Kent and Medway Medicines Optimisation Team

Prescribing and Medicines Management –
Newsletter Issue 32

NHS Kent and Medway Clinical Commissioning Group
24/03/22

Welcome to the **Kent & Medway** Medicines Optimisation (MO) news update.
Articles in this edition includes:

- **New NHS E System for Recording Patient Safety Events**
- **New Guidance - BPSD Primary Care & Care Homes Best Practice**
- **NICE Update for Lokelma**
- **Dapagliflozin EMIS search to support MHRA alert**
- **Reminder- Saxenda**
- **Learning from Incidents- Allopurinol / Azathioprine Interaction**
- **Inclisiran – Information on funding and supply**
- **Edoxaban – New PCN DES IIF Indicators**
- **New Adult Autism and ADHD Service**

New NHS England System for Recording Patient Safety Events and Incidents (including medicines related incidents)

A new national NHS Learn from patient safety events (LFPSE) service for the recording and analysis of patient safety events that occur in healthcare is currently being rolled out to health and care sectors. LFPSE is replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS), to offer better support for staff from all health and care sectors. Recording safety events, whether they result in harm or not, provides vital insight into what can go wrong in healthcare and the reasons why. At a national level, this allows for new or under-recognised safety issues to be quickly identified and acted upon on an NHS-wide scale. It also provides a wealth of data offering essential insight to support ongoing national patient safety improvement programmes, as well as improvement work at a more local or speciality-specific level. LFPSE will initially provide two main services:
Record a patient safety event – organisations, staff and patients will be able to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement. Primary Care organisations, such as general practice, independent dental surgeries, community pharmacies and opticians, can record patient safety events directly via the online recording service. A dedicated service for patients and families to use will also be developed.
Access data about recorded patient safety events – Providers and CCGs will be able to access data that has been submitted by their staff and organisations, to better understand their local reporting practices and culture, and to support local safety improvement work. The Kent and Medway CCG Medicines Optimisation Team and Quality Team encourage the reporting and learning from patient safety and medicines related incidents to improve patient safety, so ask practices to register for a LFPSE account via the web-based service. Details of patient safety events and medicines incidents can then be submitted to LFPSE by completing a responsive online form and these will be used to inform our local patient safety and medicines safety programmes.
Action for general practice healthcare professionals-please familiarise yourself with the new reporting system, register for LFPSE and discuss reporting of patient safety and medicines safety incidents in your practices. Further information can be found here.

Update on recently ratified Kent and Medway Guidance Documents for primary care

Please note the **Kent and Medway Behavioural and Psychological Symptoms of Dementia (BPSD) in primary care Guidance for primary care** has now been ratified by Clinical Cabinet and is available to use. This is attached with the newsletter.
Please note the **Kent and Medway Care Homes Best Practice Guidance** covering Controlled Drugs Management, Storage and Temperature Monitoring and When Required Medications has now been ratified by Clinical Cabinet and is available to use. This is attached with the newsletter.

NICE update for Lokelma® ▼(sodium zirconium cyclosilicate) in adult patients with persistent hyperkalaemia

NICE TA599: Lokelma for treating hyperkalaemia has been updated (Update information | Sodium zirconium cyclosilicate for treating hyperkalaemia | Guidance | NICE). In **January 2022,** changes were made to recommendations 1.1 and 1.2 as sodium zirconium cyclosilicate is now available in both primary and secondary care. This guidance update follows the removal of the previous commercial arrangement, meaning that access to SZC for the treatment of persistent hyperkalaemia is no longer restricted to hospital use only; allowing continuity of care for patients through management in a primary care setting. Lokelma was previously approved in April 2019 by the Clinical Cabinet and restricted to hospital use only; whilst Lokelma is now an option in primary care for a cohort specified by NICE, **it is not yet recommended for prescribing in Kent and Medway primary care. Please Note: The Kent and Medway MO team are aware of the update to NICE TA599, but in the absence of a local treatment pathway, the MO team advises practices NOT to prescribe SZC in primary care: Ongoing prescribing should remain in secondary care until further notice.**

EMIS search support for practices – MHRA alert Dapagliflozin

An EMIS search has been made to help support the medicines optimisation newsletter article published in January 2022 with regards to the MHRA alerts here for the use of Dapagliflozin in type 1 diabetes. Practices are reminded that they should run a search identifying any patients currently prescribed dapagliflozin (any strength) for type 1 diabetes and review as per this MHRA alert (the search can be found attached to this email). Please note that the search relies on a patient being coded with the QOF recognised SNOMED code for type 1 diabetes and further review dependent upon SNOMED code accuracy and clinical judgement is still needed from the practice to review these patients. Information is provided in the search description to guide practices and information on search criteria. For further information please refer to the original article published in the January 2022 edition or contact your local medicines optimisation teams.

Reminder: Saxenda® (Liraglutide 6mg/ml Injection)- not for Primary Care Prescribing

This is a reminder for practices that Saxenda® (Liraglutide 6mg/ml Injection) is indicated, as an adjunct to a reduced-calorie diet and increased physical activity for weight management in adult patients with an initial BMI of ≥30, or ≥27 to <30 in the presence of at least one weight-related comorbidity such as dysglycaemia (pre-diabetes or type 2 diabetes mellitus), hypertension, dyslipidaemia or obstructive sleep apnoea. It is restricted to prescribing in secondary care by a specialist multidisciplinary tier 3 weight management service. **Action: Do not prescribe liraglutide for weight management; refer patients to the appropriate tier 3 service. Initiation and on-going prescriptions are the responsibly of the tier 3 weight loss service.**

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

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Learning from Incidents – Azathioprine / Allopurinol

The Kent and Medway Medicines Optimisation Team was recently informed of an incident which is being shared for learning. A patient was admitted to hospital and was initiated on azathioprine with allopurinol already prescribed and taken for gout. Following the patient's discharge azathioprine was prescribed regularly by the patient's GP practice with an incorrectly transcribed higher dose. Weeks after the initiation of azathioprine the patient was reviewed by the consultant. The patient was admitted with shortness of breath and exacerbation of their other conditions. On admission the interaction was identified, and the patient was diagnosed with pancytopenia and neutropenia. Various factors have been explored as part of the analysis into this patient's care. It is understood that during the patient's hospital admission, outpatient appointments and contact with their GP surgery, the interaction between azathioprine and allopurinol was not realised or the severity was not appreciated. As a result of this the dose was not adjusted in line with the manufacturer's recommendations (here). This episode of patient care was identified as a serious incident due to the level of harm experienced by the patient.
The trust has identified various short- and long-term actions to reduce the likelihood of similar errors happening including changes to the existing Electronic Discharge Notification (EDN) template to include prompts to check interactions, implementation of electronic prescribing, education and training and changes to workflow. The practice caring for this patient has also identified useful learning points outlined below.

Learning for practices - The Medicines Optimisation team would like to encourage the following:

- *Ongoing review and audit of internal systems to ensure a robust procedure for the transcribing and processing of medication changes requested by other clinicians.*
- *Review and audit of internal systems for the handling of high-risk drugs (including initiating, transcribing, re-authorising, monitoring and issuing prescriptions).*
- *Better recognition of the importance of interaction alert messages on the EMIS system and of the significance of the interaction between Allopurinol and Azathioprine.*

If practices would like support in the review of their own internal processes or have their own learning from significant events and serious incidents which they would like to share please contact the team at Kmccg.medicinesoptimisation@nhs.net

Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia; information on funding and supply

In October 2021NICE published a technology appraisal guidance (NICE TA 733) recommending Inclisiran for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults who meet the specified criteria. Patients eligible for Inclisiran can be seen in both primary and secondary care clinics.
Inclisiran is included in the latest NHSE Lipid management pathway: Lipid-Management-Pathway-NEW-version-4.pdf (england.nhs.uk) .
In primary care, Inclisiran is available as a personally administered item in general practice reimbursed via an FP34D form **OR** on an FP10 prescription. Inclisiran is listed in the Drug Tariff (Part VIIIC) at a Reimbursed Amount of £55 per injection; this is the reimbursement price that will be received by pharmacies or practices. Additionally, a personal administration fee is payable to the practice when reimbursed via an FP34D form. Inclisiran may also be administered in secondary care or a request for GP administration may come from the hospital specialist. See attached further information on funding and supply of Inclisiran.

New DOAC Prescribing (Cardiovascular) Indicators Introduced To PCN DES

As part of the new general practice arrangements in 2022, new Investment Impact Fund (IIF) indicators have been introduced within the PCN DES to encourage patients on AF QOF register fulfilling the relevant CHADSVASC criteria to be prescribed Edoxaban (DOAC). This is subsequent to NHS England negotiating a procurement framework agreement with manufacturers of DOAC treatments. NHSE now recommends clinicians use Edoxaban where clinically appropriate and patients on other DOACs be considered for a review/switch to Edoxaban, as it is now significantly the most cost-effective option, which will enable greater numbers of patients to access DOAC treatment for atrial fibrillation and reduce incidence of strokes and heart attacks.
The Kent and Medway clinical governance committees has responded to this by setting up a Task and Finish Group to consult with stakeholders (including hospital specialists) with a view to recommend a plan of action for the Kent and Medway system.
In the meantime, prescribers are advised to carry on with their usual practice with regards to DOAC prescribing.
Further information and guidance will be made available when the Task and Finish group completes its work in the coming months.

New Adult Autism and ADHD Service

From Friday, 1 April KCHFT will be accepting referrals into our new Adult Autism and ADHD Service. This service is taking over from the previous providers. The service provides community-based assessment and diagnosis. We work with existing specialist health services, local authorities, independent and voluntary sector organisations. The service will manage the shared care of people diagnosed with ASD and/or ADHD with their GP. The Service can provide:

- assessment, diagnosis and management of neurodiverse conditions in adults
- short-term support or specialist treatment
- pharmacological treatment for ADHD in line with the Kent and Medway Shared Care Guidance for Adult ADHD (Enhanced Service)
- self-help information for non-medical interventions inc. psychological, lifestyle, behavioural and educational or occupational needs
- training and support to other services to increase awareness and support of neurodiversity.
- ADHD support and assessment clinics virtually (online).

The Service will take referrals from health (e.g. GP, secondary care mental health etc.) or social care professionals. In some circumstances we can provide assessment or support to people at home. From 1 April referrals should be made to the service via this form. The form will not be live before 1 April, as we are unable to accept referrals before that time.

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