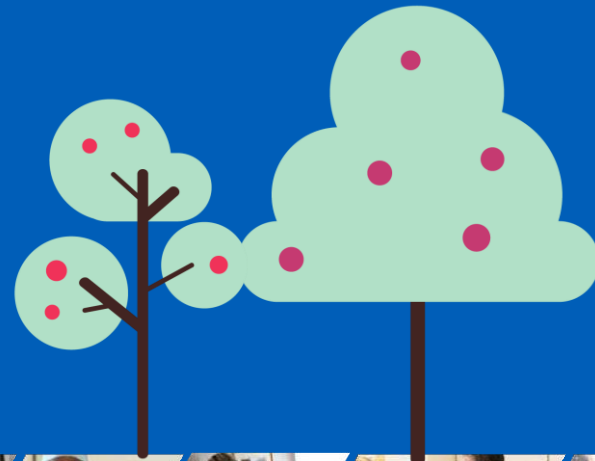


Prescribing Leads Conference

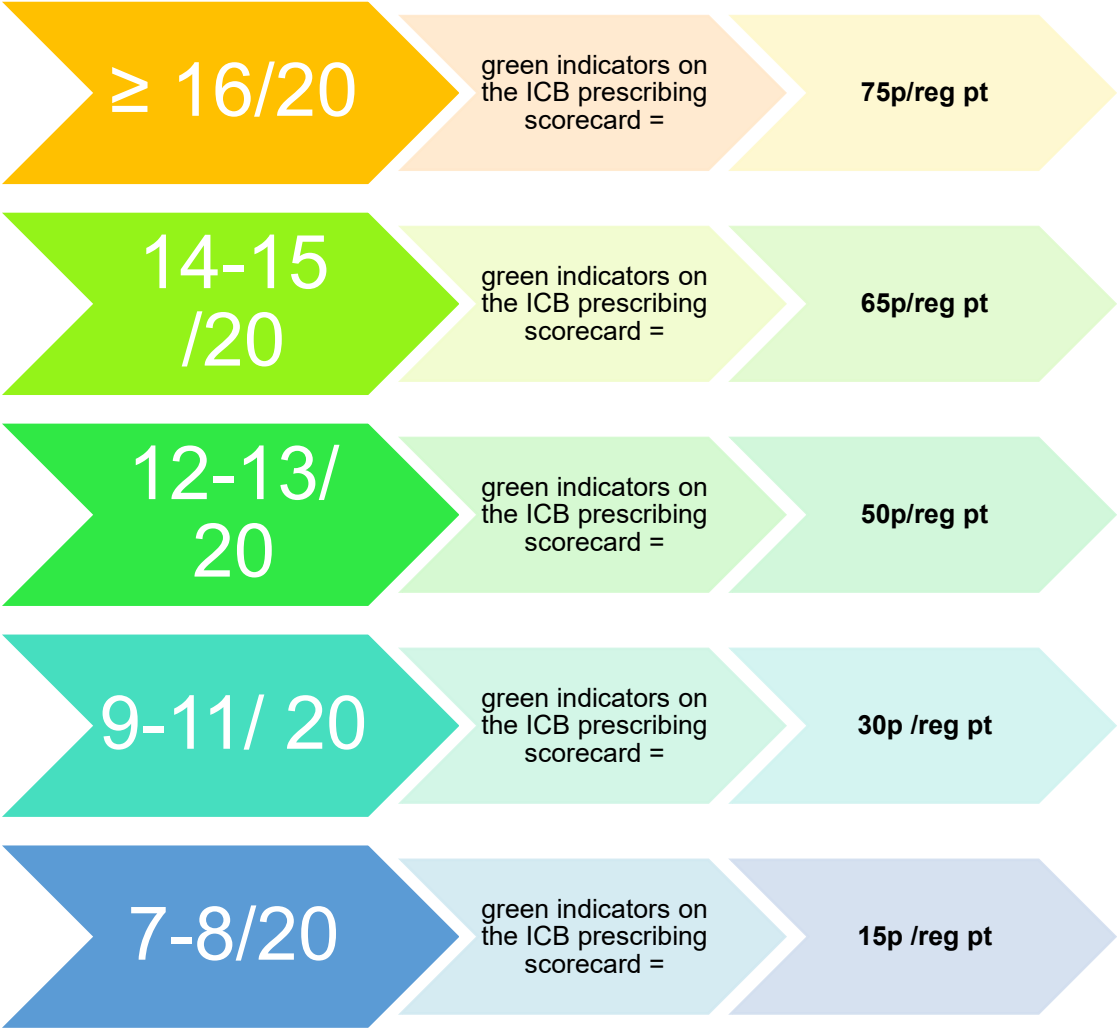
May 2026 – Shaun Green Chief Pharmacist



**2026/27 will be the last
year of the Somerset
ICB prescribing and
quality improvement
scheme**

Prescribing Incentive Scheme - £450k available

Practice based reward: { Up to max 75p/registered patient for performance against the specific quality improvement scorecard indicators.



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:

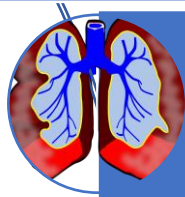
- **3 from 4** prescribing targets
 - Total Volume
 - 5 day prescribing - amoxicillin
 - 5 day prescribing – doxycycline
 - 5 day prescribing Pen V

+ Has an identified sepsis lead

5 DAYS FOR 5 INFECTIONS (ADULTS)



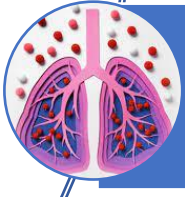
Sore Throat (if antibiotic indicated) Phenoxymethylpenicillin 500mg four times a day for 5 days for symptomatic cure **OR** clarithromycin 250mg to 500mg twice a day for 5 days **OR** erythromycin 250mg to 500mg four times a day for 5 days



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

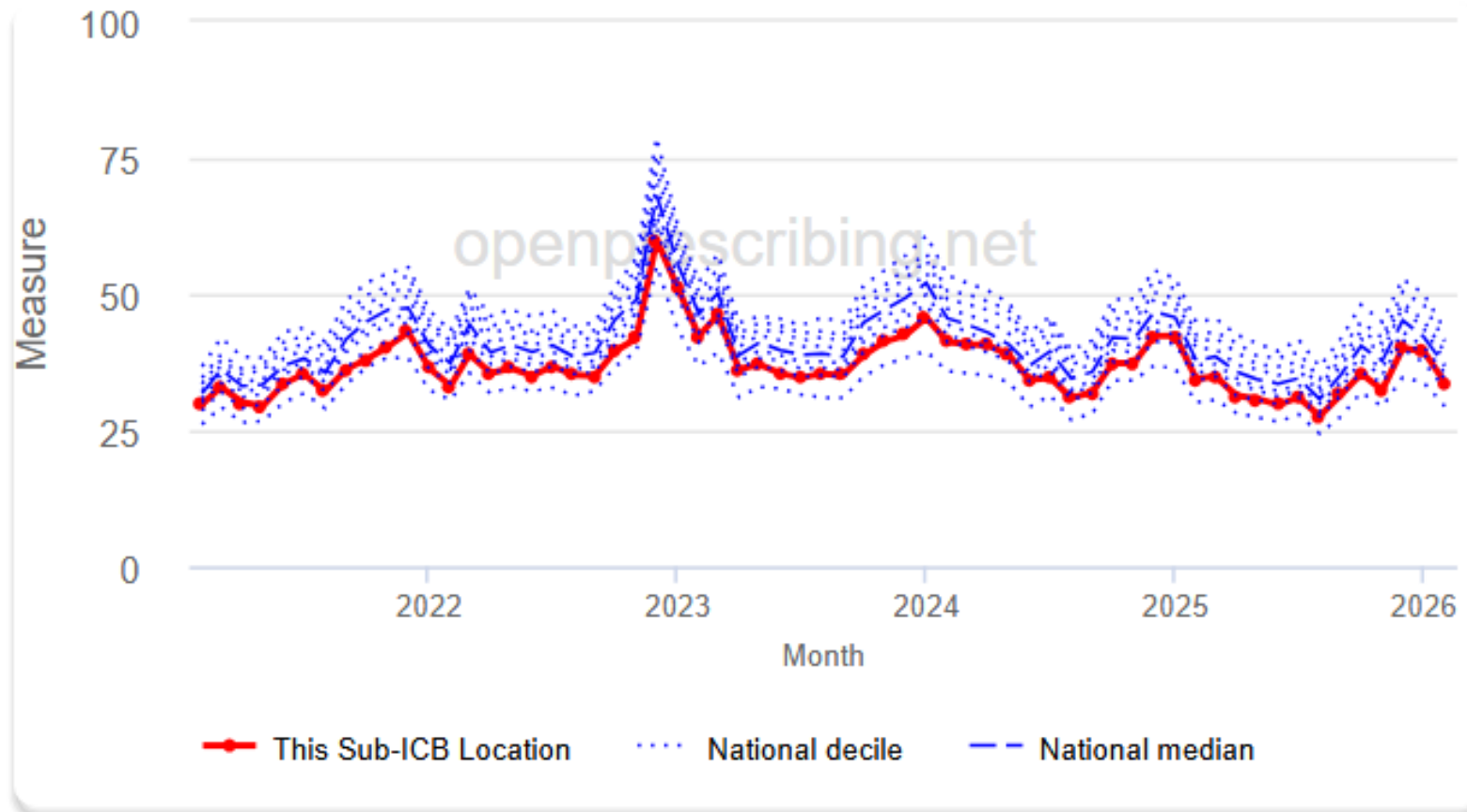


1. Antimicrobials- OVERALL PRESCRIBING



[Prescribing measures for NHS SOMERSET | OpenPrescribing](#)

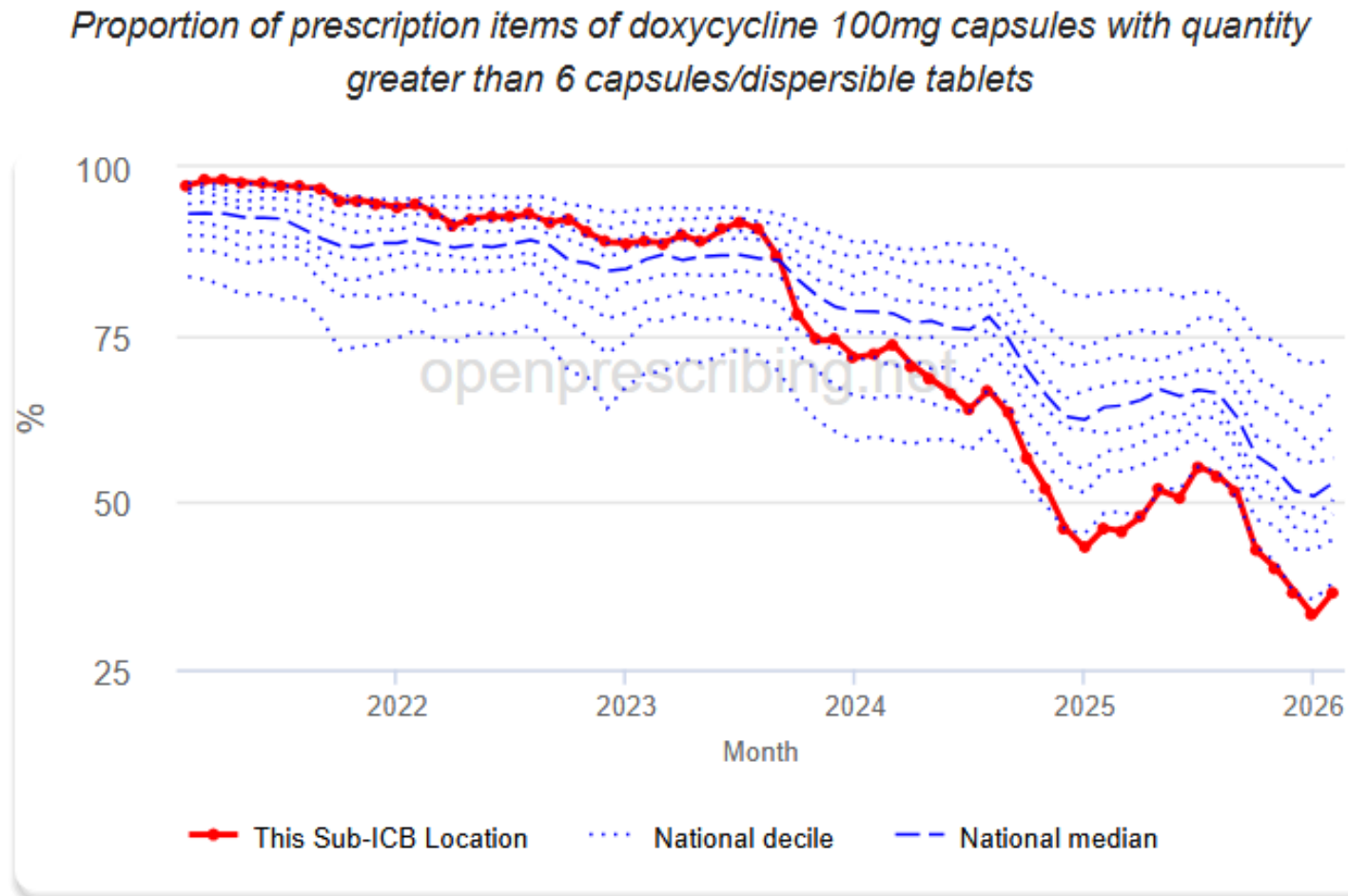
Prescription items for all oral antibacterial drugs (excluding antituberculosis drugs and antileprotic drugs) per 1000 patients



1. Antimicrobials- 5-day prescribing...



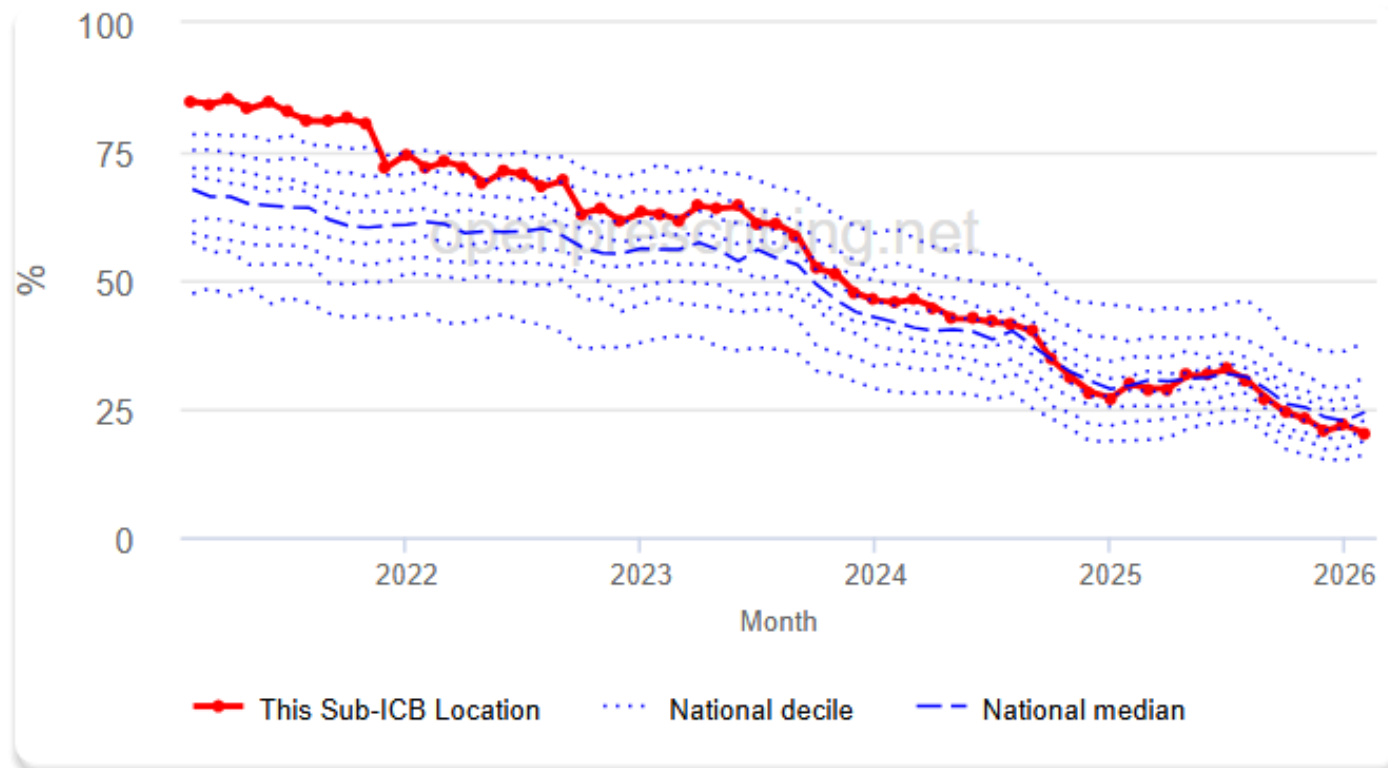
[Antibiotic stewardship: courses for doxycycline 100mg greater than 6 capsules/dispersible tablets by practices in NHS SOMERSET | OpenPrescribing](#)



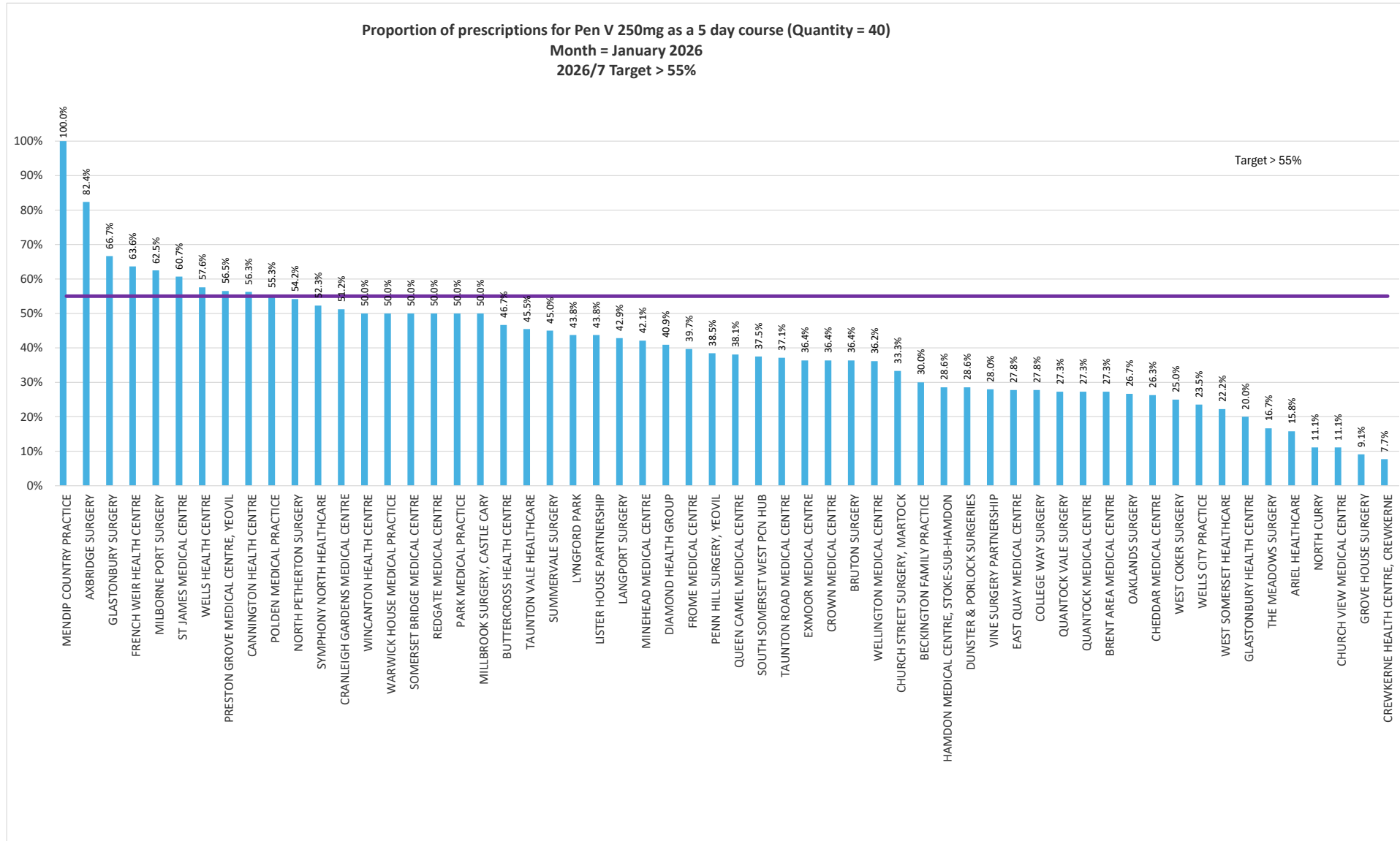
1. Antimicrobials- 5-day prescribing...

[Antibiotic stewardship: courses for amoxicillin 500mg greater than 15 capsules by practices in NHS SOMERSET | OpenPrescribing](#)

Proportion of prescription items of amoxicillin 500mg capsules with quantity greater than 15 capsules

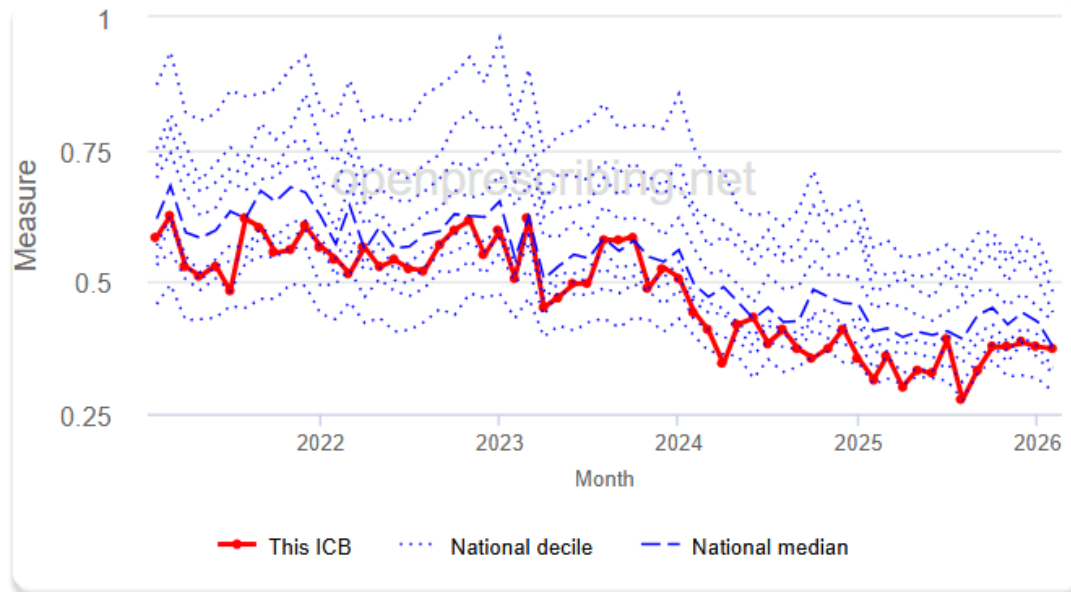


1. Antimicrobials- 5 day Pen V



1. Antimicrobials- Beware Somerset see GROWTH in Cipro use – NB MHRA safety issue

Number of prescription items for systemic fluoroquinolones per 1000 patients



Why it matters: The [MHRA advise](#) that due to the risk of disabling and potentially long-lasting or irreversible side effects, systemic fluoroquinolones must only be used in situations when other antibiotics, that are commonly recommended for the infection, are inappropriate.

Explore:

- [Split the measure into charts for individual Sub-ICB Locations](#)
- [See which Sub-ICB locations have most improved on this measure](#)
- [Compare all ICBs in England on this measure](#)
- [View this measure on the analyse page](#)
- [View technical details for this measure](#)

Tagged as: Antimicrobial Stewardship, Infections, Safety

2. Eclipse

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



SMR Case Load



Priority SMRs



All SMR Pathways



3.1a Care Home



3.1b Polypharmacy



3.1c High Risk Drugs



SMR Case Load



Priority SMRs



All SMR Pathways



3.1a Care Home



3.1b Polypharmacy



3.1c High Risk Drugs



3.1c Medication Related Indicators



3.1d Frailty



3.1e Addiction



3.2 Covid 19



3.5 Pincer



3.6a Recent Admissions



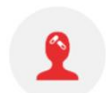
3.6b Patient Requests



3.6c SMR Requests



3.23a Antimicrobials



3.23b Dependency



3.23c Higher-Carbon Inhalers



3.23d Deprescribing



3.25 STOMP



3.26 New Medicine Service



RADAR Alerts



Investment and Impact Fund

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
Eclipse Pathways: nhspathways.org



2. Eclipse

Changed measure to percentage reviewed – NB reviewing but not taking any action could be clinically and medico-legally unsafe

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-26		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
1715	4,916	4,251	86.5	467	355	76.0

Total Amber Alerts						
Financial Year				Mar-26		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
	3,242	10,334	78.0	1,246	835	67.0

3. Eclipse

Blue alerts percentage reviewed – NB reviewing but not taking any action could be clinically and medico-legally unsafe



Increasing number of information (blue) alerts now being reviewed up from 4% in Mar 25. The 26/27 target is 20%

Total Information Alerts						
Financial Year				Mar-26		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
0	78,298	11,010	14.1	6830	1,310	19

4. 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](#)

Salmeterol is project negative

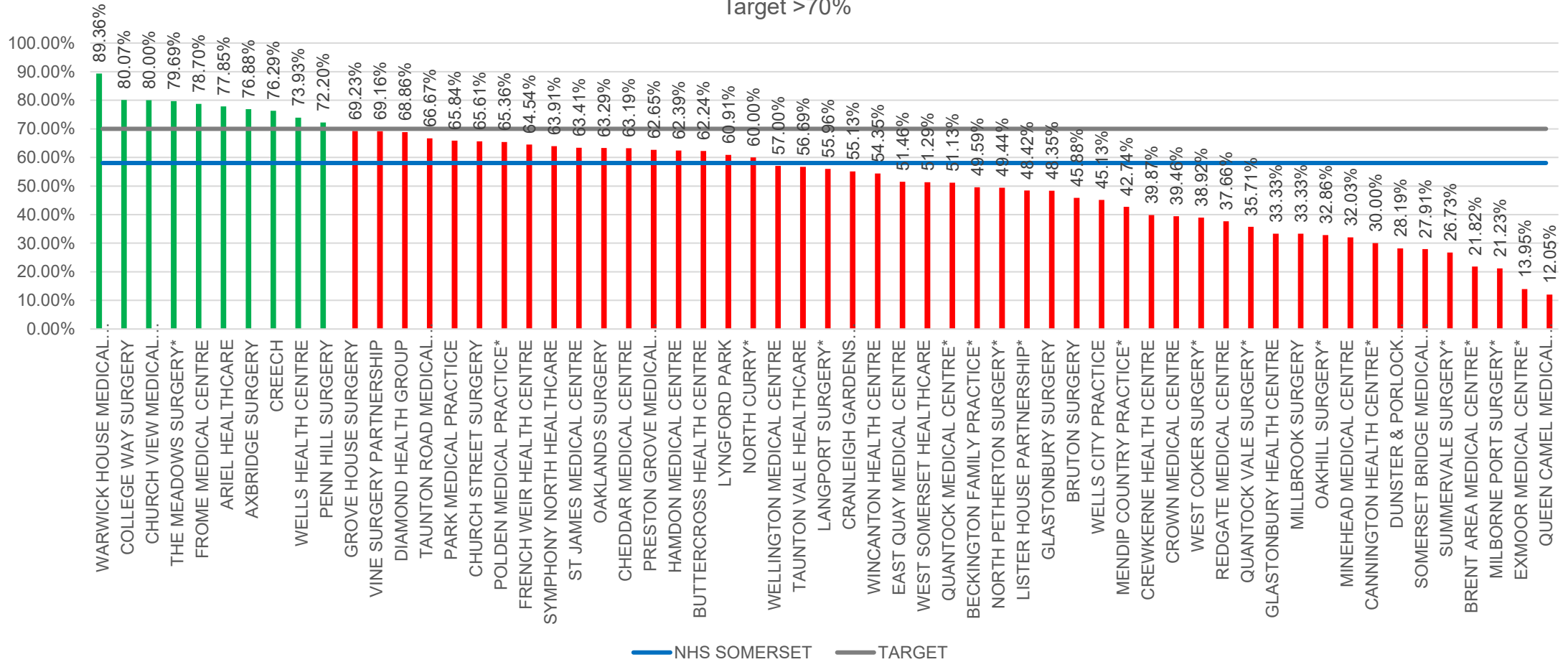
support of the national guidelines
on managing medicines in asthma and COPD in
The aim of this section is to give practical guidance



4. Cost effective DPI combo/single inhalers single and combo inhalers	>70%
5. Cost effective MDI combo/single inhalers single and combo inhalers	>70%

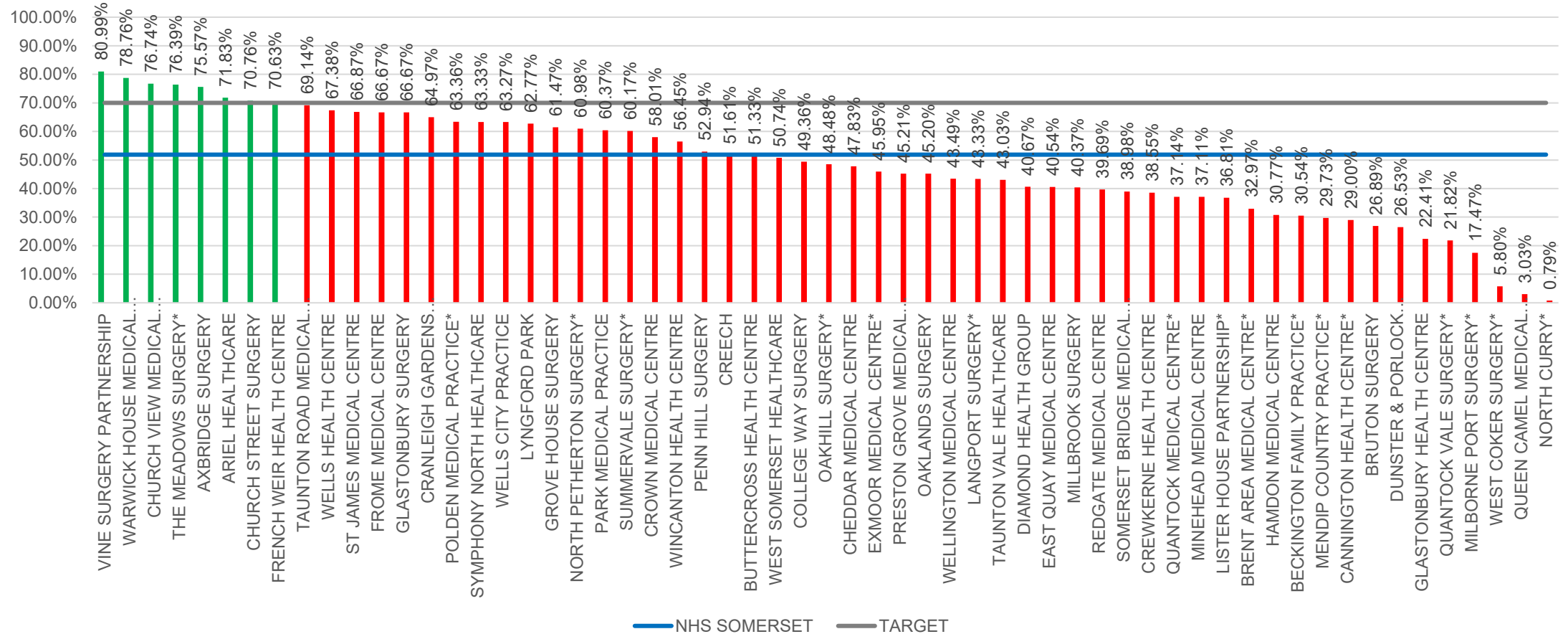
4. Cost effective DPI combo/single inhalers single and combo inhalers

7. Preferred cost effective dry powder ICS and ICS/LABA inhalers
Target >70%



5. Cost effective MDI combo/single inhalers single and combo inhalers

8. Preferred cost effective metered dose ICS and ICS/LABA inhalers
Target >70%



STOP THE SABAs – MOVE TO MART

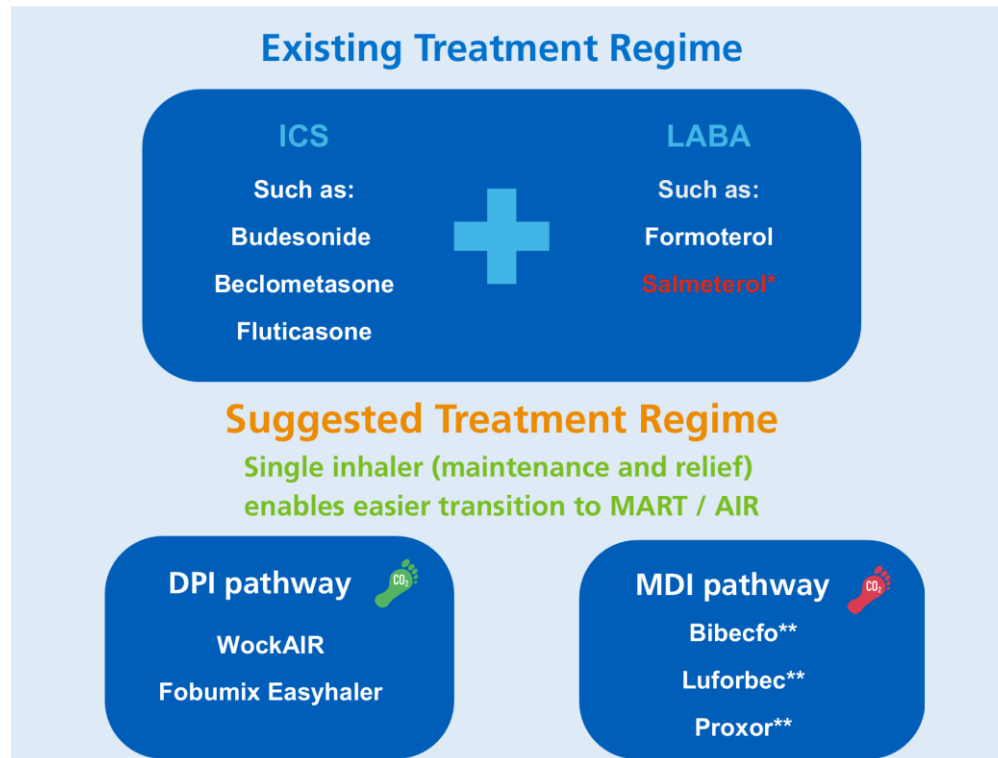
SALMETEROL CONTAINING INHALERS NOW
NEGATIVE ON SCORECARD INDICATORS

- 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.
- <https://nhssomerset.nhs.uk/wp-content/uploads/sites/2/NHS-Somerset-MART-Poster.pdf>
- <https://nhssomerset.nhs.uk/wp-content/uploads/sites/2/NHS-Somerset-Asthma-Two-Into-One-Poster-Final.pdf>



Smarter Care

Moving from Two Inhalers to One in Asthma



STOP THE SABAs – MOVE TO MART

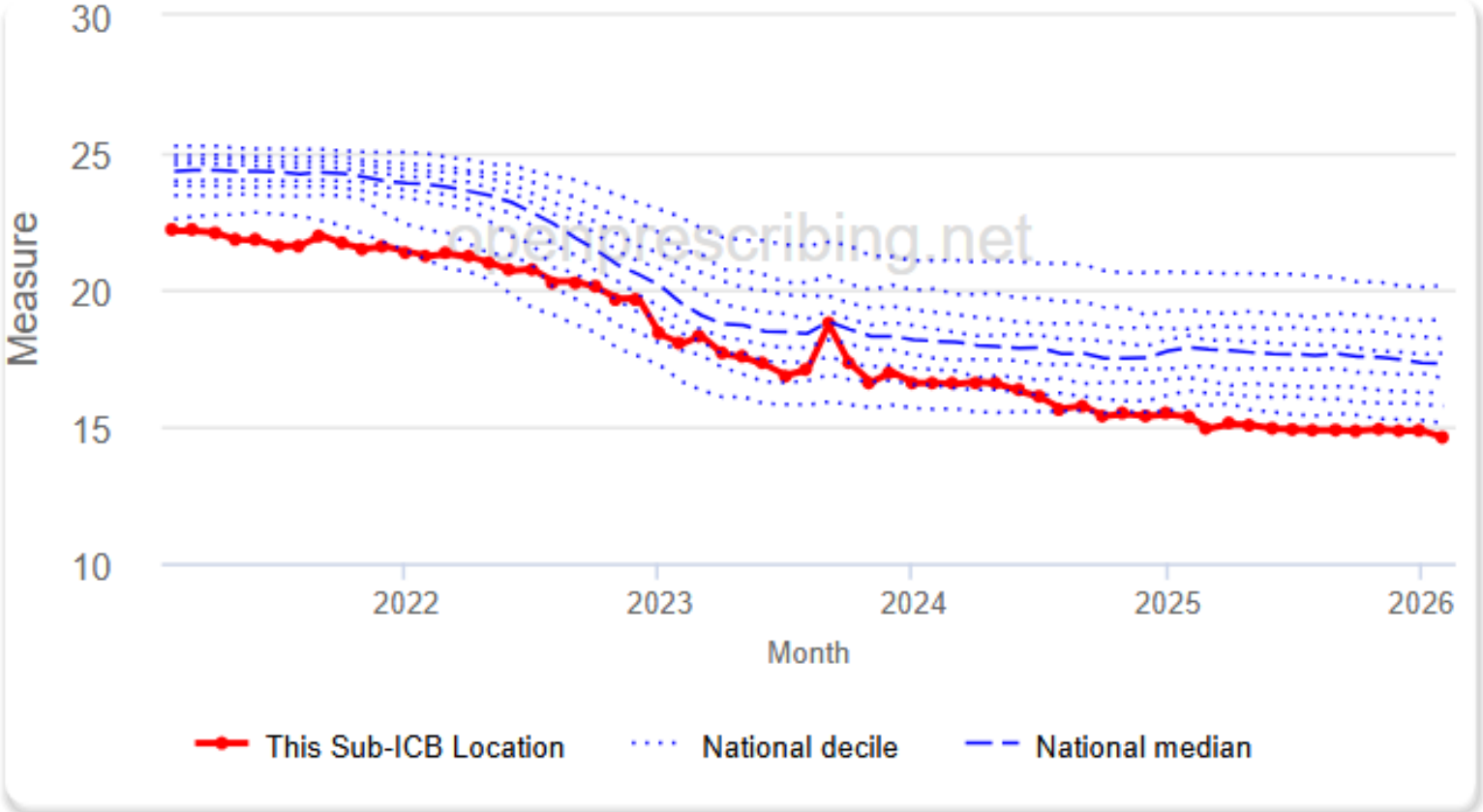
SALMETEROL CONTAINING INHALERS NOW
NEGATIVE ON SCORECARD INDICATORS

- 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

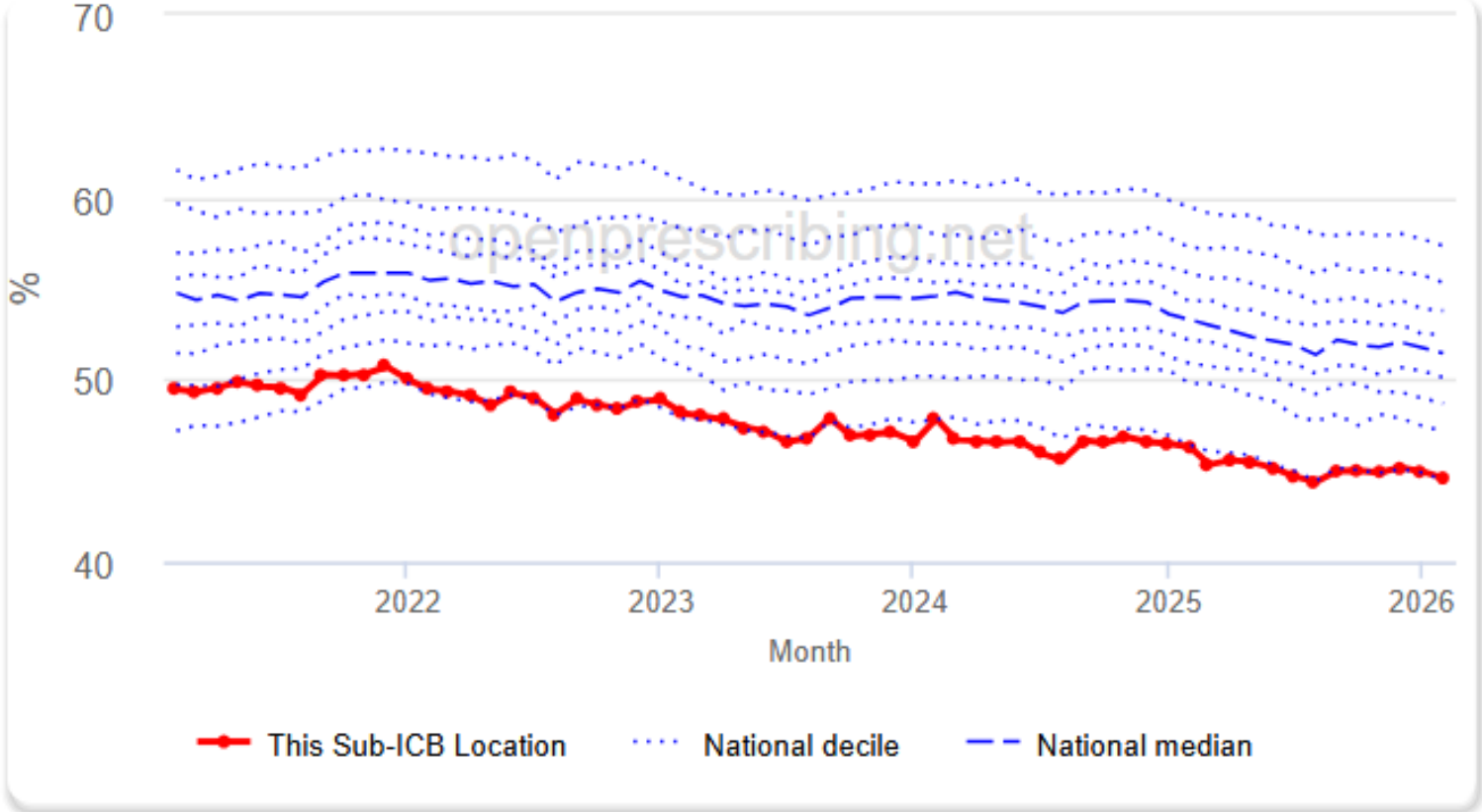
Low Carbon SABAs achieved target but still important – continue to move to DPIs and align inhalers

Mean carbon impact (kg CO₂e) per salbutamol inhaler prescribed



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

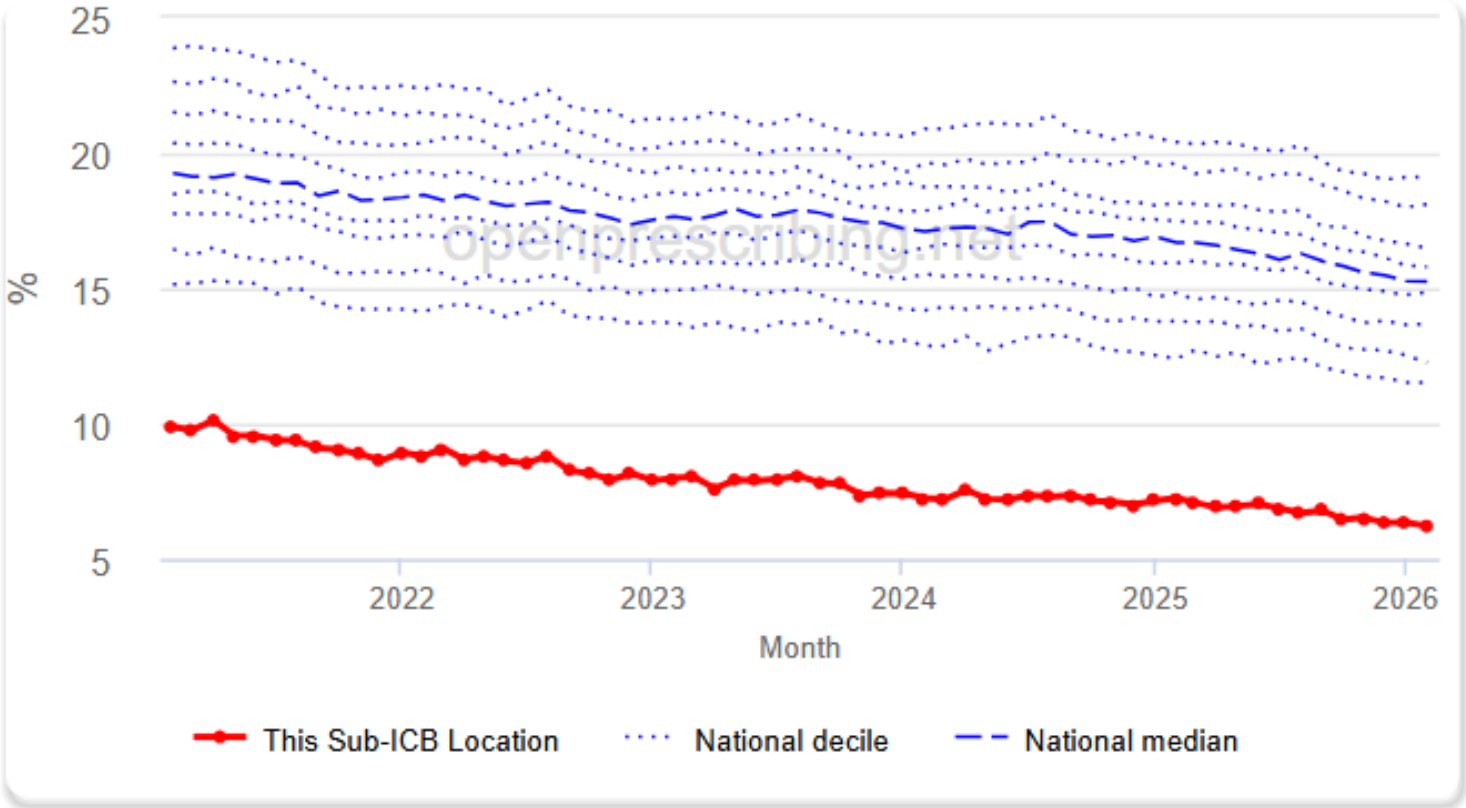
MDIs prescribed as a proportion of all inhalers in BNF Chapter 3, excluding salbutamol



Respiratory

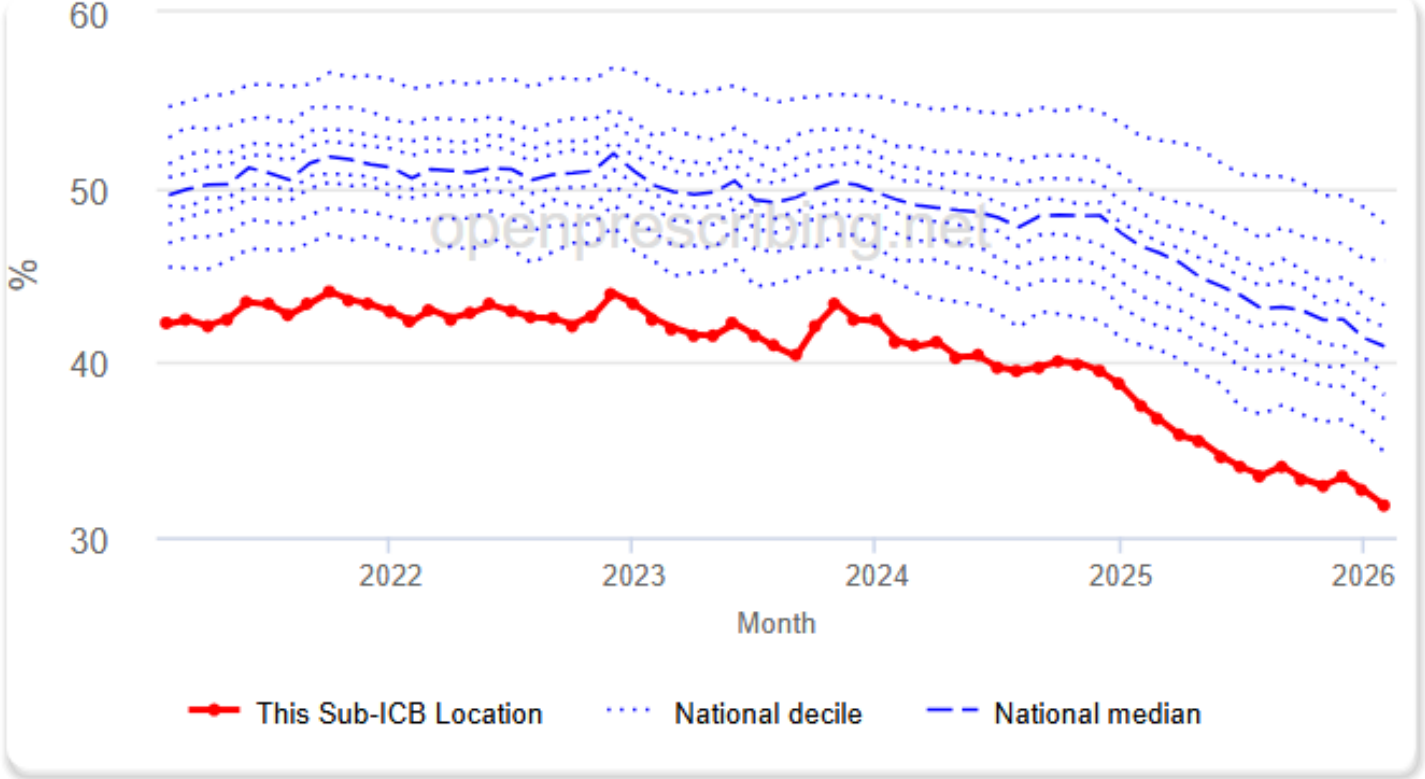
Somerset has lowest rate of high dose corticosteroid inhaler use in England

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



6. CVDPprevent indicator

Achieving 2 out of 3 but ideally we want practices to achieve all 3 of the following

CVDPprevent 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 CVDPprevent clinical indicators – viewable by the public down to practice level – Somerset ICB performs badly on most 11 indicators.

Need to correctly Check QRISK and KFRE (<https://kidneyfailurerisk.co.uk/>) – Code all patients and take appropriate clinical action

STOP NSAIDs – START STATIN and SGLT2 (generic dapagliflozin)

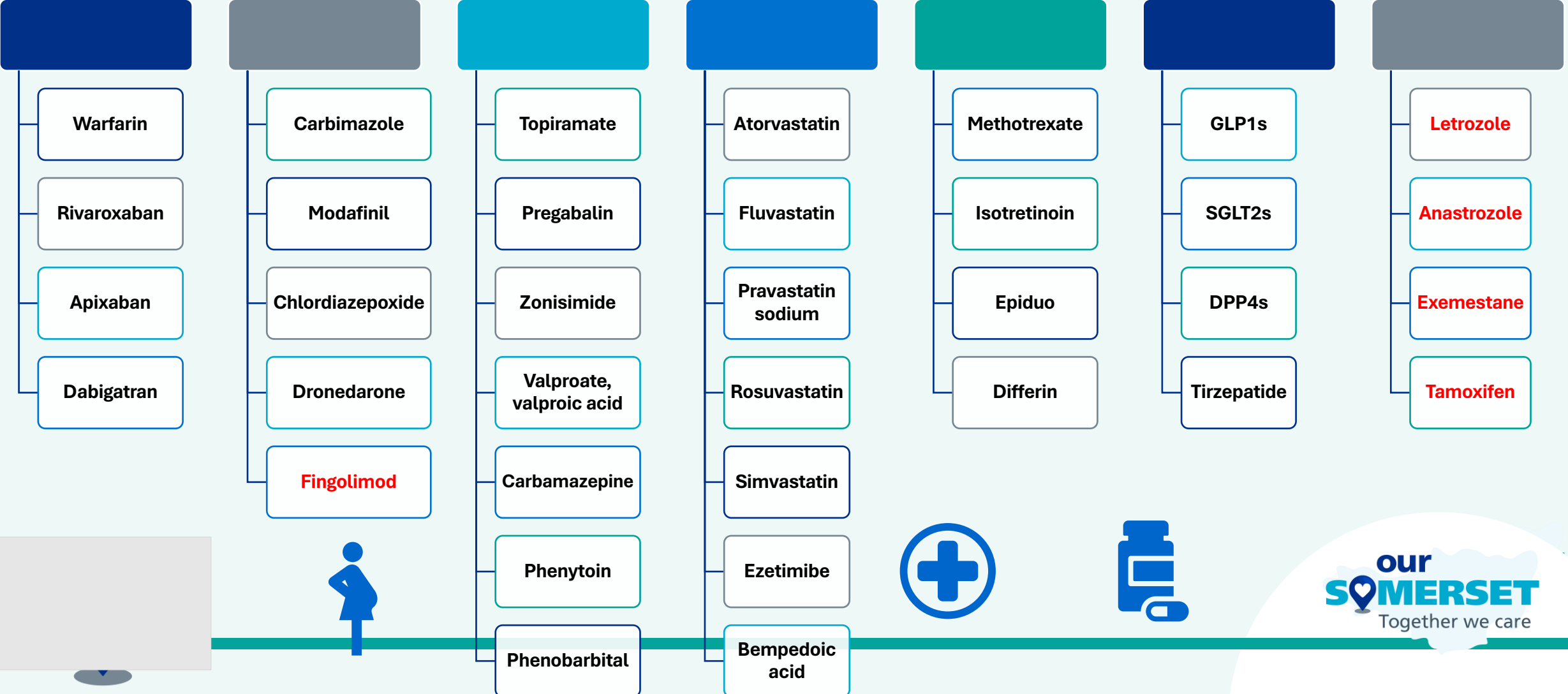
CVDPrevent data can be drilled down to PCN and practice level

- <https://data.cvdprevent.nhs.uk/insights?period=31&level=7&area=8035&group=0>
- Expecting publication soon of the Modern Service Framework for CVD

7. 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.

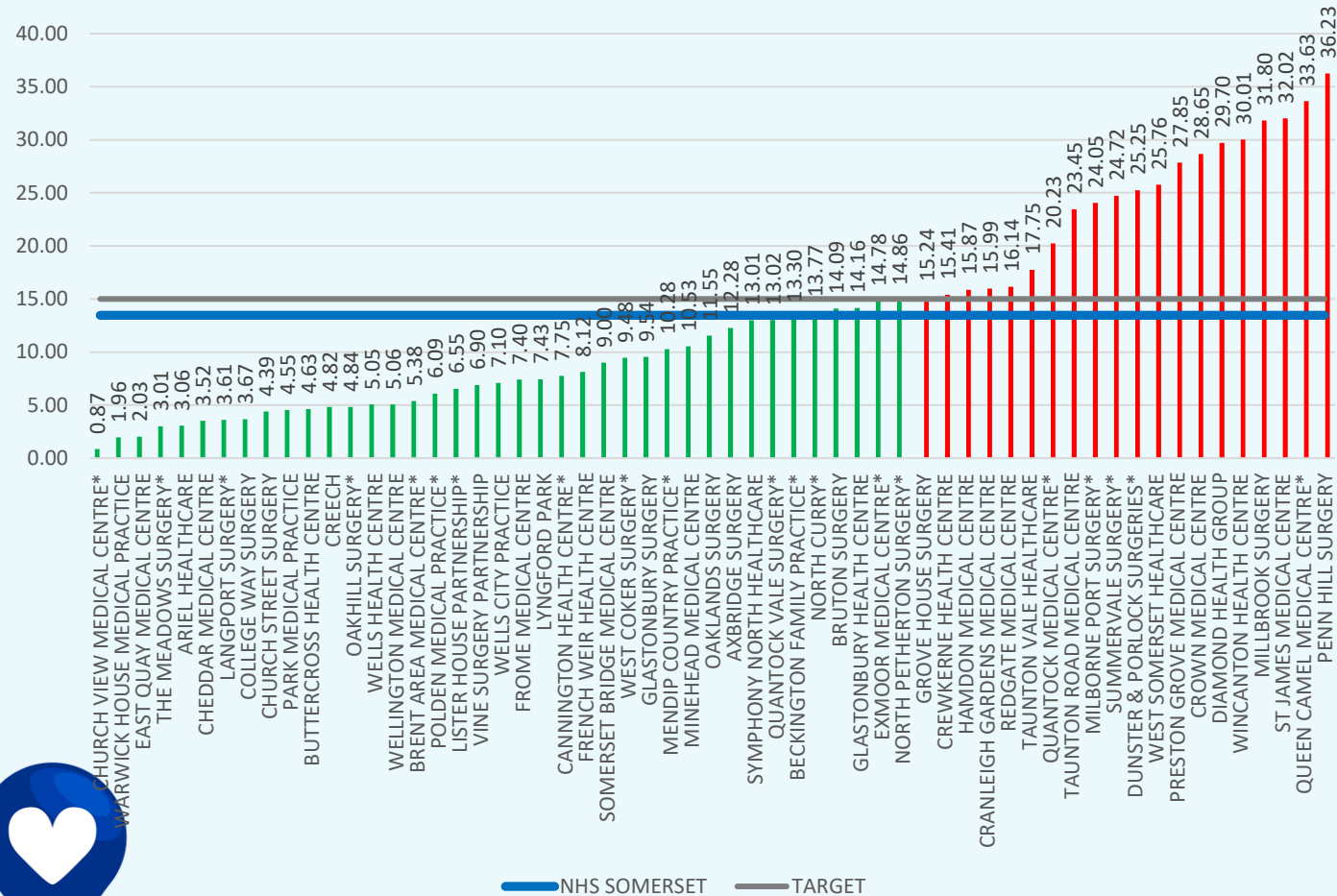


10. High Risk Medications in Pregnancy



NHS Somerset

10. Reduction in medications which are high risk in pregnancy prescribed without contraception
Target <15 per 1000 females aged 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/healthcare-professionals/breastfeeding-and-medicines/)

bumps best use of medicines in pregnancy

NHS Somerset

If you'd like to feedback about this page, please email: SomICB.MedicinesManagementTeam@nhs.net



Scan QR code



The NHS vitamins, supplements & nutrition in pregnancy



Healthy Start Vitamins



The NHS Breastfeeding & medicines webpage



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

”

”

8. Formulary Approved Biosimilar Denosumab

- Given every 6 months so start switching now options;
 - Obodence
 - Stobodo
 - Zadenvi
 - Osvyrti
 - Ponlimsi
 - Junod
 - Jubbonti
-
- Target 75% measured between Oct 26 and Mar 27

9. Achievement of all 3 NDA targets (statin, BP and HbA1C)

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)	

9. Achievement of all 3 NDA targets (statin, BP and HbA1C)

- Completion of the 8 NDA tests (a previous prescribing and quality improvement indicator for many years) has now moved to QOF so Somerset practices should be well positioned for QOF.
- However, most practices need to do more to improve patient outcomes by reaching the NDA treatment targets

10. 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

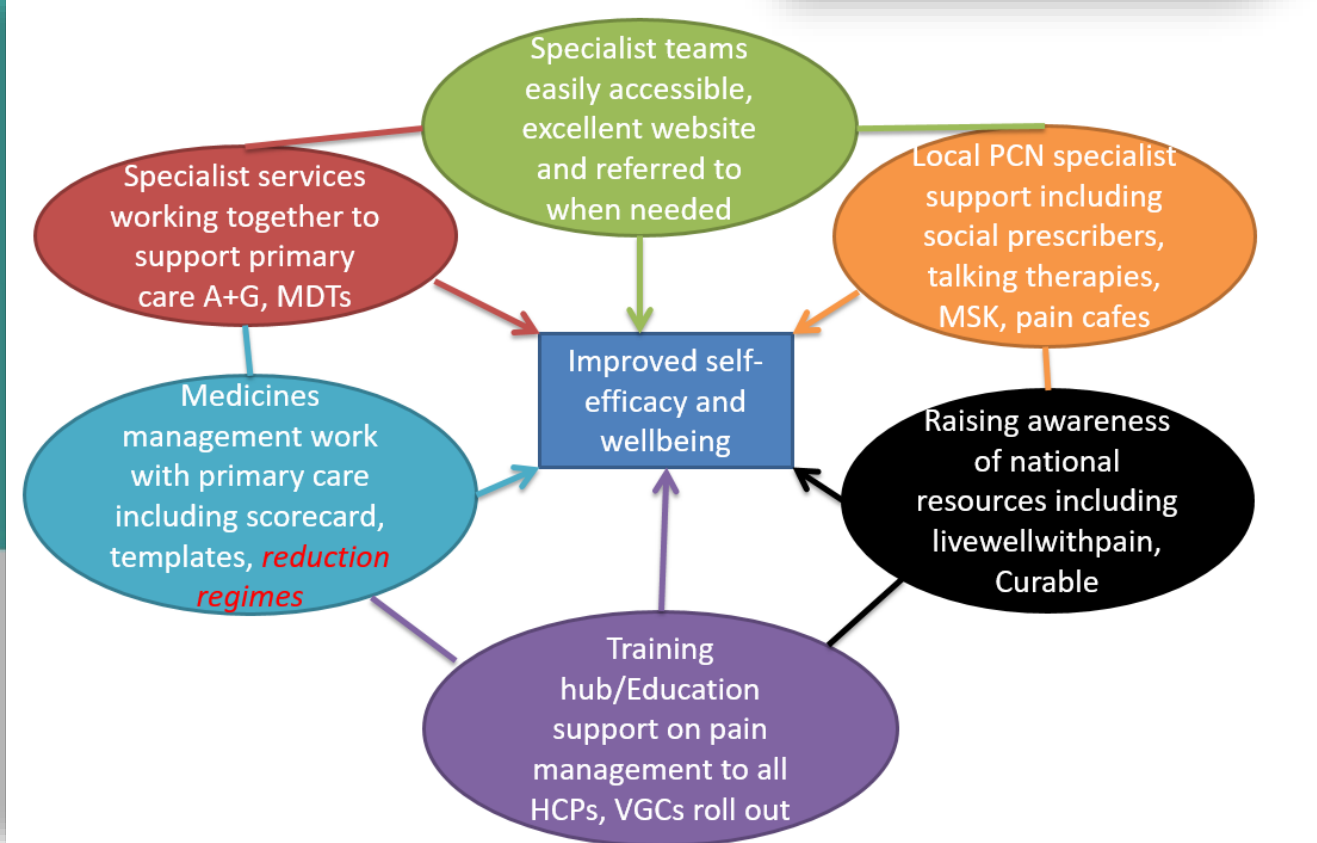
On this page we have some resources to aid clinical decisions on prescribing.

[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

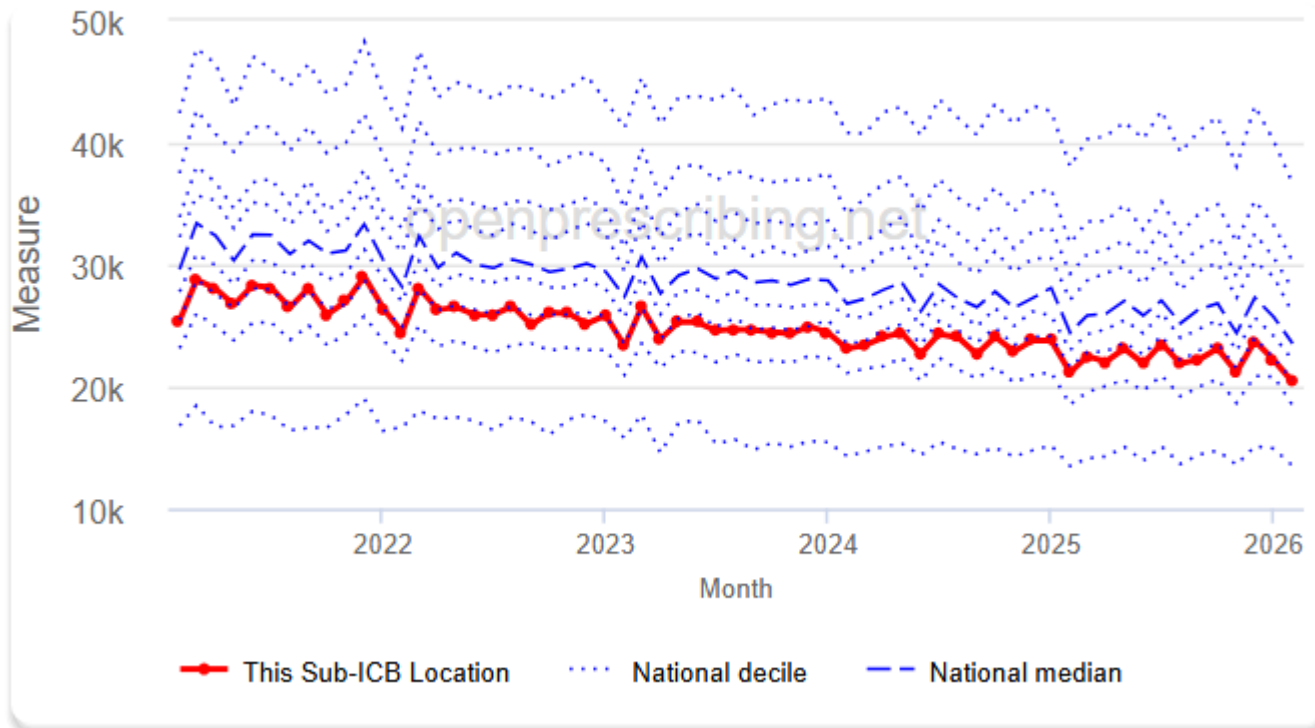
10. Opioids

14. Reducing Opiate prescribing (excluding injectables)-
opiate ADQ/1000 astroPU **<39**

Skills not Pills!



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



10. Opioids

14. Reducing Opiate prescribing (excluding injectables)-
opiate ADQ/1000 astroPU **<39**

The [Opioids Aware](#) project seeks to improve prescribing of opioid analgesia. There is little evidence that opioids are helpful in long term pain, and the **risk of harm increases significantly above 90mg morphine (or equivalent) per day (recently reduced from 120mg)**, without much increase in benefit.

11. 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 [+](#)

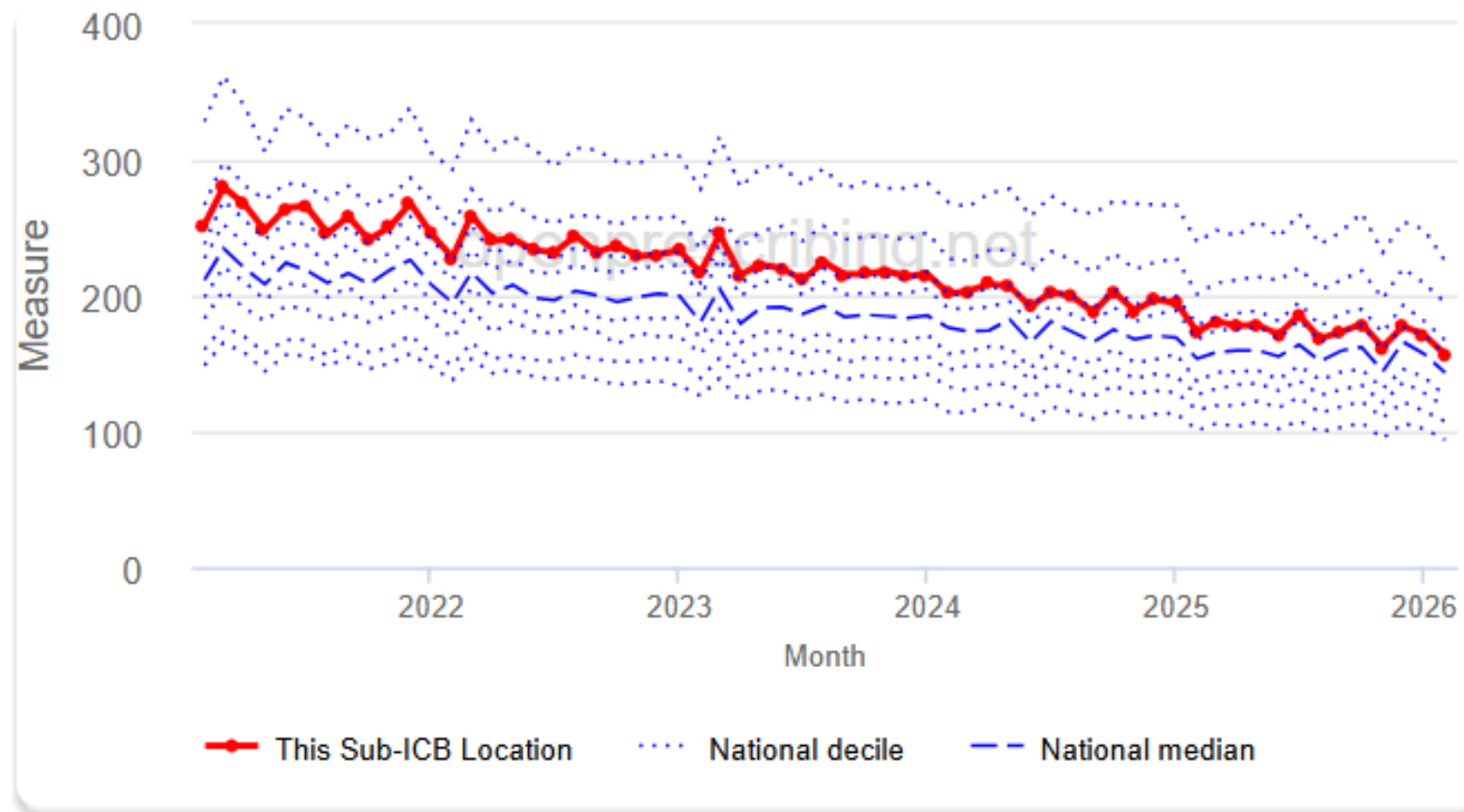
Hypnotics [+](#)

Deprescribing benzodiazepine and Z drugs used for insomnia [+](#)

MHRA alerts [+](#)

11. Hypnotic Prescribing decreasing but still above national average

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



12. 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.**

13. 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.

NHS

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



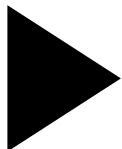
Vitamin B12 and Folate Deficiency



Bariatric Surgery



ical Area



14. 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)



14. Calcium and Vitamin D

Increase in bone sparing agent prescribing – measured by Reduction in plain vit D / calcium and vit D prescribing no bone sparing agent –

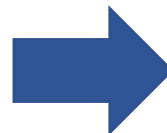
(<4.00 patients per 1000 Astro Pu)

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 D₃ and Calcium when alongside bone sparing agents. (Except bariatric patients).

Do not prescribe Vitamin D₃ for insufficiency/maintenance as this should be purchased over the counter as per selfcare .

Only prescribe vitamin D₃ 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.



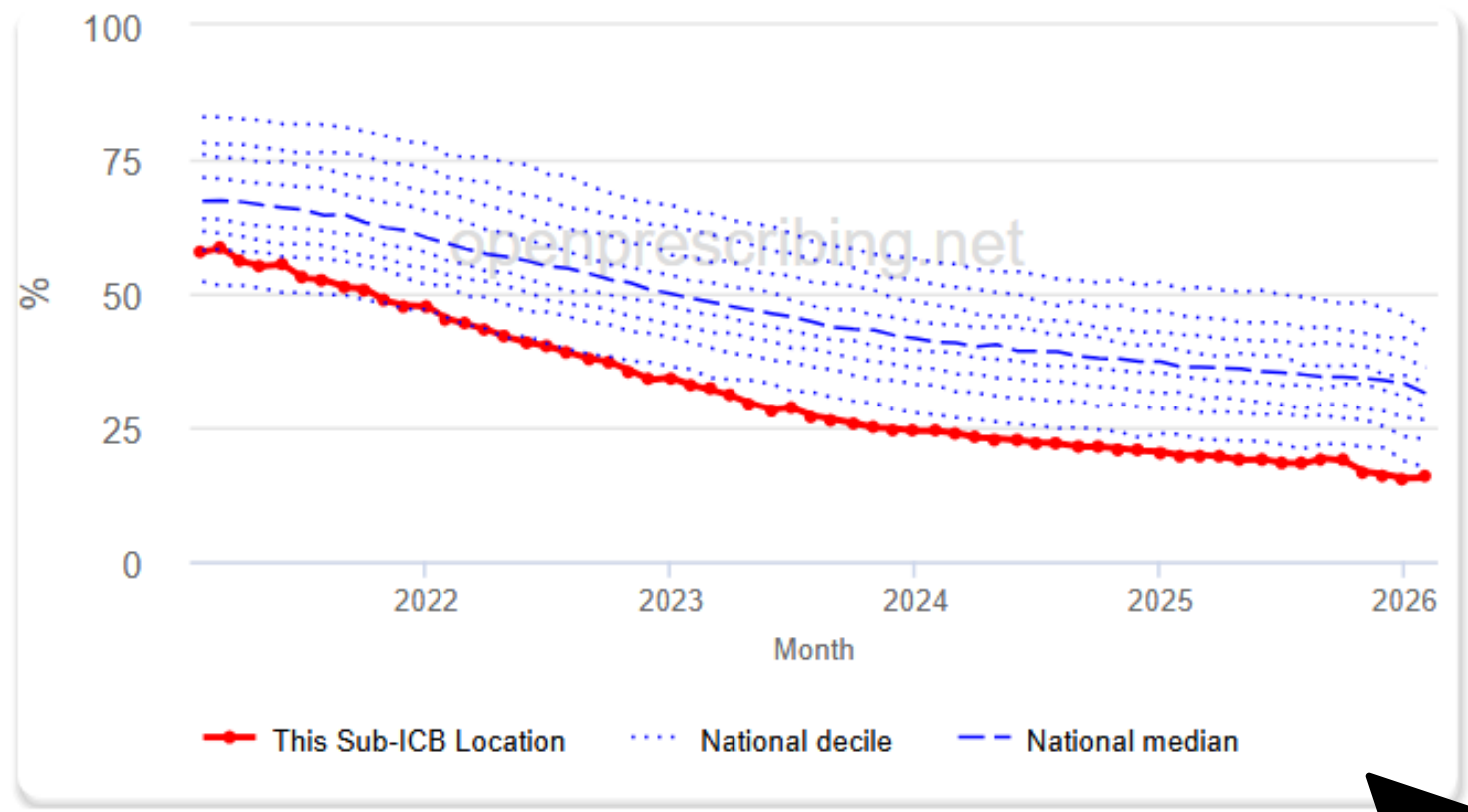
Serum 25-hydroxyvitamin D levels (nmol/l)	Vitamin D status	Recommendation	See the formulary for full guidance!
<25	Deficient	Prescribe fixed loading dose vitamin D ₃	
25–50	Insufficient	Purchase vitamin D ₃ over the counter <u>as per selfcare</u>	
>50	Sufficient	Purchase vitamin D ₃ over the counter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

[9.3 – Vitamin deficiency – Somerset Prescribing Formulary \(nhssomerset.nhs.uk\)](#)



15. Increase in generic dapagliflozin vs total diabetes drugs – Switch other SGLT2s to dapagliflozin

Percentage SGLT-2 inhibitors items not prescribed as generic dapagliflozin tablets



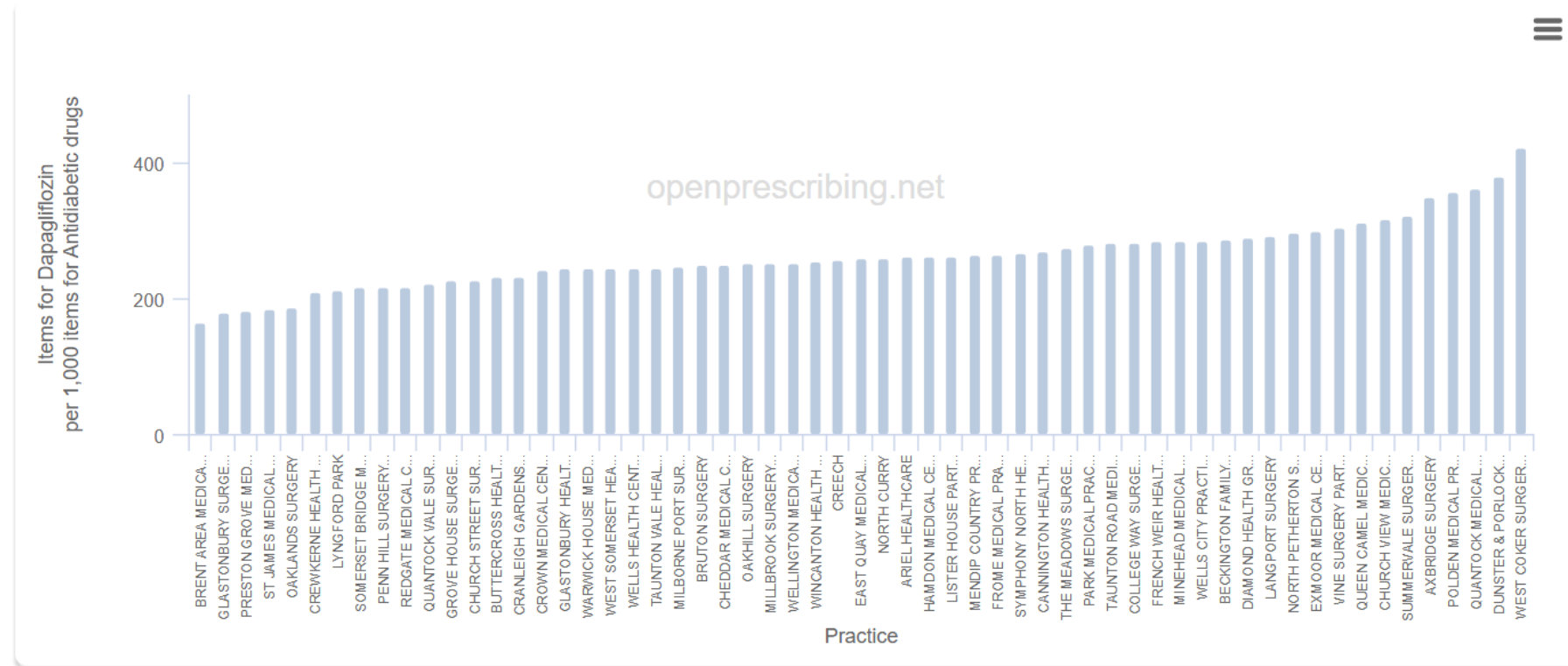
15. Increase in generic dapagliflozin vs total diabetes drugs – Initiate dapagliflozin for NICE approved uses

Type 2 Diabetes

HF

CKD

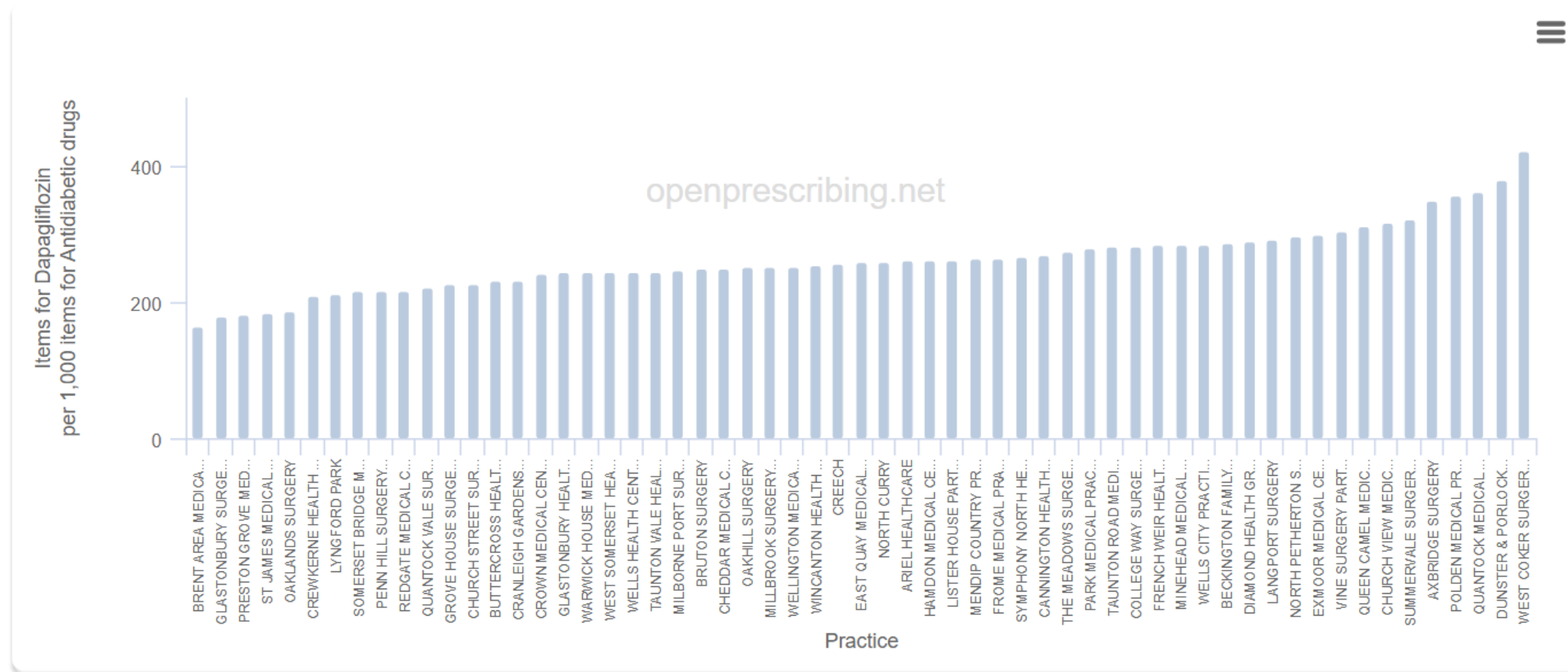
Items for Dapagliflozin vs Antidiabetic drugs by practices in NHS SOMERSET
in Feb '26



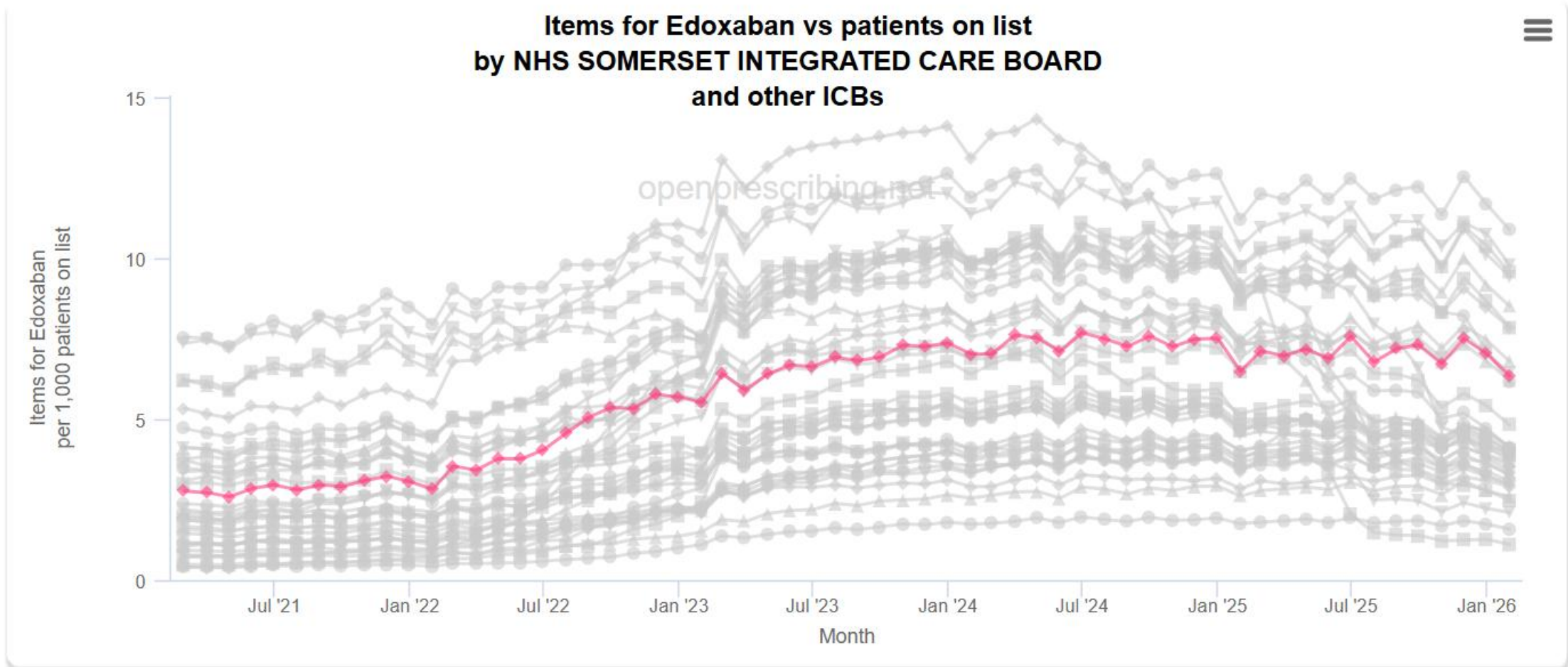
15. Increase in generic dapagliflozin vs total diabetes drugs – review and stop drugs with poor outcome data eg SUs and gliptins

Items for Dapagliflozin vs Antidiabetic drugs by practices in NHS SOMERSET

in Feb '26



16 – 20. Reduction in Edoxaban prescribing from Oct 25 baseline – 1 point for each 10% reduction – switch to generic Apixaban or Rivaroxaban



16 – 20. Reduction in Edoxaban prescribing from Oct 25 baseline – switch to generic Apixaban or Rivaroxaban

- **Ensure you have patients correct weight**
- **Ensure you have patients up to date renal function**
- **Review existing warfarin patients to see if DOAC clinically indicated**
- **Review AF patients currently not anti-coagulated**



Any Questions?

Thank you from the Somerset Medicines Management Team