Frimley CCG Prescribing Newsletter

"Making the most of medicines"

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MOT'ea Save the date: Wednesday 16th March

Dawn Best will be running this session on: Deprescribing medicines causing dependence. Expect some practical tips!

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

GUIDANCE UPDATE

BMA and RCGP statement on "Cancard"

Some concerns have been raised by Frimley CCG practices about the requests to sign declarations confirming diagnosis. The Cancard UK website and its proposed 'GP endorsed' ID card, was highlighted previously. Via their website Cancard offers the ability to apply for: "A holographic photo ID card. Designed in collaboration with GPs and verified at the patient's surgery. The card is for people who qualify for a legal prescription but are unable to afford one."

The BMA and RCGP do not support the use of the Cancard, nor the suggestion that UK registered GPs sign a declaration confirming a diagnosis in order for the card to be issued.

Action: Read the joint statement issued here.

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Covid-19 Vaccinations administered overseas

The following countries have been added to the National Immunisation Management Service (NIMS) database for the NHS Digital service so that patients can provide evidence of their overseas vaccinations and get their NHS record updated.

British Overseas Territories	Regions of United States of America	Overseas territories of France	Behaman Islands
Middle Eastern Country	Caribbean country	North east African country	North African country
Far Eastern Country	Zaire		

- The vaccination notification will auto-file on the patient's record. You will see the administered in country name in the attached document.
- However, if your organisation has chosen to manually record the patient's overseas vaccination on their record, a Workflow Manager task will be created as this new notification will be perceived to be a "duplicate" vaccination.
- The latest notification message will have an attachment with the full dataset and thus is usually the one that should be retained on the patient record.

Action: See EMIS Now for the full list of current countries that COVID vaccinations can be recorded administered in.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 6.5

- New alert added from the February MHRA Drug Safety Update: hydroxychloroquine and chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions with quinolones.

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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NICE update

NICE have published new or updated guidance for the month of January 2022. There is one guideline, two technology appraisals and one innovation briefing that impact upon primary care.

The Glaucoma: diagnosis and management guideline. It covers diagnosing and managing glaucoma in people aged 18 and over. It includes recommendations on testing and referral (case-finding) for chronic open-angle glaucoma and ocular hypertension and on effective diagnosis, treatment, and reassessment to stop these conditions progressing. This update reviewed the evidence and recommendations on treatment for ocular hypertension and chronic open-angle glaucoma and organisation of care.

The Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy technology appraisal. This treatment is recommended as an option for treating excessive daytime sleepiness in adults with narcolepsy with or without cataplexy. This recommendation applies only after modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable. It is expected that this medication would normally be requested by a specialist.

The Sodium zirconium cyclosilicate for treating hyperkalaemia technology appraisal. This treatment is recommended as an option for treating hyperkalaemia in adults under specific criteria. This update takes into accou that this treatment is now available in both primary and secondary care.

The Smart Peak Flow for monitoring asthma innovation briefing. The briefing notes that Smart Peak Flow could replace mechanical peak flow meters. But evidence is needed on its validation against the current gold standard in peak flow meters, asthma-related outcomes, use and adherence, and the effect on clinical decision making and resource use. These briefings are usually used to guide local commissioning decisions and therefore clinicians should confirm local arrangements for this device. No change has been made in Frimley ICS.

The **Type 2 diabetes in adults: management** guideline has been updated**.** The update reviewed the evidence on drug treatment and made new recommendations. The new recommendations place SGLT2 inhibitors earlier in drug treatment for patients with established atherosclerotic cardiovascular disease and **heart** failure**.** It is specifically recommended to offer an SGLT2 inhibitor with proven cardiovascular benefit in addition to metformin to such patients. It is also recommended to **consider** this intervention in patients at **high risk of CVD** characterised as a QRISK2 ≥ 10%. In patients who do not meet either of these criteria, SGLT2 inhibitors remains a second line treatment option along with DPP-4 inhibitors, pioglitazone and sulfonylureas.

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

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SAFETY UPDATE

MHRA Drug Safety Update

A UK COVID-19 Antivirals Pregnancy Registry has been created. The safety of COVID-19 antivirals in pregnancy has not been established and information is therefore requested for any pregnancies which occur during use of an antiviral, including paternal use. Reports are welcome from healthcare professionals, pregnant women, and partners of pregnant women.

There has been an observed increased risk of cardiovascular events in patients with rheumatoid arthritis following **co-administration of azithromycin with hydroxychloroquine.** Based on this data, healthcare professionals are advised to carefully consider the benefits and risks before prescribing systemically azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. Clinicians are also reminded to be vigilant for psychiatric reactions associated with hydroxychloroquine or chloroquine, especially in the first month of treatment.

The latest COVID-19 vaccine and medicine information includes the recent **approval of the Nuvaxovid® COVID-19 vaccine** developed by Novavax. The update also advises that weekly summaries of Yellow Card reporting events associated with coronavirus vaccine continues to be published.

In this issue, the summary of letters to healthcare professionals in January mainly relate to supply issues and recalls as well as details of the consultation proposal to make estradiol 10 microgram vaginal tablets available from pharmacies.

Full details can be found here: Drug Safety Update - December 2021 (publishing.service.gov.uk)

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

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Report, Report, Report

Research shows that organisations that regularly report patient safety incidents usually have a stronger learning culture where patient safety is a high priority.

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.

All health and social care professionals can report medication incidents using the new LFPSE (Learn From Patient Safety Event) system. Please register here for an account and start reporting.

Action: Please be aware of the LFPSE system and register for an account if you have not already done so.

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Skin emollients and fire risk

Guidance for the safe use of emollients has been updated following a report by the National Fire Chiefs council which warns that patients using emollients to treat dry skin conditions are at greater risk of setting themselves on fire, due to the flammable residue that may be left on clothes, bandages, and bedding. Tests show that when fabric with dried-on emollient comes into contact with an ignition source, the resulting fire burns more quickly and intensely (hotter) and is harder to extinguish than a clean fabric fire.

Initially it was thought that there was a risk only with emollients containing >50% paraffins (NPSA Alert, 2007) but since 2007, MHRA received reports of fatal fire incidents suspected to be related to emollients containing <50% paraffins.

As of July 2020, 15 fatalities have been reported to MHRA by Coroners or via the Yellow Card scheme, and > 50 fatal fire incidents reported by fire and rescue services in England since 2010 in which emollients were known to have been used by the victim or were present at fire premises.

Although the risk is very rare given the extensive use of emollients over many years, it has devastating and fatal consequences and is likely to be under-recognised and under-reported.

This video-**Safe use of emollients**-demonstrates the risk of emollients and fire.

Advice for healthcare professionals

- Inform patients and carers to be extra vigilant when using skin emollients
- Patients should not smoke, use naked flames, or get near to anything which may cause a fire whilst wearing clothing or a bandage that has been in contact with skin creams. Change and wash clothes and bedding frequently to reduce the build-up of skin cream. Be careful to make sure the skin cream does not get onto the fabric of armchairs or other furniture, cushions and blankets.

Full guidance and patient support materials are available via this **link**

Action: Please assess the patient's fire risk when prescribing emollients and use Epimax® paraffin free ointment if a paraffin free ointment is required.

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Learning from recent medicine incidents- long-acting anti-psychotic injection

A recent incident reported to the ICS Medicines Safety pharmacist involved a patient missing several doses of their monthly long-acting antipsychotic injection that was to be administered by the patient's practice. The patient relapsed and was referred to the specialist community team.

Following a full investigation with the practice several key learning points were identified to be shared with all practices:

- Practices should have robust recall and safety netting systems to ensure that patients requiring regular injections (monthly or more frequently) administered by the practice, are contacted for appointments, and followed up
- Practices should have a clear process for practice nurses to escalate to prescriber; and patient's GP when patients are not attending for appointments
- Practices should be familiar with shared care agreements where they have taken on the responsibility to administer the injections with respect to when it is recommended to contact the specialist team with any concerns

Action: Please be aware of the incident and review the recall system within your practice.

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JOURNAL

Awareness of long-term nitrofurantoin adverse effects

Nitrofurantoin is an option for management of recurrent UTIs and is licensed for long-term use. Chronic lung reactions (including pulmonary fibrosis and diffuse interstitial pneumonitis) to nitrofurantoin can develop insidiously and hepatitis can also occur with long-term use, especially in older patients. NICE recommends reassessing the need for antibiotic prophylaxis for recurrent UTIs at least every 6 months.

This study evaluated clinicians' awareness of the long-term complications of nitrofurantoin and their approach to monitoring for nitrofurantoin's adverse effects. A questionnaire was sent to 675 GPs and 130 urologists. 1/3rd GPs and urologists responded.

Many prescribers were unaware of the potential for hepatotoxicity (42%) or lung toxicity (28%). In a subset of patients prescribed nitrofurantoin for 6–24 months, many received no monitoring beyond 6 months (45%) or had only liver function tests (20%) or lung tests (14%). Just 21% of these patients received both liver and lung function tests after 6 months of treatment. The questionnaire also highlighted uncertainty between GPs and urologists over who was responsible for monitoring for adverse events

The Medical Protection Society has dealt with reports relating to inadequate monitoring of long-term nitrofurantoin and recommends that prescribers should perform liver function tests and check for respiratory symptoms every 6 months. In addition, when patients are first prescribed nitrofurantoin, they should be advised to contact the prescriber urgently if they develop breathing problems.

Ref: https://dtb.bmj.com/content/early/2022/02/03/dtb.2022.000005

Action: Search for patients prescribed nitrofurantoin ≥ 6 months and review monitoring. Instigate a process so that patients are monitored every 6 months in line with national guidelines.

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MEDICINES OPTIMISATION BOARD (MOB) UPDATE

Decisions/Outcomes from the Frimley ICS - January 2022

Rheumatology (DMARD) shared care guidelines **Outcome**: Agreement that no need for formal resubmission for approval to Frimley ICS MOB as recommended changes were minor. Once changes completed by clinicians in secondary care in response to feedback from Medicines Optimisation Group (MOG), documents may be published, documents to return to MOB for noting in February 2022.
Molnupiravir and Sotrovimab and COVID Medicines Delivery Unit (CDMU) update **Outcome**: Agreement to formally note the decision to approve use of Molnupiravir and Sotrovimab. This had previously been taken as chair's action in December 2021, outside of the formal Frimley ICS MOB meeting.
Berkshire Wound Care Advisory Group (Berkshire only) **Outcome**: Agreement to approve applications for Cutimed® Sorbact® Products, Flaminal®, Suprasorb® P wound care products for use in Berkshire.

MOCH Good Practice Guidelines (GPG) for care homes
Outcome: Approval given for the Self-administration of Medicines in Care Homes GPG, Medicines Reconciliation GPG and Disposal of Medicines in Care Homes GPG.

- Self-administration of medicines in care homes - good practice guideline
- Medicines reconciliation- a good practice guideline
- Disposal of medicines in care homes- good practice guideline

Thames Valley Priorities Committee (TVPC) recommendations to adopt TVPC 64 Continuous Glucose Monitoring and TVPC 73 Flash Glucose System
Outcome: Agreement to approve TVPC 64 Continuous Glucose Monitoring and TVPC 73 Flash Glucose System.

Action: For information.

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SUPPLY ISSUES

Mesalazine (Asacol®) 400mg and 800mg MR gastro-resistant tablets out of stock until mid-March 2022.

• Octasa® MR 400mg and 800mg tablets remain available and can support a full uplift in demand.

• Other mesalazine tablet preparations, with different release characteristics, remain available should there be difficulties sourcing Octasa® MR tablets.

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Atorvastatin (Lipitor®) 10mg and 20mg chewable tablets out of stock until the end of February and mid-March 2022, respectively.

- Atorvastatin 10mg and 20mg film-coated tablets remain available and can support an increased demand.
- Supplies of atorvastatin oral suspension specials can also be sourced.

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Alimentum®- voluntary recall- action required.

Abbott, who manufacturer Alimentum® have issued a proactive, voluntary recall of some powder formulas manufactured in the United States, after four consumer complaints in the United States related to *Cronobacter sakazakii* or *Salmonella* Newport in infants who had consumed powder infant formula. Retained samples related to the three complaints for *Cronobacter sakazakii* tested negative for *Cronobacter sakazakii*. And the retained sample related to the complaint for *Salmonella* Newport tested negative for *Salmonella* Newport. The recall only impacts Alimentum® and EleCare® (non-formulary in Frimley CCG) in the UK. No other Abbott nutrition products distributed in the UK are affected.

Action: For any patients currently using Alimentum® or EleCare®, Abbott ask them to immediately discontinue use of the product.

MOT comment: Infants over the age of 2 may be reviewed to stop. Infants continuing to require an extensively hydrolysed milk feed, should be change to Aptamil Pepti® 1 (<6months) or Aptamil Pepti® 2 (>6 months). Your MOT practice pharmacist should have provided you with a list of patients to action, please contact your MOT practice pharmacist if required.

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Medicines Optimisation in Care Homes (MOCH) Corner

Digitalisation in care homes

There have been significant developments over the last few years in improving digital maturity in the adult social care provider sector (such as domiciliary care and care homes) which has enabled adult social care IT systems to 'join up' with health care IT systems leading the way to integration.

NHS Digital advises care home staff to use a secure accredited email address when sending or receiving confidential or commercially sensitive emails to GP practices or other health and social care providers.

NHS mail is the national accredited and secure service for health and social care in England Care home staff are encouraged to have access to a shared care home mailbox where information can be sent securely.

Recent changes now allow care homes to request more nhs.net email address accounts for staff members where there is already a shared mailbox in place. There is now no restriction on the number of nhs.net email addresses a care home can obtain for their staff.

Digital systems such as EMIS Proxy and Connected Care require staff to have a personal secure email account to fulfil information governance requirements. NHS mail accounts are advised.

Action:

- **When care homes are communicating with GP practices ensure that the care home are using their nhs.net email account.**
- **When requesting an EMIS Proxy login ensure that the care home staff are using their personal nhs.net account**
- **If the care home does not have an NHS mail account, then please refer them to the MOCH team for support to obtain one.**

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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