

## ICB Medicines Optimisation – Quality and Safety Newsletter

Welcome to our first newsletter, created to keep you updated on key work, developments and learning across medicines safety in primary and secondary care.

Each edition will share important updates, highlight best practice, and provide practical insights to support safer and more effective use of medicines across our system.

Thank you for your continued commitment to improving medicines safety and patient care. We look forward to keeping you connected with our work.

### CD Reporting Portal – Reminder

#### Report CD incidents or concerns at:

<https://www.cdreporting.co.uk/nhs/account/signin>

You can use the portal to report:

- **CD destruction** – Request a witness for destroying out-of-date CDs.
- **Patient-related incidents** – e.g., administration, dispensing, prescribing, or delivery errors.
- **Unaccounted-for losses** – e.g., balance discrepancies, missing/stolen CDs or prescriptions, documentation errors.
- **Concerns about individuals** – Patients, public, or staff (e.g., suspected fraud, theft, diversion, drug-seeking, illicit use).
- **Governance issues** – e.g., CD cupboard left unlocked, storage problems.
- **Any other CD-related incident or concern** – for any schedule of controlled drug.

### SMA Alfamino recall

**URGENT IMMEDIATE ACTION REQUIRED: SMA Alfamino infant formula recall - Norfolk & Waveney Connect NoW**



**Improving lives together**  
Norfolk and Waveney Integrated Care System

### Zeyzelf® Patch Safety Reminder

Zeyzelf® rivastigmine patches differ from most other brands: **they are applied once every 3–4 days**, not daily.

Each pack contains **two different items** that look very similar:

- **8 medicated patches** (contain the active ingredient)
- **8 adhesive covers** (to help the patch stay on for the full 3–4 days)

Because both are individually wrapped and almost identical in appearance, patients or carers may **accidentally apply the wrong item** if not properly counselled.

Please ensure clear advice is given on which patch contains the medicine and how to use both components correctly.

News post and **safety bulletin** available [here](#).



## Keep the warmth, lose the risk

As colder weather continues, the Medicines and Healthcare products Regulatory Agency (MHRA) and the National Fire Chiefs Council (NFCC) are urging the public to be aware of [fire risks linked to emollient skin creams](#).

## Antimicrobial Stewardship on Knowledge NoW

Visit our [Antimicrobial Stewardship \(AMS\) page](#) on Knowledge NoW for quick access to a wide range of useful guidance, tools, and resources to support safe and effective antimicrobial use.

## Neocate LCP – Pack Size Change & Review Reminder

**Neocate LCP 400g tins will transition to a new 420g format in December 2025.**

- New pack size = new PIP code
- **Price and nutritional content remain unchanged**

### Actions for practices:

- Identify patients currently prescribed Neocate LCP.
- Update quantities to match the new pack size once clinical systems are updated (usually mid-month).
- Use this opportunity to review whether the prescription is still needed, particularly if:
  - The patient is **over 1 year old**
  - The formula has been prescribed for **over a year**
  - Quantities exceed **recommended age-based amounts**
  - The child has **CMPA** but is tolerating cow's-milk-containing foods

### If continuing the prescription:

Keep the *number of tins the same* until the patient is reviewed by a dietitian or paediatric allergy team (e.g., 4 × 400g → 4 × 420g per 28 days).

Queries? Email: [nwicb.dieteticqueries@nhs.net](mailto:nwicb.dieteticqueries@nhs.net)

## NPSA Alert: PenicillAMINE vs Penicillin Allergy – Urgent Action Required

A new [National Patient Safety Alert](#) (20 Nov 2025) highlights **serious risks from penicillin allergies being incorrectly recorded as penicillamine allergies**. This mistake can lead to patients with true penicillin allergies receiving penicillin-based antibiotics, risking **life-threatening anaphylaxis**.

### Practices must urgently:

- Share the alert with all relevant staff, including non-clinical teams.
- Use **Ardens searches** to identify all patients coded with a penicillamine allergy.
- **Clinically review every identified patient** and clarify their true allergy status.
- Audit records where penicillamine allergy was miscoded and check for any subsequent penicillin prescriptions.
- Correct any inaccurate allergy entries (e.g., intolerance vs true allergy).
- Review and strengthen processes for recording allergies; develop an SOP if needed.
- Document all actions taken for CQC evidence.

We may contact practices with further information on managing this alert.

## Ardens Malnutrition template

Anna Samkin from our Medicines Optimisation Dietetic team has been part of a national working group to update the Ardens SystemOne Malnutrition template to make it clearer, more user-friendly and better aligned with current guidance.

[Malnutrition-Screening-Ardens-user-guide.pdf](#)

## Contact the Medicines Optimisation Team

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