




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


Articles in this edition include:

- Community Pharmacy Opening Times Over the Festive Period
- Updated Medicines Optimisation Scheme 20/21
- Vitamin D Supplementation during Winter Months
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Community Pharmacy Opening Times Over the Festive Period



NHS England and NHS Improvement (NHSE&I) have confirmed that there is no intention to issue a national Or regional direction for community pharmacies to remain open on the Bank Holidays over the coming Christmas and New Year period; as happened at Easter this year. The list of pharmacies open over the upcoming bank holiday can be found here: <https://www.england.nhs.uk/south-east/our-work/pharmacy-opening-hours/>



In addition, information on opening times for the K&M community pharmacies contracted to stock palliative care drugs in the individual areas are also attached separately.

COVID-19 Therapeutic Alert: Azithromycin in the Management of COVID-19 (SARS-CoV-2) Positive Patients

Please note that Azithromycin is **no longer recommended** for the management of confirmed or suspected COVID-19 infection in hospitalised patients unless there are additional indications for which its use remains appropriate (see Product Details). Within primary care the use of azithromycin and other antimicrobials, specifically in the treatment of COVID-19 infection, should be solely within the context of a trial. Please see full alert ([here](#)) for more details.

Vitamin D Supplementation during Winter Months: DHSC to Provide 4 Month Supply to at Risk Groups

Public Health England and NICE have issued a statement advising that everyone should take a daily supplement of Vitamin D - 10 micrograms (400 IU) in the autumn and winter months (October to early March), to support general health and in particular for bone and muscle health. The statement also advises that people at higher risk of Vitamin D deficiency should take a supplement all year round ([here](#)).

The Department of Health and Social Care (DHSC) are offering a free 4-month supply of daily supplements of vitamin D for all adults who are clinically extremely vulnerable.

- All care homes will automatically receive a provision for their residents (they do not need to opt in or register)
- Individuals on the clinically extremely vulnerable list will receive a letter inviting them to opt in using the following [link](#) before 4th January 2021 for a supply to be delivered directly to their homes.

Deliveries will be free of charge, starting in January, and will provide 4 months’ worth of supplements to those eligible through the winter months.

Please note: Patients already prescribed a form of vitamin D supplementation from their GP will not need to opt in to receive this delivery of vitamin D supplements.

The DHSC will provide further information and guidance for all nursing and residential care home providers in the coming weeks.

More information on the free winter supply of vitamin D can be found [here](#).

Patients outside these criteria will need to purchase Vitamin D over the counter. A range of products and doses are available at supermarkets, pharmacies and other retailers.



Updated Medicines Optimisation Scheme 20/21

The 20/21 Kent and Medway Medicines Optimisation Scheme was updated in late November in recognition of the significant demands required of primary care with regards to the second wave of COVID-19 and the imminent delivery of a COVID-19 vaccination programme. The updated version of the scheme maintains a focus on quality and safety of prescribing, in order to ensure that these key elements are areas that continue to be improved upon. Local medicines optimisation teams have been contacting practices in order to establish what progress has been undertaken in relation to each of these quality improvement areas and to discuss any additional support that the Medicines Optimisation team can offer. Please contact your local Medicines Optimisation team if you have any further queries.

EU Exit – Medicines Supply Continuity

The UK left the European Union on 31 January 2020; as we approach the final weeks of the transitional period at the end of 2020, we recognise that some patients and members of the public are concerned about the potential impact that exiting the EU could have on their ability to access the medicines they need.

Over the past year organisations have been working closely with colleagues from across the pharmacy sector, the Department of Health and Social Care (DHSC), the NHS and other stakeholders to seek to ensure the continued supply of medicines as the UK leaves the European Union. The DHSC have released details of its plans for ensuring medicines supply in the event of a no-deal EU exit, these plans have been under regular review.

We want to emphasise that prescribers, pharmacists, care homes staff and the public have been asked not to stockpile medicines, and to continue to keep ordering prescriptions and taking their medicines as normal. In the weeks leading up to the end of December, and beyond, we will continue to monitor the situation to provide healthcare staff and patients with the support and care that they need. More information [\(here\)](#)

Future of the 'Safety Features' Measures Under the EU Falsified Medicines Directive in Great Britain (Applies to Community and Hospital Pharmacy)

The 'safety features' elements of the EU Falsified Medicines Directive (FMD, 2011/62/EU) and Delegated Regulation (2016/161) will cease to have effect in Great Britain from 31st December 2020. This means that pharmacies (and other end users such as wholesalers, hospitals and others handling or supplying medicines) will no longer be required by law to verify and decommission unique identifiers on prescription medicine packs. It will no longer be possible to verify and authenticate packs from 1st January 2021.

End users in Great Britain will be disconnected automatically from the UK National Medicines Verification System (UKMVS) run by SecurMed UK. Pharmacy operators and system suppliers need to check that any integrated pharmacy systems with FMD functions are no longer actively connecting to, or seeking a response from the UKMVS after the end of 2020. Stand-alone FMD systems can simply be turned off.

Integrated pharmacy systems can still use batch details, expiry dates or product details (GTINs) from a pack's 2D barcode while these packs are still in circulation. However, pack serial numbers no longer have any function. These packs remain valid and can be dispensed for as long as they are still in date.

SecurMed UK will continue to provide end user registration and necessary support up to 31st December 2020 for end users in Great Britain. More information [\(here\)](#)

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



Flu Vaccinations for patients in care homes with COVID positive patients

“If care home residents are isolating because there is a COVID positive case or outbreak in the home, can they still receive their flu vaccination?”

There is no national guidance available to advise on this scenario so if it arises care home managers should discuss patients concerned with the GP practice. A decision on whether to vaccinate should be taken on a case by case basis using clinical judgement to assess the risks versus benefits of vaccinating and the likelihood of the patient becoming unwell. Flu vaccinations should be avoided if patients are suffering from acute severe febrile illness (the presence of a minor infection is not a contraindication for immunisation but patients must be clinically assessed on an individual basis)

Reporting Vaccine Incidents

A reminder to all that when vaccine related incidents are identified they should be reported to the local Public Health Screening & Immunisation Team in the first instance, by completing the Kent, Surrey and Sussex Immunisation Programmes Significant Event Reporting Form; attached in the newsletter email and returning to phst@nhs.net. The form is then assessed by the local Public Health Screening & Immunisation Team who will provide further recommendations for the practice and escalate the incident if necessary.

Examples of vaccine related incidents which should be reported are (This list is not exhaustive):

- Breaches in the cold chain
- Vaccines involved in a cold chain breach being administered to patients
- Untrained staff administering vaccines
- Incorrect vaccines being administered to patients
- Expired vaccines being administered to patients

More information on storage, distribution and disposal of vaccines is available in Chapter 3 of the Green Book ([here](#))

Updated: Clinical Guide for the Management of Patients with Musculoskeletal and Rheumatic Conditions who are Taking or Require Corticosteroids during the COVID-19 Pandemic

The national guidance for the management of patients with musculoskeletal (MSK) and rheumatic conditions who are taking or require corticosteroids during the COVID-19 pandemic has been updated. The update has been published in response to Phase 3 of the COVID-19 pandemic. The guidance relates to MSK service provision across primary, community and secondary care including rheumatology, orthopaedics and pain services. The guide aims to assist in shared decision making in the use of appropriate corticosteroids (new or ongoing and administered by any route) in patients with MSK and rheumatic conditions during the COVID-19 pandemic. Access the full guidance ([here](#)).

COVID-19 Update: Corticosteroid Therapy

Following on from Newsletter Issue 18, this is a reminder that systemic corticosteroid therapy should **not** be considered for prevention of COVID-19 complications or for those with non-severe COVID-19. As per WHO and NICE recommendations corticosteroids should be considered for those with severe or critical COVID-19. Please access the relevant NICE guidance ([here](#)) and the MHRA alert ([here](#)), for information outlining the details of corticosteroids of choice and when COVID-19 is considered severe or critical.

Season's Greetings

On behalf of the entire Kent & Medway CCG Medicines Optimisation Team, we wish all our readers a very Merry Christmas and a Happy, Healthy New Year.





Medway and Swale Local ICP Update

Joint Drugs and Therapeutics Group (DTG)

The following changes have been made to the formulary following the November DTG meeting:

Ranolazine

Ranolazine is an antianginal drug indicated for use as adjunctive therapy in the treatment of stable angina in patients inadequately controlled or intolerant of first-line antianginal therapies.

It has been approved for addition to the formulary as an AMBER medicine to be initiated by a specialist.

Naldemedine –

Naldemedine is a peripherally acting opioid receptor antagonist indicated for use in:

Treatment of opioid-induced constipation where constipation has not adequately responded to laxatives. An inadequate response is defined as opioid-induced constipation symptoms of at least moderate severity in at least 1 of the 4 stool symptom domains (that is, incomplete bowel movement, hard stools, straining or false alarms) while taking at least 1 laxative class for at least 4 days during the prior 2 weeks.

It has been approved for the addition to the formulary as-

Black status to be used in primary care for the above indication.

RED status to be initiated by a specialist only as part of the Enhanced Recovery After Surgery (ERAS) protocol

Useful Contacts

Primary Care Medicines Queries – Medwayswale.mds@nhs.net

Medway Hospital Medicines Queries - medwayft.medsqueries@nhs.net

Patient Complaints – kmccg.complaints@nhs.net

Community Pharmacy Issues - England.southeastcommunitypharmacy@nhs.net

Controlled Drugs – england.southeastcdao@nhs.net

