

# Medicines Optimisation Newsletter

## [September 2024] (Issue No. 62)



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## Kent and Medway ICB Updates

### 2024-2025 Medicines Optimisation Quality, Innovation, Productivity And Prevention (M.QIPP)

We are pleased to share with you the 2024/25 **Medicines Optimisation Quality, Innovation, Productivity and Prevention (M.QIPP)** framework for 2024/25 (previously known as the Medicines Optimisation incentive Scheme or 'MOS').

#### **Advantages of the MQIPP:**

1. There is no specific cost saving project or measure, so each practice can choose the most suitable methods for reducing prescribing spend, whilst ensuring clinical standards are maintained. Practices will be supported by the MO team in identifying potential areas of work.
2. The measures used to assess achievement are sliding scale. This avoids practices narrowly missing out on payments.
3. The scheme can be reviewed and adapted and used for a number of years, so ensuring a consistent approach and aiding the practices to plan long term.
4. Up front payment
5. Less submissions than previous years

#### **You will have now received your baseline data**

Polite Reminder: Please send in your sign-up form to your local medicines optimisation team by the **27th September** to ensure you are eligible for the upfront payment.

Do not hesitate to your local Medicines Optimisation team should you have any questions.

### Learning From Near Misses During Anticoagulant Switching

Recently the ICB Medicine Optimisation team were provided with data from NHSBSA where patients appeared to have been supplied with two or more anticoagulants concurrently.

Practices with potential duplicate prescribing were asked to investigate. The outcomes of these investigations showed that none of the patients had taken two anticoagulants concurrently. Most of the occasions were due to planned switches, however there were a few near misses which have provided opportunities for learning:

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- DOAC was cancelled but it was delivered to the patient before receiving notification to cancel. The DOAC was removed before being used.
- Switching between DOACs. ERD /EPS not cancelled correctly.

Please be vigilant, especially when switching between anticoagulants, and ensure that the old anticoagulant is removed from the current medication list to ensure that a prescription is not issued inadvertently. Please ensure that staff know how to cancel electronic prescriptions.

### **GP Practice Support For Individuals Released Early From Prison To Tackle Prison Pressures**

Following the guidance from NHS England ([NHS England » Ensuring GP practices and community pharmacy are ready to support individuals being released early from prison as part of the initiative to help tackle prison pressures](#)) on supporting individuals being released early from prison, the medicines optimisation team would like to remind GP practices that if there are any queries relating to medicines prescribed whilst an individual was in prison, the prison pharmacy team should be contacted in the first instance.

The generic pharmacy e-mail address is: [oxl-tr.kentprisonpharmacy@nhs.net](mailto:oxl-tr.kentprisonpharmacy@nhs.net). The Pharmacy is open Monday to Friday (excluding bank holidays) and responses are usually within 24 hours, however any requests sent Friday afternoon/evening would be addressed the next working day.

### **Valproate Use In Men: As A Precaution, Men And Their Partners Should Use Effective Contraception**

The Medicines and Healthcare products Regulatory Agency (MHRA) published a [Drug Safety Update](#) on 5<sup>th</sup> September 2024 which includes information and advice for healthcare professionals and patients.

This comes after a retrospective observational study which indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children.

**For further information and advice for patients, please see link for the full Drug Safety Update: [Valproate use in men: as a precaution, men and their partners should use effective contraception - GOV.UK \(www.gov.uk\)](#)**

**Advice for healthcare professionals is listed below:**

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**Advice for healthcare professionals:**

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate
- report any suspected adverse drug reactions associated with valproate on a [Yellow Card](#)

**Information for healthcare professionals to provide to patients:**

- if you father a child while you are taking valproate or in the 3 months after stopping valproate, there is a potential small increased risk of the child being diagnosed with a mental or movement related developmental disorder (neurodevelopmental disorder)
- advice will be added to the valproate patient guide; in the meantime see MHRA's [Advice for male patients on valproate to use contraception](#) and [visual risk communication diagram to be used by a healthcare professional when counselling on the risks](#)

**Advice for healthcare professionals to provide to patients:**

- it is recommended that you and your female sexual partner should both use effective birth control (condoms and another form of female contraception) as a precaution while you are taking valproate and for at least 3 months after stopping valproate
- allow at least 3 months to pass after stopping valproate before trying to father a child
- you should not donate sperm whilst taking valproate and for 3 months after stopping
- do not stop taking valproate unless you are advised to do so by a healthcare professional
- **report any suspected adverse drug reactions associated with valproate on a [Yellow Card](#)**

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## National Updates

### PrescQipp Prescribing Mastery Webinars

PrescQIPP are offering a new series of webinars to support pharmacist prescribers in general practice. Through action learning opportunities you will improve your practice, optimise care of your patients and enhance your integration into the practice team.

Please see leaflet below for more information ([Double click on the flyer to access embedded links within](#))



**Rx Mastery**  
A PrescQIPP webinar series

### Prescribing Mastery webinars

We are excited to offer a new series of webinars to support pharmacist prescribers in general practice. Through action learning opportunities you will improve your practice, optimise care of your patients and enhance your integration into the practice team.

Join pharmacist Zoe Girdis, who pioneered the role of pharmacist prescribers in general practice in 2006. Zoe has worked in general practice since 2003 and has held over 40,000 patient centred, shared decision making consultations.

Each clinical area will have two sessions - you will need to attend both to upskill and grow by reflecting on new learning and development. There will be an opportunity to bring cases along to share in session 2. This is action learning, so please come with curiosity and with the intention to improve your practice by sharing and learning from others.

**You can register for the webinars now!**

Click on the dates to register for the webinars.

Hypertension	<a href="#">26 September 2024</a>	Session 1: Mastering hypertension prescribing in a patient centred way
	<a href="#">17 October 2024</a>	Session 2: Reflecting on mastering hypertension prescribing - what went well, what was difficult, what could you do differently?
Cholesterol management	<a href="#">24 October 2024</a>	Mastering cholesterol prescribing in a patient centred way
	<a href="#">14 November 2024</a>	Reflecting on mastering cholesterol prescribing - what went well, what was difficult, what could you do differently?
Severe mental illness	<a href="#">20 November 2024</a>	Unlocking excellence: Mastering severe mental illness for our patients
	<a href="#">11 December 2024</a>	Reflecting on mastering severe mental illness - what went well, what was difficult, what could you do differently?

PrescQIPP  
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## Medicines Optimisation MHRA Drug Safety Update – August 2024 (For September 2024)

The latest MHRA Drug Safety Updates can be accessed at [Drug Safety Update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update). This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

### The August Drug Safety Update includes:

[Valproate use in men: as a precaution, men and their partners should use effective contraception - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/valproate-use-in-men)

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate.

#### MHRA advice for healthcare professionals:

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate
- report any suspected adverse drug reactions associated with valproate on a [Yellow Card](#)

[Yellow Card Biobank: call to contribute to study of genetic links to side effects - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/yellow-card-biobank)

Support this initiative to explore whether there is a genetic basis of side effects associated with direct-acting oral anticoagulants (DOACs) and allopurinol.

[Letters and medicine recalls sent to healthcare professionals in July 2024 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update/letters-and-medicine-recalls)

Please follow the link in the titles above for more information and resources.

#### NATIONAL CAS ALERTS (National Patient Safety Alerts and CMO Messages):

The MHRA Central Alerting System alerts can be accessed at [CAS - Home \(mhra.gov.uk\)](https://www.mhra.gov.uk/cas)

## Shortages Summary

From February 2024 onwards, the monthly Medicines Optimisation newsletter will no longer contain the medicines shortages update document, which was compiled each month from the shortages listed on the SPS (Specialist Pharmacy Services) Medicines Supply tool. The information published on the SPS Medicines Supply tool is provided by DHSC and NHSEI Medicines Supply Teams and was not formally reviewed by the NHS Kent and Medway Medicines Optimisation team.

During the time that the shortages update was compiled and included in the Medicines Optimisation newsletter, practices and healthcare professionals were still encouraged to **register for free access to the** date website and complete information and advice available. Now that the shortages update will no longer be compiled by the Medicines Optimisation team for inclusion in the newsletter, healthcare professionals will be

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required to access the SPS Medicines Supply tool to access information on the latest shortages. Serious Shortage Protocols (SPPs) can be found on the NHS BSA website [here](#).

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