



Connected Care and Community Pharmacies

A few pharmacies across Frimley now have access to the Frimley Shared Care Record, Connected Care, which enables them to access additional information beyond what is available in the National Summary Care Records.

The initial feedback from the pharmacies using the system has been positive, demonstrating the difference having access to Connected Care is making to their practice. For example:

- Saves time in terms of less phone calls to GP practice.
- Being able to view GP medication is useful and makes conversations with the GP easier.
- Ability to view admission / discharge information – helpful especially for patients who have dossett box medication and where these are delivered.
- Information in Connected Care is helpful in supporting vaccination clinics.

We are now looking to roll out access to more pharmacies in Frimley, if you are a community pharmacy reading this and are interested, please contact us at frimleyicb.prescribing@nhs.net.

A [patient information leaflet](#) covering serious adverse drug reactions (ADR) to SGLT2 inhibitors has been made available to support staff in discussions with patients. The serious ADRs covered are diabetic ketoacidosis, Fournier's gangrene and hypoglycaemia.

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To support practices when notified of a medicine supply shortage we have produced some guidance which can be found [here](#).

MOT'ea Save the date Wednesday 21st February 2024

Topic: Chronic Kidney Disease. We are very lucky to welcome Dr Emma Vaux, Consultant Nephrologist and General Physician at the Royal Berkshire NHS Foundation Trust, Clinical Lead, Berkshire Kidney Unit, Clinical Director for Integrated Medicine and Medical Associate Director for Patient Safety.



OptimiseRx Opportunities – Melatonin 2mg modified-release tablets

Did you know Circadin® has recently come off patent and cheaper generic equivalents are now available?

28 x Circadin® 2mg MR tablets costs £15.39 versus 28 x melatonin 2mg MR tablets costs £4.49.

We have an OptimiseRx message which prompts prescribers to consider swapping from branded Circadin® to the generic equivalent. Thank you to prescribers who have accepted this message as this frees up money to be used on other health services for our local population. The acceptance rate for this message is only 26% so there is still room for improvement. If all the prescriptions for Circadin 2mg modified-release tablets had been written generically we would have saved over £40,000 across Frimley ICB in the last 3 months.

Generic prescribing of medicines

NHS Frimley recommends that medicines should be prescribed generically in line with the British National Formulary (BNF) Guidance on Prescribing. A programme of actively switching of high priority branded medicines is currently being delivered by the MO team. Please see our supportive [Position Statement](#) on this topic which also covers biosimilar medicines and exceptions.

SCAN Update January 2024

Version 8.6

- Updated [Lower UTI in Pregnancy](#) - removed statement regarding repeat MSU
- Updated [Cellulitis](#) - link to BLS guidance amended and added Cellulitis in Lymphoedema to top of page. Preferred choices for antibiotic prophylaxis updated for penicillin allergy and in pregnancy as per BLS guidance. Patients to be reviewed at least every 6-12 months.
- Updated [Scabies](#) - added statement regarding Ivermectin being prescribed under advice of Microbiology only and multidisciplinary discussion must take place for outbreaks in a closed setting.

NICE Updates December 2023

- The [Acne vulgaris: management guideline](#).
- The [Cardiovascular disease: risk assessment and reduction, including lipid modification guideline](#)
- The [Bipolar disorder: assessment and management guideline](#)
- The [Empagliflozin for treating chronic kidney disease technology appraisal](#)
- The [Digitally enabled therapies for adults with depression health technology assessment](#)
- The [Digitally enabled therapies for adults with anxiety disorders health technology assessment](#)

NICE
National Institute for
Health and Care Excellence



Medicines safety events in Frimley

Owing prescription for guanfacine (Intuniv®) – an unexpected incident

The shortages associated with guanfacine are starting to ease, although the manufacturer Takeda expect intermittent supplies until April 2024.

This has resulted in an unexpected incident shared by one of the BHFT CAMHS lead nurses which had the potential to cause harm.

A patient unexpectedly received the owing part of a prescription for Intuniv 4mg from their community pharmacy. Due to the shortage, the patient had stopped the drug completely, having been titrated down some weeks ago. Luckily this coincided with their telephone review with CAMHS, and they queried it as they had been previously informed by them that it had to be re-titrated back up.

During the shortage, the majority of patients prescribed guanfacine have been directed by their specialist. During dose titration, the specialist will monitor weekly for signs and symptoms of somnolence and sedation, hypotension and bradycardia. To minimise the risk of an increase in blood pressure or pulse upon discontinuation, the total daily dose is tapered.

There is now a move to restart treatment for many, therefore please be aware of this safety concern as pending wholesaler supplies arrive in community pharmacies.

Communications will be sent out to community pharmacy by the provider and in addition, BHFT are contacting their guanfacine patients around restarting, including the need for re-titration and monitoring.

Safety!

Serious Incident with a Direct Oral Anticoagulant (DOAC).

A female care home patient was admitted to Frimley Park Hospital due to a mechanical aortic valve thrombosis, secondary to inadequate anticoagulation in the community with edoxaban. The patient was originally on warfarin whilst in care home but switched to edoxaban due to concerns about her managing warfarin at home. Patient had been coded with mechanical heart valve in her GP clinical records.

Reminder that all DOACs are contraindicated and not licensed for anticoagulation in prosthetic heart valve (safety and efficacy not established).

All patients with prosthetic mechanical heart valves require life-long oral anticoagulation with a vitamin K antagonist (VKA), usually warfarin, as these valves predispose the patient to systemic embolism.

PMOS REMINDER-Safety Before the end of March....

- To report at least 5 medicines related incidents (from April 2023 onwards) to LFPSE, and share with your practice staff, your PCN and the MO team learning, and actions undertaken to prevent recurrence.
- To demonstrate how your practice responded to and reviewed patients in line with at least ONE current MHRA medicines safety alert (issued within last 12 months) and ONE past MHRA medicines safety alert as identified by the Ardens CQC searches.



Nutrition update Pudding style oral nutritional supplements (ONS)

Due to the high cost of pudding style ONS (£2.04 - £2.88 per pot) NHS Frimley recommends that they are reserved for patients at high risk of malnutrition (MUST 2) who also have dysphagia, requiring a texture modified diet to IDDSI Level 3 or Level 4.

All dysphagia-specific products are Amber coded - (only to be prescribed on the recommendation of a dietitian after assessment by speech & language therapist (SALT) who will determine appropriate IDDSI level).

Pudding style ONS should only be considered for patients without dysphagia in exceptional circumstances. Many shop-bought or homemade fortified puddings can have a similar nutrient profile and should be chosen first.

In the last financial year £20,000 (about 8,000 puddings) was spent prescribing non-formulary pudding style ONS and this needs to stop!

The non-formulary pudding style supplements to STOP are:
Ensure Plus Crème (discontinued Jan 2024), Forticreme Complete, ActaCal Crème, Fresubin Desert Fruit, Fresubin 2kcal

Action:

- Please STOP the non-formulary pudding style supplements listed above and advise patient to use up their current stock.
- For all patients, check MUST score and advise on nutrient rich food-first options.
- Check if been advised by SALT on texture modification – continue this advice.
- Only switch to formulary pudding style ONS Nutricrem IF
 - Not seen by SALT but are at high risk of malnutrition (MUST 2) AND unable to tolerate liquid ONS.
 - Consider referral to dietitian/SALT.

For further advice, please contact your Medicines Optimisation Prescribing Support Dietitian

- Cathy Macqueen: (Frimley North Places) Catherine.macqueen@nhs.net
- Kate Banham: (Frimley South Places) katherine.banham1@nhs.net

**The formulary pudding/ desert style product
is Nutricrem.**

See the full formulary of ONS products [here](#).





MOCH Corner- Multi-compartment Compliance Aids in Care Homes

The demand for Multi-compartment Compliance Aid (MCAs) has grown significantly in recent years. MCAs come in different forms in adult social care settings and are sometimes referred to as Monitored Dosage Systems (MDS). Although MCAs may be of value to support some patients, often MCA demand is inappropriate, reducing independence and causing patient harm.

MCAs should primarily be used to help support people to manage their medicines and maintain their independence living at home. Using an MCA might form part of a **reasonable adjustment** to do this. Other **reasonable adjustments** which could be made include:

- reminder medication charts
- wing-topped/ easy-to-open bottles
- medication Administration Record (MAR) charts
- large print on labels
- alarms

The Royal Pharmaceutical Society (RPS) and NICE have both stated that MCAs should not be the first-choice intervention to help people manage their medicines. They recommend that the use of original packs of medicines should be the preferred choice for the supply. The RPS report on MCAs found there was not enough evidence to claim that MCAs:

- help patients to take their medicines as prescribed
- improve patient outcomes

MCAs may be of value for some people who have been assessed as having practical problems in managing their medicines. Each person's medicines needs must be assessed on an individual basis and any support must be person centred. It may be necessary to have a structured medication review to simplify and optimise medicines regimen. All interventions should maintain the person's independence.

The Care Home Use of Medicines Study (CHUMS) reported that use of MCAs did not reduce the likelihood of medicines administration errors. This study highlighted errors associated with MCAs included labelling and filling issues. There were also errors when identifying white tablets.

In addition, MCAs can have a higher carbon footprint often needing additional energy, paper and plastics for repackaging.



Pharmacy First Launch 31st January

December 23	<ul style="list-style-type: none"> - Launch expansion of Pharmacy Contraception Service - Relaunch Blood Pressure Check Service - Pharmacy sign up window to service opens- Service specification published - 23 Patient Group Directions, 7 clinical pathways and 1 Supply Protocol published - Practices to continue to actively engage in CPCS referrals (same referral process will be used for Pharmacy First)
January 24	<ul style="list-style-type: none"> - Pharmacy sign up window closes (30th Jan 24) - CliniSkills/ENT training for pharmacists throughout Jan 24 - Preparation/ training of pharmacy teams to provide the service - Start local engagement with PCN pharmacist/ community pharmacist ahead of launch - Engagement with key stakeholders ahead of launch - Launch Pharmacy First on 31 January 2024, subject to the appropriate digital systems being in place to support these services
February 24	<ul style="list-style-type: none"> - Initial clinical gateway criteria to be met under the new clinical pathway element - CliniSkills/ENT training for pharmacists. Frimley only session 18th Feb in collaboration with the LPCs - Patient and Public comms to be released by National teams. - Local comms for Frimley residents - Monitor/ track pharmacy sign up. - Awaiting 'First of Type testing' for GP connect in community pharmacy

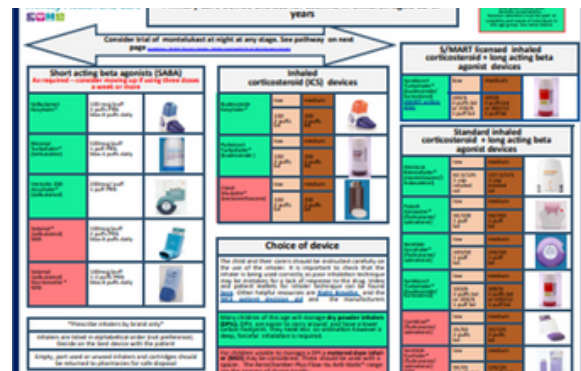
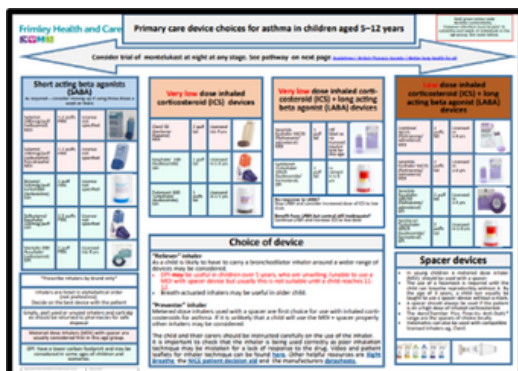
GP tool kit is being developed
 Further info: <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>

Formulary asthma devices in children – picture guides

Asthma Paediatric inhalers posters are now available on the Frimley medicines optimisation page. These illustrate choices of inhalers for children aged 5-12 years and children aged 12-18 years. The posters include information on:

- Formulary choices and licensed dosing
- Red/green colour coding for sustainability
- DPI may be useful in some children over 5 years, who are unwilling /unable to use a MDI with spacer device but usually this is not suitable until a child reaches 11- 12.
- Information on spacers
- Maintenance and Reliever therapy (MART) suitable in 12 years and over however Symbicort Turbohaler is the only inhaler licensed for MART in this age group.
- Links to useful resources including video training and patient leaflets for inhaler technique

Click on the picture below for a copy of the poster.

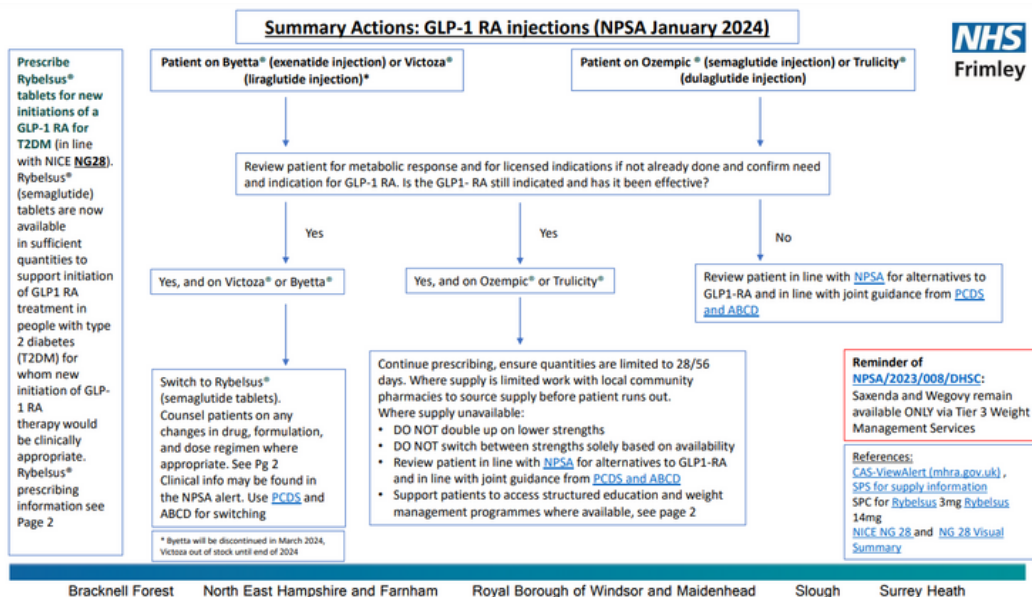




Medicines Safety Updates

National Patient Safety Alert- Shortage of GLP-1 receptor agonists (GLP-1 RA) update

This NatPSA supersedes NatPSA/2023/008/DHSC. The supply of GLP-1 RAs continue to be limited, with supply not expected to return to normal until at least the end of 2024. The alert has been summarised and a copy can be accessed by clicking on the picture below. Read the NPSA alert [here](#).



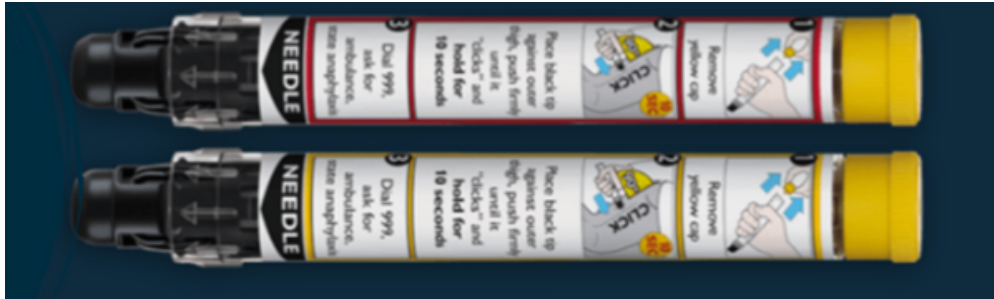
Actions required:

Actions for clinicians and prescribers of GLP-1 RAs until supply issues have resolved:

1. Only prescribe GLP-1 RAs for licensed indications.
2. Prescribe Rybelsus® tablets for new initiations of a GLP-1 RA (in line with NICE NG28).
3. Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE NG28) switch to Rybelsus® tablets.
4. Counsel patients on any changes in drug, formulation, and dose regimen where appropriate
5. Engage with patients established on affected GLP1 RAs and consider prioritising for review:
 - a. discuss stopping GLP1-RA if patients have not achieved treatment goals as per NICE NG28/CG189
 - b. do not double up a lower dose preparation where a higher dose preparation of a GLP-1 RA is not available.
 - c. do not switch between strengths of a GLP-1 RA solely based on availability.
 - d. do not prescribe excessive quantities; limit prescribing to minimise risk to the supply chain whilst acknowledging the needs of the patients.
6. Use the principles of shared decision making where an alternative agent needs to be considered, as per NICE guidelines and in conjunction with the clinical guidance.



Jext 150 mcg and Jext 300 mcg auto-injectors extension of expiry dates for selected devices



Since the withdrawal of Emerade, demand for JEXT has increased globally. To support and maintain an overall adequate supply, the MHRA has agreed to extend the use of specific batch numbers of Jext 150 mcg and Jext 300 mcg auto-injectors, beyond the labelled expiry date by two months. The affected lot numbers are listed are also available on <https://jext.co.uk/jext-expiry-extension-uk/>.

The extension of this expiry date should not impact the effectiveness of the medicine.

Batch numbers and labelled expiry dates are marked on the end-flap of the box and on the auto-injector label itself. Further information is available [here](#).

Aripiprazole (Abilify and generic brands): risk of pathological gambling

Aripiprazole (Abilify and generic brands): risk of pathological gambling.

Advice for healthcare professionals:

- there has been an increase in the number of Yellow Card reports of gambling disorder and pathological gambling associated with aripiprazole use; concerns have also been raised about a lack of awareness of this issue
- the UK reports occurred in patients with and without a prior history of gambling disorder and the majority were reported to resolve upon reduction of dose or stopping treatment with aripiprazole.
- advise patients and their caregivers to be alert to the development of new or increased urges to gamble and other impulse control symptoms, such as excessive eating or spending, or an abnormally high sex drive.
- consider dose reduction or stopping the medication if a patient develops these symptoms.
- awareness of this risk must increase among patients and prescribers, as gambling is recognised as a common risk factor linked to suicide and is included within the [suicide prevention in England: 5-year cross sector strategy](#).
- report suspected adverse drug reactions associated with aripiprazole on a [Yellow Card](#)



Medicines Safety Updates

Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions

Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions.

Advice for healthcare professionals:

- cobalt sensitivity reactions typically present with cutaneous symptoms of chronic or subacute allergic contact dermatitis. Infrequently, cobalt allergy may trigger an erythema multiforme-like reaction. Symptom onset may be immediate or delayed up to 72 hours post-administration
- cobalt allergy is estimated to affect 1 to 3% of the general population.
- if cobalt sensitivity-type reactions occur, assess the individual benefits and risks of continuing treatment and, if necessary to continue, advise patients on appropriate management of symptoms
- report suspected adverse drug reactions to the Yellow Card scheme

Briefing for general practices on the Pharmacy First service [click here](#)

Due to commence
on 31st January 2024

There are three parts to the service:

1. Minor illness consultations with a pharmacist;
2. Supply of urgent medicines (and appliances);
3. Clinical pathway consultations.

Further information on the Pharmacy First service can be found at cpe.org.uk/pharmacyfirst

Providing NHS services

Most pharmacies can help you with **seven common conditions** without needing a GP appointment

- Sinusitis
- Sore throat
- Earache (children)
- Infected insect bite
- Impetigo
- Shingles
- Urinary tract infection (women)

Ask your pharmacy for more information about this free NHS service

Visit your Pharmacy First!