

Our Ref: DC/NB

27th May 2021

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 12th May 2021

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee this month and are available on the BEST website:

[Protocols for initiating FreeStyle Libre 2® for glucose monitoring in ADULTS and CHILDREN and GP contacts/agreements \[UPDATED\]](#)

The FreeStyle Libre® protocols and GP practice contracts have been updated to make reference to FreeStyle Libre 2® and to clarify the process when switching a patient from FreeStyle Libre 1® to FreeStyle Libre 2®. New patients will be initiated on FreeStyle Libre 2®. Existing patients will be switched from FreeStyle Libre 1® to FreeStyle Libre 2® by the specialist team. A proforma, included in the FreeStyle Libre® protocols, will be sent from the specialist to the patient's GP to request that the patient is transferred to FreeStyle Libre 2®.

In line with NHS England guidance, patients with type 1 diabetes or insulin treated type 2 diabetes, who are living with a learning disability and recorded on their GP practice learning disability register, have been added to the selection criteria for FreeStyle Libre®.

[Guidance for the use of Diltiazem 2% cream/ointment in the management of anal fissures \[UPDATED\]](#)

This guideline has been updated with minor amendments.

Prescribing guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

The Barnsley Joint Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

Shared Care / Amber-G Guidelines

The following shared care guidelines were approved by the Committee this month and will be available on the BEST website in due course:

5 Fluorouracil and salicylic acid 5FU-SA (Actikerall®) cutaneous solution for Actinic Keratosis Amber-G guideline [NEW]

This amber-G guideline has been developed following the Committee decision to assign Actikerall® an amber-G classification in August 2020. A Barnsley pathway for managing actinic keratosis is currently in development.

The use of DOACs (Direct Oral Anticoagulants) for the treatment and prevention of DVT and PE Amber-G guideline [UPDATED]

The monitoring section within this Amber G guideline has been updated in line with the monitoring of DOACs within the Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance, as agreed by the Committee.

Camouflage cream Amber-G guideline [UPDATED]

This amber-G guideline has been updated with minor amendments.

Prucalopride Shared Care Guideline [UPDATED]

This shared care guideline has been updated with minor amendments.

SYB Parkinson's Disease Shared Care Guideline [UPDATED]

The Committee received the updated draft collaborative SYB shared care guideline. The guideline will be uploaded to the BEST website in due course when the final version has been received.

Shared Care and Amber-G guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>.

Prescribers (including secondary care clinicians) are encouraged to report any problems they experience with shared care or other medicines related issues, particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

The Barnsley Interface Issues Form should be used to report such problems:

<http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm>

Other

Chloramphenicol eye drops in children under 2 years

Due to an associated future risk of impaired fertility, the EMA mandatory labelling guidance on excipients has been updated and all preparations containing boric acid or borates above a threshold level must include a warning.

Most UK manufacturers of chloramphenicol **eye drop** preparations have now updated their SPCs to include a warning contraindicating use in children less than 2 years old, due to boron content. Please refer to The Royal College of Ophthalmologists safety alert statement which highlights points for consideration:

<https://www.rcophth.ac.uk/2021/04/safety-alert-boron-additives-in-chloramphenicol-drops/>

Chloramphenicol eye ointment preparations do not contain boric acid or borates and so can be prescribed for children less than 2 years old. Pharmacy only (P) preparations of chloramphenicol are not licensed for sale or supply over the counter for children under 2 years of age.

Information has been included in the Barnsley formulary.

Reminder – Dosages on liquid medicines

The Committee were made aware of two incidents which have occurred nationally, relating to the dosing of Oramorph® oral solution (morphine sulfate 10mg/5ml).

Clinicians are reminded that when prescribing liquid medicines (*with the exception of laxatives and antacids*) the **strength** of the formulation, the **dose in milligrams / micrograms** and the **volume** should be specified.

For example: Morphine sulfate 10mg/5ml oral solution. 1.25ml (2.5mg) to 2.5ml (5mg) to be taken every 4 hours when required.

Please refer to the Primary Care Prescribing Guidelines: Advisory, Minimum and Gold for further information:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Prescribing%20Gold%20Guidelines%20-%20July%202020.pdf>

Traffic Light Classifications

There were no changes to traffic light classifications this month.

MHRA Drug Safety Update

The April 2021 MHRA Drug Safety Update can be accessed at the following link:

[Apr-2021-DSU-PDF37ce05f35d8febbf6c8e7cc23ad264098f45c3342c9cb11b0e38bcf4beb1a943.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94343/Apr-2021-DSU-PDF37ce05f35d8febbf6c8e7cc23ad264098f45c3342c9cb11b0e38bcf4beb1a943.pdf)
([publishing.service.gov.uk](https://www.gov.uk))

Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration

Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration.

Advice for healthcare professionals:

- there have been reports of a possible potential harmful interaction between polyethylene glycol (PEG) laxatives and starch-based thickeners when they are mixed together
- combining the two compounds can counteract the thickening action and result in a thin watery liquid – patients with swallowing difficulties (dysphagia) are potentially at a greater risk of aspiration of the thinner liquid
- avoid directly mixing together PEG laxatives and starch-based thickeners, especially in patients with dysphagia who are considered at risk of aspiration such as elderly people and people with disabilities that affect swallowing
- report suspected adverse drug reactions (ADRs) to the [Yellow Card Scheme](#)

Local action:

There are a small number of patients being prescribed polyethylene glycol (PEG) laxatives and starch-based thickeners in primary care and the clinical pharmacists will support practices in reviewing patients in liaison with the Speech and Language Therapy Team (SLT) where necessary.

Gum based thickeners have been used first line for new patients in Barnsley since October 2018 in line with [local thickener prescribing guidance](#).

Regards



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cc: Medicines Management Team
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