July 2019

NHS
City and Hackney
Clinical Commissioning Group

Prescribing Matters

The July issue of the City and Hackney CCG Medicines Management Newsletter contains prescribing updates on topics of current interest for healthcare professionals in practices.

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City and Hackney GP lead role prescribed drugs of potential dependence

The CCG have recently approved a new post for GP clinical lead role for prescribed drugs of potential dependence (2 sessions a month). We welcome Dr Jennifer Saw, who has been recruited into this role with significant experience in the field of substance misuse and is passionate to drive this work forward.

Recruitment to this post is very timely given that Public Health England has been commissioned by the Parliamentary Under Secretary of State for Public Health and Primary Care to review the evidence for dependence on, and withdrawal from, prescribed medicines. This review is due to be released in 2019.

Key objectives of the role include:

- To provide clinical leadership and support commissioners in developing new initiatives to improve services and pathways to help manage patients prescribed medicines that may cause dependence and or may require withdrawal.
- To engage clinicians and patients to actively accept a culture shift in this complicated paradigm of clinical need for pain relief and addiction.
- A shift in focus in pain relief management across the health economy to help patients and clinicians accept the concept of not being ‘completely pain free’.
- The need to engage secondary care in considering Medically Unexplained Symptoms before initiating pain relief.
- To help raise awareness about the growing problem both locally and globally about the increased prescribing of prescribed medicines that can cause dependence.
- To help develop an integrated role in all healthcare sectors to manage this and limit the prescribing of these drugs.

- To strategically review and determine the best use of the following medications: Opioids, gabapentinoids, anxiolytics, mirtazapine and quetiapine. Other medications may be reviewed at a later date.
- To help develop new City and Hackney non-cancer pain guidelines with the aim of avoiding early use of opioids and gabapentinoids.

Dr Saw can be contacted for advice via MMT email **cahccg.cityandhackneymedicines@nhs.net** and queries should be addressed to her by including her name in the information / subject line. **We hope that prescribers will work with Dr Saw to reduce inappropriate prescribing of opioids in the future.**

PrescQIPP login

There have been login issues with PrescQIPP due to an update to their website and also due to some registered users not being aligned to City and Hackney CCG on the PrescQIPP system (this is normally due to users being previously registered under another CCG).

If you are having login issues please contact**: help@prescqipp.info**, who should be able to investigate and resolve the issues.

MMT request practices to check that their logins work ahead of the deadline for the completion of the PrescQIPP e-learning modules.

CQC Controlled Drugs Newsletter

The latest edition of the CQC Controlled Drugs (CDs) newsletter is linked below. This month's edition highlights learnings from a homicide review in which the remains of a woman from the Bolton area was found concealed in the boiler cupboard of the home she had shared with her partner. She was reported missing, having been last seen alive over 2 years ago.

The review highlighted the failure of agencies in contact with the woman at the time to share concerns. This failure contributed to the delay in discovering her body. The pharmacy did not share their concerns about her clinical deterioration while her partner continued to be supported by the substance misuse service who made no enquiries about his partner.

There was an absence of communication between the pharmacy which supervised her methadone prescription, her substance misuse service and her GP at the point of disappearance. Had better links been in place and a more proactive approach taken, the outcome may have been very different.

The newsletter contains other articles and links to useful resources for prescribing opioids and can be accessed via

https://content.govdelivery.com/accounts/UKCQC/bulletins/24f681b

Updated guidance for CCGs on Items which should not be routinely prescribed in primary care

NHS England have published **updated commissioning guidance for CCGs on items that should not be routinely prescribed in primary care.** This follows a public consultation which took place between 28 November 2018 and 28 February 2019. The updated guidance now includes additional items such as aliskiren, amiodarone, dronedarone,

minocycline, needles for pre-filled and reusable insulin pens for diabetes, bath and shower emollient preparations and silk garments.

Prescribers are encouraged to read the updated guidance. Advice on prescribing of these items will be communicated to the City and Hackney prescribers and practices further once it has been reviewed by the City and Hackney and Homerton Joint Prescribing Group (JPG).

Queries Corner – liothyronine private request

MMT are often contacted by practices asking whether they can prescribe liothyronine for patients. Below we go through an example of one such query.

Case Study

- Patient X's presenting complaint was persisted fatigue despite being euthyroid on levothyroxine 125mcg every morning.
- Patient X visited an NHS endocrinologist privately.
- TSH was in range and intracellular T3 was adequate however blood tests showed a low serum T3
- The endocrinologist recommended a trial of 3 to 6 months of liothyronine 20mcg every morning in addition to a lowered dose of levothyroxine 100mcg every morning

What happened

- The endocrinologist stated that there was scope for further reduction of levothyroxine to 75mcg every morning and recommended a blood test between 6-12 weeks to guide further treatment.
- Patient X asked her GP for an ongoing NHS prescription for liothyronine.

What Should have happened

- All other possible causes of persistent problems ruled out and communicated in euthyroid patients.
- Initiation of liothyronine for patients with hypothyroidism should only be undertaken by NHS consultant endocrinologists
- The NHS endocrinologists should ensure there is no alternative
- Liothyronine should only be started as a trial. The consultant NHS endocrinologist should then review and advise on the need for ongoing treatment
- When patients are initiated on treatment, prescribing responsibility should remain with the hospital consultant for at least 3 months.
- TSH levels should be monitored during treatment to reduce the risk of over- or under-treatment, and free T4 / free T3 levels measured where clinically appropriate.

The Regional Medicines Optimisation Committee (RMOC) provide national guidance on medicines optimisation they recently updated their guidance on **liothyronine**.

- The guidance states in most circumstances, the primary care prescribing of liothyronine (T3) is not supported for any patient. This advice applies to both liothyronine monotherapy and combination therapy with levothyroxine (T4).
- The RMOC recommends that strict criteria are applied to ensure that liothyronine is only prescribed in the very rare situations where alternative treatments have been found to be inadequate.

- The risks of over-treatment include atrial fibrillation, osteoporosis and bone fractures. **https://www.sps.nhs.uk/wp-content/uploads/2018/11/RMOC-Liothyronine-Guidance-v2.0-final-1.pdf**

NHS England guidance Items which should not routinely be prescribed in primary care includes liothyronine as an item that should not be routinely prescribed.

How to deal with private requests
Practices are signposted to Patient Information Leaflet (PIL) template available for practice adaptation – **Prescribing of medicines by your GP following assessment or treatment by a private doctor.**
Available on the intranet via link - https://gps.cityandhackneyccg.nhs.uk/cdn/serve/medicines-management-general/1533043150-b853082b237c43185207cd5ea95a5d76.docx

Learning and sharing - NRLS update

Practices are encouraged to submit NRLS reports as per CCE contract 2019 / 20. Some incidents are discussed below for learning and sharing –

Incident 1 - Patient with prostate cancer under Homerton urology prescribed **Leuprorelin 3.75mg once a month.**

GP started prescribing under shared care in April 2018 and in September 2018, the drug was re-entered on the record as the previous entry had expired.

Inadvertently 11.25mg injection every 3 months was re-added to records resulting in multiple issues (one in Feb 2019 and 2 in March 2019), two of which were administered by the practice nurse (February and March 2019).

On 28th March, the patient attended Whittington Hospital Emergency complaining of dizziness reporting the prescribing error to the duty doctor. It appears that the error has come to their attention as the oncologist had informed them that the formulation was being changed from 3.75mg monthly to 11.25mg every 3 months.

The patient reported nausea and dizziness which might be related to the high dose injection. After examination, patient was discharged from the hospital on the same evening with a note for the GP to follow up and to report any adverse effect. They were last seen by the GP on the 15th of April 2019 and no further problem was reported.

Incident 2 - A dementia patient in a care home went on a home break with medication. They returned to the care home without the medication. Upon return to the care home, they were given their evening dose of medicines which they had already been given at home - a double dose of medication was given that day.

There was a potential for harm although no actual harm came to the patient. It should be noted that older people are more likely to be at risk from an adverse drug reaction. Where adverse drug reactions occur this has led to increased hospital lengths of stay, costs of hospital care and patient mortality.
The care home has since reviewed their practice and implemented processes in place to ensure checks are made when patients return to the nursing home after home visits/other outings before medicines are administered.

Incident 3 - Patient was prescribed two statins concurrently - simvastatin 20mg and atorvastatin 40mg from 11 Dec 2018 to 2 Apr 2019. Patient was previously on Simvastatin 60mg (20 + 40) and later switched to Atorvastatin 40mg. **However, the 20mg simvastatin was not removed from the repeat prescription resulting in the patient taking both for the specified duration.** The community pharmacy dispensed both items without querying the prescription.

These incidents highlight the need for extreme vigilance in matters pertaining to prescribing of medicines. Research suggests that over 200 million medication errors occur within the NHS in England every year. Risks associated with medicine prescriptions are present in all care settings where medicines are prescribed. The range of comorbidities and medicines taken increases the complexity of repeat prescription and the risk of patient harm when medication errors do occur – especially in older people.
Practices should try to understand how the risks of incorrect drug prescribing can be minimised by staff and the systems in which repeat prescriptions are generated.

Practices are advised to -

- Review systems and processes which underpin the prescribing of medication and ensure all staff are aware of policies relating to the issuing/ administration of prescriptions.
- Be aware of pressures that may impact on clinical practice and the identification of drug prescribing errors.
- Continue reporting incidents via NRLS.

Vaccines for 2019/20 seasonal flu vaccination programme

NHSE has written to prescribers outlining the vaccines recommended for the 2019/20 season:

• The standard egg cultured **quadrivalent inactivated vaccine (QIVe)** is recommended for 18 to 64-year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.

• The **adjuvanted trivalent inactivated vaccine (aTIV)** is recommended for individuals aged 65 years and over.

The **cell grown quadrivalent vaccine (QIVc), Flucelvax® Tetra** is licensed in the UK for patients aged nine years and upwards. All vaccines for those aged under 18 years will continue to be procured and supplied by Public Health England.

The **high-dose trivalent vaccine (TIV-HD)** is suitable for use in those aged 65 years and over and is licensed in the UK but has a significantly higher list price than other equally suitable vaccines. **This vaccine will not be commissioned by NHS England or reimbursed for use in the NHS Influenza vaccination programme in 2019/20.**

Providers should only order currently licensed vaccines, aTIV, QIVe and QIVc for the 2019/20 season for their populations in eligible groups. Only these three recommended vaccines will be eligible for reimbursement by NHS England.

https://www.england.nhs.uk/wp-content/uploads/2019/01/vaccines-for-19-20-seasonal-flu-vaccination-programme.pdf

Falsified Medicine Directive (FMD) PHE Vaccine update

Vaccine update: Issue 295, June 2019 discusses FMD **as applicable to PHE supplied vaccines for the national immunisation programme** on page 10 -

FMD requires that vaccines in the supply chain after 9 February 2019 carry safety features such as an anti-tampering device (a seal) and a unique identifier (contained in a 2D barcode) and have their product data uploaded onto a central database. Practices are required at the end of the supply chain to 'verify' and 'decommission' vaccines before they are administered to patients.

Vaccines in FMD-compliant packs that require verification and decommissioning are starting to be distributed for some products. Practices should check for updates via the ImmForm news pages regularly.

Both vaccines supplied by PHE for the 2019/20 children's flu programme will be issued in FMD-compliant packs that will require verification and decommissioning.

Further information can be found here
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/813281/PHE_vaccine_update_issue295.pdf

NHSE Updated Human Papilloma Virus (HPV) PGD

NHS England London Region has amended the HPV PGD to reflect:

- inclusion criteria to include boys from September 2019
- retention of eligibility until the individuals 25th birthday
- updated off-label section

The NHSE&I PHE HPV PGD v03.00 can be accessed at http://www.england.nhs.uk/london/immunis-team/

Practices should ensure that any registered healthcare professional who is due to administer vaccinations under this PGD should be made aware of this updated version.

If you have any queries, please contact the London Immunisations team via england.londonimms@nhs.net.

The Department of Health Reducing the Need for Restraint and Restrictive Intervention - Medication (Chemical Restraint)

The Department of Health has issued a report on Reducing the Need for Restraint and Restrictive Intervention. The report states chemical restraint should be used only for a child or young person who is both (a) highly aroused, agitated, overactive, aggressive, is making serious threats towards others or themselves, or is being destructive to their surroundings, and (b) when other therapeutic or restrictive interventions have failed to contain the behaviour. **An antipsychotic, an antidepressant, or both should not be prescribed in response to behaviour that challenges, without an appropriate clinical reason.**
Chemical restraint should only be used by health professionals as part of an agreed support plan and should be delivered in accordance with evidence-based best practice guidelines and by staff with the relevant qualifications, skills and experience to administer it.

Prescribers should provide information to those who provide care and support about any physical monitoring that may be required in addition to information about the medication to be used and how it should be administered (the route of medication).

Stopping over-medication of people with a learning disability, autism or both (STOMP) is a project led by NHS England which aims to reduce the use of medication, promoting non-drug therapies and making sure that people, families and staff are fully informed and involved. All health care providers who prescribe psychotropic medicine to people with a learning disability, autism or both are asked to adopt the STOMP health care pledge:

• To actively explore alternatives to medication.

• To ensure people with a learning disability, autism or both, of any age and their circle of support are fully informed about their medication and are involved in decisions about their care.

• To ensure all staff within the organisation have an understanding of psychotropic medication including why it is being used and the likely side effects.

Reducing the Need for Restraint and Restrictive Intervention
• To ensure all people are able to speak up if they have a concern that someone is receiving inappropriate medication.
• To maintain accurate records about a person's health, wellbeing and behaviour.
• To ensure that medication, if needed, is started, reviewed and monitored in line with the relevant NICE guidance.
• To work in partnership with people with a learning disability, autism or both, their families, care teams, healthcare professionals, commissioners and others to stop over medication.

Practices can read the full report via link -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf

MHRA Class 4 Alert Risk of Emerade® failing to deliver a dose of adrenaline

Bausch & Lomb UK Limited has informed MHRA of a risk of **Emerade®** failing to deliver a dose of adrenaline from the syringe due to blockage of the needle. This issue was first detected in June 2018 during stability testing of the syringe

component of Emerade®, and has a potential to affect 1.5 in every ten thousand pens, and therefore considered a rare event.

Action for healthcare professionals and patients

Practices should contact all patients, and their carers, who have been supplied with an Emerade® device to inform them of the potential defect and **reinforce the advice to always carry two in-date adrenaline autoinjectors with them at all times.** This does not mean issuing an additional new prescription for a further 2 pens but rather to ensure the patients are aware that they must have 2 pens in hand at all times and ensuring a script is issued to replace one that has already been used or expired.

Practices should decide how they wish to contact patients; either at next routine appointment or via mailshot and ensure the advice is disseminated in a timely manner.

Practices should offer additional advice to patients

Additional advice to reiterate to patients is to:

- Check the expiry date and replace the pen before it expires
- Use the adrenaline auto-injector at first signs of anaphylaxis
- Call 999, ask for an ambulance and say anaphylaxis (pronounced as 'anna -fill-axis')
- Lie flat if possible with your legs up to keep your blood flowing
- Use second pen if still unwell after 5-15 minutes

There is **a fact sheet with advice on the use of adrenaline auto-injectors** which patients and carers are encouraged to read.

The risk of device mishandling or device failure exists with all adrenaline auto-injectors and is something that patients and carers should be aware of. The chance of a successful outcome is increased if there is prompt administration of adrenaline at the first signs of anaphylaxis. Even with an apparently successful response to adrenaline auto-injector administration, patients may relapse some hours later which underlines the importance that the emergency services should always be called.

https://www.gov.uk/drug-device-alerts/class-4-medicines-defect-information-emerade-150-300-and-500-microgram-solution-for-injection-in-pre-filled-syringe-mdr-55-06-18

MHRA Drug Safety Update July 2019

Febuxostat (Adenuric): increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease

Avoid treatment with febuxostat in patients with pre-existing major cardiovascular disease (for example, myocardial infarction, stroke, or unstable angina), unless no other therapy options are appropriate.

Advice for healthcare professionals:

- avoid treatment with febuxostat in patients with pre-existing major cardiovascular disease (for example, myocardial infarction, stroke, or unstable angina), unless no other therapy options are appropriate
- note the clinical guidelines for gout (see below), which recommend treatment with febuxostat only when allopurinol is not tolerated or contraindicated
- report suspected adverse drug reactions to febuxostat on a **Yellow Card**

Dear Healthcare professional letter https://assets.publishing.service.gov.uk/media/5d2dbdcded915d2feaf5f832/DHPC_FINAL_Adenuric_120619.pdf

Full MHRA article -

https://www.gov.uk/drug-safety-update/febuxostat-adenuric-increased-risk-of-cardiovascular-death-and-all-cause-mortality-in-clinical-trial-in-patients-with-a-history-of-major-cardiovascular-disease

Rivaroxaban (Xarelto▼): reminder that 15 mg and 20 mg tablets should be taken with food

MHRA has received a small number of reports suggesting lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach; remind patients to take 15 mg or 20 mg rivaroxaban tablets with food.

Advice for healthcare professionals:

- remind patients to take rivaroxaban 15 mg or 20 mg tablets with food
- for patients who have difficulty swallowing, tablets can be crushed and mixed with water or apple puree immediately before taking; this mixture should be immediately followed by food
- rivaroxaban 2.5 mg and 10 mg tablets can be taken with or without food
- report suspected adverse drug reactions, including any suspected events associated with lack of efficacy to rivaroxaban, on a **Yellow Card**

https://www.gov.uk/drug-safety-update/rivaroxaban-xarelto-reminder-that-15-mg-and-20-mg-tablets-should-be-taken-with-food

Tocilizumab (RoActemra): rare risk of serious liver injury including cases requiring transplantation

Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels should be measured before starting treatment with tocilizumab and monitored every 4–8 weeks for the first 6 months of treatment followed by every 12 weeks thereafter.

https://www.gov.uk/drug-safety-update/tocilizumab-roactemra-rare-risk-of-serious-liver-injury-including-cases-requiring-transplantation

Letters and drug alerts sent to healthcare professionals in June 2019

An alert was issued about Emerade adrenaline auto-injectors - **https://www.gov.uk/drug-safety-update/letters-and-drug-alerts-sent-to-healthcare-professionals-in-june-2019**

NICE News

Depression in children and young people: identification and management - guidance (NG134) - This guideline covers identifying and managing depression in children and young people aged 5 to 18 years. Based on the stepped-care model, it aims to improve recognition and assessment and promote effective treatments for mild and moderate to severe depression.

Hypertension in pregnancy: diagnosis and management – guidance (NG133) - This guideline covers diagnosing and managing hypertension, including pre-eclampsia, during pregnancy, labour and birth. It also includes advice for

women with hypertension who wish to conceive and women who have had a pregnancy complicated by hypertension.

How can nausea and vomiting be treated during pregnancy? - This Medicines Q&A considers the safety and efficacy of treatment options for nausea and vomiting in pregnancy. It includes information on antihistamines (promethazine, cyclizine, prochlorperazine), domperidone, metoclopramide, ondansetron and Xonvea (doxylamine with pyridoxine – **Please note that this is not on the formulary**).

JPG News

The committee agreed to a **formulary status change of ulipristal from Amber Shared Care to Hospital only** at its July meeting. Ulipristal formulary status will change to Blue-hospital only for all indications.

The shared care guideline will still be available online but is for information purposes only. GPs should no longer take on prescribing of Ulipristal.

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 maybe 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.