

Frimley ICB Prescribing Newsletter

"Making the most of medicines"

**Volume 14 Issue 4
April 2023**

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MOT'ea Save the date: tbc

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

Thanks and farewell to Jeremy Woolf, EMIS Proxy Support Officer, MOT.

The medicines optimisation team say farewell and many thanks to Jeremy for his contribution in helping to establish EMIS Proxy in the care homes across the ICB. Jeremy will continue working on the COVID spring booster vaccination programme and we wish him well and continued success.

A new member of MOT, Ross Burton, Lead M.O. Pharmacist Slough



Ross Burton started with us at the beginning of April 2023 as the Lead Medicines Optimisation Pharmacist for Slough. Ross will be looking to build on the excellent work undertaken by Caroline Hailstone and Caroline Pote in recent months and forge strong working relationships with the practices, prescribers, pharmacists, and wider healthcare professionals within Slough to improve the healthcare of the local population. Following several community pharmacy roles at the start of his career, Ross has spent the last 10 years working with Oxfordshire CCG and the recently formed Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB). During his time in Oxfordshire Ross gained expertise in practice prescribing support, prescribing finance and data, woundcare, prescribing decision support software (ScriptSwitch® and OptimiseRx®), primary care rebates, substance misuse services, GP CPCS, smoking cessation and CQC standards to name but a few. Ross is excited to bring this experience to Frimley ICB and to work with the practices within Slough and the wider ICS. Ross will be making contact with local practices in the coming weeks but should you have any questions or wish to arrange a meeting with him then please don't hesitate to get in touch via ross.burton@nhs.net

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GUIDANCE UPDATE

Caution using dry-powder inhalers (DPI) in children and young people.

The children's respiratory team are seeing an increase in the number of children receiving the dry powder inhaler version of salbutamol. Some of the children haven't been able to use them; DPIs require a high inspiratory effort that would be difficult for younger children to achieve and they lack the understanding to follow the full instructions for administration e.g. full breath out before administering and holding their breath for 5-10 seconds afterwards.

As per local and national guidelines patients should only be prescribed an inhaler following demonstration of technique by a trained professional AND checking the patient can use the device (this must be done in person).

Patients should only be changed/ started on a DPI after an assessment. Following assessment older children (12 +) may be able to use dry powdered inhalers so should be considered for DPIs if they can demonstrate technique.

Read the asthma device guidance in children (BNFc) [here](#), the NICE TA on the use of inhaler devices in children under the age of 5 years with chronic asthma [here](#) and the NICE TA on the use of inhaler devices for routine treatment of chronic asthma in older children (aged 5–15 years) [here](#).

Action: All patients, including children do not switch/initiate a DPI without an assessment.

Spring COVID Booster eligible groups

This spring, the NHS is offering a further vaccination to those at highest risk of severe illness from COVID. Those who can get a spring vaccination include:

- people aged 75 and over (by 30 June 2023)

- people with a weakened immune system
- residents of care homes for older adults.

If patients are at increased risk (see Tables 3 and 4 of the Green Book) from COVID-19 due to a medical condition but do not have a weakened immune system, they're not able to get a further COVID-19 vaccination this spring.

Action: Please note the eligible groups above and for further information please find the link to the [COVID vaccination toolkit for clinicians - spring 2023 here.](#)

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Update on the COVID Medicines Delivery Unit (CMDU)

The CMDU service continues to operate and provide access to COVID treatments for non-hospitalised patients. The [Independent Advisory Group](#) in its latest guidance has widened eligibility to include:

- any mature T-cell malignancy
- respiratory conditions (including any asthma patient taking immunosuppressants for their asthma, COPD on long term home non-invasive ventilation, interstitial lung disease, among others)
- additional neurological disorders, including Duchenne muscular dystrophy, dementia and neurodegenerative disorders when associated with severe frailty, Alzheimer's disease, vascular disease, Lewy Body disease, frontotemporal atrophy, Parkinson's disease, progressive supranuclear palsy and multiple system atrophy.

Lateral flow test results must be submitted to www.gov.uk/report-covid19-result or 119 and most high risk patients who test positive should be automatically contacted by their CMDU. A small proportion of the highest risk patients testing positive through a lateral flow test may contact their GP practice (in hours) or 111 (out of hours) for an urgent referral to CMDU if they test positive for coronavirus via a lateral flow test.

The Frimley ICS / Surrey Heartlands ICS CMDU clinical assessment service is being provided by East Berkshire Primary Care OOH service and referrals should be made to:

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

Please do NOT pass the above details onto patients directly, this is a Healthcare Professional referral line only.

Action: GPs should not prescribe, as prescribing, dispensing, and delivering of the medication to patients is directly from the CMDU.

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GP Evidence- a website to support shared decision making

[GP Evidence](#) – a website for GPs, specialist nurses, primary care pharmacists and other healthcare professionals who manage long-term conditions in primary care to bridge the knowledge gap between scientific evidence and recommended treatments.

Are you frustrated at the difficulty of providing person-centred care in an increasingly regulated environment? If so, you are not alone. An Oxford GP recognised the need to have access to evidence on the benefits and harms of treatments in an understandable, usable, and useful format. This website was developed so clinicians can share informed decisions with their patients, considering the pros and cons of treatments for an individual person.

Action: Access the website [here.](#)

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SCAN latest updates- Version 8.1 (26th April 2023)

- New antimicrobial alert added to alert folder [26/4/23 Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions](#)
- Link to the above alert added to all sections containing nitrofurantoin (i.e. Urinary Tract Infections, adults, and paediatrics)
- Amended ciprofloxacin dose in [Urinary Tract Infections \(CHILDREN\)](#) page to remove doubling dose for lower UTI/cystitis, remains on page for pyelonephritis/upper UTI. Cefalexin dosing "all doses off label" statement removed as they are now as per BNFC doses

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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End of Life patient resources

The Frimley ICB End of Life Steering Group has developed resources for our residents which can be downloaded [here](#). These include Advanced Care Planning and Planning Care at the End of Life booklets.

Action: For information.

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Managing the risks of using effervescent tablets in children

The use of effervescent or soluble tablets to deliver 'part tablet doses' of medication has been associated with patient harm. The inherent risk of inaccurate dosing related to this practice may lead to suboptimal therapy or symptomatic toxicity.

Licensed formulations of medicines may not be able to deliver the very small doses required in children and neonates either in liquid form or as a whole tablet.

Where a medication has no licensed oral liquid formulation available in the UK, but effervescent or soluble tablets are available, it is common practice for these to be used in children and neonates. Healthcare professionals and caregivers are required to prepare and administer "part tablet doses" of the available effervescent/soluble tablets, which is an off-label use of a licensed product.

Advice for health care professionals:

- Ensure clear documentation and communication of the intended dose, formulation of product, units of measurement, method of preparation and duration of therapy or review date at the point of prescribing and at all transfers of care. Prudent use of electronic prescribing functionality may support assurance that sufficient information on dosing and preparation is documented and communicated.
- When the prescription is not clear, the intention of instruction with respect to the dose, units of measurement and duration should be ascertained.
- Ensure dose increase/decreases are documented and communicated, including at transfers of care.
- Ensure medication supply policies, dispensing systems and processes include provision of all syringes and equipment required for safe preparation. It should be clear which syringe is required for each process and guidance should be provided on how to use all equipment provided.
- Where original packs are used for dispensing ensure the intended duration of therapy, review date or stop date is documented and communicated to ensure therapy isn't continued longer than intended.
- Ensure caregivers/children are aware of the formulation that they are supplied with and that a switch in formulation or dose may require a change in the method of preparation.

Action: See full alert [Managing the risks of using effervescent tablets in children – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

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Non-medical prescribers-who can prescribe what?

We have been asked by the regional Controlled Drugs Team to remind practices that paramedic independent prescribers cannot legally prescribe any controlled drugs (all schedules) and other medicines outside of their documented scope of practice.

They can only prescribe Schedule 2, 3, 4 or 5 Controlled Drugs (except diamorphine, cocaine and Dipipanone for the treatment of addiction) as supplementary prescribers providing it is in accordance with an individual patient's clinical management plan with that patient's agreement. The prescription must be clearly annotated with SP to indicate that it has been written by a supplementary prescriber.

To check the prescribing rights of each healthcare professional, see the [PSNC website-Who can prescribe what?](#)

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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
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Melatonin prescribing in Frimley ICB explained

Melatonin is classified as **Amber no shared care** for Frimley ICB. However GPs may choose to accept requests to prescribe within a Shared Care Agreement provided by SABP or Sussex Partnership.

Melatonin can be prescribed in primary care following initiation and/or recommendation from a specialist in ICU, paediatrics, CAMHS, ADHD services for children/young people under 18 years and for young people prescribed and benefiting from melatonin, transitioning into adult services, where sleep hygiene measures have proved insufficient.

Prescribing information for the different formulations may be found in the table below.

Preparation	Licensing	Prescribing guidance
Melatonin Tablets M/R 2mg	Off label in children	Prescribe generically*
Melatonin Tablets 1mg, 2mg, 3mg, 4mg, 5mg	Licensed for insomnia in children and adolescents aged 6-17 years with ADHD, where sleep hygiene measures have been insufficient.	Used where melatonin M/R 2mg tablets are not suitable. Tablets can be crushed for patients unable to swallow tablets.
Melatonin Tablets M/R 1mg; 5mg (Slenyto®)	Licensed for treatment of insomnia in children and adolescents aged 2 - 18 years with Autism and / or Smith - Magenis syndrome where sleep	Restricted to licensed indications

	hygiene measures have been insufficient.	
Other melatonin tablets strengths	Unlicensed.	Non-formulary.
Melatonin capsules	Unlicensed.	Non-formulary.
Melatonin Liquids (Colonis and Consilient brands)	Licensed for sleep onset insomnia in children and adolescents aged 6-17 years with attention- deficit hyperactivity disorder (ADHD) where sleep hygiene measures have been inadequate.	Bracknell, RBWM and Slough Places: RED on the formulary, prescribed by BHFT only. Surrey Heath and NEHF Places: Prescribing of licensed liquid formulations can be undertaken in primary care after recommendation by a specialist. Excipients such as PEG, alcohol & sorbitol should be taken into consideration when prescribing for children.

* Savings Tip: melatonin 2mg MR tablets are available generically and offer a saving over the branded product: £8.25/ 30 tablets versus £15.35/30 for Circadin MR.

Action: Please note the prescribing information on melatonin above.

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SUPPLY ISSUES

Shortage of Trulicity® and Ozempic® continues

Both GLP-1 injections continue to be in short supply and no new initiations are recommended. Please refer to the Primary Care Diabetes Society consensus statement for further advice.

Action: Read the consensus statement [here](#).

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No confirmed launch date for Wegovy® in the UK

- Novo Nordisk have confirmed that there is **no** confirmed launch date.
- There is a local pathway in place for access to liraglutide (Saxenda®) for people who are overweight or obese in line with NICE TA664: <https://www.nice.org.uk/guidance/ta664/chapter/1-Recommendations> (see DXS).

Action: For information to help answer any patient enquiries on this product, which is unavailable.

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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

Emollients and risk of severe and fatal burns.

Emollients are commonly used for the management of dry skin conditions such as eczema and psoriasis. The unsafe use of emollient creams can result in serious or fatal injuries from fire.

In 2018 The Medicines and Healthcare Products Regulatory Agency (MHRA) extended its warning about the risk of severe and fatal burns from emollients to all emollients.

Emollients are not flammable in themselves, or when they are applied to the skin. However, when dried emollient residue builds up on clothing, bedding, or dressings, it acts as a fire accelerant when exposed to a naked flame.

It is important that healthcare professionals advise those who are using emollient creams to continue to do so but inform them of the risks of fires and fatal burns.

These risks can be minimised by:

- Avoiding smoking
- Not to go near a naked flame
- Changing and washing clothing and bedding regularly. Although washing clothing and bedding reduces the build-up of emollients, it does not remove it completely and the danger of fires and fatal burns may remain.
- Educating patients, carers and staff of the risks associated with emollients.

CQC encourage reporting any fire incidents with emollients or other skin care products to MHRA's Yellow Card Scheme.

A [toolkit of resources](#) has been launched and is available for health care professions to support the safe use of emollients.

Action: Read the full drug safety update [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