

Welcome to the **Kent & Medway Medicines Optimisation (MO)** news update.

Articles in this edition include:

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Kent and Medway Medicines Optimisation Scheme 2020/21



We are pleased to announce the NHS Kent and Medway CCG Medicines Optimisation Scheme (MOS) for 2020-2021 has been launched to practices.



This is the first Kent and Medway CCG wide scheme following the merger and has been designed to provide uniformity to all practices. The scheme reflects the amount of work needed to achieve each element, the level of funding available for engaging in the scheme, as well as enabling equitable care provision for patients. The scheme has four sections and within each section are a number of possible options. Each local Medicines Optimisation Team will also follow up with practices to advise which specific options are to be worked on. Please contact a member of your local Medicines Optimisation Team if you have any questions.

End of Life Medicines Related Incidents/ Issues

Following all the collaborative work that took place to ensure patients had timely access to palliative care medication during the recent COVID-19 spike, we are keen to create a sustained improvement long term. However it is difficult to do this without having a clear understanding of the issues and barriers healthcare professionals are experiencing in practice. To enable the collation of these issues so that we can start to understand how the system needs to be improved, we would encourage any health care professional who experiences a problem to provide a summary of the issue with any suggestions for improvement to kmccg.wkmedman@nhs.net

Electronic Repeat Dispensing (eRD) Update

To encourage increased use of electronic repeat dispensing (eRD), a temporary suspension of the requirement for individual patient consent in certain circumstances, has been extended **until 30 September 2020**.

This has been granted by the National Health Service Regulations 2020 (Amendments Relating to the Provision of Primary Care Services during a Pandemic etc.), in agreement with the Secretary of State.

Practices in England may transfer any clinically suitable patient onto eRD if they are already receiving, or have agreed to receive electronic prescriptions. This includes any patient who has previously had medication dispensed by means of EPS, any patient who has recorded a nominated pharmacy or any patient whose practice is live with EPS Phase 4.

Please access the letter from NHS England [here](#)

Use of Aspirin in Pregnancy

The medicines optimisation team has been made aware of incidences where pregnant patients have been advised from a variety of healthcare professionals both in primary and secondary care to purchase aspirin over the counter (OTC). An important message as per [NICE guidelines](#), that, although aspirin in pregnancy may have common use in UK clinical practice, aspirin does not have a UK marketing authorisation for this indication. Community pharmacies cannot legally sell aspirin as a pharmacy medicine for prevention of pre-eclampsia (or other indications) in pregnancy in England. A reminder that the NHS England OTC guidance specifies and lists conditions (conditions which are self-limiting and/or minor) for which self-care and OTC management should be considered first. In circumstances where a controlled and monitored treatment plan is required, then medicines should be prescribed as such.

Please access the NHS England OTC guidance [here](#).

Toujeo SoloStar® and Toujeo DoubleStar® - Ensuring the Right Product is Chosen

A reminder that Insulin Toujeo (insulin glargine 300units per ml) comes as two devices - the SOLOstar and DOUBLEstar devices; in certain clinical systems both of these versions appear close to each other in the medication pick list on practice systems. Toujeo Solostar is on the formulary across Kent and Medway. However, Toujeo Doublestar is currently only on the formulary in East Kent and Medway & Swale. The risk however does remain and could mean that the wrong product may be inadvertently picked regardless of formulary status.

Healthcare professionals should be aware of the difference between these devices. The SOLOstar device delivers **ONE** unit of insulin per click. The DOUBLEstar device delivers **TWO** units of insulin per click. When prescribing, care must be taken to ensure that the device being prescribed is the device the patient usually receives and was initially trained on. If the device is new to the patient then training must always be provided.

A reminder to prescribers that all insulin should be prescribed by brand to avoid inadvertent prescribing and dispensing errors.

Management and Control of Prescription Forms

Following a number of thefts of blank prescriptions across Kent and Medway, the medicines optimisation team would like to remind all providers of the need for robust systems to be in place to prevent this.

This includes:

- Ability to track the serial numbers of the blank prescriptions received
- Ability to track where blank prescriptions are used and who they are used by
- Prescriptions should not be left unattended unless they are locked away.
- Prescriptions should not be within reach to patients for example patients should not be able to reach over the reception desk and access prescriptions (completed or blank from the printer)
- Store rooms should be locked, and clinic rooms should be locked when not in use or the prescriptions removed from the room e.g. when on lunch or if the room is not being used.

Access the full guidance ([here](#)) including some sample logs for recording serial numbers and a shorter aide-memoire for prescribers ([here](#))

Cyproterone Acetate: New Advice to Minimise Risk of Meningioma

The MHRA has issued a drug safety update for Cyproterone acetate ([here](#)). The risk of meningioma with cyproterone acetate increases with increasing cumulative dose. Use of cyproterone is contraindicated in patients with previous or current meningioma (for all indications) and should only be considered for control of libido in severe hypersexuality or paraphilias in adult men when other interventions are inappropriate. Stop treatment permanently if a meningioma is diagnosed in a patient taking cyproterone. Suspected adverse drug reactions associated with cyproterone should be reported to the [Yellow Card Scheme](#).

N.B. Advice on use of cyproterone in the management of patients with prostate cancer remains unchanged, and for low-dose cyproterone (2mg) in combination with ethinylestradiol, a risk of meningioma has not been demonstrated but since the risk with higher-dose products appears to be cumulative.

The regular [Medicines Supply, Shortages and Alerts update](#) is attached as a separate document to accompany this newsletter.

Please send all medicines queries relating to the articles written to: kmccg.wkmedman@nhs.net

Medway and Swale Local ICP Update

MIG – Medical Interoperability Gateway

What is MIG?

MIG stands for Medical Interoperability Gateway and it is a fully secure and auditable computer system that enables the two-way exchange of specified datasets of patient information between healthcare providers, e.g. primary and secondary care.

It provides real-time patient information where and when it's needed. This has helped the NHS to improve the efficiency and standard of care by reducing unnecessary hospital appointments, duplicate examinations and improve patient pathways.

How does it work?

- MIG works with many GP systems including EMIS Web, TPP, OOH (Astra) and secondary care settings.
- MIG works in “real time” so there is no delay in the information being made available to view.
- Information via the MIG is only available to permitted clinical staff.
- The system only allows READ coded data to be seen – the system does not display any free text information that may have been entered.
- MIG works on N3 with web browser of IE7 and above.
- The clinician can see a predefined dataset of information for the patient:
 - Patient demographics
 - Summary, including current problems, current medication, allergies, and recent tests
 - Problem view
 - Diagnosis view
 - Medication including current, past and issues
 - Risks and warnings
 - Procedures
 - Investigations
 - Examination (blood pressure only)
 - Events consisting of encounters, admissions and referrals

How do I access the MIG?

The MIG can be accessed directly from EMIS, but only when used with your SmartCard:

- Click on the Web ‘ball’ on the top left of the screen.
- Scroll down to ‘External View’
- Then MIG portal
- Any further queries please contact our generic account - medwayswale.meds@nhs.net

Kent and Medway Medicines Optimisation Scheme 2020/21 – Eclipse Training

The use of Eclipse IT Software is included in this year's Medicines Optimisation Scheme. We will be arranging local virtual training towards the end of August to assist with this target. Watch this space for further details.

ScriptSwitch Installation

If you have any queries relating to scriptswitch installation please contact **Optum on 02476 214700 option 1- Phone lines are open Monday to Friday between 08:00 and 18:00.**

Team Update

Next Friday the 7th of August, we say a temporary goodbye to **Prina Sahdev (Deputy Head of Medicines Optimisation)** as she goes on Maternity leave. We are super excited to have a new Medicines Optimisation baby, we wish Prina all the best and look forward to her return!



Queries

Just a reminder, please can you kindly copy in our generic email medwayswale.meds@nhs.net in on any queries you send to members of the Medicines Optimisation team. This is to ensure that another team member can respond to your queries in the absence of the team member the email is directed to.