Reference: FOI.ICB-2627/140

Subject: Type 2 Diabetes and Weight Management Services

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

QUESTION	RESPONSE
Request 1: **Type 2 diabetes policies and pathways** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB has a current policy, clinical guideline or patient pathway relating to the management of type 2 diabetes in adults. If yes, please provide a copy of the relevant information.	Diabetes referral pathways and guidance: https://remedy.bnssg.icb.nhs.uk/adults/diabetes/ Type 2 diabetes management: Type 2 diabetes management (Remedy BNSSG ICB)
Request 2: **NICE guideline NG28 implementation** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB has any specific impact assessments, plans or other documents relating to the implementation of NICE guideline NG28 (updated in February 2026). If yes, please provide a copy of the relevant information and state which of the following best describes the ICB's position: a. NG28 is being implemented in full b. NG28 is not yet fully implemented, but there is a plan to do so by 31 December 2026	A short life working group has been set up with representation from across the system to review and update our local management guidelines to align with NG28. Statement b best describes the ICB's position.

c. NG28 is not fully implemented and there is no defined timeline for doing so	
Request 3: **Prescribing guidance and communications** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB has issued any prescribing guidance or other communications since 1 January 2026 relating to choosing, reviewing or changing medicines for type 2 diabetes in adults. If yes, please provide a copy of the relevant information.	February 26 - Communication to GP's via local GP Bulletin: NICE has now published substantial updates to its recommendations for the management of Type 2 diabetes (NICE NG28), shifting focus from glucose control to early cardiovascular and renal protection, with significant changes to first line therapy and pathways for people with comorbidities or early onset disease. We are aware clinicians will want to understand the implications. The ICB is working with diabetes specialist clinicians to review the changes, identify any education needed, and update local guidance and pathways. Further information and implementation support will follow shortly. We have added the following statement to Remedy: 'April 2026: Please note the above guidelines are under review in line with the update to NICE NG28. NG28 is not fully aligned with several existing NICE Technology Appraisals (TAs) for SGLT2 inhibitors and GLP 1 receptor agonists. These TAs are currently under review by NICE and the ICB guidelines will be aligned once these reviews have been completed.' There are currently two Prescribing Quality Scheme projects underway.

	• Dapagliflozin switch project - to support practices to switch patients prescribed Canagliflzoin, Empagliflzoin, Ertugliflozin or fixed dose combination products containing SGLT2i to the ICB preferred SGLT2i dapagliflozin (and individual components is on a fixed dose combination project). Please refer to document 01 enclosed, noting that numbers under 10 have been redacted. The number of patients is less than 10; therefore they have not been included as this could potentially make the patients identifiable. • Levemir switch project – to support practices to switch patients currently prescribed Levemir to an alternative insulin prior to the planned discontinuation of Levemir. Whilst the majority of patients affected by this will be living with Type 1 diabetes there will also be some patient living with Type 2 diabetes affected by this planned discontinuation. Please refer to document 02 enclosed. March 2026 newsletter communication that traffic light status of SGLT2i was updated and dapagliflozin now first line SGLT2i and metformin prescribing in frailty. Please refer to document 03 enclosed.
Request 4: **Weight management policies and pathways** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB has a current policy, clinical	Weight Management pathways and guidance for GPs: https://remedy.bnssg.icb.nhs.uk/adults/weight-management/ Weight management tier 3 and 4 funding policies: Weight Management Service - Tier 3 and Tier 4 Service - BNSSG Healthier Together

guideline or patient pathway relating to weight management in adults. If yes, please provide a copy of the relevant information.	
Request 5: **Referrals** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB holds data on referrals to weight management services. If yes, please provide the most recent available data showing the percentage of adults living with obesity who were referred to a weight management programme within 90 days of a qualifying BMI being recorded. If this exact data is not available, please provide the closest equivalent data on record.	NHS Bristol, North Somerset and South Gloucestershire ICB does not currently hold data that would allow us to identify the percentage of adults living with obesity who were referred to a weight management programme within 90 days of a qualifying BMI being recorded. From 2026/27, the Quality and Outcomes Framework (QOF) includes indicator OB004, which relates to referrals to weight management services following the recording of obesity. As GP practices are required to record activity against this indicator, the requested information may become available through future QOF data collections. QOF 2026/27 Guide for Practice Managers | Indicators explained Individual GP practices may also hold data relating to referrals recorded within their clinical systems and may be able to provide further information.
Request 6: **Waiting times** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB holds data on waiting times for weight management services. If yes, for each of the services listed below, please provide the most recent available data showing (a) the estimated number of eligible patients in NHS Bristol, North Somerset	**(a) Estimated number of eligible patients** NHS Bristol, North Somerset and South Gloucestershire ICB does not hold data on the estimated number of patients eligible for the requested services. Information on obesity prevalence is available from publicly available sources, including Quality and Outcomes Framework (QOF) obesity registers.

and South Gloucestershire ICB (b) the number of people on the waiting list and (c) mean and median waiting times, in weeks: i. Tier 2 service ii. Tier 3 service iii. Tier 4 service iv. NHS Digital Weight Management Programme v. NHS Diabetes Prevention Programme vi. NHS Type 2 Diabetes Path to Remission Programme If data is not held at this level of granularity, please provide the closest available breakdown. If any waiting lists are currently closed, please indicate this and provide a brief explanation.	**(b) Number of people on the waiting list and (c) mean and median waiting times** NHS Bristol, North Somerset and South Gloucestershire ICB does not hold waiting list and waiting time data at the level of granularity requested for: • Tier 2 weight management services • Tier 3 weight management services The ICB holds some data for one provider, for Oviva the latest data held (as at June) shows that 424 patients are waiting with an average wait time of 9.3 weeks, we do not hold the median. • Tier 4 weight management services • NHS Digital Weight Management Programme • NHS Diabetes Prevention Programme • NHS Type 2 Diabetes Path to Remission Programme Referral to Treatment (RTT) and Waiting List Minimum Dataset (WLMDS) information is reported by service rather than by the specific programmes listed above is publicly available. NHS England's published waiting list statistics and dashboards are available: • NHS England Waiting List Minimum Dataset (WLMDS) Dashboard The ICB does not hold information on closed waiting lists for the specific services requested.

Request 7: **Funding** Please confirm whether NHS Bristol, North Somerset and South Gloucestershire ICB has instigated any reductions or freezes to the budget allocated to weight management services since 1 April 2025. We are defining 'freeze' as a flat cash allocation with no increase, or a suspension of planned expenditure or growth. If yes, please provide: a. Either: i. The value of the reduction (in £) and the percentage change from the previous budget; or ii. The start date and end date (or planned end date) of the freeze, and confirmation of the budget during the freeze period (in £ and as a percentage of the total ICB budget) b. The services affected c. A brief explanation	No

The information provided in this response is accurate as of 12 August 2026 and has been approved for release by Dr Aananthakrishnan Raghuram, Chief Clinical Leadership and Delivery Officer (Medical) for NHS Bristol, North Somerset and South Gloucestershire ICB.

Dapagliflozin switch guidance document.

Background:

SGLT2 inhibitors (SGLT2i) canagliflozin, dapagliflozin, empagliflozin and ertugliflozin are recommended by NICE NG28 for adults with type 2 diabetes as first line therapy alongside metformin at initial diagnosis or as monotherapy if metformin is contraindicated or not tolerated. Their benefits relate not only to glucose lowering but also to well-established cardiovascular and renal protection.

In addition, dapagliflozin and empagliflozin are approved for use in chronic heart failure (NICE TA679*, NICE TA902, NICE TA773*, NICE TA929 and NG106) and in chronic kidney disease as an add on to optimised standard care (NICE TA1075 & NICE TA942). Canagliflozin also has a licence for diabetic kidney disease – see SPC. (*currently under consultation March 2026)

The UK patent for dapagliflozin has recently been ruled invalid, allowing generic dapagliflozin products to enter the market. NHS England (NHSE) supports Integrated Care Boards (ICBs) in switching patients currently prescribed other SGLT2 inhibitors to generic dapagliflozin. There is strong evidence for a class effect across SGLT2 inhibitors[1-7], meaning that switching from branded products to the most cost-effective option - generic dapagliflozin - maintains clinical efficacy.

NICE NG28 also supports the use of dapagliflozin when it is the least expensive suitable SGLT2 inhibitor, as this reduces the overall cost of implementing guideline recommendations without compromising quality of care.

As a result, the formulary traffic-light status for SGLT2 inhibitors has been updated, with dapagliflozin now designated as the preferred first-line SGLT2 inhibitor across BNSSG.

This switch guidance document is designed to support practices in transitioning patients currently prescribed branded dapagliflozin (Forxiga®), canagliflozin, empagliflozin or ertugliflozin to generic dapagliflozin, enabling the health system to realise the significant savings associated with wider use of the generic product. This guidance has been reviewed by specialist renal and cardiology teams, who are supportive of the proposed switch. Both teams are satisfied that the recommendations are clinically appropriate and aligned with current evidence and best practice.

This switch should be prioritised and completed before the end of May 2026 to enable the system to benefit from almost a full year of cost savings. Please contact us for support if this deadline is not achievable.

Prescribing information: SPC

- The recommended dose of dapagliflozin for all indications is 10mg once daily.
- Can be taken at any time of day and does not need to be taken with food.
- No dose adjustment is required based on renal function although it is not recommended to initiate dapagliflozin in patients with an eGFR <15 ml/min/1.73 m^2 treatment may be continued below this. As with all SGLT2i, the glucose lowering efficacy of dapagliflozin is dependent on renal function and is reduced when eGFR <45 ml/min/1.73 m^2, additional glucose lowering treatment should be considered in patients with type 2 diabetes mellitus.
- There is no indication for additional testing for either eGFR and/or urine ACR when switching to generic dapagliflozin - Use of generic dapagliflozin in CKD: UKKA statement | UK Kidney Association eGFR should be monitored as per routine clinic care for each indication.
- No dose adjustment is necessary for patients with mild or moderate hepatic impairment. In patients with severe hepatic impairment (Child-Pugh class C), a starting dose of 5mg dapagliflozin is recommended. If well tolerated, the dose can be increased to 10mg.
- SGTL2i may increase renal lithium excretion, and the blood lithium levels may be decreased. Any patients prescribed lithium who have their SGLT2i switched as part of this project should have their lithium levels monitored more frequently SPS.
- HbA1c should continue to be monitored where indicated, at routine 3–6 monthly intervals until stable, and 6-monthly thereafter, in line with established NICE guidelines.

Aims:

To review all patients currently prescribed an SGLT2 inhibitor (excluding generic dapagliflozin) and consider switching them to dapagliflozin following assessment against the inclusion and exclusion criteria overleaf.

Inclusion/Exclusion criteria:

Inclusion Criteria	Exclusion Criteria
• Patients aged 18 years and older currently prescribed branded dapagliflozin (Forxiga®) empagliflozin (Jardiance®), canagliflozin (Invokana®) and ertugliflozin (Steglatro®)	• Previous intolerance/hypersensitivity to dapagliflozin or Forxiga® or any of the excipients listed in the SPC • Previous treatment failure with dapagliflozin or Forxiga® • Patients under the age of 18 years • Pregnancy or breast feeding (All SGLT2i's contraindicated) • Patients with severely impaired renal function (eGFR < 15 ml/min/1.73 m^2) **if new** to dapagliflozin • Palliative patients • Patients with Type 1 Diabetes (SGLT2i's not licensed for this patient cohort) • Patients who have a history of diabetic ketoacidosis (DKA) • Patients with Class IV Heart Failure

EMIS Searches

The following EMIS searches are available to support with this task (EMIS searches can be found in the **"MOP Area > 2026/27 PQS Projects > Dapagliflozin switch"** folder) :

1a. Currently prescribed Forxiga®:

This search identifies adult patients currently prescribed branded dapagliflozin Forxiga® (For an indication of patient numbers please see the table at the end of the document)

1. Clinical Review:

- Determine if any of the exclusion criteria apply. If a patients eGFR has dropped below 15ml/min/1.73m2 whilst on dapagliflozin you should highlight this to the relevant practice clinician to support discussion with heart failure or renal specialists (A&G route for NBT renal consultant opinion) about ongoing use of dapagliflozin.
- Switch from Forxiga® to generic Dapagliflozin at the same dose, ensuring Forxiga® is moved to past drugs.
- Document actions on the patients EMIS record.

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). An example patient letter and AccuRx message has been included in Appendix 1 to support this.

1b. Currently prescribed canagliflozin (invokana®), empagliflozin (Jardiance®) and ertugliflozin (Steglatro®):

This search identifies adult patients currently prescribed canagliflozin (invokana®), empagliflozin (Jardiance®) and ertugliflozin (Steglatro®). (For an indication of patient numbers please see the table at the end of the document)

1. Clinical Review:

- Determine if any of the exclusion criteria apply
- Check for history of adverse effects with dapagliflozin.
- Switch to Dapagliflozin: Dose: 10 mg once daily. (5mg dose should only be used in patients with severe hepatic impairment). Ensuring the previous SGLT2i is moved to past drugs
- Document actions on patients EMIS record

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). A template letter and AccuRx message example have been provided in Appendix 2.

1c. Currently prescribed a fixed dose combination product

This search identifies adult patients currently prescribed dapagliflozin + metformin (Xigduo®), dapagliflozin + saxagliptin (Qtern®), empagliflozin + linagliptin (Glyxambi®), empagliflozin + metformin (Synjardy®) or canagliflozin + metformin (Vokanamet®), sub-searches break the cohort down into those prescribed fixed dose combination products whose review and management can be handled in the same way. (For an indication of patient numbers please see the table at the end of the document)

1c1. Currently prescribed an alternative SGLT2i + metformin fixed dose combination product - canagliflozin + metformin (Vokanamet®) or empagliflozin + metformin (Synjardy®)

1. Clinical Review:

- Determine if any of the exclusion criteria apply
- Assess renal function (eGFR).
    - Check that the patient has had an eGFR recorded in the previous 12 months. This should be done at least annually as part of their annual

Long-Term Condition (LTC) monitoring (NB many surgeries operate on birth month reviews)
    - If eGFR recorded > 12 months ago and no LTC review booked, highlight to the relevant practice clinician for that indication (e.g. diabetic or heart failure nurse etc) before attempting the switch.
    - If eGFR is less than 45 mL/min/1.73 m^2 you should highlight the patient to the relevant practice clinician to review the metformin dosage, noting if eGFR is less than 30 mL/min/1.73 m^2 consideration should be given to stopping metformin.
- Check for history of adverse effects with dapagliflozin.
- Switch to Dapagliflozin: Dose: 10 mg once daily. (5mg dose should only be used in patients with severe hepatic impairment) **and** the equivalent dose of metformin, ensuring the fixed dose combination product is moved to past drugs and the total daily equivalent dose of metformin is still prescribed and with the same frequency as before i.e. bd, ensuring the fixed dose combination product is moved to past drugs
- Document actions on patients EMIS record

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). A template letter and AccuRx message example have been provided in Appendix 3.

1c2. Currently prescribed fixed dose combination product - dapagliflozin + metformin (Xigduo®)

1. Clinical Review:

- Determine if any of the exclusion criteria apply.
- Assess renal function (eGFR)
    - Check that the patient has had an eGFR recorded in the previous 12 months. This should be done at least annually as part of their annual Long-Term Condition (LTC) monitoring (NB many surgeries operate on birth month reviews)
        - If eGFR recorded > 12 months ago and no LTC review booked, highlight to the relevant practice clinician for that indication (e.g. diabetic or heart failure nurse etc) before attempting the switch.
        - If eGFR is less than 45 mL/min/1.73 m^2 you should highlight the patient to the relevant practice clinician to review the metformin dosage, noting if eGFR is less than 30 mL/min/1.73 m^2 consideration should be given to stopping metformin.
        - If a patients eGFR has dropped below 15ml/min/1.73m2 whilst on dapagliflozin you should highlight these to the relevant practice

clinician to support discussion with heart failure or renal specialist (A&G route for NBT renal consultant opinion) about ongoing use of dapagliflozin.

- Switch to Dapagliflozin: Dose: 10 mg once daily. (5mg dose should only be used in patients with severe hepatic impairment) **and** the equivalent dose of metformin, ensuring the fixed dose combination product is moved to past drugs and the total daily equivalent dose of metformin is still prescribed and with the same frequency as before i.e. bd, ensuring the fixed dose combination product is moved to past drugs
- Document actions on patients EMIS record

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). A template letter and AccuRx message example have been provided in Appendix 4.

1c3. Currently prescribed fixed dose combination product - dapagliflozin + saxagliptin (Qtern®)

As part of these reviews' DPP4 inhibitor prescribing will also be reviewed switching patients to the ICB preferred first line DPP4 inhibitor Sitagliptin where applicable.

1. Clinical Review:

- Determine if any of the exclusion criteria apply excluding the eGFR exclusion as the patient is already taking dapagliflozin. If a patients eGFR has dropped below 15ml/min/1.73m2 whilst on dapagliflozin you should highlight these to the relevant practice clinician to support discussion with heart failure or renal specialist (A&G route for NBT renal consultant opinion) about ongoing use of dapagliflozin.
- Check for history of adverse effects with dapagliflozin.
- Check for a history of adverse effects with sitagliptin.
- Switch to Dapagliflozin: Dose: 10 mg once daily. (5mg dose should only be used in patients with severe hepatic impairment) **and** the appropriate dose of sitagliptin, based on eGFR as per the table below, ensuring the fixed dose combination product is moved to past drugs

eGFR (ml/minute/1.73m^2)	**Sitagliptin Dose**
≥45	100mg once daily
≥30 to <45	50mg once daily
< 30	25mg once daily

- Document actions on patients EMIS record

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). A template letter and AccuRx message example have been provided in Appendix 5.

1c4. Currently prescribed fixed dose combination product - empagliflozin + linagliptin (Glyxambi®)

As part of these reviews' DPP4 inhibitor prescribing will also be reviewed switching patients to the ICB preferred first line DPP4 inhibitor Sitagliptin where applicable.

1. Clinical Review:

- Determine if any of the exclusion criteria apply
- Assess renal function (eGFR).
    - Check that the patient has had an eGFR recorded in the previous 12 months. This should be done at least annually as part of their annual Long-Term Condition (LTC) monitoring (NB many surgeries operate on birth month reviews)
        - If eGFR recorded > 12 months ago and no LTC review booked, highlight to the relevant practice clinician for that indication (e.g. diabetic or heart failure nurse etc) before attempting the switch.
- Check for history of adverse effects with dapagliflozin.
- Check for a history of adverse effects with sitagliptin.
- Switch to Dapagliflozin: Dose: 10 mg once daily. (5mg dose should only be used in patients with severe hepatic impairment) **and** the appropriate dose of sitagliptin, based on eGFR as per the table below, ensuring the fixed dose combination product is moved to past drugs

eGFR (ml/minute/1.73m^2)	**Sitagliptin Dose**
≥45	100mg once daily
≥30 to <45	50mg once daily
< 30	25mg once daily

- Document actions on patients EMIS record

2. Patient information –

Communicate with the patient regarding the change in prescription (each practice will have a preference as to how this is done). A template letter and AccuRx message example have been provided in Appendix 6.

Results:

Dapagliflozin prescribing will be monitored routinely by the MO team through ePACT and EMIS data.

Please return the learning section below to: mailto:bnssg.medicines-optimisation@nhs.net by 31st May 2026.

Practice learning from the project:

Please summarise:

a) **The specific learning points for your practice, from completing this task:**

b) **Any actions the practice has agreed to implement as a result:**

References:

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3. Bhosle D, Indurkar S, Quadri U, Chandekar B. A Comparative Study of efficacy and safety of different sodium glucose co-transporter 2 (SGLT-2) inhibitors in the management of patients with type II diabetes mellitus. The Journal of the Association of Physicians of India. 2022; 70(6): 11-12. DOI: 10.5005/japi-11001-0001. PMID: 35702841

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5. Kidney Disease: Improving Global Outcomes (KDIGO) Diabetes Work Group. KDIGO 2020 clinical practice guideline for diabetes management in chronic kidney disease. Kidney Int. 2020; 98(4S): S1-S115. doi: 10.1016/j.kint.2020.06.019.

6. Neuen BL, Young T, Heerspink HJL et al. SGLT2 inhibitors for the prevention of kidney failure in patients with type 2 diabetes: a systematic review and meta-analysis. Lancet Diabetes Endocrinol. 2019; 7(11): 845-854. doi: 10.1016/S2213-8587(19)30256-6

7. Kim JH, Yoon YC, Kim YH et al. Cardiovascular outcomes between dapagliflozin versus empagliflozin in patients with diabetes mellitus. Clin Cardiol. 2024 Feb; 47(3): e24248. doi: 10.1002/clc.24248.

Appendix 1 – Template letter for switching from Forxiga® to generic dapagliflozin.

Information in red will need to be amended according to the patient's current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Forxiga® has been changed to dapagliflozin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

After reviewing your medical notes, we will be changing your branded Forxiga® (dapagliflozin) **XXmg** tablets to generic **dapagliflozin**. Forxiga® is the brand name for dapagliflozin, so you are remaining on the same medicine at the same dose the only difference is the manufacturer and packaging. Using the generic (non-branded) version helps the NHS save money, which can then be invested in other patient services.

When you next request your medication, you will notice the following change:

Forxiga® XXmg tablets have been changed to

Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY

You do not need to do anything. The practice will make this change for you, and your medication record will be updated.

If you still have a supply of your current **Forxiga®** tablets, please continue to take them until they are finished before starting your **Dapagliflozin XXmg tablets** as this helps prevent duplication and reduces medicine waste. **Do not take both medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely,

INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called Forxiga has been changed to dapagliflozin XXmg, Forxiga® is the brand name for dapagliflozin, so you are remaining on the same medicine at the same dose the only difference is the manufacturer and packaging. Please finish using all the medicine you currently have before starting on the new version.

Appendix 2 – Template letter for switching from alternative SGLT2i to generic dapagliflozin.

Information in red will need to be amended according to patients' current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Alternative SGLT2i has been changed to dapagliflozin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

After reviewing your medical notes, we will be changing your **alternative SGLT2i XXmg** to an equivalent strength of **dapagliflozin**. Dapagliflozin is now the NHS's preferred medicine in this group because the original brand's patent has expired. Using dapagliflozin instead helps the NHS save money, which can then be reinvested into other patient services.

Dapagliflozin belongs to the same family of medicines as your current treatment and works in a very similar way. You should continue to get the same benefits. The appearance of the tablets will be different, but you should not notice any other change. The possible side effects are also similar, although not everybody experiences them. Further information is available in the patient information leaflet provided with the medicine.

When you next request your medication, you will notice the following change:

Alternative SGLT2i XXmg tablets have been changed to **Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY**

You do not need to do anything. The practice will update your medication record and make this change for you.

If you still have a supply of your current SGLT2 inhibitor, please continue to take it until it is finished before starting the new **dapagliflozin XXmg tablets** as this helps prevent duplication and reduces medicine waste. **Do not take both medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely, INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called XX has been changed to dapagliflozin XXmg, which is from the same family as your old medication and contains a similar active ingredient. The appearance of the new medication will be different, but it is equally effective. Please finish using all the medicine you currently have before starting on the new version.

Appendix 3 – Template letter for switching from alternative SGLT2i + metformin fixed dose combination product to generic dapagliflozin and metformin.

Information in red will need to be amended according to patients' current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Alternative SGLT2i has been changed to dapagliflozin tablets and metformin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

After reviewing your medical notes, we will be changing your current medication **alternative SGLT2i XXmg** (combined tablet) to two separate tablets: **dapagliflozin and metformin tablets**. Dapagliflozin is now the NHS's preferred medicine in this group because the original brand's patent has expired. Using dapagliflozin instead helps the NHS save money, which can then be reinvested into other patient services.

Dapagliflozin belongs to the same family of medicines as your current treatment and works in a very similar way. Metformin will remain part of your treatment and will continue. Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. The possible side effects are also similar, although not everybody experiences them. Further information is available in the patient information leaflet provided with the medicine.

When you next request your medication, you will notice the following change:

Alternative SGLT2i XXmg tablets have been changed to **Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY AND Metformin XXmg tablets Dose: Take XX**

You do not need to do anything. The practice will update your medication record and make this change for you.

If you still have a supply of your current SGLT2 inhibitor, please continue to take it until it is finished before starting the new **dapagliflozin XXmg tablets AND metformin XXmg tablets** as this helps prevent duplication and reduces medicine waste. **Do not take both the old and new medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely,

INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called **alternative SGLT2i XXmg** (combined tablet) will be changing to two separate tablets: **dapagliflozin and metformin tablets** Dapagliflozin belongs to the same family of medicines as your current treatment and works in a very similar way. Metformin will remain part of your treatment and continue. Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. Please finish using all the medicine you currently have before starting on the new tablets.

Appendix 4 – Template letter for switching from dapagliflozin + metformin fixed dose combination product to generic dapagliflozin and metformin.

Information in red will need to be amended according to patients' current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Alternative SGLT2i has been changed to dapagliflozin tablets and metformin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

After reviewing your medical notes, we will be changing your current medication **alternative SGLT2i XXmg** (combined tablet) to two separate tablets: **dapagliflozin and metformin tablets**.

You are remaining on the same medicine at the same dose the only difference is they will now be prescribed as **individual tablets instead of a combined tablet**. This change allows the NHS to use the most cost-effective version of dapagliflozin while ensuring you continue to receive the same clinical benefits.

When you next request your medication, you will notice the following change:

Alternative SGLT2i XXmg tablets have been changed to **Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY AND Metformin XXmg tablets: Take XX**

You do not need to do anything. The practice will update your medication record and make this change for you.

If you still have a supply of your current SGLT2 inhibitor, please continue to take it until it is finished before starting the new **dapagliflozin XXmg tablets AND metformin XXmg tablets** as this helps prevent duplication and reduces medicine waste. **Do not take both the old and new medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely, INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called **alternative SGLT2i XXmg** (combined tablet) will be changing to two separate tablets: **dapagliflozin and metformin tablets** Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. Please finish using all the medicine you currently have before starting on the new tablets.

Appendix 5 – Template letter for switching from dapagliflozin + saxagliptin fixed dose combination product to generic dapagliflozin and sitagliptin.

Information in red will need to be amended according to patients' current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Alternative fixed dose combination product has been changed to dapagliflozin tablets and sitagliptin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

You are currently taking a **combined tablet that contains the SGLT2 inhibitor dapagliflozin and a DPP-4 inhibitor XX (a type of diabetes medicine)**. After reviewing your medical records, we will be changing this to **two separate tablets: dapagliflozin and sitagliptin**.

Dapagliflozin will remain part of your treatment and will continue. Sitagliptin belongs to the same family of medicines as your current treatment and works in a very similar way. Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. The possible side effects are also similar, although not everybody experiences them. Further information is available in the patient information leaflet provided with the medicine. This change allows the NHS to use the most cost-effective version of dapagliflozin and sitagliptin while ensuring you continue to receive the same clinical benefits.

When you next request your medication, you will notice the following change:

Alternative SGLT2i XXmg tablets have been changed to **Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY AND Sitagliptin XXmg tablets: Take ONE tablet DAILY**

You do not need to do anything. The practice will update your medication record and make this change for you.

If you still have a supply of your current SGLT2 inhibitor, please continue to take it until it is finished before starting the new **dapagliflozin XXmg tablets AND sitagliptin XXmg tablets** as this helps prevent duplication and reduces medicine waste. **Do not take both the old and new medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely,

INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called **alternative SGLT2i XXmg** (combined tablet) will be changing to two separate tablets: **dapagliflozin and sitagliptin tablets** Dapagliflozin remains the same. Sitagliptin belong to the same family of medicines as your current treatment and works in a very similar way. Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. Please finish using all the medicine you currently have before starting on the new tablets.

Appendix 6 – Template letter for switching from empagliflozin + linagliptin fixed dose combination product to generic dapagliflozin and sitagliptin.

Information in red will need to be amended according to patients' current prescription and practice plan.

Dear INSERT PATIENT NAME,

Re: Important information about a change to your repeat prescription

Alternative fixed dose combination product has been changed to individual dapagliflozin tablets and sitagliptin tablets.

As a practice, we regularly review the medicines our patients take to ensure they remain appropriate and follow the latest national guidance. We are currently reviewing a group of medicines called **sodium-glucose cotransporter-2 (SGLT2) inhibitors**. These medicines help lower blood glucose in people with type 2 diabetes, and they can also reduce hospital admissions and help symptoms such as tiredness for heart failure and slow the progression of kidney disease.

You are currently taking a **combined tablet that contains an SGLT2 inhibitor XX and a DPP-4 inhibitor XX (a type of diabetes medicine) and**. After reviewing your medical records, we will be changing this to **two separate tablets: dapagliflozin and sitagliptin**.

You will continue to receive the **same types of medication**, but as individual tablets instead of a combined tablet.

Dapagliflozin is now the NHS's preferred SGLT2 inhibitor because a lower-cost generic version is available.

Sitagliptin is now the NHS's preferred DPP-4 inhibitor because of its lower cost.

Switching to separate dapagliflozin and sitagliptin tablets allows the NHS to use the most cost-effective medications while ensuring you continue to receive the same clinical benefits.

When you next request your medication, you will notice the following change:

Alternative SGLT2i XXmg tablets have been changed to **Dapagliflozin XXmg tablets Dose: Take ONE tablet DAILY AND Sitagliptin XXmg tablets: Take ONE tablet DAILY**

You do not need to do anything. The practice will update your medication record and make this change for you.

If you still have a supply of your current SGLT2 inhibitor, please continue to take it until it is finished before starting the new **dapagliflozin XXmg tablets AND sitagliptin**

XXmg tablets as this helps prevent duplication and reduces medicine waste. **Do not take both the old and new medicines at the same time.**

If you have any questions or concerns, please do not hesitate to contact the practice, or talk to your community pharmacist.

Yours sincerely,

INSERT GP PRACTICE NAME

Example AccuRx text message - Information in red will need to be amended according to the patient's current prescription and practice plan.

The medicine you are currently taking called XX has been changed to dapagliflozin XXmg and Sitagliptin XXmg. Dapagliflozin and Sitagliptin belong to the same family of medicines as your current treatment and works in a very similar way. Taking the medicines as two separate tablets will give you the same clinical benefit as the combined tablet. Please finish using all the medicine you currently have before starting on the new tablets.

Patients currently prescribed Forxiga®

Organisation	CDB	Population Count
168 Medical Group	L81051	0
Air Balloon Surgery	L81038	0
ALMONDSBURY SURGERY	L81127	0
Bedminster Family Practice	L81082	0
Beechwood Medical Practice	L81087	0
BIRCHWOOD MEDICAL PRACTICE	L81120	0
Bridge View Medical	L81007	[redacted]
Broadmead Medical Centre	Y02578	0
Cadbury Heath Healthcare	L81130	0
Charlotte Keel Medical Practice	L81015	[redacted]
Clevedon Medical Centre	L81040	0
CLOSE FARM SURGERY	L81050	0
Concord Medical Centre	L81019	[redacted]
Courtside Surgery	L81024	0
Downend Health Group	L81026	0
Downton Road Surgery	L81095	[redacted]
EAST TREES HEALTH CENTRE	L81023	0
EMERSONS GREEN MEDICAL CENTRE	L81632	0
Fallodon Way Medical Centre	L81131	0
Fireclay Health	L81062	0
Frome Valley Medical Centre	L81014	0
GLOUCESTER ROAD MEDICAL CENTRE	L81078	[redacted]
GRAHAM ROAD SURGERY	L81016	0
Grange Road Surgery	L81054	0
Greenway Community Practice	L81098	0
HANHAM HEALTH	L81079	0
Harbourside Family Practice	L81600	0
HARTWOOD HEALTHCARE	L81083	0
Heywood Surgery	L81085	19
Hillview Family Practice	L81041	0
Homeless Health Service	Y02873	0
Horfield Health Centre	L81022	[redacted]
Horizon Health Centre	L81670	0
Kennedy Way Surgery	L81042	0
Kingswood Health Centre	L81063	0
Lawrence Hill Health Centre	L81089	0
Leap Valley Surgery	L81046	[redacted]
Lennard Surgery	L81053	0
MENDIP VALE MEDICAL PRACTICE	L81086	0
MONTPELIER HEALTH CENTRE	L81012	[redacted]
MVMG - Monks Park, Coniston, Sea Mills, Southmead	L81669	0

Nightingale Valley Practice	L81033	0
ORCHARD MEDICAL CENTRE	L81055	0
Pembroke Road Surgery	L81081	0
Pioneer Medical Group	L81037	0
Portishead Medical Group	L81004	0
Priory Surgery	L81084	0
Severn View Family Practice	L81018	0
Shirehampton Group Practice	L81008	0
St. Mary Street Surgery	L81103	0
Stafford Medical Group	L81066	0
Stockwood Medical Centre	L81009	0
Stokes Medical Group	L81118	0
Streamside Surgery	L81106	0
Students' Health Service	L81133	0
THE ARMADA FAMILY PRACTICE	L81031	0
The Cedars Surgery	L81643	[redacted]
The Family Practice	L81090	0
The Fishponds Family Practice	L81013	0
The Milton Surgery	L81058	0
THE OLD SCHOOL SURGERY	L81075	0
The Wellspring Surgery	L81061	0
THREE SHIRES MEDICAL PRACTICE	L81029	16
Tudor Lodge Surgery	L81044	0
Tyntesfield Medical Group	L81034	0
Wellington Road Family Practice	L81642	0
Wells Road Surgery	L81125	0
West Walk Surgery	L81047	0
Westbury-On-Trym Surgery	L81017	0
Whiteladies Medical Group	L81091	0
Winscombe & Banwell Family Practice	L81021	0
Total		48

Patients currently prescribed Canagliflozin, Empagliflozin or Ertugliflozin

Organisation	CDB	Population Count
168 Medical Group	L81051	138
Air Balloon Surgery	L81038	74
ALMONDSBURY SURGERY	L81127	56
Bedminster Family Practice	L81082	123
Beechwood Medical Practice	L81087	62
BIRCHWOOD MEDICAL PRACTICE	L81120	57
Bridge View Medical	L81007	129
Broadmead Medical Centre	Y02578	14
Cadbury Heath Healthcare	L81130	34
Charlotte Keel Medical Practice	L81015	121
Clevedon Medical Centre	L81040	79
CLOSE FARM SURGERY	L81050	22
Concord Medical Centre	L81019	100
Courtside Surgery	L81024	100
Downend Health Group	L81026	187
Downton Road Surgery	L81095	95
EAST TREES HEALTH CENTRE	L81023	64
EMERSONS GREEN MEDICAL CENTRE	L81632	108
Fallodon Way Medical Centre	L81131	24
Fireclay Health	L81062	165
Frome Valley Medical Centre	L81014	104
GLOUCESTER ROAD MEDICAL CENTRE	L81078	103
GRAHAM ROAD SURGERY	L81016	65
Grange Road Surgery	L81054	64
Greenway Community Practice	L81098	112
HANHAM HEALTH	L81079	34
Harbourside Family Practice	L81600	39
HARTWOOD HEALTHCARE	L81083	47
Heywood Surgery	L81085	31
Hillview Family Practice	L81041	59
Homeless Health Service	Y02873	0
Horfield Health Centre	L81022	149
Horizon Health Centre	L81670	25
Kennedy Way Surgery	L81042	54
Kingswood Health Centre	L81063	62
Lawrence Hill Health Centre	L81089	98
Leap Valley Surgery	L81046	102
Lennard Surgery	L81053	49
MENDIP VALE MEDICAL PRACTICE	L81086	344
MONTPELIER HEALTH CENTRE	L81012	69

MVMG - Monks Park, Coniston, Sea Mills, Southmead	L81669	209
Nightingale Valley Practice	L81033	139
ORCHARD MEDICAL CENTRE	L81055	51
Pembroke Road Surgery	L81081	50
Pioneer Medical Group	L81037	96
Portishead Medical Group	L81004	99
Priory Surgery	L81084	76
Severn View Family Practice	L81018	117
Shirehampton Group Practice	L81008	52
St. Mary Street Surgery	L81103	18
Stafford Medical Group	L81066	121
Stockwood Medical Centre	L81009	77
Stokes Medical Group	L81118	158
Streamside Surgery	L81106	38
Students' Health Service	L81133	0
THE ARMADA FAMILY PRACTICE	L81031	76
The Cedars Surgery	L81643	66
The Family Practice	L81090	46
The Fishponds Family Practice	L81013	80
The Milton Surgery	L81058	110
THE OLD SCHOOL SURGERY	L81075	95
The Wellspring Surgery	L81061	58
THREE SHIRES MEDICAL PRACTICE	L81029	38
Tudor Lodge Surgery	L81044	74
Tyntesfield Medical Group	L81034	68
Wellington Road Family Practice	L81642	15
Wells Road Surgery	L81125	10
West Walk Surgery	L81047	82
Westbury-On-Trym Surgery	L81017	46
Whiteladies Medical Group	L81091	68
Winscombe & Banwell Family Practice	L81021	41
Total		5636

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Patients currently prescribed fixed dose combination products

Organisation	CDB	Population Count
168 Medical Group	L81051	[redacted]
Air Balloon Surgery	L81038	0
ALMONDSBURY SURGERY	L81127	0
Bedminster Family Practice	L81082	[redacted]
Beechwood Medical Practice	L81087	48
BIRCHWOOD MEDICAL PRACTICE	L81120	0
Bridge View Medical	L81007	[redacted]
Broadmead Medical Centre	Y02578	[redacted]
Cadbury Heath Healthcare	L81130	[redacted]
Charlotte Keel Medical Practice	L81015	[redacted]
Clevedon Medical Centre	L81040	13
CLOSE FARM SURGERY	L81050	[redacted]
Concord Medical Centre	L81019	[redacted]
Courtside Surgery	L81024	0
Downend Health Group	L81026	[redacted]
Downton Road Surgery	L81095	0
EAST TREES HEALTH CENTRE	L81023	0
EMERSONS GREEN MEDICAL CENTRE	L81632	0
Fallodon Way Medical Centre	L81131	[redacted]
Fireclay Health	L81062	[redacted]
Frome Valley Medical Centre	L81014	0
GLOUCESTER ROAD MEDICAL CENTRE	L81078	0
GRAHAM ROAD SURGERY	L81016	[redacted]
Grange Road Surgery	L81054	[redacted]
Greenway Community Practice	L81098	0
HANHAM HEALTH	L81079	[redacted]
Harbourside Family Practice	L81600	[redacted]
HARTWOOD HEALTHCARE	L81083	12
Heywood Surgery	L81085	[redacted]
Hillview Family Practice	L81041	0
Homeless Health Service	Y02873	0
Horfield Health Centre	L81022	[redacted]
Horizon Health Centre	L81670	0
Kennedy Way Surgery	L81042	11
Kingswood Health Centre	L81063	0
Lawrence Hill Health Centre	L81089	13
Leap Valley Surgery	L81046	0
Lennard Surgery	L81053	[redacted]
MENDIP VALE MEDICAL PRACTICE	L81086	[redacted]
MONTPELIER HEALTH CENTRE	L81012	[redacted]

MVMG - Monks Park, Coniston, Sea Mills, Southmead	L81669	[redacted]
Nightingale Valley Practice	L81033	0
ORCHARD MEDICAL CENTRE	L81055	[redacted]
Pembroke Road Surgery	L81081	0
Pioneer Medical Group	L81037	[redacted]
Portishead Medical Group	L81004	0
Priory Surgery	L81084	[redacted]
Severn View Family Practice	L81018	0
Shirehampton Group Practice	L81008	0
St. Mary Street Surgery	L81103	0
Stafford Medical Group	L81066	38
Stockwood Medical Centre	L81009	[redacted]
Stokes Medical Group	L81118	[redacted]
Streamside Surgery	L81106	0
Students' Health Service	L81133	0
THE ARMADA FAMILY PRACTICE	L81031	[redacted]
The Cedars Surgery	L81643	[redacted]
The Family Practice	L81090	[redacted]
The Fishponds Family Practice	L81013	0
The Milton Surgery	L81058	[redacted]
THE OLD SCHOOL SURGERY	L81075	0
The Wellspring Surgery	L81061	0
THREE SHIRES MEDICAL PRACTICE	L81029	0
Tudor Lodge Surgery	L81044	[redacted]
Tyntesfield Medical Group	L81034	0
Wellington Road Family Practice	L81642	0
Wells Road Surgery	L81125	0
West Walk Surgery	L81047	0
Westbury-On-Trym Surgery	L81017	0
Whiteladies Medical Group	L81091	0
Winscombe & Banwell Family Practice	L81021	0
Total		202

Levemir switch guidance document

Background:

Novo Nordisk will discontinue Levemir® (insulin detemir) in both Penfill® and FlexPen® forms, with UK supply anticipated to end by December 2026 (see Medicine Supply Notification - MSN/2025/036 - SPS: Discontinuation of Insulin detemir (Levemir FlexPen) 100units/ml solution for injection 3ml pre-filled pens and insulin detemir (Levemir Penfill) 100units/ml solution for injection 3ml cartridges (Login Required)

There are currently 599 patients prescribed Levemir FlexPen® and 586 patients prescribed Levemir Penfill® in BNSSG. Approximately 80% of these patients are living with Type 1 diabetes and most will be under secondary care review, however, due to capacity pressures, not all patients can be seen before December 2026 to facilitate a clinical review and insulin switch.

It is essential that all patients are reviewed and switched to an alternative insulin within the available timeframe to ensure –

- continued access to a suitable insulin preparation
- appropriate training on new devices
- clear dose instructions
- safe follow-up after switching

To support practices in completing this work, it has been agreed that practices will receive £49 per patient switched from Levemir to an alternative insulin in the **All other Adult** cohort listed below, following the guidance in this document.

Prescribing information:

To support with forecasting and management of insulin stocks ICBs were asked to nominate preferred alternative basal insulins. Local diabetes specialists have agreed the following recommendations for implementation at patients' next diabetes reviews:

- **Children and Young People aged under 18** –
  - will be switched to Lantus (glargine) insulin by hospital teams.
  - Lantus offers half dose options which may be more suitable for children.
- **Adults, Type 1 diabetes using an insulin pump or HCL** –
  - will be switched by the Pump teams to the most appropriate alternative at their next review.
- **All other Adults** –
  - will be switched to either Semglee pre-filled pens or Lantus cartridges with provision of an appropriate reusable pen device either AllStar Pro or Junior Star
  - this will be carried out at their next diabetes review (if this is scheduled after October 2026 this should be brought forward to allow timely switching of insulin before stock supplies are exhausted).

Joint clinical guidance from the Primary Care Diabetes & Obesity Society and the Association of British Clinical Diabetologists can be found here.

Aims:

This document supports clinicians in general practice to

- identify patients currently prescribed Levemir
- arrange timely review and
- safely switch to an alternative basal insulin.

EMIS Searches

The following EMIS searches are available to support with this task and can be found in the **"MOP Area > 2026/27 PQS Projects > Levemir switch"** folder:

1. Currently prescribed Levemir FlexPen:

This search identifies patients aged 18 years or older who are currently prescribed Levemir FlexPen

2. Currently prescribed Levemir Penfill:

This search identifies patients aged 18 years or older currently prescribed Levemir Penfill

Method -

- Use the EMIS searches to identify adults currently prescribed Levemir.
- Arrange a review aligned with the patient's next annual diabetes review, provided this allows switching before December 2026. If not, bring the patient in earlier to ensure timely switching – we would encourage all switched to be undertaken by 31st October 2026.
- Patients using an insulin pump do not need to be reviewed in practice.
- Practices should submit the quarterly claim form (Appendix 1) to: bnssg.medicines-optimisation@nhs.net

Prescribing considerations -

- Review whether the current insulin regimen for Type 2 diabetes could be optimised, e.g., switching insulin types or incorporating non-insulin therapies as per NICE NG28.
- Consider manual dexterity, vision and any need for support with insulin administration
- Ensure patients/carers understand the new dose and any changes in device type including how to use the new pen, providing written product information.

- When switching basal insulins as absorption and potency differ consider a dose reduction of 10–20% initially to reduce hypoglycaemia risk.
- After switching, monitoring should include:
  - capillary blood glucose at least 4× daily or CGM data
  - ketone testing where indicated
  - *Note*: HbA1c is not suitable to assess short-term stability after switching.
- For patients with very unstable glucose, unexpectedly high insulin doses or possible lipohypertrophy review injection technique and sites.
  (Lipohypertrophy may require significant dose adjustment when injecting into unaffected sites)
- Provide education and support for safe dose adjustment, including sick-day rules.
- Ensure effective safety-netting and advise patients to report concerns about glucose control.
- Patients should be reviewed:
  - **2–3 weeks** after switching for dose titration
  - **1–2 weeks** for those at higher risk of dysglycaemia
- Patients allergic to alternative insulins should be referred to specialist allergy or diabetes services.

- For advice, clinicians should use the embedded SBAR template 

when making enquiries and contact the following services as appropriate:
  - For patients already under hospital diabetes teams:
    - BRI: adult.dsn@uhbw.nhs.uk
    - NBT: diabetesspecialistnurse@nbt.nhs.uk
    - Weston: westondiabetesspecialistnurses@uhbw.nhs.uk
  - For patients not under hospital teams:
    - sirona.diabetesadvice@nhs.net

Results:

- The MO team will monitor the number of patients switched using the monthly claim forms and EMIS data.
- Please return the summary table and learning section below to: bnssg.medicines-optimisation@nhs.net by 31st December 2026.

Practice learning from the project

Please summarise:

a) The specific learning points for your practice, from completing this task:

b) Any actions the practice has agreed to implement as a result:

Appendix 1: Medicines Optimisation 2026/27 – Levemir switch project

Quarterly claim form – Levemir switch project

Practice name:……

Month of Levemir switch	Total number of patients switched from Levemir to Semglee pre-filled pen	Total number of patients switched from Levemir to Lantus penfill	Total number of patients switched from Levemir to other (please specify)
April 2026			
May 2026			
June 2026			
July 2026			
August 2026			
September 2026			
October 2026			
November 2026			
December 2026			

I agree this is a true reflection of the work undertaken by my practice and these medication changes have been clearly recorded on EMIS and appropriately coded with the Lantus medication put in past medicines.

Signature on behalf of the GP Practice

Name……Date……

Signature……

Position……

Please return this completed form on a quarterly basis by email to:
bnssg.medicines-optimisation@nhs.net

Healthier Together
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NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Medicines Optimisation
Update

Issue 102 March 2026

Welcome to the March 2026 edition of the BNSSG Medicines Optimisation Newsletter. This newsletter is published monthly and contains useful information and resources to help ensure that medicines continue to be prescribed both safely and effectively for our local population.

For any Medicines Optimisation queries please contact our Medicines Optimisation Team Administrators via: bnssg.medicines-optimisation@nhs.net

Joint Formulary Updates

- **Traffic Light Status Changes for Sodium-Glucose Transport 2 Inhibitors (SGLT2 inhibitors) for Heart Failure** following update to NICE NG106 Chronic Heart Failure in Adults guideline:
  - Dapagliflozin changed from TLS Amber Specialist Recommended to TLS Green.
  - Empagliflozin changed from TLS Amber Specialist Recommended to TLS Blue.
  Further work is taking place to update supporting local guidelines.
- **Melatonin prescribing for dementia patients:** in February 2026 the Shared Care Protocol for melatonin was updated to incorporate the prescribing of melatonin for patients with dementia who meet the specified prescribing criteria in the protocol and where a 3 month initial prescription and principles of shared care can be met by the initiating prescriber.
- **Trusses:** In December 2025 trusses were removed from Part IXA of the Drug Tariff and are therefore no longer prescribable on FP10 prescription.
  Patients can be referred to the Bristol Centre for Enablement, who will assess the patient and supply if it is deemed clinically appropriate. Further information is available on Remedy. Alternatively patients may wish to purchase one directly from a truss manufacturer.
- **Appliances/ Devices:** the Joint Formulary does not cover all appliances but the Appliances and Part IX guideline page provides further guidance for some commonly prescribed appliances in primary care. Although focussed on non-formulary medicines, general principles for managing non-formulary and unlicensed medicines can be found here.

Metformin Prescribing in Frailty

For frail older adults with diabetes who develop significant unintentional weight loss, please remember to conduct a structured medications review. After appropriate investigations for reversible causes have been completed and no treatable pathology identified, deprescribing should be prioritised before initiating oral nutritional supplementation (ONS). Metformin, while first line in type 2 diabetes, can contribute to anorexia, gastrointestinal disturbance, plus weight loss, and its benefits may be attenuated in the context of frailty, limited life expectancy, or tight glycaemic targets no longer being appropriate.

UK guidance, including recommendations from NICE and consensus statements on frailty and diabetes management, supports individualised glycaemic targets and simplification of therapy, with avoidance of overtreatment and treatment burden. Therefore, in frail patients with ongoing weight loss, reducing or stopping metformin should be considered early, especially where HbA1c is below or near relaxed targets (e.g. 58–75 mmol/mol), prior to prescribing ONS, which may otherwise mask a medication-related contributor to weight loss. This encompasses the deprescribing principles aimed at improving quality of life, minimising adverse drug effects, and avoiding unnecessary interventions. Please see the following guidance for more information BGS Pragmatic prescribing to reduce harm for older people with moderate to severe frailty and DIABETES AND FRAILTY: guidance on the management of patients with Type 2 diabetes .

[redacted]

[redacted]

[redacted]

- [redacted]
- [redacted]
- [redacted]
- [redacted]