21. Medicines Policy

Document Classification: Policy		**Document No:** 21
Issue No: 01		**Date Issued** 30.06.11
Policy signed off by		**Christian Lyons**
Pages:	**C. Lyons**	**Next Review Date: 26/2/2027**
Revisions:		**ENSURE APPENDIX 82 - LIST OF POLICIES REVIEW DATE IS UP TO DATE AND UPLOADED ON TO THE WEBSITE.**
Date	**Reviewed by:**	**Reason for Changes:-**
08.10.2014	MS	Reviewed
31/8/2016	**RHK**	Reviewed
08/01/2017	**NV**	Reviewed
27/02/2018	**NV**	CAS/MHRA alert policy added

30/8/2018	**RHK**	reviewed
22/03/2019 **18/6/2019** **27/10/2020** **27/11/2021** **11/7/2023** **11/07/2024** **26/2/2026**	**NV** **RHK** **RHK** **NS** **RHK** **AF** **RHK**	Reviewed Reviewed Reviewed Reviewed Reviewed Reviewed Reviewed and updated

21. Medicines Policy

1. Introduction:

This policy is for the use of all Clinical staff

1.2 The purpose of this policy is to ensure all staff dealing with medicines follow safe medicine management practice. Information is provided on:

Procurement of Medicines
Storage and Security of Medicines
Administration of Medicines
Destruction of Medicines

1.3 THIS POLICY MUST BE READILY ACCESSIBLE AT ALL TIMES AND AT THE POINT WHERE MEDICINES ARE USED.

2. Legislation:

2.1.1 There are a number of pieces of legislation which relate to the prescribing, supply, storage and administration of medicines. It is essential that all staff comply with them. The following is a summary of those that are of particular relevance.
2.1.2 The Medicines Act 1968: This defines 'medical products' as substances sold or supplied for administration
to humans (or animals) for medicinal purposes. Medicinal purpose means any one or more of the following:

a) treating or preventing disease
b) diagnosing disease or ascertaining the existence, degree or extent of a physiological condition;
c) contraception
d) Inducing anesthesia
e) otherwise preventing or interfering with the normal operation of a physiological function, whether permanently or temporarily, and whether by way of terminating, reducing or postponing, or increasing or accelerating, the operation of that function in any other way.

The Medicines Act 1968 defines medicines in the following categories:
POM – Prescription Only Medicines – may only be supplied to a patient against the prescription or written direction of an "appropriate practitioner".
P – Pharmacy medicines – may only be sold or supplied under the supervision of a pharmacist.
GSL – General Sale List medicines – may be sold or supplied without the supervision of a pharmacist.

2.1.3 The Misuse of Drugs Act 1971
This designates and defines as controlled drugs a number of 'dangerous or otherwise harmful' substances. These substances are also by definition prescription only medicines under the Medicines Act 1968.

The controls imposed by the Misuse of Drugs Act (1971) are therefore additional to those under the Medicines Act.

The purpose of the 1971 act is to prevent abuse of controlled drugs, most of which are potentially addictive or habit forming, by prohibiting their manufacture, sale or supply except in accordance with regulations made under the Act. Other regulations govern safe storage, destruction and supply to known addicts.

The level of control to be exercised is related to the potential for abuse or misuse of the substances concerned. Under the current (1985) regulations, controlled drugs are classified into five schedules, each representing a different level of control. Schedule 2 is the most relevant to everyday practice.

The DoH protocol for ordering handling and safe storage of Vaccines is provided in Appendix 65.

3. Procurement of medicines:

3.1 The usual route of medicine procurement is by a patient specific prescription written by a Doctor, Dentist, Extended Nurse or other Independent Prescriber
For supply under Patient Group Direction, see Section 11

3.2 Medicines shall be obtained from only from bona fide suppliers. These will be:
GP centre Pharmacist
Community pharmacists
Pharmacy Departments at sites of acute hospitals
Directly from the manufacturer
National Pharmaceutical Wholesalers
If in doubt, seek advice from Programme Director or Programme Manager –
Medicines Management

3.3 A list of stock medicines specific to the various services will be held in the health centre. The list and the quantity of stock to be held shall be decided by consultation between staff working in the clinics and appropriate senior medical, nursing or other professional staff:
Clinical Director
Community pharmacist
Lead clinician
Lead Nurse

The lists will be subject to regular review as required by those staff. Urgently required items not on the list will only be provided after submitting a separate request, authorised by the prescribing clinician.

3.4 Stock control will be undertaken by a designated person(s) on regular basis but at least monthly to maintain agreed stock levels. This will include reconciliation of existing stock with the records in stock book. The designated person must be from the appropriate staff group listed in the paragraph below. The responsible lead/manager must be notified of any discrepancies between stock records and levels.

3.5 The following personnel may request the supply of medicines identified on the list for their service subject to their name being included on a list of authorised signatories:

General Practitioner
Registered prescribing nurses

3.6
Medicines to be ordered from pharmacy will be ordered on an official order form. A copy of an order form will be retained to check against the goods received and the original sent to the authorised signatory to be forwarded to the Pharmacy according to the agreed schedule. Order forms/requisition pads must be kept in a secure area at all times i.e. in a locked cupboard/drawer within a locked room.

3.7 When available, sugar-free medicines should be requested for patients/clients, especially children.

4. Receipt of medicines

4.1 Medicines delivered from pharmacy to the clinics will be checked against the copy order form/requisition and delivery note to ensure accuracy for:

Correct drug
Correct formulation
Correct strength
Correct quantity
Shelf life of the product
Also check for:
Storage requirements
Good condition of the products
Requirements for safe handling

4.2 The goods will be checked by one or more of the following personnel:

Registered nurse (Adult, Children, Mental)
Medical practitioner

4.3 After checking, the delivery note will be signed and the original kept with the copy requisition in a secure area for a period of 2 years. The name(s) and quantities of medicines received are then entered in the stock book. Good practice would be to record the batch number of the products in the stock book so that products withdrawn by the manufacturer can be readily identified. The stock book should also be stored securely.

Items for refrigeration must be put in the refrigerator immediately on receipt following the delivery, after checking.

Any queries related to the supply of medicines should be directed to the Hub Manager.

5. Storage of medicines

5.1 In clinic sites and medical rooms the responsibility for the safe keeping of medicines lies with the designated person(s) who controls access by keys to the medicines. When not in use, sets of keys should be stored in a locked key cupboard or other secure place. A second set of keys should be kept in an appropriate, secure location.

5.2 All medicinal products should be stored in a locked cupboard or a locked refrigerator reserved for the storage of medicinal products. Premises should be alarmed when not in use.

5.3 Medicines should ideally be segregated as follows:

a) Medicines for internal use

b) Medicines for external use (including disinfectants)
c) Refrigerator medicines
d) Diagnostic reagents cupboard
e) Area for flammable liquids
f) Area for sterile topical fluids

5.4 Where premises are shared by a number of clinics, each clinic should be responsible for its own stock of medicines, which should be stored separately (ideally in a separate cupboard but at least in a separate area of a communal locked cupboard).

5.5 Urgent medicines for clinical emergencies, e.g. anaphylaxis packs, should be available in each clinic. They should not be kept in a locked cupboard but should be held at strategic and accessible sites in boxes or packs which are tamper-evident. They should be secured when the clinic is not running sessions. Once a pack has been opened, it should be returned to the relevant member of the nursing team and be re-stocked.

5.7 Medicines must never be transferred from the container in which they are dispensed into another container and must not be re-labeled, or the label altered.

5.8 Oxygen and nitrous oxide cylinders should be stored in a secure area free of grease within clinics. Safety chains or a stand should be used to ensure that non-portable cylinders are physically stable and store well away from flames and heat sources. Medical gas cylinders should be checked once a month by the designated person to ensure that they are in working order, are correctly stored and have not exceeded any stated expiry date. A log of checks must be kept up to date.

5.9 Refrigerated items such as vaccines must be stored in a locked drugs refrigerator and a daily log kept of temperatures using a maximum and minimum thermometer. The refrigerator must be designed for vaccine storage. Domestic fridges are NOT appropriate. The log entries should be signed by the person monitoring the temperature. In the event of a breakdown in the refrigerator being identified, the CCG Medicines Management Team should be contacted to ascertain whether any of the affected medicines can be saved. A log should be kept of the time at which items are removed from the refrigerator to ensure that items returned to the refrigerator have not been out for more than three hours (good practice).

5.10 Vaccines should be stored in a cool box with an ice pack pre-frozen for 5 hours when not refrigerated and individual vaccines should not be returned to the fridge on more than one occasion

5.11 If controlled drugs [CDs] are handled, they must be received into the premises by a Healthcare Professional. They must be stored in a locked safe, cabinet or room which is so constructed and maintained as to prevent unauthorised access to the drugs. A purpose built CD cabinet is recommended. The nurse in charge must at all times be responsible for carrying the controlled drug keys. No other medicines should be stored in a CD cupboard but temazepam must also be stored in a CD cabinet. Records of supplies received and administered must be made in a controlled drugs register. Erroneous entries should be deleted by scoring through with one line and the correct entry made underneath. Supplies made should be made by two nurses, one of whom should be registered. The balance and expiry date of all controlled drugs held as stock must be checked daily by two nurses, one of whom must be registered. If there are any discrepancies the nurse in charge must contact their manager. An incident form must be completed. Controlled drugs may only be destroyed by the Medicines Management team and a nurse shall witness this. An approved destruction kit should be available.

6. Carriage of medicines:

6.1 Community nurses are not normally authorised to carry Prescription Only Medicines that have been prescribed for named patients. School nurses, District Nurses and Health Visitors are permitted to carry vaccines for domiciliary vaccination according to the current policy and administer as stated in the relevant patient group direction.

6.2 In exceptional circumstances (refer to Community Nursing Policies and Procedures), a community nurse may be authorised to carry Prescription Only Medicines that have been prescribed for named patients. Another health care staff member must be notified that this action is to be taken and all actions documented in the care plan. The drugs must be transported out of sight in a locked car from the dispensing pharmacy direct to the patient. Alternatively, the dispensing pharmacy may be prepared to deliver.

6.3 Registered nurses should carry adrenaline 1 in 1000, ideally in the form of a pre-assembled syringe and needle in approved anaphylaxis packs. Staff should ensure that they are up to date with training requirements for the treatment of anaphylaxis.

7. Disposal and return of medicines:

7.1 The following principles should be adopted when disposing of medicines:

Witnessed accountability
Secure transit
Adequate documentation
Legally authorised persons to carry out and, where necessary, witness destruction

Adherence to the Waste Disposal Act

Hazardous Waste Regulations 2005 replaced the Special Waste Regulations 1996 from 16th July 2005. Further information the new regulations will be issued shortly. In the meantime, the guidance below should continue to be followed.

7.2 Part-used multi-dose vials of vaccine will be destroyed in the clinic at the end of each session in the special waste sharps bin. Expired/unwanted vaccines may also be disposed of in the same way. A record is to be made in the stock book.

7.3 All sharps and syringes must be safely disposed of in Sharps Bins in accordance with the Clinical Waste policy. For disposal of cytotoxic drugs and waste, also see paragraph 7.10. Prescribed medicines are the property of the patient and remain so when no longer needed. The patient (or their representative) should, intend be encouraged to return the medication the community pharmacy.

7.4 In exceptional circumstances, where every other option to remove unused medication has been explored, a professionally qualified member of staff may return medication to a community pharmacy. A record of the medicines and quantities removed must be made and signed by the nurse or healthcare professional and the patient (or their representative).

7.5 Oxygen or nitrous oxide cylinders – any empty or unwanted oxygen or nitrous oxide cylinders will be replaced or collected by the supplier. Equipment for the delivery of oxygen belongs to the community pharmacist or supplying contractor.

7.6
NO MEDICATION, HOWEVER SMALL IN QUANTITY, SHOULD BE DISPOSED OF IN DOMESTIC OR COMMERCIAL REFUSE OR VIA THE SEWERAGE SYSTEM.

8. Authorisation to administer medicines

8.1 The preferred method of authorisation to administer medicines is by a patient specific prescription from a medical or appropriate nurse prescriber. Medication must not be administered or issued to patients without prior written and signed authorisation from one of the aforementioned unless via a Patient Group Direction.

8.2 Instructions may be accepted by Fax as long as they are dated and signed by the doctor and it is clear who the signing doctor is.

8.3 Any changes in drug regime must also be dated and recorded by the Doctor.

9. Patient Group Directions (PGDs)

9.1 A Patient Group Direction (PGD) is a written instruction for the supply or administration of medicine (or medicines) where the patient may not be individually identified before presenting for treatment.

9.2 All PGDs have to be drawn up locally by doctors, pharmacists and other healthcare professional [HCP] and must meet certain legal criteria. Each PGD used must be signed by a doctor or dentist, as appropriate, and a pharmacist, and approved by CCG Medicines Management Group.

9.3 Only the following registered HCPs, acting as named individuals, can use PGDs:
Nurses.

9.4 A list of the individuals named as competent to use PGDs will be kept by a senior person in each Service Directorate / GP practice – only these staff will be able to operate within a PGD. It should be noted that not every practitioner is expected to use PGDs. Patient and service need should be considered when deciding who needs to use them.

9.5 The PGD is a legal document and every HCP must read and sign the PGDs prior to use sending a copy of the signature sheet to their manager. The HCP should refer to the relevant PGD at all times when operating within them i.e. a copy of the relevant PGD should be readily available. All staff operating within PGDs are expected to participate in audit of the use of PGDs.

9.6 A PGD can include flexible dose range so the HCP can select the most appropriate dose for the patient.

9.7 The majority of clinical care should be provided on an individual, patient-specific basis. However, the supply and administration of medicines under PGD should be reserved for the limited number of situations where this offers an advantage for patient care (without compromising patient safety). The use of PGDs must also be consistent with appropriate professional relationships and accountability, i.e. the nurse or HCA must act within their own expertise and competence.

10. Security and Safe Handling of Prescription Pads

10.1 It is the responsibility of the Prescriber to ensure the security of the prescription pad AT ALL TIMES.

10.2 A record of the serial numbers on the prescription pad should be kept for reference in the event of theft/loss.

10.3 The prescription form should only be produced when needed, and never left unattended.

10.4 When not in use the prescription pad must be stored in a secure place.

10.5 The prescription pad must be left intact until a prescription is issued.

10.6 Under no circumstances should blank prescription forms be pre-signed before use.

10.7 When travelling between patients the prescription pad should not be visible and must be locked in the car boot within the HCP's bag.

10.8 The HCP's bag and prescription pad must always be removed from the car when the car is unattended.

11. Administration of Medicines

11.1 If there is any doubt about the legibility or details of a prescription, the prescriber must be contacted for further advice and guidance.

11.2 The following named persons may administer prescribed medicines to a named patient:

Registered practitioners within the scope of CCG-approved patient group directions. Only individuals who fulfil the competency requirements for a given patient group direction will be authorised to administer/supply those medicines.

Suitably qualified practitioners as exempted within the Medicines Act e.g. doctor, dentist, midwife, Podiatrist.

Health Care Assistants may administer medication from an agreed CCG list once trained and assessed as competent. Appropriate standard operating procedures must be in place. Training will follow the appropriate competency framework and include an assessment to ensure that the member of staff has reached an agreed standard of proficiency. The member of staff will need to be reassessed on a six monthly basis to ensure that they remain proficient. This will be the responsibility of the team leader to which the member of staff is attached. Any concerns the member of staff has relating to the administration of medicines must be reported to a registered nurse within the team. If necessary, they should cease involvement in this procedure until their concern has been addressed.

Patient self-administration or administration by a parent/carer.

Administration by a carer under the direct supervision of a registered nurse is required. In exceptional circumstances, a carer may continue administration in the absence of the nurse. This should only occur after consultation with the nurse's line manager and after the nurse has checked the competency of the carer and documented all actions taken.

11.3 In the majority of circumstances, single person medicines administration is acceptable, providing that the person has demonstrated the necessary level of knowledge and competence.

Exceptions include:

Where a practitioner is instructing a learner

Where a patient's condition makes it necessary

Where a complex calculation is required

11.4 Registered Orthoptists and Registered Nurses who are trained to participate in ophthalmic primary care clinics may only instill eye drops to a patient following departmental protocols and in accordance with a CCG-approved Patient Group Direction.

11.5 An indelible record of administration shall be made in the patient's records by the administering healthcare professional and signed in full. The identity of any person checking administration should also be recorded. Any medicine refused or omitted for other reasons must be recorded in the patient's records and the GP informed. For continuous administration (e.g. via intravenous infusions or syringe drivers) there should be a record of those involved in setting up the medication and of those involved in monitoring the administration.

11.6 Any errors in the recording of administration must be clearly cancelled by crossing out with a single line in indelible ink and initialed, with an appropriate explanation provided.

11.7 Administration and safe handling of cytotoxic drugs (refer to relevant individual procedures) for detailed guidance

11.7.1 Personnel should be trained in the administration of cytotoxic drugs.

11.7.2 Staff who are breast-feeding or with suspected or confirmed pregnancy should not be involved in the administration of cytotoxic drugs and should inform their managers accordingly.

11.7.3 Unnecessary staff exposure to cytotoxic drugs can be minimised by adopting safe handling techniques and wearing appropriate protective clothing when dealing with these drugs in clinic areas or the patient's home. Refer to individual drug handling procedures for details.

11.7.4 The vomit and excreta of patients receiving chemotherapy may contain measurable levels of cytotoxic drugs and their metabolites in addition to the risk of carrying bacteria or viruses. The risk to staff can be minimised by adopting good hygiene measures. Staff should wear the appropriate gloves and waterproof aprons when dealing with vomit, urine or stools and hands should be washed thoroughly afterwards. Refer to Infection Control Guidelines.

11.7.5 Measures should be taken to avoid skin contact with oral cytotoxic drugs. If handling of tablets or capsules is unavoidable, disposable gloves must be worn. Measuring spoons and cups must be washed thoroughly after use. Tablets or capsules of cytotoxic drugs must not be crushed or opened. If a patient is unable to swallow tablets or capsules or a fraction of a tablet is required, then contact then seek advice from the CCG Medicines Management team and contact the patient's GP. Particular care should be taken when handling liquid preparations.

11.7.6 A separate purple lid cytotoxic sharps bin must be used for disposal of all cytotoxic sharps and waste. Record the actions & identities of staff involved. Special arrangements must be made for disposal of all contaminated materials.

11.7.7 Accidental contact with cytotoxic drugs. If the drug contaminates the skin or mucous membranes, wash immediately with copious amounts of water. If there is contact of the drug with the eyes, irrigate the eyes thoroughly with sodium chloride 0.9% or water and seek medical attention. If there is inhalation or ingestion or the drug then the member of staff should seek medical attention immediately.
Complete an incident form.

11.7.8 Needle stick injury – make the injury bleed and wash with copious amounts of water. Seek medical attention and complete an incident form. Refer to Infection Control Guidelines. Complete an incident form.

11.7.9 Any person who has been involved in the administration of cytotoxic drugs and presents with a possible local or systemic effect (such as nausea, dizziness or vomiting) after handling the drug should seek medical advice immediately. Complete an incident form.

11.7.10 Spillages of Cytotoxic drugs. From the nearest spillages kit and obtain two large yellow heavy duty clinical waste bags, disposable gloves, plastic apron, brush and shovel, tongs, mop

and bucket containing HOT SOAPY WATER and a purple lid cytotoxic sharps container. Additional yellow clinical waste bags may be required. Personal protective equipment must be put on (if not already being worn) gently cover and absorb liquid spills with disposable absorbent towels & avoid splashing. The towels must be double bagged in yellow bags & placed in the cytotoxic sharps bin. Visually examine waste for 'sharps' and using tongs, discard in the cytotoxic sharps bin. Contaminated surfaces must be washed with plenty of water. Once dry the area can be cleaned further with warm soapy water.

Remove cleaning equipment and wash with clean hot soapy water before returning to storage point. Gloves and disposable protective clothing used during this operation must be double bagged in yellow bags & placed in the purple lid cytotoxic sharps bin. Non-disposable clothing should be changed as soon as possible and washed separately from other items.

Special arrangements must be made for disposal of all contaminated materials. Wash hands thoroughly. Fresh gloves must be put on before continuing with administration or any other procedure. Inform the appropriate manager of the incident and action taken. Complete an incident form.

11.8 Covert administration of medicines. For full guidance please refer to the GMC and NMC position statement on covert administration of medicines.

11.9 Errors in administration

If a practitioner realises that an error has been made, e.g. a drug has been given incorrectly or the procedure has failed, then the following principles should be followed:

- Tell the patient what has happened
- Obtain advice if necessary e.g. from line manager, doctor, Prescribing Adviser, hospital Medicines Information Department, Infection Control Lead as appropriate
- Arrange any necessary immediate treatment or follow up for the patient
- Record all actions report the incident using Incident Reporting Procedure

In addition to this policy, health care professionals should at all times follow their own professional codes of conduct. For registered nurses, the Nursing and Midwife Council has guidelines for the administration of medicines including covert administration of medicines which are available at www.nmc-uk.org local policies and guidelines should be followed, and any advice sought if relevant.

21.2 Good prescribing practice policy (based on GMC guidance)

21.2.1 Introduction

Your Family Practice expects all prescribers to keep up to date with, and follow, the law, GMC guidance and other regulations relevant to prescribers work. Prescribers must recognise and work within the limits of their competence.

21.2.2 General:

In providing clinical care, prescribers must:

- prescribe drugs or treatment, including repeat prescriptions, only when prescribers have adequate knowledge of the patient's health, and are satisfied that the drugs or treatment serve the patient's needs.
- provide effective treatments based on the best available evidence , check that the care or treatment prescribers provide for each patient is compatible with any other treatments the patient is receiving, including (where possible) self-prescribed and over-the-counter medications

- must make good use of the resources available.

21.2.3 Documentation:

Documents prescribers make (including clinical records) to formally record their work must be clear, accurate and legible. Prescribers should make records at the same time as the events are occurring or as soon as possible afterwards.

Clinical records should include:

- relevant clinical findings
- the decisions made and actions agreed, and who is making the decisions and agreeing the actions
- the information given to patients
- any drugs prescribed or other investigation or treatment
- who is making the record and when.

21.2.4 Prescribing:

Prescribers are responsible for the prescriptions they sign and for their decisions and actions when prescribing, supplying and administering medicines and devices or authorising or instructing others to do so.

Prescribers must be prepared to explain and justify their decisions and actions when prescribing, administering and managing medicines.

‘Prescribing’ is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given. While some of this policy is particularly relevant to prescription only medicines, prescribers should follow it in relation to the other activities prescribers undertake, so far as it is relevant and applicable. This policy applies to medical devices as well as to medicines.

Prescribers should prescribe medicines only if prescribers have adequate knowledge of the patient’s health and prescribers are satisfied that they serve the patient’s needs.

If a patient asks for a treatment that the doctor considers would not be of overall benefit to them, the doctor should discuss the issues with the patient and explore the reasons for their request. If, after discussion, the doctor still considers that the treatment would not be of overall benefit to the patient, they do not have to provide the treatment. But they should explain their reasons to the patient, and explain any other options that are available, including the option to seek a second opinion.

21.2.5 Consent

Together with the patient, prescribers should make an assessment of their condition before deciding to prescribe a medicine. Prescribers must have or take an adequate history, including:

- any previous adverse reactions to medicines

- recent use of other medicines, including
- non-prescription and herbal medicines,
- illegal drugs and medicines purchased
- online, and
- other medical conditions.

Prescribers should encourage their patients to be open with prescribers about their use of alternative remedies, illegal substances and medicines obtained online, as well as whether in the past they have taken prescribed medicines as directed.

Prescribers should identify the likely cause of the patient's condition and which treatments are likely to be of overall benefit to them.

Prescribers should reach agreement with the patient on the treatment proposed explaining:

- the likely benefits, risks and burdens, including serious and common side effects
- what to do in the event of a side effect or recurrence of the condition
- how and when to take the medicine and
- how to adjust the dose if necessary
- how to use a medical device
- the likely duration of treatment
- arrangements for monitoring, follow-up and review, including further consultation, blood tests or other investigations, processes for
- adjusting the type or dose of medicine, and for issuing repeat prescriptions.

The amount of information prescribers give to each patient will vary according to the nature of their condition, the potential risks and side effects and the patient's needs and wishes. Prescribers should check that the patient has understood the information, and encourage them to ask questions to clarify

For a relationship between doctor and patient to be effective, it should be a partnership based on openness, trust and good communication. Each person has a role to play in making decisions about treatment or care or where appropriate, parents or carers with authority to make decision on behalf of patients. Medicines may be prescribed without consent if it is likely to be of overall benefit to adults who lack capacity, or in accordance with mental health legislation.

Prescribers should consider the benefits of written information, information in other languages and other aids for patients with disabilities to help them understand and consider information at their own speed and to retain the information prescribers give them. Prescribers should also refer patients to the information in patient information leaflets (PILs) and other reliable sources of relevant information. PILs are useful supplements to the information prescribers give patients about their medicines, but they are not a substitute for that information.

Prescribers should also provide patients' carers with information about the medicines prescribers prescribe, either with the patient's consent or, if the patient lacks capacity to consent, if it is in their best interests.

21.2.6 Time pressures:

It is sometimes difficult, because of time pressures, to give patients as much information as prescribers or they would like. To help with this, prescribers should consider the role that other members of the healthcare team, including pharmacists, might play. Pharmacists can undertake medicines reviews, explain how to take medicines and offer advice on interactions and side effects.

Prescribers should work with pharmacists the locality to avoid the risks of overburdening or confusing patients with excessive or inconsistent information.

Concordance issues:

Some patients do not take medicines prescribed for them, or do not follow the instructions on the dose to take or the time medicines should be taken. Prescribers should try to understand the reasons for this and address them by providing reassurance and information, and by negotiating with the patient to reach agreement on an appropriate course of treatment that they are able and willing to adhere to.

21.2.7 Sharing information with colleagues:

Prescribers must contribute to the safe transfer of patients between healthcare providers and between health and social care providers. This means prescribers must share all relevant information with colleagues involved in their patient's care within and outside the team, including when prescribers hand over care as prescribers go off duty, when prescribers delegate care or refer patients to other health or social care providers. This should include all relevant information about their current and recent use of other medicines, other conditions, allergies and previous adverse reactions to medicines.

It is essential for safe care that information about medicines accompanies patients (or quickly follows them, for example on emergency admission to hospital) when they transfer between care settings.

If prescribers prescribe for a patient, but are not their general practitioner, prescribers should check the completeness and accuracy of the information accompanying a referral. When an episode of care is completed, prescribers must tell the patient's general practitioner about:

- changes to the patient's medicines (existing medicines changed or stopped and new medicines started, with reasons)
- length of intended treatment
- monitoring requirements
- any new allergies or adverse reactions identified,
- unless the patient objects or if privacy concerns override the duty, for example in sexual health clinics.

21.2. 8 Prescribing for self and family:

Prescribers must not prescribe medicines for their own convenience, for the convenience of other health or social care professionals or those close to prescribers. Wherever possible prescribers must avoid prescribing for themselves or anyone with whom prescribers have a close personal relationship.

Controlled medicines present particular dangers, occasionally associated with drug misuse, addiction and misconduct. Prescribers must not prescribe a controlled medicine for themselves or someone close to prescribers unless:

- no other person with the legal right to prescribe is available to assess and prescribe without a delay which would put their, or the patient's, life or health at risk or cause unacceptable pain or distress,
- If prescribers prescribe for themselves or someone close to prescribers, prescribers must:

- make a clear record at the same time or as soon as possible afterwards. The record should include their relationship to the patient (where relevant) and the reason it was necessary for prescribers to prescribe.
- tell their own or the patient's general practitioner (and others treating prescribers or the patient, where relevant) what medicines prescribers have prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody close to prescribers) they object.
- YFP Clinical Lead should also be informed

21.2.9 Prescribing controlled drugs:

Prescriptions for Schedules 2 and 3 CDs can now be sent electronically via the Electronic Prescription Service (EPS) and signed with an Advanced Electronic Signature (AES) as well as handwritten. This follows changes to Home Office legislation on 1 June 2015 and to NHS and Human Medicines Regulations on 1 July 2015.

Prescribers (both NHS and private) are strongly advised to limit the quantity of Schedule 2, 3 and 4 CDs prescribed to amounts that meet the patient's clinical need for up to 30 days supply. In exceptional circumstances, where the prescriber considers more than 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, a record of the reasons for deviating from the guidance should be made in the patient's record and the prescriber should be able to justify the decision, if challenged.

It is not illegal for a pharmacist to dispense a prescription for CDs for more than 30 days' supply, but they must satisfy themselves as to the clinical appropriateness of the prescription before doing so. The pharmacist may contact the prescriber for clarification. It is inappropriate for a prescriber to prescribe a CD for themselves, a family member, or a friend unless in a clinical emergency.

Prescription stationery

Prescription stationery for CDs, including printer paper, must be stored securely to prevent theft and misuse to fraudulently obtain controlled drugs.

Private prescribing of CDs

Private prescriptions for all Schedule 2 and 3 CDs, to be dispensed in the community, must either be written on standard forms (FP10(PCD)) designed to be similar to, but distinguishable from, the NHS prescription form or prescribed electronically via the EPS system. Prescribers need to apply for a private prescriber identification number via their Area Team, before prescribing CDs privately.

Keeping up to date and prescribing safely:

Good medical practice says that prescribers must recognise and work within the limits of their competence and that prescribers must keep their knowledge and skills up to date. Prescribers must maintain and develop the knowledge and skills in pharmacology and therapeutics, as well as prescribing and medicines management, relevant to their role and prescribing practice. Prescribers should keep up to date with NICE guidelines and MHRA and other alerts. MHRA and other alerts are discussed as a rolling item at clinical meetings and necessary actions taken.

21.2.10 BNF and Local prescribing formularies:

Prescribers must be familiar with the guidance in the British National Formulary (BNF) and British National Formulary for Children (BNFC), which contain essential information to help prescribers

prescribe, monitor, supply, and administer medicines. Details of local Croydon guidelines can be found at:

http://nhscroydonintranet.croydonpct.nhs.uk/TeamsAndDepartments/primarycarecommissioning/prescribing/Pages/prescribing.aspx

21.2.11 Electronic and other systems:

YFP uses electronic prescribing which improve the safety of prescribing, for example by highlighting interactions and allergies and by ensuring consistency and compatibility of medicines prescribed, supplied and administered. Electronic prescribing services can also be used to send prescriptions electronically to a pharmacy and patients should be encouraged to do so.

21.2.12Dispensing:

YFP is not a dispensing practice.

21.2.13 Shared care:

Decisions about who should take responsibility for continuing care or treatment after initial diagnosis or assessment should be based on the patient's best interests, rather than on their convenience or the cost of the medicine and associated monitoring or follow-up.

Shared care requires the agreement of all parties, including the patient. Effective communication and continuing liaison between all parties to a shared care agreement are essential.

If prescribers share responsibility for a patient's care with a colleague, prescribers must be competent to exercise their share of clinical responsibility.

Prescribers should:

- keep themselves informed about the medicines that are prescribed for the patient
- be able to recognise serious and frequently occurring adverse side effects
- make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them
- keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition.

If prescribers are recommending a new, or rarely prescribed, medicine, prescribers should specify the dosage and means of administration, and agree a protocol for treatment. Prescribers should explain the use of unlicensed medicines, and departures from authoritative guidance or recommended treatments and provide both the general practitioner and the patient with sufficient information to permit the safe management of the patient's condition.14

If prescribers are uncertain about their competence to take responsibility for the patient's continuing care, prescribers should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If prescribers are still not satisfied, prescribers should explain this to the other clinician and tithe patient, and make appropriate arrangements for their continuing care.

Prescribing at the recommendation of a professional colleague:

If prescribers prescribe at the recommendation of another doctor, nurse or other healthcare professional, prescribers must satisfy themselves that the prescription is needed, appropriate for the patient and within the limits of their competence.

If prescribers delegate assessment of a patients' suitability for a medicine, prescribers must be satisfied that the person to whom prescribers delegate has the qualifications, experience, knowledge and skills to make the assessment. Prescribers must give them enough information about the patient to carry out the assessment required.

21.2.14 Raising concerns:

Prescribing and administration errors by doctors are common, but harm is usually avoided by professional colleagues intervening before the errors can affect patients. Prescribers must protect patients from risks of harm posed by colleagues' prescribing, administration and other medicines-related errors. Prescribers should question any decision or action that prescribers consider might be unsafe. Prescribers should also respond constructively to concerns raised by colleagues, patients and carers about their own practice.

Reporting adverse drug reactions, medical device adverse incidents and other patient safety incidents:

Early, routine reporting of adverse reactions, incidents and near misses involving medicines and devices can allow performance and systems issues to be investigated, problems rectified and lessons learned. Prescribers must make reports in accordance with their employer or contracting body's local clinical governance procedures. Clinical incident report forms should be filled, discussed at clinical meetings and any actions carried out and uploaded to NRLS site.

Prescribers must inform the MHRA about serious suspected adverse reactions to all medicines and all reactions to products marked with a Black Triangle in the BNF and elsewhere using the Yellow Card Scheme.

Adverse incidents involving medical devices, including those caused by human error that put, or have the potential to put, the safety of patients, healthcare professionals or others at risk.

These incidents should also be reported. Prescribers should provide patients with information about how they can report suspected side effects directly to the MHRA.

Reporting of incidents involving Controlled drugs

NHS England has developed a website solution to enable the reporting all controlled drugs incidents. It is used to recornd incidents involving controlled drugs (CDs) so that the Controlled Drugs Accountable Officer can manage and oversee the risks in a controlled and safe way to ensure patients are safe from harm.

Do not use the website solution to report incidents relating to forged prescriptions or other situations where an alert may need to be circulated.

In these circumstances, the existing alert reporting template should be completed and emailed to england.lon-alerts@nhs.net.

To undertake this process you will need access to the internet and can use any search engine e.g. Internet Explorer (minimum version 9), Google Chrome, Firefox etc. 3.

Type in the following into your search engine: URL: www.cdreporting.co.uk, press enter/ return. You will need to register and will then be able to submit your concerns.

Reviewing medicines

Whether prescribers prescribe with repeats or on a one off basis, prescribers must make sure that suitable arrangements are in place for monitoring, follow up and review, taking account of the patients' needs and any risks arising from the medicines.

When prescribers review a patient's medicines, prescribers should re-assess the patient's need for

unlicensed medicines for example antipsychotics used for the treatment of behavioural and psychological symptoms in dementia.

Reviewing medicines will be particularly important where:

- patients may be at risk, for example, patients who are frail or have multiple illnesses.
- medicines have potentially serious or common side effects
- the patient is prescribed a controlled or
- other medicine that is commonly abused
- or misused
- the BNF or other authoritative clinical guidance recommends blood tests or other monitoring at regular intervals.

Spoiled or cancelled prescriptions

Spoiled or cancelled prescription forms should be retained for audit purposes.

21.2.15 Repeat prescribing and prescribing with repeats:

Prescribers are responsible for any prescription prescribers sign, including repeat prescriptions for medicines initiated by colleagues, so prescribers must make sure that any repeat prescription prescribers sign is safe and appropriate. Prescribers should consider the benefits of prescribing with repeats to reduce the need for repeat prescribing.

As with any prescription, prescribers should agree with the patient what medicines are appropriate and how their condition will be managed, including a date for review. Prescribers should make clear why regular reviews are important and explain to the patient what they should do if they:

- suffer side effects or adverse reactions, or
- stop taking the medicines before the agreed review date (or a set number of repeats have been issued),

Prescribers must make clear records of these discussions and their reasons for repeat prescribing. Prescribers must be satisfied that procedures for prescribing with repeats and for generating repeat prescriptions are secure and that:

- the right patient is issued with the correct prescription
- the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment
- the patient's condition is monitored, taking account of medicine usage and effects
- only staff who are competent to do so prepare repeat prescriptions for authorisation

- patients who need further examination or assessment are reviewed by an appropriate healthcare professional
- any changes to the patient's medicines are critically reviewed and quickly incorporated
- into their record.

At each review, prescribers should confirm that the

patient is taking their medicines as directed,

check that the medicines are still needed, effective and tolerated. This may be particularly important following a hospital stay, or changes to medicines following a hospital or home visit. Prescribers should also consider whether requests for repeat prescriptions received earlier or later than expected may indicate poor adherence, leading to inadequate therapy or adverse effects.

When prescribers issue repeat prescriptions or prescribe with repeats, prescribers should make sure that procedures are in place to monitor whether the medicine is still safe and necessary for the patient. Prescribers should keep a record of dispensers who hold original repeat dispensing prescriptions so that prescribers can contact them if necessary.

21.2.16 Remote prescribing via telephone, video-link or online:

Before prescribers prescribe for a patient via telephone, video-link or online, prescribers must satisfy themselves that prescribers can make an adequate assessment, establish a dialogue and obtain the patient's consent in accordance with the guidance . Prescribers may prescribe only when prescribers have adequate knowledge of the patient's health, and are satisfied that the medicines serve the patient's needs. Prescribers must consider:

- the limitations of the medium through which prescribers are communicating with the patient
- the need for physical examination or other assessments
- whether prescribers have access to the patient's medical records.

Prescribers must undertake a physical examination of patients before prescribing non-surgical cosmetic medicinal products such as Botox, Dysport or Vistabel or other injectable cosmetic medicines.

Prescribers must not therefore prescribe these medicines by telephone, video-link, or online. If prescribers are prescribing for a patient in a care or nursing home or hospice, prescribers should communicate with the patient (or, if that is not practicable, the person caring for them)to make their assessment and to provide the necessary information and advice. Prescribers should make sure that any instructions, for example for administration or monitoring the patient's condition, are understood and send written confirmation as soon as possible.

Prescribers should not collude in the unlawful advertising of prescription only or unlicensed medicines to the public by prescribing via websites that breach advertising regulations. If prescribers prescribe for patients who are overseas, prescribers should consider how prescribers or local healthcare professionals will monitor their condition. Prescribers should also have regard to differences in product's licensed name, indications and recommended dosage regimen. Prescribers may also need to consider:

MHRA guidance on import/export requirements and safety of delivery,

whether prescribers will need additional indemnity cover

whether prescribers will need to be registered with regulatory body in the country in which the prescribed medicines are to be dispensed.

Prescribing unlicensed medicines:

The term ‘unlicensed medicine’ is used to describe medicines that are used outside the terms of their UK licence or which have no

licence for use in the UK. Unlicensed medicines are commonly used in some areas of medicine such as in paediatrics, psychiatry and palliative care. They are also used, less frequently, in other areas of medicine.

Prescribers should usually prescribe licensed medicines in accordance with the terms of their licence. However, prescribers may prescribe unlicensed medicines where, on the basis of an assessment of the individual patient, prescribers conclude, for medical reasons, that it is necessary to do soot meet the specific needs of the patient.

Prescribing unlicensed medicines may be necessary where:

There is no suitably licensed medicine that will meet the patient’s need. Examples include (but are not limited to), for example, where there is no licensed medicine applicable to the particular patient. For example, if the patient is a child and a medicine licensed only for adult patients would meet the needs of the child; or

- a medicine licensed to treat a condition or symptom in children would nonetheless not meet the specific assessed needs of the particular child patient, but a medicine licensed for the same condition or symptom in adults would do so; or
- the dosage specified for a licensed medicine would not meet the patient’s need; or
- the patient needs a medicine in a formulation that is not specified in an applicable licence.
- Or where a suitably licensed medicine that would meet the patient’s need is not available. This may arise where, for example,
- there is a temporary shortage in supply; or
- The prescribing forms part of a properly approved research project.

When prescribing an unlicensed medicine prescribers must:

be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy

take responsibility for prescribing the medicine and for overseeing the patient’s care, monitoring, and any follow up treatment, or ensure that arrangements are made for another suitable doctor to do so

make a clear, accurate and legible record of

all medicines prescribed and, where prescribers are not following common practice, their reasons for prescribing an unlicensed medicine.

Information for patients about the licence for their medicines

Prescribers must give patients (or their parents or carers) sufficient information about the medicines prescribers propose to prescribe to allow them to make an informed decision.

Some medicines are routinely used outside the terms of their licence, for example in

treating children. In emergencies or where there is no realistic alternative treatment and such information is likely to cause distress, it may not be practical or necessary to draw attention to the licence. In other cases, where prescribing unlicensed medicines is supported by authoritative

clinical guidance, it may be sufficient to describe in general terms why the medicine is not licensed for the proposed use or patient population.

Prescribers must always answer questions from patients (or their parents or carers) about medicines fully and honestly. If prescribers intend to prescribe unlicensed medicines where that is not routine or if there are suitably licensed alternatives available, prescribers should explain this to the patient, and their reasons for doing so.

Prescribers should be careful about using medical devices for purposes for which they were not intended.

Sports medicine

Prescribers must not prescribe or collude in the provision of medicines or treatment with the intention of improperly enhancing an individual's performance in sport. This does not preclude the provision of any care or treatment where their intention is to

21.3 **REPEAT PRESCRIBING POLICY**

21.3.1 Purpose

The purpose of this policy is to set out a prescribing procedure that ensures that the prescriber can monitor usage and the effects of repeat medication and that the patient is offered regular medication reviews. A robust prescribing procedure ensures that the prescriber can monitor usage and the effects of repeat medication and that the patient is offered regular medication reviews.

This policy is relevant to all employees or temporary staff involved in patient care.

21.3.2 .The repeat prescribing process

3.2.1 Requests

Requests for repeat prescriptions may be received from the patient, their carer, district nurse, pharmacist or care home staff. The practice should be confident that the person making the request has the patients' permission to do so.

3.2.2 Method of Request

Requests can be made by a variety of methods:

1) In writing
2) By fax (to protected reception area)

3) Via EMIS patient access (EPS)
4) Via email to practice email address
5) Via their named pharmacy

Requests should be made in writing as they are more likely to be accurate and there is a reduced opportunity for errors and misunderstandings. Repeat requests may be taken over the phone for housebound patients if no suitable alternative can be made.

Repeat prescriptions must normally ready for the patient to collect within 2 working days of the request being made (excluding weekends and bank holidays)

Requests for “all repeats” or just involving a description of medication should not be accepted and the patient should be contacted to clarify what exactly they are requesting.

3.2.3. Issuing a repeat prescription

All prescriptions are computer generated to avoid misinterpretation of hand written items and directions and to ensure the medication record is complete.

3.2.4. Make sure that the items requested are on the patient’s current repeat list. If not check the patients notes to see if there is an entry to say that the medication has been stopped, if not send a prescription query via EMIS medicines management to the GP who is dealing with prescriptions that day.

3.2.5 If the item is on the list, verify that the name, form, strength and dosage instructions match the
request. If there are any discrepancies, refer to the relevant GP via prescription queries.

3.2.6. If the authorised number of issues has been met, follow the instructions below

3.2.7. Investigate whether the request is being made earlier (or later) than expected as this may indicate over or under usage. If in doubt refer to the relevant GP via prescription queries.

3.2.8. Always print the right hand side with all repeats showing

3.2.9. Patients receiving their medications in Monitored Dosage Systems should receive a prescription
for 28 days and not 4 x 7 days, unless clinically appropriate. Pharmacies often request prescriptions as 4 x 7 days.

21.3.3 Process to follow when the number of authorised repeats has been met:

3.3.1. Establish whether a medication review has been done recently. If so you may re-authorise the repeat items to end 12 months from the date of the review

3.3.2. If the patient has not had a medication review check to see if they are due a chronic disease review, you may re-authorise the items, up to the date the review is due.

3.3.3. In all other situations, a query must be sent to the GP signing prescriptions.

21.3.4 GENERIC PRESCRIBING

Drugs should be prescribed by generic name with the following exceptions:

Slow release theophylline
Slow release calcium channel blockers e.g nifedipine MR as Coracten XL
Slow release anti-epileptic preparations
Lithium
Oral contraceptives
Hormone replacement therapy
Mixed preparations e.g. alginates and antacids
Wound management products
Some inhalers

Prescribing the above treatments by generic name can introduce significant risk of misinterpretation of the prescription. Additionally, community pharmacists may spend a considerable amount of time trying to identify the intended treatment.

3.4.1. Signing & Collection

3.4.2.Repeat prescriptions are signed via EPS or on hard copies by the GP on the rota for the day.

3.4.3 After signing:
Check that all prescriptions have been signed
Place pharmacy prescriptions in the pharmacy folder
Prescriptions for collection by the patient should be filed in the collection box in surname then first name order

3.5.3. Prescription Collection

When a prescription is collected always check the patients name, date of birth and address.
Prescriptions should not be given to children

The completeness of prescription collections should be checked on a monthly basis. Any prescription more than one month old should be checked by a GP in case the non-collection may cause a clinical issue. The prescription should then be shredded and the Read code – prescription not collected added to the patient's notes, along with the date of the prescription and a note that it has been destroyed.

21.3.5. Adding medications to repeat prescription list

Medications must only be added to a patients' repeat list by appropriately qualified staff . Practice staffs who are involved in the preparation of repeat prescriptions must be appropriately trained.

Hospital discharge medication/Outpatient letters:

Patients who are seen in an outpatient clinic or admitted often have their medication changed. It is
important that these changes are made on the patients repeat medication list. Hospital discharge letters are distributed to the relevant GP to amend the repeat screen as necessary.

Medication changes indicated on an outpatient letter may be amended by the Prescribing Clerk once
the GP has reviewed the letter and authorised the amendments.

Duration of treatment:

Repeat prescriptions are suitable for 56-60 day duration.
Newly prescribed treatments and those with frequent alterations should set up as an acute prescription.
Prescriptions for care homes are recommended to be 28 days in duration.
Quantities should be in multiples of 28 or 30 (depending on pack size) and quantities for all items for individual patients should be synchronised. Medications should have instructions and 'as directed' is not acceptable (except for dressings, test strips etc. see later)

A review date must be added after a repeat prescription has been set up.

Suggested acceptable prescriptions for 'as directed':

Dressings
Appliances including stoma, hosiery, trusses, catheters etc
Blood and urine testing strips
Lancets, syringes etc
Gluten free products

The following classes of drugs are recommended not to be prescribed on repeat prescriptions;

Antibiotics, antifungals and antivirals (unless in exceptional circumstances e.g. COPD rescue pack.)
Antidepressants
Antipsychotics
Anti-mania drugs
Hypnotics
Benzodiazepines
Anxiolytics
Controlled drugs in Schedule 2 or 3

Audit
Every six months to one year an audit of 10 - 20 prescriptions could be undertaken to ensure the policy is followed

21.3.6 Lost prescriptions

If a prescription is reported as lost check the date of issue and any places where it could possibly be i.e. mis-filed, sent to the chemist or to the wrong chemist.

If the prescription cannot be found reprint the prescription – do not re-issue.

Make an entry in the patient's notes using the appropriate READ code, noting the date of the prescription and that it has been re-printed.

Patients who report that their medication or prescription has been stolen should report the matter to the police and obtain a crime number.

Patients who regularly "lose" their prescriptions should be reviewed by a GP who will decide if it is appropriate to re-issue the prescription.

Lost Controlled drugs Prescriptions:

If a patient has lost a controlled drug e.g. codeine, diazepam or tramadol, it should be reported to the police and a crime reference number obtained before a repeat can be reissued by a GP. Under no circumstances must a receptionist re-print or re-issue a prescription for controlled drugs

21.3.7. Home visits
Alterations to a patients medication made on a home visit must be amended on the patient's notes as soon as is practicably possible. Handwritten prescriptions must also be entered onto the patient's records.

21.3.8. Medication review by GPs

Repeat prescriptions are signed by a GP at the end of morning session. It is the Dr's responsibility to check that there is appropriate monitoring and follow-up of patients when they sign the repeat prescription. Medication review can be added when signing for prescriptions if a patient has been seen recently otherwise the Dr must ask reception to ask pt to attend the surgery for a review.

The following protocol must be adhered to when reviewing patients' medication:
1) Ask if experiencing any possible side effects or questions regarding the medication?
2) Is the patient still wishing to continue the medication, and what is their compliance like?
3) Does the patient know what the drug is for and how to take it?
4) Check if any blood or other tests are required for monitoring, if so arrange these.
5) Is the drug being used for a recognised, and still valid, indication; and according to current
guidelines?
6) Are there any serious interactions or contraindications or particular advice
7) Can any simplifications, switches or changes to generic medications be made (take care not to switch to generic with certain drugs – see above).
8) The GP or nurse then re-authorises all medications and enters the Medication Review READ code into the records and adds a review date.

21.3.9. Shared care protocol

Patients, whose consultant sends a shared care pro-forma to the practice, will be reviewed by the
referring GP. The pro-forma will be scanned and a morbidity of "Shared care specialist /GP" will be
entered on the same date, this will also be put onto the summary screen. If the GP is not sure about
the particular drug, then this will be checked with the shared care consultant.

21.3.10. Medication issued by a 3rd party

If a drug is being prescribed by a 3rd party it is essential that it is also added to the repeat prescribing and then issued as a hospital medication for the records. See EMIS guide on recording of hospital or 3rd party medications.

21.4 Controlled drugs policy

4.1 Prescribing controlled drugs:

Prescriptions for Schedules 2 and 3 CDs can now be sent electronically via the Electronic Prescription Service (EPS) and signed with an Advanced Electronic Signature (AES) as well as handwritten. This follows changes to Home Office legislation on 1 June 2015 and to NHS and Human Medicines Regulations on 1 July 2015.

Prescribers (both NHS and private) are strongly advised to limit the quantity of Schedule 2, 3 and 4 CDs prescribed to amounts that meet the patient's clinical need for up to 30 days supply. In exceptional circumstances, where the prescriber considers more than 30 days is clinically indicated and would not pose an unacceptable risk to patient safety, a record of the reasons for deviating

from the guidance should be made in the patient's record and the prescriber should be able to justify the decision, if challenged.

It is not illegal for a pharmacist to dispense a prescription for CDs for more than 30 days' supply, but they must satisfy themselves as to the clinical appropriateness of the prescription before doing so. The pharmacist may contact the prescriber for clarification. It is inappropriate for a prescriber to prescribe a CD for themselves, a family member, or a friend unless in a clinical emergency.

Schedule 2,3 controlled drugs should not be put on repeat prescription

4.2 Prescription stationery:

Prescription stationery for CDs, including printer paper, must be stored securely to prevent theft and misuse to fraudulently obtain controlled drugs.

4.3 Private prescribing of CDs:

Private prescriptions for all Schedule 2 and 3 CDs, to be dispensed in the community, must either be written on standard forms (FP10(PCD)) designed to be similar to, but distinguishable from, the NHS prescription form or prescribed electronically via the EPS system. Prescribers need to apply for a private prescriber identification number via their Area Team, before prescribing CDs privately.

4.4 Lost Controlled drugs Prescriptions:

If a patient has lost a controlled drug e.g. codeine, diazepam or tramadol, it should be reported to the police and a crime reference number obtained before a repeat can be reissued by a GP. Under no circumstances must a receptionist re-print or re-issue a prescription for controlled drugs

4.5 Controlled drugs on the premises:

YFP does not have any Schedule 2 or 3 controlled drugs on the premises.

Diazepam 5mg (schedule 4) is kept in the emergency drugs box. See SOP for disposal of Schedule 4 drugs.

21.5

CENTRAL ALERTING SYSTEM POLICY INCLUDING MHRA

As part of managing the health, safety and welfare of everyone we interact, the Brigstock team is required to control risks and take action to prevent harm, and incidents from happening, improve best practices in clinical areas and ensure the safety of service users, staff and third parties.

The Central Alerting System (CAS) is a web-based system used for issuing patient safety alerts and other safety critical guidance to the NHS and other health and social care providers. It brings together the Public Health Link (PHL) and the Safety Alert Broadcast System (SABS). Safety alerts, emergency alerts, drug alerts, Dear Doctor letters and medical device alerts will be sent through to the Lead GP from:

• Medicines and Healthcare Products Regulatory Agency (MHRA),

• National Patient Safety Agency (NPSA),

• Department of Health.

There is a distinction between the two types of alerts sent via CAS:

• Non-emergency alerts – issued on behalf of MHRA Medical Devices, the NPSA and the Department of Health Estates and Facilities, they have set deadlines for acknowledgment and completion of actions.

• Emergency alerts - are sent by the following originators – MHRA Drug Alerts, MHRA Dear Doctor Letter and CMO Messaging. Although these alerts do have deadlines, these relate to how quickly the information contained should be cascaded onwards and do not require a response. They are also sent to all

The purpose of this guideline is to set out the policy for cascading and implementing and reporting progress in relation to identified CAS alerts, thus ensuring continual improvement in the quality of services.

DUTIES & RESPONSIBILITIES

The Lead GP has overall responsibility for ensuring effective arrangements for dissemination, action and review of CAS Alerts and their Responsibilities include:

- Receiving alerts via CAS
- Maintaining a central record of alerts
- Maintaining records confirming actions in response to alerts
- Informing the clinical or management team of appropriate alerts and maintaining an up to date distribution list
- Providing a quarterly summary of alerts and actions to the management team
- Formulating and reviewing guidance for the alert process.
- Responding to alerts in a timely manner
- Maintaining records of actions taken within teams.

ALERT CATEGORIES

For non-emergency alerts, there are a number of categories that an alert might fall into, depending on its nature and urgency. The following outlines the categories found in alerts, which require a response:

a) Immediate Action: Used in cases where there is a risk of death or serious injury

and where the recipient is expected to take immediate action on the advice.

b) Action: Used where the recipient is expected to take action on the advice, where it is necessary to repeat warnings on long-standing problems, or to support or follow-up manufacturers' field modifications.

c) Update: Used to update the recipient about previously reported incidents or series of incidents, possibly on a topical or device group basis, and where further follow-up safety information is judged beneficial.

d) Information Request: Used to alert users about a specific issue that may become a problem and where we are requesting feedback. These alerts may be sent out with additional questions to be completed.

Other alerts will have these categories:

a) Immediate: Cascade within 6 hours. To be used infrequently in exceptional cases where potentially serious health risks are implicated.

b) Urgent: Cascade within 24 hours, the most common category.

c) Non-urgent: Cascade within 48 hours.

d) For information: This is used in circumstances where there is no need to cascade the information and only those who receive the message directly need to be aware of its contents.