

To contact NHS BSW ICB Medicines Optimisation Team: ✉ bswicb.prescribing@nhs.net
Website: <https://bswtogether.org.uk/medicines/>

BSW Area Prescribing Committee (APC) Updates (see all recent decisions in full [here](#))

New additions to BSW formulary and Change in Traffic Light Status (TLS)

- **Tocilizumab (x 4 doses) to treat the cytokine release syndrome for patients on CAR-T or bispecific antigen therapy (NHSE Commissioned)** – added to formulary with RED TL, requires completion of a Blueteq form.
- **Liposomal Amikacin for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by *Mycobacterium avium* Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis (NHSE Commissioned)** – added to formulary with RED TL Patients will be reviewed at 6 months before continued treatment.
- **Buvidal (long-acting buprenorphine injection)** – added to formulary in-line with current practice. RED TL in Wiltshire. BaNES GPs continue to prescribe, where necessary, until patients have been reviewed by Turning Point when they take over the service in April 2025 for Swindon locality its commissioned from Change Grow Live who also retain the prescribing.
- **Naloxone – “Take home” formulations** added to formulary with RED TL in-line with current practice. All formulations being prescribed by specialist drug addiction services.

New and Updated Prescribing Guidelines and Shared Care Agreements

- **NEW Cinacalcet SCA** - used to treat patients with primary hyperparathyroidism who are not fit for surgery.
- **UPDATE Self-Monitoring of Blood Glucose in Diabetes Guidance (SMBG)** – updated to remove non formulary medications and discontinued free of charge devices. Updated guidance from DVLA.
- **UPDATE Oral Semaglutide Guidance** – updated to remove out of stock information.

Minor amendments to Netformulary

- Suprecur and Promixin discontinued and moved to non-formulary.
- Buccolam SCA feedback received from a nurse saying she has had trouble with schools that think there should be a sealed cap for them to use this in emergency situations. Wording has been added to the SCA to state that the product is not manufactured like this which the nurses can use to signpost schools/caring organisations to.
- Link in relevant formulary section to distribution arrangements during PERT shortages.
- Ogluo removed from formulary (was added temporarily) as Glucogen is back in stock.
- Fobumix has a new license for AIR use.
- Somatropin shared care removed and is now amber only. To be replaced with guidance, to follow.

Community Pharmacy Avon & Wiltshire

On Tuesday 1st April 'Community Pharmacy Avon and Wiltshire' came into being, a result of the **merger of CP Avon and CP Swindon and Wiltshire**. This merger unites the support provided by both Local Pharmaceutical Committees (LPCs) to pharmacy contractors across BSW and also results in an expanded Operations Team who are keen to support integrated working with BSW general practices.

Lisa Fisher has been elected as Chair of the new LPC (chair.cpaw@gmail.com), while **Richard Brown** assumes the role of Chief Executive Officer (ceo.cpaw@gmail.com)

The Operations Team contacts are below – please reach out to Judith & Carolyn in particular for support with community pharmacy services:

Judith Poulton	Judith.cpaw@gmail.com	For support with Pharmacy First
Carolyn Beale	Carolyn.cpaw@gmail.com	For Support with Blood Pressure Service and Contraception Service
Sarah Cotton	Sarah.cpaw@gmail.com	Governance and development manager
Caroline Quinn	Caroline.cpaw@gmail.com	Workforce Lead (Independent Prescribing & Foundation Pharmacists)
Roger Herbert	Roger.cpaw@gmail.com	Pharmacy Support (including Dosette queries)
Debbie Scudamore	Office.cpaw@gmail.com	Engagement Officer

Alternatively, please contact the ICB Community Pharmacy Integration Lead, Helen Wilkinson hwilkinson1@nhs.net

National flu immunisation programme 2025 to 2026

The 2025/26 [National flu immunisation programme 2025 to 2026 letter](#) from NHSE, DHSC and UKHSA has now been published and provides guidance for the 2025/26 flu vaccination programme.

This letter sets out guidance for the 2025 to 2026 season. It includes the next steps for regions and providers to take, including which flu vaccines to order. The letter confirms that there are no changes to the eligible cohorts.

Please note all flu vaccines recommended for 2025/26 are now trivalent formulations in line with JCVI advice, and aTIV (previously aQIV) is now licensed from 50 years and over.

Reminder - Freestyle libre 2 is being discontinued in August 2025

FreeStyle Libre 2 is being **discontinued in August 2025**. Patients should be switched to the **new 15-day FreeStyle Libre 2 Plus sensor** PIP code is 428-0194. This has already been added to our TPP formulary on SystmOne. There is no change to the app, reader or Libreview and so patients can use their Freestyle Libre 2 Plus with their current setup

A search to identify patients can be found here -Clinical reporting > BSW General Practice > Medicine Optimisation Team > a Medicine Supply Disruption > Discontinuation of Freestyle Libre 2 in August 2025. Switch to Freestyle Libre 2 Plus (15-day sensor)
This QR code is a link to some training about the differences to support you if require -



New Antimicrobial Stewardship focus - % of children aged 0 – 9 years prescribed antibiotics in primary care

In March NHSE finalised a new [Performance Assessment Framework for 2025/26](#). The framework includes a new Patient Safety metric 'Percentage of children aged 0 – 9 years prescribed antibiotics in primary care'. This is to support the UK five-year national action plan - **Combatting antimicrobial resistance**.

One third of children under 10 years-of-age were prescribed antibiotics in primary care in England in the last year, a 25% increase from pre-pandemic prescribing. We are encouraged to review practice and take steps to restore primary care antibiotic exposure in children to pre-pandemic levels. This has been defined as the percentage of children aged 0-9 years prescribed at least one antibiotic in the last 12 months to March 2020 in England, which is 27.0% of children.

What is the problem with prescribing antibiotics for children?

- [Antibiotics are amongst the most commonly used drugs in children](#). In addition to inducing antibiotic resistance, antibiotic exposure has been associated with adverse long-term health outcomes.
- [Overuse and inappropriate prescribing of antibiotics is driving antibiotic resistance](#). Clinicians often prescribe antibiotics for upper respiratory tract infections (URTIs) in young children despite their marginal beneficial effects.
- "While some antibiotics may have a mild and transitory effect on the gut microbiome, stronger [broad-spectrum] antibiotics can have a much more profound impact with longer term health consequences for children. Careful antibiotic stewardship is a critical way through which we can protect the microbiome and prevent chronic disease risk later in life." Quote from [Mr James Kinross FRCS PhD, Senior lecturer in colorectal surgery and a consultant at Imperial College London](#). Research includes the role of the gut microbiome in obesity, Crohn's disease and bowel cancer.

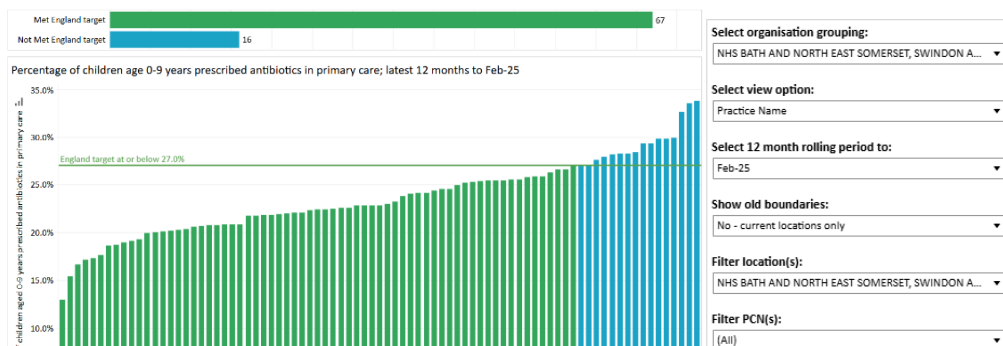
"Antimicrobials should only be used when they confer health benefits, in other words when the risk benefit ratio falls in favour of treatment." Dr Kieran Hand, AMR National Clinical Lead for Pharmacy & Prescribing, NHS England.

What are we asking you to do?

The following can be utilised by GP practices to help achieve this ambition:

- Consider a 'no antibiotic' strategy for upper respiratory tract infections (URTIs) where there is no symptomatic benefit, no reduction in risk of complications and avoided harm compared to backup or immediate antibiotics.
- Implement a backup prescription strategy.
- Refer to prescribing guidelines [Management of Infection Guidance for Primary Care](#) and use consultation templates (e.g. Ardens) and diagnostic tools (e.g. [Centor](#), [FeverPAIN](#) and [STARWAVE](#)) to guide decision making.
- Utilise the TARGET [self-care leaflet](#) (which can be [sent via Accurx](#)) and [waiting room videos](#) available from the World Health Organisation.
- Use resources such as [Caring for Children with Cough](#) parent/carer information includes both advice on self-care and safety netting.

There will be regular updates/resources shared, and educational webinars nationally and locally to support this agenda. Data for this metric has been added to the GP Practice Quarterly Data Report & PrescQIPP has published the open access [NHS Performance and Assessment Framework ICB performance dashboard: Children prescribed antibiotics in primary care](#) which uses NHSBSA ePACT2 Data. **BSW GP Practice Data below.**



Amazing to see many practices across BSW are already achieving the target. To identify your practice filter as per example – (Select organisation grouping)

Cost Saving drug switch of the month- Macrolog 3350 sachets to Macrolog compound sachets

In the past 12 months, £48.5k has been spent on **Macrolog 3350 (non-formulary)**. Due to Drug Tariff price increases, the equivalent prescribed volume is expected to cost over £61k over the next year. By prescribing as **Macrolog compound sachets (which contains electrolytes)**, approximately £59k could be saved across BSW.

Product	Pack size	Cost
Macrolog compound oral powder sachets NPF sugar free	30	£5.97
CosmoCol Lemon and Lime Flavour oral powder sachets	30	£5.97
CosmoCol Orange Flavour oral powder sachets	30	£5.97
CosmoCol Orange Lemon and Lime oral powder sachets	30	£5.97
CosmoCol Plain oral powder sachets	30	£5.97
Laxido Orange oral powder sachets sugar free	30	£5.97
Macrolog 3350 oral powder 8.5g sachets sugar free	28	£188.84
TransiSoft oral powder 8.5g sachets	28	£188.84

A search to identify patients can be located on SystmOne here- **Clinical Reporting > BSW General Practice > Medicine Optimisation Team > Cost Savings**

See also the updated **Prescribe Well Spend Less** document - [Prescribe Well Spend Less V53-April-25](#)