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Reminder - BLMK ICB Medication Training for Adult Social Care

Tier 1 – Foundation knowledge eLearning training modules hosted by PrescQIPP

The following courses are available free of charge:

- ⇒ Medicines use in care homes: course 1
- ⇒ Medicines use in care homes: course 2
- ⇒ Medicines use in care homes: course 3
- ⇒ Managing medicines for adults receiving social care in the community: course 1
- ⇒ Managing medicines for adults receiving social care in the community: course 2

Please note: there is a new access code for course 3 which has been updated (see links to updated Tier 1 flyer and logon guide below). Access to a shorter annual update version of the course is included and should be completed on a yearly basis to refresh your knowledge

Please click on link for [Tier 1 flyer](#) and [logon guide](#) for guidance on how to register.

Tier 2 – Focused on selected topics and local guidance/policies - New dates for 2024/25

The BLMK ICB Care Home Medicines Optimisation Team are pleased to facilitate the following virtual medication training sessions, for all adult social care (ASC) staff, delivered via MS Teams.

See our [ASC Medication Training – Tier 2 Flyer](#) for more information on how to join the events

Homely Remedies & Self-Care *delivered*	Tuesday 21 st May 2024, 14:30 –15:30
When Required (PRN) Medication *delivered*	Wednesday 10 th July 2024, 14:30 – 15:30
Covert Administration of Medication	Tuesday 17 th September 2024, 14:30 – 15:30
Medicines Reconciliation & Transfers of Care	Wednesday 13 th November 2024, 14:30 – 15:30
Controlled Drugs (CDs) & Regulations in Care Homes	Tuesday 21 st January 2025, 14:30 – 15:30
Medication Safety, Governance & Safeguarding	Wednesday 19 th March 2025, 14:30 – 15:30

A big thank you to those that joined our Tier 2 sessions on 'Homely Remedies & Self-Care' and 'When Required (PRN) Medication'.

We hope you can join us for the forthcoming topics, even if just for a refresher! All of our training information for Adult Social Care staff can be found via the website link:

[Adult Social Care Staff Only – BLMKICB Medicines Optimisation](#)

BLMK ICB Tier 3 Medication Champion Training - A huge success!

In April & May our team very successfully held our first Tier 3 Medication Champion Training events for care home staff. Below are the number of champions in each area following this event:

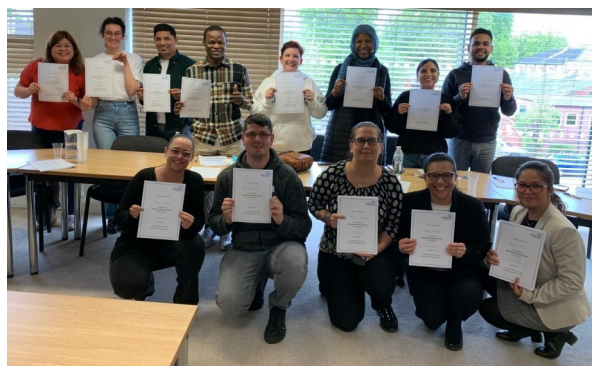
	Bedford Borough	Central Beds	Luton	Milton Keynes
Number of champions	11	10	11	21
Number of providers	7	6	5	14

The interactive training days were very well received and we had excellent feedback on the evaluations questions as below:

- *This training will make a difference in the way I do my job – 85% strongly agree*
- *The workbook I received today was useful – 93% strongly agreed*
- *After this training day, I will feel more confident in managing medication – 84% strongly agreed*
- *The venue was easy to get to – 73% strongly agreed*
- *I would be interested in attending further training days in the future – 82% strongly agreed*

A big congratulations to those that have attended and are now Medication Champions for their care home. We wish you all the best in your roles and remember we are available if you require any further support.

We are planning to hold another Medication Champion Training day on Thursday 7th November 2024. If you would like to become a Medication Champion for your care home please contact the relevant care home team for your area - see contact details at the end of this newsletter.



Updated BLMK ICB Care Home Guidance documents

- Would you know what to do if your medication fridge broke down or what action to take if the temperature in your medication storage room/trolley was too high?
- Do you have an appropriate chart to record your medication fridge temperatures?

The updated [BLMK ICB Medication Room & Refrigerator Temperature Management - Good Practice Guidance for Care Homes](#) can support you with questions such as these.

The [BLMK ICB Expiry Dates of Medication - Good Practice Guidance for Care Homes](#) has also been updated and includes:

- Useful information on the background to expiry dates on medication
- An updated table of suggested expiry of products from the date of opening

Please click on the links above to view the updated guidance documents.

Covid-19 Antiviral Pathway for Care Homes

In March 2024 the National Institute for Health and Social Care excellence (NICE) updated the guidance on the use of oral antiviral medications to treat COVID-19. The new guidance recommends that patients in residential settings who meet the criteria should be considered for oral antiviral medication.

The BLMK Care Home Medicines Optimisation Team have developed a [Covid-19 Antiviral Pathway](#) to assist your staff in how to identify whether a resident would be eligible for treatment with antiviral medication and how to refer them for assessment by the clinical team at the Covid Medicines Delivery Unit (CMDU).

Important points to note:

- If a resident tests positive for COVID-19 and is unwell please use the pathway to refer for assessment
- If a resident tests positive for COVID-19 and has no symptoms and is not unwell they do not need to be referred.
- If the resident is unwell with other health needs please contact their GP – the CMDU clinical team can only assess for antiviral medication for COVID-19.

For information on how to source free LFD kits for eligible residents, please see: [Find a pharmacy that offers free COVID-19 rapid lateral flow tests - NHS \(www.nhs.uk\)](#)

Acute Hospital Trusts - contact details for discharge queries or concerns

For Bedford Hospital and Luton & Dunstable Hospital - care homes can use the contact details below for any concerns or queries (including medication queries) they may have after a hospital discharge.

Any concern or query after hospital discharge - including out of hours and weekends (24 hr a day)

RING Bedford Hospital and bleep 309
RING Luton hospital and bleep 555

These bleeps are held by senior nursing or managers that will help resolve your issue.

To communicate with the hospital about a person's discharge please email - ALSO if you want the ward staff to give you an update about a persons condition/ discharge plans we can facilitate this via this route rather than via ward phone.

Luton central email for discharge officers :

DischargeManagers@ldh.nhs.uk<mailto:DischargeManagers@ldh.nhs.uk>

Bedford central email for discharge:

bhn-tr.integrateddischargeplanning@nhs.net<mailto:bhn-tr.integrateddischargeplanning@nhs.net> -

- Email addresses are manned from 08.00 till 18.00, 7 days a week. If you email us we will ask the wards to contact you / ring you back and provide an update or liaise with you to arrange discharge.
- MOD (Manager of the Day) telephone number: 07769935313 (This is manned from 08.00 till 18.00, 7 days a week)
- OOH (Out of Hours) site team Ops phone: 07884160312 SMOC (Senior manager on call) via Bedford switchboard manned 18.00 until 08.00

For Milton Keynes University Hospital (MKUH)- care homes can use the contact details below:

- MKUH - Helpline number **for medicines discharge queries only** - 01908 995733
- Hours - Monday to Thursday, 2pm to 5pm - the Helpline has an answerphone facility - messages will be picked up by the team each afternoon apart from Fridays.
- Outside these times, if the query is urgent and cannot wait for the team to respond, the care homes should contact the ward that the patient was on.

Topiramate (Topamax): introduction of new safety measures

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to [Topiramate \(Topamax\) and the introduction of new safety measures, including a Pregnancy Prevention Programme](#)

Topiramate is used for the prophylaxis of migraine and for the treatment of epilepsy. It is now contraindicated (not to be used) in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of Topiramate is associated with significant harm to the unborn child.

If you have a resident prescribed Topiramate and is of childbearing age please contact their GP for a review and to ensure safe prescribing.

Reference: <https://www.gov.uk/drug-safety-update/topiramate-topamax-introduction-of-new-safety-measures-including-a-pregnancy-prevention-programme>

Warfarin: be alert to the risk of drug interactions with Tramadol

The MHRA recently published a drug safety alert in regard to [Warfarin and the risk of drug interactions with tramadol](#).

Warfarin is an anticoagulant (helps prevent blood clots) and when taken together with Tramadol, an analgesic, there is a risk of major bruising and bleeding which could be life-threatening.

If you have any resident's taking both Warfarin and Tramadol together please contact their GP to ensure it is safe for them to continue taking both medicines together.

Reference: <https://www.gov.uk/drug-safety-update/warfarin-be-alert-to-the-risk-of-drug-interactions-with-tramadol>

Topical steroids: introduction of new labelling and reminder of side-effects

The MHRA recently published a drug safety alert in regard to [Topical Steroids](#).

Topical steroid products are safe and highly effective treatments for the management of a wide range of inflammatory skin diseases but have important risks, especially with prolonged use at high potency.

Over the coming year topical steroid products will be labelled with information on their potency. They will be labelled 'mild steroid', 'moderate steroid', 'strong steroid', and 'very strong steroid'.

Cases of skin reactions have been reported by long-term users of topical steroids when stopping treatment, including intense redness, stinging, and burning of the skin that can spread beyond the initial treatment area. These reactions are often referred to as 'Topical Steroid Withdrawal Reactions' (TSW).

Any resident that experiences these symptoms after stopping a topical steroid needs to be referred to their GP surgery for a review.

For further guidance and a safety leaflet for patients and carers click [here](#)

Reference: <https://www.gov.uk/drug-safety-update/topical-steroids-introduction-of-new-labelling-and-a-reminder-of-the-possibility-of-severe-side-effects-including-topical-steroid-withdrawal-reactions>

Finasteride: reminder of risk of psychiatric side effects and sexual side effects

The MHRA recently published a drug safety alert in regard to [Finasteride and the risk psychiatric side effects and of sexual side effects](#).

Finasteride is a medicine that helps with the management of male pattern hair loss and benign (non-cancerous) enlargement of the prostate (BPH). It has been associated with depressed mood, depression, suicidal thoughts and sexual dysfunction (including decreased sex drive and erectile dysfunction). In some cases sexual dysfunction has persisted in patients even after they have stopped taking finasteride.

If any resident who is taking finasteride or who has recently stopped finasteride begins to experience any of these symptoms please contact their GP immediately for a review.

Reference: <https://www.gov.uk/drug-safety-update/finasteride-reminder-of-the-risk-psychiatric-side-effects-and-of-sexual-side-effects-which-may-persist-after-discontinuation-of-treatment>

Montelukast: reminder of the risk of neuropsychiatric reactions

The MHRA recently published a drug safety alert in regard to [Montelukast and the risk of neuropsychiatric reactions](#).

Montelukast is a medicine used in the treatment of asthma. There have been some reports of some patients experiencing new or worsening changes in mood, sleep or behaviour such as nightmares, aggression, anxiety or thoughts about self-injury while using montelukast.

If you have any residents taking this medication and you notice any changes in their behaviour please contact their GP for a review.

Reference: <https://www.gov.uk/drug-safety-update/montelukast-reminder-of-the-risk-of-neuropsychiatric-reactions>

'Painkillers don't exist' Campaign

BLMK ICB are shortly intending to launch a publicity campaign called "Painkillers Don't Exist". Details of the campaign which has already run successfully in other parts of the country can be found on the ['Painkillers Don't Exist' Campaign website](#).

The campaign's aim is to

- Raise awareness that the term 'painkiller' is misleading as it implies that medicine will kill the pain completely;
- Enable patients and their families/carers to recognise that long-term use of opioids (e.g., morphine, tramadol, codeine, oxycodone etc) is not recommended for chronic non-cancer pain as it carries risks of dependency and side-effects;
- Encourage patients taking opioids to have regular medication reviews (ideally starting at three months after first prescription);
- Reduce the number of patients using opioid-based medications for prolonged periods;
- Support people with alternative pain management.

We would encourage care home staff to visit the [website](#) and print resources to promote the campaign to all staff, residents and their friends and family. If you are aware of any of your residents who may benefit from a painkiller review, please contact your GP surgery to request this.

Midodrine Administration & Safety Information

Midodrine hydrochloride is a drug used to treat severe orthostatic hypotension (low blood pressure which occurs upon standing up from a sitting/lying down position). Midodrine may be prescribed when corrective factors have been ruled out and other forms of treatment are inadequate. Midodrine works by increasing arterial resistance, resulting in an increase in blood pressure, thus reducing the risk of low blood pressure upon standing.

Increased Risk of Supine Hypertension

A person's blood pressure typically decreases when they lay down. Supine hypertension is where the person's blood pressure instead increases when they are laying down. Complications of supine hypertension include heart disease, stroke, and kidney damage.

Because of midodrine's action of increasing blood pressure, if it is taken too close to bedtime (when the person will be laying down for a prolonged period) there is an increased risk of supine hypertension. **Therefore, midodrine should be taken at least 4 hours before bedtime.**

Midodrine is usually taken 3 times a day. Ideally the first dose should be given before the resident gets out of bed. We advise the following administration directions: *Take [dose] three times a day. Allow 3-4 hours between doses and ensure the last dose is given at least 4 hours before bedtime.*

Other Safety Considerations

- Regular monitoring of blood pressure in supine and sitting position is required during treatment with midodrine. Confirm the frequency of monitoring with the clinician (e.g., specialist or GP)
- Report any symptoms of supine hypertension immediately such as cardiac awareness (palpitations, chest pain and shortness of breath), headache, blurred vision etc, and seek advice from a clinician.
- Patients taking midodrine should avoid concomitant use of other adreno-sympathomimetic drugs including over the counter remedies (for example, decongestants).

Next Steps

In the coming months the BLMK ICB Care Home Medicines Optimisation Team will be leading on a project to identify patients prescribed midodrine who do not have appropriate administration directions specified on their prescription/label.

If you have any residents prescribed midodrine, please ensure that administration timings are appropriate (i.e. the last dose should be at least 4 hours before bedtime) – see above recommended directions. If you have any questions or queries please contact your GP surgery for advice.

For more information on Midodrine, click on the references below:

[QRD Human Product Information Template \(medicines.org.uk\)](#) - information leaflet for Midodrine
[Midodrine hydrochloride | Drugs | BNF | NICE](#)

Contact us:

Bedfordshire team: Email: blmkicb.bedsmocarehometeam@nhs.net

Luton team: Email: blmkicb.lutoncarehometeam@nhs.net

Milton Keynes team: Email: blmkicb.mkcarehomespharmacy@nhs.net