MEDICINES MANAGEMENT GUIDE TO PRESCRIBING

Section 5 - Prescribing situations and issues – Processes

Contents

MEDICINES MANAGEMENT GUIDE TO PRESCRIBING 1
Section 5 - Prescribing situations and issues – Processes 1
5.1 PRESCRIBING & REVIEW 2
5.1.1 Quantities – Acute Prescriptions 2
5.1.2 Quantities - Repeat Prescriptions 2
5.1.3 Reviewing prescribing 2
5.1.4 Excessive Prescribing and Unwarranted Variation 3
5.2 REPEAT DISPENSING (see 5.3 for electronic Repeat Dispensing) 4
5.3 ELECTRONIC PRESCRIPTION SERVICE (EPS) – release 2 4
5.3.1 Urgent EPS Prescriptions 5
5.3.2 EPS Prescriptions and messaging to patients 5
5.3.3 EPS and Controlled Drugs 5
5.4 ELECTRONIC REPEAT DISPENSING (eRD) 6
5.5 CONTROLLED DRUGS (CD) governance arrangements 7
5.5.1 Prescribing controlled drugs 7
5.5.2 Private prescribing of CDs 8
5.6 RECORDING NON-GP (e.g Hospital Only) DRUGS 8
5.7 MULTI-COMPLIANCE AIDS (MCAs) 8
5.8 PRESCRIBING FOR NURSING AND RESIDENTIAL HOMES 9
5.9 REMOTE PRESCRIBING 11
5.10 MANAGED REPEATS 11
5.11 MEDICINES OPTIMISATION 12
5.12 REPEAT PRESCRIBING STANDARDS 12
5.13 MEDICINES RECONCILIATION 12
5.14 DECISION SUPPORT SOFTWARE SOLUTIONS 13
5.15 COMMUNITY PHARMACY SERVICES 13
5.16 PRE-PAYMENT CERTIFICATES 14

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Approved by: Surrey Heartlands Primary Care Medicines Optimisation Clinical Reference Group October 2023
Review date – October 2026

5.1 PRESCRIBING & REVIEW

5.1.1 Quantities – Acute Prescriptions

Prescriptions for medicines which have never been supplied to the patient before should be prescribed for the minimum quantity necessary to assess the response and for no longer than the next review date (to a maximum of 28 days). It is worth remembering that most acute side effects occur within the first 7 to 14 days.

Quantities of medicines which are 'when required' should reflect the anticipated need of this course of treatment or review period.

5.1.2 Quantities - Repeat Prescriptions

The decision to delegate a medicine as suitable for inclusion on the repeat medication list should be taken in accordance with the practice prescribing policy.

The Department of Health takes the view that prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home.

The repeat prescribing system should be flexible to allow patients with long-term conditions who are stable to receive their prescriptions at intervals which are clinically appropriate. (for example, contraceptives, anti-hypertensives)

A shorter supply may be necessary or useful when prescribing, for example:

- Controlled drugs
- Benzodiazepines & other hypnotic agents (based on CSM advice)
- Anti-depressants (particularly where there is potential for overdose)
- High-cost drugs i.e. those costing £2,500 per patient per annum
- New drugs (whilst you establish benefit versus adverse effects)

The practice prescribing policy should inform of the quantities to prescribe and which situations or medicines should have special consideration.

It has been estimated £300 million of NHS prescribed medicines are wasted each year[1]. The majority of wastage is due to changes in medication resulting in destruction of previously dispensed medicines. Consideration of quantities prescribed will have a beneficial effect on this level of wastage.

Special consideration should be given when prescribing for patients over 65 years of age. This age group is more vulnerable to the adverse effects of medicines and their general health varies greatly. This increases the likelihood that prescriptions will alter more frequently. Consequently, longer supplies often equate to more waste.

If a longer period is prescribed, consideration should be given to the likelihood of any adverse events, which may go unnoticed or alterations in therapy which will result in wastage. All repeat medicines should be reviewed regularly to assess effectiveness and side-effects.

5.1.3 Reviewing prescribing[2]

You must make sure that suitable arrangements are in place for regular monitoring, follow-up and review, taking account of the patients' needs and any risks arising from their medicines. When you review a patient's medicines, you should re-assess the patient's need for all medicines. This includes unlicensed medicines,

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[1] NHS England (2015). *Pharmaceutical waste reduction in the NHS*. [online] Available at: https://www.england.nhs.uk/wp-content/uploads/2015/06/pharmaceutical-waste-reduction.pdf.

[2] GMC Good Practice in Prescribing and Managing Medicines and Devices; February 2013

where the medicine may not have been assessed for efficacy, safety, and quality or manufactured to appropriate quality standards or accompanied by appropriate product information and labelling. The same rigorous review process is required for off label medicines where you have prescribed a drug outside its licensed indication(s) on the basis of available evidence and in the best interest of the patient. For example, where antipsychotics are used for the treatment of behavioural and psychological symptoms in a patient with dementia.

For further information on unlicensed medicines and medicines used off label visit PAD and search for "unlicensed" or "specials" http://pad.res360.net/PAD/Search

Reviewing medicines will be particularly important where:

- patients may be at risk, for example, those who are frail or have multiple illnesses
- medicines have potentially serious or common side effects
- the patient is prescribed a controlled drug or other medicines that are commonly abused or misused
- the BNF or other authoritative clinical guidance recommends blood tests or other monitoring at regular intervals
- continued usage may not be necessary or appropriate

Pharmacists can help improve safety, efficacy and adherence in medicines use, for example by advising patients about their new medicines and carrying out medicines use reviews. This does not replace the prescriber's duty to ensure they are prescribing and managing medicines appropriately. You should consider and take appropriate action on information and advice from pharmacists and other healthcare professionals who have reviewed patients' use of medicines, especially following changes to their medicines or if they report problems with tolerance, side effects or with taking medicines as directed.

There are a number of tools available to support medication reviews particularly for polypharmacy in the elderly and these are available on the PAD. Search (res-systems.net)

Search for "polypharmacy" or "medication review"

5.1.4 Excessive Prescribing and Unwarranted Variation

The inappropriate or excessive use of medicines can cause distress, ill-health, hospitalisation and even death.

The 'Focus on excessive prescribing' (BMA 2018) bma-focus-on-excessive-prescribing-feb-2018.pdf sets out what might be considered to be excessive or unwarranted prescribing.

There may be occasions where prescribing at an individual practice may appear at significant variation with local peers.

Prescribing variation is open to interpretation and subsequent challenge. To further clarify examples and provide a consistent and transparent approach by across Surrey Heartlands Integrated Care Board (ICB), a policy defining due process has been produced in consultation with Surrey & Sussex LMC. Guidelines : Unwarranted Prescribing Variation (res-systems.net)

5.2 REPEAT DISPENSING (see 5.3 for electronic Repeat Dispensing)

Repeat dispensing is the process by which patients can obtain supplies of their repeat medicines over a defined period of time, without the need to contact their GP practice on every occasion a new supply is required.

Repeat dispensing makes it easier for patients to obtain repeat supplies of their medication in instalments at the community pharmacy, speeding up services and relieving pressure on GP surgeries.

Repeat dispensing offers an opportunity to streamline the prescription ordering process, improve services for patients, reduce wastage and enhance the role of community pharmacists.

Repeat dispensing is specified as an essential service under the new Community Pharmacy Contractual Framework. As of 1st October 2005 therefore, all pharmacies must be in a position to dispense a repeatable prescription if presented with one.

Prior to each dispensing episode the pharmacist will ensure

1) the patient is taking or using, and is likely to continue to take or use, the medicines or appliances appropriately
2) the patient is not suffering any side effects from the treatment which may suggest the need for a review of treatment
3) the patient's medication regimen has not been altered since the prescriber authorised the repeatable medication
4) there has not been any other changes in the patient's health since that time, which may indicate that the treatment needs to be reviewed by the prescriber.[3]

The selection of appropriate patients is vital for the success of the repeat dispensing process. For more information about this and other elements of Repeat Dispensing please contact a member of the Medicines Optimisation Team.

5.3 ELECTRONIC PRESCRIPTION SERVICE (EPS) – Phase 4

The Electronic Prescription Service (EPS) enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.

EPS brings gains in both efficiency and safety for both patients and health professionals.

EPS:

- Improves patient safety by reducing the likelihood of dispensing errors due to unclear or illegible prescriptions
- Allows the cancellation of prescriptions thought no longer clinically appropriate
- Prevents the loss of prescription forms
- Reduces the number of fraudulent prescriptions
- Allows preparation of prescriptions in advance of collection, saving patient time at the dispensary, and making workflow and stock control easier for pharmacists to manage
- Relieves patients of the need to collect prescriptions from the prescriber
- Eliminates the need for pharmacists to re-enter prescription information, thereby saving time and increasing dispensing accuracy
- Allows faster and more accurate processing of prescriptions by the BSA (Business Services Authority)

Electronic Prescription Service – non-nominated prescriptions - NHS Digital

[3] Service Specification ES2 (version 1 10-10-04)

5.3.1 Urgent EPS Prescriptions

EPS does not allow urgent prescriptions to be highlighted to the receiving pharmacy. It is important that the patient and pharmacy are made aware that a prescription is urgent and that supply should be prioiritised if this is intended.

5.3.2 EPS Prescriptions and messaging to patients

Historically, the right hand side of a paper prescription form was used by prescribers to communicate information such as; non-routine clinical information, review dates for patients, an order form for repeat medication and to promote the prescriber's practice, for example, clinic opening and closing times as well as advertising particular services such as 'flu clinics'.

Please be aware that these messages may not be seen consistently by the pharmacies for the following reasons

- some pharmacists can only see the messages after printing out a dispensing token
- some dispensing systems do not always print out the information on the right hand sides of a prescription in an easy to read format
- longer messages with unusual characters may cause the message to become misaligned

Non-routine clinical information (which is specific to a patient and medication item) could be passed from prescribers to dispensers using the 'message to dispenser' field on the left hand side. The message content should be concise and appropriate. This should not be used for routine information, but must be specific to the patient. This method would ensure that pharmacists have visibility of the message when reviewing the left hand side on their computer systems. This information could then be passed on verbally to the patient. Dispensing (EPS) - Community Pharmacy England (cpe.org.uk)

5.3.3 EPS and Controlled Drugs

All GP practices in England using EPS are now able to prescribe controlled drugs electronically. This includes both schedule 2 & 3 Controlled Drugs. Controlled drugs in the Electronic Prescription Service - NHS Digital

Face to face consultations are considered best practice when initiating controlled drugs; although the introduction of EPS may result in opportunities for remote consulting and prescribing particularly in urgent and emergency care, this should be a last resort when a controlled drug is involved particularly in the absence of access to the primary care record or personal knowledge of the patient. Local processes should be updated to reflect the need to consider face to face consultations where controlled drugs are requested or may be prescribed in readiness for these EPS changes.

For further information visit:

https://digital.nhs.uk/Electronic-Prescription-Service

Your local contact is the EPS project sponsor at the NHS England regional Team:

Julia Booth
Head of Primary Care – Lead for Pharmacy and Optometry
South East Pharmacy Optometry and Dentistry Commissioning Hub
Hosted by NHS Frimley ICB
Working on behalf of all Integrated Care Boards (ICB)s across the South East Region: Buckinghamshire, Oxfordshire & Berkshire West, Frimley, Hampshire & Isle of Wight, Kent & Medway, Surrey Heartlands and Sussex
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5.4 ELECTRONIC REPEAT DISPENSING (eRD)

The NHS Digital deployment toolkit to electronic repeat dispensing can be found at https://digital.nhs.uk/Electronic-Prescription-Service/Electronic-repeat-dispensing-for-prescribers

Phase 4 of the Electronic Prescription Service includes an electronic approach to the repeat dispensing service.

1. When issuing an electronic repeatable prescription, the prescriber will authorise a prescription regimen with a specified number of issues; each issue contains the same prescribed items and are linked by the same prescription Identifier (barcode number) The eRD regimen can be up to 1 calendar year in duration.
2. The Spine then manages the release of each individual prescription issue. The first issue of the eRD regime is available as soon as the prescription is received by the Spine (the date of issue or appropriate date); subsequent issues will be held on the Spine ready to be released into the patients nominated dispensers system at the specified duration once a previous issue is deemed complete (that is either dispensed or marked as not dispensed)
3. At each dispensing episode the pharmacy is contractually obligated to ask a series of questions to establish that the patient is taking or using their medication appropriately and that there are no reasons why the medication in question should not be supplied
4. Once all authorised issues of the prescription have been dispensed, or if the prescription has expired (after 6 months), the repeatable prescription is complete and the patient must contact their practice to arrange for another eRD regimen to be issued. Pharmacists should advise patients of the need to contact their prescriber when dispensing the last issue of a repeatable prescription.
5. To allow pharmacists to prepare medicines for dispensing in advance of a patient visiting the pharmacy, the Spine will automatically send the nominated dispensing site the next electronic repeat dispensing prescription seven days before the expected end date of the previous issue of the prescription. The Spine will calculate the expected date of supply as the original issue date plus the prescribed duration. .
6. It is possible for a pharmacy to pull down future issues in advance of them being released automatically from the Spine, for example where the dispensing interval is flexible and the pharmacist believes that a prescription should be dispensed at an earlier time because the patient is going on holiday. Some pharmacy systems suppliers also have flexibility to implement more advanced scheduling functionality in their systems to support work flow in pharmacies.
7. eRD allows the cancellation of an item or the whole prescription, cancelling all the remaining prescriptions on the Spine, for that item or the full prescription.
   Individual items on an eRD cannot be amended or new items added to the original eRD once they have been sent to the Spine. This is why we use eRD mostly for 'stable' patients. If a dose change is required, the item needs to be cancelled and a new prescription generated.
   If the prescription is already with the dispenser, the prescribing system will receive a message to contact the dispenser and request them to return the prescription to the spine for that item to be cancelled. The dispenser must return the issue to the Spine for the cancellation to take place. The amended eRD prescription can then be manually downloaded by the pharmacy.
   Alternatively, the prescriber can ask the pharmacy to mark that item as 'Not Dispensed' for that issue. Any future issues will have that item cancelled.
   NHS England » Electronic repeat dispensing (eRD)

8. In Phase 4, eRD prescriptions for patients without a nomination are issued in the same way as eRD for those with a nomination. If an eRD regime has been issued whilst a patient does not have a nomination, then all issues will remain non-nominated, even if a nomination is set during the regime.
9. When issuing an electronic repeatable prescription, prescribers are not required to issue a 'Repeatable Prescription Authorising Token.'

Wherever possible, any reviews, blood tests or other physiological monitoring which may be required before authorisation of the next batch, should be completed before the end of the previous batch. This is to ensure that patients wherever possible stay on eRD rather than revert back to the usual systems and then need to be re-initiated back onto eRD. The switching between the two undoes the efficiencies which can be made through the use of eRD

For more information please refer to the PSNC Briefing 004/15: Increasing use of the NHS Repeat Dispensing service (February 2015)

5.5 CONTROLLED DRUGS (CD) governance arrangements

The following section signposts to a number of useful resources and also provides advice relating to the prescribing of controlled drugs and reporting of controlled drug incidents.

For information on all aspects of Controlled Drug management see the PAD

Search (res-systems.net) and search for "MMGTP" or "Controlled Drugs"

Medicines Management Guide to Prescribing – Section 10 Controlled Drugs

Reproduced and adapted with acknowledgement to CQC's Nigel's surgery 28: Management of controlled drugs http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs

GP practices should have systems in place to ensure the safe management of controlled drugs. The following points will help practices identify and demonstrate that they have systems in place to minimise risk when managing CDs:

- each practice should have clear, written standard operating procedures (SOPs) covering all aspects of CD management that are known, understood and followed by all relevant staff.
- the SOPs should cover the ordering, storing, administering, recording, and destruction of CDs
- staff should be trained to ensure they have the relevant knowledge and skills to undertake the CD related tasks required of them
- staff should know what to do and who to contact if they have a concern about an incident or the performance or practice of other healthcare professionals / staff
- staff should know how to contact the Area Team Controlled Drugs Accountable Officer (CDAO).

It is legal requirement for all CD related incidents to be reported to the Lead Controlled Drugs Accountable Officer (CDAO).

Julia McCann, Controlled Drug Accountable Officer
NHS England and NHS Improvement South East
Controlled drugs emails to: england.southeastcdao@nhs.net
Mobile: 07900 715189

NHS England has now implemented a national online system for reporting controlled drugs incidents which can be accessed here: www.cdreporting.co.uk

New users need to register initially as an organisation and can then report incidents.

5.5.1 Prescribing controlled drugs

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.

- The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015
- The National Health Service (Amendments to Primary Care Terms of Service relating to the Electronic Prescription Service) Regulations 2015
- The Human Medicines (Amendment) (No. 2) Regulations 2015

See section 5.3.3 for advice on the use of EPS and Controlled Drugs

5.5.2 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.

5.6 RECORDING NON-GP (e.g Hospital Only) DRUGS

There are a number of medications which are prescribed and/or supplied directly to patients by healthcare providers outside the GP practice.

It is important that GP practices have a record of these medicines on their clinical system for governance and safety purposes but do NOT inadvertently issue prescriptions for them. Recording and keeping this information up-to-date also ensures that the patient's Summary Care Record (SCR) is accurate. The SCR provides vital information about medicines to other healthcare professionals when patients transfer between different care settings.

For further guidance and instructions for adding non-practice prescribed drugs to GP clinical system please follow local guidance.

Please refer to local guidance on the PAD
Recording Non-GP prescribed medicines - Guide for Practices - Mar 2022.pdf (res-systems.net)

5.7 MULTI-COMPLIANCE AIDS (MCAs)

The NHS Terms of Service do not impose a requirement to dispense into compliance aids or to dispense in instalments (other than instalment prescriptions for the treatment of substance misusers). Therefore a prescription ordering treatment for 28 days should be dispensed on one occasion. It is for the pharmacy contractor to decide whether it is appropriate to dispense into a compliance aid.

NICE Guidance NG67 Managing medicines for adults receiving social care in the community March 2017, states supplying pharmacists and dispensing doctors should supply medicines in their original packaging. They must make reasonable adjustments to the supplied packaging to help the person manage their medicines (for example, childproof tops), in line with the Equality Act 2010.
The Equality Act 2010 - Community Pharmacy England (cpe.org.uk)

The Guidance makes the recommendation to consider using a monitored dosage only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. [The assessment should] Take account of the person's needs and preferences, and involve the person and/or their family members or carers and the social care provider in decision making.

Managing medicines for adults receiving social care in the community (nice.org.uk)

The pharmacist or dispensing doctor is ultimately responsible for assessing the patient's eligibility and what level of compliance support is required and national funding for a reasonable adjustment to support a patient to take their medication is provided within the community pharmacy contract. Each patient's needs must be assessed in line with the Equality Act on an individual basis and any intervention must be tailored to the patient's specific requirements.

The Royal Pharmaceutical Society (RPS) and NICE have both said that MCAs should not be the first-choice intervention to help people manage their medicines. They recommend that the use of original packs of medicines should be the preferred choice for the supply of medicines in the absence of a specific need for an MCA in all settings. MCAs may be of value for some people who have been assessed as having practical problems in managing their medicines. Each person's needs must be assessed on an individual basis. Any support must be person centred.

Care should be provided in a way that supports patient independence and re-ablement; MCAs can inadvertently perpetuate dependence and disempowerment.

Home care providers should not request monitored dosage system for the convenience of the care worker/care provider team.

Multi-compartment compliance aids (MCAs) in adult social care - Care Quality Commission (cqc.org.uk)

Seven- day prescriptions

Seven-day prescriptions should not routinely be required for patients requiring a MCA and as such should not usually be requested. Seven-day prescriptions are only needed if a joint decision has been made by the prescriber and pharmacist, on **clinical grounds,** that medication should be issued to the patient on a **weekly basis.**

For more information including 7-day prescriptions and which medicines which should not be put into an MCA please refer to 'Blister Packs FAQs for Prescribers'. Medicines Compliance Aids - LPC and LMC Guidance for Primary Care - Mar 2020 Final.pdf (res-systems.net)

5.8 ADMINISTRATION AND ORDERING OF MEDICINES FOR NURSING AND RESIDENTIAL HOMES

It is the Care home providers responsibility to ensure that welfare and safety of service users is of the highest importance and that all medicines administered are managed in accordance with published best practice guidance

The care home manager should ensure there is a medicine administration policy in place at the care home. This policy applies to all staff involved in the management and administration of medicines. Administration of medicines includes administration and witnessing of administration of all prescribed medicines, homely remedies and over the counter medicines, to ensure they are managed safely in the home.

Management of medicines includes ensuring the competency of those administering medicines, ensuring knowledge of and adherence to processes, implementation of quality monitoring and auditing. It also involves ensuring that all equipment is fit for purpose.

Homes using electronic administration systems should follow the principles of their medicine administration policy but refer to the training and guidance document issued by the provider for specific details of the system.

Proxy Access- (Online ordering of prescribed medication from GP practice on behalf of the care home
Resident)

Care homes can order medication online via the Patient Access website.

This will help keep an audit trial, reduce waste, paper contamination & reduce safeguarding concerns related to medication delays or errors.

The carer ordering on behalf of residents should have an NHS email or a secured email which is required to create an account on Patient Access. The carers account is linked to the GP practice.

There are many resources and linking guides for the GP practice and the care home on the link below.

https://teamnet.clarity.co.uk/Topics/ViewItem/8272a827-b33b-46a4-b648-ace200c095d4

Training is available to both GP practice staff and care home staff by a dedicated team in Surrey Heartlands. Please contact Mira Makhecha on m.makhecha@nhs.net or Shaida Mahboob on shaida.mahboob1@nhs.net if are interested.

Minor Ailments

By law an appropriately trained member of staff can administer any P or general sales list (GSL) medication to a resident in their care to treat a minor ailment without the need for a prescription. However, it is strongly recommended by the Nursing & Midwifery Council (NMC) that a robust protocol is in place with their employing organisation. This should include:

- the name of the medicine and what it is for
- which residents should not be given certain medicines on the protocol
- the dose, frequency and the maximum daily dose
- where any administration should be recorded
- how long the medicine can be given before referral to the GP

Homely remedies

Members of staff who administer homely remedies to residents should be named in this protocol and they should sign to confirm they have the skills to administer the homely remedy and acknowledge that they will be accountable for their actions.

A “homely remedy” protocol should be agreed between the care home and the GP providing the prescribing service. This then allows staff to administer specific non-emergency, non-prescription medicines that would otherwise require the GP or out-of-hours provider to be called, or the resident going without the medicine until the GP is able to visit.

Examples of typical homely remedies include:

- Gaviscon Advance Suspension
- Paracetamol Tablets and Suspension
- Senna Tablets and Syrup
- Simple Linctus

Only stock purchased by the care home for administration under the homely remedies protocol may be used and only medicines listed in the protocol may be administered. Bulk prescribing is not a suitable way of obtaining supplies for homely remedies.

Please refer to local guidance on the PAD Search (res-systems.net) search “Homely”

When required medication

‘When Required’ (PRN) medications may be given to a resident, sometimes with varying dosages, to treat a defined, intermittent or short-term medical condition. By definition, it is not required by the resident on a regular basis or at specific times.

There should be a PRN protocol in place for each PRN medication which should be reviewed ideally monthly by the clinical lead at the care home or care home manager. Any changes of frequency should be discussed with the GP.

Information about PRN protocol can be found on surrey pad link below.

Please refer to local guidance on the PAD Search (res-systems.net) search "PRN"

Bulk Prescribing

An alternative to 'when required' medication in care homes is 'bulk prescribing'. A bulk prescription is an order for two or more patients bearing the name of the care home in which at least 20 persons normally reside, at least ten of whom are registered with a particular GP practice. No prescription charge is payable when a bulk prescription is dispensed.

Please refer to local guidance on the PAD Search (res-systems.net) search "bulk"

5.9 REMOTE PRESCRIBING

The GMC Guide to Prescribing states that "before you prescribe in the absence of the patient (via telephone, video-link, online) you must be satisfied that you have adequate knowledge of the patient's health, can make an assessment of their needs and establish the appropriate patient consent." This is particularly relevant when prescribing for children or for drugs that may be subject to abuse for example, strong analgesia or controlled drugs.

The GMC continue to state that "you must consider the limitations through which you are communicating with the patient for example, the need for a physical examination of the patient and access to the patient's medical records.

Note: Products such as Botox, Dysport or Vistabel must only be prescribed after physical examination of the patient and cannot be prescribed remotely

If prescribing for a patient in a care home, nursing home or hospice, you should communicate with the patient (or carer) to make your assessment and provide the necessary information and advice. Instructions for administration or monitoring must be clearly understood by the recipient and written confirmation should be sent as soon as possible.

http://www.gmc-uk.org/guidance/30549.asp

Prescribers are recommended to ensure the practice repeat prescribing policy describes the circumstances telephone requests are allowed, and how telephone requests for repeat prescriptions should be managed by staff to minimise risk of errors (where practices allow telephone repeat prescription requests)

Guidelines : Repeat Prescription Management (res-systems.net)

5.10 MANAGED REPEATS

Repeat prescriptions can be ordered via the GP surgery, Community Pharmacy, or online services such as through the NHS account/NHS app.
How to order a repeat prescription - NHS (www.nhs.uk)
Some pharmacies have implemented a prescription reordering service for their patients. This service consists of the safe storage of the reorder portion of the patient's monthly prescription, together with a commitment to present the reorder form to the GP practice **when instructed** to do so by the patient. Some pharmacies may also provide home delivery. (**note**: this is a non-NHS service)

This service is described by the BMA, CPE and NHS Employers as a repeat prescription reordering service. The service is not part of the NHS community pharmacy contractual framework managed by NHS England (NHSE), and can only be available if the pharmacy chooses to offer managed repeats. For more information please refer to the guidance and best practice guidelines.
Guidelines : Repeat Prescription Management (res-systems.net)

5.11 MEDICINES OPTIMISATION

Medicines optimisation looks at the value which medicines deliver, making sure they are clinically-effective and cost-effective. It is about ensuring people get the right choice of medicines, at the right time, and are engaged in the process by their clinical team.

The goal of medicines optimisation is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines;
- improve medicines safety.

NICE Guidance highlights practical recommendations to provide the greatest possible benefit to people by encouraging medicines reconciliation, medication review, and the use of patient decision aids. https://www.nice.org.uk/guidance/ng5

5.12 REPEAT PRESCRIBING STANDARDS

In February 2014, the Medical Protection Society estimated that repeat prescribing protocol accounts for 50% of prescribing risks in GP practices, and data from assessments conducted in 2013 revealed that 95.4% of practices visited had risks relating to the prescribing system. Improvements in GP practice prescribing processes can be expected to reduce risk of prescribing errors and improve patient safety.

The Medical Protection Society's CRSA (Clinical Risk Self-Assessment) data for 2012 found that 55.8% of practices visited did not have a robust repeat prescribing policy in place – paving the way for prescribing risks. The MPS advise that practices should have a repeat prescribing protocol in place, which should be validated by external sources, or by a clinical governance lead in the practice. All staff should be trained to use the protocol, which should be dated and regularly reviewed.

Please refer to locally agreed repeat prescribing standards available on the PAD.

Guidelines : Repeat Prescription Management (res-systems.net)

5.13 MEDICINES RECONCILIATION

Medicines reconciliation is the formal process in which healthcare providers partner with patients and their families to ensure accurate and complete medication information at transfer of interfaces of care.

Evidence suggests that the transfer of information regarding medicines from secondary care to primary care and vice versa is not consistent and can be inadequate, inaccurate or not timely. A significant proportion of NRLS patient safety incidents are related to discharge information not being acted upon.
For information exchange using EPS please refer to section 5.3.1 Urgent EPS Prescriptions and 5.3.2 EPS Prescriptions and messaging to patients.

Ideally only clinical staff should ensure people discharged from a care setting have a reconciled list of their medicines in their GP record within 1 week of the GP practice receiving the information, and before a prescription or new supply of medicines is issued.
https://www.nice.org.uk/guidance/qs120/chapter/Quality-statement-5-Medicines-reconciliation-in-primary-care

Support materials such as Repeat Prescribing Standards including templates are available on the PAD.

Guidelines : Repeat Prescription Management (res-systems.net)

5.14 DECISION SUPPORT SOFTWARE SOLUTIONS

Surrey Heartlands use prescribing support software solutions whether as part of the Patient Medical Record (PMR) system or as a commissioned software solution. These aim to provide prescribers with local formulary choices and advice on the latest cost-saving, safety and effectiveness issues relating to medicines.

This support has an important role in offering cost-effective prescribing choices and in keeping prescribers updated and engaged with local decision-making.

Please refer to your local Surrey Heartlands team for more details.

5.15 COMMUNITY PHARMACY SERVICES

The Essential Services listed below are offered by all pharmacy contractors as part of the NHS Community Pharmacy Contractual Framework (the 'pharmacy contract'). For more information, please visit the PSNC website. http://psnc.org.uk/services-commissioning/essential-services/

- Dispensing Medicines including the Electronic Prescription Service
- Dispensing Appliances
- Repeat Dispensing and eRD
- Discharge Medicines Service
- Healthy Living Pharmacies
- Public Health (Promotion of Healthy Lifestyles)
- Disposal of Unwanted Medicines
- Signposting
- Support for Self Care

In addition to these services there are eight Advanced Services within the NHS Community Pharmacy Contractual Framework which are delivered by many pharmacies. These include the following:

- New Medicine Service (NMS) - The service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.
  New Medicine Service (NMS) - Community Pharmacy England (cpe.org.uk)
- Community Pharmacist Consultation Service (CPCS)
- Flu vaccination service
- Smoking Cessation Service (SCS)
- Pharmacy Contraception Service
- Hypertension case-finding service
- Appliance Use Reviews (AUR)
- Stoma Appliance Customisation (SAC)

For resources and information regarding any of the services please visit the PSNC website

Advanced Services - Community Pharmacy England (cpe.org.uk)

5.16 PRE-PAYMENT CERTIFICATES

Up to 80% of people do not pay for their prescriptions but for those who do, a pre-payment certificate may be a cost effective option. A prescription prepayment certificate works like a season ticket. If you need more than 12 prescribed medicines each year, you could save money with a 12 month PPC. You can also buy a 3 month PPC, which will save you money if you need more than three prescribed medicines in three months.

Pre-payment certificates

Can be paid by direct debit – see NHSBSA website for details
NHS Prescription Prepayment Certificate (PPC) | NHSBSA

There are 3 ways to apply for a pre-payment certificate:

- Over the internet: Buy an NHS Prescription Prepayment Certificate - NHSBSA
- Over the telephone on 0300 330 1341
- Send an application form (Available from GP surgeries and community pharmacies (form FP95) by post to:

NHS Help with Health Costs
PPC Issue Office
152 Pilgrim Street
Newcastle Upon Tyne
NE1 6SN

HRT Pre-payment certificates

On 1 April 2023, the Department of Health and Social Care (DHSC) introduced a new Prescription Prepayment Certificate (PPC) to reduce the cost of hormone replacement therapy (HRT) for patients.

The certificate will be valid for 12 months and covers an unlimited number of listed HRT medicines for the cost of two single prescription charges. Patients could save money if they pay more than two HRT prescription charges within 12 months.
Medicines covered by the HRT PPC | NHSBSA