Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Prescriber quick guide to prescription processes in primary care

Process a prescription request

- Use local resource to aid in upskilling of prescription clerks (follow hyperlink to section with resource)
- No ordering of stoma appliances by a Dispensing Appliance Contractor (for Hertfordshire only)

Controlled drugs

- Long term use of opioids in non-cancer pain (> 3 months) → ↑ risk of dependency and addition
- Opioids and dependency forming medicines → review in-house prescribing protocols and consider how to safeguard prescribing (risk of diversion)

Collaborative working with Community Pharmacies

- Community pharmacies can offer a range of NHS advanced services
- Direct methods of communication are encouraged to aid in quicker, local resolution of queries (e.g. direct line access, WhatsApp groups)

Electronic ordering

- Independent ordering of prescriptions (acute and repeat) using electronic methods → NHS App, Patient Access, SystmOnline
- Upskill staff on how to set-up electronic prescription ordering for patients

General good practice

- Ensure repeat template has been set-up correctly on clinical systems
- Record hospital only drugs
- Clear dosage instructions → avoid 'as directed' or 'as required
- Travelling abroad > 3 months – only supply enough medication to allow patient to reach destination and find alternative supply

Electronic Prescription Service (EPS) / Electronic Repeat Dispensing (eRD)

- EPS 4 rolled out → does not require a patient to have a nominated pharmacy
- Promote eRDs for –
  - Patients on stable medicines (e.g. no anticipated change in medicines in next 6 or 12 months)
  - Patients with stable, long term medical conditions (e.g. no recent unplanned hospital admission in the last 6 months)
- eRDs: not suitable/eligible for unlicensed medication, controlled drugs (including temazepam and tramadol), drugs which require careful monitoring (e.g. lithium), oral nutritional supplements, specialist formula for babies/toddlers with cow's milk protein allergy

Over the counter (OTC) and low priority medicines

- Vitamins, minerals and supplements for prophylaxis and maintenance use should be purchased
- NHS England classed low priority medicines (e.g. bath and shower emollients, dosulepin) should be deprescribed in line with national guidance

Care Homes

- Over the counter (OTC) medicines → no need to prescribe for addition onto a paper/electronic Medication Administration Record (MAR) chart

Private Care

- Patients can opt in and out of NHS care but NHS is not responsible for subsiding/paying for private care
- Shared care with private providers is not recommended

Prescribing Support Tools

- ScriptSwitch should be active on all PC terminals where prescribing is taking place
- Feedback function on ScriptSwitch for practices to utilise (provide name and contact details in case of follow-up)
- Eclipse Live → check RADAR alerts on a weekly and ensure contingency plan for staff absences

Secondary Care

- Red drug – hospital only
- Shared care – patient should be stabilised on treatment prior to primary care agreeing to share care

Prescription Ordering	
Electronic ordering (acute and repeat medicines)	• Encourage patients/carers to submit repeat prescription requests independently • Electronic repeat prescription ordering directly with the GP practice should be promoted where possible • Preferred online ordering methods ⇒ NHS App (for patients ≥13 years old), Patient Access (EMIS practices) or SystmOnline (SystmOne practices). Paper repeat slips can still be used if necessary • Encourage upskilling of relevant colleagues on assisting patients set-up electronic prescription ordering via preferred methods • Written lists, emails and telephone requests should be discouraged due to the risk of transcription error ✓ ***Tip*** - free to access resources on promoting use of NHS App and other online ordering methods
Dispensing appliance contractors	• For Hertfordshire: No third party ordering of stoma and incontinence appliances via Dispensing Appliance Contractors • For West Essex: All prescription requests are processed by the West Essex Stoma Service • Position statement and Patient letter available
Generating All Prescriptions	
Processing a repeat prescription	• All practices to have access to: Hints and Tips for Prescription Clerks and Practice Staff on managing the repeat ordering process • See local guidance on prescription duration • ***Tip*** – above resource can be used to upskill new admin staff and incorporated within practices' in-house prescription policy
Electronic prescriptions/tokens	• Benefits for GP practice: ↑ efficiency of prescription issuing process, ↓ risk of prescriptions getting lost, saves time for the practice • Benefits for patients: saves time, patient is not required to collect a prescription and can visit pharmacy to collect the medication • Ensure no duplication of prescription issuing (i.e. through Electronic Prescription Services, EPS, and as a paper generated prescription) ✓ ***Tip*** - EPS phase 4 → prescription sent to NHS spine without patient needing a nominated pharmacy. Prescriptions can be downloaded from the NHS spine using a paper token. Or an EPS tracker can be used to search for a prescription using a patient's NHS number or Prescription ID ✓ ***Tip*** – NHS Business Service Authority (NHSBSA) step-by step guide on setting alerts for non-nominated patients (can help promote EPS during consultations). See EMIS system guide and SystmOne guide

Electronic Repeat Dispensing (eRD)	• Can authorise a batch of repeat prescriptions (upto 12 months' supply) with one electronic signature • Benefits for GP practice: simplifies the repeat prescription process, ↓ workload, ↓ medicines waste, saves time • Benefits for patients: saves time, ↓ number of times a repeat prescription needs to be requested • See step guide on the process of eRDs • See patient suitability guide on eRD • See eLearning module on how to set-up eRDs on EMIS and SystmOne (input name and email address to access) ✓ ***Tip*** – Have a named eRD champion in the practice (e.g. pharmacy technician or prescription clerk) as point of contact and can feedback practice's usage at in-house meetings ✓ ***Tip*** **-** NHSBSA can provide a breakdown of potential patients suitable for eRD to help ↑ usage (see details here) ✓ ***Tip*** - incorporate checking the suitability of a patient to have eRD part of their medication reviews or can proactively contact patients ✓ ***Tip*** - work alongside community pharmacy colleagues in identifying patients suitable for eRD
Good practice	• Some drugs need to be prescribed by brand due to difference in bioavailability between preparations (appendix 1 on page 7) • Ensure clear dosage instructions for medicines rather than 'as directed' or 'when required' (e.g. insulin prescriptions, inhalers) • As required/PRN medication should have a recommended duration of treatment (e.g, topical creams) • Check repeat prescription template set-up on clinical system is correct (if not already done by prescription clerk) → aids in identifying under usage and over usage of medication. Flag for correction by prescription clerk if incorrect • Record of medication prescribed elsewhere e.g. hospital only drugs (drug interaction/contraindications) ✓ ***Tip*** – One insulin pen/cartridge → sufficient to cover a one month supply. Can be dispensed as split packs, no need to issue in multiples of five ✓ ***Tip*** – Glyceryl trinitrate sprays → use in line with manufacturer's expiry date, no need to be re-ordered with each prescription
Travelling abroad	• Not responsible for prescribing items on NHS for conditions which may arise while travelling outside of the UK (e.g. travel sickness) • Travelling abroad < 3 months – may be appropriate to prescribe a maximum of 3 months' supply of medication • Travelling abroad > 3 months – only a sufficient supply of medication to allow patient to reach destination and find alternative supply ✓ ***Tip*** – If travelling within Europe, can apply for a free UK Global Health Insurance Card (GHIC) or European Health Insurance Card (EHIC) which offers access to reduced-cost medical treatment. See NHS guidance for details
Prescriber code changes	• Follow Hertfordshire and West Essex ICB guidance on medical prescriber changes within a GP practice • Helps ensure any prescribing by a GP is attributed to the correct practice's prescribing data (governance and accuracy purposes) ✓ ***Tip*** – incorporate this process into practice own policy around new GP starters/ GP leavers

Prescribing Support Tools	
ScriptSwitch	• Benefits of ScriptSwitch: Optimises the prescribing process to help support value based but also clinically appropriate prescribing ✓ ***Tip*** - Incorporate a ScriptSwitch induction into practice own policy around new starters to highlight importance to engaging with ScriptSwitch ✓ ***Tip*** - Providing comments via the feedback button on ScriptSwitch is actively encouraged (name of clinician and contact details should be added in case of verification of feedback) ✓ ***Tip*** - Prompt reporting of issues via OPTUM allows quicker resolution
Eclipse Live	• Benefits of Eclipse Live: uses risk stratification tools to help ↓ hospital admissions, identify patients for SMRs, promote prescribing safety ✓ ***Tip*** **–** Nominate a lead in practice → responsible for checking RADAR alerts on a weekly basis. Ensure contingency (e.g. holidays) ✓ ***Tip*** **–** Eclipse Live hosts a range of features to aid optimising patient care for clinical condition such as type 2 diabetes optimisation, COPD, asthma, obesity and epilepsy ✓ ***Tip*** – Helps practices meet targets for Care Quality Commission, Quality Outcomes Framework, Investment and Impact Fund
Polypharmacy	
Structured Medication Review (SMR)	• SMR are key to reducing overprescribing – practices can identify priority patients for review (e.g. moderately frail patients on 8 or more medicines) ✓ ***Tip*** **–** Utilise support tools like Eclipse SMR Live to identity priority patients based on SMR risk score (see page 10)
Anticholinergic burden	• See hints and tips guide on conducting SMR to reduce anticholinergic burden and how Eclipse Live can support
Private Care	
Transfer of care	• Patients seen privately should obtain their medication privately, unless the medication would routinely be offered under local NHS care • The NHS is not responsible for subsiding or paying for any private treatment or medicines associated with private care • Certain items are not permitted to be prescribed on the NHS and should only be prescribed via a private prescription (e.g. blacklisted preparations, malaria prophylaxis, some travel vaccines, prescribing of Selected List Scheme preparations outside their criteria) • Shared care with private organisations is not recommended, see guidance
Controlled Drugs	
Prescription requirements	• Refer to British National Formulary on legal requirements of a controlled drug prescription • Only schedule 4 and 5 controlled drugs are permitted on repeatable prescriptions

Opioids and dependency forming drugs	• National priority for reduction in the prescribing of high dose opioids for chronic non-palliative, non- malignant pain • Opioids are very good analgesics for acute pain and pain at the end of life but little evidence that they are helpful for long-term pain. • Long-term use in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction. • The risk of harm increases substantially at doses above an oral morphine equivalent of 120mg/day, but there is no increased benefit. • Dependency forming medicines → estimated up to £500 million is wasted each year in England. • Prescribers should be mindful of the risk of diversion of opioids and other dependence forming medication and should consider the safeguarding implications of prescribing. ✓ ***Tip*** - Questions and answers document on dependence forming medicines available ✓ ***Tip*** - When considering stepping down opioid use, see Managed Opioid Reduction Tool for step wise approach ✓ ***Tip*** - Free to access Painkillers Don't Exist Campaign Resources (a behaviour change campaign) ✓ ***Tip*** - PrescQIPP resources available: Bulletin 218: Reducing opioid prescribing in chronic pain | PrescQIPP C.I.C Bulletin 256: Dependence forming medications | PrescQIPP C.I.C
Over The Counter (OTC) Medicines and Low Priority Medicines	
Vitamins, minerals, supplements	• Patients should be purchasing vitamins, minerals and supplements for prophylaxis and maintenance use (e.g. low dose vitamin D) • Multivitamins are widely available at supermarkets, health shops and pharmacies
When you should prescribe an OTC medicine	✓ ***Tip*** – See guide on licensing restrictions of commonly available OTC medicines used to treat self-limited or self-care conditions and therefore may need to be prescribed
Low Priority Medicines	• See national NHS England guidance
Care Homes	
Homely remedies and selfcare	• Over the counter (OTC) medicines → no need to prescribe for addition to paper/electronic Medication Administration Record (MAR) • See guidance on homely remedies vs self care protocol (to support care homes and patients/carers)
Guidance on medicines reconciliation for care homes	• See guidance on medicines reconciliation (to support care homes)
Secondary Care	
General information on transfer of care	• Shared care should only be accepted once a patient is stable on medication and there is clear outline of responsibilities of specialist, GP and patient
Formulary status	• Formulary page for prescribing, policies and pathways can be found here • Area Prescribing Committee's Terms of Reference can be found here

Collaborative Working With Community Pharmacies	

Services	• NHS advanced services can be offered by community pharmacies (e.g. blood pressure check, smoking cessation services)
	• New Medicines Service (NMS) → supports patients with a newly prescribed medication to manage a long-term condition
	• Pharmacy First → new service launched end of January 2024 and incorporates the previous Community Pharmacy Consultation Service (CPCS) in addition to permitting Community Pharmacies to provide care provisions for 7 common ailments via clinical pathways Service will consist of three elements:
	  ○ Pharmacy First (clinical pathways) - will enable Community Pharmacists to use clinical pathways to assess patients presenting with symptoms which may potentially be associated with: sinusitis, sore throat, earache, infected insect bites, impetigo, shingles and uncomplicated urinary tract infections in women. Outcome of the consultation may warrant a supply of medication when clinically appropriate (as specified within Patient Group Directions/clinical pathway), without the need for a patient to visit their GP practice
	  ○ Pharmacy First (urgent supply of repeat medication) – as previously commissioned under the CPCS
	  ○ Pharmacy First (NHS referral for minor illness) – as previously commissioned under the CPCS

Communication methods	✓ ***Tip*** – Consider ways to work more collaboratively. Practices can liaise with their Community Pharmacy (CP) PCN Integration Leads to discuss local issues such as medication stock levels

Specialities

Oral Nutritional Supplements (ONS) and Specialist Formula for Cow Milk Protein Allergy (CMPA)

- Encourage all tube fed patients/their carers to follow the local arrangements in place for the dispensing of ONS to be administered via a tube feed and tube feed products (details should be included within dietitian letters):
  - *Hertfordshire* - Abbotts Hospital to Home (H2H) and *West Essex* - Nutricia Homeward
- Both H2H and Homeward deliver products to patients' homes together with ancillaries required for tube feeding
- 'Look alike, sound alike' errors → common due to similarity of multiple product names – care when selecting product
- No ONS or CMPA products on eRD prescriptions
- Discharge from acute care → ONS requested on a discharge summary should not be continued in primary care unless the patient meets criteria for prescription in line with Adult ONS in primary care – Quick Guide

✓ ***Tip*** - Add review dates to repeat prescriptions for ONS and CMPA products (see reference guide for more details) and include the reviewing of ONS prescribing part of SMRs

✓ ***Tip*** - EMIS and SystmOne → need to input quantities for ONS products in millilitres(ml)/grams(g) rather than quantity of sachets/ bottles. This table may help -

Product size	Once daily (OD)	Twice daily (BD)	Three times daily (TDS)
57g sachet	28 x 57g sachet = 1,596g	56 x 57g sachet = 3,192g	84 x 57g sachet = 4,788g
120ml bottle	28 bottles = 3,360ml	56 bottles = 6,720ml	84 bottles = 10,080ml
125ml bottle /125g pot	28 bottles/pots = 3,500ml/g	56 bottles/pots = 7,000ml/g	84 bottles/pots = 10,500ml/g
200ml bottle	28 bottles = 5,600ml	56 bottles = 11,200ml	84 bottles =16,800ml

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Appendix 1:

Drug or drug class	Reason for considering brand-name prescribing
Adrenaline auto-injector devices	Patient familiarity with one brand is important; instructions for use vary between preparations.
Antiepileptic drugs (AED): **Category 1** - Phenytoin, carbamazepine, phenobarbital and primidone **Category 2 -** Sodium valproate, lamotrigine, perampanel, rufinamide, clobazam, clonazepam, oxcarbazepine, eslicarbazepine, topiramate and zonisamide **Category 3 -** Levetiracetam, lacosamide, tiagabine, gabapentin, pregabalin, ethosuximide and vigabatrin	**Category 1**: Specific measures are necessary to ensure consistent supply of a particular product (which could be either a branded product or a specified manufacturer's generic product). **Category 2**: The need for continued supply of a particular manufacturer's product should be based on clinical judgement and consultation with patient and/or carer. **Category 3**: Therapeutic equivalence between branded and generic products (and between generics) can be assumed for medicines in this category. They can be prescribed generically unless there are other specific reasons such as patient anxiety, confusion or risk of dosing errors.
Buprenorphine patches	Patches have different wear times. Patient familiarity with one brand is important.
Diltiazem modified release preparations	>60mg MR preparations have different release characteristics and are not interchangeable.
Fentanyl patches (only if patient is using off-licence i.e. cutting patch)	Patches are available as matrix and reservoir formulations. Reservoir patches should not be cut (can affect dose release). If patch is being cut (unlicensed and not recommended), must specify brand of matrix formulation
Immunosuppressant therapy: ciclosporin, tacrolimus	Hospital initiated - important not to change formulation. Prescribing by brand name will avoid inadvertent switching.
Inhalers (all - generic prescribing should be avoided)	Patient familiarity with one brand is important; instructions for use vary between preparations. All inhalers should always be prescribed by brand, only exclusion is salbutamol inhaler. Note: Beclometasone dipropionate CFC-free inhalers to treat asthma – there are inhalers that contain the same active substance (beclometasone dipropionate),but are much stronger due to particle size.
Insulins	Patient familiarity with the same brand is important; training is required in the use of specific devices for self-injection.
Lithium preparations	Preparations vary widely in bioavailability. Changing the preparation requires the same precautions as initiation of treatment. Lithium has a narrow therapeutic index.
Mesalazine oral preparations	BNF states there is no evidence that one brand is more than effective than other. If switching between brands, advise patient to report any changes in symptoms.
Methylphenidate modified release preparations	MR preparations contain different proportions of immediate-release and modified-release methylphenidate.
Nifedipine modified release preparations	MR preparations have different release characteristics and are not interchangeable.
Theophylline modified release preparations	MR preparations have different release characteristics and are not interchangeable. Theophylline has a narrow therapeutic index.