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## RDTC Focus: Polypharmacy

Polypharmacy is common in older adults and increases the risk of inappropriate and unsafe prescribing for older adults. Older adults, particularly women (who make up the majority of this age group), are at the greatest risk for medicine-related harm. Therefore, optimising drug prescribing for older people is very important. Identifying potentially inappropriate medications and opportunities for judicious deprescribing processes are intrinsically linked, complementary, and essential for optimising medication safety.

To support our primary care stakeholders, the RDTC has produced the first in a series of Strategic Insight documents entitled "**Polypharmacy and overprescribing: overview**". Its aim is to provide an update on key primary care prescribing trends in the North of England with respect to polypharmacy, and support primary care teams to identify key groups who may benefit from a structured medicines review.

Stakeholders can access this document via the RDTC website [here](#).

## Meet the RDTC Team

*In each newsletter we are going to include a few sentences to introduce one of the members of the RDTC team and how they support your work. This edition focuses on the **Head of Prescribing Support - Monica Mason**.*

"I have been with the RDTC for over 14 years, and Head of the Prescribing Support department for the last 3 years.



Along with my MPharm I have a degree in Neuroscience, a post-graduate clinical diploma, an NHS Leadership Academy Award and a Postgraduate Certificate in Healthcare Leadership. I have worked across different sectors of pharmacy, and the pharmaceutical industry, and this role regularly lets me draw on all of my previous experiences.

My role involves setting the strategic direction for the department, and I am particularly keen to ensure that through the analysis of data, robust evaluation of evidence, and sharing of best practice from our systems that we support improvements to population health. We are very aware of the reputation that the centre has built up over the last 30 years in providing good quality, robust information, and I have a responsibility to ensure this continues.

I am lucky to work with an incredible team, so that even on the tougher days we still manage a few chuckles!"

## Recent publications from the RDTC

### Monthly Formulary Amendments:

- October, November

### Formulary Assessment tool:

- Trifarotene (Aklief®) for acne

### Monthly Horizon Scanning:

- November, December

### Strategic Insights:

- Polypharmacy and Overprescribing: an overview

### Prescribing Analysis Reports:

- Monthly Financial Headlines (September 2022)
- Price concession bulletin (November 2022)
- Top 50 BNF Sections (April to September 2022)
- Cost Comparison Charts (October 2022)
- Growth Contrast report (April to September 2022)
- Drug Tariff Monitor (October 2022)



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## Latest prescribing news from your area

To access formulary decision summaries from your local formulary committee, see:

- [County Durham & Tees Valley APC](#)
- [North Yorkshire and York Area Prescribing Committee](#)
- [Greater Manchester Medicines Management Group](#)
- [North of Tyne, Gateshead and North Cumbria APC](#)
- [Humber APC](#)

## Polypharmacy: getting the balance right

Are you a GP or a Healthcare prescriber?

What are the risks of polypharmacy for our aging population?

What is 'shared decision making' and how can it help?

What are the barriers to stopping medicines safely?



The AHSN Network "**Polypharmacy: getting the balance right**" programme aims to support local systems and primary care in identifying patients at potential risk of harm and support better conversations about medicines by promoting shared decision making. One of the core principles of the programme is education and training.

The AHSN Network are hosting a third national Action Learning Set (ALS) over three sessions from 25 January 2023 to continue to invest in clinical leaders and to help build GP and prescribing healthcare professionals' confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. The evidence-based ALS model was originally developed and piloted by Wessex AHSN and is supported by Health Education England. The ALS will also help Primary Care Networks deliver the medicines optimisation elements of the new Directed Enhanced Services contract and contributes to QoF.

Delegates need to attend all three sessions. Find out more [here](#).

## Influenza in the community: prescribing antivirals advice

Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza at NHS expense. This is in accordance with NICE guidance, and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

Antiviral medicines may be prescribed for patients in clinical at-risk groups as well as anyone at risk of severe illness and/or complications from influenza if not treated.

Further information is provided in the [message](#) from the Chief Medical Officer.

## Group A streptococcus in children: advice for clinicians

A joint interim clinical guidance document (which can be found [here](#)) has been produced by the UKHSA to support primary care staff during the current outbreak of Group A streptococcus in the under 18 population. It is endorsed by Royal College of General Practitioners (RCGP), Royal Pharmaceutical Society (RPS), Royal College of Paediatrics and Child Health (RCPCH) and the National Institute for Health and Care Excellence (NICE). This interim guidance is valid until end of January 2023 and will be reviewed with epidemiology of infections and emerging evidence.

## MHRA review: Safe use of Valproate

On the basis of new evidence, the CHM has [recommended](#) a number of regulatory actions to further strengthen safety measures for valproate. These measures will be introduced over the coming months according to patient priorities so they can be introduced safely.

The CHM recommends that no patients (male or female) under the age of 55 years should be initiated on valproate unless 2 specialists independently consider and document that there is no other effective or tolerated treatment. For patients under 55 years currently receiving valproate, 2 specialists should independently consider and document that there is no other effective or tolerated treatment or the risks do not apply.

### Have an idea for a new document?

If you need a report, document, or prescribing data that we don't already produce, get in touch at [nuth.nyrdtc.rxsupp@nhs.net](mailto:nuth.nyrdtc.rxsupp@nhs.net) or tweet us at [@RDTC Rx](https://twitter.com/RDTC_Rx)

## New SPS Publications

Recently added resources on the [SPS website](#) include:

- [Using solid oral dosage form antibiotics in children](#)
- [Adverse drug reactions: useful resources to support answering questions](#)
- [Complementary medicines: useful resources to support answering questions](#)
- [Contraception: useful resources to support answering questions](#)
- [Managing cardiovascular disease in frail older people](#)
- [Temperature management for medicines storage](#)



### Serious shortage protocols (SSPs)

The Department of Health and Social Care (DHSC) has issued 5 further Serious Shortage Protocols (SSPs) for phenoxymethylpenicillin products which enables therapeutic substitution.

Further information, as well as the SSPs with supporting information, can be found on the NHS Business Service Authority (BSA)'s dedicated [SSP web page](#). PSNC also has [SSP guidance](#) for community pharmacy.

Details of all national shortages can be found on the [SPS website](#). Registration is required.

Primary care MI enquiries: 0300 7708564 or email [asksps.nhs@sps.direct](mailto:asksps.nhs@sps.direct)

### Medicines Availability Information

**Diltiazem (Tildiem Retard) 120mg modified release tablets** are currently unavailable, with an anticipated re-supply date of 30th January 2023. Other brands of twice daily modified release diltiazem (as capsules) remain available and can support an uplift in demand.  
**Tenecteplase (Metalyse) 10,000 units powder and solvent for solution for injection.** Anticipated re-supply date of 20th January 2023.

Streptokinase and urokinase 100,000 units remain available and can support a partial uplift in demand and the previous situation regarding alteplase supply has now improved.  
**Chlordiazepoxide 5mg and 10mg capsules** have an anticipated re-supply date of 10th January 2023. Diazepam tablets are an alternative benzodiazepine option for treating alcohol withdrawal and suppliers can support an increase in demand.

For all other indications, alternative benzodiazepines remain available and will be able to support an increase in demand.  
**Semaglutide (Ozempic) 1mg/0.74ml and 0.5mg/0.37ml solution for injection** have an anticipated re-supply date of 31st January 2023. Clinicians are reminded not initiate new patients on Ozempic® until full supplies become available.

### New and updated NICE guidance

**NICE Guidance—updated**

[CG190 Intrapartum care for healthy women and babies](#)

[NG37 Fractures \(complex\): assessment and management](#)

**NICE Guidance—new**

[NG227 Advocacy services for adults with health and social care needs](#)

[NG228 Subarachnoid haemorrhage caused by a ruptured aneurysm: diagnosis and management](#)

[NG229 Fetal monitoring in labour](#)

### UK product launches

**Lidbree® (lidocaine 42 mg/mL intrauterine gel).**

Indicated for topical anaesthesia for moderate acute pain during cervical and intrauterine procedures, in adults and adolescents from 15 years of age. No other licensed products available with this presentation.

**Mounjaro® (tirzepatide solution for injection in pre-filled pen).**

Indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise

- as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or
- in addition to other medicinal products for the treatment of diabetes.

**Demovo® (desmopressin 360 micrograms/ml Oral Solution).**

Indicated in the treatment of central diabetes insipidus and in the treatment of primary nocturnal enuresis in patients (over 5 years) with normal capacity to concentrate urine. No other licensed liquids available; previously only available as an unlicensed medicinal product (special) in strengths from 5 – 250 micrograms/5 mL.

#### Looking for something?

Our documents, reports, and other useful publications are all published on our website [www.rdtc.nhs.uk](http://www.rdtc.nhs.uk)

Drafts may be available on request

#### We need YOU!

We're always on the lookout for reviewers to comment on our draft publications. If you'd be interested [email us](#) and we'll add you to our reviewers list.

#### Specialise in a particular area?

We can tailor what we send you for review so that you only receive documents relevant to you

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