NHS Somerset Medicines Management Newsletter Autumn *2023*

Welcome to the NHS Somerset Autumn edition Medicines Management Newsletter.

The days are now shorter and the clocks will soon be going back which means our circadian rhythms will be readjusting. This may provide an opportune moment to share good sleep hygiene tips for those that may be struggling with this.

- Avoid alcohol before bed, while it can cause you to feel sleepy initially, can also cause sleep disruptions and leads to poor sleep quality.
- Heavy dinners and snacks before bedtime can also negatively affect how well you sleep at night.
- Caffeine consumed within six hours of bedtime can disrupt your sleep cycle. Moderate amounts of caffeine in the morning or early afternoon should have less of an effect on your sleep.
- Going to bed and waking up at the same time each day – including the weekends – is a healthy sleep hygiene practice that can also prepare you for time changes. Make sure you get at least seven hours of sleep each night before and after transitioning to or from day light saving time (DST).
- Since natural light is a driving force behind our circadian rhythms, exposure to sunlight can alleviate feelings of tiredness during the day that often accompany time changes.
- People who experience sleep debt as a result of DST may find some relief by taking short naps during the day. These naps should never exceed 20 minutes in length; otherwise, you may wake up feeling groggy. Rather than adjusting your wake-up time on Sunday morning immediately following a time change, consider a nap that afternoon instead.

Hopefully this newsletter will provide some helpful highlights in medicines safety and quality improvement. Please let me know if there is anything you wish to include and your feedback is always appreciated.

See **Somerset NHS Formulary Sleep disorders**

Esther

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Medicine Safety

Medication safety management

Does your practice….

- have a robust system in place to access and act on drug safety alerts? **CAS - Register User (mhra.gov.uk).**
- learn from incidents, promoting a culture of honesty and transparency where staff can report incidents both internally, locally and on national incident reporting systems in line with national patient safety strategy? (report incidents via **Somerset ICB Datix site** and adverse side effects via **Yellow card reporting site**).
- prescribe medication in line with national and any local formularies? (**Somerset ICB formulary** and **Traffic Light Guidance**).
- have processes, protocols and competencies in place to ensure safe prescribing for high-risk populations, of high risks drugs, special circumstances (e.g., end of life) and monitor long-term medication and repeat medication in line with the current guidance, setting review dates on the clinical system, conducting structured medication reviews and ensuring appropriate parameters are being monitored? (eclipse monitoring **via NHS pathways** and **Medicines monitoring specialist pharmacy service**).
- keep accurate records of medication people are taking e.g., prescribed from other service providers including over the counter/herbal/nutritional products and allergies.
- promptly address medication change/dosage change requests from secondary care, especially on patients' discharge from hospital.
- include link to **The NHS website** on website so patients can access resources on symptoms, conditions, medicines and services?
- encourage patients to sign up to online services e.g., NHS App to enable online repeat prescription requests and nominate a pharmacy.
- consider the needs of patients who have no access to the internet or smart phones and provide appropriate support, to avoid digital exclusion.
- staff know the processes to follow if digital systems fail.

Overdose Awareness & Prevention

- Naloxone is for everyone.
    - Help prevent opioid overdoses in Somerset by accessing free training and naloxone kits.
- Carry Naloxone.
    - Download the **Carry Naloxone app** to find locations, opening times and directions to naloxone suppliers in Somerset, and access useful information to recognise and respond to an overdose.

Reducing the chance of recurrent urinary tract infection (UTI) in postmenopausal women

- reduce chance of getting a UTI
    - wipe from front to back when going to the toilet.
    - avoid holding your urine in too long.
    - pass urine after sex to flush out any bacteria.
    - avoid dehydration – drink plenty of fluids.
- if these don't help, could try-
    - D-mannose
    - cranberry products

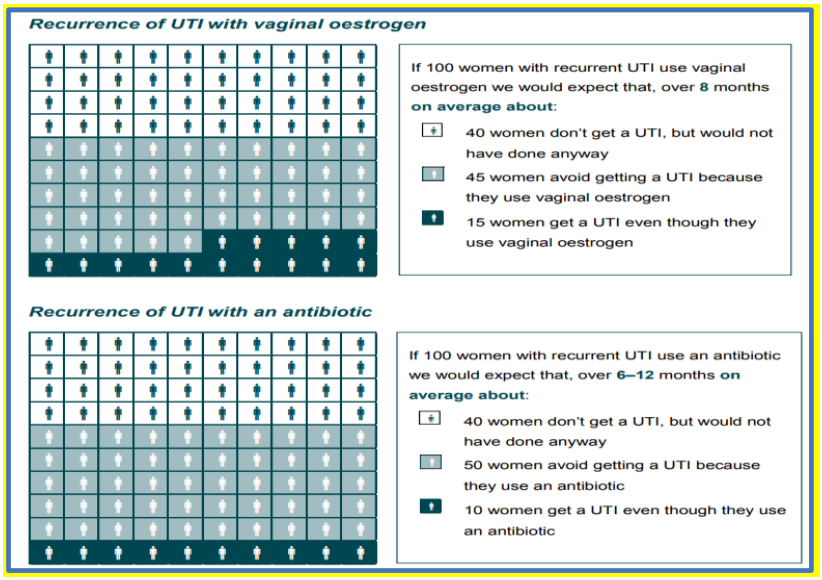
These options contain sugar and may not be suitable for people with diabetes or obesity.

- if these things don't help or are not suitable, could try vaginal oestrogen.
- if that doesn't work or isn't suitable you could try an antibiotic.

Taking antibiotics increases the chance of bacteria becoming resistant to them. This means that they may not work as well for you or other people in the future, for UTI or other infections.

- NHS Somerset ICB have approved methenamine as an option for prophylaxis of recurrent UTIs.
    - If using methenamine for prophylaxis **do not prescribe a prophylactic antibiotic**

Methenamine is contraindicated in renal and hepatic impairment. Alkaline agents reduce the effect of methenamine and should be avoided, antacids might cause an increase of urine pH and hence decrease the effect of methenamine.



- See the searches below on **eclipse solutions** to identify patients for review that are prescribed methenamine and UTI antibiotic and antacids and methenamine.

Methenamine and Ciprofloxacin Ciprofloxacin should not be used for uncomplicated UTIs and with caution in pts 60+. Joint methenamine and ciprofloxacin is not recommended. If Methenamine prophylaxis isn't working then stop methenamine and use formulary antibiotics for UTI Infections.	15/10/2023	**45**
Methenamine and nitrofurantoin Joint methenamine and Nitrofurantoin is not recommended. If Methenamine prophylaxis isn't working then stop methenamine and use formulary antibiotics for UTI Infections.	15/10/2023	**332**
Methenamine and trimethoprim Trimethoprim should not be used in pts 70+. Joint methenamine and trimethoprim is not recommended. If Methenamine prophylaxis isn't working then stop methenamine and use formulary antibiotics for UTI Infections.	15/10/2023	**93**
Avoid antacids and Methenamine Alkaline agents reduce the effect of methenamine and should be avoided, antacids might cause an increase of urine pH and hence decrease the effect of Methenamine.	15/10/2023	**85**

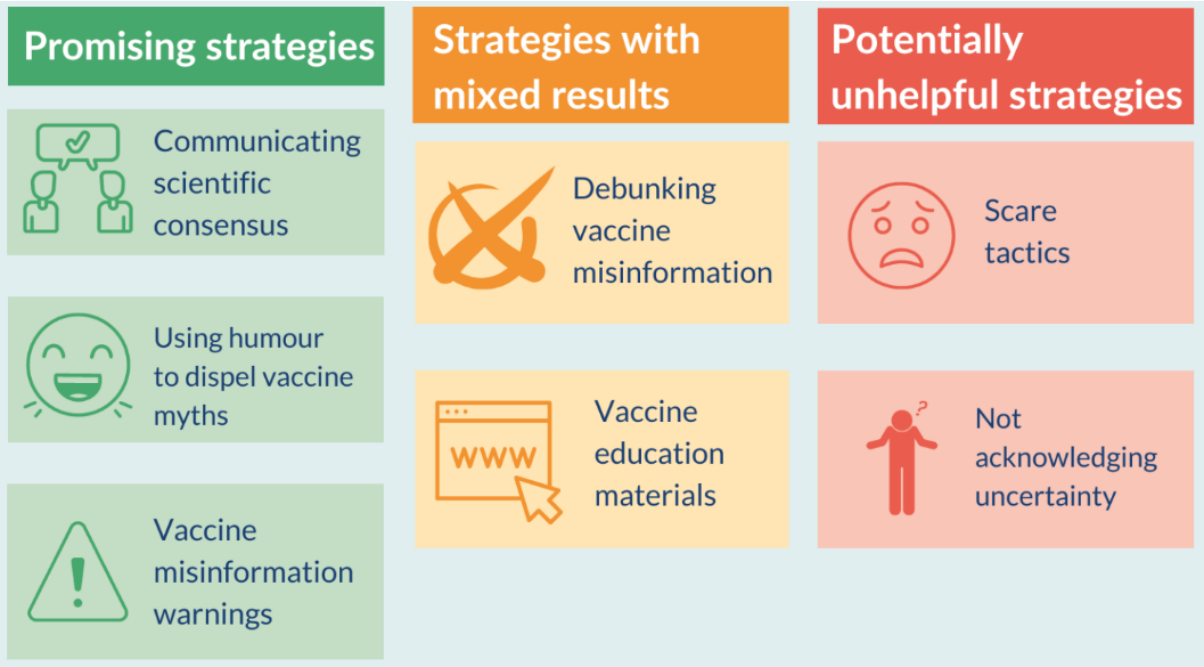
NIHR | National Institute for Health and Care Research

Methenamine is as good as antibiotics at preventing urinary tract infections

- Study included women who had frequent infections of the urinary tract. In 12 months', treatment, they had similar reductions in these infections, whether they received methenamine or an antibiotic.
- Antibiotics long-term can increase the likelihood that bacteria become resistant, and the antibiotics stop being effective. These bacterial infections can be dangerous.

How to tackle vaccine misinformation: what works and what doesn't?

- Expert commentary is provided on a review (34 studies) which found the most promising strategies for tackling vaccine misinformation include scientific consensus, humour to dispel myths and vaccine misinformation warnings.



NHS 75 England

Reducing long-term opioid use

- A programme by NHS England's national patient safety team reviewing opioid prescribing data resulted in an average of 21,520 fewer people a month being prescribed opioids for >3months. This could lead to 347 fewer people dying over the next two years from opioid side effects.
- See the search below on **eclipse solutions** to identify patients prescribed opioids for pain on repeat – 10,389 in Somerset.

Opioids prescribed for pain on repeat Reducing long-term opioid use. Measures fentanyl, tramadol, buprenorphine, morphine, oxycodone and codeine	15/10/2023	**10389**

NHS Somerset Formulary Pain

FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists

Opioids Aware (Faculty of Pain Medicine of the Royal College of Anaesthetists)

- A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain.
- **Long term harms of opioids.**
- **Information for patients.**

NHS England

Items which should not routinely be prescribed in primary care: policy guidance

- This policy guidance provides recommendations for items which should not be prescribed in primary care because they are **unsafe, ineffective for some or all patients, or are not cost-effective.**
- See **Open Prescribing** for prescribing measures in your practice.

GOV.UK

Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects

- Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of disabling and potentially long-lasting or irreversible side effects.
- Do not prescribe fluoroquinolones for non-severe or self-limiting infections, or for mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other antibiotics that are commonly recommended for these infections are considered inappropriate.

- Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

Fluoroquinolone antibiotics: suicidal thoughts and behaviour

- Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts.
- Healthcare professionals are also reminded to advise patients to be alert to these risks.

Methotrexate: advise patients to take precautions in the sun to avoid photosensitivity reactions

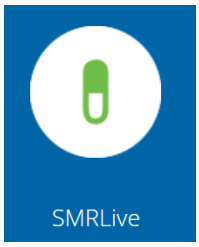
- Photosensitivity reactions are known side effects of methotrexate treatment and can be severe.
- Patients should be advised to take precautions to protect their skin in the sun e.g., using a sun protection product with a high SPF and wearing a hat, and clothes that cover arms & legs.

Statins: very infrequent reports of myasthenia gravis

- Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products).
- Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur.

Managing drugs with anticholinergic activity

- There is increasing evidence of the more serious effects associated with drugs with anticholinergic activity in older people.
- In an observational study of 13 004 people aged ≥65 years, long-term use of drugs with anticholinergic activity was associated with a greater decline of 0.33 points in the Mini-Mental State Examination score and higher 2-year mortality (OR 1.68, 95% CI 1.30 to 2.16; p<0.001) than use of medication without anticholinergic activity.



See **NHS Pathways** to identify your patients with high anticholinergic burden.

News and quality improvement

Online access to Medical and Healthcare books from Oxford University Press

- NHS staff and students on placement in England have access to over 150 Oxford University Press medical and healthcare books online, courtesy of NHS England.

Hypertension in adults: diagnosis and management NICE guideline (NG136 August 2019, updated March 2022)

- **Hypertension in adults: diagnosis and treatment visual summary**
- **How do I control my blood pressure? Lifestyle options and choice of medicines patient decision aid**

Hypertension in pregnancy: diagnosis and management NICE guideline (NG133 June 2019, updated April 2023)

- Visual summaries to explain assessment, treatment and other aspects of care for various conditions relating to hypertension in pregnancy:
  - **Planning care for women at moderate and high risk of pre-eclampsia**
  - **Assessment of proteinuria and care plans**
  - **Chronic hypertension: pre-pregnancy advice**
  - **Chronic hypertension: antenatal care**
  - **Gestational hypertension: antenatal care**
  - **Intrapartum care and place of care**
  - **Criteria for choice of critical care level (hypertension, pre-eclampsia and eclampsia)**
  - **Follow-up care and postnatal review**
  - **Antihypertensive treatment during the postnatal period**
  - **Risk of long-term cardiovascular disease**
  - **Pre-eclampsia: antenatal care**
  - **Risk of recurrence of hypertensive disorders of pregnancy**

NHS Somerset Formulary Blood pressure conditions

NHS Somerset Medicines used in pregnancy

News from The Medicines Programme Board (MPB)

National medicines optimisation opportunities 2023/24

This guidance describes the 16 national medicines optimisation opportunities for the NHS in 2023/24 - what we are doing in Somerset?

1. Addressing problematic polypharmacy: using the **Eclipse live tool** to identify patients. PCNs working hard to deliver SMRs despite the number of eligible patients outweighing capacity.
2. Addressing low priority prescribing: Selfcare scorecard indicator. **Items which should not routinely be prescribed in primary care: policy guidance.**
3. Improving uptake of the most clinically and cost-effective medicines: Implementing NICE guidance as soon as its published.
4. Obtaining secondary care medicines in line with NHS England commercial medicines framework agreements: SFT use software to support and deliver off contract during shortages.
5. Standardising product formulations of aseptically compounded medicines: SFT updating units in Somerset.
6. Using best value biologic medicines in line with NHS England commissioning recommendations: SFT adopt biosimilars promptly.
7. Addressing inappropriate antidepressant prescribing: Currently under review as challenging area for prescribers and patients.
8. Appropriate prescribing and supply of blood glucose and ketone meters, and testing strips: Benchmark well and engaged with Interface to support practices.
9. Identifying patients with atrial fibrillation and using best value direct-acting oral anticoagulants: using the **Eclipse live tool** to support anticoagulation initiation. Increased anticoagulant prescribing costs offset with improved clinical outcome (reduced stroke events).

10. Identifying patients with hypertension and starting antihypertensives where appropriate: National and patient engagement campaigns. Advice on lifestyle and diet.
11. Improving respiratory outcomes while reducing the carbon emissions from inhalers: Reduction in patients on mixed inhalers scorecard indicator, aligning patients to one inhaler device pathway.
12. Improving valproate safety: Reduction in medications which are high risk in pregnancy prescribed without contraception scorecard indicator and GP referral process for trust pregnancy prevention programme review.
13. Optimising lipid management for cardiovascular disease prevention: Increase ezetimibe prescribing scorecard indicator, raising awareness to improve patient outcomes in Somerset.
14. Reducing course length of antimicrobial prescribing: as per **Somerset antimicrobial prescribing guidelines.**
15. Reducing opioid use in chronic non-cancer pain: Reducing opiate prescribing (excluding injectables) scorecard indicator and Somerset Drugs and Alcohol and Community Pain Management combined e-referral service for patients who are wanting to reduce their opiates.
16. Switching intravenous antibiotics to oral: as per trust antimicrobial prescribing guidelines.

Medicines Shortages

SPS Medicines Supply Tool

- Provides up to date information about medicine supply issues.
- To access the tool you will be required to register with the SPS website.

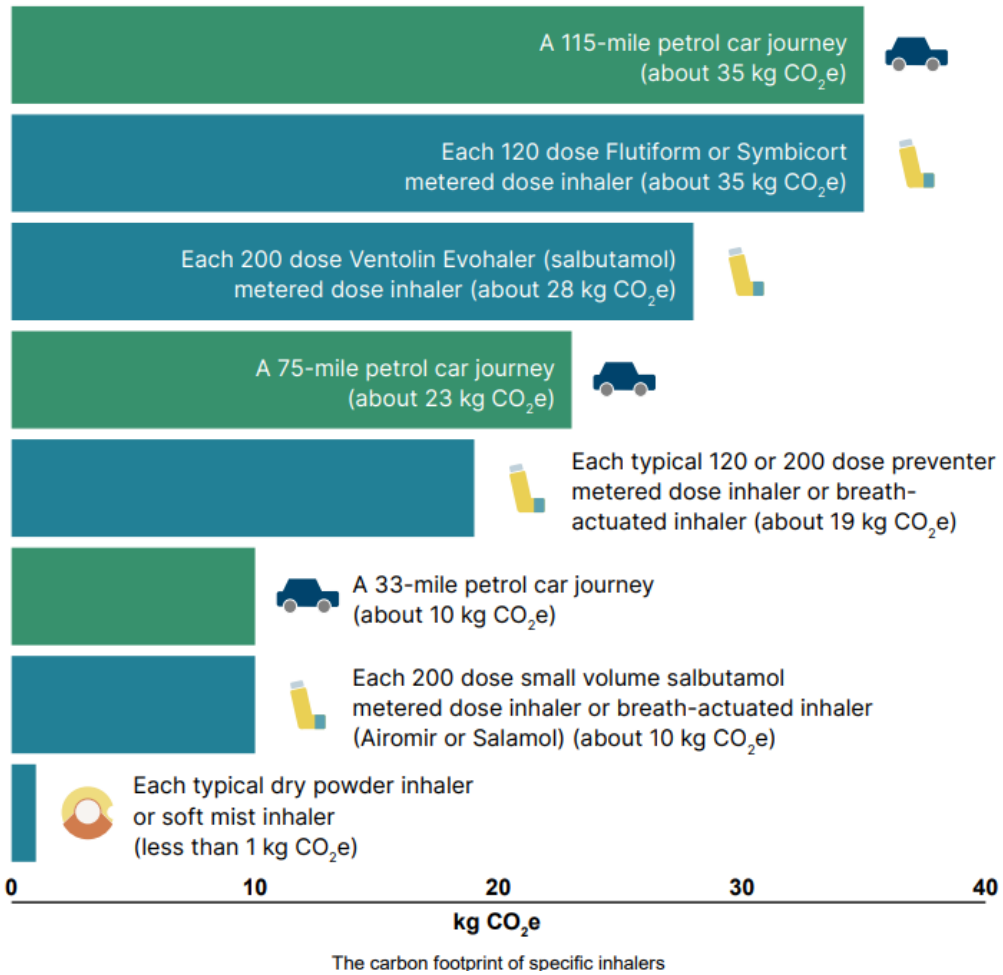
Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets

- See SFT and Council ADHD guidance

Green Carbon Footprint

NICE National Institute for Health and Care Excellence

Asthma: diagnosis, monitoring and chronic asthma management NICE guideline (NG80 November 2017, updated: 22 March 2021



The carbon footprint of specific inhalers

Switch from six - a green inhaler initiative

- The British Thoracic Society (BTS) recommends that asthmatic young children should use a pressurised metered dose inhaler (pMDI) plus a spacer to deliver both inhaled corticosteroid (ICS) and beta 2 agonists, with a mask until they can reproducibly use the spacer mouthpiece.

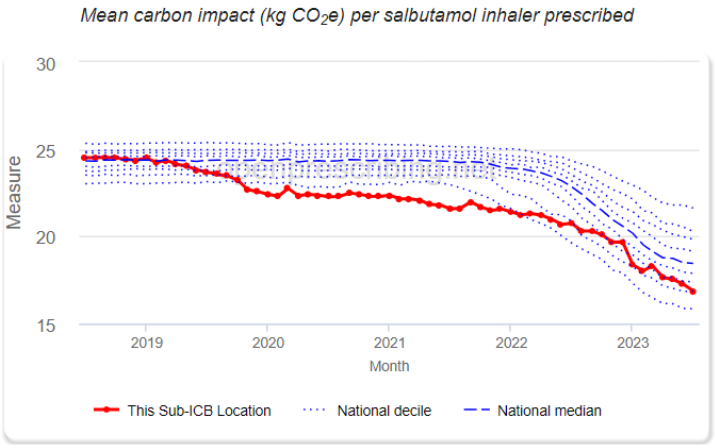
- However, in children 5-12 years, they say evidence supports use of a dry powder inhaler (DPI) as equally effective to a pMDI plus spacer. So, should we try a switch to dry powder inhalers around this age in children with well controlled asthma on maintenance therapy?

- This would support the drive to reduce the environmentally harmful hydrofluoroalkane (HFA) propellants in pMDIs.
- Further work by **All Wales Paediatric Asthma Management** suggests that increasing the number of children on DPIs could significantly help reduce the carbon burden of inhalers, and that consideration should be given to children 6 years and older to switch to DPIs.
- Evidence suggests that 86% of 5-12-year-olds and 98% of children aged >8 years can use a DPI Turbohaler effectively[1]. Many DPIs are licensed in this age group, see **right breathe.**
  - Easyhaler salbutamol and budesonide 100 and 200mcg
  - Bricanyl, Pulmicort and Symbicort 100/6
  - Budelin Novolizer
  - Seretide and Flixotide Accuhaler
- As in older children and adults, children aged 6-12 years may have a preference to use DPI over MDI and spacer given the convenience of not carrying around a spacer device.
- DPIs generally require a minimum inspiratory flow rate of approximately 30L/min. Training whistles and placebo inhalers can be used to check patients can achieve these flow rates and to help optimize inhaler technique.
- We would recommend that children have adequate resources to deliver good inhaler technique and are reviewed after 3 months for any change in therapy.

[1] De Boeck K, Alifier M, Warnier G. Is the correct use of a dry powder inhaler (Turbohaler) age dependent? J Allergy Clin Immunol. 1999 May;103(5 Pt 1):763-7. doi: 10.1016/ s0091-6749(99)70417-3. PMID: 10329807.

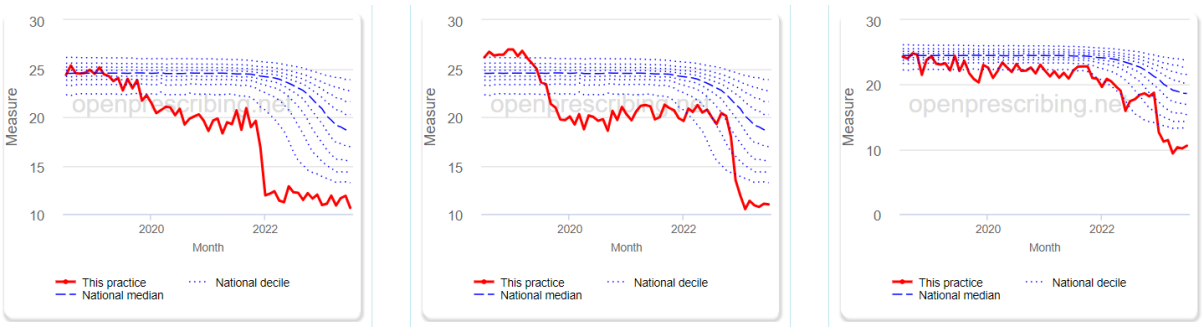
Carbon footprint of salbutamol inhalers

- Back in late 2019 practices in Somerset embraced the idea of switching salbutamol inhalers to DPIs and low propellant pMDIs, and we led the way.

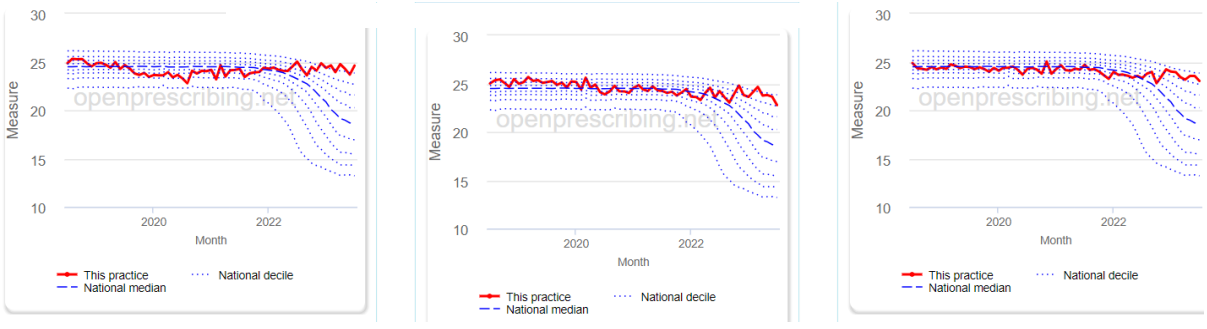


- Since 2022 however, the others have caught up and overtaken us. We are still improving each month, but it is clear that some practices have not changed their prescribing habits at all.

Best practices



Practices with more to do



- Temporary shortage of Easyhaler salbutamol is frustrating, but Salbulin is available as an alternative. For those patients who prefer an MDI, Salamol and Airomir (and their breath actuated equivalents) have half the amount of HFA propellant.

- We still prescribe over 7000 Ventolin or generic salbutamol MDI inhalers per month, many of which are paired with DPI preventer inhalers. Matching with same type of inhaler is preferential because of uniformity of technique.
- Check **here** to see how you are doing.

Easyhalers, Easychambers and Easy breathes

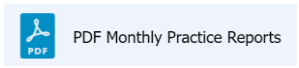
- These terms are causing some confusion! Easyhalers are dry powder inhalers and therefore are not suitable for use with Easychambers (spacers). Easychambers are spacer devices for MDIs only. Easibreathes are breath-actuated MDIs, so also not suitable for Easychambers. Easy? Not really!

Cost-effective prescribing

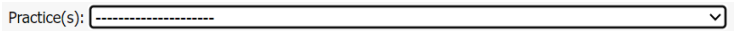
eclipse

www.eclipsesolutions.org

- Select monthly practice reports.



- Select practice.



- Select.

- Select switch to maximise monthly practice and NHS Somerset ICB savings.

Switch From	Switch To	Ratio	Group Saving p/m	CCG Saving p/m
Famotidine Tablet 20 mg tab Pack of 28	**Pantoprazole Tablets** 20 mg tab Pack of 28	1.00:1	£3,223.68	£40,576.14

Money saved can be spent on unmet need and improving health outcomes for more people in Somerset.

Thank you!

Somerset Medicines Management Team