

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk
- [Dorset CCG statement](#) regarding the prescribing of sterile dressing packs in primary care
- [Medicines Health Regulatory Agency \(MHRA\) Drug Safety Update](#)
- MHRA press release: '[Emergency contraception affected by other medicines – regulator issues new guidance](#)'. Practices should also refer to the September 2016 [NICE quality statement](#) on emergency contraception.
- Details of medicine '[Shortages, Discontinuations and Patent Expiries](#)' can be found on the NHS Specialist Pharmacy Service website. A log in is required for access (see article below).
- [Issue 25](#) of NHS Prescription Services 'Hints & Tips' for information services users is now available to read on the NHSBSA website.

Medicines Safety Officer Update

Etoricoxib (revised dosing)

The MHRA has issued a [drug safety update](#) as there is now evidence that the 60-mg daily dose is effective in rheumatoid arthritis and ankylosing spondylitis. However, for some patients, the 90-mg dose will be more efficacious, although prediction of which patients might benefit from the higher dose is not possible. Therefore, the recommended starting dose for treatment of rheumatoid arthritis or ankylosing spondylitis has been reduced to 60 mg once daily, with the option to increase to a maximum of 90 mg once daily if necessary.

Etoricoxib is not on the Dorset Formulary. All prescribers should consider ibuprofen and naproxen as the first choices for NSAIDs

MHRA drug alerts

Practices must ensure that they have a robust procedure for processing drug alert and recalls and for recording any actions taken. MHRA notifications are assessed by a member of the medicines management team, using the most recent practice prescribing data. If a notification is determined as having potential to directly affect the safety of a patient for whom a practice has recently prescribed for then the practice is contacted directly. It is the responsibility of the provider/GP practice to ensure that these are acted upon. The CCG needs to be assured that this is completed. This is also an area of focus for the CQC.

Adverse incident/error reporting

GPs are reminded that all medication errors can be reported to the CCG by accessing the form through the existing route for reporting GP niggles: SAFEGUARD. The definition of an Adverse Incident (also known as a Significant Event) is any incident, occurrence or accident, related to clinical or non-clinical care, which has or could have resulted in an injury, or near miss to a patient, visitor or member of staff.

Medication errors include patient safety incidents relating to an error in the process of prescribing, preparing, dispensing, administering, monitoring or providing advice on medicines.

Adverse Incident/Significant Event forms should be completed and sent to the CCG for reporting incidents related to medication errors. All incidents concerning Controlled Drugs should be reported to the Controlled Drugs Accountable Officer (CDAO) and the CCG will forward any notifications received onto the CDAO at NHS England on behalf of the practice. You can also send in an adverse incident/significant event form where a provider organisation has made a medication error that you would like the CCG to investigate on your behalf and for those incidents that happen within your GP practice that the CCG should be made aware of.

Specialist Pharmacy Service website

The Specialist Pharmacy Service (SPS) launched its new website www.sps.nhs.uk on 1 August 2016. All SPS resources can be found on this website including '[Supporting patients with swallowing difficulties: medicines and dysphagia](#)' and recently updated '[Poly-pharmacy resources – material to support de-prescribing](#)'.

Valproate video for GPs released

The MHRA is encouraging promotion of the release of a short animation video aimed at GPs in order to raise awareness of the valproate communications [toolkit](#). Clinicians in your networks reviewing people taking valproate may find it helpful.

The video can be found on YouTube [here](#) and on Facebook [here](#).

Sharps Waste Containers

GP practices in Dorset are reminded that they are currently required to receive sealed sharps waste containers from their own registered patients. The collection of clinical waste, including sharps waste containers, is arranged and paid by NHS England. There is no arrangement in place for community pharmacies to accept sharps waste and no facilities available through the Dorset Waste Partnership for the collection of sharps waste at present.

This does not include any sharps waste generated through a public health funded needle exchange scheme which should be returned to the contracted pharmacy.

Emergency Medicines

Concerns related to emergency medicines have been raised during recent Care Quality Commission (CQC) inspections. Practices should ensure that they have a written standard operating procedure in place which covers the responsibilities for checking the medicines in the emergency kit, as well as the process to be followed when items need to be replaced. It is important that the temperature of the room, where the emergency kit is kept, is monitored on a daily basis to ensure that the medicines are kept at the desired temperature, usually below 25°. The CQC have published some guidance related to emergency medicines on their [website](#) and practices may wish to refer to the Dorset CCG policy [Storage and Safe Custody of Medicines](#).

Primary Care Support England (PCSE)

We are aware of the delays that practices have been experiencing when attempting to have NPL3 and NPL4 forms processed. These delays have meant that practice managers have not received confirmation of GP prescribing codes being linked to the practice J Code.

It is important that GPs are not set up on the practice clinical system to prescribe under their own name and prescribing code before this confirmation has been received. Practices should set up new GPs as locums (prescribing under a Partner's name and prescribing code) until they receive the confirmation from PCSE.

[Wessex LMC](#) are inviting practices to report any concerns or issues experienced with PCSE to them at office@wessexlmcs.org.uk

Private prescriptions: the Local Medical Committee (LMC) has revised guidance on the use of private prescriptions as an alternative to an FP10

An issue about the use of private prescriptions alongside FP 10s was recently raised with the BMA and this statement seeks to clarify the position following legal advice. The question raised relates specifically to whether GPs can issue private prescription forms at the same time as FP10s, in circumstances 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.

Medicine.Question

We have seen a large increase, of approximately 96%, in the number of queries received via our dedicated medicines query inbox, medicine.question@dorsetccg.nhs.uk since 2014/15. This means that we are asking practices to allow up to 48 hours for a response, although we will always endeavour to respond sooner.

The answers to most queries can be found by consulting the [Dorset Formulary](#), [Dorset CCG policies](#), [BNF](#), [electronic Medicines Compendium \(eMC\)](#), [Drug Tariff](#) or the [medicines management internet pages](#). If your enquiry is urgent then please telephone the medicines management team on 01305 213615.

Some facts about prescription drugs open to abuse

Did you know?

- One 8mg Buprenorphine tablet has a street value of £10 and liquid methadone can fetch as much as £10 per 10mls. The street value increases according to supply and demand.
- It only takes relatively few Pseudoephedrine tablets to synthesise small batches of crystal meth.
- It is illegal to sell or supply any product that contains more than 720mg pseudoephedrine or 180mg ephedrine without a prescription. This is only 12 x 60mg tablets.
- Fentanyl is often sought out for illicit purposes due to its powerful pain-relieving and relaxing effects. Fentanyl is sometimes mixed or used in combination with heroin or cocaine to heighten their effects. Combining these drugs is extremely dangerous, as while the effects are heightened, so are the dangers.
- Like many drugs, there are ways that illicit drug users can manipulate fentanyl patches to release the effects more quickly, e.g., by adding heat to a patch. Doing so is dangerous because it sabotages the slow-release mechanism and can lead to overdose.
- Illicit use of pregabalin and gabapentin is widespread at the moment and is popular as it can produce feelings of euphoria, relaxation and calmness. It can also enhance the euphoric effects of drugs such as opiates.
- Hyoscine butylbromide (Buscopan®) can be crushed and smoked - this releases scopolamine that is a known hallucinogen. Reported effects of this misuse include hallucinations (auditory, visual and tactile), amnesia, insomnia, palpitations, flushing, irritability and inability to concentrate.

What to look out for...

- Patients requesting repeat prescriptions for pseudoephedrine.
- Patients requesting increased doses or requesting more frequent prescriptions for fentanyl because patches have 'fallen off'.
- Patients requesting emergency supplies of pregabalin/gabapentin from community pharmacies in between their regular prescriptions.
- Patients requesting prescriptions more regularly for controlled drugs and those drugs liable to misdiversion. Consider that it may be more appropriate for some patients to have weekly rather than monthly prescriptions.
- Consider the appropriateness of individuals other than the patient collecting prescriptions for controlled drugs and those drugs liable to misdiversion.
- A Fentanyl "50" patch is equivalent to 120mg morphine per day. The faculty of pain management states that the risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day but there is no increased benefit.

Practices may benefit from referring to the Dorset CCG '[Difficult to Manage Patients Guidance](#)' and the '[Benzodiazepine Prescribing Support Pack](#)'.

The British pain society has a training module available www.paincommunitycentre.org/article/bps-guidelines-use-opioids

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