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Website: <https://bswtogether.org.uk/medicines/>

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

### New additions to BSWformulary and Change in Traffic Light Status (TLS)

- **Nalvee** – dydrogesterone-only treatment for HRT added as an option for non-hysterectomised women receiving oestrogen therapy with **GREEN** traffic light for all indications.
- **Enoxaparin (Inhixa)** – added for RUH only as a cost-effective LMWH alternative to dalteparin. Traffic light is dependent on indication, see formulary entry for further information, SCAs & guidelines. GWH and SFT will also be switching to this LMWH in a few months' time.
- **Dienogest** – change of traffic light to **AMBER** for the treatment of endometriosis.

### New and Updated Prescribing Guidelines and Shared Care Agreements

- **Generic Dapagliflozin is now first line for all indications and Semaglutide first line in T2DM for all NEW patients**– associated prescribing guidance have been updated to reflect cost effective prescribing, please see individual [Prescribing Guidance](#) on BSW website for further information.
- **Testosterone for Men Prescribing Guidance** –new prescribing guidance providing prescribers with relevant information and monitoring advice. This is within the BSW primary care LCS for payment of monitoring. Designated **AMBER** recommended, specialist will monitor the patient until they are on a stable dose (6-12 months if on a topical product)
- **Topiramate PPP** – new pregnancy prevention programme for topiramate which includes searches to enable primary care to identify patients and a pathway for each indication.
- **ONS Prescribing Statement** – resource which provides information on the prescribing of ONS after discharge from hospital.
- **Sativex** ( Cannabis extract)- Non- formulary, updated statement [Sativex Commissioning Statement](#)

*The BSW joint formulary remains under construction and is designed to be an evolving, dynamic resource. We are working to ensure the messages on GP prescribing systems and Optimise Profiles are in line with the joint formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email [bswicb.formulary@nhs.net](mailto:bswicb.formulary@nhs.net)*

## MedSafetyWeek 2025: We Can All Help Make Medicines Safer

3–9 November 2025 marks the 10th annual #MedSafetyWeek. This year's theme, "We can all help make medicines safer," highlights the vital role everyone plays in reporting suspected side effects and problems with medical products. [MedSafetyWeek | Making medicines and medical devices safer](#)

### Why It Matters

Every report made through the **Yellow Card scheme** helps identify new safety issues early, ensuring medicines and medical devices remain safe and effective. Whether you're a patient, carer, or healthcare professional, your experience matters.

### What You Can Report

You can report suspected issues with:

- **Medicines and vaccines**
- **Medical devices** (including apps and AI tools)
- **Blood products**
- **E-cigarettes and refill containers**

### How to Get Involved

- **Share on social media** using hashtags **#MedSafetyWeek** and **#MHRAYellowCard**
- **Use campaign materials** like posters, banners, and digital adverts available on the [MHRA website](#) [yellowcard...hra.gov.uk/](https://yellowcard.mhra.gov.uk/)
- **Talk to patients and colleagues** about how to report suspected side effects.

### Real Impact

- Reports to the Yellow Card scheme have led to:
- Updates in product safety information
- Changes in usage guidelines
- Targeted warnings for specific patient groups

You can read real-world examples in the [MHRA case studies](#)

## New guidance – [Position Statement on the prescribing of ONS following hospital discharge](#)

It is estimated that up to 30% of ONS prescriptions in the community are initiated following hospital admissions.

Patients may have required ONS whilst acutely unwell or recovering from surgery, **but once home and eating normally ONS may not be required**. Therefore, they **should NOT routinely be prescribed in primary care** on this basis.

If a dietitian has sent a letter requesting a specific ONS please prescribe as advised.

In cases where ONS are deemed appropriate post-discharge without a dietitian's letter or guidance AND as evidenced by a repeat **community-based MUST screen**, please follow our new position statement guidance for switching to a cost-effective & clinically equivalent formulary preferred ONS. [Guide to Malnutrition Screening and Oral Nutritional Supplements \(ONS\) Prescribing for Adults](#)

## NEW-Weight Management information

BSW ICB has recently published a weight management page to support and inform patients (and healthcare professionals) on weight management services available across BSW.

This page [Weight management new - Bath and North East Somerset, Swindon and Wiltshire ICB](#) aims to support patients manage their weight and provide more intensive support for those living with obesity. **Practices are encouraged to signpost patients** with queries about weight management services and/ or medication to this page.

There is also a section encouraging local people to share their views on the future of weight management services. You can find out more about how to get involved [here](#).

## Community Pharmacy – NEW communications Portal

BSW ICB have created a new comms portal - TEAMNET with dedicated information, announcements and resources to support your services. Please look out for registration emails, sent on Mondays and Thursdays via [teamnet-admin@clarity.co.uk](mailto:teamnet-admin@clarity.co.uk). We encourage you to register and log in asap, so you do not miss out on useful information.



## Safety -Valproate Pregnancy Prevention Programme - reminder to code

Practices are asked to ensure that they are using **specific coding for the pregnancy prevention programme (PPP)** in female patients aged between 12-55 years old prescribed Valproate.

As a minimum, please ensure the clinical record includes one of 3 S1 one codes: ARAF coded in the last 12 months **Y362e**, or PPP not needed **Y2f18**, or Referred for ARAF **Y38a6**. Note **Ardens valproate** template facilitates this. Use SystmOne Searches to identify your patient list- **Reporting > Clinical reporting> BSW General Practice> Medicine Optimisation Team > Valproate**.

Practice specific data can be found in your Quarterly prescribing report as per example below. Your Practice prescribing lead should have a copy of this.

Valproate Prescribing (Aug 25)

Female patients aged 12-55 on valproate where PPP required and not in place or risk acknowledgement form not completed

The CQC look for assurance around the valproate PPP during their assessments. See our Medicines Safety page to support [Valproate Safety](#) and MHRA summary [Valproate – reproductive risks](#).

We'd like to know about any issues and suggested improvements you have for the PPP pathway in your locality via [bsw.prescribing@nhs.net](mailto:bsw.prescribing@nhs.net)

## Unregulated Access to Antibiotics by Patients

We have recently been made aware of some **illegal sales of antibiotics** and other prescription medication in BSW and are therefore raising awareness among prescribers of a growing concern regarding patients obtaining medication illegally from unregulated suppliers.

### ⚠️ Key Risks:

Self-selection of antibiotics without clinical assessment.

Incorrect dosing and duration, increasing risk of adverse effects and treatment failure.

**Contribution to antimicrobial resistance (AMR)** due to inappropriate use.

**Counterfeit or substandard medicines** from unverified suppliers.

### What You Should Do:

**Ask patients** about any recent antibiotic use, including non-prescribed sources.

**Educate patients** on the dangers of self-medicating and the importance of appropriate antibiotic use.

**Report concerns** about illegal access or adverse reactions via the MHRA Yellow Card Scheme. [Yellow Card](#)

**Reinforce antimicrobial stewardship principles** during consultations.

## ££££££ Venlafaxine 150mg modified release preparations to Vencarm XL 150mg capsules ££££££££

In the past 12 months, over **£200k** has been spent on Venlafaxine 150mg modified release preparations. However, due to a significant increase in drug tariff price, it is forecast to cost an **additional £146k** over the next year. By prescribing as **Vencarm XL brand**, approximately **£200k could be saved** across BSW.

Product	Pack size	Cost
<b>Vencarm XL 150mg capsules</b>	<b>28</b>	<b>£3.89</b>
Venlafaxine 150mg modified-release capsules	28	£24.00
Venlafaxine 150mg modified-release tablets	28	£6.31
Efexor XL 150mg capsules	28	£36.81
Vensir XL 150mg capsules	28	£24.00

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

### \*Action Required\*

As we are now over halfway through the financial year, please do not delay in **sending cost savings** that that your practice has completed so far to [bsw.prescribing@nhs.net](mailto:bsw.prescribing@nhs.net), as this will contribute towards your Prescribing Quality Scheme (PQS) target. Please refer to your practice Q1 quarterly report for 25/26 which includes the target for your practice.

For practices that have requested support, please ensure you have responded to any relevant communications regarding switch work (particularly switch lists).

## Reducing Antimicrobial Resistance: Back-Up Antibiotic Guidance for Primary Care

The NHS South West Region has led the development of new concise guidance on back-up (delayed) antibiotic prescribing in line with [NICE Quality standard 121](#). This strategy supports antimicrobial stewardship by encouraging self-care while ensuring timely access to antibiotics if symptoms worsen. The new [Back-Up Antibiotic guidance for primary care](#) gives advice on infections where a Back-Up prescription approach may be utilised and how best to approach this in your consultations.

### Key Highlights:

- **Definition:** A Back-Up prescription is issued with the expectation it will **only be used if symptoms deteriorate**.
- **Benefits:** Reduces unnecessary antibiotic use, supports patient autonomy, and may lower future consultations.
- **Prescribing Process:** Can be issued via EPS or printed FP10, clearly marked as **“BACK-UP PRESCRIPTION”** with a **“DO NOT DISPENSE AFTER” date**.
- **Patient Counselling:** Includes reassurance, self-care advice, red flag symptom awareness, and safety-netting.
- **Coding:** Use “Delayed prescription given” **SNOMED code 1065591000000109** for audit purposes.

This guidance, co-produced by clinicians across the South West ICSs and NHS England, includes condition-specific recommendations and is designed for local adoption. For further tools to support antimicrobial stewardship, including patient resources, visit the [RCGP TARGET antibiotic toolkit](#)

## [World AMR Awareness Week 2025 \(WAAW\)](#)

**When- 18<sup>th</sup>-24<sup>th</sup> November**

**What-** The World AMR Awareness Week (WAAW) is a global campaign to raise awareness and increase understanding of AMR and to promote global action to tackle the emergence and spread of drug-resistant pathogens. The theme for WAAW 2025 is **“Act Now: Protect Our Present, Secure Our Future.”**

**How -Local issues:- watch out for our WAAW special Edition MOP UP** which aims to focus on local priorities-addressing serious safety concerns with – Fluoroquinolone prescribing, reducing Amoxicillin course lengths to 5 days in adults, and reducing inappropriate antibiotic use in 0–9 year olds. To support WAAW sign up to the national webinar.

**Antimicrobial Resistance (AMR) - Empowering health professionals- Monday 17 November, 12.30pm to 1.30pm**

As part of supporting the annual World AMR awareness week, the [webinar provides a focus on actions that health professionals can take to address AMR](#).

Registration is free and is open to all healthcare professionals working in the NHS.