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NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group

Medicines Optimisation Update

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BSW Area Prescribing Committee (APC) Updates

The BSW APC website includes info on the APC and the formulary decision making process. Decisions from the August 2021 meeting have been ratified and can be found in full here. Of particular note:

- **NEW – BSW SCA - Topical Testosterone for low libido in menopause in adult women on HRT (off-label indication).** The TLS for this indication has changed from RED to AmbWSCA. The SCA details expectations agreed locally if a GP is asked by NHS clinicians to take on prescribing. If a patient elects to access private menopausal services and is offered topical testosterone, in line with the Medicines Management Advisory Summary for Private Treatments, the entire 'episode of care', including ongoing prescribing should remain with the private provider. However, if there are circumstances where a GP agrees to take on prescribing initiated privately, we would expect the private provider to follow the standards of the Specialist set out in this SCA.
- The APC has recently turned down applications for prasterone 6.5mg pessaries (Intrarosa®) and estriol vaginal gel 50microgram/g (Blissel®). These should not be prescribed on the NHS in BSW. Also note the BSW HRT formulary treatment options pathway is currently under review.

Private Gender Identity Clinic Prescription Requests

There have been several queries in our inbox relating to Private Gender Identity Services requesting the GPs to continue the prescribing of hormone replacement for their patients.

Some of these requests were from "GenderGP" – this clinic offers an online service only, do not have GMC registered GPs and are not UK based. We would strongly advise against prescribing following recommendations from this and similar clinics.

The commissioned Gender Identity Clinics can be found here: https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/ These clinics should provide GPs with information about any requested treatments. For example, from Nottingham advice on feminising hormones https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93jijm4n5400.pdf&ver=8500 and masculinising hormones https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93jijm4n5399.pdf&ver=8499

You can find practical guidance on the following links:

LMChttps://www.wessexlmcs.com/transgenderpatientsgenderreassignment

BMA https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/managing-patients-with-gender-dysphoria

GMC https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare

The Nottinghamshire APC Transgender Prescribing Position Statement gives a pragmatic guide for practices to use if they receive a request to prescribe transgender medicines on FP10 by a patient who is not using an NHS Gender Identity Clinic (see pages 7-12) https://www.nottsapc.nhs.uk/media/1209/transgender-prescribing-position-statement.pdf

Medicines Safety Week 1st - 7th November 2021

This year's #MedSafetyWeek social media campaign focuses on the importance of reporting adverse reactions to vaccines via the Yellow Card Scheme. We are encouraged to discuss with healthcare colleagues and patients how reporting using the Yellow Card scheme helps to improve the safety of vaccines. More details are available in the October Drug Safety Update. The article contains links to key resources and training and highlights the importance of recording brand names and batch numbers for vaccines to aid traceability. MedSafetyWeek November 2021: support the safety of vaccines - GOV.UK (www.gov.uk)

MOT Website New documents uploaded

PrescQIPP Impact - Improving Medicines & Polypharmacy Appropriateness Clinical Tool https://prescribing.bswccg.nhs.uk/?wpdmdl=8735

MOT Website Updated documents uploaded

There have been a few MOCH document updates this month – please check our website here to ensure that you are using the latest version

Cavilon update

Please note Cavilon is now GREEN in the BSW formulary. Tissue Viability nurses in Swindon and Wiltshire are requesting that you do not switch patients to alternative barrier creams when Cavilon is initiated on the Moisture Associated Skin Damage (MASD/IAD) pathway. The wound care formulary is currently under review and currently there are two pathways circulating in the community. We are working in collaboration with the TVNs and the formulary team to resolve the situation, please bear with us and follow the advice from the TVNs/community nurses in the meantime.

Topical Corticosteroids: Information on the Risk of Topical Steroid Withdrawal Reactions

Drug Safety Update - September 2021 (publishing.service.gov.uk) discusses a review conducted by the MHRA into topical steroid withdrawal reactions, following concerns raised by patients and their families. Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. The MHRA are unable to estimate the frequency of these reactions. However, given the number of patients who use topical corticosteroids, they understand reports of severe withdrawal reactions to be *very infrequent.*

The safety update highlights good practice advice to reduce the risks of adverse events. Such as, prescribing the topical corticosteroid of lowest potency needed and ensuring patients know how to use it safely and effectively, advising on the amount of product to be applied and duration of treatment, and reviewing patients on long-term topical corticosteroid treatment, to consider reducing potency or frequency of application (or both).

A Position Statement from the National Eczema Society and British Association of Dermatologists may be useful in guiding practice. Suspected adverse drug reactions should be reported via the Yellow Card scheme, including after discontinuation of topical corticosteroids Yellow Card Scheme - MHRA

Characteristic signs of rare topical steroid withdrawal reactions

The most common reaction is a rebound (or flare) of the underlying skin disorder such as atopic dermatitis. However, patients have described a specific type of topical steroid withdrawal reaction in which skin redness extends beyond the initial area of treatment with burning or stinging that is worse than the original condition. It can be difficult to distinguish a flare up of the skin disorder, which would benefit from further topical steroid treatment, and a topical steroid withdrawal reaction.

A topical steroid withdrawal reaction should be considered if:

- burning rather than itch is the main symptom
- redness* is confluent rather than patchy (which may not be so obvious in people with darker skin)
- rash resembles atopic dermatitis but involves unusual sites and is 'different' to the skin condition that the patient has experienced before
- there has been a history of continuous prolonged use of a moderate or high potency topical corticosteroid

*Redness can be a spectrum of pink, red, and purple, or subtle darkening of the existing skin colour, which can vary depending on the skin tone of the individual. Skin biopsy is generally unhelpful to distinguish topical steroid withdrawal reactions from a flare of the underlying skin disorder because the histopathology overlaps.

Specialist Pharmacy Service Guidance (SPS) Q & A: What should patients do if they miss a dose of their medicine?

A useful summary to facilitate advice and treatment decisions when patients *occasionally* forget or delay a dose of their medicine. Patients who regularly forget doses require tailored support. It highlights that patient information leaflets often guide patients on what to do about missed doses. The Q & A contains generally applicable guidance in relation to how late the missed dose is, and provides specific guidance on missed doses of epilepsy medicines, oral contraceptives, warfarin, insulin, once-weekly methotrexate, and cancer medicines or immunosuppressants for transplant rejection. UKMi_QA_Missed-doses-of-medicines_update_Aug-2021_FINAL.pdf (sps.nhs.uk)

IIF new carbon footprint indicators

Some of you may be aware that two new indicators have been added to the IIF (Investment and Impact Fund) from 1st October 2021. Full document on link: https://www.england.nhs.uk/wp-content/uploads/2021/10/B0951-vi-network-contract-des-iif-implementation-guidance.pdf . The two new indicators are in "A sustainable NHS domain"- see page 43-49.

ES-01: Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued to patients aged 12 or over on or after 1 October

Thresholds are 53%(LT) 44% (UT) and the data source will be the General Practice Extraction Service (GPES) https://digital.nhs.uk/services/general-practice-extraction-service.

To see where you are in an easily understandable graph, you can look up your practice on Openprescribing.net - Environmental Impact of inhalers. Information is also available on the BSW CCG prescribing dashboard provided to you in your Quarterly Report. Switching should only be undertaken when it is clinically appropriate, during a patient review and as a shared decision with the patient. Remember to check, train and re-train inhaler technique as needed. Community pharmacies are also offering the New Medicines Service to these patients and should check inhaler technique as well.

ES-02: Mean carbon emissions per salbutamol inhaler prescribed on or after 1 October (kg CO2e)

Thresholds are 25.1 kg CO2e (LT), 22.1 kg CO2e (UT). Ventolin Evohaler is 28.26kg CO2e and Salamol CFC free Inhaler is 11.95kg CO2e. For the purpose of this measure the carbon footprint of Salbutamol CFC inhaler prescribed as generic will be 25.24kg CO2e. You can read about how this has been calculated in the IIF document. Therefore, our advice is to please prescribe all inhalers- including salbutamol- by the brand name, and if you would like the patient to receive a pMDI, the preferred brand is Salamol.

DPIs have got much lower carbon footprint and Salbutamol Easyhaler is the first one on the market that is carbon neutral. Careful consideration is needed if a DPI salbutamol is clinically appropriate for the patient. The data source is BSA prescribing data (ePACT) with carbon emissions data compiled by PrescQIPP https://www.prescqipp.info/our-resources/bulletins/bulletin-295-inhaler-carbon-footprint/ . The indicator on ePACT is not yet live – once it is available, we will add your data to the dashboard in your quarterly report.

As far as we are aware the manufacturer of Salamol has enough stock for the current demand, not clear if they are prepared for the increased demand, should most surgeries start to switch patients from generic Salbutamol or Ventolin Evohaler to Salamol. We added an OptimiseRx message to remind you to prescribe as Salamol when you are starting a prescription for a new patient.

We have prepared a patient information leaflet about the Environmental Impact of Inhalers that you can give to your patients, or display in your waiting rooms or on your websites- this will follow soon.

This newsletter represents what is known at the time of writing so information may be subsequently superseded. Please contact the Medicines Optimisation Teams with comments/feedback or information for inclusion. This newsletter is aimed at healthcare professionals working within BSW.