

# NEL Prescribing and Medicines Newsletter

## March 2025

### Updates for Primary Care across North East London

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## 1. Opportunity To Support Pipeline Pharmacist Workforce – Designated Prescribing Practitioner (DPP)

**We are seeking innovative GPs and PCNs to partner with community pharmacies in NEL to offer cross-sector placements for Foundation Trainee Pharmacists (FTP).**

As part of this novel initiative, GPs and PCNs are being asked to support prescribing training for FTPs during the foundation training year. This requires supervision from a Designated Prescribing Practitioner (DPP).

#### Funding:

A £1500 contribution towards training and supervision is available for providing a placement to deliver the minimum 90hrs of supervised prescribing practice. How this is delivered can be negotiated with the partner community pharmacy e.g. 2-week placement block, 1 day a week over 12 weeks etc

#### Benefits:

- Staff retention and growth** - Cultivate a pipeline of skilled professionals who are familiar with your organisation's culture and processes
- Strengthen cross-sector relationships** – Opportunity to work with colleagues across the ICS and integrate knowledge from both settings to streamline service delivery
- Team flexibility and workforce support** – FTPs can support across a range of services where trained, freeing up other health professionals to focus on more complex tasks
- Mentorship and Leadership Development** - provides senior pharmacists and team members, the opportunity to develop their leadership, mentoring, and teaching skills

### DPP Requirements:

- Registered healthcare professional (e.g. Doctor, Pharmacist, Nurse).
- Independent Prescribing Qualification with active prescribing experience (no minimum years as a prescribing practitioner required, though a level of prescribing competence recommended based on frequency of activity)

### DPP Key Responsibilities:

- Provide clinical oversight and mentorship, ensuring safe and effective prescribing practices
- Conduct regular reviews and assessments of trainees' prescribing competence
- Supervise and support FTPs in their prescribing activities to total a minimum of 90 hours supervised practice. **NB: some of the supervised activities can be delegated to other prescribers, with oversight from the DPP**
- Summary of prescribing activities and supervised learning events (SLEs), NB: required SLE forms linked below:

Observed Clinical Activities	Permitted Supervised Learning Events (SLEs)			
	<a href="#">Mini-clinical evaluation exercise (Mini-CEX)</a>	<a href="#">Direct Observation of Practical Skills (DOPS)</a>	<a href="#">Case Based Discussion (CBD)</a>	<a href="#">Medicines Related Consultation Framework (MRCF)</a>
History taking	✓	✓		
Physical and Clinical Examination Skills		✓		
Prescribing Consultation	✓			✓
Prescription Writing		✓	✓	
Log of 90 hours	Each Observed Clinical Activity must be assessed <b>a minimum of three times</b> using a SLE and contributes to the log of 90 hours, for more info see: <a href="#">NHS E Foundation Trainee Pharmacist Programme: Practice-based Assessment Strategy</a> .  To learn more about the different SLEs see: <a href="#">E-portfolio and Downloadable resources</a>			

### Interesting in being involved?

To express interest in offering a minimum 90 hours prescribing placement for a FTP or to find out more information, please contact [nelondonicb.prescribingqueries@nhs.net](mailto:nelondonicb.prescribingqueries@nhs.net).

In addition to the above ask, GPs and PCNs also have the opportunity to engage as direct employers of funded FTPs or as a rotation provider (13 weeks or longer), please ask for further details.

### Resources:

To find out more about Foundation Pharmacist Training including workforce benefits to practices, PCNs and the ICS, please:

- Watch a webinar from a GP practice in North West London where these cross sector programmes are well established: [Foundation Pharmacist Training in GP/PCNs: What's in it for me?](#) Or [webinar slides](#)

- Read a blog in The Pharmacist News about how foundation pharmacist training works at Argyle Surgery in West London [here](#)
- See essential [Information for General Practice about Foundation Pharmacist Training](#)

## 2. Management of Colistin (Colistimethate) supply shortages

Colistin (Colistimethate) is an antibiotic used for the treatment of multiple antibiotic resistant Gram-negative bacterial infections. It is more commonly used for the treatment of pseudomonal adult and paediatric cystic fibrosis and non-cystic fibrosis bronchiectasis and normally prescribed by brand. Colistin currently has a 'shared care' status on the NEL Joint Formulary.

There have been reports of local shortages of Colomycin® unit powder for solution for injection, infusion or inhalation vials affecting both the 1 million units and 2 million units (MU) preparations. The medicine is shared care on the NEL Joint Formulary. Below is a summary of current supply distribution affecting three brands of Colistin (Colistimethate):

Brand	Strength	Routes for administration	Current supply distribution
Colomycin®	1 and 2 MU	Injection, infusion and nebulisation	Limited supply until late March 2025 and mid- April 2025.
Promixin®	1 MU	Nebulisation via the I-Neb device only	Discontinued from early May 2025 and unavailable to support Colomycin® brand shortage. See recent <a href="#">National Patient Safety Alert</a>
Colicym®	1 MU	Nebulisation	Available and can support increase in demand

For updates on stock availability and information on alternative brands products, please refer to the Specialist Pharmacy Service (SPS) [Medicines Supply Tool](#) and the [Electronic Medicines Compendium](#) (EMC).

### Actions for general practices

#### For patients established on Colomycin®

Established on:	Switch to:	Instructions:	Comments
Colomycin® 1 MU Dose	Colicym® 1 MU Dose	Reconstitute a 1 MU vial with 2.5mL of 0.9 sodium chloride, swirl gently until all powder is dissolved, withdraw the reconstituted solution and administer via nebuliser as directed.	
Colomycin® 2 MU Dose and unable to get stock from community pharmacy	Colicym® 1 MU vials but at 2 MU dosing by doubling quantity/	Reconstitute each 1 MU vial with 2.5ml of 0.9% sodium chloride, swirl gently until fully dissolved. withdraw 2 MU (5ml) from both vials and administer via nebuliser as directed.	Ensure to double the 1 MU vial quantities prescribed on prescription.
Sodium Chloride 0.9% 2.5ml vials for nebulisation	Sodium Chloride 0.9% 2.5ml vials for nebulisation	Use 2.5ml to reconstitute each 1 MU Colicym® vial for nebulisation as directed	Ensure quantities to supply match the dose.
Colomycin® 2 MU Dose but confirmed that patient/ carer is	No need to switch to Colicym®	Prescribe as before	

still able to get stock from local community pharmacy			
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### When prescribing Colicym® (alternative Colistin)

- Prescribe Colicym® (colistimethate) 1 million unit powder for nebuliser solution unit dose vials:
  - Where a patient requires a **1 MU** dose, please provide the following instructions:
    - *Reconstitute a 1 MU vial with 2.5mL of 0.9 sodium chloride, swirl gently until all powder is dissolved, withdraw the reconstituted solution and administer via nebuliser.*
  - Where a patient requires a **2 MU** dose, please increase the amount supplied to take into consideration the higher dose and please provide the following instructions:
    - *Reconstitute each 1MU vial with 2.5ml of 0.9% sodium chloride, swirl gently until fully dissolved withdraw all the prepared solution from both vials (total volume of 5mL)*
- Please ensure you prescribe sufficient quantities of [0.9% sodium chloride nebuliser liquid](#) and advise the pharmacies to provide syringes (e.g. syringes for liquid medication) where needed

Please note the summary of product recommends reconstitution with 3mL 0.9% sodium chloride. Please use 2.5ml 0.9% as recommended to enable easier reconstitution and minimise the need for measuring volumes and syringes.

Please click on the following link for the: [Summary of Product Characteristics Colicym® 1 MU Powder for nebulisation.](#)

Please click on the following link for the: [Patient Information Leaflet Colicym® 1 MU Powder for nebulisation](#)

### For patients recommended for/or currently prescribed Promixin®

- Do not initiate new patients on Promixin® 1-million-unit powder for nebuliser solution UDVs.
- Pro-actively identify patients on Proximin® and establish if their respiratory specialist team have made contact
- If the patient has no respiratory specialist involvement, **immediately refer them to their respiratory specialist to switch to an alternative colistin (colistimethate) preparation**
- Please note respiratory specialists will contact affected patients and review all currently prescribed Promixin

## 3. MHRA Latest Drug Safety Updates

### NatPSA Managing Pancreatic Enzyme Replacement Therapy (PERT) supply shortages update

All information about local actions to the Pancreatic Enzyme Replacement Therapy (PERT) supply shortages can be found on the [NEL Primary Care Portal Medicines Optimisation under Medicines Supply Problems](#) section.

### MHRA Latest Drug Safety Updates

A Drug Safety Update was published on 12<sup>th</sup> March 2025 to advise 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).

<b>Summary of advice for general practices</b>
<ul style="list-style-type: none"><li>• Advise patients that immediate-release opioids are used for short-term treatment of pain</li></ul>

- Discuss with the patient non-pharmacological management strategies e.g. [10 ways to reduce pain - NHS](#) and other support self-management tools e.g. [Live Well with Pain](#)
- Prolonged-release opioids provide relief from chronic severe pain, however, they should **not** be used for the treatment of acute pain following surgery.
- Please note at discharge from the hospital it advised that:
  - hospitals should only prescribe and supply a sufficient amount of immediate-release opioids to treat acute post-operative pain to minimise the risk of PPOU, dependence, stock piling of unused opioids and potential for diversion
  - hospitals should communicate the pain management plan with the primary care practice taking over care in the community and document in patient clinical note
- Advise patients there is a greater risk of respiratory depression (problems breathing) and persistent post-operative opioid use with prolonged release opioids
- Advise patients if they notice new or increased trouble with their breathing, dial 999 as this could be a sign of respiratory depression.

### Serious Shortage Protocols (SSPs)

Serious Shortage Protocols (SSPs) have been extended for Estradot® 50 microgram, 75 microgram and 100 microgram patches. All active SSPs can be accessed here: [Serious shortage protocols \(SSPs\) | NHSBSA](#)

### 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](#)
- [MHRA Alerts, recalls and safety information: medicines and medical device](#)
- [Letters and medicine recalls sent to healthcare professionals in January 2025](#)

## 4. Safer Use of Controlled Drugs (CD): Focus on CD Monitoring in NEL

NHS North East London (NEL) ICB Pharmacy and Medicines Optimisation team is responsible for assisting the London Controlled Drugs Accountable Officer (CDAO) with CD monitoring as required under the [CD \(Supervision of management and use\) Regulations 2013](#). Local data is analysed by the team to identify any unusual or excessive prescribing and when prescriptions are being issued for more than 30 days on a regular basis.

Findings from review of recent CD prescribing	Learning point
<b>Concurrent gabapentin and pregabalin prescribing:</b>  It was found that a minority of patients were prescribed both gabapentin and pregabalin in error.	<ul style="list-style-type: none"> <li>• Prescribers are reminded to be vigilant to clinical system warning alerts about combinations of medicines.</li> <li>• Community pharmacists, please remain vigilant to concurrent prescribing of gabapentinoids and challenge with prescriber.</li> <li>• For any errors identified, a reminder to always use the <a href="#">Learn From Patient Safety Events (LFPSE)</a> reporting form to record and report any errors or near misses.</li> </ul>

<p><b>Fentanyl immediate-release (IR) preparations:</b></p> <p>In the majority of patients where Fentanyl IR was prescribed this was for chronic pain conditions.</p>	<ul style="list-style-type: none"> <li>Guidance from <a href="#">NICE</a> is clear that opioids are not indicated for chronic non-cancer pain, and <a href="#">guidance</a> from the Royal College of Anaesthetists (the professional body for doctors that specialise in pain) has been clear about the harm that can be caused. <sup>1</sup></li> <li>Fentanyl IR should <u>not</u> be initiated in primary care and should only be prescribed following specialist advice, if no other alternative medicine/intervention is clinically appropriate for its licensed indication. <sup>2</sup></li> <li>Above advice does not apply to patients undergoing palliative care treatment and where the recommendation to use Fentanyl IR in line with <a href="#">NICE</a> guidance has been made by a multidisciplinary team or specialist in palliative care. <sup>2</sup></li> </ul>
<p><b>Pethidine prescriptions:</b></p> <p>In a minority of cases, pethidine is being prescribed in NEL for chronic pain conditions.</p>	<ul style="list-style-type: none"> <li>The British Pain Society (BPS) and the Faculty of Pain Medicine advise to never prescribe pethidine in any form for the management of chronic non-cancer pain (unless on the advice of a specialist pain management team).<sup>3</sup></li> <li>Pethidine is particularly unsuitable for patients with persistent pain. Its high lipid solubility and rapid onset/offset may predispose patients to problem drug use. Its active metabolite norpethidine can lead to serious central nervous system side effects. <sup>4</sup></li> </ul>

## 5. NEL Teratogenic Medicines: Valproate Safety Webinar

The Teratogenic Medicines Safety Improvement Group (TMSIG) and the NEL Training Hub are hosting a valproate safety update webinar.

It will provide an update on risks associated with valproate use in girls and women of childbearing potential and boys and men of reproductive potential.

It will cover the latest resources to support with implementing the new valproate safety measures and regulations locally, launch the NEL Valproate dashboard and templates to support with monitoring patients at risk.

**Thursday 3rd April 2025 1:00pm – 2:00pm.** Register [here](#)

Audience: General Practitioners, Clinical Pharmacists in General Practice, Community Pharmacists, PCN Pharmacists, Pharmacy technicians.

For any questions, email: [johanna.north1@nhs.net](mailto:johanna.north1@nhs.net)

## 6. NEL Prescribing Quality Scheme 2025/2026

The NEL 2025/26 Prescribing Quality Scheme (PQS) has been launched.

The content of the scheme has undergone consultation with NEL LMCs and PCNs. As discussed with those we consulted with, the timing of the scheme reflects the recommendations by the System Pharmacy and Medicines

Optimisation (SyPMO) Board to pause an earlier scheme to evaluate the previous Prescribing Quality scheme and take into consideration the recent landscape and pressures faced in primary care.

The work and submission requirements of the PQS has been significantly adjusted this year, to reflect these challenges. In addition, a new advanced payment is available for practices who meet certain mid-point targets for various indicators. Final approval for this PQS has been provided by the NEL SyPMO Board.

The 2025/26 PQS (and supporting documents) will be uploaded on the NEL Pharmacy and Medicines Optimisation Team intranet page here: [Medicines Optimisation – North East London \(icb.nhs.uk\)](https://icb.nhs.uk/medicines-optimisation-north-east-london).

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

Formulary Updates	
Approved Item	Additional Information
Staladex® 11.25mg (Leuporelin) for use in Prostate cancer: addition	Formulary status: <b>AMBER</b> (Specialist initiation or recommendation)
Dexmedetomidine intranasal for <b>Paediatric</b> use in : <ul style="list-style-type: none"> <li>Painless Procedural Sedation – NEL</li> <li>Auditory Brain Stem Response testing - BH only</li> <li>Premedication - NEL</li> </ul> (Off label use)	Formulary status: <b>RED</b> (Specialist or hospital only prescribing)
Approved Guidelines	
NEL Adult Asthma Guidelines Jan 2025	Update: To reflect the recent updates from NG244 Joint BTS/NICE/SIGN Asthma Guidelines published 27 <sup>th</sup> November 2024.  Information can be found via this link: <a href="#">Medicines Guidelines- Respiratory – North East London</a>
Shared Care guideline: Riluzole To extend life or the time to mechanical ventilation for patients with amyotrophic lateral sclerosis (ALS) variant of motor neurone disease.	Note: Homerton Hospital has no service provision for this medication Information can be found via this link: <a href="#">NEL-wide (non-mental health) – North East London</a>
NEL formulary for oral contraceptives	This document has had a minor update to include safety information regarding excipients in some generic Desogestrel products. The advice is to check allergy status when prescribing for patients.  <i>Please note full guideline has not been reviewed.</i>



	Available to access: <a href="#">Medicines Guidelines – Obstetrics, Gynaecology, Urinary Tract Disorders – North East London</a>
Relugolix for the treatment of hormone sensitive prostate cancer in adults- Primary Care prescribing Support Factsheet (approved December 2024 as <b>Amber</b> status drug)	Available to access: <a href="#">Relugolix-Prescribing-Support-Fact-sheet-v1.1.pdf</a>
Implementation document for continuous glucose sensors (CMG) for adults with type 1 diabetes (NEL) V2.2	Updated. Available to access : <a href="#">Medicines Guidelines – Diabetes – North East London</a>
High-Cost Drug Treatment pathway for Rheumatoid Arthritis NEL	Review undertaken – no changes made. Available to access: <a href="#">Rheumatoid-arthritis-HCD-pathway-NEL-V2.1.pdf</a>

## 8. Updated Pan-London Forms: Symptom Control MAAR Chart (version 5) All Age Specialist Palliative Care Referral Form (version 4.1)

NHS North East London are pleased to inform colleagues that the following documents have been refreshed and approved by the London Clinical Executive Group (LCEG) for use across London. These documents have also been approved for use locally by the NEL System Prescribing and Medicines Optimisation (SyPMO) Board.

**Pan-London Symptom Control Medication Authorisation and Administration Record (MAAR): Chart for subcutaneous and intramuscular medication in the community setting:**

- Pan-London Symptom Control MAAR Chart V5
- Policy - Pan-London Symptom Control MAAR Chart V5
- Procedure - Pan-London Symptom Control MAAR Chart V5

All services need to switch to using the updated version 5, hosted [here](#).

Additionally, please note, the All-Age- Pan-London Specialist Palliative Care Referral Form V4.1 has also been updated with service contact details.

### **Actions for practices:**

Remove any previously downloaded versions and replace with the updated versions.

Both new forms are available on EMIS & SystmOne and should be used going forward.

Please note from **1<sup>st</sup> May 2025**, service providers will only accept the most up-to-date MAAR Chart version 5 and All Age Pan-London Specialist Palliative Care Referral Form **version 4.1**.



## 9. Community Pharmacies Commissioned to Provide End- of- Life Care Medicines Service Easter Holiday Opening Hours

Reminder to all primary care colleagues; North East London (NEL) has commissioned a designated number of community pharmacies to maintain a stock of commonly used End of Life (EoL) medications, to ensure timely access of end-of-life care medicines across NEL.

During the upcoming public holidays, there are eight commissioned community pharmacies which will be open. Please see table below for information on commissioned community pharmacies opened during this Easter period.

Please note that during the Easter Holiday period, the out of hours service provision for End-of-Life Care medicines remains unchanged. The following [link](#) provides:

- A list of the NEL commissioned pharmacies who provide end-of-life care medicines (EoLC Medicines), including their contact details.
- Information on the medicines they stock.
- Guidance on accessing out-of-hours services and the pharmacies that provide this service.

Commissioned Community Pharmacy	Good Friday Opening (18 <sup>th</sup> April 2025)	Easter Sunday Opening (20 <sup>th</sup> April 2025)	Bank Holiday Monday Opening (21 <sup>st</sup> April 2025)
<b>Woodgrange Pharmacy</b> 116 Woodgrange Rd, Forest Gate, London E7 0EW Tel: 0208 555 5660	<b>OPEN</b> 10:00 - 18:00	<b>OPEN</b> 10:00 - 18:00	<b>OPEN</b> 10:00 - 18:00
<b>Britannia Pharmacy, Barking</b> Community Hospital Upney Lane, Barking IG11 9LX Tel: 020 8594 2686	<b>OPEN</b> 11:00 - 15:00	<b>OPEN</b> 10:00 - 18:00	<b>OPEN</b> 11:00 - 15:00
<b>Fairlop Pharmacy</b> 87 High Street, Barking, IG6 2AH Tel 020 8551 3017	<b>OPEN</b> 12:00 - 23:59	<b>OPEN</b> 10:00 - 23:59	<b>OPEN</b> 12:00 - 23:59
<b>Gold's Pharmacy Gants Hill</b> , 24 Seven Ways Parade, Woodford Ave, Ilford IG2 6JX Tel: 020 8550 1050	<b>OPEN</b> 09:30 - 22:00	<b>OPEN</b> 09:30 - 22:00	<b>OPEN</b> 09:30 - 22:00
<b>Beehive Pharmacy</b> - 8 Beehive Lane, Gants Hill, IG1 3RD Tel: 0208 554 3560	<b>OPEN</b> 09:00-17:00	<b>OPEN</b> 09:00-17:00	<b>OPEN</b> 09:00 - 17:00
<b>Forward Pharmacy</b> 648 Mile End Road, London, E3 4LH Tel:0208 980 1231	<b>OPEN</b> 10:00 - 18:00	<b>OPEN</b> 10:00 - 18:00	<b>CLOSED</b>
<b>Super.care Pharmacy +</b> , 198-200 High Road, Romford RM6 6LU Tel: 020 8590 1819	<b>CLOSED</b>	<b>OPEN</b> 11:00-16:00	<b>CLOSED</b>
<b>Clockhouse Pharmacy 5</b> Clockhouse Lane Romford RM5 3PH Tel: 01708 733331	<b>CLOSED</b>	<b>OPEN</b> 09:00 -18:00	<b>CLOSED</b>

## 10. Contact Details and Additional Resources

### CONTACT DETAILS

NEL ICB Pharmacy and Medicines Optimisation Team (PMOT)	For prescribing and medicines enquiries: <a href="mailto:nelondonicb.prescribingqueries@nhs.net">nelondonicb.prescribingqueries@nhs.net</a>
For all enquires, reporting concerns or incidents relating to Controlled Drugs	<a href="mailto:england.londonaccountableoffice@nhs.net">england.londonaccountableoffice@nhs.net</a>  Report CD incidents using the national reporting tool <a href="http://www.cdreporting.co.uk">www.cdreporting.co.uk</a>

### RESOURCES

For Pharmacy & Medicines Optimisation Team Resources	<a href="https://primarycare.northeastlondon.icb.nhs.uk/home/meds/">https://primarycare.northeastlondon.icb.nhs.uk/home/meds/</a>
For Medicine Supply Shortages	<a href="#">Click here</a> for <b>SPS Medicines Supply Tool</b> which offers up-to-date information on Medicines Shortages, provided by DHSC and NHSE/I.  <a href="#">Register</a> with SPS free-of-charge to access.
For PGD Updates	UK Health Security Agency (UKHSA) – <a href="#">click here</a> SPS – <a href="#">click here</a> NHS England (NHSE) – <a href="#">click here</a>
For MHRA information	For all MHRA updates on alerts, recalls and safety information on drugs and medical devices <a href="#">Alerts, recalls and safety information: drugs and medical devices - GOV.UK</a>
Learn from Patient Safety Events Service (LFPSE)	For reporting patient safety incidents and misses <a href="#">NHS England » Learn from patient safety events (LFPSE) service</a>
For Medicines Safety Tools - PrescQIPP	<a href="#">PrescQIPP - Medicines safety</a>
For reporting suspected adverse effects/defects of medicines or devices – Yellow Card Scheme	<a href="#">Yellow Card   Making medicines and medical devices safer</a>

#### For your information:

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