



**Bath and North East Somerset,  
Swindon and Wiltshire**  
Clinical Commissioning Group

# **Medicines Optimisation Quarterly Summary Report**

**Benjamin Spencer**

Pharmaceutical Advisor, GP Practice Pharmacist and  
Joint Pharmacy Lead

Old Town Surgery

BSW CCG

BSW Training Hub



# Topics Covered

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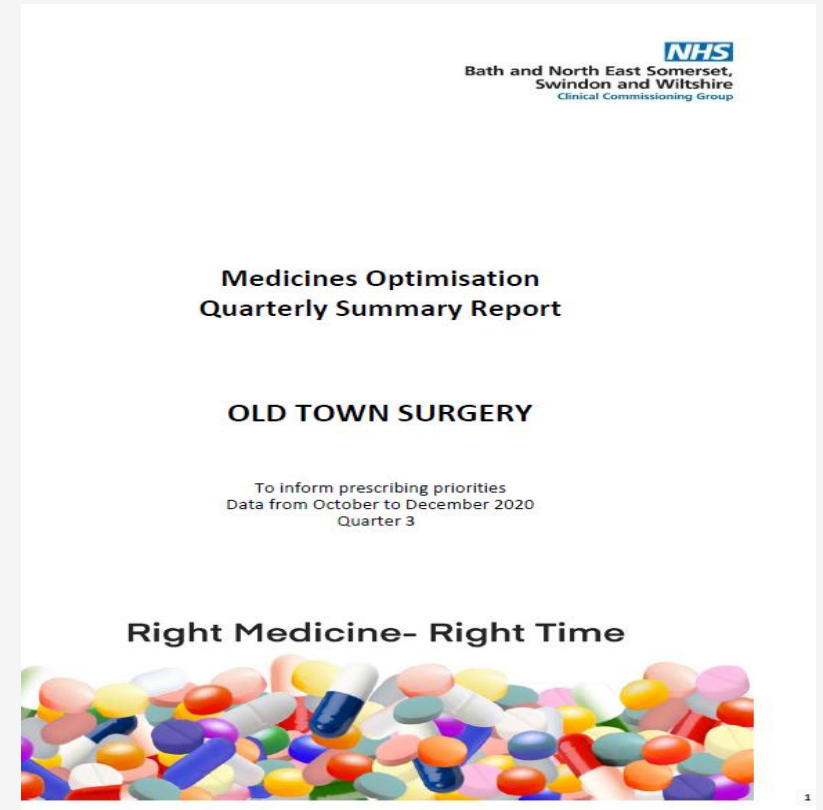
- The Report
  - Report Overview
  - Financial, Monthly Indicators & Pain
  - Diabetes, Savings and Quality
  - Prescribing Data
  - Special Order Products
  - Potential Generic Savings
  - High-Cost Items
  - Red Drugs
  - Eclipse generated Top 25 savings for your practice
    - Antibiotics by prescriber
- Ideas on how to use the report



# The Report

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- The Report
  - We organise a quarterly report and send this out to practices, usually to the prescribing lead(s) and Practice Manager
  - Aim of this is to inform prescribing priorities
  - Needs to be put into context
- Organised into sections
  - Prescribing Performance Summary
  - Prescribing Data to Review (Last Quarter)
  - Specials, Savings, high Cost Items, red drug and NHSE low value medicine reports
  - Eclipse generated top 25 savings
  - Antibiotics by prescriber



# Report Overview

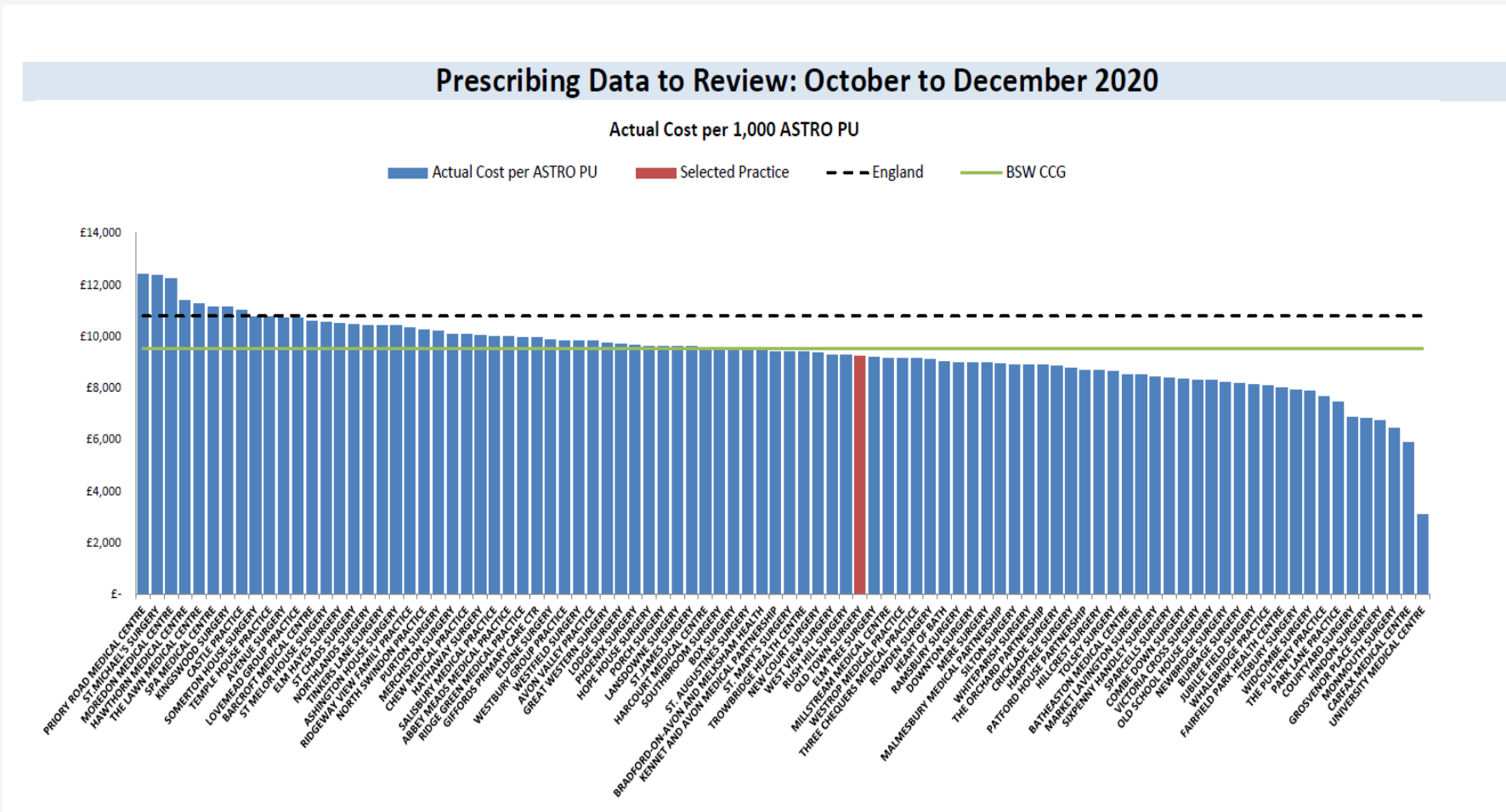
Indicators			Period	OLD TOWN SURGERY	BSW CCG	National
<b>Financial</b>	Actual Cost per Astro PU	All BNF Chapters ctual cost per 1,000 ASTRO PU	Oct to Dec 2020	£9,237.32	£9,510.35	£10,776.47
<b>Monthly Indicators</b>	CoAmoxiclav, Quinolones & Cephalosporins	% of Cephalosporin, Co Amoxiclav & Quinolones items of all antibacterial items	Rolling 12 months Jan to Dec 2020	13.73%	10.61%	9.43%
	Antibacterial Items/STAR PU	BNF 5.1 Total Antibacterial ITEMS/STAR-PU		0.70	0.77	0.81
	Pain - Opioid Prescribing	ADQ/1000 STAR PU		358	318	366
<b>Pain</b>	Gabapentin/Pregabalin	BNF 3.1 ADQ/STAR PU	Q3 - 20/21 Oct - Dec 2020	0.24	0.20	0.22
	Tramadol	ADQ per Analgesics STAR PU		0.090	0.099	0.097
	NSAIDs	BNF 10.1.1 ADQ/STAR PU		1.25	1.16	1.00
	NSAIDs 2	Ibuprofen & naproxen % items		72.10%	80.05%	78.95%
<b>Diabetes Indicators</b>	Diabetes Cost per ASTRO PU	BNF 6.1 Total Cost per ASTRO PU	Q3 - 20/21 Oct - Dec 2020	£1,141.49	£1,148.07	£1,337.18
	Self Monitoring Blood Glucose Strips % of low cost items	Low cost items <£10		54.88%	70.20%	77.14%
	Gliptins	Cost per ASTRO PU		£141.61	£165.11	£245.48
	% Analogue Insulins (Long acting)	Long/intermediate insulin analogues items Glargines, Detamir & Degludec		94.12%	78.41%	80.40%
	% Metformin MR Items	% MR, SR and XL Items of BNF 6.1.22B0		56.51%	33.78%	16.17%
	% Alogliptin	% Alogliptin of all Gliptins		27.45%	37.23%	24.39%
<b>Savings Indicators</b>	Sip Feeds	Cost per 1000 ASTRO PU	Q3 - 20/21 Oct - Dec 2020	£180.26	£141.19	£198.83
	Selfcare Cost	Monthly Average per 1000 patients		£541.10	£635.87	£716.96
	% Edoxaban	% Edoxaban of all DOACs		7.49%	15.34%	11.93%
	% Generic Savings	Potential generic savings		68.39%	48.92%	46.80%
	OAB Drugs	Cost per 1000 ASTRO PU		£108.82	£110.58	£116.49
	Less preferred Lipid Treatments	(Omega 3 acid esters, Nicotinic acid, Bile acid sequesterents) Cost per STAR PU		£0.00	£12.93	£16.65
	% Sildenafil and Tadalafil of all SPDI items	% Sildenafil and Tadalafil Items of all Phosphodiesterase type -5 Inhibitors		98.40%	91.97%	90.65%
<b>Quality Indicators</b>	Hypnotics	BNF 4.1.1 ADQ/STAR PU	Q3 - 20/21 Oct - Dec 2020	0.33	0.18	0.17
	Specials Cost	Cost per ASTRO PU Special Order & Drug Tariff combined		£3.29	£23.85	£46.52
	Stoma Products	Cost per 1000 ASTRO PU		£306.32	£358.82	£373.33
	% DOACs of all OAC items	% DOACs of all Anti-Coagulants (Apixaban, Dabigatran, Edoxaban, Rivaroxaban)		69.77%	79.59%	72.14%
	Proton Pump Inhibitors	ADQ per STAR PU		5.04	5.17	5.48

Traffic lights for Potential Savings Indicators to assist CCGs to assess against their National Agreement



# Prescribing Data

- Gives you an indication of how your prescribing costs for your practice compare to other practices across BSW CCG but also on a national level.



# Special Order Products

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- A list of special order products prescribed by your practice
- Were there any licensed or off-label options available
- If you're not sure what alternative are available, information can be found in the NEWT guidelines or Handbook of Drug Administration Via Enteral Feeding Tubes

**Total Actual Cost:** £97

BNF Name	Supplier	Total Items	Total Actual Cost
Carbimazole 10mg/5ml oral suspension	Drug Tariff Special Order	1	£80.21
Bisoprolol 2.5mg/5ml oral solution	Drug Tariff Special Order	1	£16.54



# Potential Generic Savings

## Potential Generic savings/quarter Q3 (October to December 2020)

Total Practice Cost : £252,581.55

Potential Saving: 0.76%

Proprietary	Generic	Items	QTY	Prop.Cost	Gen.Cost	Potential Savings £
Cymbalta 60mg gastro-resistant capsules (0403040Y0BBABAB)	Duloxetine 60mg gastro-resistant capsules	2	224	£221.76	£18.88	£202.88
Cerazette 75microgram tablets (0703021Q0BBAAAA)	Desogestrel 75microgram tablets (0703021Q0AAAAAA)	17	2212	£251.48	£75.31	£176.17
Zyprexa 10mg tablets (040201060BBACAC)	Olanzapine 10mg tablets (040201060AAACAC)	1	56	£174.80	£5.40	£169.40
Zomig Rapimelt 2.5mg orodispersible tablets (0407041Z0BBABAB)	Zolmitriptan 2.5mg orodispersible tablets sugar free	1	48	£191.92	£83.84	£108.08
Combodart 0.5mg/0.4mg capsules (0704010V0BBAAAA)	Tamsulosin 400microgram / Dutasteride 500microgram	4	240	£158.40	£53.68	£104.72
Lipitor 40mg tablets (0212000B0BBACAC)	Atorvastatin 40mg tablets (0212000B0AAACAC)	4	112	£98.56	£5.68	£92.88
Imigran 50mg tablets (0407041T0BBAFAP)	Sumatriptan 50mg tablets (0407041T0AAAFAP)	3	18	£95.55	£4.20	£91.35
Lustral 100mg tablets (0403030Q0BBABAB)	Sertraline 100mg tablets (0403030Q0AAABAB)	2	112	£116.64	£35.52	£81.12
Lipitor 80mg tablets (0212000B0BBADAD)	Atorvastatin 80mg tablets (0212000B0AADAD)	1	84	£84.63	£6.09	£78.54
Singulair 10mg tablets (0303020G0BBABAB)	Montelukast 10mg tablets (0303020G0AAABAB)	3	84	£80.91	£7.62	£73.29
Ezetrol 10mg tablets (0212000L0BBAAAA)	Ezetimibe 10mg tablets (0212000L0AAAAAA)	1	84	£78.93	£7.53	£71.40
Lipitor 20mg tablets (0212000B0BBABAB)	Atorvastatin 20mg tablets (0212000B0AAABAB)	1	84	£73.92	£4.20	£69.72
Nexium 40mg gastro-resistant tablets (AstraZeneca) (0103050E0BBABAB)	Esomeprazole 40mg gastro-resistant tablets	1	84	£75.57	£12.00	£63.57
Cosopt 20mg/ml / 5mg/ml eye drops (1106000ABBAAAA)	Dorzolamide 20mg/ml / Timolol 5mg/ml eye drops	3	30	£60.30	£14.64	£45.66
Mirapexin 0.088mg tablets (0409010W0BBACAC)	Pramipexole 88microgram tablets	3	168	£62.94	£20.10	£42.84
Spasmonal Forte 120mg capsules (0102000A0BBABAB)	Alverine 120mg capsules (0102000A0AAABAB)	2	252	£81.57	£38.98	£42.59
Movicol Plain oral powder 13.7g sachets (0106040M0BBADAA)	Macrogol compound oral powder sachets NPF sugar	6	344	£92.97	£50.69	£42.28
Azopt 10mg/ml eye drops (1106000ACBBAAAA)	Brinzolamide 10mg/ml eye drops (1106000ACAAAAAA)	13	70	£96.88	£55.86	£41.02
Seroxat 20mg tablets (0403030P0BBAAAA)	Paroxetine 20mg tablets (0403030P0AAAAAA)	3	90	£45.69	£5.22	£40.47
Movicol oral powder 13.8g sachets lemon & lime (0106040M0BBAAAA)	Macrogol compound oral powder sachets NPF sugar	7	260	£70.22	£38.32	£31.90
Cerelle 75microgram tablets (0703021Q0BDAAAA)	Desogestrel 75microgram tablets (0703021Q0AAAAAA)	34	4032	£168.02	£137.28	£30.74
Neoclarityn 5mg tablets (0304010ABBAAAA)	Desloratadine 5mg tablets (0304010ABAAAAAA)	3	180	£40.62	£10.62	£30.00
Ursofalk 250mg capsules (0109010U0BCAAAB)	Ursodeoxycholic acid 250mg capsules	3	252	£80.34	£52.84	£27.50
Pariet 10mg gastro-resistant tablets (0103050T0BBAAAA)	Rabeprazole 10mg gastro-resistant tablets	2	168	£34.68	£9.12	£25.56
Travatan 40micrograms/ml eye drops (1106000AEBBAAAA)	Travoprost 40micrograms/ml eye drops	3	7.5	£32.85	£7.59	£25.26
Nasonex 50micrograms/dose nasal spray (1202010U0BBAAAA)	Mometasone 50micrograms/dose nasal spray	7	8	£61.44	£36.96	£24.48
Zimovane 7.5mg tablets (0401010Z0BBAAAA)	Zopiclone 7.5mg tablets (0401010Z0AAAAAA)	20	336	£39.20	£15.12	£24.08
Movicol Chocolate oral powder 13.9g sachets (0106040M0BBAEAA)	Macrogol compound oral powder sachets NPF sugar	3	168	£45.42	£24.75	£20.67
Xalacom eye drops (1106000ADBAAAA)	Latanoprost 50micrograms/ml / Timolol 5mg/ml eye	2	5	£28.64	£10.60	£18.04
Emozul 40mg gastro-resistant capsules (0103050E0BCABAG)	Esomeprazole 40mg gastro-resistant capsules	2	112	£25.48	£13.44	£12.04



# High-Cost Items

- It might be worth reviewing this list, are there any cheaper alternatives.
- Is there anything on the list which shouldn't be prescribed in primary care?

## High cost items (>£250/item) Q3 (October to December 2020)

**Total Actual Cost: £11,029.88**

BNF Name	Actual Cost Per Item	Total Items	Total Actual Cost
PKU Maxamum powder orange	£1,013.59	3	£3,040.76
NutropinAq 10mg/2ml solution for injection cartridges	£566.44	3	£1,699.32
HydroSil gripper catheter male 10Ch-18Ch	£519.53	2	£1,039.06
Peristeen anal irrigation system accessory unit	£508.24	1	£508.24
Neoral 100mg capsules	£380.31	1	£380.31
Omeprazole 10mg/5ml oral suspension sugar free	£342.25	1	£342.25
Levothyroxine sodium 100micrograms/5ml soln sugar free	£306.88	1	£306.88
Colomycin 1million unit inj vials	£301.32	1	£301.32
iQ Cath integrated saline sachet hydrophilic catheter male 10Ch-18Ch	£274.14	5	£1,370.70
SenSura Soft Seal convex ileo bag with dual filter, Hide-Away outlet and split cover, maxi 15-33mm	£261.91	2	£523.83
SenSura colostomy bag with dual filter, maxi 10-65/76mm transparent	£254.25	3	£762.74
Confidence Natural colostomy bag with filter and overlap, standard 38mm	£253.52	1	£253.52
Pelican Platinum with Vitamin E colostomy bag with filter, standard 35mm clear	£250.73	1	£250.73
Pelican Platinum with Vitamin E colostomy bag with filter, standard 40mm clear	£250.22	1	£250.22





# Red Drugs

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- “Red Drugs” as we know are for specialist prescribing only, and shouldn’t be prescribed in primary care
- Agomelatine - no longer a ‘Red Drug’, is now non-formulary, patient has tried all other options, under MHT
- Same with Dermamist

Red Drugs Q3 (October to December 2020) (NB. Currently being updated, may not be completely accurate)

**Total Actual Cost: £117.88**

BNF Name	Total Actual Cost	Total Items
Agomelatine 25mg tablets	£112.33	2
Dermamist 10% spray	£5.55	1



# Items of low clinical value

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## Items of Low Clinical Value (NHSE) - All Items Q3 (October to December 2020)

**Total Actual Cost: £3,796.38**

BNF Name	Items	Net Ingredient Cost	Actual Cost	No. of Identifiable Patients
Amiodarone [NEW 2019]	6	£22.14	£20.65	4
Bath and shower preparations for dry and pruritic skin conditions [NEW 2019]	16	£130.11	£121.19	11
Dosulepin	21	£383.22	£356.86	7
Immediate Release Fentanyl	13	£2,724.54	£2,533.94	1
Lidocaine Plasters	5	£362.00	£336.48	2
Minocycline for acne [NEW 2019]	3	£57.22	£53.46	2
Needles five pounds or more per 100 [NEW 2019]	17	£271.23	£252.27	10
Paracetamol and Tramadol Combination Product	2	£19.36	£18.03	1
Perindopril Arginine	1	£31.95	£29.72	1
Prolonged-release Doxazosin	3	£29.96	£27.89	1
Travel Vaccines	4	£49.36	£45.88	1

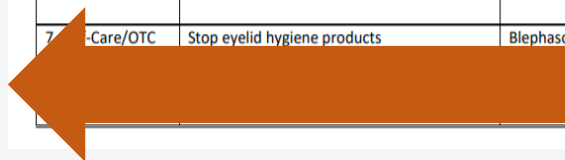


# Items of low clinical value

## Useful Links

<u>Prescribing Guidelines</u>	<u>Shared Care Agreements</u>	
<a href="#">BSW CCG Medicines Optimisation Website</a>	<a href="#">BSW Area Prescribing Committee &amp; High Cost Drugs website</a>	BSW Management of Infections in Primary Care Full Guideline <a href="#">Quick Ref Guide adults</a> <a href="#">Quick Ref Guide children</a>
<b>COVID - NHSE Covid Guidance for HCPs</b>	<b>COVID - BSWCCG MMT Covid Guidance for HCPs</b>	<b>COVID - Local BSWCCG guidance for members of the public</b>
<a href="#">BSW formulary Palliative Care Chapter</a>	<a href="#">End Of Life Prescribing Guidance during COVID-19 outbreak</a>	<a href="#">BSW Community Pharmacy Emergency Drugs List &amp; Contact Details</a>
<a href="#">BSW Continence and Stoma Information</a>	<a href="#">BSW Wound Care and Dressings Information</a>	<a href="#">BSW Primary Care Prescribe Well Spend Less</a>
Royal United Hospitals Bath NHS Foundation Trust <a href="#">intranet link</a>	Great Western Hospitals NHS Foundation Trust <a href="#">intranet link</a>	Salisbury NHS Foundation Trust <a href="#">intranet link</a>
BaNES Community H&C Services <a href="#">VirginCare intranet link</a>		

Category	Recommendation (See SystmOne TPP searches under Meds Management Reporting)	FROM	TO	SAVING per PATIENT per YEAR	Link to MMT website statement
	Avoid sodium cromoglicate eye drops – other eye drops available	Sodium cromoglicate eye drops	Consider olopatadine eye drops. ( <i>Rapitol discontinued</i> )	£5 per bottle	Large price increase – 13.5ml now costs £12.56
6. NHSE Low Value Medicines (LVM)	Avoid prescribing - poor NHS value	Dicycloverine (any dose and formulation)	Mebeverine, Hyoscine, Alverine, Mintec	Up to £1,968	
	STOP prescribing	Co-Proxamol	Paracetamol +/- weak opioid	Up to £1,937 depending on usage	<a href="#">NHSE Low Value Medicine Co-proxamol</a> <a href="#">NHSE Low Value Medicines Blacklist</a>
	STOP prescribing once daily tadalafil (Cialis) ( <i>Guidance still valid even with changes in pricing; generic 5mg reduced to £6.87 but 2.5mg cost unchanged @ £54.99/28</i> )	Cialis OD (2.5mg or 5mg)	Sildenafil or Tadalafil (once a week or on demand PRN)	£676 ( <i>if brand</i> )	<a href="#">ED statement</a> <a href="#">NHSE Low Value Medicines Do not prescribe</a>
	Prescribe as separate ingredients	Tramacet	Tramadol & Paracetamol	£70	<a href="#">NHSE Low Value Medicines Do not prescribe</a>
	Avoid prescribing combination - LVM	Targinact (oxycodone & naloxone)	Opioid & separate laxative	£500	<a href="#">NHSE Low Value Medicines Trimipramine &amp; Dosulepin</a> (includes patient information and letter)
	Swap to alternative	Trimipramine	Alternative antidepressant	£4000	<a href="#">NHSE Low Value Medicines Trimipramine &amp; Dosulepin</a> (includes patient information and letter)
	Swap to alternative	Dosulepin	Alternative antidepressant. SAFETY ISSUE	£200 <i>if on 75mg tabs</i>	<a href="#">NHSE Low Value Medicines Do not prescribe</a>
7. -Care/OTC	Stop eyelid hygiene products	Blephasol, Blephagel, Blephaclean	Stop or purchase OTC	Up to £50	<a href="#">Blepharitis</a>
			Purchase OTC (or swop to Fenbid (ibuprofen) if appropriate)	Up to £50 depending on use	<a href="#">NHSE Low Value Medicines Do not prescribe</a>



Website constantly under development. Report inaccuracies/feedback at



# Eclipse generated Top 25 savings for your practice

## Eclipse generated top 25 savings for your practice (annualised cost saving)

Potential Savings for 12 months [Review data: November 2020 - January 2021]	Cost saving
Fentanyl Oral (Abstral Sublingual Tablet) 100 mcg unit tab Pack of 30 -> No Prescribing 1 N/A N/A Pack of 1 [Ratio 0.03:1]	£11,354
Fluticasone / Salmeterol MDI (Seretide Evohaler) 125 /25mcg (120 dose unit) Pack of 1 -> Salmeterol / Fluticasone inhaler (AirFluSal) 25 mcg dose / 125mcgs 120d CFC free PMDI Pack of 1 [Ratio 1.00:1]	£3,177
Dosulepin (Dothiepin) 75 mg Tab Pack of 28 -> No Prescribing 1 N/A N/A Pack of 1 [Ratio 0.04:1]	£1,839
Budesonide/ Formoterol (Symbicort Turbohaler) 200 / 6mcg (120 dose unit) Pack of 1 -> Budesonide / Formoterol (Fobumix Easyhaler) 160 mcg/dose / 4.5mcg/dose dry powder inhaler (120 D) Pack of 1 [Ratio 1.00:1]	£1,716
Olanzapine (Zyprexa) 10 mg tab Pack of 28 -> Olanzapine 10 mg tab Pack of 28 [Ratio 1.00:1]	£1,359
Fluticasone / Salmeterol MDI (Seretide Evohaler) 250 /25mcg (120 dose unit) Pack of 1 -> Salmeterol / Fluticasone inhaler (AirFluSal) 25 mcg dose / 250mcgs 120d CFC free PMDI Pack of 1 [Ratio 1.00:1]	£1,337
Sodium hyaluronate 0.2% eye drops preservative free (Hylo-Forte) 0.2 % eye drops (10 ml unit) Pack of 1 -> Sodium hyaluronate (HydraMed) 0.2 % eye drops 10ml unit dose pf Pack of 1 [Ratio 1.00:1]	£1,326
Glucose Test Strips (Accu-Chek Aviva) 50 Test Strips Pack of 50 -> Blood Glucose colorimetric cassette (Accu-Chek Mobile) 50 device Pack of 50 [Ratio 1.00:1]	£1,194
Naproxen 500 mg E/C tab Pack of 56 -> Naproxen 500 mg tab Pack of 28 [Ratio 0.50:1]	£1,190
Budesonide/ Formoterol (Symbicort Turbohaler) 400 / 12mcg (60 dose unit) Pack of 1 -> Budesonide / Formoterol (Fobumix Easyhaler) 320 mcg/dose / 9mcg/dose dry powder inhaler (60 D) Pack of 1 [Ratio 1.00:1]	£1,170
Trandolapril 4 mg caps Pack of 28 -> Trandolapril 2 mg caps Pack of 28 [Ratio 0.50:1]	£1,143
Orlistat 120 mg caps Pack of 84 -> No Prescribing 1 N/A N/A Pack of 1 [Ratio 0.01:1]	£1,142
Pregabalin (Lyrica) 25 mg cap Pack of 56 -> Pregabalin 25 mg cap Pack of 56 [Ratio 1.00:1]	£1,123
Amitriptyline Solution 10 mg/5mls Solution Pack of 150 -> Amitriptyline 10 mg tab Pack of 28 [Ratio 0.19:1]	£1,045
Fluoxetine 10 mg cap Pack of 30 -> Fluoxetine (Olena) 20 mg dispersable tablets Pack of 28 [Ratio 1.87:1]	£996
Desogestrel (Cerazette) 75 mcg tab Pack of 84 -> Desogestrel 75 mcg tab Pack of 84 [Ratio 1.00:1]	£834



# Ideas on how to use the report

- I discuss the report at our quarterly 'Clinical Meeting' for our clinicians
- I have a slot in this meeting to discuss 'prescribing'
- We agree to focus on priority areas in line with our current capacity
- Always celebrate things you do well as a practice (we've recently turned 'GREEN' for tramadol after some remedial action)
- We agreed as a team to investigate **Antibiotics, NSAIDs (NSAID 2), and Hypnotic prescribing**
- This is all documented in minutes so we can follow up in the next quarterly meeting and keep as evidence for CQC

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	Tramadol	ADQ per Analgesics STAR PU		0.090	0.099	0.097
	NSAIDs	BNF 10.1.1 ADQ/STAR PU		1.25	1.16	1.00
	NSAIDs 2	Ibuprofen & naproxen % items		72.10%	80.05%	78.95%



# Co-amoxiclav, Quinolones & Cephalosporin

- Total Antibiotics are under the local and national average – GOOD
- However broad-spectrum antibiotics are higher than local and national average – BAD
- The question is - Are we prescribing inappropriately?
  - Or is it because we prescribe less antibiotics, that a greater proportion of what we do prescribe are broad-spectrum antibiotics – Wishful thinking?
- We need to audit whether we followed our local guidelines

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# Co-amoxiclav, Quinolones & Cephalosporins

- Look to see whether a search already exist in your 'reporting'
- Ardens sometimes build searches for their templates and might to a good starting point.
- Or build your own searches? Can someone at your PCN help with if you don't know how

The screenshot shows a software interface with a left-hand navigation pane and a main content area. The navigation pane includes 'All Reports (84780)' with sub-items 'Waiting', 'Completed', and 'Search for 'broad-spectrum'... (1)'. Below this is 'Favourites (6)' and 'By Owner' with sub-items 'My Reports (251)', 'Local Reports (409)', 'Arden's Ltd (29678)', and 'Arden's Ltd Referrals (1)'. The main content area has a title bar 'Search for 'broad-spectrum'...' and a toolbar with various icons. Below the toolbar, the search term 'broad-spectrum' is entered. A table displays the search results:

Name ^	Count	%	Last Run	Flags
Broad-spectrum antibiotic   Prescribed in the last 3m	75	0.8 %	11 Jun 2021 14:59	



# Co-amoxiclav, Quinolones & Cephalosporins

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- We decided to review the last 28 days prescriptions for Co-amoxiclav, Quinolones & Cephalosporin
- We constructed a table as below, and recorded
  - Indication
  - Whether it was initiated by primary or secondary care
  - Was the choice in line with current guidelines

NHS No.	Surname	First Name	Antibiotic	Date Prescribed	Indication	Primary or Secondary care	In line with guidelines (Y/N)





# Co-amoxiclav, Quinolones & Cephalosporins

### Useful Links

<a href="#">Prescribing Guidelines</a>	<a href="#">Shared Care Agreements</a>	<a href="#">BSW Management of Infections in Primary Care Full Guideline</a> <a href="#">Quick Ref Guide adults</a> <a href="#">Quick Ref Guide children</a>
<a href="#">BSW CCG Medicines Optimisation Website</a>	<a href="#">BSW Area Prescribing Committee &amp; High Cost Drugs website</a>	<a href="#">AWP formularies and AWP prescribing guidance</a>
<a href="#">COVID - NHSE Covid</a>	<a href="#">COVID - BSWCCG MMT</a>	<a href="#">COVID - Local BSWCCG guidance for members of</a>

### News Feed

April 2021 - BSW Area Prescribing Committee - [Recent Decisions Summary](#)

March 2021 - BSW Area Prescribing Committee - [Recent Decisions Summary](#)

Feb 2021 - BSW Area Prescribing Committee - [Recent Decisions Summary](#)

Jan 2021 - BSW Area Prescribing Committee - [Recent Decisions Summary](#)

**BaNES, Swindon & Wiltshire CCG Management of Infection Guidance for Primary Care (Quick Ref Guide) – December 2020 ADULTS [www.bswformulary.nhs.uk](http://www.bswformulary.nhs.uk)**

Antibiotic	Adult Dose (oral unless otherwise stated)	Length
<b>Upper Respiratory Tract Infections</b> <i>Treating your infection-RTI PIL RCGP</i>		
Influenza: <a href="#">PHE Influenza</a> <a href="#">NICE Influenza</a> (prophylaxis)		
<b>Acute Sore Throat</b> <a href="#">NICE sore throat</a> <a href="#">FeverPAIN</a> <i>Avoid antibiotics where possible</i>		
1 <sup>st</sup> choice	Penicillin V 500mg QDS OR 1g BD	5-10 days
Penicillin allergy	Clarithromycin 250mg BD OR 500mg BD if severe	5 days
Pregnant + allergy	Erythromycin 250-500mg QDS or 500mg-1g BD	5 days
<b>Acute Otitis Externa</b> <a href="#">CKS OE</a> Use analgesia as well. <a href="#">For topical 1<sup>st</sup> line treatments- see full guideline</a>		
If cellulitis	Flucloxacillin 250mg QDS OR 500mg QDS if severe	7 days
<b>Acute Rhinosinusitis</b> <a href="#">NICE RTIs</a> <a href="#">NICE sinusitis</a> <i>Avoid antibiotics if possible, Use adequate analgesia first</i>		
1 <sup>st</sup> choice	Penicillin V 500mg QDS	5 days
Penicillin allergy	Doxycycline OR Clarithromycin 500mg BD (Erythromycin 250mg to 500mg QDS if pregnant)	5 days
Unwell/worsening	Co-amoxiclav 625mg TDS	5 days
<b>Lower Respiratory Tract Infections:</b> <i>Treating your infection-RTI PIL RCGP</i>		
<b>Acute Cough / Bronchitis</b> <a href="#">NICE NG120</a> <a href="#">NICE 69</a> <a href="#">RCGP</a> <a href="#">CKS</a> <i>Further treatment options in full guidance</i>		
1 <sup>st</sup> choice	Doxycycline 200mg 1st dose then 100mg OD	5 days

Antibiotic	Adult Dose (oral unless otherwise stated)	Length
If risk of resistance (or seek micro advice) <b>Co-amoxiclav 625mg TDS 7-14 days</b>		
<b>Gastro-intestinal Tract Infections: Clostridium difficile</b> <a href="#">PHE</a> See full guidance for antibiotic options		
<b>Acute Diverticulitis</b> <a href="#">NICE NG147 2019</a>		
Consider offering antibiotics if the patient is systemically unwell.		
1 <sup>st</sup> line:	Co-amoxiclav 500/125mg TDS	5 days
If penicillin allergy	Cefalexin 500mg* BD or TDS AND Metronidazole 400mg TDS *Up to 1-1.5g TDS or QDS can be used for severe infection. A longer course may be needed base on clinical assessment Trimethoprim 200mg BD AND Metronidazole 400mg TDS	
<b>Urinary Tract Infections:</b> <i>Encourage hydration. Culture in all treatment failures and patients at increased resistance risk. ALWAYS safety net and consider risks for resistance. Give TARGET UTI PIL and self care advice.</i>		
<b>Diagnosis of UTIs:</b> <a href="#">Refer to PHE UTI guidance algorithm for diagnosis information</a>		
<b>Uncomplicated UTI:</b> <a href="#">PHE URINE</a> , <a href="#">RCGP UTI clinical module</a>		
1 <sup>st</sup> line: Nitrofurantoin 100mg m/r BD OR if unavailable Nitrofurantoin 50mg QDS		7 days men 3 days women
If low risk of resistance: Trimethoprim 200mg BD		
If 1 <sup>st</sup> line options unsuitable: If eGFR<45ml/min & NOT penicillin allergic: Pivmecillinam (400mg 1 <sup>st</sup> dose then 200mg TDS). If high risk of resistance or penicillin allergy: Fosfomycin 3g STAT in women. In men also give a 2 <sup>nd</sup> 3g dose 3 days later (unlicensed)		



# Co-amoxiclav, Quinolones and Cephalosporins

---

- Analyse the results
- How often did your practice prescribe outside of guidance recommendation
- Was it the same clinician
- Is there a pattern with respect to the condition being prescribed for
- **Results:**
- 1 GP prescribed Co-amoxiclav 5 times outside of the guidelines.
- Another GP prescribe Ciprofloxacin once outside of the guidelines
- I fed back the results at the next scheduled Clinical Meeting and we agreed the following actions:
- To organise an update for all clinicians on the antibiotic's guidelines focusing on the common indications which came up in the audit
- We also provided a laminated copy of the antibiotic's guidelines in each of the clinicians' rooms
- Monitor quarterly report and reaudit in 3-6 months



# NSAIDs

- Our NSAIDs 2 indicator tells us we are prescribing more options which are not first line compared to other local practices and also nationally
- The question is – Are we prescribing inappropriately?
- Have we tried all the first line options?

Pain	Gabapentin/Pregabalin	BNF 3.1 ADQ/STAR PU	Q3 - 20/21 Oct - Dec 2020	0.24	0.20	0.22
	Tramadol	ADQ per Analgesics STAR PU		0.090	0.099	0.097
	NSAIDs	BNF 10.1.1 ADQ/STAR PU		1.25	1.16	1.00
	NSAIDs 2	Ibuprofen & naproxen % items		72.10%	80.05%	78.95%



[Primary Care - see DSW Prescribe Well Spend Less](#)

## Diclofenac

(Oral)

BNF SPC

### Third Choice

-  **GREEN** - Salisbury & Swindon.
-  **RED** - RUH - Oral diclofenac is only included on the formulary for maternity services for a short course of inpatient treatment post delivery.
- 25mg & 50mg gastro-resistant tablets
- Cardiovascular risk is higher with diclofenac than other non-selective NSAIDs and similar to selective COX-2 inhibitors.**
- Oral diclofenac should be used for short courses only



# NSAIDs

---

- Ardens have some searches for NSAIDs
- They have one for NSAIDs – All minus Ibuprofen and naproxen (oral)

Pharmacist   monitoring - NSAID risk assessments last month	
Pharmacist Monitoring - NSAID risk assessments last year	
Pharmacist Monitoring - NSAID risk assessments last month	0 0.0 %
Pharmacist - NSAID risk assessments last year with code	
Pharmacist - NSAID risk assessments last month with code	
NSAIDs - On repeat - Naproxen (oral)	99 1.1 %
NSAIDs - On repeat - Ibuprofen or naproxen (oral)	126 1.4 %
NSAIDs - On repeat - Ibuprofen (oral)	28 0.3 %
NSAIDs - On repeat - Diclofenac (all)	6 0.1 %
NSAIDs - On repeat - All minus Ibuprofen and naproxen (oral)	57 0.6 %
NSAIDs - On repeat - All and age >65y	
NSAIDs - On repeat - All	183 2.0 %
NSAIDs - On repeat - All	204 2.3 %
NSAIDs - Naproxen (oral)	83 0.9 %
NSAIDs - Ibuprofen or naproxen (oral)	122 1.4 %
NSAIDs - Ibuprofen (oral)	39 0.4 %
NSAIDs - GI risk factors	3948 43.6 %



# NSAIDs

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- We decided to review notes of all patients who have an NSAID on repeat (not Naproxen/Ibuprofen)
- We constructed a table as below, and recorded
  - Whether it was initiated by primary or secondary care
  - Previously tried Naproxen/Ibuprofen
  - Naproxen/Ibuprofen suitable? (GI risk)
- Arranged telephone reviews with individual patients to discuss their NSAID if not first line, and no evidence previously being prescribed this.

NHS No.	Surname	First Name	Antibiotic	Date Prescribed	Primary or Secondary care	Previously tried Naproxen/Ibuprofen	Naproxen/Ibuprofen unsuitable



# NSAIDs

## NSAID Gastrointestinal Risk Assessment



**Risk Factors**

Aged over 65y	<input type="checkbox"/>	<input type="checkbox"/>
High dose of an NSAID	<input type="checkbox"/>	<input type="checkbox"/>
History of GI ulcer / bleeding / perforation	<input type="checkbox"/>	<input type="checkbox"/>
Use of other medications which increase GI risk	<input type="checkbox"/>	<input type="checkbox"/> e.g. SSRI, antiplatelet, anticoagulant, steroid
Comorbidity- CVD, hepatic/renal impairment, HTN, DM	<input type="checkbox"/>	<input type="checkbox"/>
Heavy smoker	<input type="checkbox"/>	<input type="checkbox"/> Smoking
Excessive alcohol consumption	<input type="checkbox"/>	<input type="checkbox"/> Alcohol Screening
Previous adverse reaction to NSAIDs	<input type="checkbox"/>	<input type="checkbox"/> Allergies
Prolonged requirement for NSAIDs	<input type="checkbox"/>	<input type="checkbox"/>

**Risk**

<input type="checkbox"/> Low risk - no risk factors	<input type="checkbox"/>
<input type="checkbox"/> Moderate risk - 1-2 risk factors	<input type="checkbox"/>
<input type="checkbox"/> High risk - history of complicated ulcer or >2 risk factors	<input type="checkbox"/>

**Action**

<input type="checkbox"/> Prescribe a NSAID	<input type="checkbox"/>
<input type="checkbox"/> Prescribe a NSAID + PPI or a COX-2 inhibitor	<input type="checkbox"/> Analgesia Formula...
<input type="checkbox"/> Prescribe a COX-2 inhibitor + PPI	<input type="checkbox"/>

COX-2 inhibitors are contraindicated in CVD, CVA, CHF, or PAD



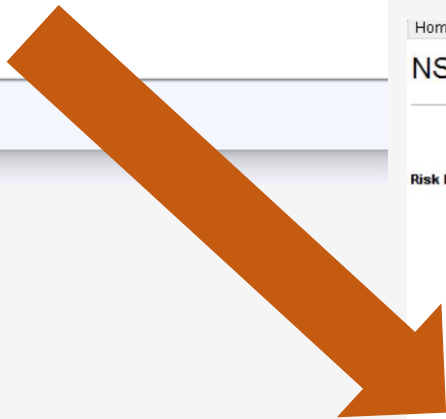
# NSAIDs

Question

You are prescribing this patient with a NSAID medication, they have not received a prescription for gastro-protection in the last 3 months or had an NSAID risk assessment completed in the last 12 months.

Do you wish to complete a NSAID risk assessment now?

lets



Home Risk Assessment

## NSAID Gastrointestinal Risk Assessment

ardens help & feedback

**Risk Factors**

- Aged over 65y
- High dose of an NSAID
- History of GI ulcer / bleeding / perforation
- Use of other medications which increase GI risk  e.g. SSRI, antiplatelet, anticoagulant, steroid
- Comorbidity- CVD, hepatic/renal impairment, HTN, DM
- Heavy smoker  Smoking
- Excessive alcohol consumption  Alcohol Screening
- Previous adverse reaction to NSAIDs  Allergies
- Prolonged requirement for NSAIDs

**Risk**

- Low risk - no risk factors
- Moderate risk - 1-2 risk factors
- High risk - history of complicated ulcer or >2 risk factors

**Action**

- Prescribe a NSAID
- Prescribe a NSAID + PPI or a COX-2 inhibitor  Analgesia Formula...
- Prescribe a COX-2 inhibitor + PPI

COX-2 inhibitors are contraindicated in CVD, CVA, CHF, or PAD



# Hypnotics

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- We're currently 2x the national average
- Are we prescribing inappropriately?
- What's our practice policy on initiating dependency forming medication, do we need one?

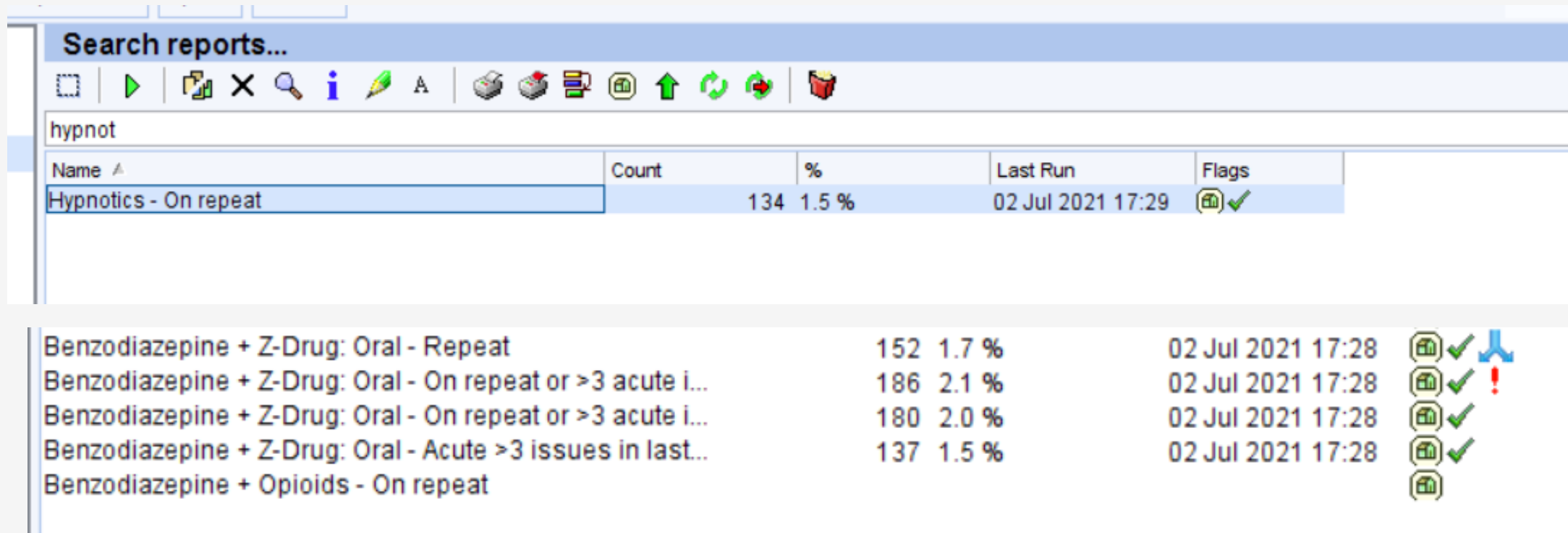
Quality Indicators	Hypnotics	BNF 4.1.1 ADQ/STAR PU	Q3 - 20/21 Oct - Dec 2020	0.33	0.18	0.17
	Specials Cost	Cost per ASTRO PU Special Order & Drug Tariff combined		£5.29	£23.85	£46.52
	Stoma Products	Cost per 1000 ASTRO PU		£306.32	£358.82	£373.33
	% DOACs of all OAC items	% DOACs of all Anti-Coagulants (Apixaban, Dabigatran, Edoxaban, Rivaroxaban)		69.77%	79.59%	72.14%
	Proton Pump Inhibitors	ADQ per STAR PU		5.04	5.17	5.48





# Hypnotics

- Ardens have some searches for Hypnotics
- We decided to run these, and see how many patients had hypnotics on repeat



Search reports...

hypnot

Name ^	Count	%	Last Run	Flags
Hypnotics - On repeat	134	1.5 %	02 Jul 2021 17:29	
Benzodiazepine + Z-Drug: Oral - Repeat	152	1.7 %	02 Jul 2021 17:28	
Benzodiazepine + Z-Drug: Oral - On repeat or >3 acute i...	186	2.1 %	02 Jul 2021 17:28	
Benzodiazepine + Z-Drug: Oral - On repeat or >3 acute i...	180	2.0 %	02 Jul 2021 17:28	
Benzodiazepine + Z-Drug: Oral - Acute >3 issues in last...	137	1.5 %	02 Jul 2021 17:28	
Benzodiazepine + Opioids - On repeat				



# Hypnotics

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- We analysed the results, and it showed 86 patients had hypnotics on repeat
- NICE guidelines suggest for short term use only,

- Pharmacological therapy should be avoided in the long-term management of insomnia, however:
  - For some people with severe symptoms or an acute exacerbation a short course of a hypnotic drug (preferably less than 1 week) may be considered as a temporary adjunct to behavioural and cognitive treatment.

## Insomnia (short-term use)

By mouth

### For Adult

7.5 mg once daily for up to 4 weeks, dose to be taken at bedtime.

### For Elderly

Initially 3.75 mg once daily for up to 4 weeks, dose to be taken at bedtime, increased if necessary to 7.5 mg daily.



# Hypnotics

---

- I decided to do a bit of 'research!'
  - Cormack et al, 1994 : Paper on cost-effective strategies for reducing benzodiazepines in general practice.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1238754/>
  - Mugunthan et al., 2011 : A meta-analysis showing that letter-only intervention can be effective in reducing benzodiazepine prescribing, no evidence to suggest follow up consultations offer any additional support  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3162180/>
  - **NHS, sleep hygiene advice for patients**  
<https://www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep/>



# Hypnotics

- Cormack et al, 1994 : Paper on cost-effective strategies for reducing benzodiazepines in general practice.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1238754/>

## ORIGINAL PAPERS

### Evaluation of an easy, cost-effective strategy for cutting benzodiazepine use in general practice

MARGARET A CORMACK

KIERAN G SWEENEY

HELEN HUGHES-JONES

GEORGE A FOOT

#### SUMMARY

**Aim.** This study set out to assess the effect of a letter from the general practitioner, suggesting a reduction in the use of benzodiazepines, and whether the impact of the letter could be increased by the addition of information on how to tackle drug reduction.

**Method.** Two hundred and nine long-term users of benzodiazepines in general practice were divided into three groups: two intervention groups and a control group. The first intervention group received a letter from their general practitioner asking that benzodiazepine use be gradually reduced and perhaps, in time, stopped. The second intervention group received the same letter plus four information sheets at monthly intervals, designed to assist drug reduction. The mean age of the 209 people was 69 years (age range 34–102 years).

**Results.** After six months, both intervention groups had reduced their consumption to approximately two thirds of the original intake of benzodiazepines and there was a sta-

For over 10 years general practitioners have received clear advice about the problems associated with prescribing benzodiazepines.<sup>5-7</sup> Evidence continues to accumulate that benzodiazepines impair performance, including driving,<sup>8,9</sup> they affect the memory<sup>10</sup> and have adverse cognitive effects.<sup>11</sup> The *British national formulary* states that hypnotic drugs should be avoided in elderly people, owing to the risks of ataxia and confusion.

A number of studies have assessed the effect of various interventions to reduce the consumption of benzodiazepines. Interventions such as anxiety management, counselling or cognitive therapy have been shown to reduce drug taking.<sup>12-15</sup> Cormack and Sinnott found that a letter from the prescribing general practitioner, advising patients to cut down on their drugs, was as effective as a group run by a psychologist.<sup>16</sup> In a later, controlled study, a similar intervention was found to be as effective as a short consultation with the general practitioner.<sup>17</sup> Both these studies of the effect of a letter from the general practitioner had comparatively small samples of patients, thus limiting the generalizability of the findings. This study, carried out in 1989 and 1990, attempts to assess the effect of such a letter from the prescribing general practitioner to long-term users of benzodiazepines, using a larger sample from the combined populations of three group practices. The effect of the letter is compared with that of a more complex intervention (a series of information sheets) and with the results from a control group who received no intervention.

M A Cormack, K G Sweeney, H Hughes-Jones and G A Foot

Original papers

reduce drug consumption, then there would be a substantial reduction in the morbidity associated with their side effects, as well as a considerable saving in the drugs bill.

**Appendix 1.** Letter from general practitioner received by intervention groups.

Dear ...

I am writing to you because I note from our records that you have been taking... for some time now. Recently, family doctors have become concerned about this kind of tranquillizing medication when it is taken over long periods. Our concern is that the body can get used to these tablets so that they no longer work properly. If you stop taking the tablets suddenly, there may be unpleasant withdrawal effects which you will experience. Research work done in this field shows that repeated use of the tablets over a long time is no longer recommended. More importantly, these tablets may actually cause anxiety and sleeplessness and they can be addictive.

I am writing to ask you to consider cutting down on your dose of these tablets and perhaps stopping them at some time in the future. The best way to do this is to take the tablets only when you feel they are absolutely necessary. Try to take them only when you know that you have to do something that might be difficult for you. In this way you might be able to make a prescription last longer.

Once you have begun to cut down, you might be able to think about stopping them altogether. It would be best to cut down very gradually and then you will be less likely to have withdrawal symptoms.

If you would like to talk to me personally about this, I would be delighted to see you in the surgery whenever it is convenient for you to attend.

Yours sincerely

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#### Acknowledgements

The study was funded by a grant from the Devon Northcott Medical Foundation and by a contribution from the Department of Clinical and Community Psychology, Exeter Health Authority. Rachel Kirby gave computer expertise, Sandy Salisbury provided secretarial services, Karen Jackson typed the various stages of the manuscript, Stuart Brooks helped in the initial programming of the database and Ann-Marie Corner assisted in the data entry onto the computer. The University of Exeter Departments of Psychology and General Practice collaborated on this joint venture and encouraged the development of the research. The doctors in the study took part in the planning and design stages and we would like to thank them and their practice staff for their continuing help in the data collection.

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## RCGP Publications OCCASIONAL PAPERS

### 58 CLINICAL GUIDELINES - REPORT OF A LOCAL INITIATIVE

£11.00

These clinical guidelines, originally developed for local use by the Department of Primary Health Care and known as the Islington Guidelines, have been extensively revised to make them applicable nationwide. Includes chapters on recommended guidelines on common medical conditions, preventive



# Hypnotics

- Mugunthan et al., 2011 : A meta-analysis showing that letter-only intervention can be effective in reducing benzodiazepine prescribing, no evidence to suggest follow up consultations offer any additional support <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3162180/>

Kayalvili Mugunthan, Treasure McGuire and Paul Glasziou

## Minimal interventions to decrease long-term use of benzodiazepines in primary care:

a systematic review and meta-analysis

**Abstract**

**Background**  
Long-term use of benzodiazepines (BZDs) is common. Not only is such use ineffective, but it also has several risks in addition to dependence, and remains a significant problem among the older population.

**Aim**  
To systematically review randomised controlled trials that evaluate the effectiveness of minimal interventions to reduce the long-term use of BZDs in primary care.

**Design and setting**  
Systematic review and meta-analysis of randomised controlled trials in UK general practices.

**Method**  
Cochrane Central, MEDLINE, and Embase (1967-2010) were searched for trials of minimal interventions (such as a single letter or one

**INTRODUCTION**  
Long-term use of benzodiazepines (BZDs) is common for anxiety disorders, insomnia, and alcohol withdrawal, as adjuvant therapy in schizophrenia and depression, and as muscle relaxants. Their short-term benefits are well recognised, but their long-term use has risks in addition to dependence: daytime somnolence, blunted reflexes, memory impairment, and an increased risk of falls and hip fractures in older people. In a recent review comparing sedatives with placebo, cognitive events were 4.8 times, adverse psychomotor events 2.6 times, and reports of daytime fatigue 3.8 times more common, respectively.<sup>1</sup> Hence, long-term BZD use is usually inappropriate, and these drugs should be used only in limited circumstances, for short periods.<sup>2,3</sup> The most common long-term use is for

to be taking BZDs every day, and an estimated quarter of a million people in the UK took them for over 7 years.<sup>4</sup> In Australia, of the total Pharmaceutical Benefits Scheme (PBS) medicines obtained by doctor-shoppers, 36% were BZDs.<sup>10</sup> Despite an overall fall in BZD prescriptions internationally over the last 20 years, a substantial number of long-term users receive regular prescriptions, especially for hypnotics.<sup>10-15</sup> In 2009 in the UK, there were still 4.2 million benzodiazepine items (used to treat insomnia) dispensed, at a cost of £19 million.<sup>15</sup>

Long-term use is not only ineffective, but is also associated with several undesirable side effects. The risk of adverse events, particularly falls and cognitive impairment, is higher in older people; and the benefits of these drugs may not be justified. Thus,



# Hypnotics

- Discussed the results of the search at the next clinical meeting, and discussed some of the papers I had found
- We decided at the meeting to:
  - New patients:
    - We created a letter of Sleep Hygiene advice in SystemOne to make it easier for clinicians to print/send during consultations
    - Update on CBT, LIFT Psychology courses where sleep hygiene measures fail
    - Agreed new prescriptions would be restricted to 7 days, advice to avoid using more than twice a week and <4 weeks.
  - Existing patient
    - Adapted the letter from Cormack et al, 1994 and sent this to patients identified in our search
    - Review Hypnotics on quarterly report

## 10 tips to beat insomnia

Sleep and tiredness

Simple lifestyle changes can make a world of difference to your quality of sleep. Follow these 10 tips for a more restful night.

- 1. Keep regular sleep hours**  
Going to bed and getting up at roughly the same time every day will programme your body to sleep better. Choose a time when you're likely to feel tired and sleepy.
- 2. Create a restful sleeping environment**  
Your bedroom should be a peaceful place for rest and sleep. Temperature, lighting and noise should be controlled so that your bedroom environment helps you to fall (and stay) asleep. If you have a pet that sleeps in the room with you, consider moving it somewhere else if it often disturbs you in the night.
- 3. Make sure your bed is comfortable**  
It's difficult to get restful sleep on a mattress that's too soft or too hard, or a bed that's too small or old.
- 4. Exercise regularly**  
Moderate exercise on a regular basis, such as swimming or walking, can help relieve some of the tension built up over the day. But make sure you do not do vigorous exercise, such as running or the gym, too close to bedtime, as it may keep you awake.
- 5. Cut down on caffeine**  
Cut down on caffeine in tea, coffee, energy drinks or colas, especially in the evening. Caffeine interferes with the process of falling asleep, and also prevents deep sleep. Instead, have a warm, milky drink or herbal tea.

LIFT  
psychology  
Swindon

Recite AAA

NHS

Home Courses What's on your mind What Do We Offer Physical Health About Us

Overcoming Panic, Anxiety and Worry

Overcoming Sleep Difficulties

This free, four-week course aims to help people experiencing sleep difficulties (not sleeping enough / disrupted sleep / early morning waking), who are also experiencing any other condition, whether physical or emotional in nature. The course aims to help you understand your sleep difficulties and provide you with techniques which can help you cope with poor sleep.

Topics covered include:

• Understanding theories of sleep and what happens in the body when we sleep



Thanks for listening!

