

# June 2025

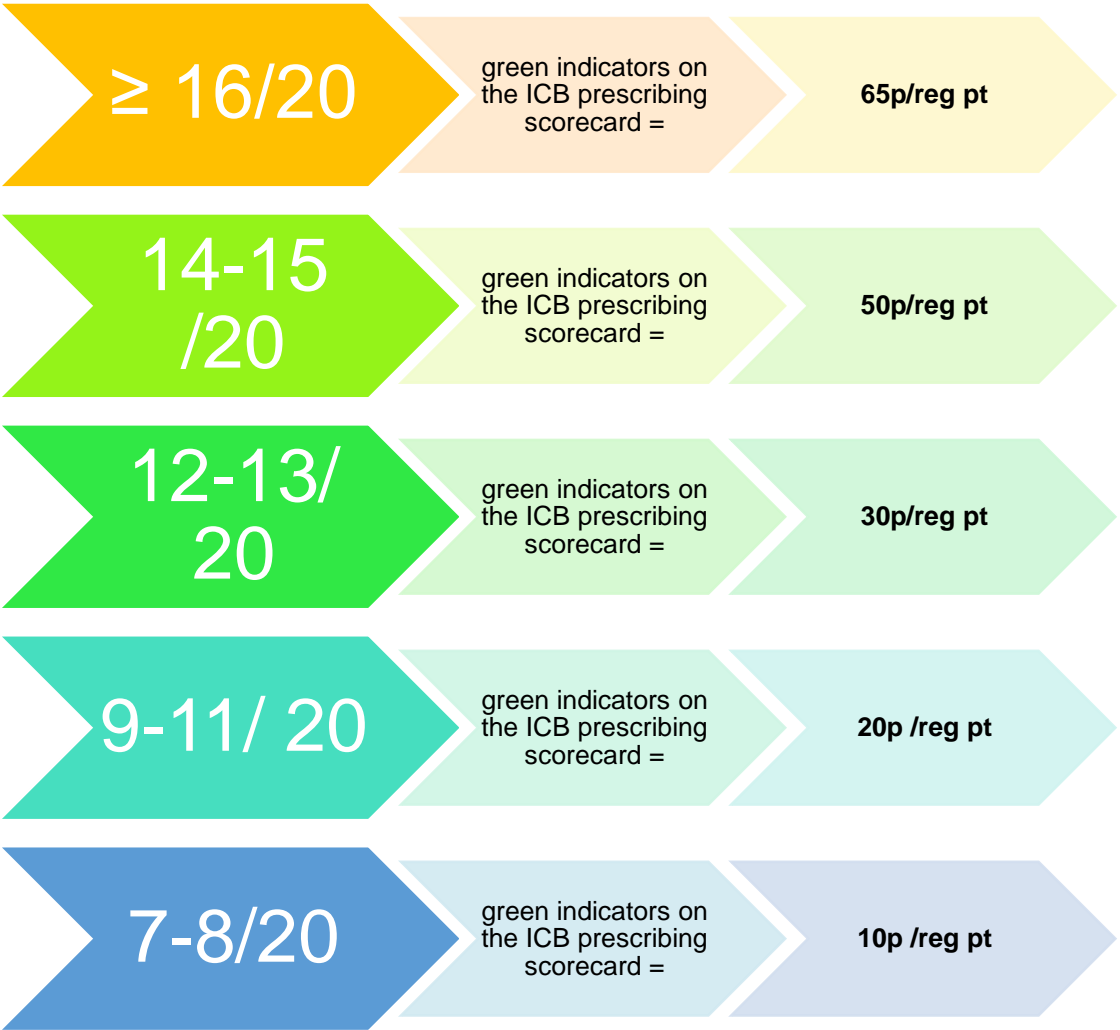


# Medicines Optimisation savings contribute to primary care investment

# Prescribing Incentive Scheme - £390k available

Practice based  
reward:

Up to max 65p/registered patient for performance against the specific quality improvement scorecard indicators.



# 2024/2025 - Scorecard



	2024/2025 Target		April-24	March-25
			NHS SOMERSET	NHS SOMERSET
1. Practice achieving all their national antimicrobial prescribing targets and has an identified sepsis lead	Yes		N	N
2. Eclipse - Reduction in Radar Red and Amber alerts per 1000 Astro Pu (excluded patients counted in indicator)	<0.50 per 1000 Astro Pu		0.647	0.796
3. Percentage LD and Dementia patients prescribed antipsychotic medication	<7%		6.58%	6.37%
4. Reduction in anti-cholinergic burden prescribing	<0.70%		0.71%	0.69%
5. Solifenacin, oxybutynin, tolterodine IR and fesoterodine XL as a % of total antimuscarinic incontinence drugs	>80%		80.19%	81.41%
6. Reduction in patients on mixed inhalers	<8% of total (or Jan-March 2024 data has reduced by 25% compared to baseline)		11.37%	11.03%
7. Cost effective DPI single and combo inhalers	>65%		53.18%	55.69%
8. Cost effective MDI single and combo inhalers	>65%		53.95%	55.01%
9. Reduced carbon prescribing for inhalers	>75%		37.32%	49.13%
10. Reduction in medications which are high risk in pregnancy prescribed without contraception	<15 per 1000 April data using new search		13.97	14.06
11. Generic sitagliptin as a percentage of all gliptins (including combos)	>75%		29.30%	68.12%
12. Reduce H2RA prescribing	<6 packs per 1000		6.99	8.29
13. Patients with all 8 diabetes care processes undertaken in the last 12 months	>75%		57.45%	60.86%
14. Reducing opiate prescribing (excluding injectables)	<39 opiate ADQ/1000 Astro Pu (or Jan -March 2025 data has reduced by 10% compared to baseline)		38.71	36.61
15. Reduction in hypnotic and anxiolytic prescribing	<215 ADQ per 1000 patients		208.39	180.87
16. Potential generic savings October to December 2023 data	<0.25%		0.51%	0.40%
17. NHSE OTC selfcare indicators including hayfever	<£375 per 1000 patients		£685.58	£708.04
18. Cumulative sip feed spend per 1000 patients - rolling three months November to January data	<£500 per 1000 patients (or Jan -March 2025 data has reduced by 10% compared to baseline)		£561.13	£599.61
19. Cost effective HRT prescribing	>75%		25.29%	86.50%
20. Reduction in Calcium, vit D alone or combo prescribing for patients not prescribed a bone-sparing agent	<4.0 patients per 1000 Astro Pu		5.03	5.45
			5 Greens	7 Greens

# 2025/2026 - Scorecard



Jan-25	Target	NHS SOMERSET
1. Practice achieving all their national antimicrobial prescribing targets and has an identified sepsis lead	Yes	N
2. Eclipse - Reduction in Radar Red and Amber alerts per 1000 Astro Pu (excluded patients counted in indicator)	<0.50 per 1000 Astro Pu	0.678
3. Percentage LD and Dementia patients prescribed antipsychotic medication	<7%	6.31%
4. Reduction in anti-cholinergic burden prescribing	<0.70%	0.71%
5. Review blue Eclipse alerts - February data	>15%	2.63%
6. Reduction in patients on mixed inhalers	<8% of total (or Jan-March 2026 data has reduced by 25% compared to baseline)	10.67%
7. Cost effective DPI single and combo inhalers - salmeterol negative	>70%	54.20%
8. Cost effective MDI single and combo inhalers - salmeterol negative	>70%	47.36%
9. CVD indicator Data up until September 2024	Yes	N
10. Reduction in medications which are high risk in pregnancy prescribed without contraception - March data	<15 per 1000 patients (female 10-54 years) - search updated for 2025/26	15.92
11. Generic sitagliptin as a percentage of all gliptins (including combos)	>75%	63.86%
12. Reduce H2RA prescribing	<6 packs per 1000	8.21
13. Patients with all 8 diabetes care processes undertaken in the last 12 months	>75%	58.09%
14. Reducing opiate prescribing (excluding injectables)	<39 opiate ADQ/1000 Astro Pu (or Jan -March 2026 data has reduced by 10% compared to baseline)	38.52
15. Reduction in hypnotic and anxiolytic prescribing	<215 ADQ per 1000 patients	194.49
16. Potential generic savings October to December 2024 data	<0.25%	0.40%
17. NHSE OTC selfcare indicators including hayfever	<£375 per 1000 patients	£718.39
18. Cumulative sip feed spend - rolling three months November to January 2025 data	<£500 per 1000 patients (or Jan - March 2026 data has reduced by 10% compared to baseline)	£611.94
19. Cost effective estriol prescribing	>80%	65.78%
20. Reduction in Calcium, vit D alone or combo prescribing for patients not prescribed a bone-sparing agent	<4.0 patients per 1000 Astro Pu	5.40

# 1. Antimicrobials- Key Messages

**Ambition 4:**  
Provide safe and effective care to patients



**Ambition 8:**  
Demonstrate appropriate use of antimicrobials



## MEASURING SUCCESS

**Target:** to reduce UK antimicrobial use in humans by 15% by 2024, including:  
a 25% reduction in antibiotic use in the community from the 2013 baseline;  
a 10% reduction in use of 'reserve' and 'watch' antibiotics in hospitals from the 2017 baseline



**Children with uncomplicated chest infections - No meaningful difference in terms of the duration of symptom resolution with or without antibiotics.**

**NNT No of patients to treat to prevent**

**1 case of sepsis:**

**Age < 15yrs = 10,000 people**

**Age > 85 = 300 people**

**Why do we have so many children prescribed antibiotics?**

Still minimise broad spectrum antibiotics-  
cephalosporins,  
quinolones and  
co-amoxiclav

## Have you seen our latest updates?

- Recurrent UTI
- Use of local vaginal estrogen
  - (See the Somerset Infection Management Guidance for more detail)
- Rosacea
- Antimicrobials in ages 0-9 years- are you over prescribing?

## Practice achieves:

- **ALL THREE** prescribing targets
  - Total Volume
  - 5 day prescribing - amoxicillin
  - 5 day prescribing - doxycycline
- AND
- Has an identified sepsis lead
- Sepsis Lead – Any change?

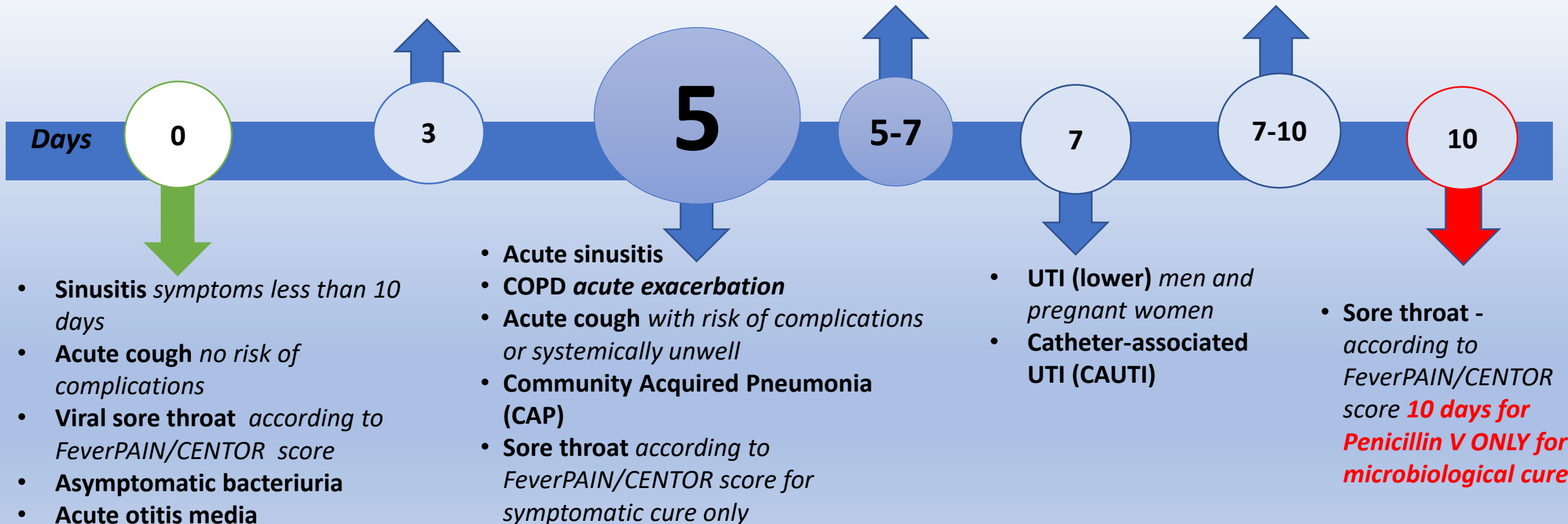
# ANTIBIOTIC DURATIONS FOR COMMON INFECTIONS IN PRIMARY CARE (ADULTS)

NICE recommended durations of antibiotic courses for **first-line treatments**

- **UTI (lower) non – pregnant women**

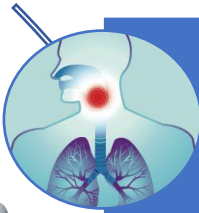
- **Cellulitis and Erysipelas**
- **Acute otitis media with risk of complication or systemically unwell**

- **Pyelonephritis (acute) men and non-pregnant women**

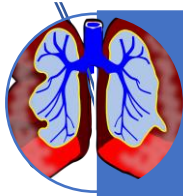




# 5 DAYS **FOR** 5 INFECTIONS (ADULTS)



**Sore Throat (if antibiotic indicated)** Phenoxymethylpenicillin 500mg four times a day for 5 days for symptomatic cure **OR** clarithromycin 250mg to 500mg twice a day for 5 days **OR** erythromycin 250mg to 500mg four times a day for 5 days



**COPD (acute infective exacerbation)** Amoxicillin 500mg three times a day for 5 days **OR** doxycycline 200mg day 1 and then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days



**Acute Cough (if antibiotic indicated)** Doxycycline 200mg day 1 then 100mg daily on days 2-5 **OR** amoxicillin 500mg three times a day for 5 days **OR** clarithromycin 250mg to 500mg twice a day for 5 days **OR** erythromycin 250mg to 500mg four times a day or 500mg to 1g twice a day for 5 days



**Community Acquired Pneumonia** Amoxicillin 500mg to 1g three times a day for 5 days **OR** doxycycline 200mg on day 1, then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days **OR** erythromycin (in pregnancy) 500mg four times a day for 5 days



**Acute Sinusitis (if antibiotic indicated)** Phenoxymethylpenicillin 500mg four times a day for 5 days **OR** if systemically very unwell co-amoxiclav 500/125mg 1 three times a day for 5 days **OR** for penicillin allergy doxycycline 200mg on day 1, then 100mg daily on days 2-5 **OR** clarithromycin 500mg twice a day for 5 days **OR** erythromycin (in pregnancy) 500mg four times a day for 5 days



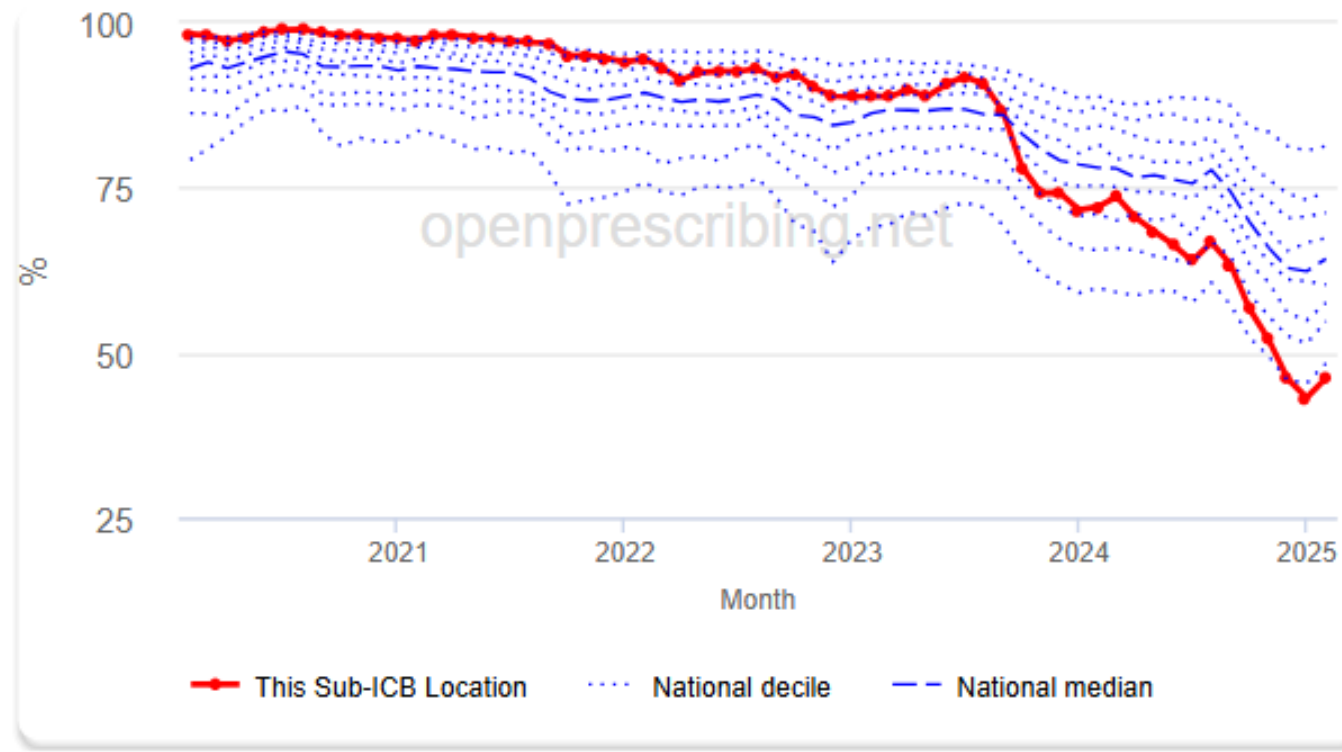


# 1. Antimicrobials- 5-day prescribing...



Antibiotic stewardship: courses for doxycycline 100mg greater than 6 capsules/dispersible tablets by practices in NHS SOMERSET | OpenPrescribing

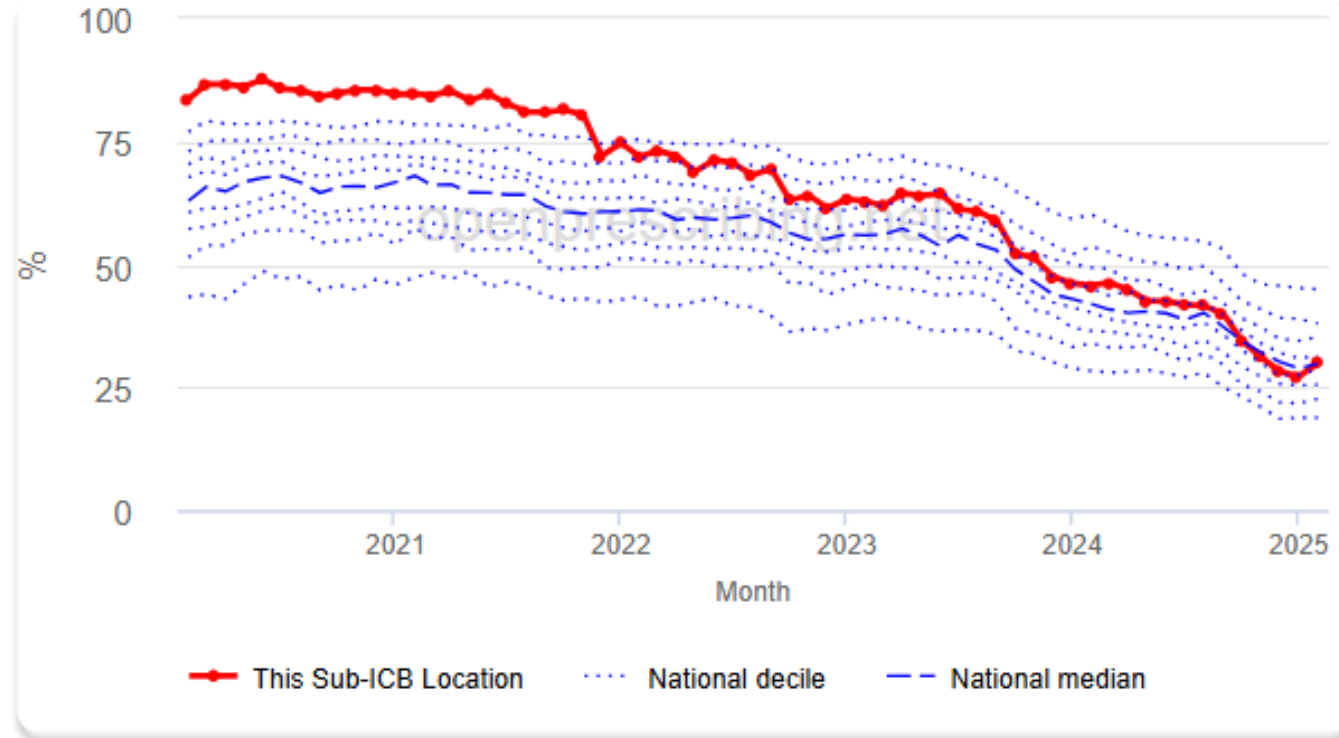
*Proportion of prescription items of **doxy**cycline 100mg capsules with quantity greater than 6 capsules/dispersible tablets*



# 1. Antimicrobials- 5-day prescribing...

Antibiotic stewardship: courses for amoxicillin 500mg greater than 15 capsules by practices in NHS SOMERSET | OpenPrescribing

Proportion of prescription items of **amox** icillin 500mg capsules with quantity greater than 15 capsules



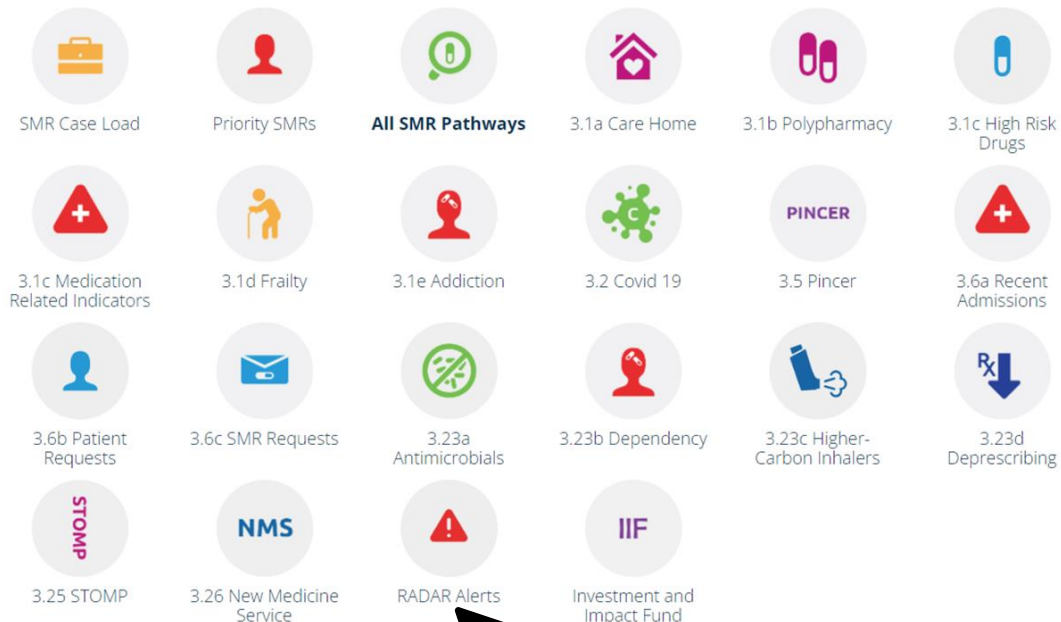
## 2. Eclipse

Reduction in Radar Red and Amber alerts per 1000 Astro PU (<0.50 per 1000 Astro Pu)



There are plenty of resources on our website for you to utilise for these reviews including our website: [-NHS Somerset](https://www.nhs.uk)

Eclipse solutions: [eclipsesolutions.org](https://eclipsesolutions.org)  
Eclipse Pathways: [nhspathways.org](https://nhspathways.org)



*Working Together to Improve Health and Wellbeing*

## 2. Eclipse

Reduction in Radar Red and Amber alerts per 1000 Astro PU (<0.50 per 1000 Astro Pu)

Practices with the highest rate of reviews of eclipse RED alerts have £42 lower emergency admission costs per patient per year

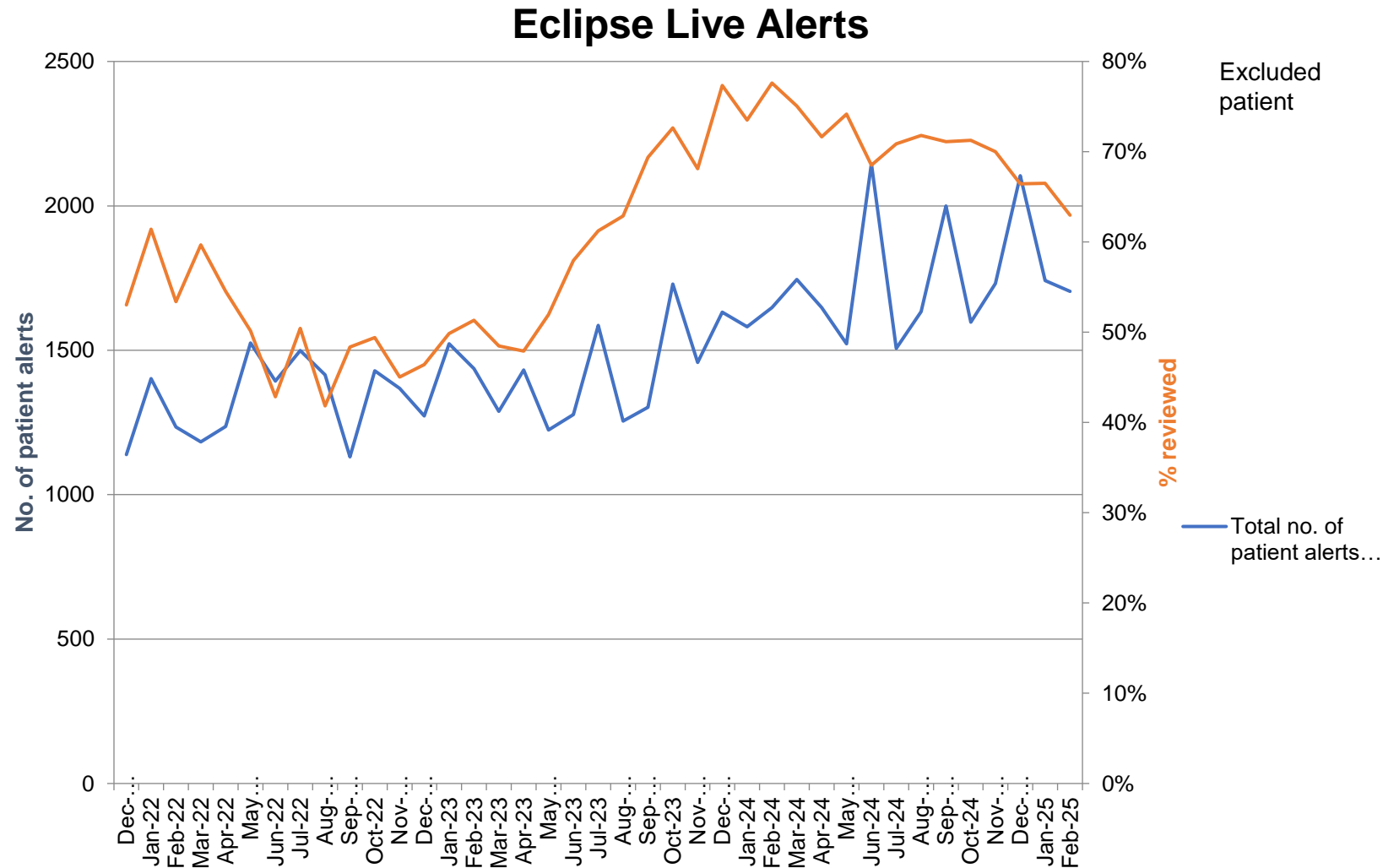
Total Red Alerts						
Financial Year				Mar-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
1669	5,220	4,772	91.4	500	437	87.4

Total Amber Alerts						
Financial Year				Mar-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
3374	13,799	11,443	82.9	1,280	952	74.4

## 2. Eclipse

Reduction in Radar Red and Amber alerts per 1000 Astro PU (<0.50 per 1000 Astro Pu)

Practices with the highest rate of reviews of eclipse RED alerts have £42 lower emergency admission costs per patient per year



# 3. Antipsychotic Medication

Percentage LD and Dementia patients prescribed antipsychotic medication (**Target <7%**)

## Mental Health Prescribing

This page contains information, links and resources around prescribing for mental health conditions.

[Back to Prescribing Guidelines by Clinical Area](#)

## Dementia

This page contains information, links and resources for prescribing in Dementia

[Back to Prescribing Guidelines by Clinical Area](#)

See the antipsychotic shared care document for more information on MCA/ safeguards

- [Mental Health Prescribing - NHS Somerset ICB](#)
- [Deprescribing - NHS Somerset ICB](#)
- [Shared Care and PGDs - NHS Somerset ICB](#)
- [Neurodivergence - NHS Somerset ICB](#)
- [Dementia - NHS Somerset ICB](#)

## Deprescribing

In this section you will find helpful resources and links to aid deprescribing.

## Dementia Support workers

[Welcome to the Somerset Dementia Wellbeing Service](#)

### Shared Care Protocols (SCPs)

See the [Medicines Management Main page](#) to access the Traffic Lights Document.

SCP Antipsychotic medications V2.2

- Antipsychotic medications shared care protocol - Lester Tool 2023 Update

SCP for Dementia October 2022

2024/2025 - Scorecard		NHS Somerset	
2024/2025 target		2024/2025 Actual	2024/2025 Target
1. Practice achieving all their national antipsychotic targets and has an antipsychotic audit		100%	100%
2. Evidence of training in Mental Health and Dementia for all staff		100%	100%
3. Evidence of training in Mental Health and Dementia for all staff		100%	100%
4. Evidence of training in Mental Health and Dementia for all staff		100%	100%
5. Evidence of training in Mental Health and Dementia for all staff		100%	100%
6. Evidence of training in Mental Health and Dementia for all staff		100%	100%
7. Evidence of training in Mental Health and Dementia for all staff		100%	100%
8. Evidence of training in Mental Health and Dementia for all staff		100%	100%
9. Evidence of training in Mental Health and Dementia for all staff		100%	100%
10. Evidence of training in Mental Health and Dementia for all staff		100%	100%
11. Evidence of training in Mental Health and Dementia for all staff		100%	100%
12. Evidence of training in Mental Health and Dementia for all staff		100%	100%
13. Evidence of training in Mental Health and Dementia for all staff		100%	100%
14. Evidence of training in Mental Health and Dementia for all staff		100%	100%
15. Evidence of training in Mental Health and Dementia for all staff		100%	100%
16. Evidence of training in Mental Health and Dementia for all staff		100%	100%
17. Evidence of training in Mental Health and Dementia for all staff		100%	100%
18. Evidence of training in Mental Health and Dementia for all staff		100%	100%
19. Evidence of training in Mental Health and Dementia for all staff		100%	100%
20. Evidence of training in Mental Health and Dementia for all staff		100%	100%

and Medicines Management

Working Together to Improve Health and Wellbeing



# 3. Antipsychotic Medication

Percentage LD and Dementia patients prescribed antipsychotic medication (Target <7%)

## Neurodivergence

On this page you will find clinician information, links to resources and relevant prescribing guidance for neurodivergent people

[Back to Prescribing Guidelines by Clinical Area](#)

## Deprescribing

In this section you will find helpful resources and links to aid deprescribing.

### Stopping Over Medication of People with a Learning Disability, Autism or Both (STOMP)

Psychotropic medicines are more likely to be inappropriately prescribed to people with a learning disability or autism

STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

NHS England – Stopping over medication of people with a learning disability, autism or both (STOMP)

"Over-medication, and then lack of review, is a historic problem, but one that nobody knew the true scale of until recently. It is estimated that on an average day in England, between 30,000 and 35,000 people with a learning disability are being prescribed powerful drugs, with serious potential side effects, without clinical justification and for too long. This is often despite evidence-based alternative interventions being available. This inequality in care is unacceptable, and it is incumbent on clinicians and every other professional involved in an individual's care to ensure they are acting in their patient's best interest at all times."

Royal College of General Practitioners

## Antipsychotics are increasingly prescribed to children and teenagers

Prescriptions of antipsychotics for children and teenagers are increasing worldwide, despite a lack of safety data to support their use in the under 18s.

Children were prescribed antipsychotics for conditions for which there is no approval, such as autism. Those from deprived areas were more likely (than children in wealthier areas) to be prescribed older antipsychotics.

## Have you heard from Libby or Melissa?

The overall aim is to improve quality of life and improve health outcomes. An example of this would be reducing sedation which is a common side effect of psychotropic medication which will enable individuals to improve their engagement in activities that they enjoy.

ACCESS TO THE SERVICE HAS BEEN POPULAR!

## STOMP and STAMP

Stopping The Over-Medication of children and young People with a learning disability, autism or both (STOMP) and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP)

The NMP nurses:

Libby Boorman

Melissa Gazi

For more information or any questions (e.g. how to refer an individual), please contact Libby Boorman or Melissa Gazi



# 4. Reduction in Anti-cholinergic Burden Prescribing

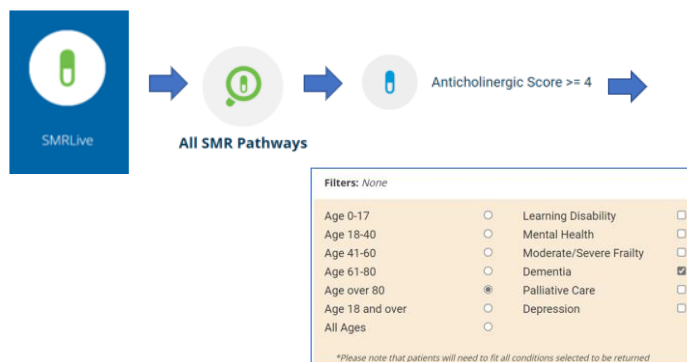
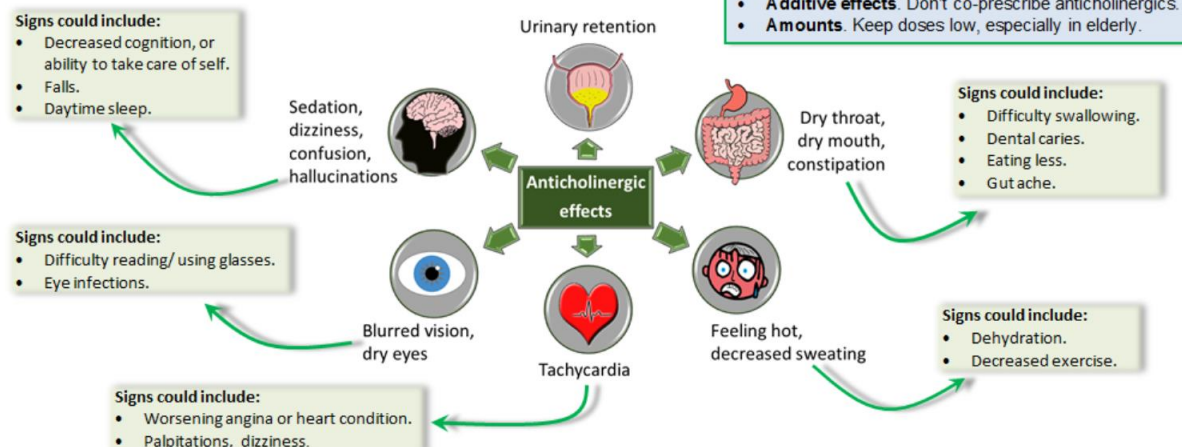
Reduction in anti-cholinergic burden prescribing (**below Target 0.7%**)

Increasing number of systematic reviews and meta-analyses report that medicines with anticholinergic effects are associated with an increased risk of **cognitive impairment, falls and all-cause mortality in older people.**

(PrescQipp bulletin 253 Sept 2020)

## Managing Anticholinergic Side Effects

from [www.medicinesafety.co.uk](http://www.medicinesafety.co.uk)



Care home Patients: Include

**Filters**

Export Selected Rows to XLS Export All Rows to XLS

Pathway Review Action Plan Deprivation Decile Last Medication Review Last Flu Vaccination eFI ACB GI Bleed Score

ePACT data 'Percentage of patients with an anticholinergic burden score of 6 or more' (All ages)

## ACB Tools:

- [Anticholinergic Cognitive Burden \(ACB\) Scale](#)
- [ACB Calculator](#)
- [Medichec](#)

## Identify patients:

Eclipse Live - alert has been set up to identify dementia patients with an ACB >= 6

<https://www.nhspathways.org/NHSPATHWAYS/login.aspx>

[Deprescribing - NHS Somerset](#)

Working Together to Improve Health and Wellbeing

2024/2025 - Scorecard	2024/2025 - Scorecard	2024/2025 - Scorecard
1. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
2. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
3. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
4. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
5. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
6. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
7. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
8. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
9. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
10. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
11. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
12. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
13. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
14. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
15. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
16. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
17. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
18. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
19. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%
20. Prescribing of all medicines (including over-the-counter medicines) to patients with a diagnosis of dementia or a cognitive impairment score of 6 or more.	100%	100%

# 5. Eclipse BLUE information alerts

Practice achieves >15% of eclipse blue alerts reviewed

Total Information Alerts						
Financial Year				Mar-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
6630	84,870	3,223	3.8	7063	277	4

Resources:

[Eclipse Login Page](#)

Think- Safety!



# Cost effective Incontinence Drugs no longer an indicator but still important

## Solifenacin, oxybutynin IR and fesoterodine

Revisiting an old scorecard indicator

### Preferred option-

DEPRESCRIBE due to their high anticholinergic burden

NNT- 7

6 out of 7 people are not getting true benefit

Switch other incontinence drugs to solifenacin or fesoterodine as easier dosing

### AVOID for –

Elderly

Patient with mild cognitive impairment

Dementia

### Resources:

[Deprescribing - NHS Somerset](#)

- [ACB Scale](#)

- [ACB Calculator](#)

[Local Estrogen - NHS Somerset ICB](#)

### Think-

- pelvic floor physio as first line in women experiencing stress or mixed urinary incontinence-
- **Local estrogen** for overactive bladder with vaginal atrophy
- Self-Care** measures including hydration and ↓ caffeine intake

# Respiratory

## Respiratory


The aim of this section is to give practical guidance on managing medicines in asthma and COPD in support of the national guidelines

[Back to Prescribing Guidelines by Clinical Area](#)



6. Reduction in patients on mixed inhalers as a percentage of all patients on more than one inhaler	<8% of total (or Jan-March 2026 data has reduced by 25% compared to baseline)
7. Cost effective DPI combo/single inhalers single and combo inhalers	>70% (was 65%)
8. Cost effective MDI combo/single inhalers single and combo inhalers	>70% (was 65%)

Salmeterol will be project negative

2024/2025 - Scorecard			
	2024/2025 target	2024/25 actual	2024/25 target
			
1. Practice achieving all their national asthmatic prescribing targets and have an asthma register	Yes	Yes	Yes
2. Practice achieving all their national COPD prescribing targets and have a COPD register	Yes	Yes	Yes
3. Practice achieving all their national inhaler targets	<10% per 1000 patients	0.84%	0.90%
4. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
5. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
6. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
7. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
8. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
9. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
10. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
11. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
12. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
13. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
14. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
15. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
16. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
17. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
18. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
19. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
20. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
21. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
22. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
23. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
24. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
25. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
26. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
27. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
28. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
29. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
30. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
31. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
32. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
33. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
34. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
35. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
36. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
37. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
38. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
39. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
40. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
41. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
42. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
43. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
44. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
45. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
46. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
47. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
48. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
49. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
50. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
51. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
52. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
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99. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%
100. Practice achieving all their national inhaler targets	<10%	0.80%	0.90%

### Inhaler Information, Pathways and Venn Diagram

- [Inhaler Venn Diagram March 2025](#)
- [Somerset COPD Guidance - Adopted from All Wales Guidance](#)
- [Two Inhalers into One](#)
- [NICE, BTS, SIGN Patient Decision Aid on Asthma Inhalers and Climate Change](#)

## STOP THE SABAs – MOVE TO MART

SALMETEROL CONTAINING INHALERS NOW  
NEGATIVE ON SCORECARD INDICATORS

- Best evidence for AIR and MART comes from DPI trials
- Patients moving to AIR or MART should have their SABA moved to acute only as most should not need to use.



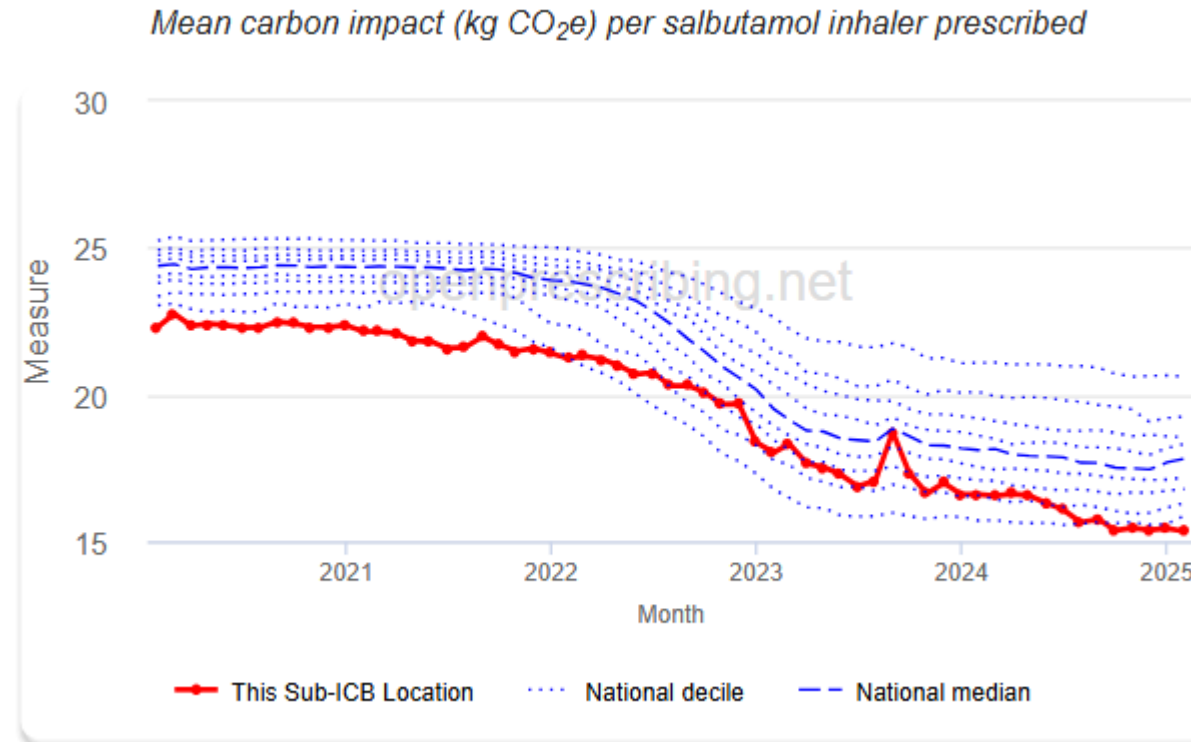
## STOP THE SABAs – MOVE TO MART

SALMETEROL CONTAINING INHALERS NOW  
NEGATIVE ON SCORECARD INDICATORS

- Best evidence for AIR and MART comes from DPI trials
- Patients moving to AIR or MART should have their SABA moved to acute only as most should not need to use.

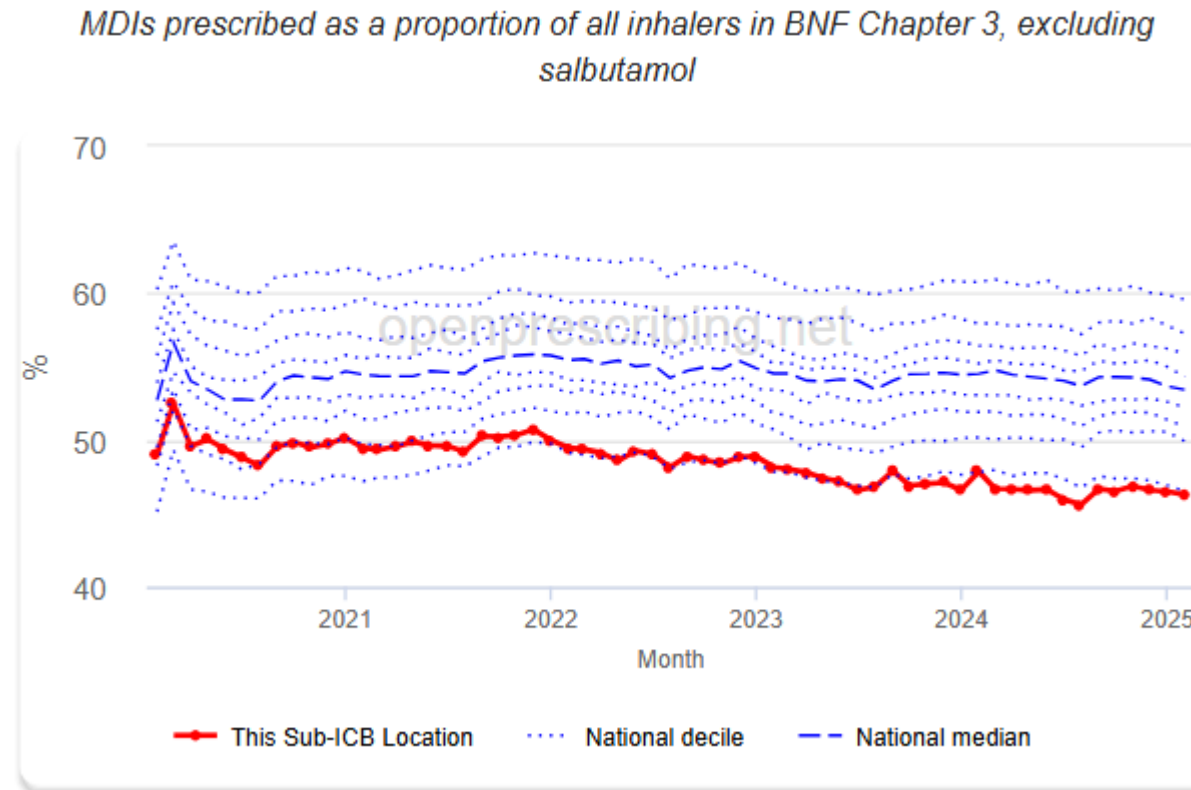
**The *S*MART way**  
**to manage your asthma**

Low Carbon SABAs achieved target but still important – continue to move to DPIs and align inhalers



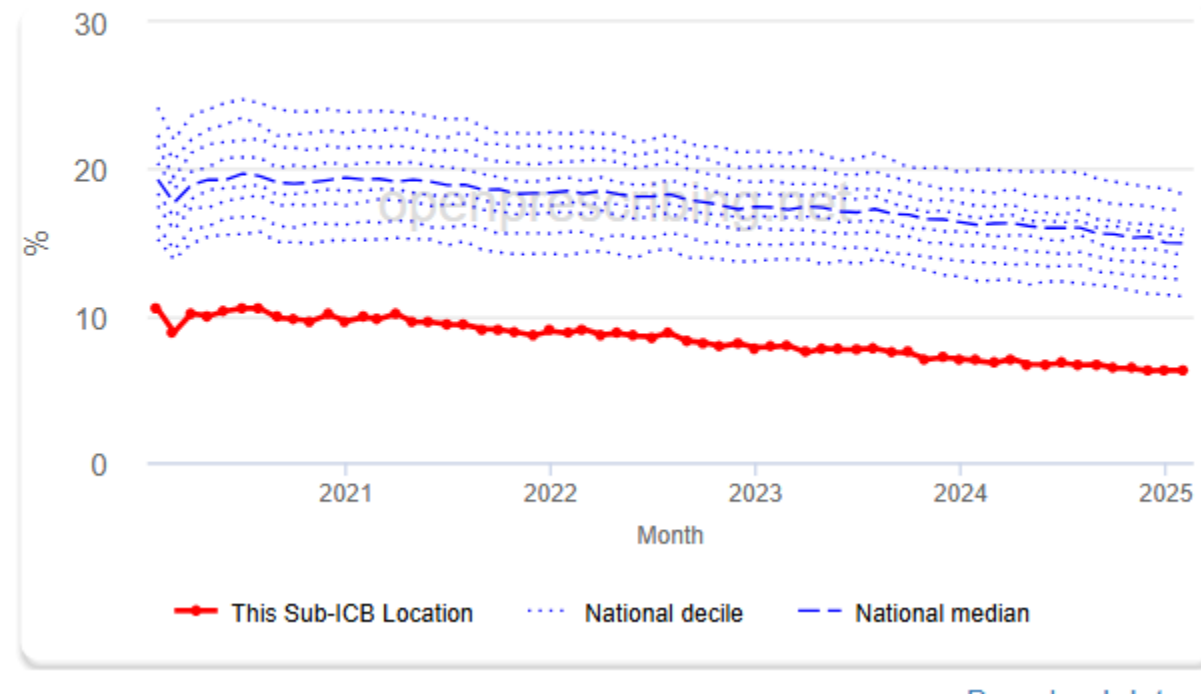


National MDI target remains to get below 25% - no ICB achieving yet



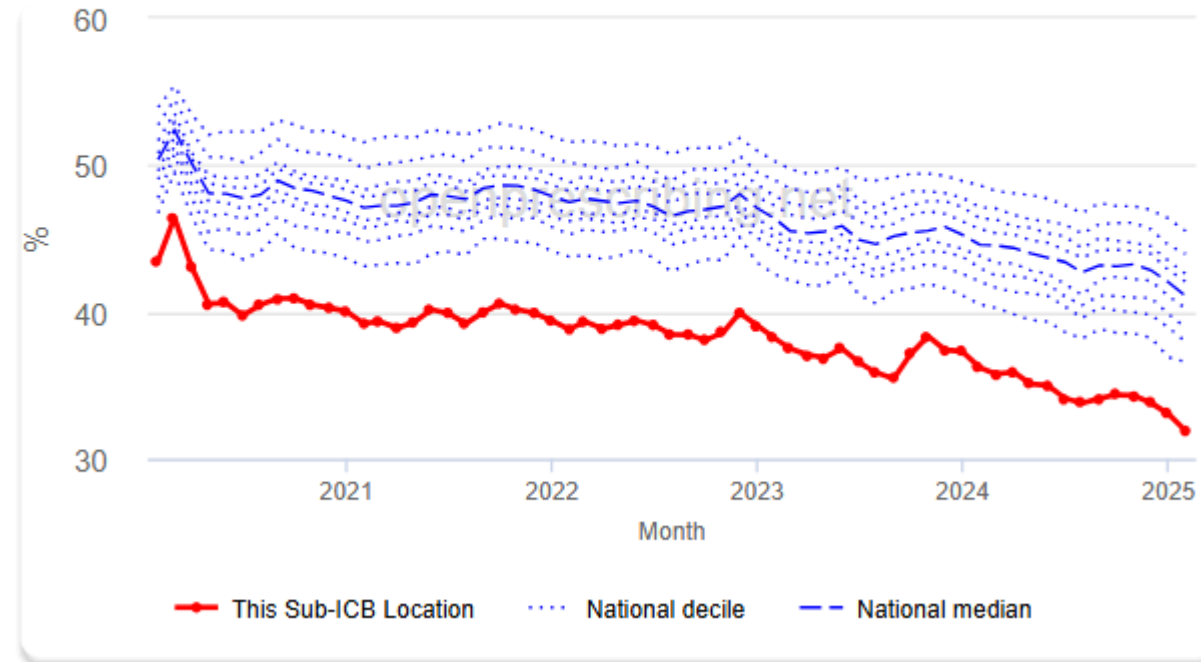
Somerset has lowest rate of high dose corticosteroid inhaler use in England

*Prescribing of high dose inhaled corticosteroids compared with prescribing of all inhaled corticosteroids*



Somerset has lowest rate of SABA use in England

*Number of short acting beta agonist (SABA) inhalers - salbutamol and  
terbutaline - compared with number of all inhaled corticosteroid inhalers and  
SABA inhalers*



## 9. New CVDPrevent indicator

Point for achieving 2 out of 3 but ideally we want practices to achieve all 3 of the following

CVDPrevent Indicators	Score Card Target for FY 25/26
Patients with GP recorded chronic kidney disease (G3a to G5), who are currently treated with lipid lowering therapy - CVDP010CHOL	>60%
Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy - CVDP003CHOL	>65%
Patients with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy - CVDP009CHOL	>85%

There are 11 CVDPrevent clinical indicators – viewable by the public down to practice level – Somerset ICB performs badly on most 11 indicators

# 9. Why - New CVDPrevent indicator

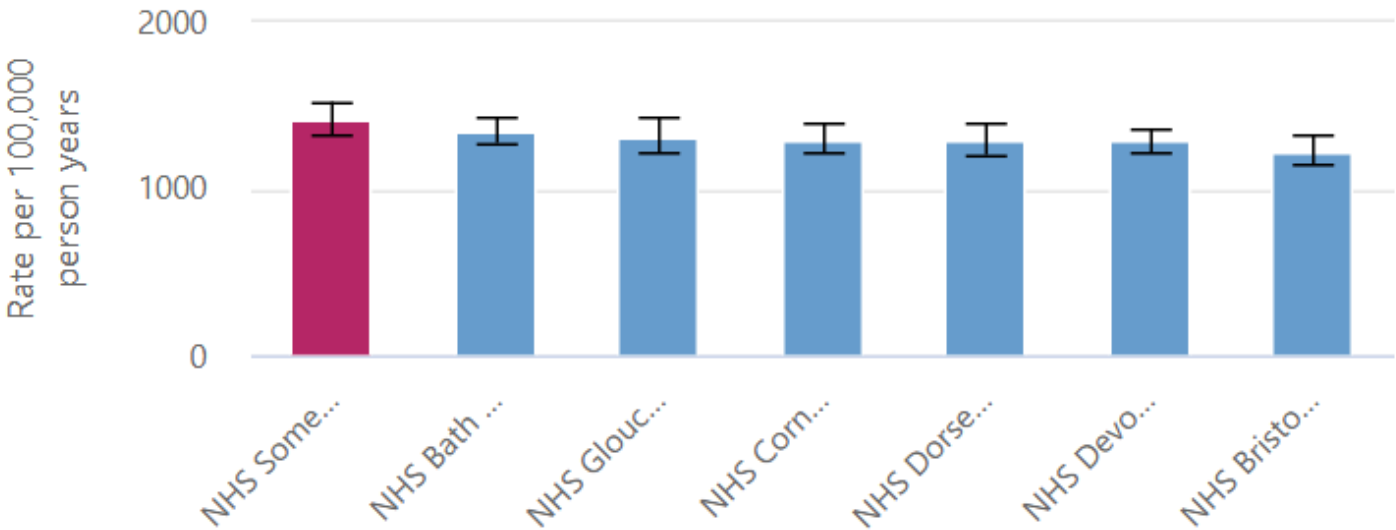
**CVDP002MORT:** Mortality from cardiovascular disease among patients with GP recorded cardiovascular disease (wide definition) in patients aged 18 and over (Age standardised rate per 100,000 person years) Rate per 100,000 person years

[Data Extract](#) [Metadata](#)

## System Level Areas

[Chart](#) [Table](#)

Sex: Persons (Persons) data for ICBs in the same region as selected ICB

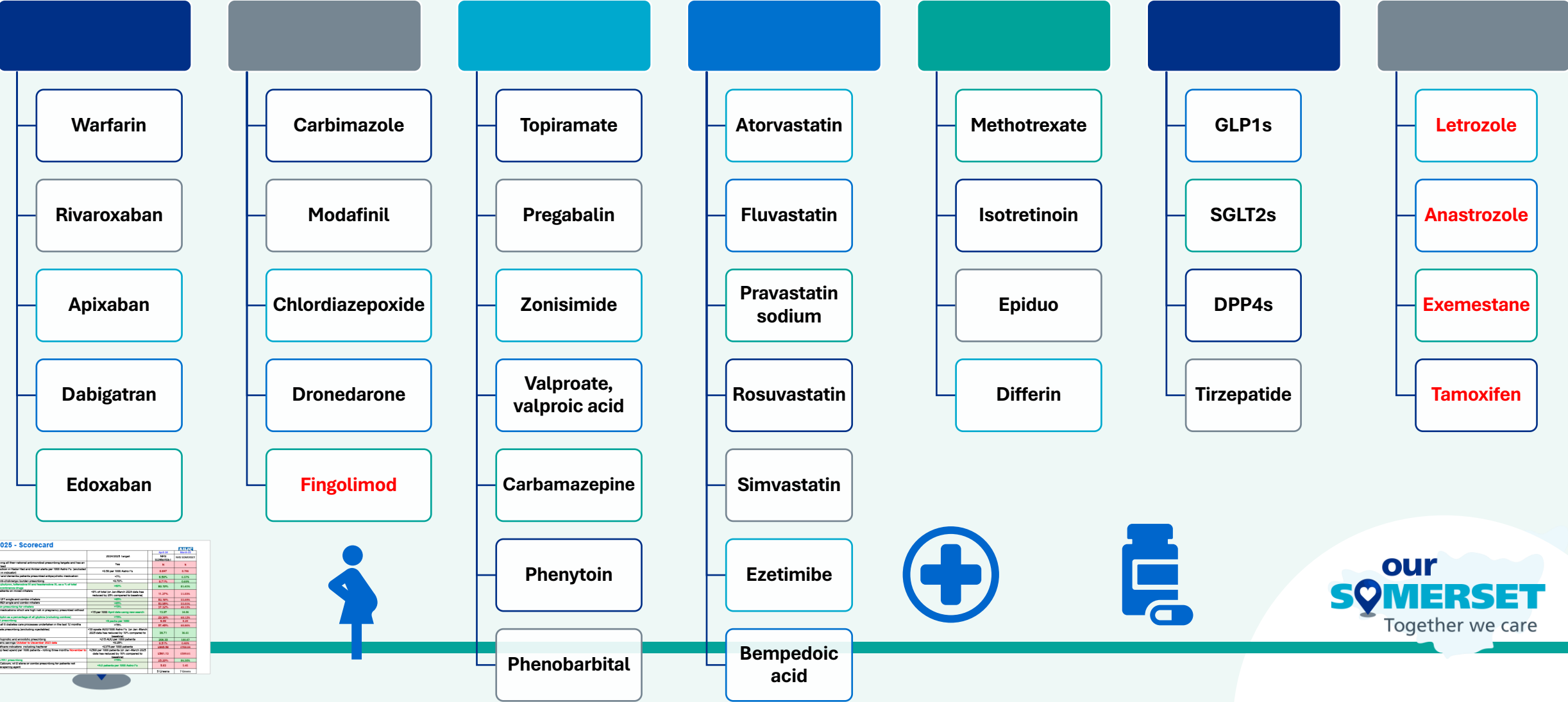


[Download chart \(.png\)](#)

# 10. High Risk Medications in Pregnancy

Reduction in medications which are high risk in pregnancy prescribed without contraception- **Target < 15 per 1000 patients**

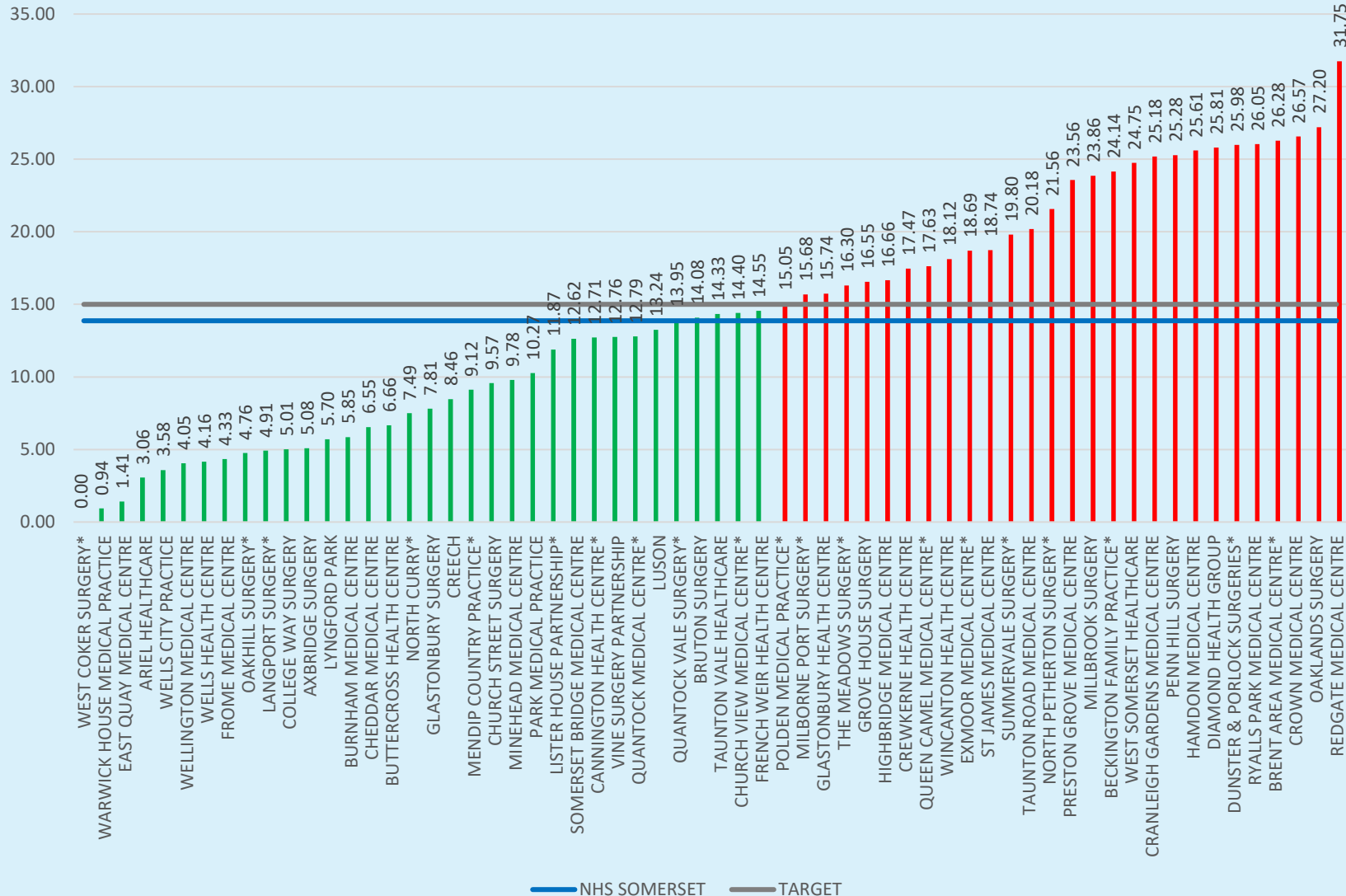
Contraception and planning ahead of pregnancy reviews needed. Patients biologically able to become pregnant  
This is not an exhaustive list, refer to individual SPCs, MHRA warnings and Pregnancy Prevention Programmes.



# 10. High Risk Medications in Pregnancy

## 10. Reduction in medications which are high risk in pregnancy prescribed without contraception

Target <15 per 1000 list size (female 10-54 years)



### Safer Use of Medicines in Pregnancy – Planning Ahead



Many people take medication for short and long term conditions, including those related to pregnancy. Some medicines and drugs may not be safe to use when pregnant, a suitable alternative medication can usually be found. It is important you are supported to manage your health before, during and after pregnancy. Don't stop taking prescribed medicines without first discussing it with your doctor.



Both parents may be taking medication or drugs which are not safe for the baby soon before conception or during pregnancy. Side effects and risks of medications can change depending on the stage of pregnancy. It is important to know where to find evidence based information, such as the medicines patient information leaflet, your pharmacist, doctor, maternity team and the BUMPS website.



Your pharmacist, GP, midwife or consultant can share information and evidence based resources. You will be supported to find safe treatment and make informed decisions for you and your baby.



If thinking of becoming pregnant, you should take a daily supplement of **Vitamin D**. Start before, continue during pregnancy and while lactating, available to buy over the counter or in Healthy Start vitamins. You should also take a daily supplement of **folic acid 400mcg**, starting 3 months before conception if possible, usually until you are 12 weeks pregnant, available over the counter to buy or in Healthy Start vitamins. Some people need a higher dose of **folic acid 5mg**, before and during pregnancy, find out more by looking at the NHS website. People at high risk will be offered low dose **aspirin** to reduce the risk of developing pre-eclampsia. Ask your pharmacist about folic acid 5mg and low dose aspirin available by prescription or from the Somerset Minor Ailments service.



You may wonder whether your medicine is compatible with lactation but there is almost always a suitable solution for compatible medication while breastfeeding/ chestfeeding, more information can be found at: [Breastfeeding and medicines - NHS \(www.nhs.uk\)](https://www.nhs.uk/breastfeeding-and-medicines)



**b0mps** best use of medicines in pregnancy



If you'd like to feedback about this page, please email: [SomCB.MedicinesManagementTeam@nhs.net](mailto:SomCB.MedicinesManagementTeam@nhs.net)



Together we care





## Medicines in pregnancy, children and lactation

There is a wealth of information for us to use when considering medications prescribed for use in pregnancy, while breastfeeding and with children.


[← Back to Prescribing and Medicines Management](#)

## Breastfeeding and medicines

On this page you will find information and resources on prescribing in patients who are breastfeeding

[← Back to Medicines in Pregnancy, Children and Lactation](#)[Information resources for safe prescribing](#) +[GP and Healthcare Education](#) +

Safe  
Prescribing  
resources

- 
- ✓ [Medicines in pregnancy, children and lactation - NHS Somerset](#)
  - ✓ [Safety in breastfeeding – SPS - Specialist Pharmacy Service](#)
  - ✓ [UKTIS – Evidence-based safety information about medication, vaccine, chemical and radiological exposures in pregnancy](#)



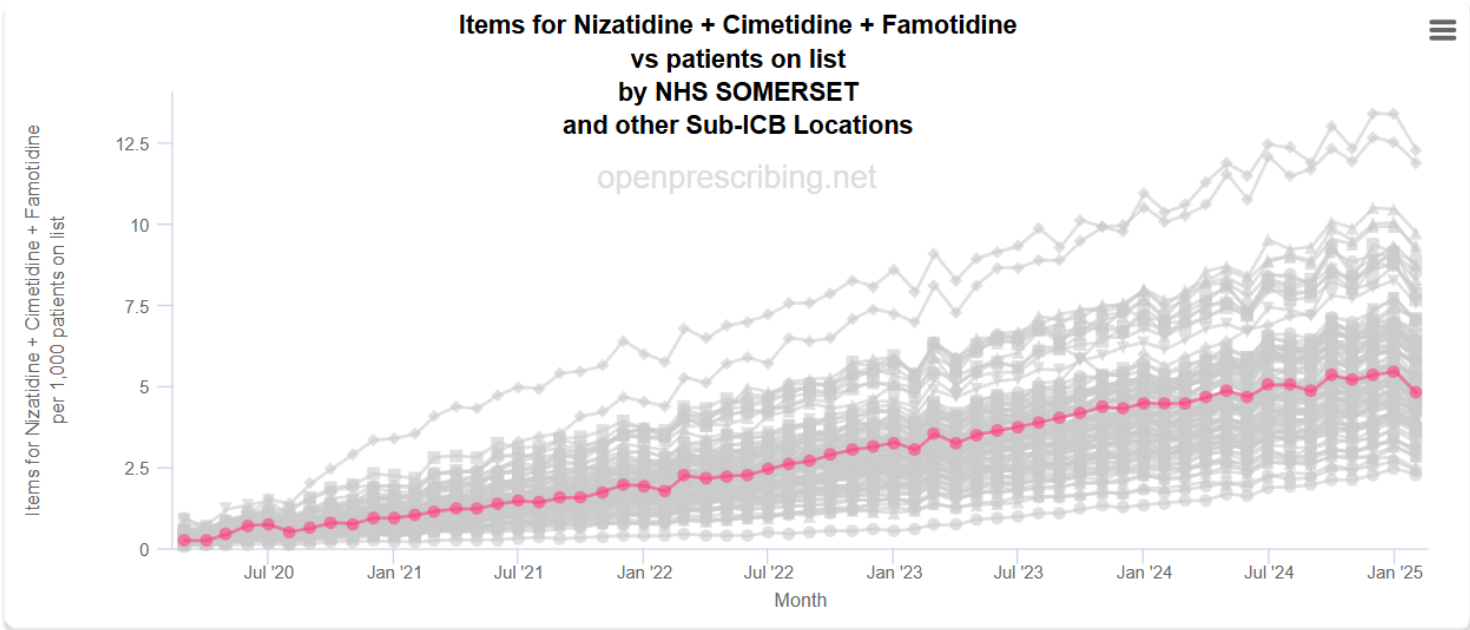
The first stop  
for professional  
medicines advice

”

”

# 12. Reduction in H<sub>2</sub>RA Prescribing

Reduction in H<sub>2</sub>RA prescribing- **Target <6 packs per 1000 patients**



For clarity, practice graphs and maps only show standard GP practices, and exclude non-standard settings like prisons, out-of-hours services, etc.

Built with Highcharts

Total prescribing for Nizatidine + Cimetidine + Famotidine across NHS SOMERSET

	Feb '25	Financial YTD (Apr '24—Feb '25)	Last 12 months (Mar '24—Feb '25)
Cost (£)	67,754	862,420	941,089
Items	2,909	33,418	36,118

The 4<sup>th</sup> new indicator for 24-25 is a focus on reducing expensive H<sub>2</sub>RA prescribing, in the last 12 months Somerset has spent ~£900k on H<sub>2</sub>RAs.

H<sub>2</sub>RAs are **not licensed** for use in healing or prevention of NSAID related ulcers, only PPIs have that licensed indication.

H<sub>2</sub>RAs licensed uses are limited to 8 – 12 weeks of treatment after which step down to sodium alginate susp would be recommended.

## Adults

### Duodenal ulcers –

The initial recommended dose is 40 mg of famotidine to be taken at night. Healing generally occurs in most patients within 4 weeks. This period, however, may be shortened if an endoscopic examination reveals that the ulcer has healed. However, in those patients whose ulcers have not healed within this 4-week period, treatment should continue for a further 4 weeks.

### Prevention of relapses of duodenal ulceration –

To prevent ulcers from reoccurring the recommended dose is 20 mg of famotidine to be taken at night.

### Benign gastric ulcers –

The recommended dose of 40 mg of famotidine to be taken at night. Treatment should continue for between 4-8 weeks unless earlier healing is revealed by endoscopy.

### Symptomatic treatment of mild to moderate oesophagitis –

The recommended dose in case of mild oesophagitis is 20 mg of famotidine twice daily. In case of mild to moderate oesophagitis, the recommended dose is 40 mg twice daily. Generally, treatment should be conducted for 6 weeks. If the condition has not improved, treatment should be continued for a further 6 weeks.

# 11. & 13. Diabetes

- 11. Generic Sitagliptin - % all Gliptins- >75%
- 13. % of patients (T1D &T2D) with all 8 diabetes care processes undertaken in last 12 months (75%)

Diabetes - NHS Somerset



## Diabetes

Over 36,000 people in Somerset are diagnosed with diabetes, which is more than 6% of the population.

Diabetes is a vascular disease

It's not just about glucose!

2024/2025 - Scorecard			
	2024/2025 target	2024-25 NHS Somerset	2024-25 NHS Somerset
1. Practice achieving all their national antimicrobial prescribing targets and have an identified superbug	Yes	96	96
2. Sitagliptin - Reduction in Sitagliptin and Alogliptin per 1000 Adults 1% (calculated patients counted in indicator)	<0.50 per 1000 Adults 1%	0.447	0.796
3. Percentage of all Diabetes patients prescribed antipsychotic medication	<1%	0.58%	0.37%
4. Reduction in anti-cholinergic burden prescribing	<0.70%	0.71%	0.68%
5. Sitagliptin, orlistat, febuxostat and febuxostat XL as a % of total antidiabetic medication drugs	<0.0%	0.01%	0.01%
6. Reduction in patient on mixed inhalers	<0% of total (for Jan-March 2024 data has reduced by 25% compared to baseline)	11.37%	11.00%
7. Cost effective DPI single and combo inhalers	<0%	53.18%	53.60%
8. Cost effective MDI single and combo inhalers	<0%	53.25%	54.00%
9. Reduced carbon prescribing for inhalers	<0%	27.52%	40.13%
10. Reduction in medication which are high risk in pregnancy prescribed without justification	<15 per 1000 April data using new search	13.97	14.88
11. Generic sitagliptin as a percentage of all gliptins (including combo)	<75%	75.2%	84.12%
12. Reduce HbA1c prescribing	<0.50 per 1000	0.50	0.50
13. Patients with all 8 diabetes care processes undertaken in the last 12 months	<75%	87.45%	88.00%
14. Reducing repeat prescribing (excluding repeatable)	<50 repeatable AHA/ASA/AHA 1% (for Jan-March 2025 data has reduced by 10% compared to baseline)	26.71	36.61
15. Reduction in hyponatremic and anorectic prescribing	<25 ALA/ASA per 1000 patients	208.29	188.87
16. Patient generic savings October to December 2023 data	<0.25%	0.21%	0.40%
17. RPSX CHC software indication including heparin	<0.25% per 1000 patients	0.25%	0.25%
18. Cumulative up lead spend per 1000 patients - rolling three months November to January data	<2500 per 1000 patients (for Jan-March 2025 data has reduced by 10% compared to baseline)	1381.12	1386.61
19. Cost effective HbA1c prescribing	<0%	25.22%	84.00%
20. Reduction in Calcium, vit D alone or combo prescribing for patients not prescribed a bone-density agent	<0.1 patients per 1000 Adults 1%	0.02	0.40
		5 Green	7 Green

Guidelines by Clinical Area

KEEPING  
HYDRATED

Staying hydrated is important  
for our health and wellbeing



# 11. Generic Sitagliptin

Generic Sitagliptin - % all Gliptins- >75%

No age reduction necessary	eGFR
Sitagliptin 100mg	>45 m/min/1.73m <sup>2</sup>
Sitagliptin 50mg	30-45
Sitagliptin 25mg	15-30



DPP4- inhibitors (gliptins) –considered in many ways inferior to SGLT-2 medications, they may have a role in some patients. There is no evidence to suggest that any one gliptin is superior to another.

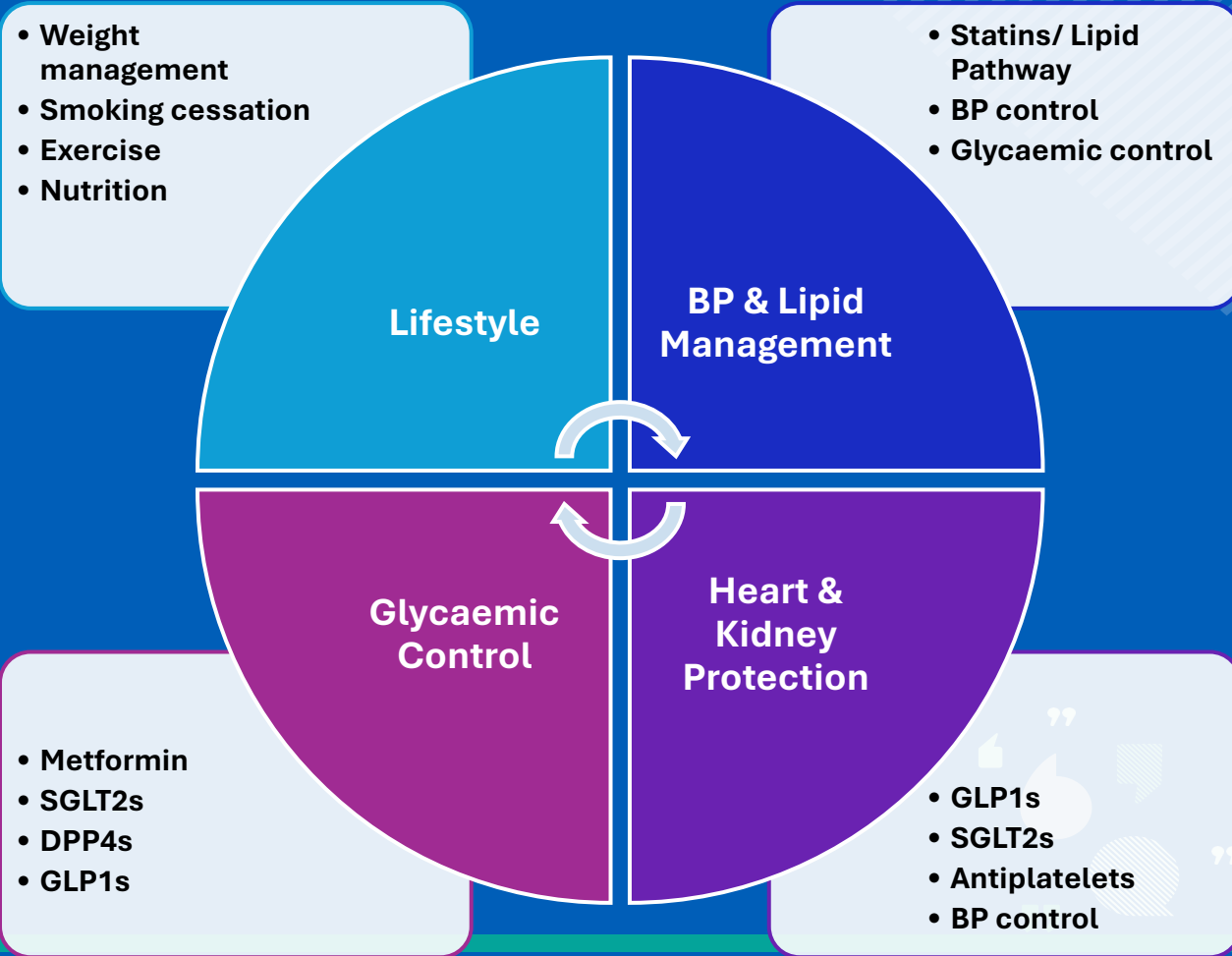
Sitagliptin is available generically at a much-reduced cost:

Alogliptin 25mg **£26.60** for 28  
Linagliptin 5mg **£33.26** for 28  
Sitagliptin 100mg **£1.67** for 28- **£25-£31 per pack cheaper**

We identified that £900k/year could be released back into the Somerset NHS budget if we prescribe generic sitagliptin.  
We have made great progress in 24/25 so **£500k is the 25/26 saving.**

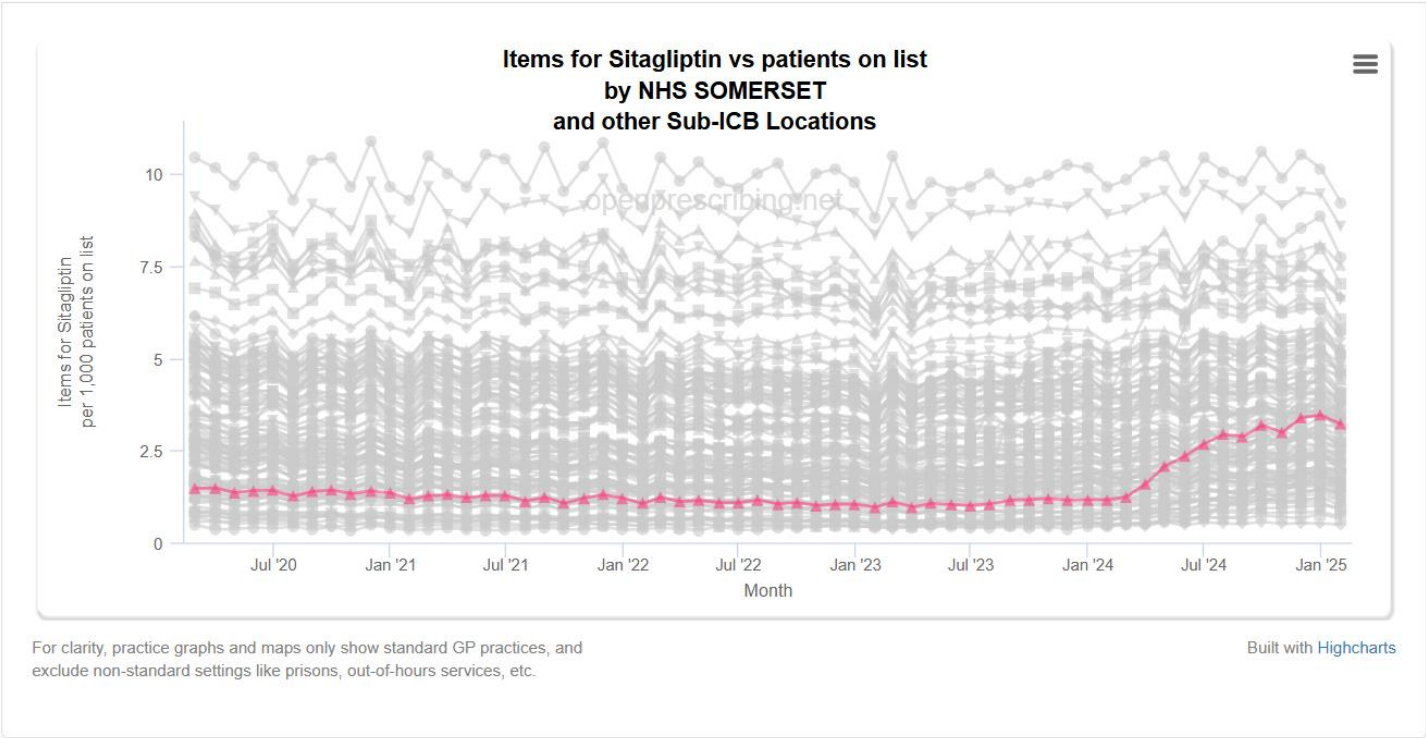


**PRACTICE potential saving 25/26 = £2700**



# 11. Generic Sitagliptin

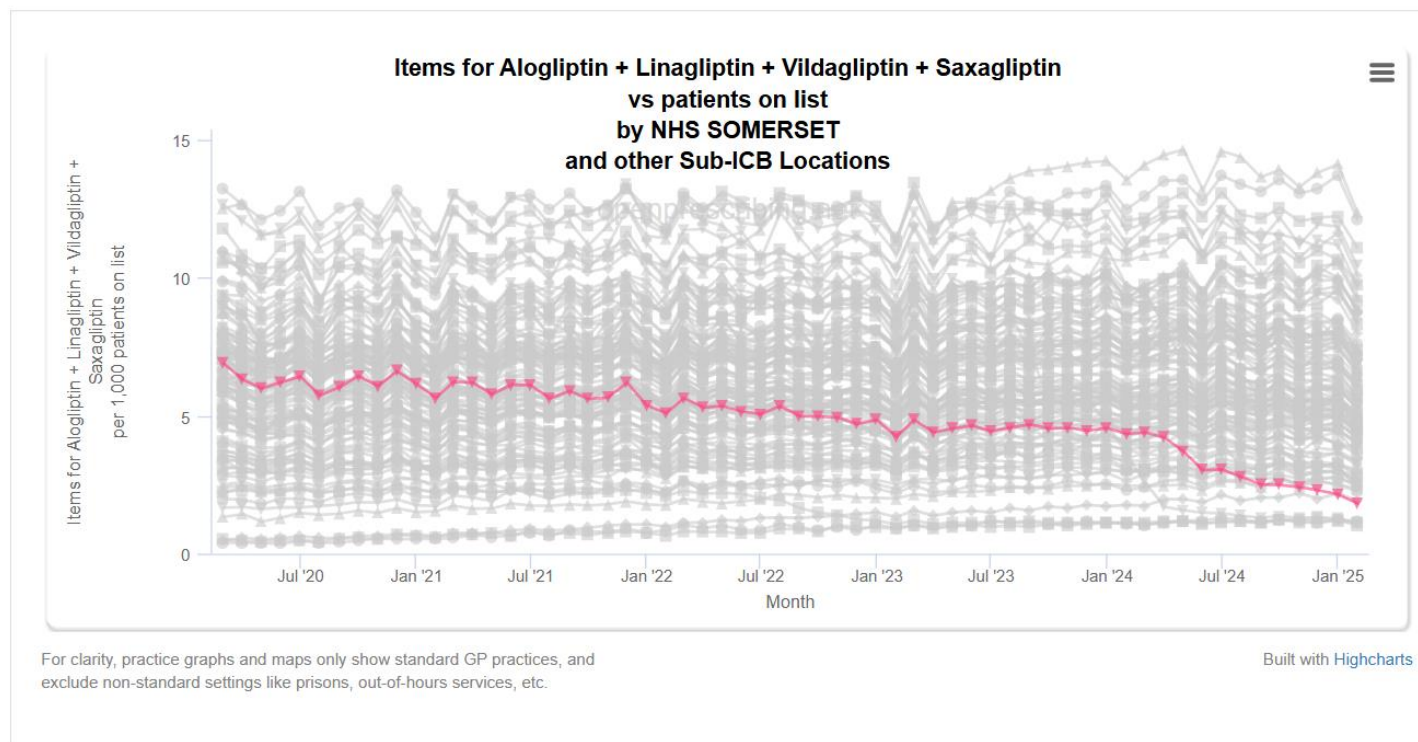
Generic Sitagliptin - % all Gliptins- >75%



Total prescribing for <i>Sitagliptin</i> across NHS SOMERSET			
	Feb '25	Financial YTD (Apr '24—Feb '25)	Last 12 months (Mar '24—Feb '25)
Cost (£)	3,393	51,714	57,459
Items	1,958	18,670	19,419

# 11. Generic Sitagliptin

Generic Sitagliptin - % all Gliptins- >75%



Total prescribing for Alogliptin + Linagliptin + Vildagliptin + Saxagliptin across NHS SOMERSET

	Feb '25	Financial YTD (Apr '24—Feb '25)	Last 12 months (Mar '24—Feb '25)
<b>Cost (£)</b>	35,784	597,544	684,483
<b>Items</b>	1,112	18,498	21,157

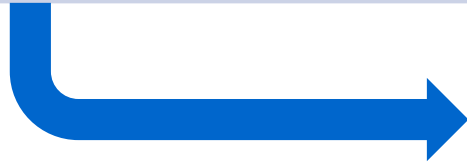
# 13. Diabetes 8 Care Processes

13. % Patients with all 8 diabetes care processes undertaken (75%) – Type 2 population increasing by ~10% per year in Somerset

All people with diabetes aged 12 years and over should receive all of the nine NICE recommended care processes and attend a structured education programme shortly after diagnosis.

**Table 6: Nine Annual Care Processes for all people with diabetes aged 12 and over**

Responsibility of Diabetes Care providers (comprising the NDA 8 Care Processes)	
1. HbA1c (blood test for glucose control)	5. Urine Albumin/Creatinine Ratio (urine test for risk of kidney disease)
2. Blood Pressure (measurement for cardiovascular risk)	6. Foot Risk Surveillance (examination for foot ulcer risk)
3. Serum Cholesterol (blood test for cardiovascular risk)	7. Body Mass Index (measurement for cardiovascular risk)
4. Serum Creatinine (blood test for kidney function)	8. Smoking History (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (NHS England, Public Health England)*	
9. Digital Retinal Screening (photographic eye test for early detection of eye disease)	



## Which tests are missing?

- Microalbuminuria
- Foot screening
- Cholesterol

## All Diabetes Patients - March 2025 NHS Somerset CCG

41,359 patients with Diabetes analysed (6.8%) \*

61% with all 8 care processes completed in previous 12M

61% with all 8 care processes completed in current QOF Year

35% in range for all 3 treatment standards

278,432 / 330,872 (84.2%) Total Tests

Completed in previous 12M

278,432 / 330,872 (84.2%) Total Tests

Completed in current QOF Year



# 13. Diabetes 8 Care Processes

13. % Patients with all 8 diabetes care processes undertaken (75%) – Type 2 population increasing by ~10% per year in Somerset

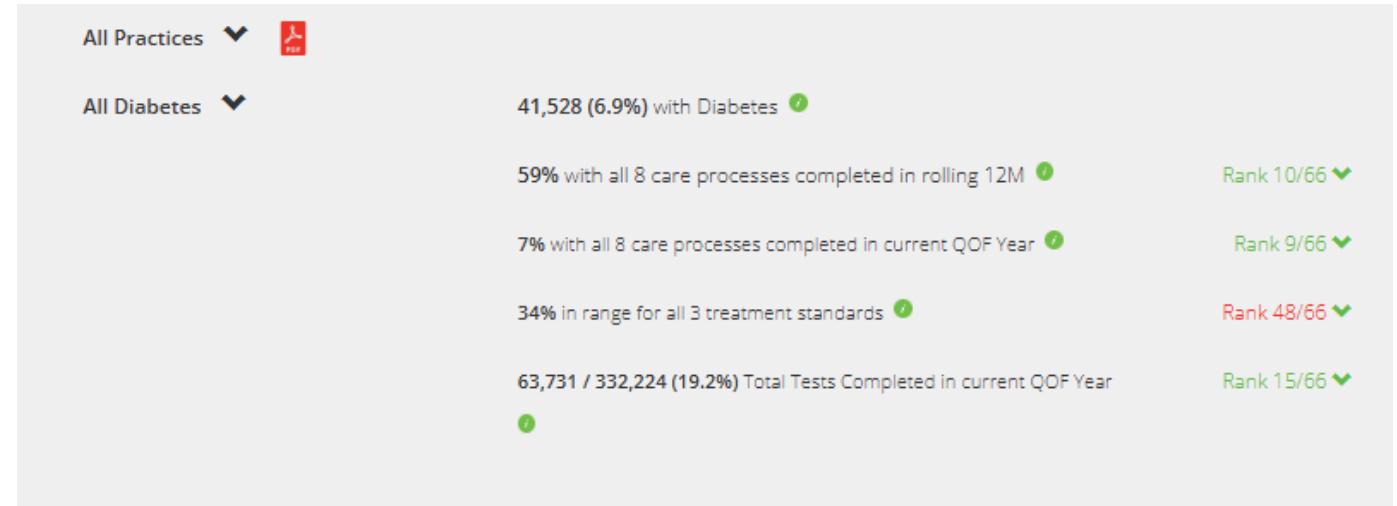
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**Table 6: Nine Annual Care Processes for all people with diabetes aged 12 and over**

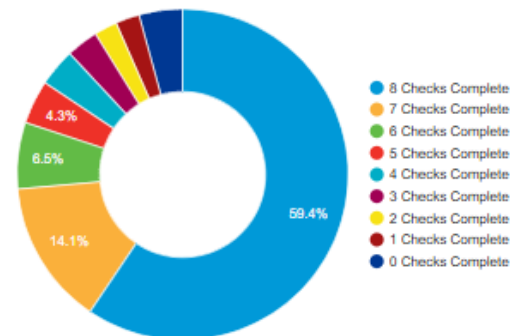
Responsibility of Diabetes Care providers (comprising the NDA 8 Care Processes)	
1. <b>HbA1c</b> (blood test for glucose control)	5. <b>Urine Albumin/Creatinine Ratio</b> (urine test for risk of kidney disease)
2. <b>Blood Pressure</b> (measurement for cardiovascular risk)	6. <b>Foot Risk Surveillance</b> (examination for foot ulcer risk)
3. <b>Serum Cholesterol</b> (blood test for cardiovascular risk)	7. <b>Body Mass Index</b> (measurement for cardiovascular risk)
4. <b>Serum Creatinine</b> (blood test for kidney function)	8. <b>Smoking History</b> (question for cardiovascular risk)
Responsibility of NHS Diabetes Eye Screening (NHS England, Public Health England)*	
9. <b>Digital Retinal Screening</b> (photographic eye test for early detection of eye disease)	

## Which tests are missing?

- Microalbuminuria
- Foot screening
- Cholesterol

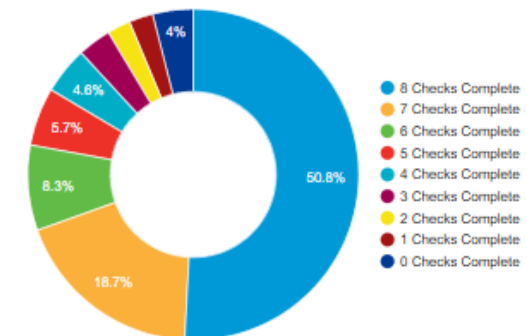


CCG -



8 Care Processes (Rolling Year) -

National -



8 Care Processes (Rolling Year) -

# 13. Diabetes 8 Care Processes

13. % Patients with all 8 diabetes care processes undertaken (75%)

Which tests are missing?

- Microalbuminuria
- Foot screening
- Cholesterol



Minor lower-limb amputation procedures for people with diabetes 2018/19 - 20/21 Directly standardised rate - per 10,000

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	—	21,013	20.9		20.6	21.2
NHS Somerset CCG	—	395	40.8		34.4	47.7
NHS Cannock Chase CCG	—	85	33.7		22.4	47.0
NHS Shropshire, Telford and Wrekin CCG	—	320	31.3		27.8	35.2
NHS Kernow CCG	—	360	30.8		27.4	34.6
NHS Blackpool CCG	—	130	30.8		24.7	37.8
NHS Bristol, North Somerset and South Gloucestershire CCG	—	480	30.4		27.7	33.3
NHS Calderdale CCG	—	120	29.3		24.2	35.1
NHS North Lincolnshire CCG	—	110	29.0		23.6	35.2
NHS Stoke On Trent CCG	—	190	28.6		24.6	33.0
NHS Portsmouth CCG	—	115	28.2		23.2	34.0
NHS Hampshire, Southampton and Isle of Wight CCG	—	815	28.2		26.1	30.4
NHS Bolton CCG	—	160	28.1		23.9	32.8
NHS Stafford And Surrounds CCG	—	85	27.8		22.2	34.3
NHS Bassetlaw CCG	—	55	26.5		16.6	38.7
NHS Liverpool CCG	—	240	26.3		22.9	30.0

# 13. Diabetes 8 Care Processes

13. % Patients with all 8 diabetes care processes undertaken (75%)

Which tests are missing?

- Microalbuminuria
- Foot screening
- Cholesterol



Indicator	Period	Somerset			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Major lower-limb amputation procedures for people with diabetes	2018/19 - 20/21	—	55	5.7	7.7	15.3		4.0
Minor lower-limb amputation procedures for people with diabetes	2018/19 - 20/21	—	395	40.8	20.9	40.8		5.8
Hospital spells for foot disease for people with diabetes	2018/19 - 20/21	—	2,140	204.5	161.9	259.2		102.4
People with type 1 diabetes who have received an annual foot check	2021/22	→	-	66.8%*	58.5%*	32.1%		84.5%
People with type 2 diabetes who have received an annual foot check	2021/22	↓	-	74.0%*	70.2%*	40.9%		86.7%

# 14. Opioids

14. Reducing Opiate prescribing (excluding injectables)-  
opiate ADQ/1000 astroPU **<39 (or Jan -March 2025 data  
has reduced by 10% compared to baseline)**

Skills not Pills!



## Pain Management

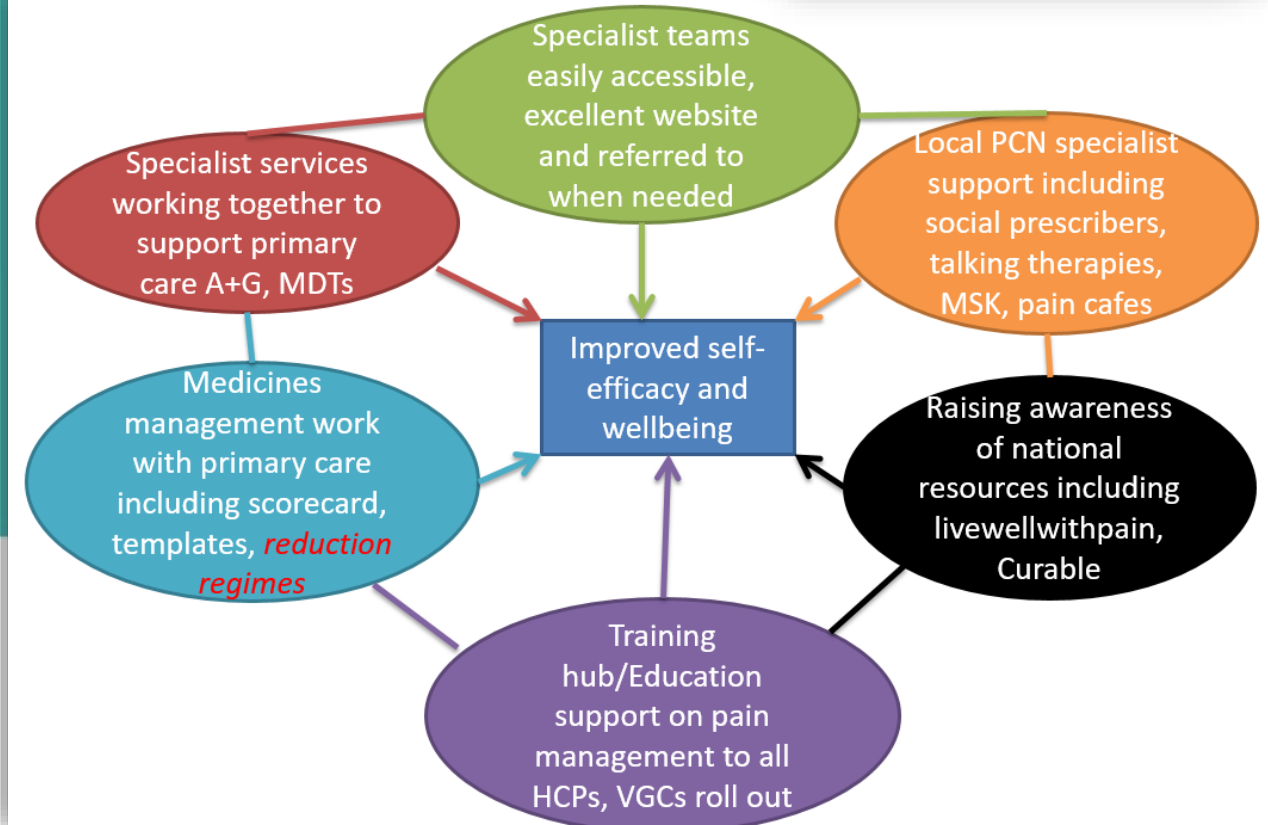
On this page we have some resources to aid clinical decisions on prescribing.

< Back to Pres



Analgesic Tapering Guidelines

For adult patients with persistent pain patients taking strong opioids and/or gabapentinoids



Somerset Community Pain Management Service  
**Working together on my health**

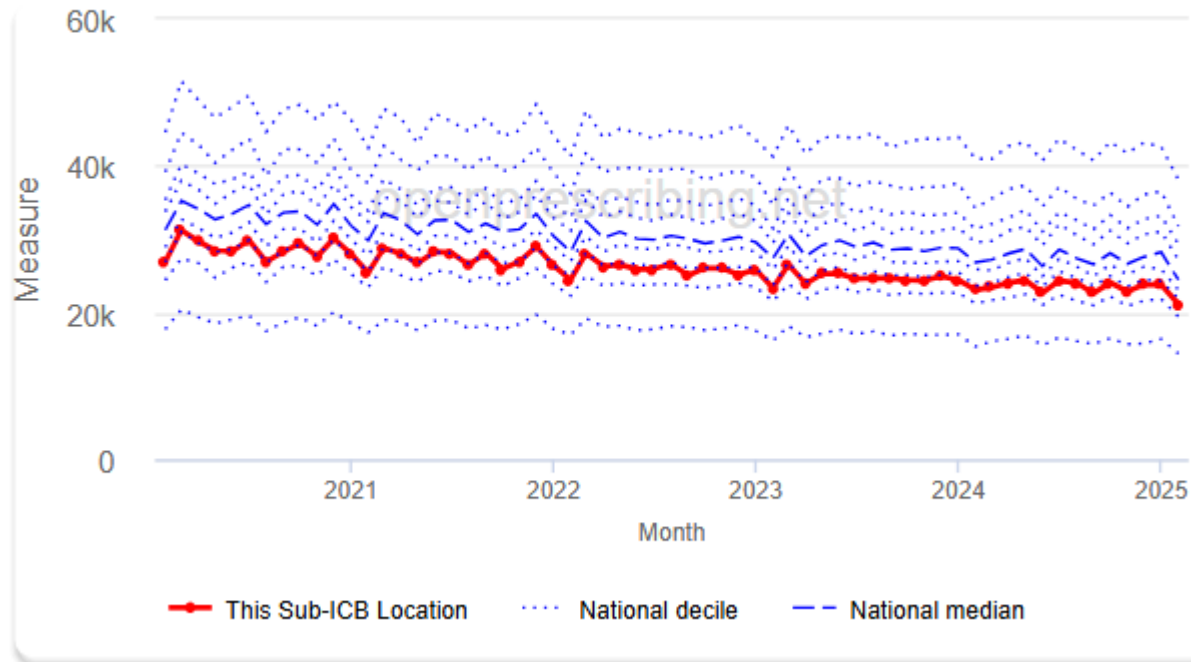
# 14. Opioids

14. Reducing Opiate prescribing (excluding injectables)-  
opiate ADQ/1000 astroPU **<39 (or Jan -March 2025 data  
has reduced by 10% compared to baseline)**

Skills not Pills!



Total opioid prescribing (as oral morphine equivalence) per 1000 patients





# 15. Hypnotics and Anxiolytics

Reduction in hypnotic and anxiolytic prescribing (<215 ADQ per 1000 patients)

## Hypnotics and Anxiolytics

On this page you will find resources to support practices in tackling the difficult area of prescribing anxiolytics and hypnotics including patient letters, leaflets and alternatives to medication.

[← Back to Prescribing Guidelines by Clinical Area](#)

In line with [NICE Guidelines](#) for insomnia, GP practices have access to cognitive behavioural therapy for insomnia (CBT-I) via referral to Somerset Foundation Trust (SFT) Talking Therapies. If, following an assessment by Talking Therapies, CBT-I is recommended then patients are given access to Silver Cloud's online programme [Space from Insomnia and Sleep Issues](#).

## Silver Cloud Link and Patient Resources

Referral pathway for Cognitive Behavioural Therapy for insomnia (CBTi) including Silver Cloud Link



Patient information leaflets - Insomnia



## Hypnotics and Anxiolytics Deprescribing Information

Material to Support Appropriate Prescribing of Hypnotics and Anxiolytics



Hypnotics



Deprescribing benzodiazepine and Z drugs used for insomnia

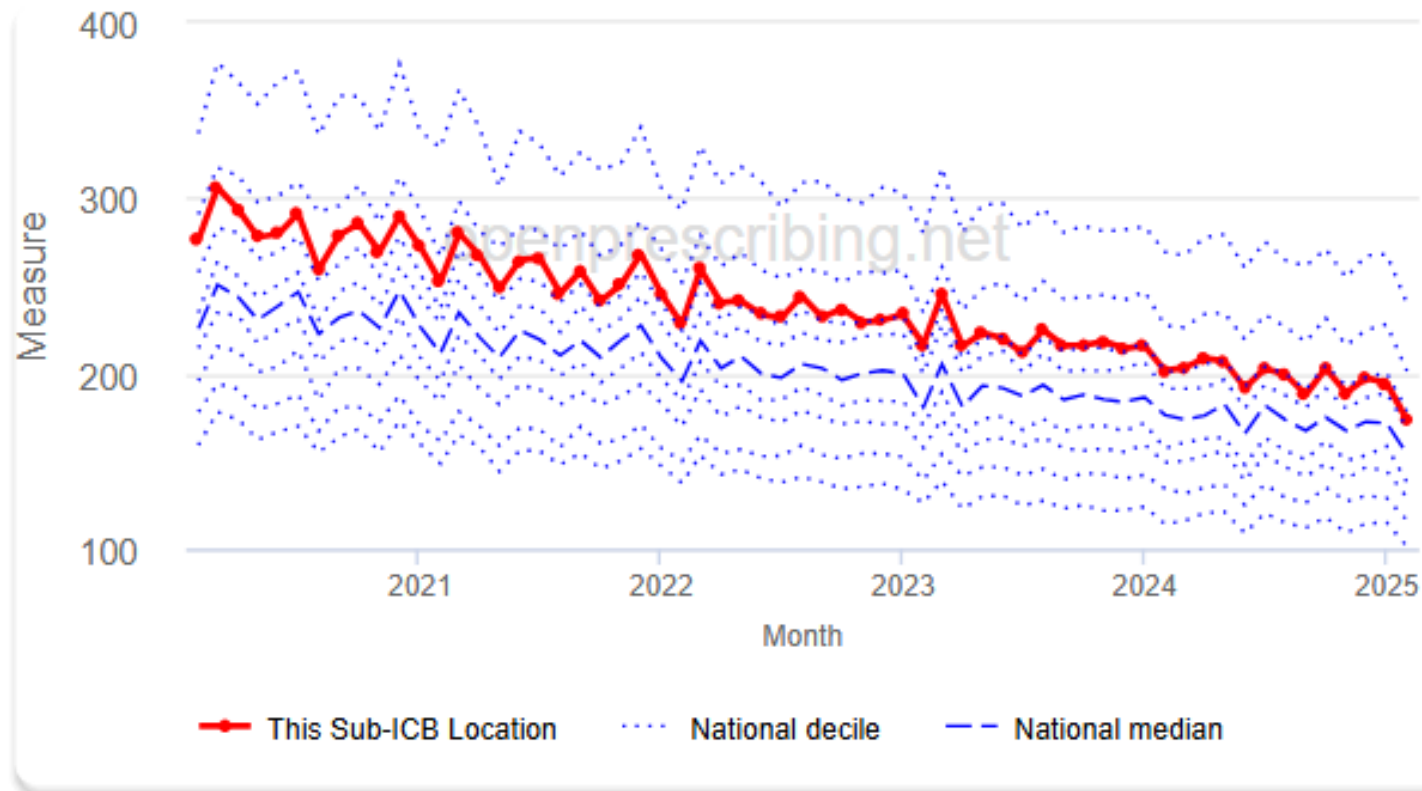


MHRA alerts



# Prescribing

*Number of average daily quantities (ADQs) of oral Anxiolytics and Hypnotics per 1000 patients*





# 16. Generic Savings

**Brand to generic savings** Potential generic savings( <0.25%)

Quarterly Data- Currently:

**Somerset is spending an additional £450,000 per year on expensive brand prescribing.  
This could be invested in additional and different care for patients.**

**Somerset ICB position on the  
prescribing of expensive brands**

**Practices are asked to review the  
latest generic savings report of  
quarterly data on their expensive  
brand prescribing and then take  
action to switch patients to the  
more cost-effective generic  
product.**

17.



17. NHSE OTC selfcare indicators including hayfever (<£375 per 1000 patients)

Acute sore throat	Conjunctivitis	Coughs, colds and nasal congestion
Cradle cap	Dandruff	Diarrhoea (adults)
Dry eyes / sore tired eyes	Earwax	Excessive sweating
Haemorrhoids	Head lice	Indigestion and heartburn
Infant colic	Infrequent cold sores of the lip	Infrequent constipation
Infrequent migraine	Insect bites and stings	Mild acne
Minor burns and scalds	Mild cystitis	Mild dry skin
Mild irritant dermatitis	Mild to moderate hay fever	Minor pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)
Mouth ulcers	Nappy rash	
Oral thrush	Prevention of tooth decay	Ringworm / athletes foot
Sunburn	Sun protection	Teething / mild toothache
Threadworms	Travel sickness	Warts and verrucae

Self-Care - NHS Somerset ICB

What is self-care and why is it good for people and the NHS? - Self Care Forum



Working Together to Improve Health and Wellbeing

**Over the counter and Homely Remedies-**  
Access to over-the-counter medicines to self-care via Adult Social Care providers is an issue of equality. Policies should be in place to support people who wish to access OTC products in a timely manner ([Care Quality Commission May 2022](#)).

# 18. Food First

Cumulative sip feed spend per 1000 patients over 3 months - (<£500 per 1000 patients or reduce spend by 10% compared to baseline)

## Nutrition and Hydration

Nutrition is an important part of a patient's overall health. In this section you will find resources that can be downloaded and links to useful websites.



### New Malnutrition Pathway for Care Homes

Information for GP's and Health Care  
Professionals

Lesley Harper, Community Dietitian and Nutrition  
Support Lead for Care Homes in Somerset

<https://nhssomerset.nhs.uk/prescribing-and-medicines-management/prescribing-guidelines-by-clinical-area/nutrition/#PatientResources>

Sip Feed Formulary

Creating a Fortified Diet

Diabetic Diet Resources (including low carbohydrate and low calorie)

Feed Thickeners

Food First Patient Resources

Gluten-Free Products

Hydration

Infant Feeding including Cow's Milk Protein Allergy (CMPA)

Iron Deficiency Anaemia

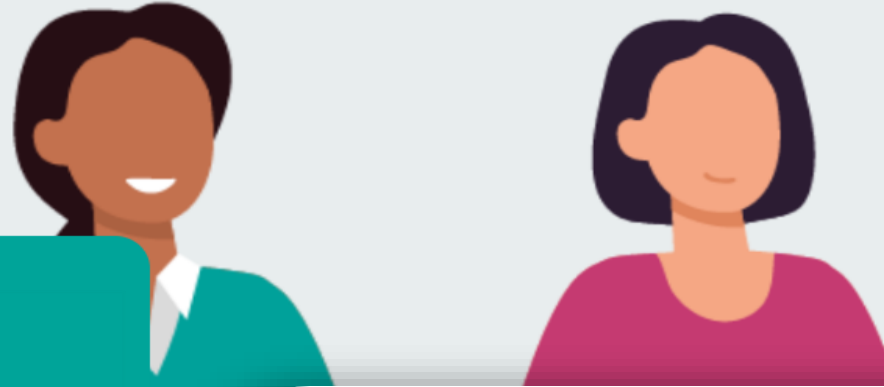
Dietetic Referral Pathway

Renal Patients

Vitamin B12 and Folate Deficiency

Bariatric Surgery

## 19. Cost Effective estriol cream



Switching from

Estriol 0.01% vaginal cream 80g £48.84  
(16 x 5ml doses)

to

Estriol 1mg/g (0.1%) 15g £5.45  
(30 x 0.5g doses)

The received dose is the same but at a  
much lower cost and carbon footprint

Menopause and Hormone Replacement  
Therapy - NHS Somerset ICB

The screenshot shows a web application interface with a white background and rounded corners. At the top, there is a yellow button labeled "Active Serious Shortage Protocols (SSPs)" with a mouse cursor icon. Below it is another yellow button labeled "HRT PPC list. See the link for more information, including HRT that has been discontinued" with a mouse cursor icon. The main content area is divided into a grid of blue buttons. The first row contains "Transdermal HRT" and "Oral HRT". The second row contains "Local Vaginal Estrogen" and "Guidance - Recurrent UTI". The third row contains a single button labeled "✓ HRT Formulary Quick Reference Table Options" with a mouse cursor icon pointing at it. The bottom row contains a single button labeled "Testosterone".



Estriol 1mg/g 15g preferred estriol cream ✓

”

”

## 20. Calcium and Vitamin D

**Subject:** Calcium and vitamin D alone does not reduce fractures

Dear Esther

As chair of NOGG <https://www.nogg.org.uk/> I strongly agree.

You might want to include this two page summary of national guidance <https://www.nogg.org.uk/full-guideline/summary-main-recommendations>

Thank you very much

Celia L Gregson

Professor of Clinical Epidemiology and Honorary Consultant Geriatrician

- Older Person's Unit, Royal United Hospital, Combe Park, Bath, BA1 3NG (Thurs-Fri)



# 20. Calcium and Vitamin D

Reduction in plain vit D / calcium and vit D prescribing no bone sparing agent –  
 (<4.00 patients per 1000 Astro Pu)



Do not routinely test for vitamin D deficiency in people who are asymptomatic. Only if osteomalacia is suspected and prior to osteoporosis treatment with a potent bone sparing agent (zoledronate, denosumab) or prior to Paget's disease treatment with a bisphosphonate.



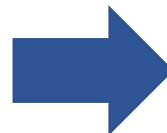
Only prescribe Vitamin D<sub>3</sub> and Calcium when alongside bone sparing agents. (Except bariatric patients).



Do not prescribe Vitamin D<sub>3</sub> for insufficiency/maintenance as this should be purchased over the counter as per selfcare.



Only prescribe vitamin D<sub>3</sub> for the treatment of deficiency, as a fixed loading dose if rapid correction is needed. Arrange referral and seek specialist advice for patients that are predisposed to hypercalcaemia, sarcoidosis, tuberculosis, metastatic bone disease, some lymphomas, or primary hyperparathyroidism, malabsorption, previous/active renal stone disease, severe kidney, or liver disease or pregnant.



Serum 25-hydroxyvitamin D levels (nmol/l)	Vitamin D status	Recommendation	See the formulary for full guidance!
<25	Deficient	Prescribe fixed loading dose vitamin D <sub>3</sub>	
25–50	Insufficient	Purchase vitamin D <sub>3</sub> over the counter <u>as per selfcare</u>	
>50	Sufficient	Purchase vitamin D <sub>3</sub> over the counter <u>as per selfcare</u>	

9.3 – Vitamin deficiency –  
 Somerset Prescribing Formulary  
 (nhssomerset.nhs.uk)





**Questions? Action Plan.**

**Thank you from the Medicines  
Management Team**