



Issue 118

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There's no shortage of (medicines) shortages!

In NHS Lothian we have specialist teams and useful information available to support the management of medicines shortages.

Primary care and community pharmacy have access to reports on shortages via the Lothian [Intranet](#) detailing shortage status and additional information on expected return dates. The associated inbox can be used to report any shortages that are identified through other routes. This inbox cannot be used to give specific advice on alternatives. For some medicines, the Scottish Government will provide a [Medicines Shortage Advice Notice \(MSAN\)](#) and/or a Serious Shortage Protocol (SSP) which may contain information on alternatives.



Secondary care also have access to these reports and specialists may be invited to collaborate with pharmacy colleagues to complete a risk assessment to inform recommendations on alternative products. Assessors use their clinical judgment and consult with appropriate stakeholders when considering the use of another treatment or product.

The **dictionary of medicines and devices (dm+d)** can be used to identify alternative wholesalers and suppliers. Although the prices used within dm+d are based on the English drug tariff, dm+d displays information on products that have been discontinued and alternative products that are available from various manufacturers.

For longstanding shortages where alternatives are scarce, professional forums and national special interest groups may provide advice and support for those delivering patient care. See the [Specialist Pharmacy Service](#) webpages for further advice, including the Medicines Supply Tool about large scale or longstanding shortages.

The Neonatal and Paediatric Pharmacists Group (NPPG) approached a longstanding shortage of oral rehydration solutions (ORS) by releasing a [position statement](#) on the use of alternatives to Dioralyte®. ORS are commonly used in paediatric practice, either short-term such as in acute gastroenteritis, or longer-term in complex gastrointestinal conditions such as short bowel syndrome or intestinal failure. Alternative products include Dioralyte Relief® sachets; ORS Hydration® tablets and products specific to short bowel syndrome, for example, Kidderminster formula or St Mark's solution which may be obtained as specials. Other products may be available.

Specials medicines may be obtained from a hospital or commercial supplier with a manufacturer's 'specials' license. For further information please refer to the [NHS Lothian Procedure for the use of unlicensed medicines](#).

If clinical teams choose to use treatments that require a patient, or carer, to purchase ingredients and/or prepare a solution, written instructions should be provided and the clinical team should be satisfied that the patient, or carer, can competently follow the instructions.

For further advice on known shortages and how to report a shortage:

intranet.lothian.scot.nhs.uk/Directory/PharmacyServices/Medicines%20Shortages/pages/default.aspx.

Community pharmacies should report through the CPS Shortage Reporter as it can influence conversations about tariff amendments due to shortages: members.cps.scot/shortages.

Release of new eLJF version 5.04

The latest version of the eLJF for Vision practices will shortly be released. This contains the latest updates to Musculoskeletal, Obstetrics, Gynaecology and Urinary Tract

sections. These updates include the new recommendations for weight based prescribing for paracetamol, with a lower dose recommended for adult patients below 50kg.

MSK Pain

ERF prescribing guidance

Click on headings below to prescribe for MSK pain

Paracetamol

PARACETAMOL FOR PATIENTS UNDER 50KG (32 TABLETS)

Filter : 10 years and over.

Paracetamol 500mg tablets TAKE ONE TABLET EVERY FOUR TO SIX HOURS IF REQUIRED FOR PAIN. MAXIMUM OF FOUR TABLETS IN 24 HOURS. Supply: 32 tablet

PARACETAMOL FOR PATIENTS UNDER 50KG (100 TABLETS)

Filter : 10 years and over.

Paracetamol 500mg tablets TAKE ONE TABLET EVERY FOUR TO SIX HOURS IF REQUIRED FOR PAIN. MAXIMUM OF FOUR TABLETS IN 24 HOURS. Supply: 100 tablet

PARACETAMOL UP TO 4G DAILY (32 TABLETS)

Filter : 16 years and over.

Paracetamol 500mg tablets TAKE ONE OR TWO TABLETS EVERY FOUR TO SIX HOURS IF REQUIRED FOR PAIN. MAXIMUM OF FOUR DOSES IN 24 HOURS. Supply: 32 tablet

The layout of the Contraception section has been updated, and the new guidance regarding tailored combined hormonal contraception prescribing has been added to the top of the COCP, combined contraceptive patch and contraceptive ring sections.

Contraception

Click the Drug Regimen below to prescribe contraception

General Notes

FSRH UKMEC

COCP

Information should be given to females on both the traditional 21 day CHC regimen with a monthly withdrawal bleed during ethinylestradiol [unlicensed use]; they offer the choice of either a shortened, or less frequent, or no hormone free interval

The following tailored regimens may be used [unlicensed use]:

Shortened HFI: 21 days of continuous use followed by a 4 day HFI;

Extended use (tricycling): 9 weeks of continuous use followed by a 4 or 7 day HFI;

Flexible extended use: continuous use for 21 days or more followed by a 4 day HFI when breakthrough bleeding occurs;

Continuous use: continuous CHC use with no HFI.

Taken from: <https://bnf.nice.org.uk/treatment-summaries/contraceptives-hormonal/>

So far the Cardiovascular, Endocrine, GI, Infections, MSK and Joint Disease, Obstetrics, Gynaecology and Urinary Tract Disorders, Respiratory and Skin sections have all been updated in line with the East Region Formulary. Eye, ENT and CNS are next on the list!

Vision updates

The eLJF update team are currently working with the new Vision roll out team so that digital support for formulary prescribing will continue.

Temporary Removal of Children's Section from eLJF

The Children's Section of the eLJF for Vision practices will be temporarily removed pending the update to the Children's Section of the East Region Formulary over the forthcoming months. As the eLJF Children's sections are updated, they will be reinserted back into the eLJF. Information as to which sections have been made available again will be shared via the front page of the eLJF and the LPB. In the meantime, prescribers will be redirected back to the main East Region Formulary website for information and prescribing support.

Children - The Children's section of the eLJF has been temporarily removed pending the rewrite of the Children's Formulary in 2023. Please refer to the Lothian Joint Formulary Website via the link below for the most up to date prescribing information.

Thanks to Dr Sally McNeill, eLJF Team for contributing.

Covert administration of medicines



What can we do when a person may not have the capacity to understand the consequences of refusing their medication?

The [Mental Welfare Commission for Scotland](#) have a good practice guide, which was updated in May 2022 to support those providing care for people who refuse their medication. The guide is available to support those considering using covert medication, which is defined as when medicines are administered in a disguised form so that the person is not aware that they are taking medication.

Every person **with capacity** has the right to refuse their medicine, even if that refusal appears irrational to healthcare professionals or family members who are caring for them. A person **without capacity** to understand the consequences of not taking their medication may require to have the medication hidden in food, fluids or given via a feeding tube without the knowledge or consent of the person consuming them.

A common scenario might be when someone refuses to take medication where the treatment is deemed necessary for the individual's physical or mental health. GP practices may receive requests from care homes, or families and carers of people living at home to administer a medicine covertly. According to the Mental Welfare Commission for Scotland, each request for covert administration should be judged under the Code of Practice part 5 of the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment) (Scotland) Act 2003. Staff carrying out public duties must act in line with the Human Rights Act 1998. In acute hospitals, liaison psychiatry should be consulted.

Capacity assessment The medical, or other suitably trained, practitioner being asked to authorise covert administration of medicines, should do so in line with the 2000 Act, issuing the appropriate certificate and must apply the principles noted in the good practice guide.

Best interest A medical, or other suitably trained, practitioner should avoid authorising covert administration in isolation. They should take a multi-disciplinary approach, involving care staff, family members, and a pharmacist. A meeting to agree whether administering each medicine covertly is in the person's best interests can be helpful. Consider if stopping the medicine, temporarily or permanently is an option. A record should be kept of who was involved and what was agreed. Templates are available within the good practice guide.

Rationalise medicines and ask for advice on administration This is essential if medicines are to be administered correctly. Where a medicine might be stopped, consider how this can be safely withdrawn by consulting the relevant specialist and a pharmacist. Where medicines are deemed essential and require to be continued, you should consult a pharmacist. Altering dosage formulations, for example, crushing tablets or mixing medicines with food or drinks, can alter their therapeutic properties and effects. They can become unsuitable or ineffective. Crushing a tablet or opening capsules before administration may make their use unlicensed, and there is therefore greater clinical and legal responsibilities for the prescriber around effectiveness and safety.

When accessing resources to give advice on the methods of administration, professionals should use the template within the good practice guide to record advice, and it is recommended that the summary of product characteristics for the medication is used first via the electronic medicines compendium. Where available, this will offer evidence based, licensed advice. If further advice is required, anecdotal advice can be found using resources via the Knowledge Network and the Lothian Medicines Information Service (LMIS).

Review regularly Reviewing the patient's status and their medication regularly, in collaboration with other professionals will help to identify opportunities where medicines can be discontinued safely if there is no longer a benefit. Use of covert administration should be for as short a time as possible. Plan regular formal reviews and consider if the person's capacity to consent changes.

Helpful resources

- * Mental Welfare Commission for Scotland, Covert medication good practice guide, May 2022, www.mwscot.org.uk/sites/default/files/2022-05/CovertMedication-GoodPracticeGuide_2022.pdf
- * Electronic Medicines Compendium www.medicines.org.uk/
- * Medicines Complete about.medicinescomplete.com/
- * The Knowledge Network, NHS Education for Scotland www.knowledge.scot.nhs.uk/home.aspx
- * LMIS intranet.lothian.scot.nhs.uk/Directory/PharmacyServices/MedicinesInformation/pages/Resources.aspx or email Medicines.Information@nhslothian.scot.nhs.uk.



Palliativedrugs.com – Notice of website closure

Where will I find the information I need?

For many years the Palliativedrugs.com website provided essential information for health professionals about drugs used in palliative and hospice care. In May 2023, the website will close but there will continue to be advice available online via new resources.

The Scottish Palliative Care (SPC) Guidelines are the national guidelines used by all Scottish Health Boards and reflect a consensus of good practice from professionals in the community, hospital, and specialist palliative care services. They include advice on pain management, symptom control, palliative emergencies, end of life care and patient information. Many professionals will access the **compatibility and stability** tables for **continuous subcutaneous infusions (CSCI)** via pumps known as syringe drivers or syringe pumps. Mixing of medicines in infusion pumps for a continuous subcutaneous infusion over 24 hours is unlicensed and therefore it is important to check these medicines are compatible at the intended concentrations. The tables within the guideline contain information about the stability and compatibility of many medicines, either as single drugs or combinations of two or three drugs, with specific diluents and volumes based on the maximum doses that can be safely prepared and administered.

When interpreting the compatibility and stability tables for subcutaneous infusions, please note:

- the type of pump used (this differs across clinical areas and health boards)
 - the recommended diluent
 - the final volume in the syringe (this is not the same as the size of the syringe)
 - the doses within the tables are not clinical dose recommendations. They represent the maximum dose that will remain stable in a specific volume and/or in combination with other drugs for the duration of the infusion
 - you must ensure each drug within the combination does not exceed the maximum dose listed within the compatibility table
 - the inclusion of a syringe driver combination within the guideline does not negate the need for monitoring the syringe for visual signs of incompatibility – please follow current local protocols.
- **For drug combinations that are not listed within the SPC Guidelines**, such as combinations of four or more drugs, or drugs used at higher concentrations, specialist advice should be sought. One resource freely available is the **Palliative Care Formulary Syringe Driver Database** (formerly known as the Syringe Driver Survey Database, SDSD) which provides anecdotal stability information on drug combinations that have been submitted to the database as well as data from published compatibility references.

Before May 2023

- ◊ Syringe Driver Survey Database (SDSD) on palliativedrugs.com
- ◊ Bulletin Board on palliativedrugs.com

After May 2023

- ◊ Palliative Care Formulary (PCF) Syringe Driver Database now accessed through Drug Compatibility Checker on Medicines Complete Drug Compatibility Checker
www.medicinescomplete.com/#/compatibility
- ◊ PCF's Discussion Board on a new Pharmaceutical Press website coming soon



When using the PCF Syringe Driver database, please note you should press **"see detailed results"** at the top of the table to check the following:

- **the diluent**
- **the duration** syringe drivers usually run for 24 hours but the data may be for shorter timeframes
- **the calculation of the final concentration** in the syringe, rather than doses. This differs from how the information is presented in the SPC Guidelines. This is because the final volume in the syringe may differ in other locations based on the syringes and devices used. Calculations should be second checked.

For further advice speak to the Palliative Care team, a clinical pharmacist or Medicines Information on 0131 242 2920 or medicines.information@nhslothian.scot.nhs.uk who have access to additional resources.

Scottish Palliative Care Guidelines—www.palliativecareguidelines.scot.nhs.uk/.