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10



Buckinghamshire, Oxfordshire  
and Berkshire West  
Integrated Care Board

## BOB Medicines Optimisation Bulletin



This monthly newsletter is written by the Medicines Optimisation Team of the BOB Integrated Care Board and is intended for healthcare professionals and practice staff. If you have any questions or feedback, please contact the team via the email address: [bobicb.medicines@nhs.net](mailto:bobicb.medicines@nhs.net)

Past editions of the bulletin can be found on the [SharePoint](#) website.

- [BOB System updates](#)
- [Training, upcoming meeting and Resources](#)
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# BOB System updates

## Updates from Area Prescribing Committee

### ADHD Shared Care Protocols for Right to Choose Providers

There is a significant increase in the number of adults requesting ADHD diagnoses, many of whom will require medication if diagnosed. Local commissioned services in BOB are overwhelmed and have long waiting lists for diagnosis and initiation of medication. Currently in Oxfordshire and Buckinghamshire, Oxford Health have paused new referrals. In Berkshire West, the pathway is still open but annual checks on patients are being delayed. More information can be found in [GP Bulletin Issue 81 \(Feb 24\)](#).

Patients and GPs are now exercising the patients 'Right to Choose' and being seen by alternative providers. NHS SE have set up a framework of ADHD providers who meet basic contractual requirements to deliver the service and in BOB we are looking at providers on that list. The ICB have found a number who appear to fulfil the requirements for an Adult ADHD service, but we need to enter into BOB wide NHS contracts with these services, which includes having a Shared Care Protocol that which is compliant with NICE and meets our quality standards for shared care. Therefore, we have produced and published the shared care protocols below, which are based on the national RMOC/NHSE templates and can be used with Right To Choose providers. These may be slightly at variance with the SCPs used with our local providers, since to change the local SCPs requires budgetary consideration with our local providers and this is not possible with within our current financial restraints within the ICB.

[BOB ICB - Right to Choose Providers - Guanfacine ADHD Shared Care Protocol.pdf](#)

[BOB ICB - Right to Choose Providers - Atomoxetine ADHD Shared Care Protocol.pdf](#)

[BOB ICB - Right to Choose Providers - Dexamfetamine ADHD Shared Care Protocol.pdf](#)

[BOB ICB - Right to Choose Providers - Lisdexamfetamine ADHD Shared Care Protocols.pdf](#)

[BOB ICB - Right to Choose Providers - Methylphenidate ADHD Shared Care Protocol.pdf](#)

## Berkshire West Primary Care Guideline for Prescribing Enoxaparin in Adults

The Royal Berkshire Hospital (RBH) have recently switched their choice of low molecular weight from tinzaparin to enoxaparin. There is now a guideline to accompany its use in primary care in Berkshire West. This guideline aligns on indication, where possible, with Oxfordshire to help reduce border issues for GPs and patients. The traffic light statuses are summarised below:

Indication	Traffic Light	Comments
Perioperative anticoagulation Extended thromboprophylaxis Post-partum thromboprophylaxis Intermediate risk in pregnancy	Specialist prescribing only	
Sub-therapeutic INRs (within 1 month of a VTE with INR below 1.6)	Amber Initiation	
VTE in patients with cancer not suitable for DOAC therapy		Secondary care will provide the first month of treatment.
Patients in whom it has not been possible to stabilise on oral anticoagulation therapy		
High risk in pregnancy (patients with prior VTE or patients on oral anticoagulants)	Green (Restricted)	For initial doses once pregnancy confirmed until seen by obstetric clinic and specialist only (Red) following this.  High-risk patients (those with prior VTE / already on oral anticoagulation) should begin LMWH as soon as possible after a positive pregnancy test and be continued until the patient attends their first appointment with the specialist at which secondary care will assume responsibility in continuing treatment. If queries prescribing in these circumstances, GP can get urgent advice via the on call registrar on bleep 555 via RBH switchboard. Complete an urgent referral to the obstetric team for all these cases to ensure prompt clinic appointment to discuss ongoing care. Patients will usually be seen within 10 days.
Long haul flight VTE prophylaxis	Green (restricted)	
Patients with superficial vein thrombosis		See <a href="#">Treatment of superficial vein thrombosis in adults (excluding pregnancy &amp; the puerperium) guidance.</a>
Interim anticoagulation for suspected VTE	Green - Suitable for prescribing in primary care	Initial supply to cover 72 hours. Suspected PE – administer as soon as possible Suspected - DVT administer within 4 hours.

This guidance may also be relevant to practices in the South East of Oxfordshire whose patients are referred to RBH. We hope to run a webinar to accompany the guidance and will communicate details of this in due course.

### So What?

- Please familiarise yourself with the new guidance for use in Berkshire West: [Berkshire West Primary Care Guideline for Prescribing Enoxaparin in Adults](#)

## Superficial Vein Thrombosis Guidance for use in Oxfordshire and Berkshire West

BOB APC approved guidance for the treatment of Superficial Vein Thrombosis in Adults in Berkshire West and an update to this guidance in Oxfordshire (formerly known as

Superficial Thrombophlebitis Guidance). Superficial Vein Thrombosis is a term used to describe venous thrombosis and the associated inflammation of the superficial veins. It is 6 times more common than deep vein thrombosis (DVT). The most commonly affected superficial veins are the long (great) and short saphenous veins of the leg.

Please note that the treatment pathway, outlined in these guidance documents, is clinically aligned as much as possible for Oxfordshire and Berkshire West but they are two separate documents as there are some key differences for each area e.g. choice of LMWH. Work is ongoing to try to align for Buckinghamshire in the future.

Key changes for Oxfordshire:

- Previously superficial vein thrombosis was only treated as a deep vein thrombosis (DVT) if within 3cm of the saphenofemoral junction but it will now be treated as a DVT if within 3cm of the saphenofemoral junction or popliteal femoral junction.
- Routine follow up at the thrombosis clinic is not required for isolated superficial vein thrombosis. However, those with high risk superficial vein thrombosis (see guidance for more details) may require discussion with the anticoagulation team to assess the appropriateness of extended anticoagulation therapy and the necessity of a review on an individual basis.

### What Next?

Please familiarise yourself with the new/updated guidance:

- **For Berkshire West:** [Guideline for the Treatment of Superficial Vein Thrombosis in Adults \(excluding pregnancy and the puerperium\)](#)
- **For Oxfordshire:** [Guideline for the Treatment of Superficial Vein Thrombosis in Adults \(excluding pregnancy and the puerperium\)](#)

## Trimipramine Deprescribing Guidance

Trimipramine is 'block' on our local formularies due to its high cost compared to other alternative antidepressants. Trimipramine 10mg tablets cost £197.18 for 28 whilst the 25mg tablets are £205.44 for 28 tablets. Trimipramine is also one of the medications included in NHS England's guidance [Items which should not routinely be prescribed in primary care](#) which details that it should not be initiated for new patients and that clinicians should deprescribe for those currently taking it.

[Trimipramine deprescribing guidance](#) is now available across BOB and contains helpful advice for clinicians to support deprescribing and switching to an alternative treatment option, where clinically appropriate.

### So What?

- Please familiarise yourself with [BOB Trimipramine Deprescribing Guidance](#) and contact the MO Team if you have any questions.

## Changes to recommended preparations of melatonin - Melatonin 2mg prolonged-release tablets

Until recently, clinicians were encouraged to prescribe the Circadin® brand when melatonin 2mg prolonged-release tablets were required. However, there are now several generic preparations available which are similar to Circadin® in terms of excipients and pharmacokinetic properties. Prescribing the generic products would offer significant cost-savings, approx. £28k per month if all prescriptions for Circadin were switched to the generic product. This was discussed at the Area Prescribing Committee (APC) in July 2024 and whilst it was acknowledged that that some patients may still require the branded product, it was considered that the majority of patients could be prescribed the generic equivalent. The formulary status for melatonin 2mg prolonged-release tablets (generic) depends on the indication, please see the individual [Buckinghamshire\\*](#), [Oxfordshire](#) and [Berkshire West](#) formularies for details. The Shared Care Protocols for the use of melatonin for sleep disorders in children and young people with complex neurological disorders (Buckinghamshire\* and [Oxfordshire](#) only) have been updated. Circadin® 2mg prolonged-release tablets now have the formulary status of **BLOCK**

The Medicines Optimisation team will be offering support to practices to switch Circadin® tablets to the generic equivalents for patients ≥ 55 years who are prescribed melatonin for insomnia (licensed indication).

\*Updates to the Buckinghamshire formulary and shared care protocols to follow

### So what?

- Consider prescribing the generic product for both new and existing patients requiring melatonin 2mg prolonged-release.

## Melatonin 1mg/ml oral solution – ALWAYS PRESCRIBE BY BRAND

Melatonin oral solution should only be prescribed for children and young people with complex neurological / neurodevelopmental disorders who have;

- severe oral sensitivity and unable to tolerate whole / crushed / dispersed / dissolved tablets
- an enteral feeding tube

Prescribing should also be in-line with the shared-care protocols (Buckinghamshire\* and [Oxfordshire](#) only). The formulary status of melatonin oral solution in Berkshire West is RED so should only be prescribed by specialists.

Until recently, clinicians were encouraged to prescribe the unlicensed KidMel® or Martindale brands of melatonin 1mg/ml oral solution if a liquid preparation of melatonin was required. The reason for this was that if prescriptions are written generically, there is no control over which products are dispensed and there were safety concerns with the levels of harmful excipients in some other liquid preparations.

The formulary choices of melatonin 1mg/ml oral solution were reviewed at APC in July 2024 and two licensed brands of liquid melatonin, Ceyesto® and Melatonin Consilient Health, were approved for use. Ceyesto® 1mg/ml is significantly more cost-effective than the Consilient brand but due to the level of some of the excipients, which may be harmful to younger children, it was agreed that it should not be used in children under the age of 6 years (or weighing less than 12kg). Melatonin Consilient Health is the first line choice for the younger age group. See below for details as well as the individual Buckinghamshire\* and [Oxfordshire](#) formularies and the Buckinghamshire\* and [Oxfordshire](#) shared care protocols.

\*Updates to the Buckinghamshire formulary and shared care protocols to follow.

<b>Melatonin 1mg/ml oral solution</b>	<b>Recommendation</b>
Ceyesto®	<p><b>First line</b></p> <p>in children aged 6 years and above (weight greater than 12kg)</p> <p>NOT to be prescribed for children less than 6 years (or weighing less than 12kg)</p>
Melatonin Consilient Health	<p><b>First line</b></p> <p>in children aged between 1 and 6 years (or weight less than 12kg)</p> <p><b>Second line</b></p> <p>in children aged 6 years and above (and weight greater than 12kg)</p>

Kidmel® / Martindale	Only to be prescribed for children unable to tolerate the first and second line options
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NB If liquid melatonin is required, it is recommended to restrict prescribing to the 1mg/1ml strength to eliminate the risk of dosing error

<https://bnfc.nice.org.uk/drugs/melatonin/>

#### So what?

- For Buckinghamshire and Oxfordshire patients only, consider prescribing Ceyesto 1mg/ml oral solution for children and adolescents aged 6 and above (weight greater than 12kg) and Melatonin Consilient Health 1mg/ml oral solution for children aged 1-6 years (or weight less than 12kg), in-line with the shared care protocols.

## Antimicrobial Stewardship: South Central Antimicrobial Network (SCAN) prescribing guidelines moving to new platform - Eolas

**South  
Central  
Antimicrobial  
Network**



The platform for accessing the South Central Antimicrobial Network (SCAN) guidelines for Antibiotic Prescribing in the Community has moved. There will be no change to the content and the Eolas interface is very similar to MicroGuide used previously. **From 27 September**, the MicroGuide app or desktop function will no longer be accessible, and all antibiotic guidelines will only be available on the new platform Eolas. The guidelines continue to provide advice on the effective and safe treatment of infections commonly presenting in primary care and are based on NICE and UKHSA advice with input from local experts.

It can be accessed either: **On your desktop:** The guidelines can be accessed directly here: [Eolas SCAN](#) This URL will remain the same (even when individual guidelines are updated) therefore consider adding this to your favourites. For details of how to add a website as a favourite in Microsoft Edge, [click on this link](#). **On your phone/tablet:** The Eolas App is available to download free from the App store

(Apple) or Google Play (Android). Search for **Eolas(R)** in App Store/Google Play and download – please see poster [here](#).

Once the user agreement has been reviewed you will be asked to create an account profile. Enter your e-mail. As many other ICBs and hospital trusts use this platform for antimicrobial guidance, the appropriate guidance '**South Central Antimicrobial Network**' will need to be selected from the list of guidelines available under organisation. **Do not** select the acute trust that you are usually associated with as those will be the acute trust guidelines. Complete other boxes as appropriate. Then click 'submit'. For any queries, please email [support@eolasmedical.com](mailto:support@eolasmedical.com).

## Methenamine Hipurate for UTI prophylaxis



Methenamine hipurate (Hiprex) has now been approved by BOB APC as 'Green Restricted' on all BOB formularies:

For the prophylaxis of recurrent urinary tract infection (rUTI) after behavioural and personal hygiene measures and non-antibiotic treatments and single dose antibiotic prophylaxis options failed or unsuitable. Treatment should be reviewed after 6 months. To consider Urology/Gynae guidance/referral if appropriate.

It is not currently included in SCAN guidance, but there will be a review of this following the publication of an update to the NICE recurrent UTI guidance that is in development [Project documents | Urinary Tract Infection \(recurrent\): antimicrobial prescribing | Guidance | NICE](#)

### So What?

- Prescribers across BOB can now use methenamine as an option for prophylaxis of recurrent UTI

## Impetigo treatment choices

Please note that, following an update of the [cellulitis and impetigo](#) section of the SCAN guidance, the first line treatment option for localised non-bullous impetigo ( $\leq 3$  lesions/clusters present) is:

**Hydrogen peroxide 1% cream applied BD-TDS for 5-7 days (Crystacide®)**

If a hydrogen peroxide is unsuitable or ineffective then a topical antibiotic may be used.

### So What?



- Please be aware that the first line choice for localised impetigo is hydrogen peroxide cream rather than topical antibiotics.
- This is also reflected in the treatment choices for the pharmacy first scheme PGDs for impetigo

## Prescribing Quality Scheme

### PQS Evidence Reviews

The PQS evidence panel have begun to review submissions. Some learning points which we have identified are as follows:

#### **Quality Improvement Project – Repeat Prescribing for CDs**

There have been some good discussion points and actions following the review of patient in this target. Action points included training for non-clinical staff on processing the request of controlled drugs. We would like to take this opportunity to remind you regarding the [PQS webinar recording](#) on the target itself and about upcoming Repeat Prescribing training sessions (see section below regarding Training available).

#### **Quality and Safety Target – Overuse of SABA inhalers in Asthmatic patients**

When reviewing asthmatic patients, those who are keen to keep SABA inhalers in various locations, please ensure you are informing patient to always carry a SABA inhaler. Otherwise, it may result in them travelling between locations without any reliever inhaler, when it could be required.

#### **Quality and Safety Target – Cardiovascular disease (CVD) primary prevention in Chronic Kidney Disease (CKD) stage 3 with lipid therapy**

Health Innovation Oxford & Thames Valley, in collaboration with BOB ICB, have produced [animated videos and leaflets](#) to support patient conversations around cholesterol. These have been translated into other languages including Albanian, Arabic, Hindi, Portuguese, Ukrainian and Urdu.

Be mindful that all patients with CKD have a higher risk of CVD, patient can still have CKD with a normal eGFR if they have persistent albuminuria. There are a number of resources which can support conversations raising awareness around CKD including [UK Kidney Association](#), [National Kidney Foundation](#) and [Kidney Care UK](#).

# Medication Safety

## Valproate Prescribing Guide for Primary Care – resource reminder

A reminder that a Primary Care prescribing guide to support the 'Safer prescribing of valproate containing medicines in patients (with childbearing potential) has been developed for EMIS and SystmOne systems by the BOB MOT. Direct links to these documents on the formulary websites are currently in process, in the meantime please make your clinical teams aware.

The guide identified clinical searches, clinical safety alert pop-ups, clinical review templates, SNOMED read codes and audit template which can be used to support the safer prescribing of this high-risk medicine.

This document must be read in conjunction with the BOB '[Oral Valproate Medicines Shared Care Protocol for all patients \(male and female\) under the age of 55 and those over 55 who are planning to have children](#)'.

[Valproate prescribing guide primary care for EMIS system FINAL.docx](#)

[Valproate prescribing guide primary care for SystmOne clinical system FINAL.docx](#)

### So what?

- Oral valproate containing medicines are classed by the CQC as high-risk medicines and the prescribing management processes for valproate maybe included in the CQC inspection reviews carried out.
- Using the available Ardens clinical review templates will automatically ensure the correct SNOMED read codes are applied to the patient records.
- All practices should have a process for safe prescribing and reviewing patients on valproate in accordance with current national guidance. If practices don't use Ardens this should be through EMIS and TPP/SystmOne, or others.

## #MedSafetyWeek 2024 (4-10 November)



The theme this year will be **‘the importance of using medicines in the right way to prevent side effects, and to report side effects when they do occur’**.

In the UK, the focus on the importance of reporting suspected adverse reactions to medicines and vaccines but the MHRA are also encouraging the reporting of suspected problems with medical devices or other healthcare products to the Yellow Card scheme.

Please do get involved to support the campaign and talk to patients and colleagues about side effects and how they can report suspected problems to the MHRA Yellow Card scheme. You can also help raise awareness in your practices using the materials available under the [resources](#) section. Further materials will be made available on this page nearer to the campaign dates, including on the MHRA social media channels.

When posting please use the **#MedSafetyWeek** and **#MHRAYellowCard** hashtag to help extend and magnify the message.

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## Training, upcoming meeting and Resources

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### Royal College of General Practitioners and Royal Pharmaceutical Society: Repeat Prescribing Toolkit

A brand 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>

## BOB ICB Repeat Prescribing Training Reminder

Just a reminder regarding the Repeat Prescribing training for GP practice staff which will be held on **Microsoft Teams**. Training sessions are scheduled for the dates listed below.

**Non-clinical staff** who may be involved in the preparation of repeat prescriptions, may wish to attend one of the following the dates:

**Thursday 17th October 11:00-12:30**

**Wednesday 6th November 12:30-14:00**

**Clinical staff**, especially **prescribers & pharmacists** may choose to attend the session on: **Thursday 28th November 13.00-14:00.**

This session will focus on the clinical implications and process development of Repeat Prescribing systems.

To join the webinars, please complete the Microsoft Form individually for each staff member attending via the following link: [Repeat Prescribing Training Sessions - Registration Form.](#)

If you have multiple members of staff who would like to attend, and would prefer Face to Face training, please contact [bobicb.medicines@nhs.net](mailto:bobicb.medicines@nhs.net) to discuss your requirements.

## **\*\*New COPD Guidance Webinar – save the date\*\***

The new COPD guidelines have been approved by the Area Prescribing Committee. To facilitate the role out of guidance on the changes to COPD management, BOB ICB are arranging a COPD Guidance Webinar via Teams on:

**Date: 22nd October 2024**

**Time: 13:00-14:00**

If you would like to attend, please complete the questionnaire using the below link:

[New COPD Guidelines Webinar - 22nd October 2024 \(office.com\)](#)

A TEAMS invite and agenda will be sent out in due course. The webinar will be recorded and made available to review if you are unable to attend.

## Polypharmacy Training sessions – delivered by Health Innovation Oxford and Thames Valley

The Health Innovation Network are hosting a number of training events over the coming months to support clinicians involved in medication reviews and tackling problematic polypharmacy. Please click on the links below for more information and to register.

**Polypharmacy Training** - Do you review or handle medication as part of your role? Do you want to learn more about how to support your patients with Polypharmacy?

Then **register** for this 1.5 hr webinar training session on all you need to know about polypharmacy and reducing risk of harms from medicines.

This training is for all Healthcare professionals or social care professionals involved in patient care. **(Please note you only need to attend one session)**

[Click](#) to Register for Thursday, **10th October (Time: 12:00-13:30)**

[Click](#) to Register for Thursday, **7th November (Time: 12:00-13:30)**

**Lunchtime Masterclasses** (12pm-1.30pm)

- [Medicines and the Risk of Falls in Older People – 10th October](#)
- [Polypharmacy and Health Inequalities- 5th November](#)

**NHSBSA Data Webinars** (12pm-1.30pm)

- Help to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making.
- To consider how best to understand and utilise available data
- Dates available: [21st November](#), [23rd January](#)

**Polypharmacy Action Learning Sets** – Open to GPs and Prescribers with a minimum of 12 months experience. Each cohort consists of 3 half day sessions.

- [Cohort 20 – Starting 16th October](#)

- [Cohort 21 – Starting 13th November](#)
- [Cohort 22 – Starting 22nd January](#)

## BOB ICS ‘Optimising the care of people with heart failure’ webinar

Date: **Wednesday 16th October 2024**      Time: **12:30-13:30**

This webinar is aimed at primary care staff from across BOB. It will be delivered by Consultants and Heart Failure Nurses from each of the three acute Trusts and will discuss the optimisation of medications in people with heart failure and explore some challenging clinical situations.

Registration link for the [webinar can be accessed here](#)

## NICE and NHSE new patient decision aids published

NICE, in collaboration with NHS England, have produced 5 new patient decision aids. Developed in accordance with our [standards framework for shared-decision-making support tools](#), they support making decisions about:

- [abdominal aortic aneurysm](#)
- [stable angina](#)
- [managing depression](#)
- [glue ear if your child has hearing loss](#)
- [helping you live well with chronic primary pain.](#)

Patient decision aids support healthcare professionals and patients to work together to understand the benefits and harms of the available options. They also help patients consider what matters most to them.

## Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a ClinOx webpage to host diabetes resources relating to pathways and guidance to support your management of

people with diabetes. For the latest information from BOB IDDN, please see the newsletters on this [link](#).

## Other news and information

### SLIDES from 1st Oct'24 BOB ICB's PCN Pharmacy Workforce Conference

Please find below the SLIDES & other useful information.

Should you have any queries or comments, please complete the feedback form (QR Code found on last slide) OR contact us via [bobicb.medicines@nhs.net](mailto:bobicb.medicines@nhs.net)

- **SLIDES from 1st Oct'24 Pharmacy Conf** (*can be accessed only via an nhs.net a/c*) - [nhs.sharepoint.com/sites/10Q\\_BOB\\_ICB\\_Site/Clinical Decision Support/Forms/Clinical Decision Support.aspx?id=%2Fsites%2F10Q\\_BOB\\_ICB\\_Site%2FClinical Decision Support%2FPCN Pharmacy%2FEVENTS%2F%E2%80%8C1st Oct%2724 PCN Pharmacy Conf%2E Slides%2Epdf&parent=%2Fsites%2F10Q\\_BOB\\_ICB\\_Site%2FClinical Decision Support%2FPCN Pharmacy%2FEVENTS](https://nhs.sharepoint.com/sites/10Q_BOB_ICB_Site/Clinical%20Decision%20Support/Forms/Clinical%20Decision%20Support.aspx?id=%2Fsites%2F10Q_BOB_ICB_Site%2FClinical%20Decision%20Support%2FPCN%20Pharmacy%2FEVENTS%2F%E2%80%8C1st%20Oct%2724%20PCN%20Pharmacy%20Conf%2E%2Fslides%2Epdf&parent=%2Fsites%2F10Q_BOB_ICB_Site%2FClinical%20Decision%20Support%2FPCN%20Pharmacy%2FEVENTS)
- **Dietetic Information** - [Dietitian Information.docx](#)
- **Further Info on PCN Pharmacy Workforce** (*incl. Funded Training, Bi-monthly Mtgs; NEWT Guidelines*) - [ClinOx Sharepoint](#)

## Medicines Supply Information

Some information on long-term supply issues can be found on [Prescripp](#) or the [Medicines Supply Tool](#) on the SPS website. Please note this is not an exhaustive list.

Please note the Medicines Optimisation team will no longer be producing a summary the key stock issues that relate to primary care as this information can vary and fluctuate on a week-by-week basis, therefore the information can become outdated quickly. We advise that you register to be able to access the resources detailed above, to ensure you obtain the most relevant and up to date information on Medicine Supply Information.

## Serious Shortage Protocols

Serious Shortage Protocols (SSPs), which enable community pharmacists to supply patients with specific alternative medicines, are available to view on the NHS Business Service Authority (BSA)'s [dedicated SSP web page](#), along with supporting guidance. Questions regarding the SSPs should be directed to the NHS Prescription Service:

Email: [nhsbsa.prescriptionservices@nhsbsa.nhs.uk](mailto:nhsbsa.prescriptionservices@nhsbsa.nhs.uk)

Telephone: 0300 330 1349. Textphone: 18001 0300 330 1349

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