

Frimley ICB Prescribing Newsletter

"Making the most of medicines"

**Volume 13 Issue 6
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MOT'ea Save the date: Thursday 14th July 1-2pm

Our MOTea webinar in July will be the second part of our update on the care of people living with type 2 diabetes. We will be joined by Dr Frances Coyle, Diabetes Consultant, Frimley Park Hospital to lead us through current guidelines and best practice

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

Locally Commissioned Services – update for adults with ADHD

Please note: Currently, this updated agreement is between Slough, RBWM & Bracknell Forest Places and BHFT. Negotiations are ongoing to offer this LCS across the entire Frimley footprint.

Demands on capacity within the local services for both children and adults with ADHD are well documented and are common nationally.

There is no change to the LCS for children and adolescents with ADHD. An agreement has been reached between the BHFT **ADULT** ADHD service and primary care, where GPs will be funded to provide:

- 6 month physical (BP, pulse, weight) health check (no change)

- 6 month physical (BP, pulse, weight) health check (no change) with an annual medication review (new)

An Ardens medication review template has been agreed with BHFT in line with NICE recommendations and leads clinicians through the review step by step. Use of the template is not mandatory for payment but is highly recommended. If practices feel they would like additional support and/or training, please contact your Medicines Optimisation Team pharmacist who will be happy to make arrangements.

This change is being promoted via PLTs, Prescribing newsletter, LCS messaging and MOTea training session for practice pharmacists & NMPs

Key points

- Many areas only fund monitoring for children with ADHD and do not fund monitoring for adults. This agreement protects funding for this service.
- The aim is to free up review appointments within the adult service, helping to increase availability and reduce wait times for patients with complex adult ADHD needs, adolescents transitioning from the children's service and new patients.
- Currently, this is an LCS created specifically between primary care GPs in this area and BHFT as provider. Patients leaving a practice will need to check with their new GP regarding local arrangements.
- At the patient's next review (avoiding the transfer of patients all at once), BHFT will offer stable adult ADHD patients the opportunity to have their annual medication review in primary care at their GP practice. BHFT will then make the request to the patient's GP.
- Advice and guidance is available and patients may be "fast tracked" back to the BHFT service if appropriate.
- Prescribing remains under a shared care arrangement. Patients have not been "discharged". The national shared care template is pending for adults with ADHD, and the draft has been reviewed. Our approach would sit under "local arrangements".
- Patients considered by the ADHD clinic to be too complex for an annual medication review in primary care will be held by the BHFT ADHD clinic.
- Participation by practices remains optional.

Action: Please be aware of changes to the LCS for adults with ADHD in Slough, RBWM and Bracknell Forest Places.

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	GUIDANCE UPDATE
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Antibiotic guidelines: SCAN MicroGuide latest updates

Version 6.9

- [Pilonidal Sinus](#) page updated, clarified when not to prescribe antibiotics and if cellulitis present then linked directly to [Cellulitis](#) guideline to reduce duplication
- [Acute Otitis Media \(AOM\) \(CHILDREN\)](#) updated to include the updated NICE recommendation to use Otigo®* (Phenazone 40 mg/g with Lidocaine 10 mg/g) if an immediate oral antibiotic prescription is not necessary (& no eardrum perforation or otorrhoea)

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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Ardens Care Quality Commission (CQC) clinical searches

CQC has developed a suite of clinical searches which are now routinely used when carrying out inspections of GP practices. They were designed to focus on areas of clinical importance, reflecting the profession’s agreed shared view of quality and to contribute to a consistent regulatory approach. The majority of the searches focus on safe prescribing, monitoring of higher risk drugs and identification of potential missed diagnoses. They identify cohorts of patients who may require further attention.

CQC are working with Ardens as part of a 12-month pilot to create, review and deliver the searches on EMIS Web for GP practices. Cegedim Healthcare will be making the searches available for Vision GP practices. The searches and business rules are available free of charge for all GP practices.

Further information may be found [here](#), including information on creating an account to download the searches and FAQ.

Action: for information.

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NICE update June 2022

The **Peristeen Plus transanal irrigation system for managing bowel dysfunction** [medical technologies guidance](#). It covers use of this transanal irrigation system for managing bowel dysfunction. The update reflects 2021 costs and revises cost-saving estimates.

Comment: This is available via the Continence Service in North Places & should not be prescribed on FP10.

The **Reducing sexually transmitted infections** [guideline](#) covers interventions to prevent sexually transmitted infections (STIs) in people aged 16 and over. It aims to reduce the transmission of all STIs, including HIV, and includes ways to help increase the uptake of STI testing and vaccines for human papillomavirus (HPV) and hepatitis A and B.

The **Gout: diagnosis and management** [guideline](#). It covers the diagnosis and management of gout. It includes recommendations on diagnosing gout, managing flares, long-term management of gout and referral to specialist services.

The **Multiple sclerosis in adults: management** [guideline](#). It covers diagnosing and managing multiple sclerosis in people aged 18 and over. It aims to improve the quality of life for people with multiple sclerosis by promoting prompt and effective symptom management and relapse **treatment**, and comprehensive reviews.

The **Depression in adults: treatment and management** [guideline](#). It covers identifying, treating and managing depression in people aged 18 and over. It recommends treatments for first episodes of depression and further-line treatments, and provides advice on preventing relapse, and managing chronic depression, psychotic depression and depression with a coexisting diagnosis of personality disorder.

Additionally, **three guidelines on diabetes have all been updated** with new recommendations on **periodontitis**. The affected guidelines are:

- [Type 1 diabetes in adults: diagnosis and management](#)
- [Type 2 diabetes in adults: management](#)
- [Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management](#)

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

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Expanding prescribing scope of practice guide for non-medical independent prescribers

The Royal Pharmaceutical Society has published guidance for use by non-medical independent prescribers who want to expand their scope of practice.

The [guide](#) can help identify developmental needs and ways to meet them and outlines how to document the process and outcome. It also includes case studies across a range of professions and settings.

Action: for information

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SAFETY UPDATE

Clozapine information for primary care health professionals

As a result of a recent local serious incident, Berkshire Healthcare NHS Foundation Trust and Surrey and Borders Partnership NHS Foundation Trust have collaborated to produce advice on the potential side effects and drug interactions of clozapine. The document can be accessed [here](#) and will also be available on DXS.

Clozapine is classed as a RED drug which means it must only be prescribed by secondary care mental health services, but this information will help primary care health professionals prevent and look out for serious side effects and states when patients should be referred urgently to acute care or mental health services.

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Roche Accu-Chek® Insight insulin pump with NovoRapid® PumpCart® insulin cartridges: alert following cases of insulin leakage

The [MHRA](#) have issued a National Patient Safety Alert following serious reports of harm associated with insulin leakage during use of the Accu-Chek® Insight Insulin pump with NovoRapid® PumpCart® prefilled insulin cartridges. In some patients, there were serious consequences arising from inadequate supply of insulin, including diabetic ketoacidosis (DKA).

Locally, our diabetes specialist teams have contacted and are reviewing patients who use the Accu-Chek® Insight insulin pumps to move them onto alternative pumps where appropriate

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Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk

Decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. The MHRA therefore advise checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of vitamin B12 deficiency. It also advises that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered.

Advice for healthcare professionals:

- Test vitamin B12 serum levels if deficiency is suspected (for example, in patients presenting with megaloblastic anaemia or new-onset neuropathy) and follow current clinical guidelines on investigation and management of vitamin B12 deficiency (see [Clinical Knowledge Summary from NICE](#))
- Consider periodic vitamin B12 monitoring in patients with risk factors for vitamin B12 deficiency which are wide ranging and include:
 - baseline vitamin B12 levels at the lower end of the normal range
 - conditions associated with reduced vitamin B12 absorption (such as elderly people and those with gastrointestinal disorders such as total or partial gastrectomy, Crohn's disease and other bowel inflammatory disorders, or autoimmune conditions)
 - diets with reduced sources of vitamin B12 (such as strict vegan and some vegetarian diets)
 - concomitant medication known to impair vitamin B12 absorption (including proton pump inhibitors or colchicine)
 - genetic predisposition to vitamin B12 deficiency, such as intrinsic factor receptor deficiency (Imerslund-Gräsbeck syndrome) and transcobalamin II deficiency
- Administer corrective treatment for vitamin B12 deficiency in line with current clinical guidelines; continue metformin therapy for as long as it is tolerated and not contraindicated
- Advise patients to seek medical advice if they develop new or worsening symptoms of extreme tiredness, a sore and red tongue, pins and needles, or pale or yellow skin – these can be signs of low vitamin B12 levels
- Report suspected adverse drug reactions associated with metformin on a [Yellow Card](#)

There is an Ardens search in Folder: 1.4 Ardens Prescribing Safely (v19.6)> Medication Related Searches> Metformin and Vitamin B12.

Action: Read the MHRA alert [here](#).

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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.



MEDICINES BOARD UPDATE

Chronic constipation pathway for primary care

The Frimley chronic constipation pathway has been updated, a copy may be found [here](#).

Action: for information.

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SUPPLY ISSUES

Methylphenidate supply issues (currently affecting Xaggitin® XL brand only)

Reports of methylphenidate supply issues may cause concern among students and parents/carers especially around exam times.

The Department of Health and Social Care (DHSC) has issued a medicine supply notification for **Methylphenidate (Xaggitin® XL) 27mg & 36mg prolonged-release tablets are in stock.**

- Methylphenidate (Xaggitin® XL) 18mg and 54mg prolonged-release tablets are out of stock until late September 2022 and late-August 2022, respectively.
- Alternative brands of methylphenidate prolonged-release tablets including Concerta® XL, Delmosart® and Xenidate® XL remain available and can support an uplift in demand.
- Matoride® XL prolonged-release tablets remain available but are unable to support an uplift in demand.

More info on the shortage can be found [here](#).

Please remember that sustained release methylphenidate preparations need to be prescribed by brand as they are NOT interchangeable due to different release profiles. See Frimley (North) shared care guidance [here](#) - section 10 provides some info about bioequivalence.

If in doubt, please check with your ICB pharmacist.

Action: For information.

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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

Keeping care home residents hydrated during the summer

Most of us will be enjoying the warmer weather during the summer months, however extreme heat waves can be harmful to residents in care homes and those that are vulnerable.

The main risks posed by a heat wave are:

- Dehydration

- Urinary Tract Infections
- Acute Kidney Injury
- Confusion
- Falls/Fractures
- Increased admission to hospital
- Overheating, which can exacerbate respiratory and cardiac conditions
- Heat exhaustion and heatstroke

Who is most at risk?

- Older adults, over 75 years or those living on their own and who are socially isolated
- Those with chronic and severe illness, including heart conditions, diabetes, respiratory or renal insufficiency, Parkinson's disease, or severe mental illness.
- Medications that potentially affect renal function, sweating, thermoregulation or electrolyte balance can make this group more vulnerable to the effects of heat. These medications include diuretics, laxatives, antacids, antihistamines, antihypertensives and those with a high anticholinergic burden.
- Those that misuse alcohol or drugs

Advice to healthcare professionals:

- Identify care home residents most at risk of dehydration and highlight to care home staff.
- Ensure care home staff can recognise signs and symptoms of dehydration and manage safely and appropriately.
- Ensure all fluid intake is documented on the fluid charts in the care homes, and check on care home ward round

Action: Signpost Care Home staff to MOCH team, if care home staff are interested in becoming Hydration champions or for any further support at frimleyccg.moch@nhs.net

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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