

Prescribing and Supply of Medicines Protocol Sandyford Services

What's new:

- **Provided a new section on use of devices/creams that do not require a prescription**
- **Amended terminology throughout to reflect current practice/terminology**
- **Structured collection of medicine section requirements**

Purpose

The purpose of the protocol is to describe:

1. Prescribing principles
2. Supply and administration of medicines including use of Patient Group Directions (PGDs)
3. Documentation of prescribing and PGD use
4. Errors and incidents

1. Prescribing principles

Prescription only medicines can only be supplied or administered to a patient after an appropriately electronic or handwritten prescription has been issued by:

- (i) Doctors with full GMC registration.
- (ii) Non-medical prescribers with appropriate professional annotation.
or
- (iii) A PGD has been used by an authorised healthcare professional (see section 2).
- (iv) It is a clinical emergency (see emergency box).

Profession-specific guidance and standards are set by professional or regulatory bodies and these must be adhered to accordingly. This includes (but is not limited to) information published by the General Medical Council (GMC)¹, Nursing and Midwifery Council (NMC)², and the Royal Pharmaceutical Society (RPS)³. No prescribing protocol could sufficiently detail the clinical and professional judgment required for each patient and it is incumbent on the prescriber to ensure that they have the appropriate knowledge, skills, and experience to make a safe prescribing decision.

What can be prescribed

Doctors with full registration who hold a licence to practise may prescribe all medicines, but not those drugs in Schedule 1 of the Misuse of Drugs Regulations 2001⁽⁴⁾. Non-Medical/Independent Prescribers (NMP/IPs) may prescribe all medicines within their competence and knowledge including off-label and unlicensed preparations (see below).

Within Sandyford, all prescribers are expected to use drugs approved by the Area Drug & Therapeutics Committee which are listed in the Greater Glasgow & Clyde formulary⁵. Non formulary prescribing is restricted to exceptional circumstances and subject to approval via appropriate medicines policy team form⁶ such as Individual Patient Treatment Request (IPTR).

Under certain circumstances 'off label' and 'unlicensed' medicines can be prescribed. 'Off label' prescribing is where the drug is licensed, but the medication is used for an indication that is not included in the licensing information. Both medical and non-medical/independent prescribers can prescribe medicines for use outside their licensed indications. However, the prescriber takes full responsibility for such prescribing.

Usually, within Sandyford Services, such prescribing occurs within the context of an established professional consensus. GMC and RPS guidance advises that the client must be made aware if any prescribing is 'off label' or unlicensed.

How to prescribe

Prescriptions are typically generated through use of NaSH, although use of HBP(5) blue prescription pads*, clinical portal electronic prescriptions, HEPMA, and "Request for GP to prescribe" electronic forms via clinical portal can be utilised.

Useful resources include the BNF, Summary of Product Characteristics (SPC, EMC), Stockley's Interaction Checker (view full information for each interaction), Liverpool Interaction Checker, Martindale (for foreign medicines), and others which can be found on <https://www.medicinescomplete.com> or the Knowledge Network <http://www.knowledge.scot.nhs.uk/home.aspx> . If a prescribing situation is complex then it is usually worthwhile involving a pharmacist who can provide additional specialist advice and has access to extended literature involving medicines.

*Antiretrovirals such as Emtricitabine/Tenofovir Disoproxil and Emtricitabine/Tenofovir Alafenamide and controlled drugs schedule 2, 3 and 4 (diazepam, tramadol, morphine, etc) must **NOT** be written on a HBP(5) prescription pad without prior knowledge of pharmacy staff or the clinical director.

Remote consultations

Remote and virtual consultation guidance is available from the GMC, NMC, and RPS accordingly.

Additional care is required when assessing patients remotely.

GMC:

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations>

GMC/NMC/RPS:

<https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/high-level-principles-for-remote-prescribing-.pdf>

Non-medical/independent prescribers

Non-medical/independent prescribers must adhere to the Board policy for non-medical prescribing⁶.

2. Supply and administration of medicines including use of Patient Group Directions (PGDs)

Medicines must be supplied or administered against a valid prescription or under PGD (see below). A prescription is generally valid on the NaSH system for up to 6 months although care must be taken to ensure the clinical decision made at that time is still appropriate. Vaccine courses are valid for the listed duration and leeway of 4 weeks after the date is acceptable for instances where a patient may not present at exactly the monthly interval.

Medicines must be supplied via a safe, legal, accessible, and appropriate route for the patient. This may mean administration on premises, supply on premises, supply for collection, or postage of medicines (if no other route is possible).

If there is any concern regarding the prescription in terms of its legality, validity, or clinical appropriateness, the staff member involved in supply or administration is within their rights to appropriately investigate this before making a supply or administering the medicine if it is in the best interest of the patient.

Supply for collection

Medicines for collection must be annotated with:

Instructions (or labelled Take/Use as directed with appropriate verbal/written instruction)

The patient's name and date of birth and sealed in a paper or pharmacy bag.

The bag must also contain:

The patient's name and date of birth

- An anticipated collection date or date range.

This bag must be left at a lockable secure location point for patients to collect their medicines from. The lockable secure location point must be checked frequently – ideally weekly – for uncollected medicines.

Uncollected medicines or prescriptions must be removed after 2 weeks and an appropriate member of the team must follow up on why the collection has not taken place e.g. phoning the patient or checking NaSH to see if an alternative route of supply has been made.

For the purposes of PGD use it is regarded that the PGD consultation is concluded at the point of sealing the bag of medicines and any further action such as handing out the medicine by admin staff does not constitute delegation. However the patient must be fully counselled during the consultation and any questions answered (see below regarding Use of Patient Group Directions).

Handing out of medicines must include an identity check of name and another identifier such as date of birth or address. Medicines can be given to a relative or representative, ideally with prior documentation from the prescriber or PGD user.

Postage of medicines

Medicines must be posted via trackable format (e.g. recorded delivery) in line with General Pharmaceutical Council guidance for online pharmacy services⁷ and Board guidance (unless a formal risk assessment has taken place). Prescription forms such as HBP(5) prescriptions can be posted with no specific requirements although some services such as gender may wish to risk assess this process and post via trackable format if appropriate e.g. for patients in different health boards.

Postage of medicines can make medicines more accessible to patients but this must be counterbalanced with delay in supply and in the context of antibiotics for infections the potential delayed break of transmission.

Use of Patient Group Directions

Medicines can be administered and supplied under patient group directions (PGD). This is not prescribing. Patient Group Directions (PGDs) are legal documents that allow appropriately trained healthcare professionals to supply a range of specified medicines to clients presenting in accordance with the clinical criteria defined within the PGD. Only named staff who have undertaken training and assessment of competence are eligible to operate within PGDs. Under a PGD the medicine is to be both supplied and administered by the same healthcare professional as tasks cannot be delegated (see above under supply for collection).

Details of active PGDs within Sandyford Services are available in Sandyford Teamsite: Sandyford Protocols: Active Patient Group Directions.

Use of medicines that do not require a prescription

Products like Cetraben, Hydromol, and other “General Sales List”/“Pharmacy” medicines or medical devices such as non-medicated creams do not require a prescription before a clinician can use them. Check the product packaging – “GSL” or “P” do not require a prescription. “POM” means Prescription Only Medicine.

Although not necessary to be a prescriber, a protocol must cover the product usage which is what this section fulfils. Use must also be documented in NaSH in prescription history in line with the below (like you would do for a prescription or PGD’d medicine) and referenced back to this covering statement e.g. “Cetraben used under local protocol”. If advice is required this must be sought from a prescriber.

3. Documentation of prescribing and PGD use

Doctors and non-medical/independent prescribers

- Ensure you are logged in with your own NaSH log in.
- Please check if you are following another user into a room that you have changed the log in to your own.
- Access the Prescription history special form.
- Click on the ‘new’ icon in Prescription Detail to add the new prescription (top left-hand corner).

Documentation

Electronic prescription is the mandatory way of recording medication prescribed and supplied within Sandyford services.

Prescription History NaSH v0.3

Prescription History Episode

Prescription Detail

Show Records: ☒ Active ☐ Inactive ☐ Both

Start Date	Drug Name	Prepara...	Frequen...	Route	Course/Multi...	Medical Alert	End Date
22/11/2007	HT Specia	Barrier D...	as requir...	Not Appli...	Nct Applcable	Medical Alert not...	22/-1/2007

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Episode

Administration Detail NaSH v0.3

Record No Administration Detail Prescription Detail

Prescription Details

Drug Name	Forget-me-not	Start Date	05/01/2008
Dose	Not Applicable	Preparation	Barrier Device
Frequency	as required	Route	Not Applicable
Prescribing indication	Contraception	Course/Multi-dose	Not Applicable
Allergy group	Latex	If PGD Drug ?	Supplied by PGD Yes
Prescribed by	Dunlop, William B	Prescribing method	Letter to GP requesting prescription
End Date	05/01/2008	Entered by	Consultant Test

Administration Details

Date Recorded	<input checked="" type="checkbox"/> 05/01/2008	Date Administered	<input checked="" type="checkbox"/> 05/01/2008
Administered by	Briggs, Elizabeth J	Discipline	Medical
Designation	General Practitioner	Professional Body No.	
If administered elsewhere	if administered elsewhere details		
If consumed at place administered	No	Site - for injections	Right upper outer quadrant buttock
Batch number	10	Expiry Date	<input checked="" type="checkbox"/> 05/01/2008

Prescription Detail

- Add the prescription taking care to select the correct drug name, formulation, dose and amount supplied.
- If relevant note the prescribing method to include either for collection or Post.
- Save the record.
- The prescription details will pull through to the form and will be displayed at the top of the page.

- Now complete the administration details if appropriate (that is if you are also administering the medication).
- The Administration details include the clinician's discipline and designation.
- The expiry date should be checked before administering any medication or device.
- It is mandatory to record the batch number and expiry date of injectable medications including vaccines, blood products, implants and intrauterine devices.
- See the NaSH clinical user guide for more information.

NaSH Breakdown

In the event of a NASH breakdown, prescriptions can be documented in the temporary NASH breakdown forms and be transferred onto NASH once the system is reinstated (within 48hrs of the breakdown). See NASH breakdown protocol.

Nurse Supply by Patient Group Direction (PGD)

When a healthcare professional is supplying a medicine under a PGD, this should be documented in the prescription details by selecting 'yes' from the 'supplied by PGD' dropdown menu and then complete the administration details on the administration menu.

4. Prescribing errors and incidents

All medication errors should be reported as adverse events as soon as possible to the line manager or professional lead and recorded through DATIX risk management software. In the interests of public safety and professional accountability it is essential to notify any mistakes or breaches of professional conduct in relation to the supply of medicines.

Adverse incidents as a result of medicines use should be reported via the MHRA Yellow Card scheme.

References

1. GMC (2021) Good Medical Practice in prescribing and managing medicines and devices, Guidance for Doctors, <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices> [Accessed online: 10/09/2024]
2. NMC Standards for prescribers (Sept 2021) <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-prescribers/> [Accessed online: 10/09/2024]
3. RPS (2021) A Competency Framework for all Prescribers <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/Prescribing%20competency%20framework/prescribing-competency-framework.pdf> [Accessed online: 10/09/2024]
4. The Misuse of Drugs Regulations (2001). No 3998. Her Majesty's Stationary Office and Queen's Printer of Acts of Parliament. <https://www.legislation.gov.uk/ukSI/2001/3998/schedule/1/made> [Accessed online: 10/09/2024]
5. NHS Greater Glasgow and Clyde Formulary <http://www.ggcprescribing.org.uk/>
6. NHS Greater Glasgow and Clyde Medicines Policies <https://ggcmedicines.org.uk/medicines-policies/>
7. General Pharmaceutical Council (2019). Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet. [https://www.pharmacyregulation.org/sites/default/files/document/guidance for registered pharmacies providing pharmacy services at a distance including on the internet april 2019.pdf](https://www.pharmacyregulation.org/sites/default/files/document/guidance%20for%20registered%20pharmacies%20providing%20pharmacy%20services%20at%20a%20distance%20including%20on%20the%20internet%20april%202019.pdf) [Accessed 10/09/2024]