

## Medicines Optimisation Update Newsletter – [October 2022 Issue 39]

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## Guidance on NHS patients who wish to pay for additional private care

We have recently received a few queries regarding NHS patients who wish to pay for additional private care. In light of this, we would like to share the following link to guidance below:

[Guidance on NHS patients who wish to pay for additional private care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

The key points which NHS organisations should take from this guidance are:

- NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
- Any additional private care must be delivered separately from NHS care.
- The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges) and the NHS should never subsidise private care.
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care.
- NHS Trusts and Foundation Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or private providers where the NHS Trust or Foundation Trust has chosen not to provide additional private care.
- Organisations should work together to ensure that the guidance is being implemented properly in their local areas.

Here is KMICB [information on prescriptions](#) issued after a private consultation.

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## Colchicine Prescribing

Colchicine is primarily used as an acute treatment for gout. It has a narrow therapeutic index, with no clear-cut distinction between nontoxic, toxic, and lethal doses, causing substantial confusion among clinicians. Although colchicine poisoning is sometimes intentional, unintentional toxicity is common and often associated with a poor outcome. Colchicine is rapidly absorbed and reaches peak plasma levels in 30-120 minutes, making gastric lavage difficult in overdose.

In April 2022, a patient took an intentional overdose, in the Kent and Medway area, and sadly died. The coroner's inquest questioned why the patient was prescribed 100 tablets, rather than just the normal 12 tablets to complete the course for acute gout. An analysis of prescribing data for the preceding 12 months has shown that 11,700 prescriptions were issued in Kent and Medway for a quantity greater than 12.

As a result of this tragic death as a Medicines team we have:

- Added a quantity restrictor to Scriptswitch to remind prescribers to only issue 12 tablets (which can be overridden if the indication is not for an acute course for gout)
- Added an information message reminding prescribers of toxicity

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- Added an information message to remind prescribers to prescribe with caution in patients with a history of Severe mental health (which would include any patients who have shown suicidal ideation in the past).

**Actions for Prescribers:** To review Colchicine quantities on acute and repeat prescriptions to only prescribe quantity for required course.

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## Kent and Medway Position Statement and Risk Mitigation Principles for Anticoagulant Prescribing

In June 2022, the Kent and Medway Clinical Cabinet approved a position statement and risk mitigation principles guide for anticoagulant prescribing, this document was intended to support clinicians when considering options for treating patients with non-valvular atrial fibrillation (NVAF).

Clinicians in primary and secondary care or (3<sup>rd</sup> party organisations working on their behalf) are advised to follow the guidance set out in the document (linked below) which includes recommendations on the preferred DOAC option for treatment of NVAF in Kent and Medway and broad risk mitigation principles to be followed when considering treatment changes e.g., to meet requirements of the PCN DES around NVAF.

[jpc-anticoagulant-position-statement-risk-mitigation-v3.pdf \(medwayswaleformulary.co.uk\)](https://medwayswaleformulary.co.uk/jpc-anticoagulant-position-statement-risk-mitigation-v3.pdf)

In addition, GP practices and PCNs who employ the services of 3<sup>rd</sup> party organisations for NVAF (and other) therapy reviews are strongly advised to follow the Kent and Medway policy on such external support Linked below.

[kmccg-position-statement-for-gp-practices-considering-accepting-support-provided-by-the-pharmaceutical-industry-via-megstherapy.pdf \(medwayswaleformulary.co.uk\).](https://medwayswaleformulary.co.uk/kmccg-position-statement-for-gp-practices-considering-accepting-support-provided-by-the-pharmaceutical-industry-via-megstherapy.pdf)

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## Ardens Long Term Conditions training Webinar

Ardens provided a training session on 13/10/2022 to discuss Long Term Condition management within Ardens. A recording of the session is available via the following link [Ardens Training Focusing on LTC - Kent and Medway](#) .

Below are some links to our support articles for further information on areas we covered in today's sessions:

- [Overview of the Ardens Chronic Disease Templates : Ardens EMIS Web](#)
- [Multi-Morbidity Templates : Ardens EMIS Web](#)
- [Ardens LTC Recall System - QOF : Ardens EMIS Web](#)
- [Ardens EMIS - Ardens LTC Recall System Webinar \(vimeopro.com\)](#)

You can contact Ardens EMIS Support Team via [support-emis@ardens.org.uk](mailto:support-emis@ardens.org.uk) with any queries or questions you may have.

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## Medicines Optimisation MHRA Drug Safety Update – September 2022 (for October 2022 MO Newsletter)

The latest MHRA Drug Safety Updates can be accessed at <https://www.gov.uk/drug-safety-update>.

This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

The September 2022 Drug Safety Update includes:

[Methylphenidate long-acting \(modified-release\) preparations: caution if switching between products due to differences in formulations](#)

Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta XL, Medikinet XL, Equasym XL, Ritalin LA, and generics) as different instructions for use and different release profiles may affect symptom management. Please follow the link in the title to see the alert.

[Rucaparib \(Rubraca ▼\): withdrawal of third-line treatment indication](#)

[COVID-19 vaccines and medicines: updates for September 2022](#)

[Letters and medicine recalls sent to healthcare professionals in August 2022](#)

The MHRA Central Alerting System alerts can be accessed at

<https://www.cas.mhra.gov.uk/Home.aspx>.

National Patient Safety Alerts can be accessed at <https://www.england.nhs.uk/patient-safety/patient-safety-alerts/>.

*We are reviewing our response to MHRA and National Patient Safety Alerts to include local advice. In the meantime, we have included a summary of the MHRA Drug Safety Update. This update is prepared by the NHS Kent and Medway Medicines Optimisation Team.*

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## Shortages Summary September 2022

Here is the [medicines shortages update](#) (up until 18<sup>th</sup> September 2022). Practices are encouraged to register for access to the SPS website <https://www.sps.nhs.uk/> and access the full medicines supply tool directly in real time

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## Medicine Supply Notifications

Here are Medicine Supply Notifications (MSNs) for:

- [Nafarelin \(Synarel®\) 200microgram/dose nasal spray](#)
- [Dulaglutide \(Trulicity®\) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection devices](#)
- [Dioralyte® oral rehydration sachets](#)
- [Semaglutide \(Ozempic®\) 1mg/0.74ml solution for injection 3ml pre-filled disposable device](#)

## NICE News

[Here is NICE News Oct 2022.](#)

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## Asthma Inhalers and the Environment Patient Decision Aid (NG80)

NICE have recently updated their inhaler patient decision aid to provide some useful discussion tools when reviewing a patients inhaled therapy. Using these when completing annual respiratory reviews, should help you to achieve IIF targets ES-01 and ES-02. This imbedded infographic is particularly useful:

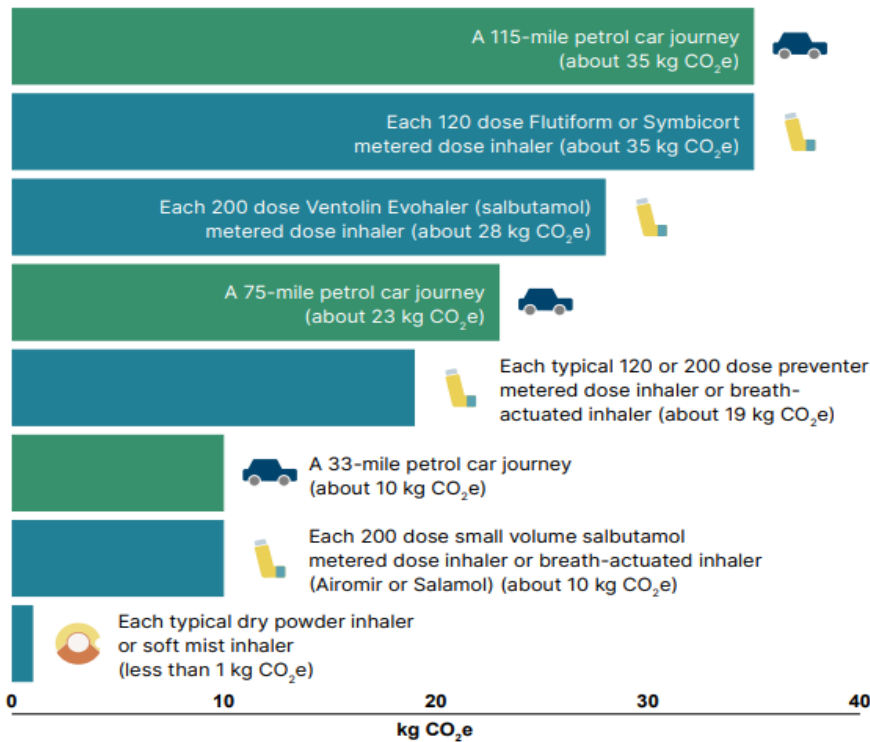
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Further information can be found here:

[NG80 Asthma inhalers and the environment patient decision aid \(nice.org.uk\)](https://www.nice.org.uk/NG80)

Furthermore, to assist in a switch from Ventolin Evohaler to Salamol MDI, the manufacturers of Salamol (TEVA Pharmaceuticals) have produced a very handy tear off patient information sheet in the following format:

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**Emissions per inhaler**

INFORMATION FOR HEALTHCARE PROFESSIONALS

**Making a difference  
one inhaler at a time**

**Ventolin™ (salbutamol)  
Evohaler  
100 micrograms  
28kg  
CO<sub>2</sub>e per inhaler<sup>2</sup>**

**Salamol™ (salbutamol)  
CFC-Free  
100 micrograms  
12kg  
CO<sub>2</sub>e per inhaler<sup>2</sup>**

A large volume MDI (metered-dose inhaler) can produce more than twice the CO<sub>2</sub> equivalent\* of a small volume MDI each time it's used, predominantly because it contains more propellant, hydrofluoroalkane (HFA).<sup>1</sup>

And with millions of inhalers in daily use,<sup>2</sup> a difference like that can add up to a hefty impact on the environment. This is the reason prescribers may be changing to Salamol. The objective is to make a significant difference to emissions, while providing continuity of care with the same reliever medication asthma patients know and trust, salbutamol.

As always, your guidance to patients will be a vital factor. To help you, the information sheets on this pad explain how changing to Salamol means patients can make a positive difference to the environment without changing the medicine they rely on as a reliever. (Making a change also provides an opportunity to review inhaler use and technique to aid control.)

This initiative accords with the ambitious net zero targets set by the NHS in both the emissions it controls directly and those it has influence over. The road to net zero for a complex organisation like the NHS will be a challenging one; but taking a series of relatively small steps like this is all part of the journey.<sup>3</sup>

1. Wilkinson, A.J.K., Woodcock, A. BICP 2021. 101111/bcp15135.  
2. NHS England, Network Contract Directed Enhanced Service – Investment and Impact Fund 2021/22: Guidance, <https://www.england.nhs.uk/publication/investment-and-impact-fund-2021-22-implementation-guidance/> - last accessed January 2022.  
3. NHS, Delivering a Net Zero National Health Service, <https://www.england.nhs.uk/greening/nhs-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf> - last accessed January 2022.  
\*CO<sub>2</sub> equivalent (or KgCO<sub>2</sub>e) is the amount of CO<sub>2</sub> which would have the equivalent global warming impact of any quantity and type of greenhouse gas (in this case HFA)

The carbon footprint of Salamol has been measured and certified by the Carbon Trust. For more details on the Carbon Trust, see [carbontrust.com/footprint-label](http://carbontrust.com/footprint-label)  
Teva UK Limited, Ridings Point, Whistler Drive, Castleford, WF10 5HK T: 01977 628500 F: 01977 628799 Email: [CustomerServices@teva.com](mailto:CustomerServices@teva.com) Date of Preparation: January 2022 Job Code: RES-GB-00403

Please contact [Jennifer.gibbs01@tevauk.com](mailto:Jennifer.gibbs01@tevauk.com) for a supply for your practice.

## MHRA Anti-epileptic drugs: Advice on switching between manufacturer's products.

The medicines optimisation team would like to remind clinicians of the MHRA's advice on switching between different manufacturers' products available [here](#).

In addition to the 3 risk-based categories of antiepileptic drugs, patient-related factors should be considered when deciding whether it is necessary to maintain continuity of supply for a specific product.

## World Anti-Microbial Awareness Week (WAAW)

WAAW, celebrated annually from 18-24<sup>th</sup> November is a global campaign to raise awareness and understanding of antimicrobial resistance and promote best practices among stakeholders. In advance of this week we would like to share the findings and suggested actions from a series of high risk antibiotic audits that have been conducted across practices within Medway and Swale.

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The report compiled following this showed that high risk antibiotics were being prescribed and potentially inappropriately prescribed for a range of conditions including wound infections and sore throats.

**Actions for Practices** that may wish to consider to help improve high risk antibiotic prescribing:

- Assign an antimicrobial champion to motivate the team on use of TARGET toolkit
- Put written practice policies on antimicrobial prescribing in place to ensure all clinicians follow the appropriate process, for example the appropriate use of urine dipsticks.
- Use of delayed prescriptions – *Kent and Medway guidance coming soon!*
- Become familiar with the Kent and Medway antimicrobial prescribing guidance on your local formulary website.
- For more ideas for WAAW please see the table of resources and suggested activities found in this newsletter.

## World Anti-Microbial Awareness Week 2022: Resources & Suggested activities



<p><a href="#"><u>Become an antibiotic guardian</u></a></p>	<p>Choose your pledge and become an antibiotic guardian. Download and display your certificate.</p>
<p><a href="#"><u>World Antimicrobial Awareness Week 2022 campaign guidance and toolkit</u></a></p>	<p>Using the 2022 theme ‘<b>Preventing Antimicrobial Resistance Together</b>’ the World Health Organisation suggests:</p> <ul style="list-style-type: none"> <li>• Using the following hashtags on social media #WAAW #AntimicrobialResistance #AMR #HandleWithCare</li> <li>• Go BLUE for WAAW. Join the colour campaign by wearing blue during WAAW events as an individual, organisation or community.</li> <li>• Share your stories of AMR</li> <li>• Celebrate your antimicrobial heroes</li> <li>• Write to elected representatives and let them know your concerns about the threat of AMR.</li> <li>• Set up a message chain in the workplace to pass on three key facts about AMR prevention.</li> </ul>
<p><a href="#"><u>Gov.uk Information and resources</u></a></p>	<p>Read about the UK’s plan to see antimicrobial resistance contained and controlled by 2040.</p>

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<b>Public Health England (PHE) <a href="#">Keep Antibiotics Working Resources</a></b>	Use the variety of PHE resources available including posters, leaflets, digital animated screen, digital static screens and email signatures.
<b>e-Learning for Healthcare</b>	Refresh your knowledge of antimicrobial prescribing, stewardship and resistance using the following e-learning. <a href="#">Antimicrobial Prescribing for Common Infections</a> <a href="#">Introduction to Antimicrobial Resistance</a> <a href="#">Antibiotic Review Kit (ARK)</a>
<b>Videos for Healthcare professionals</b>	Watch: <a href="#">A GP guide to antimicrobial resistance</a> with Dame Sally Davies <a href="#">Primary care antibiotic prescribing</a>
<b>Video's for members of the Public</b>	Encourage members of the public to watch the following videos: <a href="#">Awareness of antimicrobial resistance (AMR)</a> Animation for patients <a href="#">Antimicrobial resistance (AMR) - What does it mean and why it matters - YouTube</a>
<b>TARGET Antibiotics Toolkit</b>	Create a display in patient waiting areas using the following: <a href="#">Posters for clinical waiting areas</a> <a href="#">Videos for clinical waiting areas</a>

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## Revised SPC: Forxiga (Dapagliflozin) film coated tablets

The SmPC for Forxiga (dapagliflozin) film-coated tablets has been revised with the following statement:

“Dapagliflozin may increase renal lithium excretion and the blood lithium levels may be decreased. Serum concentration of lithium should be monitored more frequently after dapagliflozin initiation and dose changes. Please refer the patient to the lithium prescribing doctor in order to monitor serum concentration of lithium.”

The SmPC for [Jardiance \(Empagliflozin\)](#) has a similar statement. Also, tubulointerstitial nephritis has been added as an adverse drug reaction to the Forxiga SPC.

Please see [SPC link](#) for Forxiga (Dapagliflozin) for further information

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## PrescQipp Award Success

Congratulations to Claire Manning, Lead Medicines Optimisation Pharmacist (East Kent) at KMICB and Dr Hanlie Theron, Clinical Lead for KCHFT Community Chronic Pain Service (pictured to the left) whose East Kent Opioid Reduction Project won the 'Patient safety and addressing over prescribing' category at the PrescQIPP 2022 awards.

Not only did they win in this category, but their presentation also won the audience vote taking the gold award for the best overall project!

This is an incredible achievement and wonderful recognition of all the hard work put into this project by the pharmacists and clinicians within East Kent who were involved in this project.

A further congratulations to Louise Downs Lead Medicines Optimisation Technician – Quality & Safety in West Kent (pictured to the right) whose project 'Kent and Medway system wide response to the Sodium Valproate pregnancy prevention programme' was highly commended in the 'Patient safety and addressing over prescribing category at the PrescQIPP 2022 awards.

A round of applause to all who participated in achieving these amazing outcomes 🙌



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## CPCS request for Support from practices

Queries from GP practices about referring into the CPCS service would need to be picked up by the practice with the primary care transformation team who lead on the roll-out and use of CPCS in practices within Kent & Medway.

Nicola is the main point of contact for CPCS roll-out in GP practices and can be contacted on [Nicola.flisher@nhs.net](mailto:Nicola.flisher@nhs.net).

This team can advise practices who are not yet signed up to the service but looking to explore the option of doing so, as well as those already using it and need support.

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## Pharmacy Technician Day- 18<sup>th</sup> October 2022



Tuesday, 18<sup>th</sup> October 2022 is Pharmacy Technician Day.

We would like to use this opportunity to celebrate the outstanding efforts and contributions pharmacy technicians make to improving healthcare outcomes. We want to say a massive thank you for all the invaluable contributions to enhancing patient health and safety.

You are an integral part of the team, and we commend your tireless efforts into making sure overall healthcare goals are achieved.

We celebrate you now and always! 🙌

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