Therefore, the aim of this review was to investigate the effect of diverse DLRs in clinical pharmacology and therapeutics education.

**Socioeconomic status and benzodiazepine and Z-drug prescribing: a cross-sectional study of practice-level data in England.**

**Authors:** Soyombo, Stephanie; Stanbrook, Rhian; Aujla, Harpal; Capewell, David  
**Source:** Family practice; Oct 2019

**Objective:** To determine whether there is an association between primary care practice benzodiazepine and Z-drug prescribing and practice population socioeconomic status in England.

**Method:** An aggregated data set was created to include primary care prescribing data for 2017, practice age and sex profiles and practice Index of Multiple Deprivation (IMD) scores.

**Results:** Benzodiazepine and Z-drug prescribing overall was positively associated with practice-level IMD score, with more prescribing in practices with more underserved patients.
**Comparison of pharmacy technicians' and doctors' medication transcribing errors at hospital discharge**

**Author:** Lloyd M.

**Source:** European Journal of Hospital Pharmacy; Jan 2020; vol. 27 (no. 1); p. 9-13

**Objective:** To compare the transcribing error rates of discharge prescriptions between pharmacy technicians and doctors in an acute hospital setting.

**Methods:** Pharmacy technicians were trained in the transcribing of discharge medications from inpatient to discharge medication charts. Prospective prescribing audits were undertaken over 5 days on eight hospital medical wards by ward pharmacists to compare pharmacy technician (on four wards) and doctor (on four wards) discharge transcribing error rates. Transcribed discharge medications were compared with the inpatient medication list by ward pharmacists to identify any transcription errors. Transcribing data for each technician and doctor, and number of items and errors, were input into SPSS and analysed using relevant statistical tests.

**Results:** Doctors (n=12) transcribed 77 discharge prescriptions, and 678 items with 127 errors recorded (18.7% error rate). Pharmacy technicians (n=8) transcribed 63 discharge prescriptions, and 654 items with 25 errors recorded (3.8% error rate), a significant difference between groups in error frequency (chi 2 (1)=58.6, p=<0.005) with a 14.9% difference between groups.

**Conclusions:** Pharmacy technicians have significantly lower discharge transcribing error rates compared with doctors. This service intervention has the potential to improve patient safety and minimise inefficiencies from correcting errors. Further work is needed to explore the views and opinions of service users of the intervention, and why technician-transcribing error rates are significantly lower than doctors.

**The role of purple pens in learning to prescribe.**

**Authors:** Kinston, Ruth; McCarville, Niamh; Hassell, Andrew

**Source:** The clinical teacher; Dec 2019; vol. 16 (no. 6); p. 598-603

An evaluation of an experiential learning programme that allows senior medical students to gain experience with inpatient prescribing during their hospital assistantship.

**Systematic Reviews**

**Systematic review of interventions to improve safety and quality of anticoagulant prescribing for therapeutic indications for hospital inpatients.**

**Authors:** Frazer, Andrew; Rowland, James; Mudge, Alison; Barras, Michael; Martin, Jennifer

**Source:** European journal of clinical pharmacology; Dec 2019; vol. 75 (no. 12); p. 1645-1657

There is currently insufficient high-quality evidence to recommend any reviewed intervention, though several warrant closer evaluation.
Pharmaceutical policies: effects of educational or regulatory policies targeting prescribers.

**Authors:** Suleman, Fatima; Movik, Espen

**Source:** The Cochrane database of systematic reviews; Nov 2019; vol. 2019 (no. 11)

To assess the effects of pharmaceutical educational and regulatory policies targeting prescribers on medicine use, healthcare utilisation, health outcomes and costs (expenditures).

The authors are uncertain of the effects of educational or regulatory policies targeting prescribers due to very limited evidence of very low certainty.

**Community pharmacy interventions for health promotion: effects on professional practice and health outcomes**

**Authors’ conclusions**

Health-promotion interventions in the community pharmacy context probably improve pharmacy workers' behaviour and probably have a slight beneficial effect on health-related behaviour, intermediate clinical outcomes, and quality of life for pharmacy users.

Such interventions are likely to be cost-effective and the effects are seen across a range of clinical conditions and health-related behaviours.

Nevertheless the magnitude of the effects varies between conditions, and more effective interventions might be developed if greater consideration were given to the theoretical basis of the intervention and mechanisms for effecting behaviour change.

**Cochrane Sustainable Healthcare: evidence for action on too much medicine**

An editorial that discusses how medical excess threatens the health of individuals and the sustainability of health systems

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**Prescribing Journals – Table of Contents**

<table>
<thead>
<tr>
<th>International Journal of Pharmacy Practice</th>
<th>Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>December 2019</strong></td>
<td><strong>December 2019</strong></td>
</tr>
<tr>
<td><strong>October 2019</strong></td>
<td><strong>November 2019</strong></td>
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<tr>
<th>Journal of Prescribing Practice</th>
<th>Pharmaceutical Journal</th>
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<td><strong>December 2019</strong></td>
<td><strong>December 2019</strong></td>
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<td><strong>November 2019</strong></td>
<td><strong>November 2019</strong></td>
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<tr>
<td><strong>October 2019</strong></td>
<td><strong>October 2019</strong></td>
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Policy & Guidance

Department of Health and Social Care

National roll-out of electronic prescription service

The service will help GPs and pharmacists prescribe and dispense medicines faster and more securely and make it easier for patients to pick up repeat prescriptions.

The 2019 voluntary scheme for branded medicines pricing and access: payment percentage for 2020

Sets out the payment due from members of the voluntary scheme for branded medicines pricing and access in 2020

£26 million to help hospitals introduce digital prescriptions

25 trusts will receive a share of the funding to replace paper systems.

NHS England

Guidance to clinicians: The process for prescribing Cannabis-based products for medicinal use

This letter highlights some new resources to help clarify the process for prescribing Cannabis-based products for medicinal use.

NHS to review making statins available direct from pharmacists as part of Long Term Plan to cut heart disease

Community Pharmacy NSAID Safety Audit 2018-19

This is the report of the audit of non-steroidal anti-inflammatory drugs (NSAIDs) as part of the Quality Payment Scheme for 2018/19.

A Guide to Managing Medicines Supply and Shortages

This guide aims to support pharmacists, clinicians and other NHS professionals with managing the supply of medicines to their patients and details the national, regional and local management and escalation processes and communication routes for medicines supply issues in order to consolidate existing practice across industry, government and the NHS.

NHS Community Pharmacist Consultation Service: Toolkit for Pharmacy Staff

This toolkit is a practical step-by-step guide on how to provide the NHS Community Pharmacist Consultation Service (CPCS), record service delivery and claim service payments.

NHS Digital

General Pharmaceutical Services in England 2008/09 - 2018/19

This report provides information on community pharmacies and appliance contractors in England, and the NHS services they provided, between April 2008 and March 2019.

Prescribing Costs in Hospitals and the Community 2018 - 2019
Public Health England

Off-label vaccines: an introductory guide for healthcare professionals

Public Health England guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza

Royal Pharmaceutical Society

A Competency Framework for Designated Prescribing Practitioners

Regulatory changes in 2019 mean that experienced non-medical prescribers of any professional background can become responsible for a trainee prescriber's period of learning in practice in a similar way to Designated Medical Practitioners (DMP). To help train safe and effective independent prescribers RPS has worked with multi-disciplinary experts to develop and publish this competency framework.

General Pharmaceutical Council

GPhC launches new guidance for pharmacist prescribers

The Council of the GPhC has approved new guidance for pharmacist prescribers to ensure that they provide safe and effective care when prescribing.

The Guidance for pharmacist prescribers covers five key areas that pharmacist prescribers must consider in order to prescribe safe and effectively. These are:

1. Taking responsibility for prescribing safely
2. Keeping up to date and prescribing within their level of competence
3. Working in partnership with other healthcare professionals and persons seeking care
4. Prescribing considerations and clinic judgement
5. Raising concerns

New guide explains what people can expect when visiting a pharmacy

This online guide for patients summarises the standards that registered pharmacies and pharmacy professionals have to meet, and what these standards mean for people using pharmacies.

GPhC survey of registered pharmacy professionals 2019

The GPhC commissioned Enventure Research, an independent research organisation, to carry out the survey over summer 2019. Over 18,000 registered pharmacy professionals (23% of professionals on the register) responded to the online survey.

The findings provide useful insights into pharmacy professionals’ work, training, professional practice and future plans. They also include comparisons with the findings from the last major survey of pharmacy professionals carried out in 2013, to show how the pharmacy professions have changed in the last six years.
National Institute for Health and Care Excellence

NICE Guidelines

Cellulitis and erysipelas: antimicrobial prescribing
Pneumonia (community-acquired): antimicrobial prescribing
Pneumonia (hospital-acquired): antimicrobial prescribing

Evidence summary

Antimicrobial prescribing: ceftolozane with tazobactam for treating hospital-acquired pneumonia, including ventilator-associated pneumonia

Health Education England

New learning path for nurses added to e-Learning for Intensive Care Medicine

Healthcare Safety Investigation Branch

Electronic prescribing and medicines administration systems and safe discharge

Increasingly, many NHS trusts across England are taking up ePMA technology to improve medicines safety. This investigation highlights that incomplete use of ePMA systems could create further risks to patient safety. The investigation found that:

- Often all the functions of ePMA systems are not used.
- Staff switch between using paper and electronic records, increasing the likelihood of missing crucial information.
- There is routine lack of information sharing between NHS services, such as GP surgeries and pharmacies.

- Availability of a seven-day hospital pharmacy service is crucial to support an ePMA system and pick-up errors quickly.

Advisory Council on the Misuse of Drugs

Misuse of fentanyl and fentanyl analogues

This report advises government on the number and nature of known fentanyl analogues, risk factors, pharmacology, toxic effects and misuse and associated harms

Cannabis-based products for medicinal use: assessing the impact

A framework for the assessment of the impact of rescheduling cannabis-based products for medicinal use (CBPMs)

General Medical Council

High level principles for good practice in remote consultations and prescribing for all healthcare professionals

This information is for all healthcare professionals with prescribing responsibilities. It sets out the shared high level principles of good practice expected of everyone when consulting and/or prescribing remotely from the patient.

Resources

Nice Guidelines

Evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions to planning broader services and interventions to improve the health of communities

Quality Standards set out the priority areas for quality improvement in health and social care.
They cover areas where there is variation in care. Each standard gives you: a set of statements to help improve quality information and measure progress.

**Technology appraisals** are recommendations on the use of new and existing medicines and treatments within the NHS.

**Clinical Knowledge Summaries** have prescribing information within them relating to specific conditions/diseases and the drugs administered/considered for treatment. The latest major updates can be found [here](#).

**Medicines and Prescribing**
Guidance, advice and support for delivering quality, safety and efficiency in the use of medicines. Includes information about **evidence summaries** designed to help commissioners and budget holders make the right decision about the introduction of new medicines, provides information into how the best available evidence is summarised for licensed, off-label and unlicensed medicines.

**British National Formulary**
Available in digital & print for health and social care professionals.

Latest updates: [BNF BNF for Children](#)

**BNF Publications mobile app**
All adult and child BNF content is available through a single mobile app.

The app is updated monthly, making it the easiest way to keep up-to-date. The app is fully portable and can be used without an internet connection on your mobile or tablet. The app is free for:

- health and social care professionals who work for or are contracted by the NHS in England, Scotland and Wales.
- students who are studying on NHS-commissioned courses such as medicine or nursing.

**NICE Bites—THE LATEST NICE BITES**

**NICE Bites** is a monthly prescribing bulletin from the North West Medicines Information Centre which summarises key prescribing points from NICE guidance.

Dec 2019 Issue 124 – Fever in under 5s

Nov 2019 Issue 123 – Cannabis-based medicinal products

Oct 2019 Issue 122 – Cellulitis

**UKMI [UK medicines information] newsletters**

New Medicines Newsletter October 2019

New Medicines Newsletter November 2019

**MHRA**
The Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK. It is an executive agency, sponsored by the Department of Health and Social Care.

**Drug Safety Updates**

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