Frimley CCG Prescribing Newsletter

"Making the most of medicines"

Volume 13 Issue 4
April 2022

Contents

MOT'ea Save the date: Tuesday 24th May 1-2pm – Update on the new Medicines Optimisation Scheme for 2022/23

The Medicines Optimisation Team will present details of the Medicines Optimisation Scheme for this year, with tips on how to complete each element.

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

Sign-up to the polypharmacy action learning set (ASL) – further cohorts

Run by Wessex ASHN these sessions are 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 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.

Applicants must sign up to be part of one cohort and **attend all three dates** in that cohort.

For more information see: Polypharmacy ALS Flyer

May 2022 (Cohort 14) will run on: 4th May, 25th May, 29th May
To register for this cohort click on: https://www.eventbrite.com/e/polypharmacy-action-learning-sets-series-of-three-sessions-tickets-299694563507

June 2022 (Cohort 15) will run on: 22nd June, 6th July, 13th July
To register for this cohort click on : https://www.eventbrite.com/e/polypharmacy-action-learning-sets-series-of-three-sessions-tickets-299755004287

BACK TO CONTENTS PAGE

GUIDANCE UPDATE

Covid Medicines Delivery Unit (CMDU) Access arrangements

This service has been running since mid-December 2021 delivering antiviral and nMAB therapies to the highest risk patient cohorts and has undergone updates in line with changing NHSE policy. Most recent updates can be found in this letter.

There is no need for GPs to prescribe or dispense these antivirals or nMAB therapies. The majority of highest risk eligible patients should be automatically referred into the CMDU service following a positive PCR test result or LFD (this lateral flow device test result must be submitted to www.gov.uk/report-covid19-result or the 119 service) patients will then be contacted in due course by the service to assess if they need treatment. As some patients may not have been captured within the NHS Digital datasets there is a facility for direct referral into the CMDU serving the population of Frimley ICS and Surrey Heartlands ICS by GPs/Specialists/111/119 services by email or telephone via:

- Email: **nmab.ebpc@nhs.net** or Phone: **03000 770312**

If managing out of area patients there is a national directory of CMDU services available here new CMDU directory which contains referral contact information for other CMDU services.

Action: Clinicians do not need to prescribe treatments and should note the access arrangements above.

BACK TO CONTENTS PAGE

Benzodiazepines and z-drugs medicines optimisation resources

A page on the Frimley CCG website brings together several resources clinicians can use to support the appropriate use and review of benzodiazepines and z-drug prescribing. It includes information on: equivalent doses, reduction schedules, patient information leaflets plus other essential documents.

These resources will support with SMRs and participating in the QOF Quality Improvement domain Prescription Drug Dependence:

1. **QIPDD009.** The contractor can demonstrate continuous quality improvement activity focused upon early prescription drug dependency as specified in the QOF guidance.
2. **QIPDD010**. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on prescription drug dependency as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings.

Action: Clinicians should be aware of these resources for use in patient reviews and quality improvement activities.

BACK TO CONTENTS PAGE

NICE update April 2022

This month there are two guidelines that impact upon primary care.

Epilepsies in children, young people and adults covers diagnosing and managing epilepsy in children, young people and adults in primary and secondary care, and referral to tertiary services. It aims to **improve diagnosis and treatment** for different seizure types and epilepsy syndromes, and **reduce the risks** for people with epilepsy.

Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults covers general principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care.

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

BACK TO CONTENTS PAGE

Investment and Impact Fund 2022/23

Details around the indicators covered in the scheme, including upper and lower thresholds, valuation and data source may be found here. The 2022/23 DES includes a new Investment and Impact Fund (IIF) indicator, focused on Direct Oral Anticoagulant (DOAC) prescribing to ensure a greater number of patients with AF receive anticoagulation treatment.

Action: Please beware of the 2022/23 IIF indicators pertaining to medicines optimisation.

BACK TO CONTENTS PAGE

SAFETY UPDATE

Inadvertent oral administration of potassium permanganate

A National Patient Safety Alert (NPSA) has been issued this month following more reports of accidental ingestion of potassium permanganate leading in one case to death.

Potassium permanganate is routinely used as a dilute solution to treat weeping and blistering skin conditions, such as acute weeping/ infected eczema and leg ulcers. It is not licensed as a medicine.

It is supplied in concentrated forms, either as a ‘tablet’ or a solution and requires dilution before it is used as a soak or in the bath. These concentrated formulations are highly toxic if ingested, causing rapid swelling and bleeding of the lips and tongue, gross oropharyngeal oedema, local tissue necrosis, stridor, and gastrointestinal ulceration. Ingestion can be fatal due to gastrointestinal haemorrhage, acute respiratory distress syndrome and/or multiorgan failure. Dilute solutions can also be toxic if swallowed.

Advice for primary care healthcare professionals

- review the use of potassium permanganate concentrate as a treatment option to consider if the benefits outweigh the risks to harm
- if patients are to be treated with potassium permanganate in their own home, a risk assessment MUST be undertaken before prescribing to assess if the benefits outweigh the risks to harm in their own personal circumstances (including risk to other people in their home)
- prescribe potassium permanganate as an acute prescription only. It should not be prescribed on repeat prescriptions
- prescribe as 'potassium permanganate tablets for topical solution' with clear instructions that the concentrated form must be diluted in water as directed to obtain a 0.01% (1 in 10,000) or more dilute solution, to use the diluted solution as a soak, or in the bath and that it is 'HARMFUL IF SWALLOWED'
- the dispensing label must include the warning 'HARMFUL IF SWALLOWED' and 'For external use only'
- do not store potassium permanganate with medicines for oral/internal use
- an information leaflet must be given to all patients. The British Association of Dermatologists has a patient information leaflet here.
- the full alert is available here.

BACK TO CONTENTS PAGE

Nitrofurantoin and pulmonary failure

Last month a coroner in the North East of England reported on the death of a fit and healthy woman who developed respiratory problems after a 10 day course of nitrofurantoin for UTI. 14 days after starting the treatment, the patient developed catastrophic pulmonary damage which resulted in death. The patient was followed up on day 5 and 10 of treatment by her GP but no respiratory symptoms were self-reported.

The coroner reported that nitrofurantoin is a well-established medication with a long history of proven efficacy and that deaths associated from side effects are very rare. However, BNF content at the time did not sufficiently highlight acute pulmonary failure as a side effect and advise on monitoring.

The BNF has since been updated to include acute pulmonary reactions as a side effect of nitrofurantoin (usually occurring within the first week of treatment) and that treatment should be discontinued if pulmonary reactions occur.

Further guidelines on prescribing and monitoring nitrofurantoin can be found in the SCAN Guidelines for Antibiotic Prescribing in the Community here.

BACK TO CONTENTS PAGE

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.

BACK TO CONTENTS PAGE

MHRA Drug Safety April 2022 Update

Pregabalin (Lyrica): findings of safety study on risks during pregnancy

An observational study of more than 2,700 pregnancies exposed to pregabalin has shown use in the first trimester to be associated with a slightly increased risk of major congenital malformations compared with exposure to no antiepileptic drugs or to lamotrigine or duloxetine.

Clinicians should provide counselling to patients taking pregabalin on the potential risks to an unborn baby - see patient safety leaflet here. They should highlight the need to use effective contraception during treatment and to avoid use of pregabalin during pregnancy unless clearly necessary and only if the benefit to the patient clearly outweighs the potential risk to the foetus. Patients planning a pregnancy or who become pregnant during treatment should be advised to make an appointment to see their GP.

Reminder for prescribers of ANY antiepileptic drug: at initiation and as part of the recommended annual review for patients with epilepsy, the risks associated with antiepileptic drugs and with untreated epilepsy during pregnancy should be discussed. Urgently refer anyone planning a pregnancy or who is suspected to be pregnant for specialist advice on their antiepileptic treatment and if a patient is planning to have a baby, offer 5mg per day of folic acid before any possibility of pregnancy. Further information available here.

Recent information relating to COVID-19 vaccines and medicines that has been published since the March 2022 issue of Drug Safety Update, up to 14 April 2022 can be found here.

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

BACK TO CONTENTS PAGE

FORMULARY

Edoxaban 1st line for non-valvular atrial fibrillation (NV-AF)

Edoxaban is the preferred choice of DOAC for NV-AF across Frimley ICS (CCG and Frimley FHFT). TWO patients can be treated with edoxaban in comparison to ONE patient with either apixaban, dabigatran or rivaroxaban.

Edoxaban use is supported by the National Framework (https://www.england.nhs.uk/wp-content/uploads/2022/01/B1279-national-procurement-for-DOACs-commissioning-recommendations-v1.pdf) and Impact and Investment Fund (IIF) (https://www.england.nhs.uk/wp-content/uploads/2022/03/B1357-investment-and-impact-fund-2022-23-updated-guidance-march-2022.pdf)

Daiichi Sankyo the manufacturers of edoxaban have committed to provide a Detect, Protect and Perfect investment on each pack of edoxaban prescribed.

Action: Use edoxaban 1st line for NV-AF.

BACK TO CONTENTS PAGE

Fidaxomicin tablets traffic light status changed to green

Fidaxomicin 200mg tablets have been reclassified as **GREEN**. Fidaxomicin is a macrocyclic antibiotic indicated for the treatment of C. difficile. The formulary will state it is second-line for a first episode of mild, moderate or severe C. difficile infection if vancomycin is ineffective, as per SCAN MicroGuide.

Action: For information.

BACK TO CONTENTS PAGE

Semaglutide tablets traffic light status changed to green

Semaglutide tablets have been reclassified as **GREEN**. Semaglutide is a GLP-1 agonist. The tablet formulation is suitable as a second line option where patients are unable to tolerate the GLP-1 injection, have dexterity problems so cannot self-administer the injection, or have needle phobia. The patient should be assessed at 6 months at the maximum tolerated dose for a reduction in weight (3%) and Hba1c (1%/ 11mmol/mol), if these targets are not achieved the treatment should be stopped. Injectable GLP-1 agonists remain the preferred route because of the evidence for cardiovascular benefit.

Please be aware of the administration directions**:** tablets must be swallowed whole and on an empty stomach (30minutes before or 2 hours after food) with just a small amount of water (maximum of 120ml).

Action: For information.

BACK TO CONTENTS PAGE

Generic dutasteride/tamsulosin hydrochloride 0.5 mg/0.4 mg hard capsule added to formulary

Generic dutasteride/tamsulosin hydrochloride 0.5 mg/0.4 mg hard capsule has been added to the formulary as **GREEN**. Licenced for the treatment of moderate to severe symptoms of benign prostatic hyperplasia and reduction in the risk of acute urinary retention and surgery in patients with moderate to severe symptoms of BPH. It is better value than if the constituent products are prescribed separately.

Action: For information.

BACK TO CONTENTS PAGE

SUPPLY ISSUES

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.

BACK TO CONTENTS PAGE

Medicines Optimisation in Care Homes (MOCH) Corner

EMIS Proxy everything you need to know

What is EMIS Proxy?

EMIS Proxy allows nominated care home staff to order monthly repeat medications on behalf of their residents, following the resident's consent. Care home staff are provided with an individual login for patientaccess.com, and the repeat medication orders are sent directly via patientaccess.com to EMIS, streamlining the prescription ordering process.

To make the best use of proxy ordering, synchronisation of repeat medications is essential. This ensures all monthly repeat medications can be ordered at the same time.

If repeat medications are needed less frequently, using the variable use repeat function is recommended.

What are the benefits of EMIS Proxy?

- Improved communication and working relationships between all parties
- Clear audit trail of prescription requests
- The paper prescription process becomes an electronic one
- Improved data security and clinical safety; as care home staff have personal username/password access to residents' medication on EMIS and require the use of secure email addresses e.g. NHSmail
- Reduced missing paper prescriptions; Proxy ordering is processed directly in EMIS
- Improved access; care staff can order at any time of the day
- Saves time for both the care home and the GP practice dealing with prescription queries
- It reduces errors and queries (e.g. missing items, what has been ordered/collected from pharmacy)
- Prescription orders are more streamlined, and the process is transparent.
- Approved or rejected prescriptions are highlighted with reasons for non-authorisation, therefore minimising phone calls to the GP surgery.

Advice to Healthcare professionals

- Good practice for healthcare professionals to synchronise repeat prescriptions for residents. Any repeat medications that are not required should be reviewed.
- Proxy ordering only allows for repeat monthly medications to be ordered. The process for ordering any interim or acute medication should be discussed with the care home

Action: For support to implement EMIS proxy, please contact:

Jeremy J Woolf, EMIS Proxy Admin Support
Email: jeremy.woolf1@nhs.net Mobile : 07880411633

Dhara Thacker, Medicines Optimisation Care Homes Pharmacy Technician
Email: dhara.thacker2@nhs.net Mobile: 07776244842

BACK TO CONTENTS PAGE

CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

Aldershot, Windsor, Surrey Heath

	Mobile	Email
Yousaf Ahmad ICS Chief Pharmacist and Director of Medicines Optimisation	**07920 878304**	yousaf.ahmad@nhs.net
Jennie Fynn ICS Medicines Safety Pharmacist	**07795 857584**	jennifer.fynn@nhs.net
Tim Langran Interim Associate Director Medicines Optimisation	**07775 010727**	tim.langran@nhs.net
Mohammed Asghar Prescribing Governance Pharmacist, Frimley ICS	**0300 6155415**	mohammed.asghar@nhs.net
Lesley Morson Senior Administrator	**0790 1233107**	lesley.morson@nhs.net
PHARMACY TEAMS AT PLACE		
BRACKNELL FOREST		frimleyccg.prescribing@nhs.net
Melody Chapman Place Lead Medicines Optimisation Pharmacist	**07826 533736**	melody.chapman@nhs.net
NORTHEAST HANTS AND FARNHAM		frimleyccg.medicinesmanagement@nhs.net
Clare Carter Medicines Optimisation Pharmacist	**07584 204875**	clare.carter3@nhs.net
Sarah Ellis-Martin Place Lead Medicines Optimisation Pharmacist	**07717 779366**	sarah.ellis-martin@nhs.net
Simon Smith Medicines Optimisation Pharmacy Technician	**07795 335076**	simon.smith22@nhs.net
Sarah Sneath Medicines Optimisation Pharmacist	**07833 094102**	sarah.sneath@nhs.net
ROYAL BOROUGH OF WINDSOR AND MAIDENHEAD		frimleyccg.prescribing@nhs.net
Dawn Best Place Lead Medicines Optimisation Pharmacist	**07825 691163**	dawnbest@nhs.net
SLOUGH		frimleyccg.prescribing@nhs.net
Caroline Hailstone Interim Place Lead Medicines Optimisation Pharmacist	**07768 020809**	caroline.hailstone@nhs.net
Caroline Pote Interim Place Lead Medicines Optimisation Pharmacist	**07824 476439**	caroline.pote@nhs.net

SURREY HEATH		frimleyccg.prescribing@nhs.net
Baljinder Ahitan Place Medicines Optimisation Pharmacist	**07391 414393**	baljinder.ahitan1@nhs.net
Noreen Devanney Place Medicines Optimisation Pharmacist	**07894 599647**	noreen.devanney@nhs.net
Naeed Hussain (on career break) Place Medicines Optimisation Pharmacist	**07595 087855**	naeed.hussain@nhs.net
Leena Nanavati Place Medicines Optimisation Pharmacist (including support to Care Homes)	**07917 211006**	leena.nanavati@nhs.net
Gemma Tierney Medicines Optimisation Pharmacy Technician	**07748 623856**	gemma.tierney@nhs.net
MEDICINES OPTIMISATION in CARE HOMES (MOCH) PHARMACY TEAM		Frimleyccg.MOCH@nhs.net
Sally Clarke Medicines Optimisation Care Homes Pharmacist	**07747 007934**	sally.clarke6@nhs.net
Sundus Jawad ICS Lead Medicines Optimisation Care Homes Pharmacist	**07909 505658**	sundus.jawad@nhs.net
Zoe Lewis (on maternity leave) Medicines Optimisation Care Homes Pharmacy Technician	**07774 334737**	zoe.lewis9@nhs.net
Simi Mudhar Medicines Optimisation Care Homes Pharmacist	**07425 634218**	s.mudhar@nhs.net
Dhara Thacker Medicines Optimisation Care Homes Pharmacy Technician	**07776 244842**	dhara.thacker2@nhs.net
Jeremy Woolf EMIS Proxy Admin Support	**07880411633**	Jeremy.woolf1@nhs.net
DIETITIANS		
Alison Carr Senior Dietitian Community Nutritional Support	**07342 067927**	a.carr@nhs.net
Cathy Macqueen Prescribing Support Dietitian	**07825 437041** Mon-Tues	catherine.macqueen@nhs.net
Laura Sexton Senior Dietitian Community Nutrition Support	**07423 238 239**	laura.sexton@nhs.net

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