



# MEDICINES METRO

June 2018

Volume 3, Number 1

## Key Highlights

- Launch of the 2018/19 PIS/QIPP

- Self-care Update

- Antibiotic Guideline Update

- MHRA Drug Safety Update

- Medication Spotlight- Lithium

- Discontinued Medication and Shortages

- Queries Corner

## Useful

### Resources:

(click on the links below)

- [South East London Area Prescribing Committee](#)

- [Formulary](#)

- [RAGG List](#)

- [SPS Fridge Storage Requirements](#)

## Message from MOT

Welcome to the third edition of the Medicines Metro... (and the New Financial Year!)

## Prescribing Improvement Scheme/QIPP 2018-19

Quality, Innovation, Productivity and Prevention (QIPP) is a national initiative to improve the quality of care whilst making efficiency savings. Please find the details to this year's Prescribing Improvement Scheme (PIS) [here](#).

### Indicators

#### Prescribing Improvement Scheme

1. **Budget**
- 2a. **Antibiotics** Prescribing of trimethoprim in UTI for patient >70 yrs.
- 2b. Reduce total antibiotics prescribed  
Items/STAR PU ≤ 0.81
3. **Self-care part 1\*** - 35% reduction in spend for OTC medication (Local initiative)
4. **Self-care Part 2** – 25% reduction in spend for OTC medication (National initiative NHSE)
5. NHS England **low value POMs** (25% Reduction)
6. **Respiratory prescribing 1** – dual bronchodilator therapy in COPD
7. **Respiratory prescribing 2** – Cost Effective Tiotropium device in COPD
8. **Low Cost Pen Needles in Diabetes\***

\* Federation based indicators

#### Other QIPP Areas

- **Generics** – Prescribing of Pregabalin, Tadalafil, Ezetimibe and Rosuvastatin
- **Lidocaine Plasters**
- **ONS Adults SIP feeds & Paediatric CMPA** (Dieticians contact email)

[gsttr.prescribingsupportdietitians@nhs.net](mailto:gsttr.prescribingsupportdietitians@nhs.net)

- **Specials**
- **Self-care** – Malaria
- **Vitamin D** – Licensed products
- **Gluten-free foods**
- **Respiratory**- Reduction in high dose inhaled fluticasone/salmeterol

#### Audits

**9a. Respiratory** – Reviewing high-dose inhaled corticosteroids

**9b. Medicines Reconciliation** – Review practice processes

## Self-Care Update

1. NHS Southwark CCG **no longer supports** the routine prescribing of [OTC medication](#) for self-limiting conditions (such as coughs, colds, dry skin, upset tummies etc), [Antimalarial medication](#) and [Travel vaccines](#).
2. The OTC medication restrictions **do not apply** to people with long-term conditions, nor should they be applied to patients who the prescriber considers unsuitable to self-care due to medical, mental health or significant social vulnerability.
3. Patients should be signposted to their local community pharmacy who are ideally placed to provide advice and offer treatment for self-limiting conditions.
4. To support implementation the CCG has developed a [support document](#) for practitioners to address frequently asked questions regarding the changes in prescribing for self-care.
5. A [patient flyer](#) is also available on the self-management of hayfever to help support the self-care indicator.
6. Updated guidance on appropriate prescribing of gluten free products is also available. Please see the [patient flyer](#) for further information.

The best possible health outcomes for Southwark people

## Queries Corner



**Q:**

Are there any local guidelines available advising on the maximum number of epipens that can be prescribed for a child?

**A:**

The [MHRA](#) recommends that **2 adrenaline auto-injectors** should be prescribed to patients and carried on them at all times as patients may be required to have a second injection 5-15 minutes later if symptoms are not improving.

Based on the above it would be reasonable for children to be prescribed **4 devices** – 2 for home and 2 for school/child care setting.

## Antibiotic Awareness

We are delighted and proud to let you know that in Quarter 4 of this financial year, Southwark CCG has the lowest broad spectrum prescribing rate in London (Southwark average 6.3% vs London average 9.2%). This has been accomplished through the hard work carried out by Southwark practices in this area and we'd like to take this opportunity to congratulate you all on this achievement. A big thank you and well done from us!

The [Southwark & Lambeth Antimicrobial Guideline](#) has been updated and is now available through the Southwark CCG staff and members zone. There is also a [cover letter](#) available which highlights the main changes to the guideline.

## MHRA Updates

### ! MHRA Medical Device Alert: Accu-Chek® Aviva and Performa blood glucose test strips – Action

**required:** A [memo](#) was circulated to practices at the end of May to highlight the actions required for a safety alert from the Medicines and Healthcare products Regulatory Agency (MHRA). The alert concerns selected LOT Numbers of Accu-Chek® Aviva and Performa blood glucose test strips and a technical issue which means selected strips may produce inaccurate blood glucose readings. A [template patient letter](#) has been developed to support practices in alerting patients who may be affected by this issue. Please adapt the letter for your practice.

**! Updated advice on Valproate prescribing:** The MHRA has advised that valproate must no longer be used in any female patient of child-bearing age unless she has a pregnancy prevention programme (PPP) in place. This is designed to ensure patients are fully aware of the risks and the need to avoid becoming pregnant. These new regulatory measures also include a ban on the use of valproate for migraine or bipolar disorder during pregnancy, and a ban on the use of valproate to treat epilepsy during pregnancy unless there is no other effective treatment available. Healthcare professionals who seek to prescribe valproate to their female patients must make sure they are enrolled in the PPP. This includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist, at least annually. For more information please click [here](#). A follow-up questionnaire will be sent by the MOT regarding valproate usage in practice.

## Medication Spotlight

### Learning about Lithium:

- Lithium carbonate tablets and lithium citrate liquid contain **different amounts of lithium ions**.
- When **converting between tablets and liquid** it is important to take into account the **different salt factors** for each formulation.
- 200mg of lithium carbonate tablets is equal to 520mg of lithium citrate liquid.

### Monitoring Requirement

- The [BNF](#) recommends 'Routine serum-lithium monitoring should be performed **weekly after initiation** and **after each dose change** until concentrations are stable, **then every 3 months** thereafter.
- Additional serum-lithium measurements should be made if a patient develops significant intercurrent disease or if there is a significant change in a patient's sodium or fluid intake.'
- Samples should be taken 12 hours after the dose to achieve a serum-lithium concentration of 0.4–1 mmol/litre (lower end of the range for maintenance therapy and elderly patients).
- A target serum-lithium concentration of 0.8–1 mmol/litre is recommended for acute episodes of mania, and for patients who have previously relapsed or have sub-syndromal symptoms. It is important to determine the optimum range for each individual patient.
- If you have any queries regarding lithium conversion, please do not hesitate to contact the [Medicines Optimisation Team](#).

## Discontinued Medication and Shortages

### Shortage of colestyramine powder for oral suspension (4g) (Questran and Questran Light)

Bristol-Myers Squibb are currently the only supplier of these products and they are facing manufacturing difficulties. Further supplies of Questran Light are expected in early July and Questran at the end of July. This memo advises on alternative treatment options in the interim. For more information click [here](#).

The best possible health outcomes for Southwark people