

Derbyshire Medicines Management  
Clinical Effectiveness bulletin  
Information relevant for Primary care

Bulletin 8  
22<sup>nd</sup> May 2020

Recognising the impact COVID-19 on all aspects of our work life, the Derbyshire CPD team have put a bulletin together of relevant COVID-19 information, for the Derbyshire wide primary care Health Community. As an interim measure this bulletin will supersede the monthly JAPC bulletin

See <http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/coronavirus-covid-19> for all COVID-19 related information

### COVID evidence

**[Impact of corticosteroid therapy on outcomes of persons with SARS-CoV-2, SARS-CoV, or MERS-CoV infection: a systematic review and meta-analysis](#)**

Review (11 studies; n = 5429) reported that corticosteroid use was associated with delayed virus clearing vs controls (mean difference 3.78 days; 95% CI= 1.16 to 6.41 days) with no reduction in death, prolonged hospitalisation and increased use of mechanical ventilation.

Overall, ten of the studies were observational studies; therefore these findings require further confirmation with randomised controlled data. The authors note that until such data are available, corticosteroids should be used with caution in patients with COVID-19.

**[Interpreting a covid-19 test result](#)** Watson J, Whiting PF, Brush JE. BMJ 2020;369:m1808

- Interpreting the result of a test for covid-19 depends on two things: the accuracy of the test, and the pre-test probability or estimated risk of disease before testing
- A positive RT-PCR test for covid-19 test has more weight than a negative test because of the test's high specificity but moderate sensitivity
- A single negative covid-19 test should not be used as a rule-out in patients with strongly suggestive symptoms
- Clinicians should share information with patients about the accuracy of covid-19 tests

### Coronavirus Testing

**General case definition change** - Following a [statement by the UK Chief Medical Officers](#), a **CAS alert** has been sent out to highlight that the general clinical case definition for COVID-19 has been updated to include loss of or change in smell or taste. It is now: New continuous cough OR fever OR loss of/ change in smell or taste. Everyone, including health and social care workers, should self-isolate if they develop a new continuous cough or fever or loss of/ change in smell or taste. The individual's household should also self-isolate for 14 days as per the current guidelines and the individual should stay at home for 7 days, or longer if they still have symptoms other than cough or loss of sense of smell or taste

**[Everyone in the United Kingdom with symptoms now eligible for coronavirus tests](#)** - Anyone experiencing a new, continuous cough; high temperature; and now also a loss of or change in your normal sense of smell or taste can book a test by visiting [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus)

### Community Pharmacy

**[COVID-19: rapid tests for use in community pharmacies or at home](#)** - Advice on the use of rapid point of care tests for COVID-19. Some manufacturers are selling products for the diagnosis of COVID-19 infection in community settings, such as pharmacies. The current view by PHE is that use of these products is not advised.

**[Changing the intervals of instalments for controlled drugs during a pandemic](#)** - Legislation has been amended, informed by the advice of the Advisory Council on the Misuse of Drugs, to enable pharmacists to vary the frequency of the supply of Schedule 2 and 3 CD instalments, without the need for a further prescription. Pharmacists can ONLY make this change with the agreement of the prescriber or their appointed representative. They will NOT be able to change the frequency of the instalments if the prescriber or their appointed representative cannot be contacted. These powers would only be used if demand pressures and workforce illness/self-isolation during the pandemic meant that local health services were at imminent risk of failing to fulfil their duties (power is only in place if the secretary of state grants it locally).

## Care homes

**Care home COVID support service** - Providing multidisciplinary information, signposting and advice for care homes during covid-19 so residents in Derbyshire can access quality care. This is a single-point of contact for Care Homes for support during the Covid-19 outbreak (the Care Home COVID support line which can be accessed at the hyperlink.

Contact details: email: [dchst.carehomecovid19@nhs.net](mailto:dchst.carehomecovid19@nhs.net) or Tel: 01773 546835. The line is open from 8-4 Mon-Fri.

**Care Home Testing** - The Government has now opened a Care Home testing online [portal](#) where care homes can access testing for staff and residents.

The majority of areas now have a clinical lead for their care homes. **The clinical lead is not medically responsible and accountable for the care of individual care home residents** - Medical responsibility and accountability for the care of individual care home residents remains with their registered GP – and there may be residents with different registered GPs within a care home. The NHS does not expect residents to be re-registered.

**Syringe driver being mixed by the bedside in Nursing Homes:** The cessation of the Derby Hospitals Pharmacy syringe driver manufacturing service to Nursing Homes has gone ahead as planned from 18th May. The homes have been moving to bedside syringe driver medication mixing. This has been reviewed and in view of the current situation it has been agreed that this remains a high priority more than ever to ensure that the hospital can focus on acute services. Support nurses are now available Monday to Friday to provide refresher training sessions and individual support to homes. This service is being hosted by Treetops Hospice for 12 months. The nurse visits to the Nursing Home should be seen as essential where there is a patient in immediate need of a syringe driver and any general training requirements and ongoing support from this service will be done virtually where possible. Support nurse contact details – Katie Gibbons; email address [kgibbins@treetopshospice.org.uk](mailto:kgibbins@treetopshospice.org.uk), mobile number 07887934069 and and Faye Thrasivoulou; email address [fthrasivoulou@treetopshospice.org.uk](mailto:fthrasivoulou@treetopshospice.org.uk)

## National bulletins

**DHSC circular: Influenza Season 2019/20: ending the prescribing and supply of antiviral medicines in primary care**

Prescribers working in primary care and community pharmacists should no longer prescribe or supply antiviral medicines for the prophylaxis and treatment of influenza on an FP10 prescription form.

**Salazopyrin (sulfasalazine) 500mg suppositories - Supply Disruption** - These are out of stock until week commencing 1/6/20. Clinicians should consider prescribing alternative 5-ASA containing suppository. Pentasa (mesalazine) 1g is available but there are limited supplies of Salofalk (mesalazine) 500mg from 18/5/20 and no stock of Salofalk 1g until end of July.

**Leuprorelin depot medicines: PRAC recommends new measures to avoid handling errors** - PRAC recommends only healthcare professionals familiar with the preparation steps for leuprorelin depot medicines should prepare and administer the medicines to patients. Patients should not prepare or inject these medicines themselves.

## Primary care

**GPs asked to urgently review flu vaccine orders for 2020/21 in light of COVID-19**

The DHSC, Public Health England and NHS England have written jointly to general practices asking them to urgently review flu vaccine orders to ensure that they obtain sufficient stocks to be prepared for a 'challenging' 2020/21 season.

**Mixing critical care injectable medicines together in a syringe during COVID-19**

Critical care patients will be receiving numerous injectable medicines during the pandemic, and mixing injectable medicines together in a syringe is likely to be more necessary than normal. SPS website gives direct advice on specific compatibility for medicines likely to be used together during the pandemic. There is also guidance on what to do where combinations are suggested or required in practices that are not covered specifically.

## New NICE guidance

**NG176: chronic kidney disease (CKD)**

The guideline recommends that patients, including those who have symptoms of COVID-19, should be advised to continue taking their medicines (including ACE inhibitors, angiotensin receptor blockers, immunosuppressants and diuretics) as normal unless advised to stop by their healthcare professional. For patients who are stable on treatment, the guideline recommends they should be assessed to see whether it is safe to reduce the frequency of routine kidney function tests, taking into account any comorbidities and whether their CKD is progressive.

**NG177: interstitial lung disease**

The guideline provides clinicians with advice on how to adjust care to reduce patients' exposure to COVID-19 and how to balance the risks and benefits of taking drugs that affect the immune response during the pandemic.