



Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists
NHS Nene CCG and NHS Corby CCG



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- **European Antibiotic Awareness Day (EAAD) – 18th November**

Antimicrobial resistance threatens the future of healthcare. In 2014, Public Health England (PHE) developed the Antibiotic Guardian campaign and associated resources to provide educational resources to help tackle antimicrobial resistance in the UK. EAAD is a public health initiative aimed at encouraging responsible use of antibiotics held on 18th November every year. In addition, the first World Antibiotic Awareness Week (WAAW) will take place from 16th to 22nd November. Antibiotic Guardian, EAAD and WAAW support the aims of the UK 5 Year Antimicrobial Resistance Strategy 2013 to 2018, which focuses on antibiotics and actions to slow the development and spread of antimicrobial resistance. The NHS, local authorities, professional bodies/organisations, universities/educators and others are asked to support Antibiotic Guardian, EAAD and WAAW which can make a significant impact locally and nationally.

Resources to support EAAD can be found at <https://www.gov.uk/government/publications/european-antibiotic-awareness-day-resources-toolkit-for-healthcare-professionals-in-england>

- **European Medicines Agency (EMA) review of dapagliflozin, canagliflozin and empagliflozin**

The EMA has started a review of canagliflozin, dapagliflozin and empagliflozin, (SGLT2 inhibitors used to treat type 2 diabetes). The aim of the review is to evaluate the risk of diabetic ketoacidosis, a serious condition that usually develops in people with type 1 diabetes when insulin levels are too low. The review of SGLT2 inhibitors has been requested by the European Commission following reports of diabetic ketoacidosis in patients on SGLT2 inhibitor treatment for type 2 diabetes. All cases were serious and some required hospitalisation. Although diabetic ketoacidosis is usually accompanied by high blood sugar levels, in a number of these reports blood sugar levels were only moderately increased. These uncharacteristic blood levels could delay diagnosis and treatment. EMA will now review all available data on the risk of diabetic ketoacidosis with SGLT2 inhibitors and consider whether any changes are needed in the way these medicines are used in the EU. While the review is ongoing, healthcare professionals will be informed in writing of the risk of diabetic ketoacidosis and how to manage it.

http://www.ema.europa.eu/ema/index.jsp?curl=pages/medicines/human/referrals/SGLT2_inhibitors/human_referral_prac_000052.jsp&mid=WC0b01ac05805c516f

- **MHRA Drug Safety Update: mirabegron for management of urinary frequency, urgency, and incontinence**

Mirabegron is now contraindicated in patients with severe uncontrolled hypertension; advice about regular monitoring is being introduced because of cases of severe hypertension. <https://www.gov.uk/drug-safety-update/mirabegron-betmiga-risk-of-severe-hypertension-and-associated-cerebrovascular-and-cardiac-events>

A letter has been sent to healthcare professionals about mirabegron for symptomatic treatment of urgency, increased micturition frequency, or urgency incontinence.

<https://www.gov.uk/drug-safety-update/letters-sent-to-healthcare-professionals-in-september-2015>

The local shared care arrangements will be amended accordingly.

- **Information on 'flu vaccination for patients receiving cancer chemotherapy or radiotherapy**

Information is available from the East Midlands Cancer Network regarding the influenza vaccination for patients either due to start, or already receiving cancer chemotherapy or radiotherapy.

<http://www.eastmidlandscancernetwork.nhs.uk/Library/LNRCNDC000108InfluenzaVaccinationv4.pdf>

- **Northampton General Hospital (NGH) outpatient dispensing**

In June, Boots opened its doors within NGH for dispensing outpatient prescriptions. This followed a tendering process with the aim of improving the service to outpatients by ensuring they leave the site with their medicines if they are required and they are dispensed quickly. NGH Boots also provides a retail facility for visitors and staff & the hospital pharmacy has been able to focus more on supporting in-patients.

This has been successful, though there have predictably been some implementation issues. One of these is around the use of the Boots outpatient form which has caused some confusion. To clarify, the Boots form is used in the same way as the old NGH form in that it serves as an "advice to prescribe" slip from the hospital doctor to the GP, or it can be used as a prescription to be dispensed at NGH Boots, if indicated by the hospital doctor on the form (this cannot be dispensed by any other Boots store). The intention is to amend the form to make this clearer, but in the meantime, please be aware that if a patient presents this form to a GP practice, it is likely to be an advice slip.

As a reminder, the NGH hospital agreement with primary care is to supply the following for out-patients; Urgent medicines i.e. those required within 5 working days will be supplied by the hospital and 28 days will be supplied unless a shorter course of treatment is indicated.

This edition is also available on PathfinderRF via the following link <http://nww.pathfinder-rf.northants.nhs.uk/nene> and on the Nene CCG and Corby CCG websites

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