

Rotherham Place

Prescribing

April 2026

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



Bitesize

Thank you and farewell to colleagues in the Rotherham place MO team

As many of you will be aware, the ICB is undergoing significant change over the coming weeks as part of the current restructure. For the Rotherham Place Medicines Optimisation Team, this means saying a fond farewell to **Sally Webster, Ella Hancock, Sophie Scott, Jen Lynch and Laura Godley**.

They have each made a valued contribution to the team and to the support we provide to practices and patients across Rotherham. They have been wonderful colleagues to work alongside, and they will be greatly missed.

We would like to thank them all sincerely for their commitment, professionalism and teamwork, and wish them every success and happiness as they move on to their next chapters.

A reminder on specialist antibiotics arrangements for primary care:

[Rotherham Communication GP Factsheet - Arrangements For The Access To Antimicrobial For Community Based Patients.pdf](#)

Despite the review date having expired, this arrangement is still in place for Rotherham patients.

Help with breastfeeding queries:

As well as the [Medicines advice](#) line offered by SPS, there is a dedicated service that can offer help and advice to healthcare professionals across England when it comes to queries regarding the recommended treatment choice for patients who are breastfeeding.

Their contact details can be found here:

[Breastfeeding Medicines Advice service – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

Infant Feeding Pathway – Important update

Following the successful implementation of the Rotherham Infant Feeding Pathway, ([Infant Feeding Pathway](#)) there has been a significant increase in referrals to the specialist dietetic service, including referrals for infants with mild or non-specific symptoms. This has placed pressure on the service and impacts the ability to review appropriate referrals within the expected 48-hour timeframe.

To address this, services are working together to **update the referral form and tighten referral criteria**, in line with the pathway.

Important reminders for clinicians:

- **Do not commence Gaviscon Infant prior to referral** to the dietetic service. This can mask symptoms, lead to inappropriate assessments, resolve issues unnecessarily, and increase waiting times.
- If Gaviscon Infant is initiated, **do not refer to dietetics** until the infant has had a **further GP review** and the treatment has been **stopped prior to referral**.
- Infants with **simple reflux in isolation will not be accepted** unless advice has already been sought from appropriate services, symptoms persist, and there are additional features suggesting **possible cow's milk allergy**.

NICE NG28 Type 2 Diabetes in Adults Update

NICE has recently published updated guidance in February with major changes to the previous guidance. Briefly, the new guidance places much more emphasis on minimising long-term complications from the condition rather than focusing solely on HbA1c targets. HbA1c targets should also be personalised and agreed with patients after discussions focussing on the individual needs of the patient.

Whilst metformin is still recommended at initiation of pharmacological therapy, the recommendation is now to use the modified-release (MR) version as opposed to immediate-release (IR) AND for this drug to be the first part of a sequential introduction comprising of metformin MR and an SGLT2 inhibitor. Please note that the preferred SGLT2i for SY is dapagliflozin. Patients already established on IR metformin should continue this, if effective, unless the patient does not tolerate or prefers to use the MR formulation.

For diabetic patients with ASCVD, triple therapy with metformin MR + SGLT2i + semaglutide is now recommended first-line.

There is a new pathway for early-onset T2DM which advocates the introduction of a GLP1-RA / tirzepatide earlier than in other scenarios as this condition is associated with a much higher life-time risk of developing complications from diabetes.

The full visual summary for this guidance can be found here:
[NG28 Type 2 diabetes in adults: visual summary 18/02/2026](#)

An overview of the guidance with a link to the full document can be found here:
[Overview | Type 2 diabetes in adults: management | Guidance | NICE](#)

Denosumab 60mg/ml Biosimilar Update-Stoboclo®

The update to the [Denosumab Shared Care Protocol](#) is now live on the [Medicines Optimisation](#)

- From 1 January 2026, denosumab 60 mg biosimilars have been available – all in a pre-filled syringe
- Biosimilars offer the same clinical effectiveness and safety as their reference products, but usually at substantially lower cost
- [Stoboclo®](#) is the regionally assigned brand and there is a significant cost saving with Stoboclo® compared with reference product (Prolia®)
- [SPS](#) and [PrescQIPP](#) have provided some resources including patient information leaflets and audit tools which practices may find useful.
- The update to the [SCP](#) to include Stoboclo® was approved at January IMOC and is now available on the [SY Medicines Optimisation Page](#)
- It is available to prescribe on the clinical systems (both EMIS and S1)
- Decision support/point of prescribing software and the SY Traffic Light List have been updated to reflect this change.
- GPs in Rotherham will receive payment for the administration and associated monitoring for this treatment via the Rotherham Shared-care LES.

Referring to the [SCP](#) it is important patients are being given this injection in a timely manner i.e. every 6 months. Patients should also have a blood test prior administration of every injection to check calcium levels.