

July 2025 Volume 4 Issue 10



**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.

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

National updates

MHRA Class 2 recall – Zaditen 0.25mg/ml eye drops

Thea Pharmaceuticals Limited have notified the MHRA of an out of specification event related to environmental monitoring during manufacturing, which may increase the risk of microbial contamination of the medicinal product.

Full details of the recall notice can be found [here](#)

So what?

- Stop supplying the affected batch immediately and return supplies via the usual process.

Medicine Supply Notification: Abidec® Multivitamin drops

On 16 July 2025 the Department of Health and Social Care (DHSC) has issued a medicine supply notification for t: **Abidec® Multivitamin drops**.

The MSN states that:

- Abidec® Multivitamin drops **are out of stock until further notice**
- Dalivit® oral drops remain available but can only support prescription demand.
- Alternative multivitamin drops remain available.

Please see the medicine supply notification, for full details, including actions required and supporting information.

So what?

For a copy of this medicine supply notification, including actions required and supporting information – click [here](#)

BOB System updates

Updates from Area Prescribing Committee

Updated BOB Wide Dronedarone Shared Care Protocol

BOB APC recently approved a [BOB wide dronedarone shared care protocol](#) (SCP) that was developed in collaboration with Oxford University Hospitals, Buckinghamshire Healthcare and Royal Berkshire NHS Foundation Trusts.

Key points: This SCP applies **only to existing patients** already prescribed dronedarone in primary care. Prescribing and monitoring responsibilities for **new patients** will now remain with secondary care.

Some existing patients may have been started on dronedarone under previous arrangements, prior to the new SCP and secondary care continued monitoring may not yet be in place.

Primary care prescriber actions for all patients already taking dronedarone:

- If known to a cardiology consultant, notify them to inform them to arrange 6-monthly reviews in secondary care per the new SCP.
- If the consultant is unknown, refer to the local cardiology department via standard pathways.
- Arrange renal function and liver function tests, if not done in the last 6 months, and continue 6 monthly LFT blood tests whilst awaiting review.
- Arrange an ECG if not done in the last 6 months. Contact specialist teams for ECG advice if required, via local arrangements, whilst awaiting secondary care review.

The SCP also specifies the criteria for stopping dronedarone whilst awaiting review. Secondary care will accept referrals for ongoing management as described.

So what?

Familiarise yourself with the updated shared care protocol: [bob-icb-dronedarone-shared-care-protocol.pdf](#)

Direct Oral Anticoagulants for Treatment and Secondary Prevention of Venous Thromboembolism in Primary Care Guidance

BOB APC recently approved for use in **Berkshire West** the treatment and secondary prevention of venous thromboembolism (VTE) in primary care guideline. Note that [NICE](#)

[CKS](#) has recently been updated with regard to renal monitoring in DOACs, it should be assessed 4 monthly in patients such as the elderly or frail and this guidance has been updated in line with this. The updated **Oxfordshire** guidance version will also be published in the near future, once some final details are resolved.

So What?

Familiarise yourself with the updated Berkshire West guidance: [berkshire-w-primary-care-guidelines-for-doacs-in-the-treatment-and-secondary-prevention-of-vte.pdf](#)

Shared Care Protocols

The Medicines Optimisation Team have been working closely with the local Trusts to review and adopt the national NHSE/RMOC Shared Care Protocols.

Protocols approved at the most recent BOB APC meetings:

- [bob-icb-riluzole-shared-care-protocol.pdf](#)
- [bob-icb-methotrexate-adult-shared-care-protocol.pdf](#)
- [bob-icb-azathioprine-and-mercaptopurine-scp.pdf](#)

Please note these protocols are for use in adults only.

So What?

- Always use the most up to date versions of the shared care protocols. These will be linked on the formulary and found on the ICB website here: [Shared Care Protocols | BOB ICB](#)

PQS Evidence Review 2025

The PQS Evidence Review panel has started to review returned evidence for PQS 2025 and wish to remind practices of the following:

- Please do not include any patient data in returned evidence including clinical system ID numbers. These are the columns highlighted in yellow in each of the spreadsheets.
- If there are no patients for a particular search, please indicate this on any returned spreadsheets. This is particularly relevant for the DOAC searches on ALL tabs.
- Please ensure that you populate the areas of the spreadsheet marked '*This section will be used for the evidence review by ICB MOT PQS review panel*' These are the columns in green in each of the spreadsheets.

So what?

Please ensure the above is noted when returning PQS evidence to avoid evidence being returned to you for clarification or of being informed of a data breach in the case of patient identifiers being included.

Hydrocortisone 0.5% versus 1% cream and ointment

Hydrocortisone 0.5% and 1% strengths are both considered mild potency. However there is a significant price difference between hydrocortisone 0.5% and 1% cream and ointment. The Drug Tariff prices are:

- **£111.24** for **0.5%** ointment (15g) compared to **£1.94** for **1%** strength.
- **£88.00** for 0.5% cream (30g).

A current ScriptSwitch switch message recommends prescribing the 1% instead of the 0.5%. Initiating 1% cream/ointment to begin with can prevent this pop up from appearing, driving down offer rate which will support PQS indicators too as well as supporting the cost saving element.

So what?

Please prescribe hydrocortisone 1% cream/ointment in preference to the 0.5% strength

Medicines Safety

Morphine overdose - Case study

An opioid related safety incident within BOB has been highlighted by the BOB Quality team and NHSE SE region Controlled Drugs Accountable Officer:

What happened?

- Patient discharged from hospital on morphine **20mg** MR twice daily.
- GP prescribed morphine **200mg** MR twice daily and added to patient's repeat medication, which was dispensed to patient via their usual community pharmacy.
- Patient was admitted to ITU for an unrelated reason, where the prescribing error was identified and the ICB Safeguarding Team was informed. The ICB followed up with both the GP practice and the community pharmacy.
- Significant Event Analysis meeting was held at the GP practice and pharmacy completed a thorough incident review.

Errors identified

- **100x original dose prescribed by GP and prescription issued before error identified.**

- Change in dose of opioids check missed within the pharmacy. Dispenser did not follow Standard Operating Procedure (SOP) and highlight the change in dose.
- Pharmacist did not query dose of the dispensed Zomorph as repeat slip was used to complete clinical check.

GP Learning

- When prescribing, clinicians should not use the number pad to write the dosage themselves. This is to avoid accidentally adding on an extra digit to the dose. When typing the name of the drug, a drop-down list appears giving the option to choose the dose, with (as a general rule) the smallest dose at the top and the highest at the bottom of the list. This will allow clinicians to choose the correct dosage from the list and minimise the likelihood of a picking error.
- Check the dosage twice to reduce the margin of error.
- If unsure about correct dose, to discuss with a colleague/consult the prescribing guidelines.

Pharmacy Learning

- Local re-training on the Core Dispensing SOP with team members to ensure that all dose changes are communicated to the pharmacist.
- The lead pharmacist sent out an alert to the pharmacy teams within area to notify them of the error and ensure hyper-vigilance on clinical checking of prescriptions. This was also be sent out to locum pharmacists.

So what?

- Share the learnings with your clinical teams and ensure practice processes are in place. See BOB controlled drugs good practice guidance series on <https://www.bucksoxonberksw.icb.nhs.uk/healthcare-professional-resources/medicines-optimisation-guidelines/>

CQC report: The safer management of controlled drugs: Annual update 2024

The CQC's controlled drug annual update has been published and can be viewed [here](#).

So what?

Please be aware of the key issues identified and the recommendations in the report for primary care

ScriptSwitch Insights: Monthly Top Medication Switches

Monthly Top Medication Switches

Utrogestan® 100mg capsules (oral) are significantly more costly than the generic equivalent, **progesterone micronised 100mg capsules (oral)**. Prescribing of the generic product is recommended in the [BOB ICB HRT formulary and treatment guidance](#).

In March 2025, 148 GP practices in BOB issued 4,415 prescriptions for Utrogestan® 100mg capsules (oral) at a cost to the NHS of £74,701. If the equivalent quantity of progesterone micronised capsules had been prescribed instead, this would have cost the NHS £47,084, representing a **monthly saving of £27,617** and an **annual saving of £331,404***

**assuming prescribing and prices remain constant*

So what?

Prescribe progesterone micronised 100mg capsules (oral) instead of Utrogestan® capsules where appropriate

Antimicrobial Stewardship (AMS) Update

Prescribing of antibiotics in children and children's AMS competition

The new [NHS Oversight Framework \(NOF\) 2025/26](#) introduces a new AMS metric for primary care:

≤27% of children (aged 0 – 9) prescribed antibiotics in the last 12 months.

BOB ICB currently benchmarks well (27.3% in the last 12 months) with many practices already below this target.

Data available on Prescqiipp [Children prescribed antibiotics in primary care - ICB dashboard](#).

Support for Prescribers:

Resources are available on the NHS futures platform including

- [Key AMS messages](#) for prescribers

- Diagnostic tools: [feverPAIN](#), [Centor](#) and a new [STARWAVE](#) tool, which predicts hospitalisation risk in children presenting with acute (≤ 28 days) cough and respiratory tract infection (RTI). See trial data it was based on [here](#)

Children's AMS art competition

To raise awareness in schools BOB ICB is running an art competition.

- Deadline: Friday 24 October 2025
- Winners announced to coincide with World Antimicrobial Awareness Week in November.
- More information and inspiration [Schools art competition! - Stay Well](#)

So what?

- Antibiotics are the most commonly prescribed drugs in children. Overuse contributes to resistance and long-term health outcomes.
- Prescribers are encouraged to review the available tools, especially STARWAVE, to support paediatric AMS.



Training, upcoming meeting and Resources



Respiratory Information and Resources

The BOB Integrated Respiratory Delivery Network (IRDN) have created a webpage on SharePoint to host respiratory resources to support your management of people with respiratory conditions. For the latest information from BOB IRDN, please see the newsletters on this [link](#).

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

Medicines Supply Information

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

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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