

**Frimley ICB Prescribing Newsletter***"Making the most of medicines"***Volume 13 Issue 8  
September 2022**

**DID YOU KNOW YOU CAN CLICK TO ANY ARTICLE FROM THE CONTENTS PAGE?  
JUST USE THE HYPERLINKS BELOW THEN HIT THE "BACK TO CONTENTS PAGE"**

**Contents**

<a href="#">Community pharmacy closures- e-mail contact details</a>	<a href="#">2</a>
<b><a href="#">GUIDANCE/EVIDENCE UPDATE</a></b>	<a href="#">2</a>
<a href="#">Inclisiran injection as an option for lipid management</a>	<a href="#">2</a>
<a href="#">Mental Health Chapter Update- Frimley.net formulary</a>	<a href="#">2</a>
<a href="#">Antibiotic guidelines: SCAN MicroGuide latest updates</a>	<a href="#">3</a>
<a href="#">Lower carbon footprint inhalers- new landing page on Frimley ICB website</a>	<a href="#">3</a>
<b><a href="#">SAFETY UPDATE</a></b>	<a href="#">3</a>
<a href="#">MHRA Drug Safety August 2022 Update</a>	<a href="#">3</a>
<a href="#">General Practice and national patient safety (incl. medicines safety) alerts</a>	<a href="#">4</a>
<a href="#">Sharing information on medicines incidents, including 2 local incidents</a>	<a href="#">4</a>
<b><a href="#">MEDICINES BOARD UPDATE</a></b>	<a href="#">5</a>
<a href="#">NHS Frimley updated type 2 diabetes guidelines.</a>	<a href="#">5</a>
<a href="#">Updated shared care documents with SABP for long acting injectable antipsychotics-South Places only.</a>	<a href="#">6</a>
<a href="#">Changes to emollient prescribing patient information leaflet</a>	<a href="#">6</a>
<b><a href="#">FORMULARY</a></b>	<a href="#">6</a>
<a href="#">Resource ThickenUp Clear® is the preferred choice thickener in NHS Frimley</a>	<a href="#">6</a>
<b><a href="#">SUPPLY</a></b>	<a href="#">6</a>
<a href="#">Promethazine hydrochloride 25mg tablets: out of stock</a>	<a href="#">6</a>
<a href="#">Methylphenidate (Delmosart® 18mg modified release tablets) out of stock</a>	<a href="#">6</a>
<a href="#">Shortage of temazepam 10mg and 20mg tablets</a>	<a href="#">7</a>
<a href="#">Online medicines supply tool</a>	<a href="#">7</a>
<b><a href="#">MEDICINES OPTIMISATION IN CARE HOMES (MOCH)</a></b>	<a href="#">7</a>
<a href="#">COVID-19 Standard Operating Procedure: running a medicines reuse scheme in a care home or hospice setting</a>	<a href="#">7</a>
<b><a href="#">CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM</a></b>	<a href="#">8</a>

**[Looking for past newsletters? – follow this link.](#)**

**MOT'ea Save the date: 18<sup>th</sup> October**

The September session has been rescheduled-SMRs & Frailty. It will be led by members of the Frimley ICS MOCH Team, Sally Clarke and Simi Mudhar who will bring their extensive expertise on the subject as well as real life case studies.

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

**[BACK TO CONTENTS PAGE](#)**

## Community pharmacy closures- e-mail contact details

We are aware that a number of practices have been affected by unplanned closures of local community pharmacies and have been asked by practices for details of whom to contact regarding this.

Community pharmacies are currently commissioned by NHSE, and their contact email is: [england.southeastcommunitypharmacy@nhs.net](mailto:england.southeastcommunitypharmacy@nhs.net).

NHSE South East will be convening a meeting this month to discuss with contractors the issues regarding community pharmacy closures across the region.

The Medicines Optimisation Team would also appreciate being informed of any closures in your area so that we can continue to support practices and our community pharmacy colleagues.

For East Berkshire and Surrey Heath Places e-mail: [Frimleyicb.prescribing@nhs.net](mailto:Frimleyicb.prescribing@nhs.net)

For North East Hampshire and Farnham Place please e-mail: [Frimleyicb.medicinesmanagement@nhs.net](mailto:Frimleyicb.medicinesmanagement@nhs.net)

[BACK TO CONTENTS PAGE](#)



### GUIDANCE UPDATE

#### Inclisiran injection as an option for lipid management

The Medicines Optimisation Team have received queries from GPs with regards prescribing of inclisiran. In October 2021 NICE published a technology appraisal guidance ([NICE TA 733](#)) recommending inclisiran for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults who meet the specified criteria.

In primary care, inclisiran injection is available as a personally administered item in general practice reimbursed via an FP34D form OR on an FP10 prescription. Inclisiran is listed in the Drug Tariff (Part VIIIC) at a reimbursed amount of £55 per injection; this is the reimbursement price that will be received by pharmacies or practices. Additionally, a personal administration fee is payable to the practice when reimbursed via an FP34D form. Further information may be found in the [Information for Primary Care](#) document.

(Please note that the EMIS web price for inclisiran is, £1,987.36, which is not the negotiated NHS price for primary care, so may be ignored. Many thanks to clinicians who have checked before prescribing).

**Action: Please read the Information for Primary Care document for further information on inclisiran.**

[BACK TO CONTENTS PAGE](#)

#### Mental Health Chapter Update- Frimley.net formulary

The Frimley ICS joint formulary mental health chapter has been updated in line with the Medicines Optimisation Board recommendations. Access the Frimley ICS joint formulary [here](#).

Key changes include:

- Addition to the formulary: agomelatine, quetiapine MR formulation and bupropion (for off-label use in depression).
- Change of traffic light status to **AMBER without shared care**: clonazepam (for mental health and epilepsy), levomepromazine (for schizophrenia).

Action: To access the local formulary bookmark this page.

<http://www.frimleyhealthformulary.nhs.uk/default.asp>

[BACK TO CONTENTS PAGE](#)

## Antibiotic guidelines: SCAN MicroGuide latest updates

Version 7.1 (17th August 2022)

- Updated paediatric pages including flucloxacillin or phenoxymethylpenicillin (Penicillin V) to state that the unpleasant taste and palatability of flucloxacillin and phenoxymethylpenicillin (Penicillin V) suspensions can affect adherence to antibiotics, which may result in treatment failure.
- Updated the *C. diff* risk warnings on the paediatric pages to state 'These medications can be implicated in *C. diff* infection. However, this is extremely rare in children. See [Foreword](#) if more information is needed.'
- Links fixed/updated in paediatric section for safety netting.

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.

[BACK TO CONTENTS PAGE](#)

## Lower carbon footprint inhalers- new landing page on Frimley ICB website

A collection of resources has been put up on the website to support this work.

Action: Link to the landing page [here](#)



### SAFETY UPDATE

### MHRA Drug Safety August 2022 Update

[Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists](#)

#### Advice for healthcare professionals

- Only specialists in asthma should initiate and clinically manage use of nebulisers and associated nebulised medicines at home for acute treatment of asthma in children and adolescents
- Independent purchase of nebuliser devices outside of medical advice for use at home to deliver rescue therapy for the acute treatment of asthma in children and adolescents is not recommended
- Pharmacists are asked to advise people seeking to purchase a nebuliser for this purpose that such home use of nebulisers is not recommended without specialist clinical management
- Continue to report suspected adverse reactions to nebulised medications and adverse incidents involving nebulisers on a [Yellow Card](#)

**Advice to provide to patients or caregivers**

- Seek urgent medical assistance if worsening asthma symptoms are not relieved by rescue medicines prescribed by a healthcare professional, even if the child has short-term recovery following use of prescribed nebulised medication
- Children under 18 years should only use a nebuliser to take asthma reliever medications under specific instructions of a doctor with expertise in asthma, so that deterioration in asthma control can be detected and treated without delay
- Only use a nebuliser device recommended by a doctor and ask for training from your asthma nurse, pharmacist, or other healthcare professional on how it should be used and maintained and when to seek medical advice
- If your child or teenager have been using a nebuliser at home, and have not yet been referred to a specialist in asthma, talk to their GP about referral to a specialist

**Action: For information.**

[BACK TO CONTENTS PAGE](#)

## General Practice and national patient safety (incl. medicines safety) alerts

A reminder that CQC states that all practices should have a system in place to ensure that they are receiving, disseminating, and acting upon all safety alerts and information relevant to general practice in a timely manner. Practices will need to evidence their actions in relation to relevant safety alerts for the purposes of CQC compliance.

To support practices with this, CQC and Ardens have developed a suite of clinical and medicine searches which are now routinely used when carrying out inspections of GP practices. They were designed to focus on areas of clinical importance, reflecting the profession's agreed shared view of quality and to contribute to a consistent regulatory approach. They identify cohorts of patients who may require further attention.

The searches are available in EMIS and Vision.

**Action: Further information and how to download the searches is available [here](#). If you have any questions regarding this, please contact your medicines optimisation pharmacist.**

[BACK TO CONTENTS PAGE](#)

## Sharing information on medicines incidents, including 2 local incidents

We want to regularly share learning about national incidents as well as local ones that have been recently uploaded to the [Learn From Patient Safety Events system \(LFPSE\)](#) and those reported directly to Frimley ICB.

Research shows that organisations that regularly report more patient safety incidents usually have a stronger learning culture where patient safety is a high priority. Healthcare professionals working in general practice can now report medication errors using the [LFPSE e-form](#).

### 1. Missed doses of long-acting anti-psychotic depot injections

We have received several incident reports from our community mental health colleagues of patients missing doses of their long-acting anti-psychotic depot injections to be given by their GPs. This has unfortunately led to patients being discharged back to community recovery mental health services and in one case admitted under the Mental Health Act.

**Advice for healthcare professionals and practice staff**

Investigations into what happened, and learning are currently being undertaken but the following actions by practices and their staff should be taken:

- Ensure that the practice has a robust system to identify patients who require regular monthly (or less frequently) injections to be administered by the practice
- The practice must have robust recall and safety netting systems to ensure that these patients, are contacted for appointments, and followed up
- All staff involved with the care of these patients must be familiar with any shared care agreements where they have taken on the responsibility to administer the injections and particularly when it is recommended to contact the specialist team with any concerns. This information is stated in the shared care agreements

**2. Unplanned pregnancy whilst taking valproate**

A neighbouring ICB has asked that we share this incident with our primary care colleagues.

A patient became pregnant whilst taking sodium valproate but did have an up-to-date Annual Risk Acknowledgement Form (ARAF) and Pregnancy Prevention Programme (PPP) in place.

An investigation highlighted some areas of risk within the system.

- The patient incorrectly declared to their specialist that they were using a long-acting reversible contraceptive (LARC) and the ARAF was completed accordingly.
- The Primary Care prescriber noted that there was not a LARC on the clinical system but presumed it was being sourced from a Family Planning Service as the ARAF indicated that the patient was on LARC.

**Advice for healthcare professionals**

- When discussing contraception with the patient, document the name of the contraceptive being used to check it is appropriate. At least one highly effective method of contraception or two complementary forms of contraception including a barrier method should be used.
- Ensure that the LARC is documented on the clinical system even if it is supplied by a Family Planning Service and the patient contacted to confirm if the information is missing.

**Action: For information and reflection.**

[BACK TO CONTENTS PAGE](#)

**MEDICINES BOARD UPDATE****NHS Frimley updated type 2 diabetes guidelines.**

The local type 2 diabetes guidelines have been updated in line NICE (NG28) 31.3.22 and use a stepwise approach adapted from the EASD-ADA 2019 consensus report. Key messages from the guidelines were included in the “Diabetes road-show” events and PMOS scheme meetings.

**Action: Read and follow the updated guidelines [here](#).**

[BACK TO CONTENTS PAGE](#)

## Updated shared care documents with SABP for long acting injectable antipsychotics-South Places only.

Updated shared care documents are now available for:

- Zuclopenthixol
- Paliperidone (1-month and 3-monthly)
- Haloperidol
- Aripiprazole
- Flupentixol

**Action:** Read the updated shared care documents [here](#).

[BACK TO CONTENTS PAGE](#)

## Changes to emollient prescribing patient information leaflet (PIL)

The Medicines Optimisation Board approved a patient information leaflet explaining the changes to emollient prescribing in NHS Frimley, including information about formulary equivalents to Aveeno®/Cetraban®, advising they will no longer be prescribed for dry skin (OTC policy) and the prescribing of bath/shower emollients will stop

**Action:** Access the PIL [here](#). Please consider sharing this PIL when prescribing formulary emollients and declining requests for non-formulary emollients or use in OTC conditions.

[BACK TO CONTENTS PAGE](#)


	<b>FORMULARY</b>
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## Resource ThickenUp Clear® is the preferred choice thickener in NHS Frimley

This is a clear gum-based thickener and is a safer, more palatable, and more cost-effective product in comparison to starch-based thickeners.

**Action:** Read the guidelines [here](#).

[BACK TO CONTENTS PAGE](#)

	<b>SUPPLY ISSUES</b>
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## Promethazine hydrochloride 25mg tablets: out of stock

Where patients have insufficient supplies to last until the re-supply date (14<sup>th</sup> October 2022), clinicians should:

- review patients to determine if this is still the most suitable therapy
- consider prescribing an alternative sedating antihistamine, taking into consideration the indication, ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose required (see clinical information).

For the management of nausea and vomiting in pregnancy, clinicians should:

- consider prescribing cyclizine 50mg tablets.

[BACK TO CONTENTS PAGE](#)

## Methylphenidate (Delmosart® 18mg modified release tablets) out of stock

Where patients have insufficient supplies to last until the re-supply date (mid-December 2022), clinicians should:

- consider prescribing Concerta® XL, Delmosart® or Xenidate® XL brands which can support the market during this time, ensuring that the patient is not intolerant to any of the excipients.

[BACK TO CONTENTS PAGE](#)

## Shortage of temazepam 10mg and 20mg tablets

Where patients have insufficient supplies to last until the re-supply date (9<sup>th</sup> December), clinicians should:

- review patients and offer them the opportunity to consider tapering down and discontinuing treatment, with support (this may be done as a structured medication review as recommended as part of the PCN DES IIF).
- alternative benzodiazepines and non-benzodiazepines remain available.

[BACK TO CONTENTS PAGE](#)

## 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

## COVID-19 Standard Operating Procedure: running a medicines reuse scheme in a care home or hospice setting

The medicines reuse scheme in a care home or hospice setting, was withdrawn on 6 April 2022.

The MOCH team have requested advice regarding the retention of medicines re-use records and what to do with any medicines currently held as part of the scheme from NHS England.

Once formal written advice has been obtained, an email from the MOCH team will be shared with all care homes stating appropriate actions.

In the interim, care homes should be advised to:

- stop use of medicines re-use schemes.
- segregate medicines re-use scheme medication stock.
- store safely and securely, under lock and key in accordance with the medicines re-use guidance, until further notice from the MOCH team.
- keep all paper records safe till further advice obtained.

[BACK TO CONTENTS PAGE](#)



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## OTHER USEFUL CONTACT DETAILS

**Controlled Drugs Accountable Officer (CDAO):** CDAO (Julie McCann) can be contacted via [england.southeastcdao@nhs.net](mailto:england.southeastcdao@nhs.net) noting that all general CD concerns, incidents and authorised witness requests should always be raised via [www.cdreporting.co.uk](http://www.cdreporting.co.uk) . For non-CD medicines safety issues, use [julie.mccann3@nhs.net](mailto:julie.mccann3@nhs.net)

**Medicines Advice Service -telephone number 0300 7708564.**