

Gemscript FAQs

Name Replace

When can I run the Name Replace utility?

The Name Replace utility can only be run once you have received DLM 400/401.

When running the Name Replace utility do all users need to be logged out of Vision?

For LAN practices, the Name Replace conversion does not require exclusive access to Vision to function. However, it is strongly advised that all users log out. You may even want to run this on your practice server. For VES practices/practices on hosted systems, once you have requested the conversion, it is run automatically for you overnight when all users are logged out of Vision (similar to how Clinical Audits are generated). See the full DLM 400 user guide for further information.

How long will the Name Replace utility take to run?

For an average practice with up to 10,000 patients, it is expected that the utility will take 1-2 hours to run. However, this also depends on how many repeat masters there are.

What happens if I do not run the Name Replace utility

You do not have to run the Name Replace utility. However, if you do not, when you reauthorise a repeat master which does not use dm+d terminology, Vision reselects an equivalent item for you which you are asked to review before adding.

Why are some drugs not updated by the Name Replace utility?

INPS created the Name Replace utility to assist in the update to dm+d. Not all drug items are mapped during the Name Replace process. The following items are not mapped:

- Acutes/ Repeat Issues.
- Repeat Dispensing/Batch Repeats/CMS items (Scottish Practices).
- Inactive Repeats.
- Repeats which are not marked as "In Practice".
- Repeats of drugs which have not changed name to dm+d (or a more recent dm+d name).
- Repeats with a preparation not in dm+d or not mapped to dm+d.

How do I know which items have not been automatically mapped by the Name Replace Utility?

You can view and print the following reports from **Drug Dictionary Utilities – Validation** menu:

- **Unprescribable Formulary Items**
Lists all Unavailable drugs in the current practice formulary.
- **Unissuable Repeat Masters**
Lists all Unissuable repeat masters (i.e. repeat masters referencing Unavailable or Unissuable drugs).
- **Invalid Drug Codes**
Lists all medication records (from Therapy.DBF and Repeats.DBF) with an invalid drug code.
- **Discontinued Repeat Masters**
Lists all repeat masters whose drug is marked as discontinued.
Once the list has been compiled, results can be viewed, printed or saved as a patient group.

I am running the Name Replace conversion and it seems to have stopped without processing the entire list...

Items that have not been selected for processing will remain on the Name Replace screen when the process has finished. You can reselect the remaining items and re-run the conversion at any stage. The two tabs on Name Replace function as follows:

- **Pre-Checked Items** – This tab displays items that Vision has already matched to a dm+d name for you. These are ticked automatically ready for conversion. You can review the list and deselect individual items if you wish.
- **All Items** – This tab displays pre-checked items (as per pre-checked tab but items are not selected for conversion) and also the items that cannot be exactly matched to the dm+d equivalent. You can review the offered equivalent and tick the box in the Selected column to include the item in the conversion.

Note – You may find it easier to convert the items in the Pre-Checked tab first, then return to the All Items tab to view the remaining items.

Why am I asked to inactivate and replace repeat masters when the Gemscript alternative is very similar – should this not have been captured in the mapping?

You may find that there are drugs in the Gemscript drug dictionary which are very similar to the repeat item which is no longer available for prescribing. Such items have not mapped because the details are not similar enough for an automatic match.

Prescribing

Why can I not find an item in the drug list?

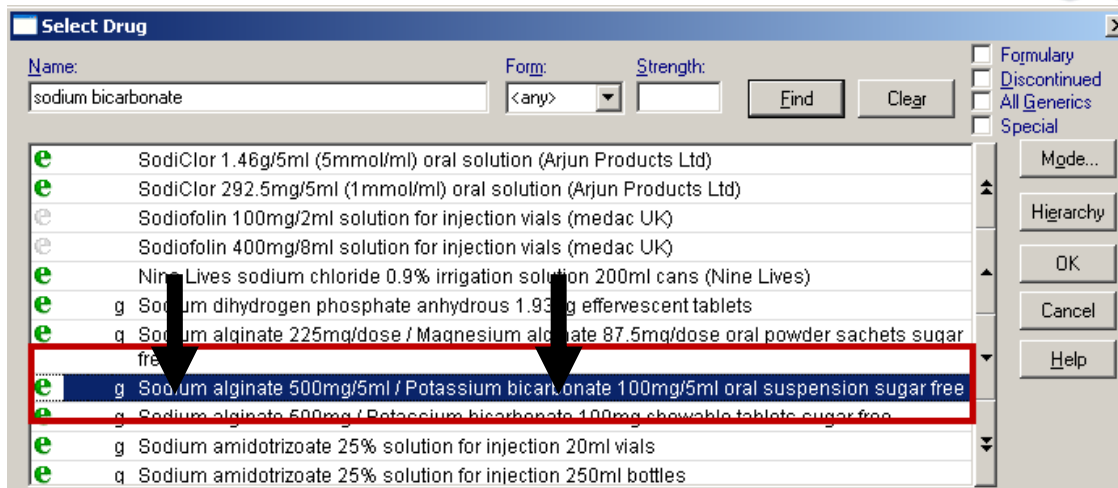
Because the Gemscript drug dictionary uses dm+d descriptions, you may see drugs appearing in a different order in the drug list. There are also other variations ie searching for 'gastro-resistant' as opposed to 'ec'. When searching for a drug using the Gemscript dm+d dictionary, the format is **name - strength - form** (eg Aspirin 75mg tablets). The Multilex format was **name - form - strength** (eg Aspirin tab 75mg).

As with all changes it does take some time to get used to a different way of presenting the same data - INPS have been introducing dm+d naming convention for drugs over the last 6 months but when presented with a new dictionary it is always difficult to remember what it looked like before the change. We are happy to answer queries but before you call or email helpline or data services please check

- Alternate spellings
 - Penicillin = Phenoxymethylpenicillin
- Alternate presentation of the components
 - Salmeterol+ Fluticazone = Fluticazone+Salmeterol
- Special items
 - Ergocalciferol 1000u/5ml suspension
- Is it in your formulary?
 - Your formulary should not be affected by the upgrade to Gemscript (apart from [items which have no dm+d equivalent](#)). See the DLM 410 User Guide for some suggestions of what to check in the formulary.
- Has it been discontinued?
 - The last Multilex dictionary that was published would have been created in February this year. The Gemscript data has dm+d data collated usually as of the 3rd Monday of the month - June's dictionary had data edited by dm+d up to 21st May which may mean that a large number of items may have been discontinued.

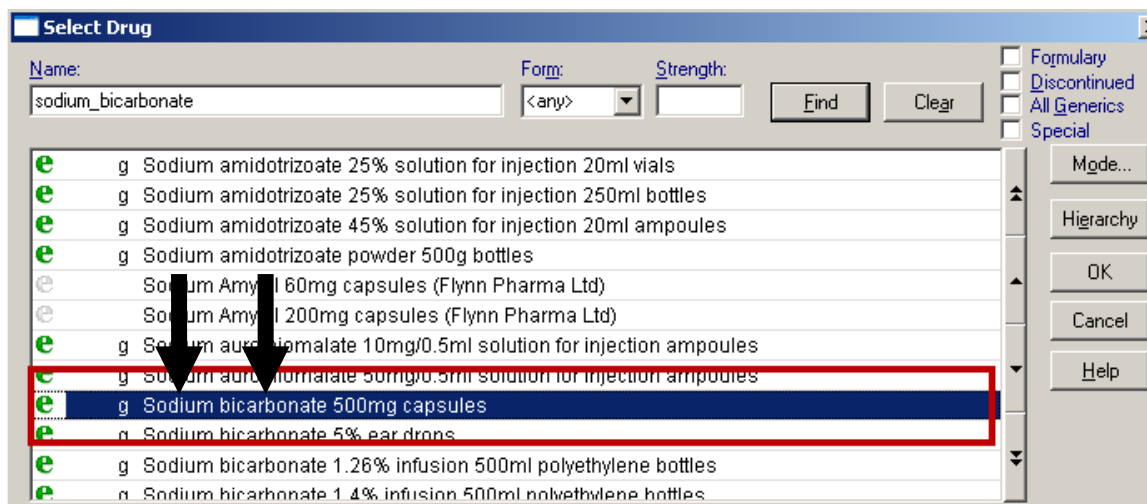
Why can't I find the exact drug item I am looking for?

When searching for items in the drug list, Vision searches the entire drug description for a match to what you have entered ie if you search on Sodium Bicarbonate, the result returned would read Sodium alginate 500mg/5ml/Potassium bicarbonate 100mg/5mg oral suspension sugar free which appears before Sodium Bicarbonate in the drug list. This is because the words sodium **AND** bicarbonate appear somewhere in the drug description:

Drug list search – match is made according to keywords found in the entire description

If you want to search in “starts with” order enter `_` between your keywords in the drug search box (eg Sodium_bicarbonate). The result is that Vision looks for a drug description whose first word is sodium and whose second word onwards is bicarbonate (rather than looking for a match anywhere in the description):



Drug list search – match is made according to first two words of drug description

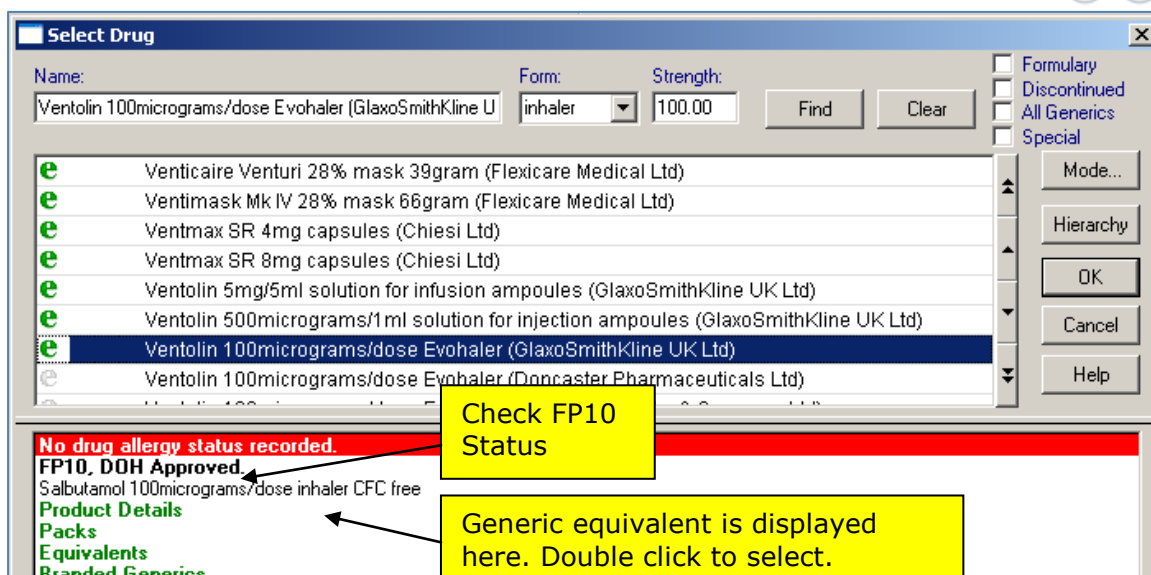
You can add further `_` to your drug search as required ie sodium_bicarbonate_500.

The percentage sign `%` can be entered before a keyword to tell Vision to look anywhere in the description for an exact match to the keyword.

Training Tip – Once you have found the item you are looking for, why not add it to your practice formulary?

Prescribing Tip.

When browsing the drug list with the various manufacturers listed for branded items, you are advised to check the item is listed as FP10 prescribable as non-FP10 items print as private prescriptions.. Remember Vision also displays the generic equivalent in the drug information window. Double click on it to add it to the Therapy Add form.

Check FP10 Status/Select Generic Equivalent

Why are some drugs listed more than once in the Gemscript dictionary?

For branded drugs, equivalent items produced by different manufacturers are listed separately and show the supplier name in brackets. eg *Seretide 100 Accuhaler (GlaxoSmithKline UK Ltd)*.

Generally speaking the first item in a list of same branded items with different manufacturers will be the appropriate one to select. You can be sure by checking the FP10 status in the lower window. Most (but not always all) of the others are likely to be Parallel Imports, which are not prescribable. An update in DLM410 will attempt to suppress these.

Why are some branded items prefixed “Generic” in the drug list?

The “Generic” prefix is a dm+d concept used for items such as appliances and over the counter products. The majority of such items are not prescribable generically, only as a brand. These are prefixed “Generic” in the drug list.

Why can I not prescribe generically – the generics all have a manufacturer in the name?

You can still prescribe generically and generic preparations do not have a manufacturer in the name. There are also a number of alternative “branded generics” visible if you select the “All Generics” checkbox, but that was always the case and these do include the manufacturer name.

Gemscript now also includes a number of “parallel imports” of branded preparations and these are not currently hidden in the drug listing, but will be hidden under the “All Generics” checkbox in DLM410. We hope that this will ease the confusion. Parallel Imports are not prescribable and have a non-FP10 status.



Why am I not able to switch to a generic for some drugs?


This has nothing to do with the introduction of the Gemscrip drug dictionary but was a change introduced in DLM 380 at the request of the Connecting for Health (CfH) Electronic prescribing team (EPS). Where a warning exists that a drug should be prescribed by brand when prescribing in Vision prior to DLM 380, a warning was flagged but this could be overridden by the clinician. After testing of the system for the introduction of EPS2 the CfH team issued a change notification to INPS that this was inappropriate behaviour and the clinician should be prevented from prescribing where the brand only prescribing flag is present in the dictionary. Brand only prescribing is driven by the data obtained from Dictionary of Medicines and Devices (dm+d) which is the NHS standard drug dictionary.

We have a practice formulary. Will this be affected by the introduction of Gemscrip?

All practices with a drug formulary are advised to check their formulary list for items which have no dm+d equivalent. These items are no longer available to prescribe from Consultation Manager but still appear in your formulary list in Drug Dictionary Utilities. You are advised to locate such items and add an alternative dm+d item from the Gemscrip dictionary where necessary. Please see the DLM 400 user guide for details on how to manage this.

Why are some quantities missing from the Gemscrip posology defaults?

This is because these have not been authored in the Drug Dictionary. For items without a Gemscrip default quantity entered, you have three options:

1. Enter the quantity manually in the quantity box.
2. Select  Preparation in the Therapy- Add screen and choose an appropriate preparation. The quantity and dosage is populated accordingly. You will need to do this each time the item is selected.
3. Create your own practice default for the preparation of the item. This means that the quantity will be populated automatically each time the item is selected.

Why does the preparation for the selected dressing say “non-tariff specification”?

“Dressing Pack non-tariff specification” means that the item is not included in the English and Welsh drug tariff. You can prescribe such items if you wish to do so.

What do I have to do to stop Degraded Allergy Warnings?

A number of items that were set as allergy records in Vision will show as Degraded Records in the Alerts Pane of the Vision Consultation Manager. This is because the medication used in the “Drug” field is no longer available in the Gemscrip dictionary or the allergy record was never amended following a competitor conversion. The drug code in the allergy record is not changed by the Name Change utility. Each of these items needs to be edited and a current drug selected from the Gemscrip dictionary to replace the item no longer available. Until the edit is done the allergy will show in



the Alerts pane in Red and will show in the Drug Sensitivities screen at the time of prescribing any drug as it cannot be checked.

Why am I getting more contraindication warnings?

The interactions and contraindications will be different from those experienced with the previous dictionary as we are now using checking at the level of the ingredient rather than the Actual Medicinal Product, this does mean that some warnings may be a little inappropriate for the formulation that you are prescribing but would be pertinent to another formulation – for example when prescribing Aspirin 75 mg dispersible tablets and Diclofenac gel – the interaction is between the base ingredients of Aspirin and Diclofenac which is wholly appropriate were you to give them both orally. The decision to override the interaction is as ever the responsibility of the clinician.

Some further developments to the interaction checking will be introduced in DLM 410 which will make the interaction checking more specific and much less general reducing the number of interactions flagged for a particular medication.

Why has the default dosage information changed?

Normalex default dosage which was included in the Multilex dictionary is called posology in Gemscript and contains more detailed dosage information including typical adult dosage and detailed information including children and elderly prescribing information. The editorial policy of the RESIP authoring team was to give default dosages for all drugs where there was a single usage and a single suggested dosage. It has been recognised that it would be more helpful if there was an increase in the number of drugs that contain a default dosage and the editorial policy has been changed to include a wider range of drugs where a typical adult dose will be included as the default. The top 600 prescribed drugs (as determined by evaluation of a well-known research database!) will be targeted over the next few months and released in the monthly dictionary updates as usual.

Are practice defined dosage instructions affected?

No.

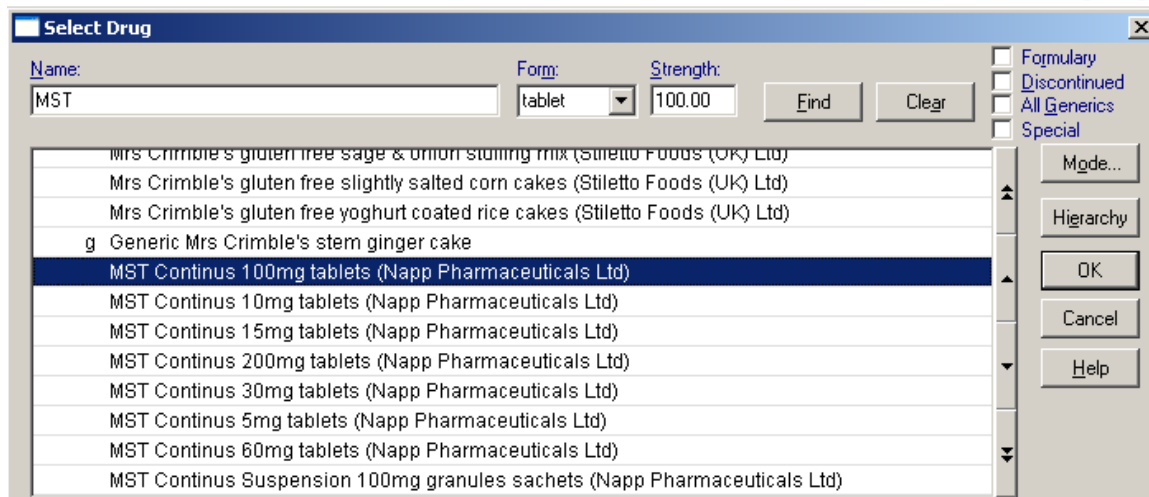
Why are some drug labels showing erroneous information?

A number of drug labels have been noted to contain inappropriate warnings – for example Alendronic Acid 70mg tablets says under label warnings “Do not spray on naked flame” .

This is obviously an error and will be fixed in the June Drug Dictionary build. Any such errors can be passed to Data Services using the reporting form on the website available at http://www.inps4.co.uk/my_vision/change-requests/ and all requests will be discussed with the Pharmacy team in RESIP and fixed as soon as possible.

Why is MST not listed in order of lowest strength first?

MST is not currently listed in the drug dictionary with the lowest strength first. If you type MST in the drug select screen and press enter, the 100mg is the first match. You need to press the down arrow or press F3 to select a lesser strength. This will be fixed in the June Gemscript drug dictionary. In the meantime, you may want to add the most frequently used strengths to your practice formulary.

MST not currently listed in order of lowest strength first

Drug Searches and Audits

How do I search for drug items?

When conducting a therapy search in the Search and Reports module post DLM 400/401, you need to consider the following:

Searching for Issues of Mapped Items - When searching for repeat issues that have been mapped to dm+d, you are advised to search using the **drug Read code**. This is because repeat issue uses different drug terminology depending on whether it was issued before or after DLM 400/401. Using the drug Read codes, which have not changed for mapped items, ensures that all issues made pre and post DLM 400/401 are included in the search.

Searching Drug Items that were not Automatically Mapped - When searching for items that have not been mapped automatically and an alternative has been manually added to the patient record, you are advised to either:

- Enter the old **and** new drug name in the search criteria

OR

- If the old and new drug names are similar, you can search by part of the name using the **Drug Name** option in Criteria select.

See the DLM 400/401 user guide for more detailed information.

How are clinical audits affected by Gemscript?

All QOF clinical audits use drug Read codes in their search criteria as per the QOF specification. Therefore, all **mapped** drug items are included in these audits.

Other audits are written to criteria specified by users and may use BNF codes or other search criteria. Therefore, some drug items may not be identified by these audits. You are advised to refer to the clinical audit on-screen help to check the specific audit criteria.

Other FAQs

How will I receive future drug dictionary updates?

Drug dictionary updates will continue to be delivered as they are now via Download Manager. Details will also be posted on the INPS website as usual. You can see drug dictionary details from **Help – About Vision** on the Vision front screen. Each dictionary update contains the entire dictionary and does not need to install on top of the previous drug dictionary.

Some of the Drug Classes folders are empty – why is this?

This is because we are following the structure of the BNF and some chapters are empty of drugs (just containing advice on prescribing). We shall attempt to suppress these in a future update. Also it is worth noting that if the Select Drug window has filters selected (Formulary, Discontinued, All Generics, Special), some previously populated Drug Classes may appear empty.

Why does the drug regime in my local guideline no longer work as expected?

After Gemsript is installed Drug Action Group categories will be referred to as **Drug Classes** throughout Vision. In some cases there is no exact match between Gemsript Drug Classes and existing Drug Action Group categories so you are advised to review any practice **Guidelines** which contain drug filters or drug regimes and any **ad-hoc searches** which contain Drug Action Group (particularly appliance drug action groups) search criteria.

Does Gemsript work with Scriptswitch?

The Scriptswitch interface is unchanged.

Is any other functionality affected by DLM 400?

All functionality affected by the introduction of Gemsript is detailed in the DLM 400 user guide.