Prescribing Newsletter

Making the most of medicines

June 2025

Contents

Launch of Frimley ICS Medicines Safety Group's

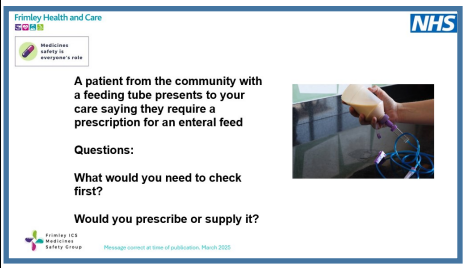
"1 minute read safety messages"

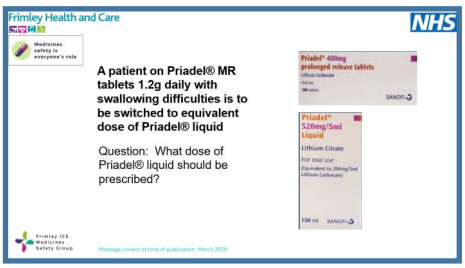
Frimley ICS Medicines Safety Group

The WHO reports that harm due to medicines and therapeutic options accounts for nearly 50% of preventable harm in medical care. Many factors influence medication errors, including inadequate drug knowledge or experience. To address this the Frimley ICS Medicines Safety Group has initiated a system-wide, educational approach to seek to prevent recurrence of future medicine incidents.

Under the Group's oversight we have collaborated with pharmacists from the acute Trusts to develop and publish a range of ***"1 minute read safety messages"*** . These summarise essential key learning for busy clinicians, with the aim to share learning from locally reported incidents across our system—especially where lessons apply across multiple organisations. Key messages from national investigations and reports may also be included.

They are presented as a scenario and solution. The 1st two scenarios are:





Check back on the final page for the solutions!

Copies will be emailed to practices and we ask you to share with all relevant staff, including temporary stuff such as locums, and consider printing and displaying them in communal areas to ensure visibility.

If you have any suggestions for a 1 minute safety message please email the Medicines Optimisation Team on frimleyicb.prescribing@nhs.net.

Please also continue to report all medicines related incidents via LFPSE as this will also direct us to areas that require future safety messages.

MOTea *SAVE THE DATE*

Wed 18/06/2025 13:00 - 14:00

ScriptSwitch update and feedback session

Thank you for the feedback you have given us regarding the launch of the prescribing support system, ScriptSwitch. We value and act on this feedback. We are holding a webinar on Wednesday 18th June 1-2pm. Please join us for an update on progress made and the opportunity to provide further feedback on how to improve messages locally.

Support for practice users, including user guides and videos, is available here.

Please also find below links to some specific training videos.

- ScriptSwitch - Recommendation Pop Ups
- ScriptSwitch Prescribing: Safety Alerts (EMIS Web)
- ScriptSwitch Prescribing - New Popup and Targeted Switches

Treating hayfever with OTC medicines –a Patient Information Leaflet

NHS England reported that visits to the hay fever advice page on the NHS website more than doubled at the beginning of May. A reminder that the MOT have produced a **PIL** on treating your hay fever with OTC medicines.

Prescribing of antivirals no longer authorised in primary care

The 2024/25 influenza season arrangements for prescribing and supply of antiviral medicines in primary care has now ended.

Action: Prescribers working in primary care should no longer prescribe antivirals for the prophylaxis and treatment of influenza. Community pharmacists should no longer supply these medicines against a FP10 or electronic equivalent.

The prescribing of antibiotics to children < 9 yrs old in primary care

The NHS Performance Assessment Framework for 2025/26 aims to support continuous improvement. One of the new Patient Safety metrics measures antibiotic prescribing in children.

What is the problem with prescribing antibiotics for children?

- Antibiotics are amongst the most commonly used drugs in children. In addition to inducing antibiotic resistance, antibiotic exposure has been associated with adverse long-term health outcomes.
- Overuse and inappropriate prescribing of antibiotics is driving antibiotic resistance. Clinicians often prescribe antibiotics for upper respiratory tract infections (URTIs) in young children despite their marginal beneficial effects.
- *"While some antibiotics may have a mild and transitory effect on the gut microbiome, stronger [broad-spectrum] antibiotics can have a much more profound impact with longer term health consequences for children. Careful antibiotic stewardship is a critical way through which we can protect the microbiome and prevent chronic disease risk later in life."* Quote from Mr James Kinross FRCS PhD, Senior lecturer in colorectal surgery and a consultant at Imperial College London. Research includes the role of the gut microbiome in obesity, Crohn's disease and bowel cancer.
- *"Antimicrobials should only be used when they confer health benefits, in other words when the risk benefit ratio falls in favour of treatment."* Dr Kieran Hand, AMR National Clinical Lead for Pharmacy & Prescribing, NHS England.

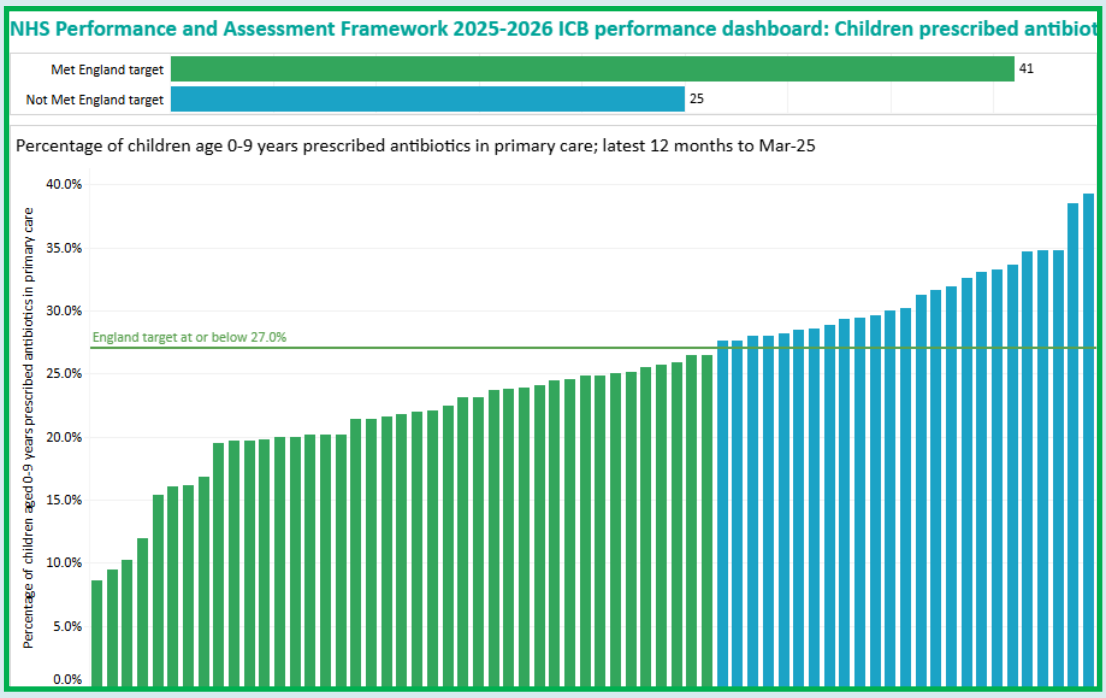
What are we asking you to do?

The following can be utilised by GP practices to help achieve this ambition:

- Consider a *'no antibiotic'* strategy for upper respiratory tract infections (URTIs) where there is no symptomatic benefit, no reduction in risk of complications and avoided harm compared to backup or immediate antibiotics.
- Implement a back-up prescription strategy and code use of back-up prescriptions..
- Follow SCAN and use consultation templates (e.g. Ardens) and diagnostic tools (e.g FeverPAIN and STARWAVe) to guide decision making.
- Utilise the Frimley Healthier Together Safety netting & parent info sheets (which can be sent via text or AccuRx, with speak and translation available for multiple languages) and waiting room videos available from the World Health Organisation.

This graph above shows individual practices in NHS Frimley and illustrates the variance in prescribing for this measure. Those who have registered for PrescQipp may access the data for their own practice here and by following the steps below;

- Select tab ***"% of children 0-9"***
- Select organisational grouping ***"NHS Frimley ICB."***
- Select view option ***"practice name"***



Access to compression hosiery for Care Homes

Our Tissue Viability Clinical Nurse Specialists (TVNs) are able to order a range of compression hosiery, lymphoedema wraps and other compression garments via a central ordering system. This supply route is administered and provided by CCOMS, a supplier acting on behalf of NHS Frimley. This system

- reduces the amount of FP10 requests to GP surgeries from care homes, and
- provides efficiency advantages.

Occasionally TVNs recommend a specific compression product for a care home resident that is not available via the above route. The only route of supply for this item will then be via FP10, issued by the GP practice.

Action for practices: once you are satisfied that the request for a "one off" compression products has originated from **one of our TVNs** only please action and issue an FP10 as appropriate.

Guidance to primary care about unregulated providers who supply hormone medications to children and young people for gender incongruence

Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services. New guidance (May 2025: Guidance to primary care about unregulated providers who supply hormone medications to children and young people for gender incongruence) from NHS England advises GPs against shared care agreements with unregulated providers in relation to hormone medication for children and young people under 18 as a response to gender incongruence / gender dysphoria.

- A GP must refuse to support the private prescribing or supply of GnRH analogues.
- A GP should refuse to support an unregulated provider in the prescribing or supply of alternative medications that may be used to suppress pubertal development.
- A GP should refuse to support an unregulated provider in the prescribing of exogenous hormones

A GP may also decline to accept responsibility for monitoring and testing if they are not assured that the provider offers a safe service. GPs are specifically cautioned against a shared care agreement with two unregulated providers (GenderGP and Anne Transgender Healthcare Ltd) who have published statements that oppose the restrictions around the supply of gonadotrophin releasing hormone analogues to children and young people under 18 years of age. In all cases, safeguarding measures should be considered where the administration of a medicine from an unregulated source presents an immediate safety risk.

Please contact the Medicines Optimisation Team if you receive any request to prescribe hormones or puberty blockers for gender incongruence to young people under 18 years.

Important update on tirzepatide (Mounjaro®) availability for weight management

NICE has published a Technology Appraisal (TA1026) for tirzepatide, which will be launched in primary care starting June 23, 2025.

Key Points:

- Phased Rollout: The NHS will prioritize patients with the highest need first. This phased approach will take approximately 12 years to reach the entire eligible population.
- No Specialist Approval Needed: Primary care can prescribe Tirzepatide directly for eligible patients.
- This medication is to be prescribed with lifestyle interventions for the medication to be most effective. NHSE have announced the NDPP (NHS Diabetes Prevention Programme) framework will be extended, and centrally funded, to support this whilst they undertake a wider procurement process. Further updates will be made closer to the time.

Eligibility Criteria for Phase 1 cohort (12 months):

- BMI over 40 kg/m^2
- Four or more qualifying weight-related health issues

It's estimated that around 500,000 individuals in the UK are privately funding Wegovy and Mounjaro for weight loss; primarily through private online pharmacies. We are aware of the potential impact on primary care services due to increased patient inquiries triggered by media coverage, in addition to inappropriate requests coming from secondary care specialists. We will communicate separately with secondary care specialists and updates will also be available on the ICB website for patient information.

For further information please contact: philippa.may@nhs.net , Long Term Conditions Transformation, Diabetes & Weight Management Lead, Frimley ICB

Access to obesity / weight management pathway update

Phased access to these services are in place and are in line with the joint position statement on medical therapies for obesity (currently only open to Phase 1). A new version of the Frimley "access" protocol which will clarify criteria for Tier 3 / medical pathway for weight management service will shortly be available on DXS making it easier to interpret patient eligibility.

In the meantime if you have any further queries please contact: philippa.may@nhs.net, Long Term Conditions Transformation, Diabetes & Weight Management Lead, Frimley ICB

Find out more about **PenCycle**, the re-cycling scheme for Novo Nordisk pens for diabetes and weight management, and how you can get involved HCP | PenCycle.

Materials, including return boxes and introductory leaflets, are available to help build engagement among people who **already** use **pre-filled Novo Nordisk pens**. You can order these by contacting Novo Nordisk at diabetessupportteam@novonordisk.com.

New and updated documents on the NHS Frimley Medicines Optimisation Website

The shared care documents for the following medicines for use in adults across NHS Frimley have been updated.

- Methotrexate
- Hydroxychloroquine
- Mycophenolate
- Azathioprine and mercaptopurine

Copies may also be found on the relevant monograph of the Frimley Formulary

Formulary update

Budesonide 4mg suppositories for mild to moderate acute ulcerative proctitis added to the formulary as **AMBER NO SHARED CARE.**

Updated guidance from the Specialist Pharmacy Service

- Enzyme-inducing medicines reduce the effectiveness of certain contraceptives. The guidance on using contraception with these medicines has been updated and may be accessed here.
- Using 'flozins' and 'gliptins' in adults with swallowing difficulties here

Specialist Pharmacy Service | The first stop for professional medicines advice

TARGET resources for acne vulgaris and COPD published

To support reviewing of antimicrobials in general practice, TARGET have published a ***'how to…?'*** guide, an antimicrobial prescribing review checklist, and worked examples for acne vulgaris and COPD.

The resources are available **here**

TARGET Keep Antibiotics Working

New and updated Ardens searches from CQC

Following a serious incident where a patient on bisphosphonates sustained bilateral atypical femoral fractures due to inadequate monitoring two searches have been added to the ***"CQC Inspection Searches"*** library.

They can be found in ***Ardens >CQC inspection searches (v2.9) >Standard searches> Medicines usage*** and are titled as;

- On Bisphosphonate – Check as first issued >5 years ago
- On Bisphosphonate – Check as first issued >5 years ago + no DEXA in last 5y

In addition the existing DOAC monitoring searches (in the same) folder have been updated to align with NICE recommendations on monitoring frequency.

Safe medicines reconciliation from clinical correspondence

We would like to sign post to the CQC GP mythbuster ***"Managing test results and clinical correspondence. "*** This resource supports the review of processes to ensure that medicines reconciliation is safe; especially when non clinicians carry out this task. Taken from the Mythbuster:

Non-clinicians are sometimes able to identify where a change of medicine is required. They can then send this to the prescriber to get approval and a prescription. Where this occurs, there should be clear training and protocols in place so that each memberof staff is aware of their responsibilities. For example:

- *The clinician ensures they take action when appropriate.*
- *Non-clinicians can do some tasks if there are appropriate safeguards in place. This can include appropriate systems, processes, supervision and training.*
- *Usually, the GP or other appropriate prescriber should make changes to medicines. Where non-clinicians carry out administration tasks, the prescriber (who signs the prescription) remains accountable for the prescription and actions leading to its production.*

To ensure the safe and effective handling of changes to clinical coding or medicines, you need to assess and audit the workflow process or protocol.

We recommend that any system should alert the prescriber to any changes made to medication to enable them to review and action as needed. A facility to measure the effectiveness of this process should also be available.

Warfarin and tramadol interaction—update and local actions

The MHRA released an alert in June 2024 after receiving a Coroner's report on the death of a patient who died from a bleed on the brain following concurrent treatment with warfarin and tramadol. This combination may increase a patient's INR and increase the risk of bleeding. The Coroner raised concerns that the interaction between warfarin and tramadol was not well known and emphasised the need to highlight this interaction to healthcare professionals.

Update– this interaction is now noted as 'severe' in the BNF, the manufacturers SPC and there is a warning pop up message if the two are co-prescribed in EMIS.

Local actions—prescribing data shows that there are a number of patients currently co-prescribed warfarin and tramadol— see table in accompanying email of practices who have numbers of such patients identified in a March 2025 ePACT search. These patients may be found using the Ardens search in ***"2.15 Prescribing– CAS alerts."*** Suggested actions for these patients are as follows;

Warfarin with an acute prescription for tramadol:

- Review with view to stop tramadol, consider to change to alternative analgesic if analgesia still required.
- Check INR is not elevated.

Warfarin with a repeat prescription for tramadol:

- Check most recent INR is in appropriate clinical range for indication. Request repeat INR if required.
- Check co-prescribing is clinically appropriate for the patient and record in notes.
- If patient does require long-term analgesia, consideration of alternative non-interacting opioids, such as codeine would be sensible, if other comorbidities such as renal function allows.
- Discuss with the patient the potential risks and any alternatives therapies to treat their conditions for which warfarin andtramadol are prescribed e.g., is a DOAC a suitable alternative to warfarin, or is there more suitable intervention than tramadol?
- If the decision is made for patients to remain on tramadol, frequent monitoring is recommended, as per any other drug with the potential to interact with warfarin. Check that the frequency of the INR tests is clinically suitable.

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

Accuracy of patient medication records

There have been several incidents reported which highlight the need to ensure that original patient medication is stopped following changes in treatment– this type of incident continues to be reported. Please see these cases below which have been reported locally.

1. Patient prescribed both perindopril and losartan. The perindopril was not tolerated and replaced by losartan, however the perindopril was not moved to the past medications list. Fortunately, the patient knew that losartan was intended instead of perindopril and did not request both together. It is important to note that the EMIS prescribing system issues a safety alert when these two medications are prescribed together.
2. Patient was on rivaroxaban 20mg tablets daily which was reduced to 10mg daily but both strengths were left on repeat with no explanation for the change. Again it was fortunate that both strengths were not taken simultaneously as the patient was in a nursing home and the staff were aware of the dose change.
3. Patient was on Duoresp™ (budesonide + formoterol) inhaler, this was changed to Trimbow™ (beclomethasone + formoterol + glycopyrronium) inhaler in hospital. Upon discharge Trimbow™ was added to the EMIS medication but Duoresp™ was not discontinued. Fortunately the patient was aware of the change and only used the Trimbow™ inhaler.

Learning points –ensure discontinued medicines are moved to "past" when a medication course is ended, please enter a reason on the EMIS medication records. EMIS provides safety warnings that may be triggered if interacting/ inappropriate drug combinations are prescribed, however careful review and use of clinical judgment must also always be applied.

Be vigilant with administration checks

An oncology patient was prescribed goserelin injection 3.6mg, the prescription was dispensed by the community pharmacy and the patient returned to the surgery to have it administered. The nurse checked the label and expiry date of the medication then administered the injection. The nurse then noticed the supplied product was a 10.8mg goserelin preparation mistakenly labelled as 3.6mg (all other patient details correct). This was escalated to the GP and oncology team who advised a delay in treatment for the next dose.

Learning points - this report highlights the need for checking both the dispensed label and the actual product when administering a medicine.

The 5 rights (5Rs) of medicines administration provide a helpful prompt:

- Right person.
- Right medicine.
- Right route.
- Right dose.
- Right time.

LFPSE reports contd.

Allergy warnings

A patient presented with a skin infection and although the patient record stated that he was allergic to penicillin, amoxicillin was prescribed. The pop up EMIS allergy warning was overlooked. The patient noticed a penicillin-based antibiotic had been prescribed and queried it with the surgery.

Learning points – always check for drug allergies before prescribing. Use a shared decision-making approach when selecting treatments. Please remain vigilant to prescribing prompts and warnings.

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

Recent MHRA alerts

Kaftrio™▼ (ivacaftor, tezacaftor, elexacaftor): risk of psychological side effects

Kaftrio is a red drug, restricted to CF consultants only on the Frimley ICS formulary. See full alert here.

Thiopurines and intrahepatic cholestasis of pregnancy

Intrahepatic cholestasis of pregnancy (ICP) has been rarely reported in patients treated with azathioprine products and is believed to be a risk applicable to all drugs in the thiopurine class (azathioprine, mercaptopurine and tioguanine). Cholestasis of pregnancy associated with thiopurines tends to occur earlier in pregnancy than non drug-induced cholestasis of pregnancy, and elevated bile acid levels may not reduce with ursodeoxycholic acid. See full alert- here

Nystatin supply update

- Nystatin oral suspension is available, but a change from branded, Nystan™ ,to non-branded generic is causing confusion in the supply chain, resulting in stock not reaching pharmacies.
- Prescribers should prescribe **nystatin suspension generically i.e.,** not as Nystan™, as pharmacies will be unable to dispense prescriptions for branded Nystan™.
- Pharmacies should ensure their system orders generic nystatin suspension; not Nystan™

Methylphenidate slow-release tablets supply update

The recent shortage of methylphenidate slow-release tablets is now easing. Where possible prescribing of this medication should revert back to specifying a brand, rather than using the generic "methylphenidate slow-release tablets." Not all brands are bioequivalent, so brand prescribing will ensure patient consistent treatment.

Affenid XL, Delmosart XL, Xaggitin XL and ***Xenidate XL*** are Frimley ICS preferred brands, please use the most cost-effective product.

Obtaining fidaxomicin in community pharmacy

Fidaxomicin may be indicated for certain scenarios when managing *C. difficile* infection (SCAN guideline). This item is now available to order via Alliance Healthcare and an emergency supply service is also available. More details here.

Freestyle Libre 2 sensors are replaced with Freestyle Libre 2 Plus Sensors

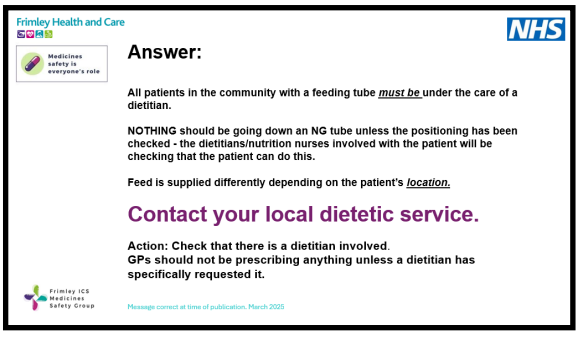
Please update your patients' prescriptions and frequency of prescription repeat as soon as possible to Libre 2 plus sensors. There are no changes to the app, reader, or Libreview. The new sensors are identical except the extra day of usage ,1 sensor lasts 15 day. Suggested AccuRx message:

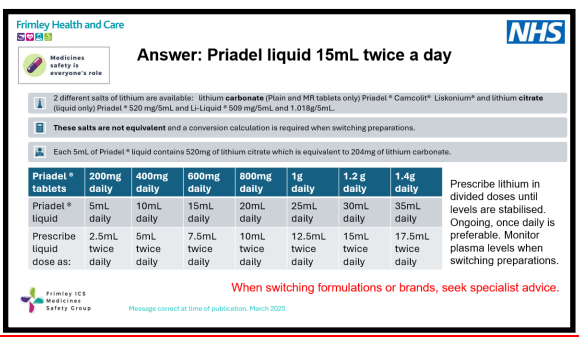
> ***"Change of prescription: The 'FreeStyle Libre 2 Plus sensor' is now available. You will be automatically moved over to the NEW FreeStyle Libre 2 Plus sensor at the next renewal. Please visit the manufacturer's website for further product info: https:// www.freestyle.abbott/uk-en/products/freestyle-libre-2-plus-sensor.html"***

Practices may identify patients using the EMIS Enterprise searches below:

- EB: MOT -> Diabetes -> Freestyle Libre ->
- NEHF: Medicines Management-> 2024-25 -> Projects -> Diabetes -> Freestyle Libre
- SH: MOCH Anon -> Diabetes -> Freestyle Libre ->

Solutions to the *"1 minute read safety messages"* scenarios on page 1





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 asksps.nhs@sps.direct