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BSW Area Prescribing Committee (APC) Updates

The [BSW APC website](#) includes info on the APC and BSW formulary decision making process. Decisions from the Dec 2021 meeting have been ratified and can be found in full [here](#).

Of particular note:

- **New** – Primary Care Guidance on the [Use of Rescue Packs in COPD](#)
- **Updated** - [Primary Care COPD Guidance](#) and [COPD Inhaler Guide](#) . Note [Trimbow NEXThaler DPI device](#) added with **GREEN TLS** for use in COPD.
- **Updated** - [BSW Oral Nutrition Supplements \(ONS\) formulary](#). **Foodlink Complete sachets** remain 1st line powdered milkshake style ONS; **Altraplen Energy** is now 1st line ready to drink milkshake style ONS.
- **Updated** - BSW [pathway for treatment of Actinic Keratosis](#). Note [Tirbanibulin \(Klisryl®\) 10mg/g ointment](#) added with **GREEN TLS** for use in AK on face and scalp.

Understanding Polypharmacy, Overprescribing and De-prescribing

A useful summary article by Specialist Pharmacy Services (SPS) [Understanding polypharmacy, overprescribing and de-prescribing](#) gives a concise overview of the different elements of polypharmacy and its risks, a definition of overprescribing and highlights the evidence gathered within the *National Overprescribing Review*. This summary highlights the need for effective wide Medicines Optimisation strategies such as Structured Medication Review (SMR) in primary care targeting patient groups at risk of overprescribing. The article is part of a series of articles which signpost readers to useful tools supporting medication review such as [Taking a person-centred approach to managing polypharmacy](#)

You can register [here](#) with SPS to receive their weekly Newsletter and access to their comprehensive Medicines resources.

Ferrous fumarate and ferrous sulfate: dose changes in TPP in line with CKS anaemia topic

The [NICE CKS topic Anaemia - iron deficiency](#) was updated in Oct 2021 in line with *British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults* [[Snook, 2021](#)]. NICE now states that a dose of 65 mg elemental iron (ferrous sulfate or ferrous fumarate 200 mg) **once daily** (on an empty stomach) is needed to treat iron deficiency anaemia. NICE also suggests that **alternate day dosing is an option for people with significant intolerance to oral iron replacement therapy**.

We have amended the auto-populated text on TPP for ferrous sulfate and ferrous fumarate in line with NICE and suggest that all people with IDA should be prescribed:

One tablet once daily; continue treatment for 3 months after iron deficiency is corrected to allow stores to be replenished. If once daily dosing is not tolerated, reduce the dose to one tablet on alternate days.

Ferric maltol remains a third line oral option for prescribing in BSW but is significantly more expensive than conventional oral iron salts (sulfate/fumarate/gluconate) and is approved **ONLY** where the patient has not tolerated at least two conventional oral iron salts as per local guidance: [BSW Pathway for use of Ferric Maltol \(Feraccru®\)](#)

Oestrogen supply issues update

The British Menopause Society have published an update regarding supply issues with oestrogen:

‘Supply issues should only be short term due to increase in demand. Any pharmacies who are having any difficulty in obtaining stock can contact Besins Healthcare information@besins-healthcare.com with the details of their wholesaler and pharmacy account details’

(Last updated Jan 2022)

Free Workshops Available - Quality Improvement for Pharmacy Teams: West of England AHSN

This is a series of five accredited Quality Improvement (QI) workshops specifically for those working in pharmacy. Free to attend - join the series or individual 90-minute sessions each Tuesday evening from 1st of March. All roles are welcome, attendees will gain introductory knowledge and practical skills for applying QI to pharmacy roles and projects. [Find out more and book here.](#)

What have previous delegates said?

"I've learned that QI doesn't have to be complicated and scary. How to apply QI principles across the pharmacy team"

"I liked the very friendly and approachable team, lots of ideas and highly motivational"

Join over 1,200 healthcare professionals who have attended the AHSN accredited QI Series in the past 18 months. 97% of delegates can use their learning in their role and 100% of delegates would recommend the course to a colleague.

Dexamethasone phosphate injections: dosages

Aligned with **AMBER TLS**. Presentations available on the BSWformulary are:

- **Dexamethasone (base) 3.3mg/1ml ampoules** [equivalent to 4mg dexamethasone phosphate]
- **Dexamethasone (base) 6.6mg/2ml ampoules** [equivalent to 8mg dexamethasone phosphate]

To avoid confusion and errors in administering part vials **dexamethasone for injection dose should be prescribed as dexamethasone PHOSPHATE.**

MOT Website New documents uploaded

Presentation – Stoma care for prescribing clerks

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9135>

MOT Website Updated documents

Comm Pharm Chloramphenicol PGD BSW v1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9051>

Comm Pharm Clarithromycin Sore throat PGD BSW v 1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9055>

Comm Pharm Nitrofurantoin UTI PGD BSW v1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9065>

Comm Pharm Penicillin V Sore throat PGD BSW v1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9067>

Comm Pharm Trimethoprim UTI PGD BSW v1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9069>

Community Pharmacy UTI PGD flowchart BSW v1

<https://prescribing.bswccg.nhs.uk/?wpdmdl=9071>

Prescription Duration Statement (document now a link to LMC website)

<https://prescribing.bswccg.nhs.uk/?wpdmdl=6214>

Prescribing for Patients Travelling Abroad for extended periods (document now a link to LMC website)

<https://prescribing.bswccg.nhs.uk/?wpdmdl=6217>

GP Community Pharmacist Consultation Service (CPCS): What is GP CPCS?

- GP CPCS offers a service for patients with minor ailments. This is an extension to the Advanced CPCS Service which has been operating since October 2019, providing CPCS referrals via NHS111. It provides a consultation with a community pharmacist, at a pharmacy of the patient's choice, in a timely manner. A video summary of the service is available here: <https://view.vzaar.com/22504178/player>
- The patient contacts the GP Practice in the normal manner, requesting an appointment. If they have a minor ailment the staff can refer to GP CPCS (practice staff are trained and follow an agreed checklist for ailments and exclusions)
- With the patient's consent, they are referred to a local pharmacy of their choice that is signed up to the service. An electronic referral is sent securely to the pharmacy
- The pharmacist and patient will make contact (this differs by area). If the patient needs to be seen they will be invited into the pharmacy for a face-to-face consultation, in a private consultation room
- The pharmacist will check for 'red flags', give advice, patient education/self-care advice and may advise on the purchase of a product
- The consultation is documented, and a report can be automatically sent back to the practice to be added to the patient's record
- If the patient needs to be referred back for a GP appointment, the pharmacist will contact the practice. They will advise the practice of the patient's need i.e. urgent/non urgent appointment. Alternatively, a patient may be escalated to a higher acuity care location.

The Benefits of GP CPCS include:

- The service allows GP Practices to refer patients with minor ailments to local pharmacists, who have the necessary skills and competencies to deal with these patients. This saves much needed appointments for more complex issues
- Patients are supported by a professional and educated in the treatment of minor ailments without the need for seeing a GP
- Patients can access appointments in a timely manner when a GP appointment may not be available
- Pharmacist contact with the patient is recorded and sent to the practice for the patient's record, this ensures that clinical information is documented when informal visits to a pharmacy are not
- There is evidence that advice provided by community pharmacists regarding minor ailments is as effective as a GP consultation