

MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

Section 1 - Introduction & Signposting

Contents

MEDICINES MANAGEMENT GUIDE TO PRESCRIBING	1
Section 1 - Introduction & Signposting.....	1
1 SCOPE	2
1.2 DOCUMENT PURPOSE	2
1.3 IMPLEMENTATION AND MONITORING	2
1.4 TRAINING	2
1.5 SECTION GUIDES / CONTENT LIST.....	3
1.6 PRESCRIBING ADVISORY DATABASE.....	6
1.7 PrescQIPP	6
1.8 USING the ELECTRONIC BNF AND NICE EVIDENCE	7
1.9 POLYPHARMACY / DE-PRESCRIBING RESOURCES.....	7
1.10 LIBRARY SERVICES	8
1.11 SPECIALIST PHARMACY SERVICE	8
1.12 MANAGING CONFLICTS OF INTEREST.....	9

1 SCOPE

This guidance is offered to all practitioners working for or within Surrey Heartlands Integrated Care Board (ICB).

This document provides a wide-ranging guide for those who may be new to the NHS who require signposting to a full range of resources and information around prescribing, as well as those with more experience who may wish to check their understanding on certain areas.

1.2 DOCUMENT PURPOSE

The Medicines Management Guide to Prescribing aims to support the delivery of consistent prescribing and medicines related advice to healthcare teams working in Surrey Heartlands ICB with a purpose of:

- Improving the quality and consistency of patient care
- Improving patient access to healthcare services
- Utilising limited resources as effectively as possible
- Patients being fully informed of the reasons why a medicine has or has not been prescribed
- Achieving good patient concordance or adherence with their prescribed treatment
- Increasing the appropriateness and cost-effectiveness of prescribed treatments
- Improving care between the primary, secondary and tertiary care interface.

The document components have been reviewed and recommended by the Primary Care Medicines Optimisation Clinical Reference Group under delegated authority from the Medicines Optimisation Board.

1.3 IMPLEMENTATION AND MONITORING

The information in this guide is advisory in nature and should be regarded as good practice. Prescribing in the ICB is monitored routinely through analysis of ePACT2 data and clinical audits. All GP practices have allocated pharmacy support on a regular basis.

1.4 TRAINING

Many aspects of this document are self-explanatory and require little or no additional training. When requested, the Medicines Optimisation team within the ICB is able to offer one to one support or group sessions.

1.5 SECTION GUIDES / CONTENT LIST

The guide has been split into a number of individual sections with the intention that the sections can be updated when required to provide up-to-date information on changes to advice or legislation, both nationally and within Surrey Heartlands ICB. A link to each section and a brief overview of the contents are shown below.

Section	Title	Contents
1	Introduction & Signposting <i>(this document)</i>	<ul style="list-style-type: none"> 1.1 Scope 1.2 Document purpose 1.3 Implementation & monitoring 1.4 Training 1.5 Contents 1.6 Prescribing Advisory Database 1.7 PrescQIPP 1.8 Electronic BNF and NICE Evidence 1.9 Polypharmacy and de-prescribing 1.10 Library services 1.11 Specialist Pharmacy Service 1.12 Managing Conflicts of Interest
2	Prescribing Responsibilities	<ul style="list-style-type: none"> 2.1 Introduction 2.2 Primary/secondary care interface 2.3 Area Prescribing Committee (APC) 2.4 Prescribing Advisory Database (PAD) – Traffic Light Status 2.5 Medicines not on the PAD / holding statements 2.6 Interface Prescribing 2.7 Requests for prescriber to prescribe RED / hospital only drugs 2.8 Medicines (& devices) excluded from the national tariff payment system notifications for funding to the ICB from acute Trusts for high cost drugs (or devices)
3	Prescribing situations and issues (general)	<ul style="list-style-type: none"> 3.1 Prescribing new products 3.2 Generic prescribing recommendations / when to prescribe by brand <ul style="list-style-type: none"> 3.2.1 Biological Medicines 3.3 Unlicensed or “off-label” medicines 3.4 Prescribing situations NOT covered by the NHS <ul style="list-style-type: none"> 3.4.1 Private referral 3.4.2 Private service for travel vaccination 3.4.3 Malaria prophylaxis 3.4.4 Emergency travel kits 3.5 Patients travelling or moving abroad – access to NHS care <ul style="list-style-type: none"> 3.5.1 Right to cross-border healthcare treatment within the European Economic Area (EEA) 3.5.2 Patients travelling for three months or less 3.5.3 Pre-existing conditions 3.5.4 Just-in case treatments 3.5.5 Taking controlled drugs abroad 3.5.6 Patients travelling abroad for more than three months 3.6 Temporary resident / UK visitors <ul style="list-style-type: none"> 3.6.1 Asylum seekers

		<ul style="list-style-type: none"> 3.6.2 Emergency or Immediately necessary treatment 3.7 Urgent supply (in the absence of a prescription) <ul style="list-style-type: none"> 3.7.1 Emergency Supply at the request of a prescriber 3.7.2 Emergency Supply at the request of a patient 3.8 Prescribing for yourself or those close to you 3.9 Private prescriptions for NHS patients <ul style="list-style-type: none"> 3.9.1 Private scripts to avoid NHS prescription fees
4	<u>Prescribing situations and issues (clinical)</u>	<ul style="list-style-type: none"> 4.1 Infertility treatment 4.2 Prescribing diazepam for flight anxiety 4.3 Clinical trials / research 4.4 Prescribing of Borderline substances <ul style="list-style-type: none"> 4.4.1 Prescribing Gluten Free foods 4.5 Drugs requiring Selected List Scheme (SLS) endorsement 4.6 DVLA – medical conditions, disabilities and driving 4.7 Patient specific directions (PSDs) and Patient Group Directions (PGDs)
5	<u>Prescribing situations and issues (processes)</u>	<ul style="list-style-type: none"> 5.1 Prescribing and review <ul style="list-style-type: none"> 5.1.1 Quantities - Acute prescriptions 5.1.2 Quantities - Repeat prescriptions 5.1.3 Reviewing prescribing 5.1.4 Excessive prescribing and Unwarranted Variation 5.2 Repeat dispensing 5.3 Electronic prescription service (EPS) – Phase 4 <ul style="list-style-type: none"> 5.3.1 Urgent EPS Prescriptions 5.3.2 EPS Prescriptions and messaging to patients 5.3.3 EPS and Controlled Drugs 5.4 Electronic repeat dispensing (eRD) 5.5 Controlled Drugs governance arrangements <ul style="list-style-type: none"> 5.5.1 Prescribing controlled drugs 5.5.2 Private prescribing of CDs 5.6 Recording non-GP (e.g. Hospital Only) drugs 5.7 Multi-compliance aids (MCAs) 5.8 Administration and Ordering of Medicines for nursing & residential homes 5.9 Remote prescribing 5.10 Managed repeats 5.11 Medicines Optimisation 5.12 Repeat prescribing standards 5.13 Medicines reconciliation 5.14 Decision Support software solutions 5.15 Community Pharmacy services 5.16 Pre-payment certificates
6	<u>Medicinal Waste Management</u>	<ul style="list-style-type: none"> 6.0 Medicinal waste management introduction 6.1 Controlled Drugs 6.2 Sharps waste disposal arrangements 6.3 Drug donations to other countries
7	<u>Home Oxygen</u>	<ul style="list-style-type: none"> 7.1 Oxygen therapies 7.2 Specialist assessment 7.3 Prescribing Home Oxygen <ul style="list-style-type: none"> 7.3.1 Risk Mitigation and consent

		<ul style="list-style-type: none"> 7.3.2 Home Oxygen order form (HOOF) 7.3.3 Ordering process 7.4 Holiday provision <ul style="list-style-type: none"> 7.4.1 Travelling within the United Kingdom (except Scotland or Northern Ireland) 7.4.2 Travelling to Scotland or Northern Ireland 7.4.3 Travelling abroad 7.5 Emergency provision 7.6 Hospital discharge 7.7 Nursing / Residential home requesting oxygen 7.8 Managing oxygen costs – prescribing advice 7.9 Resources and contacts
8	<u>Vaccines</u>	<ul style="list-style-type: none"> 8.1 Vaccine information sources <ul style="list-style-type: none"> 8.1.1 The Green Book 8.1.2 Vaccine Update newsletter 8.1.3 Patient Group Directions (PGDs) 8.2 Travel advice for health professionals 8.3 Contractual and service information 8.4 Supply and reimbursement arrangements <ul style="list-style-type: none"> 8.4.1 National Immunisation programmes 8.4.2 Travel vaccinations 8.4.3 Vaccinations for specific clinical risk groups 8.4.4 Vaccination for occupational risk 8.4.5 Private supply 8.4.6 Additional sources of information
9	<u>Patient Safety Reporting</u>	<ul style="list-style-type: none"> 9.0 General Practice Patient Safety Reporting 9.1 GMC Guidance 9.2 Rationale for incident reporting 9.3 What should be reported? 9.4 Reporting an incident to the LFPSE service 9.5 Revalidation & Continuing Professional Development (CPD) credits for GPs
10	<u>Controlled Drug management</u>	<ul style="list-style-type: none"> 10.1 Controlled Drug governance arrangements 10.2 Ordering and collection <ul style="list-style-type: none"> 10.2.1 Ordering controlled drugs 10.2.2 Obtaining controlled drug stock from a community pharmacy 10.2.3 Collecting controlled drugs 10.2.4 Obtaining controlled drug stock from a wholesaler 10.2.5 Receiving controlled drugs 10.3 Registers and record keeping <ul style="list-style-type: none"> 10.3.1 Controlled drug registers 10.3.2 Running balances and dealing with discrepancies 10.4 Storage and security <ul style="list-style-type: none"> 10.4.1 Storage 10.4.2 Keys 10.4.3 Cold storage of controlled drugs 10.4.4 Out-of-date / unwanted / patients' own controlled drugs and patient returned controlled drugs 10.4.5 Doctor's bags 10.5 Prescribing controlled drugs

		10.5.1 Prescribing controlled drugs 10.5.2 Prescription stationery 10.5.3 Private prescribing of CDs 10.6 Destruction of Controlled Drugs 10.6.1 Controlled drug destruction 10.6.2 Denaturing and witness requirements 10.6.3 CD Patient Group Directions (PGDs) 10.7 Legislation and guidance
--	--	--

1.6 PRESCRIBING ADVISORY DATABASE

(Click icon to enter the PAD or go to [Prescribing Advisory Database](#))



The Surrey Prescribing Advisory Database ('PAD') is an innovative, web-based resource which can be accessed by all healthcare professionals and by patients. The PAD provides guidance and key information on medicines use within Surrey. Information available on the PAD includes:

- Recommendations, policy statements and submission papers from our Area Prescribing Committee (PCN), Medicines Optimisation Board (MOB) and Primary Care Medicines Optimisation Clinical Reference Group (PCMOCRG).
- Links to associated NICE Technology Appraisals
- Relevant drug / safety alerts issued by NHS England and the Medicines and Healthcare products Regulatory Agency (MHRA)
- Local policies, procedures, protocols and guidelines relating to the use of medicines
- Materials used in the course of optimising medicines use e.g. audit tools, letter templates

Each drug entry on the PAD has been assigned a Traffic Light Status (see [Section 2](#)) which is a locally agreed colour-coded guidance system on the use of medicines across the interface between primary and secondary care. It provides a framework for defining where clinical and therefore prescribing responsibility should lie. The system is only advisory but is intended to clarify expectations of prescribing responsibility.

The PAD is maintained by members of the Surrey Heartlands Medicines Optimisation Team.

For comments or suggestions regarding the PAD please use this link: <https://surreyccg.res-systems.net/PAD/ContactUs>

1.7 PrescQIPP

Surrey Heartlands ICB have subscribed to an NHS programme called PrescQIPP, which produces a range of evidence-based, application-in-practice oriented resources to support quality prescribing in the NHS - see ["overview for clinicians"](#) document.

Where agreed as appropriate and supportive of local initiatives, PrescQIPP resources will be made available on the PAD and will be used / implemented by the Medicines Optimisation Team. The ICB NHS logo will be added to locally endorsed PrescQIPP documents.

Practice staff can register with PrescQIPP to access a broad range of PrescQIPP

resources. To do this, you will need to visit the following link, supply your details and select “ICS Surrey Heartlands” from the list provided: <https://www.prescqipp.info/register/registers>

For more information about PrescQIPP and to access a variety of resources, visit the PrescQIPP website [our resources | PrescQIPP C.I.C](#)

1.8 USING the ELECTRONIC BNF AND NICE KNOWLEDGE RESOURCES

Why use the electronic BNF?

- Digital versions of BNF and BNFC provide the most up-to-date content.
- BNF is published in print, but interim updates are issued and published in the digital versions of BNF.
- Prescribers, pharmacists and other healthcare professionals are advised to check <https://bnf.nice.org.uk/> for information about key updates and corrections.

How to access the electronic BNF?

- On-line via [BNF \(British National Formulary\) | NICE](#)
- Mobile app from NICE
 - Available for iPhone and Android phones
 - [Search “BNF publications” in App Store or Play Store](#)
 - Use offline – no need for internet connection to use



What is NICE Evidence Services and Knowledge Resources?

NICE [Evidence Services](#) provides access to high quality authoritative evidence and best practice resources for anyone working in health and social care.

- Key resources include all NICE guidance, British National Formulary, British National Formulary for Children and Clinical Knowledge Summaries
- NICE [Knowledge Resources](#) gives free access a range of journals, databases and other evidence-based resources including the Cochrane Library, BMJ Best Practice, access to an NHS OpenAthens Account to access a range of free resources through the NHS Knowledge and Library Hub.
- Medicines Awareness service that provides a daily or weekly email service with links to key new evidence and guidance about medicines and prescribing.

1.9 POLYPHARMACY / DE-PRESCRIBING RESOURCES

Increasingly, prescribers are becoming aware of the need to review medication and consider the benefits of ‘deprescribing’. Deprescribing is not about denying effective

treatment to people who will benefit; it is about ensuring people do not receive unnecessary treatment, which is unlikely to be of benefit and may cause harm.

Resources aimed at supporting clinicians with polypharmacy medication reviews are available on the PAD by searching “polypharmacy” or via [Guidelines : PCN Contract DES - Medicines Optimisation \(res-systems.net\)](#) and [Guidelines : Polypharmacy \(res-systems.net\)](#)

1.10 LIBRARY SERVICES

Library services are available to NHS staff working within Surrey Heartlands ICS. They provide a range of services to help you find the best evidence to support your clinical decisions and patient care.

Primary Care staff should access support from library services through the Surrey Training Hub Library & Knowledge Services <https://www.surreytraininghub.co.uk/library-and-knowledge-service>

Services include:

- Access to training
- Evidence search service
- Current awareness service
- Support for Quality Improvement
- Support for Leadership

In addition, all of the local acute trusts in Surrey provide library services which are available to NHS staff working within Surrey Heartlands. Details of how to become a member can be found at the websites for all local library services (see table below).

Trust	Website
Ashford and St. Peter’s Hospitals NHS Foundation Trust	http://www.ashfordstpeters.nhs.uk/library-services
Epsom and St Helier University Hospitals NHS Trust	https://www.epsom-sthelier.nhs.uk/lis
Royal Surrey County Hospital NHS Foundation Trust	http://www.libraryroyalsurrey.nhs.uk/
Surrey and Sussex Healthcare NHS Trust	http://www.surreyandsussexlibraryservices.nhs.uk/

1.11 SPECIALIST PHARMACY SERVICE

NHS Specialist Pharmacy Service (SPS) is commissioned and funded by NHS England SPS supports medicines optimisation across the NHS, with a focus on high-cost, complex and innovative medicines and medicines-related services. SPS joins together experts to

create a rich source of impartial advice for pharmacists, GPs and clinicians to use free of charge. All resources are available at the SPS website www.sps.nhs.uk/

1.12 MANAGING CONFLICTS OF INTEREST

NHS staff involved in the procurement, prescribing or providing advice on medicines may become involved in arrangements that introduce considerations that may be in tension with the best interests of patients.

NHS England issued guidance “Managing Conflicts of Interest: Revised Statutory Guidance for CCGs” in June 2017 (<https://www.england.nhs.uk/ourwork/coi/>) which provides recommendations in relation to this matter. NHS staff working for or on behalf of Surrey Heartlands ICB should refer to ICB policies, notably the [Standards of Business Conduct and Conflicts of Interest Policy including Receipt of Gifts, Hospitality and Inducements, Commercial Sponsorship and Working with Industry](#), to ensure that they understand the ICB’s’ requirements.

Healthcare professionals should refer to their professional codes of practice for further information. The following information (adapted from The BMA’s guidance “[Transparency and doctors with competing interests – guidance from the BMA](#)”) provides information that may be pertinent to prescribers in relation to potential conflicts of interest around medicines and prescribing.

Gifts and other inducements

Best practice in relation to gifts and inducements is well established. As the GMC states, doctors must not ask for or accept gifts from healthcare industries or patients and their families, which may affect or be seen to affect the way they prescribe for, advise or treat patients under their care. Similarly, doctors must not offer these inducements to colleagues.

The Association of the British Pharmaceutical Industry (ABPI) publishes a detailed Code of Practice regulating the promotional activities of its members and their interactions with health professionals that includes sections on direct and indirect inducements.
<http://www.pmcpa.org.uk/thecode/InteractiveCode2016/Pages/default.aspx>.

The Code of Practice prohibits the offers of inducements. It states:

No gift, pecuniary advantage or benefit may be supplied, offered or promised to members of the health professions or to other relevant decision makers in connection with the promotion of medicines or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine.

Guidance from NHS England sets out a number of rules and principles for NHS staff in relation to gifts. These are not binding on general practices and those working for private or independent providers, but NHS England invites the boards or governing bodies of these organisations to consider implementing the guidance.

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgment
- Gifts from suppliers or contractors doing business (or likely to do business) with an organisation should be declined, whatever their value
- Subject to this, low cost branded promotional aids may be accepted where they are under the value of £6.00
- Gifts of cash and vouchers from individuals should always be declined
- Staff should not ask for gifts
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation. If accepted they should be declared.
- Modest gifts under the value of £50 do not need to be declared.

NHS England guidance on hospitality

Hospitality, such as the offer of meals, refreshments and other expenses in relation to attendance at professional or educational events is an established part of professional life. It is important however that hospitality is proportionate and avoids giving rise to concerns about undue influence. Drawing on guidance from the ABPI, NHS England sets out the following principles and rules:

- Staff should not ask for or accept hospitality that may effect, or be seen to affect, their professional judgement
- Hospitality must only be accepted where there is a legitimate business reason and it is proportionate to the nature and purpose of the event
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers – modest and appropriate hospitality can be accepted but senior approval should be sought and it should be declared

In relation to meals and refreshments:

- If their value is less than £25 they can be accepted
- Between £25 and £75 they can be accepted but must be declared
- If their value is over £75 they should ordinarily be refused, unless senior approval is given.

Again, these are not binding on general practices and those working for private or independent providers, but NHS England invites the boards or governing bodies of these organisations to consider implementing the guidance.

Education and training

Medicine involves life-long learning, from medical school through to retirement. The healthcare industries can have an important role in education and training, such as when introducing new devices or interventions that require the development of new skills or techniques. Industry can help sponsor educational activities including continuing professional development. There is however considerable scope for perceived or actual competing interests to develop in relationships between industry and medical professionals. It is important that steps are taken to ensure that the involvement of industry in education and training doesn't undermine, or give the impression that it might undermine, the development of independent and objective clinical judgment. As with other actual or potential competing interests, transparency is key. Doctors should therefore make all reasonable efforts to identify whether commercial organisations are involved in their education and training and to disclose this information using appropriate systems and processes.

As mentioned above the ABPI provides guidance to the pharmaceutical industry on best practice in the relationship between the pharmaceutical industry and health professionals and some of the general principles and overall approach are relevant across the healthcare industries. Key points include:

- The involvement of industry in the provision of education is permissible where it is necessary to deliver resources that provide clear benefits to patients or adds value to the NHS
- Industry involvement in the provision of medical education or resources must not be allowed to compromise clinical independence
- Meetings or other events for health professionals sponsored by industry must have clear educational content. The involvement of sponsoring organisations must be disclosed.
- Travel and hospitality must be proportionate and secondary to the primary educational purpose of the meeting.