

Date: 24/09/2020

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

Articles in this edition include:

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SPOTLIGHT ARTICLE

Cost-effective Prescribing of Macrogol Oral Powder Sachets

TransiSoft® is a brand of Macrogol which has the generic description of **Macrogol 3350 Oral Powder 8.5g Sachets Sugar free**. There is no clinical difference between Macrogol 3350 Oral Powder 8.5g Sachets Sugar free (TransiSoft®) and Macrogol compound oral powder sachets NPF sugar free. Across Kent and Medway CCG, **£47,000** was spent on TransiSoft®/Macrogol 3350 Oral Powder 8.5g Sachets Sugar free **from June 2019 to May 2020**.

A potential saving of £42,000 could have been made if a cost effective product was prescribed in K&M CCG as in the table below:

| Cost of one box of 28 sachets | Cost Effective Options (one box of 30 sachets) |
|--|--|
| TransiSoft® (£39.85) | Macrogol compound oral powder sachets NPF sugar free (£4.14); or CosmoCol® (£4.10); or Laxido® (£4.10) |
| Macrogol 3350 Oral Powder 8.5g Sachets Sugar free (£39.85) | |
| Macrogol (£39.85) | |

Therefore, please do not prescribe TransiSoft® or Macrogol 3350 Oral Powder 8.5g Sachets Sugar free. Patients currently on TransiSoft or Macrogol 3350 Oral Powder 8.5g Sachets Sugar free should be switched to the locally preferred cost effective option (Cosmocol®/Laxido® or Macrogol compound oral powder sachets NPF sugar free).

Long-term use of Oral Prednisolone

Oral corticosteroids are absorbed systemically and are therefore more likely to cause more adverse effects than topical or inhaled corticosteroids. Furthermore, it is assumed that greater duration of treatment will lead to a greater number of adverse effects, and therefore the most at risk group are those taking high dose, long-term oral corticosteroids (LTOC). High dose is defined as a prescription of >7.5 mg oral prednisolone and long term as duration of treatment >3 weeks (based on NICE guidance on Oral Corticosteroids for patient's "at risk" of systemic side effects). In order to prevent this, the following recommendations should be considered when prescribing prednisolone long term:

- Patient education on indication, gradual withdrawal and side effects of long-term use
- Provide/Signpost to community pharmacy for supply of a Steroid Treatment Card
- If a patient is at risk of developing osteoporosis, consider a FRAX assessment
- If a patient is at risk of a GI bleed, consider a PPI
- Ensure baseline assessment and regular monitoring of blood pressure, weight, BMI, children's height (if appropriate), HbA1c, triglycerides, potassium levels.

Access full NICE Guidance on management of Oral Corticosteroids June 2020 [here](#)

Non-Medical Prescribers

Practices are reminded to notify their local medicines optimisation team when there are staff changes within the practice for non-medical prescribers. This includes when a colleague obtains a prescribing qualification and when a non-medical prescriber joins or leaves the practice. This is to ensure that the registration/de-registration process for the NHS BSA can be completed so that prescribing is attributed correctly for financial and governance reasons.

We also need to ensure that nurse colleagues with a prescribing status are registered with the correct qualification. Nurses can qualify as a community practitioner prescriber or an independent prescriber; community practitioner prescribers can only prescribe a limited range of medications and if colleagues are incorrectly registered as such some prescribing may be disallowed. Practices are therefore asked to inform their local medicines optimisation team which qualification nurse non-medical prescribers hold.

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Opioids Safety Update: Updated Dose Equivalents and Switching Between Opioids

In August 2020 The Faculty of Pain Medicine reviewed and updated their [opioid dose equivalents](#) in order to reflect the current [BNF figures](#). Of particular note, is the approximate potency of Oxycodone compared with Morphine where the ratio has changed. All conversion factors are an approximate guide only due to a lack of comprehensive data and a significantly high degree for inter-individual variation. With all changing of opioids, an individualised approach is necessary and should only be recommended or supervised by an experienced healthcare practitioner.

Opioids are often involved in serious medication incidents as a result of incorrect dose calculations and so a few important points to consider include:

- When converting between opioids, the initial dose depends on the relative potency of the two drugs and route of administration.
- In most cases, the calculated dose-equivalent must be reduced to ensure safety. The starting point for dose reduction from the calculated equi-analgesic dose is around **25-50%**.
- A dose reduction of at least 50% is recommended when switching at high doses (e.g. oral morphine or equivalent doses of $\geq 500\text{mg}/24$ hours), in elderly or frail patients, or because of intolerable undesirable effects.
- The half-life and onset of action need to be considered when converting to minimise breakthrough pain and prevent a patient receiving too high a dose during the conversion period.
- Once the conversion has occurred, the dose of new opioid should be titrated carefully according to individual response and the patient monitored closely for side effects and efficacy, especially when switching at high doses.

More information ([here](#))

Serious Incident Related to Fosfomycin

A recent serious incident related to fosfomycin prescribing has in turn highlighted a number of inappropriate fosfomycin prescriptions in primary care, including prescriptions for "3g four times a day for 7 days" and "3g daily for 14 days".

A reminder that the dose of fosfomycin for acute uncomplicated lower urinary-tract infections is **1 x 3g sachet as a single oral dose**; further dosing would only be made on the recommendation of the microbiologist. In Kent and Medway, fosfomycin is indicated as the second line option for lower UTI in non-pregnant women as per [NICE guidance](#) or for UTI due to Extended-spectrum beta-lactamases (ESBL) (only on the recommendation of a consultant microbiologist). Please refer to the [SPC](#) and [BNF](#) for details on dosing.

Prescribers are reminded to ensure appropriate and safe prescribing of fosfomycin as per NICE guidance, on the explicit recommendation of a microbiologist or based on sensitivity reporting.

Recommended actions for practices:

- **Run a search to identify any patients on repeat Fosfomycin, review these patients and discuss their management with your local microbiologist where necessary.**
- **Only prescribe fosfomycin on the explicit recommendation of a microbiologist or based on sensitivity reporting or as per NICE guidance.**
- **When prescribing fosfomycin, please add as an 'acute drug' and not on repeat.**

MHRA: New Restrictions Introduced on OTC Sales of Stimulant Laxatives to Counter Risks from Overuse

The Medicines and Healthcare products Regulatory Agency (MHRA) has taken action to reduce abuse and overuse of over the counter stimulant laxatives by enforcing that these will now be sold in smaller packs, with on-pack warnings making it clear that stimulant laxatives do not help with weight loss.

People with regular bouts of constipation are advised against long-term overuse of stimulant laxatives (including products containing bisacodyl, senna or sodium picosulfate) which can result in damage to the digestive system, including chronic constipation and damage to the nerves and muscles of the colon.

Patients are guided to talk to a healthcare professional to provide advice; first on trying alternatives, such as diet and lifestyle changes, but also on switching to other products such as bulk laxatives, which work in the same way as fibre to increase the bulk of stools.

Access the full article ([here](#))

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

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Medway and Swale Local ICP Update

Turning Point - Active Recovery Service

Near miss involving Espranor (Buprenorphine Oral lyophilisate).

An incident has recently occurred where request for prescriptions for buprenorphine Oral lyophilisate was made by a patient who is under the care of Turning point. The prescription was provided by the GP practice.

Fortunately, the prescription was taken to the same pharmacy where the regular instalment prescriptions for buprenorphine Oral lyophilisate are dispensed. The community pharmacist stopped the dispensing of the prescription provided by the GP practice.

Please note that Turning point would not normally ask GPs to provide prescriptions for these drugs – as instalment prescriptions are provided to the patients' nominated pharmacy for dispensing.

Practices should ensure that extra care is taken when prescriptions used for drug detoxification which would be provided by Turning point are requested.

Suggested Practice points to reduce risk

- Add an alert /pop up on patients' record
- Add medication supplied by turning point to patients' medical records under 'HOSPITAL /SPECIALIST PRESCRIBING'
- Please DO NOT add these drugs to the Acute or Repeat medication list.
- For further information please contact turning point at turning.point@nhs.net or 03001231560.

Oral Nutrition Supplement Update – New Medway Foundation Trust Protocol

- Medway Foundation Trust has updated their Oral Nutritional Supplement (ONS) Protocol which aims to provide clarity to GPs if a patient is discharged requiring a nutritional supplement.
- The protocol summarises; *"It should be clearly stated on the electronic discharge notification(EDN) for the GP to follow the dietetic plan and only continue a prescription if requested by the Dietitian and for the time specified. All patients prescribed ONS on discharge will be referred to the community dietitians for review and their ongoing requirements will be managed at that point. When requesting a prescription for ONS from the GP via EDN, the acute nutrition and dietetic team will refer to Medway and Swale Clinical Commissioning Groups' ONS prescribing guidelines unless otherwise justified"*.
- It has been confirmed by the hospital (lead dietitian) that it will be made clear on the discharge summary that a seven day supply of Ensure Plus Juice or Compact will be issued by the hospital. If continued the EDN should state a switch to Aymes for prescribing within Primary Care.
- For further information please see our medication formulary website <https://www.medwayswaleformulary.co.uk/therapeutic-sections/borderline-substances/oral-nutritional-supplements-sip-feeds/> or contact the Medicine Optimisation team via Medwayswale.meds@nhs.net

Medway Foundation Trust Medicine Queries

The pharmacy department at Medway Hospital strive to promptly resolve all medication queries, to ensure patient safety we have developed a medicines query email for you to use in primary care. medwayft.medsqueries@nhs.net

This mail box will be manned Monday-Friday 8:30am-5pm. Primarily this should be used for any queries you have regarding patients who have recently been discharged from MFT and you have a query regarding discharge medication. This **SHOULD NOT** routinely be used for queries from outpatient clinics, although if you are having difficulty contacting an outpatient clinician, the pharmacy team will endeavour to help.

The aim to answer queries as soon as possible –however some queries may take longer to resolve. If your query is urgent, please state this in your email.

Transfers of Care Around Medicines (TCAM) project

On Wednesday 9th September, Medway NHS Foundation Trust launched the Transfers of Care around Medicines (TCAM) project - A new electronic referral system to provide community pharmacists with accurate, up to date information about a patient's medication following hospital discharge.

TCAM aims to support patients on regular medicines that have had their medications changed in hospital.

They have created a process to ensure that the patient receives the correct medications in a timely manner once they are discharged.

The process works by - providing the nominated community pharmacy with necessary information; to give the support needed to liaise effectively with GPs. To ensure that changes are enacted promptly allowing the correct medicines to be continued following discharge. The project will initially launch for high-risks patients who are currently on a frailty pathway only.

For further information please see attached article.

Every effort is made to ensure that the information contained in the newsletter is accurate and up to date at the time of publication. Please be aware that information about medicines and therapeutics will change over time, and that information may not be current after the initial date of publication. Please take note of the publication date and seek further advice if in any doubt about the accuracy of the information

The information contained in this newsletter is the best available from the resources at our disposal at the time. This newsletter is produced on behalf of K&M CCG

For all correspondence please contact the Medicines Optimisation team email: kmccg.wkmedman@nhs.net

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Community Pharmacy Update

Current focus of work for community pharmacies:

- Flu vaccinations
- Pharmacy Quality Scheme - <https://psnc.org.uk/services-commissioning/pharmacy-quality-scheme/> (in particular part 2 domain 4 and 5 involve linking in with Clinical Directors of PCN's)
- Hepatitis C testing
- GP Community Pharmacy Consultation Service - <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/general-practice-community-pharmacist-consultation-service-gp-cpcs>

There has been recent discussions on the free services that pharmacies provide, below is a list of services which may be stopped depending on the individual pharmacy owner.

What free services may community pharmacy be stopping:

- Deliveries - some pharmacies may start charging for deliveries as these are not funded by the NHS for any cohort of patients.
- Dosette boxes for patients who do not fall under the Equality Act act but just want them (pharmacies will be offering other services such as large print dispensing labels, charging for dosette boxes, patient can purchase a reusable box that relatives/carers can fill or reminder alarms)
- Blood Pressure monitoring may be charged for in some pharmacies.
- Ordering prescriptions for patients is an admin task that pharmacies no longer have the staff to do, many pharmacies are moving to online apps and we will be encouraging patients to move to the NHS app.

Useful Contacts

Primary Care Medicines Queries - Medwayswale.meds@nhs.net

Patient Complaints – kmccg.complaints@nhs.net

Controlled Drugs – england.southeastcdao@nhs.net

Community Pharmacy Issues - England.southeastcommunitypharmacy@nhs.net

Medway Foundation Trust Medicines Queries - medwayft.medsqueries@nhs.net