

Reference: FOI.ICB-2526/225

Subject: Antimicrobial Guidelines (Epididymo-orchitis / fluoroquinolones) governance and MHRA alert implementation

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
1. Please confirm whether, at any point post- 22 Jan 2024 , BNSSG considered revising the EO (enteric) row to embed the MHRA “only when other recommended antibiotics are inappropriate” restriction within the table (i.e., last-resort positioning) and, if so, provide any email thread / note / draft held centrally. If no records are held, please confirm “not held.”	Not held.
2. Feb 2024 MO newsletter: The text states “except for prostatitis, quinolones are not advised first line in community guidelines,” but the EO table continues to list ofloxacin/levofloxacin as default first-line for enteric aetiology. Please clarify this apparent inconsistency and provide any follow-up bulletin that addressed EO specifically (if held).	Due to the variety of treatment options for EO it was not included in the short overview of the MHRA fluoroquinolone alert within the newsletter. No follow-up bulletin that addressed EO.
3. EMIS and ScriptSwitch/OptimiseRx: a) Please provide the release/activation date(s) for the EMIS alert and the ScriptSwitch/OptimiseRx rule within BNSSG, and any BNSSG distribution/implementation notice used to deploy them. b) Please confirm the coverage (e.g., which practices/PCNs received the live rules) and whether any practice opted-out.	a) Scriptswitch – most recent version released October 2024 EMIS alert – date of release/ activation not held by ICB as this is undertaken by EMIS b) All but one practice within BNSSG have Scriptswitch activated.

<p>c) Please confirm whether any MicroGuide or equivalent platform is used for acute Trust antibiotic guidelines (UHBW/NBT) and, if so, whether the enteric EO pathway there embeds the MHRA last-resort wording; supply a link or the relevant screenshots if held.</p>	<p>This information is owned and held by University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) and North Bristol NHS Trust (NBT) who would need to be contacted directly.</p> <p>UHBW: https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests</p> <p>NBT: https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information</p>
<p>d) You note no Clinical Safety / Quality / Equality impact assessment is held for the EO updates and no SOP exists for handling interim MHRA safety updates (changes are “dealt with individually”). Given this was a licence-level patient-safety alert, please confirm whether any governance note or risk assessment was made at APMOC / AMS level about leaving the EO table unchanged at point-of-care, and supply it if held. If none, please confirm “not held.”</p>	<p>A meeting of specialists considered the risk and benefits of quinolones across the BNSSG community guidelines. APMOC noted the discussions had occurred and any changes needed following the MHRA alert.</p>
<p>e) On the primary-care review of patients on long-term fluoroquinolones, practices completed the review but outcomes were not collated centrally. Please confirm why they were not collated and whether BNSSG will request aggregated returns, and provide any template or instruction issued to practices for that review.</p>	<p>This was an advised not mandatory review. Practices were given the tools to review patients on long term quinolone antibiotics. Please find review documentation enclosed.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p>

The information provided in this response is accurate as of 24 October 2025 and has been approved for release by Dr Joanne Medhurst, Chief Medical Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.

Review of Patients on Long Term Fluoroquinolones in Primary Care

The MHRA published a [Drug Safety Update](#) in January 2024, restricting the use of fluoroquinolones. Therefore, all patients who are prescribed fluoroquinolones as long-term prophylaxis should be reviewed to consider whether the antibiotic is still required and if an alternative could be used.

Identify patients with Fluoroquinolones (ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin, delafloxacin) on repeat prescriptions. EMIS search available.

Search 28th August identifies – 230 patients (max 12/ practice) - 125 had received in last 3 months (max 6/ practice)

Review in clinical record to identify indication for the fluoroquinolone, where it was indicated and compliance with medication.

Exclude patients treated for:

- Spontaneous bacterial peritonitis (SBP prophylaxis)
- Cystic fibrosis
- A haematological malignancy

Not received in last 3 months, review reason for this.

-If patient should not be taking remove from repeat with a note that needs review before being represcribed.

-If patient should be taking undertake review below.

Initiated in primary care

-Confirm if the antibiotic prescription is still required (e.g. course length which has now passed)

-Check for a suitable alternative with practice team, considering local and national antimicrobial guidelines, patient's allergy status and previous relevant cultures and sensitivities.

-If no clear alternative advice can be obtained from microbiology.....

If to remain on quinolone state clearly in notes the rational and review that has occurred and ensure a discussion occurs with patient including the fluoroquinolone patient information leaflet.

Initiated in secondary care

- Confirm if the antibiotic prescription is still required (e.g. course length which has now passed)
- Check if a review has already occurred (several hospital teams have reviewed their patients on long term fluoroquinolones.) Review recent clinic letters that appropriate action has been taken if appropriate. Note the action may be to continue the fluoroquinolone.
- Refer to the patient's clinical team for advice on the fluoroquinolone.

Medicines optimisation pharmacist can:

Identify patients and undertake initial review recommending action for the practice.

The spreadsheet may assist in obtaining the data for discussion but does not need to be returned.

To assess the benefit of the review please reply towith:

Name of practice
Number of patients identified on long term fluoroquinolones
Number of antibiotic courses stopped
Number of antibiotic courses switch to alternative antibiotic
Number of antibiotic courses remaining on a fluoroquinolone

All patients

EMIS number	Fluoroquinolone prescribed	Indication	Initiated by	Date initiated	Indication of course length when initiated	Currently taking?
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Patients not taking in last 3 months	Initiated in primary care				Initiated in secondary care		Notes
	Is prescription still required?	Antibiotic allergy?	Previous relevent culture and sensitivity results?	Relevent local or national guidelines?	Is prescription still required?	Has a review already occurred?	

Recommedation to practice Outcome