



COVID -19 Medicines optimisation key messages for practices – Issue 12

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

Lessons to Learn- improving access to End of Life (EoL) medicines

We would like to highlight to you a recent incident relating to the supply of EoL medications for a syringe driver. Four medications were required and all were prescribed on one prescription form. The patient’s community pharmacy had all but one of the medications in stock and dispensed three of the prescribed medications. As all on one form, the prescription could not be returned to the NHS spine for the one remaining item to be dispensed at another community pharmacy. This left the patient’s relative the difficult task of having to return to the GP to get another prescription issued for the outstanding medicine and having to find another community pharmacy to get it dispensed.

To improve access to EoL medicines during this difficult time when supplies are inconsistent prescribers are advised to:

- issue **One medication per prescription form**- if electronic script authorise and send each item one at time. This allows the patient/family to “shop around” to different community pharmacies with individual scripts in order to get the full supply.
- review the quantity prescribed providing the minimum necessary. Whole ‘original’ packs aren’t always needed. Prescribing smaller quantities more frequently reduces supply chain issues and wastage whilst continuing to meet patient needs.
- telephone the pharmacy in time critical situations to check stock availability and agree delivery time.
- provide the barcode number to pharmacist/family/HCP so an EPS prescription can be found more quickly on the spine.

There are nine designated palliative care community pharmacies across the STP holding an agreed list of EoL medicines, to be used when the patient’s usual pharmacy has stock issues. -These are listed in the [patient information leaflet \(LINK\)](#). The list of designated pharmacies and drugs held has been sent to practices but can be found [here \(LINK\)](#). For further information about medicines and palliative care go to our [website \(LINK\)](#)

Proxy electronic ordering of medicines by care homes

Practices are encouraged to implement proxy electronic ordering of medicines for their care homes-process is outlined in the [slide-set LINK](#). Proxy access enables care home staff to order medicines electronically on behalf of their residents- improving efficiency and saving time for all. Manor Lodge Care Home in Chelmsford have trialled it with positive results. Refer to [Proxy ordering FAQs \(LINK\)](#) For more information and/or support contact the Medicines Optimisation in Care Homes team through the Care Home helpline on 01245 922 001 or email pharmacist.carehome@nhs.net

Uploads to Eclipse

To maximise the benefits of Eclipse COVID care home protect it is essential that the GP clinical system upload is carried out on a weekly basis. Especially as work is being done in practices to get the care home patients correctly coded. PatLists should be uploaded monthly.

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 or call 01553 615555 if you need assistance.

Eclipse Prescribing Safety Indicators- have you checked yours recently?

Area	Search	Total Patients	Patients Reviewed	View
Angiotensin	[Prescribing Safety] Patients >= 75 years old on ACE or Loop Diuretic with no Renal check in 15M	552	139	View
Antiarrhythmic	[Prescribing Safety] Patients receiving amiodarone for at least 6 months who have not had a thyroid function test (TFT) within the previous 6 months	36	5	View
Anticoagulation	[Prescribing Safety] Prescription of warfarin or DOAC and an antiplatelet drug in combination without co-prescription of an ulcer-healing drug	83	11	View
Anticoagulation	[Prescribing Safety] Prescription of warfarin or DOAC in combination with an oral NSAID	34	12	View
Antiplatelets	[Prescribing Safety] Prescription of an antiplatelet drug without co-prescription of an ulcer-healing drug, to a patient with a history of peptic ulceration	1	0	View
Antiplatelets	[Prescribing Safety] Prescription of aspirin in combination with another antiplatelet drug without co-prescription of an ulcer-healing drug	117	16	View
DMARDS	[Prescribing Safety] Patients receiving methotrexate for at least 3 months who have not had a recorded full blood count (FBC) or liver function test (LFT) within the previous 3 months	317	56	View
Lipid Regulation	[Prescribing Safety] Prescription of a non-selective beta-blocker to a patient with a history of asthma	80	7	View
Lithium	[Prescribing Safety] Patients receiving lithium for at least 3 months who have not had a recorded check of their lithium concentrations in the previous 3 months	65	12	View
NSAIDs	[Prescribing Safety] Prescription of an oral NSAID to a patient with eGFR <45	23	3	View
NSAIDs	[Prescribing Safety] Prescription of an oral NSAID to a patient with heart failure	10	1	View
NSAIDs	[Prescribing Safety] Prescription of an oral NSAID, without co-prescription of an ulcer healing drug, to a patient aged >=65 years	209	36	View

Shortage of Mirtazapine orodispersible tablets

There is limited supply of mirtazapine orodispersible tablets. In the past we have advised the prescribing of these as they are less expensive than the normal tablets. If the patient does not have swallowing difficulties then please review and prescribe the normal tablets. Mirtazapine liquid is a licensed product but should only be prescribed if the patient has swallowing difficulties and you are unable to obtain the orodispersible tablets. Please issue the liquid as an acute script and not repeat so when stock of the orodispersible tablets becomes available these can be issued as before.