

April 2024 Volume 3 Issue 4



Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

BOB Medicines Optimisation Bulletin



This monthly newsletter is written by the Medicines Optimisation Team of the BOB Integrated Care Board and is intended for healthcare professionals and practice staff. If you have any questions or feedback, please contact the team via the email address: bobicb.medicines@nhs.net

Past editions of the bulletin can be found on the [SharePoint](#) website.

- [National updates](#)
- [BOB System updates](#)
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National updates

Updated Summary of national guidance for lipid management

NHS England have now updated the summary of [national guidance](#) for lipid management for primary and secondary prevention of cardiovascular disease (CVD). The update takes into account the updated [NICE NG238 guideline, Cardiovascular disease: risk assessment and reduction, including lipid modification](#) (published 14 December 2023). The national statin intolerance pathway can be [here](#).

BOB System updates

ClinOx website - access issues

You maybe aware that the ClinOx website has now been replaced by SharePoint. SharePoint has a ClinOx page with all of the information previously hosted on the website: [ClinOx Sharepoint](#). Relay links have been set up, so all the old ClinOx website links on our formularies/ScriptSwitch/newsletters etc will automatically redirect to SharePoint.

However, we are aware that for some people this redirect is not working and an error message is occurring. We are investigating this and hope to resolve as soon as possible. In the meantime, the document you are looking for can be found by using the search bar on the new ClinOx SharePoint site here: [ClinOx Sharepoint](#).

To access SharePoint you must have an nhs.net email address. Access has also been granted to other organisations with non-NHS domain names within our ICS, however we are also aware there are some initial issue with access for some Trusts and we are investigating. We will provide an update in our next newsletter.

Updates from Area Prescribing Committee BOB Amiodarone Shared Care Protocol

A BOB-wide amiodarone shared care protocol was approved at APC in January. A patient information leaflet was also produced, which can be shared with patients starting on amiodarone therapy. Amiodarone was previously shared care in both Oxfordshire and Buckinghamshire, in Berkshire West the status was previously Amber

Initiation. The new shared care protocol is based on the national NHSE/RMOC shared care protocol.

The links to the new documents are below, please familiarise yourself with the new shared care protocol:

- [BOB ICB Amiodarone Shared Care Protocol](#)
- [BOB ICB Amiodarone Patient Information Leaflet](#)

So what?

Please familiarise yourself with the new shared care protocol and patient information leaflet:

- [BOB ICB Amiodarone Shared Care Protocol](#)
- [BOB ICB Amiodarone Patient Information Leaflet](#)

BOB Insulin Formulary Guide

The formulary status of all insulins across BOB was recently aligned. To support primary care prescribers trained in initiating insulin in Type 2 Diabetes, an information guideline has been produced: [BOB ICB Insulin Formulary](#)

So what?

Please have a look at this useful resource and familiarise yourself with the insulin formulary updates (see [BOB MOB Feb 2024](#))

Continuous Glucose Monitoring (CGM) Prescribing in Primary Care

As prescribing of continuous glucose monitoring (CGM) becomes more familiar in primary care, this is reminder that prescribers should start patients on the most appropriate device. Patients stabilised on a particular system should not be switched.

The following resources have been produced to help primary care prescribers in initiating CGM in primary care, in line with the [BOB ICB CGM Policy](#):

- [Guidance for the Prescribing of CGM](#)
- [CGM Initiation Checklist](#)
- [Resource Sheet](#)
- [CGM Comparison Chart](#) (Diabetes Nurse Forum UK)

The CGM in Primary Care webinar held on 31st January 2023 is available here: https://youtu.be/76sxfvuWU_g and the slides are available [here](#).

So what?

Prescribers are reminded to take into consideration patient choice and clinical factors when choosing the most appropriate CGM. Patients stabilised should not be switched unless there are clinical reasons to do so.

Prescribing Quality Scheme

Launch of the Prescribing Quality Scheme 2024-25

The Prescribing Quality Scheme for 2024-25 will be sent out to Practice Manager and Prescribing Leads week commencing 1st April 2024 for circulation around practice teams. To be awarded the full 100 points available in this year's scheme, each practice will be required to satisfactorily complete 6 of the 8 targets included in the scheme. The PQS document gives the details of the targets and the options available. The MOT are arranging a series of education sessions over the coming weeks on subjects relevant to the PQS targets. Details of the confirmed events are indicated below, joining instructions and details of further sessions will be circulated in due course. All webinars will be recorded and available on the [BOB ICB SharePoint](#).

Date	Webinar	Speaker(s)	Webinar link
Tuesday 16 th April 1-2pm	Diabetes- SGLT2 initiation	Gill Dunn (Diabetes Specialist Nurse, BOB ICB Integrated Diabetes Delivery Network)	Join the meeting now Meeting ID: 352 703 447 419 Passcode: UTXSNv Join the meeting now
Thursday 25th April 1:30-2pm	Controlled Drugs repeat prescribing process	Medicines Optimisation Team	Meeting ID: 323 154 193 286 Passcode: pWPrXb Join the meeting now
Friday 3rd May 1-2pm	Cardiovascular disease primary prevention lipid management and chronic kidney disease and reducing the risk of AKI	Professor Raj Thakkar (Primary Care Cardiovascular Society/NHSE/Health Innovation Network) & Dr Emma Vaux (Royal Berkshire Hospital – Consultant Nephrologist)	Meeting ID: 385 983 114 595 Passcode: 46QHR6 Join the meeting now
Wednesday 15th May 1-2pm	Dietetics – Oral Nutritional Supplements	Medicines Optimisation Team	Join the meeting now

Meeting ID: 343
938 936 954

Passcode: YQgnYt

Paula Matson (Respiratory
Specialist Nurse, BOB ICB

Thursday
30th May 1-
2pm

Respiratory –
Asthmatic patients
and overuse of SABAs
and COPD
Exacerbation
Management

Integrated Respiratory Delivery
Network Community Clinical
Lead)
& Jo Riley (Respiratory and
Home Oxygen Service Lead,
Oxford Health NHS Foundation
Trust)

[Join the meeting
now](#)

Meeting ID: 394
018 819 499

Passcode: 3vi9W6

To be
confirmed

Antimicrobial
Stewardship – shorter
courses

To be confirmed

So what?

Ensure that you have seen the PQS 2024-25 document and decide which targets your practice is planning to participate in.

Low Priority Prescribing

Low Priority Prescribing across BOB

There are a number of medications which have been deemed [low priority by NHS England for prescribing in Primary Care](#) due to them being unsafe, ineffective in some or all patients, or are not cost-effective. BOB ICB has been identified as an outlier nationally in the prescribing of these medications and therefore the MOT are looking at how these areas can be addressed.

Some of the medicines highlighted are commonly prescribed in primary care and the MOT will be contacting practices to identify patients who may need a review. We are also working with colleagues in secondary care to see how they can support this, as some of the treatments would have been initiated by secondary care and may require support from secondary care to help GPs to deprescribe these treatments to patients who have been taking them for several years.

So what?

Make yourself familiar with the 24 medicines/groups of medicines which have been designated Low Priority for Prescribing in Primary Care and look for opportunities to stop unnecessary treatment or offer a more suitable alternative.

ScriptSwitch® Updates

ScriptSwitch® Clinician Survey – a reminder to complete

The BOB ICB Medicines Optimisation Team would like to extend our gratitude to those who have already taken the time to complete the ScriptSwitch® Survey we sent out last month for feedback on the launch of ScriptSwitch®.

Your input is greatly appreciated and will be valuable in our plans to develop and improve the use of ScriptSwitch®.

We have received some survey responses already, but it would be great to receive more so we capture a comprehensive perspective of what all users think of the software.

Your insights will contribute to enhancing the use of ScriptSwitch® in practices. Please share this link with relevant members of your practice.

<https://forms.office.com/e/F9MUuME8ta>

Thank you again in advance for your time.

So what?

- Complete the survey on ScriptSwitch®
- Access and review your practice reports providing my Optum®

Share this link with relevant members of your practice <https://forms.office.com/e/F9MUuME8ta> and encourage all to complete the survey.

SCAN guidelines resource reminder

[SCAN guidelines](#) are the local antimicrobial primary care guidelines in Buckinghamshire, Oxfordshire, and Berkshire West. They should be readily available

for all prescribing clinicians to access for up-to-date guidance when prescribing antimicrobials.

SCAN has developed monographs that provide evidence-based recommendations for the duration of antibiotic use. SCAN will indicate the duration recommended for course lengths of antibiotics for specific conditions.

The SCAN guidelines are available on the digital platform [MicroGuide](#). MicroGuide can be accessed at <https://viewer.microguide.global/SCAN/SCAN>. These can be accessed as an app on a phone or tablet device or via a web viewer on a computer.

Access via the App:

1. Download free from the App store (Apple) or Google Play (Android).
2. Search for MicroGuide.
3. Select 'South Central Antimicrobial Network' from the list of guidelines available. Do not select the acute Trust that you are usually associated with as those will be the acute Trust guidelines.

Click inside the circle next to the 'South Central Antimicrobial Network' and finally on top left click 'get selected guide' (for both Apple and Android users).

Medicines Safety

Actions to address prescribing of generic ciclosporin and tacrolimus preparations

The Quality and Safety workstream of the MOT, is developing a program of medicines safety projects in line with local and national priorities.

It was decided to undertake focused work on the [Open Prescribing Measures](#) and for which BOB ICB was identified as being an outlier for ciclosporin and tacrolimus oral preparations being prescribed generically.

For **tacrolimus** inadvertent switching between oral tacrolimus products has been associated with *reports of toxicity and graft rejection*. Oral tacrolimus products should be prescribed and dispensed by brand name only. Switching between a brand and generic formulation, or between generic formulations, should be initiated only by a transplant specialist.

For **ciclosporin** patients should be *stabilised on a particular brand of oral ciclosporin* because switching between formulations without close monitoring may lead to clinically important changes in blood ciclosporin concentration. Switching between a brand and generic formulation, or between generic formulations, should be initiated only by a transplant specialist. If switching is necessary, the patient should be

monitored closely for changes in blood-ciclosporin concentration, serum creatinine, blood pressure, and transplant function.

The team have been monitoring prescribing through ePACT2 data, identifying practices that have patients that have been prescribed the medication generically and whilst it is very likely that the patients will be being supplied a consistent brand by their community pharmacist, MOT advises that all generic prescriptions for ciclosporin are prescribed by the brand name that the patient has been stabilised on to reduce the possibility of a patient obtaining a different product.

As a result of highlighting the importance of prescribing ciclosporin and tacrolimus preparations by brand there has been a 75% reduction in prescribing across BOB ICB.

If you would like to check if your practice has any patients being prescribed generic ciclosporin and tacrolimus preparations you can download and run the Emis search.

[Generic Ciclosporin Emis Search.xml](#)

[Generic Tacrolimus Emis Search.xml](#)

If you require any further assistance, please contact bobicb.medicines@nhs.net

So what?

- Oral ciclosporin and tacrolimus preparations should be prescribed and maintained by brand as there are potentially clinically significant impacts.
- Check that patients are on a consistent brand, any switching between a brand and generic formulation, or between generic formulations, should be initiated only by a transplant specialist only.

Recording medicines prescribed elsewhere into the GP practice record

There are several medications which are prescribed and/or supplied directly to patients by healthcare providers outside the GP practice, e.g., by hospitals, mental health trusts or private clinics. Typically these include specialist drugs which have been designated as **RED** drugs on the BOB formularies or items supplied from addiction/alcohol services.

However, it is important to record medicines, prescribed by other teams other than the primary care team, on GP clinical systems to ensure a complete prescription record to support:-

- **Making clinical decisions** e.g. on immunosuppressants which can increase the risk of an infection.

- **Safer prescribing:** Allows GP practice clinical decision support to flag and avoid drug interactions or other risks when new medication is prescribed. It also allows recognition of any adverse events associated with the non-GP medication and taking appropriate actions.
- **Increased patient safety:** The medicines will appear in the patient's [Summary Care Records](#) current medications information. By providing a comprehensive drug history, to authorised health and care staff in different care settings directly involved in the patient's care, this supports medicines reconciliation.

Whilst it is important that GP practices have a record of these medicines on their clinical system it is equally important that GP practices do NOT inadvertently issue prescriptions for them. See [NHS digital information](#) for further guidance on adding to EMIS Web, SystemOne and Vision on how to record non-GP practice medications.

To reduce inadvertent issue:

- Ensure a small quantity is set (e.g. zero or the lowest possible quantity e.g., 1 tablet, 1ml)
- Dose - "Hospital only medicines. Do not dispense this Rx" or similar.

So what?

- Medicines which are non-GP practice supplied should be added to patients' GP clinical system to ensure a complete record of all current medicines on their Summary Care Records. This supports safer prescribing by all those directly involved in the patients' care.
- Whilst Primary Care is the only setting in which the SCR can be altered, it is the responsibility of ALL clinicians involved in patient care to ensure that GPs are equipped with adequate information to allow changes to be updated in a timely manner.
- Please ask MOT if support is required.



Place updates



Berkshire West DMARD Shared Care Protocols

The following Berkshire West DMARD protocols have been updated with the following information:

- CRP added to the monitoring section replacing the need for ESR
 - Change of rheumatology email to rbb-tr.rheumdawn.dmard@nhs.net
-

- Change of dermatology email to CAT8.Dermatology@royalberkshire.nhs.uk
- Sulfasalazine monitoring changed to say 'Once patient is stable for 12 months, routine monitoring is no longer required'

Links can currently be found on ClinOx SharePoint:

[Berkshire West Only - Hydroxychloroquine Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Leflunomide Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Mercaptopurine Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Methotrexate Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Mycophenolate Mofetil Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Sulfasalazine Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Tacrolimus Drug Monitoring Summary.pdf](#)

[Berkshire West ONLY - Azathioprine Drug Monitoring Summary.pdf](#)

[Berkshire West Only - Biologic and JAKS- Drug Monitoring Summary.pdf](#)

So What?

Please be aware that these documents are now held on ClinOx SharePoint, links can also be found on the formulary.

Training, upcoming meeting and Resources

BOB webinar: The role of inclisiran in the lipid management pathway – 18 April

Webinar 18th April 2024 12:30 -13:30pm

Aimed at primary care clinicians in BOB ICB, this webinar will provide an overview of the use of inclisiran in secondary prevention of Cardiovascular disease (CVD).

Delivered in collaboration with the BOB Medicines Optimisation team, the BOB Integrated Cardiac Delivery Network and local Consultants in Chemical Pathology/lipidology the session will cover:

- Placement of inclisiran in the lipid management pathway
- Evidence base and safety profile
- Primary care case study
- Medicines framework
- Support for primary care

Registration link for the webinar can be accessed below or copy and paste the link into your web browser

<https://events.teams.microsoft.com/event/653fc492-7eeb-410f-8d5c-c865c47cc5e3@2a9cd5ba-2408-4347-8400-7c5d88c277fb>

Specialist Pharmacy Service spotlight monthly digest bulletin

Did you know that SPS produce a monthly slide deck summarising SPS outputs, resources and upcoming events to support healthcare professionals. It includes:

- Medicines Advice
- Medicines Use and Safety
- Quality Assurance
- Medicines Procurement

To sign up for these updates register on the SPS website <https://www.sps.nhs.uk> and 'opt in' to receive SPS updates.

Polypharmacy MASTERCLASS training for Prescribers ONLY



Polypharmacy: getting the balance right

Polypharmacy Training

- Do you review or handle medication as part of your role?
- Do you want to learn more about how to support your patients with Polypharmacy?

Then register for this 1.5 hr webinar training session on all you need to know about polypharmacy and reducing risk of harms from medicines.

Who is it for:

Healthcare professionals or social care professionals involved in patient care.

Dates and links to register: (Time: 12:00-13:30)(Please note you only need to attend one session)



Thursday, 13th June

Thursday, 27th June

Thursday, 11th July

Thursday, 12th September

Thursday, 26th September



Polypharmacy: Prescribing Safely in Older People Lunchtime Masterclass

13 May 2024, 12pm

Join our webinar to find out why we need to be more careful about prescribing for older people, understand more about the drug metabolism in older people and some of the common safety issues. Dr Lauren Walker Senior Clinical Lecturer in Clinical Pharmacology & Therapeutics and Internal Medicine, University of Liverpool is our Guest Speaker. The session will include therapeutics, evidence base summary and patient case study for discussion and learning, followed by a Q&A session.

Book now:

events.weahsn.net/PolypharmacyPrescribingSafelyinOlderPeopleLunchtimeMasterclass



Polypharmacy: Stopping Antidepressants Safely Lunchtime Masterclass

21 May 2024, 12pm

Join Dr Mark Horowitz, author of The Maudsley Deprescribing Guidelines, Clinical Research Fellow and Training Psychiatrist on stopping antidepressants safely and managing withdrawal symptoms, an essential masterclass for clinicians who prescribe these medicines. The session will include a summary of the evidence base and patient case study for discussion and learning, followed by a Q&A session.

Book now:

events.weahsn.net/PolypharmacyStoppingAntidepressantsSafelyLunchtimeMasterclass

Health
Innovation
Network

Polypharmacy: 
getting the balance right

Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a ClinOx webpage to host diabetes resources relating to pathways and guidance to support your management of people with diabetes. For the latest information from BOB IDDN, please see the newsletters on this [link](#).

Other news and information

Fresubin® Thickened dysphagia-specific Oral Nutritional Supplements (ONS) stock issues

We have been informed that there continues to be ongoing stock shortages of the following Oral Nutritional Supplements (ONS) until April:

Fresubin® Thickened Level 2 (Vanilla flavour) Fresubin® Thickened Level 3 (Vanilla and Strawberry flavours) The only product with limited stock currently available is Fresubin® Thickened Level 2 Strawberry.

These are specialist pre-thickened ONS prescribed for patients with dysphagia. If your patient is prescribed any of the above and needs an alternative, please follow guidance below:

Products temporarily out of stock	Powdered alternative: suitable if patient/carer can prepare powdered ONS	Ready-made alternative
Fresubin® Thickened Level 2 drinks - Vanilla (Fresenius® Kabi Ltd) 300kcal and 20g protein	Slo® Milkshake IDDSI Level 2 - mix with 200ml of whole milk - Contains: 334kcal and 24.2g protein - Flavours: Banana, Chocolate, Strawberry	Fresubin® Thickened Level 2 drinks – Strawberry (300kcal, 20g protein) If the patient dislikes strawberry flavour, unfortunately there is no alternative ready-made dysphagia specific ONS available. If the patient has an open referral to the Dietitian, please contact them for advice. If not under the Dietitians, please contact the Medicines Optimisation Team for advice bobicb.medicines@nhs.net Nutilis® Complete Drink Level 3
Fresubin® Thickened Level 3 drinks – Vanilla and Strawberry (Fresenius® Kabi Ltd) 300kcal and 20g protein	Slo® Milkshake IDDSI Level 3 - mix with 200ml of whole milk - Contains: 334kcal and 24.2g protein. - Flavours: Banana, Chocolate, Strawberry	Nutilis® Complete Crème Level 3 Contains: 306kcal and 16g protein Flavours: Chocolate, Strawberry, Vanilla Please note this is a dessert and not a drink.

Please note:

- The nutritional content of some of these alternatives are slightly different, therefore please only prescribe as a short-term measure.
- It is not recommended to add thickener to standard ONS, as it is unclear what IDDSI level the liquid will become, and this could pose a risk to patients.
- Most manufacturers provide IDDSI levels for their standard un-thickened ONS. Use of these is at the discretion of the Dietitian and at the patient’s own risk. It is recommended to test the thickness of an ONS using the IDDSI flow test to be certain of IDDSI level before consumption.
- The safest option for patients at high risk of dysphagia/aspiration is to use pre-thickened ONS (Slo Milkshake+ and Fresubin Thickened).

Medicines Supply Information

Some information on long-term supply issues can be found on [PrescQIPP](#) or the [Medicines Supply Tool](#) on the SPS website. Please note this is not an exhaustive list.

There is a summary of some of the key stock issues that relate to primary care on this [link](#).

Serious Shortage Protocols

Serious Shortage Protocols (SSPs), which enable community pharmacists to supply patients with specific alternative medicines, are available to view on the NHS Business Service Authority (BSA)'s [dedicated SSP web page](#), along with supporting guidance. Questions regarding the SSPs should be directed to the NHS Prescription Service:

Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk

Telephone: 0300 330 1349. Textphone: 18001 0300 330 1349

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