Freestyle Libre 2

The APC (Area Prescribing Committee) at the April 2021 meeting have ratified the decision to add Freestyle Libre® 2 sensors (FSL2) as an alternative on the Surrey Advisory Database (Surrey PAD). This is an option for patients who may benefit from the low and/or high glucose alarms to help improve their glucose control. Patients should be assessed by their specialist diabetes team at their next routine review and if the FSL2 sensor is considered to be beneficial, then a new continuation form (see PAD) should be completed by the patient’s consultant and once accepted should be sent to the patient’s GP for addition to their prescribing record. Requests by letter from patients without a continuation form from their consultant should not be accepted by practices.

New Type 1 patients will be automatically provided with the upgraded FSL 2 reader and the alarms can be activated if felt beneficial for the patient.

NHSE has now agreed for Freestyle Libre® to be available for patients on the learning disability register who are insulin dependent (type 1 and 2) following specialist diabetes review. We will await for further information from the APC before this can be implemented.

Updated Initiation and Continuation forms will be available on the Surrey Advisory Database (Surrey PAD) [https://surreyccg.res-systems.net](https://surreyccg.res-systems.net)

East Surrey Anti-Microbial Stewardship (AMS) Q3

Practices in East Surrey have recently received the Q3 East Surrey PCN antibiotic prescribing update. Please ensure you access, review and discuss your report with both your practice and PCN colleagues.

NICE NG193 Chronic Pain guidance

In April NICE issued guidance on “Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain”.

This guideline covers:

- assessment for people living with all types of chronic pain (chronic primary pain, chronic secondary pain, or both)
- recommendations for managing chronic primary pain (pain with no clear underlying condition for the pain) with clear recommendations for non-pharmacological and pharmacological management options.

The guideline emphasises the need for shared decision making, putting patients at the centre of care, and the importance of healthcare professionals gaining an understanding of how a person’s life affects their pain and how pain affects their life.

It also recommends that a care and support plan should be developed based on the effects of pain on day-to-day activities, as well as a person’s preferences, abilities and goals.

Any medicines prescribed should be reviewed regularly for effectiveness, adverse effects, usage and to confirm that any benefits continue to outweigh the risks and the patient’s treatment goal is being met by their medication.

Please note that the NICE recommendations for managing chronic secondary pain are unchanged, consult NICE and the PAD.

Surrey And Borders Partnership (SABP) documenting medication in GP records

Where an individual is prescribed and receives medication such as clozapine or a depot antipsychotic from SABP, it is essential that this medicine is added to their prescription list as a ‘Hospital’ or “Item Prescribed Elsewhere” by the primary care clinician reviewing any clinical letters.

If the individual is requires emergency treatment or admission to an acute trust the Summary Care Record (SCR) may be the only readily available source of their medication, without accurate information their treatment could be compromised.
MMT— COVID 19 update

Surrey Heartlands MMTs are continuing to provide support to some vaccination centres. Team activity is being reviewed and practices will be updated when we have more information.

Therapeutic Alert - Inhaled Budesonide for Adults (50 years and over) with COVID-19

The MHRA have issued a therapeutic alert following the recent announcement of the interim results from the National Institute for Health Research (NIHR) supported PRINCIPLE trial, which, following limited investigation, shows that inhaled budesonide (unlicensed use) resulted in a 3-day median of self-reported recovery time for COVID-19 positive patients being managed within primary care.

Inhaled budesonide is NOT being recommended for routine use but could be considered on an individual basis following the information in the interim position statement.

The eligibility and exclusion criteria for the Interim Position Statement have been taken from those the PRINCIPLE trial and the Summary of Product Characteristics (SmPC) for inhaled budesonide (Pulmicort Turbuhaler 400mcg). As this is an unlicensed (off label) use, clinicians should check the SmPC and discuss with the patient.

Consider if the patient will be able operate the device and obtain therapeutic benefit from the medication depending on device choice without direct face to face training.

Patient must meet all eligibility criteria:
- Onset of symptoms within the past 14 days, and ongoing symptoms.
- COVID-19 confirmed by PCR test within the past 14 days.
- 50-64 years with a comorbidity consistent with a long-term health condition OR 65 years and over.

Diabetes and Ramadan

- Ramadan commenced on the 12th of April and is expected to end around the 11th/13th of May 2021.
- Muslims living with all types of diabetes are exempt from fasting, but may still choose to fast.
- Ideally, people who wish to fast should have been reviewed by their diabetes team prior to Ramadan.

Clinicians should empower people to fast safely through appropriate education and advice. Cambridge Diabetes Education Programme have useful educational topics available.

CQC - Practice registration changes

We understand that CQC are currently auditing and checking all Practice registration details to ensure these are up to date. It appears that there may be practices across the South where the details are incorrect (telephone number / address / named partners on the contract for example).

Discharge Medicines Service

All Community Pharmacists now have this process as part of their essential service and they will have selected patients referred to them from the Trusts on discharge to enable them to perform medicines reconciliation and contact the patient to ensure that any concerns are dealt with. Pharmacies should not contact the surgery before you send your first post discharge script unless they have a serious clinical concern.

The aim is that this will enhance safety, reduce prescribing errors and improve patients’ understanding of their new drug regimes since only about 10% of elderly patients are discharged on their original drug regimes. Discharge Medicines Service : PSNC Main site

There is a phased roll-out of this scheme across Surrey Heartlands and other acute trusts.
Reporting of Medication Errors in Surrey ICPIs Quarter 2 2020-21

Example of Errors and Learning Points

Medication safety incident reports from GP practices in Guildford & Waverley, North West Surrey, East Surrey, Surrey Downs and Surrey Heath ICPIs were collated for the quarter 2 report (July - Sept 2020). Some common themes and learning points are described below – please share as widely as possible and discuss with your colleagues.

**Anticoagulants & Antiplatelets**

This quarter, once again, the highest number of reported incidents involved DOACs, warfarin or antiplatelets. Common themes were:

- Incorrect dose prescribed-prescribes are less familiar with doses of DOACs for venous thromboembolism compared to AF.
- No adjustment for low or high bodyweight. Patients weighing more than 120kg should have specialist input as a DOAC may not be suitable.
- Patients continued on antiplatelets after one year when they should have been stopped.
- Inadequate information regarding dosage choice supplied by initiating hospital.

**Learning Points**

- Guidance on safe and effective dosing of DOACs is available on the PAD or in the SPC. It is important to remember:
  a) Use blood results from within the last month and bodyweight (BW) from within the last year (unless obvious significant weight loss/gain).
  b) Use ACTUAL bodyweight to calculate creatinine clearance (CrCl) – but note guidance at extremes of body weight.
  c) Use the Cockcroft-Gault (CG) equation to estimate CrCl, to reduce the risk of over and under-coagulation.
- Ensure stop dates for antiplatelets are clearly documented and ensure you have a process to flag up when this date has passed.

**“As directed”**

- A child was initiated on sodium valproate liquid and GP asked to prescribe a titrating dose. The parents had not received any written information and the liquid was labelled “as directed”. Parents started the child at the higher dose. Hospital letter arrived a few days later and mother realised the error and child reviewed by hospital.

**Learning Points**

- Do not use “as directed” as a dosage instruction particularly where there are complex dosing regimes.
- In the case of titration of a medicine, ensure the patient or carer has a written copy that they can follow easily.

**Look Alike Sound Alike Errors (LASA)**

- Escitalopram 20mg was dispensed instead of endapril 20mg.
- Lacidipine 2mg was dispensed instead of letrozole 2.5mg.
- Adizem XL was dispensed instead of Adizem SR.

**Learning Points**

There are many different versions of modified-release preparations containing more than 60 mg diltiazem hydrochloride, which may not have the same clinical effect. Some may be given once daily and others twice daily. To avoid confusion between these different formulations, prescribers should specify the brand to be dispensed and dispensers should always double-check that they are giving the correct preparation.

**Allergies**

- A new nursing home patient did not have nitrofurantoin allergy recorded on her notes and was issued with the drug in error.

**Learning Points**

NICE QS97 Drug Allergy states that consistent and comprehensive recording of drug allergy status is important to ensure that all patients with confirmed or suspected drug allergy have a full and accurate record of this in their electronic medical record. Accurate recording of drug allergy status will improve patient safety.

Many errors were prevented from causing any harm when they were spotted by another healthcare professional. Remain vigilant and report near misses as well as errors reaching the patient.