

18/02/2021

Dear EH team,

I hope you are well and coping with lockdown and work pressures ok. Covid rates locally are dropping fast and so hopefully Covid related pressures will ease a little.

This letter is an update to highlight:

- 1. Significant event learning and need to SNOMED code
- 2. Antibiotic prescribing audit and self-assessment document
- 3. MHRA update
- 4. Need to be on site during shift hours

Significant event learning

Notes from extended hours clinics are sent through EMIS to a patients practice at the end of that clinic. For urgent/ very important tasks (i.e. TWR referrals / safeguarding) we ask that you email <u>kingstonccg.chambersextendedhours@nhs.net</u>. We also request that you consider this for patients with Covid where we need to ensure daily follow up is done by the practice.

In addition the Chambers team will be searching for patients coded to have COVID (or suspected COVID) and ensuring that these notes have been received by the patients practice so please ensure that you SNOMED code this correctly ("Suspected COVID-19" or "COVID-19 confirmed by laboratory test")

It is also good practice to ensure that for all consultations the 'problem' code is added and this relates to the problem presented, not 'telephone consultation'. This code can be added to the history part of the notes.

Antibiotic prescribing audit

The drive to manage patients remotely at the start of the pandemic lead to a conscious slight relaxation of our antimicrobial stewardship but we are now a year down the line and it is important that we ensure antibiotics prescriptions are only issued where needed and according to local guidance in terms of both the choice of drug and length of course.

I would be grateful if you could all complete the attached self-assessment questionnaire and email it to me at the address below.

I shall also shortly be carrying out an audit to look at prescriptions for both broad spectrum antibiotics and prescriptions for UTI.

MHRA update

Bupropion (used for smoking cessation) has a higher risk of serotonin syndrome if prescribed to patients taking SSRI/ SNRI

https://www.gov.uk/drug-safety-update/bupropion-zyban-risk-of-serotonin-syndrome-with-usewith-other-serotonergic-drugs

Azithromycin/ Doxycycline and COVID. Just to be cautious with its use, both the hospital admitted patient study and the study we participated in, adding this to patients over the age of 50, have shown NO BENEFITS. So it is still okay to use, but we should have a clear indication to use with our COVID patients, as routine use had no benefits.

https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=10 3760

Fluoroquinolones (or cipro to you and me). These seem to be that MHRA bad boys now are always being associated with new side effects. Try to avoid in anyone at risk of aortic regurgitation.

Erythromycin. I think we all know the QT prolongation issues with this, but also there is a bleeding risk for patients on rivaroxaban and an increase risk of pyloric stenosis (risk highest if given in first 14 days after birth)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file /945824/Dec-2020-DSU-PDF-1712.pdf

Need to be on site during shift hours

While the move to remote working has added a degree of flexibility to our roles the Chambers clinics are for contracted hours and as such the commissioners and Chambers expect the doctor on site for those times.

Although we are not a walk in/ drop in service the locations are widely advertised and there have been a number of occasions where patients have attended site needing to be seen. We would be exposed to significant criticism if a patient attended a site in need of urgent care only to discover there was no doctor on site.

Thank you again for all your help, please do send the self-assessment questionnaire back to me and let me know if you have any questions.

Regards,

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