Welcome to the January issue of the City and Hackney CCG Medicines Management Newsletter. This month’s edition contains information on various topics of current interest, Learning and Sharing, Queries Corner, MHRA, JPG and NICE updates.

We are seeking your views on the prescribing bulletin – please provide your feedback via survey monkey [here](#) by 31st January 2018.

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### Conditions for which over the counter (OTC) items should not routinely be prescribed in primary care

Have your say on the prescribing of over-the-counter medicines

NHS England recently ran a national consultation (July to October 2017) seeking views from CCGs – including health professionals and local communities about proposals for national recommendations on medicines which can be considered to be of low priority for NHS funding.

The final guidance on items which should not be prescribed in primary care was published at the end of November 2017 and is available at: [https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/](https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/).

NHS England have launched another public consultation aimed at reducing prescribing of over the counter (OTC) items and focuses on reducing prescribing for conditions:

- That are considered to be self-limiting (and so does not need treatment as it will heal of its accord)
- Which lends itself to self-care (i.e. that the person affected does not normally need to seek medical care but may decide to seek help with symptom relief from a local pharmacy and use an OTC medicine).
Please raise awareness of this consultation amongst your patients to review and provide comments and feedback directly via link: 

Practices / prescribers should provide feedback either directly to NHSE using above link or to Rozalia Enti using this email address: cahccg.cityandhackneymedicines@nhs.net

Although the consultation guidance is aimed at CCGs, we are keen as a CCG to engage with our local stakeholders including clinicians and allied health care professionals in both acute, mental health settings and primary care as well as health service users. A consistent message across City & Hackney and the wider North East London area, could also have impact on A & E attendances with respect to supporting patients to appropriately manage self-limiting conditions with assistance from community pharmacies.

The consultation closes on 14 March 2018.  
Click here for more information, the consultation document and to participate in the consultation.

**Medicines Waste- we need your help**

The issue of medicines waste and the staggering cost to the NHS has been highlighted yet again in a recent incident where family members returned £20,000 worth of unused medicines in seven black bin bags to a pharmacy following the death of their relative.

Please click on the following link for full details (http://mailchi.mp/medicinewaste/azq2r6qqzr-2619645?e=07d1a78e57).

Unused medicines not only cost in terms of medicines wastage, but also due to worsening of medical conditions and hospital admissions. Please encourage patients to discuss their medicines with you.

**Prescribers should be mindful of:**

- Whether the amount of medicine being prescribed (especially on repeat) is appropriate for that patient and condition.
- Whether the patient is actually taking their medicine as intended, and reasons for non-adherence
- Whether a patient is requesting a medicine more or less frequently than they should

All of the above should trigger the need for a medication review which can be requested in THREE ways:

Request a medicines usage review (MUR) via their local community pharmacist.

Request a medication review for patients via a practice based pharmacist / practice support pharmacist

Request a specialist domiciliary medication pharmacist review.

The City and Hackney Medicines Waste Campaign has previously highlighted need for vigilance over medicines waste and unused medicines in people’s homes: (http://enews.cityandhackneyccg.nhs.uk/august-2016/tell-your-patients/medicines-management-team-
It is estimated that £1 million* could be saved each year across City and Hackney CCG by reducing medicines waste.

**Action for Practices** - please remind patients that unused medicines cannot be recycled and to:

- Only order what they need
- Dispose of medicines safely via their local pharmacy
- Take their medicines with them if they are going into hospital

Please also share the following leaflet with your patients:

(http://enews.cityandhackneyccg.nhs.uk/assets/1/medicine_waste_nhs_red_leaflet_city_and_hackney_ccg.pdf)

(*Extrapolated from City and Hackney CCG's 2013 Medicines Management Waste Audit)

**JCVI recommendations for influenza vaccines for over 75s (2018/19)**

The Joint Committee of Vaccinations and Immunisations (JCVI), the committee approved the use of adjuvanted trivalent influenza vaccine (aTIV) for adults aged over 65 years. The evidence indicated better effectiveness for aTIV compared to non-adjuvanted inactivated influenza vaccines in the elderly.

**Action for practices**: Practices are advised to order aTIV (Fluad®) for the vaccination of the over 75 years and upwards during the 2018/19 campaign. The usual vaccines should be ordered for other at risk groups as per previous years (provided they are recommended by DH for that season).

Orders for the adjuvanted trivalent inactivated flu vaccine (FLUAD® manufactured by Seqirus) can be placed by contacting Seqirus: Tel: 01530 454288

Email: flu.salesuk@seqirus.com

**Quick Guide to Lymphoedema referrals for City and Hackney**

Accelerate CIC is working with City and Hackney Clinical Commissioning Group to provide and deliver a comprehensive Lymphoedema service to residents in City & Hackney. Whilst Accelerate are the providers of this service they work and liaise with community teams from The Homerton to ensure that continuity of care is maintained for patients.

Recently introduced, The Garments Made Easy Scheme means that Accelerate provide lymphoedema garments directly to appropriately referred patients, without any need for an FP10. The service operates from St Joseph's Hospice, Monday-Friday, 09.00-17.00 and aims to support any patient who meets the defined referral criteria.

**Indications for Referral:**

- Swelling which has been present for 3 months or more
- Patient presents with at least one of the following:
  - Chronic oedema/ lymphoedema with lymphorrhoea
  - History of repeated cellulitis related to oedema
  - Lymphoedema secondary to cancer
  - Primary lymphoedema
This assumes systemic causes have been ruled out

Housebound Patients must be known to the Adult Community Services Team.

Contra-indications to referral include:

× Patients not known to the Adult Community Nursing Service
  o Housebound patients must be known to and on District Nurses caseload as time of referral
× Patients with known ischemia of the affected limb: an ABPI ≤0.5. If concerned refer to vascular surgeon
  o Patients who are known to a service such District Nurses, Tissue-viability or the Bryning must have completed recent ABPI prior to referral and readings included in referral
× Patients with unstable cardiac/renal failure as compression therapy may be contraindicated. Once stabilised referral may be made to the Lymphoedema Service if the patient is already known to the Adult Community Nursing Service
  o All cardiac and renal investigations and results must be included in the referral
× Venous or other ulceration/wound present
  o Refer to tissue viability team
× Obesity where the patient has refused a weight reducing programme or is not prepared to adopt weight reducing measures.

Action for practices: Accelerate CIC will provide lymphoedema garments for patients referred to the service and deemed suitable. The monies to fund the lymphoedema service and supply of products will be deducted from the prescribing budget.

Practices are advised that Lymphoedema garments should not be prescribed on repeats and once a patient is seen at the clinic, further supplies will be made via Accelerate – practices should stop the provision and prescribing of on-going supplies for all Accelerate patients once they are established on the Garments Made Easy Scheme.

Accelerate may require practices to prescribe supportive treatments such as emollients but recommendations for these products should be for approved formulary choices.

Practices with patients prescribed lymphoedema garments but who have no record on EMIS of lymphoedema e.g. pregnancy, may continue bearing this cost and prescribing as normal, as these patients will not be seen by Accelerate CIC. The Medicines Management Team have asked Accelerate to develop an information piece providing advice for patients who receive lymphoedema garments but do not have a diagnosis of lymphoedema.

To contact the Accelerate service contact:
St Joseph’s Hospice
Tel: 020 3819 6022 [option 3]
Email: CAHCCG.AccelerateLymph@nhs.net
Website: www.acceleratelic.com
Non-Medical Prescribing Policy
The City and Hackney CCG Non-Medical Prescribing (NMP) policy has been updated and is available on the intranet: [http://www.cityandhackneyccg.nhs.uk/gp/GPResources/Prescribing/prescribing-information.htm](http://www.cityandhackneyccg.nhs.uk/gp/GPResources/Prescribing/prescribing-information.htm)

Practices are reminded that the submission of NMP register is due **30th March 2018**.

**Action for practices** – please review the Non-Medical Prescriber Policy (2017) and make note of responsibilities and the recommendations made within it.

Dental Factsheets
The Health Education England teams across London and the South East have produced factsheets to help patient-facing pharmacy team members deal with common dental and oral symptoms/conditions and signpost patients where appropriate. Dental symptoms are one of the most common symptom groups for callers to NHS 111, particularly at weekends. Many patients visiting emergency departments could be managed by other services including community pharmacies.


You can either download the full set of factsheets or each one individually below. Please remember to give feedback via the evaluation above on how useful you found them: [https://www.surveymonkey.co.uk/r/SKTTCLX](https://www.surveymonkey.co.uk/r/SKTTCLX)

Learning and Sharing – recent death and future prevention
City and Hackney CCG was recently contacted by a pharmacy in Nottingham as part of the pharmacy’s action to share learning about the death of a patient in order to prevent further cases in the future.

Following a home visit by a GP, the patient was prescribed amoxicillin 500mg capsules for a suspected chest infection. Back at the surgery, the GP issued an electronic prescription via Electronic Prescription Service (EPS) which was received and downloaded by the pharmacy. The EPS token was then sent to print, it is unclear if it did BUT it is clear that the amoxicillin was never labelled and therefore the visual alert that would flag up whether the patient needed an urgent delivery was missed by the pharmacy. There was no verbal request from the GP nor the patient or their family and the amoxicillin was never dispensed nor supplied.

The patient collapsed five days later and died soon after due to sepsis. The death was referred to the coroner and an enquiry ensued.

**Action for practices** - The EPS does not allow urgent prescriptions to be highlighted to the receiving pharmacy when sent from a GP system. For urgent prescriptions, prescribers should make a phone call to the pharmacy to alert them of the need to supply quickly to the patient. Prescribers should note the pharmacy and pharmacist contacted.

NHS Digital are reviewing the options available to support the identification of clinically urgent prescriptions but it will take time to complete.

Queries Corner
The MMT continue to receive queries from some of our practices about prescribing for patients undergoing IVF treatment (NHS and private):
“Please give some guidance on what part of a patient’s fertility treatment, if any, can be prescribed by the patient’s GP, both for patient’s treated through the locally funded NHS pathway and for those that opt for private treatment”

Most often the drugs requested are non-formulary and used outside of license. We recommend that IVF associated treatments should remain with the IVF specialist (prescribing and monitoring).

Clinicians who accept prescribing responsibility for any product also accept the clinical responsibility for that treatment. For this reason NHS contracts for fertility treatment include the costs of drugs. General Practitioners should therefore not prescribe IVF drugs within primary care for couples accessing IVF treatment whether NHS or private.

Some drugs that are requested are easily available at low cost but the consideration is more about the specialist way in which they are being used including unlicensed use, the monitoring, and the complex and time sensitive nature of prescribing such drugs.

MMT advice is to refer such requests to supply IVF drugs back to the specialist and ask that a full course is provided by them.

**Specific advice for private requests**

The following are general principles informing a practice’s prescribing policy with regards to care provided privately. These are based on guidance from the British Medical Association (BMA) Ethics department:

- Patients are expected to pay the full cost of any treatment they receive in relation to the care provided privately; consultation fees, drugs prescribed or treatment provided by a clinician in the course of a private consultation should be at the patient’s expense. **If referred by the GP, patients should be informed of this expectation prior to referral.**
- Specifically with regards to drugs: Practices need to ensure patients are aware before their referral to a private consultant (if referred by the GP) that it may not be possible or appropriate for some/any of the drug(s) recommended at the consultation to be prescribed by the GP and that the patient may be required to obtain prescriptions directly from their specialist.
- A request to prescribe a new drug should not be automatically accepted.

**In summary:**

The recommendation would be to consider referring the patient back to the private specialist to continue prescribing or refer the patient to an alternative NHS specialist if this is an appropriate alternative.

The MMT have produced a Patient Information Leaflet Template for practices to adapt and display in public areas highlighting that a request to prescribe a drug will not necessarily be accepted.

**NHS England/Department of Health/Public Health England news**

Public Health England has recently advised that measles outbreaks have now been confirmed in several areas of England. This is linked to large outbreaks that are ongoing in Europe (currently in Romania, Italy and Germany), with cases reported in people who had not had the complete 2 doses of the MMR vaccine.
**Action for practices** - Remind parents to take up the offer of MMR vaccination for their children, and to contact the practice if there is uncertainty about their child’s vaccination history (*see PHE advice on vaccine catch up*). The PHE update also encourages parents to ensure their child’s MMR vaccinations are up-to-date before travelling to countries with ongoing measles outbreaks.

**Patient Safety Alert: Risk of Death and Severe Harm from Failure to Obtain and Continue Flow from Oxygen Cylinders**

NHS Improvement have issued an alert about the design of oxygen cylinders which has changed over recent years with the intention to make them safer to use. However, an unintended consequence of these changes is that patient safety incidents have occurred where staff believed oxygen was flowing when it was not, or they have been unable to turn on the oxygen flow in an emergency. If oxygen cylinders are used in the practice, even if only in emergencies, please ensure all clinical staff understand how to operate oxygen cylinders safely: [Patient Safety Alert - Failure to open oxygen cylinders.pdf](#).

**EMA review of ulipristal acetate 5mg (ESMYA)**

The European Medicines Agency is reviewing the use of ulipristal acetate (click on link) for the treatment of uterine fibroids, in light of four reports of serious liver injury, three of which ended in liver transplantation, in patients treated with the medicine.

This review relates only to ulipristal acetate 5mg tablets (Esmya®). There have been no reports for ellaOne® (single-dose ulipristal acetate 30mg), which is authorised for use as an emergency contraception.

**MHRA – Drug Safety Update January 2018**

**Drug-name confusion: reminder to be vigilant for potential errors**

Take particular care when prescribing or dispensing medicines that could be confused with others (ie, they sound-alike or look-alike). MHRA are aware of recent cases with fatal outcomes, in which patients have received the wrong medicine due to confusion between similarly named or sounding brand or generic names. The table below shows examples of common errors:

<table>
<thead>
<tr>
<th>Common Errors</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clobazam</td>
<td>Clonazepam (antiepileptic drug)</td>
</tr>
<tr>
<td>Atenolol</td>
<td>Amlodipine (calcium channel blocker)</td>
</tr>
<tr>
<td>Propranolol</td>
<td>Prednisolone (corticosteroid)</td>
</tr>
<tr>
<td>Risperidone</td>
<td>Ropinirole (dopamine agonist)</td>
</tr>
<tr>
<td>Sulfadiazine</td>
<td>Sulfasalazine (disease-modifying anti-rheumatic drug)</td>
</tr>
<tr>
<td>Amlodipine</td>
<td>Nimodipine (indicated for the prevention of ischaemic neurological deficits following aneurysmal subarachnoid haemorrhage)</td>
</tr>
</tbody>
</table>

MHRA are aware of recent cases with fatal outcomes, in which patients have received the wrong medicine due to confusion between similarly named or sounding brand or generic names. The table below shows examples of common errors: |
Advice for healthcare professionals:

- be extra vigilant when prescribing and dispensing medicines with commonly confused drug names to ensure that the intended medicine is supplied
- if pharmacists have any doubt about which medicine is intended, contact the prescriber before dispensing the drug
- follow local and professional guidance in relation to checking the right medicine has been dispensed to a patient
- report suspected adverse drug reactions where harm has occurred as a result of a medication error on a Yellow Card or via local risk management systems that feed into the National Reporting and Learning System


Co-dydramol: prescribe and dispense by strength to minimise risk of medication error

Previously co-dydramol (dihydrocodeine/paracetamol) was available only in the ratio 1:50 (co-dydramol 10/500 mg). Two products are now available with a higher strength of dihydrocodeine (co-dydramol 20/500 mg and 30/500 mg tablets). It is therefore important that co-dydramol products are prescribed and dispensed by strength to minimise dispensing errors and the risk of accidental opioid overdose).

Advice for healthcare professionals:

- new co-dydramol products are available with a higher dose of dihydrocodeine (co dydramol 20/500 mg and co-dydramol 30/500 mg tablets)
- when prescribing co-dydramol, clearly indicate tablet strength and dose
- when dispensing co-dydramol, ensure patients receive the prescribed strength of co dydramol, and, if in doubt, contact the prescriber
- report suspected adverse drug reactions with opioids, including any harm from medication error, via the Yellow Card Scheme


Herbal medicines: report suspected adverse reactions to the Yellow Card Scheme

If an adverse reaction is suspected, ask patients whether they are taking any herbal medicines and discuss with them the importance of reporting this via the Yellow Card Scheme.

NICE News

NICE have launched a DRAFT guideline covering how community pharmacies can promote health and wellbeing among their local population. It includes integration within existing health and care pathways and other activities to encourage more people to use their services:

https://www.nice.org.uk/guidance/GID-NG10008/documents/draft-guideline

NICE are seeking feedback on the draft guidance and specifically regarding:

- The areas that will have the biggest impact on practice and be challenging to implement
- How to help users overcome challenges

Please access feedback form using this link:


Deadline: 21/02/2018, 5pm

NICE will accept individual comments however a formal response may not be given to individual response. Comments from registered stakeholder will get a formal response.

To register, please complete the online form here: https://www.nice.org.uk/get-involved/stakeholder-registration

Queries email: CommunityPharmacy@nice.org.uk

CCE Contract submission deadlines

Please be advised of the following CCE Contract submission deadlines due for the 31st January 2018:

We would suggest (if you have not already started) to start the Heart Failure Re-Audit as soon as possible, as you will have to allow extra time in addition to your existing workload.

See table below to check for which audits need submission when:

<table>
<thead>
<tr>
<th>31.01.2018</th>
<th>Review of prescribing data on</th>
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<tbody>
<tr>
<td></td>
<td>- Dressings (review of latest 3 month data)</td>
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<tr>
<td></td>
<td>- Hospital only/ Non-Formulary drugs (review of latest 3 month data)</td>
</tr>
<tr>
<td></td>
<td>- Unlicensed Specials (review of latest 3 month data)</td>
</tr>
<tr>
<td>31.01.2018</td>
<td>Heart Failure Audit</td>
</tr>
<tr>
<td>RE-AUDIT</td>
<td>- RE AUDIT DATA</td>
</tr>
</tbody>
</table>

| Designated Practice Support Pharmacist |

| Practice Support Pharmacist |

How to contact us

For any queries, notifications, alerts and email correspondence please ensure at all times to use our secure team generic email account: cahccg.cityandhackneymedicines@nhs.net or alternatively contact us on 0203 816 3224.

Reminder: The Medicines Management team should not be emailed directly (to their individual email addresses), as they may be on leave, off site, etc. Thus using named individual email addresses may cause an unnecessary and avoidable delay.

For all enquiries and/or concerns that relate to the management and use of Controlled Drugs: england.londoncdaccountableoffice@nhs.net

All information in this document is summarised from the best currently available sources to help inform your practice. Every effort has been made to ensure that information is correct at the time of the issue but for more detailed information please refer to the original material, which is referenced in each case.