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| *Email us with your feedback or ideas at:* [bwccg.medicines@nhs.net](mailto:bwccg.medicines@nhs.net) *- we look forward to hearing from you!* |
| May 2022 |

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| **In this edition** | |
|  PQS Update/Findings  The deadline for the submission of evidence for PQS 2021-22 has now passed. MOT will send out reports of final achievement as soon as data for self-care is available. Practices will also be advised of the appeal process for any targets not achieved. | |
| General Information  **Newly Appointed Pharmacy Professionals**  The Medicines Optimisation Team holds a list of pharmacy professionals working in general practice in order to share resources and to help improve networking with colleagues in other practices. If you have appointed any pharmacists or pharmacy technicians in the last 6 months or if anyone has left your practice, please could you send their details to [bwccg.medicines@nhs.net](mailto:bwccg.medicines@nhs.net)  **Polypharmacy: Getting the Balance Right -*Understanding the data***  AHSN Network “*Polypharmacy: Getting the Balance Right Programme”* aims to support local systems and primary care to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making.  One of the core principles of this is population health management. To consider how best to understand and utilise available data, the AHSN Network and NHS Business Services Authority (BSA) are hosting a **webinar on 24th May’22**. The BSA will demonstrate how the polypharmacy prescribing comparators help us understand variation in prescribing of multiple medicines and identify patients more likely to be exposed to the risk of taking multiple, or combinations of, medicines. The webinar will be introduced by Clare Howard, Chair of the Polypharmacy Prescribing Comparators Group and Medicines Optimisation Clinical Lead for Wessex AHSN.  This event is open to AHSN Network nominated polypharmacy and clinical leads; ICS medicines optimisation leads and Primary Care Network (PCN) teams, including GPs and pharmacists.  [Find out more and reserve your space](https://www.eventbrite.co.uk/e/the-ahsn-polypharmacy-programme-getting-the-balance-right-tickets-268837980637).  **Info from BHFT on District Nurse referrals**  The DN service can accept direct referrals only during core hours of 08:30 -16:30. All referrals including drug authorisations outside of the core hours should be directed to the Integrated Health Hub.  The Hub is the central single point of access for most community services. Any referral received by email is set a priority and processed reflecting the urgency. By sending referrals through the Hub you are ensuring that the referral goes to the correct service and more importantly if it is a DN referral the Hub will send to the correct nurse on shift avoiding any delay in patient care.  A recent incident has been reported which highlighted a referral which was sent directly to the DN after 16.30 resulting in a dose of urgent medication being delayed until the following day. | |
| Update from POC/ GPMOC  **The Prescribing Oversight Committee (POC) Meeting**  The POC Meeting due to be held on 18th May’22 did not go ahead due to a lack of quoracy. Following the formation of the ICB on 1st July, the POC meetings will no longer go ahead. The workload for POC will transition to the BOB Area Prescribing Committee (APC) which has been set up to manage the functionality of POC across the BOB ICB organisation. BOB APC meetings will be held on the fourth Tuesday of every other month, starting on 26th July 2022.  **NICE updates on Flash Glucose Monitoring and CGM**  NICE have released new guidelines which include updates on the use of Flash Glucose Monitoring (Freestyle Libre) and Continuous Glucose Monitoring (CGM) in type 1 and 2 diabetes. The plans for their use across BOB are being reviewed by the three CCGs alongside the specialist diabetes teams.  More information about their use will follow, but until any new local policies/guidance are approved the current commissioning policies for both [Flash Glucose Monitoring](https://www.berkshirewestccg.nhs.uk/media/4789/poc-clindoc-001-flash-glucose-monitoring-system-v21.pdf) and [CGM](http://www.fundingrequests.cscsu.nhs.uk/wp-content/uploads/2021/10/TVPC64-Continuous-glucose-monitors-v2.pdf) stand. Patients must meet the criteria detailed in the policies and can discuss this at their next routine appointment with the healthcare professional looking after their diabetes if needed. | |
| Medicines / Patient safety and Prescribing Issues  **Requests to prescribe smoking cessation products**  **Smoking cessation products should not be prescribed in primary care.** The supply of smoking cessation products in Berkshire West falls under the Solutions4Health service "Smokefreelife Berkshire". Details of this service can be found [here](https://www.smokefreelifeberkshire.com/).  Requests for GPs to prescribe smoking cessation products made by this service should be referred to  [info@solutions4health.co.uk](mailto:info@solutions4health.co.uk)  **Pregabalin (Lyrica):** ***Findings of safety study on risks during pregnancy***  A new study has suggested pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary.Further information can be found at[Pregabalin (Lyrica): findings of safety study on risks during pregnancy - GOV.UK (www.gov.uk)](https://www.gov.uk/drug-safety-update/pregabalin-lyrica-findings-of-safety-study-on-risks-during-pregnancy?utm_source=e-shot&utm_medium=email&utm_campaign=DSU_April2022Main1) | |
|  Resources for practice/ practice pharmacists  **PrescQIPP Subscription**  You are reminded that your practice/PCN pharmacists and or pharmacy technicians can sign up to PrescQIPP free of charge to access support materials, clinical webinars, data etc. This is provided as part of the CCGs subscription, so please see the attached flier and register if you are interested.    **Southampton Medicines Advice Service update**  Unfortunately, Southampton Medicines Advice Service will no longer be providing a regional enquiry answering service to Primary Care. This took effect from the 1st April 2022, and until advised otherwise you should now direct your enquiries to: **020 7188 3855** or [LNWH-tr.spsquestions@nhs.net](mailto:LNWH-tr.spsquestions@nhs.net) | |
|  Monthly Supply Issues Update  **Limited Supplies of Insuman Basal SoloStar Pen® until week commencing 06th June 2022**  A Tier 2 (medium impact) Medicines Supply Notification for Insulin isophane human (Insuman Basal SoloStar®) 100 IU/ml suspension for injection in a pre-filled pen has been issued.  Full details are in the MSN below    **British Menopause Society update on HRT supply**  The British Menopause Society has issued an update on HRT supply to provide guidance to prescribers on current availability of HRT products. The information on stock availability is obtained from the pharmaceutical companies manufacturing these products. Availability from wholesale suppliers may lag behind and thus sometimes vary from the information provided by the manufacturers.  [British Menopause Society update on HRT supply - British Menopause Society (thebms.org.uk)](https://thebms.org.uk/news/british-menopause-society-update-on-hrt-supply/)  Where a product is unavailable, prescribers should consider using equivalent preparations to those their patients are already using. If an exact match is not possible guidance from BMS on possible alternatives can be found here [15-BMS-TfC-HRT-preparations-and-equivalent-alternatives-01D.pdf (thebms.org.uk)](https://thebms.org.uk/wp-content/uploads/2022/03/15-BMS-TfC-HRT-preparations-and-equivalent-alternatives-01D.pdf)  ***Serious Shortage Protocols (SSP) limiting quantities supplied on prescription for some HRT products have been issued to Community Pharmacists.*** Serious Shortage Protocolslimiting the supply of Estradiol (Oestrogel®) pump pack 0.06% gel, Estriol (Ovestin®) 1mg cream, and Premique Low Dose® 300microgram/1.5mg MR tablets have been issued. For patients presenting with a prescription for more than three months’ supply of estradiol (Oestrogel®) pump pack 0.06% gel, Estriol (Ovestin®) 1mg cream, and Premique Low Dose® 300microgram/1.5mg MR tablets, community pharmacists may limit supply to three months of supply in accordance with the SSP for eligible patients (see supporting information in the accompanying MSN). If the above option is not deemed appropriate, clinicians should consider prescribing alternative hormone replacement  therapy (details in the MSN).   |  |  |  | | --- | --- | --- | | **Medicine** | **Out of stock** | **Alternatives** | | Estradiol (Oestrogel®) pump pack 0.06% gel | Intermittent supply issues with a resolution date to be confirmed. | * A Serious Shortage Protocol (SSP) was issued on 29/04/2022 * around supply limits. * Alternative hormone replacement therapies remain available. | | Estriol (Ovestin®) 1mg cream | Intermittent supply issues until July 2022. | * A Serious Shortage Protocol (SSP) was issued on 29/04/2022 * around supply limits. * Alternative hormone replacement therapies remain available. | | Conjugated oestrogens with medroxyprogesterone (Premique Low Dose®) 300microgram/1.5mg modified-release tablets | Intermittent supply issues until late May 2022. | * A Serious Shortage Protocol (SSP) was issued on 29/04/2022 * around supply limits. * Alternative hormone replacement therapies remain available. |   **A further Medicines Supply Notification has been issued for Glycerol Suppositories as detailed in the attached.**    DHSC and NHSE/I have now launched an online [**Medicines Supply Tool**](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sps.nhs.uk%2Fhome%2Fplanning%2Fmedicines-supply-tool%2F&data=04%7C01%7CHannah.Wigham%40dhsc.gov.uk%7Cb9a17fb0a4c14bee950c08da0ce0dffb%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C637836457213250484%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=wukAvYaUJXV5MpQjjVBdFk3GTRSj%2BtPGWoEt%2FtxL6Xs%3D&reserved=0)**,** which provides up to date information about medicine supply issues. The contents of these MSNs can now be viewed on the Tool.  The Tool also details any changes to resupply dates and updates to the entries. To access the Tool you will be required to register with the[**SPS website**](https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sps.nhs.uk%2F&data=04%7C01%7CHannah.Wigham%40dhsc.gov.uk%7Cb9a17fb0a4c14bee950c08da0ce0dffb%7C61278c3091a84c318c1fef4de8973a1c%7C1%7C0%7C637836457213250484%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=VkVkQeVyulmhB9ifc%2FXcnpbZ5vM5Tz17yedia66pyTY%3D&reserved=0)**.** | |
| Optimise RX Update (every quarter Jan, April, August and December)  OptimiseRx resources for users now available on FDB website and can be accessed on-demand: [FDB OptimiseRx Engagement Hub](https://www.fdbhealth.co.uk/engagement-hub).  Information available includes:   * What is OptimiseRx - brief explainer video (3 minutes) * Introduction to OptimiseRx - short webinar providing a solution overview (20mins), useful for staff new to OptimiseRx * OptimiseRx national document - summary of OptimiseRx features and benefits * Prescriber user guides for EMIS and TPP SystmOne - short document outlining main message types with example screenshots * Prescriber demo videos for EMIS and TPP SystmOne - demonstration of how to interact with OptimiseRx messages on clinical system (8-10mins) * OptimiseRx lunchtime learning webinar recordings - a series of sessions providing more detail about prescribing workflows and how OptimiseRx can be used to support PCNs/practices (45mins) * Customer case studies * Customer services contact details |
| Medicines Safety  **DOAC review following head injury**  Current NICE guidance for patients (adults and children) who have sustained a head injury with no other indications for a CT head scan and who are having anticoagulant treatment, is to perform a CT head scan within 8 hours of the injury after which a decision to continue the anticoagulation is made. Please see the case study as attached | |