Milton Keynes Clinical Commissioning Group

PRESCRIBING NEWS

August 2020

CCG Prescribing Group 1st July 2020

- A virtual meeting was held to discuss several topics:
  - Prescribing Incentive Schemes for 2019-20 and 2020-21. More information has been circulated to practices. The 2019-20 deadline for submission of reports has been extended to the end of September 2020.
  - Support for care homes (see below for more details)
  - Formulary applications (see MKPAG update)
  - Noted that the new formulary website has gone live. Please do take a look if you haven't already done so. We welcome feedback. The web address is https://www.formularymk.nhs.uk/Default.asp

Milton Keynes Prescribing Advisory Group (MKPAG) 22nd July 2020

A virtual meeting was held, and the following decisions were made:

- Paediatric nutrition guidance was approved and will be circulated to practices
- Agreement was reached on the prescribing of lidocaine patches by the pain clinic – further information will be sent out shortly about use and monitoring
- Midodrine was added to the formulary as Amber 2. An algorithm will be added to the formulary website.
- An additional glucose / ketone meter approved – Sure4 Smart Duo
- Recent national reports on sodium valproate were briefly discussed and it was agreed to take a town wide approach to implementing safety measures.

Minutes of MKPAG and CCG Prescribing Group meetings can be found on the formulary website https://www.formularymk.nhs.uk/Default.asp

Care Homes Response to Covid-19

Health economies have been tasked with responding to Covid-19 in care homes ahead of the introduction of the PCN DES. There has been a collaborative approach across BLMK with placed based local amendments, as necessary.

Good progress has been made across all elements as described in the attached document. Contact was made with the PCN Clinical Directors and to date, over 50% lead practices looking after care home residents have contacted the team to take up our offer of support.

There are four medicines elements: -

- **Medicines supply including EoL**

An extended list of pharmacies now hold an extended list of end of life medication covering those associated with "normal" end of life care such as injections for syringe drivers as well as the Covid-19 EoL medicines (oral morphine, lorazepam, haloperidol and hyoscine patches) and oral antibiotics. Urgent Care also holds prepacks on the Covid-19 medication as well as the injections. A short-term on-call service was put in place for the month of May to access a community pharmacist out of hours for urgent dispensing. The Urgent Care service now also holds injectable antibiotics. The CCG continues to closely monitor supply/stock issues and liaise with relevant parties to suggest alternatives/advise when supplies will resume. In addition, the Re-use of Medicines guidance in Care Homes and Hospices has been distributed to Care homes in Milton Keynes - the CCG will assist homes to implement this guidance

- **Structured Medication Reviews**

The team felt that it was important that all healthcare professional undertaking a structured medication review use the same template. There was a strong push within BLMK to use the Ardens template to ensure consistency of approach. This is available on SystmOne. The team met with the PCN pharmacists and in-house pharmacists to talk through how we could work together to maximise the number of SMRs done and ensure all the pharmacists use the same format to aid GPs. Our pharmacy technicians are also working alongside our pharmacists to support with these reviews.

- **Reviews of new residents/recently discharged from hospital**

Discussions took place with hospital pharmacy colleagues to establish a process whereby the hospital notifies the CCG team when patients are being discharged from hospital to a care home. This enables a speedier resolution of post-discharge medication issues.

- **Supporting with medication queries**

The CCG team has always provided a query answering service for care homes as well as practices and this continues. The care homes have been reminded of this regularly. A dedicated email address has been set up to facilitate the flow of queries. mkccg.carehomespharmacy@nhs.net, In addition, pharmacists are tasked with supporting MDTs. We are happy to provide input. For any help or advice, please contact hazel.gervais2@nhs.net our Care Homes Pharmacist.

Prescribing Vitamin B Co preparations and thiamine

The Regional Medicines Optimisation Committee (RMOC) has reviewed the use of vitamin B supplementation in alcoholism, taking into account relevant guidance published by NICE and NHS England as well as information from other specialist sources. The Medicines Management Team is encouraging all practices to review their prescribing of Vitamin B supplements including thiamine tablets.

Summary of Advice and Action Points for GP practices

- Do not initiate vitamin B compound or vitamin B compound strong tablets for any of the following indications:
  - Prevention of Wernicke's encephalopathy in alcoholism,
  - dietary supplementation,
  - prevention of deficiency,
  - maintenance treatment following treatment of deficiency

- Review all existing patients prescribed vitamin B complex preparations with a view to stopping treatment in all but exceptional circumstances, such as in those patients with a medically diagnosed deficiency due to lifelong or chronic condition, those on dialysis or following surgery that results in malabsorption. If all relevant patient factors have been taken into account and it is considered appropriate to stop, treatment may be stopped immediately.
- There is no role for the prescribing of vitamin B compound tablets, due to their higher cost.
- The decision to discontinue treatment should be carefully explained to the patient and should emphasise the positive aspects of de-prescribing of drugs with a low clinical value.
- Advise patients who wish to use these vitamin B preparations as dietary supplements to purchase them over the counter.
- Prescribe prophylactic oral thiamine at a dose of 100mg BD or TDS to harmful or dependent drinkers for prevention of Wernicke's encephalopathy and continue for as long as malnutrition is present and/or during periods of continued alcohol consumption.
- Review patients prescribed thiamine with a view to stopping if the patient has been abstinent for 6 weeks or more and has regained adequate nutritional status.
- Patients who require continued treatment with thiamine should be reviewed at appropriate intervals depending on individual circumstances.

Vitamin B complex preparations: guidance from RMOC

- Due to a lack of evidence on their efficacy and safety, vitamin B complex preparations (vitamin B compound and vitamin B compound strong tablets) should not be prescribed for prevention of Wernicke's encephalopathy in alcoholism.
- Vitamin B complex preparations should not be prescribed for preventing deficiency or for maintenance treatment following treatment for deficiency.
- Vitamin B complex preparations should not be prescribed as dietary supplements. Patients who wish to use them for dietary supplementation should be advised to purchase them over the counter.
- Vitamin B compound strong tablets may be prescribed on a short-term basis (10 days) for patients at risk of refeeding syndrome. This also applies to patients who are not harmful or dependent drinkers.
- In rare cases where there might be a justifiable reason for prescribing vitamin B complex e.g. medically diagnosed deficiency or chronic malabsorption, vitamin B compound strong tablets (and not vitamin B compound tablets) should be prescribed as they represent better value for money. Current prices of vitamin B preparations are as follows: Vitamin B co strong tablets (28): £1.88 Vitamin B co tablets (28): £26.63

Thiamine: Guidance from RMOC

- In line with NICE guidance, oral thiamine should be prescribed for the prevention of WE to harmful or dependent drinkers in whom any of the following apply: They are malnourished or at risk of malnourishment, have decompensated liver disease, they are in acute withdrawal, before and during a planned medically assisted alcohol withdrawal
- The recommended dose of thiamine is 100mg BD or TDS.
- Thiamine should be continued for as long as malnutrition is present and/or during periods of continued alcohol consumption.
- Following successful alcohol withdrawal, thiamine should be continued for 6 weeks. If after this time the patient remains abstinent and has regained adequate nutritional status, thiamine should be discontinued. Thiamine should be restarted if the patient starts drinking again.
- Continuing need for thiamine should be reviewed at appropriate intervals which may depend on individual patient circumstances.

For further information about the use of vitamin B supplementation in harmful or dependent drinkers, and other conditions such as refeeding syndrome, dietary supplementation, prophylaxis or treatment of deficiency, please see the full RMOC position statement: https://www.sps.nhs.uk/articles/rmoc-position-statement-oral-vitamin-b-supplementation/

Messages on the OptimiseRx system are consistent with this advice.

Safety of Propranolol

The Healthcare Safety Investigation Branch has published a report on the potential under-recognised risk of harm from the use of propranolol. Between 2012 and 2017 there has been a 33% increase in the number of deaths reported as being linked to propranolol overdose, with 52 deaths recorded as having been linked to propranolol overdose in 2017.

Key points raised by HSIB include:

- Whilst propranolol is widely used by many patients without incident and with clinical benefit, there is a specific group of patients who may be at an increased risk of using propranolol for self-harm because they have co-existing migraine, depression or anxiety.
- Current guidance for prescribing propranolol does not contain sufficient warnings regarding the potential severe toxicity of propranolol when taken in overdose.
- Current awareness of the potential impact of propranolol in overdose is limited and hinders the ability of prescribers to exercise clinical judgement when choosing to prescribe propranolol.
- The BNF has been instructed to review and update guidance on the use of propranolol in the treatment of anxiety and the advice provided for beta blockers overdose.

Please see https://www.hsib.org.uk/investigations-cases/potential-under-recognised-risk-harm-use-propranolol/final-report/ for further information.

OptimiseRx Pincer Messages

OptimiseRx have released a range of new messages to support the January 2020 update to PINCER messages. These messages include the ones below. Some of these did fire previously as they were RCGP safety indicators, but the messages have been updated. These have all been enabled and can really help support our focus on monitoring patients at risk from their medication.

- NSAIDs/COX-2 inhibitors: consider co-prescribing gastroprotection in patients aged 65 years and over
- NSAIDs/COX-2 inhibitors: consider co-prescribing gastroprotection in patients with a history of peptic ulcers
- Antiplatelets: consider co-prescribing gastroprotection for patients with a history of peptic ulcers
- Oral NSAID preparations: concurrent use in patients taking warfarin or DOACs is not recommended
- Antiplatelets and warfarin or DOACs prescribed concurrently: consider co-prescribing gastroprotection
- Aspirin and other antiplatelets prescribed concurrently: consider co-prescribing gastroprotection
- NSAIDs: not recommended in patients with heart failure
- NSAIDs/COX-2 inhibitors: not recommended in patients with an eGFR <45ml/min/1.73m2
- Beta-blockers (oral): not recommended for use in asthmatics without cardiac co-morbidity
- ACE inhibitors or ARBs: monitor and record urea and electrolytes at least every 15 months in patients aged 75 years and over
- Lithium: monitor and record lithium levels (no evidence of measurement of lithium levels within the previous 3 months)
- Methotrexate: monitor and record full blood counts at least every 3 months
- Methotrexate: monitor and record liver function tests at least every 3 months
- Amiodarone: monitor and record thyroid function tests at least every 6 month

Working with the Pharmaceutical Industry

The CCG Pharmaceutical Industry Policy covers all healthcare professionals, including independent contractors and locum practitioners. Practices should work within the policy and have a mechanism for recording hospitality, goods or services provided by the industry or their representatives including any third parties acting on their behalf. The policy is available on request from the Pharmaceutical Advisers

The policy is founded on the three cores values of NHS: -

- Accountability
- Probity
- Openness

The guidance applies to the funding of NHS-related work from an external source, including funding of all or part of the costs of staff, research, training, pharmaceuticals, equipment, meeting rooms, meetings costs, meals, gifts over £25, hospitality, hotel and transport costs, provision of free services, buildings or premises

Sponsorship of nurse or other health professional staff training by pharmaceutical or other companies should only be accepted if such training is demonstrated to be impartial and broadly in line with the prescribing advice strategy or other guidance on clinical and cost effectiveness, and with the training needs assessment.

The level of hospitality must be appropriate and not be out of proportion to the occasion, and the costs must not exceed that the recipients would normally adopt if paying for themselves.

What could be the benefits?
Examples of Joint Working projects which may be beneficial to the NHS include:

- Facilitation of pathway redesign
- Economic analysis
- Funding of project staff requirements (e.g. provision of administrative, clinical, analytical health, economic and/or management resources by either party)
- Reviewing uncontrolled patients
- Improving patient adherence to medicines

What can go wrong?
There have been some local instances where practices have accepted help from the pharmaceutical industry which have not been successful. For example, unnecessarily switching patients already on a formulary medication to an alternative product.

If in doubt about what is on offer, please ask us for our advice.

Primary care prescribing responsibilities for patients under the Specialist Gender Identity Service for Adults

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway, which in England is delivered through specialist Gender Identity Clinics. However, the service specification includes an expectation that hormone replacement will be provided in primary care as long as the provider:

- Provides the GP with patient-specific 'prescribing guidance', which will consist of a written treatment recommendation, and adequately-detailed information about necessary pre-treatment assessments, recommended preparations of medications, and advice on dosages, administration, initiation, duration of treatment, physical and laboratory monitoring, interpretation of laboratory results and likely treatment effects.
- Gives the GPs advice on dose titration and the introduction of additional pharmacological interventions by the provider.
- Responds promptly to requests by GPs for advice regarding the interpretation of laboratory results and medication use.
- Individuals receiving endocrine and other pharmacological interventions recommended by the Provider will have these reviewed by a medical practitioner from the specialist multi-disciplinary team at least once in twelve months.

The GMC has a collection of resources available within its ethical hub on Trans healthcare. This includes a section on prescribing and mental health and bridging prescriptions.

GMC guidance states that GPs should collaborate with a Gender Identity Clinic (GIC) and/or an experienced gender specialist to provide effective and timely treatment for trans patients. This may include prescribing medicines on the recommendation of an experienced gender specialist for the treatment of gender dysphoria and following recommendations for safety and treatment monitoring.

Ibuprofen Gel – fire hazard

The Summary of Product Characteristics for ibuprofen gel has been revised to include the following warnings:

- Patients should be advised against excessive exposure to sunlight of area treated to avoid possibility of photosensitivity.
- Instruct patients not to smoke or go near naked flames - risk of severe burns. Fabric (clothing, bedding, dressings etc.) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.

Nitrofurantoin and food

The SPC for nitrofurantoin has been updated to advise patients that it should be taken with, or immediately after, food.

Regional Medicines Information Service

Just a reminder that healthcare professionals in Milton Keynes are able to use the Wessex Regional Medicines Information Service. Their phone number is 023 8120 6908/9 or email medicinesadvice@uhs.nhs.uk. The details can also be found on the inside cover of the BNF.

The Pharmaceutical Advisers can be contacted on 01908 278744or 278713 or speak to your CCG practice pharmacist