

# The T@blet

## News from the Medicines Management Team

Issue 6 August 2019

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### PRIORITY INFORMATION

#### YELLOW CARD REPORTING: PLEASE HELP TO REVERSE THE DECLINE IN REPORTING OF SUSPECTED ADVERSE DRUG REACTIONS

There was a decline in reporting of suspected adverse drug reactions (ADRs) to the Yellow Card Scheme in 2018 from key reporter groups, including GPs, pharmacists, and hospital doctors.

The MHRA continually reviews the safety of all medicines using various methods, one of which is through the Yellow Card Scheme. Reporting results in better tailored prescribing advice, which can help improve adherence to treatment and minimise the risk of avoidable harm.

Yellow Cards can be used for reporting suspected adverse drug reactions to medicines, vaccines, herbal or complementary products, whether for self-medication or prescribed. This includes suspected adverse drug reactions associated with misuse, overdose, or medication errors, or from use of unlicensed and off-label medicines.

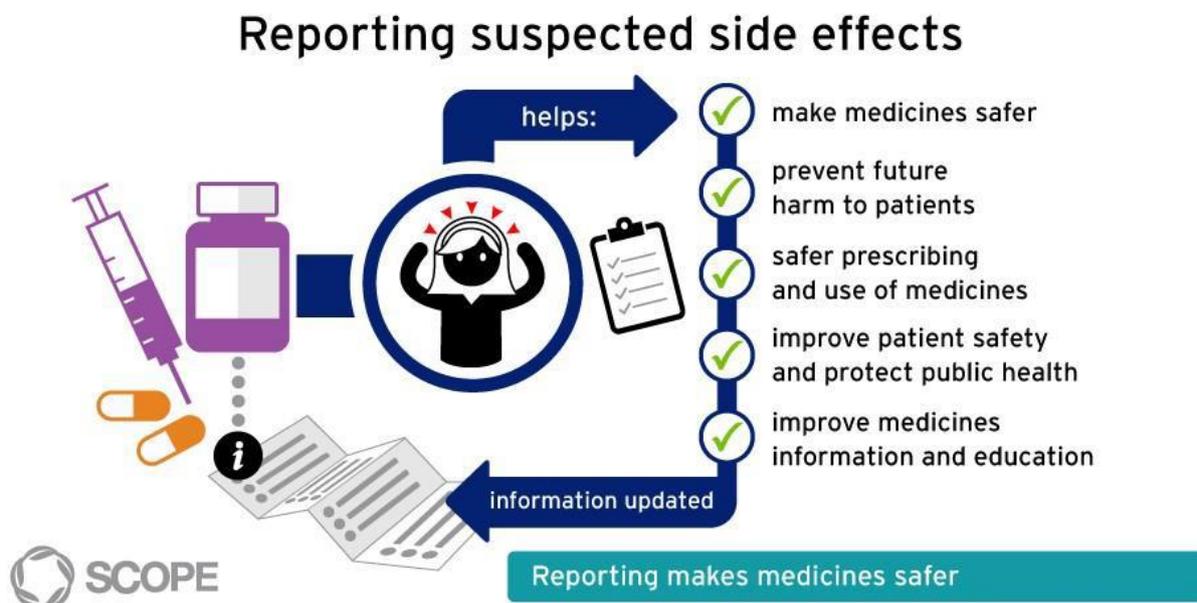
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Suspected adverse drug reactions can be reported:

- online at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- via the Yellow Card app
- through SystmOne clinical system
- by emailing [yellowcard@mhra.gov.uk](mailto:yellowcard@mhra.gov.uk) or by [downloading printable forms](#) from the Yellow Card website and sending them freepost to 'Yellow Card'
- by completing Yellow Card forms in the BNF, NPF, MIMS, or PAGB OTC directory
- by calling the Yellow Card reporting line on 0808 100 3352.

**Every report counts, and a few minutes taken by you or your patient to report can make a lifetime of difference for others. Don't delay, report today.**



For the full article and all links for reporting click [here](#)

## SELF-CARE UPDATE

[Please click here](#) to view/download the associated resources. The password for the page is OTCMarch19. Updates will continue, so always refer to the online version for the latest information. New this month is a flyer for OTC medicines and a poster of the conditions. These have been brought to practices by our PST.

The CCG prescribing lead Dr Jeremy Bradley has made a video for the public on the self-care rollout. [Click here](#) to view.

In April and May GP practices rejected the prompt to not prescribe sore throat treatment eg: Strepsils, throat spray etc) 195 times. In April and May 2734 patients were given prescriptions for tired or dry eye (after deducting a possible proportion of patient for who this condition might be chronic or severe). Hypromellose drops (given to 501 people so far) costs from 99p. 99 patients have been prescribed olive oil for ear wax – a product often available in the kitchen at £0 extra.

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The hayfever treatment prompt was rejected 826 times in April. Hayfever is classed as a minor self-limiting condition and most patients should self-treat from a pharmacy. A pharmacy can sell the tablet, eye drop and even a steroid spray simultaneously. According to the Met Office, hayfever seasons last around 3 months per pollen type and treatment for this duration can be obtained from a pharmacy.

We are currently seeing between 100% and 80% rejection rates for OTC messages which seems likely to correlate with issuing of OTC medication. These messages only trigger when there is no chronic condition recorded. As generally acute medications these are being issued since the launch of the campaign.

In April Doncaster GP practices prescribed £344,069 of these products, in May £382,830, all charged to the public purse. South prescribed an additional 698 OTC items. Congratulations to East who decreased cost and item count.

<i>May</i>	North	Central	East	South
<b>2018/19</b>	£77,530	£137,644	£65,250	£82,043
<b>2019/20</b>	£82,742	£141,621	£63,699	£93,185
<b>Variance From 2018/19 Baseline</b>	£5,213	£3,977	-£1,551	£11,143

## INFORMATION

### UPDATED GLUTEN FREE PRESCRIBING GUIDANCE

The updated Gluten free Guidance is now available on the Medicines Management Website. There has been a change to the recommended unit levels.

To view click [here](#)

### PRE-CONCEPTION WITH FOLIC ACID

Folic acid is effective at reducing risks of foetal neural tube defects (NTDs) in patients who are pregnant. The current recommendation for folic acid dose for the prevention of NTD by [NICE](#) and the [Parliamentary Office of Science and Technology](#) is:

- folic acid 5 mg daily to people at higher risk of an NTD, and;
- folic acid 400 micrograms daily to people at normal risk of NTD.

Couples are at high risk of conceiving a child with an NTD if:

- Either partner has an NTD, they have had a previous pregnancy affected by an NTD, or they have a family history of an NTD.
- The woman is taking anti-epileptic medication.

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- The woman has coeliac disease or other malabsorption state, diabetes mellitus, sickle cell anaemia, or thalassaemia.
- The woman is obese (defined as a body mass index [BMI] of 30 kg/m<sup>2</sup> or more).

Current advice is that women at high risk of an NTD should take folic acid 5 mg daily and, once pregnant, to continue this until the twelfth week of pregnancy. However, women with sickle cell disease, thalassaemia, or thalassaemia trait should take folic acid 5 mg daily throughout pregnancy.

Prescribers are advised that folic acid 5mg tablets are only available on prescription, and folic acid 400mcg daily ought to be bought over the counter rather than prescribed.

## FALSIFIED MEDICINES DIRECTIVE BMA INFORMATION

GP practices will be responsible for decommissioning medicines via the European Medicines Verification System. Decommissioning happens only once normally and takes place at the end of the supply chain when the product is supplied to the patient or otherwise leaves control of an organisation. This will require a scanner and access to the system. GP practices are responsible for implementation and the resources it requires. Please see [this link](#) for more information and the link to SecurMed on page 13 to be able to register for the system. Further enquiries should be directed to Securmed or NHS England. See also the BMA statement:

*The problem we have is that the FMD will no longer need to be complied with if we leave the EU without a deal and as that is looking increasingly likely, there is little point in NHSE, PHE or MHRA issuing any updated guidance until that happens.*

*Our advice therefore remains the same. Practice IT systems are provided and paid for by the NHS and there are strict rules regarding the connection of new hard/software to those systems, in addition to the secure internet connection. It is for this reason that our advice remains for them not to invest in new kit, which may not be clinically integrated, may even be defunct within months, and not refunded by the NHS.*

*However, we advise all practices to register as a 'requestor' with SecurMed UK which is the national repository for the FMD. Registration is free. Even if practices are unable to complete their registration, for example, because they currently lack details of the approved GP IT supplier/s, registering as a requestor demonstrates they are complying with the FMD. Full registration can take place once there is clarification on the funding issue by NHS England.*

*The MHRA has the responsibility for taking the decision whether to take action against a contractor for non-compliance. The MHRA has made it clear to the BMA that it will take a pragmatic approach, given that it is now impossible that all GPs (and many other contractors in the NHS) can be fully compliant with the FMD at this time.*

## MMT STAFF UPDATE

Laura Wilson has now left the team which will affect the technician support to North and Central Localities. Recruitment of a replacement is in progress.

Angela Machin has retired. This will affect technician support to the Central Locality

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We are pleased to welcome Paula Whitehurst who has started with us as a new senior technician from Rotherham CCG to take over the role of Angela Machin. She forms part of our commissioning support team and will be available to provide some technician assistance to practices in the Central locality.

## COPD REVIEWS AND INTERFACE

As a service to medicine Chiesi UK are supporting a COPD patient review service. The service is provided by an independent team of pharmacists employed by Interface Clinical Services. The CCG is supportive of and enthusiastic about the opportunity to offer a quality respiratory intervention that aims to assist practices in achieving their 2019-20 QOF and improve morbidity and condition management for what can be a large patient group to review. If your practice is keen to take advantage of the Interface service, please contact Interface Clinical Services on 0113 202 9799 and Interface will arrange to visit your practice and provide you with further information. You can also contact the MMT.

## ECLIPSE LIVE

The NHS is currently funding a software package called Eclipse which provides overviews, derived from GP practice systems, of the effects of interventions. This may empower practices and PCNs by enabling you to identify and see positives eg: admission reductions as a result of particular interventions and more easily, in one place, identify areas for review, as opposed to trying to match up data from multiple sources as is currently the case. It also overcomes some of the technology issues that are encountered by the MMT when supporting searches and audits across SystemOne and EmisWeb platforms, meaning the MMT can provide greater facilitation to practices to fulfil the CCG and practice delivery agenda.

It is used by Sheffield, Barnsley and Bassetlaw CCGs. In these CCGs it is already showing potential to support the new medicines optimisation QOF area in the new GP contract by identifying cohorts where productive intervention could be undertaken. Unlike Optimise Rx this does not run during consultations but after the practice has closed uploading non patient identifiable data for analysis (although the practice can identify the patient from the data held only within their practice). There should therefore be no risk of system slowdown or popups.

West Berkshire CCG have a good guide on their implementation of Eclipse Live. Please [click here](#) to view it. If you would like to volunteer to be a pilot practice below get in touch on the email address in the footer.

## JULY APC UPDATE

- **Pre-emptive prescribing**  
The reviewed document was approved with a review date going forward and will be updated on the DCCG website.
- **Letters from Primary Care regarding returning the prescribing responsibility of red/amber drugs to Secondary Care** have been reviewed

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and APC agreed. Wording has been amended slightly. They can be found on the DCCG website;

<http://medicinesmanagement.doncasterccg.nhs.uk/traffic-light-system/red-and-amber-letters-to-patients-and-specialists/>

- **Cialis/tadalafil 10mg and 20mg TLS status** was discussed and is now categorised Green G. This support a new pathway for erectile dysfunction to be published shortly. Link to information;  
<http://medicinesmanagement.doncasterccg.nhs.uk/tls/tadalafil-2/>
- **Estradiol patches for sexual maturation** APC agreed that this is to be categorised Amber G for this indication with a link to the NHS Leeds guidance. A response will be drafted to Leeds on behalf of prescribers from the chair that will state that we accept this as Amber G status and will upload a link to their document and we will expect good communication on drug dosages and treatment. (link to be added)
- **Imiquimod Cream** APC considered and approved the request from BCCG to amend the TLS for Imiquimod cream to include the Aldara brand. The status will remain Green G but information will be amended on the traffic light system to reflect this;  
<http://medicinesmanagement.doncasterccg.nhs.uk/tls/imiquimod-3/>

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