

Greenwich Clinical Matters

MEDICINES MANAGEMENT

[The World Antimicrobial Awareness Week \(WAAW\)](#)

The WAAW is taking place between the 18th to the 24th of November 2021 and highlights the continued importance of Antimicrobial Stewardship during the COVID-19 pandemic and the need to continue to work together to prevent serious infections – including COVID-19 - whilst reducing inappropriate antibiotic use. To avoid inappropriate antibiotic prescribing in the context of COVID-19 and other viral infections, it is recommended that healthcare professionals:

- Follow [current NICE guidelines](#) to infer if pneumonia has a COVID-19, viral or bacterial cause
- Treat coughs, fever and breathlessness related to COVID-19 in line with [new clinical guidance](#), not with antibiotics. Please consider the COVID-19 and Flu pathway for diagnosis, testing and clinical management
- Explain to patients that antibiotics do not prevent or treat viral infections including COVID-19.
- Antibiotics can cause side-effects, including nausea and diarrhoea. Antibiotics use can also increase the risk of spreading infections that are caused by bacteria resistant to antibiotics
- Consider the surgery's antimicrobial stewardship strategy in the context of the COVID-19 pandemic to determine what is still feasible and what may need to be adapted or strengthened.
- Download our local Microguide App which gives updates on local antibiotic preferences. – (Currently being updated). See attachment.

[New Rapid Access clinic for non-IgE Cow's milk allergy – referrals now open for SE London](#)

This is a new service to help with the diagnosis and management of infants with non-IgE cow's milk allergy and is run by specialist paediatric dietitians. Parents/ Carers will be provided with a telephone consultation, the dietitian will guide parents/ carers through the correct diagnosis and management of non-IgE cow's milk allergy, including the challenge process.

- Please ensure all other childhood conditions such as eczema, colic, constipation and reflux are ruled out before referring
- This service is NOT for suspected IgE-mediate CMA, severe non-IgE CMA e.g., EoE, FPIES, or multiple food allergies please refer to local allergy clinic
- If growth faltering and/or older than 12 months, please refer to local dietetic team.

Action: Please send referrals via e-RS. The service is listed under Speciality: Dietetics, Clinic Type: Food Allergy and Intolerance. The referral form is on EMIS or DXS. It is called 'SEL Non-IgE Cow's Milk Allergy (CMA) Rapid Access Clinic (RAC) Referral Form'. See attachments.

MEDICINES MANAGEMENT

[Urgent Children & Young Person \(CYP\) Asthma Update: Case study of a "Near Miss" with a Home Nebuliser.](#)

A recent "near miss" case has highlighted the need for continued vigilance and professional curiosity in Primary Care, to help identify the increasing incidence of home nebuliser use by CYP and the associated increased adverse health and safeguarding risks this brings.

The use of nebulisers at home for children increases the risk of delaying presentation in the event of an asthma attack. Also, nebulisers when used in hospital are driven by oxygen – using an air-driven nebuliser at home in the event of an asthma attack can lead to hypoxia.

Action: Home nebulisers should only be prescribed by a specialist (respiratory physician or paediatrician) and not by a GP. Under no circumstances should primary care prescribe nebulisers for CYP for the treatment of asthma, even if started by tertiary care. Please see attachments for further information.

[Covid-19 household booster vaccination - change to green book](#)

The green book has been amended as per below statement and NHSE have advised to share this information with practices for action where appropriate. Just to note, NHSE comms will not come out just yet due to lack of AZ supply.

Chapter 14a - COVID-19 - SARS-CoV-2

15 November 2021

(50µg) of the Moderna COVID-19 vaccine is a suitable alternative as it gives good immune responses in those primed with Moderna and is expected to have a lower rate of side effects (including myocarditis) than a full dose (Choi *et al*, 2021).

Where mRNA vaccines are not suitable, for example domiciliary vaccination for household patients, AstraZeneca vaccine may be considered in those who had received at least one dose of this vaccine previously. In exceptional circumstances, persons aged 40 years or over who received a mRNA COVID-19 vaccine previously may be offered a booster dose of AstraZeneca Vaxzevria vaccine following a decision by a health professional on a case-by-case basis.

Action: Access to full guidance is available [here](#)

OPTIMISE Rx®

Now that all the OptimiseRx® webinars have taken place, this is a final reminder for practices to ensure they have activated OptimiseRx® on EMIS Web.

Action: The person activating OptimiseRx for the first time at each practice must have administrative rights in EMIS Web. Activation only needs to be done once on one computer within the practice and should only take a few minutes. It is advised that OptimiseRx is activated at a quiet time of day (e.g., before surgery/at lunchtime) when there are only a few users logged into the system. Please contact your Prescribing Advisor if you need assistance.

MEDICINES MANAGEMENT

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions

Often, long-term continuous or inappropriate use of topical corticosteroids, particularly those of moderate to high potency, can result in the development of rebound flares after stopping treatment – taking the form of a dermatitis with intense redness, stinging, and burning that can spread beyond the initial treatment area. Full information – [here](#).

Advice for clinicians:

- Consider the lowest potency needed
- Advise patients on the amount of product to be applied; underuse can prolong treatment duration
- Inform patients how long they should use a topical corticosteroid, especially on sensitive areas such as the face and genitals
- Inform patients to return for medical advice if their skin condition worsens while using topical corticosteroid, and advise them when it would be appropriate to re-treat without a consultation
- For patients currently on long-term topical corticosteroid treatment, consider reducing potency or frequency of application (or both)
- Be vigilant for the signs and symptoms of topical steroid withdrawal reactions and review the Position Statement from the National Eczema Society and British Association of Dermatologists
- Report suspected adverse drug reactions to the Yellow Card scheme, including after discontinuation of topical corticosteroids
- Refer to [SEL Dermatology Guidelines for Primary Care](#) for dermatology management of adults and children

Medicines Optimisation QIPP Work Plan 2021-22; High dose PPI

PPIs are used to reduce acid levels in the stomach, in order to treat conditions such as gastro-oesophageal reflux disease (GORD). NICE guidance recommends that the lowest dose is used to treat the symptoms. Although PPIs are safe drugs, their use has been associated with an increase in a number of disorders, including rebound hypersecretion, *Clostridium difficile* infection, osteoporotic fractures and a higher risk of community-acquired pneumonia. The doses of PPIs are defined in the NICE guidance.

Action: Practices are encouraged to review high dose PPI and reduce to maintenance dose then consider STOP if no longer clinically appropriate. Advise OTC with antacid and/or alginate therapy where required especially if rebound symptoms occur. See guidance attached for information on the high dose PPI deprescribing algorithm.

Greenwich Pharmacy Forum recording

Please see link below for the recording of “AF medicines optimisation and supporting the PCN LES” webinar presented by Helen Williams. <https://youtu.be/h6ERXFIK08g>

Reminder RE: Anticoagulation referrals

To avoid any delays, GPs are reminded to refer their patients to **QEH anticoagulation via the email (lg.qe-anticoagreferrals@nhs.net)** rather than eRS to UHL.

MEDICINES MANAGEMENT

MHRA Alert: Class 4 Medicines Defect Information:

Flynn Pharma Ltd, distributors of Slenyto 1 mg and 5mg prolonged release tablets would like to notify you of an error with the patient information leaflets (PILs) that have been packaged in the above products. Certain batches affected only. These can be found [here](#). These were an older version of the PIL which did not include the most up to date safety information. The information missing from the PILs is as below:

- Section 2 Other medicines and Slenyto: This should include “- beta-blockers (used to control blood pressure). These medicines should be taken in the morning.”
- Section 6 Contents of the pack and other information: In the section “What Slenyto looks like and contents of the pack”, the number “30 / ” is missing from the approved wording for the 1 mg tablet pack size and should state “Available in blister packs of 30 / 60 tablets.”

Action: There is no risk to product quality as a result of this issue, therefore the affected batches are not being recalled. The updated PIL is available via [the electronic medicines compendium \(EMC\) website](#).

NICE guidance update: COVID-19 rapid guideline: managing the long-term effects of COVID-19

This guideline covers identifying, assessing and managing the long-term effects of COVID-19, often described as ‘long COVID’. It makes recommendations about care in all healthcare settings for adults, children and young people who have new or ongoing symptoms 4 weeks or more after the start of acute COVID-19. On **11 November**, NICE made new recommendations and updated existing recommendations on identification, planning care, multidisciplinary rehabilitation, follow up, monitoring and discharge; and service organisation. NICE also updated the list of common symptoms, emphasising that these may be different for children.

Action: Full guidance can be accessed [here](#).

SYSTEM DEVELOPMENT

Children and young people's Integrated Therapies Service

As part of the re-commissioning of the children and young people's Integrated Therapies Service (Speech and Language, Physiotherapy and Occupational Therapy) in Greenwich, we want to get GPs input to help shape the provision.

Action: Please find a short 5-minute survey below to have your say. The deadline for completion is **30th November 2021** <https://forms.office.com/r/P9DKWNqDWr>.

If you have any queries, please contact mike.keary@royalgreenwich.gov.uk

Contact Details

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