

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
- National Update
- Drug / MHRA Safety Update
- Prescribing Update

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](#)

Local Update

Diabetes Information Prescriptions

Diabetes UK have designed a number of Information Prescriptions to support and improve patient care. Information Prescriptions are personalised pieces of information which are easy to read, have clear images and have individual goals to help prevent a diabetes health complication. They are designed to give people with diabetes the information that they need to understand, engage with and improve on their health targets.

The CCG has worked with DXS to enable the Information Prescriptions to be embedded and searched for via DXS. The information Prescriptions available are attached. There are many benefits of Information Prescriptions, both for clinicians and patients:

➤ Individual Support

- Clinicians will receive a pop-up alert if a patient will benefit from information on their diabetes management. For example, if a patient has diabetes and falls outside the NICE recommended targets for blood pressure, it will alert the clinician to use the Information Prescription for high blood pressure.

➤ Enable continuity of care

- A copy of the completed Information Prescription is saved in the patient's notes, so that past goals can be reviewed quickly in future appointments. The Information Prescriptions won't increase workload or result in any entry duplication.

➤ Increase patient understanding of key concepts

- The Information Prescriptions are written in plain English and use illustrations to clearly explain complicated diabetes information.

➤ Opportunity to transform care

- Support care planning - Based on best evidence around effective behaviour changes, the simple check boxes on the Information Prescriptions give advice on lifestyle changes patients can implement. An individualised action plan allows them to create goals that are relevant and personal to them.
- Prompt patient action - Over 35,000 people have used the website link included in the Information Prescriptions to find out more about managing their diabetes, suggesting that a very high proportion of recipients were motivated to take further action.
- Change clinical behaviour - Case studies show Information Prescriptions are prompting clinicians to intervene more proactively and identify patients who have slipped through the net for many years. Data from clinical system EMIS Web shows that use of the Information Prescriptions is rising steadily and they have now been used in over 110,000 clinical consultations.

National Update

New Version of the FP10 Prescription Form

The Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA) are in the process of updating the suite of FP10 prescription forms which we use for primary care prescribing in England.

Changes have been made to the layout of the prescription form(s), which will better enable patients to claim the exemptions from the prescription charge to which they are entitled and so help reduce prescription charge revenue losses caused by patient error and fraud in England.

The main changes, taking into account both the limits of paper size and legal requirements, are as follows:

- A new exemption box U for patients who are in receipt of Universal Credit and meet the criteria for free help with health costs.
- Removal of box X "was prescribed free-of-charge contraceptives" from the paper FP10/FP10DT (token).
- Exemption box G 'has a War Pension exemption certificate' has been re-worded to 'Prescription Exemption Certificate issued by the Ministry of Defence'. This is to better represent the exemption certificates issued by Veterans UK and those entitled to an award under the Armed Forces Compensation Scheme (AFCS).
- Combination of the age exemption boxes A "is under 16 years of age" and C "is 60 years of age or over". These exemptions will be a single exemption category, A "is 60 years of age or over or is under 16 years of age (unless your date of birth is printed on the form)".
- Introduction of a new prescriber endorsement to enable prescribers to endorse prescriptions for Sexually Transmitted Infections to indicate to dispensers that the patient should not be charged – the code is still to be confirmed.

The updated suite of FP10s will be put into circulation as soon as possible. There will be a period of transition where old stock is used up, prior to use of new stock. NHSBSA will be able to handle both forms during the transition. An example of the new FP10 is attached.

Drug / MHRA Safety Update

Valproate use by women and girls

NICE has published a [summary document](#) of the Valproate NICE guidance and safety advice to support implementing the guidance in to practice. MHRA have published an updated [Annual Risk Acknowledgement Form](#) to support the Valproate Pregnancy Prevention Programme. The local pathway to support adherence to the safety alert is being updated to reflect the changes to the alert.

Prescribing Update

Diamorphine 5mg Injection supply issue

DHSC and NHSE have been notified by Accord and Wockhardt that they are experiencing issues with the manufacture and availability of diamorphine 5mg injection. It is anticipated it will be in stock week commencing **5th August 2019**. All other strengths of diamorphine injection are not affected by this issue. Diamorphine 10mg injection will be available to order from usual wholesalers.

ACTION

- Prescribers should be made aware that only diamorphine 10mg ampoules will be available during this period and ensure that prescriptions specify this preparation. Prescribers should take extra care when calculating the dose to be administered.
- Follow local controlled drug policies for the safe management and disposal of excess waste of controlled drugs
- Any wastage should be rendered irretrievable and must be disposed of.
- Clear records should be kept of what was administered. and what was discarded and should be witnessed.

Prescribing Update

Microgynon 30 tablets and Ovranelle tablets

The Department of Health and Social Care (DHSC) has been informed by Bayer that due to capacity constraints at their manufacturing site, **Microgynon 30 tablets will be out of stock from late May 2019 until week commencing 8th July 2019 (residual stock in wholesalers may last until early June).**

Pfizer have also informed DHSC they will be **out of stock of Ovranelle tablets from early June 2019 until August 2019** due to capacity constraints.

Both Microgynon 30 and Ovranelle contain ethinylestradiol 30 microgram/levonorgestrel 150microgram. There are several alternative suppliers of ethinylestradiol 30 microgram/levonorgestrel 150microgram tablets. DHSC have confirmed that there are sufficient supplies available from certain suppliers to maintain demand throughout the duration of this supply issue. Please see table below for details.

Product	Supplier	Supply situation
Rigevidon	Consilient	Currently available and able to support increased demand – advised to consider using this product if clinically appropriate.
Levest	Morningside	Currently available and able to support increased demand – advised to consider using this product if clinically appropriate.
Elevin	Med-Rx	Currently available and able to support increased demand – advised to consider using this product if clinically appropriate
Ovranelle	Pfizer	Expected out of stock from early June – August 2019.
Microgynon 30	Bayer	Expected out of stock from late May – w/c 8th July 2019.
Microgynon 30 ED	Bayer	Currently available but supplier unable to support additional demand, advised not to switch to this product
Leandra	MedRx	Currently available but supplier unable to support additional demand, advised not to switch to this product
Maexeni	Lupin	Currently available but supplier unable to support additional demand, advised not to switch to this product

In addition to oral contraception, Microgynon 30 and Ovranelle tablets are licensed for recognised gynaecological indications. **Please note that Levest, Rigevidon and Elevin are solely licensed for oral contraception**, and therefore their use in other indications would be off-label. Please see attached documents from DHSC and Bayer for further details.

ACTION:

- In order to minimise the disruption this may cause locally in terms of patients seeking GP appointments, GP practices should consider using their prescribing clinical systems to identify patients who may be impacted by this shortage and to manage prescription switching to the suggested alternatives, where appropriate.
- Patients who do not have sufficient supply of Microgynon 30/Ovranelle tablets to last throughout the affected period should be prescribed Rigevidon, Levest or Elevin, if clinically appropriate.
- Prescribers are advised not to switch to Microgynon 30 ED, Leandra or Maexeni during the affected period as they are unable to support any increase in demand.
- Prescribers and pharmacies should work together during this time to understand local availability of ethinylestradiol 30microgram/levonorgestrel 150microgram products.

Incentive Scheme Update

We are currently reviewing the submissions for the 18/19 incentive scheme and will be in contact with practices by the end of June detailing payment achieved and how to claim for this.

A reminder to all practices that the incentive scheme is running for 2 year therefore the following elements will need to be continued for this year 19/20.

- Prescribing visits – individual visit dates to be confirmed with practices
- 2 x clinical audits – TBC at prescribing visits
- Admin Training day – (More details to follow)
- 2 x clinical education sessions (More details to follow)
- Eclipse – to continue to review ALL red alerts, and 4 amber alerts per 1,000 patients on list size
- EPS – practice to achieve and maintain 65%+ usage
- eRD – practice to achieve and maintain at least 15% eRD usage

For section D of the incentive scheme, the medicines optimisation team will continue to recommend and switch patients according to agreed protocols. To ensure payment for section D, we will be requesting that recommended switches are signed off within 2 weeks of the searches being run.

If you need any further information, please email mccg.medwaymedman@nhs.net

National Primary Care Pharmacy Workforce Census Survey 2019

The NHS Long Term Plan identifies the need for a significant increase in the Primary Care Network pharmacy workforce. As part of this work there is a requirement to understand the educational needs of the current pharmacy workforce working in primary care.

This survey has been produced to help inform the development of clinical education for pharmacists and pharmacy technicians working in primary care.

The following staff are examples of those working in primary care/GP practices providing clinical services involving medicines management and optimisation who are invited to participate in this survey;

- CCG and CSU employed pharmacist/pharmacy technicians
- Self-employed pharmacist/pharmacy technicians
- GP Practice directly employed
- Care Home employed
- Community Pharmacy employed and deployed in general practice
- Secondary care employed and deployed in general practice

Please note that this survey does not relate to work undertaken within NHS Trusts or through the national Community Pharmacy Contractual Framework.

The survey should take no more than 15 minutes to complete and closes on the 7th of June 2019. If you have any queries, please email mlcsu.primarycarepharmacysurvey@nhs.net

The survey can be accessed via the link below <https://nhs.researchfeedback.net/s.asp?k=155687418359>