

# NEL Prescribing and Medicines Newsletter

## January 2025

### Updates for Community Pharmacy across North East London

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## 1. NEL Smoking Cessation Service and Treatment Option Update

Information relating to NEL stop smoking services and prescribing arrangements for nicotine dependence across NEL have been updated and can be found [here](#).

In NEL, Nicotine Replacement Therapy (NRT) should only be accessed through the stop smoking services. GP practices should NOT prescribe NRT to patients. Patients needing NHS access to NRT should be referred to the local stop smoking services.

Primary care prescribers should only prescribe Varenicline or Cystine following receipt of a named patient letter of recommendation from a stop smoking advisor working within a local stop smoking service. Currently, each NEL local authority has their own supply arrangements for these medications and will differ according to their place so please refer [here](#) for the latest advice.

Patients started on any smoking cessation treatments by NEL NHS Trusts will be referred into a local stop smoking service for follow up as required. There should be no direct requests or expectations for NEL practices to prescribe smoking cessation treatments directly to patients that have been discharged. Requests from non-NEL trusts should also be referred to a local stop smoking service for follow up.

Bupropion formulary status has been updated as non-formulary across NEL and therefore should not be prescribed as it is no longer recommended for smoking cessation.

## 2. North East London Formulary and Pathways Group Update

### Formulary Updates

Approved Item	Additional information
Bupropion (Zyban): formulary status change from amber	Formulary status: GREY (Non-Formulary)
Bepanthen barrier cream: addition	Formulary status: GREEN
Etilerfrine in priapism caused by sickle cell disease (unlicensed use)	Formulary status: RED (Hospital Only)
NICE TA 1009 Latanoprost (Netarsudil®) for previously treated primary open-angle glaucoma or ocular hypertension	Formulary status: AMBER (Specialist initiated) <a href="#">Overview   Latanoprost - (Netarsudil®) for previously treated primary open-angle glaucoma or ocular hypertension   Guidance   NICE</a>

### Approved Guidelines

- Update on Tier 3 Weight Management services in North East London [An update on Tier 3 Weight Management services in north east London – North East London](#)  
  
Summary of Position: Tirzepatide (Mounjaro®) will not be available in NEL on an NHS prescription for weight loss purposes, until specialist weight management services start due in the spring 2025.
- NEL implementation document for continuous glucose sensors for adults with type 1 diabetes – update [T1DM-CGM-implementation-pathway-NEL-V-2.0.pdf](#)
- Initiation and transfer of prescribing of continuous glucose monitors (CGM) for adults living with type 1 diabetes in North East London – update [T1DM-CGM-pathway-transfer-of-care-NEL-V2.pdf](#)
- Training on Continuous Glucose Monitoring for Healthcare Professionals and People Living with Diabetes – new!  
[CGM-Healthcare-Professional-Training-and-Education-and-People-Living-with-Diabetes-Dec-2024-v-1.0.pdf](#)
- NEL Primary Care Emollients Guideline – updated to reflect MHRA alert information.  
[Medicines Guidelines – Skin – North East London](#)

### 3.Safer prescribing of valproate

January 2025

#### Safer prescribing of valproate guidance note

In response to the MHRA [National Patient Safety Alert](#) and [Drug Safety Update](#), NEL Teratogenic Medicines Safety Group (TMSIG) have developed a guidance note for prescribers to support the implementation of the valproate safety measures. Over the next few months, we will be launching a dashboard to support local implementation and templates for EMIS and SystmOne. A webinar in collaboration with the NEL Training Hub will be delivered to provide an update on the valproate safety measures.

The updated valproate safety measures are:

All initiations in **new patients (male or female) under 55 years must be agreed by two independent specialists with documented evidence that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply.**

**At their next annual specialist review, women of childbearing potential and girls should be reviewed using a revised valproate [Annual Risk Acknowledgement Form \(ARAF\)](#), to include a second specialist signature if the patient is to continue with valproate and subsequent annual reviews with one specialist unless the patient's situation changes.**

**Inform male patients (of any age) who may father children of the risks while they are taking valproate or in the 3 months after stopping valproate.** There is a potential small increased risk of the child being diagnosed with a mental or movement related developmental disorder (neurodevelopmental disorder) **at initiation of valproate or at their next regular treatment review**

At their **next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options. Only newly initiated male patients require a [Risk Acknowledgement Form \(RAF\)](#).**

#### Actions for general practices

- Initiate an EMIS (or SystmOne) search to identify male and female patients prescribed valproate
- Check that all female patients under 55 years prescribed valproate have a valid Annual Risk Acknowledgement Form (ARAF)
- Check that all **newly initiated** male patients under 55 years of age prescribed valproate have a valid Risk Acknowledgement Form (RAF)
- Advise patients, **do not stop taking valproate** unless you are advised to do so by a healthcare professional
- Ensure the ARAF and RAF are coded on EMIS (or SystmOne):

Valproate Annual Risk Acknowledgement Form Completed	<b>1366401000000107</b>
Referral for completion of Valproate Annual Risk Acknowledgement Form	<b>1366381000000107</b>
Risk Acknowledgement Form for Male Patients Starting Valproate Completed	<b>2078961000000109</b>

- Please discuss the pregnancy prevention programme with all patients of childbearing potential and code the outcome on EMIS (or SystmOne):

Pregnancy Prevention Programme (PPP) started	<b>1129771000000103</b>
Pregnancy Prevention Programme (PPP) not needed	<b>1129791000000104</b>
Pregnancy Prevention Programme (PPP) declined	<b>1129801000000100</b>

Pregnancy Prevention Programme (PPP) declined by parent	1129821000000109
Pregnancy Prevention Programme (PPP) declined by caregiver	1129811000000103
Pregnancy Prevention Programme (PPP) discontinued	1129841000000102

- Please discuss contraceptive methods with all patients (female and male) prescribed valproate.
  - In women and girls of childbearing potential prescribed valproate, highly effective contraception should be used. If highly effective contraception is not used, two forms of (including one barrier method) complementary contraception is recommended. Follow the advice from the MHRA [contraceptive methods for women taking medicines with teratogenic potential](#).
  - As a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate. Follow the [advice for male patients on valproate to use contraception](#) and consult the [visual risk communication diagram when counselling on the risks](#).
- Ensure all patients of childbearing potential have an annual **specialist** review.
- For further information please consult the MHRA guidance on [valproate use by women and girls](#) and the drug safety update on [valproate use in men](#).

### Patient information

[Patient guide](#) to be provided to all girls and women of childbearing potential (or those responsible for their care) who are started on, or continue to use, valproate.

[Patient card](#) to be given by pharmacists to all female patients (or those responsible for their care) who are dispensed valproate to inform them of the risks.

Patient-friendly information on contraception methods in [epilepsy](#) or [bipolar-disorder](#) decision tools.

**Please continue to record suspected adverse drug reactions to the [Yellow Card scheme](#).**

**Please continue to record medicine patient safety incidents to [Learning From Patient Safety Events](#).**

## 4. MHRA Alerts and Drug Safety Updates

### Update on Serious Shortage Protocols (SSPs)

Serious Shortage Protocols (SSPs) have been issued for Estradot® 50 microgram, 75 microgram and 100 microgram patches, which are currently in short supply.

[SSP079 Estradot 50mcg patches SIGNED.pdf](#)

[SSP080 Estradot 75mcg patches SIGNED.pdf](#)

[SSP081 Estradot 100mcg patches SIGNED.pdf](#)

The SSPs will allow pharmacists to substitute the equivalent strength Evorel® or Estraderm MX® patches.

The SSPs for these products came into effect on 19 December and are currently scheduled to end on the following dates:

- SSP079 - Estradot® 50 microgram patches – end date *28 February 2025*
- SSP080 - Estradot® 75 microgram patches – end date *19 January 2025*
- SSP081 - Estradot® 100 microgram patches – end date *28 January 2025*

National Patient Safety Alert: Shortage of Pancreatic enzyme replacement therapy (PERT)

A National Patient Safety Alert has been issued on the [shortage of pancreatic enzyme replacement therapy](#) (PERT) (NatPSA/2024/013/DHSC issued on 18<sup>th</sup> December 2024).

There are limited supplies of PERT:

**Creon® 10,000 and 25,000 capsules remain in limited supply until 2026.**

**Nutrizym® 22 capsules and Pancrex V® capsules and powder are intermittently available but are unable to fully cover the gap in supply.**

This alert contains actions which are in addition to those outlined in the National Patient Safety Alert ([NatPSA/2024/007/DHSC](#) issued on 24th May 2024).

There is no clinical alternative to PERT and patients cannot go without treatment. The supply issue is impacting primary care suppliers to a much greater extent. There is potential risk of patients not receiving PERT due to on-going supply disruption.

### **Actions for general practices**

- Prescribe a maximum of one month's supply of PERT for all patients at a time.
- Prioritise available Creon 10,000 capsules for patients unable to take Creon 25,000 capsules only.
- Prioritise remaining stock of Nutrizym® 22 capsules for patients unable to tolerate Creon capsules.
- Immediately refer patients to a specialist for advice on alternative treatments if above options are not suitable.

### **Actions for community pharmacy**

- Pharmacists presented with repeat prescription for PERT should only supply the equivalent to one month's supply in accordance with [SSP060](#) and [SSP061](#).

NHS North East London ICB is currently developing a local mitigation plan to address the shortages of PERT. It will be circulated to community pharmacies, GP practices, and local trust pharmacy teams by the 31<sup>st</sup> January 2025.

For updates on stock availability, optimisation of doses and symptom control, as well as information on switching between products and available unlicensed preparations, please refer to the SPS webpage '[prescribing and ordering available pancreatic enzyme replacement therapies](#)'.

### **Further information on medicines safety**

Please consult the following for further information on alerts, recalls, supply issues and medicines safety information:

- MHRA [Drug Safety Updates](#)
- SPS [Medication Safety Update](#)
- SPS [Medicines Supply Tool](#) (login required)
- [Serious Shortage Protocols](#) (SSPs)
- MHRA [Alerts, recalls and safety information: medicines and medical devices](#)
- MHRA [Medicines alerts, recalls and notifications](#)

## **5. Learning from Medicines Patient Safety Event – London Highlight**

### **Incident – Fraudulent prescribing of controlled drugs**

The London Controlled Drug Accountable Officer Local Intelligence Network recently shared an incident that involved another London ICB for learning purposes. The incident involved a practice-employee who generated

paper prescriptions for dexamfetamine (Schedule 2 Controlled Drug) on a patient record. The patient noticed dexamfetamine prescribed on their record and informed a member of staff at the practice.

#### **Issues identified from the investigation of the incident:**

- No clear documentation or audit of clinical system user level access across the practice.
- Ease of access to printing from clinical systems in non-clinical areas across the practice.
- Ease of access to blank FP10 prescriptions.
- Unable to determine if the fraudulent prescriptions were dispensed and therefore unable to establish if medicines were fraudulently obtained

#### **Learning from the incident:**

- The need to implement local policies and procedures for the management of controlled drugs and access rights to clinical systems.
- Importance of regularly reviewing and auditing appropriate access levels to clinical systems.
- Limit access/ability to print prescriptions and introduce a system of recording any prescriptions that are printed.
- Practices to have policies for: issuing prescriptions for controlled drugs; printing paper prescriptions; and controlled stationary management.
- Conducting regular medication reviews.
- Carrying out appropriate pre-employment checks.
- The need for collaboration between the NHS Counter Fraud team, Integrated Care Board, Controlled Drug Accountable Officer and the general practice.
- The need to audit prescribing of controlled drugs and reconcile medicines with a documented clinical history.

#### **Actions for general practices:**

- If anyone has a concern that prescriptions are being misused by someone within or outside the GP practice, report to the Practice CD Lead who should investigate and escalate appropriately
- Please review existing processes to ensure they align with the practical guidance in the [CQC Mythbuster on the management of controlled drugs](#)
- Liaise with the place-based Pharmacy and Medicines Optimisation Pharmacist via email on [nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net)
- Please report the incident to the NHSE London Region CDAO team via the CD Reporting website [www.cdreporting.co.uk](http://www.cdreporting.co.uk) and include a crime reference number (if you have one)
- If helpful to discuss any concerns with the NHSE London Region CDAO team, please contact them via email at [england.londoncdaccountableoffice@nhs.net](mailto:england.londoncdaccountableoffice@nhs.net) and they will arrange a call with you.
- Report this within the practice according to the practice Whistleblowing protocol. If you feel unable to do so, you can report anonymously to NHS Counter Fraud Authority phone 0800 028 4060 or on website <https://cfa.nhs.uk/reportfraud>.

#### **Actions for community pharmacy**

Community pharmacists are strongly urged to do the following for all paper NHS prescriptions especially where they concern controlled drugs:

- Most FP10s are now sent to community pharmacies electronically, please give proper scrutiny to all paper prescriptions and particularly where they are for controlled drugs to ensure you minimise the likelihood of dispensing a fraudulent prescription.
- Check the prescription validity and if found to be not valid / fraudulent, then do not dispense (retain the script, if possible, without putting staff at risk).
- Please report the incident to the NHSE London Region CDAO team via the CD Reporting website [www.cdreporting.co.uk](http://www.cdreporting.co.uk) and include a crime reference number (if you have one).
- If helpful to discuss any concerns with the NHSE London Region CDAO team, please contact them via email at [england.londoncdaccountableoffice@nhs.net](mailto:england.londoncdaccountableoffice@nhs.net) and they will arrange a call with you.

## 6. How to record Medicine Patient Safety Events

All primary care services including community pharmacy are encouraged to use the [Learn from Patient Safety Events Service \(LFPSE\) incident reporting e-form](#) to record the details of patient safety events, contributing to a national NHS wide data source to support learning and improvement.


Integrated Care Boards (ICBs) analyse the aggregate data to identify patterns and trends across providers. This valuable insight helps ICBs prioritise and coordinate improvement efforts, supporting providers in implementing effective solutions to enhance patient safety and care quality!

Practice staff should use the LFPSE system for any events where:

- a patient was harmed or could have been harmed.
- there has been a poor outcome, but it is not yet clear whether an incident contributed or not.
- risks to patient safety in the future have been identified.
- safe and effective care has been delivered that could be learned from to improve patient safety.

The updated [Incident Reporting Approved Particulars](#) set out the regulatory and contractual obligations to record safety events – make sure to check it out before submitting a report.

Work in primary care? More information for you [here!](#)

 Access your own data and explore further by looking at the [national](#)

 Did you know recording safety events can help NHS England [identify National Patient Safety Alerts?](#)

Explore how your reporting [helps keep patients safe](#) and contribute to your CPD and professional registration requirements



Sign up for a LFPSE account [here](#)

Watch [this video](#) to learn more about LFPSE Service 



Please ensure you assign the medicines-related patient safety event as a “medication event” on LFPSE.

Recording on LFPSE helps meet statutory and national policy requirements, ensuring compliance with regulations. Recording events can contribute to a positive CQC rating.



## 7. Reminder: Desogestrel and Patients with Peanut and/or Soya Allergy

Please be reminded that some desogestrel products are contraindicated in patients with peanut or soya allergy. This is because they contain soyabean oil.

**Desogestrel must be prescribed and supplied by brand name for patients with peanut or soya allergy.**

Brands which do not contain soyabean oil and are safe to prescribe for patients with peanut or soya allergy include: Cerazette<sup>®</sup>, Cerelle<sup>®</sup>, Zelleta<sup>®</sup>, Desomono<sup>®</sup>, Desorex<sup>®</sup>

## 8. Views on Early Career Pharmacist Development

From summer 2026, new Pharmacy registrants will enter the pharmacist workforce as independent prescribers.

This new generation of early careers pharmacists (ECP) will require education and career pathways that are aligned to their new skills and knowledge to enable the further development to meet service delivery needs.

The survey is inviting all those who are involved in the training and development of early careers pharmacists to help shape the post-2026 vision for early career pharmacist education and training. This includes ICS pharmacy workforce leads, all sector employers (including Community Pharmacy and GP Practices), managers, and supervisors. Please use the survey link below to share your views. Outcomes of the survey will be collated to support the national work on post-registration training for early careers pharmacists.

Particularly feedback is requested from community pharmacy and GP practice/PCN pharmacists due to a low representation rate in the responses to date. The survey will close on Friday 31st January 2025.

Survey link: <https://app.onlinesurveys.jisc.ac.uk/s/healtheducationyh/ecp-reform>



QR code:

If you have any questions or wish to discuss this work further, please contact [jennifer.guffie@nhs.net](mailto:jennifer.guffie@nhs.net).

## 9. National Lipid Management Webinar – Statins and Beyond

The National Cardiovascular Disease Prevention Team at NHS England will be hosting the National Lipid Management Webinar on **Wednesday, 26th February 2025, 1pm - 2pm.**

Register now using this [link!](#)

The webinar link and agenda will be shared closer to the time. Topics will include:

- The importance of optimal lipid management in the context of CVD Prevention
- National policy relating to lipid management
- Levers and drivers to improve lipid management at GP practice, PCN and ICB level
- Tools and resources to support frontline staff



- Dispelling myths and misconceptions in lipid management

This webinar will be chaired by **Helen Williams, National Clinical Director for Cardiovascular Disease Prevention at NHS England.**

Registration for this event will close at 10am on 26<sup>th</sup> February 2025.

For queries, please contact [england.clinicalpolicy@nhs.net](mailto:england.clinicalpolicy@nhs.net) with subject: National Lipid Management Webinar - Statins and Beyond.

## 10. Help with NHS App

The NHS App team are looking for GP practices and community pharmacies to provide views on some of the Roadmap items the team want to take forward in the NHS App to improve the medicines ordering journey.

Interested community pharmacies please contact for further information:-

- **Jo Cameron** ([jo.cameron5@nhs.net](mailto:jo.cameron5@nhs.net))

## 11. Contact Details and Additional Resources

### CONTACT DETAILS

NEL ICB Pharmacy and Medicines Optimisation Team (PMOT)

For prescribing and medicines enquiries:  
[nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net)

For all enquires, reporting concerns or incidents relating to Controlled Drugs

[england.londonaccountableoffice@nhs.net](mailto:england.londonaccountableoffice@nhs.net)

Report CD incidents using the national reporting tool  
[www.cdreporting.co.uk](http://www.cdreporting.co.uk)

### RESOURCES

For Pharmacy & Medicines Optimisation Team Resources

<https://primarycare.northeastlondon.icb.nhs.uk/home/meds/>

For Medicine Supply Shortages

[Click here](#) for **SPS Medicines Supply Tool** which offers up-to-date information on Medicines Shortages, provided by DHSC and NHSE/I.

[Register](#) with SPS free-of-charge to access.

For PGD Updates

UK Health Security Agency (UKHSA) – [click here](#)  
SPS – [click here](#)  
NHS England (NHSE) – [click here](#)

For MHRA information

For all MHRA updates on alerts, recalls and safety information on drugs and medical devices [Alerts, recalls and safety information: drugs and medical devices - GOV.UK](#)

Learn from Patient Safety Events Service (LFPSE)

For reporting patient safety incidents and misses  
[NHS England » Learn from patient safety events \(LFPSE\) service](#)

For Medicines Safety Tools - PrescQIPP

[PrescQIPP - Medicines safety](#)

**For reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme**

[Yellow Card | Making medicines and medical devices safer](#)

**For your information:**

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