

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> There is now a patient information section for you to find useful resources for your patients: <https://midessexccg.nhs.uk/medicines-optimisation/covid-19-resources/patient-information>

**Review of Prescribing due to COVID pandemic**

Prescribing data from March at the start of the pandemic indicates a £600K increased spend compared the usual spend for March. Early analysis indicates that this increase may be due to an increase in items of repeat medicines as well as an increase in over the counter spend. Key actions for practices:

- Review time frames and appropriateness of repeat requests to see if larger quantities or early repeats have previously been issued. Please do not supply larger quantities. Prescriptions should remain within normal supply durations to avoid drug shortages. If a repeat has been supplied early due to COVID please review next request to put back into correct timeframe.
- Review OTC medicines that were issued at the start of lockdown. We recognise that there were difficulties in obtaining some OTC medicines such as paracetamol, but as lockdown has eased this should no longer be an issue so please do not routinely repeat OTC medicines.
- Vitamin D prescribing remains high – please review prescribing in line with the policy [here](#). Prescribing of vitamin D is only supported where high dose replacement is needed for treatment of Vitamin D deficiency. Patients should be advised to purchase Vitamin D supplements.
- Review cyanocobalamin prescribing – we recognise that hydroxocobalamin IM injections had been reprioritised but patients should be put back onto the hydroxocobalamin IM injection for non-dietary related vitamin B12 deficiency. Hydroxocobalamin 1mg administered intramuscularly (IM) is the preferred treatment for non-dietary-related vitamin B12 deficiency (e.g. pernicious anaemia) as it is retained in the body longer than cyanocobalamin. For dietary deficiency cyanocobalamin 50microgram tablets are available as Pharmacy only medicines or as food supplements and should be purchased by patients.

We will shortly be sending out a breakdown of prescribing in these specific areas so practices can review their prescribing.

**Oral nutritional supplements (ONS)**

Do not prescribe any feeds for patients with an enteral feeding tube- this includes sip feeds. All feeds must be ordered by the dietician looking after them directly with Fresenius Kabi and should not be prescribed on FP10. Patients requiring ONS should be reviewed as per the guidance [here](#). The 6 steps to appropriate prescribing of ONS in adults should be followed and food fortification advice offered for all patients before considering prescribing of ONS.

DO NOT prescribe ONS to Mid Essex Care Home residents unless authorised by a Dietitian.

For patients who are prescribed ONS it is important to:

- Review regularly to monitor, review against goals and assess continued need for ONS
- When goals of treatment are met please discontinue ONS
- If patient no longer has clinical need or no longer meets ACBS criteria but wishes to continue ONS, recommend over the counter supplements.

Analysis of items and spend on ONS over the past 6 months shows that the number of items prescribed doubled in April 2020 compared with January 2020 (230 in April vs 120 in January), with an increase in spend of £12K between January 2020 and April 2020.

**WHZAN digital health**

WHZAN is a new digital health kit system that has been launched across all care homes in the STP. It allows the care home staff to record clinical observations such as blood pressure, heart rate, pulse and oxygen sats which is then uploaded into the GP clinical systems. GPs are able to remotely review patients during practice-based MDTs and therefore reduces the need for unnecessary visits to the care homes.

**Ardens coding**

The use of Y codes has been discouraged in the past as there appears to be no SNOMED equivalent. Practices can be reassured that it is okay to use the Y codes attached to any ARDENS templates. We have checked with ARDENS who have stated:

“This is a common misconception. Y designator is part of the CTV3 coding system and is no reflection on mapping to SNOMED. There are Y codes used by QOF and that are SNOMED mapped, likewise there are Y codes that have yet to be mapped. Codes not recommended are clearly flagged within the read code browser and we endeavour not to use these.”

Please contact Sarah Exall, ARDENS lead [s.exall@nhs.net](mailto:s.exall@nhs.net) – for clarification if needed.