Medicines Optimisation Team: Induction Pack for Prescribers

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1. Introduction

This induction pack aims to inform new prescribers in Nottingham and Nottinghamshire Integrated Care System (ICS) of resources available to them to support safe and cost-effective prescribing of medicines.

Medicines are the most frequent healthcare intervention. It is estimated that around 14% of total ICB budgets will be spent on medicines.

Medicines Optimisation focuses on how medicines are used by patients and the role that evidence-based prescribing has in improving patient outcomes. Patients should be supported to take their medicines safely and feel able to discuss and review their medicines with anyone involved in their care.

The NNICB Medicines Optimisation (MO) team is made up of pharmacists and pharmacy technicians and support multi-disciplinary teams in GP practices with safe and cost-effective use of medicines.

The MO team website is found at www.nottinghamshiremedicinesmanagement.nhs.uk and contains information about medicines for NHS primary health care workers in Nottingham and Nottinghamshire.

Mid Notts, City and South PBPs (Place Based Partnerships) are aligned with Nottinghamshire Area Prescribing Committee (APC) joint formulary, guidelines, and advice.

Bassetlaw PBP is aligned with Doncaster Place and South Yorkshire IMOC (Integrated Medicines Optimisation Committee) for primary care prescribing and aligned with Notts APC for mental health prescribing.

Bassetlaw prescribers can refer to Smoking Cessation and Stoma appliance specialist prescribing services (see page 13 for details).

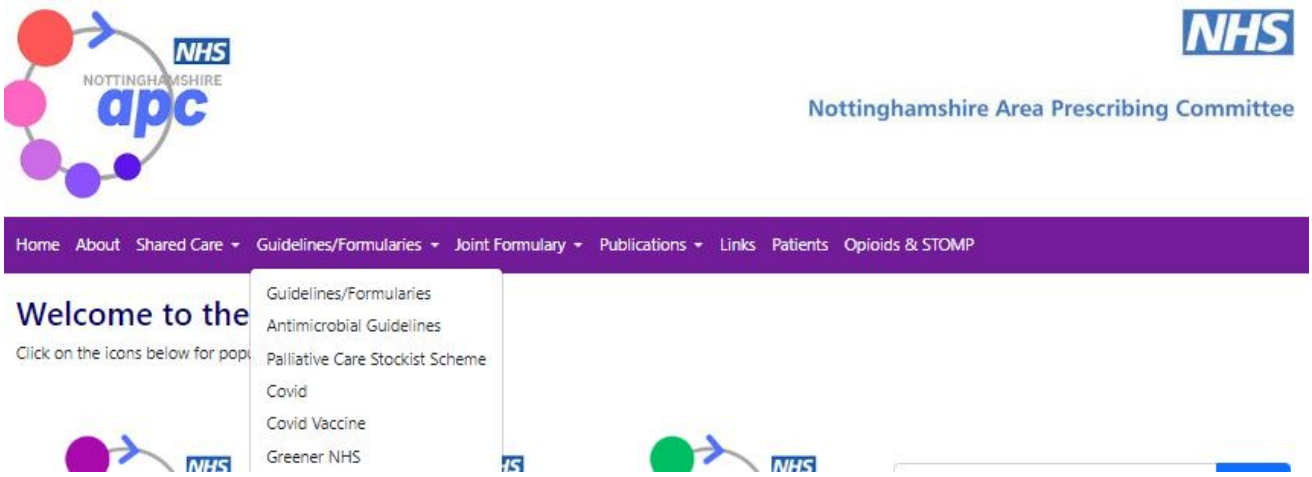
Medicines Optimisation PBP Teams email addresses.

- ❑ Mid Notts nnicb-nn.medsopmidnotts@nhs.net
- ❑ City nnicb-nn.medsopnottscity@nhs.net
- ❑ South nnicb-nn.medsopsouthnotts@nhs.net
- ❑ Bassetlaw rob.wise@nhs.net or s.scott9@nhs.net

2. Nottinghamshire Area Prescribing Committee

The Nottinghamshire Area Prescribing Committee (APC) establishes a collaborative strategy for ensuring the consistent high quality and cost effective use of medicines across the Nottinghamshire Health Community. There are many useful resources on the website: www.nottsapc.nhs.uk.

The ribbon dropdown menus link to shared care, guidelines, and formularies.

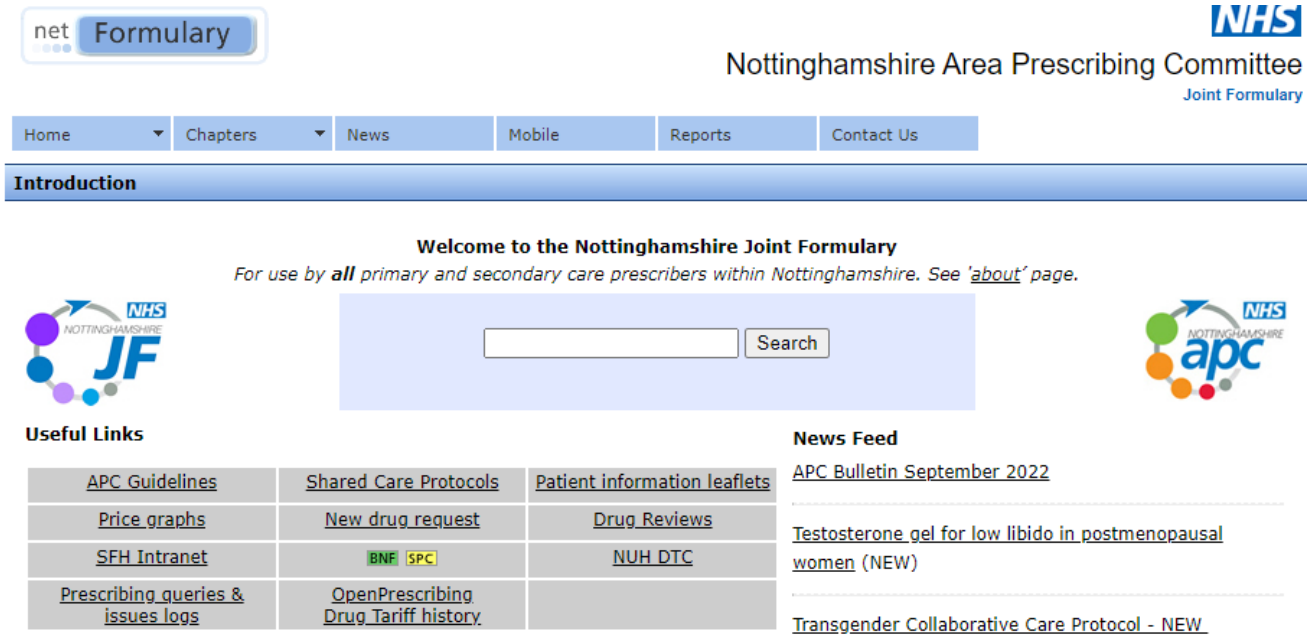


Icons link to APC bulletins, podcasts, webinars and the medicines optimisation website.

3. Nottinghamshire Joint Formulary

The joint formulary provides information on the formulary status of medicines in Nottinghamshire and contains useful information e.g. formulations available, costs, associated guidelines, traffic light status, and whether an oral formulation can be crushed and dispersed for administration.

There are also direct links to the relevant sections of the BNF, BNF for Children and manufacturers information (summary of product characteristics (SPC) and patient information leaflets (PIL)) – click on the symbols next to the medication to access these resources.



Colecalciferol

BNF SPC BNF C

Formulary

Green

OTC Patients should be advised to purchase vitamin D supplements for maintenance and prevention over the counter. See local ICB vitamin D position statement for details and exceptions.

Low dose for maintenance or prevention (only prescribed in exceptional circumstances where self-care is not possible):

-**Tablet:** ValuPak® is the most cost effective option £0.75 for 60 tablets - £0.35 per month supply (food supplement, 1000 units = 25 micrograms) -see adult guideline and children guideline for other options.

-**Liquid:** Invita D3® 25,000 units/1ml oral solution unit dose ampoules sugar free. One ampoule taken every 28 days provides an equivalent dose to approximately 890 units daily (licensed product, POM, £1.48 per month supply).

High dose for treatment of deficiency (see adult guideline and children guideline for dose):

-**Capsule:** Colextra-D3®, InVita-D3®, Strivit-D3®

-**Liquid:** InVita-D3® oral solution unit dose in snap and squeeze ampoules. Thorens oral drops - for children only.

-**Tablet:** Colextra-D3®

- Primary care prescribers encouraged to prescribe by brand name (to avoid unlicensed specials being dispensed) and acute prescription if for treatment of deficiency (to avoid ongoing long term prescribing of treatment dose).
- Therapeutically equivalent to ergocalciferol (ref: Martindale).

NICE ES28: Vitamin D, no evidence for preventing/ treating Covid-19
NNICB: Vitamin D - Self-care Position Statement
Nottinghamshire APC Vitamin D guideline - Adults
Nottinghamshire APC Vitamin D guideline - Children
Nottinghamshire APC Vitamin D Patient Information Leaflet
NUH: Rapid Vitamin D replacement in older adults
Link to reviews

Nottinghamshire formulary traffic light status

The APC review medicines that are added to the Nottinghamshire formulary and assign a traffic light status which indicates who can prescribe a medication. A given medicine may have a different traffic light status for different indications so check the formulary for each clinical situation.

Grey Grey / Non-Formulary**:** Medicines, which the Nottinghamshire APC has actively reviewed and does not recommend for use at present due to limited clinical and/or cost-effective data. See the Position statement for medicine of limited clinical value for more information.

Grey Grey / Non-Formulary (undergoing assessment): Work is ongoing and will be reviewed at a future APC meeting.

Grey Grey / Non-Formulary (no formal assessment): APC has not formally reviewed this medicine or indication because it had never been requested for formulary inclusion. Often used for drugs new to market.

Red Red. Medicines which should normally be prescribed by specialists only e.g. hospital only medicines (cytokine inhibitors: infliximab, mercaptopurine for chemotherapy) or a specialist service i.e. smoking cessation service.

Amber 1. Medicines that should be initiated by a specialist and prescribed by primary care prescribers only under a shared care protocol, once the patient has been stabilised (e.g. DMARDS)

Amber 2. Medicines suitable to be prescribed in primary care after specialist* recommendation or initiation e.g. melatonin for REM sleep disorders or in Parkinson disease.

Amber 3. Primary care/ non specialist may initiate as per APC guideline e.g. apixaban.

Green. Medicines suitable for routine use within primary care.

Further information on Red Drugs

- Red drugs should be prescribed by specialists only, e.g. secondary care or a specialist service. The Inappropriate Request - Template Letter can be used to write to the specialist. Medicines may have a different traffic light status for different indications so check the formulary for each clinical situation. If in doubt, please ask for advice from the Medicines Optimisation team.
- Inappropriate prescribing requests from secondary care should be reported using eHealthscope reporting tool. The links to access reporting are also on the Nottinghamshire formulary homepage (see above). Reporting will inform the MO team where issues are arising and investigate.
- Optimise Rx (see section 5) will flag up if a red drug is prescribed but check the indication – the drug may not be red for your patient's condition.
- Patients attending from out of area on red drugs. Wherever possible patients should be transferred to the care of a local specialist e.g. HIV management. If this is not possible e.g. liver transplant, please let the *Medicines Optimisation pharmacist* (and a partner at the practice) know. If necessary a small amount of medication supply may be required whilst arrangements are made if appropriate. See guidance on out of area prescribing requests for further information.

Further Information on Shared care protocols (SCP) for Amber 1.

Shared care protocols (SCP) contain information on the responsibilities of GPs and secondary care for Amber 1 medication, including frequency of monitoring and when to refer to the specialist.

- The specialist will initiate and optimise treatment as outlined in the SCP.
- When the patient is stable the specialist will write to the patient's GP practice and request shared care; detailing the diagnosis, the current and ongoing dose, baseline, and most recent test results, confirm the monitoring schedule and when the next monitoring is required. And include a link to the SCP on the APC website.
- The information is often written as an outpatient letter although occasionally a protocol will use a nationally standardised template (e.g. amiodarone). It is not necessary to receive the shared care request on a standardised template.
- Only reply if shared care is not accepted. Inform the specialist of the decision in writing within 14 days with reasons as to why shared care cannot be entered into.
- This approach has been agreed to reduce paperwork.

- Note: neighbouring counties require a letter to acknowledge the acceptance of shared care. Different processes can coexist in GP practices with patients being treated across the border of the county.

Out of Area Prescribing

Advice to help decision making when asked to take over prescribing of a medicine by a clinician from outside of Nottinghamshire. This includes patients who have moved to a Nottingham and Nottinghamshire ICB GP practice from elsewhere, and those that have been referred to a specialist centre based outside of Nottinghamshire.

- Out of Area Prescribing Requests
- Out of Area Prescribing - Supporting Info

The Nottinghamshire Formulary home page also links to:

Clinical Guidelines and Formularies

All local guidelines can be found on the APC website e.g. asthma, COPD, antimicrobials, anticoagulants in AF and formularies for specific areas e.g. wound care, emollients, and blood glucose meters.

Patient information

There are leaflets available for many minor ailments on the APC website e.g. hay fever, vitamin D maintenance and dry skin.

Reporting Outpatient and discharge prescription issues.

To report prescribing queries and issues, e.g., inappropriate requests or discrepancies.

NHS and Private Interface

NHS & Private Interface polices and advice documents are available on the Medicines Optimisation Team website including:

- NHS and Private Interface Prescribing Guidance
- Prior to private consultation patient letter
- Prescqipp – NHS Right to Choose
- Prescqipp – NHS Right to Choose FAQs
- Guidelines for Medicines used for Foreign Travel July 2022
- Responsibilities when working with a non-NHS service

If in doubt, please ask for advice from the Medicines Optimisation team.

4. Generic or Branded prescribing

- Generic prescribing is largely recommended and is usually most cost effective.
- Occasionally brand prescribing is required for clinical or safety reasons e.g., adrenaline auto-injectors, inhalers, insulin, controlled drugs.
- Occasionally branded generics are cheaper than the Drug Tariff price so cost savings can be made by prescribing these. See the Preferred Prescribing List for more details.

5. Do Not Prescribe and Specialist prescribing services.

Items that should not be prescribed in Nottingham and Nottinghamshire

Gluten Free (except Bassetlaw)

The prescribing of gluten free products on the NHS is no longer supported in Nottinghamshire and should never be prescribed.

Smoking cessation.

Practices should not prescribe Nicotine Replacement Treatment (NRT), varenicline (Champix®), or bupropion (Zyban®) on FP10. Instead, smokers should be directed to

- Nottingham City. Thriving Nottingham 0115 648 5724 www.thrivingnottingham.org.uk
- Nottinghamshire County and Bassetlaw 0115 772 2515 Quit Smoking - Your Health Nottinghamshire (yourhealthnotts.co.uk)

Accessing these services ensures patients receive behavioural support as well as pharmacotherapy. Quit attempts are more likely to be successful with behavioural support. smoking_cessation_services.pdf (nottsapc.nhs.uk)

Specialist prescribing services.

Specialist prescribing services provide expert clinical support, confidential, discreet service, supported by a knowledgeable team of prescription coordinators and specialist nurses who ensure appliances are appropriate and offer reviews. While all patients can benefit from the service it's important to respect patient choice.

Continence Prescriptions

For appliances such as catheters, sheaths, bags

The Continence Prescription Service provides a specialist service for patients. It is recommended that continence patients are informed and transferred to the service to obtain their prescriptions. While all patients can benefit from the service it's important to respect patient choice

- South Notts PBP. Tel: 0115 883 5145. Email southcas@nottshc.nhs.uk Continence Prescription Service. Nottingham Healthcare NHS Foundation Trust.
- Nottingham City PBP Nottingham CityCare Continence Prescription Service. Telephone 0115 883 8900, option 1.
- Mid Notts ICP There is no continence prescription service for patients so any items required should be prescribed by GPs.
- Bassetlaw ICP. There is no continence prescription service for patient so any items required should be prescribed by GPs.

Stoma Prescriptions

For patients requiring stoma products including tracheostomy or laryngectomy (head and neck stoma)

The Nottinghamshire Appliance Management Service (NAMS), provides a specialist service for stoma patients, including those with a tracheostomy and laryngectomy (head and neck stoma). It is recommended that all stoma patients are informed and transferred to the service to obtain their prescriptions. While all patients can benefit from the service it's important to respect patient choice

- Nottinghamshire Appliance Management Service (NAMs).
  - Telephone number for patients: 0800 0853745.
  - Email: nnicb-nn.nams@nhs.net
  - Nottinghamshire Appliance Management Service (NAMS) | Connect Prescriptions

6. Guidance on medicines that require extra consideration.

Specials (Unlicensed Medicines)

- Specials are only to be used when there is no suitable licensed alternative; see guidance on alternatives to using an unlicensed special for advice.
- If you prescribe an unlicensed medicine, you take complete prescribing responsibility. Document clearly your prescribing decision and if the patient/carer was informed.
- Costs are unpredictable and often high (although some specials are now in the Drug Tariff so the cost for these is fixed – please note that there may be a minimum order quantity).
- Specials can usually be identified on SystmOne by a 'cost warning' message next to the drug rather than a given price or the cost may be displayed as £0.00. See section 4.
- Ask your medicines optimisation pharmacist for advice if uncertain.

Controlled Drugs (CDs)

- First line brands of CD are listed in the Preferred Prescribing List (for new prescribing). This ensures a consistent brand during transfer of care across the Nottinghamshire health community.
- All strong opioids should be prescribed by brand to avoid confusion and allow for continuity of supply, reducing risk of potential dosing, dispensing and administration errors.
- Make sure you are aware of the process for issuing and reviewing CD prescriptions in your practice.
- A CD prescription is legally valid for 28 days after the date signed (schedule 2 to 4 CDs).
- It is strongly recommended that the maximum quantity should not exceed 30 days' supply.
- Ensure prescription requirements are met (schedule 2 and 3 CDs) including total quantity in words and figures and dosage instructions.
- Gabapentin and pregabalin are schedule 3 (without safe custody requirements).
- Pick list error risk. Take care when selecting drug strengths on a drop down list, especially with high doses or high strength liquids. Please note that both morphine

and oxycodone have a very high strength liquid formulation available and prescribing errors have occurred when the incorrect strength was selected from the picklist.
- Risk of harm / mortality from opioids increases substantially at doses exceeding 120mg/day of morphine (or equivalent dose of other opioids) but there is no increased benefit.
- Deprescribing resources are available Opioids & STOMP - Nottinghamshire Area Prescribing Committee (nottsapc.nhs.uk).
- APC guidance opioids for persistent non-cancer pain.
- Opioid dose calculator can help with calculating morphine equivalent opioid dose. It can be found using the F12 pathfinder prescribing toolkit (see section 8) or by downloading the opioid dose calculator app by ANZCA.

Report CD Incidents

- For CD incidents e.g. missing or lost scripts, there is a statutory responsibility to report to https://www.cdreporting.co.uk. Ensure North Midlands is selected in the drop-down menu.

Antibiotic prescribing

- Antimicrobial prescribing guidelines are on the APC website. Including advice about Antibiotic prescribing in pregnancy and breastfeeding.
- The guidelines are reviewed and updated regularly. Changes occur frequently so please use the online guidelines.
- Guidance may be different from surrounding geographical areas due to resistance rates.
- To reduce rates of C.diff, MRSA, resistance and side effects use cephalosporins, quinolones and co-amoxiclav in line with local guidelines or on advice from microbiology. Prescribing is monitored both locally and nationally.
- Ensure the drug and dose is appropriate for the patient's renal function e.g. prescribing of nitrofurantoin in most patients with an eGFR <45ml/min/1.73m2 is now contraindicated (but see MHRA/local guidance for exceptions).
- Consider delayed prescriptions, the guidelines contain information on when it may be appropriate for each infection type. Please watch our demo. 'How to set up a Delayed Antimicrobial Prescription on SystmOne'
- Antibiotic patient information leaflets (including delayed prescriptions) are available using the F12 prescribing toolkit (section 8) or using the Royal College of GP TARGET antibiotic tool-kit where information is available in different languages.
- Correctly documenting allergy status is important to help with antimicrobial stewardship and reduce antimicrobial resistance. Always include full details of the allergic reaction including severity and effect. For penicillin allergies the following resource is available: Is it really penicillin allergy?

Anticoagulant prescribing

- Patients that are newly started on Warfarin must be referred to the Anticoagulant Clinic (unless the practice is commissioned to manage their own INR monitoring).
- The APC guideline for PE / DVT and AF will help decision making.

- Weight, U+Es, FBC and LFTs must be monitored when on a DOAC (frequency of U+Es depends on CrCl).
- Use Creatinine Clearance (CrCl) for DOACs (and all drug dose adjustments) rather than eGFR reported on bloods – SystmOne can calculate this for you (under clinical tools), for EMIS there is a template in the EMIS library.
- All patients prescribed a DOAC should carry a DOAC alert cards which can be shown to all health professionals prior to treatment.

Self-Care (medicines for minor self-limiting conditions)

- As part of its self-care strategy, Nottingham and Nottinghamshire ICS recommends that people visit their local pharmacy to purchase medicines and treatments for minor, short term conditions.
- It is advised that all prescribers, including GPs and non-medical prescribers, direct individuals to purchase recommended, readily available, over the counter medicines, treatments and products.
- If you see this symbol in the formulary: OTC it may be suitable to advise patients to purchase a suitable product over the counter first line.
- Self-care position statements are available here: https://www.nottinghamshiremedicinesmanagement.nhs.uk/policies-and-documents/medicines-management-policies/self-care-guidance/
- Patient information leaflets about self-care are available here: https://www.nottsapc.nhs.uk/patients/
- Quick reference guide for prescribers: https://www.prescqipp.info/media/4056/227-self-care-and-otc-items-quick-reference-guide-24.pdf

- Optimise Rx and SystmOne formularies can identify when brands are recommended. See section 4 and 5.

7. Further information for prescribers

Supply Issues

- See the SPS Medicines Supply Tool (free registration required)
- Individual drug entries in APC joint formulary Nottinghamshire Area Prescribing Committee Formulary (nottinghamshireformulary.nhs.uk).

Opioids and STOMP (STopping Over Medication of People with a learning disability, autism or both with psychotropic medicines)

- See the Opioids and STOMP section of the APC website for information and links including advice about opioids, z drugs, benzodiazepines, gabapentin and pregabalin
- Ask your ICB pharmacist for Gabapentinoid prescribing data to identify high risk patients.

Information about Medicines for children

Medicines for Children is a partnership programme by the Royal College of Paediatrics and Child Health (RCPCH), Neonatal and Paediatric Pharmacists (NPPG) and WellChild. https://www.medicinesforchildren.org.uk/

Respiratory

- RightBreathe provides detailed information on all UK-licensed inhaler products including inhaler and spacer demonstration videos. It is designed to support joint decision-making about product choice and to facilitate appropriate prescribing.
- Local Greener NHS resources.
- Respiratory Futures shares resources that support the delivery of integrated, sustainable, innovative and high-quality respiratory care. Including signposting to multilingual resources.

Oral nutritional supplements

- Oral nutrition support is a process used to support patients at risk of malnutrition, this is determined by a MUST score.
- Food first approaches are taken initially, to include food fortification and maximising energy intake in the diet.
- Should food first and over the counter support not work, nutritional supplements are available on prescription for a small number of patients where needed.
- First line options are powder based and should be reviewed every three months.
- The NAPC sip-feeds-quick-reference-guide.pdf (nottsapc.nhs.uk) provides guidance on the appropriate prescribing of Oral Nutritional Supplements (ONS) for adults in the community.
- This leaflet provides nutritional advice for patients.
- Full ONS guidance is here sip-feeds-full-guideline.pdf (nottsapc.nhs.uk)

8. Medicines Optimisation Team Key Messages

The Key Messages document has been developed as an aid to prescribing as it contains up-to-date information about local guidelines, safety warnings, general prescribing hints and tips etc.

It also acts as a supplement to the annual prescribing visit explaining the reasoning behind the indicators and providing further information.

9. eHealthscope

eHealthscope is a data platform that contains prescribing and health data from a variety of sources including GP clinical systems, acute trusts, and community providers.

It is fully searchable, and users can build their own searches using a wide range of criteria including diagnoses, medications, investigation results (e.g. Hba1c level), hospital admissions, outpatient appointments etc. This data can then be displayed at ICB, PCN or practice level.

The data is typically anonymised, but users granted patient-level access can see patient-identifiable data (for their practice only) and access their clinical records. There is also the ability to produce standardised dashboards / KPIs to monitor and compare practices.

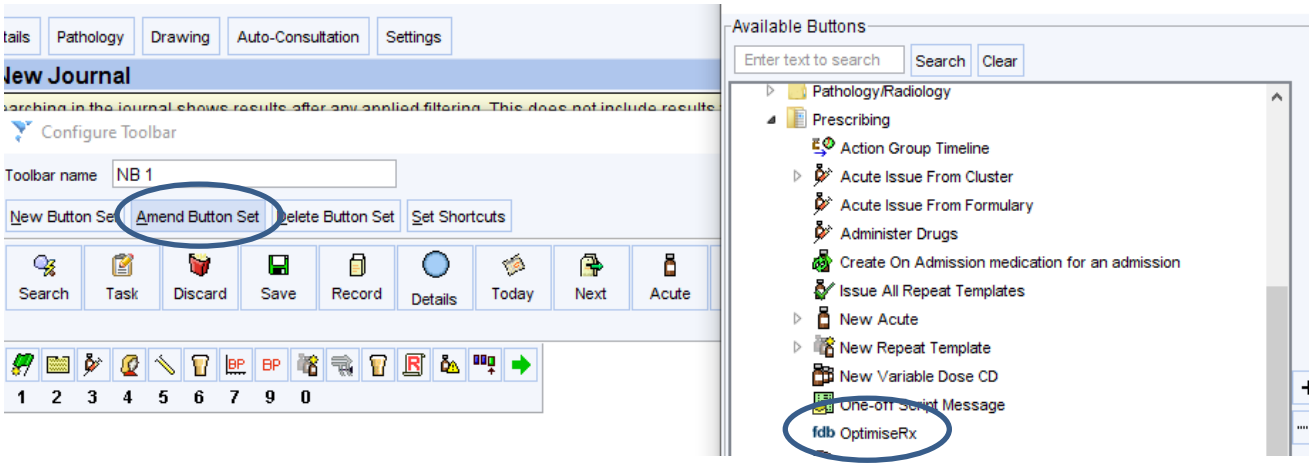
10. Optimise Rx®

Optimise Rx® is a prescription decision tool that supports GP practices with point of care messaging on locally aligned best practice, safety, and cost-effective prescribing.

Messages are reviewed by the MO team regularly. If you disagree with a message, please use the 'reject with reason' option and state why the message is not appropriate. Your feedback can then be used to review the message.

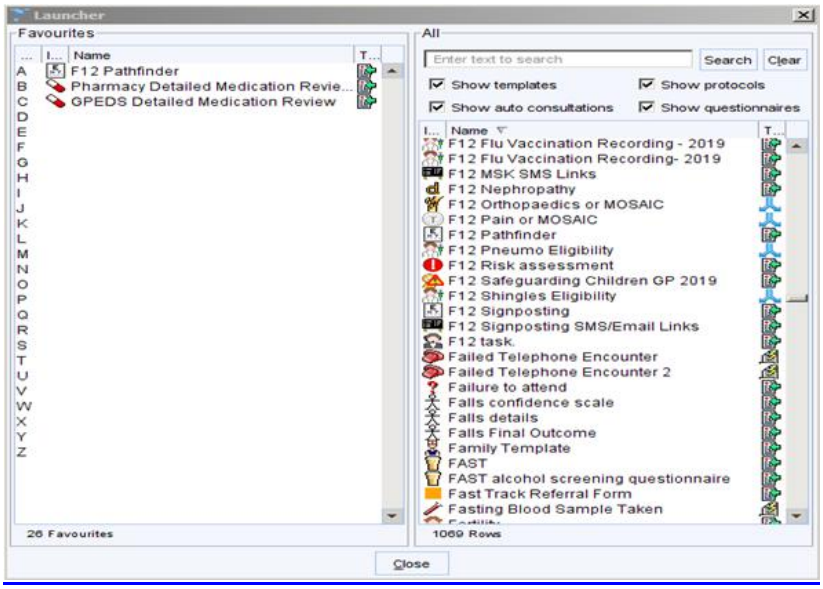
The Optimise Rx® FDB button (SystmOne only) can be used to highlight best-practice and cost-effective prescribing messages when reviewing a patient's medicines. To add the FDB button to your tool bar, right click on the tool bar, select amend button set, scroll to the prescribing folder and select fdb ORx (see below).

Prescribers are encouraged to carefully consider the prescribing and or monitoring advice being presented.



F12 Pathfinder

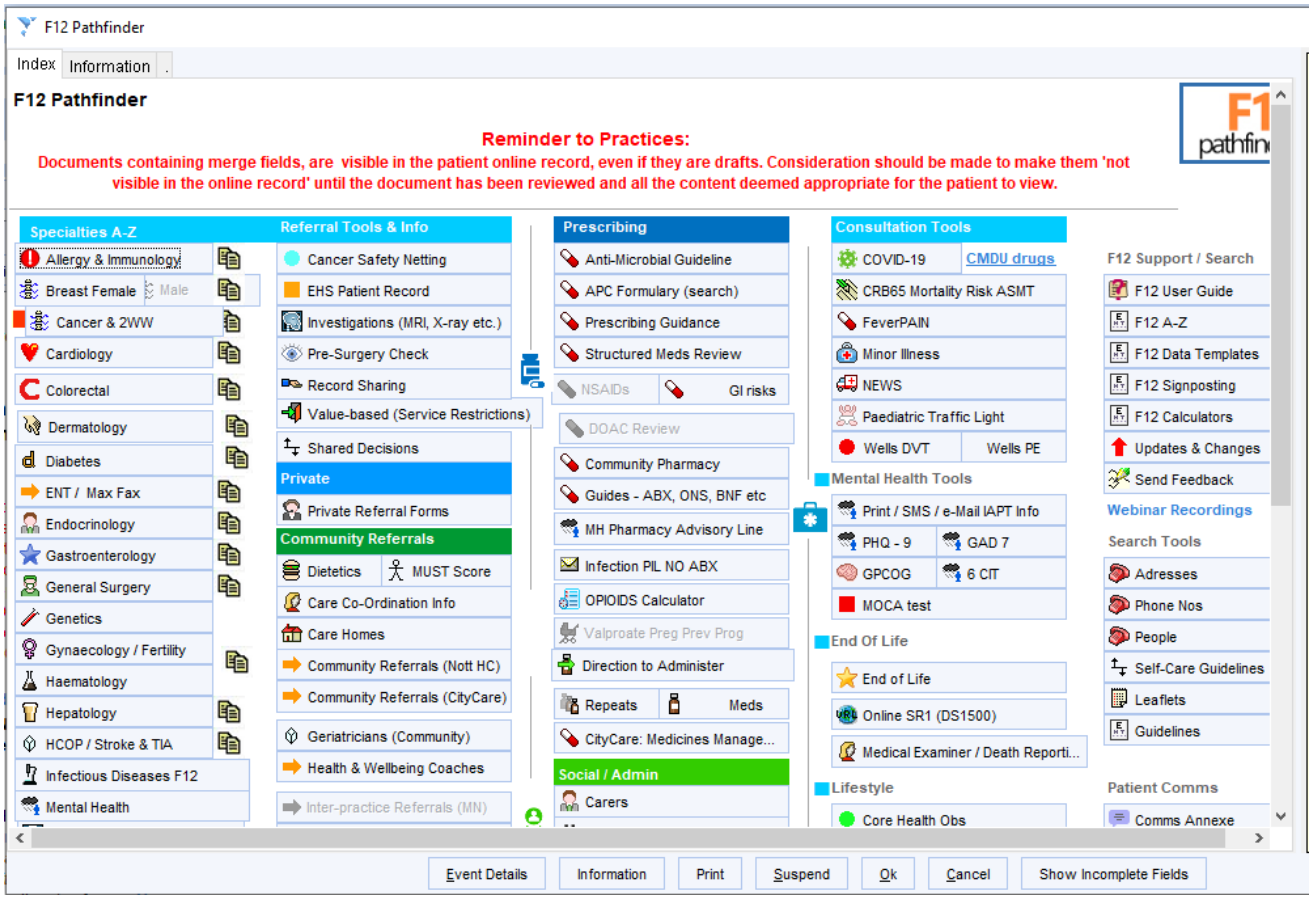
- A range of referral forms, guidelines, patient information leaflets, clinical templates, and prescribing tools are available on the F12 button.
- To set this up (this only needs doing as a one-off), press F12 when you are in a patient record and you will see the following:



Type F12 pathfinder into the search box or scroll down the right hand column until you find it.

Left click on “F12 pathfinder” and drag it over to the left hand “favourites” column.

Double click on “F12 pathfinder” in the left hand column to launch



11. Prescribing safety

Patient safety incident reporting

Please report all patient safety incidents where a patient was harmed, or could have been harmed i.e. any near misses, on the National Reporting and Learning System website and tick the box to share the information with the ICS to enhance local learning: https://record.learn-from-patient-safety-events.nhs.uk/

NSAIDs, Antiplatelets, Anticoagulants, Diuretics and Antihypertensives are most commonly responsible for medication related admission. The PRACtICe Study involved examination of 6,048 unique prescription items for 1,777 patients at 15 GP practices in England. Prescribing or monitoring errors were detected for one in eight patients, involving around one in 20 of all prescription items with one in 550 items being associated with a severe error.

Around 5% of hospital admissions are medication related with almost half of these are thought to be preventable.

Medicines Safety Officers

Medicines Safety Officers (MSO) improve reporting of and learning from medicines incidents. It is part of a national network supported by the MHRA. Information about the local network of MSOs and can be found on the Nottinghamshire Medicines Optimisation Team website.

12. Local Prescribing Updates

Prescribing Hints and Tips

- A monthly newsletter with information about current prescribing issues. These are emailed to all GP practices and can also be found in Useful links and information.

Podcasts

- Deliver safety, antimicrobial stewardship and guideline learning in a quick and easy to listen to format. https://www.nottsapc.nhs.uk/publications/podcasts/

Bulletins and Webinars

- Regular updates from the APC https://www.nottsapc.nhs.uk/publications/bulletins/ and https://www.nottsapc.nhs.uk/publications/webinars/

13. SystmOne Clinical System Prescribing Hints

SystmOne formulary

The SystmOne formulary can help you to identify preferred products to prescribe. Designed to promote cost-effective prescribing through guided choice of brand, formulation and strength of medication.

This is regularly updated by the ICB Medicines Optimisation Team.

All local formulary entries have default directions.

**Please amend the dose directions as appropriate for the individual patient or indication **

Individual users need to amend setting to ensure that formulary products are displayed but the amendments only need to be done once at each practice.

Please see the next page for information, indicates what the different symbols mean.

The SystmOne formulary training video shows how to configure settings and use the formulary to help with prescribing and how to view formularies for a specific therapeutic area as a list of preferred products, to aid product selection .

The formularies include: Inhaler. Adult 12+ and 5-11 years, Antimicrobial (adult) and HRT

Using the SystmOne formulary

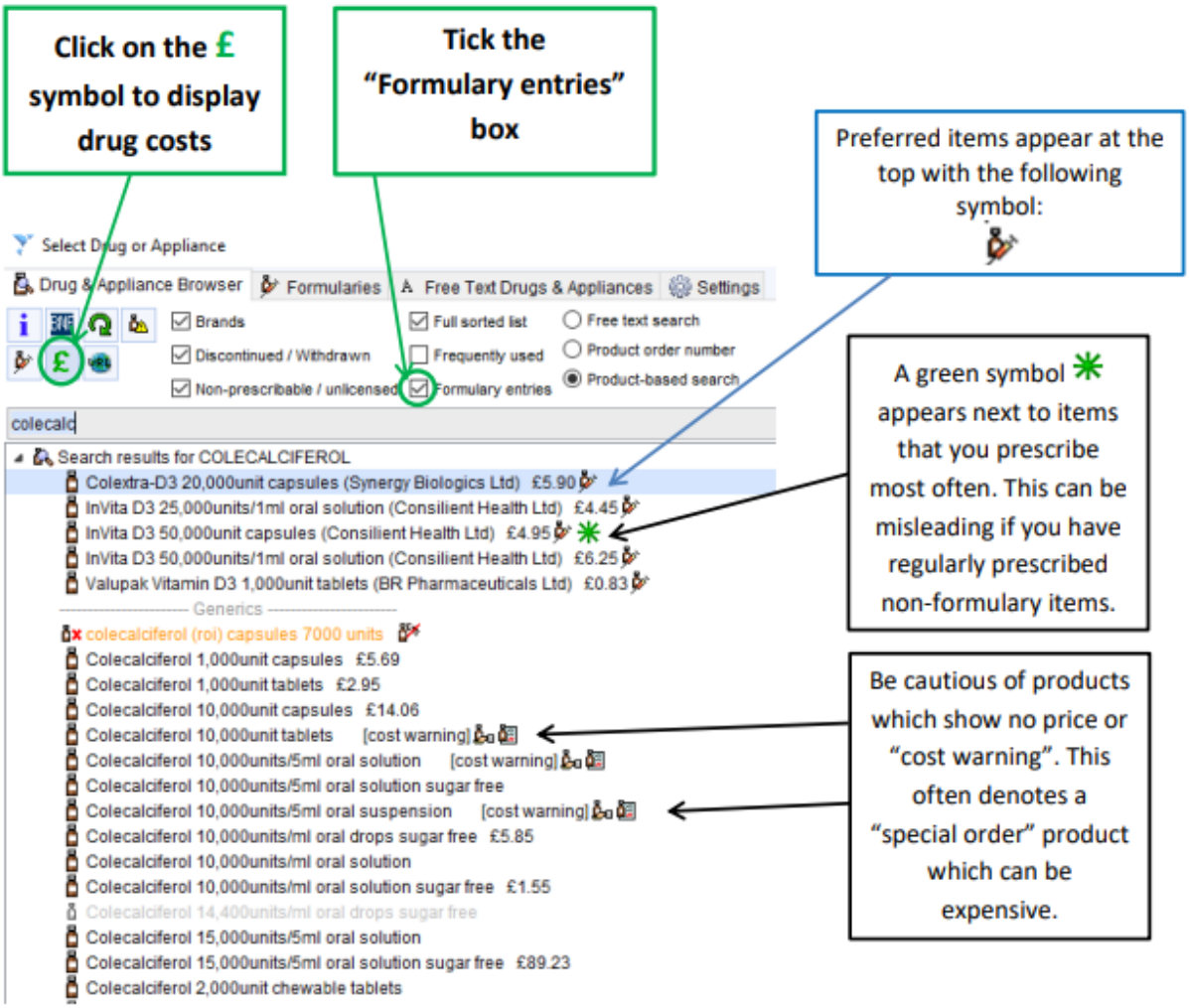
NHS
Nottingham and
Nottinghamshire

Using the SystmOne formulary

The SystmOne formulary can help you to identify preferred products to prescribe. It incorporates the Preferred Prescribing List, designed to promote cost-effective prescribing through guided choice of brand, formulation and strength of medication. This is regularly updated by the ICB Medicines Optimisation Team.

Setting up your user preferences

When prescribing a new drug, you will see the prescribing window below. Please ensure the "formulary entries" box is ticked and the "£" symbol is selected as indicated below. You will only need to do this once then this will be your default setting allowing you to make the most of the formulary.



Other settings

- If the drug appears in ORANGE text – the item is non-prescribable / unlicensed or not to be prescribed generically.
- If the drug appears in GREY text - the item is discontinued / withdrawn.
- If the text is RED - it means the item is high risk (often a red traffic light drug).
- Note orange and grey text will only appear if you have ticked the "Discontinued / Withdrawn" or "Non-prescribable / unlicensed" boxes.

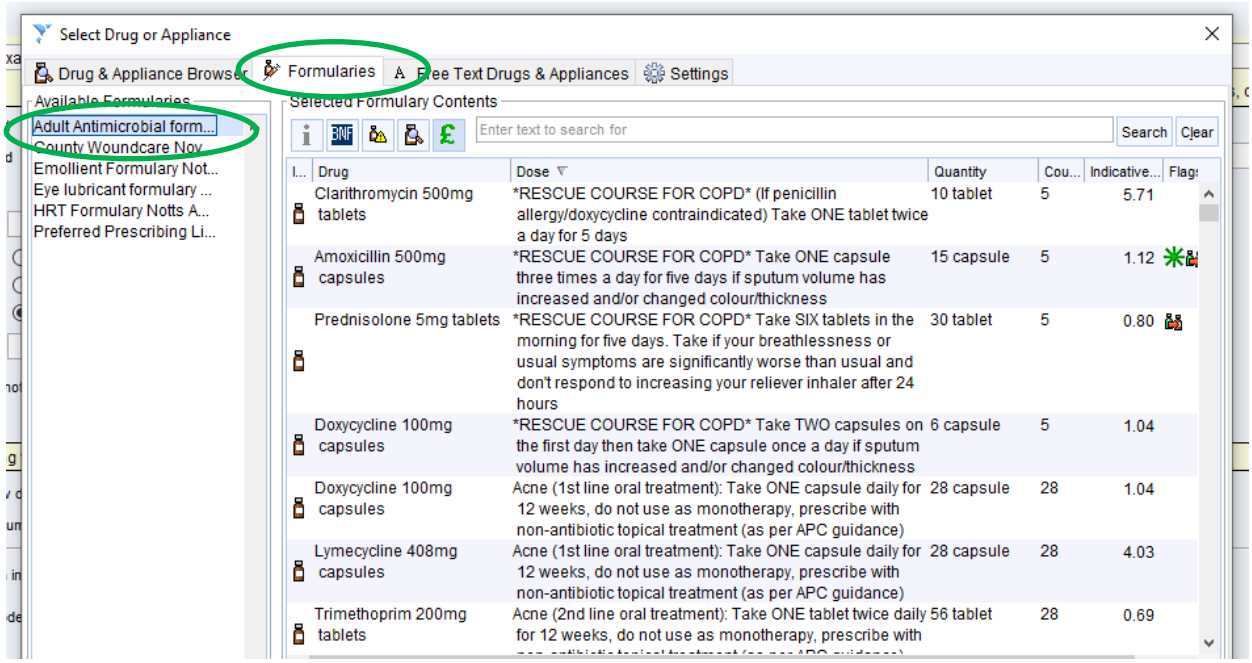
Using the SystmOne Formulary 1 page Guide, Version 1.1
Author: Michelle Haigh & Lyneth Hicks
Approved Date: June 2025 Review Date: June 2027

Using a SystmOne formulary as a list.

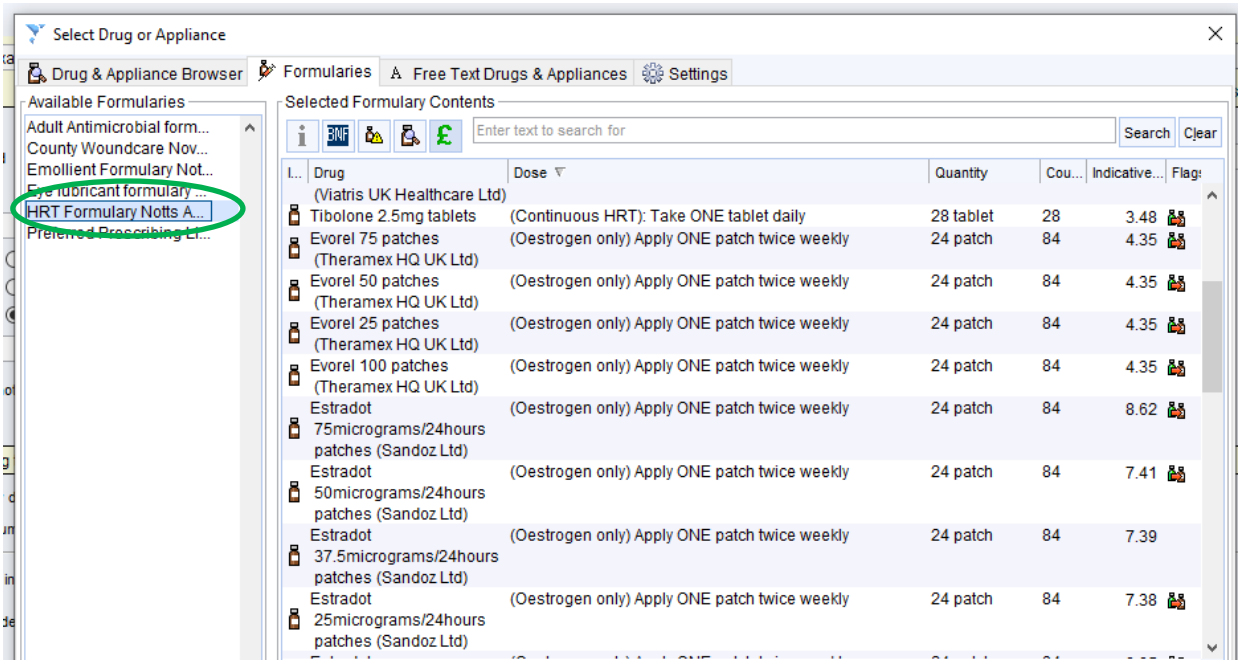
**Please amend the dose directions as appropriate for the individual patient or indication **

1. When initiating prescribing the 'Select Drug or Appliance' box opens.
2. Change the default tab 'Drug & Appliance browser' to 'Formularies' by clicking on the tab.
3. Select a formulary from the left-hand side list.
4. Click on 'drug' or 'dose' to see options for prescribing in alphabetical order of drug or dose. Dose is useful to group indications and treatment options.

Adult antimicrobial formulary sorted by 'Dose' will show indications.



HRT formulary sorted by 'dose' showing the APC formulary 'Oestrogen only' options.



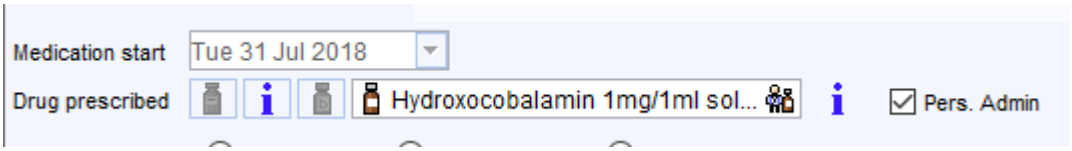
Electronic transfer of prescriptions (ETP) and Electronic Repeat Dispensing (eRD)

Electronic transfer of prescriptions (ETP) to community pharmacy is the preferred method of prescribing. Prescribers should ensure the nominated pharmacy is correct before sending a prescription during a consultation. The pharmacy nomination can be changed by the patient at any time. Prescribers can print a paper token which is a copy of the prescription if they wish.

Common ETP problems

- To be sent via ETP all items must be written in a current format (DM+D mapped). Occasionally the descriptions of medications are changed by the clinical system and medication have a non-ETP symbol at the end of the description or repeat template. Re-prescribing the product using the updated description (DM+D mapped) will usually resolve this issue.

- Items that are usually administered at the surgery (e.g. injectables, EMLA cream) may also be non-ETP because the Pers Admin box is ticked by default.



  Unticking the box in the prescribing template will allow the drug to go ETP if the description is current (DM+D mapped).

Electronic Repeat Dispensing (eRD)

- Allows the GP to authorise up to 12 months of repeat prescriptions for patients with chronic conditions who are on stable medication with just one digital signature.
- The prescriptions are sent directly to a community pharmacy, who will dispense the prescriptions based on the dates specified by the prescriber.

Resources to support implementing eRD are available from the ICB MO team and on TeamNet [APC - Prescribing Guidance | Collection (clarity.co.uk).]