



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

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

- [National updates](#)
- [BOB System updates](#)
- [Training, upcoming meeting and Resources](#)
- [Other news and information](#)



National updates

Folic Acid Supplementation - Continued advice for those who are planning a pregnancy or newly pregnant

The UK Chief Medical Officers, UK Chief Nursing Officers and UK Chief Midwifery Officers have issued the following advice to health professionals on Folic Acid Supplementation - Continued advice for those who are planning a pregnancy or newly pregnant.

[Please click here for a copy of the letter.](#)

Please share with relevant colleagues within your organisation.

So what?

- Continue to promote the importance of folic acid supplementation directly to women of child-bearing age through existing communication channels, including face to face interactions.

New collaborative asthma guideline published – BTS, NICE and SIGN

A new collaborative asthma guideline developed jointly by the British Thoracic Society (BTS), National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate

Guidelines Network (SIGN) has been published – [NICE guideline 245](#).

This guideline covers diagnosing, monitoring and managing asthma in adults, young people and children. It aims to improve the accuracy of diagnosis, help people to control their asthma and reduce the risk of asthma attacks.

It updates and replaces NICE guideline 80 (published November 2017) and parts of BTS/SIGN British guideline SIGN 158 (published July 2019). It also updates and replaces NICE technology appraisal guidance 10, 38, 131 and 138, and NICE diagnostics guidance 12.

Whilst guideline NG245 does not cover managing severe asthma or acute asthma attacks, this is covered by the [asthma pathway NG244](#) (BTS, NICE, SIGN).



BOB System updates



Prescribing Quality Scheme

Ensure all evidence submitted has the practice name and K-code

Please ensure all evidence submitted to MOT has the name of the practice and practice K-Code recorded otherwise there is a possibility of an error in recording the evidence due to a similar sounding practice names or evidence recorded as being sent by another practice if the senders email contains the name of a different practice as part of their email.

Also please ensure all patient identifiers are deleted and blocking the patient identifier column in black is not acceptable.

So what?

- Record the practice name and K-code on PQS evidence for submission and delete any patient identifiers.

Medication Safety

Methotrexate injection – reminder to prescribe by brand

A medication incident was reported involving methotrexate subcutaneous injection where the incorrect brand was prescribed and self-administered by the patient. The prescribing error was identified following patient concerns they had not been trained how to use the Methofill® brand and found it difficult to use. The patient should have been prescribed the Metoject® brand as per the shared care protocol.

On investigation it was found that:

- Methofill® was selected in error instead of Metoject®.
- The secondary care clinic letter only referenced ‘methotrexate’ generically and did

not specify 'Metoject®' brand until a later follow-up letter

The APC team and specialists are currently working on updating the methotrexate shared care protocol, which will reiterate the importance of prescribing by brand. ScriptSwitch messages will be tailored as needed to support medicines safety and protocol adherence.

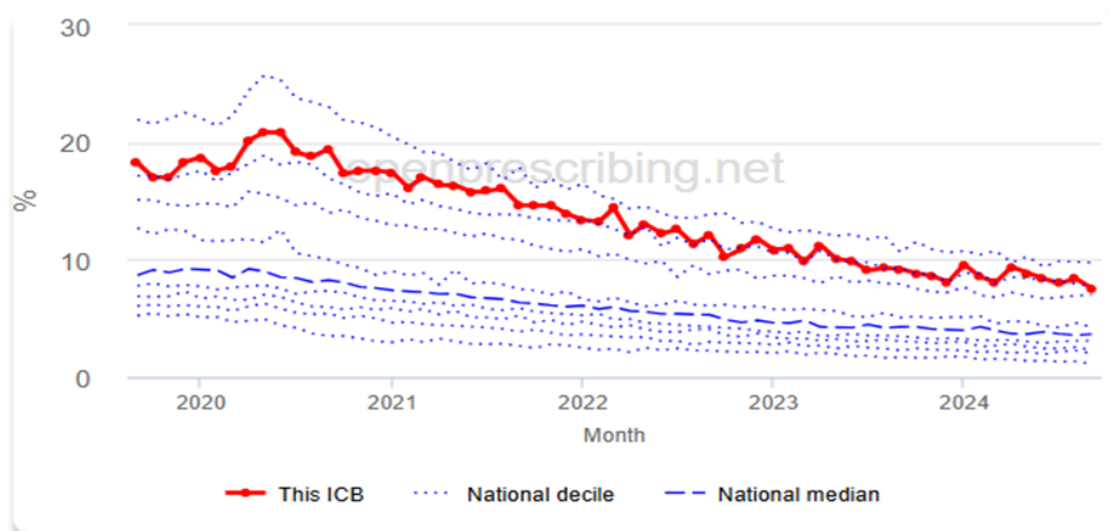
So what?

- Methotrexate pre-filled syringes and disposable devices must be prescribed by brand.
- The brand should be specified by secondary care and the patient should be maintained on that brand due to device familiarity. Brand should be specified on clinical systems.
- Ensure clinical staff are aware of shared care protocol guidance and reviews of provider letters are carried out and noted on patient records.

Actions to address prescribing of generic Diltiazem preparations (>60mg)

The Quality and Safety workstream of the MOT, is developing a program of medicines safety projects in line with local and national priorities. According to the data sourced by [Open Prescribing Measures](#) BOB ICB was identified as being an outlier for Diltiazem preparations (>60mg) prescribed generically.

Total items of generic diltiazem modified-release preparations, as a proportion of total items of all diltiazem modified-release items (>60mg)



The BNF states: different versions of modified-release preparations containing more than 60 mg diltiazem hydrochloride may not have the same clinical effect. To avoid confusion between these different formulations of diltiazem, prescribers should specify the brand to be dispensed. You can read more in our detailed paper on [unsafe prescribing of diltiazem](#).

Open prescribing data shows that there are currently 179 patients across BOB being prescribed generic modified release oral diltiazem.

Whilst it is likely that the patients will be being supplied a consistent brand by their community pharmacist, MOT advises that all generic prescriptions for Diltiazem preparations (>60mg) are prescribed by the brand name that the patient has been stabilised on to reduce the possibility of a patient obtaining a different product.

If you would like to check if your practice has any patients being prescribed Diltiazem preparations (>60mg) you can download and run the Emis search, [click here](#).

If you require any further assistance, please contact bobicb.medicines@nhs.net

So what?

- Diltiazem preparations (>60mg) should be prescribed and maintained by brand as different versions of modified-release preparations containing more than 60 mg diltiazem hydrochloride may not have the same clinical effect. To avoid confusion between these different formulations of diltiazem, prescribers should specify the brand to be dispensed.
-

Miscellaneous

FreeStyle Libre 2[®] being replaced by the FreeStyle Libre 2 Plus CGM[®]

The FreeStyle Libre 2 sensors[®] will be withdrawn from the end of March 2025.

The key points are:

- The sensor of the new Libre 2 Plus CGM sensor[®] lasts 15 days (as opposed to 14 days with the Libre 2). **You will need to prescribe two Libre 2 Plus CGM sensors[®] every 30 days** (instead of two sensors every 28 days with the Libre 2[®])
- The Libre 2 Plus CGM sensor[®] links with a specific insulin pump device for those with type 1 diabetes to form a hybrid closed loop (**no action is needed from primary care** - this will be reviewed with by your local specialist team)
- ScriptSwitch[®] messages will be added to remind prescribers of this impending change
- To identify current patients prescribed FSL2 use the EMIS search for [Freestyle Libre 2[®]](#)

If patient uses a:

- **mobile phone** with their Libre 2 sensors[®], **no change is needed**. The mobile phone Libreview app[®] will continue to work with the new Libre 2 Plus sensors[®].
- **Freestyle Libre 2 reader[®]** with their Libre 2 sensors[®], **no change is needed**. These readers will continue to be able to be used.

- **A5X reader device**® with their Libre 2 sensors®, **people will need to contact Abbott® directly to obtain a new reader device.** The A5X device will not work with Libre 2 Plus sensors®.

Patient resources include:

- An Abbott® patient leaflet [Moving from FSL to FSL2](#)
- Template AccuRx® message: "This is just to inform you that your freestyle Libre 2® is being replaced by Libre 2 Plus® that lasts 15 days instead of 14. More information about this can be found [here](#)."

So what?

- Switch patients from Freestyle Libre 2® to Freestyle Libre Plus CGM®.
 - Adjust the repeat prescriptions for patients switched to Libre 2 Plus CGM® to two sensors every 30 days
 - Patients using the A5X reader® must contact Abbott® directly to obtain a new reader device.
-

Provider for Enteral Feeding Contract is changing

Abbott® Nutrition currently holds the enteral feeding contract across BOB ICB, from January 2025 Nutricia® will take over this contract.

The contract provides:

- **Secondary care:** enteral feeding equipment including tube feeds, feeding pumps and associated consumables to support a patient to be enterally fed. Plus oral nutrition supplements.
- **Primary care:** enteral feeding pumps and associated consumables plus a home delivery pharmacy service.
- **Clinical nursing support service:** to support patients to be discharged from hospital and to manage their feeding tube in the community

We will be holding a series of lunch and learns to support GP practices to understand this change.

The main things GP practices will notice:

- Nutricia® will start to contact GP practices to make them aware they have now taken over this service
- Dietitians in collaboration with Nutricia® will be requesting prescribers to change patients enteral feeding prescription in line with the new contract, where clinically acceptable. If a patient has opted for the Nutricia Home delivery pharmacy to deliver their enteral feeds the prescription will now need to be sent

Nutricia® Homeward.

- There will be a new BOB ICB tube feed formulary.

Warning: Patients prescribed Oral Nutritional Supplements (ONS) and thickeners for dysphagia

There have been medication incident reports raised for several patients who had their ONS prescription changed whilst also being prescribed a thickener.

Thickeners (e.g. *Resource Thicken Up Clear*®, *Nutlis Clear*®) are prescribed for the management of dysphagia (swallowing difficulties). A patient is assessed by a Speech and Language Therapist (SALT) and recommended to thicken their fluids to a particular 'IDDSI' level (1-4) to reduce aspiration and choking risk.

ONS are different IDDSI levels due to their different thicknesses (for example powdered shakes tend to be thinner than bottled ONS), therefore it is most appropriate for a Dietitian to determine what ONS is suitable for patients who are also prescribed a thickener.

If a patient is prescribed a thickener, please do not change their ONS without consulting their Dietitian or the Medicines Optimisation Team at bobicb.medicines@nhs.net



Training, upcoming meeting and Resources



Berkshire West Anticoagulation Webinar

An educational webinar was recently held by clinicians at RBH that focussed on taking primary care prescribers through the recently approved Berkshire West anticoagulation primary care guidelines: [Berkshire West Primary Care Guideline for Prescribing Enoxaparin in Adults](#) and [Berkshire West Guideline for the Management of Superficial Vein Thrombosis in Adults \(excluding pregnancy and puerperium\)](#). The recording of the webinar can be found [here](#) should you want to watch this back.

BOB Valproate and Topiramate Prescribing safety webinar – slides and recording available

An educational webinar was held recently by members of the BOB ICS Valproate Task and Finish Group focused on the safety of valproate and topiramate in light of the new MHRA safety regulations. The recording of the webinar can be found [here](#) and the slides [here](#). An FAQ is being put together with the questions submitted for the webinar and will be circulated in due course.

A reminder that the BOB oral valproate medicines shared care protocol can be found [here](#) and the valproate prescribing support aide memoire for EMIS and SystemOne.

Cardiovascular Disease/Heart failure ‘learning bites’

The Health Innovation Network (HIN) Oxford and Thames Valley are planning to arrange a series of ‘learning bites’ which will be short (10 mins max), “talking head” type videos focusing on areas within CVD/heart failure that primary care have said they need support with.

If you have any suggestions of topics, you would like covered, please email Hannah Oatley at hannah.oatley@healthinnovationoxford.org

Opioid tapering in the community - survey

In 2023, NHS England published [recommended action plans](#) to support people in reducing dependence-forming medications.

The BOB ICS Medicines Safety Group are working with our system partners and will be focusing on improving the safe use of opioids across the system, supported by the ICB and Health Innovation Network. Dr Jane Quinlan, pain consultant at OUH is investigating better ways to support patients weaning prescribed opioid medication.

We would like to know more about the impact of these recommendations in primary care, and to gauge whether more support would be valued or required for patients tapering opioids. We would be very grateful for your views in this short [questionnaire](#).

NICE webinar ‘Navigating the future: Artificial intelligence (AI)’ – 10th December

NICE is hosting a [webinar](#) on ‘Navigating the future: Artificial intelligence (AI)’ at NICE on Tuesday 10 December from 2.00 pm to 3.00 pm. Register via this [link](#).

The webinar will inform on NICE’s [new AI statement of intent](#) which sets out their approach to developing and testing methods to support the use and evaluation of AI. It covers 3 priority areas: AI based methods to support evidence generation; guidance for evaluating AI based technologies; and increasing internal efficiency at NICE.

The careful assessment and incorporation of AI has the potential to help us to better achieve our core aim of helping to deliver the best care to people, fast, while ensuring value for the taxpayer.

Diabetes Information and Resources

The BOB Integrated Diabetes Delivery Network (IDDN) have created a webpage on SharePoint 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



Medicines Supply Information

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

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

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

[Manage my Preferences](#)

[To subscribe to the BOB Medicines Optimisation Bulletin](#)