

MEDICINES MANAGEMENT**[Inappropriate anticoagulation of patients with a mechanical heart valve](#)**

NHS England have identified an issue whereby patients with prosthetic mechanical heart valves may have been prescribed DOACs (Direct Oral Anticoagulants). DOACs are either not recommended or are contraindicated in people who have prosthetic mechanical heart valves, and their use is not recommended in national guidance. These patients require anticoagulation with a vitamin K antagonist, usually warfarin, unless a specialist specifically advises an alternative. During the COVID pandemic, advice was issued by NICE and [Specialist Pharmacy Service](#), in relation to anticoagulation services and many patients' therapy was changed from warfarin to an alternative anticoagulant, usually a DOAC. Whilst the guidance specifically stated that patients with a prosthetic mechanical valve should remain on warfarin, NHS England have received reports that patients, with prosthetic mechanical heart valves, may have been prescribed DOACs contrary to current advice. At least two of these patients have been hospitalised due to valve thrombosis and/or required emergency surgery.

Action: GP practices are asked to urgently review their patients to ensure they are receiving the appropriate anticoagulation. A National Patient Safety Alert which is due to be issued shortly, will support this requirement.

[COVID-19 Vaccine Moderna and Pfizer/BioNTech COVID-19 vaccine: myocarditis and pericarditis– revisions to the product information](#)

The MHRA and the Government's independent expert advisory body, the Commission on Human Medicines (CHM), has conducted a thorough review of suspected adverse reaction reports of [myocarditis and pericarditis following COVID-19 vaccination](#). There have been very rare reports of these events often in younger men and shortly after the second dose of the vaccine. These are typically mild cases and individuals tend to recover within a short time following standard treatment and rest.

Action: The CHM has carefully considered the available data and has advised that healthcare professionals should be alert to the signs and symptoms of myocarditis and pericarditis. Vaccinated individuals should be advised to seek immediate medical attention should they experience new onset of chest pain, shortness of breath or symptoms of arrhythmia.

Please also continue to report any suspected adverse reactions with COVID-19 vaccines via the [Yellow Card reporting site](#)

MEDICINES MANAGEMENT**[Pharmacist management of chronic non-malignant pain](#)**

A [systematic review](#) included 14 studies evaluating pharmacist interventions in patients with chronic non-malignant pain, either individually or in collaboration with other healthcare professionals. The interventions used in the trials were medication review, pharmaceutical care, patient education or counselling. Outcomes reported were pain intensity and quality of life. The review found that pharmacist intervention was successful in improving pain intensity, and opiate stewardship. Although results for quality of life, anxiety and depression were inconsistent, observational studies included in the review found a positive impact of pharmacist intervention on opioid use. In patients already receiving analgesics [medication review](#) is advised to ensure that the patient is benefitting from current treatment, and if not, then to discuss dose reduction or stopping medication.

Action: A range of [resources](#) and short training videos are available on the [Live Well with Pain](#) website to support patient centred consultations.

[Choosing formulations of medicines for adults with swallowing difficulties](#)

Some adults, particularly those with dysphagia may not be able to safely swallow tablets or capsules. This can make taking medication more difficult which can lead to non-compliance. The choice of medicine formulation needs to take into account patient and medicines factors. The Specialist Pharmacist Service (SPS) have created a stepwise approach to help health care professionals in choosing the most suitable formulations. This includes:

1. Considering if medicines are needed
2. Considering how the patient eats and drinks
3. Considering who will prepare and administer the medicine
4. Choosing licensed products where possible, following a stepwise approach
5. Checking if a tablet can be safely and appropriately crushed or a capsule opened
6. Deciding if a medicine can be given with soft food or thickened liquid.

Action: To access the full guidance please click [here](#)

[Letter to women and girls taking sodium valproate](#)

NHS England have sent a [patient letter](#) to women and girls currently prescribed sodium valproate to outline the risk of birth defects and development problems.

Action: Practices may receive queries from their patients and may wish to refer to the resources below for further information:

[MHRA Guidance - Valproate use by women and girls](#)
[MHRA Drug Safety Update - Valproate Pregnancy Prevention Programme](#)

MEDICINES MANAGEMENT

Out of stock update

Supply issue with Champix® (varenicline) 0.5mg and 1mg tablets until further notice. Very limited residual stock may be available in pharmacies.

Action: See attachment for further details on management.

MHRA Drug Safety Update

- **Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years:** Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, MHRA have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.
- **Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme.** If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.
- **Oral retinoid medicines (isotretinoin▼, alitretinoin▼, and acitretin▼): temporary monitoring advice during coronavirus (COVID-19) pandemic.** MHRA have published guidance about the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for signs of psychiatric reactions (especially depression) and other safety risks in all patients taking oral retinoid medicines during the COVID-19 pandemic.

NICE update:

UPDATE: [Managing COVID-19 guideline \[NG191\]](#). The following new recommendations have been added:

- Do not offer [Colchicine to treat COVID-19](#) (27 May)
- Do not offer [Azithromycin to treat COVID-19](#) (3 June)

NICE have also updated the following existing recommendations:

- [Remdesivir for COVID-19 pneumonia](#)
- Use of [pulse oximetry to identify people with severe COVID-19](#) in primary and community care settings.

NEW: [Acne vulgaris: management \[NG198\]](#). This guideline covers management of acne vulgaris in primary and specialist care. It includes advice on topical and oral treatments (including antibiotics and retinoids), treatment using physical modalities, and the impact of acne vulgaris on mental health and wellbeing.

NEW: [Shared decision-making](#) (SDM) guidance covers embedding SDM at all levels of an organisation, implementation of SDM and staff training, and putting it into practice in consultation with people using services. A [Shared decision-making learning package](#) is also available.

SYSTEM DEVELOPMENT

NHS Digital Weight Management Programme - GP Incentives

Thank you to those who joined one of the national webinars about the [NHS Digital Weight Management Programme](#) last month. NHS England and NHS Improvement have now officially launched the programme. All General Practices in England can refer patients into the programme and will now receive funding for referrals to weight management services, including the NHS Digital Weight Management Programme, as set out in the recently announced [enhanced service](#).

Action: Please find attached an extended FAQ document along with new materials to support general practices to refer into the programme. To start referring into the programme, practices can go to the website to download specific referral templates for the e-RS system and further information on how to refer:

<https://www.england.nhs.uk/digital-weight-management/>
For further details on the programme contact Joanne Hare: joannehare@nhs.net

Co-ordinate My Care (CMC) Primary Care Incentive Scheme – EXTENSION

The current Greenwich Borough CMC incentive scheme has been extended to end of **September 2021**.

Practices are remunerated £50 for each record created. [CMC](#) is a digital urgent care plan which is designed to record the patient's personal preferences and wishes on how they would like to be cared for, alongside key clinical information. The plan is online and viewable 24/7 by all the health and social care professionals involved in a patient's care, and out of hours services including OOHGPs, NHS 111 and the London Ambulance Service. Patients can start their own records at [MyCMC](#) which can be finished by clinician.

Action:

- Consider nominating an End of Life (EoL) and CMC lead to complete and monitor records.
- Create CMC record for any patient at risk of an emergency admission or a call to an out of hours or urgent care service e.g. end of life patients, or with a long term condition, or a mental health issue.
- Review records made every 3m, 6m or 12m, when clinically appropriate or changes made.
- For further information visit www.coordinatemycare.co.uk or ring the CMC helpline on 0207 811 8513
- For CMC training please [click here](#).
- For details on Greenwich Incentive Scheme contact Alex Pini: a.pini@nhs.net

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