



NEW RPS RCGP Repeat Prescribing toolkit

A new practical toolkit is available to help improve the consistency, safety and efficiency of repeat prescribing systems in England. The [Repeat Prescribing Toolkit](#) from the Royal Pharmaceutical Society and the Royal College of GPs, was commissioned by NHS England.

The toolkit provides a framework that enables GP Practices and Primary Care Networks, working in collaboration with community pharmacies and patients, to streamline workloads, improve patient safety and care, address potential oversupply and reduce medicines waste.

Direct link to the Toolkit: <https://www.rpharms.com/resources/repeat-prescribing-toolkit>



Suliqua product discontinuation

- Suliqua insulin glargine (100units/mL) and 50 micrograms/ml lixisenatide solution for injection in pre-filled pen. Expected end of supply: **March 2025**
- Suliqua 100 units/ml + 30 micrograms/ml solution for injection in a pre-filled pen expected. Expected end of supply: **March 2025**

Demand for Suliqua in the UK has declined significantly in recent years, as people with diabetes are increasingly now managed with new medicines that improve their glycaemic control.

The decision has therefore been taken to discontinue Suliqua in the UK, phased over the next 6 months.

Please note that other Sanofi insulins are not impacted by this decision.

If you have patients currently receiving treatment with Suliqua they should be moved to a suitable alternative treatment over the coming months under the supervision of their prescribing clinician.

Suliqua can continue to be used by your patients, prior to the dates outlined above, until they are able to transition to an alternative treatment.



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

UPDATED [Prescribing of vitamin B complex](#). NHS Frimley position statement. These items are not **generally** supported for prescribing **Alcohol misuse**– these products do not contain adequate thiamine for use in this indication. Prescribe thiamine 200–300 mg daily in divided doses for as long as malnutrition is present and/or during periods of continued alcohol consumption.

Patients at risk of refeeding syndrome– to be provided immediately before and during the first 10 days of reintroducing feeding **only**. Discharge or continuing prescriptions for this item are not appropriate.

UPDATED [Primary care medicines management of stable COPD](#) guidelines have been updated in line with GOLD 2024 . A key change is the earlier introduction of triple therapy in patients with an eosinophilic phenotype, confirmed by higher blood eosinophil count (>300 cells/ul). An updated summary of the COPD formulary with details of greener choices is also included in the guideline.

NEW shared care document for [riluzole in motor neurone disease in adult services](#) has been published.

How can EpicCare Link (ECL) help you with discharge medicines queries?

We have received a number of significant events relating to medicines on discharge letters. Many of these events could be resolved by checking that the most up to date discharge summary has been sent through. Frimley Health's EpicCare Link is a secure web-based portal that allows our primary care clinicians and teams to access our electronic patient record (EPR) to view their patient's Frimley Health chart in real-time. GPs can use it to drill into clinical visits that occur at the Trust to view discharge summaries, medication changes, notes, results, and more. Please remember that EpicCare Link is an additional functionality that you have a choice in signing up to. It does not replace any of your existing patient documentation processes.

Finding an ECL account

Most GP practices have a named Site Administrator (usually the Practice Manager). Many practice staff accounts have already been created (but not activated), so please contact your Site Administrator to request an account. The administrator will be able to see inactive accounts on the system and will liaise with the Frimley Health EpicCare Link team as required. See support section below for further details.

Creating a new ECL account

If you need a new account, your Site Administrator can assist in setting this up by liaising with the EpicCare Link team.

Support for new practices

If your practice has not signed-up and now wishes to register an interest, please email fhft.epiccarelink@nhs.net and your request will be processed by the team.

EpicCare Link Guidance & Support

Please find the updated guidance links below:

[Epic care link user guide](#)

[Epic care link site administrator guidance](#)

[BHFT Epic care link site administrator guidance](#)

If you have any questions, please email the EpicCare Link team on fhft.epiccarelink@nhs.net.

FHFT EpicCare Link



- FHFT EpicCare Link is a secure web-based portal that grants primary care clinicians and teams real-time web access to view their patient's FHFT chart
- Use EpicCare Link to drill into clinical visits that occur at the Trust to view:
 - discharge summaries,
 - medication changes,
 - notes,
 - results, and more.



- **Help signing up to EpicCare Link (ECL)**
- **Finding an ECL account**
- Almost every GP practice has a named site administrator (normally the Practice Manager). Many practice staff accounts have already been created but not activated, so please contact your Site Administrator to request an account. The site administrator will be able to see inactive accounts on the system and will liaise with the Frimley Health EpicCare Link team as required. See support [section](#) for further details.
- **Creating a new ECL account**
- If you need a new account, your site administrator can assist in setting this up by liaising with the EpicCare Link team.

Medicines Optimisation in Social Care and Care Homes (MOSCCH) update

Following a few instances of inappropriate use/advice for care home staff to use the NHS App or Patient Access to order monthly repeat and/or interim 'acute' medications, the illustration below highlights key points for users.

	
<ul style="list-style-type: none">✓ Designed and recommended for individual patient use for medication ordering & appointment booking etc✓ Can be recommended to family members to register as a 'proxy' (including family members of CH residents)✗ Not for use by Care Home staff for residents¹	<ul style="list-style-type: none">✓ Recommended for Care Home staff to order residents' medicines via 'proxy'✓ All residents are linked to designated staff members at the Care Home✓ For monthly cycle medication ordering✓ Requires consent to be given²✗ Not to be used to order 'interim' or 'shortfall' prescriptions
<small>¹ NHS England (proxy accounts)</small>	<small>² NHS England (proxy access care home resident consent form)</small>

Primary Care Patient Safety Strategy - implementation in primary care

This patient safety strategy describes the national and local commitments to improve patient safety in primary care, supporting all areas in this sector to fully implement the NHS Patient Safety Strategy. It has been informed by the Patient Safety Discovery Group comprising: primary care providers, commissioners and patient safety partners from across general practice, community pharmacy, dentistry and optometry. This strategy draws together best practice. It is not a contractual requirement on primary care providers, or integrated care boards (ICBs). NHS England will continuously review its effectiveness and how we can best implement the strategy to improve patient safety. See full document [here](#)

Minimising the risk of confusion between injectable benzylpenicillin salt formulations

There are safety concerns related to the risk of confusion between salts of benzylpenicillin. These concerns are system wide and have potential to affect any patient in a care setting where any of the salts are used. There are three injectable salts of benzylpenicillin available in England.

- Benzylpenicillin sodium
- Benzathine benzylpenicillin
- Procaine benzylpenicillin

The three salts are not clinically interchangeable. Benzylpenicillin sodium is used to treat a range of infections and is regularly stocked and used within adult, paediatric and neonatal clinical areas across acute, out of hospital care and ambulance care settings.

Benzathine benzylpenicillin and procaine benzylpenicillin are indicated for syphilis, erysipelas, yaws and pinta as well as prophylaxis of other conditions. Used predominately by specialists such as those in sexual health, these salts are not routinely initiated or prescribed in non-specialist primary care settings. Supply is usually made from hospital pharmacy or specialist services. See the full article covering patient harm, high risk scenarios, administration, risks, and mitigation from the Specialist Pharmacy Service [here](#).

MHRA request reports of safety concerns with insulin pumps and continuous glucose monitoring equipment

As of January 2023, the MHRA had received fewer than 300 Yellow Card reports from healthcare professionals and members of the public relating to these devices, which is significantly fewer than they would expect given their widespread use. The MHRA is therefore reminding users how to report adverse incidents and potential safety issues.

[Report safety concerns with insulin pumps and continuous glucose monitoring equipment - GOV.UK \(www.gov.uk\)](#)

[MHRA asks patients to report without delay any safety problem with their continuous glucose monitor or insulin pump - GOV.UK \(www.gov.uk\)](#)

Local reminder of previous MHRA safety alert: metformin and reduced vitamin B12 levels

Dr Emma Bingham would like to remind clinicians about the need to consider vitamin B12 deficiency in patients on metformin. Please see the previous alert [here](#) which advises that decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. The MHRA therefore advise checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of vitamin B12 deficiency. They also advise that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered. Please also see the NICE guideline on Vitamin B12 deficiency [here](#).

World AMR Awareness Week (WAAW) 18th-24th November 2024



Have you signed up to the AMS element in PMOS?

In preparation for WAAW we would like to remind practices where to find resources to support the campaign.

The Keep Antibiotic Working Patient Information leaflet, available in different languages.

Access the PIL [here](#).

Other resources:

- ◆ [Antibiotic guardian](#)
- ◆ UK HSA materials may be found [here](#).
- ◆ WHO resources may be found [here](#).

WHEN ANTIBIOTICS ARE NEEDED

Antibiotics are needed for serious bacterial infections including:

- Sepsis
- Pneumonia
- Urinary tract infections
- Sexually transmitted infections like gonorrhoea
- Meningococcal meningitis

If you're worried, speak to a doctor who will be able to advise you on the best treatment for your symptoms.

Remember never share antibiotics or keep for later use. Your pharmacist can safely dispose of any unwanted or out-of-date medicines. For more information on antibiotics visit www.nhs.uk/keepantibioticworking

Become an Antibiotic Guardian and

NHS

Taking ANTIBIOTICS when you don't need them puts you and your family at risk

Taking antibiotics encourages harmful bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them. This puts you and your family at risk of a more severe or longer illness.

Take your doctor or pharmacist's advice.

Title
FOLDERS
<input type="checkbox"/> Slovak
<input type="checkbox"/> Polish
<input type="checkbox"/> Somali
<input type="checkbox"/> Punjabi LTR
<input type="checkbox"/> Tigrinya
<input type="checkbox"/> Punjabi RTL
<input type="checkbox"/> Urdu
<input type="checkbox"/> Simplified Chinese
<input type="checkbox"/> Hindi
<input type="checkbox"/> Arabic
<input type="checkbox"/> Bengali
<input type="checkbox"/> English
<input type="checkbox"/> Gujarati

Medicines safety updates continued

Patients with feeding tubes who present in the community

There has been a local incident reported regarding a patient who presented to the GP practice requesting a prescription for an enteral feed to be used via nasogastric tube. This patient had had the NG tube fitted abroad, arrived back to the UK and was running out of feed. The GP prescribed a supply but did not check if a dietitian was involved with the care of the patient, or refer to one. One day later, the patient fell and was admitted to hospital with a chest infection, the feed from the GP was not continued.

The patient was feeding via NG without checking positioning/aspirates prior to hospital admission. When he presented to the GP he should have **been immediately referred to the home enteral feeding dietitians** who would have done a full assessment to:

- ensure NG tube was still clinically indicated
- ensure positioning was being checked prior to every feed
- organise feed prescription directly via FP10 as per local protocols.

The home enteral nutrition (HEN) team have noted that some tube-fed patients do sometimes ask their GPs for feed prescriptions, particularly if they're bolusing bottled products such as Fortisip. Dietetics, via the HEN team, support these patients and manage requests for supplies- please see below for referral and contact details.

ONS Requests for Enteral (Tube)-Fed Patients

Frimley South (NE Hants & Surrey Heath Places) For any queries, please contact Dietetics Dept at Frimley Park Hospital (FPH) on: 0300 613 4053 Fhft.fph.dietetic-referrals@nhs.net	ADULTS	<ul style="list-style-type: none">• Enteral feeds are under contract with an external feed company (currently Nutricia)• All enteral feed prescriptions are managed by the Home Enteral Nutrition team based at FPH including ONS products administered via the tube• GPs WILL NOT be expected to prescribe feed for adult patients
	PAEDIATRICS	<ul style="list-style-type: none">• Enteral feeds are under contract with an external feed company (currently Nutricia)• GP prescription for an appropriate feed WILL be requested by the managing specialist dietitian, which will then be fulfilled via Nutricia Homeward• Plastics and ancillaries are usually managed by community nursing teams
Frimley North (East Berkshire Place) For any queries, please contact the Community Dietitian Team on: 01753 636 724 DietitiansEast@Berkshire.nhs.uk	ADULTS & PAEDIATRICS	<ul style="list-style-type: none">• Enteral feeds are under contract with an external feed company (currently Abbott Nutrition)• GP prescription for an appropriate feed WILL be requested by the managing specialist dietitian, which will then be fulfilled via Abbot Hospital 2 Home• Plastics and ancillaries are managed by the community dietitians and fulfilled by Abbott Hospital2Home

The enteral feed contract for NHS Frimley is currently out to tender, so the above provisions may be subject to change from April 2023.

Author: Medicines Optimisation Team, NHS Frimley
Approved by: Medicines Optimisation Group, NHS Frimley

Published date: September 2022
Review date: September 2024

In this case we do not know if the tube was misplaced, however please be aware that misplacement of naso- or oro-gastric tubes is a NHS England NEVER event- please see link [here](#)

Anticoagulant Prescribing– reducing the risk of harm

We have received NHS BSA prescribing data indicating potential multiple anticoagulant prescribing. MOT were asked to investigate these. A review of patient records has identified although most instances were managed switches, prescribers need to remain vigilant, As a reminder:

1. When >1 AC is prescribed an Ardens warning should trigger and must immediately be brought to the attention of a prescriber.
2. Do not co-prescribe one DOAC in acutes and another in repeats, the DOAC no longer required should be put into past to prevent inadvertent supply.

There is a Emis Enterprise search for patients with more than one DOAC on CURRENT medication, please [schedule](#) regular runs to identify patients. Searches found as below

- ⇒ SH CCG search and reports>MOCH Anon>Medicines safety>DOAC-multiple on current meds
- ⇒ NEHF CCG>Medicines Management>2024-25>Medicines Safety>Anticoagulants>DOAC-multiple on current meds.
- ⇒ Berkshire East CCGs Reporting>MOT>Medicines Safety>Anticoagulant>DOAC-multiple on current meds

Display Text

There are **2** anticoagulants on the active prescription.

Please ask a prescriber to **remove** the unwanted medication.

OK

OptimiseRx safety messages– supporting PMOS

Did you know that OptimiseRx messages cover all aspects of prescribing, including best practice and medicines safety as well as cost saving? OptimiseRx uses an individual patient's coded medical history, previously prescribed products and patient-specific parameters to present messages that are patient-specific and clinically appropriate at the point of prescribing.

These are examples of OptimiseRx messages that can support practices working towards PMOS Element 1a Medicines Safety by identifying patients prescribed medications known to increase the risk of gastro-intestinal bleeds.

Patient Cohort 1. Over 65s prescribed a NSAID (not 75mg aspirin) in the last 6 months but NO gastroprotection.

Message headline: Consider co-prescribing gastroprotection when prescribing an NSAID to patients aged 65 years and over.

Details:

This is supported by NICE CKS (Feb 2024) which states patients over 65 years taking NSAIDs are at an increased risk of gastro-intestinal side effects.

Patient Cohort 2. Over 18s prescribed an anticoagulant and an anti-platelet in the last 6 months but NO gastroprotection.

Message headline: Consider co-prescribing gastroprotection for patients on a combination of clot prevention drugs.

Details:

This supports an RCGP prescribing safety indicator (Apr 2014) which states that prescribing warfarin and aspirin in combination without gastroprotection is potentially harmful.

In line with NICE CKS (Sep 2023), a PPI with a low acquisition cost (e.g. omeprazole, lansoprazole or pantoprazole) should be prescribed. The MHRA (Dec 2014) discourages the concomitant use of clopidogrel and either omeprazole or esomeprazole.

Patient Cohort 3. Over 18s prescribed aspirin and an anti-platelet in the last 6 months but NO gastroprotection.

Message headline: Consider co-prescribing gastroprotection while the patient is taking dual antiplatelet therapy.

Details:

This is supported by NICE CKS (Sep 2023) which states patients that are taking concomitant medication which may cause gastrointestinal (GI) bleeding are at high risk of GI side effects.

In line with NICE CKS (Sep 2023), a PPI with a low acquisition cost (e.g. omeprazole, lansoprazole or pantoprazole) should be prescribed. The MHRA (Dec 2014) discourages the concomitant use of clopidogrel and either omeprazole or esomeprazole.

When an OptimiseRx message is not accepted, please complete the 'rejection reason box'. This provides valuable feedback to the MOT and the software supplier, as well as recording the reason in the patient's medication history.

Thanks for taking these messages in to consideration when reviewing your patients to ensure that medication safety risks are minimised.

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