

To contact NHS BSW ICB Medicines Optimisation Team:

✉ bswibc.prescribing@nhs.net

Website: <https://bswtogether.org.uk/medicines/>

Community Pharmacy Integration

Helen Wilkinson has taken up a brand-new role as **Community Pharmacy Clinical Lead** at BSW ICB, the aim of which is to support integration of community pharmacy into the wider NHS, particularly with PCNs and acute trusts and to focus on safe and effective implementation of community pharmacy services e.g. GP and A&E referrals to the **Community Pharmacy Consultation Service**, the Discharge Medicines Service, hypertension case finding, smoking cessation etc. If you would like to get in touch please contact Helen - hwilkinson1@nhs.net

BSW Area Prescribing Committee (APC) Updates

The [BSW APC website](#) includes info on the APC and BSW formulary decision making process. Decisions from October 2022 meeting can be found in full [here](#). Of particular note:

- **Thuasne Action Reliever off-loading knee brace** has been added as **non-formulary** and is not recommended for prescribing in primary care. The entry includes supporting information from the [EoE PAC position statement](#) which has been ratified by the BSW APC.
- **GLP1's** – Aligned with **GREEN** TLS across BSW. This follows a large education program to upskill diabetes teams on GLP1 initiation. Additionally, **Oral Semaglutide (Rybelsus®)** changed from amber to **GREEN** TLS to allow the initiation of oral semaglutide by GP's or appropriate prescribers in Primary Care as an option during ongoing supply issues with injectable dulaglutide (Trulicity®) and semaglutide (Ozempic®). Switching to this option will also involve further patient counselling regarding the [special administration requirements of oral Semaglutide](#). Please also see the BSW ICB Diabetes Special Edition Newsletter Oct 2022 [here](#) for more information about managing GLP1 shortages.
- **Vacuum Pumps for Erectile Dysfunction** (e.g. *iMEDicare SomaErect Response II and SomaCorrect Xtra*) aligned with **AMBER** TLS across BSW. Primary care may prescribe initial or replacement device on FP10, and replacement constrictor ring sets where clear instruction has been provided in writing by appropriately qualified practitioner. In addition, a [Primary Care Prescribing Advisory Summary for Erectile Dysfunction](#) has been updated for BSW.
- Branded generic **Sukkarto** has increased in price. In primary care, where [modified release metformin](#) is required, prescriptions should now be written generically. Metformin MR should only be used where standard-release tablets have been tried and are not tolerated.
- Supply problems and fluctuating price concessions means **alendronic acid** is no longer considered the only first line [oral bisphosphonate](#). Risedronate, alendronic acid and ibandronic acid can all be considered according to local availability and patient preference.
- Clarification that [Ibuprofen 10% and Diclofenac 1%, 1.16% and 2.32% topical gels](#) are NON-formulary. [Ibuprofen 5% gel](#) (prescribed by Fenbid brand) remains a cost-effective formulary option when a topical NSAID is required for pain/inflammation.

NICE info -Did you know?

NICE have published updated guidance on [Osteoarthritis in over 16s: diagnosis and management](#). NG226 covers the diagnosis, assessment, and non-surgical management of osteoarthritis. Management should be guided by symptoms and physical function. Core treatments are therapeutic exercise and weight management, alongside information and support. A useful visual summary can be found [here](#). If needed, pharmacological management can be used alongside non-pharmacological treatments and to support therapeutic exercise.

Ensure appropriate frequency of treatment review, according to clinical need. Decide with the person whether to continue treatment.

Offer topical non-steroidal anti-inflammatory (NSAID) for knee osteoarthritis and *consider* for other osteoarthritis affected joints. Consider an oral NSAIDs if topical medicines are ineffective or unsuitable and offer gastroprotective treatment alongside. **Use the lowest effective dose for the shortest duration possible.**

DO NOT offer glucosamine; strong opioids or intra-articular hyaluronan injections.
DO NOT offer paracetamol or weak opioids, *unless*: all other treatment options are ineffective or unsuitable, they should only be used *infrequently* for short term pain relief.

Consider intra-articular corticosteroid injections for short-term relief when other pharmacological treatments are ineffective or unsuitable or to support therapeutic exercise.

National Patient Safety Alert



The MHRA have issued a National Patient Safety Alert for **Prenoxad kits (naloxone 1mg/mL pre-filled syringes)** after the manufacturer reported kits may be **missing needles**. Naloxone reverses the effects of opioid overdose. If there are no needles within the kit this may impede the administration of life saving doses of naloxone in an emergency. By 17th November partners should check all Prenoxad kits in place at their organisation against the batches specified in the alert and contact individuals supplied with Prenoxad kits where possible and support checks to ensure kits contain two (2) needles. Support should be provided to individuals with kits who are unsure how to check their kits. Full details of the alert and supporting information for partners and patients can be found [here](#)

Changes to the Controlled Drug Reporting Website- Thursday 1st December 2022

The Controlled Drug reporting website – www.cdreporting.co.uk has undergone a review and development process and as a result, the website has been upgraded and some of the reporting modules have been re-designed or modified

The CD Reporting website will change on **Thursday 1 December 2022** and from this date there will be several changes

Incident and Concerns reporting–replaced by two different modules, with slightly different questions to ensure that the pertinent information is captured. The modules have a change in focus now looking at harm to patient rather than risk.

Incident Module –event or situation arising in the course of work that resulted in or could have resulted in injuries, illnesses, damage to health, or fatalities.

“Near miss” or “dangerous occurrence” are also terms for an event that could have caused harm but did not and these may be treated as an “incident”

Concerns Module – A matter of interest or importance to the Controlled Drugs Accountable Officer on the safe use or management of Controlled Drugs. Events that are yet to be corroborated or substantiated also constitute a concern. Concerns can now be reported anonymously, as well as when logged into the Reporting website.

Application to be a Temporary Authorised Witness–This process has been redeveloped to ensure ease of use, and to support professionals requesting to witness the destruction of controlled drugs in more than one organisation.

Log a Controlled Drug Destruction–This module has been redeveloped to link with the Temporary Authorised Witness licence and make it easier to record the drug destructions witnessed by the Temporary Authorised Witness.

Controlled Drug Declarations–The Declaration form has been redesigned, to capture the information providing assurance to the Controlled Drug Accountable Officer that organisations have processes and policies in place to ensure safe handling and management of controlled drugs, in all areas including, administration, prescribing and dispensing.

Additional functions

The website retains a number of features and functions, which have all gone through a review and design process, as well as new features and functions.

Please complete the registration process to access your Controlled Drug Website account at your soonest convenience **from 1 December 2022**.

In the meantime, please continue to report as normal. Further information regarding the upcoming changes can be found at www.cdreporting.co.uk. Or if you have any queries, please contact us or the CD Reporting Help Desk team - england.cdreportingtechnicalhelpdesk@nhs.net.

NEW Anticoagulant/OAT and DOAC book updates

The anticoagulant book (often referred to as the yellow book or OAT book) has been updated. The book is intended for people on warfarin or other vitamin K antagonist anticoagulants.

A new information book on Direct Oral Anticoagulant (DOAC) is also available intended for people on apixaban, edoxaban, rivaroxaban and dabigatran; known collectively as direct oral anticoagulants.

Supplies of the existing booklets will continue until they have run out and then the new booklets will start to appear. They are available via [NHS Forms or Primary Care Support England \(PCSE\)](#)

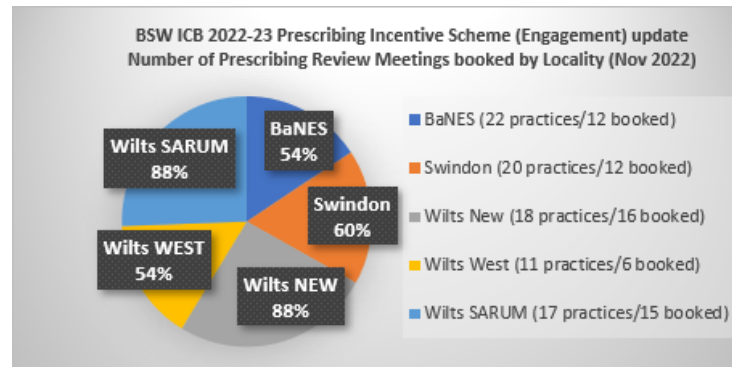
They are available for download here:

[Anticoagulant/OAT book](#)

[DOAC book](#)

Prescribing Incentive Scheme 2022/23 (Prescribing Review Meeting- part of your PIS requirement)

To book your **practice Prescribing Review meeting**, please e-mail our Team Administrator, Karen Goddard karen.goddard1@nhs.net with suggested dates (or best day and time of the week) that works for the practice, and she will co-ordinate the meeting and send invitation. These meetings can be face to face or via teams.



Medicine Shortages

Shortages of medicines are becoming an increasingly frequent issue. The DHSC is responsible for the continuity of supply of medicines and manufacturers have a legal requirement to inform DHSC of any supply problems.

The Department for Health and Social Care (DHSC) produces a monthly update of shortages for primary and secondary care, this can be found via the **SPS Medicines Supply Tool** : Requires simple free registration process and log in to access – [Medicines Supply Tool – SPS – Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Further information may be issued by a **Medicine Supply Notification (MSN)** to providers – these MSNs are forwarded by the Medicines Optimisation Team routinely.

We are also aware that prescribers may also be asked for an alternative by pharmacies if there is a local supply issue. This will need to be considered on a case-by-case basis –Contact bswicb.prescribing@nhs.net for support with specific shortages or feedback.

Serious Shortage Protocols (SSPs) have also recently been introduced to enable community pharmacies to dispense agreed alternatives without requesting a prescription amendment. <https://psnc.org.uk/dispensing-supply/supply-chain/live-ssps/>

Pharmacies can report any medicine shortages not listed on the SPS website using the [online reporting form](#) if they have not been able to source stock of a medicine from any supplier or manufacturer.

Other resources to access shortages information can be found here –

Mims Shortage Tracker : requires registration and is only available to subscribers – not free [Drug shortages – live tracker | MIMS online](#)

PrescQIPP : Out of stock bulletins and intelligence – Requires simple free registration process and log in to access – [Out of stock bulletins and intelligence | PrescQIPP C.I.C](#)