Frimley ICB Prescribing Newsletter

"Making the most of medicines"

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Looking for past newsletters? – follow this link.

MOT'ea Save the date: 2nd February 2023, 1PM.

Our speaker will be Dr Azmy Birdi, local GP and Menopause Specialist & Menopause Special Skills Trainer. A MS Teams invite has been sent. Not on the distribution list? Then e-mail: tim.langran@nhs.net

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PLACE stop smoking services and NRT prescribing guidance summary

The ICB includes several Local Authority Public Health teams, each commissioning Stop Smoking Services locally.

Smokers wishing to stop smoking should be referred to the applicable Place service, where they may access NRT and counselling services as appropriate. Referral criteria and information on prescribing of

bupropion and varenicline are explained within the document, however, please note that at this time neither bupropion nor varenicline are available due to ongoing supply problems.

A summary table of local services.

Place	Provider	Healthcare professional link to referral form	Supply of NRT
Bracknell	Smokefree Berkshire (Solutions4health)	https://www.smokefreelifeberkshire.com/	NRT is provided as part of the service.
North East Hants	Smokefree Hampshire (Solutions4health)	https://www.smokefreehampshire.co.uk/make-a-referral/	NRT is provided as part of the service.
Royal Borough	Stop Smoking Berkshire (Solutions 4Health)	https://www.smokefreelifeberkshire.com/	NRT is provided as part of the service.
Slough	Stop Smoking - HWS Slough (healthandwellbeingslough.co.uk)	https://healthandwellbeingslough.co.uk/referral-form/	All those with H/O mental health or are pregnant will get NRT/Vape for 12 weeks; others are based on need.
Surrey Heath including Farnham	One You Surrey	https://oneyousurrey.org.uk/refer/	Nicotine replacement therapy (NRT) will be provided as part of the service in pregnancy and for clients with defined long-term health conditions.

Action: Access the summary table here. A copy in DXS is pending. Read Supply article below.

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Register with PrescQIPP and access prescribing resources

PrescQIPP is an NHS funded not-for-profit organisation that supports quality, optimised prescribing for patients. Frimley ICB is a subscriber and resources are available to all ICB /practice pharmacists, technicians, other clinical and medical staff. Register for free access. A welcome seminar can be found here.

Large medicines optimisation topics are addressed by “webkits” which cover areas such as antimicrobial stewardship, pain , care homes and respiratory care (which includes a variety of resources to tackle the greener inhaler work).

Specific topics are tackled by bulletins and include anticoagulation, menopause and falls.

The site offers clinical masterclasses and skills webinars, all of which are recorded and available to access after the delivery date. Recent topics include the updated NICE guideline on the management of osteoarthritis, antibiotic stewardship in dentistry and Epilepsies in children . The next topic is Evidence-Informed Decision Making on 7th February. All the above content is free.

In addition there is a range of CPD accredited eLearning courses on topics such as lipid modification, diabetes and opioid prescribing in chronic pain. These are paid for content, details of which are available on the site. Until 20th February there is £5 discount on each individually purchased course (usual price £15 per course).

Action: Register for this site and browse the resources. In the event of any query, please contact the team at frimleyicb.prescribing@nhs.net

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GUIDANCE UPDATE

Antivirals via the covid medicines delivery unit (CMDU) in Frimley ICB

GPs do not need to prescribe or dispense nMABs or antivirals as the CMDU service continues to operate and has widened access for children below 12 years of age to remdesivir.

After a patient reports a positive lateral flow test to www.gov.uk/report-covid19-result or 119 the majority will be contacted automatically by the CMDU. A small number of very high risk patients may contact their GP, who may refer as below.

Treatment must be started within at least 7 days of symptom onset, ideally within 5 days for some treatment options.

Action: The Frimley ICS / Surrey Heartlands ICS CMDU clinical assessment service is being provided by East Berkshire Primary Care OOH service and GP referrals may be made via an email: nmab.ebpc@nhs.net, or, phone: 03000 770312 NOTE: Please do NOT pass the above details onto patients directly, these contact details are for Healthcare Professional use only. A nation flyer explaining the process may be found here.

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NICE Updated Guidelines - January 2023

NG209: The Tobacco: preventing uptake, promoting quitting and treating dependence guideline.

NG19: The Diabetic foot problems: prevention and management guideline

CG103: The Delirium: prevention, diagnosis and management in hospital and long-term care guideline

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

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Ardens Care Quality Commission (CQC) clinical searches

CQC has developed a suite of clinical 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. Most of the searches focus on safe prescribing, monitoring of higher risk drugs and identification of potential missed diagnoses. They identify cohorts of patients who may require further attention.

For practices using EMIS (and VISION) the searches are available free of charge via Ardens. A practice can run these searches at any time. Further information, including downloading and import information is here.

Action: Run these searches regularly to identify patients for review. For more detailed information read GP myth buster 12: Accessing medical records and carrying out clinical searches.

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Clopidogrel and proton pump inhibitors interaction-reminder

Recent CQC visits to our GP practices have focused on how practices responded to the MHRA alert from 2014 on the interaction between clopidogrel and omeprazole or esomeprazole.

The updated advice discourages the concomitant use of clopidogrel and omeprazole or esomeprazole unless essential and to consider other PPI's. Other gastrointestinal therapy such as H2 blockers (except cimetidine) or antacids may be more suitable in some patients.

The Ardens CQC clinical searches (above) include one for clopidogrel and omeprazole/esomeprazole.

Action: Run the Ardens CQC clinical search regularly to identify and review patients and prescribe an alternative PPI or gastrointestinal therapy if appropriate. BACK TO CONTENTS PAGE

SAFETY UPDATE

Safe prescribing and use of potassium permanganate concentrate (tablets for cutaneous solution)

Following the national patient safety alert and recommendations of the British Association of Dermatologists, potassium permanganate tablets are now 'amber-no shared care' on the Frimley ICS Formulary. It must now be prescribed or recommended by a specialist experienced in the use of potassium permanganate after a documented risk assessment has been completed to ensure that the patient can store and use potassium permanganate concentrate safely. A copy must be filed in the patient's clinical records and/or the discharge summary in the patient notes and a copy sent to the patient's GP and/or community nursing team. A written patient information leaflet must be given to the patient and/or their carer when it is prescribed / dispensed.

The risk assessment and patient information leaflet are available on the Frimley ICB website and on DXS.

Action: For information. BACK TO CONTENTS PAGE

Xaqua® (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations

Clinicians should be aware about the differences in bioavailability seen with different metolazone 5mg tablets. Preferential use of the licensed formulation (Xaqua®) is recommended for all new patients. Caution is recommended if switching patients between different preparations. **Local guidance on the prescribing of metolazone and switching between different preparations will be developed.**

Advice for healthcare professionals:

- follow good practice in prescribing medicines by considering the licensed formulation (Xaqua®) in preference to unlicensed imported metolazone preparations in new patients
- assess individual patient factors before switching patients from unlicensed imported metolazone products to Xaqua®
- consider dose adjustment, due to potential differences in bioavailability, at the time of switching from unlicensed imported metolazone products to Xaqua®
- monitor patients to assess the clinical impact of the switch – monitoring should be done on an individual basis after an assessment of the patient's risk, and could include assessment of blood pressure, electrolytes and degrees of oedema and breathlessness
- do not divide Xaqua® tablets into quarters – when it is necessary to split tablets, this should be only into halves using the tablet score-line
- tell the patient if their prescribed dose means that they have to split their Xaqua® tablet and ensure that this is documented clearly on the medication label and in medication records where appropriate

- prescribe and supply metolazone by product name and document this clearly, especially for transfers of care
- report suspected adverse drug reactions on a Yellow Card

Action: For further information.

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Topical testosterone (Testogel®): risk of harm to children following accidental exposure

Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine.

To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child. See the full advice here.

ACTION: For information

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Dupilumab (Dupixent▼): risk of ocular adverse reactions and need for prompt management

Dupilumab is licensed for use in moderate to severe atopic dermatitis and as add-on maintenance treatment for severe asthma. For adults, it is also licensed as an add-on therapy with intranasal corticosteroids for severe chronic rhinosinusitis with nasal polyposis.

It is a **RED** drug on the Frimley Health Formulary, but the following advice should be noted for primary care clinicians.

New onset or worsening ocular symptoms require prompt review. Referral for ophthalmological examination should be made as appropriate.

Advice for healthcare professionals:

- dupilumab is commonly associated with cases of conjunctivitis and allergic conjunctivitis, eye pruritus, blepharitis, and dry eye and with infrequent cases of keratitis and ulcerative keratitis, especially in patients with atopic dermatitis
- be alert to the risks of ocular reactions and promptly review new onset or worsening ocular symptoms, referring patients for ophthalmological examination as appropriate
- sudden changes in vision or significant eye pain that does not settle warrant urgent review
- discuss with patients or caregivers the potential for, and symptoms of, ocular side effects at initiation of dupilumab, including symptoms of conjunctivitis and dry eye (which can also include paradoxical eye watering), keratitis and ulcerative keratitis
- advise patients to promptly report new-onset or worsening eye symptoms to their healthcare professional so that appropriate treatment can be initiated – advise patients not to self-manage ocular symptoms
- ensure that patients who develop conjunctivitis or dry eye that does not resolve following initial treatment, or patients with signs and symptoms suggestive of keratitis (especially eye pain and vision changes), undergo ophthalmological examination, as appropriate

- report any suspected adverse drug reactions associated with dupilumab or tralokinumab on a Yellow Card

ACTION: For information and reminder to record hospital only drugs on patient's GP clinical notes

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MEDICINES BOARD UPDATE

Frimley ICS Adult symptom control guidelines in palliative-care

Updated guidelines have been developed by local Palliative Care Specialists for use across all care settings in Frimley ICS to support management of symptoms in patients in the last year of life.

Action: Access the guidelines here.

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Treating your hayfever with over the counter medicines-a Patient Information Leaflet (PIL)

Produced with the intention to communicate how hayfever can be treated OTC and may be used when a patient requests medication for hayfever on prescription.

Action: Share the leaflet via AccuRx. Access the patient information leaflet here.

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FORMULARY

Continuous Glucose Monitoring (CGM) devices update in Type 1 diabetes

In Type 1 diabetes: Freestyle Libre® and Dexcom ONE® are available as per NICE Guidelines Type 1 diabetes in adults, traffic light status **AMBER.** **Replacement Dexcom ONE transmitters to be supplied direct to the patient via Dexcom or via specialist service.**

No amendment to use in Type 2 diabetes: Freestyle Libre® and Dexcom ONE®, traffic light status remains **RED**.

The NICE Guidelines Type 2 diabetes in adults CGM recommendations are in the process of review and pending financial turnaround plan decisions for 2023.24.

Patients living with Type 2 diabetes should not be referred into the specialist diabetes service at this time, the Frimley ICB formulary is a joint formulary, thereby the CGM formulary status is the same as for primary care.

Action: for information.

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SUPPLY ISSUES

Bupropion (Zyban®) MR 150mg tablets out of stock until further notice

The manufacturer, GSK, has conducted testing on the drug bupropion which has indicated that there is the potential for the presence of nitrosamine impurities. Some nitrosamines may increase the risk of

cancer if people are exposed to them above acceptable levels and over long periods of time. As a result of this, on 1st December 2022 GSK placed an immediate hold on the batch release and distribution of Zyban® 150 mg prolonged release tablets.

Due to ongoing supply issues with varenicline (Champix) tablets, the only licensed pharmacological aid to smoking cessation currently available is nicotine replacement therapy.

Action: For information. Access smoking cessation service information on the Medicines Optimisation pages of the Frimley ICB website here.

Alternatives for Treatment Resistant Depression:

Where bupropion is used for treatment resistant depression, there is no other antidepressant which has similar pharmacological actions available in the UK. Please refer to NICE Guidelines for Depression for information about treatment options and chronic depressive symptoms

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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

Winter infections in care homes-outbreak information

Care home residents and staff are more susceptible to infections which increase over the winter months e.g. COVID-19, seasonal influenza, and norovirus. These viruses are very infectious and can cause outbreaks due to close contact in residential settings. Good infection control practices and vaccination help reduce the risk of outbreaks occurring.

Recognising an outbreak:

Acute Respiratory Infection outbreak (includes suspected flu and COVID-19)	**COVID-19 outbreak definition**	**Influenza outbreak definition**	**Suspected norovirus outbreak definition**
Two or more cases with flu-like illness* or suspected COVID-19+ within 14 days which occur in residents and/or staff in close proximity to each other.	At least one confirmed case of COVID-19 (positive test) AND one or more cases of confirmed or suspected COVID-19+ within the same 14-day period, where the cases are linked to transmission in the care setting.	At least one confirmed case of influenza (positive test) AND one or more cases of confirmed or suspected influenza (flu-like illness*) within the same 48-hour period.	Two or more cases of diarrhoea and/or vomiting within 48 hours which occur in residents and/or staff. A confirmed outbreak is where one of more cases have a positive test for norovirus.

UKHSA-SoutEast-Winter2022-23Infection-Prevention-In-CareHomes-300922.pdf (hants.gov.uk)

Influenza Like Illness (ILI) case definition for use in care homes:

(i) Oral or tympanic temperature ≥37.8C* AND one of the following: acute onset of at least one of the following acute respiratory (AR) symptoms:

- cough (with or without sputum)
- hoarseness
- nasal discharge or congestion
- shortness of breath
- sore throat
- wheezing
- sneezing

OR

(ii) an acute deterioration in physical or mental ability without other known cause

***It is acknowledged that older persons may not always develop a fever with influenza**

What should care homes do to report an outbreak:

Care homes should report outbreaks to their local UKHSA Health Protection Team (HPT). The local HPT can provide guidance and advice on additional testing and whether antivirals are indicated.
Care homes should contact their local UKHSA HPT if they have:

- two or more residents or staff are unwell with ILI and have tested negative for COVID-19 on LFD or PCR, or
- been informed of a case of confirmed flu in a resident (for example if they are tested because of a hospital admission)
- an outbreak of diarrhoea or vomiting

Action: For information

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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.

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.