

**COVID -19 Medicines optimisation key messages for practices – Issue 13**

Please send all queries to the team inbox: [MECCG.PIMMS@nhs.net](mailto:MECCG.PIMMS@nhs.net) Refer to our website for Covid-19 medicines resources: <https://midessexccg.nhs.uk/medicines-optimisation/covid-19-resources>

**Vitamin D and COVID**

We recognise that there has been much reported in the media on the risks of vitamin D deficiency and COVID-19.

Due to the lockdown requiring people to stay indoors much of the time, Public Health England updated and reissued their advice on vitamin D. This guidance states:  
 ‘Consider taking 10 micrograms of vitamin D a day to keep your bones and muscles healthy. This is because you may not be getting enough vitamin D from sunlight if you’re indoors most of the day.’

The Royal College of physicians and the Society of endocrinology released a joint statement stating that there is currently no evidence for recommending high doses for the general population:  
<https://www.rcplondon.ac.uk/projects/outputs/joint-statement-covid-19-and-vitamin-d>

Patients should be advised to purchase Vitamin D supplements. As per policy, prescribing is not supported for Vitamin D supplementation. This applies to all patients including those shielding or self-isolating. Prescribing of vitamin D is only supported where high dose replacement is needed for treatment of Vitamin D deficiency.

Refer to our prescribing policy [here](#).

**Transfer of Care SOP – avoiding duplication of patient care**

Now that we are moving more so into the COVID recovery phase, there is a focus again to ensure that patients requiring drug monitoring are receiving that drug monitoring. This could be provided by another provider besides the GP practice and if this is the case, it is vital that the test results are entered onto the GP clinical system and coded appropriately. This ensures that the test carried out is counted against the monitoring of that patient’s medicine. We have a Transfer of Care SOP on our website, [here](#), and for those GP practices using SystmOne, there is also an Ardens template to support recording of interventions by other providers to a patient’s medication.

There is still a restricted phlebotomy service from the hospital but they are accepting requests for monitoring of high-risk drugs. If your practice is providing a phlebotomy service the hospital are accepting routine bloods samples for analysis.

**Uploads to Eclipse**

To maximise the benefits of Eclipse and in particular, currently, the VISTA care home pathway it is essential that the GP clinical system upload is carried out on a weekly basis. The system will then reflect the work being done in practices to get the care home patients correctly coded.

Action	Frequency
GP clinical system upload	Weekly
Create and upload Patient list file (PATlist)	Monthly
Create and upload COVID 19 PATList	Monthly

Refer to our [quick reference guide to uploading \(LINK\)](#).  
 Please contact Eclipse Support [support@prescribingservices.org](mailto:support@prescribingservices.org)

**Dexamethasone**

Dexamethasone has been proven to reduce the risk of death significantly in COVID-19 patients on ventilation by as much as 35% and those on oxygen by 20%, reducing the total 28-day mortality rate by 17%.

Funded by the UK government, via the National Institute for Health Research (NIHR) and UK Research and Innovation (UKRI), the Oxford University UK RECOVERY trial is the first clinical trial anywhere in the world to show a treatment provides significant impact in reducing patient mortality.

We have developed patient FAQs [\(LINK\)](#) to share with your patients.