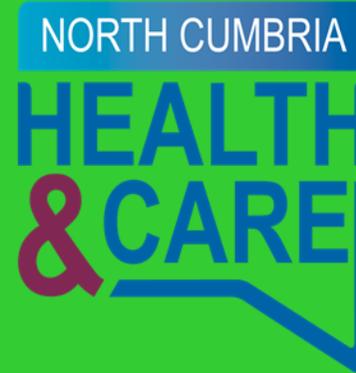


PREScription PAD



Medicines Optimisation
Committee newsletter

February 2020

No. 04

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NG148:
Acute kidney injury:
prevention, detection and
management

NICE CKS updates Nov 2019

North Cumbria Primary Care Non-Medical Prescribing Policy

North Cumbria CCG has recently approved the use of a new Primary Care Non-Medical Prescribing Policy. The policy covers all areas from becoming an NMP, education available, practice expectations and role requirements and annual declarations. This policy has been developed alongside an updated Individual NMP Declaration process for 2020/21 and will be issued to all current NMP's across Primary Care for information and completion over the coming months.

The policy can be found at:

<https://medicines.necsu.nhs.uk/download/north-cumbria-ccg-primary-care-non-medical-prescribing-policy-dec-19/>

FreeStyle Libre prescribing audit results

A recent audit by high prescribing practices of FreeStyle Libre across North Cumbria has highlighted some important advice we feel best to share:

1. Freestyle Libre should only be prescribed in primary care for Type 1 Diabetics on advice from a secondary care consultant.
2. For any Type 2 Diabetic who request this device by IFR, then this process should be completed and requested by the secondary care clinician only.
3. The quantity of sensors supplied each month on repeat to our patients is **TWO ONLY**, should our patients require further supplies then their compliance and product education may need questioned. Patients should also be reminded that they should always have a supply of Blood Glucose Testing Strips and needles in case of device failure or short supply.

North Cumbria Pen Needle formulary

As part of the continuing work around the NHSE guidance on items not to be routinely prescribed in primary care and the update around the prescribing of pen needles under the cost of £5 per 100, we now have implementation guidance which reflects what the NHSE guidance states:

- Advise CCGs that prescribers in primary care should not initiate insulin pen needles that cost >£5 per 100 needles for any diabetes patient.
- Advise CCGs to support prescribers in de-prescribing insulin pen needles that cost >£5 per 100 needles and, where appropriate ensure the availability of relevant services to facilitate this change.

Our implementation guidance shows the two choices which new patients should be initiated on and also the choices under £5 per 100 which current patients currently prescribed a more expensive choice (more than £5 per 100) should be switched to.

The guidance will be forwarded to all practices via the Medicine Optimisation teams for discussion and implementation.

Insulin needle prescribing guidance

A review of insulin needle prescribing found that:

- Needlestick injuries often occur following administration. Single use needles should not be recapped and a disposal unit should be within easy reach.
- For healthcare workers, the responsibility is for the employer to provide necessary safety equipment and training for safe administration and disposal of sharps. Research by HSE does not differentiate between the impact of improved training and use of safer sharps devices on rates of needlestick injuries.
- Hospital trusts have reported incidents where patients and healthcare professionals have been issued with safety needles and not trained in the different injection technique required, which has led to under-dosing, hyperglycaemia and risk of diabetic ketoacidosis.
- NHS England notes that for patients that are not able to self-administer it may be appropriate that a safety needle is used by the health care professional, however this would not need to be prescribed on prescription.
- The Forum for Injection Technique (FIT) UK considers the 4mm needle to be the safest pen needle for adults and children regardless of age, gender and Body Mass Index (BMI). This helps to prevent intramuscular injection of insulin (which can result in unpredictable blood glucose levels). For patients currently using longer pen needle lengths (8mm, 12mm), it is advisable to change to a shorter needle length (6mm or less) but only after discussion with a healthcare professional, ensuring advice is given on the correct injection technique.

NHSE items not to be routinely prescribed in primary care (2019): <https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

HSE sharp instruments in healthcare, guidance for employers (2013): <https://www.hse.gov.uk/pubns/hsis7.pdf>

Self Care – Bath and shower preparations

In June 2019, NHSE released version 2 of 'Items not to be routinely prescribed in primary care', which includes bath and shower products prescribed for dry skin conditions.

An expert review found that there was no clear evidence to support the use of bath and shower preparations for dry and pruritic skin conditions in the NHS. Clinical evidence refers primarily to children but in the absence of other good quality evidence, extrapolating the evidence pertaining to children to adults.

Prescribers in primary care should not initiate bath and shower preparations for any new patient. Prescribing for current patients will be reviewed where possible:

- Emollients are the mainstay of treatment and control for a range of chronic skin conditions, forming the basis of the treatment plan. Correct and frequent use can prevent complications, reduce severity of and aid recovery from flares.
- Use of soap can worsen dry or inflamed skin, so an emollient should be used instead for washing and bathing. This should usually be the patient's regular emollient, those with a higher lipid content (ointments in hot water) are preferable.
- Bath and shower products are still available to buy from supermarkets and pharmacies.

SPS evidence review: <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-evidence-reviews/>

Prescipp patient information leaflets: <https://www.prescipp.info/our-resources/webkits/low-priority-prescribing/patient-information-pdf-versions/>

Secondary Care News

NCIC Non-Medical Prescribing update

All Non-Medical Prescribers employed by NCIC must follow the Trust NMP policy which is available on the Trust site: https://www.ncic.nhs.uk/application/files/3915/7494/2268/Non_Medical_Prescribing_Policy_v1.0.pdf

North Cumbria Methotrexate Shared Care Guideline

An updated Methotrexate Shared Care Guideline has now been published. This update now covers the specialities of Rheumatology, Dermatology and Gastroenterology.

This includes a sample letter that should be used for correspondence from secondary to primary care when requesting onward treatment.

A reminder of the forms that may be prescribed:

Oral Tablets: 2.5mg, (only 2.5mg should be used to avoid confusion; **do not use 10mg**)

Methotrexate solution for injection:(pre-filled syringe, ranging from 7.5mg to 25mg)

Methotrexate solution for injection:(pre-filled pen for sub-cut injection, ranging from 7.5mg to 30mg)

The shared care guideline can be found at: <https://medicines.necsu.nhs.uk/download/methotrexate-shared-care-guideline-jan-2020/>

NCIC Stop Smoking Service Voucher

NRT vouchers will soon be issued to patients leaving hospital wanting to stop smoking. An initial supply of NRT will have been given by the Stop Smoking Advisors to the patient on discharge or by the Maternity Stop Smoking Advisor at maternity clinics. They will also receive a NRT voucher to redeem at a community pharmacy. These vouchers will be available from North Cumbria Integrated Care NHS Foundation Trust only but can be redeemed at any pharmacy in Cumbria. If you do not have NRT in stock, please contact the nearest pharmacy to ensure they have stock available before signposting.

Claiming for the voucher

The NCIC Stop Smoking Voucher Service is now live on Pharmoutcomes and sample vouchers can be found there. Pharmacies will be reimbursed the product costs plus £2 per item supplied. Please retain the patient voucher.

If you have any queries regarding claims, please do not hesitate to contact us at Community Pharmacy Cumbria - 01900 821703

Updates from the MHRA & NICE

**Domperidone for
nausea and
vomiting: lack of
efficacy in
children; reminder
of
contraindications
in adults and
adolescents**

Domperidone is no longer licensed for use in children younger than 12 years or those weighing less than 35 kg. Results from a placebo-controlled study in children younger than 12 years with acute gastroenteritis did not show any difference in efficacy at relieving nausea and vomiting compared with placebo.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/852497/Dec-2019-PDF.pdf.pdf

**(Drug Safety
Update Dec 19)**

Updates from NICE

NG143:

**Fever in under 5's:
assessment and
initial
management**

This guideline covers the assessment and early management of fever with no obvious cause in children aged under 5. It aims to improve clinical assessment and help healthcare professionals diagnose serious illness among young children who present with fever in primary and secondary care.

<https://www.nice.org.uk/guidance/ng143>

November 2019

NG144:

**Cannabis based
medicinal
products**

This guideline covers prescribing of cannabis-based medicinal products for people with intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy.

<https://www.nice.org.uk/guidance/ng144>

November 2019

NG147:

**Diverticular
disease: diagnosis
and management**

This guideline covers the diagnosis and management of diverticular disease in people aged 18 years and over. It aims to improve diagnosis and care and help people get timely information and advice, including advice about symptoms and when to seek help.

<https://www.nice.org.uk/guidance/ng147>

November 2019

Visual summary for clinicians: <https://www.nice.org.uk/guidance/ng147/resources/visual-summary-pdf-6968965213>

NG148:

**Acute kidney
injury: prevention,
detection and
management**

This guideline covers preventing, detecting and managing acute kidney injury in children, young people and adults. It aims to improve assessment and detection by non-specialists, and specifies when people should be referred to specialist services. This will improve early recognition and treatment, and reduce the risk of complications in people with acute kidney injury.

<https://www.nice.org.uk/guidance/ng148>

December 2019

CKS **Updates** During the month of November 2019, the following Clinical Knowledge Summaries were published or updated:

November 2019

- [Depression in children](#)
- [Hepatitis A](#)
- [Hepatitis B](#)
- [Hypertension in pregnancy](#)
- [Prostatitis - chronic](#)
- [Styes \(hordeola\)](#)
- [Teething](#)
- [Urethritis - male](#)

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All Medicines Optimisation guidance, Shared Care Guidelines, PGDs and other resources can now be found on the NECS Medicines Optimisation Website.

<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>

North of Tyne APC and formulary update

North of Tyne, Gateshead and North Cumbria APC website: <http://www.northoftyneapc.nhs.uk/>

North of Tyne, Gateshead & North Cumbria Formulary: <http://northoftyneandgatesheadformulary.nhs.uk/default.asp>

Updated and published guidelines:

Cannabis Prescribing across North of Tyne, Gateshead and North Cumbria

The North of Tyne discussed the NICE guidance NG144 Cannabis-based medicinal products at the meeting held on the 14th January 2020. The decisions were:

Nabilone: for chronic pain will be removed from the formulary in line with the recommendations of NICE. No new patients will be started on this and there will be a review of effectiveness in existing patients.

In an update to NICE guidance NG144 Cannabis-based medicinal products, NICE recommends that a 4-week trial of THC:CBD (Sativex) spray could be offered to patients to treat moderate to severe spasticity in adults with multiple sclerosis, if: other pharmacological treatments for spasticity are not effective (see the recommendations on spasticity in NICE's guideline on multiple sclerosis in adults) and the company provides THC:CBD spray according to its pay-for-responders scheme.

After the 4-week trial, THC:CBD spray can be continued if the person has had at least a 20% reduction in spasticity-related symptoms on a 0 to 10 patient-reported numeric rating scale.

Treatment with THC: CBD spray should be initiated and supervised by a physician with specialist expertise in treating spasticity due to multiple sclerosis, in line with its marketing authorisation. Sativex will therefore be added to the formulary, in line with these criteria only, as a RED drug until shared care guidance, in line with NICE recommendations, has been developed.

NB Sativex is not approved for chronic pain.

It was agreed by the North Cumbria Medicines Optimisation Committee that any current patients using these products, or any historic patients who had previously used these products should be referred back to the specialist for review in line with the current legislation (Amendments to the Misuse of Drugs Act state that orders, supply and use of cannabis products shall be in accordance with a prescription or direction of a specialist medical practitioner).

Lift Juice shot approval Lift Juice Shot has been approved for use in the treatment of hypoglycaemia in children under 10 years. It has been requested for the treatment of nocturnal hypoglycaemia. This on the grounds that giving a solid glucose source at night can be difficult and that Glucogel® is not always well tolerated by younger children.

North of Tyne Catheter formulary The North of Tyne, Gateshead and North Cumbria Urinary Catheter Product formulary has recently been approved for use across the area. We will across both Primary and Secondary Care over the coming months with the aim to streamline product choice and reduce prescribed quantities in line with the formulary.

The formulary can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2020/01/Catheter-Formulary-2020-v1.0.pdf>

North of Tyne: The management of patients with swallowing difficulties This guidance has been produced for use across the area to help in the management of patients with swallowing difficulties.

The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2020/01/Swallowing-difficulties-v2.0.pdf>

RMOC Position statement – Oral Vitamin B supplementation in alcoholism This guidance produced by the Regional Medicines Optimisation Committee reviews the supply of Oral Vitamin B supplementation in alcoholism. This guidance provides further support to the work already done across North Cumbria.

The guideline can be found at: <https://www.sps.nhs.uk/wp-content/uploads/2019/12/RMOC-position-statement-oral-vitamin-B-supplementation-in-alcoholism-v1.0-1.pdf>

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<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>