

Category: Medication

Preventing: Patient Harm, Endometrial Hyperplasia

Key words: Unopposed Oestrogen, Expired LNG-IUD 52mg

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Author: Dr Katrin Bjornsson, Dr Ros Morrin

Sharing Learning Points

ORGANISATION



What happened? The prescribing of unopposed oestrogen is considered a Primary Care 'Never Event'. Awareness of multiple instances has arisen since January 2024; the main themes are:

- 5-10 cases where LNG-IUD 52mg have been used for progestogen component of HRT when >5yrs in situ
- Not picked up at annual HRT review that LNG-IUD expired
- LNG-IUD removed at secondary care clinic and practice not informed - oestrogen only HRT continued
- Estrogen patches reissued as acute prescriptions without the progestogen tablets or checking if LNG-IUD still in date
- Confusion regarding brand names – Evorel prescribed rather than Evorel Sequi or Conti
- Inadequate progestogen dose for oestrogen dose
- Non compliance with progestogens due to side effects



What went well?

- Errors identified by practices and advice sought
- SPSP HRT search used by practices
- Prescribing errors rectified and further investigation arranged when indicated
- SEA carried out by some practices



What, if anything, could we improve?

- Communication when coils fitted or removed
- Accurate coding of coils in Primary care with particular note of duration if coil is being used as part of HRT
- Better utilisation of IUD and HRT EMIS templates to aid coding and recall of coils
- Add 'LNG-IUD 52mcg due changed xx/xx/xx' into pharmacy text on Oestrogen-only HRT prescription
- Education of patients and staff regarding the importance of progestogens for endometrial protection with HRT and of durations of use for coils.



What have we learned?

- Unopposed oestrogen prescribing is a risk within NHS Ayrshire and Arran
- Coding and recall systems vary between practices
- There is lack of awareness of available EMIS IUD and HRT templates
- There is confusion around duration of use for LNG-IUD 52mg coils for different indications. Letters from Sexual Health regarding IUD fitting/removal/changes have been updated to make indication and duration of use clearer and recommend adding EMIS codes/recall
- Regular audit of unopposed oestrogen prescribing using the SPSP HRT search is encouraged
- The importance of accurate coding of coil insertions and removals, and hysterectomy, for safe HRT prescribing

Organisational Learning Summary

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Please tick the appropriate grading for urgency of distribution and action:

Risk Grade	Low	Moderate	High	Very High
Directorate Response time	35 calendar days	28 calendar days	21 calendar days	14 calendar days