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MOT'ea Tuesday 14th June 1-2pm for an update on nutritional products.

Our Medicines Optimisation Dietitians, Cathy MacQueen and Laura Sexton, will be leading the session. An MS Teams invite has been sent out. Not on the distribution list? then e-mail: tim.langran@nhs.net

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PrescQIPP membership

The CCG has a subscription to PrescQIPP which is a really useful website containing a lot of evidence based resources. The CCG subscription allows all practice/PCN pharmacists and technicians to sign up for free. Sign up here: <https://www.prescqipp.info/login/>.

A little information about PrescQIPP from their website: "Our mission is to help NHS organisations to improve medicines-related care to patients, through the provision of robust, accessible and evidence-based resources. We also provide a platform to share innovation, learning and good practice. As a Community Interest Company (a type of social enterprise), we operate on a not-for-profit basis for the benefit of NHS patients, commissioners and organisations".

ACTION: Do please take this opportunity to sign up and access the resources on the website.

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Southampton Medicines Advice Service update

Unfortunately, Southampton Medicines Advice Service will no longer be providing a regional enquiry answering service to Primary Care. This took effect from the 1st April 2022, and until advised otherwise you should now direct your enquiries to: 020 7188 3855 or LNWH-tr.spsquestions@nhs.net

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GUIDANCE UPDATE

Carbon footprint of inhalers- message resources available from the UK's primary care sustainability network

[Greener Practice](#) is now being promoted by Greener NHS as an approved source of information relating to reducing the carbon footprint of inhalers. There are useful resources including posters, leaflets and text messages which practices may wish to use.

Action: Please be aware of the free resources for the low carbon inhaler message

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Ukrainian medicines resources

Some useful resources may be found [here](#). These include:

- pictograms and translated Ukrainian captions for tablets and capsules, as well as common administration times
- the DRLZ website, which lists Ukrainian SPCs, including for branded products.
- the Ukrainian Medicines Compendium
- Ukrainian Medicine Conversion to European Equivalent Product website.

Action: For information.

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Antibiotic guidelines: SCAN MicroGuide latest updates

Version 6.8

- [Varicella Zoster\(chickenpox\), Herpes Zoster\(Shingles\) and Cold Sores](#) page updated to include link to recent UKHSA guidance [Post exposure prophylaxis for chickenpox and shingles](#)
- Updated paediatric section to add body system page (in line with adult section) to simplify pages for ease of navigation

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 May 2022

The **Vaccine uptake in the general population guideline** has been published. It aims to increase the uptake of all vaccines provided on the NHS routine UK immunisation schedule by everyone who is eligible.

The **Sleepio to treat insomnia and insomnia symptoms medical technologies guidance** has been published. Sleepio is a self-help sleep improvement programme based on cognitive behavioural therapy for insomnia. It is recommended as a cost saving option for treating insomnia and insomnia symptoms in primary care for people who would otherwise be offered sleep hygiene or sleeping pills. A medical assessment is recommended before referral for people who may be at higher risk of other sleep disorder conditions.

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

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Community pharmacy hypertension case-finding advanced service.

On 1st October 2021, NHS England and NHS Improvement commissioned community pharmacies to provide the NHS Hypertension Case-Finding Advanced Service. The service aims to:

- Identify people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of the pharmacist, people under the age of 40 may also be included in the service.
- Where the person's blood pressure is high, they will be referred to their general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc normal and ambulatory blood pressure measurements (ABPM).
- Provide another opportunity to promote healthy behaviours to patients.

The service will be provided in the pharmacy's consultation room by pharmacists, and it has two stages:

1. **Identifying previously undiagnosed hypertension** – pharmacies can carry out blood pressure measurement as well as ABPM for people who are over 40 years old. Practices can refer to this service (as well as pharmacies approaching people themselves). It links directly with the PCN DES IIF targets for increasing hypertension registers.
-You may want to consider identifying a list of people over 40 without hypertension and sending them a message to make them aware of this pharmacy service.
2. **Blood pressure checks for people already diagnosed with hypertension** – pharmacies can check the blood pressure of people with hypertension and send those results to practices to be included in the EMIS record. This has the potential to save primary care a lot of work and improve QOF achievement too.
-If you would like to use this service then pharmacies will need confirmation in writing (this is a requirement of the service specification). The Medicines Optimisation Team are happy to help with arranging this. Please let us know.

Action: Please be aware of the service, as many more community pharmacies are now signed up. Please contact your Medicines Optimisation Pharmacist if you would like us to liaise with community pharmacy on your behalf.

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SAFETY UPDATE

Denosumab 60mg (Prolia): should not be used in patients under 18 years due to the risk of serious hypercalcaemia

Denosumab 60mg (Prolia) is authorised for use in adults with osteoporosis and other bone loss conditions – it **should not** be used in children and adolescents younger than 18 years.

Cases of serious and life-threatening hypercalcaemia requiring hospitalisation and complicated by acute renal injury have been reported in children and adolescents younger than 18 years receiving 60mg denosumab in clinical trials. These clinical trials were investigating treatment with denosumab in patients younger than 18 years with osteogenesis imperfecta. Osteogenesis imperfecta is a group of rare inherited conditions that cause very fragile bones.

See full alert: [Denosumab 60mg \(Prolia\): should not be used in patients under 18 years due to the risk of serious hypercalcaemia - GOV.UK \(www.gov.uk\)](#)

The [Summary of Product Characteristics \(SmPC\)](#) for Prolia has been updated to advise that denosumab 60mg should not be used in children and adolescents younger than 18 years because of safety concerns about serious hypercalcaemia.

Advice for healthcare professionals

- Denosumab 60mg (Prolia) is authorised for use only in adults (aged 18 years and older) for treatment of osteoporosis and other bone loss conditions
- Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg use in children and adolescents in clinical trials and during off-label use
- Hypercalcaemia cases occurred during treatment or in the weeks to months after the last dose
- Denosumab 60mg (Prolia) should not be used in children and adolescents younger than 18 years
- Denosumab 120mg (as Xgeva) remains authorised for skeletally mature adolescents with giant cell tumour of bone (alongside other authorisations)
- Report any suspected adverse drug reactions associated with denosumab or other medicines on a [Yellow Card](#)

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Unintentional Overdose of Morphine Sulfate 10mg in 5ml oral solution

A report by the Healthcare Safety Investigation Branch (HSIB), [Unintentional overdose of morphine sulfate oral solution | HSIB](#) details events leading up to the death of a 89 year old man who took an accidental and fatal overdose of morphine after mistaking manufacturer's text on bottle for the dose and not noticing the dispensing label affixed to outer box.

The dispensing label on the outer packaging advised a dose of 1.25ml to 2.5ml (which was correct for the patient's age, indication of suspected rib fracture and renal function) but he had taken three doses of 5ml (10mg) morphine (two to four times the suggested dose) over the course of the day as he and his wife thought that the 10mg in 5ml strength on the manufacturer's label on the bottle showed the correct dose.

The aim of this report is to help improve patient safety in relation to the use of oral morphine sulfate solution, and to demonstrate how a systems-based approach to investigation can be applied. The results

of the scoping investigation did not meet the criteria for a national investigation. However, HSIB have published several safety observations which arose:

- It may be beneficial if manufacturers of morphine oral solution 10mg in 5ml ensure that any dose measurement aid, if supplied with the medication, is able to measure a full range of possible doses.
- It may be beneficial if professional bodies provided guidance and further support to their members to maximise the learning that can be achieved from safety investigations that may improve patient care.

Advice for healthcare professionals

- It is good practice to label the actual medicine as well as any outer packaging, so the dose is stated on the actual medicine container.
- Ensure that any dose measurement aid supplied, can measure the dose(s) prescribed.
- When prescribing or dispensing medication, ensure the dosage instructions are also verbally conveyed and instructions on how to administer doses using e.g. an oral syringe are clear.

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MHRA response to recent changes to chlordiazepoxide (Librium®) SPC warnings

Following recent amendments to the [SPC for Librium®](#) stating the requirement for contraception in both females and males whilst taking chlordiazepoxide, MHRA have issued the following holding statement in response to queries regarding appropriate treatment in patients.

“The MHRA has been made aware of concerns raised following changes to the product information for chlordiazepoxide (Librium) regarding a possible genotoxicity risk and contraception requirements for males and females. This relates to recent implementation of the European Medicines Agency’s [SWP recommendations](#) in relation to genotoxic medicines.

We understand that the resulting changes to the product information has led to a number of queries regarding the most appropriate treatment for patients and as a result the MHRA is reviewing the evidence available to evaluate the potential risk for patients and we are seeking advice from our independent experts. We will consider the information included in all chlordiazepoxide products to ensure that appropriate and proportional warnings are implemented as required.

*Once the review has been completed, we will communicate with healthcare professionals involved in prescribing and dispensing chlordiazepoxide. We understand the urgency of this issue and we work urgently to reach a prompt resolution. **Healthcare professionals should continue to use current clinical guidelines while this issue is being evaluated.**”*

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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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FORMULARY

Flash Glucose/ Freestyle Libre[®] update

Currently there is no change to the position that the decision to start Freestyle Libre/Libre 2[®] will only be made by the diabetes specialist team and will initially be for a 6 month trial period, under shared care.

NICE have extended the use of all CGM real-time and intermittently-scanned (Flash glucose) and currently the Diabetes Steering Board have a working parting reviewing this for the system.

For clinicians interested in learning more about Flash monitoring please visit [here](#) for some basic instructional videos.

Action: For information.

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Espranor[®] addition to formulary with RED traffic light

Espranor[®] is a freeze dried wafer (oral lyophilisate) which contains buprenorphine (2mg or 8mg). The formulation has been added to the formulary for use by drug and alcohol teams. It is indicated for adults and adolescents aged 15 years or over who have agreed to be treated for addiction, as substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment.

Action: For information.

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MEDICINES OPTIMISATION BOARD (MOB) UPDATE

Care homes good practices guidance (GPGs)

The following care homes GPGs have been approved and are now available online on the Frimley CCG webpage:

1. [Oral Nutritional Supplements](#)
2. [PRN- Medicines Management](#)
3. [Expiry Dates – Medicines Management](#)

Action: For information.

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SUPPLY ISSUES

Stock issues with hormone replacement therapy (HRT)

HRT availability varies currently. Check for available products using the Specialist Pharmacy Service (SPS) website [here](#), use this in conjunction with [the British Menopausal Society](#), (which provides guidance on clinical equivalence of products) and the [NICE CKS](#) summary for the menopause.

Action: Use the three resources to guide treatment equivalent HRT prescribing.

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Serious Shortage Protocols (SSPs) have been issued for hormone replacement therapy (HRT) medicines.

Name of SSP \ ref no.	Start and end date	Supporting guidance
SSP022 Estradiol (Oestrogel® Pump-Pack 0.06% gel) 0.06% gel (750microgram per actuation) substitution (PDF:750KB)	19 May 2022 to 19 Aug 2022	Oestrogel® supporting guidance plus Q&A (PDF:149KB)
SSP023 Estradiol (Oestrogel® Pump-Pack 0.06% gel) 0.06% gel (750microgram per actuation) substitution and restriction (PDF:751KB)	19 May 2022 to 19 Aug 2022	Oestrogel® supporting guidance plus Q&A (PDF:150KB)
SSP024 Estriol (Ovestin® 1mg cream) 0.1% cream substitution (PDF:736KB)	19 May 2022 to 19 Aug 2022	Ovestin® supporting guidance plus Q&A (PDF:129KB)
SSP025 Estriol (Ovestin® 1mg cream) 0.1% cream substitution and restriction (PDF:737KB)	19 May 2022 to 19 Aug 2022	Ovestin® supporting guidance plus Q&A (PDF:149KB)
SSP026 Estradiol (Lenzetto®)1.53mg/dose transdermal spray restriction (PDF:601KB)	19 May 2022 to 19 Aug 2022	Lenzetto® supporting guidance plus Q&A (PDF:128KB)
SSP027 Estradiol (Lenzetto®)1.53mg/dose transdermal spray substitution (PDF:748KB)	19 May 2022 to 19 Aug 2022	Lenzetto® supporting guidance plus Q&A (PDF:146KB)
SSP028 Estradiol (Lenzetto®)1.53mg/dose transdermal spray substitution and restriction (PDF:749KB)	19 May 2022 to 19 Aug 2022	Lenzetto® supporting guidance plus Q&A (PDF:147KB)

Name of SSP \ ref no.	Start and end date	Supporting guidance
SSP029 Estradiol (Sandrena®) 0.5mg and 1mg gel sachets restriction (PDF:600KB)	19 May 2022 to 19 Aug 2022	Sandrena® supporting guidance plus Q&A (PDF:130KB)
SSP030 Estradiol (Sandrena®) 0.5mg and 1mg gel sachets substitution (PDF:751KB)	19 May 2022 to 19 Aug 2022	Sandrena® supporting guidance plus Q&A (PDF:183KB)
SSP031 Estradiol (Sandrena®) 0.5mg and 1mg gel sachets substitution and restriction (PDF:751KB)	19 May 2022 to 19 Aug 2022	Sandrena® supporting guidance plus Q&A (PDF:185KB)
SSP019 Oestrogel® Pump-Pack 0.06% gel restriction (PDF:167KB)	29 Apr 2022 to 29 Jul 2022	Oestrogel® supporting guidance plus Q&A (PDF:125KB)
SSP020 Ovestin® 1mg cream restriction (PDF:166KB)	29 Apr 2022 to 29 Jul 2022	Ovestin® supporting guidance plus Q&A (PDF:122KB)
SSP021 Premique® low dose 0.3mg/1.5mg modified-release tablets (PDF:166KB)	29 Apr 2022 to 29 Jul 2022	Premique® low dose supporting guidance plus Q&A (PDF:122KB)

The SSPs will enable community pharmacists in the UK to substitute or restrict quantity as per the protocol.

Action: For information, click on the SSP for further information.

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Lyxumia® (lixisenatide): discontinuation of treatment initiation pack and 10 micrograms solution for injection

The following products are being discontinued:

- Lyxumia® 10 micrograms/0.2ml solution for injection 3ml pre-filled pen and
- Lyxumia® Treatment initiation pack, containing:
 - 1 x Lyxumia® 10micrograms/0.2ml solution for injection 3ml pre-filled pen and
 - 1 x Lyxumia® 20micrograms/0.2ml solution for injection 3ml pre-filled pen

This is not due to any safety issue and all lixisenatide currently on the market can continue to be used. Existing patients may continue on treatment; the 20microgram product continues to be available, however there will no longer be an option to start new patients on treatment.

Action: For information. Review patients on lixisenatide (ideally at 6 months at the maximum tolerated dose) for a reduction in weight (3%) and Hba1c (1%/ 11mmol/mol)). If improved measures are/ have not been obtained review to discontinue treatment.

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Fencino® 25microgrammes patches out of stock

Fencino® 25mcg patches are not available until the latter part of June 2022.

Action: Prescribe generically until supply resumes.

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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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MOCH PCN structured medication review (SMR) support pack

The MOCH team have produced a comprehensive SMR support pack. The aim of the pack is to provide support to PCN pharmacists to carry out SMRs for care home residents.

The pack has a range of up-to-date evidence-based resources, including:

- Medication review tools e.g. STOPP/START, NO TEARS
- Risk Calculators e.g. ACB calculator, FRAX, QRISK
- RESTORE2
- 'Rockwood' Clinical Frailty Scale
- Medication Review Template

This pack has been shared previously, however if you would like the resources again, please e-mail: frimleyccg.moch@nhs.net

Referral to CCG MOCH team for complex residents will continue to be through the 'Referral to MOCH team form', available on:

- DXS
- Frimley CCG website (care homes section)

The SMR referral pathway for care home residents can be found here.

[MOCH \(Medicines Optimisation in Care Homes\) resources \(SMR/referrals\) \(frimleyccg.nhs.uk\)](#)

Referrals and queries should be sent to the generic MOCH Mailbox: frimleyccg.moch@nhs.net

Action: For information.

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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