Acute Prescribing Toolkit: local prescribing policy example from NHS Ayrshire & Arran

Please note: This is an example document meaning the content may refer to local context at a specific period of time. As a result some of the hyperlinks embedded within this document may not work.

September 2022

SECTION 29(a) – Prescribing Policy for GP Practices

NHS Ayrshire and Arran

PRESCRIBING POLICY FOR GP PRACTICES

Good Practice Guidance

Executive summary

Repeat prescribing plays a significant part in the supply of medicines to patients in primary care. Two-thirds of prescriptions generated in primary care are for patients who have requested a repeat supply of medicines they take regularly; this represents some 80% of medicines costs. It is therefore important to pharmacotherapy practice staff and patients that an efficient and effective prescribing system is in place. A poorly designed system, or one that is not well managed, can cause frustration to patients, the pharmacotherapy team and other health care professionals. It can waste precious time, as well as leading to an increase in the likelihood that mistakes could be made, thus putting patients' health at risk.

The purpose of this policy is to set out good practice guidance for pharmacotherapy staff that ensures safe and effective prescribing, as well as appropriate and efficient use of practice staff time and skills through managed workflow which will also benefit patients through improved access.

The information contained in this document is for guidance. It is recommended that all prescribers and all other practice staff are aware of and support the guidance to allow the pharmacotherapy team to provide an effective service to the practice.

Contents		Page
1. Introduction and policy purpose		**5**
2. Guidance for prescribing a medication as either Acute, Limited Repeat or Long-term Repeat		**5**
	2.1 Robust processes to be in place	5
	2.2 Prescribing requirements	5
	2.3 Adding a new medicine	6
	2.4 Problem linkage	6
	2.5 When is it appropriate to issue a medication on long-term repeat	6
	2.6 When is it appropriate to issue a medication on limited repeat (repeat with count)	6
	2.7 Reauthorisation of long-term repeat prescriptions and limited repeats	6
	2.8 When is it appropriate to issue a medication on acute	7
	2.9 Documentation of management plan	7
	2.10 Newly registered patients	7
3. Processing prescriptions		**7**
	3.1 Informing patients about the system	7
	3.2 Turnaround times of prescriptions	8
	3.3 Avoiding over-ordering	8
	3.4 Issuing and signing of prescriptions	8
	3.5 Filing and collection	9
	3.6 Informing Community Pharmacy of changes	9
4. Prescription Security		**9**
5. Special Circumstances		**9**
	5.1 Lost prescriptions	9
	5.2 Urgent prescription requests	10
	5.3 Medication supplied out with the practice e.g. hospital only medications	10
	5.4 Request to alter details of current repeat prescription item	11
	5.5 Private prescriptions	11
	5.6 Monitored Dosage Systems (MDS)	11
	5.7 Level 3 MAR	11
6. Medicines, Care and Review (MCR)		**12**
	6.1 Priority patient criteria for MCR suitability	12
	6.2 Patient exclusion criteria	12
	6.3 Medicines excluded from serial prescribing	12
7. Medication review		**12**
	7.1 Monitoring	**13**
8. Signposting to Community Pharmacy		**13**
	8.1 NHS Pharmacy First Scotland	13
	8.2 Smoking cessation	13
	8.3 Other Public Health services	13
	8.4 Gluten Free Food Service	14
	8.5 National Patient Group Direction for Urgent Supply of Current Prescribed Medicines, Appliances and ACBS Products	14

9. Appendices		15
	Appendix 1 – Items not to be removed from repeat prescription	15
	Appendix 2 – Items that should be issued as an acute prescription or repeat with a limited number of re-issues (limited repeat)	16
	Appendix 3 – Adding a count / limited repeat	18
	Appendix 4 – Frequently asked questions for administration staff	19
	Appendix 5 – Recommended communication form for changes to instalment dispensed medication	23
	Appendix 6 – Security of Prescriptions Form guidance from Practitioner Services, National Services Scotland	24

1. Introduction and policy purpose

The purpose of this policy is to set out good practice guidance for the pharmacotherapy teams that ensures safe and effective prescribing, as well as appropriate and efficient use of practice staff time and skills through managed workflow which will also benefit patients through improved access.

This information contained in this document is for guidance only, however it is recommended that all prescribers and practice staff support implementation of the guidance to allow the pharmacotherapy team to provide a safe and effective service.

2. Guidance for prescribing a medication as either Acute, Limited Repeat or Long-term Repeat (including Serial Prescriptions)

2.1 Robust processes to be in place

It is recommended that the practice have robust processes in place, as detailed below:

- Every patient who is prescribed repeat medication has an appropriate review
- Agreed processes are in place to manage near patient testing (NPT) drugs safely.
- Administration staff are adequately trained to check prescription requests are not supplied earlier than agreed to avoid over-ordering.
- Problem linkage and coding is accurate and up to date and corresponding recalls for chronic disease management are up to date.

If the above measures are in place, this will ensure that the majority of medications can be put safely onto long-term repeats including, where appropriate, serial prescriptions.

2.2 Prescribing requirements

- Medication should be prescribed generically, except where brand prescribing is necessary for reasons of device consistency or due to potential differences in clinical response, such as with certain modified release preparations or some anti-epileptic drugs. A list of medicines which should be prescribed by brand in NHS Ayrshire and Arran is available at http://athena/adtc/DTC%20%20Clinical%20Guidelines/ADTC167.pdf
- Dose and frequency must be specified. For medication taken 'as required', it is useful to include the reason for taking the medication in the medicine's directions for patient's information e.g. 1 or 2 to be taken four times a day **when required for pain**.
- Duration will usually be for 56 days for long-term medication. Exceptions include contrpatolled drugs; those supplied by instalments; those supplied to care home residents and those supplied in a monitored dosage system or with a level 3 MAR chart, which should be for a maximum duration of 28 days.
- Any new medication added to repeat will be for the same duration as the other regular items on repeat to reduce medication requests and aid patients' compliance and align with their regular items, unless clinically inappropriate.
- The review date (if the GP clinical system requests a date) should be set to an appropriate time period depending on clinical need (e.g. 6 months, 1 year etc.). Where feasible this should ideally be set to just after the patient's clinical review, to allow medicines to be reviewed with the benefit of recent investigations.
- The practice will use the current NHS Ayrshire and Arran Formulary and ADTC Prescribing Guidelines to guide medication choices These can be accessed via http://athena/adtc/Pages/AAF.aspx
- The GP clinical system may request a maximum reissue number when a new item is added as a repeat, if this function has been activated. Medication should be assessed on an individual basis and a maximum number of repeats allocated as considered clinically appropriate (see section 2.5 to 2.8)

noting that a reissue number of zero allows for unlimited prescribing. This can be used to ensure review of antidepressant or analgesic drugs, for example, or to identify when bloods need to be checked.

2.3 Adding a new medicine

Existing medication should be reviewed before adding any new medicines to repeat

2.4 Problem linkage

A valid indication should be documented for each new medication. This can be done by recording in the patient's clinical notes and/or utilising the Problem Linkage function within the GP clinical system.

2.5 When is it appropriate to issue a medication as a long-term repeat (without count/limit)?

- When it is intended for long-term use with no ongoing review or monitoring required within the review period set in 2.2.above (e.g. low dose aspirin).
- When it is expected to continue at the same prescribed strength, dose and frequency.
- Where a diagnosed condition may require drug treatment on an intermittent or seasonal basis but with no need for regular review (e.g. emollients for eczema/psoriasis, antihistamines for seasonal rhinitis).
- When medication that requires monitoring (e.g. ACE inhibitors, diuretics) will be routinely reviewed as part of the Chronic Disease Management recall process.
- See Appendix 1 for Items not to be removed from repeats (as part of the Level 1 medication review/'housekeeping' processes).

2.6 When is it appropriate to issue a medication using limited repeats (repeat with counts)?

- When a trial is initiated and review of efficacy is required before considering if it is appropriate for long-term repeat (e.g. trial of mucolytic, 56 days' supply with count of 2, then reduce dose and move to long-term repeat if efficacious or discontinue if no benefit).
- Where there are concerns of over-ordering or patient risk factors which warrant the need for a periodic review (e.g. gabapentinoids, opiates).
- When medication is considered long-term but has monitoring and /or review requirements (annually or more frequently) to ensure ongoing safe and appropriate use (e.g. melatonin, anticholinergics, DOACs, topical steroids, anti-migraine tabs, oral contraceptives, HRT, antidepressants, valproate containing medicines, lithium etc.)
- Medications for limited duration (e.g. dual antiplatelet therapy in acute coronary syndrome / stent insertion). An end date should also be added to the directions field.
- See Appendix 2 for Items which should be on limited repeat.

Appropriate use of limited repeats can improve efficiency and reduce workload, however inappropriate use can result in the opposite. See Appendix 3 for directions on how to add a limited repeat on GP clinical system.

2.7 Reauthorisation of long-term repeat prescriptions and limited repeats

- Items on repeat prescription may have a maximum issue count set which triggers a required reauthorisation before further routine issues can be made.
- When conducting an annual review for a patient with a long-term condition (e.g. asthma, diabetes, hypertension etc), this is an ideal opportunity for the prescriber and/or practice nurse to review appropriateness of the medication before reauthorising for an appropriate period of time.
- Reauthorisation of long-term repeat prescriptions may be undertaken by a GP, Advanced Nurse Practitioner, Practice Nurse, Pharmacist or other allied health professional (AHP) working within their area of competence. Pharmacy technicians may reauthorise long-term repeat prescriptions providing any necessary drug monitoring has been undertaken in accordance with written protocols.

2.8 When is it appropriate to issue a medication on acute?

- When it is for an acute episode requiring a fixed treatment course (e.g. antibiotic, or benzodiazepines for short term anxiety).
- When it is being used to treat a time limited condition that may require more than one prescription (e.g. post-operative analgesia).
- When it is being commenced with a plan to titrate the dose to a target, dependent on monitoring and/or review of the patient's response **prior to the next** prescription being issued. A short review period / patient has been asked to make appt within/by a month (e.g. ACE inhibitors, gabapentinoids).
- See Appendix 2 for Items which should be on acute.

Items should be moved from acute to limited repeat or repeat as soon as clinically appropriate.

Prescribers should ensure patients are informed when a medication is not to be reissued and annotate appropriately in the patient record. This will avoid necessary workload where the patient tries to request the medication again.

2.9 Documentation of management plan

For prescriptions issued as an acute (other than fixed short term course) or as a limited repeat a plan should be recorded in the patient's clinical record to enable decision making for future prescription requests which may be done by another health professional (e.g. Pharmacist, Nurse Prescriber). Sufficient information should be recorded to allow another HCP to understand the original prescriber's intention.

> Examples of part entry
> "Patient told they will have a telephone review with pharmacist in 2 months to assess efficacy/tolerance and discuss alternatives if necessary. Non therapeutic options covered and patient asked to self-refer to physio."

Please note: If insufficient information is documented in the consultation to allow the health professional to reauthorise the medication or complete a review safely, then the prescription requests/task will be directed back to the original prescriber or duty doctor with resultant delays for the patient.

2.10 Newly registered patients

Repeat medicines should be reviewed by an appropriate clinician. If the clinician is happy for the medicines to continue, they can add them to the patient's clinical record. The patient's previous GP practice medication record **must** be available in order to verify the medication history and undertake the medicine reconciliation. This is a good opportunity to rationalise prescribing and ensure that the prescribed items are appropriate, fit with NHS Ayrshire and Arran formulary choices where possible and to highlight any monitoring requirements.

3. Processing prescriptions

Training should be provided for all personnel prior to their involvement in the repeat prescribing process. Refer to Appendix 4 for frequently asked questions.

3.1 Informing patients about the system

If a patient is not familiar with how the repeat prescribing system operates, they should be directed to administration staff who will provide advice to the patient and supply, if the practice has one, a practice information leaflet detailing the process to be followed.

Prescription requests may be received from the patient or their representative, with the patient's permission via the following methods:

- Placing re-order slip (right hand side of prescription) in the designated drop-in box or via Community Pharmacy (this option may be unavailable if it is necessary to reduce footfall due to, for example, infection prevention and control reasons)
- Post
- Using the on-line prescription ordering system
- Telephone requests - practices still offering telephone repeat prescription ordering may wish to consider promoting alternatives, such as online ordering or M:CR (serial prescriptions)
- Community pharmacies may request on the patients behalf

3.2 Turnaround times of prescriptions

Practices should agree and document their policy relating to turnaround times for issuing repeat or acute (special request) prescriptions, which may be up to 72 hours (excluding weekends and bank holidays); patients should not expect their prescription to be available for collection prior to this. It is the responsibility of the patient to order medication in a timely manner to allow for this.

A turnaround time of 5 working days applies to hospital recommendations at the point of receipt. Should hospitals wish a prescription to be started within 5 working days after an appointment, the NHS Ayrshire and Arran policy is that they will arrange for this to happen through the hospital pharmacy (e.g. for hospital-only medicines or those requiring specialist monitoring by the hospital) or via a Hospital Based Prescriber (HBP) prescription, which can be dispensed at a community pharmacy. For further details, see http://athena/adtc/DTC%20%20Code%20of%20Practice/ADTCMG03(n).pdf

Only in **exceptional** circumstances will the practice issue a prescription in a 'same day' manner, in which case the prescription will be made available for collection between 5-6pm (or a suitable time agreed by the practice) on that day.

3.3 Avoiding over ordering

Requests for any repeat prescribed item should not automatically be processed by administrative staff. The patient's medication record should be checked to see when it was last issued to ensure the request is timely.

Practices using the Vision clinical system can set up repeat prescriptions with a minimum repeat prescribing interval, in order to ensure items are not issued too early.

3.4 Issuing and signing of prescriptions

Prescriptions must be prepared with accuracy and attention to detail to prevent errors. Staff should work in a quiet area undisturbed.

- The correct patient must be identified (check name, address, date of birth).
- To allow issue by administrative staff the item requested must be listed as a repeat item.
- Select the item(s) as requested by the patient.
- Check that each item requested on the repeat prescription is due. If there is evidence of over ordering, please advise the patient that medication is not yet due and politely enquire if there is a reason it is being ordered early. These requests may have to be forwarded to the duty doctor or pharmacy staff to investigate further (see Appendix 4).
- If requested by the patient, the designated Community Pharmacy should be specified at the point of printing.
- Print selected appropriate items.
- Repeat prescriptions for the prescribers to sign will be placed in a designated area and, once signed, returned to the appropriate area prior to filing, posting or collection.

3.5 Filing and Collection

- Signed prescriptions ready for collection should be stored in a secure place and out of the reach of the public.
- Where a patient has requested a repeat prescription and items which were issued as an acute (special) prescription then administration staff should ensure these prescriptions are filed together.
- If it is necessary to reduce footfall in the practice, patients should be advised to indicate which community pharmacy they wish their prescription to be collected from. This should be recorded on EMIS so it is printed on the prescription.

3.6 Informing Community Pharmacy of medication changes

If a patient is a resident of a care home; has a Medication Administration Record chart (known as L3MAR); receives medication in instalments or in a Monitored Dosage System (MDS), or has a serial prescription, then it is essential that the Community Pharmacy is informed of any medication change. This can be undertaken by administration staff (under the direction of a GP, Practice Nurse, Practice Pharmacist or Pharmacy Technician) via telephone or by emailing the Community Pharmacy's Clinical Mailbox, as agreed with the community pharmacy. Changes should not only be written on RHS of Rx, as this may not be read immediately. An audit trail should be maintained on the GP clinical system documenting:

- the medication change
- the urgency of the change
- the name of the Community Pharmacy, date and time the medication change was communicated to the Community Pharmacy and the name of the Community Pharmacy staff member informed of the change.

Where a change is communicated by telephone, it is recommended that written confirmation of the change is also sent, either by email or using a paper copy of the communication form which can be sent to the relevant pharmacy along with their prescriptions.

Refer to Appendix 5 for recommended communication form. An electronic version of this form is available, which can be imported into the EMIS clinical system as a Word Configuration template. The patient's details can then be populated into the form using the mail merge fields and a copy can be saved to their record.

4. Prescription Security

- All members of staff need to be aware of the importance of security and the potential for fraud.
- Blank prescription forms and back up stock should be held securely in a locked cupboard.
- A designated member of staff will be responsible for the ordering, receipt, recording and distribution of prescription batches.
- Duplicate, damaged or uncollected prescriptions must be shredded and put into confidential waste.
- It is recommended that practices have procedures in place that will allow location of the prescription to be auditable e.g. a record of prescription collection by Community Pharmacy.
- Practitioner Services Division (PSD) and NHS National Services Scotland (NHS NSS) have developed a guidance document that provides general practice with a framework to ensure the security of prescription forms against theft and abuse (see Appendix 6).

5. Special Circumstances

5.1 Lost prescriptions

- Where a prescription is reported lost, notify the practice manager or GP as per practice policy, with details of the patient, medication and how/where the prescription was lost. Check for a pattern for the patient of previous lost prescription incidences and take appropriate action.

- Check NHS National Services Scotland online Prescription Tracker by entering the Unique Prescription Number (UPN) at https://prescription-tracker.nhsnss.scot.nhs.uk/ to determine if the prescription was presented at a community pharmacy.
- If a further prescription is authorised, use the **reprint** function as this ensures the original barcode is printed on the replacement prescription, avoiding a possible duplicate supply.
- Record in the patient's clinical record that the prescription was lost and a reprint generated.
- Prescriptions found after the issue of a 'reprint' should be recorded in patient's clinical record and then destroyed.
- Special attention should be paid to medicines that have potential for misuse e.g. pain killers, sleeping tablets and controlled drugs.
- The patient should be advised to consider contacting the local police station. If the prescription is found by a member of the public it may cause harm if it got into the wrong hands, or could also have the potential for abuse. In these situations the police will provide a reference number for the incident. For prescriptions containing medicines with potential for abuse, the Ayrshire and Arran Primary Care Contracts Team should be contacted so that a 'Missing Prescription' notification can be issued to all Community Pharmacies.

5.2 Urgent prescription requests

The patient and/or proxy should be reminded of the turnaround times of prescriptions (see section 3.2).

For urgent repeat prescription requests, this should be generated by administration staff in the usual way. If the request is more than 7 days early then authorisation to proceed should be sought from the prescriber or the Primary Care Pharmacy Team.

For urgent acute (special) prescription requests, the prescriber or the Primary Care Pharmacy Team will be given the patient's details, medication requested and reason for the urgent request. They will then decide if the request is to be authorised and how quickly this needs to be done. The prescription can then be generated in the usual way.

Document in the patient's clinical record that an urgent request has been made for a prescription item and specify the reason why. It may be useful to have a record if a patient consistently requires urgent prescriptions to be issued in order that any underlying issues can be addressed.

5.3 Medication supplied out with the practice e.g. hospital only medications

Practices should record in the patient's medical record any medication supplied out with the practice. This will ensure any interactions are highlighted and also external services (e.g. Hospital and Out-of-Hours staff) will have access to this information through the emergency care summary (ECS).

a) **Hospital issued medication (or private clinics etc.)** – add to repeat, enter dosage as "Hospital Only" or "Supplied elsewhere", do not enter any specific dosage information as this may change over time and could lead to errors on hospital admission if the incorrect dose is taken from ECS, set quantity to 0.01. Examples of medicines which may be added in this way include clozapine, methadone and biologics.

   To do this on EMIS: Select the "issue method" as "O" for outside. This will ensure an alert pops up if an attempt is made to issue the item and additional pharmacy information/warning text is automatically added so that, if the item were to be issued in error, it is clear on the prescription form that it should not be dispensed in community pharmacy. The drugs are listed in a separate section on the right-hand side re-order slip.

   To do this on Vision: Select the "Source of Drug" drop down menu and select "By hospital" or "By health carer in another practice". The medication will be listed on the repeat but will be marked as outside practice and cannot be issued.

b) **Community Pharmacy Urgent Supply (CPUS) prescription forms, Universal Claim form (UCF) prescriptions or Out of Hours medication issues** should be recorded as an outside drug as above but as an acute prescription, as changing the repeat prescription to an outside drug will prevent it from being issued normally again in the future. Copies of the prescription form should be scanned into Docman. This will routinely be done by administrative staff.

c) **Non-medical prescribing**. Any items prescribed by a non-medical prescriber, e.g. pharmacist, podiatrist, physiotherapist, nurse should be recorded in the patient's computer record.

d) **Home visits**. Any medication prescribed during a home visit should also be recorded in the patient's computer record by the prescriber.

e) Any handwritten prescriptions should be included. This is not exclusive to house calls. **In EMIS, the issue method should be set as "H" for handwritten.**

5.4 Request to alter details of current repeat prescription item

This may be quantity, formulation or dose and may be requested by patient, carer or community pharmacy for a variety of reasons. Such requests may be undertaken by administration staff after seeking authorisation from the prescriber or Primary Care Pharmacy Team and subsequent details of changes recorded.

5.5 Private prescriptions

- Private prescriptions should also be recorded in the patient's records.
- Add the item to repeat but (in EMIS) **select the issue method as "X" for private.** This allows a private prescription to be printed on the **right-hand** side of the standard GP10 prescription form, adds additional Pharmacy Text and prevents the item being printed as a standard GP10 item in the future
- Note that it is possible to issue repeatable private prescriptions for items other than for schedule 2 and 3 controlled drugs, by adding "Repeat x times" to the prescription.

5.6 Monitored Dosage Systems

- Prescriptions for Monitored Dosage Systems (MDS) should be limited to a maximum duration of 28 days' supply. In order to differentiate from other weekly dispensed prescriptions, it is suggested that the words "dispense weekly MDS" should be added to the **dosage field** of each item to be included in the MDS as this can be seen in the Emergency Care Summary (ECS) if the patient is admitted to hospital and will alert staff carrying out medicines reconciliation that the patient receives a blister pack. It would be helpful for community pharmacies if this information could also be added to the **Instalment dispensing text** field.
- Community pharmacy details should be added to the patient record
- The read code **8BIA** (uses monitored dosage system) should be added to the record of patients in receipt of a MDS

5.7 Level 3 MAR (L3MAR)

- Patients with a level 3 MAR chart should have their record annotated with the read code **8BMc** (needs assistance with medication regimen adherence)
- The patient or their representative should have signed a form to allow upload of their key information summary (KIS). Alternatively, the social worker may sign the form to indicate that verbal consent has been given. If the form is not present, or is not signed, the relevant social worker (as named on the letter requesting a change to L3MAR) should be contacted. Once this form has been received, the KIS can be updated with a note stating "L3MAR" in the **special notes** section
- Each item on their prescription should have the annotation L3MAR added to the dosage field

6. Medicines, Care and Review (MCR), previously known as Chronic Medication Service (CMS)

MCR is an element of the community pharmacy contract, which allows for serial prescribing and dispensing, where a practice can issue a 24-, 48- or 56-week serial prescription. A dispensing interval of 4, 8 or 12 weeks is chosen.

Serial prescribing has the potential to reduce practice workload and patients should be transferred to this where possible. NHS Ayrshire and Arran encourages practices to review patients who receive regular medication for long-term conditions and who meet the following criteria to be considered for serial prescriptions.

6.1 Priority patient criteria for MCR suitability

- Patients on 4 repeats or fewer (note that it is possible to instigate a serial prescription for patients with more than 4 repeats, however it is simplest to begin with those on a smaller number of items)
- Medication dose is stable for at least 6 months (i.e. not being titrated)
- Records indicate regular ordering
- Patients are engaging with practice for required monitoring e.g. blood tests

6.2 Patient exclusion criteria

- Medical condition unstable
- Care home residents
- Poor compliance
- Patients receiving daily or weekly dispensed medication (includes compliance devices or instalment dispensing)
- Patients with only 'when required' items e.g. creams, inhalers

6.3 Medicines excluded from serial prescribing

- Medicines that require regular monitoring/titration e.g. Near Patient Testing drugs; lithium; warfarin
- Schedule 2 or Schedule 3 Controlled drugs (see latest BNF for up-to-date list)
- Hypnotics
- Benzodiazepines
- Medicines for new diagnosis of long-term condition (diagnosed within the last three months)

7. Medication review

All patients on repeat medicines should have an appropriate review of their medication based on clinical need. (For most patients with significant co-morbidities or polypharmacy, this may be annual).

This should be as a minimum a level 2 review and should review whether:

- the medication prescribed is appropriate for the patient's needs
- the medication is effective for the patient
- the medication is a cost effective choice
- any required monitoring has been done or arrangements are in place

Non-clinical (level 1) medication review **can** be undertaken by suitably trained administration staff. Each trained member of the administration staff should have authorisation from a designated GP. This is often referred to as 'housekeeping' and is not a replacement for a level 2 or 3 medication review. It is good practice to have ongoing level 1 medication reviews undertaken throughout the year by a member of the administration team to reduce waste and keep the patients records tidy, promote alignment etc. See

appendix 1 for a list of medicines which should not be removed from repeat prescription as part of the level 1 review, even if not ordered regularly.

7.1 Monitoring

Monitoring frequency is a clinical decision based on many patient specific or condition specific factors including but not limited to: renal function, stability of disease state, compliance. Guidance on frequency of monitoring can be obtained from the relevant prescribing guidelines on Athena, which can be found at http://athena/adtc/DTC%20%20Clinical%20Guidelines/Forms/Public%20View.aspx

8. Signposting to Community Pharmacy

Community pharmacy plays an important role in providing NHS pharmaceutical care in Scotland; it provides highly accessible services for people both in hours and out of hours. We should encourage more people to use their local pharmacy as a first port of call, particularly for support in managing self-limiting illnesses and supporting self-management of stable long-term conditions, in hours and out of hours. Services that Community Pharmacy offer which complement and support general practice include:

8.1 NHS Pharmacy First Scotland (July 2020)

In July 2020, the new NHS Pharmacy First Scotland service will replace the existing Minor Ailment Service, allowing anyone registered with a Scottish GP or ordinarily resident in Scotland (including care homes, homeless and travelling people) to access community pharmacy as the first port of call for managing self-limiting minor health complaints or illnesses. This aims to reduce unnecessary GP consultations, visits to out of hours and Emergency Departments. Patients can access any pharmacy for this service, as no registration is required. Anyone presenting at the community pharmacy will have a consultation with a trained member of staff, receive advice on their condition, treatment where appropriate (from an approved NHS National formulary), and onward referral to other healthcare professional if necessary.

The current NHS AA Pharmacy First Patient Group Directions, will continue as part of NHS Pharmacy First Scotland:

- Uncomplicated urinary tract infections in women between 16-65 years
- Impetigo
- Minor skin infections including afebrile cellulitis –
- Shingles on the torso

Note: not all services are available from all Community Pharmacies.

Community pharmacists will carry out a consultation with patients and provide advice and treatment under the PGDs. People who do not meet the inclusion criteria of the patient group direction will be referred back to general practice using the standardised Community Pharmacy Communication (SBAR) form.

8.2 Smoking cessation

Practices should not routinely prescribe nicotine replacement therapy (NRT) or varenicline. People who request smoking cessation products should be referred to their local community pharmacy or Quit Your Way for advice and supported intervention, including provision of NRT and varenicline where clinically suitable.

8.3 Other Public Health services

A further two public health services are delivered nationally by community pharmacy:

- Emergency Hormonal Contraception – the service is available to any female client aged 13 years or over. The aim of the service is to provide, where clinically indicated, a free supply of emergency hormonal contraception.
- Prophylactic Paracetamol following Meningitis B Vaccination

8.4 Gluten Free Food Service

Practices should not routinely prescribe gluten free food (GFF). People who request GFF who have a confirmed diagnosis of coeliac disease or dermatitis herpetiformis should be given a completed registration form for the NHS Scotland NHS Gluten-free Food Service by their GP or dietitian. They should then be directed to their community pharmacy to obtain supplies. The registration form is available at https://www.communitypharmacy.scot.nhs.uk/media/1857/gffs-patient-registration-form.pdf. People without a confirmed diagnosis who request GFF should be advised to purchase at their own cost.

8.5 National Patient Group Direction for Urgent Supply of Current Prescribed Medicines, Appliances and ACBS Products

The Community Pharmacy Urgent Supply (CPUS) PGD enables community pharmacists to provide patients with up to one prescribing cycle of their repeat medicines and appliances in a wide range of circumstances where obtaining a prescription is not practical, ensuring continuity of care for patients and easing the strain on GP practices and Out of Hours services. The PGD is designed to be permissive, and allows pharmacists to use their professional judgement to enable supply to the patient in most scenarios. Examples include:

- any time the prescriber is unavailable to issue Rx, both in and out of hours
- acute prescribed medication lost, stored incorrectly, smashed bottle
- alternative formulations is prescribed medicine unsuitable – formulation, allergy to excipient, contains gelatine
- alternative product or formulation when medicines in short supply

Appendix 1 – Items <u>not to be</u> removed from Repeat Prescription as part of level 1 medication review, even if highlighted as not routinely requested (this list is not exhaustive).

Adrenaline auto-injectors
Anithistamines
Diazepam rectal tubes
Glucagon Hypokit
Glucogel
GTN spray / tablets
Inhalers (over ordering should be highlighted)
Midazolam – buccal
Migraine medicines
Test strips and lancets (although if ordering other types consider removing)
Warfarin

Appendix 2 – Items that should <u>generally</u> either be issued as an acute prescription or placed on repeat with a limited number of re-issues (limited repeat).

Medicine	Acute or repeat	Rationale
Antimicrobials	Acute (limited repeat in certain circumstances)	National public health concerns with regard to antibiotic resistance. May be prescribed on limited repeat prescription in specific circumstances, such as long-term prophylactic antimicrobials Standby by antibiotics for treatment of infective exacerbations of COPD should be prescribed as an acute prescription in accordance with http://athena/adtc/DTC%20%20Clinical%20Guidelines/ADTC341.pdf
Topical antibiotics / thrush treatments	Acute (limited repeat in certain circumstances)	Resistance develops quickly especially to fusidic acid. If an initial course has failed, repeated issues should not be given. Topical antibiotics for acne may be prescribed on a limited repeat prescription
Moderate to potent topical corticosteroids	Limited repeat	Long-term unsupervised use is not appropriate, especially for the more potent steroid creams.
Short course for symptom control: analgesics and antipyretics	Acute	Whilst acceptable for long-term conditions, e.g. paracetamol for osteoarthritis, acute illness will require changes according to need of the patient.
Short-term, high dose proton pump inhibitors	Acute	Reduce to lowest effective dose for maintenance treatment and add to repeat with annual review.
Dressings	Limited repeat	Require regular assessment. Has potential for significant wastage.
Sip Feeds/ONS	Limited repeat	When initiating prescribe on acute or move to limited repeat if ongoing need identified. There are limited indications and also potential for abuse. Ongoing need should be reviewed by dietitian
Benzodiazepines and Z drugs	Limited repeat	Close monitoring of ordering pattern and ongoing indication required. Note indicated for short term use only.
Controlled Drugs	Acute (limited repeat in certain circumstances	Acute prescribing may be appropriate for acute episodes or during dose titration. Where long-term medication is appropriate, prescribe as limited repeat.
NPT medicines	Limited repeat	Refer to locally enhanced service specification http://athena/adtc/DTC%20%20Clinical%20Guidelines/ADTC04.pdf
High risk (non-NPT) medicines requiring monitoring (more frequently than 12 monthly) e.g.	Limited repeat	Refer to relevant local prescribing guidelines at http://athena/adtc/DTC%20%20Clinical%20Guidelines/Forms/Public%20View.aspx For other medicines, refer to:

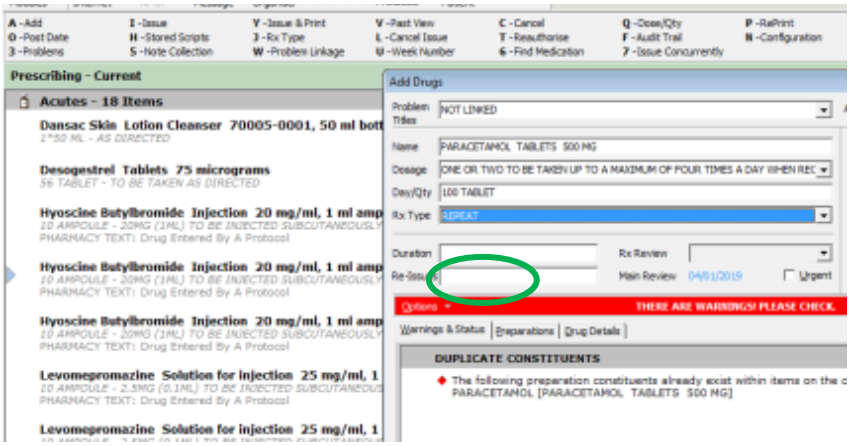
theophylline, lithium, DOACs		Manufacturers data sheet (https://www.medicines.org.uk/emc) BNF (https://www.medicinescomplete.com/#/) Specialist Pharmacy Service (https://www.sps.nhs.uk/articles/suggestions-for-therapeutic-drug-monitoring-in-adults-in-primary-care/) for guidance on monitoring.
Antidepressants	Limited repeat	Acute during initiation to assess tolerability and effect. Limited repeat thereafter, with review every 6 to 12 months.
Hormone Replacement therapy (HRT)	Limited repeat	Acute during initiation to assess tolerability and effect. Limited repeat thereafter, with review every 6 to 12 months.
Oral contraceptives	Limited repeat	Acute during initiation to assess tolerability and effect. Limited repeat thereafter, with review every 6 to 12 months.
Steroids – oral	Both	Generally acute prescribing for short term courses. Long-term steroids for prophylaxis may be prescribed on limited repeat.
Newly-commenced medicines requiring blood monitoring or other procedure	Limited repeat	e.g. statin requiring LFTs - may be authorised for 1 repeat until bloods checked and can then be reauthorised without limit if the prescriber is satisfied that an annual review is now suitable.

Appendix 3 – Adding a count / limited repeat (EMIS)

A count can be added either at the point of initial prescribing, when changing an item to repeat, or when an item is already on repeat.

Initial Prescribing

- When 'repeat' is the selected prescription type, the highlighted box will need to be completed:



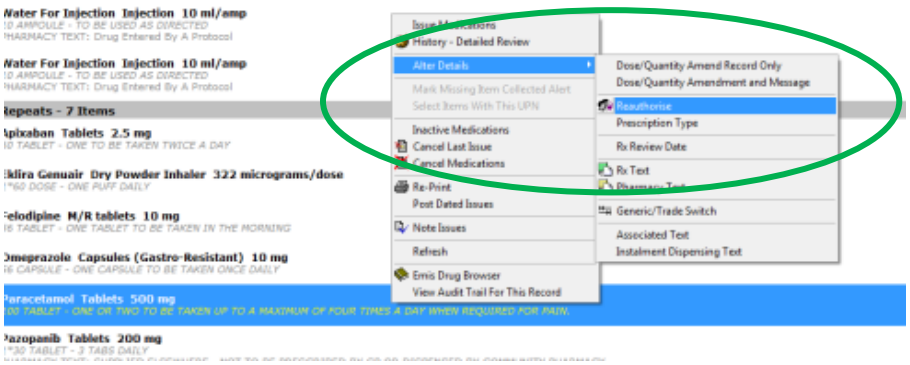
- Any number between 0 and 50 can be entered.
- To prescribe as a standard repeat (i.e. without a limit) enter '0'
- If a count is required enter the number of reissues allowed before re-authorisation. Note if you plan to issue a prescription at this point, this should be included in the count.
    - E.g. Citalopram to be prescribed today with an additional 2 repeats before review – prescribe citalopram with a count of 3. This will account for the issue today and allow 2 further issues before re-authorisation is required.

Changing from acute to repeat

- This will prompt a drop-down box to select number of re-issues allowed before re-authorisation.

Changing an item from a standard repeat to a limited repeat or re-authorising a limited repeat

- Select the item(s) to re-authorise or add a count to
- Right click and then select 're-authorise':



- Select the appropriate number of issues from the dropdown box
- To change back to a standard repeat select '0' from the drop down box

Appendix 4 – Frequently asked questions for administration staff

Question	Answer
What to do if you can't find the prescription.	• Look at when the patient requested the prescription/when printed. • If less than 48 hrs (2 working days), advise patient to call after 2 working days from request date. The prescription may be in process. • Check the patient's electronic medication record to see if it has been issued and if there is a nominated pharmacy recorded. If so call the pharmacy or ask the patient to call pharmacy to confirm if the prescription is there. • Check NHS National Services Scotland online Prescription Tracker to determine if the prescription was presented at a community pharmacy. https://prescription-tracker.nhsnss.scot.nhs.uk/ • If the prescription cannot be located – discuss with a prescriber and issue a **RE-PRINT** (if authorised to do so). Clearly mark 'duplicate' or 're-print' on this prescription.
What to do if the patient asks for a medicine you can't find on their repeats.	There may be three reasons for this: 1. The medicine is on the repeat list but may be under a different name. ○ Medicines have two types of names - one is called the generic name (e.g. solifenacin) and the other is called the trade name (e.g. Vesicare). The generic name is the name of the active ingredient and is usually the 'medical' name by which that medication is known. ○ Ask the patient if the medication is known by another name; ask them to check the packaging and label ○ Check the BNF or MIMS to see what alternative names there are for the requested drug. If in doubt consult a GP or the Primary Care Pharmacy Team. 2. The medicine is not on their repeat list - but it is on their acute list. ○ Tell the patient that you cannot see it on their usual set of repeat medicines and ask them politely why they are making the request. ○ Advise them that you can see it on their acute list but ask them whether they know if the doctor planned to give it as a one-off or as something to be taken regularly. ○ If the patient says it was a one-off, advise the patient that they need to discuss the request with the prescriber. ○ If the patient says it was meant to be a repeat, task the prescriber asking for clarification. 3. The medicine is not on their repeat list nor under their acutes. ○ Tell the patient that you cannot see it on their usual set of repeat medicines and ask them politely why they are making the request. ○ Tell them that their request will need to be reviewed by a prescriber first. ○ Patient should see or talk with a GP for a decision on whether to give the medication or not.

The patient who keeps asking for their repeats when they've run out or are extremely low.	When accepting a request from a patient for a **repeat** prescription, please tell them that the turnaround time for a prescription will be 2 working days and that they should not come to collect it before then. If the patient state they have run out and need it sooner, issue the script and get it signed in a timely manner (less than 48h), advise the patient about this extra duty and to order in plenty of time wherever possible. For instance, you might say *'Mrs. Brown, your prescription is now ready for you to collect. Normally we ask all our patients to give us a minimum of 2 working days to process the prescription but on this occasion we did it sooner because we know how low you've got with your medication. We would usually suggest that patients try and order repeats about a week before they are due to run out to allow for any delays or supply problems."*

The patient who demands their medication immediately (less than 48 hours).	• Ask the patient why they feel it is urgent.
	• Explain politely (especially to patients who leave things till the last minute) why we say a prescription will take 48 hours; in particular...
	  ○ That the practice is very busy
	  ○ Therefore, we need time to process the request
	  ○ And that urgent requests like these result in interrupting the doctors who are already busy seeing ill patients.
	• Give the patient a time to return to the practice to collect the prescription later that day, do not make the timescale unrealistic
	• Try to ensure that the prescription is ready at the agreed time.
	• If a patient is in practice and being insistent they want it 'now' - give them the option of waiting but make it clear that there may be a lengthy wait.
	• Consider sending to Community Pharmacy for Urgent Supply

The patient is asking for extra amounts of repeat medication	*e.g. asks for a TWO month supply of something or asks for TWO inhalers rather than their usual amount of ONE.* • Contact patient to find out why - ask the patient politely. • If the reason is valid (e.g. a holiday) issue but indicate on the prescription that this is an additional request and state the reason to help the prescriber to decide. • Put a clear message on the computer record: that additional medication has been issued & why. If a prescription is refused document why the prescriber has done so. *N.B. The maximum recommended quantity for repeat medication is 3 months supply.*
The computer says the patient is over using their medication or ordering too early.	• Try to find out why the patient is asking for more medication before the expected time - ask the patient. • Inform the prescriber or pharmacist of the request who will decide if the request is appropriate or not.

The computer says the patient is under using their medication.	This may mean that the patient is not using their medication in a way that is prescribed by the prescriber. In fact, it could even mean that they're not using it at all. The computer may also be wrong; for instance, they may be getting the prescription from hospital. • Call the patient to find out why they are under ordering their medication. • Inform the prescriber of the request, a prescription may be issued at the discretion of the prescriber.
The patient is asking for stoma appliances (i.e. leg bags, pouches etc) or food supplements from home delivery companies.	• Stoma appliances e.g. leg bags/night bags etc. must be on a separate prescription (even if other medication is being ordered at the same time). • Check the reference codes are on the request form because stoma appliance prescriptions can be complex and difficult to find. These products can be found on EMIS by typing in a space, followed by the reference codes • Check that the reference codes of the appliances correspond with the request. • Stoma appliance suppliers' prescription requests or food supplements requests from e.g. Medlink / Fittleworth / Nutricia require the script to be printed and returned to them in their prepaid envelope. Remove the right hand side of the prescription before sending to the supplier. • It is good practice to scan the request letter into Docman ensuring auditing of the request and appropriate supply to the patient. The patient will have the requested items delivered to their home.
Requesting a new prescription for a patient over the phone by a healthcare professional	• Ask the healthcare professional to e-mail the request to the practice clinical mailbox. This reduces the risk of prescribing errors. • Establish with the healthcare professional when the patient expects to collect the prescription/medication. • Workflow to prescriber.
Nursing/Care Home prescriptions.	• A pharmacy should not be ordering repeat medications on behalf of a nursing or care home. The nursing or care home needs to assign a delegated member of staff to do this task themselves as they are in a better position to ascertain exactly what they do have and what they don't.
Details about the local pharmacy.	**Can the local pharmacy collect a prescription on behalf of a patient?** Yes. The pharmacy must receive written consent from the patient to collect their prescription from the practice. This consent will be held by the pharmacy (the pharmacy may send a copy of the consent to the practice). The GP Practice should also have authorisation from the patient to release their prescriptions to the pharmacy. The indication by the patient that they wish a pharmacy to collect their prescription, at the time of ordering their prescription can be taken as an indication of this; ideally the GP Practice should also have a consent form completed. This may be: • On behalf of a child by their parent or guardian. • On behalf of an adult incapable of nominating a pharmacy by their relative or carer. • The chosen pharmacy can be indicated on the patient's record at the practice and printed on the top corner of the prescription so reception staff can easily identify where the prescription should be sent.

	• In cases where a pharmacy receives a prescription not intended for their pharmacy it MUST be returned to the practice. **Can the local pharmacist ORDER repeat medication on behalf of the patient?** Yes, only when the patient has given consent to the pharmacy and requested their medication. This should be done via the patients repeat medication slip. **If local pharmacy staff collect a prescription** It is recommended that an audit trail be retained for governance purposes.

Appendix 5 – Recommended communication form for changes to instalment dispensed medication

Changes to Instalment Dispensed Medication

Patient name: Title Calling Name Surname **Patient CHI:** CHI Number

To Pharmacy: Enter pharmacy name **From:** Enter name and designation

Date: System Date Long

Medication started

Name, form, strength	Dose	Frequency	For MDS? Y/N	Comments

Medication stopped

Name, form, strength	Dose	Frequency	For MDS? Y/N	Comments

Medication altered

Current medication			Changes to be made		
Name, form, strength	Dose	Frequency	Name, form, strength	Dose	Frequency

Notes:

Prescription issued: Yes / No

Changes to be made: As soon as possible ☐

With next weekly dispense ☐

From next month's prescription cycle ☐

Appendix 6 – Security of Prescriptions Form guidance from Practitioner Services, National Services Scotland

https://nhsnss.org/media/4127/security-of-prescription-form-guidance-april-2020.pdf

Further guidance, from NHS England, can be found here: https://cfa.nhs.uk/fraud-prevention/fraud-guidance

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