Prescribing Newsletter

Making the most of medicines

February 2025

NHS Frimley

Contents

Please encourage patients to return their empty medication blisters for recycling. Participating pharmacies include Superdrug and Boots.

Access to weight management services and medications

NICE guidance recommends that semaglutide and tirzepatide are made available for use in weight management and obesity in the NHS. The usual implementation period for NICE TA drugs has been extended while details are finalised. We are expecting guidance from NHSE in the coming weeks around funding and how the eligible patient population will be prioritised to ensure maximum benefit.

Currently Frimley ICS does not host a Specialist Weight Management Service (SWMS); our patients are referred to SWMS at Ashford & St Peters Hospital in neighbouring Surrey Heartlands ICS. This service prioritises access using criteria set out by the Society for Endocrinology and the Obesity Management Collaborative UK. People meeting phase 1 criteria being seen first.

The private provider, Oviva, has an NHS contract for a virtual Tier 3 weight management service and patients may ask to be referred to them under Right to Choose. This service currently offers access to semaglutide only and will be aligning their priority criteria for Frimley ICS patients to mirror the SWMS service described above. The DXS referral form will be updated to reflect this.

Further guidance and decisions around local weight management services and treatments will be progressed and updated in the coming months.

New BTS/NICE/SIGN asthma guideline
Greener Practice webinar and Frimley ICB resources

Greener Practice (a UK sustainability network for primary care) have produced a video of top tips to help put the new NICE/ BTS/ SIGN asthma guideline into practice.

In line with the guidance focus is on increasing the use of PRN Anti-Inflammatory Relievers (AIR) and/or Maintenance and Reliever Therapy (MART) and moving away from the use of Short Acting Beta Agonists (SABAs) with the added benefit of reducing inhaler environmental impact.

Watch the webinar here and be reminded of Frimley ICB respiratory prescribing resources, including MART action plans here.

Greener Practice

FSRH Statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception

The Faculty of Sexual and Reproductive Healthcare (FSRH) advises that patients taking GLP-1 agonists use effective contraception. Also, specifically for tirzepatide, which affects the bioavailability of oral contraceptives, additional methods are recommended.

FSRH statement and patient information leaflet here

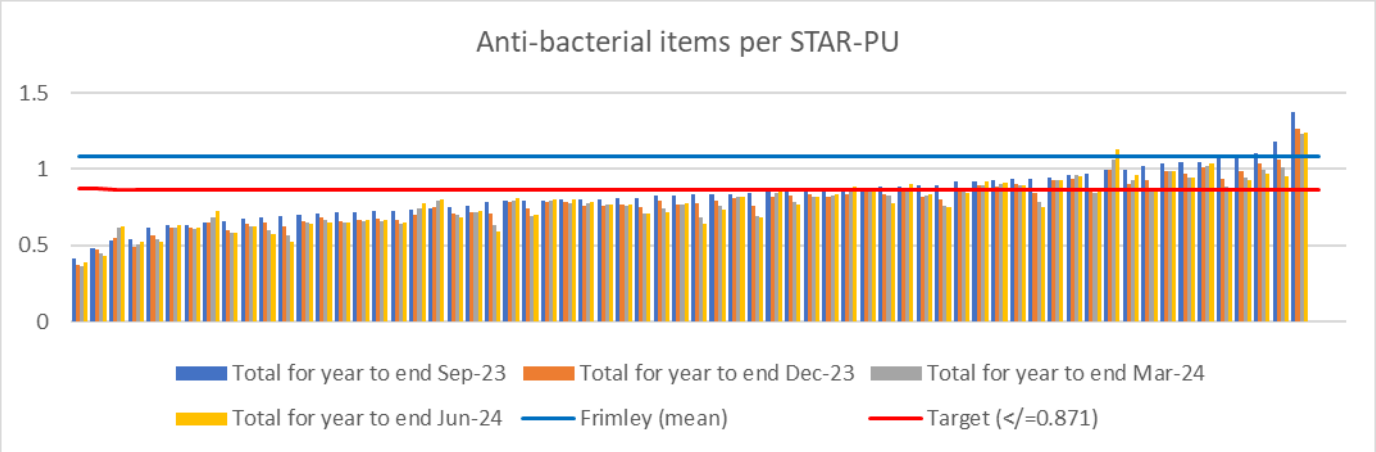
FSRH

Risk of unintended consequences from lower antibiotic prescribing for respiratory tract infections in primary care

A recent study of 1471 English GP practices with linked data to hospital admissions were retrospectively examined to identify associations between antibiotic prescribing rates for RTIs and patient-level adverse outcomes. The investigators found that patients from practices in the lowest prescribing quintile **did not** have a significantly higher risk of hospitalisation for pneumonia.

Results suggest that, for the majority of practices, further reductions in RTI-related antibiotic prescribing should be possible without an increase in hospitalisation for pneumonia.

There is wide variation in practice prescribing rates in Frimley with the lowest rate of total antibiotic prescribing per STAR-PU being less than 0.4 and the highest being over 1.2. The national target of antibiotic items per STAR-PU is </=0.871.



Actions

- Consider using the "no antibiotic" or "delayed antibiotic" approach and sharing the TARGET leaflet with all RTI patients.
- View your practices rates of antibiotic prescribing here.

Supplies of Pancreatic Enzyme Replacement Therapy (PERT) remain limited

Approaches to managing this shortage include

- prescribing a maximum of one month's supply of PERT for all patients at a time.
- prioritising the available Creon 10,000 capsules for patients unable to take Creon 25,000 capsules only.
- prioritising remaining stock of Nutrizym® 22 capsules for patients unable to tolerate Creon capsules.
- where PERT is prescribed for indications other than cystic fibrosis, clinicians and prescribers could consider:
  - ⇒ prescribing a proton pump inhibitor or H2 receptor antagonist to optimise efficacy
  - ⇒ if a dose reduction may be suitable for patients based on severity of symptoms
  - ⇒ Investigating other causes if symptoms remain despite a dose of ≥10,000 units lipase/kg/day or 100,000 units lipase with a meal
  - ⇒ prescribing other medication to manage symptom control
- prescribing unlicensed imports of PERT only where licensed alternatives are unavailable, working with local pharmacy teams to ensure orders are placed within appropriate time frames. Further information on a local supply arrangement is available here.

Immediately refer patients to a specialist for advice on alternative treatments if the above options are not suitable.

A big thank you to Frimley's practice pharmacy teams

A study to examine changes in quality of prescribing after the adoption of clinical pharmacist roles in English general practices, found that clinical pharmacists working in GP practices make "statistically significant" improvements in the quality of prescribing, according to a study published in the British Journal of General Practice. Read more here. Working alongside pharmacists we also thank pharmacy technicians.

Medicines Safety Updates- MHRA alerts

Valproate review by two specialists is required for initiating valproate but not for male patients already taking valproate

The CHM has advised that a review by two specialists remains in place for all patients <55 years of age when initiating valproate, but that it will not be required for men who are already taking valproate, as there is already sufficient risk minimisation in place for this group. This guidance includes useful flow charts for managing the following groups of patients;

- female patients under 55 years old here
- male patients under 55 years old here
- male and female patients 55 years and older here

See full guidance– by searching the MHRA webpage Drug Safety Update - GOV.UK

Related to this topic please see here to access a easy-read leaflets for people taking valproate. The leaflet, published by NHS South East is aimed at women and people who could become pregnant and who are taking valproate. It is available in 30 languages

Learning from Patient Safety Events (LFPSE)- local lessons and feedback

Paracetamol dose in adult with low bodyweight

Two incidents reported recently highlight the continuing need to be vigilant with paracetamol doses in patients at risk of hepatotoxicity. An adult body weight of less than 50kg is a risk factor for hepatotoxicity.

- A 90-year-old gentleman with a body weight of 48kg was discharged from hospital on a dose of paracetamol 1g qds. This was picked up by the GP who changed the dose to a more appropriate dose for his weight.
- A patient with a body weight of 32kg was prescribed a dose of 500mg-1g qds prn in primary care. This was picked up by the PCN pharmacist who adjusted it to the appropriate dose and confirmed with the patient's relative that the patient had not received the incorrect higher dose.

The risk of overdose in a low body weight patient is highlighted in an EMIS pop up warning when prescribing, and also in a position statement on the Frimley Medicines Optimisation guidelines page here

Look alike sound alike errors (LASA)

LFPSE incidents reported from April 2024 to date, have involved mix ups and confusion between the following drugs in prescribing and dispensing. Most of these are known to be frequently confused, please take particular care when prescribing, dispensing or administering.

- prochlorperazine/prednisolone
- edoxaban/ eterocoxib
- amlodipine/amitryptilline
- fluconazole/ flucloxacillin
- lamotrigine/ lacosamide
- Femodene/ Femodette
- gabapentin/ pregabalin
- co-beneldopa/ co-careldopa

The Frimley ICS Medicines Safety team is working on this issue and there will be further communications about this in due course.

Medications added to the wrong patient's EMIS records

There have been several incidents reported from April 2024 onwards where a medication has been added to (and in some cases prescribed) on the wrong patient's medication record. Examples include insulin prescribed for an 8-year-old child who was not diabetic. The prescriber had the wrong patient's record open when prescribing. The error was noticed by the child's mother; insulin was not dispensed or administered. Other examples have included fexofenadine and famotidine prescribed for the wrong patients, again where the incorrect patient was open at the time of prescribing.

There were 6 reports of medications added to the wrong patient's record where the drug name was not specified in the LFPSE report, but of these 6 incidents, 5 were thought to have occurred because letters and other communications were scanned into the wrong patient's records.

Please take care to select the correct patient and double check prescription details including the patient's name. When scanning documents into patients' records try and arrange that this can be done away from busy areas to minimise distractions. This will be highlighted in the training provided to prescription clerks too.

*** Please continue to report events via this portal so we can share learning and feedback.***

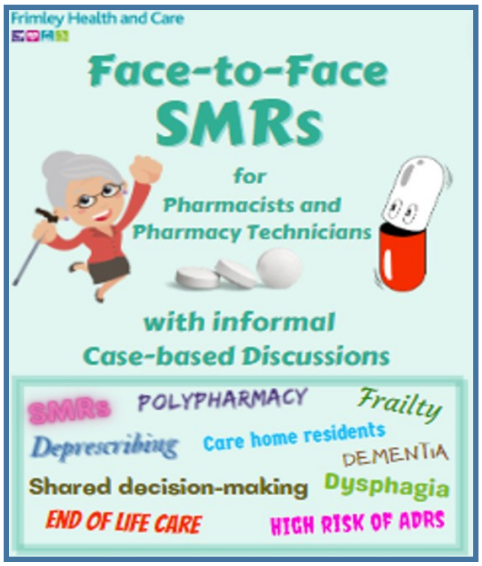
MOSCCH Corner

Has your PCN/ GP practice taken part in Cycle 3 of SMR training using Case-based Discussions (CbDs)?

These CbDs are based on real patients, supporting PCN pharmacy staff in their delivery of holistic person-centred SMRs with tips, discussion, learning and support and are available to all PCNs within Frimley ICS.

The CbDs in Cycle 3 include Polypharmacy, Deprescribing and Frailty and incorporates how the PrescQIPP IMPACT tool can be used to support staff undertaking SMRs.

The SMRs using CbDs have been a great success, with excellent feedback from the PCNs. The sessions can also be used as CPD for revalidation or towards PCPEP pathway self-development CPD/learning time.



We usually have an hour for the session and run it over lunchtime, although we are flexible and can fit in with what the practice needs.
To book a session, contact frimleyicb.moscch@nhs.net

New and updated documents on the NHS Frimley Medicines Optimisation Website

- Multi-professional prescribing guidance. The aim of this guidance is to support this prescribing and ensure it is delivered in a safe and effective manner across Frimley ICS
- Anticoagulation for non-valvular atrial fibrillation (NVAF) selection tool—updated
- MOG Position Statement- Information required from provider by primary care when receiving a request to prescribe following referral to an ADHD service for children and young people (CAYP)
- The suite of adult malnutrition guidelines and resources have been updated, along with updates to the paediatric oral nutritional supplement and tube feed formularies

Formulary updates

- Amiodarone **amber shared care** document—updated
- Dronederone has been changed from **red** to **amber shared care** document here
- Lercanidipine added to formulary as **green**, felodipine removed from formulary.
- Actimorph™ (morphine orodispersible tablets) added to formulary as **amber no shared care.** See formulary for place in therapy.
- Vibegron added to formulary as **green.** See formulary for place in therapy.
- The GLP-1 shortage is now resolved so all supply management documents have been removed.

Further to last month's signpost to implementation resources for the BMS' joint guideline on management of unscheduled bleeding on HRT we would like to draw your attention to three new pathways on DXS.

- Unscheduled bleeding on HRT
- Postcoital bleeding
- Heavy Menstrual Bleeding

NICE update

NICE have **published new or updated guidance** for the month of February 2025. This month there is one guideline that impacts upon primary care.
The **Tobacco: preventing uptake, promoting quitting and treating dependence** guideline has been **updated**. It covers support to **stop smoking** for everyone aged 12 and over, and help to **reduce people's harm from smoking** if they are not ready to stop in one go. It also covers ways to **prevent** children, young people and young adults aged 24 and under from taking up smoking. This update reviewed the evidence for **cytisinicline** (sometimes referred to as cytisine) and made **new and updated recommendations** in the section on **stop-smoking interventions.**

Not all medication reviews are equal

The generic term 'medication review' means different things to different people. The table below describes each and is taken from the **Royal Pharmaceutical Society Repeat Prescribing Toolkit**.

Simple repeat medication check (clinical re-authorisation)	Medication review	Structured Medication Review (SMR)
A check that the medication(s) for a single condition (e.g., asthma) or multiple allied conditions (e.g., cardiovascular diseases) were clinically checked and authorised as suitable repeat medication(s), and for how long.	A holistic, clinical review of all medications for all of a patient's conditions, ensuring any long-term condition/ Quality and Outcomes Frameworks (QOF) reviews and/or relevant blood tests for safe prescribing have been undertaken or are scheduled at the required intervals	An SMR is defined by NICE as a critical examination of a patient's medicines with the objective of reaching an agreement with the patient (or their carer) as part of a shared decision-making process about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste
Ideally been clinically checked within a patient consultation or via a desktop review	This can be undertaken as desk-based review but ideally should be face to face or via a telephone or video consultation	Ideally an SMR should be undertaken face to face with the patient but can be via telephone or video call
The authorisation for each medication should be either time-limited by setting the date of the next authorisation (e.g., a maximum of 12 months) or limited by the number of repeats allowed. The quantity of medication should be synchronised with the number of days issued or made clear it is for use as required	All the repeat medication should be time-limited by setting the date of the next repeat authorisation or limited by setting the number of repeats allowed	All the repeat medication should be time-limited by setting the date of the next repeat authorisation or limited by setting the number of repeats allowed
This review should be clearly visible within the repeat medication section of the clinical record system	The review should be clearly visible within the repeat medication section of the clinical record system and ideally all authorisation durations should be synchronised to coincide with the next medication review	This review should be visible within the repeat medication section of the clinical record system and ideally all authorisation durations should be synchronised to coincide with the next medication review
	A SNOMED CT (read code) for a medication review should be recorded in the clinical record and include a clear date when the next medication review is due.	A SNOMED CT (read code) for a structured medication review should be recorded in the clinical record allowing and including a clear date when the next SMR is due

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

National Medicines Advice Service

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct