

## GLP-1 supply

The [Medicines Supply Notification](#) issued this week confirms feedback from PCN pharmacy teams and community pharmacy that GLP-1 supply is constrained and will be until summer 2024. This has been repeated in the national press so we expect patients to be aware of the supply issue. For more information about current availability, refer to the [SPS website](#). Searches published for the CCLIP indicators in Dorset SystmOne GPs folder in Clinical Reporting are there to support patient identification for recall.

## [Febuxostat: updated advice for the treatment of patients with a history of major cardiovascular disease](#)

In patients with pre-existing major cardiovascular diseases, febuxostat therapy should be used cautiously, particularly in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy. Following initiation of febuxostat, prescribers should titrate the febuxostat dose to minimise gout flares and inflammation. [NICE guidance](#) NG219 recommends that allopurinol should be offered as first-line treatment for people with gout who have major cardiovascular disease. Remember to report suspected adverse drug reactions associated with febuxostat to the [Yellow Card scheme](#).

## [Direct-acting oral anticoagulants \(DOACs\): paediatric formulations; reminder of dose adjustments in patients with renal impairment](#)

[Risk minimisation materials](#) are available to support the safe use of new paediatric formulations of rivaroxaban (Xarelto®) and dabigatran etexilate (Pradaxa®). In addition, for all patients prescribed a DOAC, healthcare professionals should consult the current advice to ensure that all patients with renal impairment receive an appropriate dose of DOAC medicines. Refer to individual summaries of product characteristics via the [electronic medicines compendium](#) for product specific advice.

## Reminder: Prescribing medicines in renal impairment: Calculation of Renal Function

In 2019 [Drug safety update](#) provided guidance on prescribing medicines in renal impairment and the appropriate use of estimations of renal function to avoid adverse events. In summary the MHRA received queries about which renal function estimate is appropriate and advised the [Cockcroft-Gault formula](#) is used for dosing of DOACs, nephrotoxic drugs, patients over 75, people at the extremes of body weight and medicines with a narrow therapeutic window that are renally excreted e.g. digoxin, sotalol.

Queries received by NHS Dorset medicines team surround the use of TPP Renal Disease Calculator in SystmOne and the different results when compared with the online MD Calc [Cockcroft-Gault formula](#) tool. The inbuilt TPP calculator adjusts the weight used at the extremes of body weight and uses ideal body weight in the normal range (click 'About' in the calculator for more information).

NHS Dorset advice remains unchanged to follow the MHRA advice as detailed in the Drug Safety Update. Additional guidance on dosing of DOACs at extremes of body weight are available in the [Dorset Formulary](#) Specialist Pharmacy Services support is available [here](#).

## HIV medication prescribing in primary care

We have recently received a number of queries about what to do when a patient needs a supply of HIV medications urgently, both in and out of hours. Please note that antiviral HIV treatments are classed as 'red' (hospital/specialist only) on the Dorset formulary, and should be prescribed by the specialist. If a patient presents to the practice and requires an urgent supply, then please call the switchboard at University Hospitals Dorset (UHD) and ask for the on call sexual health consultant or pharmacist. An appropriate supply of antivirals will then be arranged for the patient.

## SystemOne configuration for non-medical prescribers with HCPC code

The NHS BSA have advised that for healthcare professionals registered with the Health and Care Professionals Council (HCPC) and prescribing using SystemOne, an extra zero needs to be added to the HCPC code for prescribing purposes. Professionals who are registered with the HCPC include paramedics and physiotherapists, therefore for these groups of professionals, the HCPC code should be entered into SystemOne with the following format: **PA0NNNNN** (paramedic) or **PH0NNNNN** (physiotherapist).

### CPD / learning resources

- Information on current procedures for referral of high-risk patients requiring assessment and treatment of COVID-19 are available in the [Dorset Formulary COVID-19 page](#). [Training resources](#) have been published for healthcare professionals to safely prescribe and for community pharmacy to supply oral antivirals.
- Wessex Academic Health Science Network (AHSN) have published three podcasts on opioid safety. To listen to the podcasts visit the [Medicine Safety Improvement Programme \(MedSIP\) programme](#) page on the AHSN website and look to 'Publications' on the right of the page.
- NEW Greener Practice guide - [Asthma Conversations to Improve Care & Reduce Carbon](#). This guide, by Greener Practice lead, Dr Aarti Bansal, has been written for healthcare professionals to support asthma reviews for patients 12 years plus & supports use of the Dorset Asthma Guidelines.

### Quick bites

- The Dorset Formulary is available at: [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk).
- [Drug tariff watch](#) for June 2023 is now available via Community Pharmacy England website.
- For PCN teams wishing to have a greater understanding of how to connect with community pharmacy and their services visit the NHS Dorset website [community pharmacy integration page](#).
- We have had feedback that the Dorset formulary is not always loaded onto the practice SystemOne - this can result in an increased number of non-formulary being prescribed. Refer to [the instructions for setting up the Dorset formulary on SystemOne](#).
- After 1 July 2023 if members of the public want to make a complaint about primary care services (GP practices, community pharmacies, optometry or dentistry) to the commissioner, they will now need to contact NHS Dorset Integrated Care Board instead of NHS England. This can be via telephone: 01305 368926, or email: [customer.careteam@nhsdorset.nhs.uk](mailto:customer.careteam@nhsdorset.nhs.uk), or by writing to NHS Dorset, Vespasian House, Barrack Road, Dorchester, DT1 1TG. (The option to complain directly to the service involved has not changed). Please ensure your practice leaflet and/or website is updated with this information.
- With the recent surge in cases of a hayfever we would encourage you to fully utilise the GP community pharmacy consultation service (CPCS) referral mechanism. This will ensure that those patients presenting with allergy symptoms not resolved with self-care or requiring a clinical consultation, e.g. for conjunctivitis, can get appropriate advice and treatment from their local community pharmacy. Using the GP CPCS process will allow community pharmacies to manage their workload at this busy time and share the outcome of the consultation. If your practice or PCN need further support with implementing GP CPCS please email [fiona.arnold@nhsdorset.nhs.uk](mailto:fiona.arnold@nhsdorset.nhs.uk).

### REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email [asksp.nhs@sps.direct](mailto:asksp.nhs@sps.direct). (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).