Prescribing Newsletter

Making the most of medicines

July 2025

NHS Frimley

Contents

Royal College of Emergency Medicine (RCEM) advisory statement on Time Critical Medication (TCM) self–administration in emergency departments

Time Critical Medication (TCM) is ***described as " scheduled medication that the patient is already on when they present to the Emergency Department (ED). The medications are time-critical because a delayed or missed dose can result in harm with exacerbation of symptoms and/or the development of complications leading to an increased mortality if it continues."*** The RCEM have identified important TCM as being the following classes of medicines:

M movement disorders – Parkinson's / myasthenia medication
I immunomodulators including HIV medication
S sugar (Insulin)
S steroids – Addison's and adrenal insufficiency
E– epilepsy – anticonvulsants
D- DOACs and warfarin

Read the full statement **here**
We are currently working with FHFT on a campaign to encourage ***"Patients' Own Drugs"*** (POD) being brought into hospital on admission. This will support medicines reconciliation processes and ensure that TCM are not missed if waits in ED are prolonged.

How can primary care help?

- At each medication review involve people and their carers to ensure that the most up to date information is documented in the patient record.
- Check that dosing directions are always included on the labelling, especially on time critical medicines.
- For patients at higher risk of hospital admission, consider advising them to take their medicines into hospital where possible.

10 Year Health Plan for England

GOV·UK

The 10 Year Health Plan for England: fit for the future - GOV.UK has been published.

REMINDER

Please continue to report medicines related incidents via the **Learn from patient safety events** service

Reporting via LFPSE is encouraged in the 2025/26 GP contract and provides important evidence for CQC inspections. We thank you for your continued support with LFPSE, the lessons learnt are always valuable.

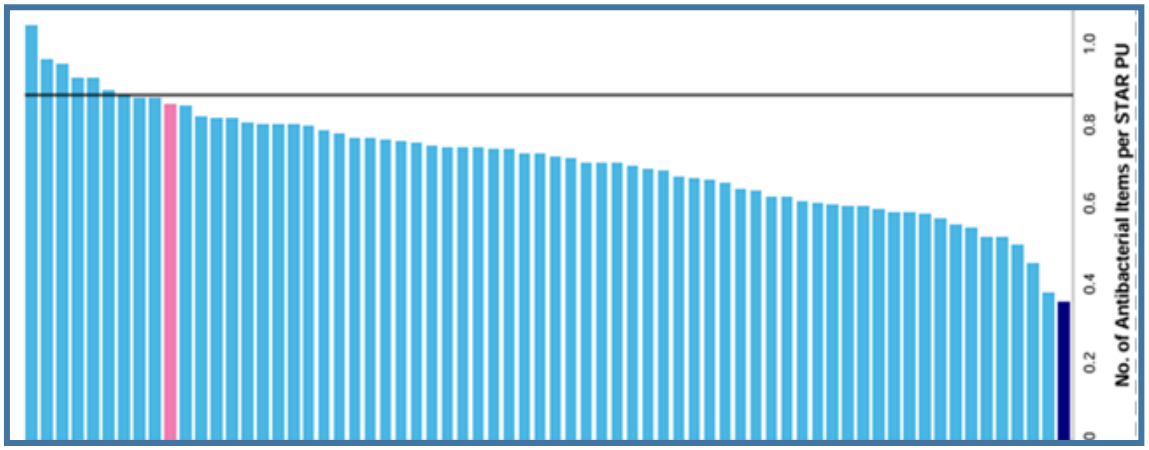
Resources to support medication review

Specialist Pharmacy Services (SPS) have updated their resources to provide information and guidance on problematic polypharmacy and overprescribing. Access the pages here.

Specialist Pharmacy Service

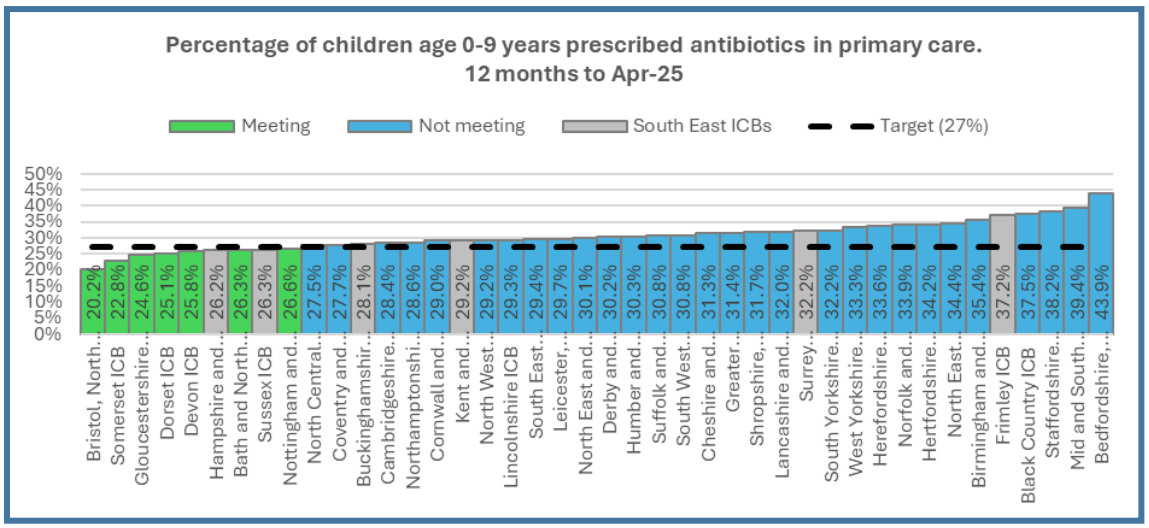
Antibiotic prescribing rates -congratulations and thank you

In March of this year Frimley ICB was successful in prescribing under the target for "all antibiotic prescribed" (weighted for age and sex). This is the first time the metric has been achieved. In the graph below Frimley ICB is represented by the pink line. All member practices by a blue line. Please note the large variation in this prescribing across the area.



Antibiotic prescribing rates –a new target

The new NHS Oversight Framework 2025/26 includes a metric tracking the percentage of children (aged 0 – 9) prescribed antibiotics in the last 12 months, the target is ≤27%. The chart below shows the ICB's current position compared to other ICBs in England (all SE ICBs are in grey).



Local action; the antimicrobial element of this years PMOS scheme aligns with, and works to support, this target.

Key learning points from PMOS 24-25.
Antimicrobial stewardship (AMS) in UTI in over 65 years of age.

Many thanks for your participation in this element of the 24-25 scheme. We have reviewed the submissions and collated the following learning points.

Do not perform urine dipsticks

Urine dipsticks become more unreliable with increasing age over 65 years. By 80 years about half of older adults in care, may have bacteria present in the bladder/urine without infection. Asymptomatic bacteriuria is not harmful, and although it can cause a positive urine dipstick, antibiotics are not beneficial and may cause harm. How to assess for UTI without a dipstick?

- Focus on the signs and symptoms of UTI, use the UKHSA 1 diagnostic tool here
- In suspected UTIs with non-specific signs and symptoms consider other possible causes, for example dehydration
- Use the Frimley ICB assessment form and other resources for patients in care homes here

Fosfomycin and pivmecillinam are 2nd line antibiotics for uncomplicated UTI in adults or 1st line if nitrofurantoin is not suitable (e.g. eGFR <45 ml/min).

In line with SCAN guidance

"Second line (no improvement in lower UTI symptoms on first line for at least 48 hours / when first choice not suitable)
Fosfomycin 3g sachet PO as a single dose (if eGFR greater than 10 ml/min/1.73m^2) or
Pivmecillinam 400mg STAT and then 8hours later (if possible) 200mg TDS to complete the course. Supply 10 tablets in total (can use in all stages of renal impairment)"

Locally Commissioned Service extension for adults with ADHD announced for practices in Surrey Heath and NEHF

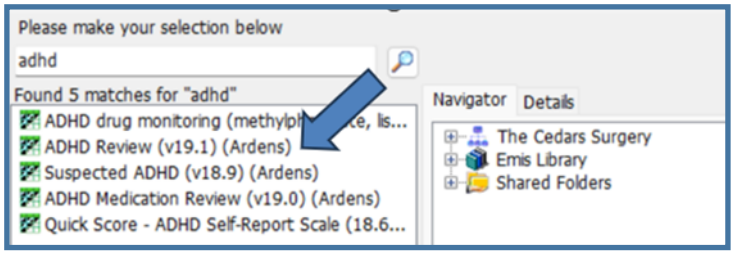
A Frimley ICB locally commissioned service (LCS) has been available for some time where practices are funded to provide both the 6-month physical health check and the annual medication review for adults prescribed medication for ADHD. This agreement has previously only been between the BHFT adult ADHD service and East Berkshire practices.

We are now pleased to announce that the same service may now be offered to patients registered with surgeries in Surrey Heath and North East Hants & Farnham. Practices will be reimbursed via the same LCS. This was presented at the SH / NEHF Prescribing Forum on 8th July and slides have been shared. If you have any questions or would like a copy of the slides which contains all the relevant information, please contact the Meds Op team.

In summary, patients who have been stable for some time and are awaiting their review with SABP will be prioritised and once reviewed, SABP will send a request to the practice to ask if they are able to take over the reviews of stable patients. This enables a gradual transfer, with more complex patients retained by SABP. SABP will be providing non urgent advice & guidance and will offer clinic slots if a review appointment with them is considered necessary, in line with the agreed shared care.

The shared care documents can be found at NHS Frimley - Frimley South mental health providers. In addition to the slides we have a FAQ document agreed between SABP and Frimley ICB which can be found alongside the shared care documents. (Documents for East Berks practices can be found at NHS Frimley - Frimley North mental health providers).

In addition, we have produced a template with Ardens to provide a template for this medication review.



Correct quantities of Mounjaro™ (tirzepatide) pens

One Mounjaro™/ (tirzepatide) pen contains 4 doses, at a once weekly dose this is a 28 day supply. A common error is to supply one pen per week ie, 4 pens per month. This may lead to waste; especially if a patient is titrating their dose. Previously we have highlighted this potential error with semaglutide pens. Frimley ScriptSwitch now supports us to housekeep this error. It will trigger an alert when

- More than a month supply is requested for a patient on titration dose
- More than a 2 month supply is requested for a patient on a maintenance dose.

Local action; please support us to conserve these resources by accepting the ScriptSwitch' flag. The prescribed product and dose will remain unchanged.

Prescribing guidance for patients travelling abroad

Prescribing or providing medicines or appliances on NHS prescription, which a patient requires solely in anticipation of the onset of an ailment or occurrence of an injury while outside the UK, but for which the person is not requiring treatment when the medicine is prescribed, is not allowed.

Examples include prescribing for "jet lag", "fear of flying", sunscreens, prevention or treatment of altitude sickness, travel sickness and diarrhoea. Compression stockings, LMWH and DOACs should not be prescribed by practices on NHS prescription specifically for the purpose of preventing deep vein thrombosis on long haul flights. These requests maybe treated as a private transaction or if applicable, patients should be advised to consult a private travel service or to buy items locally prior to travel. Due to the risk of inappropriate use and increasing antibiotic resistance, prophylactic antibiotics should not be prescribed (even on a private prescription) if there is no confirmed diagnosis. Emergency travel kits are not available on the NHS.

A link to the full NHS Frimley prescribing guidance for patients travelling abroad may be found here.

When can sunscreens be supplied on FP10?

Prescribing of sunscreens is available to patients who meet the criteria governed by the Advisory Committee on Borderline Substances (ACBS). They may be prescribed for skin protection against ultraviolet radiation and/or visible light in

- abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias),
- severe photodermatoses (both idiopathic and acquired)
- those with increased risk of ultraviolet radiation causing adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures

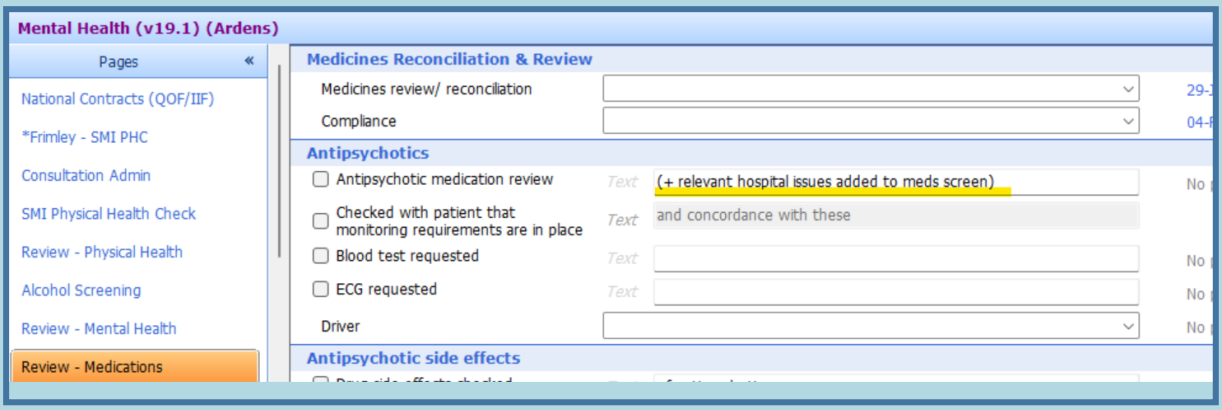
Products with ACBS approval are

- *Anthelios*® Sunscreen Lotion SPF 50+,
- *Uvistat*® Lipscreen SPF 50,
- *Uvistat*® Suncream SPF 30,
- *Uvistat*® Suncream SPF 50.

FP10s ordering sunscreens should be endorsed "ACBS".

Clozapine to be added as hospital only medication- Ardens template updated

Clozapine is an antipsychotic used in the treatment of schizophrenia when other antipsychotics have not worked. It may also be used for psychotic disorders occurring in Parkinson's disease when standard treatment has failed. Clozapine is classed as a RED drug which means it must only be prescribed by secondary care mental health services and prescribing responsibility will not transfer to GPs under any circumstances. Ardens have updated the mental health template to prompt clinicians to add relevant secondary care supplied/ RED drugs onto the patient medication record as a hospital issued item.



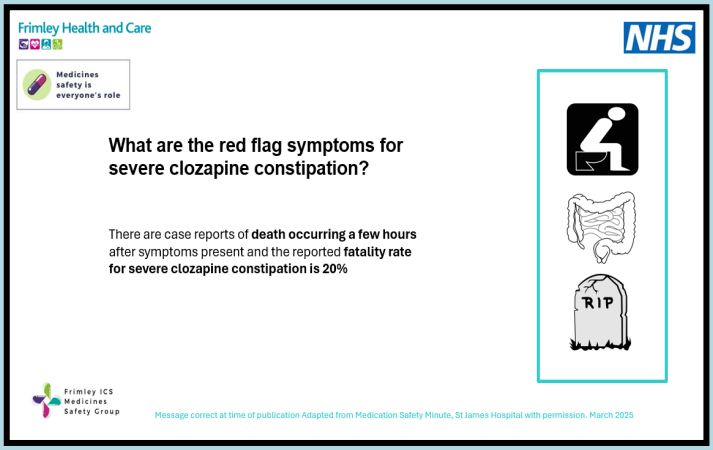
Accurately recording clozapine on the EMIS medication screen ensures:

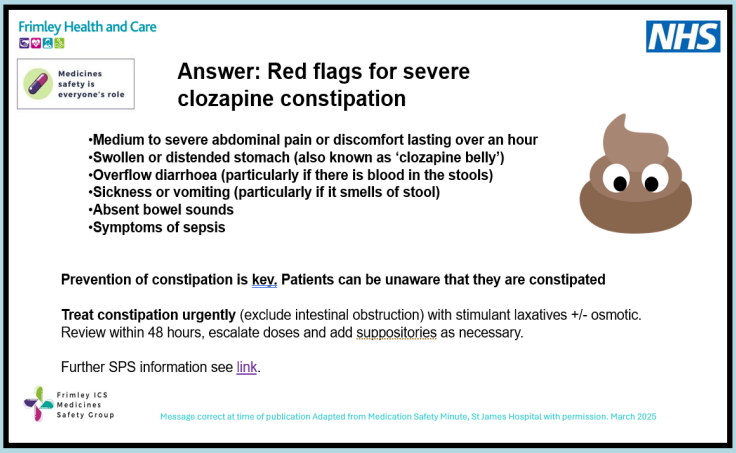
- interacting medications are not prescribed
- side effects to clozapine therapy are not missed
- it is not missed on admission to hospital

Local actions: when recording clozapine in EMIS as a repeat hospital medicine the directions should state:

"SABP/BHFT HOSPITAL PRESCRIPTION FOR INFORMATION ONLY. DO NOT ISSUE, DO NOT DISPENSE".*

(a dose is not required in this field as this may change).





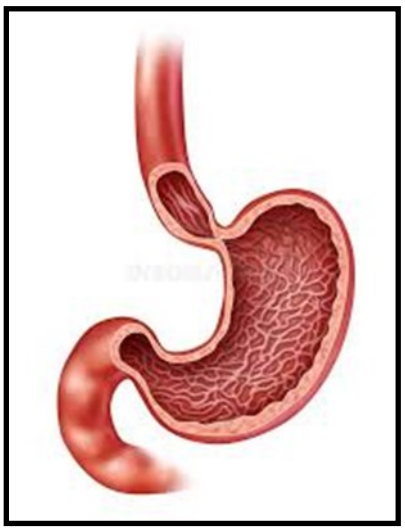
Considerations for prescribing choices post bariatric surgery

The effect of bariatric surgery on the pharmacokinetics of medicines is complex, and will also be influenced by the type of surgery.

In general, oral medicine absorption decreases due to gastric restriction or intestinal bypass, among other physiologic alterations. There is also a reduction in the bioavailability of medicines which rely on food for their absorption.

Changes should not be made to medicines based on just one of these effects. All patients should have frequent monitoring to identify decreased efficacy or adverse effects, particularly for medicines with a narrow therapeutic index. Changes should be made individually, rather than generalised changes to medicines after surgery.

Medicines may need to be given via a different route, formulations may need to be modified, or doses may have to be adjusted accordingly. Further resources may be accessed on the SPS website here.



Reports and learning about sepsis

The Health Services Safety Investigations Body (HSSIB) has published the result of three investigations that explore issues associated with sepsis in healthcare settings. The reports span GPs, hospitals, ambulance services and nursing homes. Each report examines an individual case of sepsis relating to a different condition:

- a patient with a urine infection
- a patient with abdominal pain
- a patient with diabetes and a foot infection.

MHRA news and alerts

MHRA Safety Roundup: June 2025 - GOV.UK

Pancreatitis and GLP-1 medicines

Although infrequent, acute pancreatitis has been reported with GLP-1 medicines . Patients who have been hospitalised with acute pancreatitis suspected to be related to glucagon-like peptide-1 receptor agonists (GLP-1 medicines), such as Ozempic and Mounjaro, are being asked to report it to the MHRA's Yellow Card scheme. Healthcare professionals are also being asked to help recruit for the study by reporting Yellow Cards on behalf of patients experiencing acute pancreatitis while taking GLP-1 medicines. If you take a GLP-1 medicine and have been hospitalised by acute pancreatitis, the Yellow Card Biobank wants to hear from you - GOV.UK

Review of risk minimisation for disabling and potentially long-lasting/irreversible side effects associated with fluoroquinolone antibiotics

This report has been published and is available here . The MHRA will continue to monitor the safety of fluoroquinolones and will take further regulatory action if this is appropriate.

National Patient Safety Alerts

Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk

This applies to all areas who may use such wipes . Details of the alert and actions can be found here

Shortage of bumetanide 1mg tablets

Bumetanide 1mg tablets are out of stock until mid August 2025.

Alternatives are;

- Bumetanide 1mg/5ml oral solution and bumetanide 5mg tablets remain available, however cannot support any increase in demand.
- Furosemide 20mg and 40mg tablets remain available and can support increased demand.

Local action: Please see alert CAS-ViewAlert for actions to be taken. We have provided searches to identify patients who are currently receiving bumetanide 1mg tablets. They can be found in EMIS Enterprise at the following locations.

- SH: Moch anon > adhoc > bumetanide 1mg tablets
- EB: MOT > adhoc > bumetanide 1mg tablets
- NEHF: MOT > adhoc > bumetanide 1mg tablets

Prevention of Future Deaths Report- reviewing opiate medications

Following an accidental death by overdose, a coroner has highlighted concern about a GP surgery's lack of "detailed planning" after it scheduled a patient's pharmacy review some two years after she was identified as having a risky opiate prescription.

Patient LR was prescribed long term opiates for pain following previous surgery. There had been limited attempts to review the long term prescribing of opiates to her. The inquest found that she had been identified as a patient on a long term opiate prescription in 2022; the next action had been a pharmacy review in July 2024.

The full report may be found here.

Local action and resources:

- use Ardens searches to retrieve patients on long term opiates.
- see NHS Frimley's opioid tapering guidance and resources

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

Review of long-term medications

A recent report detailed how a care home patient had been prescribed cyclizine 50mg TDS for vomiting in 2018. This had been continued for the next 6 years, with no apparent review. It was identified in a SMR, carried out for the first time in this care home, by the PCN pharmacy team. The doctor changed the administration to PRN with the view of stopping completely and safely. The patient has dementia, and it is likely that the cyclizine will have contributed significantly to their anti-cholinergic burden over this time.

This incident highlights very clearly the value of review of long-term medications in all patients, and particularly the most vulnerable.

DOAC dosing and body weight

There have been a few incidents reported where elderly patients have not had their doses of apixaban and edoxaban adjusted for their current weight. Please heed the pop up warning in EMIS regarding use of these drugs in and see the BNF for dosing guidance.

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

Medicines Optimisation in Care Homes: impact of Structured Medication Reviews (SMRs) across Frimley

As part of our ongoing commitment to improving patient safety and optimising prescribing, **targeted SMRs** have been actively taking place in care homes across Frimley by the MOSCCH team. These reviews are a key initiative to ensure that residents receive the most appropriate, safe, and effective treatment for their individual needs.

Care home residents should be prioritised for SMRs due to **increased risk of frailty and problematic polypharmacy**. These targeted SMRs focus specifically on high-risk patient groups who are more susceptible to **adverse drug events (ADEs), drug interactions, and complications** due to their complex medication regimens. These included patients:

- prescribed antipsychotics
- prescribed 20 or more medicines who have not had an SMR in the previous 12 months
- those prescribed 10 or more medicines including 2 or more DAMN medicines with an eGFR <30ml/min/m^2.

Common interventions actioned. Through these SMRs, several recurring interventions were identified, including:

- Stopping Proton Pump Inhibitors (PPIs) without any clear indication
- Stopping folate supplement when folate replete
- Stopping ferrous fumarate in cases of resolved anaemia or iron deficiency
- Reducing or stopping antipsychotics where appropriate
- Stopping benzodiazepines to reduce risk of sedation and falls
- Identifying expired medications in stock rooms
- Addressing overdue monitoring and follow-up

These interventions not only enhance the quality of care for residents but also contribute to broader system-wide benefits.

The estimated cost savings generated by these targeted SMRs in care homes amount to **£769,860**. This figure is primarily based on the value of potentially avoided hospital admissions, as calculated using the PrescQIPP medication review cost-effectiveness evaluation tool. This highlights the substantial impact of SMRs both clinically and the related savings through pro-active care and medicines harm avoidance.

Local action; if your surgery would like to benefit by taking part in this time-limited initiative, please contact the MOSCCH team at **frimleyicb.moscch@nhs.net**.

Updated resources from PrescQIPP

PrescQIPP have updated some resources to provide information, training and guidance to health care professionals to help improve medicines-related care to patients. Access the PrescQIPP website here

Updates now available

⇒ Newsletter is available- please sign up if you don't already receive Newsletter sign up

⇒ Workplan for 25-27 update is now on website prescqipp-work-plan-2025-27.pdf

⇒ eLearning updates now available- LASA, menopause, asthma

⇒ Mastery webinars coming up- menopause part 1 & 2 (upcoming topics- pain management and drugs of addiction)

⇒ Clinical masterclasses available- hypertension, obesity, HIV, diabetes

⇒ A reminder of the availability Practice Plus webinars– upcoming webinar- Routes to Pharmacist Partner in General Practice: Navigating leadership in Primary Care

⇒ 7 resources have been updated- capillary blood glucose monitoring, compression garments, medicines adherence and waste, oral anticoagulants, opioid patches, formulary and shared care development guidance across ICBs/ Health Boards, Oxycodone

⇒ Bulletins coming soon- asthma, anticholinergic burden, antioxidant vitamins for AMD

Recordings of webinars will be available on the website.

PrescQIPP Funded by the NHS for the NHS

The National Institute for Health and Care Excellence (NICE) updates

The Headaches in over 12s: diagnosis and management guideline has been updated

The Linzagolix for treating symptoms of endometriosis technology appraisal has been published.

The Topical antimicrobial dressings for locally infected leg ulcers health technology assessment has been published.

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