

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

Articles in this edition include:

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- World Antimicrobial Awareness Week (WAAW)
- Changes to NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2021-22
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Sodium Valproate Safety Alert

Please see accompanying document “Sodium Valproate Safety alert – practice communication” which has been put together defining responsibilities regarding the Sodium Valproate safety alert following anecdotal evidence of misinterpretation of the requirements. This will assist practices to support patients in ensuring they receive an annual specialist review but to also prepare for CQC inspections as this is an area where compliance may be audited.

World Antimicrobial Awareness Week (WAAW)

WAAW is celebrated annually between 18th to 24th November and aims to raise awareness of antimicrobial resistance. The theme this year is ‘**Spread Awareness, Stop Resistance**’. Attached to this newsletter is a document containing suggestions and resources for how you can get involved this year.

Changes to NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2021-22

Since 2014 antibiotic consumption in the community in England has been decreasing and NHS England & Improvement (NHSE & I) would like to commend primary care colleagues for their commitment to the responsible use of antibiotics. However, the COVID-19 pandemic has been associated with precautionary prescribing of antibiotics as a result of concerns of bacterial co-infection and we must now redouble our efforts to consolidate the improvements made in recent years. As a result NHSE & I have adjusted the target for primary care antibiotic prescribing in 2021-22 to ‘at or below 0.871’ (from 0.965) to align it with the UK Antimicrobial Resistance AMR National Action Plan.

SOF Indicator	AMR Metric Description	Target
44a	The number of antibiotic (antibacterial) items prescribed in primary care, divided by the item-based Specific Therapeutic group Age-Sex related Prescribing Unit STAR-PU per annum.	At or less than 0.871
44b	The number of broad-spectrum antibiotic (antibacterial) items from co-amoxiclav, cephalosporin class and fluoroquinolone class drugs as a percentage of the total number of antibacterial items prescribed in primary care.	At or less than 10%

The [System Oversight Framework](#) for ICS’s now includes the metrics below and CCG and ICS performance will continue to be reported monthly in the System Oversight antibiotic monitoring [dashboard](#).

Practices and PCNs can view their performance against these indicators in the antibiotic report produced monthly by the Medicines Optimisation Team. Please contact your local Medicines Optimisation Team if you require any further information.

Choosing a suitable antidepressant for people with coronary heart disease (CHD)

The Specialist Pharmacy Service has recently published some useful advice which can be found [\(here\)](#). The advice identifies the preferred and less preferred antidepressants in this situation and suggests what to consider when initiating an antidepressant. Advice is also given for managing a patient currently on a less preferred antidepressant.

Sativex Shared Care reminder

The Medicines Optimisation Team would like to remind primary care colleagues that in June 2021 Sativex was approved for shared care for the treatment of spasticity due to multiple sclerosis. This is in line with NICE guidance and the Kent and Medway Policy Recommendation and Guidance Committee Recommendation. A copy of this agreement can be found on your ICP’s formulary website.

PharmOutcomes/Outcomes4Health

We would like to ensure that GP practices are receiving notifications via Outcomes4Health/PharmOutcomes from other service providers such as community pharmacies in order to update patients’ medical records following consultation with other providers.

It is possible to receive the notification either through your email address or through the Outcomes4Health website. If you are not receiving notifications and are unsure whether you opted in to receive them through email or through Outcomes4Health please email helpdesk@phpartnership.com to clarify this and have your account re-verified if needed.

Please find attached a short guide showing practices how to receive/verify their email addresses in order to receive patient information (notification) from PharmOutcomes/Outcomes4Health website.

Palliative Care Medicines Supply from Community Pharmacies

As a reminder, the agreed K&M palliative care formulary and updated list of pharmacies across Kent and Medway, commissioned by the CCG to stock limited supplies of end of life drugs, is attached.

The CCG continues to undertake weekly reviews to ensure that we have an accurate position regarding the current stocks available and communicate this to providers. Any concerns or issues should be sent to kmccg.medicinesoptimisation@nhs.net

Repeat Prescribing Recommendation

Following ratification of the Repeat Prescribing Recommendation Position Statement at Clinical Cabinet, prescribers are reminded that **Kent and Medway CCG support the implementation of Electronic Repeat Dispensing as the preferred option for repeat prescribing** where appropriate.

Kent and Medway CCG recommend that the usual length of repeat prescription supply should not routinely be more than 28 days in line with best practice. This is recognised by the NHS as making the best possible balance between patient convenience, good medical practice and minimal drug wastage. This may be increased up to a **maximum of 56 days** dependant on individual circumstances and at the discretion of the prescriber. However, the Medicines Optimisation Team encourages 28 day prescribing as the most appropriate prescribing period for the majority of patients.

84 day prescriptions should only be reserved for those medications with that specific pack size e.g. oral contraceptives and hormone replacement therapy. For more information please refer to the position statement attached.

Update to Medicines Optimisation Scheme

Following implementation of the Medicines Optimisation Scheme (MOS) it has been recognised that to ensure maximum engagement with Eclipse, ScriptSwitch and Electronic repeat dispensing, it is preferable to award payment for each element separately. The MOS has been amended so that achievement for each element will qualify for 6.66% of the total MOS payment.

Please find the updated Medicines Optimisation Scheme attached for further information.

Additional Roles Reimbursement Scheme (ARRS) Funding

Following a number of queries regarding the use of ARRS funding for Pharmacists and Technicians, we would like to remind practices that the ARRS funding can be used to cover 100% of salary costs, including on-costs, up to the amounts set out by NHS England

(<https://www.england.nhs.uk/wp-content/uploads/2020/02/update-to-the-gp-contract-financial-implications-letter.pdf>). The funding cannot be used for agency fees or service fees.

Should the funding be considered for an outside organisation to provide the workforce, the following will apply:

- Primary Care Contracting kmccg.primarycare@nhs.net will also need to see a contract or invoice or letter of engagement in lieu of a contract of employment at the beginning of the arrangement and reimbursement claims are to be made via the portal
- No agency or management fees are able to be reimbursed from ARRS funding and you will need a salary and on costs breakdown in order to claim via the portal

MHRA Drug Safety Update September 2021

This month MHRA Drug Safety Update includes advice on [Topical corticosteroids: information on the risk of topical steroid withdrawal reactions](#)

Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, **prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.**

Advice for healthcare professionals:

- long-term continuous or inappropriate use of topical corticosteroids, particularly those of moderate to high potency, can result in the development of rebound flares after stopping treatment – there are reports of such flares taking the form of a dermatitis with intense redness, stinging, and burning that can spread beyond the initial treatment area
- when prescribing a topical corticosteroid, consider the lowest potency needed
- advise patients on the amount of product to be applied; underuse can prolong treatment duration
- inform patients how long they should use a topical corticosteroid, especially on sensitive areas such as the face and genitals
- inform patients to return for medical advice if their skin condition worsens while using topical corticosteroid, and advise them when it would be appropriate to re-treat without a consultation
- for patients currently on long-term topical corticosteroid treatment, consider reducing potency or frequency of application (or both)
- be vigilant for the signs and symptoms of topical steroid withdrawal reactions and review the [position statement from the National Eczema Society and British Association of Dermatologists](#)
- report suspected adverse drug reactions to the [Yellow Card scheme](#), including after discontinuation of topical corticosteroids

COVID-19 vaccines and medicines: updates for September 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the August 2021 issue of Drug Safety Update, up to 9 September 2021.

Letters and medicine recalls sent to healthcare professionals in August 2021

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

Local ICP Update

KMPT –Sodium Valproate Risk Acknowledgment Form

If a patient is prescribed valproate for a mental health condition (i.e. bipolar) and does not have a Risk Acknowledgment Form completed then the GP should email the KMPT medicine safety officer at kmpt.mso@nhs.net who will then liaise directly with the Consultant psychiatrist to ensure it is carried out.

Patients prescribed valproate for epilepsy will need the Annual Risk Acknowledgment Form completed by the Neurologist who initiated it and these referrals should not come to KMPT.

ScriptSwitch Feedback Reporting

We encourage our clinicians to feedback on ScriptSwitch messages, using the feedback button. Your comments come directly to the Medicine Management team, and we review these regularly. In order to ensure the messages displayed are helpful, up to date and of benefit, we would like to work with you to shape our ScriptSwitch profile in order for you to get the most out of the messages, and based on your feedback we can make changes to the recommendations.

Clinicians **do not** need to feedback patient specific information on why they have not accepted a message. However, we would be grateful for feedback relating to;

- Stock or supply issues.
- If you are aware of updated guidance/formulary change.
- Recommendations from secondary care that go against our guidance.
- Messages that you feel are inappropriate and/or causing 'pop-up alert fatigue'.
- Messages that cause confusion or are unclear.
- Messages you feel that could be customized further to age and/or gender.
- Messages where hyperlinks no longer work.
- Messages that show as a negative cost saving with no rationale.
- Anything else you feel relevant that the Medicine Management team should be notified of.

Thank you.

Sativex for Medway and Swale

Sativex shared care guidance was approved in June 2021, and following a meeting with the neurologist at MFT, we have been informed that a few patients have been identified, that would benefit from this treatment for MS. Following initiation, they will be reviewed, and doses titrated before request for shared care is passed to the patients regular GP. No additional monitoring is required by primary care during treatment, and we hope that you will find the shared care acceptable. If you have any concerns, please do contact the Meds Opt team at medwayswale.meds@nhs.net

Medicines Query Email Address for MFT

This is just a reminder that if you have any queries regarding information on a discharge summary from MFT please contact the pharmacy team at the Trust on medwayft.medsqueries@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

Local ICP Update

Sharps Waste Disposal Services For Medway And Swale

Swale Sharps Disposal

Swale Borough Council will collect sharps waste direct from a patient's home address.

Patients need to:

Request collection via an online collection form, phone or email.

Agree to a collection date; on that date leave their full box outside their home, closed, ready for collection.

Replacement boxes will be supplied when a full box is collected.

<https://swale.gov.uk/bins-littering-and-the-environment/bins/order-or-replace/collect-clinical-waste#h2>
csc@swale.gov.uk

01795 417850

Medway Sharps Disposal

Medway Council commission selected Community Pharmacies to assist with the disposal of sharps clinical waste.

Patients need to:

Place used needles into a yellow sharps box.

Return the box to one of the selected Pharmacies.

Replacement boxes will be supplied via GP FP10.

https://www.medway.gov.uk/info/200187/other_waste_services/75/clinical_waste_disposal/2

Contact Details – Medwayswale.meds@nhs.net 01634 335095 Option 3

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