

Prescribing and Medicines Optimisation Guidance

Issue: 98

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Safety guidance

1. National patient safety alert: shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials [LINK](#)

Medicines Supply Notification issued 14/02/24 detailed a shortage of salbutamol 2.5mg/2.5ml & 5mg/2.5ml nebuliser liquid, caused by combination of manufacturing issues resulting in increased demand on other suppliers. Alert provides clinical information and actions for providers. HIOW ICB have produced some local guidance to manage this shortage: [LINK](#)

2. Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine [LINK](#)

Advice for healthcare professionals on the reclassification of codeine linctus oral solution cough medicines to a prescription-only medicine (POM), following a public consultation.

3. Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) [LINK](#)

There have been very rare reports of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) with pseudoephedrine. Patients and caregivers should be advised to be alert to the symptoms for PRES and RCVS, to stop the medication immediately and to seek urgent medical attention if these occur. If someone presents with symptoms of PRES or RCVS, ask about their medication history.

4. DHSC: Valproate: important new regulatory measures for oversight of prescribing to new patients and existing female patients [LINK](#)

As there continues to be cases of valproate being prescribed during pregnancy, the commission on human medicines has recommended further restrictions to valproate use to reduce avoidable harm, which were introduced by the MHRA in January.

This letter from the Chief Medical Officer(s), Department of Health and Social Care (DHSC), reinforces the message regarding the recently announced MHRA valproate safety measures to date (21 February 2024).

Local guidance

5. Medicines optimisation team available to support change in gluten-free prescribing transition

The Medicines Optimisation team will be in touch with your practice to support you with the transition of reducing the routine prescribing of gluten-free food.

This follows on from a decision made by the NHS Hampshire and Isle of Wight Care Board (ICB) to no longer routinely prescribe gluten-free (GF) foods in Hampshire, Portsmouth, and Southampton. This aligns with the no prescribing policy of GF foods on the Isle of Wight, which was adopted in 2017. [LINK](#)

Further information and resources to explain the rationale for change, including a set of Frequently Asked Questions, is available on the ICB website. [LINK](#)

If you have further questions, then please contact your local medicines optimisation team in the first instance:

Isle of Wight - hiowicb-hsi.mot@nhs.net

North & Mid Hampshire - hiowicb-hsi.nm.medicinesmanagement@nhs.net

Portsmouth - hiowicb-p.medsman@nhs.net

Southampton - hiowicb-hsi.so.medicinesmanagement@nhs.net

South East Hampshire - hiowicb-hsi.se.medicinesmanagement@nhs.net

South West Hampshire - hiowicb-hsi.sw.medicines-information-enquiries@nhs.net

6. Hampshire Hospitals DVT pathway [LINK](#)

Hampshire Hospitals NHS Foundation Trust have updated their DVT pathway. Please see link above.

National guidance

7. All Wales protocol for the appropriate prescribing of antipsychotics for people living with dementia [LINK](#)

This protocol aims to guide best practice in initiation, monitoring, review, tapering and stopping of antipsychotics when prescribed for people with dementia who express distress. It also provides advice on managing long-term prescribing of antipsychotics where indicated.

NICE guidelines

8. NICE guideline: Tuberculosis (NG33) – updated [LINK](#)

These guidelines have been updated as follows:

- Fluoroquinolone antibiotics: In January 2024, the MHRA published a Drug Safety Update on fluoroquinolone antibiotics. These must now only be prescribed when other commonly recommended antibiotics are inappropriate. NICE is assessing the impact of this warning on recommendations in this guideline.
- In February 2024, in the section on preventing TB, we removed family history of TB in the past 5 years from the list of criteria for BCG vaccination in neonates in low-incidence areas, to align with the chapter on tuberculosis in the Green Book.



Other

9. Raising patients' awareness of emollients and fire risks

In addition to the MHRA publicity materials previously highlighted, HIOW Fire and Rescue Service and ICB have recently produced some further visual reminders (posters, postcards etc) that will be displayed in local pharmacies and going out in dispensing bags (containing emollients) in March. Campaign posters are also being mailed out to GP practices. Please support the local fire safety campaign by hosting a poster in patient areas. Digital copies of the posters may also be found here [LINK](#)

10. Group A Streptococcal infections - Advice to clinicians regarding the use of Point-Of-Care (POC) in vitro diagnostic devices [LINK](#)

Advice from NHSE for clinicians who may be presented a Direct-to-Consumer POC test for Group A streptococcal infection by a patient during a consultation for a sore throat.

11. Reminder: CAS alerts - GP practice responsibilities [LINK](#)

The Medicines and Healthcare products Regulatory Agency (MHRA) Central Alerting System (CAS) is the national system for issuing patient safety alerts, important public health messages and other safety critical information to all providers, including GP practices.

There are different national 'issuing bodies' who have ability to issue CAS alerts to general practice and these include NHS Digital, the MHRA, the Department of Health and Social Care, NHS England and NHS Improvement.

Since October 2019, the MHRA has sent CAS alerts directly to GP practices and there are contractual requirements to receive and respond (as applicable) to them.

In 2022, CQC produced guidance via a "GP myth buster – patient safety alerts" [LINK](#) This stated that GP practices should:

- consider who should receive alerts and information within the practice
- make sure there are effective processes in place to act upon alerts received
- arrange cover for annual leave or staff absences.

For example, a practice could keep a log of alerts. They could document action taken in response to these. There should be clinical involvement and oversight of the process.

Please ensure there are robust processes within GP practices to receive, process and document any actions as a result of these alerts.

**Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris
On behalf of Hampshire and Isle of Wight ICB Medicines Optimisation Teams**

Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [link](#)