

Frimley CCG Prescribing Newsletter

"Making the most of medicines"

**Volume 13 Issue 1
January 2022**

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MOTea Save the Date- Wednesday 9th February

Sundus Jawad and Sally Clarke from the Frimley ICS Medicines Optimisation in Care Homes Team will present a guide to carrying out a high quality structured medication review (SMR)

A MS Teams invite will be sent soon. Not on the distribution list? e-mail: tim.langran@nhs.net

Polypharmacy Action Learning Set – New Cohort Feb 2022

These Action Learning Sets (ALS) are to help PCNs deliver the Medicines Optimisation SMR elements of the Impact and Investment Fund (IIF)/ Directed Enhanced Services contract and will contribute to QoF. A new cohort starts on the **16th Feb – 09.30 to 12 noon**. This session is open to GPs and prescribing pharmacists and other non-medical prescribers providing they are involved in multi morbidity medication reviews, elderly care, frailty or EOL. Sessions are facilitated by senior clinical pharmacists and geriatricians. The programme has been developed by GPs and pharmacists and has been running since 2018.

For more information and registration see [Polypharmacy ALS Feb 2022](#)

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GUIDANCE UPDATE

Paediatric Gastroenteritis Pathway And Access To Ondansetron

A local pathway has been produced by Frimley ICS to support clinicians to avoid admission to hospital for children with gastroenteritis. The pathway can be found on DXS and [here](#). The service requires a timely supply of ondansetron, the demand for which may be urgent and unpredictable. A community pharmacy service has been developed to support this. Participating pharmacies will provide information and advice to the parent or carer in line with these guidelines and will keep one full pack of each of the following in stock:

- ✓ Ondansetron 4mg/5ml solution x 50ml bottle
- ✓ Ondansetron 4mg lyophilisates (Zofran® Melts) x 10 tablets

In the first instance prescriptions should be presented at any local community pharmacy with participating 'gastro' pharmacies being approached when the medication cannot be obtained via this route.

The pharmacies signed up to the service are:

Pharmacy Name	Address	Phone
RF Blackburn Pharmacy	58 High Street, Sunninghill, SL5 9NF	01344 620707
Boots UK Limited	70 Yorktown Road, Sandhurst, GU47 9BT	01252 873164
Boots UK Limited	731 Bath Road, Bath Road Retail Park, Bath Road, Slough, SL1 4DX	01753 576232
Willow Pharmacy (KLSD Ltd)	7 Willow Parade, Langley, Slough, SL3 8HD	01753 313000
Boots UK Limited	54 High Street, Maidenhead, SL6 1PY	01628 627892
Boots UK Limited	5 The Square, Harmans Water Road, Bracknell, RG12 9LP	01344 425599
Boots UK Limited	83 Dedworth Road, Windsor, SL4 5BB	01753 864620
Boots UK Limited	26-30 Obelisk Way, Camberley, GU15 3SD	01276 691006
Vaughan James Chemist	113A West Street, Farnham, GU9 7HH	01252 716274
Boots UK Limited	261 Frimley Green Road, Frimley, Frimley Green, Camberley, GU16 6LD	01252 835505
Boots UK Limited	43-45 Guildford Road, Lightwater, GU18 5SA	01276 479875
Boots UK Limited	The Wellington Centre, 39-40 Wellington Street, Aldershot, GU11 1DB	01252 317444
Chapel Lane Pharmacy	102-104 Chapel Lane, Farnborough, GU14 9BL	01276 33819
Morrisons Pharmacy	Links Way, Summit Avenue, Southwood Village Centre, Southwood, Farnborough, Hampshire, GU14 0NA	01252 377270
Rowlands Pharmacy	5 Linkway Parade, Courtmoor, Fleet, Hampshire, GU52 7UL	01252 615582
Blackwater Pharmacy	40 London Road, Blackwater, Camberley, GU17 9AA	01276 32227
Boots UK Limited	1 Tresham Crescent, Monteagle Lane, Yateley, GU46 6FR	01252 860508

Action: For information.

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Electronic End of Life (EOL) Medicine Instruction And Administration Charts In "Frimley South"

New Palliative Care Medicine charts have been designed and agreed for NEHF and SH Places; this will standardise the paperwork used. The charts are **LIVE** and available on DXS via the Place EOL landing pages. Old and new forms will run concurrently initially; a cut-off date will also be agreed after which providers will no longer accept any EOL forms except the new Frimley South charts.

The set on DXS includes two electronic authorisation charts (for "prn" medication and syringe driver medication) which are to be completed, signed, and sent electronically by the prescriber. These electronic DXS versions are pre-populated with 1st line formulary choices/ doses and facilitate 2nd/3rd line prescribing (for example in patients with hepatic or renal impairment or those not opioid naïve).

For emergency use only, such as when prescribing out of hours, in patients' homes or when electronic versions are not available for any reason, there is a set of charts within the suite on DXS for printing, completing, and wet-signing as hard-copy versions. These hard copy charts are available *pre-populated* versions with 1st line choices or as *blank* versions for 2nd/3rd line prescribing.

For more information follow the links: [New Palliative care medicines charts instructions](#); [How-to-guide-use-electronic-signature](#); [Location-on-dxs](#); [Point of care user guide drug chart functionality](#)

Action: Please direct any queries regarding these new charts to: frimleyccg.eolcare@nhs.net.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 6.3 (14th January 2022)

- Major changes to [Acute Otitis Externa](#) page, added when to refer section and updated treatments (including more specific information on treatments)
- Major changes to [Acute Rhinosinusitis](#) page, added when to refer section and updated treatments (including more specific information on treatments)

Action: Please access SCAN microguide via <https://viewer.microguide.global/SCAN/SCAN>. Mobile phone APP access continues unchanged.

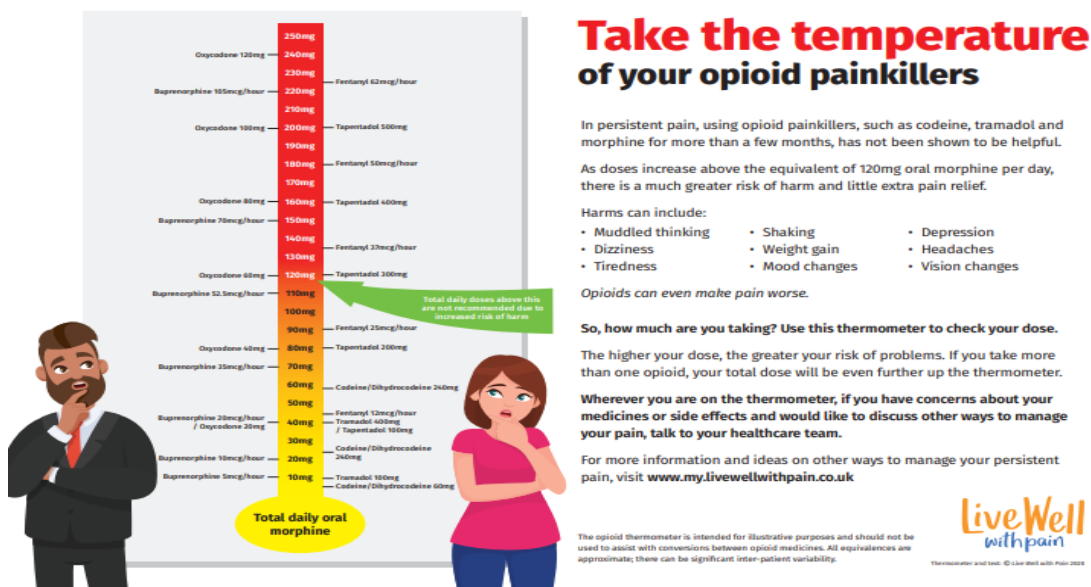
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SAFETY UPDATE

Useful Resource For Conversations About Opioid Overuse

When a patient is taking over 120mg/day (oral morphine equivalent) the risk of opioid related harm increases substantially but there is no increased pain relief. Tapering or stopping high dose opioids needs careful planning and collaboration. The [livewellwithpain](#) website has many resources to support prescribers. One example is the [opioid thermometer](#) leaflet; a patient friendly, visual resource explaining opioid side effects which may be useful when initiating patient conversations about this topic.



There is a patient website mylivewellwithpain.

Action: Clinicians should be aware of opioid thermometer and other patient resources on the [livewellwithpain](#) websites.

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New NHS England System For Recording Patient Safety Events And Incidents (including medicines related incidents)

A new national NHS Learn from patient safety events (LFPSE) service for the recording and analysis of patient safety events that occur in healthcare is currently being rolled out to health and care sectors.

LFPSE is replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS), to offer better support for staff from all health and care sectors.

Recording safety events, whether they result in harm or not, provides vital insight into what can go wrong in healthcare and the reasons why. At a national level, this allows for new or under-recognised safety issues to be quickly identified and acted upon on an NHS-wide scale. It also provides a wealth of data offering essential insight to support ongoing national patient safety improvement programmes, as well as improvement work at a more local or speciality-specific level.

LFPSE will initially provide two main services:


Record a patient safety event – organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement. Primary Care organisations, such as general practice, independent dental surgeries, community pharmacies and opticians, can record patient safety events directly via the [online recording service](#). A dedicated service for patients and families to use will also be developed.

Access data about recorded patient safety events – Providers and CCGs will be able to access data that has been submitted by their staff and organisations, to better understand their local reporting practices and culture, and to support local safety improvement work.

The Frimley CCG Medicines Optimisation Team and Quality Team encourage the reporting and learning from patient safety and medicines related incidents to improve patient safety, so ask practices to [register for a LFPSE account](#) via the web-based service. Details of patient safety events and medicines incidents can then be submitted to LFPSE by completing a responsive online form and these will be used to inform our local patient safety and medicines safety programmes. If you have any queries, please contact Jennie Fynn, ICS Medicines Safety pharmacist at Jennifer.fynn@nhs.net

Action for general practice healthcare professionals-please familiarise yourself with the new reporting system, [register for LFPSE](#) and discuss reporting of patient safety and medicines safety incidents in your practices. Further information can be found [here](#).

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	JOURNAL
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Cost-effectiveness Of Oral Ondansetron For Children With Acute Gastroenteritis In Primary Care: A Randomised Controlled Trial

Acute gastroenteritis is a common childhood condition with substantial medical and indirect costs, mostly because of referral, hospitalisation, and parental absence from work.

Aim To determine the cost-effectiveness of adding oral ondansetron to care as usual (CAU) for children with acute gastroenteritis presenting to out-of-hours primary care (OOH-PC).

Design and setting A pragmatic randomised controlled trial from December 2015 to January 2018, at three OOHPC centres in the Netherlands with a follow-up of 7 days.

Method Children were recruited at the OOH-PC and parents kept a parental diary. Inclusion criteria were: aged 6 months–6 years; diagnosis of acute gastroenteritis; at least four reported episodes of vomiting 24 hours before presentation, at least one of which was in the 4 hours before presentation; and written informed consent from both parents. Children were randomly allocated at a 1:1 ratio to either CAU (oral rehydration therapy) or CAU plus one dose of 0.1 mg/kg oral ondansetron.

Results In total, 194 children were included for randomisation. One dose of oral ondansetron decreased the proportion of children who continued vomiting within the first 4 hours from 42.9% to 19.5%, (a decrease of 54.5%), with an odds ratio of 0.4 (95% confidence interval [CI] = 0.2 to 0.7; number needed to treat: four). Total mean costs in the ondansetron group were 31.2% lower (€488 [£420] versus €709 [£610]), and the total incremental mean costs for an additional child free of vomiting in the first 4 hours was -€9 (£8) (95% CI = -€41 [£35] to €3 [£3]).

Conclusion A single oral dose of ondansetron for children with acute gastroenteritis, given in OOH-PC settings, is both clinically beneficial and cost-effective.

Reference: DOI: <https://doi.org/10.3399/BJGP.2020.1093>

Action: Please see the article above and read the local paediatric ondansetron gastroenteritis pathway [here](#).

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	FORMULARY UPDATE
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Paravit™-CF Added To The Formulary

- ✓ Paravit™-CF is an “all-in-one” supplement designed for people with cystic fibrosis (CF) containing the fat-soluble vitamins, vitamin A, D, E and K. It will reduce tablet burden and therefore should lead to better adherence to treatment.
- ✓ Paravit™-CF is more cost effective than the individual component vitamin supplements.
- ✓ It is now on the Frimley Health Formulary as **AMBER WITHOUT SHARED CARE** for children and adults with CF and pancreatic insufficiency.
- ✓ It is available as a liquid (suitable for all ages) and a capsule (suitable for patients aged >3).
- ✓ Dosing will be determined by the CF team but will usually follow the table below:
- ✓

Vitamin	Daily Dose of Paravit™-CF			
	0-12 Months (0.1ml)	1-3 Years (0.25ml)	3-8 Years (0.25ml/1 Cap)	>8 Years (0.5ml/2 Caps)
Vitamin A (retinyl palmitate)	2000 Units	4000 Units		8000 Units
Vitamin D3 (cholecalciferol)	600 Units	1500 Units		3000 Units
Vitamin E (dl – α tocopheryl acetate)	60 Units	150 Units		300 Units
Vitamin K1 (phytomenadione)	2 mg	5mg		10mg

- ✓ The CF team will check vitamin levels at least annually and when reviewing dosing.
- ✓ Eligible patients will already be prescribed the individual vitamin components (commonly: vitamin A+D, alpha tocopherol, colexcalciferol and menadiol). Most of these individual preparations will be stopped when Paravit™-CF is started (although an extra vitamin D (colexcalciferol) supplement may be required in some cases).

Supply Information:

- ✓ Both liquid and capsules are available through a variety of established pharmaceutical wholesalers the PIP codes are: Paravit™-CF Liquid: 405-7626 Paravit™-CF Capsules: 406-6908 more information can be found at: <https://www.paravit-cf.com/pharmacy-how-to-order/>

Further information about Paravit™-CF: <https://www.paravit-cf.com/healthcare-professionals/>

Frimley Park Adult CF unit contact email: fht.cystic.fibrosissunit@nhs.net

Action: The CF unit will email or write to the GP practice and advise which items to stop, which doses to change and the dose of Paravit™-CF.

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Sodium Chloride 3% / 7% Solution For Nebulisation (hypertonic saline nebs) Formulary Status Changed

- ✓ Hypertonic saline nebulisers are now **AMBER WITHOUT SHARED CARE**. Many patients already obtain this through primary care; the formulary was being updated to reflect practice.
- ✓ The CF unit will remain responsible for the initiation, monitoring and review of the medicine. The CF team will also remain responsible for the supply, maintenance, servicing and repair of the nebuliser and any additional equipment needed to administer this treatment.
- ✓ Hypertonic saline nebulisers are indicated as a mucolytic in people with CF, the usual dose is 1 nebuliser (4mLs) twice a day continuously and it can be administered through any nebuliser.
- ✓ Most patients will be prescribed 7% however, if a patient cannot tolerate this, they may be prescribed 3%.
- ✓ Some patients will administer this through an airway clearance device (e.g. Aerobika®).
- ✓ Patients will have a test dose with a CF specialist physiotherapist on initiation and to alleviate bronchospasm may be advised to have a bronchodilator pre-treatment, commonly salbutamol inhaler or nebuliser. There is no need to dilute or mix the medication further.
- ✓ The CF team advise that brands of 7% saline for nebulisation are interchangeable and therefore switches to a more cost-effective product would be acceptable.

Best value products currently

Sodium chloride 7% nebulisers 4ml = PulmoClear® 7%

Sodium chloride 3 % nebulisers 4ml = PulmoClear®3%

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MOB Has Approved The Changes Recommended By The Review Of The Ophthalmology Section Of The Formulary.

Those changes have now been made to the netFormulary and OptimiseRx.

A summary of the main changes is as follows:

- **Ganciclovir 0.15% eye gel made 1st line** above Aciclovir 3% eye ointment (ganciclovir is lower cost)
- **Sodium cromoglicate eye drops clearly annotated as being for purchase OTC** rather than prescribing (national guidance recommends that hayfever and allergic conjunctivitis should be treated OTC)
- **Bromfenac, nepafenac, ketorolac and fluorometholone eye drops changed from RED to AMBER WITHOUT SHARED CARE** for short-term use (to avoid need for individuals to reattend eye units simply for an additional bottle, initial supplies will still be made on discharge)
- **Atropine 1% Minims® now preferred** over Atropine 1% Eye Drop bottles (minims® are significantly lower cost at present)
- **All dry eye drops, ointments and gels clearly annotated as being for purchase OTC** rather than prescribing (national guidance recommends that dry eyes should be treated OTC)
- Recommended 1st choice options for dry eye: **Clinitas® Carbomer, Carmellose, Hypromellose, Hylo-Night®, Viscotears HA®**
- Vismed Multi® and Clinitas Multi® removed from formulary and replaced by **Viscotears HA® 0.1% or 0.2%** as the recommended sodium hyaluronate product (Viscotears HA® is better value to purchase and prescribe, it is preservative free and has a 6 month expiry)
- **Pilocarpine tablets added to the formulary as AMBER WITHOUT SHARED CARE** for dry eye in Sjogrens

In addition, a number of antibacterial eye drops were changed from **GREEN** to **AMBER** because they don't appear in SCAN Primary Care Guidelines and so would not be initiated without a specialist review. However, this reclassification shouldn't have an impact in practice because those products should already have only been prescribed after specialist assessment.

Action: For information.

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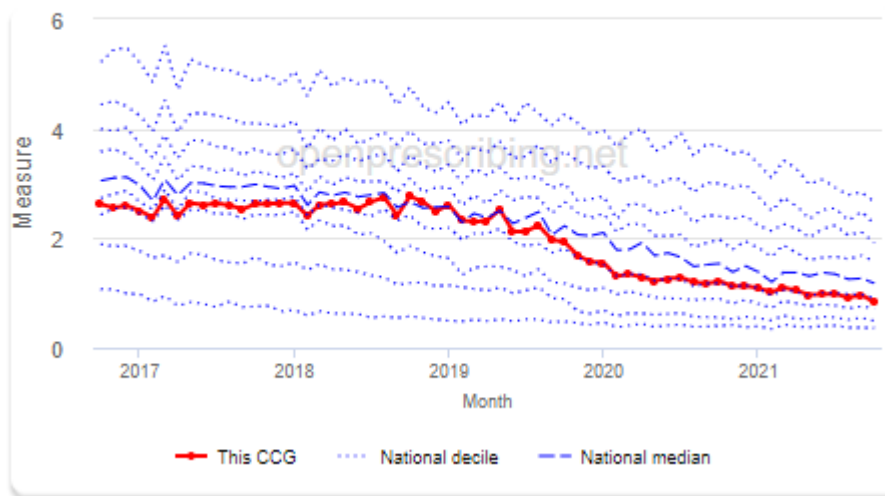
Prescribing Of Vitamin B complex (vitamin B compound strong tablets and vitamin B compound tablets) Is Not Supported In Primary Care

- Prescribers in primary care should not initiate vitamin B complex preparations for any new patient except on a short-term basis (10 days) for patients at risk of re-feeding syndrome, as guided by a specialist involved in their care.
- Existing patients prescribed vitamin B complex preparations should be reviewed with a view to stopping treatment in all but exceptional circumstances.

To support prescribers a [position statement](#) and a [guidance summary](#) have been published.

Frimley CCG current prescribing rates of vitamin B complex (normal and strong tablets) show a good, steady reducing trend; the guidance summary and position statement will support prescribers to deprescribe where safe to do so.

Prescribing of vitamin B complex (normal and strong tablets) per 1000 registered patients



Action: please be aware of these documents and click on this [link](#) to compare your practice prescribing rate of vitamin B complex to others in the CCG.

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SUPPLY ISSUES

Trulicity® (dulaglutide) 3.0 mg and 4.5 mg Doses Out Of Stock

Wholesalers and pharmacies are expected to be replenished in April 2022. The current 2-3 month shortage is due to higher than expected demand impacting multiple markets and not as a result of any quality or regulatory issues.

Trulicity® 0.75 mg and 1.5 mg doses are not impacted by this disruption.

MOT comment and suggested action: Local consultants and diabetes GP leads have advised that this is an opportunity to review the patient's HbA1c and weight and if not achieving the expected HbA1c and/or weight loss reductions, then stop dulaglutide 3 / 4.5 mg as appropriate and review for other therapies. Otherwise temporarily revert patients to dulaglutide® 1.5 mg. A link to the Frimley diabetes guidelines may be found [here](#).

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Shortage of estriol® 0.1% creams

Anticipated re-supply date for Estriol® 0.1% cream is 25 February 2022 and there are limited supplies of the branded Ovestin® cream until w/c 21 February 2022. Alternative estriol vaginal products remain available.

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DHSC and NHSE/I 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

Good Practice Guidance (GPG)

Good Practice Guidance (GPG) for care homes across Frimley CCG are being reviewed and updated in line with current guidance. Draft guidance is sent to relevant personnel, e.g. community pharmacy representative at the Local Pharmaceutical Committee, PCN Pharmacists, secondary care colleagues, CD Accountable Officer for review and any feedback. Once developed they are submitted to the Medicines Optimisation Group and then Board for consideration; comments are welcomed. The final version, once approved, is added to the care homes section of the Frimley CCG website, [Care Homes \(frimleyccg.nhs.uk\)](http://Care Homes (frimleyccg.nhs.uk))

Ratified GPGs are presented at '**Marvellous Medicines and Nutritional Nuggets**', an interactive training session regularly provided for care home staff within Frimley CCG. The most recent session covered the GPG for Controlled Drugs. Participation to support learning is encouraged; a 'True or False' section and a quiz were part of the session.

Frimley Health and Care



Marvellous Medicines & Nutritional Nuggets



NHS
Frimley
Clinical Commissioning Group

AGENDA

Tuesday 18th January 2022, 2:00pm -3:00pm

Item No	Title	Presenter
1	Welcome	All
2	Good Practice Guidance- Controlled Drugs	Sally Clarke
3	Medicines Management- Test your knowledge!	Dhara Thacker
4	Nutrition-Helping to reduce the risk of constipation	Cathy MacQueen
5	Query of the month	All
6	Q&A	All
7	Close	All

Bracknell Forest North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Surrey Heath

Action: If you have any concerns around Controlled Drugs in a care home, then please contact the MOCH team for support at frimleyccg.moch@nhs.net

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CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

Aldershot Centre for Health, Hospital Hill, Aldershot, Hants GU11 1AY
King Edward VII Hospital, St Leonards Rd, Windsor SL4 3DP
Surrey Heath House, Knoll Road, Camberley, Surrey, GU15 3HD

	Mobile	Email
Director of Medicines Optimisation Vacant position		
Jennie Fynn ICS Medicines Safety Pharmacist	07795 857584	jennifer.fynn@nhs.net
Tim Langran Interim Associate Director Medicines Optimisation	07775 010727	tim.langran@nhs.net
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Laura Sexton Senior Dietitian Community Nutrition Support	07423 238 239	laura.sexton@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