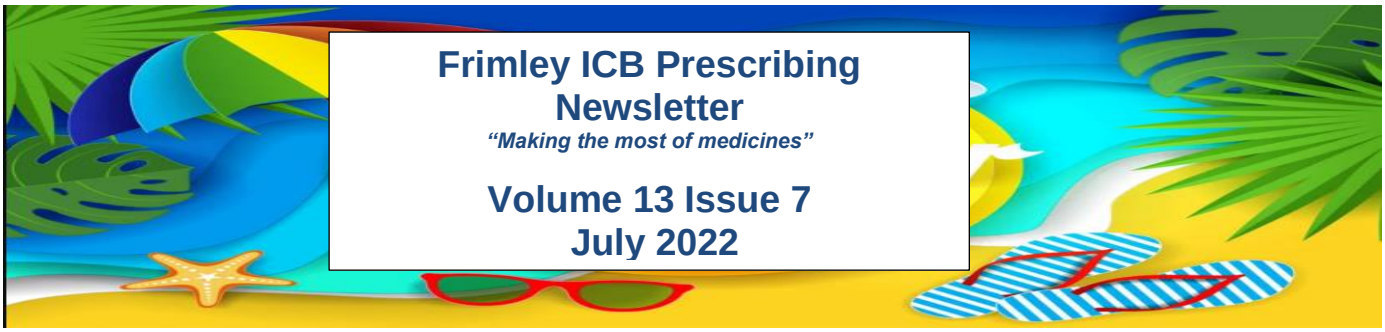


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**Looking for past newsletters? – follow this link.**

## MOT'ea Save the date: 16th August 2022

MOT'ea in August will focus on Medicines Safety and will be led by our ICS Medicines Safety Pharmacist, Jennie Fynn.

An MS Teams invite will be sent soon. Not on the distribution list? Then e-mail: tim.langran@nhs.net

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## Changes to Boots Multi-compartment Compliance Aid (MCCA) service

We are aware that the national chain of Boots pharmacies has recently made some changes to their Multi-compartment Compliance Aids (MCCA) (dosette/blister pack) service and this was covered recently on the BBC national news. The Frimley ICB Medicines Optimisation team are currently in communication

with Boots regional and service managers within the Frimley region and are awaiting response to some questions about the proposed changes.
We are also aware that some GP practices have received letters directly from Boots pharmacies to indicate that their patients currently receiving MCCAs will be invited and reviewed for further assessment of their medicines support needs.
We will keep you informed as we get more detail from Boots about the implementation of this change. Should you need support with this, please don't hesitate to contact the Medicines Optimisation team directly at frimleyicb.prescribing@nhs.net

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## Electronic Repeat Dispensing (eRD)- useful website links and reports

The Frimley ICB website Medicines Optimisation area has been updated with useful website links for eRD.

In addition, a reminder that there are 3 reports that NHSBSA can provide to practices:

- NHS number report - This report provides the NHS numbers for patients who may be suitable for eRD prescribing and have received the same medicines, dispensed for 10 or more months in the last 12 months.
- eRD patient review report – This report provides the NHS numbers for patients who will require a prescribing review as they have two remaining issues of their current batch left to collect, whether that's 6,8 or 12 issues.
- eRD Practice report – This is a monthly report which shows your eRD activity and % change from the previous month for items and unique patients. This report may have previously been referred to as the 'eRD burst report'

To sign up for the reports please email nhsbsa.epssupport@nhs.net and use "3x eRD Reports" in the subject heading. In the body of the email, you need to state the practice name and ODS code along with the Practice's generic email account.

If your practice has already signed up to these reports and you need further support, please e-mail nhsbsa.epssupport@nhs.net , and request a MS Teams call to discuss. The NHSBSA can offer support to your eRD Practice Champion.

**Action: Please use the resources above to help maintain your eRD rates.**

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## New eLearning sessions available on stopping over-medication of people (STOMP) with a learning disability and autistic people

Available for health and care professionals, carers and family members, to explain the meaning of STOMP, discuss opportunities to speak up if they feel someone in their care is receiving inappropriate medication and highlight how they can access reliable information about medicines.

Each of the six sessions can be completed at the learner's own pace and takes approximately 30 minutes.

**Action: If you have any questions or would like to find out more, please email- learning.disability@hee.nhs.uk.**

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## Medicines Advice Service update-telephone number

Regional SPS medicines advice services may be contacted using the new national single number **0300 7708564**.

**Action: For information.**

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## GUIDANCE UPDATE

## Botulinum Toxin no longer requires completion of an individual funding request (IFR) form

As of April 2022, Botulinum Toxin is no longer included within the list of PBR excluded/rechargeable drugs. This means that whereas previously, subject to local variations, certain indications required funding agreements (IFR) to be secured prior to treatment, provision is now purely a clinical decision for those providing the treatment.

What does this mean for GPs?
There is no longer a requirement to submit funding requests for patients they consider eligible for treatment with Botulinum Toxin, prior to making a referral to the appropriate secondary care specialists.

**Action: Please note that IFRs are no longer required for Botulinum Toxin.**

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## Read coding structured medication review

In order to count for the PCN DES IIF, please note that the readcode "**structured medication review"** must be entered into patient's consultation for all structured medication reviews.
The use of *medication regime review* or *review by clinical pharmacist* readcodes or *clicking medication review done* in the medication screen, whilst useful, will not be picked for the Network Contract DES.

**Action: For information**

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## Antibiotic guidelines: SCAN MicroGuide latest updates

**Version 7.0**

1. Updated adult Acute Otitis Media (AOM) page to include the option of prescribing Otigo® (Phenazone 40mg/g with Lidocaine 10mg/g) if available in local formulary
2. Moderate changes to most sections of Mastitis page, more information on how to manage treatment failure, recurrence etc.
3. Major changes to Travellers' Diarrhoea (Stand-by or Prophylactic Treatment for bacterial causes) page, including treatment options changed
4. Moderate changes to COPD Acute Exacerbation page, particularly warnings around Fluoroquinolones
5. Drug links added throughout SCAN guidance for all Fluoroquinolones to link directly through to MHRA drug safety updates and cautions around their use.

**Action: Please access SCAN MicroGuide via https://viewer.microguide.global/SCAN/SCAN. We suggest saving this link as a favourite. Googling "*SCAN MicroGuide*" isn't recommended, as no useful links are brought up.**

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## Freestyle Libre and CGM Position Statement

NICE have widened the scope for real time Continuous Glucose Monitoring (rtCGM) and intermittently scanned Continuous Glucose Monitoring (isCGM) aka Flash/ Libre. An ICB Diabetes sub-group is currently in the process of reviewing and working up recommendations for the system. A holding statement for clinicians and patients may be found here.

**Action: Clinicians should be aware that currently the NICE CGM guidance has not been implemented in NHS Frimley.**

## NICE update July 2022

The Pneumonia in adults: diagnosis and management has been reinstated. It was temporarily withdrawn in May 2020 because of the COVID-19 pandemic. It covers diagnosing and managing pneumonia in adults who do not have COVID-19. It aims to improve accurate assessment and diagnosis of pneumonia to help guide antibiotic prescribing and ensure that people receive the right treatment.

The Social, emotional and mental wellbeing in primary and secondary education covers ways to support social, emotional and mental wellbeing in children and young people in primary and secondary education (key stages 1 to 5), and people 25 years and under with special educational needs or disability in further education colleges.

The Melanoma: assessment and management covers the assessment and management of melanoma (a type of skin cancer) in children, young people and adults. The update includes recommendations on genetic testing, staging, surgery.

The Urinary tract infection in under 16s: diagnosis and management covers diagnosing and managing first or recurrent upper or lower urinary tract infection (UTI) in babies, children and young people under 16.

The Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides. This treatment is recommended as an option for reducing the risk of cardiovascular events in adults. It is recommended if they have a high risk of cardiovascular events and raised fasting triglycerides (1.7 mmol/litre or above) and are taking statins, but only if they have:

- **established cardiovascular disease** (secondary prevention)
- **low-density lipoprotein cholesterol** (LDL-C) levels above 1.04 mmol/litre and below or equal to 2.60 mmol/litre

**Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.**

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## SAFETY UPDATE

# Local Medicines Incident- upper gastrointestinal bleed with aspirin and rivaroxaban

We recently received a DATIX report regarding a patient who required emergency admission to FHFT with an upper gastrointestinal (GI) bleed. The patient was receiving on repeat prescription aspirin, rivaroxaban and carbocisteine but no gastroprotection with a PPI.

The patient had previously been in hospital, endoscopy was planned but couldn't proceed due to an oesophageal stricture. It was recommended by endoscopy that the patient receive 6 weeks of PPI and then re-scoping however the patient was then discharged from hospital without a PPI. On receipt of the discharge summary, the GP prescribed a PPI and stopped the carbocisteine, however in the meantime the patient had been re-admitted with the GI bleed.

This incident highlights the risks of GI bleed and ulceration caused by anti-platelets and anti-coagulants. NICE recommends to co-prescribe a PPI for gastroprotection to patients taking anti-platelets who are at high risk of GI adverse effects including taking concomitant medicines which are known to increase the risk of GI bleeds.

**Examples of common medicines known to cause GI bleeding or ulceration**

| Therapy Group | Examples |
|---|---|
| Anti-platelets | aspirin, clopidogrel, prasugrel |
| Antidepressants — selective serotonin-reuptake inhibitors (SSRIs) | citalopram, fluoxetine, paroxetine |
| Anticoagulants | warfarin, edoxaban, dabigatran, apixaban, rivaroxaban |
| Corticosteroids | prednisolone |
| Nonsteroidal anti-inflammatory drugs (NSAIDs) | aspirin, ibuprofen, diclofenac, naproxen, |
| Potassium-channel activator | nicorandil<br>nicorandil is associated with a risk of gastrointestinal ulceration, including perianal ulceration. Ulcers that result from nicorandil are refractory to treatment, including surgery; they respond only to withdrawal of nicorandil. |

**Advice for healthcare professionals**

- For patients on anti-platelet treatment, assess the risk of GI adverse effects and co-prescribe a PPI for gastroprotection if appropriate. The IIF MR-02A to 02D: focuses on SMRs related to gastroprotection in NSAID, anticoagulation and antiplatelet either in combination or with other risk factors, such as age.
- Consider the risks vs benefits before commencing long-term PPI treatment.
- For further information see below
  - NICE CKS Antiplatelet treatment for secondary prevention of cardiovascular disease (CVD) April 2022

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## MHRA Drug Safety July 2022 Update- Topiramate (Topamax®)

MHRA have initiated a new safety review into topiramate as a result of an observational study reporting an increased risk of neurodevelopmental disabilities in children whose mothers took topiramate during pregnancy. Topiramate is known to be associated with an increased risk of congenital malformations and effects on foetal growth if used during pregnancy.

The review will assess the benefits and risks of topiramate and consider whether further measures are required to reduce the risk of harm associated with topiramate use during pregnancy.

**Current advice for healthcare professionals**

- Do not prescribe topiramate during pregnancy for migraine prophylaxis
- For migraine prophylaxis, topiramate can be withdrawn in pregnancy by an appropriate prescriber but alternative treatments should be considered
- Ensure any patients of childbearing potential know to use highly effective contraception throughout treatment with topiramate
- Counsel patients on the importance of avoiding pregnancy during topiramate use due to these emerging data and also the established increased risks of major congenital malformations and foetal growth restriction in babies exposed to topiramate in-utero
- Topiramate may reduce the effectiveness of steroidal contraceptives, including oral contraceptives, therefore consider alternative or concomitant methods (see section on Advice on contraceptive interactions in the article)
- For epilepsy, urgently refer anyone on topiramate who is planning a pregnancy or who is pregnant for specialist advice on their antiepileptic treatment

**Advice to provide to patients**

- Do not stop taking topiramate without first discussing it with your doctor
- Topiramate can harm the way an unborn baby grows and develops during pregnancy – see advice on epilepsy medicines and pregnancy
- A new study has also linked topiramate to an increased risk of autism spectrum disorders and intellectual disabilities (effects on learning and development) in children exposed to it during pregnancy
- The MHRA and its independent experts are investigating whether there needs to be changes to how topiramate can be used in UK patients – we will communicate the outcomes of this review once it has concluded
- If you are taking topiramate for epilepsy and are planning a pregnancy, urgently talk to your doctor for a specialist review – there are other epilepsy medicines that are not associated with an increased risk of birth defects in pregnancy
- If you are taking topiramate for migraine and planning a pregnancy, talk to your prescriber about alternative treatments that can be used in pregnancy as soon as possible
- Anyone who is able to get pregnant should have a pregnancy test before they start topiramate treatment and use effective contraception while taking topiramate
- Topiramate can reduce the effectiveness of hormonal contraception in preventing unplanned pregnancy – talk to a healthcare professional about the best contraception for you while you are taking topiramate

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## Report medicines related incidents

A reminder that all health and social care professionals can now report medication incidents using the new LFPSE (Learn from Patient Safety Event) system. Please register here for an account to start reporting.

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## MEDICINES BOARD UPDATE

### Medicines Management of Asthma Guideline Update

Frimley Health and Care Medicines Management of Asthma guideline updated May 22 is now available on the Frimley website at Frimley website -respiratory medicines optimisation resources

The update focuses on the following areas:

- DPIs now first line in line with the green agenda
- More prominence to earlier introduction of MART regimen following addition of LABA to ICS
- Updated MART personal action plans for each of the inhalers licensed for MART and also additional information for health care professionals
- Section with information about inhaler choice and carbon footprint
- Information about disposal of inhaler at community pharmacies
- Updated links to the guidelines include the following:

NICE Patient decision aid: Inhalers for asthma

NPSA – Steroid Emergency Card

Frimley Health and Care Respiratory Formulary

Community Pharmacy New Medicine Service (NMS) – Patient Information Leaflet

MART action plans and aide memoir

Inhaler technique leaflets and videos

**Action: For information and to share with practice respiratory leads.**

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### Vitamin D adult pathway

The adult vitamin d pathway to identify adults in need of vitamin d supplementation, may be found here. The preferred products and doses are:

Liquid product recommended if there are swallowing difficulties**:**

- **InVitaD3® 50,000iu/ml oral solution unit dose ampoules sugar free, ONE dose each WEEK for 6 weeks.**
- Vegetarian and certified as Halal and Kosher: **Stexerol D3® 25,000iu tablets TWO tablets each WEEK for 6 weeks.**
- Vegan: **ProD3® 20,000iu capsules**, **THREE capsules each week for 6 weeks**.

**Action: For information.**

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## Changes to emollient prescribing patient information leaflet (PIL)

The updated patient information leaflet to be used to explain changes to the prescribing of emollients may be found here.

**Action: For information.**

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## FORMULARY

## Aerobika mucus clearance device approved for use

This device will be approved for use in patients with bronchiectasis, COPD and Cystic Fibrosis after review by a respiratory physiotherapist. Patients will be supplied with the first device and trained on its use by a physiotherapist either on the ward or as an outpatient. Its use will be reviewed annually by the GPs and further supplies made within primary care as required (on FP10). These devices are expected to last one year and should be washed and sterilised as per manufacturers' instructions.


**Action: For information.**

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## Update to blood glucose test strips preferred product list

Contour Next® test strips for use with the Contour Next One® meter have been added onto the blood glucose test strip formulary for **gestational diabetes** and are only to be initiated after recommendation by the antenatal clinic.

**Action: For information. Access the updated document here.**

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## SUPPLY ISSUES

## Citalopram 20mg tablets -intermittent supply

There will be intermittent supply issues of citalopram 20mg tablets with the supply situation looking to improve in mid-August 2022. Suppliers of citalopram 20mg tablets continue to make deliveries throughout July and August 2022.

Citalopram 10mg and 40mg tablets remain available but cannot support an uplift in demand.

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## Alendronate 70mg tablets-supply problems

Fosamax®Once Weekly (alendronate sodium) is out of stock until mid- to late July. Accord advises that its generic alendronic acid 70mg tablets will be unavailable until September 2022. Milpharm has confirmed it has stock of generic alendronic acid 70mg tablets and Thornton & Ross reports it has 'plenty of stock' of Binosto® 70mg effervescent tablets. Rosemont says its 70mg/100ml oral solution is also available.

Review patients prescribed alendronate to ensure it is still appropriate. Patients should be reassessed and consider stopping therapy (a treatment break) for patients who have been on bisphosphonates for over five years. Use CKS.

National Osteoporosis Guideline Group (NOGG) Clinical Guideline 2021 recommends evaluating the continued need for a bisphosphonate at 5 or 10 years, based on an individual's assessment of risk of fracture, but also the balance of risk versus benefit of continued bisphosphonate treatment.

Otherwise consider prescribing risedronate 35mg once **weekly** tablets or ibandronic acid 150mg once **monthly** tablets.

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## Online medicines supply tool

- DHSC and NHSE/I have launched an online Medicines Supply Tool
- To access the Tool, you will be required to register with the Specialist Pharmacy Service (SPS) website and be logged in due to the commercially sensitive nature of the information

**Action: Access the supply tool here.**

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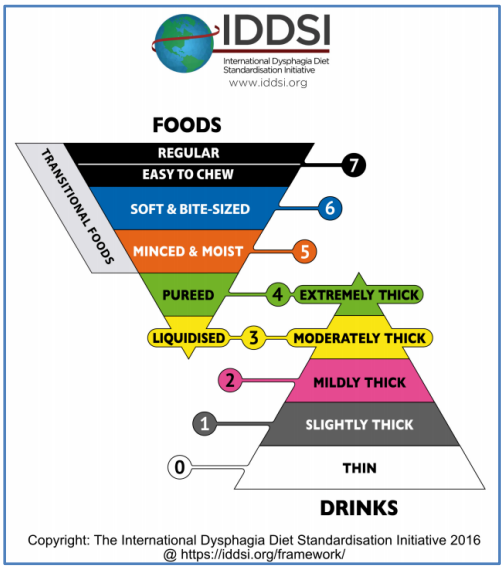
## Medicines Optimisation in Care Homes (MOCH) Corner

### Thickeners for Adults with Dysphagia

The International Dysphagia Diet Standardisation Initiative (IDDSI) framework ranges from level 0 to 7. (see box on p10)

- ✓ Drinks are measured from Levels 0-4.
- ✓ Foods are measured from Levels 3-7.
- ✓ The main indication for a thickener is to thicken fluids only.



**Residents with suspected dysphagia should be referred for a speech and language therapist (SLT) assessment for guidance on appropriate food and drink consistencies.**

Risks associated with not providing appropriately modified diet/thickened fluids according to needs include aspiration pneumonia, one of the highest causes of hospital admission for care home residents living within the Frimley ICS. Health and Social care staff are asked to highlight residents for whom a thickener has been prescribed who have not yet had an SLT assessment, as a check to confirm a referral has been made.
In the absence of any referral for SLT assessment, please notify the MOCH team at frimleyicb.moch@nhs.net

If a prescriber considers it is clinically indicated to prescribe a thickener before assessment by SLT:

- refer the resident for SLT assessment, even if symptoms appear to improve. Advise SLT on the referral that a thickener has been prescribed in the interim.
- review monthly quantities prescribed to avoid waste and overprescribing.
- consider adding the required IDDSI consistency descriptor to the prescription instructions e.g., *'Thicken all fluids to IDDSI level 2'.*

## Thickening medications

- Patients with dysphagia should have a structured medication (SMR) review to ensure all medications are still appropriate.
- Liquid medicine formulations should not be used routinely: it is difficult to check fluid consistency, which can affect whether the medicine is swallowed safely.
- Mixing medication in a thickened fluid is an unlicensed method of administration.
- Thickening agents can affect the absorption and bioavailability of oral medication, altering the properties and/or effectiveness of any medications.
- Response to medications administered in a thickened fluid can be unpredictable.
- An alert issued by the MHRA advised against mixing PEG laxatives (e.g. macrogol) with starch-based thickeners; combining the two products can produce a thin, watery liquid, increasing the risks of aspiration.
- A Good Practice Guidance (GPG) for care home staff covering the use of thickeners will be produced by the MOCH team.
- Specialist Pharmacy Services provides information and guidance about:
    - choosing medicines for patients with swallowing difficulties,
    - medicines suitable for patients with swallowing difficulties,
    - giving medicines safely with food or thickened fluid.

**Action: For information and contact the Medicines Optimisation team / MOCH for advice.**

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# CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

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## OTHER USEFUL CONTACT DETAILS

**Controlled Drugs Accountable Officer (CDAO):** CDAO (Julie McCann) can be contacted via england.southeastcdao@nhs.net noting that all general CD concerns, incidents and authorised witness requests should always be raised via www.cdreporting.co.uk . For non-CD medicines safety issues, use julie.mccann3@nhs.net