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Risks of purchasing oxygen online

There have been reports that some patients/parents are purchasing their own supply of oxygen. Oxygen must not be initiated without an appropriate clinical and safety assessment. Oxygen bought online may not be medical grade and will not be supported by clinical or home safety assessments, potentially leading to significant health and safety risks. In response we have developed information to share with patients about the safe use of oxygen.

Action: Where there is a risk or suspicion that patients may self-purchase home oxygen, please signpost them to the webpage [NHS Frimley - Safe use of Oxygen](#) and the NHS website [Home oxygen therapy - NHS](#)



“Medication and My Mental Health”

resources for patients with learning disabilities

People with learning disabilities are more likely to be prescribed mental health medications. A program was set up to listen to the views of patients and family/carers about this and provide resources to help people make decisions about their mental health conditions. The resulting toolkit includes;

- [Question and Answer booklets](#) on topics such as “Taking mental health medications safely”
- [Conversation Cards](#) which are designed to support users in a medical consultation
 - Card 1 covers medication and mental health
 - Card 2 covers reducing or stopping mental health medication
 - Card 3 covers non-pharmacological methods to help mental health
- [Information on other ways to look after your mental health](#) which provide examples of ways people involved in the research look after their mental health
- [Stories](#) about medication and mental health from the perspective of patients, prescribers, carers and family members.

Action: Consider sharing these accessible format resources with learning disabilities patients. Have you visited the [NHS Frimley - Learning disability and autism](#) website pages?

DVLA

Fitness to Drive Guide for medical professionals

The DVLA has updated its fitness to drive guidance for medical professionals. Changes were made in November 2025, mainly to the section on diabetes. The wording was updated to reflect a change in the law, which now allows Group 2 drivers (lorry and bus drivers) to use continuous glucose monitors (CGMs) while driving.

Clinicians should read the updated guidance to make sure they are applying the new rules correctly.

[Assessing fitness to drive – a guide for medical professionals](#)

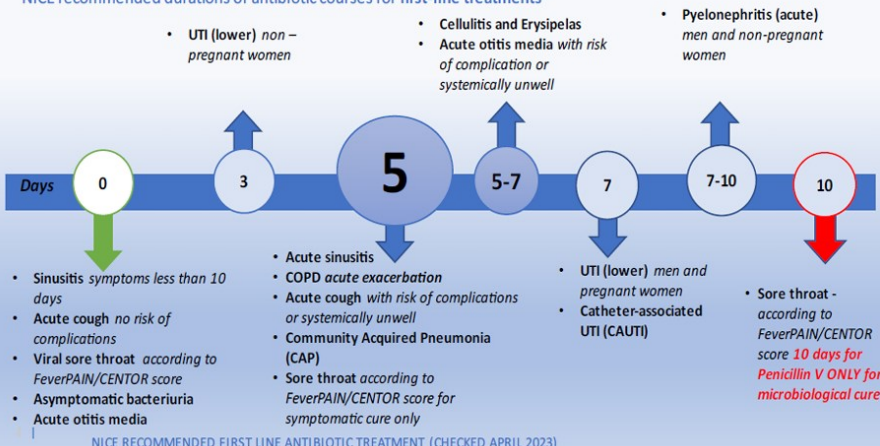


Driver & Vehicle
Licensing
Agency

ANTIBIOTIC DURATIONS FOR COMMON INFECTIONS IN PRIMARY CARE (ADULTS)



NICE recommended durations of antibiotic courses for first-line treatments



Risks with buying weight-loss products from unregulated websites or social media

With the New Year often prompting patients to focus on their health, we would like to alert practices to the significant risks of purchasing weight loss products.

Key points:

- Illegally sold products may be counterfeit, contaminated, incorrectly dosed, or contain potent unlisted ingredients.
- They can cause serious side effects, including cardiac problems, psychological symptoms, and dangerously low blood sugar.
- Patients may try to purchase these products via beauty parlours, independent practitioners (who may unknowingly sell them as cosmetic treatments), online retailers, and social media platforms such as TikTok and Instagram.

Advise patients:

- Avoid social media “quick fixes” or unusually cheap products – these are often illegal.
- Do not buy prescription-only medicines without a prescription. GLP-1 and other weight-management treatments should only be supplied after a clinical assessment.
- If using a private prescription, ensure it is dispensed by an authorised source, such as a registered online pharmacy.
- Only purchase medicines from registered UK pharmacies or legitimate retailers. (Check pharmacy registration via the General Pharmaceutical Council for Great Britain.)
- To report suspicious websites or products to the MHRA’s Yellow Card scheme so action can be taken to protect others.

For further information can be found at the following sites:

- SPS summary : [Considerations and interactions with GLP-1 receptor agonists – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#), (log-in may be required)
- MHRA summary : [GLP-1 medicines for weight loss and diabetes: what you need to know - GOV.UK](#)
- Share with patients the MHRA’s what you need to know information: <https://www.gov.uk/government/publications/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know/glp-1-medicines-for-weight-loss-and-diabetes-what-you-need-to-know>
- Via practice websites and social media consider sharing: [FakeMeds: Safely buy medication online](#)

NHS Frimley

Primary care medicines optimisation of asthma in children aged 5-11 years

These updated asthma guidelines for children aged 5–11 align with the November 2024 NICE/BTS guidance. They incorporate local specialist input on formulary choices and interpretation of off-label inhaler use in younger children.

Initial treatment remains unchanged

- Low-dose inhaled corticosteroid (ICS) twice daily plus a short-acting beta-agonist (SABA).
- ICS options include Clenil MDI, Soprobec, Budesonide Easyhaler, and Pulmicort Turbohaler.
- Four SABA options are available, chosen based on the child’s and carer’s ability and inhaler technique.

Step-up treatment

- If symptoms persist, children (generally from age 8) may be assessed for Maintenance and Reliever Therapy (MART) using ICS/LABA inhalers. Advice is given for step up therapy in those not able to manage MART.
- Symbicort and Fobumix are now licensed for MART use in children under 12 (a recent change).
- There is no licensed moderate-dose MART in children; those needing higher doses should be referred to secondary care.

Other key points:

- Licensed ICS/LABA options for children include Combisal, Fobumix, Seretide, and Symbicort (non-MART use).
- DPIs and MDIs are highlighted with environmental impact indicators
- For spacers, the Easychamber anti-static spacer is the preferred, cost-effective option.

Supporting content provided:

NICE diagnostic and monitoring algorithm, CKS guidance, acute exacerbation management, safety information on ICS dosing, and links to resources (RightBreathe, SPCs, environmental guidance, Healthier Together app).

Find the full guidance [here](#)



British
Thoracic
Society

NICE

National Institute for
Health and Care Excellence

Reduction in the recommended Oral Morphine Equivalent (OME) threshold for chronic pain



The Faculty of Pain Medicine has reviewed and updated the [Opioids Aware](#) website resource to reflect the latest clinical evidence and international guidance. Following public and stakeholder consultation, revisions were made where appropriate in response to feedback received. The key updates to the resource are outlined below.

Dose guidance revised

The recommended oral morphine equivalent (OME) threshold has been **reduced from 120mg to 90mg/day**, with an ideal target of **50mg/day**. These are more clearly designated as guidance and exceptions may be clinically appropriate. This change is based on new evidence highlighting increased harm at higher doses with no proportional benefit.

Safeguarding

New information on safeguarding considerations when prescribing strong opioids, especially in vulnerable populations.

Statistics

Outdated statistics, particularly those not relevant to prescribed opioids, have been removed to improve clarity and relevance.

Terminology

Clarity on the use of terminologies when describing opioids’

Updated patient information section

Updates to content, language and format and updated patient information leaflets

Opioids Aware is a continually updated document that evolves as new evidence emerges

A useful patient centred resource in this arena is the [Live Well with Pain](#) website which hosts useful resources and patient information. Of specific note is the patient leaflet [Living with persistent pain- where do medicines fit in?](#)

A review of pain medication may include the following points/ considerations;

- Opportunity to talk about how you are getting on with your medication
- Any concerns taking your medicine
- What to do if you forget to take your regular medicines
- Is the medicine and dose still right for your condition, taking into account any co-morbidities
- If medication is not effective, or no longer required, then discuss stopping.
- Opportunity to talk about side effects and ask questions
- Shared decision making and plan what medication to take if for flares- consider lower maintenance dose



Controlled drugs- who can prescribe what?

A number of cases have been identified locally where controlled drugs were prescribed by non-medical prescribers outside the scope of their professional formulary. Nurses and pharmacist prescribers are permitted to prescribe any Schedule 2, 3, 4 or 5 controlled drug (except diamorphine, dipipanone or cocaine for the treatment of addiction). The table below summarises some of the other professions and the controlled drugs they are permitted to prescribe.

Podiatrist	Physiotherapist	Paramedic
<ul style="list-style-type: none">• Diazepam (oral)• Dihydrocodeine (oral)• Lorazepam (oral)• Temazepam (oral)	<ul style="list-style-type: none">• Diazepam (oral)• Dihydrocodeine (oral)• Fentanyl (transdermal)• Lorazepam (oral)• Morphine (oral and injectable)• Oxycodone (oral)• Temazepam (oral)	<ul style="list-style-type: none">• Codeine (oral)• Diazepam (injection or oral)• Lorazepam (injection)• Midazolam (injection or oromucosal)• Morphine sulfate (injection or oral)

More comprehensive details of prescribing rights for each healthcare professional may be found [here](#).

New

- [Inclisiran- patient information leaflet \(PIL\)](#)

Updated

- [Clozapine information for primary care](#)
- [Medicines Optimisation Position Statement Treatments for Erectile Dysfunction](#)
- [Inclisiran- information sheet for primary care](#)



Training opportunity



Join the UKHSA TARGET Antibiotics Toolkit team and the Royal College of General Practitioners (RCGP) for a practical webinar aimed at helping primary care clinicians optimise antibiotic prescribing.

17th March 2026 –

***Clinical decision-making for skin infections:
from Group A Strep to insect bites***

Skin infections make up 7% of antibiotic prescriptions in primary care. Discover best practice for cellulitis management, effective safety-netting advice, and practical action planning for your practice.

The webinars is free and online. [Register now](#) and cascade to your colleagues and networks.

Nutrition update

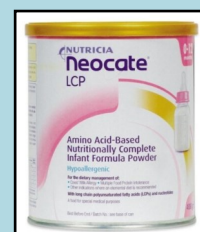
Neocate LCP – new presentation

Size & price: 420g tin, £25.56 (previously 400g tin)

Formulation: No change

Description: Amino acid–based formula suitable for infants with anaphylactic reactions or severe IgE- or non-IgE-mediated reactions to cow's milk protein

Further information: For guidance on cow's milk protein allergy, see [Frimley Healthier Together](#)



Methenamine hippurate as prophylaxis for recurrent urinary tract infections in older women-a triple-blind, randomised, placebo-controlled, phase IV trial (ImpresU)

This was a triple-blind, randomised, placebo-controlled phase IV trial with a 6-month treatment period and a 6-month follow-up, aiming to investigate the preventive effect of the antiseptic methenamine hippurate on recurrent urinary tract infections (rUTIs) in 281 women ≥70 years with rUTIs Norway, Sweden, Poland, and The Netherlands primary care.

Methenamine hippurate was observed to reduce the frequency of rUTIs in older women with a point estimate of a 25% reduction, suggesting advantages over low-dose antibiotic prophylaxis because of its low potential for selection for antimicrobial resistance and mild side effects. However, discontinuation after 6-month treatment duration seems to increase the risk of UTI relapses, and physicians should be aware of this risk when initiating or discontinuing treatment.

The full paper may be found [here](#)

Methenamine mechanism of action

- It acts via conversion to formaldehyde and hippuric acid upon contact with acidic urine in the bladder; formaldehyde then exerts a bacteriostatic effect. Formaldehyde destroys Gram-positive organisms by lysis of the bacterial cell wall.
- Urine pH should be below 6, preferably around 5.5, as the conversion to formaldehyde is pH dependent.
- An adequate concentration of formaldehyde must be maintained in the bladder for a sufficient period of time; efficacy is reduced in patients with permanent catheters and those with frequent urination.

NICE and treatment of recurrent UTIs

NICE advises to consider methenamine hippurate as an alternative to daily antibiotic prophylaxis for recurrent UTI in women, and trans men and non-binary people with a female urinary system, if:

- they are not pregnant and
- any current UTI has been adequately treated and
- they have recurrent UTI that has not been adequately improved by behavioural and personal hygiene measures, vaginal oestrogen or single-dose antibiotic prophylaxis (if any of these have been appropriate and are applicable).

View the NICE visual summary here: [NG112 Urinary tract infection \(recurrent\): antimicrobial prescribing](#)

Adult Dose (prophylaxis): methenamine hippurate: 1g BD

TARGET Patient Information Leaflets- Treating your infection - URINARY TRACT INFECTION leaflet

These leaflets have been designed for use in the primary care setting, including general practice, community pharmacy and for use by carers and in care homes. They are suitable for consultations to facilitate dialogue between a patient or their carer and their healthcare professional on specific topics related to managing a UTI and include, information on options to help prevent a UTI. Access the leaflets here: [Urinary tract infection resource suite: Patient facing materials | RCGP Learning](#)

Look Alike Sound Alike (LASA) error

Recent incidents reported by community pharmacies during dispensing include the following mix-ups:

- amlodipine/ amitriptylline
- loprazolam/ lorazepam
- chlorphenamine / cetirizine
- Vagirux / Vagifem (oestradiol)
- Flucloxacillin/ penicillin V

Please take extra care when selecting medicines which are LASAs

Combination eye drops for glaucoma

There have been a few incidents of confusion between different glaucoma preparations. For example, an ophthalmologist's letter recommended **dorzolamide** and **latanoprost** eye drops, but the patient's prescription was incorrectly changed to **dorzolamide + timolol** and **latanoprost + timolol**. This error was identified during a medication review by a pharmacist. Please be aware that many combination glaucoma preparations exist, and always check for duplicate ingredients when prescribing or dispensing.

MHRA alerts

MHRA strengthens warnings on gabapentinoids, benzodiazepines and Z-Drugs

The MHRA has reviewed the risks of addiction, dependence, withdrawal, and tolerance associated with these drugs. It was determined that warnings in the product information and on packaging need to be strengthened to better inform healthcare professionals and patients.

Changes include:

- Updated warnings in SPCs, PILs, and outer packaging to clearly communicate these risks.
- Emphasis on discussing with patients before starting treatment to develop a strategy for reducing or stopping the medication safely

Implementation of these updates is underway and will continue over the coming months.

[Improving Information Supplied with Gabapentinoids \(Pregabalin/Gabapentin\), Benzodiazepines and Z-Drugs - GOV.UK](#)

Keep the warmth, lose the risk: MHRA and National Fire Chiefs Council issue winter emollient safety warning

The MHRA and the National Fire Chiefs Council are reminding the public about fire risks associated with emollient skin creams. They recommend three simple precautions:

1. Keep away from open flames (e.g., candles, cigarettes, heaters)
2. Keep warm safely – avoid direct heat sources while using emollients
3. Wash bedding and clothing regularly to reduce flammability

[Keep the warmth, lose the risk: MHRA and National Fire Chiefs Council issue winter emollient safety warning - GOV.UK](#)

Direct Healthcare Professional Communication : Tegretol® 100 mg/5ml Liquid (carbamazepine): Limitation of use in neonates

An assessment of the product's label in another country found that the propylene glycol content exceeds the recommended threshold for neonates (1mg/kg/day). Consequently, the SPC has been updated to indicate that this product is no longer recommended for use in this patient group.

[DHPC Tegretol Liquid](#)

Direct Healthcare Professional Communication: Levetiracetam (Keppra®) oral solution (150ml bottle): Risk of medication error due to change of dosing syringe

A new 5ml dosing syringe (delivering up to 500mg) will replace the 3mL syringe (up to 300mg). When dispensing, caregivers should be informed about the change in volume, the correct dose and how to measure it using the 5mL syringe. Both sizes may be available at the same time.

[DHPC Keppra](#)

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