

Frimley CCG Prescribing Newsletter

"Making the most of medicines"

Volume 12 Issue 4

June 2021

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SAVE THE DATE

Frimley CCG Paediatric AMS Train the Trainer - session 1 Tue 06/07/2021 13:00 - 14:00

Frimley CCG Paediatric AMS Train the Trainer - session 2 Tue 13/07/2021 13:00 - 14:00

One of the planned indicators for the next Medicines Optimisation LCS/ incentive scheme is to “*reduce antibiotic prescribing rates in young children.*” To support this work, we have arranged two “Train the Trainer” webinars. The attendee is then to share the training with the rest of the practice, and this will support the completion of the practice action plan.

Attendance at both sessions is required.

You should have already received a communication regarding this.

If not please contact

- EB place tim.langran@nhs.net
- NEHF place nehfccg.medicinesmanagement@nhs.net

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Medicines Learning Portal: NHS developed site to develop your medicines problem solving skills

This site has been developed by the regional Medicines Information Service at University Hospital Southampton. It has several online tutorials aimed at providing knowledge and skills relating to answering medication related queries such as:

- ADRs
- Interactions
- Pregnancy & breastfeeding
- Renal impairment
- Hepatic impairment
- Alternative therapies
- Palliative care

Action: If you would like to develop your skills in problem solving around medicines then this is a great resource to use.

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Message from area's Early Careers Pharmacist Training Programme Director

My name is Ritienne Fenech; I have been jointly appointed by Health Education England London and South East (HEE LaSE) and the Surrey Heartlands and Frimley Health ICS, as the Early Careers Pharmacist Training Programme Director (EC TPD). My role is to support the Early Careers Pharmacist workforce development across both ICS. To successfully achieve this, I will be working to develop and support new and existing education and training networks across the pharmacy profession and pharmacy sectors, and across other professions. I will act as a point of contact to discuss the local impact of changes to training and to escalate any concerns to HEE LaSE Team and National Pharmacy Team.

It is an exciting time for pharmacy - In January 2021 the General Pharmaceutical Council (GPhC) published the Initial Education and Training (IET) standards and the learning outcomes for pharmacists. The landscape of early years' pharmacist training is changing dramatically and there is a need to support the wider NHS system to understand how it will ultimately transform the workforce, whilst managing the challenges during the transitional period.

I am an experienced Education and Training pharmacist, which I will bring to the role of the EC TPD. I have led on the pre-registration and diploma programmes within the Frimley Health ICS and used simulation suite facilities to support multi-professional learning. I am also a teaching practitioner at the University of Reading and Pharmacy Careers Lead on the MPharm programme. I see my new role as an exciting challenge; working with stakeholders across Surrey Heartlands and Frimley Health ICS, to shape the future of our profession.

If you would like more information about the Early Careers programme, please visit <https://www.lasepharmacy.hee.nhs.uk/early-careers/> or email me on ritienne.fenech@nhs.net. Looking forward to working with you all!



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The NHS Low Calorie Diet Pilot in Frimley- diabetes remission

The NHS Low Calorie Diet Pilot is delivered in Frimley CCG by the provider, Xyla Health and Wellbeing. It is a one-year programme to support a healthier lifestyle, weight loss, and hopefully, remission of Type 2 diabetes. Other benefits include reduction in BP and reduction in required medication.

How does it work?

After a screening process, service users will embark on a supported 12-month programme consisting of three stages.

Stage 1

12 weeks of total diet replacement (TDR), consisting of soups and shakes.

Stage 2

Aims to gradually reintroduce healthy, balanced meals.

Stage 3

Weight maintenance where we offer support with behaviour change, nutrition and increasing physical activity sessions.

Further reading about the programme is available [here](#). Information on medication that may need to be reviewed can also be found on the referral form. This can be found on DXS under document number FHC1313 or document name "*Independent Clinical Services-Diabetes Remission (Low Calorie Diet) Programme-Referral Form.*"

Action: To refer into the programme, lookup Referral Form FHC1313 on DXS. For any queries on the service, please contact: Sarah.mair@xylaheath.com

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COVID-19 RELATED GUIDANCE UPDATE

Pfizer/BioNTech COVID-19 vaccine shelf-life extended from 5 to 31 days

Following an assessment of additional data, the MHRA has amended the Conditions of Authorisation of COVID-19 Vaccine Pfizer-BioNTech under Regulation 174 of the Human Medicines Regulation 2012. This change extends the approved storage period of the unopened, thawed vial at 2-8°C from five days to 31 days. The full details of the revised Conditions of Authorisation can be found [here](#).

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Using COVID-19 vaccines in patients with a history of clots or bleeding disorders.

Considering the association between administration of the AstraZeneca vaccine and the development of serious thromboembolic events accompanied by thrombocytopenia in a small number of patients the Green Book now offers the following advice:

- There is no reason to believe that individuals with a history of clots or of certain thrombophilic conditions are at increased risk of this very rare condition
- There is no evidence that pregnant women, those in the post-partum or women on the contraceptive pill are at higher risk
- Contra-indications to vaccination with the AstraZeneca COVID-19 vaccine have now been amended to include individuals who have a history of a previous episode of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2). These individuals may be offered vaccination with an alternative COVID-19 vaccine.
- Individuals who do develop this condition after their first vaccination should be considered for a second dose of an alternative vaccine after their condition has stabilised

This information has been summarised by the Specialist Pharmacy Service [here](#)

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Patients who decline to have second dose of Astra Zeneca Vaccine

The same COVID 19 vaccine should be given for the first and second dose. PHE have advised on [specific circumstances](#) where it may be appropriate to give a different second vaccine. In these cases a detailed informed consent process is to be followed.

There may be patients who do not fit into the above circumstances but who decline to have a second dose of the AZ vaccine due to concern about clots (despite one-to-one counselling with their GP). In these cases, personal communication from NHS England has advised that a clinical decision can be taken by the prescriber. This should be on a case-by-case basis with consideration given to:

- Clotting incidents have occurred with the AZ vaccine
- Implications to the vaccine supply chain
- Possibility of more severe reactions if Pfizer given after AZ (as stated in the NHSE Webinar 16th June)
- Risks posed by potential omission of the second dose

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The MHRA concludes positive safety profile for Pfizer/BioNTech vaccine in 12- to 15-year-olds

The Pfizer/BioNTech COVID-19 vaccine is now approved for use in 12- to 15-year-olds. Read the [information for healthcare professionals](#). Please note that at the time of publication children aged 12-16 are only included for vaccination if they have severe neuro-disabilities in institutional settings.

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Dosing information for COVID-19 vaccines

Dosing information for the COVID vaccines eg, scheduling, intervals and using a different brand for a second dose has been summarised by the Specialist Pharmacy Service and is available [here](#).

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GUIDANCE UPDATE

New Wound Care Formulary for Surrey Heath and North East Hampshire and Farnham

From 1st June there will be a new Wound Care Formulary for Community nursing teams, Tissue Viability Nurses, GP practices, nursing and residential homes in Surrey Heath and North East Hampshire and Farnham. The Medicines Optimisation teams and Tissue Viability Nurses will be promoting the new Formulary and training will be available to GP practice nurses and care homes staff.

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Wound Care products via ONPOS-Change of supplier in Surrey Heath

From 1st June 2021 your wound care products ordered via ONPOS will be supplied and delivered by North West Ostomy Supplies (NWOS). This service is already operating successfully in North East Hampshire and Farnham.

GP Practices and care homes will place orders in the same way via ONPOS, the only difference is that the order will be placed with and delivered by NWOS and not a community pharmacy. Further specific information will be sent out to practices and care homes in due course.

Action: For information.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 5.0 (June 2021) below pages updated:

- In [foreword](#): details of organisations using SCAN guidance updated.
- **Major** changes to [ADULT Bacterial Infective Conjunctivitis](#)
- Minor updates to [Blepharitis](#)
- **Major** changes to Acute Necrotising Ulcerative Gingivitis (ANG) and Pericoronitis (PC) page and split into two separate pages: [Acute Necrotising Ulcerative Gingivitis \(ANG\)](#) & [Pericoronitis \(PC\)](#)
- **Major** changes to [Diabetic Foot Infection](#)

- Bacterial parotitis page retitled [Sialadenitis](#) and updated, hygiene measures now first line
- **Major** changes to [Dental Abscess](#)
- **Major** changes to [Secondary Bacterial Infection of Eczema](#)
- **Major** changes to Acne rosacea page retitled to [Rosacea](#)
- NEW page added [Notifiable diseases](#)

Action: Please take note of the major changes and safety alerts. Click on the links to take you to the updated page.

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Hydrocortisone Emergency Pack: Contents of Rescue Pack to prevent adrenal crisis (sick day rules)

Frimley Foundation Trust provide patients with Addison's Disease and hypopituitarism with a rescue pack containing hydrocortisone injection to be used when they are vomiting and unable to take their oral medication.

Patients are instructed when and how to use the pack. After use they are instructed to come to the emergency department (A&E) for review.

It is anticipated that some patients pack won't be needed and the contents will expire. For guidance on what needs to be prescribed, please follow the instructions below, which may also be found on DXS. Unopened out of date packs to be taken to the community pharmacy for safe disposal.

Hydrocortisone sodium succinate (Solu-Cortef)	1 x 100 mg	Prescribe on FP10
WFI	1 x 5 ml	Prescribe on FP10
Disposable syringe	1 x 3 ml	Supply from surgery stock
Blue needle 23G x 1 ¼	x1	Supply from surgery stock
Skin cleansing swab	x1	Supply from surgery stock
Sharps container	x1	Check if required, as with expired packs the sharps bin may not be required. Otherwise prescribe on FP10

Action: For information.

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NICE update May 2021

[NICE](#) have published new or updated guidance for the month of May 2021. This month are three guidelines and one technology appraisal that impact upon primary care.

The **Heavy menstrual bleeding: assessment and management** [guideline](#) has been updated. It covers assessing and managing heavy menstrual bleeding (menorrhagia). It aims to help healthcare professionals investigate the cause of heavy periods that are affecting a woman's quality of life and to offer the right treatments, considering the woman's priorities and preferences. The update reinstated recommendations on the use of ulipristal acetate (*Esmya*®) for uterine fibroids in line with updated MHRA safety advice on the risk of serious liver injury.

The **Epilepsies: diagnosis and management** [guideline](#) has been updated. It covers diagnosing, treating and managing epilepsy and seizures in children, young people and adults in primary and secondary care. It offers best practice advice on managing epilepsy to improve health outcomes so that people with epilepsy can fully participate in daily life. The update reviewed and amended recommendations on carbamazepine, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, topiramate and zonisamide in line with the MHRA updated safety advice on antiepileptic drugs in pregnancy.

The **Headaches in over 12s: diagnosis and management** [guideline](#) has been updated. It covers advice on the diagnosis and management of tension-type headache, migraine, cluster headache and medication

overuse headache in young people (aged 12 years and older) and adults. It aims to improve the recognition and management of headaches, with more targeted treatment to improve the quality of life for people with headaches, and to reduce unnecessary investigations. The update amended the recommendation on topiramate for migraine prophylaxis to include discussion of the potential benefits and risks, and the importance of effective contraception for women and girls of childbearing potential when taking topiramate.

The **Crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older** [technology appraisal](#) has been terminated. This treatment is intended for use in the treatment of mild to moderate atopic dermatitis in people 2 years and older. However, the manufacturer withdrew its evidence submission and therefore no recommendation can be made at this time.

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

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	<h2 style="color: #0070C0; margin: 0;">SAFETY UPDATE</h2>
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Safe prescribing of beta-blockers

Beta blockers are, on occasions, prescribed for the management of anxiety and migraine, in addition to their use cardiac conditions. This class of medicines does carry risks, particularly in overdose.

Key features in severe poisoning are cardiovascular collapse, CNS depression and convulsions.

In 2020 the Healthcare Safety Investigation Branch issued an [alert](#) around the risk of harm from propranolol. In 2017, 52 deaths were recorded as linked to propranolol overdose; in our local area we are aware of at least three deaths in the last three years relating to propranolol.

The BNF has been updated to include symptoms related to propranolol overdose, adding to the information already listed about beta-blocker overdose. In addition, the section on “Emergency treatment of poisoning”, has been updated with these recommendations.

NICE does not recommend the use of propranolol in anxiety, nor is there any recommendation in the BNF to use propranolol for the treatment of anxiety in isolation. The BNF does provide dose information for the treatment of anxiety with symptoms such as palpitation, sweating and tremor, reflecting the licensed dose for these indications.

The RCGP has produced an e-learning resource on [‘Propranolol toxicity’](#) to support members (log-in required) and patient information materials highlighting the risks of propranolol have been published by [PresQIPP](#) (available to subscribers only).

Action: for information and review of patients as appropriate.

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Drug Safety Update - May 2021

[Generic prescribing of levothyroxine](#) remains appropriate for the majority of patients. Some patients report persistent symptoms when switching between different tablet presentations. Prescribing a specific presentation, known to be well tolerated by the patient, maybe considered in these cases.. If symptoms or poor control of thyroid function persist despite adhering to a specific presentation, checking for drug interactions and taking 30 mins before meals, then levothyroxine in an oral solution formulation may be considered.

This issue also contains an update on COVID-19 vaccines and medicines that includes a statement from the JCVI on the AstraZeneca COVID-19 Vaccine for people aged under 40.

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

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Sodium Valproate Letter to women and girls

Please be aware that the [National Director for Patient Safety](#) is writing to women and girls aged 12-55 who are currently prescribed sodium valproate to advise them to contact their clinician for a review.

Action: Searches may be found in Ardens and Emis Enterprise. The MHRA guidance on valproate may be found [here](#) and the local guidance as per the [May 2021 Prescribing Newsletter](#).

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	JOURNAL
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Meta-analysis concludes delaying antibiotics is safe and effective in respiratory tract infection

When patients with upper respiratory infections seek antibiotic treatment, a strategy of delaying prescription for a few days might limit both unnecessary antibiotic use and patient unhappiness. Researchers combined individual data from 13 studies (9 randomized, 4 observational) into a single analysis. Patients were children and adults; conditions included sore throat, acute otitis media, upper and lower respiratory infections, and colds. Strategies were delayed provision of prescription, post-dated prescriptions provided for delayed filling, prescriptions provided with instructions to delay medication ingestion, or advice to come back if symptoms persisted or recurred.

Among more than 55,000 patients (half of whom came from one large British observational study), symptom scores at 2 to 4 days after presentation were similar among all three groups: patients who received delayed antibiotics, those who received immediate antibiotics, and those who received no antibiotics. Symptom duration was trivially longer with delayed antibiotics than with immediate antibiotics (11.4 vs. 10.9 days); rates of hospitalization or death were similar. Rates of these complications also were similar in the delayed-antibiotic group and the no-antibiotic group. Satisfaction scores (available for a small subgroup of patients) showed no dramatic differences between groups.

Conclusion: Delayed antibiotic prescribing is a safe and effective strategy for most patients, including those in higher risk subgroups. Delayed prescribing was associated with similar symptom duration as no antibiotic prescribing and is unlikely to lead to poorer symptom control than immediate antibiotic prescribing. Delayed prescribing could reduce reconsultation rates and is unlikely to be associated with an increase in symptoms or illness duration, except in young children.

Ref: Stuart B, Hounkpatin H, Becque T, *et al*. Delayed antibiotic prescribing for respiratory tract infections: individual patient data meta-analysis. *BMJ* 2021;:n808. doi:[10.1136/bmj.n808](https://doi.org/10.1136/bmj.n808)

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	MEDICINES OPTIMISATION BOARD UPDATE
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Updated list of recommended blood glucose test strips and insulin pen needles

An update to the local list of recommended blood glucose testing strips and insulin pen needles has been approved by Frimley Medicines Optimisation Board.

The review looked at accuracy of the test strips as well as the features and usability offered by the meters. Once these factors had been used to filter out products not meeting requirements then the best value options from the remaining list were selected.

Preferred blood glucose test strips:

Preferred Test Strip	Cost per 50 strips	Contact tel. nos to order meters for your practice
Finetest Lite®	£5.95	0800 0093378
Glucofix Tech®	£5.95	0800 243667
True Metrix®	£6.95	0800 6895035
Instant®	£7.50	0800 0407221
Performa®	£7.50	0800 0407221
Products for specified situations		
Glucomen Areo 2k®	Meter with ketone testing function	0800 243667
GlucoRx Nexus Voice®	Talking meter	0800 0075892
MySugr® App linked to Accucheck Instant® or Mobile®	Bolus insulin advisor	08000 407221

N.B. People already initiated on previous formulary products Wavesense Jazz® and GlucoRx Nexus® do not need to be switched.

Recommended insulin needles	
CareFine®	£2.75/100
Microdot Max®	£2.74/100
GlucoRx Carepoint®	£2.75/100

Action: You can find a full copy of the document [here](#)

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Summary of MOB Decisions May 2021

Agenda Item	Outcome
MOG Patients Travelling from Abroad Position statement	Noted and adopted for Frimley ICS
MOG Items which should not be Routinely Prescribed in Primary Care	Noted and adopted for Frimley ICS
MOG Conditions for which OTC items should not be Routinely Prescribed in Primary Care	Noted and adopted for Frimley ICS
ICS Type 2 Diabetes Care Leaflet	Noted and adopted for Frimley ICS. A copy may be found on the Diabetes page on DXS
Levonorgestrel (Levosert) new drug application	Agreed for inclusion on to Frimley Formulary and GREEN traffic light status
Levothyroxine oral solution formulary extension	Agreed to include all oral licensed solution strengths on to Frimley Formulary and GREEN traffic light status

Topiramate formulary inconsistencies for migraine and epilepsy

Agreed that both entries appear as 'on formulary'

Migraine - **GREEN** traffic light status

Epilepsy - **AMBER** without shared care

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SAVINGS

Octasa® MR is the preferred brand of mesalazine 400mg and 800mg MR

The [BNF](#) states that there is no evidence that any oral preparation of mesalazine is more effective than another. The best value product is Octasa®MR. It has been jointly agreed with FHFT that Asacol® is removed from the formulary and will no longer be prescribed locally

Table showing mesalazine branded product costs.

BNF prices June 2021	Asacol®	Octasa®
400mg MR	£27.45/84	£16.56/90
800mg MR	£54.90/84	£40.38/90

Action: Treatment should be initiated with the least costly preparation that is available. This is currently Octasa® MR. For patient prescribed "mesalazine 400mg or 800mg MR" please switch to Octasa® MR. For those on Asacol® MR, please consider a switch to Octasa® MR.

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SUPPLY ISSUES

Hypovase™ (prazosin hydrochloride 1mg tablets) discontinued

Due to ongoing supply and manufacturing reasons, the 1mg tablets have been discontinued with immediate effect. The 500 microgram tablets continue to be available.

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Alliance Calcium Syrup (calcium gluconate 544mg/5ml/ calcium lactate 276mg/5ml) out of stock until mid-September 2021

The DHSC advice for patients prescribed Alliance Calcium Syrup® in primary care is that GPs should:

- proactively identify all patients prescribed Alliance Calcium Syrup®; and
- make early contact with all patients and/or carers and refer them to secondary care for review and management.

Clinicians should consider whether alternative calcium preparations may be appropriate. It is important to note that alternative products may contain a different calcium salt and there are differences in absorption with calcium carbonate being less well absorbed.

- Calvive® 1000 effervescent Tablets (formally Sandocal®)

➤ Calcium 500mg effervescent tablets (formally Cacit®)
A named-patient special calcium carbonate oral suspension See the [UKMi memo](#) for further information on the administration of alternative calcium preparations

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Marvellous Medicines and Nutritional Nuggets is a regular 6 weekly education and training session hosted by the MOCH team in Frimley North and South. All care homes (nursing, residential and learning disability) within Frimley Health and Care ICS are invited to attend their locality event.

The sessions include various topics or training presented by the MOCH Pharmacists, Pharmacy Technicians, and the CCG Dietitian plus a "Query of the Month" feature. Guest speakers may be invited too!

Themes for the sessions aim to address issues the care homes are facing, specific requests from the care homes and national and local initiatives. The MOCH team cover similar topics in the localities, co-ordinating their sessions to support the care homes and provide consistent information across the north and south of Frimley Health and Care system.

Feedback is greatly encouraged; feedback forms are provided at the end of the session so that changes can be made to better respond to care homes' requirements.

The next session (end of June for Frimley South, first week of July for Frimley North) is focussing on 'Healthy Hydration' and UTI prevention in care homes; care home EMIS Proxy access and the Data Security Protection Toolkit (DSPT) training are also due to make an appearance!

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CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAMS

East Berkshire MO Team		
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	Mobile	E: mail
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Caroline Hailstone Medicines Optimisation Pharmacist	07768 020809	caroline.hailstone@nhs.net
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Care Home Team (MOCH)		
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Dhara Thacker Medicines Optimisation Care Homes (MOCH) Pharmacy Technician	07776244842	dhara.thacker2@nhs.net

North East Hants and Farnham MM Team

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Main office phone number 01252 335160 (not currently monitored during pandemic remote working)
Generic in box email: NEHFCCG.medicinesmanagement@nhs.net

	Mobile	E: mail
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Simon Smith Medicines Optimisation Pharmacy Technician	07795 335076	simon.smith22@nhs.net
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Alison Carr Medicines Optimisation Dietician	07342 067927	a.carr@nhs.net
Care Home Team		
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Surrey Heath MM Team

Surrey Heath House, Knoll Road, Camberley, Surrey, GU15 3HD		
	Mobile	E: mail
Leena Nanavati Primary Care Pharmacist (including support to Care Homes)	07917 211006	leena.nanavati@nhs.net
Naeed Hussain Primary Care Pharmacist	07595 087855	naeed.hussain@nhs.net
Noreen Devanney Primary Care Pharmacist	07894 599647	noreen.devanney@nhs.net
Dr Nicky Townsend Clinical Prescribing Lead	07894 209111	nickytownsend@nhs.net

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