Prescribing Newsletter

Making the most of medicines

December 2025

NHS Frimley

FHFT improving accuracy of medication reconciliation on discharge summaries– new 'draft' to final document process

Part of this quality improvement programme at FHFT now marks discharge summaries as 'DRAFT' until pharmacy checks are complete. Nursing staff remove 'DRAFT' before sending to GPs and patients, ensuring medication accuracy. This applies to all inpatient areas except SDEC and DSU discharges where pharmacy checks aren't required due to the short duration of stay. Please click here for full details.

Fentanyl patches - soya/peanut oil allergies

Some brands of fentanyl patches contain soya / peanut oil.

Soya oil (**arachis oil is peanut oil, a type of groundnut oil, which is related to soya bean oil**) is used as an excipient (inactive ingredient) in fentanyl transdermal patches. For patients with a known allergy to peanuts or soy, it is crucial to **check the specific product's information leaflet** before use. Different brands of fentanyl patches may use different excipients (fillers/ inactive ingredients) and are not always interchangeable, which is why they should be **prescribed by brand name.**

Brands containing soya oil:

· Fencino transdermal patches

· Fenylat transdermal patches

· Yemex transdermal patches

General guidance on prescribing by brand

from SPS: Prescribing by generic or brand name in primary care – NHS SPS - Specialist Pharmacy

Contents

Infant Antibiotic Exposure Is Associated With Increased Risk of Later Childhood Infections, Antibiotic Use and Asthma

Antibiotics are essential in treating infant infections but may disrupt the gut microbiome and have adverse effects on later health. This population-based birth cohort study included 43,600 full-term children born in Iceland from 2010 to 2019 with follow-up for 2–12 years. In this cohort study, children with early antibiotic exposure had higher rates of infections and antibiotic use later in childhood compared with controls. Diagnoses of asthma were significantly more common in children with early antibiotic exposure and this effect was most evident after the age of 8 years. The observed late side-effects of antibiotic use, possibly mediated through a disrupted microbiome, should promote a conservative approach to antibiotic treatment in young infants.

Author: Baeringsdottir / Journal: PIDJ

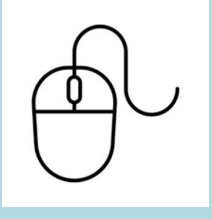
Share the Gut Friendly poster with parents and carers of children: Your gut friends V0.3

South East Region Controlled Drugs Team Website and Christmas cover

Please visit the newly published website for information on a range of CDAO related topics.

The team are around for queries over the Christmas period (excluding public holidays).

Please contact us through our generic inbox england.southeastcdao@nhs.net and one of the team will get back to you.



Influenza Updates

1. Removal of seasonal prescribing restrictions on flu antivirals

The NHS restrictions on prescribing of influenza antiviral treatments, Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) have been **relaxed to allow prescribing of these flu antivirals at any time of the year** for patients in clinical at-risk groups as well as those who are at risk of severe illness and/or complications from flu if not treated.
Previously, to allow NHS prescribing of influenza antivirals for the prophylaxis or treatment of influenza, the Department of Health and Social Care (DHSC) was required to notify general medical practitioners that the influenza virus is in circulation in the community. However, prescribing regulations and the Selected List Scheme (SLS) in Part XVIIIB of the **October 2025 Drug Tariff** have now been amended to remove the notification requirement in relation to the prescribing of Oseltamivir (Tamiflu®) and Zanamivir (Relenza®) allowing year-round prescribing of these treatments.
Action: Follow the guidance above and continue to endorse antivirals SLS.

2. Influenza season 2025/26: early season activity and implications for clinical practice

◊ UKHSA surveillance data indicates that influenza is circulating in the community earlier than usual this season with a drifted strain of Influenza A(H3N2) predominating.

◊ Clinicians should continue to promote and deliver influenza vaccination for eligible patients and for healthcare workers.

◊ Clinicians are also reminded that early antiviral treatment reduces the risk of complications and improves clinical outcomes.

Action: Follow the Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza - GOV.UK and

3. Influenza season 2025/26: early season activity and implications for clinical practice CAS alert: CAS-ViewAlert

The CAS letter and briefing note provide further information and actions for providers. Click the link above.

Gabapentinoids in Psychiatric Practice – Balancing the Risks and Benefits

The Psychopharmacology Committee of the Royal College of Psychiatrists and the British Association for Psychopharmacology have published a position statement to provide clinicians with guidance on prescribing, monitoring and withdrawing from gabapentinoids safely. It aims to raise awareness of the potential risks associated with the use of these medicines, including non prescribed use, adverse effects and withdrawal symptoms, and encourages partnership with patients. The full paper is available here - Gabapentinoids in psychiatric practice - Balancing the risks and benefits (PS03/25)
Key messages

• Gabapentinoid medicines have a narrow range of market authorisations ('licensed use'), such as generalised anxiety disorder (pregabalin) and focal seizures (gabapentin). Yet, they are often used outside the terms of the authorisations ('unlicensed use') despite only limited evidence to support such practice.

• Non-prescribed use is common, including among patients without a history of substance misuse. Estimates suggest that among individuals using gabapentinoids, as many as 1 in 10 engage in such non-prescribed use.

• Risk factors for non-prescribed use include male sex, younger age, a history of substance use disorders (especially opioid misuse), prescriptions at high dosage, and access to multiple prescribers.

• Potential harms associated with non-prescribed use of gabapentinoids include increased mortality, greater likelihood of hospitalisation and of sustaining injuries and increased risk of legal offences.

Gabapentin and pregabalin are controlled drugs in the UK (they have been designated as Class C controlled substances since April 2019), and prescribers must comply with associated legal and regulatory requirements. Key clinical recommendations:

- Gabapentinoids should not be considered as first-line treatments for anxiety disorders:
- Use gabapentinoids only when clearly indicated, after alternative treatments have been considered.
- Avoid prescribing to patients with known or suspected substance use disorders.
- Discuss potential benefits and risks collaboratively with patients before starting treatment.
- Monitor closely for signs of misuse, including early refill requests, dose escalation and multiple prescribers.
- Withdrawal should not be abrupt; it should be done gradually and planned in collaboration with the patient.

Many thanks to SABP who provided the summary of key messages and clinical recommendations.

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

Medicines reconciliation errors

Incidents reported recently have highlighted errors made in medicines reconciliation, after a patient's stay in hospital, at practices across the system:

⇒ Midodrine dose not increased as per instructions from specialist.

⇒ Incorrect dose of zopiclone added to patient's record.

⇒ Doxazosin dose not decreased as per advice on discharge letter

⇒ Bisoprolol added to incorrect patient's record

⇒ Hydroxycobalamin injection added to incorrect patient's record

Please look at the systems in your practice for medicines reconciliation and consider if improvements could be made – in particular training, distraction free environment, adequate time to carry out the activity.

Amiodarone monitoring

A LFPSE report highlighted a patient who continued to be prescribed amiodarone by the GP when the monitoring requirements (thyroid function, LFTs, U&Es) were not carried out every 6 months as they should have been, according to the shared care agreement. This states "Perform all tests every 6 months during treatment, and 6 months after discontinuation. Thyroid function should continue to be monitored for up to 12 months after discontinuation, with frequency determined clinically."

See Shared care agreement for further information file. Also see the LCS article overleaf, amiodarone falls under the Meds Monitoring

MHRA Alerts

Mesalazine and idiopathic intracranial hypertension

Idiopathic intracranial hypertension (IIH) has been very rarely reported in patients treated with mesalazine. Following a recent review, warnings for IIH are being added to the product information for all mesalazine products.

Medicines & Healthcare products Regulatory Agency

Advice for Healthcare Professionals:

- idiopathic intracranial hypertension (IIH) has been very rarely reported in patients receiving mesalazine
- the number of reports in the UK is very low
- patients using any form of mesalazine should be warned to look for signs and symptoms of IIH including severe or recurrent headache, visual disturbances or tinnitus
- remain vigilant of signs and symptoms of IIH in patients taking mesalazine and act promptly with a multidisciplinary approach, involving clinicians managing the patient's mesalazine as well as neurology, neurosurgery and ophthalmology teams as appropriate
- if symptoms of IIH occurs, discontinuation of mesalazine should be considered and management of the symptoms should begin immediately
- caution is advised when prescribing for patients who have previously diagnosed or suspected IIH

See full alert: Mesalazine and idiopathic intracranial hypertension - GOV.UK

Updated BNF monograph for oral semaglutide.

A new formulation of Rybelsus® 1.5mg, 4mg, and 9mg round tablets, with increased bioavailability, has replaced the initial formulation of 3mg, 7mg, and 14mg oval tablets. These two formulations will temporarily co-exist on the market, which may cause confusion and increase the risk of medication errors. To highlight the change in formulation, updates were made to sections of the semaglutide monograph in BNF, including Indications and dose, and Important safety information. See the October Newsletter, NHS Frimley - Frimley ICB prescribing newsletter for further information.

National Patient Safety Alert

Harm from incorrect recording of a penicillin allergy as a penicillamine allergy (20th Nov 2025)

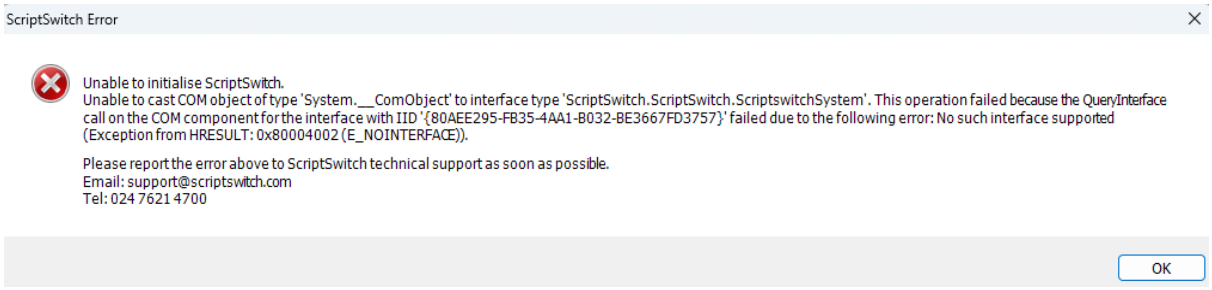
This alert is for action by acute, community and mental health providers, health and justice services, primary care including nursing and care homes, general practice and community pharmacy.

There are reports of healthcare staff recording a patient's penicillin allergy as a penicillamine allergy in electronic prescribing systems. This look-alike sound-alike error risks a patient with a known penicillin allergy being administered a penicillin based antibiotic and having a potentially fatal anaphylactic reaction.

A system working group will be convened in the new year to plan the strategy to fulfil the requirements of this alert. More information and resources will be released soon. All actions need to be fulfilled by November 2026. See full alert - CAS-ViewAlert

Windows 11 Upgrade and ScriptSwitch Error Message

We are aware that some users have reported seeing the error message below when working within EMIS. Having raised this issue with Optum it has been identified that the cause of this error is as a result of the recent Windows 11 upgrade programme.



If practices have experienced this issue they are encouraged to contact the ScriptSwitch Customer Service Team via 02476 214700 (Option 1) or support@scriptswtich.com and a patch to fix this will be deployed. Alternatively practices may wish to log a ticket with the local IT support who are also able to push this patch to affected computers

Improving the delivery of locally commissioned services (LCSs)

The MOT has been working with a number of practices to help improve the delivery of Locally Commissioned Services. The aims of the support given are to improve patient safety, help practices meet CQC standards, and ensure maximum LCS funding is obtained for the practice. Using the Medication Monitoring and Anticoagulant LCSs we would like to highlight opportunities for improvement. This information is taken from Emis Enterprise searches for practices in Frimley. Practices may also access the searches for yourselves in order to track how you are doing with service delivery and to identify patients who may need a review or blood test.

1. ICB 1008 – Medication Monitoring

Patients affected: 938 had monitoring outstanding.

Potential funding: £25,594.20 additional income for practices if monitoring was completed in one quarter alone.

Breakdown by drug of % of patients who have monitoring overdue:

- Ciclosporin: 94% , Lithium: 58% and Testosterone: 68%

2. ICB 1002 – Anticoagulation

Patients affected: 3,047 had monitoring outstanding.

Potential funding: £82,847.93 additional income for practices if monitoring was completed in one quarter alone.

Why This Matters

Patient safety: Missed monitoring increases the risk of serious adverse drug reactions.

These areas reviewed by the Care Quality Commission (CQC) during inspections.

Helps ensure safe, effective patient care.

Practice funding: Completing monitoring can mean significant additional funding for practices.

Action:

- **Use the searches available in Emis Enterprise to identify patients needing monitoring and action these reviews**
- **For any further support contact the Medicines Optimisation Team e.g. specific patient numbers at your practice.**

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