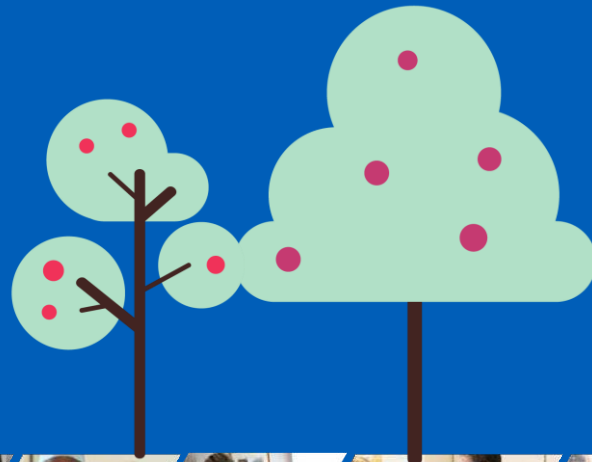


Prescribing Leads Conference

3 little words

Nov 2025



3 little words

Improving patient outcomes



There's another way

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

Please Prescribe More

Do No harm

Remain cost effective

Prescribing Incentive Scheme - £450k available

Practice based
reward:

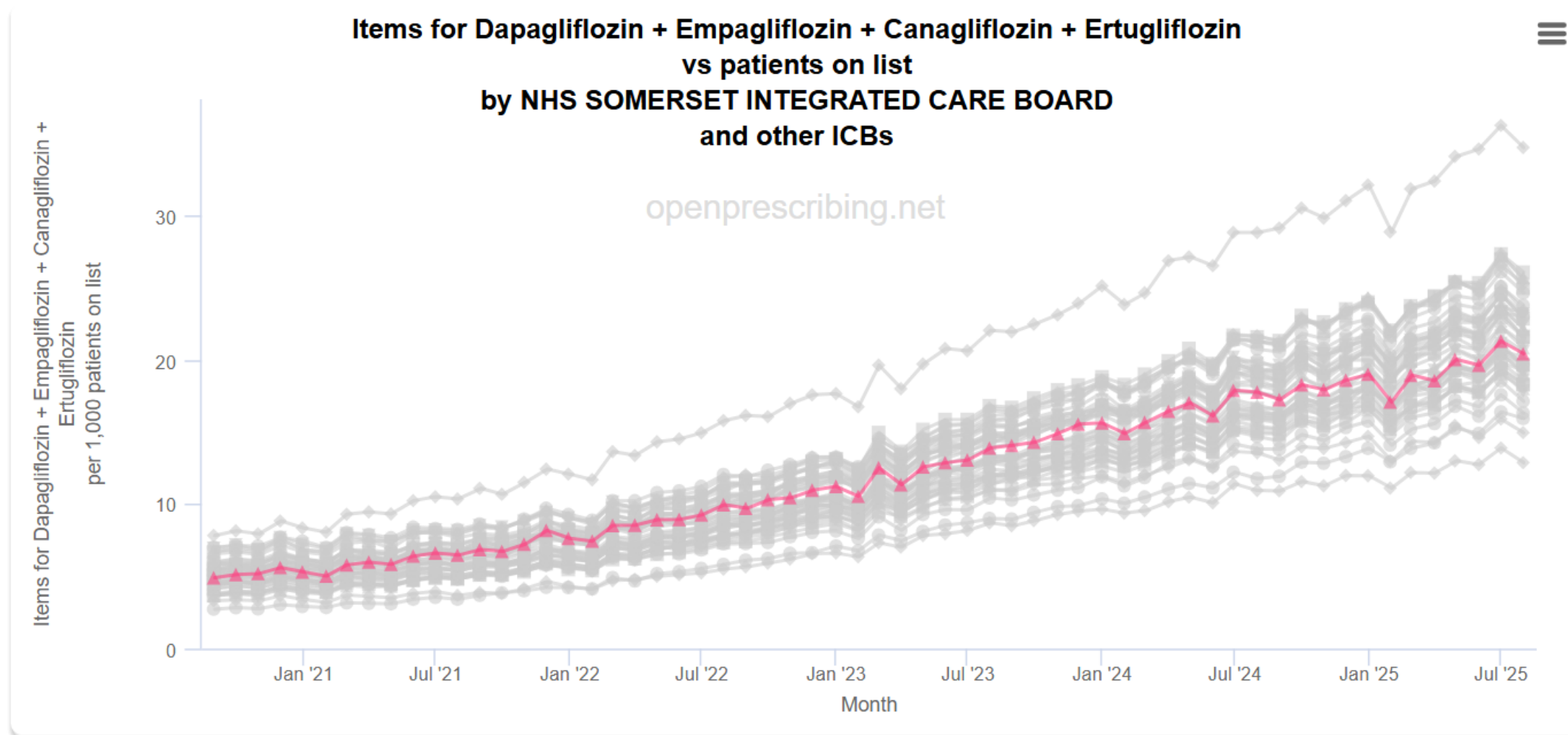
Up to max 75p/registered patient for
performance against the specific quality
improvement scorecard indicators.



Please Prescribe More

Increase SGLT2 prescribing

Dapagliflozin first line

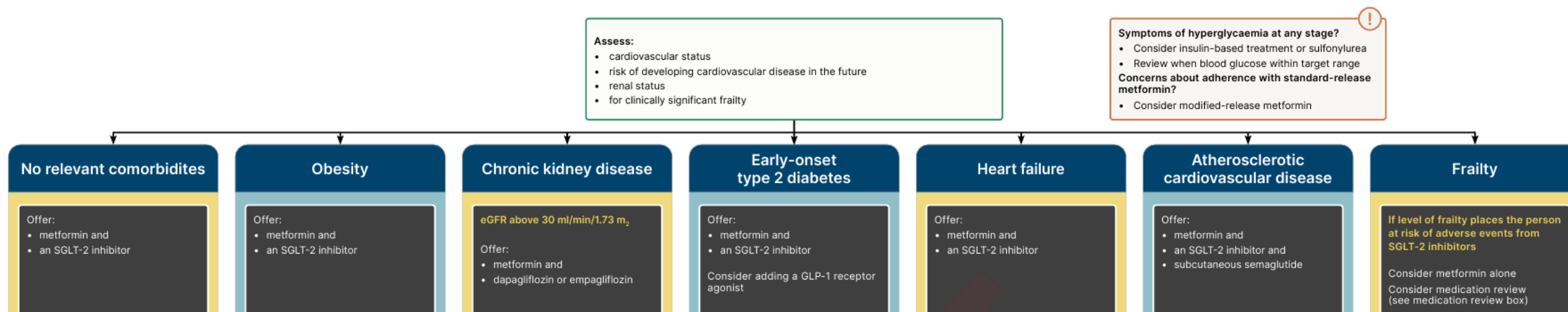


Increase SGLT2 prescribing

Dapagliflozin first line 1) Metformin (IR or MR) and SGLT-2 inhibitor (Formulary first line generic Dapagliflozin)

Type 2 diabetes in adults: choosing, reviewing and changing medicines

Type 2 diabetes in adults: choosing medicines for first line and further treatment



Increase SGLT2 prescribing

Dapagliflozin first line

Type 2 diabetic with CKD not taking SGLT2 recommended by NICE	05/10/2025	5364 patients
Type 2 diabetic with HF not taking an SGLT-2	05/10/2025	1563 patients
Type 2 diabetic with CVD not taking SGLT2	05/10/2025	5979 patients

Remember sick day rules – and patient centred risk evaluation

Increase SGLT2 prescribing

Dapagliflozin first line

Heart Failure patient not taking licensed SGLT2 Dapagliflozin recommended for HF patients	09/11/2025	6368	
CKD egfr <75 patient no SGLT2	11/11/2025	12786	

Remember sick day rules – and patient centred risk evaluation

Increase SGLT2 prescribing – better and safer than Gliptins

Dapagliflozin first line

[Efficacy and Safety of SGLT2 Inhibitors in Heart Failure: Observational Evidence in Geriatric Patients AGING-HF | Circulation: Heart Failure](#) Safe and beneficial in HF patients >90yrs -

<https://academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehaf788/8290387?login=false>

Discontinuing SGLT2 inhibitors after a UTI was linked to a higher risk of cardiovascular and renal outcomes but was not associated with fewer recurrent UTI.

[Association between sodium-glucose cotransporter 2 inhibitor use and clinical outcomes in patients with type 2 diabetes after urinary tract infection](#)

In patients with T2DM recovering from UTI, the use of SGLT2 inhibitors was associated with lower risks of mortality, kidney complications, and infection-related outcomes compared with DPP-4 inhibitors. These findings support the safety and clinical benefit of continuing or initiating SGLT2i during the post-infectious phase, even after a recent urinary tract infection.

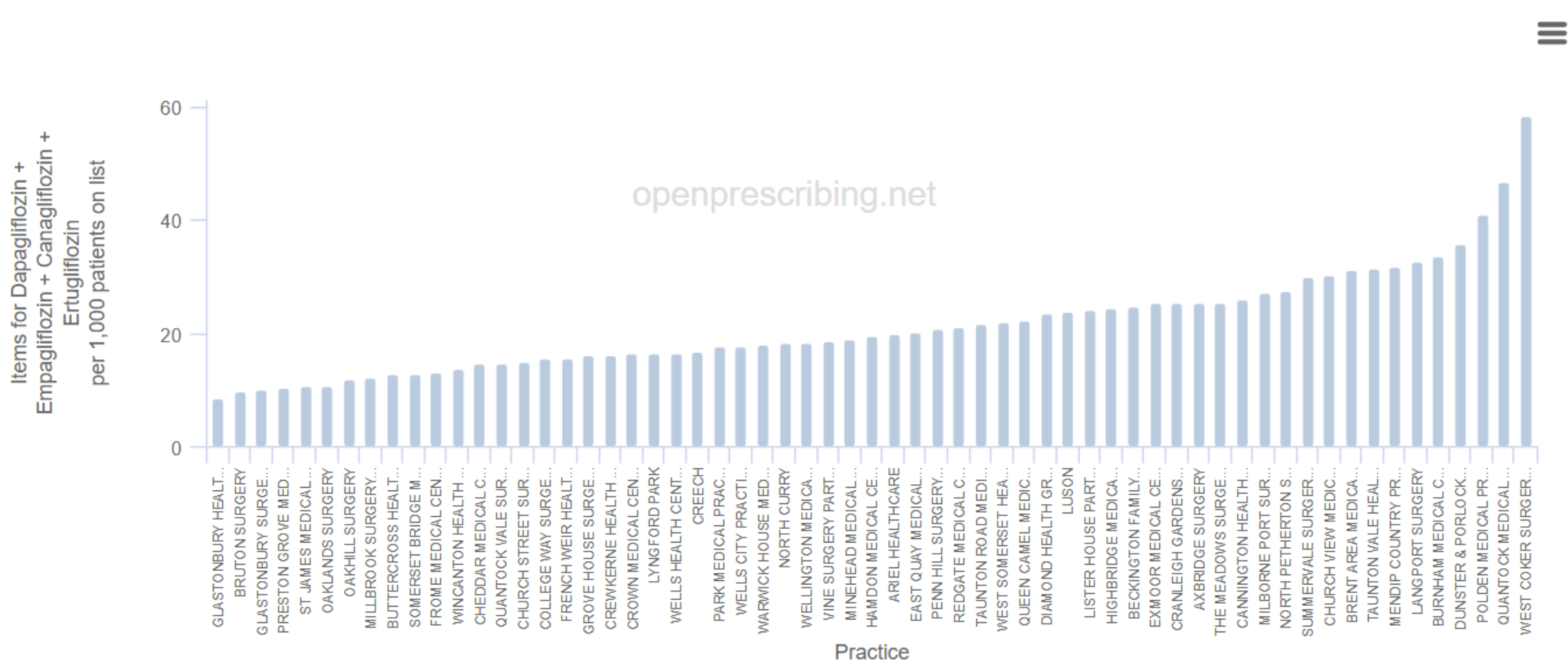
Remember sick day rules – and patient centred risk evaluation

Increase SGLT2 prescribing

Items for Dapagliflozin + Empagliflozin + Canagliflozin + Ertugliflozin vs patients on list by practices in NHS

SOMERSET

in Aug '25



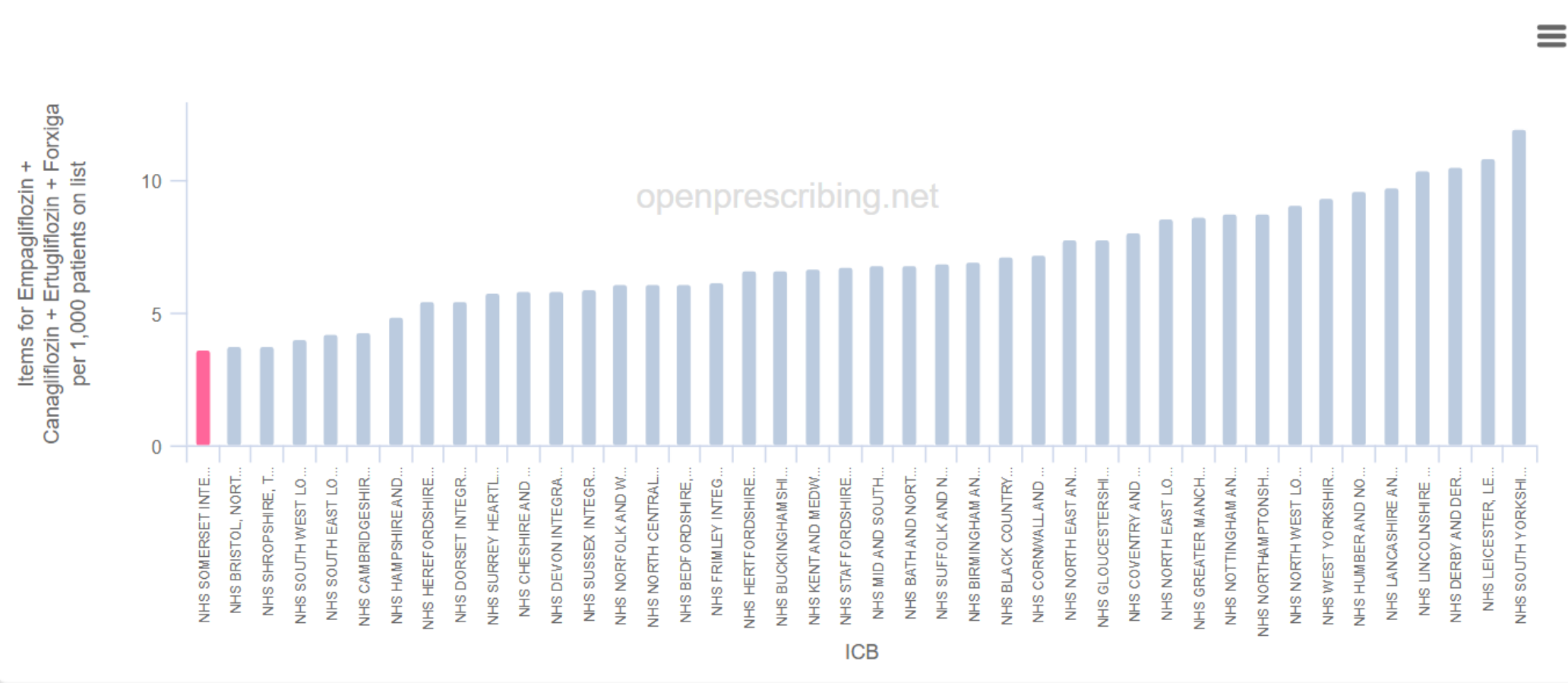
Remain cost effective

Generic Dapagliflozin first line – lower ON CHART is better

Items for Empagliflozin + Canagliflozin + Ertugliflozin + Forxiga vs patients on list by NHS SOMERSET

INTEGRATED CARE BOARD and other ICBs

in Aug '25



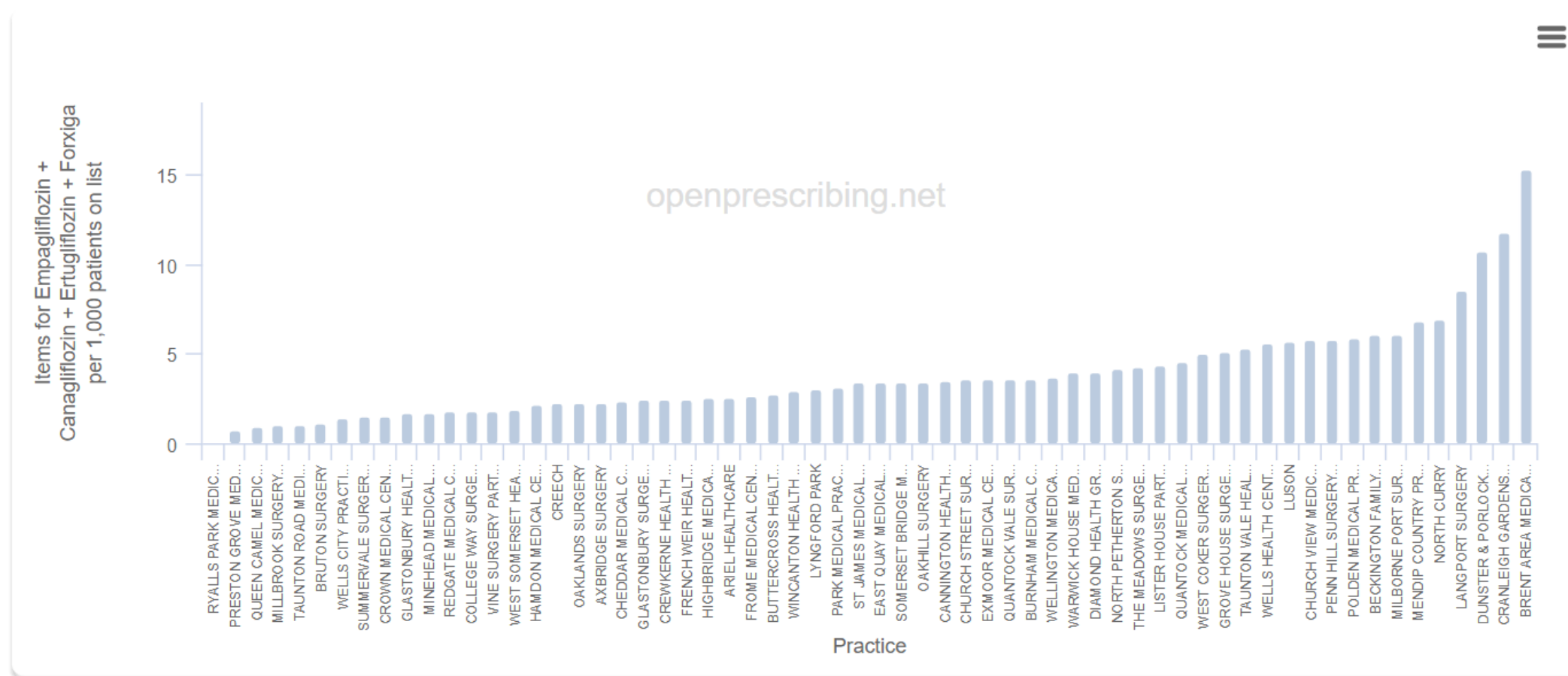
Remain cost effective

Switch to Generic Dapagliflozin from others – Remain Cost Effective

Items for Empagliflozin + Canagliflozin + Ertugliflozin + Forxiga vs patients on list by practices in NHS

SOMERSET

in Aug '25



Please Prescribe More

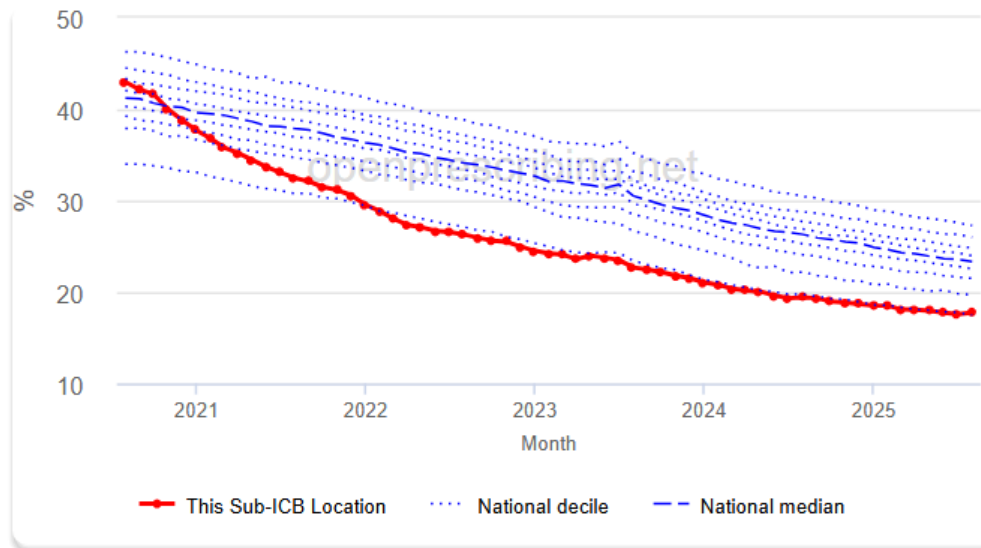
Optimising Treatment – 2020 - 22 Indicator

Items of low and medium intensity statins as a percentage of items of all statins. Lower % is better

Low and medium intensity statins

[Link to chart](#)

Items of low and medium intensity statins as a percentage of items of all statins.



[Download data](#)

Why it matters: NICE guidance on [lipid modification](#) recommends the use of a high-intensity statin (i.e. one that reduces LDL cholesterol by 40% or more). A table showing the percentage reduction of LDL cholesterol by statin doses can be found [in the BNF](#) and you can read our research paper on suboptimal statin treatment regimens in the [British Journal of General Practice](#). Please note, we have excluded liquid preparations from this measure.

Explore:

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

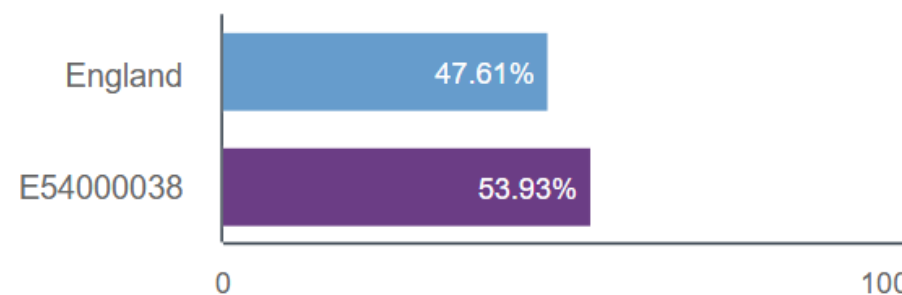
Tagged as: [Cardiovascular system](#), [Efficacy](#), [NICE](#)

LDL Q1 JUNE 2025

CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months

[Open Indicator](#)

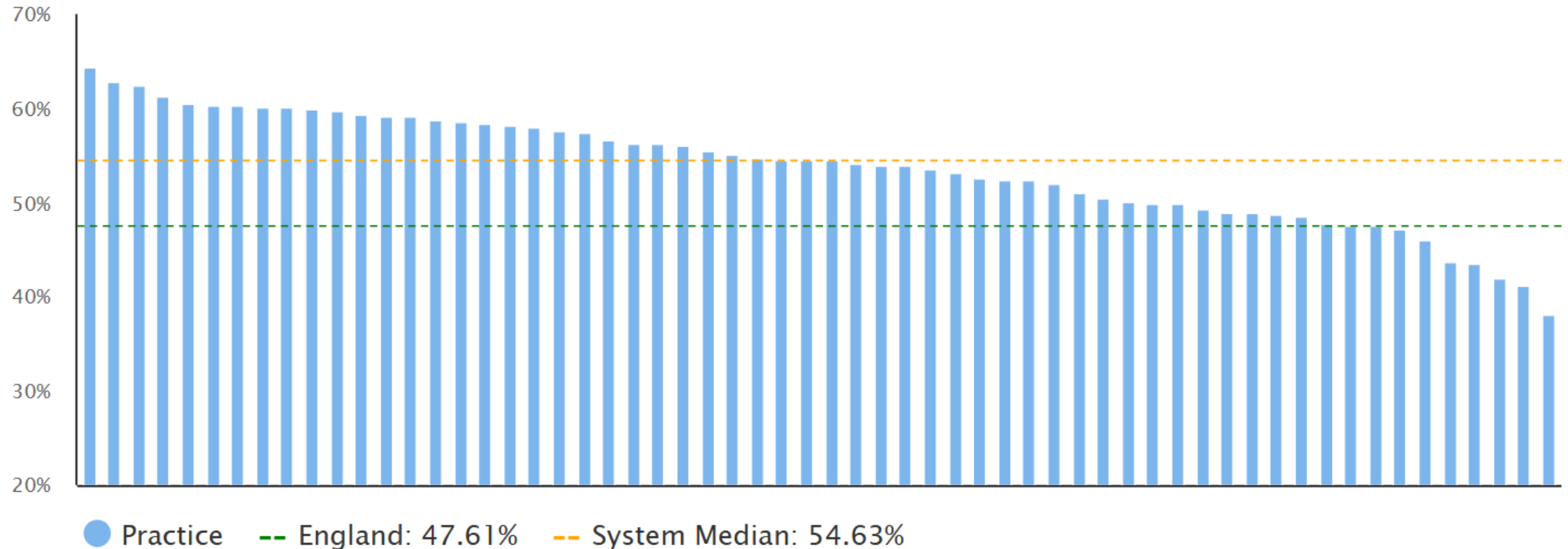
[Metadata](#) 



CVDPrevent Unmet need Q1 LDL

CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months. (Mar) 54.77% down to (Jun) 54.63%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=0&indicator=54&tab=areaBr&subTab=Practice#54>



Increase Statin (high potency) and if needed ezetimibe prescribing

Existing Type 2 patients

Type 2 diabetes not on statin or LLT in last 90 days

NICE recommended offer atorvastatin 20 mg for the primary prevention of CVD to people with type 2 diabetes who have QRISK 10% or greater.

8128 patients

Type 2 diabetes not on statin or LLT in last 90 days

NICE recommended offer atorvastatin 20 mg for the primary prevention of CVD to people with type 2 diabetes who have QRISK 20% or greater.

5982 patients

Increase Statin (high potency) and if needed ezetimibe prescribing

CVDP009CHOL: Patients with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.

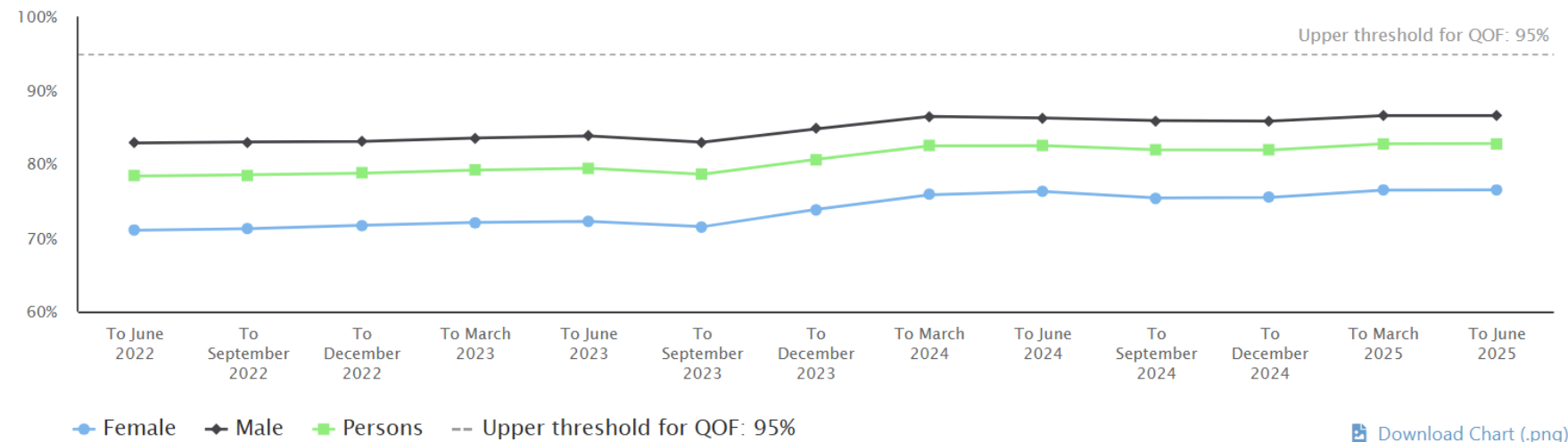
Data Extract Metadata

All Persons Time Series **Inequalities Marker Time Series** System Level Comparison Area Breakdown

Inequalities Marker Time Series: NHS Somerset Integrated Care Board

Chart Table

Age group Deprivation quintile Ethnicity **Sex** Learning Disability Mental Health



Increase Statin (high potency) and if needed ezetimibe prescribing

CVDP012CHOL: Patients with GP recorded CVD (narrow definition), whose most recent blood cholesterol level is LDL-cholesterol less than or equal to 2.0 mmol/l or non-HDL cholesterol less than or equal to 2.6 mmol/l, in the preceding 12 months

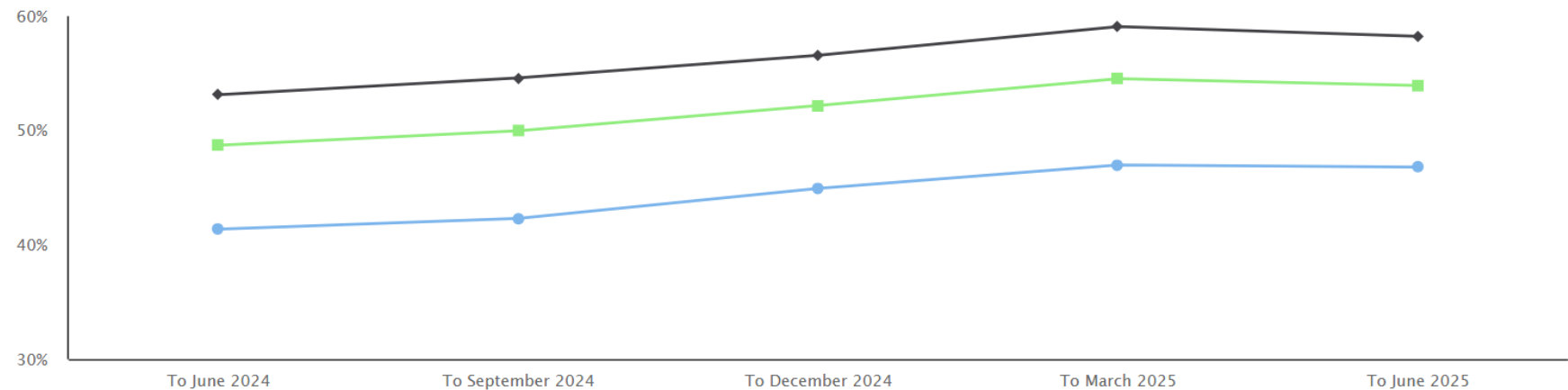
Data Extract Metadata

All Persons Time Series Inequalities Marker Time Series System Level Comparison Area Breakdown

Inequalities Marker Time Series: NHS Somerset Integrated Care Board

Chart Table

Age group Deprivation quintile Ethnicity Sex Learning Disability Mental Health



Optimising Treatment

Titrate up - low and medium intensity statins

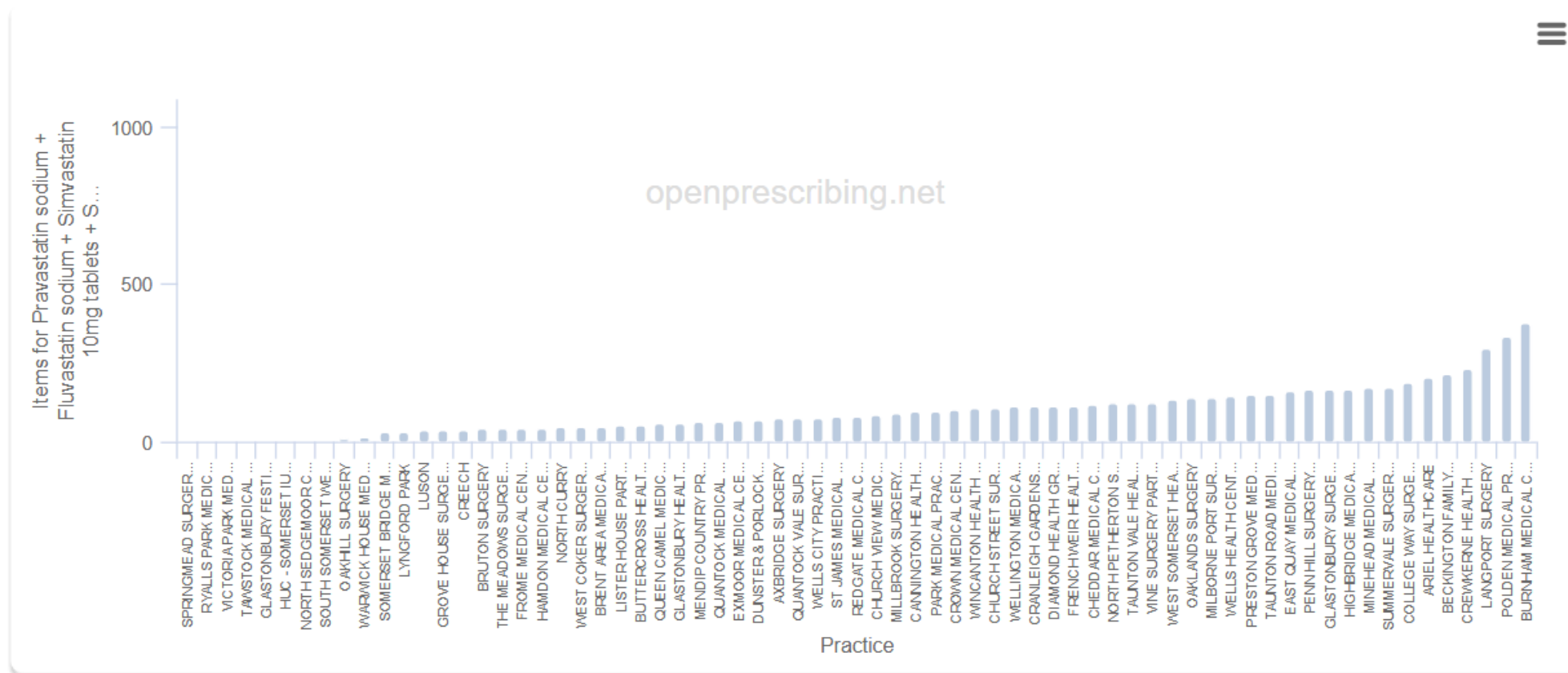
	Simvastatin	20 mg (32%)
		40 mg (37%)
Low-intensity	Fluvastatin	20 mg (21%)
		40 mg (27%)
	Pravastatin	10 mg (20%)
		20 mg (24%)
		40 mg (29%)
	Simvastatin	10 mg (27%)

Optimising Treatment

Items for Pravastatin sodium + Fluvastatin sodium + Simvastatin 10mg tablets + S... by practices in NHS

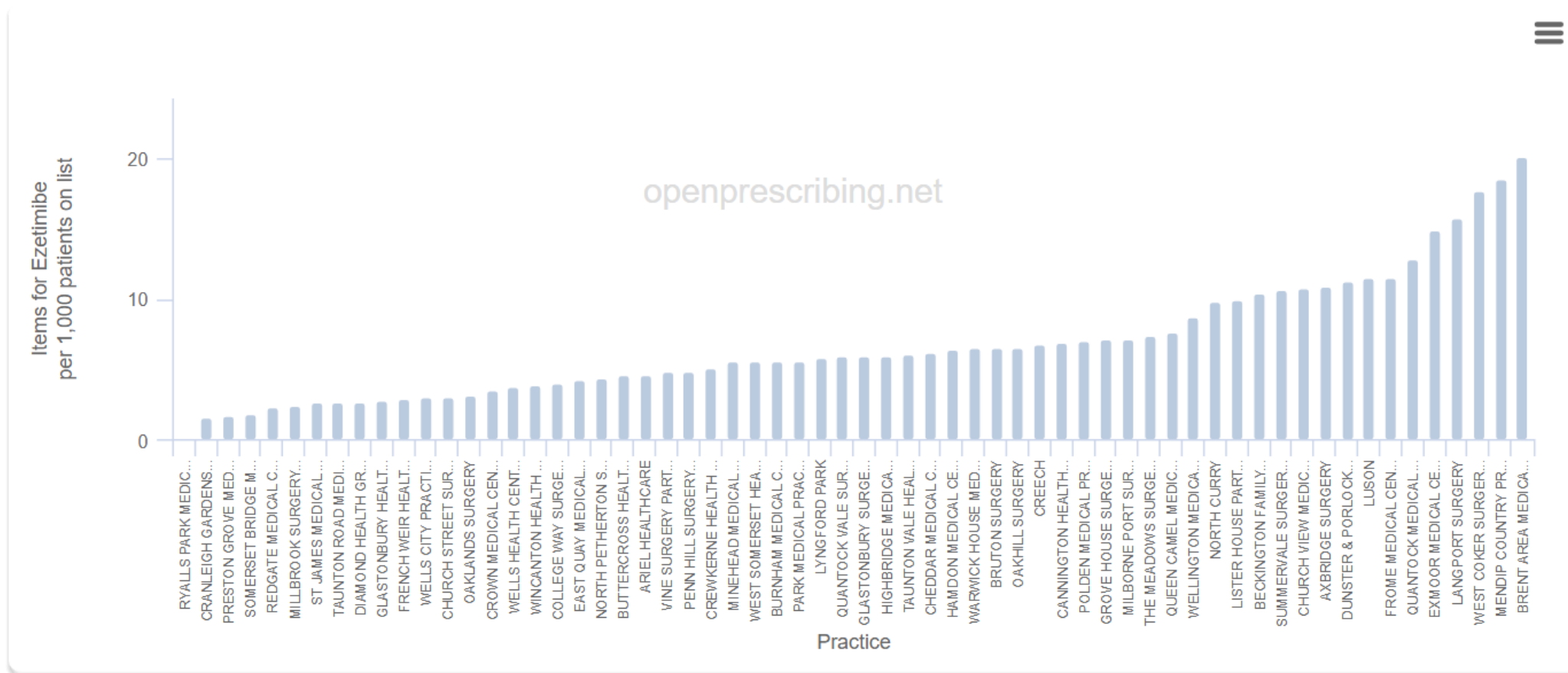
SOMERSET

in Aug '25



Increase Statin (high potency) and if needed ezetimibe prescribing

Items for Ezetimibe vs patients on list by practices in NHS SOMERSET
in Aug '25



Remain cost effective

Generic Sitagliptin

Generic Sitagliptin - % all Gliptins- >75%

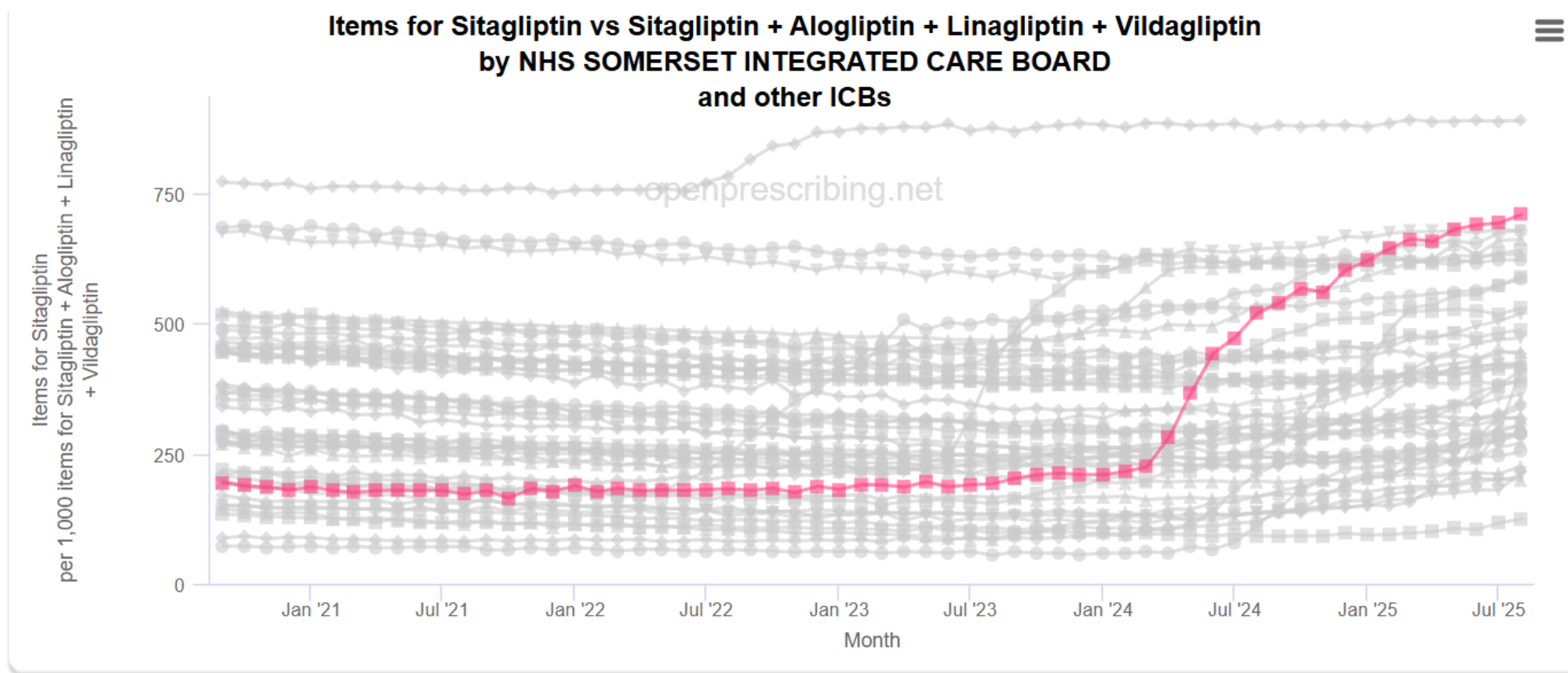
Show vs other ICBs

Time series

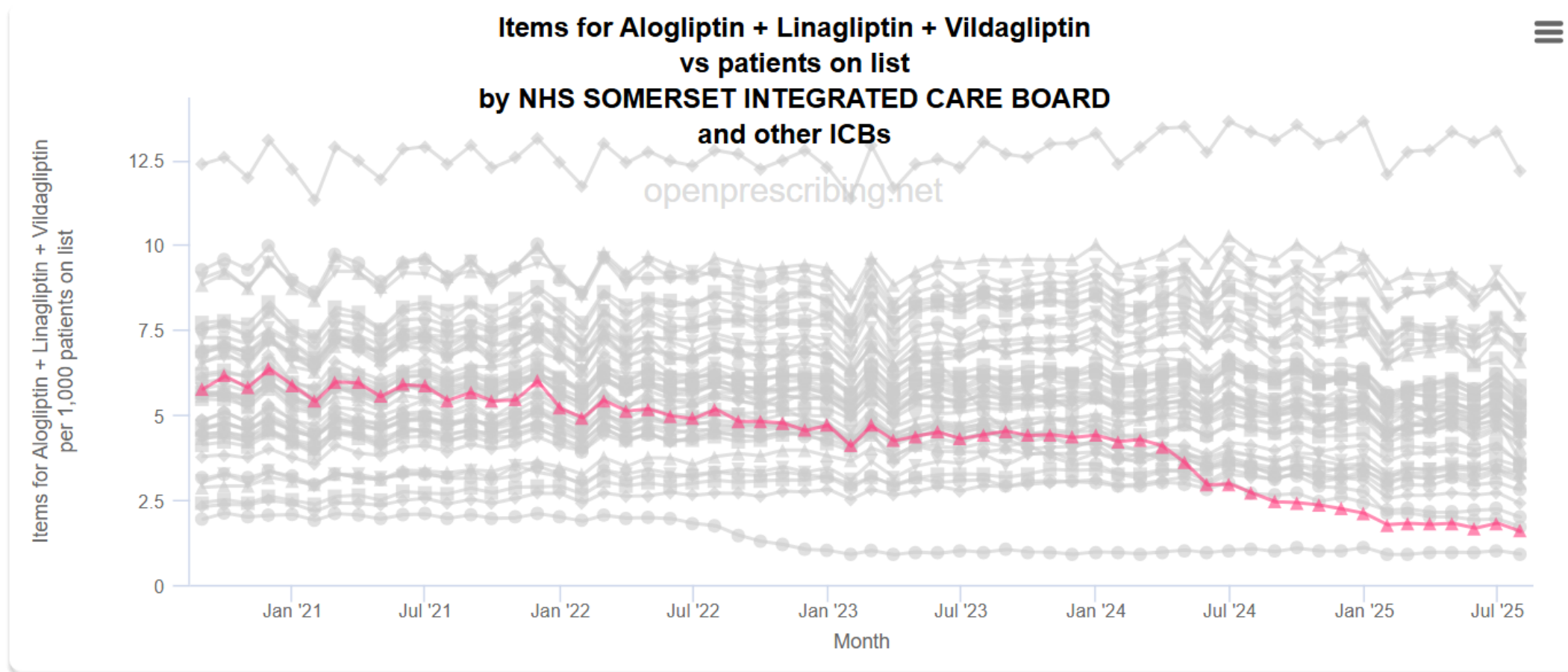
Share ▾

Map

Download CSV 

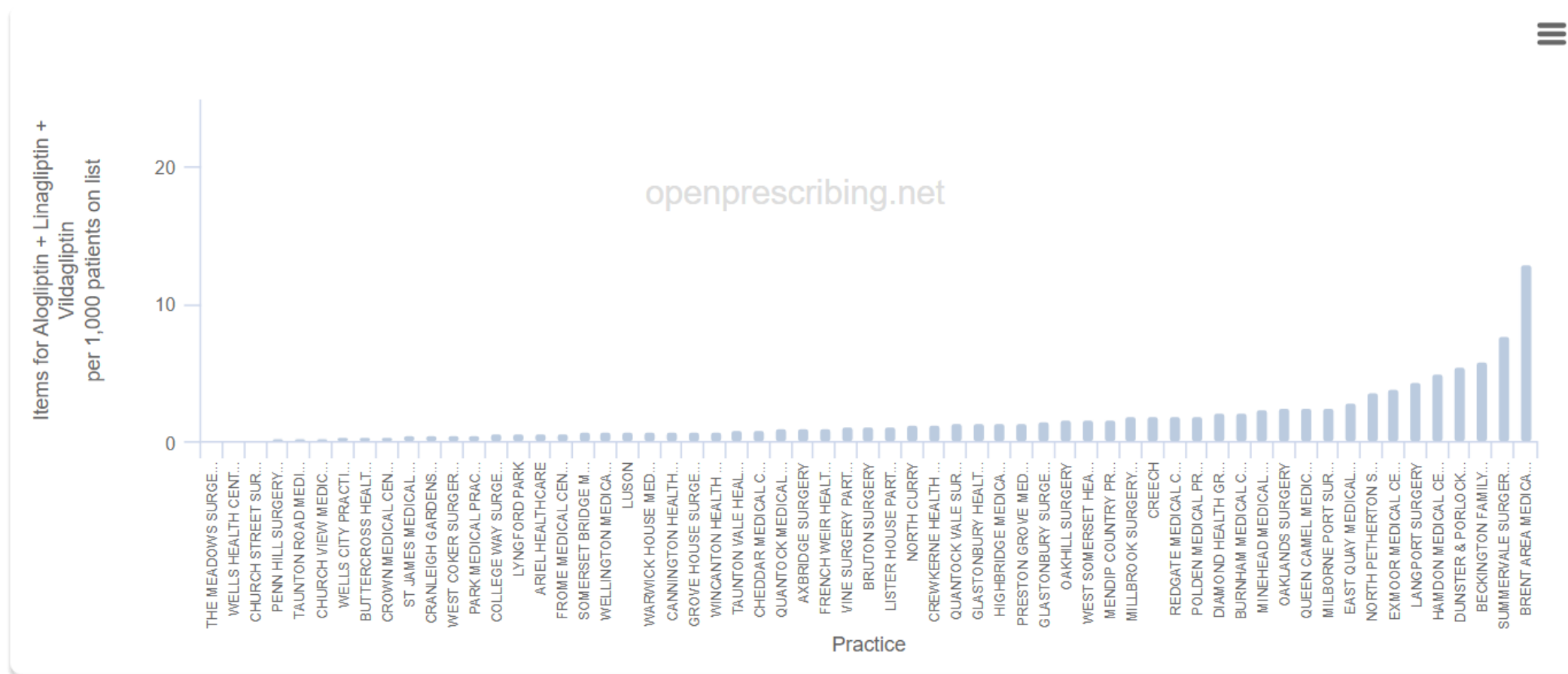


Other Gliptins



Other Gliptins still need switching to Sitagliptin

Items for Alogliptin + Linagliptin + Vildagliptin vs patients on list by practices in NHS SOMERSET
in Aug '25



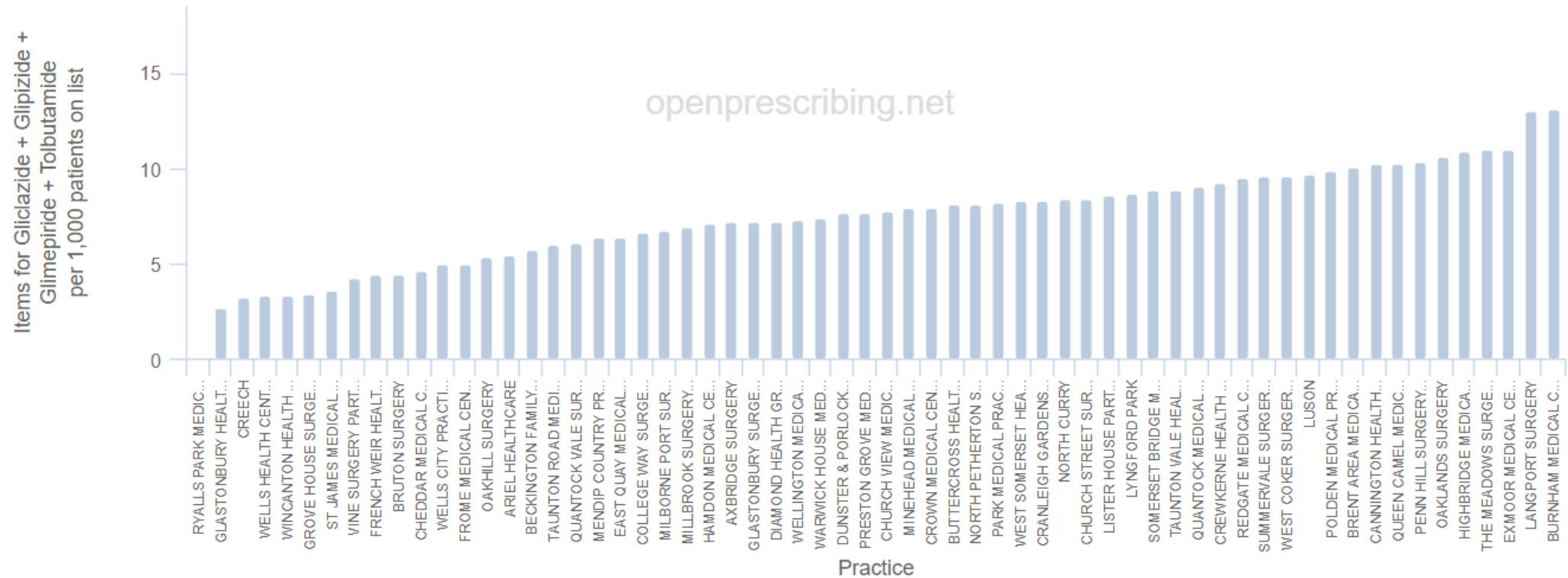
Do No harm

Review and reduce SU use where clinically indicated and switch to SGLT2

Number of patient with Sulfonylureas prescribed via repeat in last 90 days	5367 patients
Patients with a repeat sulfonylurea in last 90 days and latest HbA1c ≤ 75 High risk of hypoglycaemia. Consider deprescribing SU and review of glucose lowering therapy agents and aligning treatment with SGLT2 (dapagliflozin) or if C/I DPP4 (sitagliptin).	2716 patients
Patients with Mod-Severe Frailty prescribed a sulfonylurea in last 90 days with HbA1c <75	1415 patients
Patients with Mod-Severe Frailty prescribed a sulfonylurea in last 90 days with HbA1c <58	555 patients
Patients with Mod-Severe Frailty prescribed a sulfonylurea in last 90 days with HbA1c <48	118 patients
Insulin patient also prescribed a Sulfonylurea drug Sulfonylurea drugs are contra-indicated in Type 1 Diabetes and have risk of Hypos in Type 2 diabetes - review whether Sulfonylurea can be deprescribed. Also consider initiation of SGLT2 (dapagliflozin) or if C/I DPP4 (sitagliptin)	651 patients

Review and reduce SU use where clinically indicated

Items for Gliclazide + Glipizide + Glimepiride + Tolbutamide vs patients on list by practices in NHS SOMERSET
in Aug '25



Do No harm

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



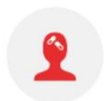
3.1c High Risk
Drugs



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



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				Aug-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
1177	2,214	1,939	87.6	530	453	85.5

Total Amber Alerts						
Financial Year				Aug-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
2445	5,891	4,676	79.4	1,277	930	72.8

Eclipse BLUE information alerts

Practice achieves >15% of eclipse blue alerts reviewed. Blue includes admission, monitoring and prescribing safety alerts

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!



Eclipse BLUE information alerts

Practice achieves >15% of eclipse blue alerts reviewed

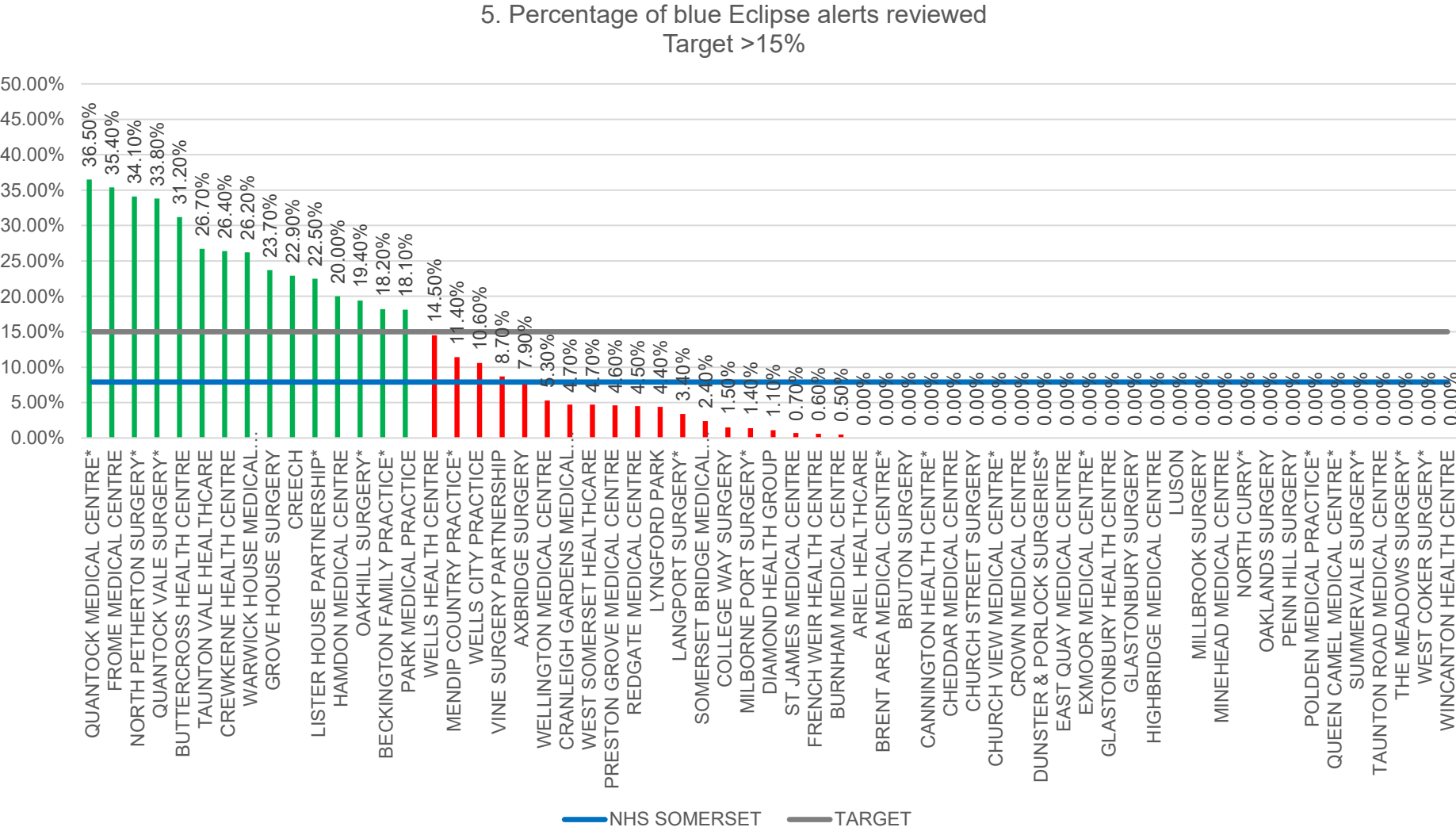
Total Information Alerts						
Financial Year				Aug-25		
Total Alerts	Patients Found	Patients Reviewed	% Reviewed	Patients Found	Patients Reviewed	% Reviewed
5054	32,482	2,636	8.1	6768	680	10

Resources:
[Eclipse Login Page](#)

Think- Safety!



Eclipse Blue includes admission, monitoring and prescribing safety alerts



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.

[and Medicines Management](#)

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

Antipsychotic Medication

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

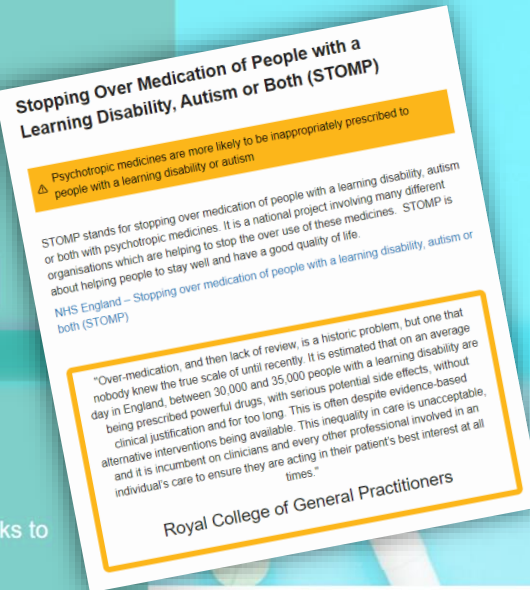
Neurodivergence

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.



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:
libby.boorman@somersetft.nhs.uk



Melissa Gazi
melissa.gazi@somersetft.nhs.uk

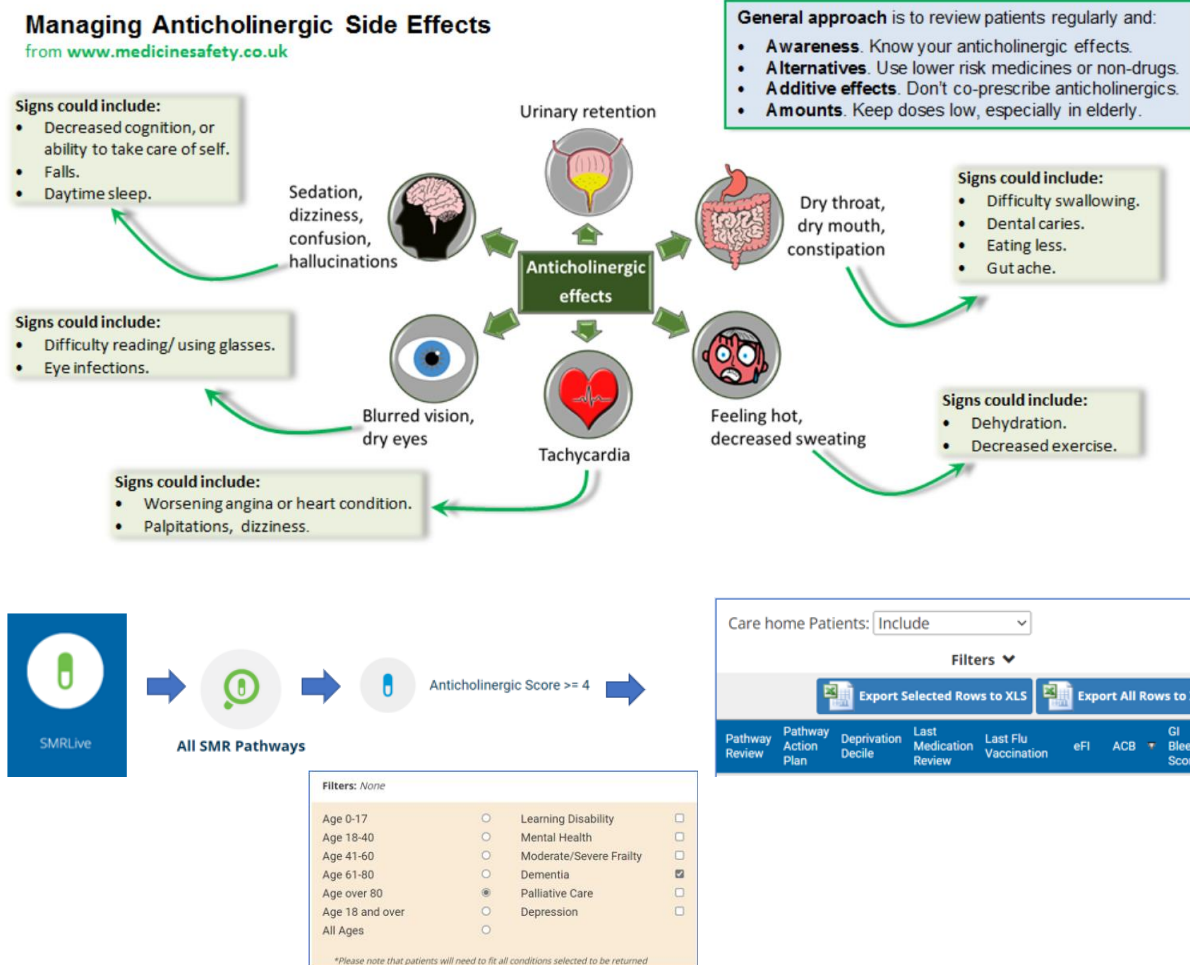
For more information or any questions (e.g. how to refer an individual), please contact Libby Boorman or Melissa Gazi

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)



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:

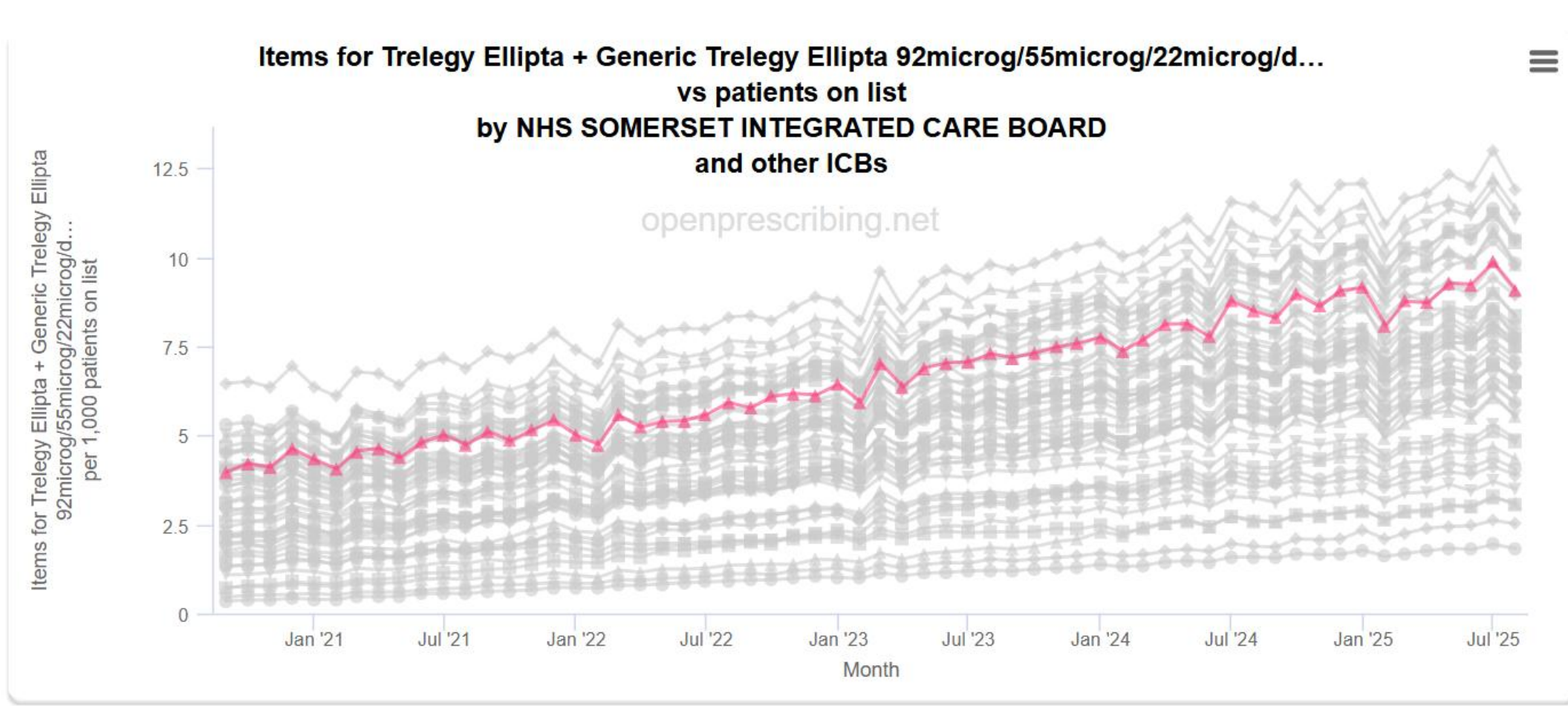
🖱️ Eclipse Live - alert has been set up to identify dementia patients with an ACB >= 6

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

[Deprescribing - NHS Somerset](#)

Please Prescribe More

Prescribe more triple inhalers for appropriate COPD patients



Prescribe more triple inhalers for appropriate COPD patients

Less Is More in COPD: Moving from Two Inhalers to One

Existing Treatment Regime

ICS / LABA

Such as Fostair, Symbicort,
Luforbec, Flutiform



LAMA

Such as

Eklira Genuair (aclidinium)
Incruse Ellipta (umeclidinium)
Seebri Breezhaler (glycopyrronium)
Spiriva / Tiogiva / Trokide/ Acopair / Braltus
(tiotropium)

Suggested Treatment Regime

Consider condensing regime into a triple
inhaler

Trelegy Ellipta dpi

Trimbow Nexthaler dpi

Trixeo Aerosphere mdi*

Trimbow mdi*

Refer to the list of inhalers in the
formulary [Venn Diagram](#)



This suggested change is only for patients with a
diagnosis of COPD. Do not use this guidance for
asthma patients who use a MART regime.



Choose the most suitable inhaler for the patient.
Consider inspiratory flow and inhaler technique.



Low carbon footprint.



High carbon footprint.

*All metered dose inhalers (mdi) must be used with a spacer.

¹ All Wales COPD Management and Prescribing Guideline

Please Prescribe More

Hypertension priority Q1 DATA June 2025



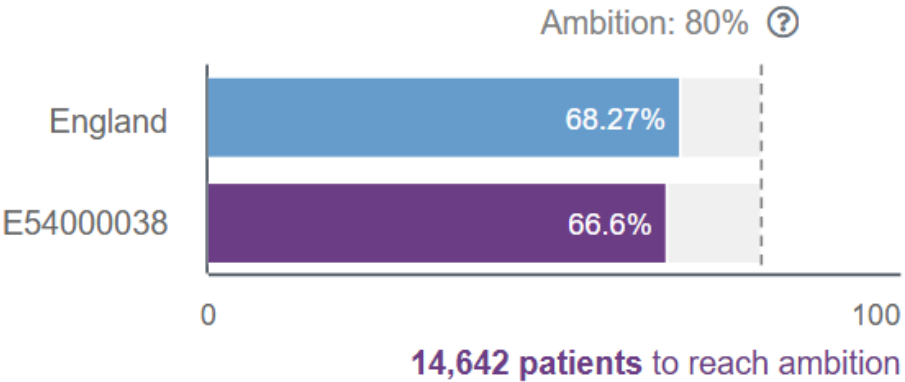
HYPERTENSION MANAGEMENT

CVDP007HYP: Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months.

[+ Expand Patient Pathway](#)

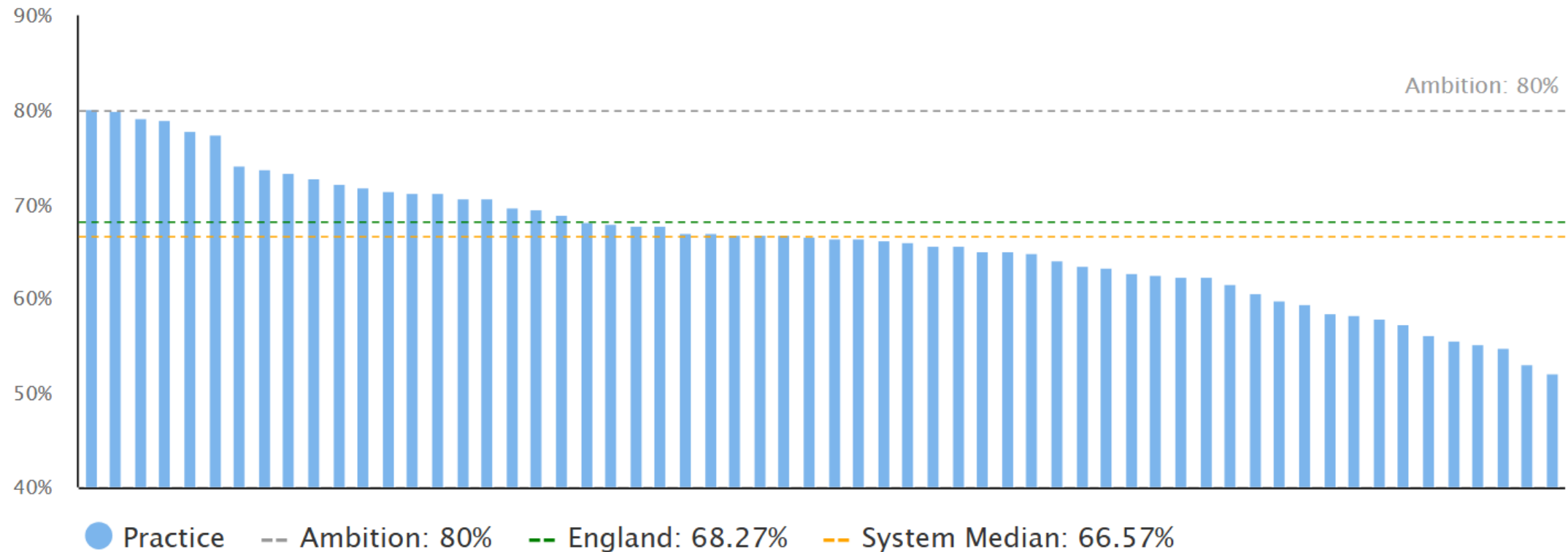
[Open Indicator](#)

[Metadata](#)



CVDPrevent Unmet need Q1 hypertension

CVDP007HYP: Patients with GP recorded hypertension, whose last blood pressure reading is to the appropriate treatment threshold, in the preceding 12 months.(Mar) 67.75% down to (Jun) 66.57%
<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=0&indicator=32&ta>



New CVDPrevent scorecard 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

CKD Q1 DATA June 2025



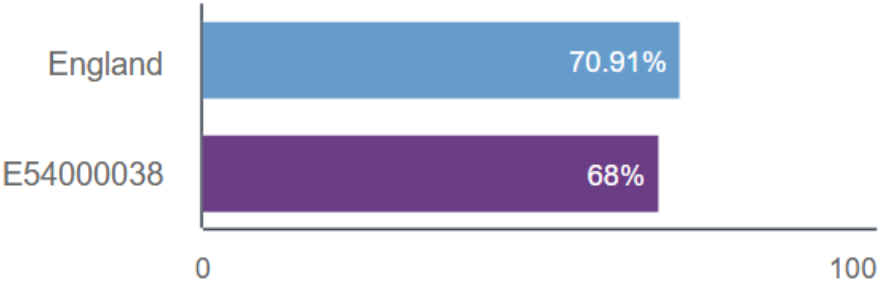
CHRONIC KIDNEY DISEASE MANAGEMENT

CVDP007CKD: Patients with GP recorded CKD (G3a to G5) with an ACR of less than 70 mg/mmol, whose last blood pressure reading is to the appropriate treatment threshold.

[+ Expand Patient Pathway](#)

[Open Indicator](#)

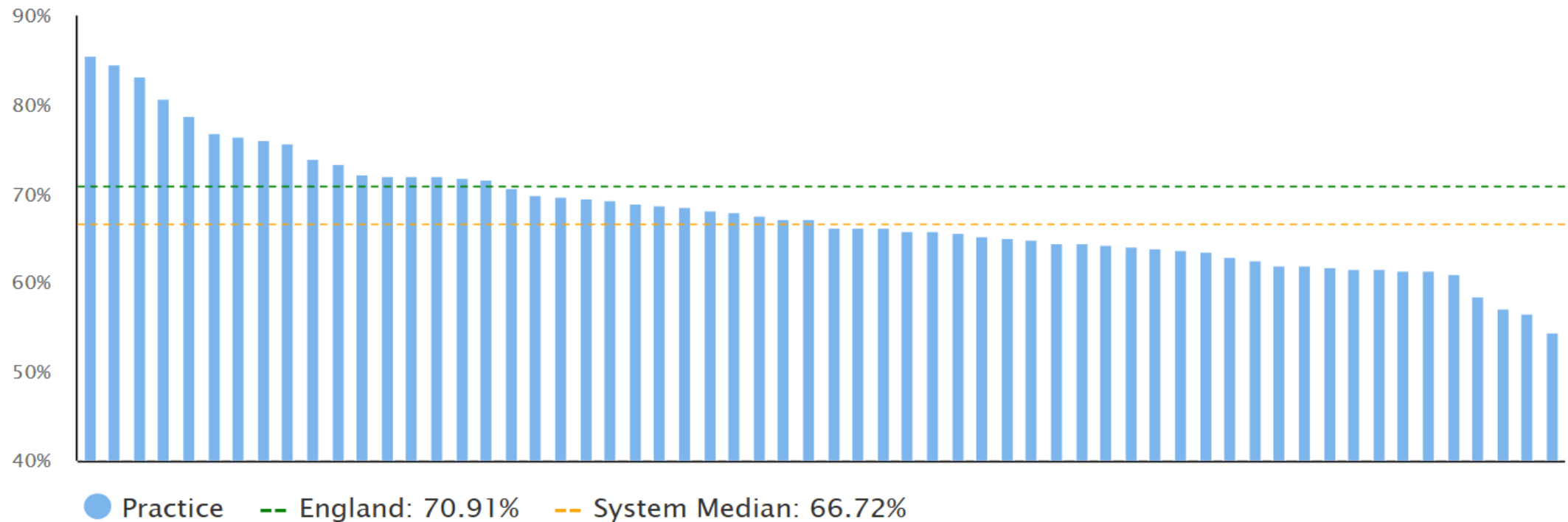
[Metadata](#)



CVDPrevent Unmet need Q1 CKD

CVDP007CKD: Patients with GP recorded CKD (G3a to G5) with an ACR of less than 70 mg/mmol, whose last blood pressure reading is to the appropriate treatment threshold. (Mar) 68.32% DOWN to (Jun) 66.72%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=1&indicator=31&tab=areaBr&subTab=Practice#31>



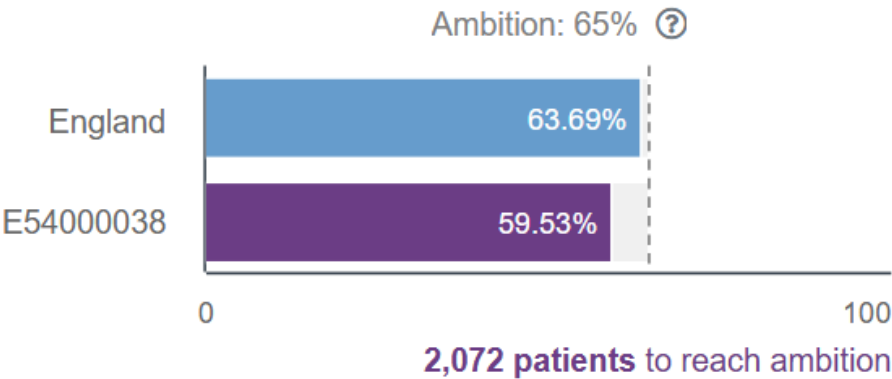
QRISK 20% Q1 DATA June 2025



CHOLESTEROL MANAGEMENT

CVDP003CHOL: Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy

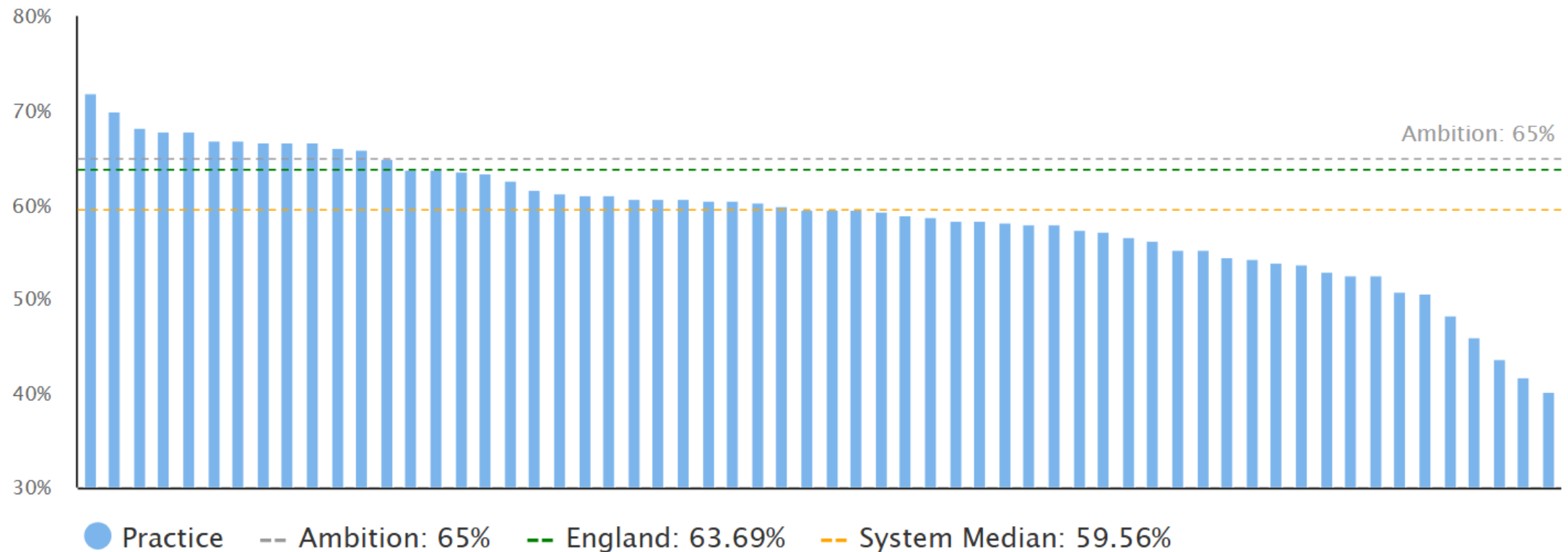
- + Expand Patient Pathway
- Open Indicator
- Metadata



CVDPrevent Unmet need Q1 QRISK 20%

CVDP003CHOL: Patients with no GP recorded CVD and a GP recorded QRISK score of 20% or more, who are currently treated with lipid lowering therapy. (Mar) 59.03% up to (Jun) 59.56%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=0&indicator=14&tab=areaBr&subTab=Practice#14>



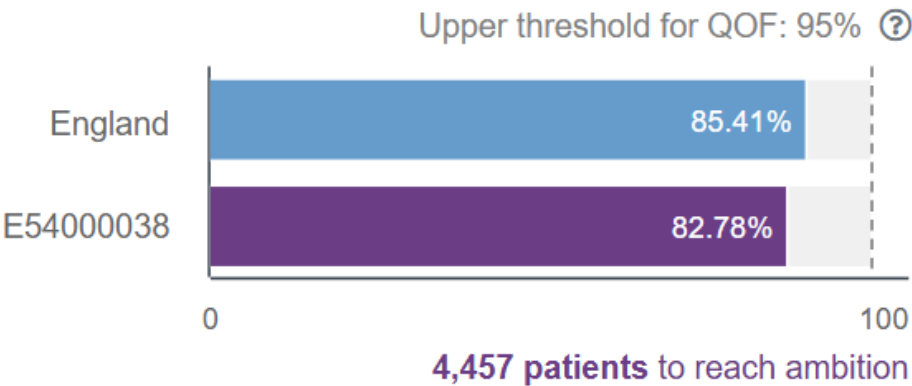
CVD LIPID LOWERING Q1 JUNE 2025



CHOLESTEROL MANAGEMENT

CVDP009CHOL: Patients with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy.

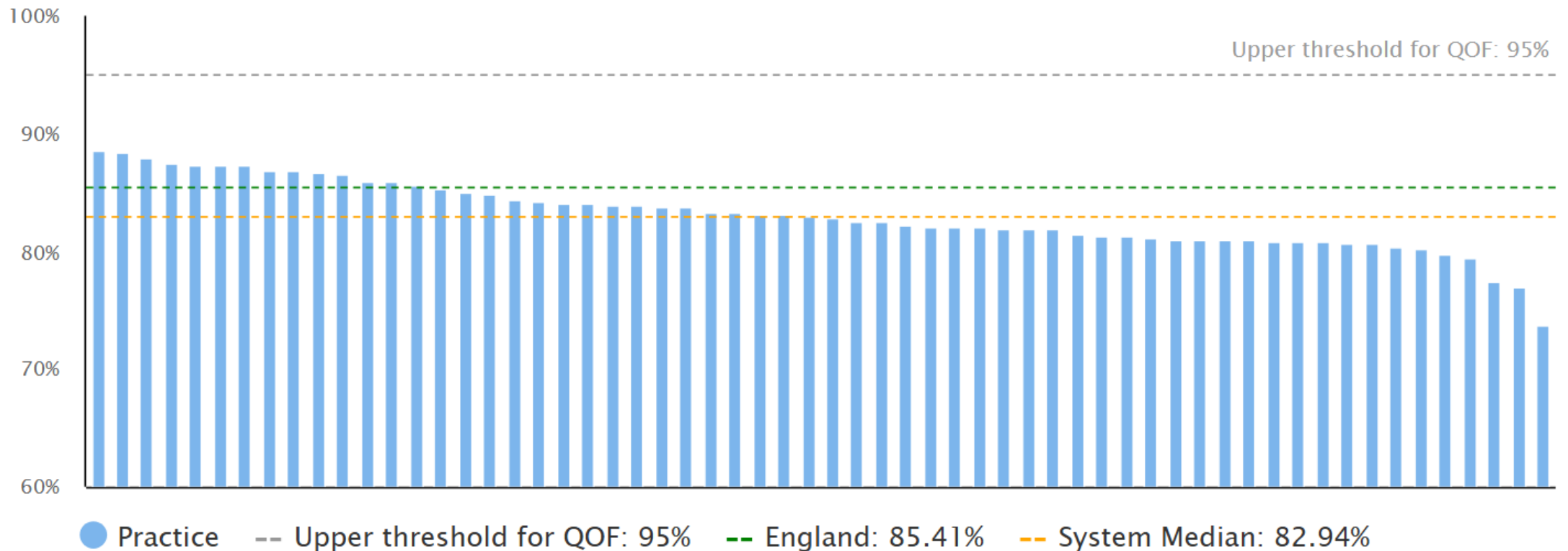
- + Expand Patient Pathway
- Open Indicator
- Metadata



CVDPrevent Unmet need Q1 CVD

CVDP009CHOL: Patients with GP recorded CVD (narrow definition), who are currently treated with lipid lowering therapy. (Mar) 82.89% DOWN to (Jun) 82.94%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=0&indicator=34&tab=areaBr&subTab=Practice#34>



Please Prescribe More

CKD LIPID LOWERING Q1 JUNE 2025

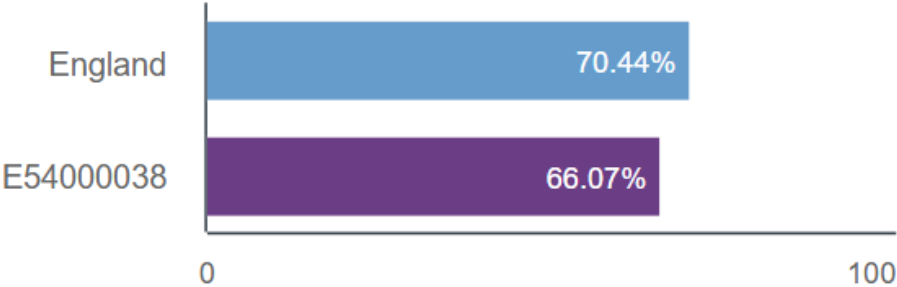
CHRONIC KIDNEY DISEASE MANAGEMENT

CVDP010CHOL: Patients with GP recorded chronic kidney disease (G3a to G5), who are currently treated with lipid lowering therapy.

+ Expand Patient Pathway

Open Indicator

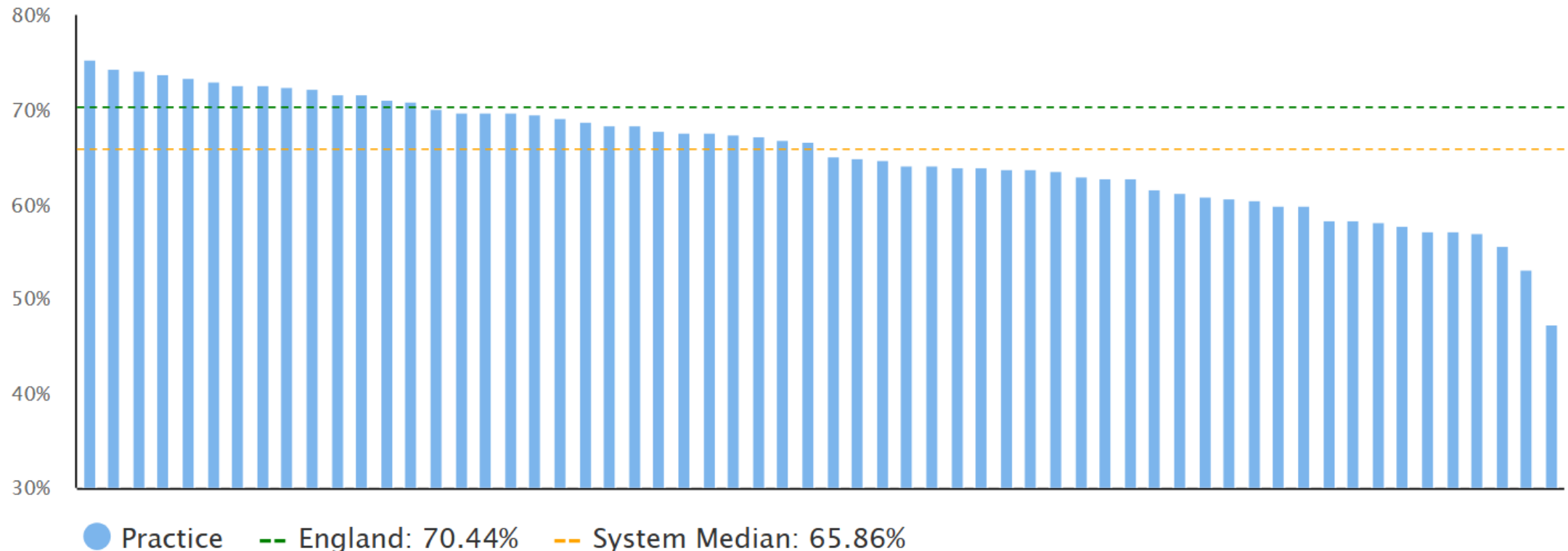
Metadata



CVDPrevent Unmet need Q1 CKD Lipid lowering

CVDP010CHOL: Patients with GP recorded chronic kidney disease (G3a to G5), who are currently treated with lipid lowering therapy. (Mar) 65.74% UP to (Jun) 65.86%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=1&indicator=23&tab=areaBr&subTab=Practice#23>



AF anticoagulant Q1 JUNE 2025

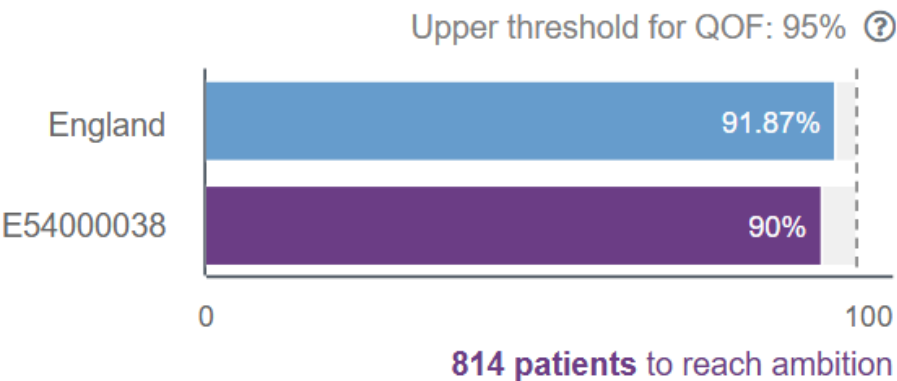
ATRIAL FIBRILATION MANAGEMENT

CVDP002AF: Patients with GP recorded atrial fibrillation and with a CHADS2 or CHA2DS2-VASc score of 2 or more, who are currently treated with any oral anticoagulant.

+ Expand Patient Pathway

 Open Indicator

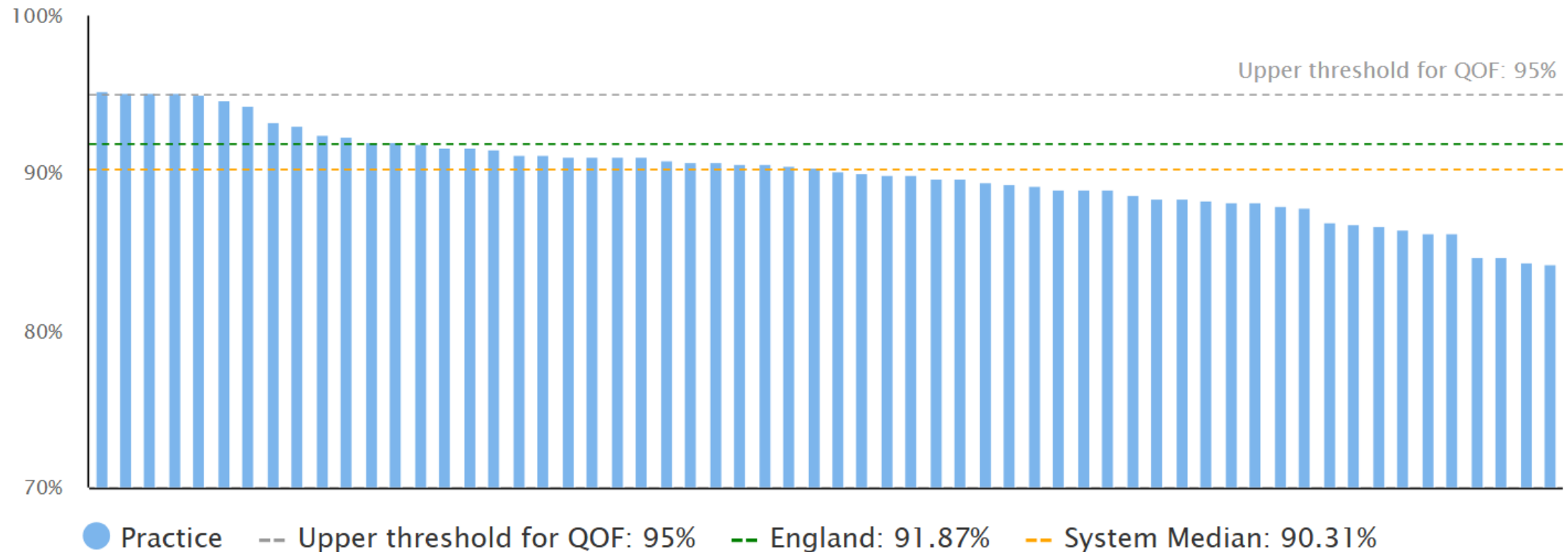
Metadata



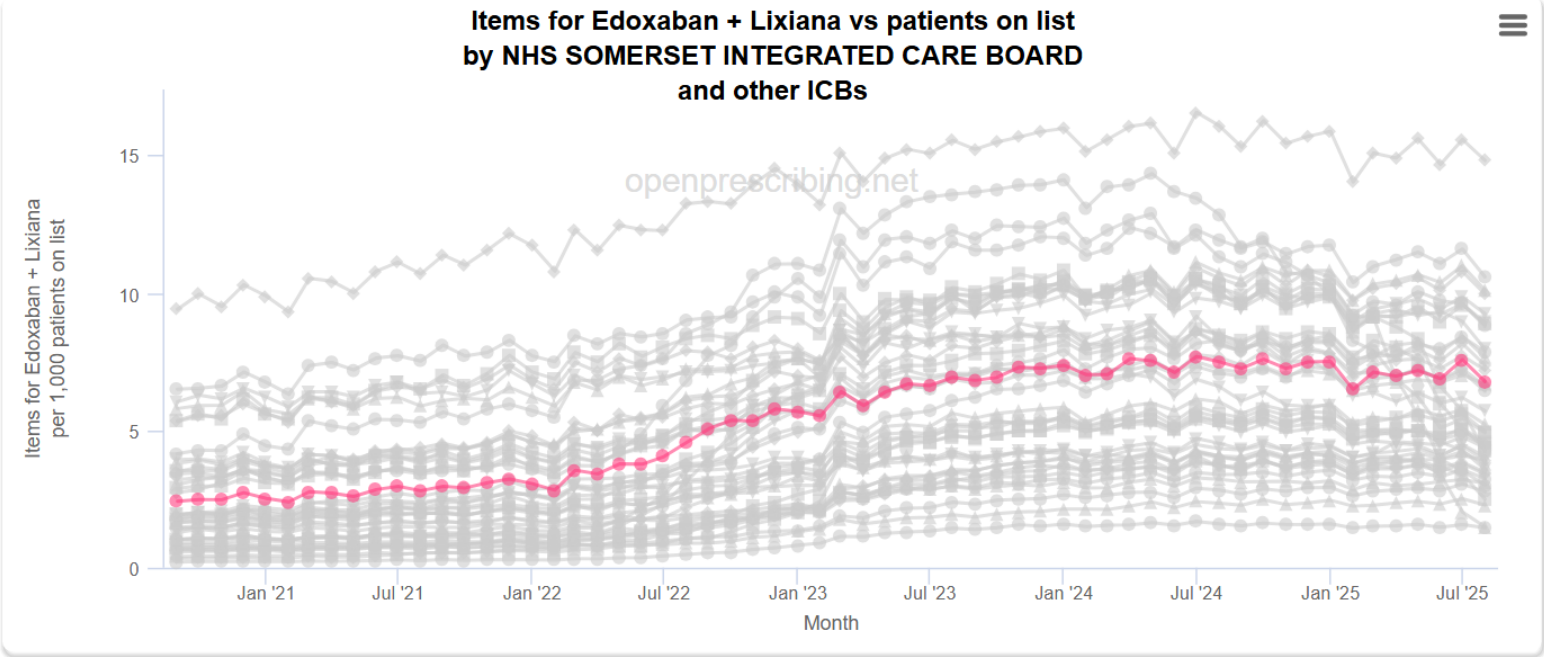
CVDPrevent Unmet need Q1 AF

CVDP002AF: Patients with GP recorded atrial fibrillation and with a CHADS2 or CHA2DS2-VASc score of 2 or more, who are currently treated with any oral anticoagulant. (Mar) 90.4% DOWN to (Jun) 90.31%

<https://data.cvdprevent.nhs.uk/insights?period=26&level=7&area=8035&group=0&indicator=7&tab=areaBr&subTab=Practice#7>



AF Unmet need – generic Apixaban and rivaroxaban first line



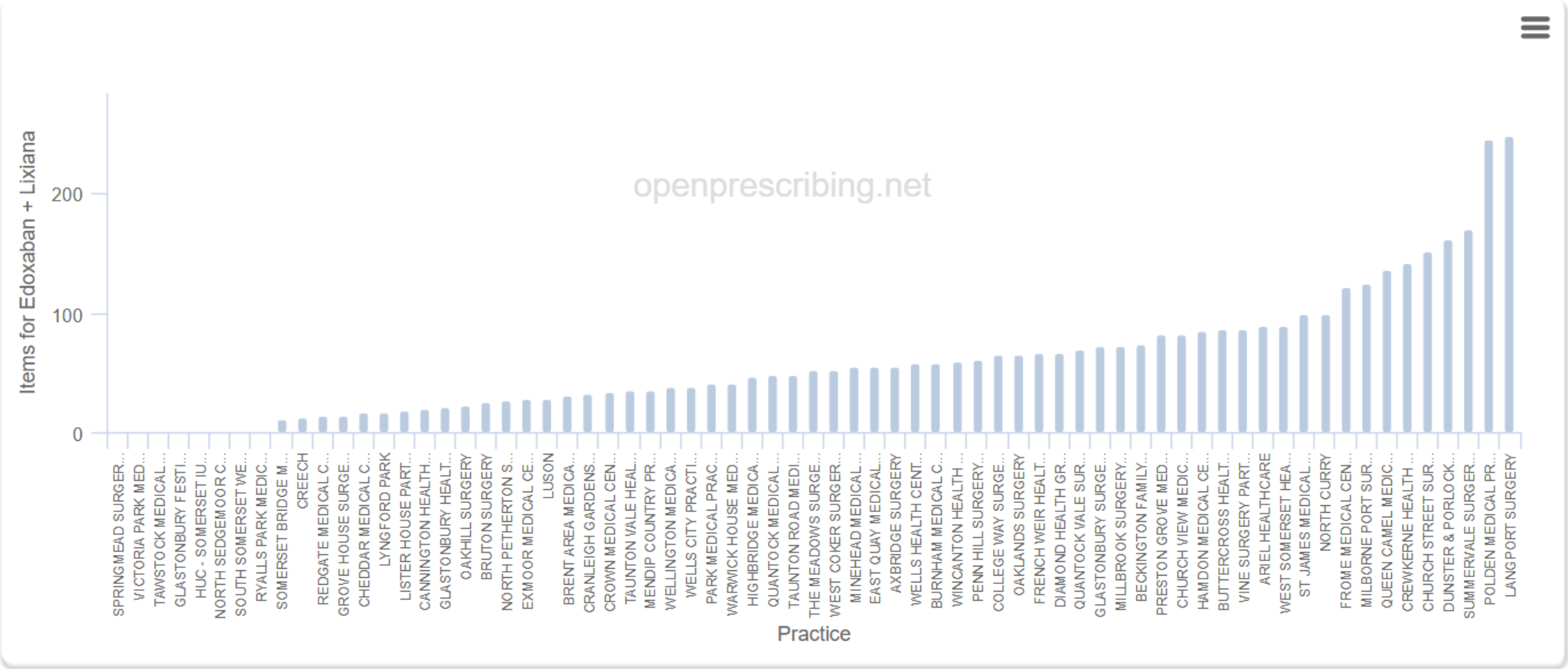
For clarity, practice graphs and maps only show standard GP practices, and exclude non-standard settings like prisons, out-of-hours services, etc.

Total prescribing for *Edoxaban + Lixiana* across NHS SOMERSET INTEGRATED CARE BOARD

	Aug '25	Financial YTD (Apr—Aug '25)	Last 12 months (Sep '24—Aug '25)
Cost (£)	238,266	1,237,981	2,992,441
Items	4,125	21,523	52,356

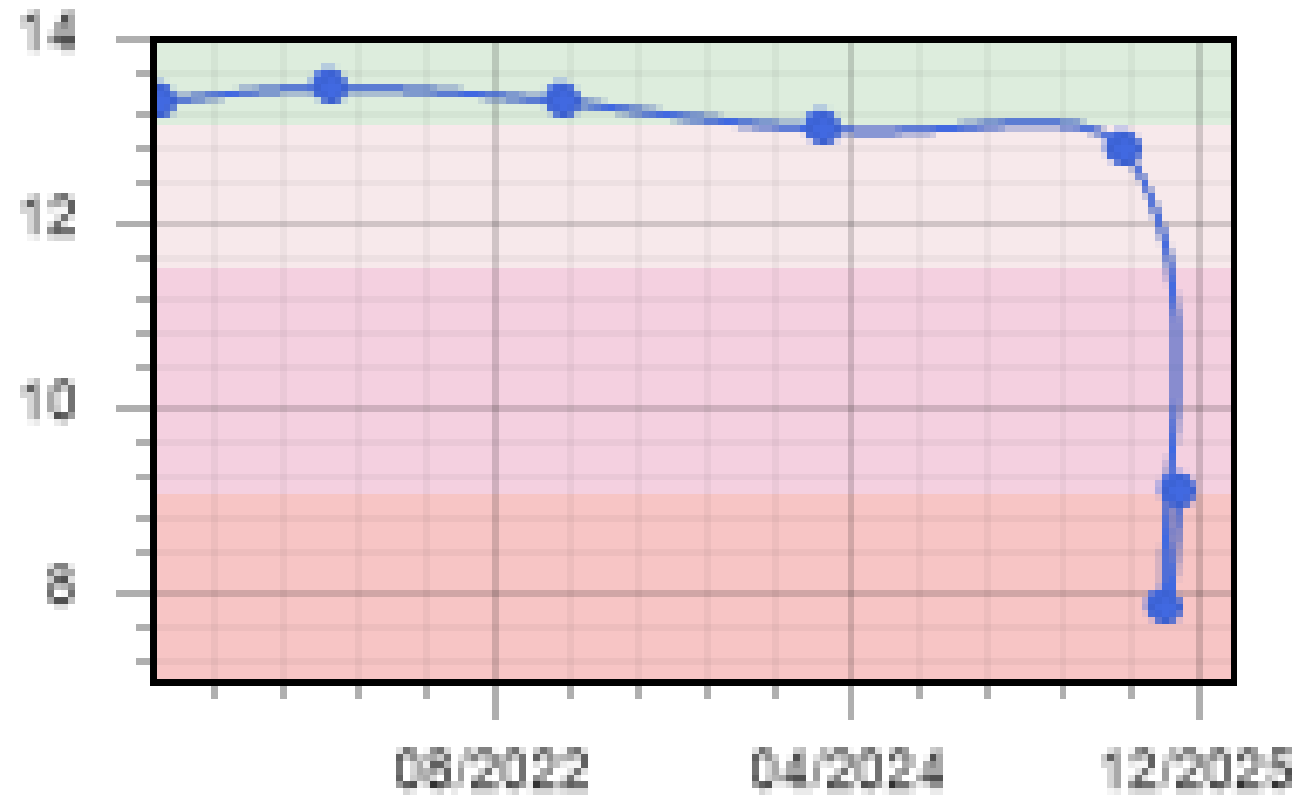
5 point indicator hopefully coming for 2026 - 27 = switch from Edoxaban (based on Oct 25 Pt numbers)

Items for Edoxaban + Lixiana by practices in NHS SOMERSET
in Aug '25



Do No harm

Haemoglobin History



**ALL DOACs are contra-indicated in active bleeding
Eclipse search - Anticoagulation: Caution: Apixaban,
Edoxaban, Rivaroxaban or Dabigatran detected with
anaemia (Hb<9) - [118 Patients returned]**

Please Prescribe More

There's another way.....

<https://lowcarbfreshwell.com/resources/freshwell-app/>

Questions?

Thank you