



Contents

Page 1

- ADHD shared care protocols
- The mechanics of tackling overprescribing and problematic polypharmacy
- NHS Frimley medicines waste campaign
- Continence products service in East Berkshire

Page 2

- New and updated NHS Frimley MO documents and formulary changes
- How to record Over the Counter (OTC) medication in EMIS web

Page 3

- Low volume/ Compact Oral Nutritional Supplements (ONS)
- Resource® ThickenUp® Clear – change in presentation

Page 4

- Eszopiclone for treating insomnia
- Frimley ICB Learning from Patient Safety Events (LFPSE) lessons and feedback

Page 5

- NPSA alert- discontinuation of Promixin™
- MHRA Alerts
 - Prolonged-release opioids: Removal of indication for relief of post-operative pain
 - New monthly safety bulletin and redesigned safety alerts
 - Medication not given: anticoagulation before and after a procedure

Launch of NHS Frimley

Medicines Waste Campaign

Looking for information to put onto your website or into your practice newsletter?

Tackling medicine waste in the NHS: What you can do to help may be found

here

Only order what you need.

- ✓ Check your medicine stocks before ordering repeat prescriptions.
- ✓ Check the expiry dates of medication.
- ✓ Tell your healthcare team if you no longer need any medications, you have concerns or feel you are experiencing any side effects.

Make The Right Choice

ADHD Shared Care Protocols

New shared care protocols have been approved for ADHD medications for use between Frimley ICB primary care and any Right to Choose (RTC) or Private Provider for both adults and children and young people. You will find them catalogued on the [Medicines Optimisation website](#) and also attached to the individual ADHD medicine on the [Frimley Formulary](#). The protocols include a section for the provider to insert their contact details for queries.

The protocols include the following parts:

- Shared care request letter (specialist → primary care prescriber)
- Shared care agreement letter (primary care prescriber → specialist)
- Shared care refusal letter (primary care prescriber → specialist)

Information expected to be available to primary care from the provider when initiating a request for share care of these medicines can be found [here](#) (children and young people) and [here](#) (adults). The shared care protocol and any associated documents should be uploaded to the patient's medical record.

Surrey and Border Partnership (SABP) have also updated their ADHD shared care protocols for children and young people in Surrey Heath and Farnham, they are catalogued on the [Medicines Optimisation website](#) and also attached to the individual ADHD medicine on the [Frimley Formulary](#).

The mechanics of tackling overprescribing and problematic polypharmacy

A [new guide](#) to support primary care organisations and ICBs understand and address problematic polypharmacy has been launched by the Health Innovation Network as part of its national Polypharmacy Programme.

As the government and the NHS works to prioritise prevention and moving care from hospitals to communities, tackling polypharmacy is a key approach to encouraging safer, more effective medication use, especially in our older population.

The [guide](#) offers simple yet impactful solutions to optimise prescribing practices, supporting ICBs, PCNs and GP practices in organising their teams to improve the quality of structured medication reviews.



Continence products service in East Berkshire

Please be reminded that continence products in the East Berkshire places are supplied via BHFT. Practices do not need to provide an FP10 and should decline to do so if approached directly by a Dispensing Appliance Contractor (DAC).

Requests should be referred to the BHFT continence service at

integratedhub@berkshire.nhs.uk or casprescriptionservice@berkshire.nhs.uk

including the patient's name, NHS number, date of birth, address and products required.

New and updated documents on the NHS Frimley [Medicines Optimisation Website](#)

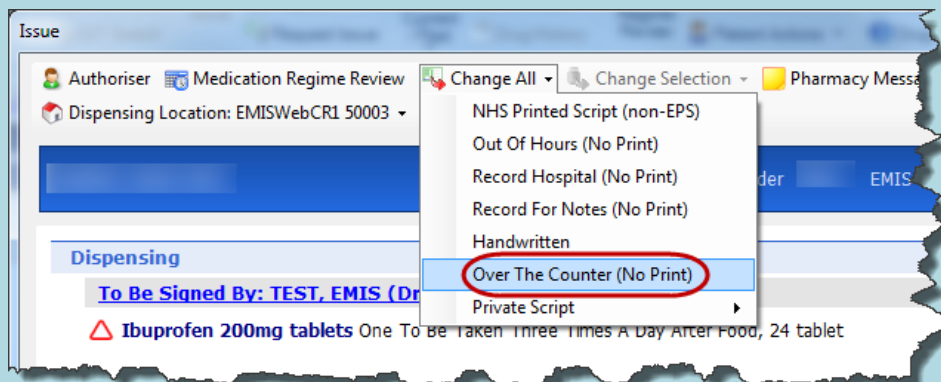
- The NHS Frimley lipid management tool has been [updated](#). information around how newer therapies are to be accessed and links to national summary guidance have been added.
- NEW Pathway for prescribing rifaximin 550mg tablets for the prevention and treatment of episodes of overt hepatic encephalopathy in primary care.** Found [here](#). Once with primary care, there is no ongoing need for patient monitoring and patients may be referred back if the clinical status changes.
- The blood glucose test strips, ketone test strips & insulin needles preferred products for type 2 diabetes** has been [updated](#). Contour Plus Blue meter has replaced Wave Sense Jazz for use in gestational diabetes.
- The **COPD rescue pack** resources have been updated. Rescue packs comprise of a standby course of steroids and antibiotics; their supply is supported by a [protocol](#) and a [patient leaflet](#).

Formulary updates

- Metolazone** has been changed from **red** to **amber shared care** document [here](#). Please be aware that formulary inclusion and shared care paperwork applies to the **Xaqua™** brand of Metolazone only; other unlicensed preparations are non-formulary.
- Valproate** remains as **amber no shared care** unless the patient is under 55 and of child bearing potential then valproate is **amber with shared care**, document [here](#).
- Maxitrol™** eye **ointment** has been added to the formulary as **amber no shared care**
- Dymista™** (fluticasone with azelastine) has been added to the formulary as **green**. It is second line, along with **Ryaltris™** (mometasone with olopatadine), only to be used if nasal steroids have been trialled and failed to control symptoms. Prescribers are asked to pick the best value option first if all else is equal.
- The pre-prepared presentation of **apomorphine** has been reformulated by the manufacturers. Please see the formulary [here](#) for details and an updated **amber with shared care** protocol.

How to record Over the Counter (OTC) medication in EMIS web

- To record OTC medication, navigate to the **EMIS Ball > Care Record > Medication > Complete the Add a Drug screen > On the Issue screen, click **Change All > Over The Counter (No Print)****

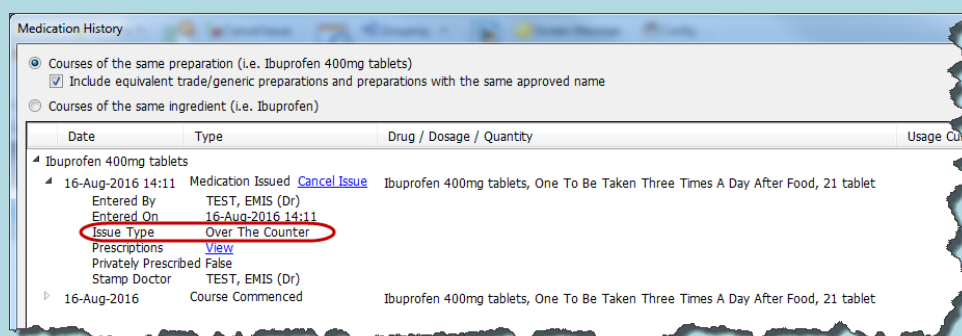


- Click **Approve and Complete**.

The Over The Counter issue method is recorded on the patient's medication screen in the Last Issue Number/Method column.

Current			
Drug / Dosage / Quantity	Usage Current / Average	Last Issue Date / Authoriser	Last Issue Number / Method
Acute			
A Ibuprofen 400mg tablets One To Be Taken Three Times A Day After Food, 21 tablet		16-Aug-2016 TEST, EMIS (Dr)	Over The Counter
B Paracetamol 120mg/5ml oral suspension paediatric Take 2.5ml As A Single Dose After Injections, And 2.5ml 6 Hours Later If Necessary, 11 ml		TEST, EMIS (Dr)	
Repeat			

- The Over The Counter issue method is also recorded in the patient's medication history.



Nutrition Corner

Low volume/ Compact Oral Nutritional Supplements (ONS) for Adults **AMBER**

The primary care prescribing of ready-to-serve (RTS) compact ONS (125ml preparations) is not routinely funded unless it is assessed by a specialist (e.g. dietitian) who agrees that one of the following criteria are met:

- The individual and/or their carers are unable to prepare powdered ONS products and they have been unable to consume adequate volumes* of standard ready to drink ONS
- The individual has trialled, but has not been able to tolerate powdered compact ONS products and they have clinical contraindications to standard ready to drink ONS preparations**

*Two servings of 200ml RTS ONS per day

**Contraindications include dysphagia; requires thickened fluids; a condition requiring fluid restriction e.g. renal or liver disease

Policy exclusions

- Children (18 years old or younger)
- Enteral tube feeding and parenteral nutrition

The following products are therefore **AMBER** and should only be initiated on the advice of a dietitian;

- Altraplen Compact,
- Fortisip Compact, Fortisip Compact Fibre, Fortisip Compact Protein,
- Fresubin 3.2kcal drink, Fresubin PRO Compact.

Prescriber action: Please **do not** initiate compact (125ml) ready to serve bottled ONS in primary care.

Any queries, please contact your NHS Frimley Prescribing Support Dietitian, Cathy Macqueen Catherine.macqueen@nhs.net or Ali Carr a.carr@nhs.net

Resource® ThickenUp® Clear – change in presentation

Resource® ThickenUp® Clear is a gum-based thickener that may be prescribed for patients who have dysphagia. The amount of thickener required should correspond to the [IDDSI](#) level advised by a speech and language therapist in their correspondence to the GP practice.

From February, the available tin size increased from 127g to 215g; the formulation and scoop size remain the same. To avoid over prescribing and wastage, please adjust prescriptions. Based on a 1000ml* fluid intake, the following number of 215g tins would be required;

28 days	Level 1	Level 2	Level 3	Level 4
	Slightly Thick	Mildly Thick	Moderately Thick	Extremely Thick
1000ml	1 x 215g tin	2 x 215g tin	4 x 215g tin	5 x 215g tin

*The amount drunk each day will vary between patients. Please use these amounts as a guide and adjust prescription according to patient need.

Alternatively, use the table below to switch to a corresponding number of tins required:

Old presentation 127g Number of tins	New presentation 215g Number of tins
1	1
2	2
3	2
4	3
5	3
6	4
7	4
8	5

Product	Old PIP code	127g Tin Price
Resource® ThickenUp® Clear 127g	355-4433	£9.02
NEW Product	NEW PIP code	215g Tin Price
Resource® ThickenUp® Clear 215g	433-7291	£15.27

Eszopiclone for treating insomnia

Eszopiclone (the S-isomer of zopiclone) has been licensed in USA since 2004, but has not been available in UK until now. It has recently been given a license, under the brand name Lunivia™, for the short-term treatment of insomnia that is severe, disabling or causing extreme distress. The dose is lower than for zopiclone (1-3mg vs 7.5mg) however the same safety warnings and considerations for use apply.

A [Cochrane](#) review concluded that

“Eszopiclone appears to be an efficient drug with moderate effects on sleep onset and maintenance.”

They also noted that most studies were placebo controlled rather than comparator controlled and also certain patient subgroups were underrepresented in the RCTs retrieved.

NICE has declined to progress this item under any appraisal mechanism as it is not a new substance; only a racemic mixture of an existing medicine.

Eszopiclone is non formulary – please do not prescribe.

The sleep pathway can be found on the Frimley formulary [here](#) with non pharmacological methods remaining 1st line followed by a trial of melatonin 2mg MR tablets.

Frimley ICB Learning From Patient Safety Events (LFPSE) lessons and feedback

Prednisolone COPD Rescue Packs

A concerning LFPSE report has been received about a patient with COPD. They had been prescribed a prednisolone rescue pack of 30mg for 5 days. This was erroneously added to the repeat screen on the patient’s medication record. The patient requested it again a few months after the initial course and it was continued at a dose of 30mg daily for approximately 3 months until it was noticed at a COPD review. The patient was not aware it was for the rescue treatment of exacerbations, had continued to order it and had had it prescribed and dispensed. The patient was put on a reducing regime to stop, a DEXA scan was ordered, and the patient was closely monitored. Prednisolone was removed from repeats.

Please follow the advice in the Frimley Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs [Protocol](#) for Health Care Professionals. This advises that

“Rescue packs should not be available on repeat, they may be added to the system on variable repeat”

HRT preparations in sub-total hysterectomy

A recent incident highlighted confusion over whether to prescribe oestrogen with or without progesterone supplementation in a patient who had had a sub-total hysterectomy.

Advice from the British Menopause Society is:

“There is limited evidence to guide practice in relation to the role or need for progestogen replacement in women who have had subtotal hysterectomy.

It is common practice to consider sequential progestogens for up to 3 months, and if no bleeding is noted with this, to consider it unlikely that residual endometrium is present and oestrogen only HRT may be considered to be sufficient. Ongoing progestogen intake should be considered if there are concerns that the remnant cervical stump may contain residual endometrial tissue in women who experience cyclical bleeding with sequential HRT.”

For further information see the [BMS summary here](#)

*** Please continue to report events via this portal so we can share learning and feedback.***



National Patient Safety Alerts

Discontinuation of Promixin® (colistimethate) 1-million unit powder for nebuliser solution unit dose vials 17th March 2025

Promixin® (colistimethate) 1-million-unit powder for nebuliser solution unit dose vials (UDVs) are being discontinued from early May 2025, with stocks anticipated to be exhausted by this date.

Actions: Primary and secondary care providers:

1. Do not initiate new patients on Promixin® 1-million-unit powder for nebuliser solution UDVs.
2. Pro-actively identify and review all patients currently prescribed Promixin® 1million unit powder for nebuliser solution UDVs and immediately refer them to their respiratory specialist to switch to an alternative colistimethate preparation.

MHRA Alerts

Prolonged-release opioids: Removal of indication for relief of post-operative pain

The indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI).

Following the conclusion of a safety review undertaken by the MHRA, and advice from the Commission on Human Medicines (CHM), the indication for the treatment of post-operative pain will be removed from the licences of prolonged release morphine and prolonged release oxycodone. The remaining prolonged release opioids are not recommended for acute post-operative pain relief and may already not be indicated for acute use or are contraindicated in acute pain relief.

See full alert [here](#)

MHRA launches new monthly safety bulletin and redesigned safety alerts

The creation of the 'MHRA Safety Roundup' is in response to findings from a recent consultation which showed that healthcare professionals including GPs, nurses, and pharmacists found it useful to receive information at different frequencies, including monthly summaries, to suit their needs. Healthcare professionals can subscribe to the 'MHRA Safety Roundup' [here](#). For further information on how to find and subscribe to individual safety communications, [visit the website](#).

Medication not given: anticoagulation before and after a procedure

A recent report by the Health Services Investigation Body (HSIB) presents the findings of an investigation into a patient safety event at an acute hospital trust and identifies factors relevant to learning in other NHS organisations.

The patient was taken to hospital with shortness of breath and nose bleeds. He was transferred from the emergency department to a medical ward while waiting for a procedure. The medical team paused the patient's regular apixaban, initially because of his nose bleeds. The apixaban continued to be paused while the patient was waiting for his procedure. However, delays to the procedure taking place meant that apixaban was not given for a total of 10 days. After the procedure, the apixaban was not restarted as intended. Two days after the procedure the patient had a stroke and later died. The investigation explored the range of complex, dynamic and interacting clinical and wider hospital factors that led to the difficulties in managing the patient's anticoagulation.

Although in this case, the patient was never discharged from hospital, learning points for primary care in an incident such as this is for practices, in their medicines reconciliation procedures, to check if a patient normally taking an anticoagulant is admitted into hospital for a procedure and then subsequently discharged, that the anticoagulant is restarted or there is a plan to restart, or if it has been intentionally stopped, and to enquire if it is unclear.

See full report [here](#)

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

National Medicines Advice Service

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksp.nhs@sps.direct