

Frimley CCG Prescribing Newsletter

"Making the most of medicines"

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MOT'ea Save the date: Wednesday 27th April

For our MOTea session in April we will be joined by Sally Bustin, Respiratory Clinical Nurse Specialist-COPD Lead. She will be giving us an update on COPD that should be hugely useful.

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

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Frimley Health and Care ICS Medicines Safety Group

The Frimley Health and Care ICS Medicines Safety Group will hold it's first meeting on Wednesday 20th April 2022. This is a multi-disciplinary, collaborative group made up of representatives from the ICS partner organisations. It's aims are to:

- Improve reporting and learning from medicines incidents across the ICS

- Act as a forum to identify and develop approaches and solutions to patient safety issues involving medicines
- Support the development of a good organisational medicines safety culture and contribute to wider efforts to foster a safety culture across the system.

If you wish to know more about the work of the Group and the ICS Medicines Safety Programme or would like to share any medicines safety work that you are undertaking within your own workplace, please contact Jennie Fynn, ICS Medicines Safety pharmacist, email: Jennifer.fynn@nhs.net

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Sign-up to the polypharmacy action learning set (ALS) – new cohort April 27th- 09.30 to 12 noon.

Run by Wessex ASHN, this ALS is open to **GPs and prescribing pharmacists**. Applications from non-medical prescribers will be considered providing they are involved in multi-morbidity medication reviews, elderly care, frailty or EOL and meet the application criteria.

Sessions are facilitated by senior Clinical Pharmacists and Geriatricians. The programme has been developed by GPs and Pharmacists and has been running since 2018.

For more information see: [April Polypharmacy ALS Flyer](#) Or, you can sign-up here: [Register via Eventbrite](#)

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Introducing the newly appointed ICS Chief Pharmacist and Director of Medicines Optimisation.



Yousaf Ahmad, started on 21st March as the ICS Chief Pharmacist and Director of Medicines Optimisation. Yousaf will lead the pharmacy team across the system, to develop the strategic vision for the pharmacy profession concentrating on clinical outcomes, digital transformation, workforce development and medicine safety. His focus will be on integration across the system interface and promote working collaboratively across Frimley ICS, in addition to setting a progressive stance at improving health outcomes and reduce inequalities through the use of safe and effective medicine. Yousaf is keen to develop closer ties with Acute, Primary and Community Pharmacy Team across the system and facilitate deeper working relationships with all stakeholders.

Yousaf is looking forward to speaking to colleagues and stakeholders in order to identify and accelerate strategies to achieve medicine optimisation at scale. Please contact Yousaf to arrange a meeting either to speak in person, or virtually. He can be contacted by email: Yousaf.Ahmad@nhs.net

Please reach out to him!

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NHSBSA working with practices on eRD- Frimley CCG Pilot

Chris James, GP Practice Manager Advisor at NHSBSA, is contacting practices within Frimley CCG to offer advice and patient lists to help increase the use of eRD.

His initial approach will be to contact practice managers at the practices in each Place that have the lowest eRD usage. Click [here](#) for more information.

1. Listen to the [podcast](#) about the benefits one GP realised by adopting eRD fully.

Action: Speak to your practice manager about how your practice can take up this offer. If you would like any further information or to be linked up directly with Chris, contact him at christopher.james21@nhs.net.



GUIDANCE UPDATE

Delayed live-vaccine immunisation of new-borns

The [Green Book](#) (Chapter 6 Contraindications and Special Considerations) advises that immunisation with live vaccines should be delayed until 6 months of age in children born to mothers who received immunosuppressive biological therapy (nMABs) during pregnancy. In practice, this means that children born to mothers who were on immunosuppressive biological therapy during pregnancy will not be eligible to receive rotavirus vaccine (and will need to defer BCG, if indicated, for 6 months).

Action: Please be aware of the Green Book guidance and if there is any doubt as to whether an infant due to receive a live attenuated vaccine may be immunosuppressed due to the mother's therapy, specialist advice should be sought.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 6.7

- **Major updates to ALL PAEDIATRIC PAGES**
- New condition pages added in paediatric section for:
 - Ear Nose and Throat Infections – [Oral candidiasis](#) (CHILDREN)
 - Skin & Soft Tissue Infections – [Scabies](#)(CHILDREN)
 - Skin & Soft Tissue Infections – [Dermatophyte infection - skin](#) (CHILDREN)
 - Skin & Soft Tissue Infections – [Dermatophyte infection - nail](#) (CHILDREN)
 - Skin & Soft Tissue Infections – [Human and animal bites](#) (CHILDREN)
 - Skin & Soft Tissue Infections – [Insect bites](#) (CHILDREN)

We have been made aware that some people have struggled to get hold of cefalexin suspension in the community and it features on quite a few pages in these guidelines, so it might be worth checking with pharmacies in your area that this is something that they hold as routine stock.

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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NICE update March 2022

New or updated guidance for the month of March 2022.

The **Mental wellbeing at work** [guideline](#).

The **Disabled children and young people up to 25 with severe complex needs** [guideline](#).

The **Integrated health and social care for people experiencing homelessness** [guideline](#).

The **Hypertension in adults: diagnosis and management** [guideline](#).

The **Otitis media (acute): antimicrobial prescribing** [guideline](#). SCAN MicroGuide will be updated accordingly

The **Empagliflozin for treating chronic heart failure with reduced ejection fraction** [technology appraisal](#).

The **Dapagliflozin for treating chronic kidney disease** [technology appraisal](#)

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

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SAFETY UPDATE

Report. Report. Report

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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Clozapine missed doses

Surrey and Borders Partnership Trust wish to share an incident involving a patient admitted to an acute hospital who then missed several doses of clozapine because their repeat prescription list did not state that they were on it.

Reminder for primary care healthcare professionals

- Add hospital only medicines to patients' repeat prescription records as 'Hospital Only Medication' to prevent inadvertent prescribing of interacting medicines, missed adverse effects and omitted medication on admission to acute services.
- EMIS allows a hospital only medicine to be recorded on the patient's repeat prescription screen without being issued.
- Please contact your Medicines Optimisation pharmacist if you need help in setting this up.

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Clozapine potentially fatal risk of gastric hypomotility

Following the recent death of a young man in the North of England and a recent serious incident locally within the Frimley system, this is a reminder about the potential risk of gastric hypomotility with the co-prescribing of clozapine and constipating medicines such as anticholinergics and opioids. In 2017, an [MHRA alert](#) was issued stating that if constipation occurs during treatment with clozapine, it is vital that it is recognised and actively treated.

Clozapine has been associated with varying degrees of impairment of intestinal peristalsis; this effect can range from constipation, which is very common, to very rare intestinal obstruction, faecal impaction, and paralytic ileus.

Advice for primary care healthcare professionals

- exercise particular care in patients receiving other drugs known to cause constipation (especially those with anticholinergic properties), patients with a history of colonic disease or lower abdominal surgery, and in patients aged 60 years and older
- clozapine is contraindicated in patients with paralytic ileus
- advise patients to report constipation immediately
- actively treat any constipation that occurs
- Refer to the full summary product of characteristics for a complete list of warnings and recommendations for clozapine.

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MHRA Drug Safety March 2022 Update

Amiodarone has been associated with serious and potentially life-threatening side effects, particularly of the lung, liver, and thyroid gland. It is recommended that patients on long-term amiodarone treatment are supervised and reviewed regularly during treatment. This should include liver and thyroid function tests before treatment, at 6-monthly intervals during treatment, and thyroid function should be monitored for several months after stopping treatment.

A large metformin study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptual phase as an addition or an alternative to insulin, if clinically needed.

The latest COVID-19 vaccine and medicine information including a reminder about the UK COVID-19 Antivirals Pregnancy Registry and updated summaries of Yellow Card reporting can be found in this issue. [COVID-19 vaccines and medicines: updates for March 2022](#)

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

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FORMULARY

Fexofenadine hydrochloride 120 mg tablets now available over the counter

Fexofenadine 120 mg tablets to treat seasonal allergic rhinitis have been reclassified from Prescription Only Medicine (POM) to General Sales List (GSL) status. This advice does not apply to fexofenadine for the management of urticaria or when used in an off-label manner. Fexofenadine 120 mg tablets are now available to purchase over the counter for adults and children 12 years and older, for the relief of symptoms associated with seasonal allergic rhinitis. NHSE guidance states that a prescription for the treatment of mild to moderate hay fever/seasonal rhinitis will not routinely be offered in primary care as the condition is appropriate for self-care.

Action: Patients requesting fexofenadine 120mg tablets for mild to moderate hay fever/seasonal rhinitis should be directed to self-care where appropriate. This is in line with existing NHS guidance which encourages people to self-care for minor ailments and illnesses as the first stage of treatment.

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Abidec® use in premature babies

Where vitamins are recommended for premature babies on discharge from hospital for a time limited period, the OTC policy will allow clinicians in primary care to prescribe Abidec®.

Action: Be aware that Abidec® use in premature babies for a specified time is an exception in the [OTC policy](#).



MEDICINES OPTIMISATION BOARD (MOB) UPDATE

Inclisiran (Leqvio®) information sheet

An [information sheet](#) to support practices in the prescribing and administration of the new injectable lipid lowering therapy, inclisiran is available.

It covers the NICE recommended place in therapy, contraindications, monitoring, how to obtain and administer the injection.

Action: For information.

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Medicines Optimisation Position Statement – Use of inhalers in schools

Because GPs are frequently asked to prescribe more salbutamol inhalers than is clinically necessary – for example for schools, out of school activities and childcare, we have agreed a position statement which practices may find useful when declining these requests.

Full details of the statement can be found on the [Frimley CCG website](#) under policies and documents/Medicines Optimisation/ Position Statements.

Note: we also have a policy for prescribing adrenaline autoinjectors for children and adolescents which can be found in the same location.

Action: Be aware that there is a statement to support prescribers who receive requests for salbutamol inhalers which are not clinically necessary

Denosumab 60mg (Prolia®) for the treatment of osteoporosis - prescribing information sheet

Denosumab is classified as **GREEN** on the Frimley.net formulary so may be initiated by primary or secondary care.

An [information sheet](#) detailing the prescribing, monitoring, ordering and administration of denosumab, has been developed which will support prescribing.

Action: For information.

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Self-care recommendation for dry eyes- patient information leaflet

A '[Self-care recommendation for dry eyes](#)' patient leaflet has been developed for use in both primary and secondary care. The leaflet explains that mild to moderate cases of dry eyes or sore tired eyes are suitable for self-care. Lubricant eye drops, gels or ointments that can be purchased over the counter, without a prescription. This supports [NHSE guidance](#) to reduce prescribing of over-the-counter medicines for conditions which are suitable for self-care.

Action: Prescribers to be aware of the document and use in consultations when signposting to self-care.

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MART (Maintenance and Reliever Therapy) regimens for Adults aged 18 and over- asthma aide memoir

The formulary has asthma 4 inhalers suitable for MART regimes. (Maintenance and reliever therapy is combined ICS and LABA treatment in which a single inhaler, containing both ICS and a fast-acting LABA).

A useful 1-page summary providing clinicians with essential information at a glance has been developed. A copy is available [here](#).

Action: Prescribers to be aware of the document, we suggest you print/ save a copy to have readily to hand in consultations.

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SUPPLY ISSUES

TwoCal® enteral feed- for East Berkshire only

Abbott the manufacturers have notified about a supply issue with the enteral feed TwoCal® 1000ml. This is expected to last until mid-April. The patient's named dietitian will contact GPs as necessary to request an acute prescription for a suitable alternative tube feed.

Action: Any queries please contact your prescribing support dietitian:
Catherine.macqueen@nhs.net

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HRT preparations and equivalent alternatives

The [British Menopause Society](#) (BMS) has produced a document providing information regarding equivalent HRT preparations, which may be useful for supply issues.

Action: For information.

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MOCH Corner- Paracetamol Dosing in Low Body Weight

Non-opioid based analgesia is the recommended first line management for acute or chronic pain. As a result, paracetamol is one of the most used analgesics.

The Summary of Product Characteristics (SPC) for oral formulations of paracetamol recommends a dose for adults of 0.5 to 1g every 4–6 hours up to a maximum of 4g in 24 hours, with no dose reduction advised for older people.

However, some older adults may be at increased risk of experiencing paracetamol toxicity at therapeutic oral doses of 4g daily, particularly those with a **low body weight of under 50 kg.**

Older adults and/ or those with frailty are predisposed to a reduction in paracetamol clearance due to age-related physiological changes, increasing the risk of paracetamol overdose. Older adults may have additional risk factors to increase their risk of hepatotoxicity from paracetamol including:

- low body weight under 50 kg,
- cardiac, pulmonary, or renal insufficiency,
- co-administration of medicines that induce liver enzymes,
- hepatitis and chronic alcohol consumption.

Although there is limited literature or clinical evidence for prescribing oral paracetamol to adults with low bodyweight, clinical judgement is recommended when prescribing oral paracetamol in this cohort of patients.

A lower dose such as 500mg (one tablet) up to four times a day and /or reduced frequency of administration of paracetamol is appropriate for frail older adults with low body weight and/ or other risk factors for hepatotoxicity.

Advice for Healthcare Professionals:

- Healthcare professionals should be aware of the risks associated with paracetamol dosing in adults who weigh less than 50kg
- Prescribers must ensure current weights for patients are clearly documented on the GP Clinical systems.
- Paracetamol dosing must be reviewed in patients whose weight is below 50kg.
- **The recommended dose of paracetamol in patients under 50kg is ONE tablet (500mg) up to four times a day when required.**
- Patients may be buying paracetamol over the counter and are unaware of a recommended dose reduction in low body weight. If you are aware a patient is using over the counter paracetamol and are of low body weight, ensure they are aware of the dose reduction.
- Residents in care homes may be using paracetamol as a Homely Remedy. The dose should be adjusted if they are below 50kg. Always consider weight when recommending paracetamol or

authorising repeat prescriptions for paracetamol or combi-preparations containing paracetamol to your patients, e.g. co-codamol.

- Care home staff monitor residents' weight, it is good practice to check with the care home the most recent weight recordings for residents and update their medical notes.
- There should be a regular clinical review of prescribed analgesia's effectiveness and assessment of adverse effects.

Action: Please be aware of paracetamol dosing in frail people.

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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