Greenwich Clinical Matters

NHS South East London Clinical Commissioning Group

May 2021

MEDICINES MANAGEMENT

Patient Safety update: Preventing harm from misuse of morphine sulphate oral solution

Controlled Drugs Accountable Officers and other stakeholders continue to be concerned about the harms (both accidental and deliberate) that arise from the misuse of morphine sulphate oral solution, which continues to be implicated in cases involving deaths of both adults and children. The most common such medicine is morphine sulphate 10mg/5ml oral solution, listed as a schedule 5 controlled drug in the Misuse of Drugs Regulations. It contains 200mg of morphine in a 100ml bottle and is the smallest pack size. This is a sufficient quantity of drug to cause severe harm if used inappropriately.

Action: For the purposes of safety, prescribing of liquid opioids should include clear directions, as stated in NICE guideline NG46. Unclear dosage instructions on morphine sulphate solution prescriptions have caused deaths before and continue to do so. Colleagues in many parts of the country are now seeking to reduce the inappropriate use of this medicine. This is being achieved through general prescribing guidance, but also individual patient review, as follows:

- Review the indication – is an opioid appropriate?
- If so, is morphine the most appropriate drug?
- If so, is an immediate formulation appropriate?
- If so, is a liquid necessary?
- If so, is the prescribed dose appropriate, are the prescriber's directions clear, and are they understood by the patient?
- If so, do the quantities being supplied correspond with the dose and frequency?
- How will you prevent supplies occurring in response to inappropriately frequent requests?
  Is the quantity being supplied on each occasion a safe amount for the patient to have in their home?
- Will it be stored safely and out of reach and sight of children, pets, and vulnerable adults?

ACBS consultation

The Advisory Committee on Borderline Substances (ACBS) is the Department of Health and Social Care committee which determines whether a nutritional product should be available to prescribe at NHS expense. The committee is currently working hard to update and standardise, both in terms of how indications have been determined historically, the application process and which products are absolutely required by patients. Reviewing the existing system in this much detail has never been done before, and this is the first stakeholder consultation in the process.
Action: Please respond to the consultation before the closing date on 1st August.

MEDICINES MANAGEMENT

Review highlights drugs involved in clinically relevant interactions with warfarin

A new systematic review (*attached*) has investigated warfarin drug-related interactions, focussing on interactions associated with clinically relevant, patient-important outcomes (i.e. the evidence base on bleeds, thromboembolic events and death, as opposed to international normalised ratio [INR] or blood level changes). Relative to the long list of potential known drug interactions for warfarin in the BNF, higher rates of clinically relevant bleeding were also confirmed for a smaller group of drugs. These include opioid analgesics, paracetamol, CVD medications: amlodipine, isosorbide mononitrate, loop diuretics and loperamide. *(See attachment for comprehensive list).*
Action: Although no significant effects on thromboembolic events or mortality were found, the smaller group of drugs listed above may still be worthy of additional vigilance. In addition, concomitant use of PPIs with warfarin has also shown to reduce the risk of warfarin-related gastrointestinal bleeding.

Therapeutic Drug monitoring in Adults in Primary care

The Specialist Pharmacy Service (SPS) have updated their monitoring guide for primary care. The document is intended to support monitoring of commonly prescribed high-risk medicines.
Action: To access this guide please click here

Valproate Safety Implementation Group

The clinically led Valproate Safety Implementation Group (VSIG) has been established to coordinate a programme of work to reduce the use of valproate in people who can get pregnant by 50% by 2023, and to help prevent unplanned pregnancies in this group of patients. They are leading on several initiatives to inform patients and support healthcare providers and staff around the safe prescribing and management of valproate. This includes sending a letter to all women and girls aged 12 and over who have a current prescription for valproate.
Action: Visit MHRA webpage for more information on the risks of taking valproate medicines during pregnancy. This page includes patient leaflets, details of patient support networks and clinical resources. See also Key findings from NHS digital on valproate use.

Greenwich Pharmacy Forum:

Please find links to recordings of our previous webinars:

- **Management of Heart Failure in Primary Care:** https://youtu.be/RqhrYxjGZkc
- **Learning Disability and Autism Health Check:** https://youtu.be/IT0I4pTeUHU

MEDICINES MANAGEMENT

MHRA – Drug Safety Update: Levothyroxine

Generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing. However, a small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product – these cases are noted in UK professional guidelines.

Action:

1. If a patient reports symptoms after changing their levothyroxine product, consider testing thyroid function.
2. If a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient
3. If symptoms or poor control of thyroid function despite adhering to a specific product, consider prescribing levothyroxine in an licensed oral solution formulation.
4. Report suspected adverse reactions to levothyroxine medicines, including symptoms after switching products, to the Yellow Card scheme.

Use of Carbocisteine & High Dose PPI

Mucolytics such as carbocisteine can be used in COPD patients with copious, thick and difficult to clear sputum. However, it may also disrupt the gastric mucosal barrier and therefore should be used with caution in patients with a history of gastric ulcer. Use of carbocisteine is contraindicated in patients with an active ulcer. Co-prescribing high dose PPI with carbocisteine is a surrogate marker to identify patients at high risk.

Action: Patient should be reviewed after one month of commencing carbocisteine treatment and only continue if there is a perceived benefit in treatment. Regular reviews of carbocisteine will also allow clinicians to pick up patients with peptic ulcer diagnosed after initiation of carbocisteine and will enable to establish effectiveness with a treatment break and need to continue long term carbocisteine.

SYSTEM DEVELOPMENT – END OF LIFE

Webinars for Workers Supporting Those Experiencing Bereavement

The Greater London Authority recently commissioned a survey on bereavement services in London in collaboration with Cruse. Amongst other findings, it was recommended that more basic training was needed in workplaces, communities, and so on, to educate people in the needs of bereaved people. So a one hour Zoom session has been devised.

Action: Register here to better understand how bereavement impacts individuals, families, organisations and communities – and the support available.

MEDICINES MANAGEMENT

SEL Integrated Medicines Optimisation Committee (IMOC)

The following IMOC decisions / outputs have been ratified through SEL IMOC and SEL Medicines Optimisation sub-Committee Chair's action and can be accessed via the links:

NEW:

- **Atopic dermatitis – dupilumab treatment pathway:** This pathway has been developed through the dermatology sub-group and outlines when dupilumab (a monoclonal antibody) is suitable for use in patients with moderate to severe atopic dermatitis (in line with NICE guidance). Whilst dupilumab is a "**red**" categorised medicine (hospital prescribing and supply only), as with other similar specialist medicines, **it will be important for practices to record patients who are receiving this medicine on their primary care system as part of the medicines reconciliation process.**

UPDATED:

- **Hypertension treatment guidance:** A minor update has been made to step 4 of the "drug treatment" pathway on page 4 of the guidance. The monitoring for patients on spironolactone has been simplified and a reference link to the Specialist Pharmacy Service (SPS) drug monitoring document has been added.
- **Denosumab (Prolia™) for the management of osteoporosis in adults – interim arrangement for prescribing, monitoring and administration in primary care during COVID 19:** This interim guidance was developed to support the pandemic response and support continuity of patient care during the pandemic. Given the ongoing pandemic situation, the guidance has been extended for a year to June 2022. The main amendment to the guidance is that 1st doses may now be requested in primary care.

NICE update:

1. **NG193:** Chronic Pain: Covers assessing all chronic pain and managing chronic primary and secondary pain (or both) in people aged 16 years and over
2. **NG196 (replacing CG180):** Atrial fibrillation: diagnosis and management. The update includes new recommendations on diagnosis and assessment, assessment of stroke and bleeding risks, preventing stroke, rate and rhythm control, preventing recurrence, and preventing and managing postoperative atrial fibrillation. Greater use of ECG monitoring is advised during diagnosis, and the ORBIT bleeding risk score is now recommended when initiating or reviewing current anticoagulation treatment. The guideline acknowledges that other bleeding risk tools, including HAS-BLED which NICE's previous guideline recommended, may need to be used until ORBIT is embedded in local clinical pathways and electronic systems used by clinicians.

Contact Details

Meds Management: greccg.pharmacy@nhs.net (020 3049 9000)
Primary Care: Jan Matthews: jan.matthews@nhs.net
System Development: Alex Pini: a.pini@nhs.net