



## Change in PALS queries – Frequently Asked Questions

This information has been prepared to help GP practice staff with changes to PALS and how medication queries are dealt with.

Mid Essex CCG no longer has a Patient Advice and Liaison Service (PALS) department. Therefore, the telephone number and email address for the patient experience team is no longer being used for dealing with patient enquiries.

### **What should practices do about patient enquiries related to medicines?**

Before contacting the medicines optimisation team, consider if the issue can be resolved by having a discussion with the patient themselves e.g. stopping of dry eye treatment according to the policy for a patient who in fact has Sjogren's syndrome, and therefore is an exception. The diagnosis is then correctly recorded in the system and the eye drops reinstated.

Advice can always be sought from the medicines optimisation team by emailing [MECCG.PIMMS@nhs.net](mailto:MECCG.PIMMS@nhs.net)

### **What information should practices provide regarding a query when contacting the medicines optimisation team?**

Please inform us of the nature of your enquiry:

- Anonymised patient information and demographics (age especially if a child or elderly)
- Medication involved - strength, form, dose
- Background information - Who recommended/initiated the medication, indication
- Any other information that you consider relevant to the query e.g. has patient tried any other alternatives

Do not share identifiable patient information unless you have the patient's consent to do so.

### **What type of enquiry can I direct the patient to contact the medicines optimisation team directly about?**

If the patient enquiry is related to any aspect of CCG prescribing policies, formulary or cost-effective switch recommendations, and you have not been able to resolve the query through a discussion yourselves then advise the patient to contact the medicines optimisation team by emailing:

[MECCG.askpharmacy@nhs.net](mailto:MECCG.askpharmacy@nhs.net)

**\*\*Practices will need to update their patient template letters with this new email address\*\***

### **Where do I direct patients if they wish to make a formal complaint regarding prescribing policy?**

The previous patient experience email address [meccg.patientexperience@nhs.net](mailto:meccg.patientexperience@nhs.net) is being used for patients to make a formal complaint.

See the website for further information <https://midessexccg.nhs.uk/contact-us/compliments-and-complaints>

## Frequently asked questions – medication queries

### 1. Can dry eye preparations be prescribed for blepharitis?

Prescribing is not supported for blepharitis as this is a condition suitable for self-care. Refer to the patient information leaflet

<https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-11-eye-2/186-blepharitis-leaflet-may-2013-1/file>

### 2. Can dry eye preparations be prescribed for patients with a significant history of blepharokeratitis and trichiasis?

Prescribing is supported as this condition can cause damage to the cornea.

Other exemptions for which prescribing of dry eye preparations can be prescribed can be found in the following resources for dry eyes:

**Policy Statement** - <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-11-eye-2/187-dry-eye-treatment-guideline-jan-2019/file>

**Patient Information Leaflet** - <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-11-eye-2/187-dry-eye-treatment-guideline-jan-2019/file>

**FAQ** - <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-11-eye-2/3107-dry-eyes-patient-faq-january-2019-1/file>

### 3. Can I prescribe oilatum bath emollient for a patient with a diagnosed dermatological condition?

Prescribing is not supported due to the lack of robust evidence of clinical effectiveness.

**Policy Statement** - <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-13-skin-3>

**Quick Reference Guide** - <https://midessexccg.nhs.uk/medicines-optimisation/clinical-pathways-and-medication-guidelines/chapter-13-skin-3/2545-emollients-quick-reference-guide-jan-2019/file>

### 4. Can I prescribe multivitamins for post bariatric surgery, as requested by the specialist?

Prescribing of multivitamins and minerals required post bariatric surgery for supplementation, insufficiency or maintenance doses, is not supported. It is recommended that patients purchase an over-the-counter multivitamin and minerals supplement and take the appropriate dose depending on the type of surgery that they have undergone. This position statement does not apply if indicated for actual vitamin/mineral deficiency

**MSE MOC position statement** - <https://midessexccg.nhs.uk/medicines-optimisation/prescribing-policy-statements/3968-multivitamins-and-minerals-post-bariatric-surgery-msemoc-position-statement-october-2020/file>

**Flow chart on the general process for requests to commence treatment from hospital/specialist**

Has the request come from an NHS provider Trust?

YES

NO

Initial supply should be issued from the hospital - see guidance: [Remote outpatient clinic – supply of medicines](#) (LINK)  
If not initially supplied from hospital, consider the urgency of the medication as to whether to prescribe or not. GPs are supported to request that the initial supply be made by the hospital.

When you receive requests from Private providers GPs can prescribe on an FP10:

- ✓ If the medication is on our formulary and
- ✓ on our formulary for the patient's diagnosed condition and
- ✓ you are initiating or continuing the medication just as if the patient had been seen by an NHS GP or consultant.

Is it on the Mid Essex local formulary and in line with prescribing guidance/policy?

Note: the formulary is shared across primary and secondary care. If the consultant is requesting GP prescribing as it is not stocked in the hospital pharmacy it is non-formulary and should not be prescribed in primary care.  
Classed on formulary as BLACK - Medicines that have been assessed as not suitable for adding to the formulary and include non-formulary medicines, NHSE drugs of LCV and OTC medicines.

If the medication is non-formulary **do not prescribe** on either FP10 or a private prescription for your own registered patients. Patients will have to continue to pay for the medication privately, or if appropriate you could switch them to a formulary drug.

GPs are not allowed to issue a private prescription to their own registered NHS patients, except in certain situations e.g. drug is not allowed to be prescribed on the NHS.  
For more information see <https://www.bma.org.uk/advice-and-support/private-practice/private-practice-and-gp-contracts/private-practice-and-gp-contracts>

YES

NO

Is it a local NHS trust?

YES

NO

**Check formulary classification:**

RED – not for GP prescribing. Request specialist to retain prescribing

AMBER – shared care. Specialist to request GP agreement for shared care and transfer of prescribing only once treatment has been stabilised.

YELLOW – continuation in primary care following initiation by specialist.

GREEN – can be continued or initiated in primary care.

**DO NOT PRESCRIBE**

For non-formulary requests - request specialist to recommend an alternative in line with formulary. If formulary choices have all been exhausted seek advice from Meds Op team.

Requests outside of policy (e.g. self-care, vitamins) advise patient of CCG policy. Notify Meds Op team of the recommendation to be fed-back to the requesting specialist.

**DO NOT PRESCRIBE**

Seek advice from Meds Op team for consideration, if the treatment is on the out of area Trust's formulary and formulary choices have been exhausted.

April