Email: mccg.medwaymedman@nhs.net
Telephone: 01634 335 090

Prescribing Newsletter

Edition No. 67 - December 2019

NHS Medway Clinical Commissioning Group

Introduction

This newsletter is intended to support all primary care prescribers with current prescribing initiatives and relevant guidelines. Practices are encouraged to discuss the items in this newsletter at their weekly practice meeting to ensure that these intentions are implemented.

Articles in this month's edition include:

- **Local Update**
- **Prescribing Update**
- **MHRA Safety Update**
- **National Update**

Central Alerting System (CAS) Register here for safety alerts

Report Controlled Drugs Incidents & Concerns to www.cdreporting.co.uk.

Yellow Card Scheme

Report any suspected adverse reactions with medicines via the national reporting system here.
Medication incidents should continue to be reported to mccg.primarycare.sis@nhs.net.

Formulary Website

Medway Policies and Guidelines are available online here.

Brexit Medicines: For Healthcare professional information click here. Signpost patients here

Local Update

Medicines Optimisation Group

Quality and Outcomes Framework (QOF) 2019/20 Prescribing Safety

Quality Improvement is a new domain in the GP contract introduced from 2019/20, the aim of which is to provide support for GPs and their staff to recognise areas of care which require improvement and take appropriate steps to address this through the development and implementation of a quality improvement plan and sharing of learning across their network. One of the two topic areas identified for 2019/20 is prescribing safety.

Attached to this newsletter is a summary of the prescribing safety element of the QOF 2019/20 to help guide practices to achieve the new module in QOF.
This document contains ideas for agenda items for Peer Review Meetings and also guidance on how to run the searches for baseline data.

Action: A template is also included which is to be submitted to the CCG on completion of the various elements. Please use a new template for EACH drug group.

Palliative Care Prescription Chart

The new generic prescription chart was launched in order to provide consistency across Medway and Swale in palliative prescribing practices of healthcare professionals. Although the chart has several pages, a large part of this is information and advice on conversion of medication.
GP practices have been informed of the changes to the chart and should now be using Version 8 of the Community Prescription Chart as this is the most up to date version which is also available on DXS.

Majority of the boxes for anticipatory medicines have been prepopulated which makes the chart very easy to use and complete. Electronic signing of the prescription chart is also acceptable to allow immediate email of the chart directly to district nurses.

Action: It is important that this prescription chart is completed fully and accurately to avoid any delays with administration.

EMIS Formulary Update

We have recently updated the EMIS formulary to match the online formulary therefore we need to update each practice database manually. Attached is the appropriate file and instructions on how to update the formulary in your practice. If you require support with importing the formulary onto your system please email your technician (Carol or Cath) and follow the smartcard instructions attached to provide your technician with the appropriate level of access to complete this for your practice.

Action: This system update must be completed by Friday the 31st of January 2020.

Prescribing Update

Supply disruption

Intuniv (Guanfacine) and Elvanse (Lisdexamfetamine)

The pharmaceutical company, Takeda are currently experiencing a low stock issue with Intuniv 1mg (guanfacine) and Elvanse (lisdexamfetamine) 20mg

To maintain supply to patients prescribed Intuniv 1mg, and Elvanse 20mg the wholesaler, Alliance, have a prescription validation service in place with these products. The products will only be distributed to pharmacies with a valid screened prescription.

This means that when a pharmacist enters the local ordering system for Alliance for this product, they will receive a message which says manufacturer out of stock. The pharmacy will need to contact Alliance directly.

Action: The pharmacist needs to contact Alliance and ask them directly for the prescription validation service. Once the prescription is validated the order will be dispatched.

Haloperidol (Serenace®) 500 microgram capsules

Teva, sole supplier of the capsule formulation is out of stock and currently unable to provide a resupply date. In response to significant ongoing disruption to the supply of Haloperidol 500 microgram capsules (Serenace®), a Serious Shortage Protocol (SSP) has been issued by the Department of Health and Social Care (DHSC) on **Monday 23 December 2019**.

The protocol, **SSP04** has been authorised by the Secretary of State to help manage the supply issues affecting Haloperidol 500 microgram capsules (Serenace®) and to try to ensure that fewer patients need to be referred to their prescriber. The protocol provides pharmacists with procedures to follow in providing a suitable alternative product, Haloperidol 500 microgram tablets, in response to the serious shortage affecting the capsules.

The SSP recommendations

- **Haloperidol 500 microgram capsules (Serenace®) → Haloperidol 500 microgram tablets**
- The pharmacist must exercise their professional judgement to ensure the alternative product is suitable for the patient.
- **The SSPs may be amended or revoked at any time but currently expires on Monday 23 March 2020.**

Influenza Season 2019/20: Use of Antiviral Medicines

Following an increase of influenza cases in the community, prescribers may now prescribe, and pharmacists may now supply, antivirals for the prophylaxis and treatment of influenza at NHS expense.

Antiviral medicines for influenza are most effective if taken within 48 hours of onset of symptoms. It is important that pharmacists ensure antiviral medicines (AVs) are issued to patients promptly, to avoid treatment delay. If unable to fulfil the whole prescription, they should consider how best they can assist patients to gain timely access to AVs e.g. whether other community pharmacists locally have stock. If they do, either arrange for the patient to collect the stock from that pharmacy or get the stock transferred. Please click here for further information.

Metronidazole

Metronidazole is an antimicrobial drug with high activity against anaerobic bacteria and protozoa.

Key facts to inform your patients about metronidazole

- Advise patients not to drink alcohol while taking/using a course of metronidazole tablets, liquid, suppositories or vaginal gel, and to **avoid alcohol for at least 48 hours after stopping treatment.** Alcohol potentially causes a disulfiram-like reaction when given with metronidazole leading to nausea, vomiting, flushing, dizziness, throbbing headache, chest and abdominal discomfort and may be accompanied by tachycardia and hypotension.
- The most common side effects of metronidazole tablets, liquid, suppositories or vaginal gel are nausea, vomiting, diarrhoea, and a slight metallic taste in the mouth.
- Take with or just after food, or a meal.
- Swallow oral tablets whole. Do not chew or crush.
- Take with a full glass of water.

Incentive Scheme Update

1. Section A – Practice Engagement (Compulsory element of the incentive scheme)

Management of Asthma in Children Study Day

Action: Click here to book your place for the day.

Date: Wednesday 5th of February 2020

Location: Mercure Maidstone Great Danes Hotel, Ashford Road, Maidstone, ME17 1RE

Target Audience: Clinicians

At least one clinician from each practice is required to attend who in turn will share the learning and information with the rest of the practice.

2. Section B2

Achieve a minimum of 15% eRD usage by 1st April 2020
Achieve a minimum of 65% EPS usage by 1st April 2020

There is an Electronic prescription service (EPS) utilisation dashboard available here to view practice progress.

- Click on the link above
- Select the imbedded excel document **EPS prescribing data dashboard**
- At the bottom of the excel page select the tab **Practice data**
- Go to column J to filter and select **Medway CCG**
- Go to column A to **select your practice**
- Go to column F for **EPS ITEMS AS PERCENTAGE OF ALL ITEMS (%)**
- Go to column N for **eRD ITEMS AS A PERCENTAGE OF ALL ITEMS (%)**

3. Section D

All practices have now received their recommendations from their medicines optimisation technician; these must be reviewed for approval and switched to allow for payment.

Action: Please ensure the recommendations that were submitted to you are reviewed and agreed by the relevant member of the practice team and returned to your medicines optimisation technician as soon as possible.

Children with Coughs (CHICO) Cluster Randomised Control Trial

Medway CCG has signed up to participating in the 'Children with Coughs (CHICO) Cluster Randomised Control Trial' carried out by the University of Bristol. The research trial is looking at the effectiveness of embedding a tool into the EMIS Web system to help with respiratory tract infection consultations in children. Antimicrobial resistance is one of the biggest health threats we face, and this study aligns with our local and national antimicrobial stewardship strategies and ***we would encourage all practices to sign up.***

Practice Payment

- Baseline and Follow up Questionnaire: **£21.98**
- Intervention usage data: **£291.76**
- Intervention Importing: Up to **£314.58**
- Optional Qualitative Interviews: **£46.40** per interview conducted

Action: Practices should contact chico-study@bristol.ac.uk to express interest in taking part in the trial.

Drug / MHRA Safety Update

The MHRA has published Drug Safety Update for December 2019 (Drug Safety update)
Items relevant to primary care include:

Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents

Domperidone is a dopamine antagonist with antiemetic properties. A European review of the safety of domperidone in 2014 introduced new restrictions following continued reports of cardiac side effects.

The MHRA has advised that domperidone is no longer licensed for the treatment of nausea and vomiting in children younger than 12 years or those weighing less than 35 kg. This is based on lack of efficacy in this age group. Results from a placebo-controlled study in children younger than 12 years with acute gastroenteritis did not show any difference in efficacy at relieving nausea and vomiting compared with placebo. The update notes there may be off-label use in some children to help treat the gastric effects of conditions other than nausea and vomiting. If a specialist considers that use is justified in a child younger than 12 years, the patient or parent/caregiver should be fully informed of the potential benefits and risks of the different options.

The MHRA also wants to raise awareness of the revised contraindications and dosing recommendations that were introduced for domperidone in 2014.

- **Contraindications include**: moderate to severe hepatic impairment; underlying cardiac disease (such as congestive heart failure); known existing prolongation of cardiac conduction (particularly QTc) intervals; significant electrolyte disturbance; co-administration with QT-prolonging drugs or potent CYP3A4 inhibitors; presence of prolactin-releasing pituitary tumour; patients where stimulation of gastric motility could be harmful (e.g. gastro-intestinal haemorrhage, mechanical obstruction or perforation)

- **Dosing recommendation:** the recommended maximum dose in 24 hours is 30 mg (dose interval: 10 mg up to 3 times a day) for adults and adolescents 12 years or older and weighing 35 kg or more. Treatment should be used at the lowest effective dose for the shortest possible duration, and the maximum treatment duration should not usually exceed 1 week.

Update on Metformin diabetes medicines

The Medicines and Healthcare products Regulatory Agency (MHRA) is aware that outside the UK very low amounts of an impurity, N-nitrosodimethylamine (NDMA), have been found in some metformin diabetes medicines.

The European Medicines Agency (EMA) has recently provided some reassurances about the trace amounts of the NDMA contaminant found in some **non-EU** metformin products. The levels recorded in these products appear to be very low, within or even below the range present in some foods and water. At the time of this update, there are no data to indicate that any EU metformin medicines are affected.

The MHRA is working closely with the European Medicines Agency (EMA) and other regulatory authorities to determine whether any further action is required and will provide further updates

Action:

- **Continue prescribing metformin medicines as normal**
- **Advise your patients to continue taking their metformin medicines as usual. The risks from not having adequate diabetes treatment far outweigh any possible effects of the low levels of NDMA seen in metformin medicines outside the UK.**

Please see links below for further information.
https://www.ema.europa.eu/en/news/ema-update-metformin-diabetes-medicines
https://www.gov.uk/government/news/metformin-diabetes-medicines-mhra-update

National Update

EPS Phase 4

Phase 4 of EPS allows prescriptions for patients without an EPS nomination to be signed, sent and processed electronically. NHS Digital piloted Phase 4 at GP practices and dispensers across England from November 2018. The roll out of Phase 4 to GP practices in England started in November 2019, making EPS the default method for prescribing, dispensing and reimbursement of prescriptions in primary care in England. There is no exact date for EMIS or Medway roll out at this time, further information will be shared once available, however this is an automatic process and the practice do not need to anything to activate this.

EPS currently allows prescribers to send prescriptions electronically to a dispenser of the patient's choice - known as their "nominated" dispenser.
Paper prescriptions will continue to be available in special circumstances, but almost all prescriptions will be processed electronically. Patients without an EPS nomination will be given a token (patients may refer to this as a paper copy of their prescription) to present at a community pharmacy or Dispensing Appliance Contractor (DAC) to obtain their medication. This token will contain a unique barcode which can be scanned at any community pharmacy or DAC in England to download the prescription from the NHS Spine and retrieve the medication details.

Detailed information, including resources such as posters, leaflets and waiting room screen slides can be found https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information