

# NHS Somerset ICB Medicines Management Team Newsletter

## Spring 2024



Welcome to the NHS Somerset ICB Spring 2024 edition Medicines Management Newsletter.

As we see the green emerging... think green

## Pharmaceutical waste reduction in the NHS

It has been estimated £300 million of NHS prescribed medicines are wasted each year.



**Non-compliance** – patient does not take medicines as prescribed e.g. taking at irregular intervals or in incorrect doses.

**Intentional non-adherence** – patient stops taking medication due to adverse side-effects or personal beliefs.

**Unintentional non-adherence** – patient stops taking medicine or fails to take at correct intervals due to forgetfulness.

**Non-preventable waste** – patient dies, and unused medicines are wasted, or a change in treatment means current dispensed medicines are no longer required.

**Preventable waste** – patient stockpiles medicines “just in case”. All items from repeat prescription are dispensed even if patient no longer takes the medicine.



### How do you manage requests for repeat medicines?

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.

*Esther*

Medicines Manager and Medicines Safety Officer

Contact me  
email: [esther.kubiak@nhs.net](mailto:esther.kubiak@nhs.net)

## Medicine Safety

**NICE** National Institute for  
Health and Care Excellence

### Parkinson's disease in adults

- **Do not offer anticholinergics to people with Parkinson's disease who have developed dyskinesia and/or motor fluctuations.**
- Anticholinergics will increase risk of constipation, cognitive impairment and falls.
- Older people are more likely to be exposed to multiple anticholinergics due to their high degree of comorbidity.
- Somerset has 12 people with a diagnosis of Parkinson's disease prescribed Trihexyphenidyl, 8 people are aged >65.
- See the search below on [eclipse solutions](#) to identify people in your practice with Parkinson's disease prescribed Trihexyphenidyl for review.
- Please contact local specialist for potential deprescribing.

<b>Trihexyphenidyl in Parkinson's disease</b> Do not offer anticholinergics to people with Parkinson's disease who have developed dyskinesia and/or motor fluctuations. <a href="https://www.nice.org.uk/guidance/ng71/resources/parkinsons-disease-in-adults-pdf-1837629189061">https://www.nice.org.uk/guidance/ng71/resources/parkinsons-disease-in-adults-pdf-1837629189061</a>	25/02/2024	12
--	------------	----

### Prescribe **Desitrend®** Levetiracetam granules as per specialist advice for

- Patients with swallowing difficulty, or for children over 25kg unable to swallow tablets (including patients with learning difficulties). Can be taken with a small amount of liquid (10mls) or mixed with food.
- Patients who are on a ketogenic diet (is carbohydrate free).
- Administration via a feeding tube (dissolve in 10mls of water).



## Revised SPC: Mirapexin (Pramipexole) tablets - all strengths

- Restless legs augmentation syndrome (earlier onset of symptoms in the evening/afternoon, increase in symptoms, and involvement of other extremities) added as very common adverse effect. If suspected, lowest effective dose should be used, or stopping treatment should be considered.



### Restless legs syndrome

#### **Underlying health condition**

Restless legs syndrome can sometimes occur as a complication of another health condition, or it can be the result of another health-related factor. This is known as secondary restless legs syndrome. You can develop secondary restless legs syndrome if you:

- have [iron deficiency anaemia](#) (low levels of iron in the blood can lead to a fall in dopamine, triggering restless legs syndrome)
- have a long-term health condition (such as [chronic kidney disease](#), [diabetes](#), [Parkinson's disease](#), [rheumatoid arthritis](#), an [underactive thyroid](#), or [fibromyalgia](#))
- are pregnant (particularly from week 27 until birth; in most cases the symptoms disappear within 4 weeks of giving birth)

#### **Triggers**

There are a number of triggers that don't cause restless legs syndrome but can make symptoms worse. These include medications such as:

- antidepressants
- some antipsychotics

- lithium (used in the treatment of bipolar disorder)
- antihistamines

Other possible triggers include:

- excessive caffeine or alcohol
- smoking
- being overweight or obese
- stress

See [4.4 – Movement disorders – Somerset Prescribing Formulary \(nhssomerset.nhs.uk\)](#)



- Somerset has 292 people with a diagnosis of Restless legs syndrome prescribed Pramipexole - some at very high doses.
- See the search below on [eclipse solutions](#) to identify people in your practice with Restless legs syndrome prescribed Pramipexole for review.
- Please contact local specialist for potential deprescribing.

<b>Revised SPC: Pramipexole tablets - all strengths</b> <small>Restless legs augmentation syndrome (earlier onset of symptoms in the evening/afternoon, increase in symptoms, and involvement of other extremities) added as very common adverse effect. If suspected, lowest effective dose should be used, or stopping treatment should be considered.</small>	25/02/2024	<b>292</b>
---	------------	------------

- Somerset has 18 people with a diagnosis of Restless legs syndrome with Hb <10.
- See the search below on [eclipse solutions](#) to identify people in your practice with Restless legs syndrome and Hb <10 for review (may be able to stop pramipexole, once low Hb treated, and symptoms resolved)
- Please contact local specialist for potential deprescribing.

<b>Hb &lt;10 Patient with Restless legs syndrome</b> <small>Iron deficiency anaemia (low levels of iron in the blood can lead to a fall in dopamine, triggering restless legs syndrome). Please review this patient.</small>	25/02/2024	<b>18</b>
---	------------	-----------

## **Resources to support patients having a Structured Medication Review**

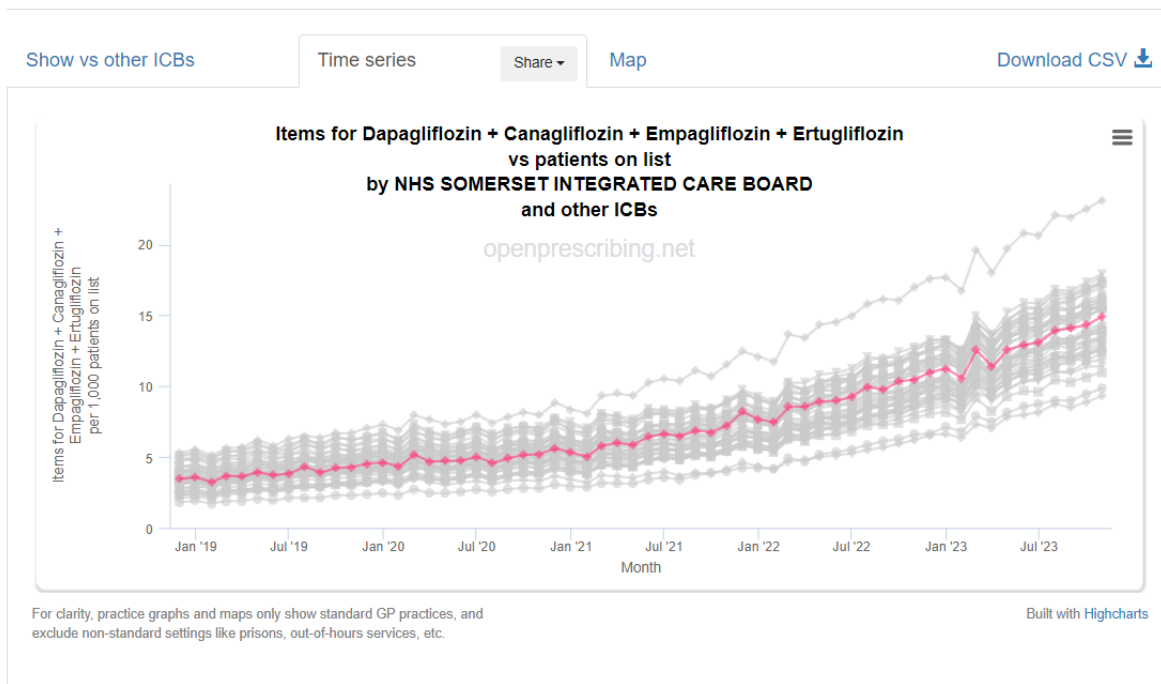
- Range of patient information materials in different community languages to support and prepare people who have been invited for a medication review.
- Materials are free to use and can be printed and used in paper format, or shared electronically with patients by email, text or any other electronic systems used within your workplace.
- People who may benefit from a medication review are those who are taking several medicines regularly or are taking medicines for long term conditions. The medication review can help to identify any medicines that are no longer appropriate or any that may need a change in dose.



## **SGLT2 inhibitors: reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum)**

- If Fournier's gangrene is suspected, stop the SGLT2 inhibitor and start treatment urgently (including antibiotics and surgical debridement).
- Fournier's gangrene is a rare but potentially life-threatening infection that requires urgent medical attention.
- Advise patients to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise.

With our growing use of SGLT2s we will unfortunately see a few more rare side effects. If these occur, please remember to both code them (e.g. K2846 Fournier's gangrene of scrotum) and report to the [Yellow Card Scheme](#).



## Codeine linctus to be reclassified to a prescription-only medicine because of risk of abuse and addiction

- Codeine linctus is to be reclassified from a pharmacy-only medicine (P) to a prescription-only medicine (POM) **owing to the risk of dependence, addiction, and overdose.**
- Codeine linctus is only authorised for the treatment of dry cough.
- Codeine linctus is only considered to be effective in the treatment of chronic cough lasting over 8 weeks.
- Advise patients that those with a long-term cough should see a healthcare professional, for review of symptoms and may require medical assessments to check for other conditions which may be the cause of the cough.
- We would encourage healthcare professionals to read the Summary of Product Characteristics for special warnings and contraindications for the use of codeine linctus, especially in patients with a history of substance abuse.
- Record prescription details in the patient's summary care record (or equivalent) and encourage patients to read the Patient Information Leaflet that comes with their medicine.

- Report suspected adverse drug reactions to codeine linctus to the [Yellow Card scheme](#).

**NHS Somerset strongly recommend that prescribers discuss the risk of addiction when initiating new patients on any opioid containing medication and also on review. This discussion should be recorded in the patient notes. Just three days of codeine or dihydrocodeine medicines can lead to addiction. Please see our resources below which includes advice on reducing opioids, managing chronic pain and driving.**

### [Pain Management - NHS Somerset ICB](#)

#### [4.6 – Pain – Somerset Prescribing Formulary \(nhssomerset.nhs.uk\)](#)



### [NHS Somerset Integrated Care Board \(ICB\) Incident Report Form](#)

- The ICB actively encourages reporting of incidents affecting quality and safety. Our aim is to be a learning organisation and engender an open and fair culture.
- Report using Datix and
  - controlled drug related incidents to [www.cdreporting.co.uk](http://www.cdreporting.co.uk)
  - community pharmacy incidents to [england.pharmacysouthwest@nhs.net](mailto:england.pharmacysouthwest@nhs.net)

### Central Alerting System

### [Valproate: important new regulatory measures for oversight of prescribing to new patients and existing female patients](#)

- The harmful effects of prenatal exposure to valproate are well documented. Following a review, the Commission on Human Medicines has recommended further restrictions to valproate use to reduce avoidable harm which were introduced by the MHRA in January.
- These measures aim to ensure valproate is only used if other treatments are ineffective or not tolerated, and that any use of valproate in women of childbearing potential who cannot be treated with other medicines is in accordance with the Pregnancy Prevention Programme (PPP). Given these and other risks of valproate, these measures also aim to reduce initiation of valproate to only in patients for whom no other therapeutic options are suitable.

### [NHS Somerset Shared Care Protocol Valproate medicines for patients \(male or female\) under the age of 55 years for all indications](#)



### [Manufacturer contingency arrangements](#)

- Summarises the contingency arrangements for the manufacturers and products that Community Pharmacy England is currently most frequently receiving calls about.

### [MHRA investigates risks associated with montelukast after concerns over neuropsychiatric reactions](#)

- Review will cover new data on risks, lack of awareness of side effects among patients, carers, & clinicians, and whether further regulatory action is needed.
- It comes after families of children on the drug reported serious side effects, including aggression & suicidal behaviour.



## Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions

- Prescribers should be alert for neuropsychiatric reactions in patients taking montelukast and carefully consider the benefits and risks of continuing treatment if they occur.

### Advice for healthcare professionals:

- Be alert for neuropsychiatric reactions in patients taking montelukast; events have been reported in adults, adolescents, and children.
- Advise patients and their caregivers to read carefully the list of neuropsychiatric reactions in the patient information leaflet and seek medical advice immediately should they occur.
- **Carefully evaluate the risks and benefits of continuing treatment if neuropsychiatric reactions occur.**
- Be aware of newly recognised neuropsychiatric reactions of speech impairment (stuttering) and obsessive–compulsive symptoms.
- Report suspected adverse drug reactions associated with montelukast to the [Yellow Card Scheme](#).

Montelukast patient prescribed antidepressant or antipsychotic <small>Review and be aware of potential Montelukast side effects <a href="https://www.gov.uk/drug-safety-update/montelukast-singulair-reminder-of-the-risk-of-neuropsychiatric-reactions">https://www.gov.uk/drug-safety-update/montelukast-singulair-reminder-of-the-risk-of-neuropsychiatric-reactions</a></small>	15/03/2024	1103
--	------------	------

- Somerset has 1103 people prescribed Montelukast and an antidepressant or antipsychotic who we recommend are reviewed as per MHRA advice.
- See the search below on [eclipse solutions](#) to identify people in your practice.

## News and quality improvement

European Journal of  
**Preventive Cardiology**

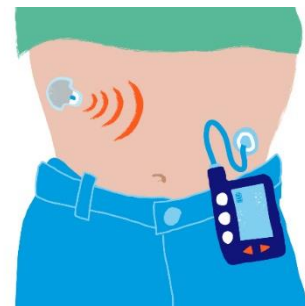
## Statin use and risk of dementia or Alzheimer's disease: a systematic review and meta-analysis of observational studies

- In the pooled analyses, statins were associated with a decreased risk of dementia [36 studies, OR 0.80 (CI 0.75-0.86)] and of AD [21 studies, OR 0.68 (CI 0.56-0.81)].
- In the stratified analysis by sex, no difference was observed in the risk reduction of dementia between men [OR 0.86 (CI 0.81-0.92)] and women [OR 0.86 (CI 0.81-0.92)]. Similar risks were observed for lipophilic and hydrophilic statins for both dementia and AD, while high-potency statins showed a 20% reduction of dementia risk compared with a 16% risk reduction associated with low-potency statins.
- These results confirm the absence of a neurocognitive risk associated with statin treatment and suggest a potential favourable role of statins.



### Clinical coding – SNOMED CT

- Code patients using an insulin pump, with the snomed code 69805005.
- Coding provides high quality data for clinicians which ensures better and safer patient care.
- Supports service planning and delivery decisions.

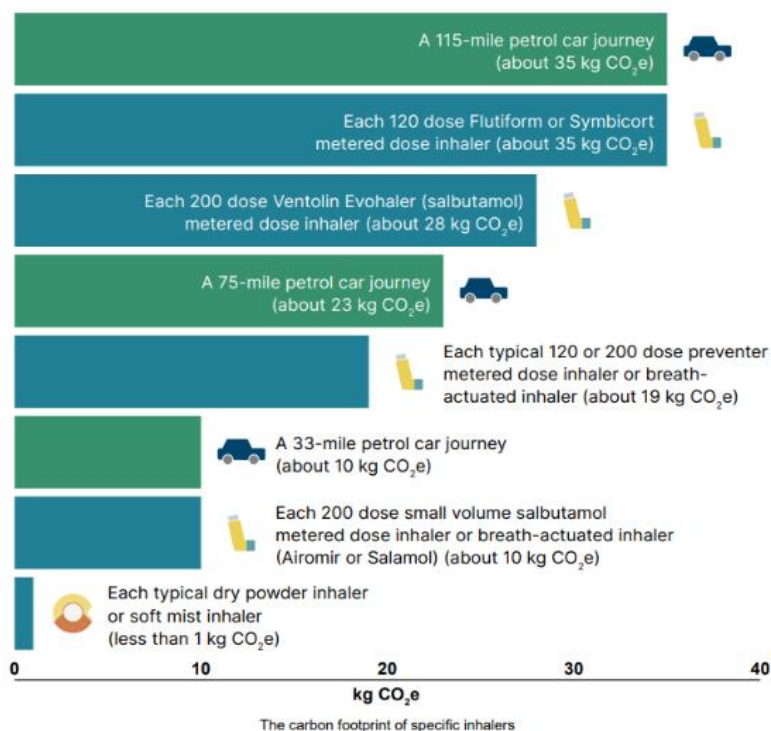


General  
Medical  
Council



### Managing resources effectively and sustainably

- You must make good use of the resources available to you, and provide the best service possible, taking account of your responsibilities to patients and the wider population.
- You should choose sustainable solutions when you're able to, provided these don't compromise care standards.
- You should consider supporting initiatives to reduce the environmental impact of healthcare.



## NHS Somerset Carbon Reduction Recommendations.

BMJ Journals

Thorax



### [Greenhouse gas emissions associated with suboptimal asthma care in the UK: the SABINA healthCARE-Based enviroNmental cost of treatment \(CARBON\) study](#)

- Study (n=236,506) found the carbon footprint for asthma care in UK was 750,540 tonnes of CO<sub>2</sub> emissions per year, with poorly controlled asthma contributing 303,874 excess tonnes, equivalent to >124,000 houses.
- Excess emissions were mainly due to high short-acting  $\beta$ 2-agonist use.

# Short acting beta agonist inhalers by practices in NHS SOMERSET

**Why it matters:** *Why Asthma Still Kills* reports that high use of short acting beta agonists (salbutamol and terbutaline) and poor adherence to inhaled corticosteroids in asthma suggests poor control - these patients should be reviewed regularly to ensure good control.

## How is my practice doing?

### Short acting beta agonist inhalers by practices in NHS SOMERSET | OpenPrescribing

#### Green Inhaler

Making your inhaler more environmentally friendly

#### Telling if your inhaler is empty

- Keep a track of how many doses you've taken (inhaler has 200 doses, use 4 doses a day, will last for 50 days).
- Weigh your inhaler to see how full or empty it is.
- it ONLY WORKS FOR VENTOLIN EVOHALER?!

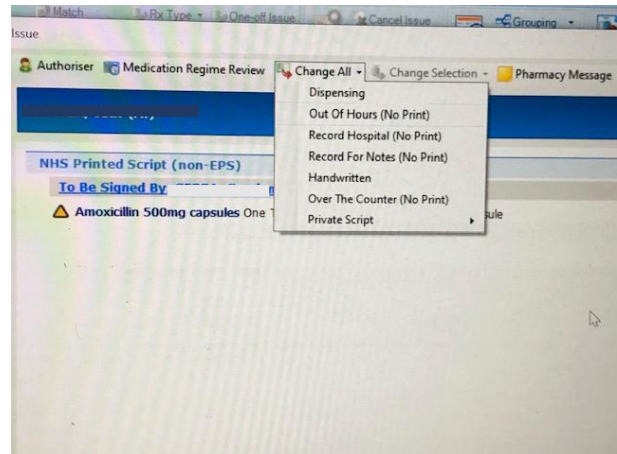
**Table 2:** Practical table to determine if the canisters of the salbutamol pressurised metered-dose inhalers are empty.

Does my pressurised metered-dose inhaler still contain salbutamol?		
Weight of canister	Drug remaining?	Remaining doses
29 g	Yes, it is full	200
25 g	Yes, it is 3/4 full	150
22 g	Yes, it is 1/2 full	100
18 g	Yes, it is 1/4 full	50
≤15 g	No, it is empty	0



**Recording medicines prescribed elsewhere into the GP practice record.**

- When GP practices receive correspondence from other service providers, information on any prescribed medication should be added to GP practice records.
- Once in the patient record, enter the drug details as normal on the 'add a drug' screen, ensuring that either 'acute' or 'repeat' is selected as appropriate and then select 'issue'.



- The 'issue' screen is then displayed. It is this screen where the user is able to change where or how the medication has been prescribed. Select 'Change All' at the top of the screen and select 'Hospital (no print)' for a medication prescribed by other service provider and follow steps by clicking the 'Approve and complete button'.
- Select "Record Hospital (No print)" on the issue screen.
- Further options of 'Record for Notes (No Print)' and 'Over the Counter (No Print)' are also available if required.



## [NHS Type 2 Diabetes Path to Remission Programme](#)

- The NHS is delivering a new programme which provides a low-calorie diet treatment for people who are overweight and living with type 2 diabetes. The programme is based on the DiRECT study which showed that this approach could help people lose weight, improve their diabetes control, reduce diabetes-related medication and even achieve remission (whereby blood glucose levels return to normal without the need for medication). Somerset has been chosen as a pilot site for interested participants. See [Low Calorie Diet Programme Teamnet page](#).



## DR DAVID UNWIN'S SUGAR INFOGRAPHICS

- These sugar infographics help people understand the approximate effect various foods may have on their blood sugar in terms of a 4g teaspoon of sugar. For example, a bowl of 150g of boiled rice is roughly equivalent to ten teaspoons of table sugar.




## Freshwell low carb project

- The Freshwell Low Carb Project is an initiative set up by Dr David Oliver and Dr Kim Andrews at the Freshwell Health Centre, Essex.
- This project grew out of our concern about the rise in incidence of type 2 diabetes over the last few years, alongside the widely reported rapid increase in obesity in the UK population.
- [Freshwell Low Carb Project -Meal Planners](#) provides inspiration and recipes to make it a little easier to adopt a low carbohydrate lifestyle. All meal planners can be downloaded as a PDF for free and also available on the free [Freshwell App](#).


## Freshwell Guide

For a low carb lifestyle, eat plenty of unprocessed protein and non-starchy vegetables.


Drink lots of water, **not** fruit juice, or fizzy drinks. Keep alcohol to a minimum. Coffee and tea (without sugar) are fine.



Check the **ingredients** on packaged foods. If there are more than 5 ingredients and / or ingredients you wouldn't find in your kitchen, it may be ultra processed **best to avoid!**

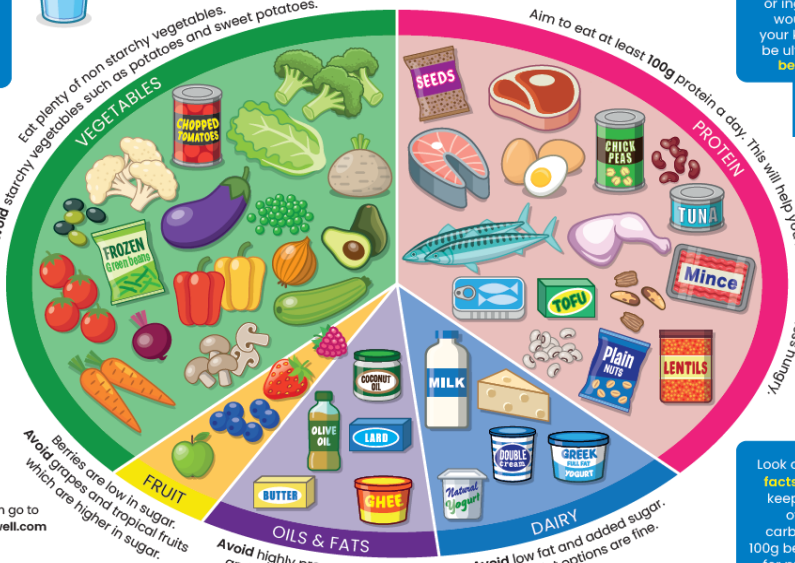


Download the free app




Note: If you're taking any medication, speak to your doctor before adopting a low carb lifestyle.

For more information go to [www.lowcarbfreshwell.com](http://www.lowcarbfreshwell.com)




Aim to eat at least 100g protein a day. This will help you feel full and less hungry.

Look at the **nutrition facts label**. Aim to keep the number of grams of carbohydrate per 100g below 10g, except for pulses / beans.



Aim for a maximum of 130g carbs per day, or lower if you can manage it.



## Diabetes - NHS Somerset ICB

### Revised NHS Somerset ICB Traffic Light Guidance classification



<b>Green</b>	Appropriate for prescribing in primary and secondary care
<b>Amber<sup>1</sup></b>	Appropriate for prescribing without formal shared care protocol, may be initiated by GP on trust advice
<b>Amber<sup>2</sup></b>	Appropriate for prescribing when trust initiated, without formal shared care protocol
<b>Amber<sup>3</sup></b>	Appropriate for prescribing when trust initiated, with formal contractual shared care protocol
<b>Red</b>	Appropriate for specialist prescribing only
<b>Not for general use</b>	Appropriate for prescribing on case-by-case basis for individual exceptional cases

## News from The Medicines Programme Board (MPB)

### Prevention of future death reports January/February 2024

- Inadvertently overdosed on fentanyl
  - Using dosages in excess of the prescription with no medication review.
- Overprescribing of zopiclone
  - Over twice the appropriate amount of zopiclone was issued with lack of robust processes in place for managing repeat medication requests.
- Oxycodone and pregabalin
  - History of depression and suicide ideation with no medication review.
- Toxicity of multiple drugs
  - History of depression and attempted suicides, using dosages in excess of the prescription and struggling to manage addictive effects of the pain medication.
- Somerset has 17609 people prescribed opioids and gabapentinoids and 4410 people prescribed zopiclone or temazepam.
- See the search below on [eclipse solutions](#) to identify people for review and potential for dose reduction and deprescribing.

<b>Opioids and Gabapentinoids on repeat</b> Prevention of future death report.	01/03/2024	<b>17609</b>
---	------------	--------------

<b>Prescribed zopiclone or temazepam</b> Prevention of future death report. Please review frequency of use/supply and consider alternative options.	03/03/2024	<b>4410</b>
--	------------	-------------



## 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.

## Cost-effective prescribing

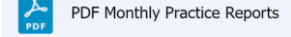
### Generic prescribing and Somerset ICB position on the prescribing of expensive brands

- Somerset is spending an additional £450,000 per year on expensive brand prescribing. This could be invested in additional and different care for patients.
- The GP NHS terms of service require that a patient receives an NHS prescription where a treatment is deemed clinically necessary.
- Unless there is a clear clinical justification for prescribing a particular brand, for example intolerance or allergy to a specific excipient, then a generic prescription should be issued.
- Practices are asked to review the latest generic savings report of quarterly data on their expensive brand prescribing and then take action to switch patients to the more cost effective generic product.
- Where a more cost effective generic or ICB recommended branded generic product exists, prescribers should inform patients that they will NO LONGER prescribe the more expensive branded product. From previous surveys the vast majority of patients understand and support the reasons for such changes.
- There are some circumstances in which continuity of the same brand is important for patient safety and brand-name prescribing is preferred. These include:
  - When specifically advised to do so as part of an ICB prescribing initiative.
  - Where there is a difference in bioavailability between brands of the same medicine.
  - Where modified release preparations are not interchangeable e.g. diltiazem.

- Where there are important differences in formulation between brands of the same medicine e.g. some controlled drugs.
- Where products contain multiple ingredients and brand name prescribing aids identification e.g combined oral contraceptives.
- Where administration devices (e.g. inhaler or self-injection) have different instructions for use and patient familiarity with one product is important.
- Where the product is a biological rather than chemical entity.
- Where significant clinical safety issues may be caused by switching a brand.



[www.eclipsesolutions.org](http://www.eclipsesolutions.org)

- Select monthly practice reports. 
- Select practice. Practice(s):
- 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
<b>Famotidine Tablet</b> 20 mg tab Pack of 28	<b>Pantoprazole Tablets</b> 20 mg tab Pack of 28	1.00:1	£3,223.68	£40,576.14


## Brand to generic savings

- See table below for Top 5 savings.
- **Somerset could save £180,804.76 a year just on these.**

Proprietary drug	Potential annual saving (£)
Ganfort 0.3mg/ml / 5mg/ml eye drops	£62,877.96
Vagifem 10microgram vaginal tablets	£47,107.14
Vagirux 10microgram vaginal tablets	£37,511.40
Dovobet ointment	£16,865.76
Circadin 2mg modified-release tablets	£16,442.49
<b>Annual savings for top 5</b>	<b>£180,804.74</b>

- Filter/find your practice details in the worksheet to view a list of branded prescriptions that could generate savings if switched to generic.

Practice	Proprietary drug	Generic equivalent drug	Items	Quantif	Proprietary cost (£)	Generic equivalent cost (£)	Potential saving (£)	Potential saving (%)	Additional Comments
									! Available OTC if self care, if not switch to generic



## Selfcare

Conditions for which over the counter items should not routinely be prescribed in primary care (NHSE 2018) recommend that self-care for minor ailments (i.e., not long-term chronic conditions) and dietary supplements (except post bariatric procedures) should not be prescribed in primary care.

## Somerset Medicines Management Team