

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

We understand that the COVID Vaccine Programme is of the highest priority. However, it is important to keep oversight on prescribing and safety updates. We have produced this bulletin to provide up to date prescribing and safety alerts as well as relevant COVID-19 information. Information in this bulletin was accurate at the time of publication (28/05/2021)

Articles in this edition include:

- Management of patients who have constipation when taking Clozapine
- Valproate Pregnancy Prevention Programme
- Medicines in pregnancy and breastfeeding: new initiative for consistent guidance
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Management of patients who have constipation when taking Clozapine

Constipation in patients who are taking clozapine can be fatal

This message is to raise awareness of the risk of fatality in patients taking clozapine, when constipated.

Constipation is a frequent and known side effect of clozapine, but severe and fatal events continue to be reported.

The risk is further increased at higher doses of clozapine and when it is co-prescribed with anticholinergics and other medicines that cause constipation, including opioids.

Patients should be frequently counselled on the significant risk of constipation and life-threatening bowel issues; the need to stay hydrated, the importance of a high fibre diet and exercise. At each regular clinical assessment, the patients should be asked about bowel function and also be encouraged to monitor it.

Signs and symptoms that warrant immediate medical attention is abdominal pain, distension, vomiting, overflow diarrhoea and blood in the stools. It is important to establish the patient's baseline bowel habit. If there is a change to this or the patient has fewer than three bowel movements in a week, an abdominal examination should be done. It is essential that constipation is recognised and actively treated. More information ([here](#))

Primary care monitoring of Clozapine is NOT expected, and patients will remain under the care of KMPT or another specialist.

Valproate Pregnancy Prevention Programme

There is a significant risk of birth defects and developmental disorders associated to children who are born to women taking Valproate (Epilim, Depakote and other generic brands) during pregnancy.

Valproate must not be used in any woman or girl of child-bearing age unless there is a Valproate Pregnancy Prevention Programme (PPP) in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant whilst on Valproate medicines.

Healthcare professionals who seek to prescribe valproate to their female patients must make sure they are enrolled in the Valproate PPP. This includes the completion of a [signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually](#).

We are aware that many practices have female patients of child bearing age (10 - 55 years) taking sodium valproate who require an annual risk acknowledgement form completing by their specialist as part of the Valproate PPP. Across Kent and Medway, the medicines management team are supporting practices with these referrals. Please contact your local medicines management team for further information on the local referral pathway.

GP responsibilities

- Refer the patient to the appropriate specialists (includes Consultant Neurologist, Psychiatrist or Paediatrician).
- Ensure that the patient is prescribed and understands the need to use highly effective contraception throughout valproate treatment.
- Check all patients have an up to date, signed annual risk acknowledgement form each time a repeat prescription is issued.
- Make sure the patients are referred to their specialists for review annually.

For further information please click on the links below:

[MHRA Guidance - Valproate use by women and girls.](#)

[MHRA Valproate - Drug Safety Update.](#)

[RCGP Guidance Document on Valproate Use in Women and Girls of Childbearing Years .](#)

Medicines in pregnancy and breastfeeding: new initiative for consistent guidance

Healthcare professionals are currently being asked to report important inconsistencies in UK advice on use on individual or classes of medicines in pregnancy or breastfeeding to the Safer Medicines in Pregnancy and Breastfeeding Consortium via the email address:

safermeds@mhra.gov.uk. The name of the medicine concerned should be included in the subject line and details of the inconsistency and sources of advice included in the email. Further information can be found [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.medicinesoptimisation@nhs.net

Detailed Guidance to Support Implementation of National Patient Safety Alert

In August 2020, a National Patient Safety Alert, “Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults” was issued ([here](#)). All actions should be completed no later than 13 May 2021.

To support implementation, the Society for Endocrinology, the Specialist Pharmacy Service (SPS), and the British Association of Dermatology (BAD) have produced more detailed guidance, a link to which can be found on the SPS website ([here](#)).

Shared Care with Private Providers

Requests to issue NHS prescriptions for medicines recommended after private consultations are increasingly being made. The decision whether to prescribe or not would always remain at all times with the individual clinician. It is recognised that patients are entitled to choose between NHS and private treatment. When considering patient transfer from private care to NHS care, it is important to highlight that the NHS should never subsidise private care with public money; this would breach core NHS principles.

As per [guidance](#) provided by the Department of Health, patients should be reminded of the separation between private and NHS treatment and that mixing different parts of the same treatment between NHS and private care is not allowed. More information for patients can be found [here](#).

We would like to remind prescribers that patients who have opted for a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment, but must be treated according to NHS protocols. However, at the point that the patient seeks to transfer back to NHS care, the patient should:

- be reassessed by the NHS clinician
- not be given any preferential treatment by virtue of having accessed part of their care privately
- be subject to standard NHS waiting times.

We would also like to highlight the following information to GPs regarding prescribing following a private consultation:

- Following a private consultation, there is no obligation for the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice.
- A consultant who, following a private consultation, has recommended treatment for the patient’s clinical circumstances, should continue to prescribe until the GP has agreed to prescribe treatment.
- The patient’s GP may prescribe the treatment at the request of the consultant following a private consultation as long as it is for a medication normally available on the NHS, the GP considers it to be medically appropriate, in line with local policies/ formularies and/or guidelines, and the GP is willing to accept clinical responsibility for prescribing the item.
- If the GP does not feel able to accept clinical responsibility for the medication, responsibility for prescribing remains with the private consultant. The GP may consider whether to refer to an NHS consultant who can consider whether to prescribe the treatment as part of NHS funded treatment but only if this is in line with normal referral protocols for the NHS

Saxenda® (liraglutide) for weight loss

Following on from a previous article highlighting that Saxenda should **not** be prescribed in primary for weight loss, we would like to highlight that there is a non commissioned high street pharmacy offering the drug as part of a weight loss service. The service includes reviews and potential provision of Saxenda as a private consultation. We would like to advise primary care continuation of liraglutide (Saxenda) following private initiation for weight loss is **not recommended and should not be prescribed in primary care**.

GMC guidance - Good practice in prescribing and managing medicines and devices

GMC guidance on Good practice in prescribing and managing medicines and devices has recently been updated (updated on 5th April 2021). Available [here](#)

The guidance covers considerations when prescribing unlicensed medicines, repeat prescribing and for when patient care is shared with another doctor. The guidance has also been updated to provide information on remote consultations and prescribing.

MHRA Drug Safety Update April 2021

[Polyethylene glycol \(PEG\) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration](#) Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration.

[COVID-19 vaccines: updates for April 2021](#) - A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 21 April 2021.

[Letters and medicine recalls sent to healthcare professionals in March 2021](#) - A summary of letters and recent medicine recalls and notifications sent to healthcare professionals

Local ICP Update

HbA1c Check after Covid-19 Pneumonia

A potential increased risk of steroid-induced diabetes has been identified, following an admission for COVID-19 pneumonia. Patients who have been discharged from MFT following an acute admission for COVID pneumonia are contacted 6 weeks + post discharge, by the inpatient respiratory team. At this telephone consultation the patients' on-going respiratory symptoms are established. If deemed necessary, the patient will be required to attend for a follow-up CT scan, and will also be sent a blood form to conduct a HbA1c test. The results of these tests will be communicated with the GP practice via a clinic letter. If the HbA1c is raised at this time, the letter will highlight this and the GP is then required to provide a follow-up HbA1c for diagnosis (if HbA1c found to be 48+) or for annual review (if HbA1c is 42-47). **NOTE:** If the patient is not required to attend for a CT scan the HbA1c will not be checked. It is therefore recommended that all patients who have been admitted for Covid-19 pneumonia are identified, and if dexamethasone has been administered during an inpatient stay, that their HbA1c is checked.

Innovate Pharmacy Technician Rotational Role

As you may remember, some months ago, we requested your support, for an innovative pilot, funded by HEE, to recruit a pharmacy technician to work across the primary and secondary care interface. The main reasons for doing this are:

- To improve the management of medications across the system. Gaining an understanding of how medicines are managed across the entire patient journey will greatly improve patient care whilst enabling staff to identify risks and gaps in provision that we can work to reduce.
- To make pharmacy an attractive career and widen participation to ensure we have a sustainable workforce
- To create a rotational workforce to allow both Medway hospital and the PCN's to benefit from the experience of the technician workforce. The hospital is currently the primary trainer of pharmacy technicians and with a rotational role allows new and current technicians to gain experience across the interface and develop further skills, whilst being retained within the ICP area.

This is an entirely new service for Medway and Swale and we are delighted to announce that MFT have been successful in gaining funding. David Ellis-Adams, who will spend 9 months working between MFT and the Medway South PCN, will start his role from 7th June. David will have a clear set of KPIs including:

- Review of hospital discharge summaries
- Review of hospital clinic letters
- Assist current PCN pharmacists with counselling aspects of SMR

By recruiting David, who is already a substantive technician at MFT, will allow a much more effective pathway to resolve queries on discharge and clinic letters, and to also examine trends in these areas. David will be able to report these re-occurring issues back to the acute Trust and use this as an opportunity to train and inform members of the acute pharmacy, and wider clinician team, regarding these issues. This will help to facilitate better medication discharge processes in the future. As an experienced technician, David will also be able to assist the PCN pharmacists in review and counselling of patients who receive care in both the acute Trust and Primary care. We hope that this pilot will be a success, and will allow us to consider an ongoing rotational post. Please join us in congratulating David on his appointment.

EMIS One-off Nominations

The EMIS clinical system has been recently updated with a new functionality 'One-off nominations' this allows patients with an EPS nomination to request a one-off prescription to be sent to a different pharmacy without the need to change their primary nomination. It is designed to be used in scenarios where the patient will not be able to collect their prescription from their usual pharmacy, for example, if they are on holiday in a different part of the country and need access to prescription only medication or for supply from an out of hours pharmacy.

Only community pharmacies can be selected as a one-off nomination. Appliance contractors and distance selling pharmacies cannot be selected as a one-off nomination.

For further information on how to use this function, practices can log onto their EMIS Now customer support <https://www.emisnow.com/csm>, and search 'using one-off nomination' under the Knowledge tab.

Local Stock Supply Issues

We have received some reports that there have been stock issues with the following products:

Butec 5mcg/hr and 10mcg/hr patches:

The manufacturer (QDEM), has confirmed there are no manufacturing problems, however, they are aware that some wholesaler partners' depots (AAH & Phoenix) have seen an increase in demand that has led to localised out of stocks. Deliveries are being made daily and stock levels should be returning to normal.

Fenbid Forte 10% Gel:

The manufacturer (Adavanz Pharma), has confirmed there are no manufacturing problems, however, stock levels are currently lower than usual at the moment.

In all instances of stock supply issues, Community Pharmacies are advised to try to obtain the required stock via all available order routes, before asking the GP to prescribe an alternative.

Medicines Optimisation Generic Email Account

Please can we remind you to send any queries to our generic email account. Our inbox is manned Monday to Friday 9am to 5pm. Please allow up to 3 working days for any response (we will always respond quicker if able to do so). Medwayswale.meds@nhs.net

Useful Contacts

Primary Care Medicines Queries – Medwayswale.meds@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