NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE PRESCRIBING GUIDELINES: ADVISORY, MINIMUM AND GOLD

Clinical System Access Clinical systems are configured such that only prescribing clinicians can add new medication to the patient's record ('new' is defined as any medication that is entered onto the clinical system).	Gold Standard
Repeat Prescribing System (Protocol) Practices should: Have in place a robust practice specific repeat prescribing protocol (generic template is available from the Barnsley CCG Medicines Management Team). Undertake staff retraining to encourage adherence to the practice repeat prescribing protocol. Ensure all staff understand and sign up to the practice repeat prescribing protocol (annually), and understand that non-adherence will be linked to the appraisal or performance review process. Ensure that any new members of staff are appropriately trained and signed up to the practice protocol as part of their induction.	 Minimum Minimum Minimum Minimum
Prescriptions Presented For Signing Prescriptions with queries (e.g. new hospital medication, medicines that need blood tests checking, for example methotrexate or warfarin) should be separated from other repeat prescriptions. Suggested methods for separating scripts that have queries via EPS; **EMIS WEB practices** Issue script via request issue, in the request issues pop up box there is a query section for the script query. This script will fall into the request queries workflow. Once the query has been dealt with either press 'complete and approve', or reject and send response to the requester. **System One practice** Issue script using the normal route, in the print issue pop up box screen select 'print,sign and send later' this will open a prescription query box to the right for the script query to be added.	 Minimum

This then will fall into the ETP signing workflow with a !, click this to action the query. Once the query has been actioned it will be available to sign.	
Prescribing Requests Made By Other Healthcare Professionals i.e. acute trust, mental health trust, hospice or community hospital/clinic and intended to be continued in primary care The expectation is that prescribing should be in line with guidance issued by the Barnsley Area Prescribing Committee (APC), national guidelines and policies. Any departure from this requires sound clinical reasons Hospital clinicians and specialist clinics should not ask GPs to prescribe medication that is not listed on their trust's formulary or has not been approved by the APC. Prescribing outside of local formulary, national or local guidance may be considered an example of inappropriate prescribing Primary care prescribers should feedback such instances to the CCGs APC reporting using the following email address; BarnsleyAPCreport@nhs.net Medication should not be prescribed without written confirmation (e.g. clinic letter, immediate discharge letter) or documented verbal confirmation by a clinician. All medication changes should be undertaken by a prescribing clinician, or practice based clinical pharmacist. All medication changes should be authorised and checked by a prescribing clinician or practice based clinical pharmacist. **Shared Care prescribing;** Prescribers are advised to ensure there is a written agreement from the requesting consultant confirming how and by whom the patient will be monitored both for evaluating effectiveness of treatment, side effects and routine tests required. GPs should not refuse to prescribe under shared care for financial reasons alone. GPs may refuse to prescribe where they feel they have insufficient expertise to manage the drug; where they feel the patient's condition warrants specialist management and/or they feel the request falls outside the scope of the approved shared care agreement. Prescribing in this case should remain with the specialist For primary care prescribing of shared care drugs practices should ensure they have robust systems in place to ensure that monitoring required under the shared care agreement is carried out.	Minimum Gold Standard Minimum

Prescribing for Monitored dosage systems (MDS) For patients who have their medicines provided in a Monitored Dosage System (MDS). To reduce the potential for medication errors practice are advised to; • Ensure all prescriptions are synchronised • Inform the pharmacy immediately of any changes to medication including the issue of an acute medicine or stoppage of any medicine (even if temporary). • Ensure the patient record is read coded* that they have an MDS in place and it is easily identifiable to prescribing clinicians that the patient is an MDS patient. • Inform the pharmacy when the patient is admitted to hospital. • State on the prescription the indication for any PRN medications (eg is the paracetamol prescribed for arthritis or general use headaches?). • The duration and cycles of prescriptions should be based on the clinical needs of the patients. *Monitored dosage read codes: **Emis** 8BIAO **System1** XaaYT	Minimum
Children Under The Age Of 12 Years All medication changes should be undertaken by a prescribing clinician.	Minimum
Solid Oral Dosage Form To Liquid Conversions All conversions should be made by a prescribing clinician or practice based clinical pharmacist. It is good practice for clinicians to double-check calculations with a colleague.	Minimum Advisory
Dosages on Liquid Medicines (except laxatives and antacids) Clinicians should always specify the **strength** of the formulation, the **dose in milligrams / micrograms** and also the **volume**, for example: Furosemide liquid **40mg/ 5ml** - **20mg (2.5ml)** to be taken each morning *It is the Community Pharmacist's responsibility to ensure the intended dose is accurate and that the patient has been counselled and supplied with an appropriate device such as to enable the dose to be administered accurately and safely.*	Minimum

Expressing Quantities (British National Formulary Guidance)	
The unnecessary use of decimal points should be avoided, e.g. 3mg, not 3.0mg	Minimum
Quantities of 1 gram or more should be written as 1g etc….	Minimum
Quantities less than 1 gram should be written in milligrams, e.g. 500mg, not 0.5g	Minimum
Quantities less than 1 mg should be written in micrograms, e.g. 100micrograms, not 0.1mg	Minimum
When decimals are unavoidable a zero should be written in front of the decimal point where there is no other figure, e.g. 0.5ml, not .5ml	Minimum
Micrograms' and 'nanograms' should not be abbreviated. Similarly 'units' should not be abbreviated	Minimum
Communication Between Practices and Community Pharmacies Both healthcare professionals involved in the prescription (the dispenser and the prescriber) share responsibility for the safety of the medicine.	
Both practices and pharmacies should have systems in place to minimise barriers to communication regarding prescription queries, which includes: • The practice has a process in place to allow effective communication e.g. set a reasonable nominated time for call backs with their local pharmacies. • Ensuring the practice telephone number is printed on the bottom of all prescriptions • Setting up practice/ pharmacy e-mail accounts that meet information governance requirements (nhs.net account). A full list of practice based clinical pharmacist email addresses can be obtained by contacting the medicines management team at the CCG.	Gold Standard Minimum
Prescribing clinicians/practice based clinical pharmacists should deal promptly and directly with prescription queries, and make arrangements to accept queries/phone calls relating to such from community pharmacies.	Minimum
Practice reception staff should relay urgent messages to prescribing clinicians/practice based pharmacists at the earliest opportunity (e.g.at the end of clinic) to ensure problems are as resolved quickly. To support the pharmacy manage patient expectations the reception staff should provide the pharmacy with an approximated response time for queries.	Minimum

All clinical queries on prescriptions should be dealt with by direct communication between a clinician/practice based clinical pharmacist and a community pharmacist. *(Note that clinical queries should not be considered as resolved unless a prescribing clinician or pharmacist has been involved/consulted)* If community pharmacies or GP practices are getting a lot of similar enquires (for example supply issues) the GP practice may wish to agree a way forward with the community pharmacy to avoid repeated phone calls. *Practices or community pharmacies wishing to facilitate or resolve problems around communication should contact the Medicines Management Team at the CCG.*	Gold Standard
Managing Patient Expectations Practices have systems in place to effectively manage patient expectations in order to create a safe working environment. Information regarding the practice's repeat prescribing procedure should be clearly explained to, or available to all patients, for example: • Message on right hand side of prescription (e.g. "Please allow 48 hours for your prescription to be ready for collection.") • In practice leaflet • On practice website • Patient information in waiting area • Upon patient registration Inform patients that non-clinical staff members are working under strict practice protocols in order to maximise patient safety. This could be in the form of a notice in the waiting area or on the reception desk (e.g. "In the interest of patient safety, staff may not be able to deal with urgent requests for medicines immediately. All requests for medicines not on repeat need to be passed on to a GP.").	Minimum Minimum Minimum
Staff Training Appropriate training should be provided to staff to ensure that: Staff members know what action to take / who to contact if they are asked to make decisions or carry out activities which should be made by a prescribing clinician.	Minimum

Staff members are aware of the escalation process for dealing with difficult or demanding situations (e.g. patient's wanting their medication 'now').	Minimum
Staff members making medication changes should have received the appropriate training.	Minimum

Practices that choose not to adhere to the minimum standards should ensure that they:

- Document clearly why they do not wish to adhere to each specific standard.
- Undertake a review of risk management/ governance arrangements around prescribing. Consideration should be given to:
    - Process mapping
    - Business continuity
    - Training and competencies
- Review access rights on their clinical system and consider whether access to adding new medicines should be limited to key members of staff only.

Managing patient expectations

Practices should aim to publicise that certain systems are in place in order to maximise patient safety (e.g. notice in waiting area, reception desk, prescription box, website, leaflet)

Practice staff should be trained on how to handle urgent requests/ demands from impatient patients- they should not feel pressured to make decisions which should be made by a Doctor.