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SPS clinical advice enquiry service

The service is available to all healthcare professionals working in primary care (including community pharmacy) in England.: **Telephone contact - 0300 770 8564** or

Email - asksps.nhs@sps.direct

New dose formulation of Rybelsus™ (semaglutide) tablets

Rybelsus™ (oral semaglutide) has been reformulated. The new formulation has improved bioavailability resulting in lower required dosages. Dose equivalences are as below.

Initial formulation (one oval tablet)	Bioequivalent	New formulation (one round tablet)
3 mg (starting dose)	=	1.5 mg (starting dose)
7 mg (maintenance dose)	=	4 mg (maintenance dose)
14 mg (maintenance dose)	=	9 mg (maintenance dose)

Both formulations will temporally co-exist on the market; presenting a risk to patients. The manufacturer has provided a [patient transition guide](#) to support this change.

Action: Clinicians are asked that patients are advised of their new dose and to continue taking their 'new' tablet at a dose of ONE tablet daily. Consider using the manufacturer's supplied resources where possible.

Primary care prescribing of oseltamivir (Tamiflu®) and zanamivir (Relenza®) has changed

Previously, to allow NHS prescribing of influenza antivirals for the prophylaxis or treatment of influenza, the Department of Health and Social Care was required to notify primary care that the virus is circulating in the community.

This notification requirement has now been removed and year-round prescribing of these treatments is permissible. The SLS (Selected List Scheme) endorsement is still required and this must be ticked at the point of prescribing. .

Further information : [Government to combat flu outbreaks by removing red tape - GOV.UK](#)

Formulary updates

- Topical tacrolimus and pimecrolimus have been changed from **AMBER NO SHARED CARE** to **GREEN**. They are available to be initiated in primary care as per the Primary Care Dermatology Society's Eczema Treatment Pathways found [here \(adults\)](#) and [here \(children\)](#) and also in DXS.
- Oral pyridostigmine (**AMBER NO SHARED CARE**) has had a formulary extension for use in orthostatic hypotension. This is an off-label indication and is 3rd line after fludrocortisone and midodrine. Patients will be stabilised by secondary care before transferring to primary care.

College of Sexual and Reproductive Health (CoSRH) remind practitioners that analgesia must be offered for all IUD insertions

In response to a report which found 1 in 3 women experience excruciating pain during IUD insertion, the CoSRH reminds practitioners to follow their guidance and ensure that analgesia is offered, women can ask questions, request a pause, or stop the procedure at any point.

Levemir® (insulin detemir) to be discontinued– do not initiate any new patients

All formulations of Levemir® (insulin detemir) 100 units/ml are being discontinued; stock is anticipated to be exhausted by December 2026. The [Primary Care Diabetes & Obesity Society \(PCDO\)](#) and [Association of British Clinical Diabetologists \(ABCD\)](#) provides useful guidance to follow. In Frimley:

- Paediatric patients should all be under the care of the specialist paediatric diabetes service and the switch to an alternative should be managed by this team. Many paediatric patients will be on insulin pumps, where basal insulin is prescribed in case of pump failure, advise parents to discuss back-up insulin with the specialist at the next routine review.
- Type 1 adults on insulin pumps where insulin detemir is prescribed as back-up basal insulin in case of pump failure. Advise patient to discuss back-up insulin with specialist diabetes team at next routine review.
- Type 1 adults on basal bolus, these patients should all be under the care of the specialist diabetes service and the switch plus alternative should be managed by the hospital team. Where the patient is not under the care of the specialist offer referral, otherwise switch may be managed in primary care if appropriate.
- **Primary care action will be required for Type 2 adult patients.** Review any existing patients in line with the [guidance](#) and switch in primary care. If support from a DSN is required use Advice & Guidance, the DSN Hotline (King Edward VII) or via the usual pathways.

Searches for patients prescribed Levemir® may be found in Emis Enterprise in the following locations;

- Berkshire East CCG Reporting> MOT> Diabetes> Discontinued /Supply> Levemir (insulin detemir)
- NEHF CCG> Medicines Management 2025-26 > Supply Issues> Levemir (insulin detemir)
- Surrey Heath CCG Search & reporting> MOCH Anon> Discontinued /Supply> Levemir (insulin detemir)

Effects of antibiotic prescribing for respiratory tract infection on future consultations in primary care: a systematic review and meta-analysis

This systematic review and meta-analysis of randomised controlled trials (RCTs) and cohort studies in primary care in the UK aimed to determine the effect of antibiotic prescribing for respiratory infections on future short term reattendance (<28 days).

Relevant RCTs demonstrated a relative risk (RR) of reattendance of 1.10 (95% CI: 0.99 to 1.23) and cohort studies a relative risk of 1.21 (95% CI: 0.94 to 1.49).

Researchers conclude prescribing antibiotics for acute respiratory tract infections in primary care probably modestly increases future reattendance for similar conditions and that **reducing antibiotic prescribing may help decrease demand for primary care.**

Original article [here](#).

New Medicines Service (NMS) to include depression

Through the NMS, community pharmacists provide support to patients and carers, helping them manage newly prescribed medicines for eligible condition(s), supporting patients to make shared decisions about their care. The [service](#) focuses on specific conditions and depression has now been added to this list.

Further clarifications to the existing service have been made;

- Intervention consultation should occur 7–14 days after recruitment with follow-up 14–21 days after this.
- Subcontracting of the NMS is no longer permitted; only pharmacists employed by the pharmacy may provide NMS (and not via remote consultations from off-site locations).

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

- The lithium shared care document for North Frimley has been updated and is available [here](#).
- The NHS Frimley Maintenance and Reliever Therapy (MART) action plans have been updated. They can be found at the [NHS Frimley - Respiratory](#) folder and also on the individual monographs on the [Frimley Formulary](#)



2023 LeDeR report into avoidable and preventable deaths of people with learning disabilities

The report found that although the rate of avoidable deaths in people with learning disability and autistic people has fallen, it remains twice as high as in the general population.

Read the full report here: [here](#)

And the take home messages: [here](#)

LeDeR Annual Report

KING'S
College
LONDON

Erectile dysfunction medications- changes to the Selected List Scheme (SLS)

Generically written prescriptions for tadalafil and vardenafil no longer require the prescriber 'SLS' endorsement. However, the SLS endorsement requirements continue to apply to the branded versions (Cialis® and Levitra®).

Sildenafil remains the first line treatment option for erectile dysfunction at NHS Frimley. Prescribing guidelines listing other agents will be updated in due course.

Serious shortage protocols (SSPs) and the SPS Medicines Supply Tool

SSPs ensure that in the event of a serious drug shortage the effect on medical professionals and patients is minimal. A SSP allows the community pharmacist to dispense medicines and medical appliances that have been prescribed by a doctor, with a specified suitable alternative. Active SSPs may be found [Serious Shortage Protocols](#). The list currently includes;

- **Estradot**® 25, 50, 75 and 100 microgram patches
- **Cefalexin** 125mg/5ml and 250mg/5ml oral suspension sugar free
- **Creon**® 10,000 and 25,000 capsules

Cost effective use of sertraline for patients with difficulties swallowing/ tube feeding

There are two licensed formulations of sertraline liquid – both of which are non-formulary at Frimley ICB.

- Sertraline 100mg/5ml concentrate for oral solution sugar free **£54/60ml**
- Sertraline 50mg/5ml oral suspension sugar free **£201.80/150ml**

Oral sertraline tablets are far cheaper (50mg/100mg tablets cost <£1/month). In addition, sertraline 100mg/5ml concentrate for oral solution must be diluted before use in 120ml water / juice and may be confused with other preparations.

Swallowing difficulties

For swallowing difficulties NEWT suggests the licensed liquid may be used, or as an alternative (off label) the tablets may be dispersed in water for administration (they disperse in 1-5 mins); alternatively, the tablets may be crushed and mixed with food such as yoghurt or jam or water, orange juice or blackcurrant squash.

Via enteral feeding tubes

No information on administering the oral solution or suspension via enteral feeding tubes has been located; NEWT recommends the tablets are dispersed in water for administration. They disperse in 1-3 minutes.

See also the SPS guidance document [SSRI suggestions for adults with swallowing difficulties](#)

SCAN (South Central Antimicrobial Network) antimicrobial guidelines on the Eolas platform Survey

Just over a year ago, the SCAN (South Central Antimicrobial Network) guidelines for antimicrobial prescribing moved over to the Eolas platform. We are now seeking your valuable feedback on your experience using the SCAN antimicrobial guidelines via the Eolas platform. Your responses will help inform discussions with Eolas Medical in November and guide future improvements based on user feedback. The survey should take less than five minutes to complete. Many thanks in advance for completing the survey.

[SCAN \(South Central Antimicrobial Network\) guidelines on the Eolas platform questionnaire](#)



Appliance prescription management service



Frimley ICB is pleased to announce the launch of a new Appliance Prescription Management Service, provided by Bullen Healthcare, for all patients registered with a **Berkshire East or Surrey Heath GP** on 1st December 2025. The service is designed to provide enhanced support to patients requiring prescriptions for urology, stoma and trans-anal irrigation products.

The aim of the service is to streamline referrals, reduce complications and ensure patients receive the highest standard of care overseen by a team of specialist nurses and advisors.

The service will be responsible for reviewing patients receiving prescriptions for these products and transfer prescribing from GP practices to specialist nurses who are part of the new commissioned service. The service will oversee both the prescribing and review of patients with appliance-related issues, especially for those not already under the care of a local team in primary or secondary care.

We are aware that for practices in Berkshire East the BHFT Continence Advisory Service will currently be providing some of these items to your patients. The BHFT service will be stopping in early 2026 and we will manage the transfer of data and prescribing for patients under this service separately.

Individual practices will be contacted with the specific details regarding the necessary data transfer and go-live dates in advance of going live. We have created a staged implementation plan which means you may not receive the necessary information in advance of 1st December 2025. Bullen Healthcare will communicate directly with your patients and ensure that they are aware of the new process for requesting prescriptions. It is important to highlight that patients will retain the choice on where their prescriptions are dispensed.

Please share this information with relevant members of your team who are involved in the prescribing of urology and stoma products in your practice. In the meantime, please don't hesitate to get in touch with the Medicines Optimisation Team via the team mailbox frimleyicb.prescribing@nhs.net if you have any further questions.



The World Antimicrobial Awareness Week has been renamed by the World Health Organisation (WHO) to World Antimicrobial Resistance Awareness Week, or World AMR Awareness Week (WAAW). It takes place from 18th to 24th November each year. It aims to increase awareness of global antimicrobial resistance (AMR) and to encourage best practices among the public, health workers and policy makers to avoid the further emergence and spread of drug-resistant infection. Find practice [Campaign Resources](#).

The theme for WAAW 2025 is “Act Now: Protect Our Present, Secure Our Future.”

Focus on antibiotics in children and young people

Antibiotic use in children is high, especially in the zero-to-4-years category, is often inappropriate and is associated with harmful long-term effects linked to disruption of the gut microbiome.

Upper respiratory tract infections are prevalent in children, often leading to healthcare consultations and antibiotic prescribing – at least 40% of children are prescribed antibiotics for chest infections ([Little and others 2021](#)). Antibiotics are prescribed for a range of medical and non-medical reasons including perceived vulnerability of children ([Cabral and others 2015](#)), concern about a rapid change in clinical state ([Lucas and others 2015](#)), and to mitigate a perceived risk of future hospital admissions and complications ([Horwood and others 2016](#)), yet the evidence shows that for respiratory tract infections, the risk of complications is low and not prevented by prescribing antibiotics ([NICE 2020](#)). There are a range of resources available below to support managing infection in children and young people.

- Frimley Healthier Together website [here](#)
- SCAN antibiotic guidance [here](#)
- Gut Friends poster [here](#)
- Delayed back up prescription guidance [here](#)
- UKHSA Key Message infographics [here](#)

In addition there is a suite of Ardens Templates to support recording of infection presentations.

- ⇒ **Acute cough** - a template to record symptoms of an acute cough, any red flags present and when to consider a fast-track referral. The management page helps with decisions on prescribing antibiotics, considering pneumonia and COVID. There is a quick entry page that GPs may find useful to enter information in a quick, concise way.
- ⇒ **Otitis externa** - history, symptoms and examination details can be recorded on this template, as well as diagnosis, management plan and referrals.
- ⇒ **Otitis media** - this template allows full presentation details to be recorded, as well as management plan, prescribing, referrals, follow up and safety netting.
- ⇒ **Rhinitis template** - this template allows for the noting of history, examination findings, investigations and management of the condition, as well as any onward referral. There are several links to resources, both for patients and for healthcare professionals.
- ⇒ **Sinusitis** - the condition of sinusitis is defined in this template, which allows the user to fully document the patient's history and symptoms, along with management plan and referrals.
- ⇒ **Sore throat + tonsillitis** - this template allows the user to record the assessment of patients who present with acute sore throat symptoms. This template has links to Government guidance on Scarlet Fever and Invasive Group A Strep, and a link to the NHSE GAS Interim Clinical Guidance December 2022. There is a section on the Management page to record suspected scarlet fever and related details.
- ⇒ **Fever in Child under 5 years** template.

Templates are located in the **Ardens Live Toolset > Clinical Templates** folder. They may be accessed within the patient record by;

- Click on the Run Template option within the consultation.
- Click on the Add > Data using Template option outside of a consultation.
- Clicking on either of the options above will display the Template Picker screen.
- Search for the template you require using search box provided or via the navigation pane. Select the template and click on **OK**.

Alternatively, you can launch the template using the [Template Launcher](#). Once you have launched the template. Complete the template using the required fields and ensure you save the information, using the **Save** option. If using the template via the Run Template option within an open consultation, you will also need to click Save to save the consultation.

MOSCCH Corner: Marvellous Medicines



Marvellous Medicines is a series of interactive training sessions delivered by the MOSCCH team for care home staff. Each session begins with a lively **TRUE** or **FALSE** activity and a 'shout out' segment to encourage participation and introduce the topic. The one-hour sessions are held on Tuesday and Wednesday afternoons (with the same session repeated in a different week). Due to high demand, a Thursday afternoon session has been added.

Topics covered are selected due to issues or concerns raised by CQC visits, local authority requests, Structured Medication Reviews, care home support team, care home visits and/ or queries.

In 2025 sessions have included:

- Covert administration of medicines,
- Acute and time critical medicines,
- Medication audits,
- Homely Remedies.

Feedback has been positive. On average, attendees rated their confidence to apply the knowledge gained as **9.36 out of 10** (based on 127 anonymous responses).

Staff working with care homes, including the care home support team, CHC, local authority, and primary care staff attend.

Action: If practice/ PCN staff would like to attend Marvellous Medicines, contact the MOSCCH team at frimleyicb.moscch@nhs.net

Injectable therapies for weight loss Locally Commissioned Service (LCS) – Wraparound support

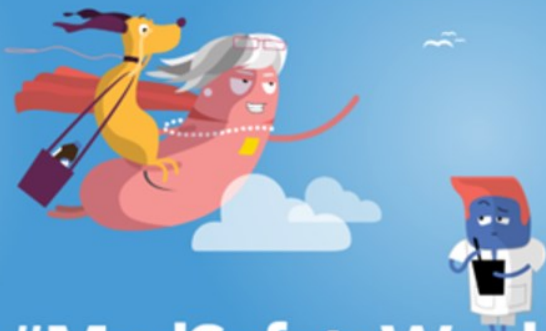
Wraparound behaviour change support to be offered when prescribing tirzepatide for weight loss.

For the delivery of the NICE Funding Variation of tirzepatide in England all patients must be provided wraparound support which incorporates nutritional and dietetic advice as a minimum and access to behavioural change components, as a mandatory requirement to access treatment.

Practices are required to ensure wraparound care is made available patients when prescribing. The support which incorporates appropriate nutritional and dietetic advice, physical activity guidance and behavioural change components, over a minimum time frame of 9 months is from the point of prescribing.

Action : Refer to the nationally provided Behavioural Support for Obesity Prescribing (BSOP) programme. Contact your practice manager for details about the LCS and BSOP, an email was sent out on 16th September 2025.

Get ready for



#MedSafetyWeek

3–9 November 2025

IF YOU ARE A
**HEALTHCARE
PROFESSIONAL,**
YOU CAN ASK...

1. What medicines are you currently taking?
2. Do you have any underlying conditions?
3. Do you have any allergies?
4. Are you taking any supplements or herbal/traditional medicines?
5. Do you know how to report side effects?



Frimley ICB Learning from Patient Safety Events (LFPSE) lessons and feedback



Incidents continue to be reported where it is not clear that a medication has been stopped on a patient's EMIS medication record, either the stopped medication has not been moved to the 'past medications' and/or there has not been a reason stated. See reported examples below:

- Patient was prescribed perindopril which was not tolerated and was replaced by losartan, however the perindopril was not moved to the past medications list. Fortunately, the patient knew that losartan was intended instead of perindopril and did not request both together.
- A patient was on rivaroxaban 20mg tablets daily which was reduced to 10mg daily but both strengths were left on repeat with no explanation for the change. It was fortunate that both strengths were not taken simultaneously as the patient was in a nursing home, and the staff were aware of the dose change.

Clinicians may not be aware of a function in EMIS which allows you to **replace** an old prescription with a new one- and thereby make it clear that there has been an intentional prescribing change. To use this function;

1. **Access medication:** Navigate to the patient's care record and select "Medication".
2. **Select medication:** Click on the specific medication you want to replace. You can select multiple medications using Shift or Ctrl keys if needed.
3. **Click replace:** With the medication selected, click the "Replace" button on the ribbon.
4. **Enter new details:** The "Replace a Drug" screen will appear. Enter the details of the new medication, such as the drug name, dosage, and frequency.
5. **Document reason:** It's crucial to document the reason for replacing the medication. This provides an audit trail for future reference and ensures clarity in the patient's medication history.
6. **Finalise:** Once you've entered the new details and the reason, click "OK" or "Save" to finalise the replacement. The replaced medication will be updated in the Past Drugs screen, with the historical data preserved.

Simvastatin and amlodipine CYP3A4 interaction

A patient was taking simvastatin 40mg ON, subsequently amlodipine was added for blood pressure control. There is an interaction between these two drugs, the SmPC for simvastatin states:

Patients on amlodipine treated concomitantly with simvastatin have an increased risk of myopathy. In a pharmacokinetic study, concomitant administration of amlodipine caused a 1.6-fold increase in exposure of simvastatin acid. Therefore, the dose of simvastatin should not exceed 20 mg daily in patients receiving concomitant medication with amlodipine."

To support prescribers this interaction is highlighted by EMIS (which suggests a decrease in simvastatin dose). Unfortunately the interaction was not noted and patient received both for some time. It was noticed at a medication review and the simvastatin was switched to atorvastatin, in line with NICE Guidelines for lipid control.

Naproxen not licensed in <16s (except for juvenile rheumatoid arthritis)

Naproxen 250mg tablets were prescribed by a GP for a 15 yr old patient. This was queried by the community pharmacist as the SmPC states;

Paediatric population (over 5 years)

For juvenile rheumatoid arthritis: 10mg/kg/day taken in 2 doses at 12-hour intervals. Naproxen is not recommended for use in any other indication in children under 16 years of age.

The LFPSE report did not state what the indication was, however the prescription was cancelled and the parent was advised to use OTC ibuprofen instead.

Many thanks for your reports so far
Please continue to report events via LFPSE so we can share learning and feedback.

MHRA alerts

[MHRA Safety Roundup: September 2025](#)

[MHRA Safety Roundup: October 2025](#)

[NICE Bipolar disorder: assessment and management](#) (recommendations on using valproate have been updated in line with MHRA safety advice on valproate use in males).

Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe

Patients should be reminded and reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children. Paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. It also acts as an antipyretic and is therefore used to treat fever.

[Paracetamol and pregnancy - reminder that taking paracetamol during pregnancy remains safe](#)

Coroner's report to prevent future deaths – medication used to treat ADHD



Timeline summary:

- February 2024 a 28 year old was diagnosed with ADHD by a private consultant psychiatrist, lisdexamfetamine 30mg was prescribed.
- June 2024 ECG, BP, heart rate and other investigations were undertaken in accordance with national guidelines and the dose increased to 50mg.
- August 2024 the dose was increased to 70mg, the BP and heart rate considered at this point were those submitted in June 2024 (when the patient was taking the 30 mg dosage). The patient reported feeling weird, with problems of poor sleep and exhaustion to his friends (but not his psychiatrist).
- 23 August 2024 he collapsed and died at his home.

The medical cause of his death was:

1. Sudden arrhythmic death syndrome;
2. Lisdexamfetamine treatment for ADHD.

The arrhythmia may have had a genetic cause or be linked to the medication. It was not possible to establish the precise cause.

Points to note

- The patient was not given any clear written advice from his psychiatrist regarding the side effects of lisdexamfetamine or the steps to be taken if any adverse side effects presented. This was a missed opportunity for the patient to have information which may have led him to seek medical advice which could in turn have led to a different outcome.
- The psychiatrist did not clearly document the patient's baseline blood pressure and heart rate prior to starting lisdexamfetamine or after increasing the dosage to 50 mg. Any advice given regarding adverse side effects was not recorded at any point. It also appears that the patient was not sent any follow up letter after the dose was increased to 70 mg
- Increased heart rate and insomnia are consistent with the effects of amphetamine use even when taken therapeutically and particularly at the start of a new treatment or at dose increases. This is why [NICE NG87](#) recommends –
 - Monitor heart rate and blood pressure and compare with the normal range for age before and after each dose change and every 6 months.
 - If a person taking ADHD medication has sustained resting tachycardia (more than 120 beats per minute), arrhythmia or systolic blood pressure greater than the 95th percentile (or a clinically significant increase) measured on 2 occasions, reduce their dose and refer them to a paediatric hypertension specialist or adult physician.

ADHD may include forgetfulness and inattention the potential side effects should be highlighted at each check and at medication review, and the patient informed of the appropriate action to take. Separately there is the potential for clinical decisions to be based on unreliable observations if the consultation is not face to face. Clinicians should ensure that the data given to them by the patient or their representative has been recently and accurately taken. If unsure, the patient should be brought into the practice.

Full coroner's report [here](#).

For advice to patients and carers refer to the Frimley Shared Care documents here: [BHFT](#), [Psicon](#) and [SABP](#)

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