

Medicines Management Newsletter

August 2020

Welcome to the August edition of the Medicines Management Newsletter, we hope that you are all keeping safe and well during this time. The newsletter is distributed to all practices and pharmacies in the Barnsley area and aims to keep you informed of the latest medicine updates, drug alerts/recalls and the work currently being completed in GP Practices by the Medicines Management Team.

Monitoring of “High Risk” Patients being prescribed Direct Oral Anticoagulants (DOACs), DMARDs, Immunosuppressants & other “High Risk” medication

A letter has recently been sent out to practices (dated 8th July) from the CCG advising them of the importance of progressing the work started by the medicines management team in reviewing all patients prescribed a DOAC.

There are 3 aims for the review.:

1. To ensure all patients are prescribed the correct dose for the indication they are prescribed the DOAC for
2. To ensure all patients monitoring is up to date and in-line with the guidance
3. To ensure all patients have recalls in place to ensure future monitoring is completed

To support practices, a number of templates are available for use on EMIS Web and SystemOne which some practices may find helpful in prompting the clinician to review key patient factors:

- **EMIS Web Local template** - circulated in the Primary Care Bulletin 27th July for uploading onto individual practice systems
- **EMIS Web national template** – “AF advisor” template available on EMIS Web
- **SystemOne Local template** - currently in development, details to follow in the Primary Care Bulletin

Please also note, the current guidelines are under review and due to be considered at the APC meeting on the 12th August. Any resulting changes to monitoring requirements will be circulated with an updated template if required.

The Medicines Management Team have also started work on reviewing patients prescribed other High Risk medication and will be discussing any necessary actions required from practices in due course.

If you have any questions about this work please contact the Medicines Management Team member(s) supporting your practice.

Care Homes Update – Provision of support by the Medicines Management Team

A list of all Barnsley registered care home residents living in a Barnsley Care Home was accumulated in June from system searches. 1522 patients were identified across 72 care homes. The Clinical Pharmacists were then asked to carry out desk-based reviews on these patients for each of their allocated practices. The team have almost completed these reviews. A significant amount of cost savings has been made and more importantly there have been several significant clinical interventions.

The team will be moving on to phase 2 which will be to identify and review any new care home residents. We are confident that after this process the team will be able to identify on a regular basis when a patient has moved into a care home and carry out a desk-based review. The plan to align care homes to GP practices will help improve this process.

One point of interest that has been identified from the initial searches is the differences between care home addresses listed on the GP systems. For example, one patient is registered at Cherry Trees Care Home whereas another patient is registered at Cherrytrees Care Home. This makes it very difficult to search for patients at an address. We were able to search by post code, but this brings up all other addresses registered with that post code.

Read coding the patients as “Lives in a care home” is a helpful tool to identify these patients, as well as ensuring only one care home name is used. **Patients should be coded as “Lives in care home” using SNOMED code: 248171000000108.**

Support to Community Pharmacies

As part of the CCG's continued effort to support community pharmacies, a brief weekly or fortnightly (dependant on how often the pharmacy request) check-in call will continue to see how community pharmacists and their teams are managing through these challenging times. The calls are an opportunity for community pharmacies to raise any issues or concerns they may have. **It is important that any issues or concerns are raised as soon as possible, and not wait to discuss in the weekly call.** The team can be contacted by emailing them on:

- Shoib Ashfaq, Primary Care Network Clinical Pharmacist - s.ashfaq@nhs.net
- Mir Khan, Primary Care Network Clinical Pharmacist – mir.khan1@nhs.net
- Danny Speight, Medicines Management Technician - daniel.speight1@nhs.net

Ranitidine Unavailability – Reviews to be completed

Ranitidine oral preparations are long term out of stock with no date for resupply, and the 150mg & 300mg tablets were removed from the July tariff. Practices are still issuing prescriptions which means that pharmacies are required to call practices to cancel and request a replacement for a significant number of prescriptions every month. This causes a substantial amount of work for both pharmacies & practices, as well as resulting in a potential delay in treatment for patients. **To help combat the issues, the MMT will be working on supporting practices with reviewing patients with a view to stopping or changing to alternative treatment where required. The team will be liaising with the clinicians in the practice to determine a plan of action.**

Flu immunisation programme 2020-21

The second flu [letter](#) was published last week and provides further information regarding the expansion of the programme.

Key points:

- Providers to focus on achieving maximum uptake and a minimum of 75% uptake across all existing eligible groups as these are the patients most at risk of flu.
- As part of wider planning for winter, and subject to contractual negotiations, this season flu vaccination will be additionally offered to:
 - Household contacts of those on the NHS Shielded Patient List.
 - Year 7 school children
 - Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
 - There is an aim to further extend the vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply and following prioritisation of existing risk groups. Providers will be given notice in order to have services in place for any additional cohorts later in the season.

Vaccines

- 65 years and over (or 65 by 31st March 2021): **aTIV** (QIVc if aTIV is not available)
- At risk adults aged 18 to 64 years: **QIVc or QIVe** (as an alternative to QIVc)

Providers will have ordered flu vaccine directly from manufacturers. An increased demand for flu vaccine across all cohorts is expected this year and the DHSC has procured additional national supply of the adult vaccine and will issue guidance in September on how and when this can be accessed.

Preparation

It is recommended that data cleansing is incorporated into the practice planning activities in preparation for the start of the flu vaccination programme to ensure that the information held on the practice system is accurate and up to date. For example, running practice searches on patients showing as currently pregnant to check that the read code is still applicable and that they have not already given birth. The Medicines Management Team are able to assist practices with this, please liaise with the Pharmacist / Technician working in your practice.

MHRA Safety Updates

The latest MHRA safety update are available to view online.

July 2020 Volume 13: Issue 12

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/905690/July-2020-DSU-PDF.pdf

Key issues affecting Primary Care are highlighted below - For the full details please view the guidance using the link above.

Coronavirus (COVID-19) updates

Coronavirus (COVID-19) updates Healthcare professionals are reminded that the MHRA continue to provide guidance related to coronavirus (COVID-19), including for medicines, on our [dedicated guidance page](#). Use the [dedicated COVID-19 Yellow Card site](#) to report suspected side effects in COVID-19 treatment

Supply-related letters – June 2020

In June 2020, the following letter was sent or provided to relevant healthcare professionals to support the supply of medicines in the UK: [EpiPen \(Adrenaline\) Auto-Injector 0.3 mg: supply of a batch \(no. 9FM766\) with USlabelled auto-injectors packaged in UK cartons with a UK leaflet](#)

MHRA Safety Updates – continued

Drug alerts – June 2020

[Class 2 Medicines Recall: Epistatus \(Midazolam\) 10mg/mL Oromucosal Solution \(Multi Dose Bottles\), EL \(20\)A/25. Issued 8 June 2020.](#)

Specific batches of Epistatus (Midazolam) 10mg/mL Oromucosal Solution (multi-dose bottles) are being recalled due to a potentially faulty and incorrectly engaged child-resistant container closure.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The Barnsley Guideline for using Antiplatelet drugs in the prevention and treatment of Cardiovascular and Cerebrovascular diseases has been updated: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Antiplatelet%20Guidance.pdf?UNLID=1043698282202083112553>

The NEW **Rubefacients (excluding topical NSAIDs and Capsaicin) Area Prescribing Committee Position Statement** has been developed to support implementation of the NHS England guidance 'Items which should not routinely be prescribed in primary care'. Rubefacients are included within the guidance with no exceptions and have a non-formulary grey classification in Barnsley. No new patients should be initiated on rubefacients. The position statement is on the BEST website: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Rubefacients%20Position%20Statement.pdf?UNLID=1043698282202083112847>

The NEW **Alimemazine Area Prescribing Committee Position Statement** is on the BEST website: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Almimemazine%20Position%20Statement.pdf?UNLID=1043698282202083112012>

The prescribing of alimemazine, a sedating antihistamine, is not supported by the Committee. There is no robust clinical evidence to show that alimemazine is more effective than alternative antihistamines and it is significantly more expensive. Alimemazine has a non-formulary grey classification.

The NEW **Prescribing of SGLT2 Inhibitors during the COVID-19 pandemic** guidance is available on the BEST COVID-19 medicines and prescribing information page: <https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm>

This guidance was developed following feedback from local specialists that the **use of SGLT2 inhibitors in type 1 diabetes (only dapagliflozin is currently available) should cease during the pandemic in line with national guidance.** The classification of **dapagliflozin in type 1 diabetes was changed** from amber-G to red. Local specialists have agreed to provide support with stopping dapagliflozin in patients with type 1 diabetes.

Note that the use of SGLT2 inhibitors in **type 2 diabetes** should continue during the pandemic if the patient is well (see the full guidance for further details on 'sick day rules' and information on new initiations of SGLT2 inhibitors in type 2 diabetes).

Formulary Changes (Drugs with a provisional classification are not currently included on the Barnsley formulary)

- **Amlodipine 2.5mg tablets** have been assigned a **non-formulary provisional grey** classification (amlodipine 5mg and 10mg tablets are formulary green)
- **Amoxicillin 1000mg dispersible tablets** have been assigned a **non-formulary provisional grey** classification (Amoxicillin 250mg and 500mg capsules, 125mg/5ml and 250mg/5ml oral suspension, and 3g oral powder sachets are formulary green)
- **Lidocaine 5% medicated plasters (Ralvo®)** have been assigned a **formulary red classification for rib trauma/fractures post falls in older frail patients on a short term basis (around 2 – 4 weeks) until rib fractures heal (unlicensed indication).**

Lidocaine plasters are included in the NHS England guidance 'Items Which Should Not Routinely Be Prescribed In Primary Care'

Lidocaine plasters (Ralvo®) are formulary grey for post-herpetic neuralgia and formulary amber-G for other unlicensed indications in exceptional circumstances in line with the [Lidocaine 5% Medicated Plaster APC Position Statement](#).

Prescribe as cost-effective brand Ralvo®.

If you have any queries regarding medication or require support in identifying patients affected by any of the issues discussed in this newsletter, please contact the Medicines Management Pharmacist and/or Technician working in your practice.

Alternatively contact the Medicines Management Team on 01226 433669 or 433798.

We would welcome any feedback you have to give on this newsletter, as well as suggestions for future articles. Please send ideas and comments in to Vicki Holmes, Senior Prescribing Support Technician on email address victoria.holmes3@nhs.net

Many Thanks