

Winter 2019-20

G DOC

GP UPDATE

# Clinical updates



# Coronavirus

We are forwarding updates from Public Health England and/or the CCG, as we receive them. However, the situation is evolving rapidly, so please refer to the PHE webpages for the most up to date guidance if you have any concerns about patients having been exposed:

<https://www.gov.uk/government/news/dhsc-and-phe-statement-on-coronavirus>

# G DOC updates



# 111-booked appointments

The Countywide IA service has had some appointments directly bookable by NHS 111 for some time and, in November, this was extended to the Countywide Improved Access service in Cheltenham.

The arrangements are the same as those at GHAC: some appointments during some Countywide sessions are set aside for NHS 111 direct booking. Appointment length remains unchanged at 15 minutes duration.

For 111 direct bookings, you can access the clinician assessment provided by the 111 service. This assessment can be viewed in the patient's OOH case which is created when the appointment is booked.



# GPs in A&E

Those of you who work in A&E will have experienced the joys of Trakcare – the hospital's patient record system. It can be stressful if you have problems with it and don't know who to approach for help. A&E have told us that, if in doubt, ask for the nurse in charge who will be happy to assist. If you experience any problems, please let us know and we will then feed back to GRH.

Please ensure that the consultation room is left clean and tidy at the end of the shift. It is only used by GPs, so please don't leave your colleagues your manky coffee cups, urine samples etc

# MHRA updates

Full details of all MHRA alerts are available at  
<https://www.gov.uk/drug-safety-update>



# Adrenaline auto-injectors (1)

Following various problems with supply and with injectors failing, the MHRA has issued the following advice for all auto-injectors:

- patients should continue to follow existing advice to carry 2 in-date pens with them at all times
- different brands of adrenaline auto-injector are not used in exactly the same way, so specific training and advice for patients and carers is required before using each of the devices.
- show patients and caregivers where to find the lot numbers on their device (on the end-flap of the box and if necessary, on the device label itself) and encourage them to sign up for the Expiry Alert Service of their specific adrenaline auto-injector on the manufacturer's website



# Adrenaline auto-injectors (2)

In view of the current problems with supply, the MHRA has produced useful guidance on which injectors can be safely used beyond their official expiry date – see <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-recent-action-taken-to-support-safety>.



# Adrenaline auto-injectors (3)

There have been reports of Emerade auto-injector pens failing to activate. Patients with Emerade devices should be advised:

- when an Emerade pen is used, it should be pressed very firmly against the thigh
- if administration does not result in activation (see pictures of an activated vs in-activated pen in [letter for patients](#)), a second pen should be immediately used
- if there is no improvement in a patient's condition and a further dose of adrenaline is needed, additional attempts should be made to administer a pen that has failed to activate, while awaiting the arrival of the emergency services



# Estimate of renal function

The MHRA has advised that using eGFR when making dose adjustments for renal failure is adequate for most drugs, but not precise enough in all cases. eGFR is unreliable for:

- Some types of patient: people taking nephrotoxic drugs, elderly patients, and patients at extremes of muscle mass
- Some types of drug: that are substantially renally excreted and have a narrow therapeutic index, especially DOACs (dabigatran etc), but also digoxin and sotalol etc

Taking me back (reluctantly!) to my renal house job, the MHRA advises creatinine clearance should be calculated using the Cockcroft-Gault formula. Thankfully, there is an app for that: <https://www.mdcalc.com/creatinine-clearance-cockcroft-gault-equation>

Reassess renal function and drug dosing in situations where eGFR and/or CrCl change rapidly, such as in patients with acute kidney injury (AKI)



# Montelukast (Singulair)

Already a known risk, but the MHRA has reminded prescribers to be aware of the risk of neuropsychiatric adverse effects with Montelukast.

The risks include sleep disturbances, depression and agitation (may affect up to 1 in 100 people taking montelukast); disturbances of attention or memory (up to 1 in 1,000 people); and very rarely, hallucinations and suicidal behaviour (up to 1 in 10,000 people).



# Domperidone reminder

A reminder from the MHRA that domperidone is ineffective in children and is now contra-indicated for them anyway, due to adverse effects. Domperidone is now authorised for the relief of symptoms of nausea and vomiting only in adults and adolescents 12 years of age or older and weighing 35 kg or more.

Domperidone is also contraindicated in a number of other situations, including hepatic impairment, electrolyte disturbance, and many cardiac conditions. Prescribe with caution and only after checking the BNF!

# NICE updates

Full details of all NICE updates applicable to primary care are available at <https://us8.campaign-archive.com/home/?u=7864f766b10b8edd18f19aa56&id=75f1227f93>

A complete list of current CKS is at <https://cks.nice.org.uk/#?char=A>



# NICE updates

There have been no new NICE, guidelines for primary care, although NICE has issued new clinical knowledge summaries for end of life care in children and hearing loss in adults in the last few months.



See also <http://www.medicinescomplete.com/#/content/bnf/PHP107699>

# BNF/BNFc updates



# BNF updates: Non-cystic fibrosis bronchiectasis

The BNF has updated prescribing guidance for acute exacerbations of non-CF bronchiectasis:

[https://www.medicinescomplete.com/#/content/bnf/\\_603100215](https://www.medicinescomplete.com/#/content/bnf/_603100215)

Key Points:

- Base treatment on a sputum MC&S wherever possible
- Prescribe for all exacerbations, for 7-14 days



# Hormonal contraception

The BNF has updated its guidance on COC regimes that can be offered as an alternative to the traditional 21 days COC, then a 7 day hormone free interval. You are probably aware of tricycling, but there are other options too. A monophasic COC containing ethinylestradiol must be used in all cases (unlicensed use). Options are:

- 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.
- Continuous use: continuous CHC use with no HFI.

Full guidance is available at <https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/>

# CCG

# Updates:

See also <https://g-care.glos.nhs.uk>



# Cinapsis (advice & guidance from GHFT)

You may have seen letters from the CCG, asking GPs to use Cinapsis for all acute referrals. This is misleading: until further notice, Cinapsis is only available during normal working hours, and not during weekends and evenings.

Please continue to refer via SPCA, or directly to GHFT for women's health and paediatrics. If in doubt about how to refer, the SPCA can advise, tel 0300 421 0300.

# Antivirals for influenza



DURING THIS FLU SEASON, THE CCG HAS ARRANGED FOR A SUPPLY OF ANTIVIRAL MEDICATION TO BE AVAILABLE FOR OCCASIONS WHEN A LOCAL PHARMACY HAS NO STOCK IMMEDIATELY OR CANNOT OBTAIN THE TREATMENT QUICKLY.



THE CONTACT DETAILS ARE: BADHAM PHARMACY, 118 SWINDON ROAD, CHELTENHAM, TEL 01242 898030. FAX 01242 227040 (OPEN 100 HOURS A WEEK).



THE REGULAR OPENING HOURS ARE: MONDAY TO SATURDAY 7AM TO 10PM, SUNDAY 9AM TO 7PM. OUTSIDE OF THESE HOURS, CONTACT PETER BADHAM ON 07837 513492 (OR 01242 516779) IF SUPPLY IS REQUIRED URGENTLY PRIOR TO THE NEXT ROUTINE PHARMACY OPENING TIME.



# Locally recommended opioid preparations

In accordance with the Joint Formulary recommendations, prescribers are asked to consider prescribing oral morphine as the first choice opioid (oral immediate release; Oramorph® liquid or oral modified release; Zomorph® capsules). The alternative oral opioid is oxycodone (expensive).

Patches are not suitable for acute pain or unstable/worsening pain and are more expensive compared to oral treatment. Where the patient requires an opioid patch for specific indications, the recommended brands are:

Fentanyl patches - should be prescribed as Fencino, Mezolar or Matrifen brands

Buprenorphine patches (5, 10 or 20mcg/hr patches) - should be prescribed as Bunov® brand (more cost-effective than alternatives (e.g. Butec)



# Opioids risks

Following a recent death of a patient prescribed amitriptyline and oxycodone, a reminder has been issued about the risks of respiratory depression if these are co-prescribed.

There has also been a recent reminder that, with the rise of online GP services and online pharmacies, it is important to ask patients if they are taking any drugs that may not be in the SCR or their GP records. This follows two deaths when doctors inadvertently prescribed codeine overdoses, because they were unaware that the patients were already obtaining codeine online.

# Regulars: Safeguarding



# Safeguarding Contacts

## **Children's Practitioner Advice Line**

If you wish to speak to a qualified social worker for advice, please call 01452 426565 (option 1)

Full details of Gloucestershire's policies and processes are available at <https://www.gscb.org.uk/i-work-with-children-young-people-and-parents/front-door-services/>

# Child Safeguarding





# Safeguarding during pregnancy

Gloucestershire policies and resources:

<https://www.gscb.org.uk/media/2093607/prebirth-booklet-v2.pdf>



# Adult Safeguarding Training (1) : Action needed

Training requirements have now changed to match those for child safeguarding, so all GPs will require Level 3 training. Only 50% of the training can be e-learning, so you will need to attend a face-to-face session

GDoc is working towards all our GPs having Level 3 training by the end of March 2021, as required by the CQC. However, there are limited places on the local training courses, so we would advise you to book a place ASAP via [proudtolearn@gloucestershire.gov.uk](mailto:proudtolearn@gloucestershire.gov.uk)

For the e-learning element, the RCGP has produced resources:  
<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx>



# Adult Safeguarding Training (2) : Refresher training

For both adult & child safeguarding, GPs should be participating in 8 hours of refresher training (8h for adult, 8h for child) over the course of every 3 years. This includes meetings and discussions about safeguarding, so is usually easy for GPs who work in practices, as long as you attend MDTs, clinical governance meetings etc. It is harder for GPs who only do sessional work.

Katy McIntosh, the Glos Safeguarding Named GP, recommends that you keep a log of any discussions you have about safeguarding – including referrals etc, as these count towards the training. Katy will also be providing an hour's update at each annual locum training day in October.

# Regulars: Resources for GPs

# G DOC: useful information



All our clinical and administrative policies are on our website: <https://gdoc.org.uk/ember-page/>, password gdoc2018



Clinical Lead: Jo Bayley



Safeguarding Lead: Richard Probert



Freedom to Speak Up Guardian: Chris Goldie



We can all be contacted via the G DOC office or, if you prefer to contact Dr Goldie in confidence, please email [chrisgoldie@nhs.net](mailto:chrisgoldie@nhs.net)



Invoices go to: [invoices.gdoc@nhs.net](mailto:invoices.gdoc@nhs.net)



# Support for Appraisal

GDoc provides individual audit results for every GP who works for the Countywide IA Service or IA Shared Provision. We are unable to audit other services (e.g. PCN-based IA) because we are not entitled to access their patient data.

As well these audit results, we are happy to provide a structured reference for appraisal on request, as long as you give at least one month's notice.

If you work in the GP in A&E service, Rob Stacey is happy to provide a structured reference on request. Please contact his PA on [sarah.perry18@nhs.net](mailto:sarah.perry18@nhs.net), giving at least one month's notice.



# CPD resources

Diabetes prevention (available to all, you do not have to be a member of the RCGP) <https://elearning.rcgp.org.uk/course/info.php?id=359>



# Translation

A recent SCR has highlighted the risks to people with hearing loss and other communication difficulties of being unable to access healthcare.

All GDoc hubs have access to telephone translation: receptionists have details of the code for each site. In A&E, please ask the nurse in charge of Majors for the details.

British Sign Language translation is more difficult in GDoc services as appointments have to be made well in advance. However, please ensure that, if you are unable to access a BSL translator, the patient is not disadvantaged or put at risk. For example, if you feel a follow up appointment with a BSL translator is necessary, please make the registered practice aware so that this can be arranged.

# Useful contacts

Single Point of Clinical Access: 0300 421 0300†

Healthcare professionals can obtain advice for a patient's palliative care needs from the Community Specialist Palliative Care Team based at GHNHSFT on 0300 422 5370 8am until 5pm; and via 0300 422 2222 at other times.

# Useful websites

G Care: <https://g-care.glos.nhs.uk>

Antibiotic guidelines (NICE and local):  
<https://www.gloshospitals.nhs.uk/gps/gloucestershire-joint-formulary/infections-antibiotic-guidelines/>

Prescribing opioids, including equivalent doses:  
<https://fpm.ac.uk/opioids-aware>

Falls prevention (also has info for patients) <https://g-care.glos.nhs.uk/pathway/412/resource/6>

Contraception (national): <https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/>

Sexual health & abortion (local):  
<https://www.hopehouse.nhs.uk/professionals/>

# Regulars: Resources for Patients



## Resources for patients: support for children/YP and their families

There is a support advice line and online text chat service for parents and carers of children and young people with emotional wellbeing and/or mental health issues. Full details of the opening times & how to contact them here: <https://ticplus.org.uk/parents-carers/parent-and-carer-support/>



# Resources for patients: new Carers Hub details

There is a new provider, and therefore new contact details for the Carers Hub as of spring 2019. The provider is now PeoplePlus, based at The Gloucestershire Carers Hub, Conway House, 31 Worcester Street, Gloucester, GL1 3AJ

Referrals to The Gloucestershire Carers Hub can be made via: [www.gloucestershirecarershub.co.uk](http://www.gloucestershirecarershub.co.uk) or 0300 111 9000

The Hub provide the Carers Emergency Scheme, which can offer peace of mind to carers that, if anything happens to them unexpectedly, their cared for person will be looked after. This could be by another family member or friend, or by a paid care worker. This scheme is provided free of charge to carers and this [Carers Emergency Scheme leaflet](#) is available to download.

For general enquiries email: [carers@peopleplus.co.uk](mailto:carers@peopleplus.co.uk)

# Resources for patients: palliative care



Sue Ryder Leckhampton Court Hospice is offering its patients access to a Sue Ryder Patient Line which provides palliative care support and advice from 8am until 8pm, 7 days a week.



This phone line is available to patients, families and carers of people receiving care from, or being referred to, Sue Ryder Leckhampton Court Hospice and any of its services.



Hospice patients are being given leaflets explaining how and when to call. The phone line is NOT an emergency service and patients are advised that should they need urgent medical attention, they should contact their GP or District Nurse in the first instance, or if outside their GP's working hours, call NHS 111.



# Self-management of pain

- <https://www.gloshospitals.nhs.uk/our-services/services-we-offer/pain/gpi/>



# Sexual health & emergency contraception

<https://www.hopehouse.nhs.uk>



# Support for survivors of sexual abuse and assault

[https://ccglive.glos.nhs.uk/intranet/media/k2/attachments/CCG/Comms%20Briefings/WNTW/2019/November%202019/Rape\\_Childhood\\_Sexual\\_abuse\\_Sexual\\_assault\\_Quick\\_Guide\\_May\\_2019.pdf](https://ccglive.glos.nhs.uk/intranet/media/k2/attachments/CCG/Comms%20Briefings/WNTW/2019/November%202019/Rape_Childhood_Sexual_abuse_Sexual_assault_Quick_Guide_May_2019.pdf)



# Inhaler technique

Excellent website with short videos:

[https://www.asthma.org.uk/advice/inhaler-videos/?fbclid=IwAR01VzO4car\\_9e7wzZ6A8l4rsfAR9kitie5m51IyQQX18r-c6q8dvVmFZmk](https://www.asthma.org.uk/advice/inhaler-videos/?fbclid=IwAR01VzO4car_9e7wzZ6A8l4rsfAR9kitie5m51IyQQX18r-c6q8dvVmFZmk)