Medicines Update

August 2026

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board
Working in partnership with Northamptonshire Integrated Care Board

Reminder: Levemir® (insulin detemir) FlexPen and Penfill Discontinuation: Action needed to switch to an alternative by end of November 2026

Levemir® (insulin detemir) FlexPen 100units/ml solution for injection 3ml pre-filled pens and Levemir® (insulin detemir) Penfill 100units/ml solution for injection 3ml cartridges are being discontinued. NHS England has communicated that action needs to be taken to accelerate switches, and by 30th November 2026, all patients must be switched from Levemir.

Please use the recommendations in the attached LLR SBAR for primary care to identify, review and switch patients to an alternative insulin.

Clinical system searches are available to identify patients prescribed Levemir and are located here:

- SystmOne: LLR Primary Care > LLR Target Patients 2627 > Medicines Optimisation
- EMIS Web: Import from Teams Channel or located: LHIS > 2627 LLR Target Patients > Medicines Optimisation > Levemir Discontinuation

Alternative insulins will need to be chosen on an individual patient basis. Aim to diversify prescribing across available insulin options, considering that some alternative insulins, such as Humulin I® and Abasaglar®, cannot support increased demand.

NHS England have produced a poster (attached) to be made available in clinical areas, which contains a QR code link to the clinical guidance for switching.

PDF LLR Primary Care SBAR Levemir (insulir

PDF MSN_2025_036U UPDATE Levemir (insu

PDF PRN02551_ii_Poster_ Managing patients ah

For details please refer to:

- **Attachment A — LLR Primary Care SBAR Levemir (insulin detemir) Discontinuation**
- **Attachment B — MSN_2025_036U UPDATE Levemir (insulin detemir) Discontinuation**
- **Attachment C — PRN02551_ii_Poster_Managing patients ahead of the Levemir discontinuation**

GP Collective Action July 2026: Shared Care Agreements

We are aware of the recent BMA and LMC communication regarding Shared Care Arrangements (SCAs) as part of the ongoing collective action, from an ICB Medicines Optimisation and LLR Area Prescribing Committee (APC) perspective, it is important that this discussion remains balanced, recognising both the considerable workload associated with shared care and the benefits it delivers for patients and the wider healthcare system.

There is no doubt that Shared Care Arrangements place demands on practices and these responsibilities are recognised through the Community Based Services (CBS), with practices currently receiving funding for both new and ongoing Shared Care Arrangements. Practices should therefore carefully consider the implications of declining new shared care requests, not only from a workload perspective but also recognising that declining participation may result in the loss of associated CBS income. For some practices, this could have a material financial impact, particularly where there are significant numbers of patients managed under existing shared care frameworks.

It is also important that discussions around Shared Care Arrangements are informed by the available local data. Following a review of Q1 2026/27 activity, there were 11 shared care agreement declines recorded compared with 215 new shared care agreements accepted by practices during the same period. This equates to a decline rate of approximately 5%, meaning that around 95% of shared care requests were accepted. These figures provide useful context to the current discussion and demonstrate that the vast majority of shared care requests within LLR continue to be supported by general practice.

The LLR APC has, over many years, worked collaboratively with primary and secondary care colleagues to ensure that shared care is only used where it is clinically appropriate and where responsibilities can be clearly defined. Each shared care agreement goes through rigorous discussion, and these have all been supported at APC meetings with representation from Primary Care, Secondary Care, Community Pharmacy and LMC.

Current LLR Shared Care Guidelines are aligned with national NHS England and professional body recommendations and have been developed to minimise unnecessary workload wherever possible. Medicines designated for shared care have been carefully selected, with clear delineation of responsibilities between specialists and primary care clinicians.

Under these arrangements:

- The specialist retains responsibility for diagnosis, treatment initiation, stabilisation, and complex clinical decision-making.
- The GP assumes responsibility for ongoing prescribing and routine monitoring only where appropriate clinical support and guidance are available.
- Monitoring requirements are clearly documented and standardised.
- Escalation pathways exist when concerns arise, or specialist input is required.

As a result, shared care within LLR generally reflects a streamlined and well-established model rather than an open-ended transfer of specialist responsibilities.

Continues on next page...

GP Collective Action July 2026: Shared Care Agreements (continued)

When considering any changes to local shared care participation, practices should also reflect on the potential consequences for patients. A situation may arise where patients already benefiting from existing shared care arrangements continue to receive medication through primary care, whilst newly diagnosed patients requiring the same treatment are unable to access equivalent arrangements. This could create variation in patient experience and potentially widen inequalities of access.

Consideration should be given to patients who may face significant challenges attending secondary care sites to obtain medication or complete monitoring requirements, including:

- Older and frail individuals.
- Patients with disabilities or mobility limitations.
- Young children and their families.
- Patients with limited transport options.
- Those balancing complex caring or employment responsibilities.

For many patients, local prescribing through their GP practice provides a more accessible and patient-centred route to receiving ongoing treatment. Changes to shared care participation may therefore generate concerns, dissatisfaction, and formal complaints where patients perceive that access to treatment has become more difficult.

Where practices determine that a new Shared Care Arrangement cannot be accepted, it remains essential that this is managed in accordance with established LLR guidance and CBS requirements.

Practices should ensure that:

- Requests are reviewed promptly.
- The issuing consultant or specialist prescriber is informed of the decision.
- The reasons for declining are clearly communicated.
- Responses are provided within the expected timescales, which are typically within 10 working days of receipt of the request.
- Appropriate documentation is retained within the patient record.

This approach helps ensure continuity of care, supports patient safety and enables specialists to make alternative prescribing arrangements where necessary.

The ICB Medicines Optimisation Team and Area Prescribing Committee remain committed to working collaboratively with practices, community pharmacy, secondary care providers and the LMC to ensure that Shared Care Arrangements continue to be safe, evidence-based, appropriately commissioned and focused on improving outcomes for patients across LLR.

We would like to thank General Practice colleagues across LLR for their continued dedication and commitment to patient care. Despite ongoing pressures, practice teams continue to play a vital role in ensuring patients can access safe, effective treatment closer to home, while maintaining high standards of clinical monitoring and patient safety.

For all enquires related to this article please contact:: vishal.mashru@nhs.net

Medicines Optimisation Webinar

As part of the Medicines Optimisation Framework (MOF) 2026/27, we have organised a webinar to support practices. Attendance at this session is an essential aspect of the MOF, and so we will be monitoring attendance. We kindly ask that each practice or PCN ensures at least one representative is present, so the insights and learning from the session can be shared with your wider teams.

Please find the joining details and agenda below:

Date/Time: Tuesday 22nd September 2026, 1:00 PM – 2:00 PM

Join: https://teams.microsoft.com/meet/367301786391732?p=u2rgO8xHF1EdAdM1mL

Meeting ID: 367 301 786 391 732 Passcode: up3qk7DJ

Time	Agenda Item	Presenter
1:00-1:05	Welcome and Housekeeping	**Liz Wharton** Advanced Pharmacist, Medicines Optimisation Team
1:05 – 1:20	Sodium Valproate Update Shared Learning: Good Practice Process for Sodium Valproate Patients	**Gagandeep Kaur** Advanced Pharmacist, Medicines Optimisation Team **Guest Speakers** from LLR GP practices
1:20 – 1:35	Recording medicines prescribed outside of general practice by other healthcare providers into the GP practice record.	**Liz Wharton** Advanced Pharmacist, Medicines Optimisation Team **Shelley Patel** Medication Safety Lead Pharmacist, UHL
1:35 - 1:50	Learning Disability Update	**Richard McBain** Lead Senior Improvement Manager, Health Innovation East Midlands
1:50– 1:55	LLR Update	**Shary Walker** Head of Medicines Value and Prescribing Quality, Medicines Optimisation Team
1:55 – 2:00	Meeting close	**Liz Wharton** Advanced Pharmacist, Medicines Optimisation Team

Health Innovation East Midlands (HEIM) Preventing Problematic Polypharmacy: Getting the balance right in older people and those with frailty

This programme supports healthcare professionals to identify patients at risk from problematic polypharmacy and improve conversations about medicines.

- The first East Midlands Community of *Practice on Pragmatic Prescribing to Reduce Harm for Older People with Moderate to Severe Frailty* took place on 1 July 2026, attracting over 100 attendees from across the region. You can watch this session through the link.

HEIM have the following upcoming events to support this programme:

- Community of Practice (15 September 2026) *Polypharmacy in Diabetes, Frailty and Older People, Including Recent NICE Guideline Changes*
- Polypharmacy Webinar (17 September 2026) *Addressing Repeat Prescribing Safety and Oversupply Issues in Primary Care*
- Polypharmacy Action Learning Sets - Registration of Interest. Although current cohorts are fully subscribed, we are maintaining a waiting list for colleagues interested in future opportunities. If you know of anyone who would be interested in participating, please encourage them to register their interest.

The HIEM Preventing Problematic Polypharmacy Website, *Getting the Balance Right in Older People and Those with Frailty*, provides programme updates and a range of useful resources, including Me and My Medicines, the Community of Practice (CoP) library, and Masterclass materials.

For all enquires related to this article please contact: gill.gookey@nottingham.ac.uk

Community Pharmacy August Bank Holiday Rota 2026

Please use the following link to the Community Pharmacy Leicestershire and Rutland Bank Holiday Opening Hours webpage, which includes the rota for the August bank holiday 2026.

Medicines Safety Alerts

GP Practices have a contractual requirement to ensure they are receiving safety alerts and should ensure that they are signed up to receive all necessary alerts and that where appropriate, actions are completed as outlined by the CQC.

The LLR Medicines Optimisation Team will circulate safety alert information where local recommendations or actions are required based on specialist advice. Practices should not rely on this newsletter to receive all safety alerts and can register to receive them via the MHRA. Medicines Supply Notification (MSN) are sent directly to GP Practices via NHSE&I (please contact england.gp-contracting@nhs.net if you are not receiving these).

Additional resources practices can sign up to include the MHRA drug safety updates and drug safety newsletter and the Medicines Supply Tool.

MHRA Safety Roundup Bulletin

The **MHRA Safety Roundup** is a **new monthly bulletin** summarising all safety alerts, including **Drug Safety Updates**.

- **Subscribe here:** MHRA Safety Roundup Subscription
- The bulletin includes a **News Roundup** section with product updates and safety-related information.
- **To continue receiving Drug Safety Updates**, you must subscribe separately to the Safety Roundup.

📌 **July 2026 Safety Roundup:** [July 2026 Safety Roundup]

Out of stock update

Please see links to the DHSC and NHSE/I online Medicines Supply Tool where you will find up to date information on out of stock medicines. The DHSC Medicines Supply team update the Medicines Supply Tool monthly. To register, please visit the Specialist Pharmacy Service (SPS) website, you will need an NHS email address.

The LLR Out-of-Stock-Guidance.pdf provides guidance for LLR Community Pharmacies and General Practice to manage medication shortages collaboratively and minimise potential adverse quality of care.

Leicester, Leicestershire and Rutland (LLR) Area Prescribing Committee (APC) Newsletter

The monthly LLR APC newsletter is designed to keep you informed of APC outcomes.
All current and previous newsletters are available on the LLR APC website.

LLR Medicines Optimisation Team contacts

For any queries or questions please contact the Medicines Optimisation Pharmacist supporting your practice. Alternatively you may email the Medicines Optimisation team at: llricb-llr.medicinesoptimisation@nhs.net.

Chief Pharmacist	Claire Ellwood
Deputy Chief Pharmacist Population Health and Medicines Transformation	TBC
Head of Medicine Quality and Governance	TBC
Head of Medicines Value and Prescribing Quality	Shary Walker
Head of Medicine Commissioning and Integration	Paul Gilbert

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The Leicester Foxes			
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Orion			
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Cross Counties			
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LLR Medicines Optimisation Team contacts

Care homes team

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West Leicestershire	Kishan Karia (Pharmacist) Laura Maytum (Pharmacy Technician)	kishan.karia8@nhs.net laura.maytum@nhs.net	07866185587 07733311816

Dietitians team

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The Leicester Foxes		lpt.motdietitianscity@nhs.net	
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Orion			
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Leicester City South			
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South Blaby & Lutterworth	Currently covered by primary care dietitian team		0116 2227170
Rutland Healthcare	Currently covered by primary care dietitian team		0116 2227170
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Soar Valley			
Beacon			
Bosworth	Currently covered by primary care dietitian team		0116 2227170
Fosseway	Currently covered by primary care dietitian team		0116 2227170