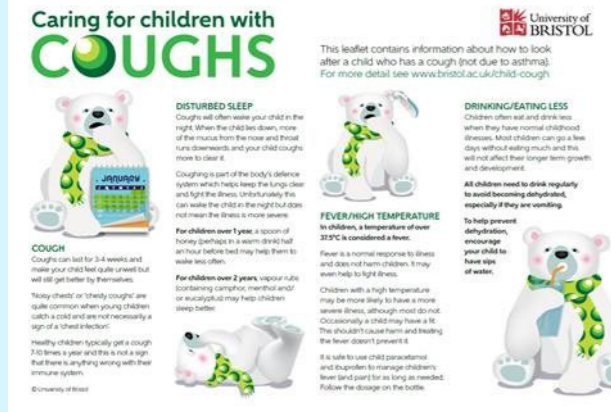


## Focus on Antimicrobial Resistance

Antimicrobial Resistance (AMR) continues to receive global attention. It has been highlighted as an important clinical governance area by colleagues in the Health and Social Care Board (HSCB) / Public Health Agency (PHA) and the Department of Health.



In order to support healthcare professionals to address this important issue, HSCB have developed a range of [resources](#) both for patients and for clinicians along with updated local antibiotic [guidelines](#) for primary and community care. These can be found on the NI Formulary website <http://niformulary.hscni.net>



Alongside these resources, HSCB are encouraging each GP practice to have an **Antibiotic Champion** who will be responsible for co-ordinating work on antimicrobial resistance within the practice.

### Action:

- We would encourage all community pharmacists to support any local initiatives around antimicrobial prescribing and to become involved in raising awareness of the public health concerns around resistance to common antibiotics. As the first “port-of-call” for many patients with the symptoms of infections, community pharmacists and their staff are in the ideal position to give advice on self-care, the duration of self-limiting illness and provide advice on when it is appropriate to visit the GP.
- We would also encourage community pharmacies to contact their local surgeries and work together on any antimicrobial resistance policies which are being implemented over the winter period.
- If you wish to learn more on this topic, the NICPLD online course “Antimicrobials and infection management” is available at: <https://www.nicpld.org>.

### References

- References
- Clinical Knowledge Summaries – Osteoporosis: Prevention of Fragility Fractures: <http://cks.nice.org.uk/osteoporosis-prevention-of-fragility-fractures> CKS.
  - MHRA Guidance: Bisphosphonates: use and safety, 18 December 2014 <https://www.gov.uk/government/publications/bisphosphonates-use-and-safety/bisphosphonates-use-and-safety>

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:

Belfast Office: 028 9536 3926      South Eastern Office: 028 9536 1461      Southern Office: 028 9536 2104  
Northern Office: 028 9536 2845      Western Office: 028 9536 1008

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes



## Pharmacy Regional Newsletter

HSC Health and Social  
Care Board

Volume 3 Issue 1  
January 2017

### In This Issue

- \* **New Cost-Effective Choices**
- \* **Bisphosphonate Treatment and ‘Drug Holiday’**
- \* **Patient Zone**
- \* **Medicines Safety Update**
- \* **Focus on Antimicrobial Resistance**

## New Cost-Effective Choices

The Cost-Effective Choices (CECs) list is a preferred list of products that represent better value to primary care in Northern Ireland, compared with other similar choices. The preferred product may be chosen either on initiation or considered as a switch.



Five **new** products have been added to the CEC list since September 2016:

Product	Potential annual savings for NI NHS	Cost-Effective Choice
Buprenorphine 5, 10, 20 micrograms/hr, 7 day patches	£570,000	<b>Butec®</b>
Metformin SR 500mg and 1g tablets	£560,000	<b>Sukkarto SR®</b>
Galantamine prolonged release capsules	£270,000	<b>Gatalin XL®</b>
Oxycodone immediate release capsules	£200,000	<b>Shortec®</b>
Isopropyl myristate 15%, liquid	£106,683	<b>MyriBase®</b>

The full list of CECs is available on the [NI Formulary website](#)

GPs are asked to prescribe the preferred choice by brand name. For example, if prescribing metformin SR tablets, GPs are asked to prescribe the brand **Sukkarto SR®** (rather than any other brand or generically).

### Action:

- Community pharmacists are asked to support changes made by local GP practices.
- Check patient understanding of any change in their medication.
- Ensure there is no duplication of therapy.

## Bisphosphonate Treatment and 'Drug Holiday'

Bisphosphonates such as alendronate, risedronate and ibandronate are used in the prevention and treatment of osteoporosis. They act by decreasing osteoclast mediated bone resorption thus reducing the rate of bone turnover. The reduction in fracture risk occurs over the first 3 to 5 years of treatment. The effect of inhibiting bone resorption and thus anti-fracture benefits lasts for several years after treatment is stopped.



### Why have a 'drug holiday'?

Evidence has shown that treatment for up to 5 years with bisphosphonates reduces the risk of fractures occurring, but long term use (> 5years) may increase bone fragility by suppressing normal bone remodelling which is essential for repair of skeletal micro-damage. The effect of this may lead to increased risk of atypical femoral fractures.

The Medicines and Healthcare Products Regulatory Agency (MHRA) and the BNF advise that prescribing should be reviewed regularly, particularly after 5 years. Patients on therapy for more than 5 years should be reviewed and, if suitable, a 'drug holiday' recommended or the medication stopped permanently. The time for which treatment is stopped ('drug holiday') varies according to the specific drug and can range from 1 to 3 years.

**No patient should receive continuous oral bisphosphonate therapy for more than 10 years.** Therapy should be discontinued and, if necessary, specialist advice sought about ongoing management.

### Action:

- Compliance with the bisphosphonates should be discussed with the patient in addition to counselling on when to take and how to take a bisphosphonate.
- GP practices may be reviewing patients receiving bisphosphonate therapy and instigating drug holidays or discontinuing therapy. Community pharmacists can play a very important role in supporting patients through this process, including providing advice about lifestyle changes such as healthy diet, weight loss, stopping smoking, and appropriate exercise which may help to reduce any risks associated with osteoporosis.
- Community pharmacists are asked to make GPs aware of any patient who they know has been receiving an oral bisphosphonate for more than 5 years, to ensure that their medication is reviewed.



### Patient Information

Leaflets to provide patients with information on their medication and other advice about the treatment and prevention of osteoporosis can be found on various websites such as

- National Osteoporosis Society <https://nos.org.uk>
- Patient.co.uk <http://www.patient.co.uk/health/bisphosphonates>

## Patient Zone

### A useful resource for patients

The Northern Ireland Formulary has a section dedicated to patients – the [Patient Zone](#). The Patient Zone provides advice on how to manage a range of acute and chronic conditions.

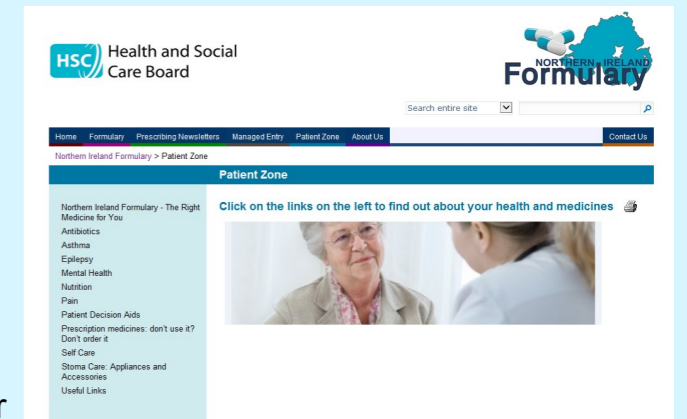
### Action:

You can direct patients to the Patient Zone for advice on:

- Getting the right medicine for you
- Managing [coughs](#) and [colds](#), [sinusitis](#), [sore throat](#), and [sore ear](#)
- Managing [babies with colic](#)
- What you can do about [chronic or persistent pain](#)
- How to [sleep well](#)
- Checking that your [asthma is under control](#)

Visit the Patient Zone for full list of patient information resources:

<http://niformulary.hscni.net/PatientZone/Pages/default.aspx>



### Did you know?

You can find past issues of the PRN and other HSCB newsletters on the NI Formulary website in the **Newsletters section.**



## Medicines Safety Update

### Sharing Learning Across Community Pharmacy

The following two incidents have been reported to HSCB:

#### 1. Medicine dispensed that would expire before end of the course

Prescription for 12 month supply of oral contraceptive (OC) – the pharmacist failed to notice that some of the OC dispensed would expire before the end of the course.

**Action:** The accuracy check for dispensed medicines should always include checking expiry dates to ensure medicines will be in date for the duration of the prescribed course.

#### 2. Incorrect medication was selected and “packed down” into a skilnet

Pharmaceutical Society of NI Professional Standards for the Sale and Supply of Medicines states that patients are entitled to expect the dispensing service provided to be accurate and requires procedures to be in place to minimise the risk of dispensing errors. This should be reflected in the SOPs covering the dispensing process which should be updated / amended at least biannually or following an incident if required.

**Action:** If medication is “packed down” from an original container into a skilnet / bottle, then the original container must be available to check against. Check inside each skilnet / bottle to be issued to ensure the correct medication has been dispensed.

