NHS
North East London

NORTH EAST LONDON INTEGRATED CARE BOARD (NEL ICB)
POSITION STATEMENT

Position Statement

The NEL ICB position is that patients who remain prescribed Levemir® and have not responded to requests for review should **not be administratively switched (e.g. blanket switching) to an alternative insulin without individual clinical consideration**.

Reasonable and proportionate attempts to contact the patient should continue and be documented, alongside an assessment of the patient's individual clinical circumstances and the risk of interruption to insulin treatment. Where a patient remains uncontactable, an appropriately competent clinician should establish and document an individual management plan, seeking specialist diabetes advice where required.

If, following clinical assessment, the risk of the patient running out of Levemir® is considered greater than the risks associated with changing treatment to insulin glargine 100 units/mL (e.g. Semglee® or Lantus®), this may be authorised as a last-resort risk-reduction measure, with the choice of insulin, dose, device, monitoring, follow-up and communication arrangements determined for the individual patient.

The overarching aim is to ensure that no patient is left without a safe and clinically appropriate plan as Levemir® becomes unavailable.

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1 BACKGROUND with SPECIFIC DETAILS

Levemir® (insulin detemir) is being discontinued, creating an urgent patient-safety risk if patients are not reviewed and safely transitioned before supplies are exhausted. All remaining patients should be transitioned by **30 November 2026**, in line with the National Patient Safety Alert and the urgent London-wide request. Remaining stock is expected to be depleted by 30 December 2026 or sooner.

The North East London (NEL) ICB position is that every patient remaining on Levemir® must have an individual, documented plan to support safe transition to an appropriate alternative insulin, including patients who do not respond to contact attempts from specialist diabetes teams or GP practices.

The NHS England London communication requires practices to identify patients prescribed Levemir®, ensure that they are reviewed by a competent prescriber or referred urgently to an appropriate diabetes service, and clearly document and communicate the resulting prescribing plan by 30 November 2026. The NEL Levemir discontinuation guidance note (Feb 2026) similarly advises that switching should be undertaken by a healthcare professional competent to conduct the clinical review and switch to alternative insulin in line with national guidance, with specialist diabetes input sought where required.

1.1 Reasonable attempts to contact the patient

Where a patient does not initially respond, practices should make **reasonable and proportionate attempts to establish contact using the communication routes available to them**, for example telephone, SMS, letter or email.

- Record every contact attempt and outcome clearly in the patient's clinical record.
- Add an appropriate alert to the patient record so that practice staff can reinforce the need for an urgent insulin review during any contact.
- Use any contact, including diabetes and long-term-condition appointments, as an opportunity to reinforce that Levemir® is being discontinued and may become unavailable sooner than expected. Where contact is with administrative or non-clinical staff, the patient should be passed to an appropriate clinician, such as the duty doctor, who should arrange a face-to-face or virtual review and switch appointment as appropriate. Explain the risk of serious harm if the patient runs out of insulin without a safe alternative plan in place.

A fixed number of contact attempts is not specified. The approach should be sufficiently robust to demonstrate reasonable efforts, taking account of the patient's clinical risk and the urgency created by Levemir® withdrawal.

1.2 Assess clinical risk rather than relying solely on prescribing history

A gap in recent Levemir® prescribing **must not automatically be interpreted as evidence that the patient has stopped using insulin**. Where available, consider the quantity previously supplied, prescribed dose, likely duration of existing supplies and whether supplies may have been obtained elsewhere.

The priority is to establish whether treatment interruption is possible. Where the patient is at risk of running out of insulin within seven days or less, escalate urgently through the appropriate clinical route, including Advice and Guidance (A&G) where specialist advice is required, in line with the October 2026 NEL urgent Levemir® discontinuation update.

1.3 Patients requiring specialist input

For patients with **Type 1 diabetes, gestational diabetes, Type 3c diabetes, cystic-fibrosis-related diabetes, insulin pump therapy, complex insulin regimens or other circumstances requiring specialist input**, practices should liaise with the patient's specialist diabetes service through A&G and/or the appropriate existing pathway.

Where Levemir® is held by the patient as back-up insulin for insulin pump failure, an alternative back-up insulin and clear instructions must be agreed and documented.

1.4 Patients who remain uncontactable

Failure to respond **does not remove the need to address the clinical risk created by Levemir® discontinuation**.

Where reasonable contact attempts have been unsuccessful, an appropriately competent clinician should review the record and establish an individual management plan. Specialist input should be sought on a patient-by-patient basis via A&G where required. The review should consider:

- the patient's diabetes type and insulin regimen;
- the current prescribed Levemir® dose and available prescribing history;
- whether Levemir® is the routine basal insulin or is held for another purpose, such as back-up insulin for pump failure;
- the estimated risk of the patient exhausting the current supply;
- whether the patient is normally managed by primary care or specialist care;
- relevant clinical information available to the practice; and
- whether specialist advice or urgent escalation is required.

All clinical decisions, contact attempts, the patient's individual risk and the rationale for the agreed course of action must be documented. Decisions involving refusal, capacity or best interests must follow current BMA professional ethics guidance and should be discussed with an experienced clinician where needed.

1.5 Proactive amendment of the repeat prescription

NEL ICB does not recommend a blanket or purely administrative switch from Levemir® to **insulin glargine U100** because a patient has not responded. A blind substitution without individual assessment could expose the patient to dosing, device, monitoring and hypoglycaemia risks.

Where an appropriately competent prescriber has reviewed the patient's individual circumstances and determines that a switch can be undertaken safely, **a proactive prescribing plan may be considered as a last-resort risk-reduction measure.** Before authorising the change, the prescriber should seek specialist advice and/or multidisciplinary review where required, select the replacement insulin and dose for the individual, and where possible align the new delivery device to the one the patient was using previously, for example cartridge to cartridge or pre-filled pen to pre-filled pen.

The purpose of this approach is to reduce the risk of treatment interruption, diabetic emergency and avoidable hospital admission. It is distinct from an automatic switch on the repeat medication record. The replacement insulin, dose, device, monitoring, follow-up and communication plan must be individually authorised and documented.

1.6 Role of community pharmacy in supporting patients who have not responded to requests for a Levemir® review

Where a GP practice has made reasonable attempts to contact a patient regarding Levemir® discontinuation and, following an individual clinical assessment, has authorised a switch to an alternative basal insulin as a last-resort risk-reduction measure, the practice should notify the patient's nominated community pharmacy.

Community pharmacy teams can provide an additional opportunity to engage patients who have not responded to GP practice communications and should reinforce messages about Levemir® discontinuation when patients request or collect Levemir®. When the patient next contacts the pharmacy to request or collect Levemir®, the community pharmacy team should be asked to:

- Alert the responsible pharmacist
- Explain to the patient that Levemir® is being discontinued and that their GP practice has been attempting to contact them.
- Strongly encourage the patient to contact their GP practice or diabetes specialist team urgently to discuss the change.
- When the community pharmacy receives a prescription for an alternative basal insulin, ensure the patient has an agreed, safe insulin administration and monitoring plan before starting the replacement basal insulin. Where necessary, liaise directly with the GP practice to clarify this
- Provide appropriate counselling once the treatment plan has been confirmed.
- Document the interaction with the patient and communicate any outstanding concerns to the GP practice.

1.7 Communication following a clinically authorised switch for a non-responder

Where a competent prescriber has authorised a change for an uncontactable patient, the practice must continue reasonable attempts to communicate the change and provide clear safety-netting. The patient should be told not to start the replacement insulin until the prescribed dose and monitoring plan have been confirmed by the practice or diabetes team, unless the individual clinical plan explicitly states otherwise.

Suggested communication (to be sent by email and letter) to non-responding patients on Levemir®:

Important: change to your insulin

Levemir® insulin is being discontinued and **will no longer be available**. We have tried to contact you because your insulin treatment needs to be reviewed. A clinician has put in place an alternative prescribing plan to reduce the risk of you being left without suitable background insulin when your current Levemir® supply runs out.

Please contact your GP practice or diabetes team before starting the replacement insulin so we can advise you on the correct dose, how to monitor your blood glucose levels, and how to adjust your dose when you change to your new insulin. Do not wait until your current Levemir® supply has run out.

When changing from Levemir® to your new long-acting insulin:

1. **Work out your starting dose:** Add together all the Levemir® doses you currently take in one day. Reduce this total by **10–20%** to work out your starting dose of the new insulin. This reduction helps lower the risk of low blood sugar (hypoglycaemia).
2. **Take your new insulin once a day**
3. **Check your blood sugar levels regularly** and review your readings every 3–4 days.

Adjusting your insulin dose: Every 3–4 days, review your blood sugar readings:

- **If your blood sugar before breakfast is above your target range**, and you have not had any low blood sugar readings (below 4 mmol/L), increase your background long-acting insulin dose by **10%**
- **If you have an unexplained low blood sugar reading (below 4 mmol/L)**, reduce your background long-acting insulin dose by **20%** and contact your diabetes team for advice immediately.

Changing insulin can affect your blood sugar levels, so please **continue checking your blood sugar regularly** and look out for signs of low blood sugar (hypoglycaemia). Information on recognising and treating low blood sugar is available from: https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/

Suggested patient communication via text message, AccuRx and on non responding patients' repeat prescription slips (under 550 character count)

Important: Levemir® is being discontinued. We have tried to contact you to review your insulin. A clinician has prescribed an alternative insulin so you are not left without background long acting insulin. Please contact your GP practice/diabetes team BEFORE starting the new insulin to confirm the correct dose and monitoring required.

Your dose may need adjusting when changing insulin. Continue monitoring your blood glucose and look out for low blood sugar (hypos). https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/.

2 SCOPE

This position statement applies across NEL to GP practices, primary care prescribers, specialist diabetes services, community pharmacy teams involved in the care of patients prescribed Levemir® who do not respond to requests for clinical review and transition to an alternative basal insulin.

It supports individual risk management and does not replace national guidance, the National Patient Safety Alert, local Levemir® discontinuation updates, professional judgement or established urgent and specialist referral pathways.

3 ROLES AND ESPONSIBILITIES

GP practices and primary care prescribers: Identify affected patients; make and document reasonable contact attempts; assess urgency and clinical risk; arrange competent review or referral; authorise and document any individual switch; communicate and safety-net the patient; and arrange monitoring and follow-up.

Specialist diabetes services: Provide urgent or routine specialist advice through A&G or established pathways; prioritise complex patients; advise on alternative insulin, dose, device and monitoring; and support escalation where treatment interruption is imminent.

NEL ICB Medicines and Pharmacy Team: Coordinate system communications, provide locally agreed implementation support, support oversight of delivery and escalate system risks through the appropriate governance route.

Community pharmacy teams: Reinforce messages, encourage affected patents' prompt contact with the practice or diabetes team.

All healthcare professionals: Work within competence, document decisions and rationale, follow current consent and capacity requirements, and escalate promptly where there is a risk of insulin interruption or diabetic emergency.

4 INTERNAL AND EXTERNAL REFERENCES

NHS England London communication: Levemir® insulin withdrawal (North East London primary care communications). https://primarycare.northeastlondon.icb.nhs.uk/comms-news/for-cascade-levemir-insulin-withdrawal/

National Patient Safety Alert relating to the discontinuation of Levemir® (insulin detemir): https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103280&UNLID=430191024202610246494 9

NEL ICB Levemir® discontinuation guidance note February 2026. https://primarycare.northeastlondon.icb.nhs.uk/wp-content/uploads/2026/03/10.02.26-Guidance-Note-Levemir-discontinuation-Feb-26-FINAL.pdf

NEL ICB Urgent Levemir® Discontinuation Update: Accelerate Patient Switching, October 2026. https://primarycare.northeastlondon.icb.nhs.uk/uncategorized/urgent-levemir-discontinuation-additional-support-for-practices-ahead-of-the-30th-november-deadline/

NHS. Low blood sugar (hypoglycaemia): https://www.nhs.uk/conditions/low-blood-sugar-hypoglycaemia/

Current professional guidance on consent and refusal by adults with decision-making capacity: https://www.bma.org.uk/media/txrnpo3s/consent-and-refusal-by-adults-with-decision-making-capacity-guidance-updated-2025.pdf