

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

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National Patient Safety Alert: Steroid Emergency Card

The Medicines Optimisation Team at Kent and Medway CCG would like to draw attention to the alert and published national guidance promoting a new patient-held Steroid Emergency Card issued by the National Patient Safety Agency (NPSA) to support the early recognition and treatment of adrenal crisis in adults.

Please find Guidance on the implementation of this National Patient Safety Alert (NatPSA) attached developed by the MO Team at Kent and Medway CCG to help support action of the alert. Organisations need to review their processes, policies, digital systems and software to ensure the recommendations are embedded as soon as possible. This should have been implemented by 13th May 2021.

Please note the Steroid Emergency Card is NOT a replacement for the blue Steroid Treatment Card. All organisations are required to review their procedures and may need to issue blue Steroid Treatment Cards as well as red Steroid Emergency Cards.

If you have examples or ideas of how you have / can successfully progress the implementation that you are happy to share or if you have any further queries please email kmccg.medicinesoptimisation@nhs.net

Kent and Medway Lidocaine Plasters 5% (700mg) Position Statement

Kent and Medway CCG have recently approved a position statement to help tackle prescribing of lidocaine plasters, in line with national guidance prescribing is NOT RECOMMENDED. The statement highlights the following points and will be available on each ICP's formulary website in the following days:

- Lidocaine Plasters are NOT recommended for routine prescribing due to low clinical effectiveness and lack of robust evidence as per NHS England and NICE Guidelines
- Lidocaine Plasters should only be initiated on the advice or recommendation of a pain specialist for the licensed indication of post-herpetic neuralgia for those patients who have been treated in line with NICE [CG173] but are still experiencing neuropathic pain associated with previous herpes zoster infection.
- An individual management plan should be put in place for each patient specifying the duration of treatment, clear directions for reviews to take place and criteria outlining when prescribing should be continued or stopped.

Documenting Warfarin Prescribed by a Third Party on GP Notes

To avoid prescribing errors, it is vital that when warfarin is prescribed by a third party it is clearly documented on the practice system notes. This reduces the chances of interacting medications being inadvertently co-prescribed or failure to communicate and manage anticoagulation around a procedure / surgery. Warfarin should be included in the medicines section of the practice system notes so that it appears on the summary care record, but in a way that prevents a prescription being issued.

See attached document for instructions on how to add an entry to the notes in this way.

NICE TA [TA694] Bempedoic Acid with Ezetimibe for treating primary hypercholesterolemia or mixed dyslipidaemia

The NICE TA for Bempedoic Acid with Ezetimibe for treating primary hypercholesterolemia or mixed dyslipidaemia has now been approved by Clinical Cabinet.

NICE (TA 694) recommends Bempedoic acid with ezetimibe as an option for treating primary hypercholesterolemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults ONLY when:

- Statins are contraindicated or not tolerated
- Ezetimibe alone does not control low-density lipoprotein cholesterol well enough

IMPORTANT: NICE RECOMMENDS BEMPEDOIC ACID (NILEMDO®) MAY BE USED ONLY IN COMBINATION WITH EZETIMIBE

Please see attached algorithm to support with implementation of the guidance.

Unseasonal Rise in Amoxicillin Prescribing for Children in Primary Care

As you may be aware there has been an increase in unseasonal Respiratory Syncytial Virus (RSV). NHSEI have confirmed that although antibiotics are not indicated for the management of RSV infection a sharp increase in Amoxicillin use in children aged between 0-4years has been observed throughout May 2021 with some CCGs reporting pre-pandemic winter levels of Amoxicillin prescribing.

PHE have now published [advice](#) to raise awareness of the increase in circulating viral infection in children and NHSEI have produced a powerpoint available below that contains useful resources and regional data. It also outlines changes to the offer of the preventative medicine Palivizumab. Primary care prescribing of antibiotics can be easily tracked through the open data pandemic dashboard which is available [here](#). Please find new updated NICE guidance on diagnosis and management of bronchiolitis in children available [here](#).

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.medicinesoptimisation@nhs.net

Choosing Formulations of Medicines for Adults with Swallowing Difficulties

Some adults cannot safely swallow tablets or capsules and the decision of what to prescribe is not always straightforward and can lead to high cost and sometimes unsafe prescribing. The SPS has recently released guidance which describes a process for choosing suitable formulations in a stepwise approach. Licensed products or licensed products used 'off-label', where the medicine is administered in a way not stated on the summary of product characteristics (SPC) are usually preferred over unlicensed 'Specials'. An evidence based approach using NEWT guidance or similar can be used to identify possible 'off label' uses. Use the SPS stepwise approach and the information gathered to choose the best option for the patient for each medicine.

ACTION: Use the SPS stepwise approach and the information gathered to choose the best option for the patient for each medicine. A link to the guidance is provided [here](#).

The medicines optimisation team can also help to advise on formulation choice for patients with swallowing difficulties. Please email kmccg.medicinesoptimisation@nhs.net for any further queries.

Community Pharmacy Contractual Framework (CPCF) arrangements for 2021/22 agreed

The arrangements for the CPCF in 2021/22 have been agreed between PSNC, NHS England and NHS Improvement (NHSE&I) and the Department of Health and Social Care (DHSC), in line with the five-year CPCF deal.

This deal represents significant progress on service development with the expansion of the New Medicine Service (NMS) and introduction of two new Advanced Services – a Smoking Cessation Service and Hypertension Case-Finding.

Expansion of the New Medicines Service - From 1st September 2021, pharmacy contractors can offer patients support when they are newly prescribed medicines to manage thirteen **additional** conditions including:

- Acute coronary syndrome (ACS);
- Atrial fibrillation (AF);
- Coronary heart disease;
- Epilepsy;
- Glaucoma;
- Gout;
- Heart failure
- Hypercholesterolaemia ;Long term risks of venous thromboembolism/embolism;
- Osteoporosis;
- Parkinson's Disease;
- Stroke / transient ischemic attack
- Urinary incontinence and retention.

For more information on NMS expansion please click [here](#).

For more information on the new Smoking Cessation Service please click [here](#).

For more information on the new Hypertension Case- Finding advanced service please click [here](#).

To read the full article on CPCF arrangements agreed for 2021/22 please click [here](#).

CQC Inspections – Clinical System Prescribing Searches

During the COVID-19 pandemic, the CQC has explored ways to minimise contact required with GP practices while continuing to regulate general practice. They have [published a list](#) of potential prescribing areas they are likely to search on clinical systems for evidence of safe and effective prescribing and monitoring of medications, along with the appropriate action of medication safety alerts. The list currently includes monitoring for DMARDs (e.g. methotrexate, azathioprine, leflunomide), high risk medicines (e.g. lithium, DOACs, Warfarin), and MHRA/CAS medication safety alerts (e.g. Valproate and valproic acid – teratogenicity risk and need for Pregnancy Prevention Plan).

The searches will be regularly reviewed and updated. This will reflect changes to guidance, new alerts or areas considered to be important for additional review.

Full details can be found here [GP mythbuster 12: Accessing medical records during inspections | Care Quality Commission \(cqc.org.uk\)](#)

MHRA Drug Safety Update August 2021

COVID-19 vaccines: updates for August 2021

Review of reports involving menstrual disorders and unexpected vaginal bleeding

The MHRA is reviewed, with expert advice, reports of suspected side effects of menstrual disorders and unexpected vaginal bleeding following vaccination against COVID-19 in the UK. The rigorous evaluation completed to date does not support a link between changes to menstrual periods and related symptoms and COVID-19 vaccines. The menstrual changes reported are mostly transient in nature. There is no evidence to suggest that COVID-19 vaccines will affect fertility and the ability to have children. The advice remains that anyone experiencing changes to their periods that are unusual for them, persist over time, or have any new vaginal bleeding after the menopause, following COVID-19 vaccination, should contact their doctor. The MHRA continues to closely review reports of suspected side effects of menstrual disorders and unexpected vaginal bleeding. As with any suspected side effects from the COVID-19 vaccines, please continue to report via the Yellow Card scheme. Please also encourage patients to do the same.

Safety of COVID-19 vaccines in pregnancy

The MHRA advise that there is no pattern from the reports to suggest that any of the COVID-19 vaccines used in the UK, or any reactions to these vaccines, increase the risk of miscarriage or stillbirth. There is no pattern from the reports to suggest that any of the COVID-19 vaccines used in the UK increase the risk of congenital anomalies or birth complications. Pregnant women have reported similar suspected reactions to the vaccines as people who are not pregnant. The MHRA will continue to closely monitor safety data for use of the COVID-19 vaccines in pregnancy, including through evaluation of electronic healthcare record data.

Letters and medicine recalls sent to healthcare professionals in July 2021

A summary of letters and recent medicine recalls and notifications sent to healthcare professionals.