

NEL Prescribing and Medicines Newsletter

August 2026

Updates for Primary Care across North East London

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1. Important Update: Levemir® (Insulin Detemir) Discontinuation

Novo Nordisk® is discontinuing **Levemir® Penfill®** and **Levemir® FlexPen®**. NHS England has advised that the majority of patients should be switched by **30th September 2026**, allowing time for follow-up and earlier than anticipated stock depletion. By **30th November 2026** all patients should be switched from Levemir®.

Please see the latest information here: [Important update: Levemir® \(insulin detemir\) discontinuation – immediate action required to accelerate patient switching](#).

Immediate Action Required from GP Practices

1. Identify All Patients Prescribed Levemir®

Run an urgent search of your clinical system or use Eclipse Live and establish a practice-level action list of all patients currently prescribed Levemir®.

2. Prioritise Clinical Review

Ensure all patients are reviewed by a clinician competent in insulin management and have an agreed plan to switch to an appropriate alternative basal insulin. Practices can also get specialist advice from Advice and Guidance (A&G) to support with switching.

3. Accelerate Patient Switching

Do not wait for stock shortages to occur. Practices should complete switching activity as a matter of priority and well ahead of national supply exhaustion.

4. Monitor Progress Weekly

Practices should actively monitor:

- Number of patients remaining on Levemir®.

- Number of patients switched.
- Outstanding reviews requiring action.

5. Escalate Complex Cases Without Delay

Patients requiring specialist diabetes support should be referred promptly to avoid delays in switching.

Practices Should Not:

- Initiate any new patients on Levemir®.
- Continue issuing repeat prescriptions without an active switching plan.
- Assume supplies will remain available until December 2026.

Resources to support switching

- [National clinical guidance](#)
- [NEL Levemir Guidance Note](#)
- [SPS safety considerations when switching insulin](#)
- [SPS Medicines Supply Tool](#)

Practices and community pharmacies are asked to treat this notification of the imminent scarcity of Levemir® supplies for their patients as an immediate priority.

2. National Patient Safety Alert: Penicillamine – Actions for Primary Care

A [National Patient Safety Alert](#) was issued by the NHS England following reports of patients' **penicillin** allergy being incorrectly recorded as a **penicillamine** allergy in electronic prescribing systems. This look-alike, sound-alike error could result in patients with a genuine penicillin allergy being prescribed a penicillin antibiotic without an appropriate warning, potentially leading to a severe allergic reaction. Penicillamine is NOT an antibiotic; it is a drug used to treat conditions such as Wilson's disease and rheumatoid arthritis.

A minority of patients may have a genuine penicillamine allergy; therefore, allergy records should only be amended following appropriate clinical review.

Digital mitigations are now available within GP clinical systems to help reduce the risk of miscoding and identify affected patients. These include:

- Prescribing and allergy-entry alerts.
- Additional validation checks when recording a penicillamine allergy.
- Searches to identify patients with a recorded penicillamine allergy for review.
- Tall Man lettering and other visual prompts to differentiate between *penicillin* and *penicillamine* (TPP SystemOne only)

For practices using TPP SystemOne, these digital mitigations will need to be activated.

Communications from secondary care

Verification of allergy status is underway across local hospital trusts. Where Trusts identify need to amend allergy status for patients currently under their care, practices will be notified of the required amendment to the allergy status via discharge/clinic letter, email or telephone or other established channels. Amendments to a patient's allergy status will need to be reviewed and actioned by clinical members of the general practice staff, to reflect the correct allergy status.

GP records are a key source of allergy information used across healthcare settings, including the Summary Care Record, making accurate and timely updates essential for patient safety.

Actions for practices:

- Raise awareness of the [National Patient Safety Alert](#) amongst clinical and non-clinical staff.
- Ensure staff take particular care when entering or amending allergy information.
- Use available searches and alerts to identify and review patients recorded with a penicillamine allergy or sensitivity.
 - Practices using **EMIS** – searches are available in the EMIS Library
 - Practices using **TPP SystemOne** – searches will need to be created (This guide will be sent to you at the same time as this August newsletter as a PDF document)
 - Practices subscribed to **Ardens** - there are pop-ups and supporting searches in EMIS Web and TPP SystemOne.
- Ensure requests from secondary care to correct allergy records are recognised and routed for clinical review and action.
- Ensure that only appropriately trained clinical staff amend allergy records.
- Retain evidence of actions taken in response to the alert, including implementation of mitigations and processing of allergy correction requests.

3. NEL Prescribing Quality Scheme 2025/26: Final Reminders for Practices

The NEL Prescribing Quality Scheme (PQS) 2025/26 ends on **30th September 2026**. Practices are encouraged to review their progress now, complete any outstanding actions and submit required evidence in good time to support achievement of scheme payments.

Resources: Further information is available in the [PQS summary document](#), [full scheme detail](#) and [scheme presentation recording](#).

Key actions before the deadline

- **Community pharmacy engagement**
 - Practices should meet at least once with their PCN / Neighbourhood Community Pharmacy Lead, or a local community pharmacist where a lead is not in post or has not responded. Complete and submit the [self-declaration form](#) by 30th September 2026 and submit to: nelondonicb.prescribingqueries@nhs.net.
 - **If you have not arranged your meeting or completed the form, please prioritise this soon to avoid delays closer to the deadline.**
- **Antimicrobial stewardship**
 - Review progress against the six indicators, including 5-day supply measures for amoxicillin, flucloxacillin, penicillin V and doxycycline; volume of antibacterial prescribing and broad-spectrum antibiotic prescribing. Continue to encourage prescribers to implement optimal prescribing practices.
- **Medicines optimisation**
 - Continue work to optimise SGLT2i prescribing (prioritising first-line dapagliflozin 10mg once daily where clinically appropriate) in patients with Type 2 Diabetes with Chronic Kidney Disease.

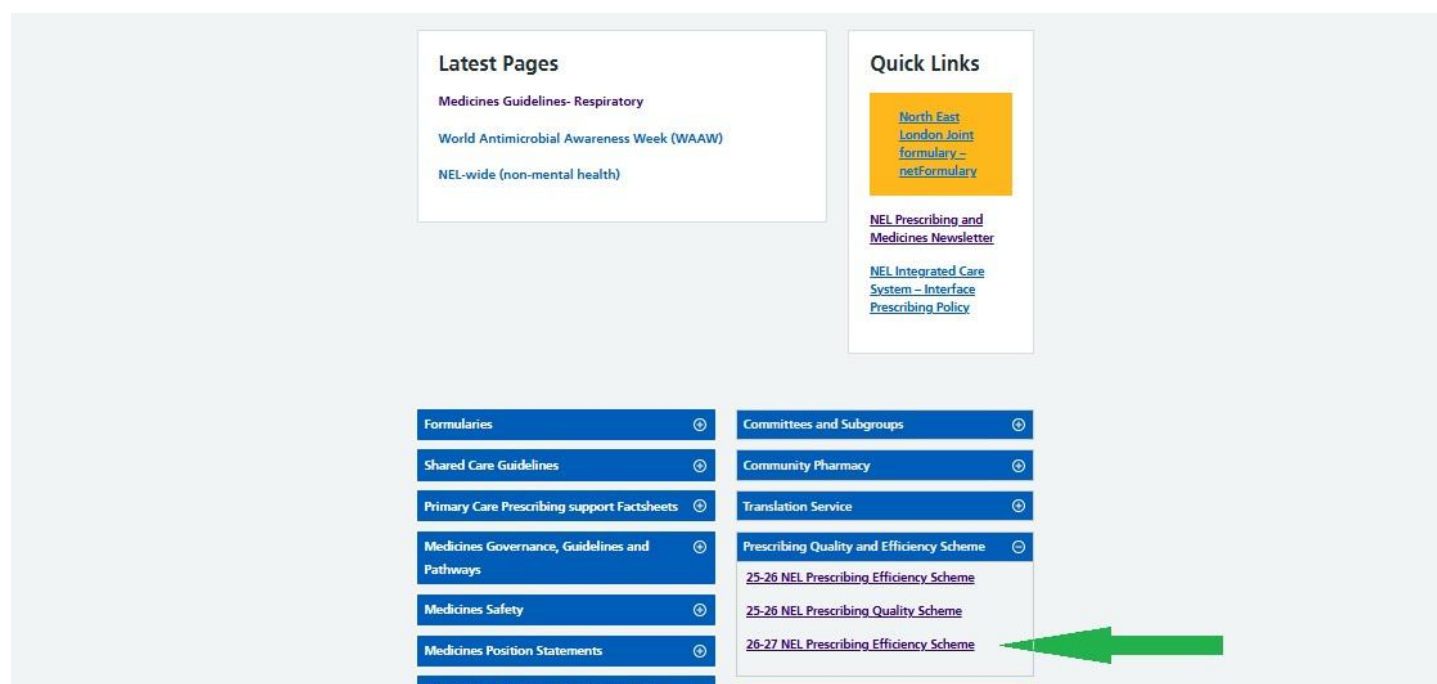
Practice-level progress data is available via the existing [CoordinateRx Practice Live Link](#). All information about the PQS 2025-2026 can be found on the [Medicines Optimisation Page](#). Please share these reminders with relevant practice team members.

4. NEL Prescribing Efficiency Scheme 2026/27 – Dapagliflozin Switch Resources

As part of the **2026/27 NEL Prescribing Efficiency Scheme**, the Dapagliflozin Switch Protocol and supporting resources are now available on the [Medicines Optimisation Portal](#). These resources support the switch of eligible patients from other SGLT2 inhibitors to **dapagliflozin** and include the protocol, clinical system searches, patient information leaflet (PIL) and example patient letter and patient message.

Practices are encouraged to review the protocol, identify eligible patients and prioritise early switches to support achievement of their 2026/27 NEL Prescribing Efficiency Scheme targets. Please refer to the [26-27 PES Full Scheme Document](#) for further details.

1. Open [Medicines Optimisation – North East London](#) and select [26-27 NEL Prescribing Efficiency Scheme](#), as indicated by the green arrow below:



2. Select the PES 26-27 Supporting Information folder.

 PES 26-27 Supporting Information

3. Select the Dapagliflozin Resources folder.

 Dapagliflozin Resources

4. Select the relevant folder containing the document(s) you require.

 NEL Dapagliflozin Switch Protocol

 NEL SGLT2i Position Statement

 Patient Switch Resources

Reminder: NEL Pharmacy and Medicines Team will be holding monthly **PES 2026/27 Drop-In Information Sessions** on the following dates:

- Wednesday 16th September 1-2pm [Registration Link](#)

- Tuesday 13th October 1-2pm [Registration Link](#)
- Thursday 12th November 1-2pm [Registration Link](#)
- Wednesday 9th December 1-2pm [Registration Link](#)
- Tuesday 19th January 1-2pm [Registration Link](#)

These sessions will provide an opportunity for practices to ask questions and seek clarification on the scheme. All NEL practices are welcome and encouraged to register and attend.

For any queries relating to PES 2026/27, please contact us at nelondonicb.prescribingqueries@nhs.net

5. Update to the NHS Community Pharmacy Hypertension Case-Finding Service (blood pressure check service)

NHS England has published an updated specification for the Community Pharmacy Hypertension Case-Finding Service, with changes effective from **3rd September 2026**. The revisions update the patient eligibility criteria, strengthen the service's focus on identifying previously undiagnosed hypertension and supporting timely diagnosis through closer collaboration between community pharmacy and general practice. Patients referred by general practice must now be aged **40 years or over AND**:

<i>For clinic blood pressure check:</i>	<i>For ambulatory blood pressure monitoring (ABPM):</i>
• have no previous diagnosis of hypertension, • and have not had their blood pressure checked within the last five years	• have had an initial clinic blood pressure check at another healthcare setting

Patients with diagnosed hypertension or receiving routine blood pressure monitoring are not eligible for clinic blood pressure checks under this service.

Referrals for ABPM can be accepted from a wider range of healthcare professionals, including GP practices, optometrists and dentists. ABPM will continue to be set up to monitor during patients' usual waking hours. It is recommended pharmacies should make effort to encourage patients to wear ABPM devices for as long as possible in order to obtain sufficient readings to inform any diagnosis.

Please refer to the specification for full details: [NHS England » Advanced service specification: NHS community pharmacy hypertension case-finding advanced service](#)

6. Pan-London Standardised Prescribing Sentences for MAAR Charts

A new Pan-London resource has been developed to support consistency in prescribing for End-of-Life Care (EoLC) medicines.

A Pan-London Task and Finish Group has developed a set of standardised prescribing sentences for commonly used injectable symptom-control medicines. This aims to improve the clarity and completeness of prescribing information, reduce ambiguity for district nursing teams when administering EoLC medicines, and support patient safety.

This resource is available here: [Pan-London Standardised Prescribing Sentences for MAAR Charts – North East London](#)

7. Formulary and Pathways Group (FPG) Updates

Approved Item / Guidance and Pathway	Additional information
Budesonide suppositories for induction of remission of mild to moderate acute ulcerative proctitis in adults	Amber 1
Dapagliflozin switch protocol for NEL NHS Primary Care	26-27 NEL Prescribing Efficiency Scheme
NEL Amiodarone monitoring guide	NEL Amiodarone monitoring guide
NICE Technology appraisals	
TA 1143 Fezolinetant for treating moderate to severe vasomotor symptoms associated with menopause	Amber 1
TA 1172 - Atogepant for treating migraine	Formulary status change to Green
Review of past decision for NICE TA 919 Rimegepant for treating migraine	Formulary status change to Green to align with atogepant
TA 694 (update) - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia	Green (no change to existing status)
TA 1148 - Sodium zirconium cyclosilicate for treating hyperkalaemia	Amber 2
TA 1152 - Semaglutide for reducing the risk of major adverse cardiovascular events in people with cardiovascular disease and overweight or obesity	Green

8. PrescQIPP Updates

PrescQIPP Latest Podcast: Talking Meds

Latest Episode: [Episode 44. Pain management with Prof. Sailesh Mishra](#)

Upcoming webinars

Date	Time	Webinar
9 th September 2026	1 - 2pm	Clinical Masterclass: Immunotherapy for non-specialists – what everyone should know about checkpoint inhibitors. Register to join: here
16 th September 2026	1 - 2pm	Prescribing Mastery: Frailty session 1. Register to join: here
22 nd September 2026	1 - 2pm	Same medicines, different people: Understanding patient behaviour using typologies to tailor support (Part 2 of a supporting medicines self-management series). Register to join: here
23 rd September 2026	1 - 2pm	Practice Plus - A focus on Anticholinergic Burden - a quality improvement and change management approach to primary care practice. Register to join: here
30 th September 2026	1 - 2pm	Prescribing Mastery: Frailty session 2. Register to join: here

To access PrescQIPP resources for the first time, you are required to [register](#) for a free account. When completing your registration, please select “ICS North East London” as your organisation.

9. Contact Details and Additional Resources

CONTACT DETAILS

NEL ICB Medicines and Pharmacy Team	For prescribing and medicines enquiries: nelondonicb.prescribingqueries@nhs.net
Specialist Pharmacy Service (SPS) Medicines Advice	For all patient specific clinical queries please use the following SPS contact: asksps.nhs@sps.direct
For all enquires, reporting concerns or incidents relating to Controlled Drugs	england.londonaccountableoffice@nhs.net Report CD incidents using the national reporting tool www.cdreporting.co.uk

RESOURCES

For NEL Joint Formulary	https://www.nel-jointformulary.nhs.uk User guide: NEL netFormulary User Guide FINAL .pdf
For Pharmacy & Medicines Optimisation Team Resources	https://primarycare.northeastlondon.icb.nhs.uk/home/meds/
For PGD Updates	UK Health Security Agency (UKHSA) – click here SPS – click here NHS England (NHSE) – click here
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 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
Medication Safety Updates (including learning from Prevention of Future Deaths (PFD) reports)	To view critical medication safety alerts, notifications, publications, updates and learning and recommendations from PFD reports click here (free registration required).
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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