

Frimley ICB Prescribing Newsletter

"Making the most of medicines"

**Volume 14 Issue 3
March 2023**

**DID YOU KNOW YOU CAN CLICK TO ANY ARTICLE FROM THE CONTENTS PAGE?
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[Looking for past newsletters? – follow this link.](#)

MOT'ea Save the date: Wednesday 26th April. Subject tbc.

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

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Resource links to support general referrals to the NHS Community Pharmacist Consultation Service (CPCS).

Use these campaign resources to support referrals to CPCS. Materials include a toolkit, social media content, leaflets ([The leaflet available in 10 languages, may be sent out as a text message to patients.](#)), digital screens and posters. Access the materials [here](#).

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Calling prescribers to book your place on the next polypharmacy Action Learning Set (ALS)

The academic Health Science Network (AHSN) polypharmacy ALS is for GPs and other primary care prescribers, from the Wessex, Oxford and West of England Academic Health Science Network regions.

Join our Polypharmacy ALS to help build your confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. Delegates need to attend all three sessions (9.30am – 12 noon on 10th May, 24th May and 7th June 2023).

The Polypharmacy ALS will also help Primary Care Networks to deliver the medicines optimisation elements of the Directed Enhanced Services contract and contributes to QOF. Find out more and book now: <https://PolypharmacyALS-South.eventbrite.co.uk>

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GUIDANCE UPDATE

Prescribing Guidance in Ramadan.

Patients with chronic conditions who want to fast during Ramadan should be individually assessed to determine whether fasting is safe. The British Islamic Medical Association (BIMA) has produced comprehensive guidance which includes a wide range of chronic conditions, in addition to diabetes and pregnancy. Read the BIMA Ramadan Compendium [here](#).

Action: This document may be used by prescribers supporting patients with specific health conditions who wish to fast.

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Reclassification of co-beneldopa products, including Madopar[®] as ‘special containers’.

From 1 February 2023, all co-beneldopa products, including Madopar[®], across all strengths, now have *special containers* status and will be provided in original manufacturer pack sizes of 100. GPs may be approached by people with Parkinson's or carers to discuss their prescription for co-beneldopa and Madopar[®]. Please ensure any changes are made to their records, so they get the amount they need. GPs are encouraged to review the records of their patients with Parkinson's who are on co-beneldopa or Madopar[®] and either:

- make a change to the quantity they're prescribed, so they have enough medication each month; or,
- speak to their patient to ensure they know about the issue and explore their preference for their medication.

For more info please see the [PSNC note](#) or the [Parkinson's UK story](#).

Action: Be aware of reclassification of co-beneldopa products, including Madopar[®] as ‘special containers’.

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NICE and local update-Wegovy®

The [semaglutide for managing overweight and obesity](#) technology appraisal recommends semaglutide as an option for weight management, including weight loss and weight maintenance, alongside a reduced-calorie diet and increased physical activity in adults, only if:

- it is used for a maximum of 2 years, and within a specialist weight management service providing multidisciplinary management of overweight or obesity (including but not limited to tiers 3 and 4), and
- they have at least 1 weight-related comorbidity and:
- a body mass index (BMI) of at least 35.0 kg/m², or
- a BMI of 30.0 kg/m² to 34.9 kg/m² and meet the criteria for referral to specialist weight management services in NICE's guideline on obesity: identification, assessment and management.

It is noted that the Wegovy® brand of semaglutide, which is licensed for this indication, is not commercially available yet, the expected time is May 2023. Local comms will be available to support patient enquiries.

Currently there is a local pathway in place for access to liraglutide (Saxenda®) for managing overweight and obesity in line with [NICE TA664](#) (see DXS).

Action: For information: Frimley ICB is developing a tier 3 weight management semaglutide pathway and communication material to support patient enquiries.

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Paediatric antibiotic dosing in SCAN

Version 8 (1st March 2023)

Updates to paediatric chapters for [Skin, E. N. T](#) & [Soft Tissue Infections](#) include phenoxymethylpenicillin and amoxicillin doses updated following GP feedback so that BD dosing is suggested only if TDS dosing is impractical and alternatives to phenoxymethylpenicillin where palatability is a concern.

Under-dosing of antibiotics in children is a well-recognised problem when age-bands are used. The consensus of the SCAN guideline development group was to base antibiotic doses on the upper limit of BNFC recommendations. The rationale for this is to avoid treatment failures due to under-dosing.

In addition the use of unpalatable suspensions and frequent dosing regimens is associated with poor adherence with treatment in children. To address this, the guideline authors have reduced dosing frequency where possible (i.e. BD amoxicillin) and have [offered choices](#) of antibiotics that enable prescribers to avoid the use of unpalatable suspensions (such as phenoxymethylpenicillin and flucloxacillin), if needed.

Action: Consider the delayed antibiotic approach and only prescribing antibiotics when they are likely to provide benefit. Read more about paediatric dosing [here](#).

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SAFETY UPDATE

Pholcodine preparations withdrawn due to increased risk of the very rare event of anaphylaxis when exposed to neuromuscular blocking agents

Following the conclusion of a review of post-marketing safety data by the MHRA, all pholcodine-containing medicines are being recalled and withdrawn from the UK as a precaution.

Action: For information and for further information read [here](#).



MEDICINES BOARD UPDATE

Guidance on when it might be appropriate to issue 7 day prescriptions.

Written with the input of the Local Pharmaceutical Committees covering Frimley, a position statement covering “Recommendations for the usual duration of repeat prescriptions” has recently been agreed by Medicines Board.

The decision to supply medication in a Multi-compartment Compliance Aid (MCA) is independent of the decision regarding shorter prescription durations. Individuals who qualify under the Equality Act 2010 and who may need support with taking their medication can be assessed using an appropriate toolkit and it is the community pharmacist’s responsibility to make a professional judgement of what is a reasonable and appropriate adjustment or intervention for that individual, including a MCA.

It is available on the Frimley MO website [here](#) and includes a helpful list of scenarios when it may be appropriate and inappropriate to issue prescriptions of durations shorter than 28 days.

Action: For information and to apply the guidance when receiving requests for 7 day prescriptions.

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FORMULARY

Menopausal symptom: altered sexual function and the role of testosterone.

Please be aware of the [BMS statement on testosterone](#). The Medicines Optimisation team are often asked if testosterone may be prescribed on the NHS to treat women with menopausal symptoms. Local testosterone guidelines are currently going through approval and further menopause guidance is in progress. In the meantime, we would like to share some key points, which include:

- Testosterone products licensed for use in men, however off-license use to treat women.
- Confirm baseline free testosterone level is not already at the upper end of the normal range for women or above.
- Where there is no improvement in symptoms, treatment should be discontinued.
- Using higher doses in women, could lead to irreversible side effects including clitoromegaly, deepening of the voice and male pattern baldness.
- For women who have a beneficial effect from treatment and who are continuing with testosterone, an annual review is recommended.
- AndroFeme® is not for prescribing on the NHS – it is not licensed in the UK and has to be provided privately.

Action: For information. Currently testosterone prescribing is specialist only.

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Wound care formulary changes – Practice Nurses in East Berkshire places

The Wound Care contract for the ordering and delivery of wound care products which is currently in place across Berkshire (covering Berkshire Healthcare Foundation Trust, Berkshire West place and East Berkshire places) is being moved to a national framework. Wound Care products will continue to be provided via CCOMs and Amcare, so little operational change should be experienced by staff.

Some products that are currently available on the Berkshire Wound care formulary are not available within the national framework, some minor changes have been made for a few of the ranges. These changes will come into force from April 2023. Changes have been approved by BHFT TVN team.

The table below will show the existing products and the replacements that will be available.

Current formulary Product	Size	Framework Alternative	Size
Softpore	6x7	Leukomed	5x7.2
	10x10	Primapore	8x10
	10x15	Primapore	8x15
	10x20	Primapore	10x20
	10x25	Primapore	10x25
	10x35	Primapore	10x35
Clear Film	6x7	Hydrofilm	6x7
	10x12	Hydrofilm	10x12.5
	12x12		
	15x20	Hydrofilm	15x20
		Hydrofilm	10x15
Clearpore	6x7	Hydrofilm Plus	5x7.2
	6x10		
	10x10	Hydrofilm Plus	9x10
	10x15	Hydrofilm Plus	9x15
	10x20	Hydrofilm Plus	10x20
	10x25	Hydrofilm Plus	10x25
	10x30	Hydrofilm Plus	10x30
Scanpor Tape	1.25x5m	Clinipor Tape	1.25x5m
	2.5x5m	Clinipor Tape	2.5x5m
	5x5m	Clinipor Tape	5x5m
Irripod	20ml x 25	Sal-e pods	20ml x 25
Steristips	6mmx75mm	Omnistrip	6mmx76mm

Action: More information about the formulary changes will be available on CCOMs under the News tab.

If you have any problems ordering the new products contact Emma Cullen, mobile: 07984 544905
emma.cullen@convatec.com



SUPPLY ISSUES

Shortage of oxycodone 5mg/5ml oral solution.

There is a national shortage of oxycodone oral solution 5mg/5ml in all brands. This is expected to continue until June 2023. Whilst some limited stock is available this will quickly run out. The following

suggestions should help you manage patients during this time and has been produced by our local palliative care pharmacist, Fiona Dorrington.

Patients commencing strong opioids:

- Consider MORPHINE as first line opioid in the majority of patients
- Reduce dose &/or reduce frequency in renal impairment or if sedation/hallucinations with morphine
- Switch opioids only if significant renal impairment (creatinine clearance < 30ml/min) and intractable sedation/delirium with morphine

For patients requiring an immediate release OXYCODONE for breakthrough pain consider:

- Review regularly to optimise background dose and reduce breakthrough requirement

1st line

Doses of 5mg and above

- Prescribe CAPSULES.
- Oxycodone capsules: 5mg, 10mg and 20mg available.
- Please prescribe generically to maximise supply chain.
- Capsules may be opened and mixed with water or soft cool food if swallowing difficult.

2nd line

For doses less than 5mg

- Consider using morphine oral solution 10mg/5ml for breakthrough only. Continue with oxycodone m/r.
 - Conversion is oxycodone: morphine 1:2 e.g. 3mg PO oxycodone PRN = 6mg PO morphine sulphate PRN (can give 5mg for ease of measuring)

3rd line

- Switch to OXYCODONE CONCENTRATED ORAL SOLUTION 10MG/ML. Use of concentrate will require patient education due to small volumes and high risk. Be aware that stock of this may also run out as demand increases. This is a higher risk choice.

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HRT and prepayment certificates (HRT PPCs).

From 1st April 2023, women who usually pay for their HRT prescriptions will be able to purchase an annual HRT PPC for the cost of 2 single prescription charges (will be £19.30). The Department of Health and Social Care (DHSC) has introduced new pharmaceutical regulations, to take effect on 1 April 2023, to accompany the introduction of the HRT PPC. Further information is available [here](#).

Important points include:

- All listed HRT items should be prescribed as single-item prescriptions (i.e. separate from all other prescription items i.e. other listed HRT items).
- A digital solution will be introduced as soon as possible to automate the issuing of listed HRT items as single-item prescriptions at the point of prescribing.
- In the meantime, prescribers will be required to manually issue (e.g. via EPS) prescriptions for all listed HRT items as single-item prescriptions.

- Prescribers must issue listed HRT items as single-item prescriptions regardless of whether the patient has an HRT PPC at the time of prescribing (as a HRT PPC can be purchased at any point from a pharmacy/NHSBSA and can be backdated by up to one month).

Action: For information.

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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Can patient identifiable information be sent to or from the care home's email address?

This depends on whether the care home's email address is secure.

The care home clinical lead needed clarification about a treatment of a named resident from the diabetes team. The staff member emailed the local diabetes team at their [nhs.net](#) email address from their care home organisation email account.

Was this a breach of security? **The answer is YES! This is a security breach**, unless the care home organisation meets the secure email standard which can be found [here](#).

[NHS mail](#) is a secure email service for sharing patient identifiable and sensitive information.

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit (DSPT) to provide annual assurance that they are practising good data security and that personal information is handled correctly.

Action:

- Care homes require an accredited secure or [nhs.net](#) email account.
- Ask the care home to send patient identifiable queries to you via their [NHS email account](#).
- If you are unsure whether care homes you support have an accredited secure email account, contact frimleyicb.moch@nhs.net and a member of the team can support you.
- DSPT status for an organisation's most recent self-assessment can be checked [here](#).

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CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

These may now be found on the [Frimley ICB website](#).

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

Medicines Advice Service -telephone number 0300 7708564.