

# NORTHERN IRELAND MEDICINES MANAGEMENT Newsletter

Volume 17 Issue 2 February 2026

## Arthritis UK - New Online Support Services

Arthritis UK provides a wide range of free [local](#) and [online](#) information and support for people living with arthritis and other musculoskeletal conditions. A new suite of free online [services](#) has been launched to complement these resources. At least one session is **available every weekday** (excluding bank holidays). These include:

- Physical Activity Classes: Gentle movement to improve flexibility and strength
- Information & Support Talks: Peer-support sessions covering topics such as Managing Pain, Fatigue and Sleep, Mental Wellness sessions (designed with Mental Health Foundation)
- Self-management Programmes: Aimed at building confidence, knowledge, and skills to help people live well with a long-term condition

### Action:

- Make all staff involved in managing long term pain aware of these new online services
- Discuss/share these resources as part of pain management consultations, and encourage patients to consider getting involved



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### NICE Guidance Recently published:

[NICE TA1120](#)  
[NICE TA1119](#)

## Naloxone Supply Pilot

(Take Home & Immediate Emergency)

Naloxone is an opioid antagonist licensed for emergency use in the home or other non-medical setting for reversal of respiratory depression induced by opioids. It has been used world-wide for many years to reverse opioid overdoses in emergency settings. [Amendments to the Human Medicines Regulations \(HMR\)](#) allow the provision of Naloxone from a range of Healthcare Professionals and services, including Community Pharmacies in NI.

SPPG/PHA commenced a pilot in February 2025, as an enhanced element of the Needle and Syringe Exchange Service (NSES), enabling the supply of naloxone from Community Pharmacies.

**The aim of the pilot is to reduce deaths from opioid overdose in the community.** The following types of supply can be made:

- Take Home Naloxone (THN) can be provided for **people >18 years who are at risk of opioid overdose** and for **those who come into contact with people at risk of opioid overdose** (peers/friends/family/carers)
- The [HMR 2012](#) allow Naloxone to be supplied and administered in an emergency, without a prescription, for the purpose of saving a life

A list of Community Pharmacy, Low Threshold and Trust naloxone providers, is available [PHA Harm Reduction Services for people who use drugs website](#).

### Available Forms of Naloxone



Prenoxad<sup>®</sup> 2mg/2ml pre-filled syringe for IM injection



Pebble<sup>®</sup> 1.26mg intra-nasal spray x 2 doses



Nyxoid<sup>®</sup> 1.8mg nasal Naloxone spray

At risk of  
overdose?

**NALOXONE  
SAVES LIVES**

## Practice Update CD SOPs - What you need to know

It is a [legal requirement](#) for **every** GP practice to have a Controlled Drug Standard Operating Procedure (CDSOP) for the management and use of CDs ([Schedules 2–5](#)), **even if no CD stock is held**. This must be updated at least every two years, or sooner if required (e.g. after an adverse incident or new guidance/legislation), dated and noting the new version number - see [Guidance for Managing Controlled Drugs for Prescribers in Primary Care](#). Information on prescriber's responsibilities are detailed in the CD Regulations and on the [GMC](#) and [RPS](#) (non-medical prescribers) websites. Information on the role of the Controlled Drugs Accountable Officer (CDAO) is available [here](#).

The latest Northern Ireland Contract Assurance Framework (NICAF) returns identified some issues regarding practices' CDSOPs. Practices should check that their CDSOP meets requirements:

1. Access: Who has access to CDs
2. Storage: Where CDs are stored
3. Security: Arrangements for storage and transportation of CDs
4. Disposal: How CDs are destroyed
5. Record Keeping: CD register
6. Record Keeping: patient returns (exceptional circumstances only)
7. Incidents/Concerns/Complaints: Who to alert if complications arise
8. Clinical Use: Prescribing, supply, administration, clinical monitoring

**Practices holding no CDs by GPs personally or centrally\* must have a CDSOP** covering points 6-8 above and stating that no CD stock is currently held and that the CDSOP will be updated should this change. Anything else relevant should also be included. **Prescribers have a responsibility to be adequately equipped to treat patients in emergencies** so it is reasonable to have some CD stock e.g. to treat a myocardial infarction.

All staff involved in the management and use of CDs must be familiar with the CDSOP, (treatment room staff, administrative staff, all prescribers including locums, non-medical prescribers and trainees) and should read, date and sign it.

\*Please note buccal midazolam and rectal diazepam are the only CDs permitted to be held centrally. All other CDs must be in the possession of the GP who has ordered them.

## Review prescribing of Diazepam liquid

Diazepam 2mg/5ml oral solution sugar free (licensed) was [discontinued](#) in June 25. There is now no licensed diazepam liquid formulation available. The [GMC](#) recommends prescribing licensed medicines, where available, in preference to unlicensed medicines. Refer to previous [MSN](#).

### Actions for GP practices

- Identify all patients currently prescribed diazepam liquid formulations
- Review need for ongoing use and discontinued if appropriate
- Consider prescribing diazepam tablets for patients able to swallow solid dosage forms, halving the tablets if necessary to make up the dose
- Consider advising crushing and dispersing tablets in water, either whole or halved, for patients unable to swallow tablets (note – this is off-label manipulation)
- Engage with care homes if relevant
- Only consider prescribing unlicensed diazepam liquid from a specials manufacturer if the above options are inappropriate
- Give reasonable notice to local community pharmacists of any prescribing changes to allow them to adjust their stock levels and reassure patients.

### Actions for community pharmacies

- Assess diazepam liquid stock levels in anticipation of potential prescribing change
- Provide direction and reassurance to patients whose prescription has been changed, addressing any concerns regarding changes to their medication.
- Counsel patients on how to halve tablets, or crush and disperse in water, as appropriate.

This newsletter has been produced for GP practices and community pharmacies by the DoH Strategic Planning and Performance Group Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisers](#). Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. Throughout the newsletter, external links are provided to other sites. These links are provided to improve access to information and exist only for the convenience of readers of the Newsletter; SPPG cannot accept responsibility for their content. The SPPG does not necessarily endorse the views expressed within these external websites. We cannot guarantee that these links will work all of the time and we have no control over the availability of the linked pages. This newsletter is not to be used for commercial purposes.