Non-Medical Prescribers’
Current Awareness Bulletin

No. 13
April 2020

Produced by the NHS Staff Library,
Mid Yorkshire Hospitals NHS Trust
midyorks.library.pgh@nhs.net
Contents

Research Articles

Anticoagulants  Antidepressants
Antimicrobials  Attention-Deficit Hyperactivity Disorder
Care Homes  Electronic Prescribing
Inappropriate Prescribing  Medication Errors
Midwifery  Nurse Prescribing
Nutrition  Obesity
Older People  Oncology
Ophthalmology  Opioids
Osteoporosis  Paediatrics
Pain Management  Pharmaceutical Industry
Pharmacy  Safety
Socioeconomics  Smoking Cessation

Prescribing Journals – Table of Contents

Policy & Guidance

Resources
Research Articles

Click on the title link for the full abstract at PubMed or the journal website. Access to full text will require subscription access in most cases.

Anticoagulants

Quality of clinical Direct Oral Anticoagulants (DOACs) prescribing and identification of risk factors for inappropriate prescriptions
British journal of clinical pharmacology, Feb 20
The aim of this study was to assess the appropriateness of Direct Oral Anticoagulants (DOAC) prescriptions and to identify risk factors of determinants for inappropriate DOAC prescriptions.

Do computerized clinical decision support systems improve the prescribing of oral anticoagulants? A systematic review
Thrombosis research; Mar 2020; vol. 187; p. 79-87
Serious adverse drug reactions have been associated with the underuse or the misuse of oral anticoagulant therapy. The authors systematically reviewed the impact of computerized clinical decision support systems (CDSS) on the prescribing of oral anticoagulants and described CDSS features associated with success or failure.

Antidepressants

Quantifying the impact of patient-practice relationship quality on the levels of the average annual antidepressant practice prescribing rate in primary care in England
The primary care companion for CNS disorders; Jan 2020; vol. 22 (no. 1)
The GP Patient Survey captures patients' views of their GP practice. The objective of this study was to determine how patient experience of a GP may relate to the volume of antidepressant prescribing at that practice. Practices with a higher overall experience rating prescribed more antidepressants. Practices more effective in empowering their patients, as assessed by "How confident are you that you can manage any issues arising from your condition (or conditions)" prescribed less antidepressants.

Antimicrobials

A simple dose of antibiotics: qualitative analysis of sepsis reporting in UK newspapers
BJGP open; Jan 2020
A recent drive to improve sepsis awareness has been accompanied by prolific media reporting about its management in children. Media reporting is known to influence public understanding of health issues and subsequent health-seeking behaviour. The aim was to examine UK newspaper representations of sepsis in children to better understand how the messages they convey may impact on parents' consulting behaviour and expectations about antimicrobial prescribing. This research identified messages about sepsis in the UK news media that could influence public attitudes about antibiotic prescribing in acute childhood illness. Public health communications about sepsis awareness must acknowledge the wider implications of unnecessary antibiotic use as a driver of
antimicrobial resistance to reduce the risk of damaging efforts to promote rational prescribing. 

The impact of diagnostic microbiology on de-escalation of antimicrobial therapy in hospitalised adults

BMC infectious diseases; Feb 2020; vol. 20 (no. 1); p. 102

A patient level analysis of diagnostic microbiology and antimicrobial prescribing to determine the impact of microbiology results on antimicrobial review outcomes. The majority of diagnostic microbiology tests sent to inform clinical management yielded negative results. However, negative microbiology contributed little to clinical decision making about antimicrobial de-escalation, perhaps reflecting a lack of trust in negative results by treating clinicians. Improving the negative predictive value of currently available diagnostic microbiology could help hospital prescribers in de-escalating antimicrobial therapy.

Trends in antimicrobial prescribing in England 2014-2018

Drug and therapeutics bulletin; Feb 2020; vol. 58 (no. 2); p. 19

Serious bacterial infections and antibiotic prescribing in primary care: cohort study using electronic health records in the UK

BMJ open; Feb 2020; vol. 10 (no. 2); p. e036975

This study evaluated whether serious bacterial infections are more frequent at family practices with lower antibiotic prescribing rates. The authors did not find population-level evidence that family practices with lower total antibiotic prescribing might have more frequent occurrence of serious bacterial infections overall. Improving the recording of infection episodes has potential to inform better antimicrobial stewardship in primary care.

Quality of antimicrobial prescribing improved by the introduction of ePrescribing at Auckland City Hospital

Health informatics journal; Feb 2020; p. 1460458220905163

The authors sought to determine whether the introduction of ePrescribing improved prescribing quality. They concluded that ePrescribing can improve the quality of antimicrobial prescribing when Antimicrobial Stewardship principles are used in system customisation but cannot address all factors impacting on prescribing quality.

Associations between macrolide antibiotics prescribing during pregnancy and adverse child outcomes in the UK: population based cohort study

BMJ (Clinical research ed.); Feb 2020; vol. 368; p. m331

To assess the association between macrolide antibiotics prescribing during pregnancy and major malformations, cerebral palsy, epilepsy, attention deficit hyperactivity disorder, and autism spectrum disorder in children. Prescribing macrolide antibiotics during the first trimester of pregnancy was associated with an increased risk of any major malformation and specifically cardiovascular malformations compared with penicillin antibiotics. Macrolide prescribing in any trimester was associated with an increased risk of
genital malformations. These findings show that macrolides should be used with caution during pregnancy and if feasible alternative antibiotics should be prescribed until further research is available.

**The complex phenomenon of dysrational antibiotics prescribing decisions in German primary healthcare: A qualitative interview study using dual process theory**

*Antimicrobial Resistance and Infection Control*; Jan 2020; vol. 9 (no. 1)

Antibiotic prescription rates in primary care in Germany are moderate, but still considered too high. The ARena study (Sustainable reduction of antibiotic-induced antimicrobial resistance) was initiated to foster awareness and understanding of the growing challenge and promotes rational antibiotics use for acute, non-complicated and self-limiting infections. Educational interventions may only change prescribing behaviours if they result in active rational rather than routine-based decision-making on antibiotics prescribing.

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

*The Journal of antimicrobial chemotherapy*; Mar 2020; vol. 75 (no. 3); p. 738-746

To analyse antimicrobial prescribing and appropriateness, and guideline adherence, in hospitalized children across Australia. Inappropriate antimicrobial prescribing in children was linked to specific risk factors identified here, presenting opportunities for targeted interventions to improve prescribing.

This information, using a NAPS dataset, allows for analysis of antimicrobial prescribing among different groups of hospitalized children. Further exploration of barriers to appropriate prescribing and facilitators of best practice in this population is recommended.

**Promoting rational antibiotic prescribing for non-complicated infections: understanding social influence in primary care networks in Germany**

*BMC family practice*; Mar 2020; vol. 21 (no. 1); p. 51

Primary care networks play a crucial role in providing a platform for professional peer exchange, social support and reassurance. With regards to their impact on antibiotic prescribing for acute non-complicated infections, networks seem to facilitate and amplify quality improvement programs by providing a platform for refreshing awareness, knowledge and self-reflection among care providers. They are well suited to promote a rational use of antibiotics.

**Attention-Deficit Hyperactivity Disorder**

*Regional analysis of UK primary care prescribing and adult service referrals for young people with attention-deficit hyperactivity disorder*  

*BJPsych open*; Jan 2020; vol. 6 (no. 1); p. e7

Approximately 20% of children with attention-deficit hyperactivity disorder (ADHD) experience clinical levels of impairment into adulthood. In the UK, there is a sharp reduction in ADHD drug prescribing over the period of transition from child to adult services, which is higher than expected given estimates of ADHD persistence,
and may be linked to difficulties in accessing adult services. Little is currently known about geographical variations in prescribing and how this may relate to service access. Clear regional differences were found in primary care prescribing over the transition period and in referrals to AMHSs. Taken together with service mapping, this suggests inequitable provision and is important information for those who commission and deliver services for adults with ADHD.

**Care Homes**

*Protocol for a cluster randomised controlled trial to determine the effectiveness and cost-effectiveness of independent pharmacist prescribing in care homes: the CHIPPS study.*

*Trijals; Jan 2020; vol. 21 (no. 1); p. 103*

Prescribing, monitoring and administration of medicines in care homes could be improved. Research has identified the need for one person to assume overall responsibility for the management of medicines within each care home, and shown that a pharmacist independent prescriber service is feasible in this context. This protocol is for a cluster randomised controlled trial to determine the effectiveness and cost-effectiveness of a pharmacist-independent prescribing service in care homes compared to usual general practitioner (GP)-led care.

**Electronic Prescribing**

*Mixed methods study of medication-related decision support alerts experienced during electronic prescribing for inpatients at an English hospital*

*European journal of hospital pharmacy: science and practice; Nov 2019; vol. 26 (no. 6); p. 318-322*

Electronic prescribing and medication administration systems are being introduced in many hospitals worldwide, with varying degrees of clinical decision support including pop-up alerts. Previous research suggests that prescribers override a high proportion of alerts, but little research has been carried out in the UK. The authors’ objective was to explore rates of alert overriding in different prescribing situations and prescribers’ perceptions around the use of decision support alerts in a UK hospital. The majority of alerts were over-ridden. Alerts may be less likely to be over-ridden if they are built into the prescribing workflow.

**Inappropriate Prescribing**

*The Health System Costs of Potentially Inappropriate Prescribing: A Population-Based, Retrospective Cohort Study Using Linked Health Administrative Databases in Ontario, Canada.*

*PharmacoEconomics - Open; Mar 2020; vol. 4 (no. 1); p. 27-36*

The aim of this study was to determine the health system costs from hospitalizations, emergency department (ED) visits, and medications due to potentially inappropriate prescribing (PIP) in Ontario, Canada, at the population-level. PIP was associated with 38.8% of the total spent on these healthcare services ($1.22 billion) in the 90 days
after PIP. Costs attributable to PIP decreased with age despite increasing prevalence.

**Medication Errors**

Systemic causes of in-hospital intravenous medication errors: a systematic review (Finland)

*Journal of patient safety;* Jan 2020

Delivery of intravenous medications in hospitals is a complex process posing to systemic risks for errors. The aim of this study was to identify systemic causes of in-hospital intravenous medication errors.

Current intravenous medication systems remain vulnerable, which can result in patient harm. Our findings suggest further focus on medication safety activities related to administration, prescribing, and preparation of intravenous medications. This study provides healthcare organizations with preliminary knowledge about systemic causes of intravenous medication errors, but more rigorous evidence is needed.

**Midwifery**

Barriers and enablers for midwives using endorsement for scheduled medicines: A literature review

*Women and Birth;* Feb 2020; vol. 33 (no. 1); p. 3-14

There are currently 429 midwives in Australia who hold the Nursing and Midwifery Board of Australia’s Endorsement for scheduled medicines for midwives. Little is known about how midwives are using the endorsement and what factors impact on its use. The objective was to critically examine the literature to discover what the barriers and enablers are for midwives to use the endorsement. Barriers and enablers occur for various reasons including legislative, regulatory, organisational, and the individual's support for and attitude towards these roles. To overcome barriers and facilitate the success of emerging non-medical extended practice roles, significant buy-in and investment is needed across all levels of the health system.

**Nurse Prescribing**

Clinical nurse specialist prescribing in a cancer centre supportive and palliative care team

*BMJ supportive & palliative care;* Mar 2020; vol. 10 (no. 1); p. 111-113

To provide insight into the prescribing practices of three independent nurse prescribers (INPs)/clinical nurse specialists (CNSs) working in a supportive and palliative care team (SPCT) in a district general hospital and a specialist tertiary cancer centre in the UK. This service evaluation demonstrates the potential for INPs in SPCTs to provide comprehensive symptom control while enabling CNSs to practice with a greater degree of autonomy leading to enhanced job satisfaction.

**Nutrition**

A systematic scoping review of interventions to improve appropriate prescribing of oral nutritional supplements in primary care

*Clinical nutrition (Edinburgh, Scotland);* Mar 2020; vol. 39 (no. 3); p. 654-663

This scoping review aimed to provide an overview of interventions to improve appropriate oral nutritional supplements prescribing in primary care.
care. Lack of consistency in defining appropriate ONS prescribing and assessment outcomes was apparent.

**Obesity**

*Effectiveness and cost of integrating a pragmatic pathway for prescribing liraglutide 3.0 mg in obesity services (STRIVE study): study protocol of an open-label, real-world, randomised, controlled trial*

*BMJ open*; Feb 2020; vol. 10 (no. 2); p. e034137

Liraglutide 3 mg (LIRA 3 mg) is an effective weight-loss medication, but weight loss in individual patients is variable, and its efficacy has not been assessed. This study aims to investigate whether a targeted prescribing pathway for LIRA 3 mg with multiple pre-specified stopping rules could help people with severe obesity and established complications achieve ≥15% weight loss in order to determine whether this could be considered a clinically effective and cost-effective strategy for managing severe and complex obesity.

**Older People**

*Evaluation of clarity of the STOPP/START criteria for clinical applicability in prescribing for older people: a quality appraisal study*

*BMJ open*; Feb 2020; vol. 10 (no. 2); p. e033721

To reduce the problem of under-prescribing and over-prescribing in older people, explicit drug optimisation tools like Screening Tool of Older Persons' potentially inappropriate Prescriptions/Screening Tool to Alert to Right Treatment (STOPP/START) have been developed. The aim of this study was to evaluate the clinical applicability of STOPP/START criteria in daily patient care by assessing the clarity of singular criteria.

**Oncology**

*Interventions to optimise medication prescribing and adherence in older people with cancer: A systematic scoping review (protocol)*

*Research in social & administrative pharmacy: RSAP; Mar 2020*

The scoping nature of this review will serve to provide an overview of the existing literature on interventions aimed at optimising medication prescribing and adherence in older adults with cancer. The review findings will help to identify research gaps and highlight areas to explore further in future research.

**Ophthalmology**

*Agreement in clinical decision-making between independent prescribing optometrists and consultant ophthalmologists in an emergency eye department*

*Eye (London, England); Mar 2020*
The specialty-registration of independent prescribing (IP) was introduced for optometrists in 2008, which extended their roles including into acute ophthalmic services (AOS). The present study is the first since IP’s introduction to test concordance between IP optometrists and consultant ophthalmologists for diagnosis and management in AOS.

**Opioids**

*What proportion of patients with chronic noncancer pain are prescribed an opioid medicine? Systematic review and meta-regression of observational studies.*

*Journal of internal medicine;* Feb 2020

This review aimed to determine the proportion of patients with chronic non-cancer pain who are prescribed an opioid, the types prescribed and factors associated with prescribing. Opioid prescribing for patients with chronic non-cancer pain is common and has increased over time.

*Factors associated with the prescribing of high-dose opioids in primary care: a systematic review and meta-analysis*

*BMC medicine;* Mar 2020; vol. 18 (no. 1); p. 68

High doses of opioids are associated with greater risks of harms. Associated factors such as the co-prescription of benzodiazepines and depression identify priority areas that should be considered when selecting, identifying, and managing people taking high-dose opioids in primary care.

**Osteoporosis**

*A retrospective database study of oral corticosteroid and bisphosphonate prescribing patterns in England*

*NPJ primary care respiratory medicine;* Feb 2020; vol. 30 (no. 1); p. 5

Guidelines suggest bisphosphonate (BP) therapy as the first-line treatment of glucocorticoid-induced osteoporosis (GIOP). This population study used publicly available data, including prescription annual cost analysis and monthly practice-level data. The aim was to examine the prescribing of OCS and BP at practice level and investigate reasons for variation using a mixed-effect negative binomial regression analysis.

**Paediatrics**

*Paediatric Rational Prescribing: A Systematic Review of Assessment Tools*

*International journal of environmental research and public health;* Feb 2020; vol. 17 (no. 5)

The aims of this review were to identify and provide an overview of all paediatric rational prescribing tools that have been developed for use in paediatric settings. The search identified three paediatric rational prescribing tools: the POPI (Pediatrics: Omissions of Prescriptions and Inappropriate Prescriptions) tool, the modified POPI (UK) tool, and indicators of potentially inappropriate prescribing in children (PIPC). PIPC comprises explicit criteria, whereas POPI and the modified POPI (UK) use a mixed approach.
Evaluating a nurse-led sleep support intervention to reduce melatonin prescribing in children and young people

*Nursing children and young people*; Feb 2020

A nurse-led, non-pharmacological approach to sleep support in children and young people can provide an effective, sustainable alternative to melatonin prescribing. The authors recommend that appropriate sleep support should be administered and the response reviewed before melatonin is prescribed. Investment in sleep services to support this approach is important.

Decreasing antibiotic use, the gut microbiota, and asthma incidence in children: evidence from population-based and prospective cohort studies.

*The Lancet*. Respiratory medicine; Mar 2020

Findings suggest that the reduction in the incidence of paediatric asthma observed in recent years might be an unexpected benefit of prudent antibiotic use during infancy, acting via preservation of the gut microbial community.

**Pain Management**

*Analgesic Outcomes in a Danish Acute Care Hospital Following Electronic Prescribing and Analgesic Self-Administration*

Pain management nursing: official journal of the American Society of Pain Management Nurses; Feb 2020

To improve the quality of postoperative pain management, the study site, an acute care hospital in Denmark, introduced electronic prescribing with standard order-sets, and allowed patients to self-administer analgesia. This study aimed to describe analgesic prescribing, prescriptions for multimodal analgesia, analgesic administration, and patients' pain experience, in this context. The availability of multimodal analgesia was high following the introduction of electronic prescribing. However, gaps remain in the administration of both fixed and 'as needed' analgesics for postoperative patients. Findings suggested that allowing patients to self-administer analgesia may increase compliance with fixed schedule prescriptions.

**Pain interventions in adults with intellectual disability: a scoping review and pharmacological considerations.**

*European journal of pain* (London, England); Feb 2020

The authors systematically reviewed the literature on the specificities of pain interventions in adults with intellectual disability (ID), focusing on medication and trying to gather practical information on appropriate pain treatments. They also discussed the pharmacological considerations to be taken into account when prescribing analgesic drugs in that vulnerable population.

**Pharmaceutical Industry**

*Influence of Pharmaceutical Company Engagement Activities on the Decision to Prescribe: A Pilot Survey of UK Rare Disease Medicine Prescribers.*

*Pharmaceutical medicine*; Apr 2020; vol. 34 (no. 2); p. 127-134

Traditionally, the pharmaceutical industry has used 'promotional personal engagement' activities, which involve interactions between sales forces and prescribers, in order to generate 'sales'-or prescriptions-of their new medicinal
product(s). There appears to be now a favouring of 'non-personal engagement' (external information sources or activities existing outside the direct control of the company) and 'non-promotional personal engagement' activities (focused around creating peer-to-peer relationships between prescribers and pharmaceutical physicians).

The purpose of this study was to examine the influence of non-personal engagement and non-promotional personal engagement activities on the prescribing habits of British healthcare professionals, using the traditional promotional personal engagement activities as a comparator.

**Pharmacy**

*Barriers to pharmacist prescribing: a scoping review comparing the UK, New Zealand, Canadian and Australian experiences*

*International Journal of Pharmacy Practice;* Dec 2019; vol. 27 (no. 6); p. 479-489

Non-medical prescribers, including pharmacists, have been found to achieve comparable clinical outcomes with doctors for certain health conditions. Legislation supporting pharmacist prescribing (PP) has been implemented in the United Kingdom (UK), Canada and New Zealand (NZ); however, to date, Australian pharmacists have not been extended prescribing rights. The purpose of this review was to describe the barriers to PP found in the literature from the UK, Canada, NZ and Australia, and examine the implications of these for the development of PP in Australia. A concerted effort is required to develop clear policy pathways, including targeted training courses, raising stakeholder recognition of PP and identifying specific funding, infrastructure and resourcing needs to ensure the smooth integration of pharmacist prescribers within interprofessional clinical teams.

*Do pharmaceutical budgets deliver financial sustainability in healthcare? Evidence from Europe.*

*Health policy* (Amsterdam, Netherlands); Mar 2020; vol. 124 (no. 3); p. 239-251

This paper provides an assessment of a range of different applications of pharmaceutical budgets and assesses their impact in the context of health financing goals. A comprehensive literature review was carried out in order to identify evidence on the presence and impact of pharmaceutical budget-setting and capping mechanisms and an analytical framework was developed outlining relevant trade-offs between macroeconomic and microeconomic efficiency.

*Independent Prescribing Pharmacists Supporting the Early Discharge of Patients Through Completion of Medical Discharge Summaries*

*Journal of pharmacy practice;* Apr 2020; vol. 33 (no. 2); p. 173-175

The introduction of independent prescribing pharmacists to complete medical discharge summaries has significantly reduced the time to summary completion, discharge time, and the number of medication errors.
Safety

Clinical guidance is often sought when prescribing drugs for patients with primary mitochondrial disease. Theoretical considerations concerning drug safety in patients with mitochondrial disease may lead to unnecessary withholding of a drug in a situation of clinical need. The aim of this study was to develop consensus on safe medication use in patients with a primary mitochondrial disease.

Impact of medicines regulatory risk communications in the UK on prescribing and clinical outcomes: Systematic review, time series analysis and meta-analysis. British journal of clinical pharmacology; Apr 2020; vol. 86 (no. 4); p. 698-710
Regulatory risk communications are important to ensure medication safety, but their impact is poorly understood. The aim was to quantify the impact of UK risk communications on medication use and other outcomes.

Socioeconomics

Socioeconomic status and benzodiazepine and Z-drug prescribing: a cross-sectional study of practice-level data in England. Family practice; Mar 2020; vol. 37 (no. 2); p. 194-199
To determine whether there is an association between primary care practice benzodiazepine and Z-drug prescribing and practice population socioeconomic status in England.

Spatiotemporal modelling of pregabalin prescribing in England with effect of deprivation. BMJ open; Mar 2020; vol. 10 (no. 3); p. e029624
This paper aims to understand spatial and temporal trends in pregabalin prescribing and the relationship with deprivation across England at both general practice and clinical commissioning group (CCG) levels.

Smoking Cessation

Prescribing prevalence, effectiveness, and mental health safety of smoking cessation medicines in patients with mental disorders. Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco; Jan 2020; vol. 22 (no. 1); p. 48-57
The authors conducted a prospective cohort study of the Clinical Practice Research Database to estimate rates of varenicline and nicotine replacement therapy (NRT) prescribing and the relative effects on smoking cessation, and mental health. Smoking cessation medication prescribing may be declining in primary care. Varenicline was
more effective than NRT for smoking cessation in patients with mental disorders and there is not clear consistent evidence that varenicline is adversely associated with poorer mental health outcomes.

Prescribing Journals – Table of Contents

International Journal of Pharmacy Practice

April 2020  February 2020

Journal of Prescribing Practice

April 2020  Mar 2020  Feb 2020  Jan 2020

Prescriber

Mar 2020  Feb 2020  Jan 2020

Pharmaceutical Journal

Mar 2020  Feb 2020  Jan 2020

Policy & Guidance

Department of Health and Social Care

New heart disease drug to be made available for NHS patients

The government is collaborating with pharmaceutical company Novartis to launch a clinical trial for new cholesterol treatment.

New bill gives hospitals power to develop personalised treatment

The Medicines and Medical Devices Bill introduces new safety measures, increases the professions that can prescribe low-risk medicines and allows hospitals to develop personalised medicines.

New pharmacy referral service to help patients avoid hospital readmission

Patients who have recently been discharged from hospital will get greater support from local pharmacy teams to manage their medicines.

NHS England

Case study

168 GP appointments released a month after redesigning repeat prescription and medication review processes – Trent Meadows Medical Practice – Midlands

This quality standard covers increasing the uptake of flu vaccination among people who are eligible. It describes high-quality care in priority areas for improvement. It does not cover uptake of flu vaccination in people aged 65 and over
Visit Report: Foundation Pharmacist Training (North of England NHS Trusts)

The North School of Pharmacy and Medicines Optimisation (SoPMO) has visited 65 NHS Trusts across the north of England to hear their views on current and future foundation pharmacist training.

The exercise is part of a wider process to evaluate development of the infrastructure that will underpin a new foundation training programme for all pharmacists.

Among the key findings of the new report are:

- Trusts recognised the potential benefits of a standardised national approach to a foundation pharmacist development programme;
- A training culture that strengthens the development of foundation pharmacists is essential to creating a workforce fit for the future;
- Educational governance and quality assurance are key elements of any foundation pharmacist development programme, and gaining workplace experience is essential;
- The educational needs of foundation pharmacists need to be balanced with continued service provision.

Review of education and training

The Advancing Pharmacy Education and Training (APET) review examined the current model of education and training for the pharmacy workforce to establish what training structures and funding models will best support a pharmacy workforce able to meet future patient need.

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

Antimicrobial Stewardship for community pharmacy staff

Health Education England (HEE) has worked in partnership with Public Health England, British Society of Antimicrobial Chemotherapy, Royal Pharmaceutical Society, University of Leeds and University of Nottingham to develop an e-learning session for community pharmacy staff on the impact of antimicrobial resistance.

NHS Benchmarking Network

2019 Pharmacy and Medicines Optimisation project – Results published

The project provides key intelligence for all NHS organisations that provide acute hospital services to draw robust conclusions about the national picture in NHS Pharmacy provision.

The Pharmacy project provides a comprehensive analysis of the structure of pharmacy services to support service improvement and share best practice. The project covers; policies and procedures, hours of availability, IM&T, clinical pharmacy, and homecare.
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 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.

- [Mar 2020 Issue 126 – Impetigo](#)
- [Jan/Feb 2020 Issue 125 – Leg ulcer infection](#)
UKMI [UK medicines information] newsletter

New Medicines Newsletter March 2020
New Medicines Newsletter February 2020

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

Disclaimer:

While we make every possible effort to ensure that the information in this publication is accurate and up to date at the time of publishing, we do not accept any responsibility for errors or omissions. Nor do we accept any responsibility for loss or damage resulting from making use of this information. Links to third party websites are provided for the convenience of users and we in no way endorse the contents, views or information held on such sites.