

Care About Medicine

Providing information, support & guidance on managing medicines safely and effectively in a social care setting

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Expiry Dates of Medication Once Opened

It is important that the date of opening is written on medication especially creams, eye preparations and liquids to ensure you are following the manufacturers guidance and the medicine is fit for use. Once opened some medicines have a limited shelf life. Always check the packaging and patient information leaflet on **all** medication for manufacturers information on product storage and expiry information when opening a new box or bottle. A symbol may also be on the container to advise of the expiry once opened. See page 25 of our '[Medication Guidance for Home Based Care & Support Providers](#)' for further guidance of expiry dates of medicines once opened.



LeDeR Assurance on Medication Timeliness

The LeDeR programme is a national NHS initiative that aims to improve care and reduce avoidable deaths among people with learning disabilities and autistic people. In Nottingham & Nottinghamshire, the programme is delivered by the Nottingham & Nottinghamshire Integrated Care Board (NNICB) LeDeR team.

When an adult with a learning disability or autism dies, a review is carried out using health and care records, along with information from any relevant external investigations. Each review examines the care provided, identifies good practice, and recommends improvements where needed, including SMART actions. Findings are then shared with care providers to support learning and service improvement.

Recent LeDeR reviews in Nottingham & Nottinghamshire have highlighted delays in the timely collection and administration of urgent medication for patients. These delays present a clear risk of avoidable harm and preventable death.

To support improvement across system services, we are now asking care providers to return a short, standardised assurance email confirming that appropriate processes and training are in place. Please return to - nnicb-nn.lederprogramme@nhs.net

The Provider Assurance Statement email that will be sent out for completion is as follows:

Subject: Urgent Medication – Provider Assurance Statement

*Dear Nottingham & Nottinghamshire Integrated Care System colleague,
I confirm that:*

1. *Our service has an up-to-date policy/protocol in place that ensures:*
 - *Same-day - prescription,*

- *Same-day - collection,*
 - *Same-day - administration*
- of urgent or time-critical medication.*
2. *All relevant staff have been made aware of this requirement, and training has been delivered where needed.*
 3. *These processes are now included within our induction programme for all new staff.*
 4. *We are confident that these arrangements enable safe and timely administration of urgent medication.*

Further information on LeDeR can be found on [NHS England website](#) and [Nottingham & Nottinghamshire ICB website](#)

Rivastigmine Patches

Alzest® (rivastigmine) transdermal patches have been discontinued. Patients previously using this brand may be prescribed alternative rivastigmine patches. Although Nottingham and Nottinghamshire ICB does not promote the use of twice weekly patches, Zyzest® may still be prescribed. It is important to note that these patches are the same strength as the once daily formulation, and appropriate care should be taken when producing MAR charts and administering.

Staff must be aware that Zyzest® patches are applied twice weekly, rather than once daily, which represents a significant change from the administration schedule of Alzest® and other daily rivastigmine patches. It is essential that medication administration records (MAR charts) are updated accurately, staff are fully informed of the different dosing frequency, and clear systems are in place to ensure patches are applied and removed on the correct days. Failure to recognise this difference increases the risk of dosing errors, including missed doses or inappropriate over application, which may impact treatment effectiveness and patient safety.

Hospital Discharge & Thickeners

When a person is discharged from hospital with thickeners these may be sent out without a label. In these cases, it is important that the service checks the discharge information to clarify that the thickener is for that person and best practice would be to add a label to the container stating the service users name and date. It is important to ensure clear detailed information is received from a Health Care Professional for any nutritional supplements and thickeners that have been received e.g. information on consistency and administration of a thickener from a Speech and Language Therapist (SaLT). If this information is missing the discharging ward should be contacted for advice.

Halving Tablets

In circumstances where the pharmacy refuses to halve tablets and staff are required to undertake the splitting of tablets a tablet cutter should be used (which can be purchased from a pharmacy). The pharmacy should be requested, if possible, to dispense the medication in an amber bottle. The dose required should be given to the service user and then the remaining half of the tablet placed back in the amber bottle. If medication is not stable out of its original packaging the remaining half should be disposed of as per the provider's disposal procedures. It should not be placed back into the medicine bottle/packet. Any concerns should be discussed with the supplying pharmacy. It is best practice that service users have their own tablet cutters/crushers.

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication.

If you need any further information on medicines management please contact us as follows:

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