# Good Prescribing Guide - Primary Care

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<tr>
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<tr>
<td>Lead Pharmacists, Aberdeen City Health and Social Care Partnership</td>
<td>See Page 26</td>
<td>Grampian Medicines Management Group (GMMG)</td>
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## Executive Sign-Off

This document has been endorsed by the Director of Pharmacy and Medicines Management

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**Good Prescribing Guide - Primary Care**

**Contents**

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PURPOSE</td>
<td>3</td>
</tr>
<tr>
<td>2. INTRODUCTION</td>
<td>3</td>
</tr>
<tr>
<td>3. PRESCRIBING SUPPORT</td>
<td>4</td>
</tr>
<tr>
<td>3.1. Grampian Medicines Management website</td>
<td>4</td>
</tr>
<tr>
<td>3.2. Grampian Joint Formulary (GJF) website and Antimicrobial Companion App</td>
<td>4</td>
</tr>
<tr>
<td>3.3. Electronic Grampian Joint Formulary (eGJF) for Vision Practices</td>
<td>5</td>
</tr>
<tr>
<td>3.4. Grampian Guidance</td>
<td>5</td>
</tr>
<tr>
<td>3.5. ScriptSwitch</td>
<td>5</td>
</tr>
<tr>
<td>3.6. BNF App</td>
<td>6</td>
</tr>
<tr>
<td>3.7. Scottish Therapeutics Utility (STU)</td>
<td>6</td>
</tr>
<tr>
<td>3.8. NHS Scotland Polypharmacy Guidance</td>
<td>6</td>
</tr>
<tr>
<td>3.9. Management of Controlled Drugs (CDs) in Primary Care - Scotland</td>
<td>6</td>
</tr>
<tr>
<td>4. PRESCRIBING IN PRIMARY CARE</td>
<td>7</td>
</tr>
<tr>
<td>4.1. Prescription Stationery and Prescription Requirements</td>
<td>7</td>
</tr>
<tr>
<td>4.2. Generic versus Brand Prescribing</td>
<td>7</td>
</tr>
<tr>
<td>4.3. Directions on Prescriptions</td>
<td>8</td>
</tr>
<tr>
<td>4.4. Prescription Quantities/Intervals</td>
<td>9</td>
</tr>
<tr>
<td>4.5. Reissuing or Reprinting Prescriptions</td>
<td>10</td>
</tr>
<tr>
<td>4.6. Patients Travelling Abroad</td>
<td>11</td>
</tr>
<tr>
<td>4.7. Patients from Overseas requiring Prescriptions (including Controlled Drugs)</td>
<td>11</td>
</tr>
<tr>
<td>4.8. Phoned/Faxed/Emergency Prescriptions</td>
<td>12</td>
</tr>
<tr>
<td>4.9. Private Prescriptions for NHS Patients</td>
<td>13</td>
</tr>
<tr>
<td>4.10. Private Prescriptions for Private Patients</td>
<td>14</td>
</tr>
<tr>
<td>4.11. Prescribing and the Secondary Care-Primary Care Interface</td>
<td>15</td>
</tr>
<tr>
<td>4.12. Prescribing of Dressings and Appliances (Incontinence and Stoma)</td>
<td>15</td>
</tr>
<tr>
<td>4.12.1. Dressings</td>
<td>15</td>
</tr>
<tr>
<td>4.12.2. Stoma Appliances</td>
<td>16</td>
</tr>
<tr>
<td>4.12.3. Incontinence Appliances</td>
<td>16</td>
</tr>
<tr>
<td>4.13. Prescribing of Drugs for Erectile Dysfunction (ED)</td>
<td>16</td>
</tr>
<tr>
<td>4.14. Food and Nutrition</td>
<td>17</td>
</tr>
<tr>
<td>4.14.2. Oral Nutritional Supplementation (ONS)</td>
<td>17</td>
</tr>
</tbody>
</table>
4.14.3. Cow’s Milk Protein Allergy ...............................................................17
4.15. Chronic Medication Service – Serial Prescriptions ...............................17
5. MEDICATION REVIEWS ...........................................................................18
5.1. General Medication Reviews [Read Code 8B3S] .....................................18
5.2. Polypharmacy [Read Code 8B31B] ..........................................................18
5.3. Medicines Reconciliation [Read Code 8B318] .........................................18
6. STOCK ORDER FROMS (GP10a) ...............................................................19
6.1. Items that can be ordered on a stock order form (GP10a) ......................19
6.2. Issues associated with ordering on a stock order form (GP10a) ..........19
6.3. Advice on Specific Product Areas ...........................................................20
6.3.1. Vaccines .............................................................................................20
6.3.2. Dressings ...........................................................................................20
6.3.3. Contraceptive Implants and Injections ..............................................20
6.3.4. Zoladex, Hydroxocobalamin and Other Non-Emergency Injections ....21
6.3.5. Corticosteroid Injections ....................................................................21
6.3.6. Items for GP Bags ................................................................................21
7. COVERT MEDICATION .............................................................................22
8. SPECIAL FORMULATIONS AND UNLICENSED MEDICINES .................23
9. COMMUNITY PHARMACY – MANAGED REPEATS SERVICES ...............24
10. ORDERING OF APPLIANCES (STOMA/CONTINENCE) AND NUTRITIONAL PRESCRIPTIONS BY HOME DELIVERY COMPANIES .........................25
Good Prescribing Guide - Primary Care

1. PURPOSE

This document is intended for use by primary care prescribers and all pharmacists. It is intended as a resource to support good prescribing practice. Please note that everything in underlined blue type in the document is a hyperlink to the relevant website. All links were checked 09/11/2017.

2. INTRODUCTION

Optimising medicine use and maximising cost efficiencies are two major challenges facing the NHS. The purpose of this document is to provide guidance on practical ways in which prescribers can help the NHS to meet these challenges. All prescribers will have guidance from their particular professional and regulatory bodies with regards to prescribing standards. It should be noted that the General Medical Council (GMC) and the British Medical Association (BMA) have written excellent guidance on safe and responsible prescribing which is of benefit to all prescribers:
GMC: Good practice in prescribing and managing medicines and devices (2013)
BMA: GP prescribing – guidance on prescribing for GPs and community pharmacists

All practices have an aligned Health and Social Care Partnership (HSCP) pharmacist who will support and work with the practice to ensure clinically appropriate and cost-effective prescribing and provide further information on any of the topics in this guidance.

There is also a team of pharmacists in the Grampian Medicines Information Centre (Aberdeen Royal Infirmary) who can look into more complex/specialist prescribing issues. They can be contacted via your HSCP aligned pharmacist or directly at: grampian.medinfo@nhs.net. Tel: 01224 552316.
3. PRESCRIBING SUPPORT

3.1. Grampian Medicines Management website

The Grampian Medicines Management website is a resource for healthcare professionals involved in dealing with medicine related issues. The following are available on the website: the Grampian Joint Formulary (GJF), NHS Grampian (NHSG) medicine-related policies and guidance, IMPACT newsletters (current and past), NHSG Shared Care Protocols (SCPs) and NHSG Patient Group Directions (PGDs).

3.2. Grampian Joint Formulary (GJF) website and Antimicrobial Companion App

The GJF website details which drugs, according to evidence base and cost effectiveness, are recommended for prescribing within NHSG. Prescribers should prescribe in accordance with the GJF whenever possible. Any off-formulary prescribing, particularly for unlicensed specials, should be challenged where appropriate. For safety reasons, certain medicines should only be prescribed by a hospital specialist. Primary care prescribers should **not** undertake supply of medicines listed as ‘hospital use only’ in the GJF except in extenuating circumstances and after discussions with the HSCP pharmacist. If a decision is made to prescribe in primary care, suitable arrangements for monitoring and review should be agreed and documented in the patient notes.

Prescribers should avoid issuing prescriptions for products that are not classified as medicines (e.g. Icaps®, Pernaton®, Prostabrit®, Macushield®, etc). These products are not included on the Grampian Joint Formulary, often have little or no evidence of effectiveness or value for money and issues of equity arise when some practices prescribe when others do not. Patients requesting these products should be advised to purchase the item themselves.

The Antimicrobial Companion App is available free from iTunes or Google Play. Once downloaded, select NHS Grampian for access to: local guidelines on antibiotic treatment; gentamicin and vancomycin calculators; UTI Decision Aid for older people; potential data collection tool (requires permission for access).

The GJF website is being transferred to a new IT platform in 2017.
3.3. **Electronic Grampian Joint Formulary (eGJF) for Vision Practices**

The eGJF for vision practices is currently under review and will be re-launched at the end of 2017.

3.4. **Grampian Guidance**

Grampian Guidance (replacement for Clinical Guidance Intranet) holds information to support good referral practice helping to ensure patients are referred to the right person in the right place every time. Estimated waiting times can also be checked.

3.5. **ScriptSwitch**

ScriptSwitch is a prescribing decision support tool that provides clinicians with advice on more cost-effective prescribing options at the point of prescribing. The switches and messages on ScriptSwitch are managed locally by the lead pharmacists from all three HSCPs. An example of a ScriptSwitch message is below:

<table>
<thead>
<tr>
<th>Moncol oral powder 13.8g sachets lemon &amp; lime (60 sachets)</th>
<th>Laxido Orange oral powder sachets sugar free (60 sachets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 DAILY</td>
<td>1 DAILY</td>
</tr>
<tr>
<td>Est. cost: £185.04 for 12 repeats</td>
<td>Est. cost: £162.40 for 12 repeats</td>
</tr>
</tbody>
</table>

**Cost Benefit:** £22.64

*LAXIDO ORANGE is another brand of misoprostol, which represents better value for money compared to MONCOL.*

*Please check quantity, dose, instructions, and duration fields are all completed and are appropriate for the patient; please also know savings shown are an estimate.*

Clinicians can feedback directly on the suitability of messages/switches by clicking on the ‘Feedback’ button at the bottom left of any switch.

In order to maximise the benefits of ScriptSwitch:

- Practice managers should ensure that all prescribers (including nurses, locums, ST1, ST3, etc) are set up on the system.
- Practice level reports (which are available from the practice-attached pharmacist) should be reviewed regularly.
• If ScriptSwitch has been activated for non-clinical staff, the practice should have a policy detailing how these staff members should manage any recommendations triggered when handling repeat prescription requests.

3.6. BNF App

The British National Formulary (BNF) and BNF for Children can be accessed through an app available from the Royal Pharmaceutical Society website or directly from the App Store or Google Play. The app will be updated with the latest clinical content once a month.

3.7. Scottish Therapeutics Utility (STU)

STU was commissioned by the Therapeutics branch of the Scottish Government for use in all NHS Scotland practices and is in the process of being rolled out in NHSG. The utility allows users to interrogate their repeat prescribing system and identify issues such as duplicate prescribing, non-issued items and excessive ordering. Although its primary purpose is to optimise efficiency and reduce avoidable waste (processes and costs) particularly in relation to repeat prescribing, some clinical reports are available (and more are being developed).

3.8. NHS Scotland Polypharmacy Guidance

The Scottish guideline on polypharmacy seeks to provide a clear structure for a polypharmacy medication review that is centred on the individual adult. This guidance is also available as a downloadable app.

3.9. Management of Controlled Drugs (CDs) in Primary Care - Scotland

The Accountable Officers (AO) Network for Controlled Drugs (Scotland) has produced guidance (A Guide to Good Practice in the management of CDs in Primary Care) covering good practice for the management, governance and use of controlled drugs in primary care.
4. PRESCRIBING IN PRIMARY CARE

4.1. Prescription Stationery and Prescription Requirements

For an item to be prescribed on the NHS the prescription must be written on NHS Scotland stationery and meet all the legal requirements (e.g. written in indelible ink; be signed by an appropriate clinician). Any hand written prescription must be on a handwritten prescription pad, i.e. it should not be written on the stationery forms for the computer. Independent Prescribers must prescribe on stationery printed for their profession.*.

*As an exception, the Chief Pharmaceutical Officer (letter - 8th May 2017) has authorised an interim solution to allow Pharmacist IPs to sign computer-generated prescriptions (on GP stationery). Pharmacist IPs must follow national and local guidance in order to do this.

It should be noted that prescribers should not use any part of NHS prescription forms for private prescribing.

A Prescription-only Medicine (PoM) can only be supplied in accordance with a prescription given by an appropriate practitioner where the conditions meet the Human Medicines Regulations (2012).

4.2. Generic versus Brand Prescribing

It is now accepted that medicines will be prescribed generically unless:

- Different brands are known to have different bioavailabilities and that this difference could adversely affect the patient, e.g. lithium, modified release diltiazem and verapamil, some anti-convulsants.

- The generic name is likely to cause confusion at the point of dispensing, e.g. oral contraceptives, HRT, combination inhalers.

- Patients are intolerant to an excipient in a particular brand but not another.

Some patients may request a particular brand of drug be prescribed for them for a variety of reasons and unless they are clinically appropriate, these requests should be refused. NHS information on brand names and generics is available on the NHS Choices website. NHS Grampian patient information leaflets on generic prescribing are available – speak to your HSCP pharmacist.
4.3. Directions on Prescriptions

For the majority of prescriptions, specific directions should be included to maximise the likelihood of the patient taking the medicine safely, appropriately and as intended by the prescriber. For a few medicines, it may not be possible to specify the directions on a prescription (e.g. warfarin or a reducing dose of oral steroid). In these circumstances ‘as directed’ should be added to the prescription but the prescriber must ensure that the patient (or carer) understands the intended dosage schedule. Provision of this information in writing is recommended.

‘When required’ medication should also have specific directions and, if appropriate, a maximum dose, e.g. *Paracetamol 500mg tabs - Two tablets up to four times a day when required.*

If a patient has their medicines administered by a formal care worker (either in a care home or in their own home) it is good practice to state the indication for the ‘when required’ medicine after the instructions to ensure that the medicine is given for the correct reason, e.g. *Paracetamol 500mg tabs - Two tablets up to four times a day when required for pain.*

It may also be appropriate to include indications when prescribing any medicine but particularly for the frail elderly or for those with cognitive impairment.

Latin words and abbreviations should now be avoided on prescriptions.
4.4. Prescription Quantities/Intervals

The quantity of any medicine supplied on a prescription should balance clinical appropriateness, cost-effectiveness and patient safety with patient and GP Practice convenience. All Scottish residents now receive free prescriptions so a patient’s ability to pay is no longer a factor for determining prescription intervals. The following table summarises NHS Grampian’s recommendations to GP practices regarding suitable quantities:

<table>
<thead>
<tr>
<th>Type of prescription/patient</th>
<th>Recommended Quantity</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>First acute</td>
<td>Maximum of 28 days</td>
<td>Consider if one week or a small pack is sufficient.</td>
</tr>
<tr>
<td>Standard repeat</td>
<td>28-56 days</td>
<td>Instalment dispensing can be used to further regulate supply.</td>
</tr>
<tr>
<td>Serial dispensing repeats</td>
<td>24, 48 or 56 weeks</td>
<td>Dispensed at 4 or 8 weekly intervals.</td>
</tr>
<tr>
<td>Hormone Replacement Therapy</td>
<td>3 – 6 months</td>
<td></td>
</tr>
<tr>
<td>Oral Contraceptives (OC)</td>
<td>1-3 months for first prescription; 6-12 months thereafter</td>
<td></td>
</tr>
<tr>
<td>3 monthly injections</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>High Cost Licensed Products</td>
<td>28 days</td>
<td>Prescribe in whole pack quantities where appropriate.</td>
</tr>
<tr>
<td>Unlicensed ‘Specials’</td>
<td>28 days</td>
<td>Expiry dates often limited to 4 weeks.</td>
</tr>
<tr>
<td>Controlled Drugs (CDs)</td>
<td>Maximum of 28 days</td>
<td>Although it is not a legal requirement, the Department of Health strongly recommends that prescriptions for schedules 2, 3 and 4 CDs should not exceed 30 days.</td>
</tr>
<tr>
<td>Drugs Liable to Misuse</td>
<td>Maximum of 28 days; consider instalment dispensing</td>
<td>Vision practices can also use the minimum intervals between repeats and forced reauthorisation facilities.</td>
</tr>
<tr>
<td>Care Homes</td>
<td>28 days</td>
<td>Each care home has a 28 day medication cycle.</td>
</tr>
<tr>
<td>Multi-compartment Compliance Aids (MCA)</td>
<td>28 days</td>
<td>It is possible, but not a requirement, for MCAs to be dispensed weekly.</td>
</tr>
<tr>
<td>Patients receiving support from formal carers</td>
<td>28 days</td>
<td></td>
</tr>
<tr>
<td>Wound Management Products</td>
<td>Max of 2 weeks or 1 box (whatever is smaller) for acute wounds.</td>
<td>28 day supply/repeat prescriptions should only be considered in exceptional circumstances.</td>
</tr>
</tbody>
</table>

Within Vision and EMIS systems it is possible to change the default quantity and directions for any drug. In addition on Vision systems, prescribers can select a minimum
**days between issues** (useful when wishing to ensure drugs liable to misuse are not over-ordered on repeat).

### 4.5. Reissuing or Reprinting Prescriptions

Each computer generated GP10 prescription has its own Unique Prescription Number (UPN) which is printed alongside the barcode on the prescription and recorded in the clinical system.

- If a prescription is **reissued** then a **new** prescription is generated with a **new** UPN.
- If a prescription is **reprinted** then a **duplicate** is issued with the **same** UPN as the original prescription.

In order to dispense a prescription, the community pharmacy scans the barcode. Each individual UPN may only be dispensed once. If a practice wishes to check whether a ‘lost’ GP10 prescription has already been dispensed they should first identify the relevant UPN(s) from the clinical system and then contact the ePharmacy helpdesk on 0131 275 6600.

If the barcode has been downloaded/dispensed then contact the dispensing pharmacy, discuss what has happened, and agree a plan of action.

If the barcode has not been downloaded/dispensed, **do not** reprint original prescription for the patient. Instead first of all cancel the lost or stolen prescription and annotate “Lost (or stolen) prescription and new prescription printed” into the reason text box. Then re-issue a new prescription with a new UPN. *(Please note that any computer-generated prescription without a UPN OR any handwritten prescription that is lost/stolen must be reported to nhsg.pccitpharmacy@nhs.net).*
4.6. Patients Travelling Abroad

In 2004, guidance issued by the General Practitioner’s committee stated that, ‘The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to 3 months. If a person is going to be abroad for more than three months then all that the patient is entitled to at NHS expense is a sufficient supply of his/her regular medication to get to the destination and find an alternative supply of that medication’.

According to Scottish Home and Health department circular ECS (P) 28/1971, patients who plan to be abroad for longer than 2-3 weeks (for any reason) should only be given the usual repeat quantity of their prescribed medicines. This is for two reasons:

1. Any person intending to leave the country for longer periods may no longer be considered a resident of the UK and therefore may not be entitled to NHS services.
2. It may not be in the best interests of a patient to allow them to medicate for long periods of time unsupervised by a medical practitioner.

Therefore, patients who are going abroad for extended periods of time (more than 3 months) and who request additional supplies of medication should only be provided with sufficient medication to allow them to seek ongoing medical care at their destination.

Preventative or ‘just-in-case’ treatments (e.g. antibiotics for traveller’s diarrhoea, acetazolamide for altitude sickness, preventative antimalarials) should not be prescribed on the NHS. If the prescriber deems these treatments to be appropriate, they should be issued as private prescriptions or the patient should be advised to access the Fit for Travel website and attend a private travel clinic.

See Section 5.3 for information on the prescribing/procuring of travel vaccines.

4.7. Patients from Overseas requiring Prescriptions (including Controlled Drugs)

CEL 9 (2010) ‘Overseas Visitor’s Liability to Pay Charges for NHS care and Services’ reviews prescribing for this group of patients. It is for GP practices to exercise their discretion whether to register an overseas visitor as a temporary resident or to treat them privately (including the provision of private prescriptions). However, GPs can only prescribe controlled drugs (CDs) privately using a Private Prescription CD (PPCD) form. GPs who do not routinely prescribe privately may not have access to these. Patients who require treatment with CDs may therefore need to be registered as temporary residents to allow provision of necessary treatment. Please contact the NHS Grampian Controlled Drugs Team for further guidance: grampian.cdteam@nhs.net or (01224) 556601.
4.8. Phoned/Faxed/Emergency Prescriptions

The first comprehensive licensing system for medicines in the UK was the Medicines Act of 1968. However in 2012, the government consolidated medicines legislation, including much of the Medicines Act 1968, into one set of new regulations: the Human Medicines Regulations 2012.

This legislation recognises only two ways in which prescribers can authorise a pharmacist to supply a medicine:

1. A prescription written in ink, dated and signed by the prescriber and containing the required patient, drug and prescriber details. (If supply is to be made on the NHS then the correct NHS stationery must be used).

2. A verbal request for an emergency supply directly from the prescriber to the pharmacist. An ‘emergency’ is considered to be a situation where a written prescription cannot be provided immediately but where there is a clear clinical need for that medicine to be supplied without delay. This situation is covered by the Human Medicines Regulations 2012 (Chapter 3 -Section 224) and The National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004:
   - The prescriber should phone the community pharmacist (CP) to make the request.
   - CPs is required to check the authenticity of the prescriber, that the request is genuine, confirm prescription details and ensure the product is in stock (or offer an alternative if unavailable).
   - Schedule 2 and 3 Controlled Drugs cannot be supplied.
   - It is the duty of the prescriber requesting supply to ensure that they provide the CP with the written prescription within 72 hours.
   - Prescribers are not required to fax a copy of the prescription to validate an emergency request.

Although the law does not prohibit the use of faxed prescriptions it does not sanction their use as a legal document. For the CP, a fax confirms that a signed prescription (i.e. a supply authorised by a prescriber) is in existence for that patient and also minimises transcription errors. Both GP Practices and CPs have therefore found faxed prescriptions to be a useful tool to ensure the timely and accurate supply of medicines in emergencies. However, a few points should be noted regarding the use of faxed prescriptions:

- Faxes are not considered a secure means of communication and some GP practices have a policy not to fax prescriptions. Prescribers and CPs should be aware of the guidance on the use of faxes outlined in NHS MEL (1997).
- Faxing prescriptions should not be considered routine practice. For example:
  - It should not be seen as an acceptable alternative (by patient, reception staff or clinicians) to the ‘normal’ repeat prescription process.
It is not acceptable for CPs to request prescriptions to be faxed as a means of reducing the frequency of repeat prescription collections from GP practices.

- CPs who dispense against a fax alone are not complying with the Human Medicines Regulations 2012.
- CPs should consider other means of supply before requesting a faxed prescription, e.g. CPUS.

The majority of computer generated prescriptions now have a barcode on the left hand side of the prescription, below which is printed a Unique Prescription Number (UPN.) Pharmacists can usually scan this barcode or enter the UPN manually in order to draw down the electronic version of the prescription. Whilst this electronic version is not yet recognised as a legal prescription, pharmacists can use the UPN as a means of validating the detail of a phoned in prescription in much the same way as a fax.

Practices should consider the following to minimise the need for ‘emergency’ prescriptions:

1. Ensure patients are aware of the normal timescales involved for processing requests for routine prescriptions (typically 48 hours).
2. Ensure all staff are aware of the appropriate way to deal with prescription requests.
3. Review current systems to ensure that the use of the fax is kept to a minimum.
4. Finally, whilst the legal constraints surrounding medicine supply must never be trivialised and each profession must do what they can to ensure medicine supply is within the law, situations will always arise where discretion and professional judgement will be required. Each situation must be considered on an individual basis and in all cases, the patient’s wellbeing and safety must always be the primary concern.

### 4.9. Private Prescriptions for NHS Patients

NHS patients are entitled to receive medication deemed clinically appropriate and allowed under the NHS, on an NHS prescription. However, prescribers can prescribe items not allowed on the NHS on a private prescription for any NHS patient who is willing to pay for that item. Examples include: patients wanting to receive a brand of drug that is blacklisted; when a patient does not meet the criteria for a selective list scheme (SLS) medication; travel vaccines not covered by the NHS; malaria prophylaxis; drugs prescribed in anticipation of a possible ailment while travelling, e.g. antibiotics for diarrhoea or acetazolamide for altitude sickness.

GP Practices may only charge NHS patients for the writing of private prescriptions for malaria prophylaxis and travel related prescriptions as detailed below in the BMA’s 2004 Information and guidance on prescribing in General Practice document: ‘Any doctor can write a private prescription for a patient if they feel it is clinically appropriate and they are happy to take responsibility for that prescribing decision. Under the NHS regulations, a GP or his deputy can write a private prescription for a patient but cannot charge the
patient for writing a private prescription if the patient is registered for NHS care with that
GP or any other GP in the same practice. The only exceptions to this rule are when an
NHS GP writes either a private prescription for drugs that are requested by the patient
‘just in case’ of the onset of illness while outside the UK, or else when a private
prescription is required for the prevention (chemoprophylaxis) of malaria’.

4.10. Private Prescriptions for Private Patients

Any patient being seen privately by a GP or private Consultant should have any
recommended treatment prescribed privately. GP practices can charge for writing these
prescriptions. The general rule is that an episode of private care must be entirely private,
i.e. there is not a mix of private and NHS. (Please note that the exceptions to this are
highlighted in the co-payments policy noted at the end of this section). An example would
be where a patient receives a private surgical intervention. The immediate pain relief
following the intervention should be treated as part of the private episode of care. Where
a practice is repeatedly experiencing requests for NHS prescribed medicines that could
be deemed part of the private care episode this should be raised with the HSCP
Pharmacist.

A patient retains the right to revert to NHS care (if they are eligible for NHS care) at any
point during their private treatment. However, their care must be requested formally by
the private Consultant. GPs should only accept a request to prescribe a medicine on the
NHS if that treatment is in line with NHS policies.

If a GP does not wish to accept clinical responsibility or if the treatment is not in line with
NHS policy then the GP should reply to the private Consultant and state that they will not
accept the request; the private Consultant must then continue to issue private
prescriptions for that patient. It may also be the case that the private Consultant needs to
formally request an NHS Consultant to take over the care and treatment of that patient,
rather than the GP.

If there are concerns about the suitability of a specialist recommendation then the GP can
write to an NHS Consultant in that speciality and ask their advice on the suitability of that
medicine for ongoing NHS funded treatment.

Further information is available in the NHS Grampian policy entitled, ‘NHS Grampian staff
policy for patients to receive aspects of their treatment through private healthcare
providers (co-payments) in respect of medicines’.

Further information is available in the NHS Grampian policy entitled, ‘NHS Grampian staff
policy for patients to receive aspects of their treatment through private healthcare
providers (co-payments) in respect of medicines’.
4.11. Prescribing and the Secondary Care-Primary Care Interface

Legal responsibility for prescribing lies with the clinician who signs the prescription and therefore GPs (or non-medical prescribers) retain the right to refuse to prescribe any medicine (licensed or unlicensed) if: they have insufficient information on its safety, efficacy and monitoring; it is a specialist medicine for a condition they would not normally manage; the drug is listed as ‘hospital use only’ on the local formulary; or the drug is not included on the local formulary.

The BMA’s 2013 guidance on prescribing (for GPs and community pharmacists) has stated that: ‘If you are uncertain about your competence to take responsibility for the patient’s continuing care, you should seek further information or advice from the clinician with whom the patient’s care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care’.

4.12. Prescribing of Dressings and Appliances (Incontinence and Stoma)

Full information on the dressings, appliances and incontinence products allowed on the NHS is available in the Scottish Drug Tariff.

4.12.1. Dressings

The Grampian Wound Care Formulary has been developed to support clinicians within Grampian who are prescribing and/or applying wound care products. The aim of the formulary is to promote safe, evidence-based, effective and economical prescribing. Tissue Viability can be contacted for advice Mon-Fri, 08:00 -16:00 on 01224 (5)59952 or nhsg.tissueviability@nhs.net.

Information in Negative Pressure Wound therapy is available on the NHSG intranet. The V.A.C. Therapy System uses an intelligent therapy unit (to deliver controlled negative (sub-atmospheric) pressure to the wound site. Special foam dressings, applied to the wound site, ensure that fluid is continuously drawn away from the wound. Nursing teams (acute/community) should organise for provision of a pump by raising a purchase order via PECOS. Dressings can be ordered by the Community Nurses on PECOS – see Tissue Viability website for details of products and codes. Part 2 of the Scottish Drug Tariff lists the accessories that can be prescribed on GP10. These accessories must not be ordered on a GP10a stock order form. GP Practices do not have access to PECOS and cannot order the dressings via this route.
4.12.2. Stoma Appliances

‘NHS Grampian Guidance for Prescribing of Stoma Appliances in Primary Care’ has been developed to support appropriate prescribing (and dispensing) of stoma appliances. It includes information on the recommended quantities per prescription and also details the products/accessories which should only be prescribed on the advice of the Colorectal/Stoma Clinical Nurse Specialists (CSCNS). Practices, pharmacists and patients can contact the Colorectal/Stoma Clinical Nurse Specialists for advice on:

Aberdeen and Aberdeenshire: (01224) 553987
Moray: (01343) 567480 / 567786
grampian.stomanurses@nhs.net

4.12.3. Incontinence Appliances

The NHS Grampian Community Catheter Formulary has been developed to support consistency of care for patients whilst also ensuring cost effective prescribing. It includes information on the recommended catheters, urinary sheaths, drainage bags and other catheter accessories (including VISION/EMIS codes) and the appropriate quantities per prescription. For advice on catheter problems, e.g. bypassing, encrustation, use of catheter maintenance solutions contact the Continence Advisory Service – Tel: 01467 672748 or email grampian.inveruriecas@nhs.net.

4.13. Prescribing of Drugs for Erectile Dysfunction (ED)

NHS Circulars PCA(M)(1999)9 and PCA(M)(2011)4 outline the Scottish health service’s guidance on the prescribing of ED drugs under the NHS. Please note that in NHS England in 2014 generic sildenafil was removed from the list of medicines that may be prescribed only where they meet the SLS requirement – this has not been the case in Scotland. Please see Part 12 of the Scottish Drug Tariff for more details on the SLS requirements.
4.14. Food and Nutrition


Patients who have a diagnosis of coeliac disease or dermatitis herpetiformis can receive their gluten free food direct from their community pharmacist (without a prescription from the GP practice). The GP should complete a registration form for the patient, confirming their diagnosis and the number of gluten free units that the patient should receive per month. See NHSG Guidance on gluten free products for more information.

4.14.2. Oral Nutritional Supplementation (ONS)

As per the NHSG policy for managing malnutrition and prescribing ONS in adults, ONS should not generally be prescribed unless recommended by a dietitian. If ONS is required immediately or before a referral can be made, contact the community dietitian for advice or refer to the Grampian Joint Formulary or VISION for guidance on the first line choices. NHSG guidance for prescribing ONS for patients with drug or alcohol misuse is also available.

4.14.3. Cow’s Milk Protein Allergy

Please refer to the NHSG guidance for prescribing milk-free formula for cows’ milk protein allergy (CMPA) in children.

4.15. Chronic Medication Service – Serial Prescriptions

Under the Chronic Medication Service (CMS) core element of the Community Pharmacy Contract, serial CMS prescriptions can be provided for patients on regular repeat medicines. The prescriptions can be for up to 24, 48 or 56 weeks and can be dispensed at regular intervals – usually every 28 or 56 days. After the final instalment is dispensed the community pharmacist provides the GP with a Treatment Summary Report (TSR) with a record of the dispensing events and details of any review undertaken. For more information on CMS and serial prescribing please see the NHS NSS website.
5. **MEDICATION REVIEWS**

5.1. **General Medication Reviews [Read Code 8B3S]**

Medication review was a requirement of the GP Contract and is recommended good practice. Timely reviews will minimise waste and enhance patient safety and is particularly important in children, frail elderly and long term conditions. It is important to ensure that a patient’s medication list is current so that colleagues receiving electronic referrals or accessing Emergency Care Summaries have an up to date list of medication and doses. Discontinued medicines should always be removed from a repeat prescription list. Practices should discuss and agree who is responsible for updating medication lists (particularly after any discharge from hospital) including what tasks each staff group are authorised to undertake, e.g. receptionists, office staff, nurses, physicians’ associates (PAs), pharmacists, GPs.

5.2. **Polypharmacy [Read Code 8B31B]**

Defined locally as, ‘A holistic comprehensive review of medication for patients on four or more medicines.’

See section 3.8 for link to national Polypharmacy guidance.

5.3. **Medicines Reconciliation [Read Code 8B318]**

Medicines reconciliation should be undertaken when patients are discharged from hospital/intermediate care, been seen in an out-patient clinic or when they join the practice.

For patients discharged from hospital: check for medicines where dose/regimen has been changed and alter repeat prescription accordingly; if medicines have been stopped, note this in the electronic record and remove the item from repeat; if items have been started, note this in the electronic record and add item to repeat; highlight any required follow-up; inform relevant third parties (e.g. community pharmacy) where appropriate.

Section 2.4 of the [NHS Grampian Medicines Reconciliation Protocol](#) provides further guidance on primary care medicines reconciliation.
6. STOCK ORDER FORMS (GP10a)

6.1. Items that can be ordered on a stock order form (GP10a)

Stock order forms (GP10a) can be used by GP practices to obtain stock:

- For emergency administration during **unplanned treatment** (including items for the doctor’s bag) e.g. **adrenaline for anaphylaxis; salbutamol for an asthma attack**.
- Pneumococcal vaccines **(please note that as of 2016, influenza vaccines will be supplied centrally and not via stock order)**.
- Items that, as per Part 1 of the Scottish Drug Tariff, can only be ordered on a stock order form:
  - Adhesive Foam Pieces 22cm x 45cm x 7 mm
  - Administration Sets
  - Cryogesic (Ethyl Chloride) Direct Spray, Fine Spray 100mL
  - Fluorets Strips
  - Histofreezer Kits
  - Jet Nebulisers: complete with face mask and connecting tubing replacement parts
  - Leukostrip Skin Closure Strip (6.4mm x 76mm x 3 size **only**)
  - Lumbar Fabric Support
  - Protein Sensitisation Test Solutions
  - Steri-Strip Skin Closure Strip (6mm x 75mm x 3 size **only**)
  - Surgical Sutures: - As listed in Part 3 of the Drug Tariff (pages 220 – 221)
  - Tubegauz (Tubular Cotton Surgical Stockinette Lightweight (Seamless)) 20m rolls
  - Tuberculin PPD.

Items such as bladder wash outs, medicated creams, nicotine replacement therapy (NRT), homeopathic medicines, and anthroposophical medicines, should **not** be ordered on stock order forms (GP10a) - these items cannot be considered as being for emergency use. Long term indwelling catheters and leg bags for routine use should be issued on a GP10 prescription. However, it is acceptable for practices to hold a small stock of catheters for the management of acute urinary retention.

6.2. Issues associated with ordering on a stock order form (GP10a)

- The item does not appear on the patient’s medication list for other clinicians to see
- Clinicians who are not prescribers may only legally administer a medicine not prescribed on a GP10/private prescription **if** they are doing so under a PGD (Patient Group Directive) or PSD (Patient Specific Directive).
• From a cost efficiency perspective, any item prescribed on a GP10a stock order form is significantly more expensive than the same item prescribed on a GP10 prescription. Stock orders, unlike GP10 prescriptions, incur VAT (20% of the item’s cost) PLUS a community pharmacy handling charge of 17.5%.

6.3. Advice on Specific Product Areas

6.3.1. Vaccines

• All vaccines required to fulfil the national immunisation schedule should be ordered via ARI and practices should ensure appropriate stock levels.
• Travel vaccines should not be ordered on a stock order form (GP10a) but prescribed as detailed below:
  o Travel vaccines that are allowable on the NHS should be prescribed on a GP10 prescription for the patient.
  o Travel vaccines that are not allowable on the NHS should be prescribed on a private prescription (and administered privately) or the patient can be referred to a private immunisation clinic.
• Further information in NHSG Guidance for the Provision of Immunisations for Patients Travelling Abroad.

6.3.2. Dressings

• It is entirely appropriate for practices to stock a range of formulary dressings that can be used for unplanned and/or short term wound management.
• Any patient requiring long term wound management should have their regular dressings prescribed on a GP10 prescription in quantities that minimise inconvenience to the patient but also minimise unnecessary waste.
• Community nurses can order their stock dressings through PECOS; long term patient dressings should be ordered on a GP10 prescription.
• It is recommended that PoM Dressings (e.g. Silver antimicrobial dressings) are not ordered on a stock order form (GP10a).

6.3.3. Contraceptive Implants and Injections

• Contraceptive implants and injections should be prescribed on a GP10 for the majority of patients.
• It is recognised that there are practical reasons for GP practices having a small number of these items in stock for emergency situations. However, this should be considered for emergency use and not for regular provision to all patients.
• Any nurse who is not an independent prescriber must ensure they are covered by a valid PGD for Depo-Provera before administering.
6.3.4. Zoladex, Hydroxocobalamin and Other Non-Emergency Injections

- For clinical governance reasons, these items should not be ordered on a stock order form (GP10a) - these items cannot be considered as being for emergency use.

6.3.5. Corticosteroid Injections

- A small supply for unplanned use may be kept; records of administration must be made in the patient journal.
- GP10 prescriptions should be issued for planned appointments where appropriate.

6.3.6. Items for GP Bags

See May 2015 Drugs and Therapeutics bulletin for a list of drugs for adults and June 2015 Drugs and Therapeutics bulletin for a list of drugs for children. Please also speak with your practice-attached pharmacist for further advice.
COVERT MEDICATION

The Mental Welfare Commission (2016) document on covert medication states that: ‘Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medication by administering it in food and drink. As a result the person is unknowingly taking medication. This is likely to be due to a refusal to take medication when it is offered, but where treatment is necessary for the person’s physical or mental health.’

Covert administration of medication is never to be considered routine practice and must never be considered for a patient who is capable of making an informed decision about his or her medical treatment. Clinicians should follow NHS Grampian’s policy on covert medication and use the associated documentation. A summary of the key issues is listed below:

- Only patients who have a current Certificate of Incapacity (Section 47) can be considered for covert medication.
- The decision to administer medication covertly must be a multidisciplinary decision and include: all those involved in the daily care of the patient, the GP and their family/welfare proxy.
- A Covert Medication Care Plan/Pathway must be completed and signed by the GP before covert administration can be commenced.
- The safety and suitability of crushing medicines and/or disguising medication in food must be checked with a pharmacist. Detailed instructions on crushing/mixing of medications will be provided by the pharmacist and should be passed on the relevant carer. Prescription directions should include the method of administration and state that the drug is to be administered covertly, e.g. One tablet to be given covertly morning and night – to be crushed and mixed in yoghurt.
- With every new medicine prescribed, the Covert Medication Care Plan/Pathway must be updated with details on how to administer that new medication.
- The patient’s level of capacity and Covert Medication Care Plan must be reviewed regularly to ensure covert administration is still appropriate.
8. SPECIAL FORMULATIONS AND UNLICENSED MEDICINES

The MHRA advises that, ‘..an unlicensed medicinal product should not be supplied where an equivalent licensed medicinal product can meet the special needs of the patient’. Prescribers bear clinical responsibility if they prescribe unlicensed medicines (which cannot be transferred to the manufacturer/importer.)

If an unlicensed medicine has been prescribed, the community pharmacist should phone the prescriber to confirm that they are aware that the medicine is unlicensed and suggest any potential licensed alternatives. It is important to note that special formulations/unlicensed medicines are usually expensive, may have a short expiry date and may take longer for the pharmacy to obtain.

Further information on prescribing unlicensed medicines is available in the GMC Guidance - Good practice in prescribing and managing medicines and devices and/or your practice-attached pharmacist.

Local guidance entitled Special Formulation and Unlicensed Products in Primary Care for ordering and supplying special formulations and unlicensed products is available on the NHS Community Pharmacy Scotland website.
9. COMMUNITY PHARMACY – MANAGED REPEATS SERVICES

A 'managed repeats service' is when a community pharmacy requests prescriptions from the practice on behalf of the patient. These schemes are not part of NHS pharmaceutical services, have no authority in NHS Scotland, and represent a non-NHS initiative by the individual pharmacy companies. These services are not the same as the contracted Chronic Medication Service (CMS) serial prescription option (see section 4.14). They are also not the repeat prescription collection services that many pharmacies offer where the patient has ordered their medicines themselves.

In July 2012, the Scottish Government made its views on managed repeat services clear in a letter which concluded, ‘It is the view of the Scottish Government Health Directorates, NHS Boards and the Scottish General Practitioners Committee that GP practices should not feel obliged to sign up to or endorse individual company schemes and wherever possible patients should be encouraged to take responsibility for the ordering of their own repeat prescriptions. In addition, pharmacists should not promote these schemes nor should pharmacy owners who have arrangements with the NHS to provide pharmaceutical services set any incentives for pharmacists to encourage patients to sign up for such schemes’.

The view of the NHS Grampian Director of Pharmacy is that these private services only have a place to play for truly vulnerable patients who do not have an alternative to support their repeat prescription ordering. Managed repeat systems have the potential to significantly undermine attempts to encourage patients to manage their own medicines. They also have the potential to generate over-ordering and waste, where they are not managed appropriately. Practices engaging with managed repeat services should be extra vigilant to ensure that their own medicines management systems are able to identify poor ordering practices. Over supply of medication to patients can also have safety impacts where non compliance with medication is masked by a false ordering pattern and medicines are stockpiled in patients’ homes. Managed repeat systems, being outside of the NHS, do not allow the NHS to enforce any governance requirements, e.g. to minimise ordering waste.

Any practice that wishes to exclude managed repeat arrangements with community pharmacies have the support of NHS Grampian subject to ensuring that changes are managed to avoid patients, particularly vulnerable patients, experiencing risk or harm. Exiting such arrangements does need careful planning, provision of sufficient notice to make changes and a robust communication plan for all stakeholders. HSCP Pharmacy teams are happy to provide advice.

If practices experience any problems with a pharmacy’s ‘managed repeats service’, please speak to your practice-attached pharmacist.
10. ORDERING OF APPLIANCES (STOMA/CONTINENCE) AND NUTRITIONAL PRESCRIPTIONS BY HOME DELIVERY COMPANIES

Patients can choose to have their prescriptions for stoma, continence and some nutritional products dispensed and delivered by particular companies (as opposed to a local pharmacy). As part of their service, these companies will order the prescriptions on behalf of patients and ask that the prescriptions are sent to them. Practices should only supply products that have been recommended by an appropriate NHS clinician and the quantity of supply should be in line with section 4.4 of this document. Companies have automatic request systems which will auto-generate a second request if prescriptions have not been received within a particular timeframe. This has the potential to give rise to additional/unnecessary prescriptions being provided to the company.

When processing these prescription requests, GP practices must therefore ensure that appropriate ordering intervals are adhered to. If a request is deemed inappropriate then the GP practice should phone the company to discuss. Please note that if the company is situated in England, it is not possible for Practitioner Services (as per section 4.5) to ascertain if prescriptions have been dispensed or not.

GP Practices should also ensure that other prescriptions for that patient and the re-order slip are not sent to the company along with the prescriptions for the requested appliances or nutritional products.
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