

Learning from a medication error

Please find attached to this newsletter a summary of a medication incident involving a depot medication. The learning from this incident sets out recommendations that PCNs/Practices are reminded:

- To review their repeat prescribing policy and protocols
- That patients on high-risk medication should have a regular Structured Medicine Review (SMR).
- If a medication is switched to an alternative due to a supply problem, the practice should have a review mechanism in place. Whilst adding it as a 'repeat' reduces the risk of future doses being missed, using a script note or adding a note to the dose instructions would be a good way to ensure review and to reduce the risk of both items being given simultaneously - e.g., *"Temporary switch to [B] on [Date] due to supply problem with [A]. Review by [date]"*
- Be cautious when receiving letters from secondary/tertiary care which include abbreviations/trade names. If received, challenge and seek clarification
- Seek clarification from secondary care (or a suitable expert) to ensure that they are not prescribing outside their own area of expertise if/when there is any doubt about which formulation of a drug should be used.

Important shortages/supply disruptions

- Capimune® brand of ciclosporin 25mg, 50mg and 100mg capsules are out of stock until mid-December 2022. Deximune® brand is the only brand of ciclosporin 25mg, 50mg and 100mg capsules that can support a full uplift in demand. Switching between formulations may lead to clinically important changes in ciclosporin level, therefore if switching is necessary, it should be done in conjunction with specialist advice and the patient should be monitored closely for changes in ciclosporin level (where clinically appropriate), serum creatinine, blood pressure, disease control/transplant function, and adverse effects.
- Due to current unprecedented demand for GLP-1 receptor agonists globally, Trulicity® (dulaglutide) is experiencing accelerated demand in many countries. We have now been informed that there may be intermittent shortages of dulaglutide into 2023. Although Lilly is working to meet this increased demand, to help maintain supply for existing patients **please pause starting new patients on dulaglutide** until supply is stabilised. If needed, please do not hesitate to contact Lilly's medical information channels via ukmedinfo@lilly.com or 01256 315000.

Marketing emails for eye drops

A number of GP practices have reported to us that they have been receiving marketing emails from a company called Farmigea. They are using NHS Dorset/Dorset CCG name to market a product for dry eyes that is on our formulary. Please note that we have not authorised this communication. The company has been told to stop using the CCG/ICB name. They have informed us that as of 11am on 4th November this has ceased.

The ICB Information Officer advises:

- Organisations are allowed to send marketing emails to your work email address without your consent, unless the email address belongs to a sole trader/unincorporated partnership which is not the case here.
- [ICO guidance](#) suggests trying to unsubscribe to the email if there is a link to do so in the email received
- If you cannot use an unsubscribe link in the email, then we would advise writing to the company to ask them to stop sending any marketing to your personal work email addresses – you will need to allow some time for them to do this, but they should stop sending you the marketing emails as soon as they can.
- Try blocking the sender yourself in Outlook by right clicking on the email > Junk > Block sender

Continuous glucose monitoring (CGM) - update

A reminder that the [holding statement](#) for real time continuous glucose monitoring (rtCGM) previously circulated remains in place whilst the system works together to agree a policy and gain approval of a business case to implement the NICE guidance published on 31/3/22.

We are aware that some diabetic specialist nurses (DSNs) are asking GPs to prescribe rtCGM sensors before the formulary has been agreed. Please note at present these are off formulary requests and a reminder has been put on SystmOne. Please refer to the existing [commissioning statement](#) for Freestyle Libre.

We anticipate updating the formulary and commissioning statements soon and will communicate clearly on any updates and the criteria including roles and responsibilities of diabetes specialists and general practice.

We are 'in season' for influenza

UKHSA surveillance data indicates that influenza is circulating in the community. Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza at NHS expense.

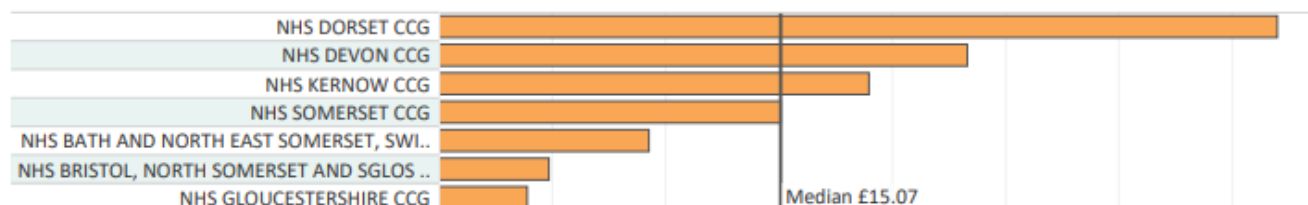
This is in accordance with NICE [TA158](#) and [TA168](#), and Schedule 2 to the National Health Service (General Medical Services Contracts (Prescription of drugs etc) Regulations 2004), commonly known as the Grey List or [Selected List Scheme](#) (SLS).

Antiviral medicines may be prescribed for patients in clinical at-risk groups as well as anyone at risk of severe illness and/or complications from influenza if not treated.

Further information is provided in the [letter](#) from the Chief Medical Officer and Chief Pharmaceutical Officer.

Dermol 500

As mentioned previously, we are seeing a high level of emollient and bath and shower emollient prescribing in Dorset. In the South West, Dorset is the top prescriber of emollients with antimicrobials, at a cost of around £37 per 1,000 patients per quarter. Dermol 500 accounts for most of this prescribing.



Recommendations:

- Locally the view of secondary care dermatologists is that Dermol® 500 should be rarely used. The primary care prescribing lead GPs also rarely use the product, except occasionally in vulval conditions.
- The amount of Dermol 500 being used locally seems to be completely at odds with these prescribing messages. It is suggested that any emollient with antimicrobials should be solely for targeted use in the short term when infection is present or to prevent frequent skin infections.

Suggested tasks:

- Identify patients receiving Dermol 500 lotion on repeat prescription for review using the S1 search at: **Dorset SystmOne GPs > Medicines Optimisation > Quality Safety and Cost Effectiveness 22-23 > CEF Dermol 500 on repeat in last 3M**

Where possible, prescribe in line with the Dorset Formulary and resources selecting the first line choices (When considering switching between emollients to first line choices please do not switch stable patients with severe dermatological conditions)

Changes to prescribers in your practice

Each month, the NHS Business Services Authority (NHS BSA) sends a report to the Medicines Team, listing prescribers in the Dorset area that fall into 2 groups:

- where prescribers are generating prescriptions in a practice but have not yet been linked to any practice by way of a notification to the NHS BSA
- where prescribers are already registered with the NHS BSA as a prescriber linked to one or more practices, but where they are generating prescriptions from a practice they are not currently linked to

These situations can occur in relation to both medical and non-medical prescribers. It is likely that most of these discrepancies are occurring where staff work in multiple practices across their PCN, and when newly employed clinicians have yet to be registered/linked to a practice.

For GP prescribers, please check that your profile on the [PCSE portal](#) reflects your prescribing location(s). If the current details on the portal are incorrect, please update them and your relevant practice manager(s) can approve these changes on the portal. Updates on the PCSE portal prompt PCSE to send notifications to the NHSBSA to link/unlink prescribers to practices, and issue a prescriber code to use in each location.

For non-medical prescribers, please notify the Medicines Team of any changes to your employment – please use the form found on [Sharepoint](#).

Please also note that inaccuracies in the prescription overprint can lead to problems with prescription processing at the NHS BSA. Please ensure that your overprint is set up in line with the [overprint specification](#) set out by the NHS BSA. If your practice has changed name recently, please use the new name associated with the practice J-code.

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- Version 7.2 of MicroGuide has now been published – including major updates to [Fungal Infection - Fingernail or Toenail](#), minor updates to [Oral Candidiasis](#) and a minor update to [Varicella Zoster \(Chickenpox\), Herpes Zoster \(Shingles\) & Cold Sores](#) page.
- For PCN pharmacy professionals – look out for SystmOne notifications highlighting controlled drug prescribing that may need review. If you have a preferred contact for us to send notifications to, let us know via medicine.question@nhsdorset.nhs.uk.
- New Healthcare Safety Investigation Branch (HSIB) 'Spotlight on Safety' [newsletter launched](#). Healthcare professionals are encouraged to [subscribe](#) to the newsletter.
- A reminder that if you have any patients on cetirizine capsules, please change them to the tablets unless unsuitable. SystmOne searches are available under the in Dorset SystmOne GPs > Medicines Optimisation > quality safety and cost effectiveness 22/23 folder and a [template letter](#) to send to patients is available. Please also consider the NHS OTC Guidance. Cetirizine is an item that is widely available and suitable patients should be encouraged to purchase this item themselves instead of receiving on a prescription.
- The [MHRA consultation](#) on communication of medicines safety information to healthcare professionals is now open. It is a unique opportunity to [have your say](#) on the way you would like to receive safety information. MHRA engagement with healthcare professionals is crucial in helping get safe and effective medicines to patients, and to make sure that patients are adequately informed, and any safety concerns can be acted on quickly.

PLEASE NOTE A CHANGE TO EMAIL ADDRESS FOR MEDICINES INFORMATION SERVICE:

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksp.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).