

Patient Safety Incident and learning

A patient has raised a complaint with a local Trust due to the need for a termination of pregnancy following the prescribing of rifampicin whilst using Nexplanon®. No advice on the need for additional contraception was provided at the time of prescribing or dispensing. Additionally, there was no patient information leaflet provided with the dispensed medicine. The learning from this incident is as follows:

- Interactions with oral hormonal contraceptives are well recognised, but less so with hormone implants. CYP3A4 is the main liver enzyme responsible for the breakdown of contraceptives. Enzyme-inducing medicines can decrease the exposure of the contraceptive and speed up its clearance from the body. This results in loss of contraceptive efficacy.
- Combined hormonal contraceptives (COCs) and progesterone-only contraceptives (POCs), including progestogen-only implants are less effective when given with enzyme-inducing enzymes.
- Examples of CYP3A4 enzyme-inducing medicines include: antibiotics – rifampicin and rifabutin; antiepileptic medications- carbamazepine, eslicarbazepine acetate, oxcarbazepine, perampanel, phenobarbital, phenytoin, primidone, rufinamide and topiramate (doses of 200mg daily or higher); antiretrovirals – ritonavir, efavirenz and nevirapine; St John's Wort (this list is not exhaustive).
- The Faculty of Sexual and Reproductive Healthcare (FSRH) recommends depot medroxyprogesterone acetate or intrauterine contraception is used first line instead of COCs, POCs and progestogen-only implants (Nexplanon®) as they are not affected by enzyme-inducing medicines. This advice applies regardless of the potency or duration of the enzyme-inducing medicine.
- For a woman using an enzyme-inducing medicine for less than 2 months, it is possible to use a barrier method if the woman wishes to continue using her existing contraception. The barrier method includes using condoms whilst taking the enzyme-inducing medicine and for at least 28 days after stopping it.
- For more information, refer to the [FSRH guidance on drug interactions with hormonal contraception](#).

Safety with oral liquid morphine

There have been several oral CD medication errors that have been highlighted nationally around dosing of oral morphine and its ambiguity.

As a result, we would like to emphasise the need for clear, concise directions around oral morphine dosing and using the spoon or oral syringe provided, never drinking directly from the bottle. We would also like to send a reminder to stress the importance to patients around not taking out of date medication.

'Best value DOAC' scheme for primary care

NHS Dorset is pleased to offer a best value DOAC prescribing scheme for 2025/26.

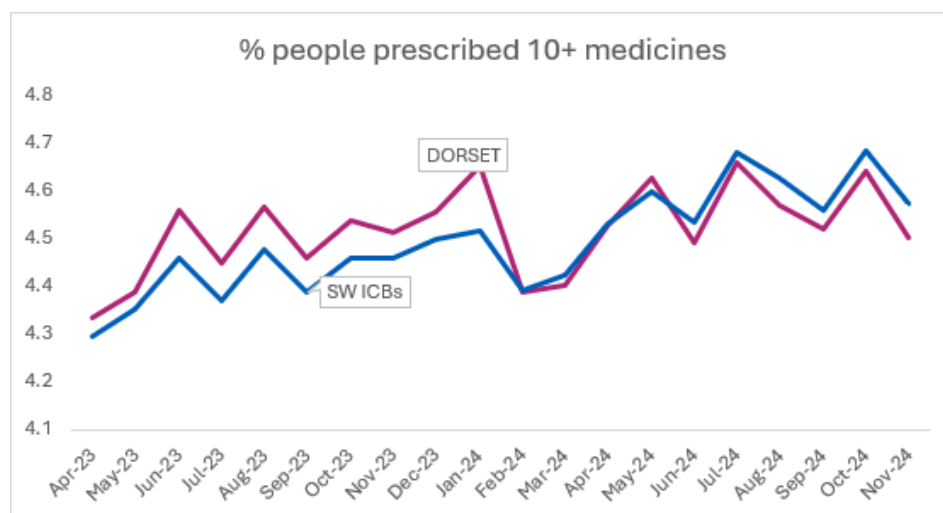
The scheme reimburses GP practice time to review and, in line with [NHS England Best value DOAC recommendations](#), switch all clinically appropriate, existing edoxaban patients with non-valvular atrial fibrillation (AF) to either generic apixaban or generic rivaroxaban.

The scheme includes an additional 'pace of change' payment when 60% of switches are completed before 1st October 2025. A separate communication with contract information will be sent to all PCNs shortly.

For more information about the scheme, please refer to the ['Incentivisation for Pace of Change' \(IPoC\) webpage](#). Questions about the scheme can be sent to medicine.question@nhsdorset.nhs.uk.

Problematic Polypharmacy Update

Your work is reducing harm for people who have adverse effects from problematic polypharmacy. Our rates of prescribing 10+ medications to individual patients have now fallen below the regional average showing the good work you are doing.



Enquiries to the Medicines Team

The NHS Dorset Medicines Team is currently receiving a high volume of questions via the medicine.question@nhsdorset.nhs.uk inbox.

Where possible, prior to emailing, primary care staff are encouraged to make use of available resources that may help resolve your query more quickly, e.g.: [BNF online](#), [Dorset Formulary](#), [Medicines Management internet pages](#). These information sources are kept constantly up to date. If you do email us, please bear with us, we aim to respond within 72 hours.

Update to continuous glucose monitoring (CGM) SystmOne searches

In order to ensure CGM is prescribed in line with the updated [CGM commissioning policy](#), a suite of SystmOne searches were made available to identify patients for review, who are no longer meeting the CGM eligibility criteria.

NHS Dorset has been investigating the cause of patients eligible for CGM being incorrectly identified within the SystmOne searches.

Dual coding of patients with more than one T1, T2 diabetes or pancreatic insufficiency code in the patient journal has caused patients to be incorrectly identified within the SystmOne searches.

We will not be advising you to alter previous entries in the patient's clinical record to resolve any previous coding inaccuracies. However, entering the correct diagnostic code now, will ensure that people are appropriately judged against the commissioning criteria for CGM.

The updated searches will be published on the 4th of February 2025 at the following location in SystmOne: Dorset SystmOne GPs > PQS Finance 24 2 5 > F6 CGM outside commissioning policy.

Drug shortages / supply issues

- Diazepam 2mg/5ml oral solution sugar free is unavailable until June 2025. Reserve remaining supplies for paediatric patients. Consider prescribing diazepam tablets for patients able to swallow solid dosage forms, halving the tablets if needed to make up the dose. Refer to the [SPS medicines supply tool](#) for more information (free account needed).

Learning

- As part of the PQS 25/26 proposal, each PCN will have up to four **funded training places** to attend the Polypharmacy Action Learning Sets (ALS).

The aim of the Polypharmacy ALS is to help GPs, Pharmacists and other Healthcare Professionals to understand the complex issues surrounding stopping inappropriate medicines safely. The ALS will also help PCNs deliver the Medicines Optimisation elements of the Directed Enhanced Services and Investment and Impact Fund contracts and meet recommendation 18 of the National Overprescribing Review report. For more information, visit the [Health Innovation Network Polypharmacy ALS registration page](#) for the April 2025 cohort.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- **CORRECTION:** Last month we highlighted the current shortage of isosorbide mononitrate 10mg, 20mg, and 40mg immediate release (IR) tablets, with approximate dose conversions from IR to MR products. To clarify, there are no 10mg/20mg/30mg MR products available, but 50mg or 60mg MR products can be halved to produce a MR dose of 25mg or 30mg, respectively.
- High cost carbimazole formulations (10mg and 15mg) will be removed from the Dorset formulary embedded within SystmOne. Patients will need to be converted to the 5mg and 20mg strengths. Care will be needed to ensure patients are counselled regarding the change in strength and the change to dosage (number of tablets) to be taken daily.
- Please add medications prescribed by external services (e.g. hospitals, specialist centres or dentists) to the patient's summary care records. This ensures that anyone accessing the summary care record will have access to a full and complete list of a patient's medicines. Quick reference guidance is available for [adding hospital medication on SystmOne](#).
- The FreeStyle Libre 2 and Dexcom One CGM sensors are being gradually phased out over the next 7-10 months and replaced by their respective upgraded and new versions FreeStyle Libre 2 Plus and Dexcom One+. As there are slight differences between the current and upgraded products patients will be transitioned over to the newer product after an education session as part of a diabetes review if CGM is still appropriate.
- The Boots [blister pack recycling scheme](#) is now available at over 800 stores across the UK. All blister packs, whether previously used to hold medications or vitamins, and no matter which brand, can be recycled through the scheme. Find your nearest recycling store through the [Boots Store Locator](#).
- We have been made aware of a series of children admitted to hospital in Greater Manchester with significantly raised vitamin D and calcium levels due to potential overdosing of colecalciferol. Each patient had been prescribed the food supplement called **Aactive D3® 2000iu/ml oral drops**. The product is not a licensed medicine and does not fall under standard MHRA recall processes. Actions are underway to recall and quarantine the affected product, but we have included the information here for general awareness.

REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksps.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).

This newsletter is for healthcare professionals. It represents what is known at the time of writing so information may be subsequently superseded.