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RDTC Focus: Added features and updates to the Medicines Optimisation Opportunities Dashboard

In response to many stakeholders requesting that Sub-ICB level (SICBL) data become available on the [RDTC MO opportunities dashboard](#), developments are underway to provide this, however this data will be rolled out initially as individual freestanding reports as the work is completed.

The first report available at SICBL is '[Low priority prescribing](#)', which can be accessed via the 'Medicines value' section of the RDTC website. This Sub-ICB level report is a locality level subsection of the MO Opportunities Dashboard. It looks at prescribing trends (in terms of items and cost) for those items which should not be routinely prescribed in primary care, now termed Low priority prescribing. The NHSE 'Items which should not be routinely prescribed in primary care' guidance was originally published in November 2017 but has since been updated in 2023. The items and targets presented here reflect the latest guidance update, although a baseline of 2017 is additionally included to demonstrate progress already achieved in this area. We have incorporated 7 cost comparison charts featuring low priority items into the report, alongside links to the pain management and antibacterial drugs therapeutic reports, which are also supporting resources.

Further updates for the RDTC NHS MO Opportunities Dashboard

Recent changes in the updated dashboard include:

- incorporation of the national metrics for opioids and inhalers.
- additional course lengths for the antimicrobial prescribing (use the drop down provided on the sheet tab).



We continue to work towards including additional datasets and new metrics to support the remaining 3 (out of 16) medicines optimisation opportunities in 2024.

Feedback to help shape the dashboard is welcomed.

For further information about the RDTC MO Dashboard, or to request support, please contact the prescribing support team nuth.nyrdtc.rxsupp@nhs.net.

A demonstration of the MO opportunities dashboard functionality is also available through the RDTC reports, publications and resources demo sessions (see page 3).

Recent publications from the RDTC

- [Formulary Assessment Tool: Melatonin \(Cevesto\)](#)
- [Annual Horizon scanning report 2024-2025](#)
- [Monthly Formulary Amendments: December, January](#)
- [Monthly Horizon Scanning: January, February](#)
- [Prescribing Analysis Reports: Monthly Financial Headlines \(December 2023\)](#)
- [Drug Tariff Monitor \(October 2023\)](#)
- [Cost Comparison Chart \(January 2024\)](#)
- [Price concession bulletin \(January 2024\)](#)
- [Top 50 BNF Sections and Drugs Report \(April to September 2023\)](#)
- [Growth Contrast tool \(April to September 2023\)](#)
- **Therapeutic reports**
 - [Dementia](#) (Q1 & 2 23/24)
 - [Diabetes](#) (Q1 & 2 23/24)
 - [Antibacterial](#) (Q1 & 2 23/24)
 - [Cardiovascular](#) (Q1 & 2 23/24)
 - [Respiratory](#) (Q1 & 2 23/24)
 - [Pain](#) (Q1 & 2 23/24)



@RDTC_Rx



Latest prescribing news from your area

To access formulary decision summaries from your local formulary committee, see:

- [North Yorkshire and York Area Prescribing Committee](#)
- [Greater Manchester Medicines Management Group](#)
- [Humber APC](#)
- [NENC Medicines Committee](#)

Meet the RDTC Team

In each newsletter we are going to introduce one of the members of the RDTC team and how they support your work.

This edition focuses on Clinical Editor, Dr Stephen Erhorn.

I have worked within the prescribing support team at the RDTC for almost 20 years whilst also supporting MI, and the UK Teratology and National Poisons Information services.

I hold a doctorate in cardiovascular pharmacology and various post-graduate qualifications including health economics and clinical research methods. I am a keen advocate of evidence-based medicine and the crucial role it plays in informed decision making. I have a particular interest in the design and critical evaluation of clinical trials and in evaluating the quality of evidence.

As Clinical Editor, I take a lead role in the planning and delivery of all RDTC outputs with respect to publications promoting the safe, effective and economic use of medicines. However, the timely provision of such high-quality, clinically robust resources is only possible thanks to the unique blend of knowledge, skills and experience within our multidisciplinary team.

In addition to my role within the RDTC I am an associate lecturer at Newcastle University Medical School, teach evidence-based medicine on the Northumbria GP Trainee Programme, and contribute to major online reference and training projects such as xPharm and PharmaTrain.



Have an idea for a new document?

If you need a report, document, or prescribing data that we don't already produce, get in touch at nuth.nyrdtc.rxsupp@nhs.net or tweet us at [@RDTC Rx](https://twitter.com/RDTC_Rx)

RDTC newsletter update



To ensure you receive the most up-to-date information about RDTC publications and training demonstrations, we will be supplementing our regular newsletters with "in-between" mini-bulletins!

This at-a-glance newsheet will be emailed directly to you, or available via our website (www.rdtc.nhs.uk).

As always, if you have an idea for an article or type of publication, we'd love to hear from you.

Email us at: nuth.nyrdtc.rxsupp@nhs.net

Inhaler Carbon Impact Tool: Updated version available

An updated version of the RDTC Inhaler Carbon Impact Assessment Tool is now available via [the RDTC website](#).

The main changes notable in the updated inhaler tool are:

- prescribing data for October 2022 to September 2023.
- new section entitled 'Inhaler Carbon Footprint Totals' which includes total carbon footprint values for all Inhaler types, including combination inhalers.
- 'Open access' version, which contains Regional and England level data **only**.

The methodology outlining how the inhaler carbon footprints have been estimated is published as a [pre-print](#).

Metrics and hospital admissions data supporting the inhaler sustainability theme are also accessible through the RDTC [NHS Medicines Optimisation Opportunities Dashboard](#) for Northern regions. In addition, there are two recent RDTC publications on [Environmental impact of Inhaler disposal](#) and [Considerations for sustainable inhaler prescribing](#) which may be of interest.



For all new and updated NICE guidance, including safety alerts, please see our regular [Monthly Formulary Amendments document](#)

Medicines Availability Information

Details of all national shortages can be found on the [SPS website](#).
Registration is required.

Rasagiline 1mg tablets now have an anticipated resupply date of 5th April 2024. Unlicensed supplies of rasagiline 1mg tablets may be sourced, however lead times vary. Selegiline (Eldepryl) 5mg and 10mg tablets remain available and can support increased demand. Safinamide (Xadago) 50mg and 100mg tablets remain available and can support increased demand.
Co-trimoxazole 40mg/200mg/5ml oral suspension sugar free and Co-trimoxazole 80mg/400mg/5ml oral suspension are out of stock until 15th March 2024 (80/400mg/5ml) and until 5th July 2024 (40/200mg/5ml). Clinicians/prescribers should

consider if co-trimoxazole is the most appropriate antibiotic of choice for the patient's condition and whether there is a suitable alternative.
Sytron (sodium ferredetate – iron 27.5mg/5ml) oral solution sugar free has an anticipated re-supply date of 4th July 2025. Clinicians should consider whether this particular iron salt is preferred, and if deemed necessary, prescribe this product generically (sodium ferredetate 27.5mg/5ml oral solution sugar free), considering appropriateness of use as the available products are classified as food supplements or consider prescribing an alternative iron salt in liquid formulation that is classified as

a medicinal product, ensuring the patient has no documented intolerance to that salt and counselling them/carer on dose to be administered and ensure there is no intolerance to excipients of alternative product selected.
Capsaicin 0.075% (Axsain) and 0.025% (Zacin) cream are now out of stock until 6th January 2025. Prescribers should refer to local and national treatment guidelines for choice of an alternative agent, taking into account treatments already tried, and reasons for being on a topical agent. Where topical capsaicin is still considered the most suitable therapy, consider prescribing unlicensed products where appropriate.

Dates for your diary: RDTC reports, publications, resources demo and Q&A sessions

We are offering 1 hour MS Teams sessions (10-11am) for NHS colleagues to attend a relaxed demo of RDTC resources. We'll bring a few of the RDTC team; analysts, scientists and pharmacists, you're welcome to bring a cuppa. We aim to spend a third of the session supporting more in-depth discussion of topics of interest and answering your questions.

21st May: Diabetes, including managed entry of meds: Therapeutic report (Diabetes), Cost comparison charts (BG test strips), Strategic Insight (T2DM population) & addendum, New drug evaluations/Evaluation report, Medicines Optimisation opportunities dashboard, Medicines value bulletins & tracker (metformin), Prescribing for population health (insulin pumps), Formulary assessment tools, Formulary amendments, Monthly horizon scanning.

16th July: Medicines safety & population health management: Shared care protocols, Medicines Optimisation opportunities dashboard (valproate, polypharmacy, opioids), Comparison tables (DOACs), Safer medication use (propranolol), Antimicrobial therapeutic report, Prescribing bulletins (Antibiotic use in children), Prescribing for population health (Antibiotics & AWaRe).

17th September: Topic to be confirmed. If there are subjects which you would like discussed, please let us know.

To book your place and receive your MS Teams link, please email: nuth.nyrdtc.rxsupp@nhs.net with the details of the session(s) you would like to attend.

If you are unable to attend on the date/time available but would like to, please email to discuss alternative options.

Looking for something?

Our documents, reports, and other useful publications are all published on our website www.rdtc.nhs.uk

Drafts may be available on request

We need YOU!

We're always on the lookout for reviewers to comment on our draft publications. If you're interested [email us](#) and we'll add you to our reviewers list.

Specialise in a particular area?

We can tailor what we send you for review so that you only receive documents relevant to you

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