

Prescribing Matters



The City and Hackney Medicines Management Newsletter contains Prescribing Updates for GPs, Practice Staff, Pharmacists, Nurses & Allied Professionals. For Circulation within the NHS Only

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[August Bank Holiday Community Pharmacy Rota](#)

Please see link to the list of community pharmacies opening as part of the commissioned rota for 29 August 2022 Bank Holiday - <https://gps.cityandhackneyccg.nhs.uk/news/august-bank-holiday-pharmacy-opening-hours> There will also be pharmacies opening voluntarily, which can be found on www.nhs.uk/service-search/find-apharmacy

[London IPV Booster Campaign JCVI advice](#)

The Polio incident in London has led to a vaccination strategy being advised. The JCVI has recommended that the most immediate priority is to ensure all eligible individuals are up to date with their polio (IPV) vaccinations. JCVI agreed that an urgent supplemental vaccination strategy is required to:

- prevent cases of paralysis due to poliovirus
- interrupt transmission of VDPV2 in the community

JCVI advises in addition to ongoing catch-up, a supplementary IPV booster campaign should be implemented for children aged 1 to 9 years in London.

For immediate action (*excerpt from the campaign letter linked below*):

The IPV booster campaign is an urgent intervention and should be prioritised in the affected boroughs. Overall, the programme should be considered equivalent priority to the other planned time sensitive immunisation programmes including coronavirus (COVID-19) and seasonal influenza.

Therefore, we are asking all London systems to work with their local partners to support delivery as soon as possible, starting no later than 15 August, with all 1 to 9 year olds having been offered a vaccination by 26 September.

Regarding the vaccine (*excerpt from JCVI statement on vaccination strategy for ongoing polio incident*):

All IPV containing vaccines have the same polio content and will provide an excellent boost across the whole age range. Three different products are recommended as follows:

- children aged 1 to under 3 years 4 months are offered the hexavalent (DTaP/IPV/Hib/HepB) vaccine (both Infanrix Hexa© and Vaxelis© to be used)
- children aged 3 years 4 months up to and including 5 year olds are offered Boostrix-IPV© (dTaP/IPV)
- children aged 6 to 9 years are offered Revaxis© (Td/IPV)

Resources:

For UKHSA guidance on IPV booster campaign: information for healthcare practitioners – [click here](#)

For full DHSC JCVI statement on vaccination strategy for ongoing polio incident – [click here](#)

For UKHSA Polio vaccination campaign letter – [click here](#)

For UKHSA Polio booster campaign resources – [click here](#)

Updated PGD for Td IPV

NHS England has updated a PGD which can be accessed - <http://www.england.nhs.uk/london/immunis-team/> The updated PGD is NHS UKHSA Td IPV v05.00.

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. Queries via england.londonimms@nhs.net

Learning and Sharing – Melatonin Liquid in children care when prescribing

A City and Hackney Practice recently reported a medication incident which was picked up during the unlicensed specials and hospital only medicines review.

A young person was identified as taking a dose of 12mg melatonin per day instead of the intended 6mg.

Melatonin 1mg per ml liquid was initiated by East London Foundation Trust (ELFT) Child and Adolescent Mental Health Services (CAMHS) Consultant. A year later, the consultant up titrated the dose by instructing the mother to increase the volume (in millilitres) to be given (up to 6ml per day which equates to 6mg if using the 1mg/ml formulation).

Between the time of initiation and dose increase, the practice had switched the melatonin 1mg per ml formulation to melatonin 2mg per ml to align with the recommended formulation specified in the ELFT and CH shared care agreement. The change was communicated to the mother at the time of change. However, CAMHS team were not aware of the change in the liquid formulation.

The change in the melatonin formulation resulted in a doubling of dose prescribed by volume only; 12mg (i.e. 6ml of the 2mg/ml solution) rather than the intended daily dose of 6mg (i.e. 6ml of the 1mg/ml solution).

The error was identified by the Practice Support Pharmacist (PSP) who then liaised with both ELFT CAMHS and MMT to discuss and resolve the medication incident. The incident was flagged to the Lead ELFT CAMHS pharmacist to mitigate future risk of similar incidents occurring through education and familiarisation of the recommended products for prescribing in the shared care agreement.

The consultant confirmed the intended dose was 6mg per day. The error was explained to the mother, who reported that the young person's sleep has improved greatly. Fortunately, the young person did not come to any harm. The

upper limit of melatonin is usually capped at 10mg per day, as there is little evidence to show any benefit beyond this dose.

Action for practices

- Take care when making changes and switches to liquid medicines that have been initiated in secondary care.
- Confirm with the secondary care team that they agree with and aware of the actual change to prevent misunderstanding that can negatively impact patient safety.
- Ensure the patient / parent or carer is involved and aware, has understood and counselled on the change
- Share any changes with the community pharmacy team to avoid reverting to the old prescription and to reinforce the change to the patient.
- ALL medicines should always be prescribed with a clear dose in milligrams (and volume can be added to make matters simpler for the patient or carer).
- Where appropriate have a discussion with the parent / carer to support swallowing of oral tablets rather than prescribing liquids.

City and Hackney Paediatric Vitamin D Guideline

The City & Hackney ‘Children and Young People Vitamin D Deficiency Pathway’ has been updated and approved by the JPG. Updated choices of vitamin D3 preparations suitable for treatment dosing:

1. SunVit-D3® tablet replaced by Health Aid capsules
2. SunVit-D3 Liquid removed

Colecalciferol Preparation	Daily Loading Dose (see under vitamin D deficiency for duration of treatment)	Cost
Aciferol® Liquid 2000 units/mL	1-5 months 3 000 units daily for 8-12 weeks	£18.00 - £30.60
	6 months – 11 years 6 000 units daily for 8-12 weeks	(8 weeks) £36.00 - £46.80 (12 weeks)
Health Aid capsules 10 000 units	12-17 years 10 000 units daily for 8-12 weeks	£11.46 (8 weeks)
		£17.19 (12 weeks)

Key Messages:

1. Patients should be fully counselled on the treatment dose and regime.
2. Ensure brand is specified on the prescription and aligned with the CH guidance recommendations.
3. Ensure that the child is **not** supplemented with additional vitamin D during treatment e.g. also taking multivitamin preparations.
4. Always prescribe “treatment “doses as ACUTE, never on repeat or repeat dispensing.

Patient/parent/carers should be requested to purchase the maintenance dose and provided with a copy of the local vitamin D leaflet available on the intranet – [click here](#)

Maintenance dose, where clinically indicated, can be prescribed if it is strongly believed a patient is unlikely to purchase vitamin D.

City & Hackney - Homerton Healthcare Joint Prescribing Group Update

Eslicarbazepine oral preparations approved for epilepsy

The JPG has agreed to approve eslicarbazepine oral preparations for the treatment of focal onset epilepsy. This would be restricted for initiation by/or under the recommendation of a consultant epileptologist or specialist epilepsy nurse. Patients should only be transferred to GP for prescribing once they are on a stable dose and tolerating treatment. If a general practice gets a request to prescribe eslicarbazepine, please ensure that the patient is not prescribed carbamazepine or oxcarbazepine concomitantly as this would result in a duplication (eslicarbazepine is an active metabolite). The clinic letter should have information about discontinuing carbamazepine and oxcarbazepine, if unsure or no information provided, please seek advice from the patient's epileptologist.

Formulary status: Amber (specialist knowledge/initiation)

Rufinamide oral preparations approved for epilepsy

The JPG has agreed to approve rufinamide oral preparations for the management of seizures associated with Lennox-Gastaut syndrome (licensed indication) and pharmaco-resistant focal onset epilepsy in exceptional cases (unlicensed indication). This would be restricted for initiation by/or under the recommendation of a consultant epileptologist or specialist epilepsy nurse. Patients should only be transferred to GP for prescribing once they are on a stable dose and tolerating treatment (usually after 3 months).

Formulary status: Amber (specialist knowledge/initiation)

OTC reclassification for local HRT to treat postmenopausal vaginal symptoms Gina Tablets

From September women will be able to buy over the counter (OTC) Gina 10 microgram vaginal tablets without requiring a prescription from pharmacies.

Gina 10 microgram vaginal tablets (estradiol) are licensed for the treatment of vaginal symptoms such as dryness, soreness, itching, burning and uncomfortable sex caused by estrogen deficiency in postmenopausal women aged 50 years and above who have not had a period for at least 1 year.

MMT Checklist for CQC Inspections

The Care Quality Commission (CQC) have resumed GP practice inspections. In order to support practices with medicines-related aspects of an inspection, Medicines Management Team are highlighting key areas to help prepare for an inspection. The information below is intended to be used to inform a wider practice protocol for prescribing and managing medicines, and includes key areas.

Below checklist can be used as a guide to ensure that key medicines management areas (information taken from CQC website and past feedback of inspections) are reviewed in preparation for CQC inspections.

Key Line of Enquiry (KLOE) – Is it safe?

KLOE	Question	Potential prompts/questions CQC could ask	Additional information
S4.1	How are medicines managed?	<ul style="list-style-type: none"> • Medical gases • Emergency medicines • Controlled drugs • Vaccines 	<p>Is access restricted? Are emergency drugs audited at least monthly, including those in GP bags? Are they all in date? How are the medications stored? Is vaccine fridge locked or stored in a secure room? What are the fridge monitoring procedures?</p>
How is medicines-related stationery managed?		<input type="checkbox"/> Prescription pads/blank prescriptions	<p>Are blank prescription pads stored in a secure location? How are blank prescriptions kept secure in consulting rooms?</p>
S4.2	Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?	<ul style="list-style-type: none"> • Controlled drugs • Antimicrobial stewardship • PGDs/PSDs • Clinical audits 	<p>Is practice prescribing in line with local or national antimicrobial guidance? Can prescribers demonstrate how to access these guidelines? If practice is above the national/CCG average for antibiotics, can the practice demonstrate what actions have taken place to address this?</p>
Are there any PGDs or PSDs in operation, are these managed appropriately?			
S4.3	Do people receive specific advice about their medicines in line with current national guidance or evidence?	<input type="checkbox"/> Patient safety alerts	<p>Are MHRA/CAS alerts actioned appropriately? Does the practice have an action log?</p>
S4.4	How does the service make sure that people receive their medicines as intended, and is this recorded appropriately?		<ul style="list-style-type: none"> • Medication reviews/SMRs • Repeat prescription policies

S4.5	Are people's medicines reconciled in line with current national guidance when transferring between locations or changing levels of care?	<ul style="list-style-type: none"> • Process for medicines reconciliation within the practice • How does the practice follow up patients recently discharged from hospital? 	
S4.6	Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?	<ul style="list-style-type: none"> • DMARD monitoring • Anticoagulant monitoring • Other areas covered in CAS/MHRA alerts 	Does the practice have a documented procedure for high risk drug monitoring? What is the recall procedure? What does the practice do if patients do not attend for monitoring?
S4.7	Are people's medicines regularly reviewed including the use of 'when required' medicines?	<ul style="list-style-type: none"> • Medication reviews/SMRs • Overuse of salbutamol inhalers 	
S4.8	How does the service make sure that people's behaviours is not	<ul style="list-style-type: none"> • Medication reviews/SMRs • Clinical audits 	Does the practice have a documented policy on management of dependence
	controlled by excessive or inappropriate use of medicines?		forming medication (or part of practice prescribing policy)?

[PrescQIPP Resources](#)

The Management of Type 2 Diabetes in Adult - this is an updated Diabetes e-learning course is designed for GPs, nurse prescribers, PCN and practice pharmacists and pharmacy technicians and community pharmacists. It includes the following modules plus three case studies:

- The burden of type 2 diabetes
- Education, lifestyle and individualised care
- Management of hypertension
- Lipid modification and antiplatelets
- Blood glucose targets
- Types of hypoglycaemic drugs
- Guidelines on the management of blood glucose
- Cardiovascular Outcome Trials (CVOTs)
- Managing complications of type 2 diabetes

Bulletin 282: Anticoagulation - this 2 part bulletin supports DOAC initiation, review and switching, plus plenty of additional resources such as:

- AF prescriber decision aid,
- patient information and AF decision aid,
- patient DOAC leaflets,
- table of anticoagulant comparisons,
- VTE flow chart,
- edoxaban commissioning position statement,
- VKA information and a presentation based on the resources.
- An anticoagulation e-learning course to help support implementation is available within our [e-learning platform](#).

The GP Confederation Anticoagulation newsletter will provide further information on edoxaban to support practices with the IIF indicators.

[PrescQIPP Clinical Webinars](#)

Prescribers and other practice pharmacists are encouraged to sign up to the monthly PrescQIPP upcoming webinars (1-2pm). Listen to previous webinars, at www.prescqipp.info/our-resources/clinical-masterclasses/

Date	Masterclass
13 September 2022	Making Clinical Decisions with patients Jonathan Underhill
11 October 2022	Oral Nutrition Alison Smith

[MHRA Drug Safety Update August 2022](#)

[Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists](#)

Use of a nebuliser purchased independently of medical advice for use in the home to deliver nebulised asthma rescue medications to children can mask a deterioration in the underlying disease and may increase the risk of potentially fatal delays in seeking medical attention if asthma deteriorates.

If home use of a nebuliser for the acute treatment of asthma in children under 18 years of age is considered necessary, this should be initiated and managed by an appropriate specialist. This is consistent with current clinical guidance.

[COVID-19 vaccines and medicines: updates for August 2022](#)

Recent information relating to COVID-19 vaccines and medicines that has been published since the July 2022 issue of Drug Safety Update, up to 19 August 2022.

[Letters and medicine recalls sent to healthcare professionals in July 2022](#)

A summary of recent letters and notifications sent to healthcare professionals about medicines, and a patient safety alert on mexiletine hydrochloride.

[How to contact us](#)

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

For queries, notifications, alerts and email correspondence please ensure at all times to use our secure new team generic email account: nelondonicb.cahmedicines@nhs.net or call us on 0203 816 3224.

For all enquires, reporting concerns or incidents relating to Controlled Drugs please use the generic email below - england.londoncdaccountableoffice@nhs.net

Report CD incidents using the national reporting tool www.cdreporting.co.uk