NORTHERN IRELAND MEDICINES MANAGEMENT
Newsletter
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Yellow Card reporting for patient safety in Northern Ireland

Help make medicines safer by reporting to the Yellow Card scheme. Under reporting of adverse reactions is a significant patient safety and quality issue — published literature suggests around 90% of adverse reactions are not reported. Yellow Card reporting from Northern Ireland is the lowest in the UK.
The Yellow Card scheme by the Medicine and Healthcare Products Regulatory Agency (MHRA) is the UK's spontaneous adverse reaction reporting scheme. It collects, collates and monitors information on the safety of healthcare products. These reports are a vital source of information to identify new and unknown safety issues.
The Yellow Card centre (YCC) Northern Ireland, launched in September 2023.The multidisciplinary team aim to increase awareness, educate and promote reporting of suspected adverse events to the Yellow Card scheme.
View a recorded regional webinar on Yellow Card reporting here.

How to report
Anyone can report a suspected adverse reaction.
- Online at Yellow Card Website
- Via the Yellow Card app, available from the Apple app or Google play store
- Some GP clinical systems, e.g. Vision®
- Paper forms in the BNF, from YCC Northern Ireland or download
- Through the Northern Ireland Medicines and Poisons Advice Service

Contact YCC Northern Ireland
Monday - Friday 9am - 5pm
☎: **028 9504 0558**
✉: medicineinfo@belfasttrust.hscni.net

What to report
Suspected adverse reactions to medicines, vaccines, herbal and homeopathic remedies, e-cigarettes, blood factors and immunoglobulins, defective and falsified medicines.
Report all suspected adverse reactions for medicines and vaccines under additional monitoring, black triangle (▼). For established medicines and vaccines (including over the counter) report all serious suspected adverse reactions, even if the effect is well recognised.
Health professionals can report suspected adverse reactions to medical devices to Northern Ireland Adverse Incident Centre (NIAIC). **If in doubt, fill one out!**

Non Medical Prescribers (NMPs) working in General Practice

Updated "Guidance for Non-Medical Prescribers in General Practice" has been published and is available here.

The Guidance covers the registration, practice and clinical governance of all NMPs and it operates in conjunction with the NMP's employing organisation's prescribing policies, procedures and frameworks.

Deprescribing social media campaigns

This month the focus of deprescribing is benzodiazepine / Z drugs, and short acting beta agonists (SABAs) for asthma.
A patient-facing social media campaign will accompany this work and will include:
- What benzodiazepine and Z drugs are and what they are used for
- The risks associated with benzodiazepine and Z drug prescribing
- Advice / information for patients prescribed a benzodiazepine or Z-drug for anxiety or sleeping problems who are thinking about stopping or reducing their dose
- Example of where a GP practice has reviewed SABAs for asthma

Details can be found on the Health and Social Care NI Facebook page or our website. Please share further on your social media platforms. Refer also to Deprescribing section on the NI Formulary.

In this issue

NICE Guidance

Recently published:

NICE TA912 — Cipaglucosidase alfa with miglustat for treating late-onset Pompe disease
NICE TA931— Zanubrutinib for treating chronic lymphocytic leukaemia
NICE TA934 — Foslevodopa –foscarbidopa for treating advanced Parkinson's with motor symptoms
NICE TA937 — Targeted-release budesonide for treating primary IgA nephropathy
NICE TA939 — Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (rapid review of TA885)
NICE TA942 — Empagliflozin for treating chronic kidney disease

Not recommended:

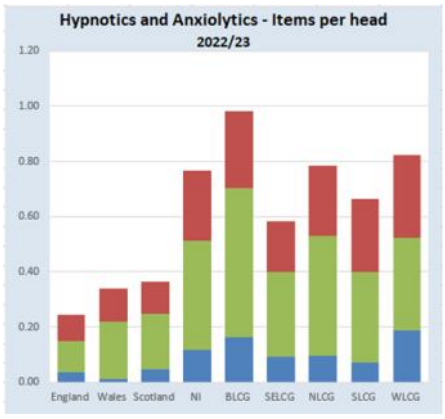
NICE TA926 — Baricitinib for treating severe alopecia areata
NICE TA928 — Cabozantinib for previously treated advanced differentiated thyroid cancer unsuitable for or refractory to radioactive iodine
NICE TA930 — Lutetium-177 vipivotide tetraxetan for treating PSMA-positive hormone-relapsed metastatic prostate cancer after 2 or more treatments

Managed Entry Decisions

Previous decisions: here
No decisions this month.

Deprescribe: Benzodiazepines and Z-drugs

Northern Ireland prescribes more benzodiazepines and Z drugs per head of the population than any other part of the UK.



The many risks associated with prescribing of benzodiazepine and Z-drugs are well known. These include memory problems, drowsiness, clumsiness, falls, dependence, pneumonia, tolerance, etc. Another concern is the contribution to the anticholinergic burden, particularly when combined with other anticholinergic medications. Furthermore, the MHRA highlighted in their Drug Safety Update in March 2020 about the risk of potentially fatal respiratory depression when benzodiazepines and opioids are combined.

Whilst benzodiazepines and Z-drugs are only licensed for short-term use, they are frequently continued long-term, exposing prescribers and patients to additional risk. Prescribers are reminded that benzodiazepines and Z-drugs are controlled drugs and as such it is essential that there are procedures in place for regular clinical monitoring and review.

Actions for GP practices:

- Prescribers should seek to identify appropriate patients for withdrawal, especially those co-prescribed with opioids.
- New patients should not be put on a repeat prescription system.
- Where benzodiazepines or Z drugs are clinically indicated, ensure only a short course is prescribed.

Resources:

- '[Understanding your Benzodiazepine or Z Drug]' - patient information leaflet to explain the risks of taking these medications, to encourage patients to try to reduce or stop taking them. It also contains useful tips on making this easier, including helpful websites that may be used and support organisations that may be contacted.
- '[Should I stop my benzodiazepine or z-drug?]' - NICE patient decision aid.

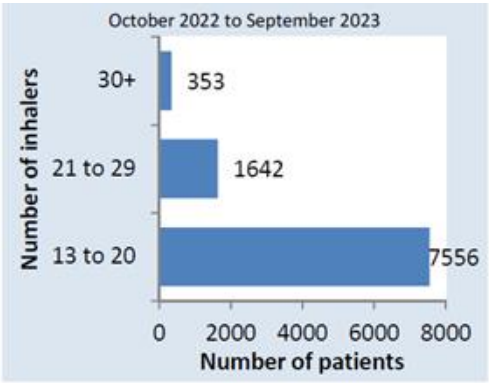
Prescribers are encouraged to share these resources with all appropriate patients to encourage them to consider dose reduction with a view to stopping. Additional supporting resources are available on the [Primary Care Intranet] and [NI Formulary Website].

Deprescribe: Short Acting Beta Agonists (SABAs) for asthma

Salbutamol Overprescribing – Maximising Asthma Control and Minimising Unnecessary Prescribing

In theory, any asthma patient using more than six puffs per week of a salbutamol is over-reliant – that is equal to about 300 puffs per year. As there are 200 puffs per inhaler, only two inhalers per year should be needed if asthma is well controlled. Research has shown that 26% of patients are prescribed 6 or more SABA inhalers per year.

Number of patients on 12+ SABAs



Action for GP practices:

- Identity all patients prescribed salbutamol and other SABA inhalers (exclude COPD patients)
- **Put in place a process to identify overordering** through the repeat or acute reordering systems. Some examples of options include:
  - ◊ Taking SABA inhalers off repeat and only issue as an acute.
  - ◊ Change the quantity to 1 inhaler on each prescription (to allow searches to properly identify overordering). Note: some patients may initially need more than one inhaler so they have a back up or if an inhaler is needed at a different location.
  - ◊ Consider editing the default drug re-issue duration - for example from 28 days to 90 days or 180 days.
- Have a **review process if overordering is identified**, e.g. the patient gets a telephone review if ordering ≥ 3 SABA inhalers in last 6 months
- Annually - **Request H&C numbers** for patients identified in the COMPASS report (>12 inhalers in last 12 months) and prioritise for review / telephone consultation.