

Prescribing Hints & Tips

April 2026

CHLORAL HYDRATE – SERIOUS INCIDENT

Nationally, there has been a serious incident involving chloral hydrate, in which a patient sadly died. While this incident was not related to prescribing in general practice, it has prompted us to review prescribing data across primary care to ensure ongoing patient safety. Practices with patients prescribed chloral hydrate will be contacted and asked to review their patients.

Licensed indications for chloral hydrate are limited to short-term use (maximum 2 weeks) only:

- adults: short-term treatment of severe insomnia significantly affecting daily life, where other behavioural and pharmacological treatments have failed.
- children and adolescents aged ≥ 2 years: short-term treatment of severe insomnia in those with suspected or confirmed neurodevelopmental disorder, where symptoms significantly affect daily life and other therapies have failed.

Chloral hydrate is also used unlicensed in limited specialist settings, including for the management of intrusive movement and motor disorders in children and young people ([see nppg position statement](#)).

Locally, chloral hydrate has both a red and amber 2 formulary classification depending on the indication. See [Nottinghamshire area prescribing committee formulary](#). It is important to note that treatment should not be stopped abruptly.

BLOOD GLUCOSE & KETONE TEST STRIPS, PEN NEEDLES & LANCETS FORMULARY

The [formulary](#) has been updated by a working group with representation from across primary and secondary care.

Practices are asked to ensure that they are giving out formulary options to patients, and to move patients over from less cost-effective strips. Please ask your ICB Medicines Optimisation Pharmacist if you would like support to access your current prescribing data via [OpenPrescribing](#) or see attached for instructions.

Summary of changes:

Options have been narrowed to reflect current usage.

Both acute trusts will move over to Contour Plus Blue for any newly diagnosed **Type 2 Diabetes** patients. This is to ensure continuity of care for patients under the care of community nursing teams across the ICB.

Appendix 1 within the formulary contains a summary of the meters / strips for Type 1 and Type 2 Diabetes, including images, which can be printed out for display on clinic room walls.

WOUND CARE UPDATE – IMMEDIATE & NECESSARY CARE FOR LOWER LIMB WOUNDS

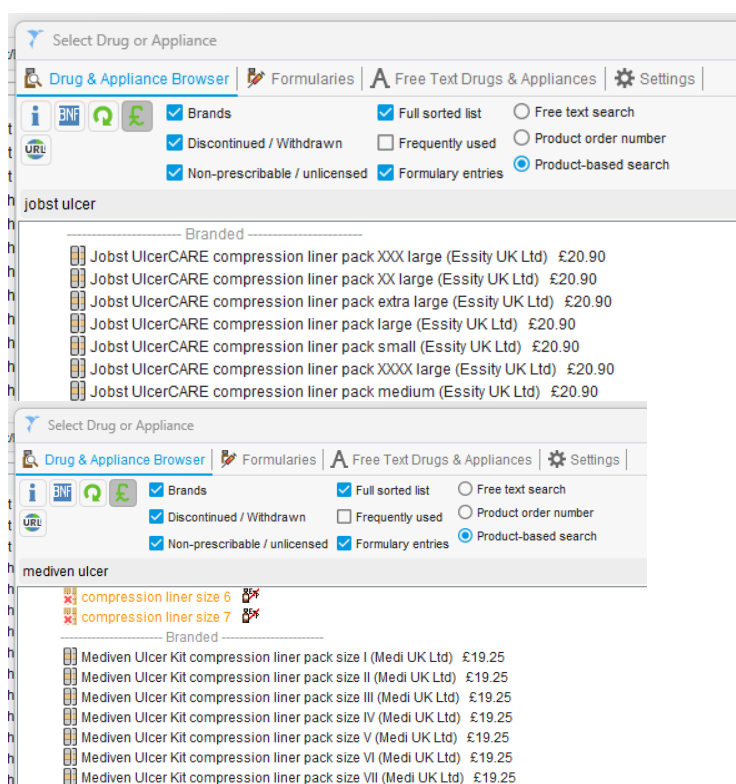
The upcoming PLT sessions for practice nurses, health care assistants, nursing associates etc. will focus on this important aspect of wound care. Evidence shows that wound healing rates are improved with early application of lighter compression (<20mmHg) where appropriate. This is achieved using **compression liners**, applied to the affected limb only.

Product Choice:

The Tissue Viability Steering Group has assessed the available options and chosen 2 for use locally:

- Jobst UlcerCARE compression liner pack (3 liners per pack)
- Mediven Ulcer Kit compression liner pack (2 liners per pack)

These can be found on **both clinical systems** by searching for "Jobst Ulcer" and "Mediven Ulcer". Please ensure the compression liners are selected, NOT the full compression stocking plus liner kit. 1 pack is sufficient for each patient.



ICB FUNDED SWITCH SCHEME - EMPAGLIFLOZIN 10MG TO DAPAGLIFLOZIN 10MG

It is not too late for practices to sign up to the scheme, which ends on 31st July 2026. Thank you to those practices that have already signed up.

Please see below for reminder of key details:

- £60 payment per successful switch from empagliflozin 10mg to dapagliflozin 10mg for patients with type 2 diabetes mellitus and/or heart failure.
- The scheme is open to all practices in Nottingham and Nottinghamshire.
- A [clinical guideline](#), [patient information leaflet](#) and funding for healthcare professional time is provided.
- Local specialists are supportive of the switch.

- The ICB Medicines Optimisation Team will collect evidence for payment via a search of the practice clinical system at the end of the scheme, and payment will be made directly to the practice.
- Please remember to use the read code specified in the practice agreement and in the switch guidance to ensure that switches can be identified.
- For more details and instructions on how to sign up, see TeamNet:

<https://teamnet.clarity.co.uk/Library/ViewItem/9f8275b5-440c-4c3d-8cbf-b3e200f8cd42>.

- To sign up, please return signed agreements to nnicbnn.medsoptimisation.support@nhs.net
- Please use this email address or contact your ICB Pharmacist if you have any questions.

POLYPHARMACY ACTION LEARNING SETS

Health Innovation Wessex in partnership with Health Education England have developed further polypharmacy action learning sets. These are open to GPs and pharmacists who want to build their confidence in deprescribing. This is an online, interactive course held over three half days and will help primary care networks deliver the medicines optimisation elements of the directed enhanced services and meet recommendation 18 of the national overprescribing review report. See details below:

- Cohort 2- 16th sept, 30th sept, 14th oct: <https://polypharmacyalscohort2.eventbrite.co.uk>
- Cohort 3- 4th nov, 18th nov, 2nd dec: <https://polypharmacyalscohort3.eventbrite.co.uk>
- Cohort 4- 27th jan, 10th feb, 24th feb: <https://polypharmacyalscohort4.eventbrite.co.uk>

There is also a registration of interest link for those that are unable to attend and would like to be notified of future cohorts : [polypharmacy action learning set- registration of interest – fill in form](#)

APC AND INTERFACE UPDATE

The latest updates from APC can be found on their website [here](#).

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net