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NHS
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**

**National Patient Safety Alert issued for Shortage of Kay-Cee-L® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup**

A National Patient Safety Alert has been issued as Kay-Cee-L ® syrup will be out of stock from late Sep 2024. Prescribers must *NOT* initiate any new patients and should review patients currently prescribed this medication.

Sando-K ® (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available and can support a full increase in demand. One effervescent tablet contains 12mmol potassium.

Patients requiring doses of less than 12mmol of potassium should be prescribed a UK manufactured Special of potassium chloride oral solution if remaining supplies of Kay-Cee-L® syrup are unavailable.

Please refer to NatPSA for full details.

**So what?**

- Do ***NOT*** initiate any new patients on Kay-Cee-L® syrup
- Review patients currently prescribed therapy. Consider if still required and switch to alternative treatment if required.
- Consider a UK manufactured Special of potassium chloride oral solution if Sando-K® is not suitable
- NatPSA to be actioned by **12/08/2024**

**ADHD – Ongoing shortages and switching between brands**

The national shortage of some ADHD medication continues to cause issues for clinicians and patients. The SPS Medicines Supply Tool provides information on the current availability of ADHD medication at a national level. This information is updated regularly with information provided by the Medicines Supply Team at the Department of Health and Social Care (DHSC).

Stock levels at individual warehouses and pharmacies fluctuate on a day-to-day basis which means giving an accurate picture of stock available locally is very difficult.

Recently, we have been informed that there have been a few patients who have been switched to an alternative non-equivalent brand of their ADHD medication. The brands of some ADHD medications are not directly interchangeable due to differences in bioavailability and can affect symptom management. Methylphenidate MR products have been identified by the MHRA as requiring caution when switching between brands.

The following documents contain information about safely switching to alternative brands:

- ADHD Medication Shortage BOB ICS advice last update 27th November 2023

- Shortage of Methylphenidate prolonged-release tablets – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

**So what?**

- Alert all prescribers within the practice regarding availability information available on the SPS Medicines Supply Tool as well those involved in prescription queries and ordering.
- The same brand should be continued ideally, if not available, a suitable alternative brand can be prescribed but must be specified on the prescription (the generic drug name is not sufficient).
- When prescribing alternative brands check the two brands are bioavailable.

**Inadine Dressings – precautions now changed to contraindications**

Following a Medical Device Regulation (MDR) review, the instructions for use of **Inadine dressings** have been updated.

What were previously listed as Precautions of using the dressing have now been moved to the Contraindications section in the BNF. Please see the letter from 3M® / Solventum which highlights the changes of 'Precautions' to 'Contraindications' regarding Inadine.

The extract from the BNF for Povidone-iodine fabric dressings states,

*Inadine (Povidone-iodine): It is contra-indicated in patients with severe renal impairment and in women who are pregnant or breast-feeding; it should be used with caution in patients with thyroid disease and in children under 6 months.*

The Wound Care Handbook has been updated accordingly.

It is important to ensure you are assessing your patients holistically and completing a full wound assessment before selecting the appropriate wound care product.

The wound management formularies will be updated to reflect the above changes and it is important that all clinicians are referring to the wound formulary to understand the indications and contraindications of any dressings being used.

**So what?**

- Ensure all relevant clinicians are aware of the contraindications of Inadine dressings

**Epimax® Ointment and Epimax® Paraffin-Free Ointment Safety Update**

The MHRA has issued a Drug Safety Update on the use of Epimax® Ointment and Epimax® Paraffin-Free Ointment following reports of ocular surface toxicity and ocular chemical injury. The products can harm the eyes if used on the face causing pain, swelling, redness or watering of eyes, sensitivity to light, blurred vision, burning or grittiness.

Symptoms should resolve with discontinuation and can be treated with topical lubricants, topical antibiotics or topical steroids as required.

The BOB ICB Emollient Guideline lists alternative products in the Heavy/Greasy Emollients section, and Epimax® Eyelid Ointment is available on formulary for use around the eyes if required.

**So what?**

- Do not prescribe or advise us of Epimax Ointment or Epimax Paraffin-Free Ointment for use on the face
- Advise patients to wash hands thoroughly after applying the ointment and to avoid touching their eyes after using these products
- Any suspected reactions should be reported via the Yellow Card Scheme

## BOB System updates

### Updates from Area Prescribing Committee

### Insomnia Guidelines

BOB APC recently approved BOB wide local insomnia guidelines. These are based on NICE CKS and include non-pharmacological and pharmacological guidance on the topic. Non-pharmacological measures such as sleep hygiene remain the 1st line option in treating both short-term and long-term insomnia. Cognitive Behavioural Therapy for Insomnia (CBTi) is also a non-pharmacological option that can be offered to appropriate patients and various CBTi programmes are available. Sleepio® is currently the only digital CBTi that has been recommended by NICE and is currently available for free; patients can self-enrol at www.sleepio.com/nhs. Other websites/books/apps are available; some CBTi apps are free but others may incur a charge for the patient.

If clinicians feel that pharmacological management is appropriate, there are some key points to note:

- Zolpidem is also now included in local formularies as an option (previously 'red' in Buckinghamshire and Oxfordshire)
- Temazepam remains on the local formularies but is not included in the local guidelines as it is not included in NICE CKS and is not as cost-effective as other alternatives; zopiclone 3.75mg tablets are £1.62 for 28 whereas temazepam 10mg tablets are £22.74 for 28 and temazepam 10mg/5ml sugar free oral solution is £186.17 for 300ml. Please only use liquid temazepam when temazepam tablets are not suitable.
- Melatonin modified release 2mg tablets are now 'green' on the local formularies when used in line with local insomnia guidelines. They can be used for patients with primary insomnia aged 55 years or over. Please prescribe this preparation **generically** as this is most cost-effective.

- As detailed in May's medicines optimisation bulletin, Daridorexant has been added to local formularies and guidance in line with NICE TA922 for treating long-term insomnia. The NICE TA outlines that it should only be used for treating insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, only if:
- CBTi has been tried but not worked, or
- CBTi is not available or is unsuitable

Daridorexant should only be prescribed if the patient fits the NICE criteria above and if the prescriber feels it is clinically appropriate.

**So what?**

- Please familiarise yourself with the local insomnia guidelines found on sharepoint here.

**Sodium Valproate Shared Care Protocol**

In the March 2024 edition of the BOB MOB, information was given on the recent advice/guidance provided by the MHRA on oral valproate-containing medicines. Following this, the BOB ICB Valproate Safety Task and Finish Group requested that a shared care protocol was produced to ensure the safe prescribing of valproate medicines for these patients.

The shared care protocol was put together and reviewed by a number of healthcare professionals across BOB including neurology, mental health, sexual health, paediatrics and primary care. BOB APC approved this shared care protocol for use when prescribing oral valproate medicines. This shared care protocol is applicable to all patients (male and female) under the age of 55 and those over 55 who are planning to have children taking oral valproate medicines. The formularies for Oxfordshire and Berkshire West have been updated accordingly, Buckinghamshire formulary will be updated shortly.

**So What?**

- Please take some time to familiarise yourself with the new shared care protocol.

**Prescribing Quality Scheme**

**PQS 2024-25 Evidence Review**

Some practices have already started to return evidence for PQS 2024-25, but as the volume is currently low, the Evidence Review Panel will begin to review submitted evidence from September 2024. Once the first review has taken place, the PQS Evidence Tracker will be sent to practices. Subsequently this will be updated and circulated monthly.

**So what?**

- Please continue to return any completed evidence to MOT and check the PQS Evidence Tracker to ensure evidence returned by the practice is indicated on the tracker. If not, please contact the MOT.

**Medicines Safety**

**Valproate Annual Risk Acknowledgement Forms (ARAF)**

Patients who started valproate prior to February 2024 **do not** need to be referred back to secondary care services if they have a current ARAF, i.e. a single signature ARAF. The second signature ARAF will be completed at their next annual review with the specialist.

Please only expediate a review with the specialist team where it is deemed that the absence of risk has changed since the paperwork was completed or it is new initiation since February 2024 and dual signature ARAF has not been provided.

**Medication Safety Searches - Amiodarone**

To improve medicines safety, in each edition of the Medicines Optimisation Bulletin, we will be highlighting a medication search which can be undertaken in practices to help ensure patient safety. These searches often include high risk medications which require monitoring and certain parameters which may be investigated by CQC.

This month we are focusing on **Amiodarone**.

Amiodarone is usually prescribed following the advice of a Cardiologist to help treat arrythmias which may be caused by atrial fibrillation, atrial flutter or ventricular tachycardia.

The initial prescribing of amiodarone within BOB should take place in secondary care. Once the patient is stable and a Shared Care Protocol(SCP) agreement is in place, primary care can then take over prescribing.

The BOB SCP states the following monitoring is to be undertaken within primary care:

**Thyroid Function Tests** (TFTs)

**Liver Function Tests** (LFTs)

**Creatinine and Electrolytes** (U&Es)

Frequency: Every 6 months during treatment and 6 months after discontinuation of amiodarone. This is achieved by primary care arranging a blood test at 6 months post initiation and then yearly after that.

A baseline blood test for TFTs, LFTS and U&Es will be undertaken in secondary care on initiation and then yearly at the patient's annual review. This ensures that the patient has bloods every 6 months alternating with secondary and primary care.

**ECG** Frequency: At least annually, by default undertaken in secondary care, unless agreed otherwise:

Please, report any adverse effects of the medication via the MHRA Yellow Card reporting scheme.

**So what?**

- We advise running a search to identify the number of patients within your practice prescribed amiodarone and then review them to ensure the advised monitoring is up to date

- Set up a method of reviewing and monitoring patients prescribed these high-risk drugs regularly (every 6 months advised)
- If you have any examples of good practice where you have undertaken this audit, we would like you to share these with the Medicines Optimisation Team via email: bobicb.medicines@nhs.net

**Safe anticoagulant prescribing**

Primary Care prescribing data has identified a number of BOB ICB patients who may have received two or more anticoagulant drugs in the same month, or in two consecutive months. The anticoagulant drugs reviewed were: apixaban, dabigatran, edoxaban, rivaroxaban, warfarin, phenindione, acenocoumarol. This may indicate that patients may be taking more than one anticoagulant drug concurrently, which is a potential medicines safety risk.

Practices who had patient(s) identified in the data, have been contacted directly to undertake a review.

BOB MOT would like to take the opportunity to highlight this situation to all clinicians and remind them of the associated increased risk of bleeding if treatments are not stopped when initiating alternative options. The Medicines and Healthcare products Regulatory Agency (MHRA) Guidance on Warfarin and other anticoagulants – monitoring of patients during the COVID-19 pandemic advises that healthcare professionals should ensure that warfarin treatment is stopped prior to Direct-acting Oral Anticoagulants (DOAC) initiation.

The MHRA Drug Safety Update for Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents states clinicians need to remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind®▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya®▼, andexanet alfa).

**Important information to be considered when prescribing**.

Please see each locality's netFormulary® for further information on DOAC guidance which will include information on how to switch safely.

- Buckinghamshire Formulary
- Oxfordshire Clinical Commissioning Group Formulary
- Berkshire West NHS Formulary

DOACs **cannot** be used in antiphospholipid syndrome for further information see the MHRA guidance on Direct-acting oral anticoagulants (DOACs): increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome.

To ensure patients with renal impairment receive an appropriate dose of DOAC medicines for further information see the MHRA drug safety update Volume 16 Issue 10 May 2023.

DOACs are not licensed in patients with a mechanical heart valve as per the National Patient Safety Alert (July 2021). These patients should remain on warfarin and have their INR checked regularly

Guidance for the safe switching of warfarin to direct oral anticoagulants (DOACs) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic

**So What?**

- Concurrent use of two or more anticoagulant drugs might increase the risk of bleeding
- Use caution if prescribing direct-acting oral anticoagulants (DOACs) to patients at increased risk of bleeding (for example, older people or people with renal impairment)
- Remain vigilant for signs and symptoms of bleeding complications during treatment, especially patients with increased bleeding risk
- Remind patients of the signs and symptoms of bleeding and encourage them to always read the patient information leaflet that accompanies their medicines
- Ensure patients with renal impairment receive an appropriate dose (see link above) and monitor renal function during treatment to ensure dose remains appropriate
- Report suspected adverse drug reactions associated with DOACs on a Yellow Card, including thromboembolic or haemorrhagic events

**Link to Yellow Card Reporting via EMIS Web**

Emis has added additional functionality to allow quicker access to the yellow card reporting route. The Yellow Card reporting site is hosted by MHRA for reporting suspected side effects to medicines, vaccines, e-cigarettes, medical device incidents, defective or falsified (fake) products. Reports can be made by anyone (including patients), and use of the reporting tool should be encouraged to help provide a better picture around medicines' safety.

- The Yellow Card functionality allows healthcare professionals to send electronic reports of suspected adverse drug reactions (ADRs) from EMIS Web to the Medicines and Healthcare products Regulatory Agency (MHRA).
- It is easier for users to submit a Yellow Card from EMIS Web. As part of 9.25.4, the Yellow Card has been relocated from the Patient Actions dropdown in Medications, to the EMIS Web homepage ribbon.
- If you are unsure if you should report a suspected ADR, ***please always report it.***

A video and written instructions on how to submit a Yellow Card to the MHRA are available on EMIS Now

**Miscellaneous**

**Advanced notification, SCAN Antimicrobial Guidelines moving to new platform**

In September 2024 SCAN Guidelines will be moving from the current MicroGuide platform to the new Eolas Medical platform.

The content and format of the existing SCAN Guidelines will remain the same, but the new platform will have extra functionality, including integration with the BNF and NICE Guidelines.

More information on the move from MicroGuide to Eolas Medical, including resources for use in your organisation to promote this change, will follow over the summer.

**Dental Caries and Medicines**

Liquid, chewable or soluble medications containing sugars, either provided on prescription or bought over the counter, may contribute to the frequency, and possibly volume, of an individual's sugar intake. This can have a significant impact on the dental health of specific patient groups who are required to take liquid formulations e.g., children with chronic illnesses, people with special needs, or vulnerable older adults.

Sugar-free medicines, where appropriate, can play an important role in the care of patients. Products that do not contain fructose, glucose or sucrose are listed as being sugar-free. Preparations containing artificial sweeteners such as hydrogenated glucose syrup, lycasin, maltitol, sorbitol or xylitol are also listed as sugar-free, since there is evidence that they are non-cariogenic. Where a sugar-free version is available, clinicians are advised to consider prescribing this where appropriate. The **British National Formulary (BNF) – NICE** provides information about different formulations available for individual drugs.

For further information on this topic please see:- Chapter 4: Dental caries - GOV.UK (www.gov.uk) and Guidance: Chapter 13, Delivering Better Oral Health

**So what?**

- Consider sugar free options for patients at risk of dental problems

**Place updates**

**Oxfordshire**

**Change to DVT and Anticoagulation clinic email addresses**

Please be aware of the following changes to email addresses taking place from 4 June 2024 (this was previously communicated in the GP Bulletin).

DVT clinic:

- Oxford: DVTService@ouh.nhs.uk
- Banbury: DVTHGH@ouh.nhs.uk

Warfarin clinic:

- Clinical queries: AC.Services@ouh.nhs.uk

Referrals to warfarin service:

- Oxford: ac.referral@ouh.nhs.uk
- Banbury: achgh@ouh.nhs.uk

Guidance documents that reference these email addresses are in the process of being updated.

**Training, upcoming meeting and Resources**

**Repeat Prescribing Training**

Booking is now open for Repeat Prescribing training for GP practice staff which will be held on **Microsoft Teams.**

Training sessions are planned on the following dates and these will be geared towards staff involved in the preparation of repeat prescriptions **(non-clinical staff)** ready for signing:

**Thursday 22nd August 13:00-14:30**

**Thursday 5th September 11:00-12:30**

**Wednesday 18th September 09:30-11:00**

**Thursday 17th October 11:00-12:30**

**Clinical staff**, especially **prescribers & pharmacists** may choose to attend a session which will focus on the clinical implications and process development of Repeat Prescribing systems on **Wednesday 23rd October 13.00-14:00**.

To register interest, please complete the Microsoft Form individually for each staff member attending via the following link: Repeat Prescribing Training Sessions - Registration Form

If you have a large number of staff who would like to attend, or you have previously requested in-surgery training, please contact bobicb.medicines@nhs.net to discuss your requirements.

**Southeast Health Innovation Collaborative Cardiovascular Disease (CVD) Upcoming Webinars**

The Health Innovation Networks for Kent Surrey Sussex, Oxford & Thames Valley and Wessex (South East Collaborative) are launching a new series of webinars focussing on cardiovascular disease. The webinars are open to all healthcare professionals/clinicians and programme managers with an interest or role in the subject matter. Each online webinar (delivered via MS Teams) will be led by local expert clinical speakers and will include examples of best practice.

Webinar information and registration links below:

**Lipid Optimisation - Thursday 26 September 12 - 1pm**

Register here: South East Collaborative - Focus on CVD - Lipid Optimisation

**Hypertension - Thursday 7 November 12 - 1pm**

Register here: South East Collaborative - Focus on CVD - Hypertension

**Heart Failure - Thursday 21 November 12 - 1pm**

Register here: South East Collaborative - Focus on CVD - Heart Failure

More information for each of the webinars will be shared nearer the time as agendas are firmed up.

For those unable to join, all the session/s will be recorded and made available with the slides on FutureNHS CVD Community of Practice page, to join the COP (use your nhs.net email or similar), click the link here: **CVD Central Community of Practice.**

**Polypharmacy Training – Final 2 dates**

Over the last few months BOB ICB has been working in collaboration with the Oxford and Thames Valley Health Innovation Network, Frimley ICB and Bedford, Luton and Milton Keynes ICB to deliver polypharmacy training. The training is intended as an introduction to polypharmacy for anyone involved in discussions with patients about medication. To date over 250 healthcare professionals and social care professionals have attended this training which has been developed to reduce the risk of harm for patients who take multiple medicines. Ninety per cent of those who attended said they found these sessions helpful, describing them as informative and well-structured.

There are 2 more planned sessions, see dates below, and places are still available. So, if you know anyone who may benefit from this training, please encourage them to register for one of the sessions using the links provided. Attendees do not have to be prescribers.

Thursday 12th September, 12.00-13.30

Thursday 26th September, 12.00-13.30

**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**

**August Bank Holiday 2024 – opening hours for community pharmacies in BOB ICB**

Please see the links below for the August Bank Holiday Posters 2024 detailing which pharmacies will be open on the Bank Holidays across BOB ICB.

Buckinghamshire

Oxfordshire

Berkshire West

A map of the pharmacies that will be open on the Bank Holiday has been created.

**Medicines Supply Information**

Information on long-term supply issues can be found on the Medicines Supply Tool on the SPS website. Please note this is not an exhaustive list.

We advise that you register to be able to access the resources detailed above, to ensure you obtain the most relevant and up to date information on Medicine Supply Information.

**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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