



- **NHSE guidance on managing medicines supply and shortages**

Please be aware that despite Brexit proceeding on the 31st January 2020, as the plan is to leave the EU with a deal at the end of 2020, the Government has stepped down its “no-deal EU exit preparations”. The DHSC continues to advise that the supply chain for pharmaceuticals should not be affected by Brexit, so long as there is no “stockpiling” within the system. Whilst preparing for a “no-deal EU exit” the DHSC has had to contend with the fact that the supply chain for pharmaceuticals is already fragile. As such, some of the measures they have put in place in preparation for a no deal EU exit, as detailed in NHS England’s guidance on “managing medicines supply and shortages [link](#)”, has helped to address this wider issue. A good example of this is the serious shortage protocol that has already been utilised when there were recent stock issues with fluoxetine and haloperidol.

- **Help Us, Help You-Pharmacy Advice campaign**

On 20th January, NHSEI launched the ‘Pharmacy Advice’ phase of the ‘Help Us, Help You’ winter activity. The campaign encourages the public to ‘take the drama out of minor illnesses’ and use their local pharmacy as the first place to go to for clinical advice on minor health concerns. Dramatic eye-catching materials on ‘itchy eye’ and ‘sore throat’ were sent to pharmacies and general practices while the ‘earache’ poster and other resources are available for digital download via the Campaign Resource Centre. The campaign will run until 20th March and will be supported by TV, outdoor posters, PR and social media.

- **Vitamin B supplementation in alcoholism**

The Regional Medicines Optimisation Committee has produced guidance on the use of vitamin B supplementation in alcoholism, taking into account relevant guidance published by NICE and NHS England as well as information from other specialist sources. The RMOC advice supports the work that GP practices and the Medicines Management Team have undertaken over the last year in reviewing patients prescribed vitamin B compound or vitamin B compound strong. Prescribing of Vitamin B compound strong should be reserved for the prevention of re-feeding syndrome (10 day course, usually in secondary care) and on rare occasions for medically diagnosed deficiency or chronic malabsorption (under the direction of a dietician).

- **Cardiovascular effect of discontinuing statins for primary prevention in people aged 75 years**

A cohort study from France found that previously adherent people who stopped taking statins for primary prevention of cardiovascular disease at about 75 years of age were more likely to be admitted to hospital with a cardiovascular (CV) event than those who kept taking their statin. The NICE commentary on this study suggests the results should not be a surprise as it’s been known for over a decade that statins reduce cardiovascular events by about the same proportion (roughly 20–30%) regardless of initial risk. However the commentary highlights that whilst mortality benefit is usually assumed to be the best kind of benefit, there’s a trade-off to be made, especially when it comes to medicines that reduce the risk of future disease. It also questions why 15% of people who had previously been very diligent in taking their statins (or at least getting prescriptions) stopped taking them – was it a matter of choice in some, and what were the other reasons? Some older people may feel – rightly or wrongly – that their statins are contributing to the muscle aches and weakness of old age. Others might want to reduce the number of medicines they are taking. For yet others, avoiding a cardiovascular death – instead of death from some other cause, or some long term mental or physical disability – is no longer such a priority. So whilst statins give people slightly better odds in the lottery of life, it also raises issues about what prescribers and patients are trying accomplish with these drugs.

- **Horizon programme on Britain’s Opioid Crisis**

Within this interesting programme Dr Michael Mosley highlighted that nearly six million people in England and Wales were prescribed an opioid last year and that more than half a million of these have been on opioids for more than three years. He suggests that this figure is particularly disturbing since the majority of people are taking these drugs for chronic pain, for which they mostly don’t work, and long-term or high-dose use puts patients at greater risk of side effects, including dependency, addiction and even accidental death by overdose. It is suggested that part of the cause can be attributed to the WHO pain ladder guidance being applied to all types of pain management, when the evidence was based on cancer pain.

NOTE - The WHO has recently formally retracted its two main guidelines on the use of opioids for pain control, due to acceptance that the drafting process had been unduly influenced by opioid manufacturers.

If you would like to watch the programme, or recommend it to your patients, it is available on BBC iplayer <https://www.bbc.co.uk/iplayer/episode/m000dbpf/horizon-2020-1-addicted-to-painkillers-britains-opioid-crisis>

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