

Our Ref: DC/NB

20th November 2025

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 8th October 2025

The main outcomes of the meeting were: -

Barnsley Prescribing Guidelines

Guidance on the Prescribing of Oral Nutritional Supplements (ONS) in Dysphagia [Updated]

This guideline has been updated. Slo milkshake® has been discontinued and as there are no alternative pre-thickened oral nutritional supplements available for IDDSI (International Dysphagia Diet Standardisation Initiative) level 1 or level 4, the advice is now to liaise with SLT and/or dietitian. Nutilis® Complete has been added as a liquid alternative to IDDSI level 3.

The updated guideline is available on the [SY ICB Medicines Optimisation](#) website (link is to a pre-populated search to aid location of the guideline).

South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Prescribing Guidelines

SY Guideline on Emollients and risk of severe and fatal burns [New]

The [MHRA alert](#) informs that there is a risk of severe and fatal burns with **all emollients**. This guideline aims to raise further awareness of the risks and provides information to support safe use. The guideline is available on the [SY ICB Medicines Optimisation](#) website.

NHS South Yorkshire Integrated Care System: Position Statement Regarding Third Party Prescription Ordering [New]

The statement, which is available on the [SY ICB Medicines Optimisation](#) website, outlines that the SY ICB supports the position to cease third-party ordering where it is safe and appropriate. The statement also highlights that where the needs of patients under the Equality Act require a third party to order on a patient's behalf, this should be fully supported. Additionally, due consideration should be given to assessing and supporting any special needs unique to individual patients, to enable appropriate access and ability to obtain repeat prescriptions.

In Barnsley a considerable amount of work has previously been undertaken to stop most third-party ordering where it is safe and appropriate to do so (see* below for exceptions). Additionally, a centralised prescription ordering line through which patients can order stoma appliance products is in

place, however a small amount of third-party ordering currently remains for patients using some other appliance products (e.g. catheters).

The Barnsley Area Prescribing Committee noted the direction of travel to cease all third-party ordering where it is safe and appropriate, however the Committee also recognised that further work and discussion with other Barnsley colleagues in primary and secondary care would need to be undertaken in relation to ceasing the remaining third-party ordering for these other appliances.

The Committee therefore supported maintaining the existing Barnsley position at this current time until there was capacity to progress this further.

**when the work was previously undertaken in Barnsley, the following groups of patients were identified as potentially requiring third-party support to order their medications, noting that some patients who meet the criteria for support will require permanent assistance, whilst others will require regular review to determine if support remains appropriate:*

- *Patients receiving support as part of the Barnsley Medication Management Scheme (This patient group will have a package of care that requires the administration of medication by a care provider)*
- *Patients without reliable family or carer support and*
 - *unable to physically access reordering pathways (speech, hearing difficulties, ability to access online forms)*
 - *experiencing sufficient cognitive impairment (may be identified by social services, medication adherence reviews) e.g. dementia, memory loss*
- *Significant language barriers that can only resolved by a third party to act a translator or a third-party managing orders after initial support from a translator*
- *Patients with limited mental impairment where removal of third-party ordering risks continuity of care e.g. extreme anxiety when handling change, or unable to access methods of reordering*
- *Patients transitioning from a “cared for environment” (e.g. hospital stay, custodial sentence, care/residential home)*
- *Patients where their caring responsibilities limit their capacity to manage their own medication, and that of the patient being cared for*
- *Patients where there are safeguarding concerns related to their self-management of medication*

SY Position Statement: DPP-4 inhibitors ('gliptins') in the management of Type 2 Diabetes [Minor update]

The varying SPCs for DPP-4 inhibitors use creatinine clearance (CrCl)/GFR rather than eGFR for dosing. Information has been added to the position statement to clarify that eGFR is considered clinically appropriate for DPP-4 inhibitors. Exceptions to the use of eGFR include use in elderly patients and in patients at extremes of muscle mass where calculation of CrCl is recommended. Further information can be found in the [BNF](#) and the updated position statement is available on the [SY ICB Medicines Optimisation](#) website.

SY Self-Care Guidance [Minor update]

The updated guidance, available on the [SY ICB Medicines Optimisation](#) website, now makes reference to the Pharmacy First service rather than the previous Community Pharmacy Consultation Service (CPCS).

Barnsley Shared Care Guidelines

Shared Care Guideline for Entresto® in the management of Chronic Heart Failure [Updated]

The updated guideline notes that prescribing can be requested to be transferred to primary care earlier than 12 weeks where secondary care have titrated the patient up to the maximum dose and the patient's condition is stable.

The updated shared care guideline will be available on the South Yorkshire ICB Medicines Optimisation website in due course.

DMARDs Shared Care Guideline for the prescribing of DMARDs in rheumatology patients [Minor update]

The DMARDs shared care guideline has received a further minor update to the hydroxychloroquine monograph. Baseline retinal monitoring is no longer recommended in line with the [Royal College of Ophthalmologists guidelines](#). Refer to the shared care guideline for details of when retinal monitoring should commence after starting hydroxychloroquine, dependent on patient risk factors. There have also been minor changes to the adverse drug reaction section for hydroxychloroquine.

The updated shared care guideline will be available on the South Yorkshire ICB Medicines Optimisation website in due course.

South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Amber G / Shared Care Guidelines

SY Shared Care Protocol for Epilepsy in adults [Interim Update]

The shared care protocol, available on the [SY ICB Medicines Optimisation](#) website, has been updated with information on the updated safety and educational materials to support patient discussion on reproductive risks with valproate ([MHRA alert June 2025](#)).

Other

New Oral Semaglutide Formulation (Rybelsus®): risk of medication error due to introduction of new formulation with increased bioavailability

The [Direct Healthcare Professional Communication](#) highlighting the risk of medication error due to the introduction of a new formulation of Rybelsus® with increased bioavailability was received by the Committee. Novo Nordisk is replacing the initial formulation (3 mg, 7 mg, 14 mg tablets) of Rybelsus® with the new formulation (1.5 mg, 4 mg, 9 mg tablets) and further information on bioequivalent doses of the initial and new formulations are detailed within the letter. The two formulations will temporarily co-exist on the market, which may cause mix-ups. This could result in overdosing, which increases the risk of adverse events.

Patients currently taking oral semaglutide (Rybelsus®) should be informed and advised about the change in formulation and dose when the new formulation is prescribed or dispensed. The manufacturer has produced a [patient transition guide](#).

Information has been added to ScriptSwitch and the GLP-1 agonist amber G guideline is also in the process of being updated.

Accessing Prescribing Guidelines / Medicines Optimisation Resources

South Yorkshire wide and Barnsley place (together with Doncaster, Rotherham and Sheffield place) prescribing guidelines, shared care and amber G guidelines can be accessed via the central South Yorkshire ICB Medicines Optimisation website:

<https://mot.southyorkshire.icb.nhs.uk/> (home page)

or

<https://mot.southyorkshire.icb.nhs.uk/search?locations=barnsley%2Csouth-yorkshire> (Barnsley section which is pre-populated to search for Barnsley place or South Yorkshire wide prescribing and clinical guidelines and other medicines optimisation related information).

Guidelines can be located using the search function with the additional option of adding a corresponding category filter (e.g. shared care) if preferred.

When searching for documents, there is now also an option to scroll through the entire document catalogue. The list of documents provided can still be filtered by category (e.g. shared care) if required.

Guidelines and other prescribing information can also be accessed via the Barnsley Joint Formulary: <http://www.barnsleyformulary.nhs.uk/>

Work continues to progress to replace existing links to local guidelines within the formulary and ScriptSwitch with links to the central SYMO website.

Healthcare professionals (including primary and secondary care clinicians and community pharmacists) are encouraged to report any medicines related interface issues (examples include shared care, prescribing guideline, formulary or discharge related issues), particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) and the following formulary positions were agreed by the Committee:

Drug	Indication	Barnsley Formulary status (including traffic light classification)
Horizon Scanning October 2025 IMOC		
Dydrogesterone (Nalvee®)	For women with progesterone insufficiencies, as hormone replacement therapy (HRT), dysfunctional bleeding or secondary amenorrhoea	Formulary green. The Barnsley HRT Formulary Treatment Options Guideline is to be updated, including further information regarding the place of dydrogesterone in therapy. Previously dydrogesterone was available as Duphaston® 10mg but this was discontinued in 2008 due to commercial reasons.
Guidance on the Prescribing of Oral Nutritional Supplements (ONS) in Dysphagia [UPDATED]		
Nutlis® complete (IDDSI Level 3)	Pre-thickened ONS	Amber G
Other		
Proxor® (Beclometasone/formoterol combination pMDI) [November 2025 APC meeting]	100/6 Asthma (fixed daily dosing or MART) and COPD 200/6 Asthma (fixed daily dosing)	In line with the new South Yorkshire ICB Position Statement , to make the best use of NHS resources, Proxor® has replaced Luforbec® as the beclomethasone/formoterol pMDI of choice on the Barnsley formulary. Proxor® (£9.90) has a 29% lower acquisition cost than Luforbec® (£13.98) and a 66% lower acquisition cost than Fostair® pMDI (£29.32). Proxor® pMDI is the product of choice for all new patients requiring a beclomethasone/formoterol MDI. Luforbec® remains an option for existing patients.

		ScriptSwitch has been updated and further information will also be included in the next APC memo.
Metformin (information regarding cost effective liquid formulations)	Type 2 diabetes	Formulary green. The metformin powder sachets are no longer the most cost-effective option if a liquid formulation is required. The 500mg/5ml oral solution and the powder sachets are now the first and second line options respectively. The 1g/5ml oral solution has a high acquisition cost and a non-formulary status in Barnsley.

MHRA Safety Roundup

The September 2025 MHRA Drug Safety Roundup can be accessed at the following link:
https://assets.publishing.service.gov.uk/media/68dbbb12750fcf90fa6ffc1c/MHRA_Safety_Roundup_-_September_2025.pdf

Issues relating to primary care:

Paracetamol and pregnancy – reminder that taking paracetamol during pregnancy remains safe Patients should be reminded and reassured that there is no evidence that taking paracetamol during pregnancy causes autism in children. Paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. It also acts as an antipyretic and is therefore used to treat fever. Patients should not stop taking their pain medicines as untreated pain and fever can pose risks to the unborn child.
Key Advice for Healthcare Professionals: • there is no evidence that taking paracetamol during pregnancy causes autism in children • pregnant women should be advised to continue to follow existing NHS guidance and speak to their healthcare professional if they have questions about any medication during pregnancy • untreated pain and fever can pose risks to the unborn baby, so it is important that patients continue to manage these symptoms with the recommended treatment. If pain or fever does not resolve, patients are advised to seek advice from their healthcare professional • patients should not swap to alternatives such as ibuprofen. Non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, are generally not recommended during pregnancy • the MHRA regularly reviews the safety of paracetamol including during pregnancy to ensure that the benefits to the patient and unborn baby outweigh any risks • recent existing studies do not show a causal association between paracetamol use during pregnancy and autism. There are many potential contributing factors in the development of autism, including but not limited to concomitant diseases and family inheritance • members of the public and healthcare professionals are encouraged to report any suspected side effects from medicines, including paracetamol, to the MHRA's Yellow Card scheme Key Advice for Healthcare Professionals to Provide to Patients: • paracetamol is recommended as the first-choice pain reliever for pregnant women, used at the lowest dose and for the shortest duration. It can also be used to treat fever • pregnant women should be advised to continue to follow existing NHS guidance and speak to their healthcare professional if they have questions about any medication during pregnancy • untreated pain and fever can pose risks to the unborn baby, so it is important that patients continue to manage these symptoms with the recommended treatment. If pain or fever does not resolve, patients are advised to seek advice from their healthcare professional

- patients should not swap to alternatives such as ibuprofen, as non-steroidal anti-inflammatory drugs (NSAIDs) are generally not recommended during pregnancy

Kind Regards



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