Doncaster Place and Bassetlaw Place Medicines Optimisation Bulletin

September 2025

Useful hyperlinks for Medicines Optimisation To open Press control and click the link below
South Yorkshire Central ICB Medicines Optimisation Website. **MPD**

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Hot off the Press Updated Guidance

- Pre-emptive Guideline for last days of life Click here
- SY self-care guidance Document Click here

Also available on website and MPD

Primary InSYghts Portal

The Primary InSYghts Portal has self-care and OTC information for prescribers and can help with the DIBS work streams.

You can access the portal with your **NHS email** by clicking the link below
Primary Care InSYghts Portal

Penicillin Allergy De-labelling (PADL) project being carried out by Dr Dan Baynes, Consultant Acute Medicine with Infectious Diseases and the PADL team

Why? Up to 3 million people in the UK have a label of penicillin allergy. Less than 10% of these are true allergies. People with a labelled penicillin allergy have worse outcomes from common infections such as pneumonia, experience more antibiotic adverse effects, higher rates of C difficile, and longer stays in hospital. Their care is also more expensive when they attend hospital.

What? We are aiming to remove inappropriate penicillin allergy labels opportunistically from patients admitted to DBTHFT with infection and non-infection related presentations. We have produced a guideline available on the DBTH intranet to guide clinicians. This is based on widely-used protocols backed up by a large body of high-quality evidence and is practiced in other NHS trusts across the country.

How? Patients with a penicillin allergy label are risk stratified into high, medium or low risk of a true allergy. High risk patients retain their label. Low risk patients can be de-labelled on history alone (for example patients who report nausea or diarrhoea - drug side effects, not allergy). Medium risk patients are given an oral penicillin challenge (OPC) - amoxicillin 500mg followed by 1 hour of close observation. A lack of allergic reaction to this test is taken as a lack of true penicillin allergy and the label can be removed. This is communicated clearly with the patient and primary care colleagues on the discharge letter and removed from DBTH electronic prescribing records.

How can you help? Please look out for communication in discharge letters about de-labelled patients and update primary care records accordingly. This will involve removing penicillin allergy labels and potentially adding a coded diagnosis of 'penicillin allergy de-labelled'

Watch this space for more practical details.

South Yorkshire Central ICB Medicines Optimisation Website.

https://mot.southyorkshire.icb.nhs.uk

Azathioprine reminder for prescribers

To avoid safety issues and dispensing errors, Azathioprine 75 mg and 100mg tablets are Grey listed
Please prescribe with 25mg & 50mg Tablets
A total daily dose should be included on all prescriptions.
Prescribers are discouraged from prescribing half tablets e.g. give 25mg and 50mg for total dose of 75mg , not one and a half 50mg tablets.

NHS South Yorkshire Integrated Care Board

Formulary updates September 2025

The following items will be added/amended on the **MPD**

Formulary Section	Item	Indication	PMOC Action
4.8.1	Levetiracetam Injection for sub-cut syringe driver	End of life for adults	Amber-G with guidance from Harrogate and York area
10.1.1	Meloxicam	NSAID	Green Non-formulary
4.3.3	Escitalopram (new orodispersible tablet formulation)	depressive episodes, panic disorder generalised anxiety disorder and obsessive-compulsive disorder in adults	Green Non-formulary, High-cost warning compared to standard formulation of generic, only use where clinically appropriate to do so.
4.1.1	Zolpidem (new orodispersible tablets	Short-term treatment of insomnia in adults in situations where the insomnia is debilitating or is causing severe distress for the patient	Green Non-formulary, High-cost warning compared to standard formulation of generic, only use where clinically appropriate to do so.
7.4.5	Sildenafil citrate (new oromucosal spray formulation)	Use in adult men with erectile dysfunction, which is the inability to achieve or maintain a penile erection sufficient for satisfactory sexual performance	Green Non-formulary, High-cost warning compared to standard formulation of generic, only use where clinically appropriate to do so.

Emollients and risk of severe and fatal burns

MHRA alert informs that there is a risk of severe and fatal burns with all emollients.
The risk increases with:

- Use of greater amounts of emollient
- More frequent application
- Greater surface area of application

Emollients are not flammable when in their raw state, in the container or on the skin. However, they can transfer from the skin onto clothing, bedding, dressings, and other fabric, leading to a build up over time. In the presence of a naked flame or ignition source, fabric may be easily ignited and the resulting fire buns more quickly and intensely (hotter) and is harder to extinguish than a clean fabric fire, reducing the time to act and leading to serious and fatal

For full document - Emollients and risk of severe and fatal burns Click here

Other Safety information relating to the use of emollients:-

- Safe use of emollient skin creams to treat dry skin conditions - GOV.UK website **Click here**
- Emollient creams - South Yorkshire Fire and Rescue website **Click here**

Got a spare 2 minutes? *Like what you see? Want to hear more from Medicines Optimisation? We need your feedback on the MO bulletin. Use the QR code opposite or follow the link:*
https://forms.office.com/e/A21uYN9JJb

For the latest Out of Stock information Refer to your regular emails from medicines management Admin emails.

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