

Quick bites

- [Medicines Health Regulatory Agency \(MHRA\) Drug Safety Update](#)
- NICE has published new and updated [guidance on the safe use and management of controlled drugs](#), covering systems and processes for using and managing CDs safely. Please ensure your practice protocols and procedures are updated to reflect this guidance and that staff are updated as well.
- A [recent study](#) highlighted in the [BMJ](#) concluded that half strength apple juice is at least as effective as electrolyte solutions for mildly dehydrated children.
- The [April 2016 vaccine update](#), published by Public Health England, highlights that ordering for BCG vaccine through the ImmForm website is temporarily suspended. Remaining local stock should be used within the PHE prioritisation advice, refer to link.

Medicines safety: inadvertent prescriptions for haloperidol 50mg/ml instead of 5mg/ml

Please take care when prescribing haloperidol injections. We have recently been informed that there have been prescribing errors where prescriptions for **haloperidol 50mg/1ml ampoules** (depot injection for schizophrenia) have been generated in error, when **haloperidol 5mg/1ml** ampoules (for nausea and vomiting) had been intended.

You may be aware there has been an ongoing long term shortage of haloperidol 5mg/1ml ampoules, and practice clinical systems no longer have them listed (unusually they have been 'greyed out' as if the product has been discontinued rather than it simply being out of stock). This may have contributed to the errors, and has been raised as an issue with SystemOne and they are going to reactivate the product in their May update, the issue has also been raised with emisWeb, but currently we do not know when this will be resolved.

Electronic Repeat Dispensing (ERD) Tips for Success

The Department of Health plan to get electronic repeat dispensing (ERD) prescribing up to 80% of all prescribing by 2020. It is well recognised that ERD can offer significant time saving benefits to GP practices, reducing the administrative burden of repeat prescription requests, potentially from twelve requests a year to just two. Other benefits include helping to reduce inappropriate NHS111 calls or visits to A&E by patients who have run out of medication. The following points are key tips for making the most of ERD:

- **Careful patient selection initially** – choose patients on long term medication, with stable treatment requiring minimal adjustment. Initially try to select patients who can have all of their items on ERD – not a mixture of ERD and normal repeats.
- **Staff and patient education** – Ensure all staff in the practice and pharmacy/pharmacies, and eligible patients are clear of the ERD process and the benefits it offers.
- **Good communication with pharmacy teams** – they can help by highlighting patients who meet the practices selection criteria for ERD, highlighting patients who may need a review before their batch of prescriptions is complete and by returning the patient to the GP for review on issue of the last batch.
- **Supplying the "RD" token** (though not required) to either the patient or pharmacy at the start of ERD may smooth out the process. The token can be used by pharmacy teams to download the dispensing token (the RD token and dispensing token bar codes are the same)

If your practice would like to increase ERD rates, contact your named medicines management pharmacist or email the team on medicine.question@dorsetccg.nhs.uk.

New LMC advice – provision of a private prescription as an alternative to an FP10

An issue about the use of private prescriptions alongside FP10s was recently raised with the BMA about whether GPs can issue private prescription forms at the same time as FP10s, where this is a cheaper option for the patient than paying the NHS prescription charge. The BMA was asked to consider whether could be either a breach of the Regulations or collusion to defraud the NHS, who would otherwise recoup the prescription charge.

The legal advice the BMA has received is clear that in cases of treatment under the primary care contract, GPs **may not** issue private prescriptions alongside, and as an alternative to, FP10s. In any case where a GP is obliged to issue an FP10 the concurrent issue of a private prescription will be a breach of obligation. In any case where a GP is obliged or entitled to issue an FP10 the concurrent issue of a private prescription will be conduct calculated to deprive the NHS of a small amount of money and will on that account also be wrongful. **The advice is therefore that GPs do not issue private prescriptions under these circumstances.**

Prescribers on the move (or working in multiple practices)

The organisational database team at the NHS Business Services Authority (NHSBSA) recently highlighted [in their newsletter](#) that they receive a high volume of prescriptions for non-medical prescribers who have not been registered with them as GP practice prescribers, which impacts on prescribing budgets. Please ensure that where a prescriber joins or leaves your practice, that the correct notifications occur.

For changes to practice employed nurses and other non-medical prescribers, please inform the Medicines Management Team. For changes to GPs, ensure that Primary Care Support England (PCSE) is informed of changes. Refer to [medicines management guidance](#) for more information.

Updated respiratory information on the formulary

Over the last few months, the respiratory working group of Dorset Medicines Advisory Group has produced a number of documents designed to give guidance and information regarding the range of new inhalers now available for both asthma and COPD. These documents include:

- [Inhaled corticosteroids and combination inhalers for adult asthma](#)
- [Issues to consider when choosing an inhaler for COPD](#)
- **[SAFETY NOTICE: Prescribing fluticasone / salmeterol combination metered dose inhalers](#)**
- **[SAFETY NOTICE: Prescribing budesonide / formoterol combination inhalers](#)**

Prescribers should also be aware of the Wessex Academic Health Science Network [Guidance on safe asthma prescribing](#)

Requests for sunscreen preparations

A quick reminder that sunscreen preparations should only be prescribed at NHS expense under the borderline substances (ACBS) criteria, i.e.: *for skin protection against ultraviolet radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy or chronic or recurrent herpes simplex labialis*. The [Primary Care Dermatology Society](#) contains a list of photosensitive dermatoses, which is useful for clarifying what would be defined as falling within this group of conditions. It is also noteworthy that the ACBS criteria states that preparations with SPF less than 30 should not normally be prescribed.

Specialist medicines advice can be obtained from the Medicines Advise Service at Southampton General Hospital: **023 8120 6908** or **023 8120 6909** or e-mail medicinesinformation@uhs.nhs.uk