



Health Innovation Network

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Frimley

Health Innovation Oxford & Thames Valley

## Polypharmacy: getting the balance right


### Polypharmacy Training

- Do you review or handle medication as part of your role?
- Do you want to learn more about how to support your patients with Polypharmacy?

Then register for this 1.5 hr webinar training session on all you need to know about polypharmacy and reducing risk of harms from medicines.

**Who is it for:**  
Healthcare professionals or social care professionals involved in patient care.

**Dates and links to register:** (Time: 12:00-13:30) (Please note you only need to attend one session)

 <b>Thursday, 13th June</b> <b>Thursday, 27th June</b>	<b>Thursday, 11th July</b>	<b>Thursday, 12th September</b> <b>Thursday, 26th September</b>
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## MOTea hold the date Thursday 2<sup>nd</sup> May 2024

Frimley ICS Polypharmacy Community of Practice is delighted to have Dr Frances Coyle, Consultant Endocrinologist & Frimley Health ICB Secondary Care Diabetes Lead, come to talk about diabetes and deprescribing in people living with frailty.

## New documents on the NHS Frimley [Medicines Optimisation Website](#)

Please find summaries of recent decisions made at the Frimley ICS Medicines Board [here](#).

- New** Medicines Optimisation Position Statement- [Insulin safety needles and safety lancets](#)  
Safety pen needles and safety lancet devices should NOT be prescribed on FP10 for use by healthcare professionals and employees; it is the employer's responsibility to provide them.
- Updated** Medicines Optimisation Position Statement- Benzodiazepines and anxiolytics/hypnotics for jet lag, flight anxiety, anxiety related to dental procedures or claustrophobia related to diagnostic scanners [here](#)
- New** Stoma appliances and accessories [quantities crib sheet](#) guidance
- Updated** [NHS Frimley lipid management tool](#).  
Updated referral criteria and guidance on actions to take when LFTs are deranged. Commitment to European Society of Cardiology treatment thresholds was reiterated.

New Good Practice Guidance for Care Homes added to the Care Homes section include:

- [Good Practice Guidance for Care Homes: Structure Medication Review \(SMR\) for Healthcare Professionals](#)
- [Good Practice Guidance for Care Homes: Structure Medication Review \(SMR\) for Social Care Professionals](#)
- [Pathway for Medicines Reconciliation & Structured Medication Review \(SMR\) of new or recently discharged Care Home residents](#)

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## Sleepio App extension in Frimley ICB

Access to the Sleepio App has been extended free of charge for another 6 months, after which time it should be commissioned by NHS England for all patients in England.

To support this continued access NHS England have requested case studies evidencing Sleepio being used successfully; especially if the patient has also managed to reduce or stop a hypnotic.

If you are able to share a case, please email [frimleyicb.prescribing@nhs.net](mailto:frimleyicb.prescribing@nhs.net). We will pass the details onto the Sleepio / NHS England team.

## Frimley Formulary updates

### Change in traffic light status of melatonin 2mg MR for adults from **RED** to **GREEN**

Second line choice for sleep after non pharmacological methods for short term treatment of insomnia characterised by poor quality sleep in people aged 18-54 years (off label use) and people 55 years or over who have been identified as having chronic (>3months) sleep onset insomnia (difficulty getting off to sleep) who have tried alternative treatment such as CBT consider a trial of melatonin.

### Change of traffic light status for dapagliflozin and empagliflozin for heart failure from **AMBER WITHOUT SHARED CARE** to **GREEN**.

Following support from heart failure teams as well as primary care.

### Change of traffic light status for octenidine for topical suppression of MRSA from **RED** to **GREEN**

**SCAN** guidelines recommend this product in the community.

# The Home First Team

The Home First team provides a re-ablement service to patients aged 18 years and over living in the Royal Borough of Windsor & Maidenhead (RBWM), and those registered at a GP based in RBWM. The Home First team complete a 14-day assessment in the patient's own home to tailor any support to their individual needs.

The philosophy is 'to support and keep people at home for as long as possible' by

- Maintaining and promoting independence
- Supporting individuals at their own pace in their own environment
- Avoid hospital admission/readmissions
- Minimise hospital admission length

The Home First team encompass a multidisciplinary team approach. A pharmacist from the MOCH team has been working with the Home First pilot project team for 6 months:

- Raising awareness of the roles/responsibilities of pharmacists across different sectors within the NHS
- Supporting with general medication enquires including:
  - ⇒ Missing discharge letters or missing medications at the point of discharge from secondary care, and who to contact to resolve medicines discrepancies and incidents at discharge.
  - ⇒ Inappropriate polypharmacy contributing to hospital admission or readmission, by highlighting the importance of Structured Medication Reviews (SMRs), optimising medications, reducing pill burden and reinforcing the risk versus benefit of medications in frailty.
  - ⇒ Providing practical solutions to improve medicines adherence
  - ⇒ Coincide administration times with carers visits.
  - ⇒ How to manage medicines stockpiling and overordering at home
  - ⇒ How to safely dispose of expired or unwanted medications in the community

The MOCH team have also developed new resources for patients and Home First staff post discharge e.g.

- Good Practice Guidance (based on recurring themes)
- Frequently Asked Questions (based on recurring themes)
- Risk Assessment (for medicines support needs which the Home First team are currently piloting)

Face to face training on supporting medicines adherence has also been developed and provided for the Home First team.

## NICE updates



- [Vitamin B12 deficiency in over 16s: diagnosis and management guideline](#)
- [Meningitis \(bacterial\) and meningococcal disease: recognition, diagnosis, and management guideline](#)
- [Ovarian cancer: identifying and managing familial and genetic risk guideline](#)
- [Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 technology appraisal](#)
- [Twin and triplet pregnancy guideline](#)

## Pharmacy First service new resources now available

New resources are available from Community Pharmacy England. These have been developed to help increase understanding of the Pharmacy First service amongst GPs and their practice teams: [Pharmacy First: Information for GPs - Community Pharmacy England \(cpe.org.uk\)](https://cpe.org.uk)

## Focus on Patient Group Directions (PGDs)

The below queries have arisen via local CQC inspections

### Who can work under a PGDs?

Certain health professionals are eligible to work under PGDs. These are the professionals listed in [part 4 of schedule 16, HMR 2012](#) and are

- Pharmacists.
- Registered chiropodists and podiatrists.
- Registered dental hygienist.
- Registered dental therapist.
- Registered dietitians.
- Registered midwives.
- Registered nurses.
- Registered occupational therapists.
- Registered optometrists.
- Registered orthoptists.
- Registered orthotists and prosthetists.
- Registered paramedics.
- Registered physiotherapists.
- Registered radiographers.
- Registered speech and language therapists.

For those practitioners not listed above e.g. HCAs and Nursing Associates an alternative mechanism of supply must be used, such as a Patient Specific Direction (PSD).

### In what order should the practitioner authorisation signature page be completed?

All practitioners working under a PGD in an organisation should sign the authorisation sheet first. The authorising manager who grants permission for practitioners to work under the PGD must sign and date **after** the practitioners have signed.

It is advised to score through any unused rows to prevent further additions after the authorising manager has signed. If further healthcare professionals are to be added the authorising manager is required to authorise them, so will need to re-sign and re-date the PGD.

For further information on PGDs find the CQC PGD Mythbuster [here](#).

## Supply issues

### Asacol® 400mg MR gastro-resistant tablets—discontinuation

Asacol® 400mg MR gastro-resistant tablets are no longer available, with supplies expected to be exhausted by the end of April 2024. Prescribers are advised via MSN issued earlier in April to;

- Consider prescribing Octasa® 400mg MR tablets
- Consider prescribing Asacol® 800mg MR gastro-resistant tablets for patients using two Asacol 400mg MR tablets
- Refer to the SPS guidance [Switching between mesalazine oral tablet preparations](#) for further information on licensed indications and dosing of other brands of mesalazine tablets if the above measures are not satisfactory

The SPS confirm that “Octasa MR is a generic version of Asacol MR and the two are bioequivalent.” Frimley ICB have this switch on their Medicines Optimisation Cost Saving Interventions 23/24 agenda and have been working with practices to move patients on Asacol® 400mg MR gastro-resistant tablets over to Octasa MR.

### Daktacort® (hydrocortisone 1% / miconazole 2%) cream

Daktacort® (hydrocortisone 1% / miconazole 2%) cream (30g, POM) has been discontinued with remaining supplies due to be exhausted by the end of May 2024. A smaller tube is available but cannot support an uplift in use if all prescribing is switched to this. Consider prescribing an alternative antifungal- hydrocortisone combination cream. Frimley Formulary choices may be found [here](#).

The Specialist Pharmacy Service’s [Medicines Supply Tool](#) provides further information about medicine supply issues (access to this resource requires registration). Read the SPS article in full [here](#).

## SCAN updates

- Minor updates to [Leg Ulcers](#)
- Updated [Basis For Recommendations](#)
- Updated [Infective Conjunctivitis \(CHILDREN\)](#)
- Updated [Community Acquired Pneumonia \(CAP\) \(CHILDREN\)](#)
- Updated [Influenza \(CHILDREN\)](#)
- Minor update to [Acute Prostatitis](#)
- New guideline [Threadworms \(CHILDREN\)](#)

South Central Antimicrobial Network Guidelines for Antibiotic Prescribing in the Community (SCAN guidelines) can be accessed [here](#)



### \*Calcium and ergocalciferol tablets cost £68.88 for 28 tablets \*

These tablets contain 97mg elemental calcium and ergocalciferol 400 units. **The calcium content is significantly below the recommended daily intake of calcium for prevention of fragility fractures.** OptimiseRx prompts prescribers to use the below preferred cost-effective alternatives which have a higher calcium content and represent better value for money.

	Calcium	<u>Colecalciferol</u>	Cost
Accrete D3 tablets	600mg	400 units	£2.95/60
Accrete D3 One a Day chewable tablets	1000mg	880 units	£2.95/30
Adcal-D3 caplets	300mg	200 units	£3.54/112

Thanks to prescribers accepting this message, it is estimated that we have saved approximately £1,600 across Frimley ICB in the last 12 months. Please consider accepting this Optimise Rx message when it fires to maximise benefits for our patients.

## Under- recognised interaction- quetiapine and clarithromycin/erythromycin

We would like to bring the above interaction to the attention of all relevant clinicians- please be aware that quetiapine is predominantly metabolised by cytochrome P450 (CYP) 3A4, and hence medications that inhibit this enzyme such as clarithromycin and erythromycin are **contraindicated** with quetiapine. A large population-based retrospective cohort study reported in 2023 of adverse effects associated with quetiapine and clarithromycin or azithromycin co-prescription. The primary outcome was the composite of hospital encounters with encephalopathy (defined as a diagnosis of delirium, disorientation, transient alteration of awareness, transient ischemic attack, or unspecified dementia), a fall, or a fracture within 30 days of new coprescription.

The conclusions were among adults taking quetiapine, concurrent use of clarithromycin compared with azithromycin was associated with a small but statistically greater 30-day risk of a hospital encounter for encephalopathy, falls, or fracture, which was predominantly related to a higher rate of fragility fractures.

[Adverse events with quetiapine and clarithromycin coprescription: A population-based retrospective cohort study - PMC \(nih.gov\)](#)

There is a warning message that comes up with high severity in EMIS if the two are co- prescribed, please be aware and act on the advice.

## How to record medicines prescribed elsewhere into the GP practice record

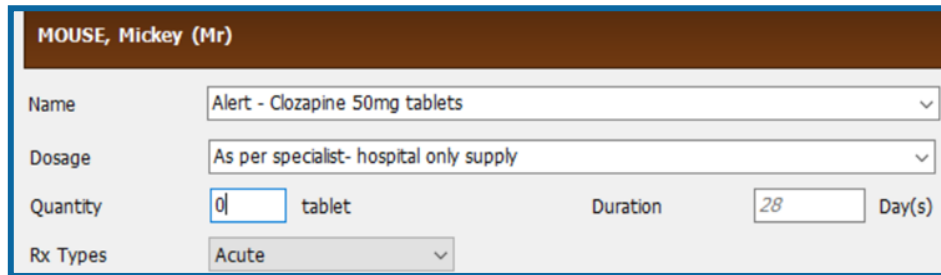
It is important to record **all** medications that patients are prescribed. When practices receive documentation of prescribed medications that are to be supplied by a specialist, this should be added to their GP practice record under **“Hospital drugs”**.

This ensures that staff have access to a full drug history which will support staff in

- making clinical decisions
- avoiding interacting medication
- providing a full drug history to units on admission and via information available on the Summary Care record (SCR).

### Add ‘hospital’ medication to medication screen (EMIS Web)

1.Add drug as usual and include ‘*hospital only supply*’ in the dosage instructions. To prevent accidental issue set the quantity to a non sensical amount eg 0 or 0.1 and set the number of authorised issues as zero.



MOUSE, Mickey (Mr)

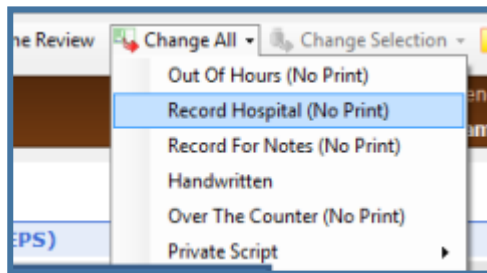
Name: Alert - Clozapine 50mg tablets

Dosage: As per specialist- hospital only supply

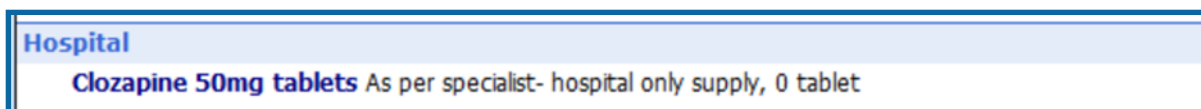
Quantity: 0 tablet Duration: 28 Day(s)

Rx Types: Acute

2.Proceed to issue and select ‘Change All’ from the top selection. Select ‘Record Hospital (No Print)’



3.The ‘hospital only’ drug will appear in a different section of the medication screen.



Hospital

Clozapine 50mg tablets As per specialist- hospital only supply, 0 tablet

## Reporting of missing, stolen and altered prescriptions

CQC look at how prescription forms are managed under the key question “*Are they safe?*”

Specifically under the key line of enquiry S4: *Medicines management, 'How medicines and medicines related stationery is managed (that is, ordered, transported, stored, distributed and disposed of safely and securely)?'*

Read the Mythbuster [here](#).

A reminder that lost prescriptions should be reported to [alerts.scwcsu@nhs.net](mailto:alerts.scwcsu@nhs.net). Ensure that your practices policy is updated appropriately with this email address.

NHS Frimley Medicines Optimisation team may be contacted on [frimleyicb.prescribing@nhs.net](mailto:frimleyicb.prescribing@nhs.net)  
**National medicines advice service**

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or [asksp.nhs@sps.direct](mailto:asksp.nhs@sps.direct)