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Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

BOB Medicines Optimisation Bulletin



This bi-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.

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National updates

MHRA Class 2 recall: Boots Paracetamol 500mg tablets (16s)

Aspar Pharmaceuticals Limited have informed the MHRA of an error related to a batch of Boots Paracetamol 500 mg tablets (16s). The foil blister inside the carton incorrectly states 'Aspirin 300 mg Dispersible Tablets'. The tablets are confirmed to be Paracetamol 500 mg tablets.

Batch No.	Expiry Date	Pack Size	First Distributed
241005	12.2029	16	14/01/2025

Further details can be found [here](#).



So what?

- Advise patients to stop using the impacted batch and return this to Boots Stores where appropriate

MHRA Drug Safety Update: Prolonged-release opioids: Removal of indication for relief of post-operative pain

The MHRA has released a [Drug Safety Update](#) alerting prescribers that the ***indication for the treatment of post-operative pain has been removed from the licences of all prolonged release opioids*** due to the increased risk of persistent post-operative opioid use (PPOU) and opioid-induced ventilatory impairment (OIVI).

Details for healthcare professionals and patients are stated in the update.

So what?

- Check the pain management plan provided is in line with the new licensing requirements
- Immediate release opioids are used for the treatment of short-term post-operative pain



BOB System updates



Prescribing Quality Scheme

PQS 2024-25 DEADLINE APPROACHING

Please be reminded that the deadline for the submission of evidence for targets of the PQS is **MIDNIGHT WEDNESDAY 30th APRIL 2025**.

Any evidence that does not reach the mailbox by the deadline will not be reviewed by the PQS Evidence Panel.

Please send all evidence to the MOT mailbox bobicb.medicines@nhs.net and ensure that it does NOT contain patient identifiable data.

You are encouraged to return any outstanding completed evidence as soon as it is complete before the deadline to allow you the opportunity to clarify any evidence if that should be required by the PQS Evidence Panel.

The appeal process will be communicated once the PQS points achievement for each practice has been determined.

So what?

- Send completed PQS Evidence to the MOT mailbox bobicb.medicines@nhs.net before the deadline

Dietitian Updates

New Enteral Feeding Service – Nutricia Homeward

Guidance on Clinical Queries for Enteral Feeding Service Transition for Buckinghamshire

As previously communicated from January 2025 the provider for the enteral feeding contract across BOB ICB is changing from Abbott® Nutrition to Nutricia®.

Nutricia® will be working closely with Abbott® Nutrition to transition patients receiving enteral feeding in the community to their service, all patients should be transitioned over by June 2025. In the meantime, Abbott® Nutrition will continue to deliver equipment plus feeds (if the patient has opted to use their pharmacy delivery service) until the changeover is complete.

Abbott® Nutrition will no longer provide a nursing service, and clinical queries should be directed as detailed in attached letters sent to patients until a patient has transitioned to the Nutricia® Homeward service.

[Berkshire Guidance on Clinical Queries Enteral Feeding.pdf](#)

[Bucks Guidance on Clinical Queries Enteral Feeding .pdf](#)

[Oxfordshire Guidance on Clinical Queries Enteral Feeding.pdf](#)

Enteral Feed Prescriptions

Please continue to send enteral feed prescriptions to Abbott Hospital to Home Service until a patient has transitioned to Nutricia. Please note Nutricia have recently introduced a new ordering system that has been facing technical difficulties, in some cases patient may need a further prescription from the Abbott Hospital to Home Service whilst this is resolved to ensure patients can continue their enteral feeding.

If you have any questions or queries, please contact the patient's dietitian or contact the BOB ICB Prescribing Dietitian bobicb.medicines@nhs.net

Oral Nutritional Supplement prescribing in Care Homes Survey

We want to hear your thoughts on how ONS should be used in Care Homes across BOB in the future. Please complete our survey by end of March via <https://forms.office.com/e/EWY9iWLgk4>



Place updates



Oxfordshire

Oxfordshire District Nursing administered GnRH analogue Injections

Due to capacity issues, the Oxfordshire district nursing service is unable to meet the demands of administering 4 weekly and 3 monthly GnRHa injections to housebound patients.

Additionally, due to Zoladex implants having a specific administration technique and device and therefore a competence that needs to be maintained, the District Nurses are no longer able to continue giving these injections.

Alternative Treatment Options:

If appropriate and advised by the patient's specialist, there is an option to switch patients to the oral treatment relugolix or to a 6 monthly interval GnRHa injection. Each GnRHa has specific licensing indications which would determine which is suitable for individual patients.

Triptorelin 22.5mg (Decapeptyl® SR) would be the 1st choice 6 monthly injectable preparation.

For further information please refer to the BNF for [relugolix](#) and [triptorelin](#).

How to contact Secondary Care for Advice on Switching:

The district nurse service will be contacting individual practices for patients on their GnRHa administration list.

For patients on monthly, 3 monthly or Zoladex implant preparations, GP practices are advised to contact the patient's specialist consultant via a written letter and ask whether they can be switched to oral relugolix or a 6 monthly injectable preparation.

If relugolix is appropriate the secondary care specialist would initiate the treatment and provide the first 4 weeks prescription, with the GP to continue prescribing thereafter.

If a 6 monthly injection is preferred, then the secondary care specialist can recommend the initiation of this by the GP.

Please note that bicalutamide is not required with Relugolix, therefore advice on stopping bicalutamide if already started would also need to be given by the specialist.

So what?

- Due to capacity issues and the specific competence requirements related to administering Zoladex implants, the Oxfordshire district nursing service is no longer able to continue administering monthly and 3 monthly GnRH analogues to housebound patients. Patients can be switched to oral or 6 monthly treatments following advice from a specialist.



Training, upcoming meeting and Resources



The mechanics of tackling overprescribing and problematic polypharmacy

This new guide aimed at helping primary care organisations and integrated care boards understand and address problematic polypharmacy has been launched this week by the Health Innovation Network as part of its national Polypharmacy Programme.

Developed in response to a clear need identified by primary care and prescribing colleagues, this essential resource provides practical, evidence-based strategies to help organisations and healthcare professionals help to reduce overprescribing and improve patient outcomes.

The new guide offers simple yet impactful solutions to optimise prescribing practices, supporting integrated care boards (ICBs), primary care networks (PCNs) and GP practices in organising their teams and improving the quality of structured medication reviews.

The guide can be accessed [here](#).

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.

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

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

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