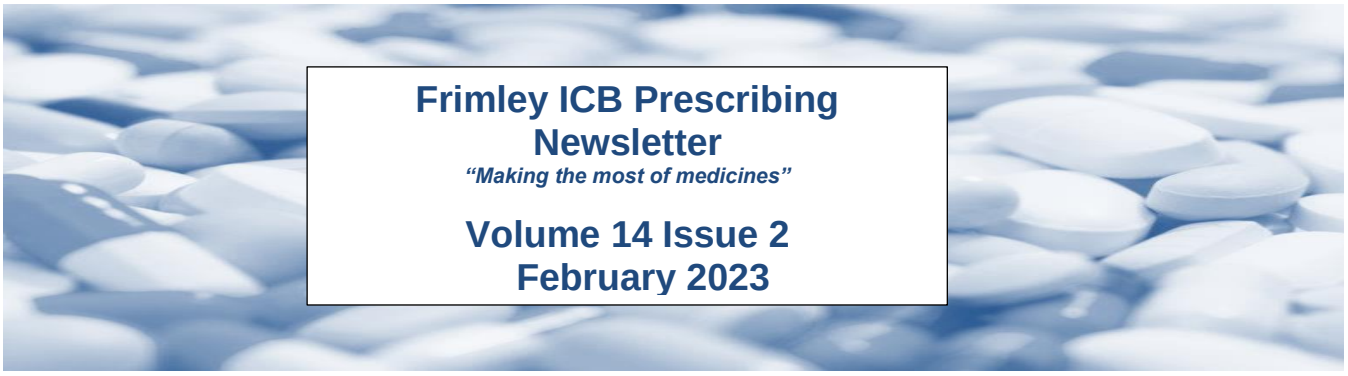

Frimley ICB Prescribing Newsletter

"Making the most of medicines"

Volume 14 Issue 2
February 2023

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"

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Looking for past newsletters? – follow this link.

MOT'ea Save the date: 21st March 2023 - Tuesday 1-2pm

We have Evphi Kalkantera, Parkinson's Specialist Nurse at FHFT, joining us to speak about the condition and give us key updates and tips about medications use.

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

Funding for another year of independent prescribing courses for pharmacists

Health Education England is offering more independent prescribing courses from March 2023 for pharmacists working across several settings, including locums.

This training enables pharmacists to support patients from diagnosis to prescribing, and to provide advice and follow-up – while also helping them to feel confident and prepared for the new challenges of their role.

Courses will be available between April 2023 and March 2024, with several universities offering multiple dates for cohort intakes. Start dates will depend on the university provider.

Find out more: https://www.hee.nhs.uk/our-work/pharmacy/independent-prescribing

GUIDANCE UPDATE

Supporting GPs practices to implement use of inclisiran

The Medicines Optimisation Group (MOG) discussed the Surrey and Sussex LMCs inclisiran position statement, which does not support the NHS England roll-out of inclisiran. MOG did not identify any monitoring requirements, and no complex injection technique for inclisiran. Therefore, it falls outside of the LCS specifications for monitoring of high-risk medication and for long-acting injectable antipsychotics or minor surgery.

Practices are reminded that they can purchase inclisiran from the wholesaler (AAH Tel - 0344 561 8899) at £45 and make a claim on the monthly submitted FP34D, which is payable 30 days from the end of that month. It can be given in Primary Care as a personally administered item and is listed in the Drug Tariff at a reimbursed price of £55 per injection i.e., £10/injection practice margin. Additionally, a personal administration fee is payable to the practice when reimbursed via an FP34D form. Further information may be found here.

Action: Follow the Lipid management tool and optimise the dose of atorvastatin,(first choice) and add ezetimibe if needed, before considering 3rd line treatments such as inclisiran. Frimley have approximately 28,000 people with CVD/T2DM that currently are not taking a high intensity statin. The Medicines Optimisation Scheme for this year provides funding via the CVD element for practices to focus on this group.

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SCAN latest paediatric updates

Version 7.8 (6th February 2023)

Updated Community Acquired Pneumonia (CAP) (CHILDREN) with changes to: amoxicillin duration, presentation of dosing information, changes to erythromycin dosing information and inclusion of suggestion of sending a sample as per NICE guidance.

Updated Acute Otitis Externa (CHILDREN) with reference added for NICE Cellulitis and erysipelas, age range added to Otomize ear spray, age range added to cefalexin 12.5mg/kg statement.

Updated Oral candidiasis (CHILDREN) with addition of advice about how to administer nystatin oral suspension. Maximum dose removed from Day 1 fluconazole dose to reflect BNF-C guidance.

Updated Human and animal bites (CHILDREN) duration of doxycycline and metronidazole for treatment course.

Updated Urinary Tract Infections (CHILDREN) Added section headers and added age range for cefalexin 12.5mg/kg dosing.

Version 7.9 (21st February 2023)

Updated alerts regarding Group A streptococcus.

Updated Acute Sore Throat for adults following reinstatement of NICE guidance NG8.

Updated Sore throat including Tonsillitis (CHILDREN) in response to update to Group A Streptococcus national guidance.

Updated Scarlet fever (CHILDREN) in response to update to Group A Streptococcus national guidance.

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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Invalid prescriber codes and practice mismatch- good housekeeping action

NHS Business Services Authority (NHSBSA) regularly identifies a list of prescribers where the information contained within the EPS script differs from the information held at NHSBSA; either the prescriber code is invalid or the prescriber is not recognised at the practice specified in the EPS prescription.

Practices have the responsibility of ensuring that the information the NHSBSA Prescription Services hold about prescribers is correct. NHS Prescription Services use prescriber & organisation codes to identify where prescription costs should be assigned. There are financial, governance and medico-legal implications if practices continue to use and sign prescriptions of a prescriber who has left, and financial and governance implications if the NHS Prescription Services information is not updated to reflect prescriber changes.

The Practice Medicines Optimisation Scheme Good Housekeeping element has an action for practices to ensure that a process is in place to notify the Medicines Optimisation Team of new prescribers joining the practice and prescribers leaving the practice. Please speak to your Medicines Optimisation Practice pharmacist if you have any questions about this action. Leaver and Joiner forms may be accessed from the NHS BSA website. Please visit the website to get the up-to-date form, as NHSBSA won't accept old versions of the form.

Action: Links to the local guidance may be found here for GPs, and, here for non-medical prescribers. Use the guidance to check prescribers are correct for your practice and ensure any prescriber changes are updated.

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Specialist Pharmacy service – antidepressant switching guidance

Advice on antidepressant switching including establishing whether a switch is necessary, choosing an antidepressant to switch to, agreeing a strategy, and monitoring can be found here Switching – SPS - Antidepressant switching. Advice on suitable strategies for a range of potential switches is provided.

Establishing whether a person needs to switch their antidepressant
Prior response, side-effects, new contraindications, and current symptoms may make an antidepressant switch necessary.
Choosing an antidepressant to switch a person to
Where a need to switch antidepressant is established, appraise the options to identify what's suitable for the person. For complex switches: consult an expert.
Planning and agreeing an antidepressant switching strategy
Where the need for an antidepressant switch is established and you've agreed with the individual what to switch to, you can then plan and implement the switch.
Monitoring a person during and after antidepressant switching
Review people at appropriate time points; advise on what to expect and report; and beware of the possibility of discontinuation and serotonin syndromes.

Individual switches: SPS have advice on how to switch between individual antidepressants of different types.

- MAOI to other antidepressants: switching in adults

- Moclobemide to other antidepressants: switching in adults
- Trazodone to other antidepressants: switching in adults
- Vortioxetine to other antidepressants: switching in adults
- SNRIs to other antidepressants: switching in adults
- Agomelatine to other antidepressants: switching in adults
- Mirtazapine to other antidepressants: switching in adults
- Tricyclics to other antidepressants: switching in adults
- SSRIs to other antidepressants: switching in adults

Action: for information and please see the new Frimley antidepressant guideline article below.

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PrescQIPP update including up and coming webinars

If you are not already a PrescQIPP subscriber, register for free to access the available resources here.

You can listen to the recent welcome webinar to help familiarize yourself with the content on the site here.

Up and coming webinars (click on the links to sign up):

- Community continence prescribing 21st March 1-2pm
- Stoma management in primary care 18th April 1-2pm

The webinars are usually recorded so you can listen again if you were unable to attend any of the sessions.

Action: Register for this site; sign up for some of the free webinars or browse the resources. In the event of any query, please contact the team at frimleyicb.prescribing@nhs.net

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NICE February 2023 update

This month there are two Guidelines that impact upon primary care.

Cardiovascular disease: risk assessment and reduction, including lipid modification - despite media coverage last month that the threshold for treatment may be lowered this update has made no changes to treatment thresholds**.**

Barrett's oesophagus and stage 1 oesophageal adenocarcinoma: monitoring and management

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

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SAFETY UPDATE

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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MEDICINES BOARD UPDATE

Updated Infant Feeding Guidelines

These are now available on Frimley Healthier Together-Professionals/Paediatric Pathways

- Cow's Milk Protein Allergy (CMPA)
- Secondary lactose intolerance
- Pre-term infants
- Faltering growth
- Colic
- GORD

Supporting information and diet sheets can be found at Frimley Healthier Together-Feeding Pathways. Includes CMPA parent leaflets 'Starting a hypoallergenic diet' / 'Home milk challenge' (to help confirm the diagnosis in babies with suspected delayed, non-IgE symptoms) / milk free weaning advice and the 'Milk ladder'.

A new A4 summary pathway for 'Reviewing CMPA formula prescription when infant reaches 1 year'.

And the 'Unsettled Baby' Pathway. This A4 summary groups 'best fit cluster of symptoms' to help you determine most likely diagnosis.

Action: Any queries, please contact Prescribing Support Dietitian, Cathy Macqueen Catherine.macqueen@nhs.net

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New Frimley antidepressant guidelines

2 new documents are now available on the Frimley website. Both documents are linked to the formulary and available on DXS.

Antidepressant treatment guidelines (Children and Young People under 18 years)

Antidepressant Treatment Guidelines (Adults 18 years and over)

Both sets of guidelines are intended to be a summary of NICE [NG134] & NICE [NG222] with links to other resources as appropriate.

Key Points

- Severity of depression is clearly defined.
- NICE defines the non-pharmacological options to be offered 1st line.
- Recommended monitoring and review intervals are stated, including for those who do not want treatment.
- The first review will usually be within 2 weeks to check if their symptoms are improving and for side effects, or after 1 week if a new prescription is for a person under 25 years or if there is a particular concern for risk of suicide.

Pharmacological treatment choices including doses.

- **For adults,** will depend on preference for specific medication effects such as sedation, concomitant illnesses or medications, suicide risk and previous history of response to antidepressant medicines. Formulary status 1st, 2nd & most 3rd line **GREEN.**

- **For children and young people**, fluoxetine is first line and licensed for moderate to severe depression if depression is unresponsive to psychological therapy after 4-6 sessions. Antidepressant medication should only be offered to a child or young person with moderate to severe depression only in combination with a concurrent psychological therapy. Formulary status **AMBER (no shared care)**.
- Off label use of citalopram or sertraline should only be used after advice from a senior child and adolescent psychiatrist, after a fair trial of the combination of fluoxetine and psychological therapy, depression is sufficiently severe and/or causing sufficiently serious symptoms and other causes have been ruled out and the patient / family have been fully involved in discussions about the likely benefits and risks of the new treatment. Formulary status **AMBER (no shared care)**

Action: Be aware of antidepressant treatment guidelines available on Frimley ICB website and DXS.

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FORMULARY

Knee braces prescribing via secondary care

We have received a couple of queries from GPs, asking if knee braces may be prescribed on FP10 and have sought guidance from our secondary care physiotherapy colleagues. We have been informed that these braces will only be recommended by Advanced Practice Physiotherapists in secondary care or by the Consultants and their teams in the knee clinic.

Where a community or primary care physiotherapist has assessed the patient as being suitable for a knee brace, then they should either prescribe the knee brace themself or direct the patient to a list of suitable products for them to purchase themselves or the patient may be referred to secondary care.

Action: Do not prescribe knee braces on FP10.

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SUPPLY ISSUES

Factors to consider when managing the shortages of methylphenidate

In general, if switching of medication for ADHD is thought necessary, this should be carried out by the specialist during a review in the ADHD clinic. The exception may be a change in brand of methylphenidate in the event of a medication supply shortage. However, please be aware of MHRA advice on switching methylphenidate brands, as only some of them are bioequivalent. It is advised that you consult the information below to check for an appropriate alternative, before discussing alternatives with your patient.

1. **Specialist Pharmacy service**- Extended-release-methylphenidate-3.pdf (sps.nhs.uk); Extended-release methylphenidate: A review of the pharmacokinetic profiles of available products.
2. **NHS Frimley website** - NHS Frimley - Supply problems (icb.nhs.uk); Surrey and Borders Partnership (SABP): Pharmacy Memo - Shortage of some brands of methylphenidate modified-release and Berkshire Healthcare NHS foundation Trust (BHFT) : Comparison of methylphenidate products.

Action: **For information.**

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Lidocaine 1% and 2% with adrenaline supply shortage

- Over the last 12 months there has been a shortage of lidocaine 1% and 2% with adrenaline 100micrograms/20ml, with the shortage expected until December 2023.
- Locally we have been informed that a licensed preparation Xylocaine 2% with adrenaline 100micrograms/20ml is currently available.

Alternative unlicensed lidocaine with adrenaline injections are available;

- Lidocaine 0.5% with adrenaline 1:200,000 10ml ampoule by the supplier Torbay

- Lidocaine 1% with adrenaline 1:200,000 injection and Lidocaine 2% with adrenaline 1:200,000 injection from the following specialist importers but the lead times may vary.
  - Durbin PLC – 1% and 2%
  - Mawdsley's Unlicensed – 1% and 2%
  - Smartway Pharma – 1%
  - UL Global Pharma – 1% and 2%

Advice from the Specialist Pharmacy Service states that due to the fixed dose of adrenaline in these alternative products, clinicians should be aware of the risk of administering a larger dose of adrenaline than intended.

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Medicines Optimisation in Care Homes (MOCH) Corner

Norovirus- general advice and information

Levels of norovirus are reported to be 66% higher than the average at this time of year according to national surveillance data from the UK Health Security Agency, UKHSA. The biggest increase has been seen in those aged 65 years and over. Levels on this scale haven't been seen for more than 10 years.

The number of outbreaks caused by norovirus have increased in care homes, hospitals and schools, with the majority of these outbreaks reported in care home settings.

Norovirus is highly infectious and easily spread through contact with someone with the infection or with contaminated surfaces.

Symptoms of norovirus: sudden onset of nausea followed by vomiting and watery diarrhoea.

Most people make a full recovery within 2-3 days. Plenty of fluids are recommended to prevent dehydration, especially for the very young, elderly or those with weakened immune systems who are more at risk.

One of the best ways to prevent the spread of norovirus is using good hand hygiene.
Alcohol gels do not kill norovirus.

Actions to reduce the spread of norovirus to care home residents include:

- stay at home if experiencing norovirus symptoms
- avoid visiting elderly or poorly relatives, particularly if they are in a care home or hospital
- wash hands frequently and thoroughly with soap and warm water, especially after using the toilet or an episode of illness and before eating or preparing food
- care homes should contact local UKHSA team when there are 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.

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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

1. **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

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

3. 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