PRESCRIBING POLICY

Patients registered at the Practice will be prescribed medication according to clinical need.

Medication is added to the patient record in a number of ways. For newly registered patients, their previous electronic medical records (including Medication) will be automatically imported into SystmOne upon registering if their previous practice also used SystmOne. Where this is not possible the patients Shared Care Record can be checked for allergies and medication and updated at their first appointment. Alternatively we also update patients records from a repeat prescribing slip from the previous practice or from packets with a dispensing label brought in by the patient.

The Practice operates a policy of prescribing medication within licence. Prescribing outside of licence only where this is established in national guidelines or references as standard practice or where a clear clinical rationale has been provided by a specialist or consultant on an individual patient basis.

The practice routinely prescribes in accordance with the Leicestershire formulary and Leicestershire Medicines Strategic Group policies and guidelines.

Where medication has been prescribed, this information is recorded in the patient record at the time.

Where contact has taken place away from the surgery (e.g. in the patient’s home), and a prescription issued the clinician will ensure the patient record is updated as soon as possible, on return to the practice to maintain accuracy.

Where hospitals have added / discontinued / amended a patient’s medication, the Practice will ensure that this information is recorded in the patient record in a timely manner. Documents will be scanned into the patient record and a request sent to the patient’s doctor or a GP clinical pharmacist for them to update the record as appropriate and issue any necessary prescription.

Medication which is prescribed and supplied or administered to the patient by a 3rd party organisation will be recorded on the patient’s clinical record as Hospital medication or other medication as appropriate.

When the maximum number of authorised repeat prescriptions has been reached, a request will be sent to the prescriber or GP clinical pharmacist for re-authorisation and this will be entered in the patient record.

The Practice policy is that all patients taking medication should receive a medication review at least annually and all necessary monitoring will be aligned.

The review will be undertaken by a clinician (doctor or practice pharmacist).

Where allergies or sensitivities are reported, these will be recorded in the patient record.

When medication is prescribed, the prescriber will advise the patient of any possible side effects and explain that if they experience any side effects, advice should be sought. The patient record will be annotated to say that this advice has been given. When a side effect not listed in the BNF
or any side effect for medication which is listed as black triangle this should be reported to the MHRA using the Yellow Card system and recorded as a significant event within the practice.

All prescribed medication will be linked to a diagnosis in the patient record and Read Coded appropriately.

Patients will be given advice on how and when to take their medication and this information will also be printed on the prescription. It is the responsibility of the dispensing pharmacy to include this information on the dispensing label.

The practice does not accept medication which is no longer required from patients as we do not have the facilities to dispose of this safely. Patients are to be advised to return to a local pharmacy for safe disposal.

Once medication has been dispensed to a patient it is their property in the rare and exceptional circumstances that as a clinician you assess that a patient would be at risk if medication was left in their possession then you would need to document in the patient notes details of the medication that has been left with you (name of medication, strength, form and quantity) and you will individually need to make arrangements to return that medication to a pharmacy.

Internal Hospital Prescription forms which have been issued at outpatient appointments clearly stated on them that they are to be presented to the hospital pharmacy for dispensing. Patients should be advised to return to the hospital to obtain their medication, an FP10 should not be issued in this circumstance.

Prescriptions issued in private consultations will not be automatically transposed on to an NHS FP10. Each request will need to be considered individually to determine if there is a clear treatment plan from the initiating consultant and if the condition is one which would routinely be treated within a primary care setting.

Policies and processes associated with this policy are;
Repeat prescription and medication review protocol

Written by Pharmacist Team – April 2018