

# Medicines Management Newsletter

## September 2020

Welcome to the September 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.

### Medicines Optimisation Scheme (MOS) 2020-21

The Medicines Optimisation workstreams have been re-prioritised and amended in light of Covid-19, to identify and prioritise areas which “add value” and also which are clinically safe and appropriate to progress during the Covid-19 pandemic. Practices will be working on areas including:

- **QIPP changes focusing on out of stock drugs:** Reviews to be completed on drugs which are currently unavailable or in short supply – two initial areas agreed: Slozem® (discontinued) and Ranitidine (unavailable and currently no date for re-supply)
- **Appliance & Wound Care reviews & Stoma ordering process:** Engage with the Specialist nurses to ensure that prescribing is appropriate and in line with formulary choices, as well as reviewing the processes used for the ordering of stoma products by patients in each practice
- **Cardiology: Direct Oral Anticoagulant (DOACs) review:** Review of all patients to ensure that the dose prescribed is clinically appropriate for the individual patient and that the monitoring is up to date and in line with local and national guidance
- **Targeted medication reviews:** Six initial areas have been selected including gabapentin in patients with a creatinine clearance of <80mL/min or pregabalin in patients with a creatinine clearance <60mL/min, melatonin (efficacy and preparation) and SSRIs without gastroprotection in patients at high risk of a GI bleed
- **Dose Optimisation Review (Medicines Management Service):** Practice will complete a medication and dose optimisation review for patients identified to be under the Medicines Management Service (MMS) to ensure that the dose and frequency of prescribed medication is appropriate.
- **Eclipse Live Extractions, PATLISTS & alert reviews:** Practices will continue with weekly extractions and PATLIST uploads, as well as 1-2 weekly alert reviews to help minimise the risk of hospital admissions from medication-related issues
- **Covid-19 and other additional high priority medicines optimisation workstreams, to include:**
  - Provision of pharmacy and medication support to care homes as part of the pandemic response: *desk-based medication reviews have already been completed by the Clinical Pharmacists for all care home residents*
  - Identifying and reviewing high risk Covid-19 patients as indicated by national guidance: *Practices will continue to maintain the shielding list*
  - High risk drug monitoring: *Reviewing patients prescribed DMARDs and Immunosuppressants to ensure monitoring is up to date*
  - Maximising electronic prescribing (EPS) and online ordering of medication: *Practices to add EPS nominations for all patients and encourage online access to be set up*
  - Maximising uptake of eligible patients of immunisation programmes such as influenza: *Practices to ensure patients are correctly coded e.g. pregnant women*
  - Safe systems and processes in relation to the management of out of stock medicines: *Practices to implement a process in collaboration with local pharmacies*

### Practices will be required to complete all areas in the scheme

The Medicines Management Team working in your practice will be meeting with you shortly to discuss a work plan to support your practice to complete the required work and criteria set by the scheme. This meeting will need to take place remotely e.g. via MS teams.

The CCG Medicines Management Team is happy to support practices to review prescribing in these and other areas, however please note that the overall responsibility for completion of the work within the scheme lies entirely with the practice.

**Any queries can be sent to the Medicines Management Team via email address [Barnsleyccg.mosreporting@nhs.net](mailto:Barnsleyccg.mosreporting@nhs.net) or by calling the team on 01226 433669.**

### Expression of Interest for Supplying Medicines to Care Homes

Within Barnsley there are a number of care homes, varying in size from 2 beds to 87 beds, which need medicines to be dispensed in monthly medication cycles and also acute prescriptions.

This may be viewed as a difficult and time consuming service for local Pharmacies to provide, however new systems and processes are being put in place across Barnsley care homes to make dispensing more efficient and less onerous: online proxy ordering by the care homes directly to the GP practice enabling electronic prescribing, care homes use of original packs to administer medicines and also notifications to the Pharmacy if a care home resident is admitted to/discharged from hospital or the arrival of a new resident to the care home.

The CCG is seeking to support both care homes and Pharmacies with a view to enhancing relationships between GP practices, local community pharmacies and care homes to support delivery of a streamlined and comprehensive service. Any expressions of interest made would of course require further discussion between the Pharmacy and the care home(s).

A number of pharmacies have already expressed an interest in this. If you are interested in supplying medicines to care homes, please contact a member of the Medicines Management Team on 01226 433777, [BARNCCG.Mrsenquiries@nhs.net](mailto:BARNCCG.Mrsenquiries@nhs.net).

### Support to Community Pharmacies

As part of the CCG's continued effort to support community pharmacies, a brief weekly or fortnightly (dependent 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. **Pharmacies are advised to flag any significant issues or concerns as soon as possible and do not need to wait for the next call.** The team can be contacted by email:

- Shoaib Ashfaq, Primary Care Network Clinical Pharmacist - [s.ashfaq@nhs.net](mailto:s.ashfaq@nhs.net)
- Mir Khan, Primary Care Network Clinical Pharmacist – [mir.khan1@nhs.net](mailto:mir.khan1@nhs.net)
- Danny Speight, Medicines Management Technician - [daniel.speight1@nhs.net](mailto:daniel.speight1@nhs.net)

### Appliance Update – Extension of Stoma Appliance Ordering Line

The team continue to provide the Stoma Appliance ordering line for Huddersfield Road which has provided an improved service to stoma patients by giving them a more personalised service by linking them with the Stoma Nurses directly and ensuring the patients get the right products, in the right quantity. Following the success of the pilot, the service has now been extended to include Ashville Medical Practice from Monday 14<sup>th</sup> September.

The stoma prescription line is open Monday to Friday 9am-4pm and is provided remotely by the Medicine Management Team on telephone number 01226 433771.

If you have any queries about appliances such as the amount ordered or the correct ordering process required, please contact Lindsay Reynolds, Appliance Nurse on the details below:

Working days are **Wednesday, Thursday & Friday**

Email: [lindsay.reynolds@nhs.net](mailto:lindsay.reynolds@nhs.net)

### Processing Prescription requests – Sharing Good Practice

The COVID-19 pandemic has seen an increase in the utilisation of online prescription ordering services such as Patient Access and NHS app, as well as an increase in EPS nominations being added to patient records. Like any service, there are minor issues which have arisen, and we have received intelligence from community pharmacies suggesting the following:

- Patients with an EPS nomination are finding that their prescription has been printed and left on the practice reception for collection rather than being sent electronically to the nominated pharmacy
- Patients who have submitted an online prescription request are turning up at the pharmacy to find a prescription has not been issued by the practice

We have discussed these issues within our team and found that some practices have processes in place to help manage these issues which other practices may find useful:

- **Good communication with patients** – One SystmOne practice has a protocol set up which prompts the user who is issuing a prescription (acute or repeat) to send a text message to the patient when their prescription request has been processed. This could include details of whether a prescription has been printed or sent electronically to the nominated pharmacy. If a prescription request has been rejected, the practice will also send a text message informing the patient including the reason why it has been rejected, so that the patient knows to follow up with the practice if the item is still required
- **Online access** – when setting up patients with online access for prescription ordering, it is useful to advise patients that they should check using their online service if future prescription requests have been accepted or rejected before going to collect their prescription from the pharmacy or practice
- **Check that all the patient details are correct on the spine** – patients whose details do not match on the spine e.g. have had their telephone number changed recently, will not be able to have prescriptions sent electronically until matched, on EMIS web this shows as a red “PDS” icon next to the patient’s details.

## Pilot NHS Low Calorie Diet Programme Now Available in South Yorkshire & Bassetlaw

As of 1<sup>st</sup> September 2020, 500 participants across South Yorkshire and Bassetlaw are now able to access NHS soup and shake weight-loss plans to tackle type 2 diabetes. This diet and lifestyle plan has been shown to put Type 2 diabetes into remission for people recently diagnosed with the condition.

**NOTE:** This diet will likely require changes to a patient's medication regimen. Referrers must discuss these medication changes on the first day of the programme and provide written confirmation of these changes to both the patient and provider.

For further details regarding eligibility, referral and medication changes, please contact Faye Senior, South Yorkshire & Bassetlaw ICS Diabetes Programme Facilitator on: [faye.senior@nhs.net](mailto:faye.senior@nhs.net)

## Updates from the Barnsley Area Prescribing Committee (APC)

### Prescribing Guidelines

The **Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance** has been updated:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Anticoagulation%20for%20SPAF%20Barnsley%20Guidelines.pdf>

This document provides guidance to primary and secondary care prescribers in selecting the most suitable anticoagulant for each patient and conducting appropriate baseline and ongoing monitoring.

It replaces the previous guideline 'Considerations for Anticoagulation in NVAf for Primary Care'.

The previous NOAC prescriber decision support and NOAC SYB policy have been removed from the BEST website as they have been superseded by this guidance.

### **Patients at extremes of body weight**

The guidance notes that there is limited data available on the use of DOACs in patients weighing less than 50kg or more than 120kg and that there may be a risk of over or under anticoagulation respectively. Warfarin treatment may be preferable to DOACs in such patients since anticoagulation can be monitored using INR. Use of DOACs in these patient groups should be based on discussion with the patient taking into account individual bleeding risk and other patient specific factors. Where uncertainty remains, individual patients may be discussed with the relevant specialists.

The **Drugs prolonging the QTc interval and palliative care** guideline has been updated:

[https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Drugs\\_prolonging\\_the\\_QTc\\_interval\\_and\\_palliative\\_care.pdf](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Drugs_prolonging_the_QTc_interval_and_palliative_care.pdf)

The NEW **Use of Calcium and Vitamin D post Fragility Fracture** guideline summarises the use of calcium and vitamin D post fragility fracture:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Use%20of%20Calcium%20and%20Vitamin%20D%20post%20Fragility%20Fracture.pdf>

If vitamin D alone is prescribed post fragility fracture (instead of calcium and vitamin D), for example where calcium intake is relatively high, or hypercalcaemia is present, the discharge letter should be annotated with the reason why additional calcium supplementation is not recommended.

### Shared Care Guidelines

The NEW **Colesevelam Amber-G Guideline** is on the BEST website:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Colesevelam%20Amber%20G.pdf>

Colesevelam can be used for the treatment of bile acid malabsorption (unlicensed indication), second line, when patients cannot tolerate colestyramine.

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

- **Insulin lispro (Lyumjev<sup>®</sup>▼)** has been assigned a non-formulary provisional grey classification. **Insulin Lispro (Humalog<sup>®</sup>)** is formulary green.
- **Actikerall<sup>®</sup>** Cutaneous Solution (fluorouracil/ salicylic acid), a topical treatment of slightly palpable and/or moderately thick hyperkeratotic actinic keratosis (grade I/II) in immunocompetent adult patients, has been assigned an **amber-G** classification. Amber-G guidance is currently in development.

## MHRA Safety Updates

The latest MHRA safety update are available to view online.

### August 2020 Volume 14: Issue 1

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/912231/Aug-2020-DSU-PDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912231/Aug-2020-DSU-PDF.pdf)

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

### **Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use**

We have introduced pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives (orally and rectally administered) following a national safety review. Advise patients that dietary and lifestyle measures should be used first line for relieving short-term occasional constipation and that stimulant laxatives should only be used if these measures and other laxatives are ineffective.

#### **Advice for healthcare professionals:**

##### **Constipation treatment options**

- for constipation, manage underlying causes and advise adult patients on appropriate first-line dietary and lifestyle measures, such as increasing dietary fibre, fluid intake, and activity levels
- stimulant laxatives should only be used if other laxatives (bulk-forming and osmotic) are ineffective (as [clinical guidance](#))
- children younger than 12 years should not use stimulant laxatives without advice from a prescriber and [clinical guidance](#) should be followed

##### **Changes to availability**

- large packs of stimulant laxatives will no longer be available from general sale outlets, such as newsagents and supermarkets — smaller packs will continue to be available in these outlets for short-term, occasional constipation in adults
- pharmacies will continue to hold larger packs of up to 100 tablets for use in adults and children aged 12 years or older, under the supervision of a pharmacist – see [Pharmacy Guide](#) produced by the Royal Pharmaceutical Society and MHRA

##### **Advice to provide to patients**

- seek support from a doctor, nurse, or pharmacist for ongoing constipation, rather than self-medicating with laxatives in the long-term
- if symptoms of constipation persist after dietary and lifestyle changes and short-term laxative treatment (under the advice of pharmacist), or in case of persistent abdominal pain or passing blood, consult a doctor
- parents and caregivers should seek medical advice about constipation in children – children younger than 12 years should not use stimulant laxatives unless told to do so by their prescriber

### **Clozapine and other antipsychotics: monitoring blood concentrations for toxicity**

Monitoring blood concentrations of clozapine (Clozaril, Denzapine, Zaponex) for toxicity is now advised in certain clinical situations. Blood level monitoring of other antipsychotics for toxicity may also be helpful in certain circumstances, where testing and reference values are available.

**Denosumab 60mg (Prolia): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment** Evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab 60mg, particularly in those with previous vertebral fracture. Patients should not stop denosumab without specialist review.

### **Isotretinoin (Roaccutane ▼): reminder of important risks and precautions**

We remind healthcare professionals that isotretinoin should only be used for severe forms of acne resistant to adequate courses of standard therapy with systemic antibacterials and topical therapy. Prescription of isotretinoin should be supervised by specialist dermatologists with a full understanding of the potential risks and monitoring requirements.

### **Emollients and risk of severe and fatal burns: new resources available**

We inform healthcare professionals of the recent campaign to promote awareness of the risk and new resources available to support safe use following previous advice to health and care professionals.

The resources are freely available for download from <https://www.gov.uk/guidance/safe-use-ofemollient-skin-creams-to-treat-dry-skin-conditions>.

**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](mailto:victoria.holmes3@nhs.net)**

**Many Thanks**