

# Protocol for the review of Sunscreen

To ensure that prescribing of sunscreens is in line with ACBS approved indications and if ACBS prescribing criteria are not met, review identified patients and stop prescribing where appropriate

## Protocol approval details

	Name	Position	Date
Written by:	Laura Hawthorne	Prescribing support technician	03/03/2020
Checked by:			
Tested in practice by:			
Authorised by:	MOPB		25/06/2020
Review by:			June 2022

## Contributors to protocol

Name	Position
Laura Hawthorne	Prescribing support technician and lead author

## Document version control

Version	Changes	New version	Actioned by
v01	Added 'severe' and updated list with revised ACBS statement. Added 'as defined by the NHS' to patient letter Appendix 4.	v02	Amanda Pell (Senior Pharmaceutical Advisor)

## Link to QoF

Reduces prescribing of items that can be purchased over the counter if the diagnosis does not meet the guidance.

## Aims

Review all patients on sunscreens:

- Check indications for using a sunscreen.
- Advise any patients who don't meet the ACBS approved indication to purchase an appropriate sunscreen over-the-counter (OTC).
- Regularly review patients who meet the ACBS criteria to ensure they are using the sunscreen correctly (applying them thickly and liberally. approximately every two hours).

<http://www.pcds.org.uk/clinical-guidance/photodermatoses>

<https://bnf.nice.org.uk/borderline-substance-taxonomy/>

## Background

Sunscreens marked as 'ACBS' in the British National Formulary (BNF) are regarded as drugs when prescribed for skin protection against UV radiation in abnormal cutaneous photosensitivity. This includes genetic disorders, severe photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.

Prescribing for other indications is not permitted on FP10.

Photodermatoses are a group of skin conditions associated with an abnormal reaction to UV radiation. Whereas UVB is the predominant factor in causing sunburn, UVA is largely responsible for photodermatoses.

These are classed as either photosensitive or photoaggravated photodermatoses. Photosensitive dermatoses are caused by light and include polymorphic light eruption (PLE), actinic prurigo, chronic actinic dermatitis, solar urticaria, hydroa vacciniforme.

Most are immunologically mediated except those related to chemicals (drugs, porphyria) and DNA repair (xeroderma pigmentosum). The BNF states that certain drugs, such as demeclocycline, phenothiazines, or amiodarone, can cause photosensitivity.

## Method (outline steps and flowchart of process)

1. Check the practice has agreed to the protocol and a signed copy is in place.
2. Agree content of patient letter.
3. Run a computer search to identify patients who are prescribed ANY sunscreen preparations use the BNF function in the clinical system to run the search.
4. Identify patients with the licensed condition of photodermatoses.
5. Complete the data collection sheet (Appendix 3) using the search.
6. If the patients don't have the licensed indication then send letter (Letter appendix 1) with accompanying leaflet.
7. If the patients have the licensed indication make sure they are/have been reviewed about sunscreen application (where appropriate) .

## Appendix one: Agreement to protocol

Please detail any amendments to the protocol

<b>Signed on behalf of practice:</b>	
<b>Practice name:</b>	
<b>Date:</b>	
<b>Signed on behalf of MOT:</b>	
<b>Preferred contact details of the surgery:</b>	

## Appendix two: NHS Kernow data collection sheet

Patient identified	Current sunscreen prescribed	Indication for prescribing	Appropriate sunscreen being prescribed Y/N (if no flag to GP for review)	Letter sent with leaflet Y/N	Cost saving

## Appendix three: Completion of protocol

<b>GP practice:</b>	
<b>Date of review:</b>	
<b>Review conducted by:</b>	
<b>Number of patients reviewed:</b>	
<b>Feedback:</b>	
<b>Difficulties encountered:</b>	
<b>Completed by:</b>	

## Appendix four: Draft letter

Note: letter to be addressed to patient or parent/guardian of patient.

**Addressee**

**Your department**

Your location

Your street

Your town

Your postcode

Tel: xxxxx xxxxxx

Fax: xxxxx xxxxxx

Email: xxxxx@nhs.net

Dear [title/initial/surname]

**Your repeat prescription for [insert name of drug]**

The practice has been reviewing its prescribing of sunscreens to ensure they are being prescribed appropriately.

As a practice we are continually reviewing the medicines that we prescribe for our patients. We believe that it is very important to reduce the amount of money that we spend on medicines where it does not affect patient care so that this money can be reinvested into other essential NHS services.

We have recently reviewed all of our patients prescribed sunscreens to ensure that they are being prescribed in line with the appropriate indication as defined by the NHS. As part of this review you have been identified as not meeting the prescribing indication to be receiving sunscreen on prescription. Therefore as a practice we will no longer be supplying sunscreen on prescription.

Please read the leaflet enclosed on the recommended sunscreen advice and guidance

If you have any queries regarding this letter please contact the practice or your usual pharmacist

| Yours sincerely

**[Usual prescriber/registered prescriber/GP prescribing lead/other]**