

COVID -19 Medicines optimisation key messages for practices – Issue 2

The medicines Optimisation team are now working from home and there is no-one in the office. Please send all queries to the team inbox: MECCG.PIMMS@nhs.net

Please bear with us as like yourselves we are dealing with many challenges. We will do our best to respond in a timely manner but do consider that queries that have a wider impact may take longer to respond to whilst we seek guidance.

We have set up a new page on our website for Covid-19 medicines resources:

<https://midessexccg.nhs.uk/about-us/the-library/medicines-optimisation/covid-19>

Clenil Modulite® advice due to supply issues

- Clenil Modulite 100® has a current supply problem. This is due to the manufacturer being unable to cope with the current increased demand.
- **Please first review whether a new inhaler is needed immediately. One inhaler when used at the normal dose of 2 puffs BD will last 50 days (7 weeks).**
- Do not supply requests earlier than a week in advance.
- For patients requiring immediate supply of their Clenil Modulite® inhaler, an alternative branded generic is Soprobac®. It is equivalent to Clenil Modulite® in licensing and dosage.
- Soprobac® is currently available through all the major wholesalers. There may be delays if a particular wholesaler depot runs out and they are awaiting delivery or awaiting stock to be booked in.
- **For patients over 5 years old** requiring immediate supply of their Clenil Modulite 100® or Clenil Modulite 200® inhaler, where Soprobac® is also temporarily not available, consider a switch to QVAR. **QVAR® is only licensed for children over 5 years of age and adults.**

Refer to the full guidance on this [LINK](#)

Update on Phlebotomy services

MEHT walk-in services at Broomfield, St Michael's and St Peter's are currently open; however this is subject to change following daily COVID-19 reviews. Blood test appointments are also available at Broomfield (01245 516963). Patients are requested to attend alone where possible and only if the blood test is urgent as follows:

- ✓ Pre-chemo
- ✓ Pre-op
- ✓ Drug monitoring

INR requests for warfarin patients would fall under drug monitoring and therefore are continuing. Anti-coagulation clinics, are still running at the moment.

To support the need for social distancing phlebotomy are trying move all MEHT blood testing to appointments to reduce risk in waiting rooms, this is ongoing. Currently the walk-in services are not very busy so social distancing is possible.

Monitoring of shared care medicines (High risk medicines)

Refer to our new guidance on [monitoring of shared care medicines](#) (link) to support practices in assessing and identifying appropriate patients to safely increase the interval for blood monitoring.

Palliative care – updated resources

Farleigh hospice have developed emergency guidance on the Palliative and End of Life management of COVID-19 patients ([LINK](#)). It summarises medicines used for symptom control and management as well as non-pharmaceutical measures.

Guidelines for Anticipatory prescribing of 'Just in case' medicines at the end of life have been updated, along with the patient information leaflet and medicines standards.

These can be found on the palliative care section of the website.

<https://midessexccg.nhs.uk/medicines-optimisation/palliative-care>

Social media myth busting

Risk of sharing medications

We have been notified of social media posts encouraging the sharing of medicines especially where people are self-isolating and shielding. A [patient information leaflet](#) (link) has been developed to highlight the risks issues of sharing medication



National resources and updates

Guidance for the [safe switching of warfarin to direct oral anticoagulants \(DOACs\)](#) (link) for patients with non-valvular AF and venous thromboembolism (DVT / PE) during the coronavirus pandemic have been produced. Switching appropriate patients from warfarin to a DOAC may be considered to avoid regular blood tests for INR monitoring. However, switching from warfarin to a DOAC must be done with careful consideration as not all patients are suitable for a switch to DOAC, and in some cases, specialist advice may be required. Refer to the guidance.

NICE have a dedicated Covid-19 page where they will be publishing their rapid guidelines and evidence reviews as well as other useful information relating to Covid-19. <https://www.nice.org.uk/covid-19>

University College London Medicines Information Service have produced a list of [Medical Specialities/Professional Bodies](#) (link) with information on medication advice during COVID-19 pandemic.

Setting up locums and NMPs to prescribe

A reminder that all prescribers must be formally linked to your practice before they start to prescribe. A [quick user guide has been developed to support practices set up locums and NMPs](#) (link) to ensure that they can send prescriptions electronically. Please ensure you notify Linda.robinson9@nhs.net of all new prescribers with the following information:

- ✓ Registration number i.e. NMC / GPHC
- ✓ Title on professional register i.e. Mr, Mrs, Miss, Ms
- ✓ Name including all initials on the professional register

Information for all on the online services from 111 – non emergency advice

<https://digital.nhs.uk/services/nhs-111-online>

Due to the increased phone calls to NHS 111 there are online services available. NHS 111 **online** is a fast and convenient alternative to the NHS 111 phone service and provides an option for people who want to access 111 digitally. Patients can now access the Community Pharmacy Consultation service for minor illnesses and urgent medicines supply via 111 online-

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/>

Community pharmacies

The Essex LPC have developed a communication outlining some of the current challenges facing the community pharmacy network in Essex, how the pharmacies are seeking to mitigate against this and how patients and residents can help.

Find the information on our website here.

[LINK](#)

Round-up of other queries

Vitamin B12

We are aware that practices are concerned about the face-to-face contact for people who require regular hydroxycobalamin IM injections during the pandemic. We have put together a risk stratification tool to support practices in identifying patients who may be considered for oral vitamin B12 replacement or stretching dose intervals for the IM injection. The tool can be found in the COVID-19 section of our website [\[LINK\]](#)

Remote outpatient clinic supply of medicines

The hospital will be conducting remote outpatient clinics. Any routine medication recommended from that clinic should be prescribed on a hospital FP10 and posted to the patient, to be dispensed at a community pharmacy.

Continuation of specialist hospital medicines

The specialists should be prescribing on a hospital prescription for dispensing from the outpatient pharmacy. Patients will be asked to collect from the pharmacy. Where patients are self-isolating/shielding medicines can be couriered to the patient's home. This will be arranged by the hospital.

Specialist hospital medicines are the RED formulary classified drugs e.g. oral chemotherapy, clinical trials and other specialist drugs. If you are asked to prescribe any outpatient or RED specialist medicines please let us know.