

Medicines Management and Prescribing Self- Assessment Checklist Template

Practice Name:

Date of Self-Assessment:

Name of person completing the assessment:

This is a non-exhaustive checklist, to provide baseline assurance of safe medicines management and prescribing practices within the GP practice. It should be read in conjunction with other relevant national guidance including [CQC guidance](#) and the [HWE ICB guidance](#). Please be aware CQC could question beyond the scope of the areas included below.

Task	Associated CQC GP MythBusters	Responsible Person/s	Date Action Completed	Action Plan or Link to Evidence
STORAGE & DISPOSAL				
In date medicines management policy (encompasses ordering to storing, discarding, administering, and prescribing),				
Medication stock control system in place including a stock list, expiry date checking, stored in a temperature-controlled environment				
All medicines stored in a locked and suitable medicines cupboard which is access controlled				
Medication and sharps disposal – correct bins used (colours); bins signed and dated; bins not overfilled				
All medication keys usage and storage access controlled with a key management policy				
No medication or dressings on site with patient named labels used as stock				
Cold Chain & Fridge Maintenance	GP mythbuster 17: Vaccine storage and fridges in GP practices - Care Quality Commission (cqc.org.uk) GP mythbuster 34: Maintenance of medical equipment - Care Quality Commission (cqc.org.uk)			
Fridge and cold chain management policy, to include ordering, transporting, storage, stock checks, expiry date & equipment maintenance				

Medical fridges should only be accessible to authorised practice staff, and therefore must be locked or in a locked room				
Fridges are not to be not overfilled and with regular maintenance checks				
Temperatures monitored daily and log available, with reasons and actions taken for any out of range readings				
Evidence of cold chain breach reporting and any action taken				
Controlled Drugs (CD)	GP mythbuster 28: Management of controlled drugs - Care Quality Commission (cqc.org.uk)			
CD storage access restricted with separate set of keys or code, incorporated into policy				
CD policy to include all aspects of stock management processes, monitoring and destruction				
Review of CD register, balances to reflect current stocks (spot checks) and no crossings out				
CD destruction – authorised witness organised via the Controlled Drug Accountable Officer (CDAO) and correct kit used	www.cdreporting.co.uk			
If CDs in “doctor’s” bag or any of the healthcare professionals clinical bag for home visits, ensure contents are in date, bag is secured with a separate CD record book in line with legal framework. Stored in a secure place away from patients				
Evidence of CD incident reporting to CDAO	www.cdreporting.co.uk and email ICB hweicbhv.medicinesoptimisationteam@nhs.net			
Emergency Drugs	GP mythbuster 9: Emergency medicines for GP practices - Care Quality Commission (cqc.org.uk) GP mythbuster 1: Resuscitation in GP surgeries - Care Quality Commission (cqc.org.uk)			
Emergency drugs are stored appropriately ; with a log and list of contents regularly checked to be in date				
Drugs in all healthcare professional’s clinical “doctor’s” bag, are in date, risk assessed, secure and stored appropriately				
Medical Gases	GP mythbuster 86: Storing liquid nitrogen - Care Quality Commission (cqc.org.uk)			

Medical gases e.g. oxygen cylinder / liquid nitrogen stored with displaying relevant hazard sign which is access controlled, with risk assessment				
Expiry date, volume and use check in place				
Relevant personal protective equipment available				
Medical gases management policy in place				
RESOURCES				
All clinical and non clinical resources e.g. BNF, posters, anaphylaxis flowcharts etc should be the most up to date version				
All staff utilise evidence-based resources, local and national guidance, latest evidence and prescribing tools				
Controlled Stationary (inc. Prescriptions)	GP mythbuster 23: Security of blank prescription forms - Care Quality Commission (cqc.org.uk)			
Controlled stationary storage is access controlled, including the issuing and management of prescriptions. Serial numbers of prescriptions recorded on receipt, when issued, used and returned				
SOP for paper prescription management including confidential and restricted storage, issuing and destruction				
PRESCRIBING & MONITORING	GP mythbuster 46: Managing test results and clinical correspondence - Care Quality Commission (cqc.org.uk)			
Prescribing & timely medicines reviews				
Repeat medication policy/SOP in place	GP mythbuster 11: Electronic prescribing - Care Quality Commission (cqc.org.uk) RPS Repeat Prescribing Toolkit			
Evidence for prescription clerks' up-to-date training				
Practice read-coding by all clinical staff and within policy				
Patient details such as weights and allergies reviewed and updated according to practice policy				
Practice has a prioritisation process for Structured Medication Reviews				
Evidence of reviews undertaken				
Evidence of shared decision making with patients				

Medicines reconciliation between care boundaries including working with community pharmacy and care homes				
Evidence of management and monitoring of patients with a multi-compartment compliance aid (e.g. Dossett box) in line with current local guidance				
Evidence of management and monitoring of patients issued with repeated short duration prescriptions in line with current local guidance				
Care home patients – Evidence of pharmaceutical support	GP mythbuster 96: Covert administration of medicines - Care Quality Commission (cqc.org.uk)			
High Risk Drug Monitoring (such as those that require monitoring, due to side effects or risk of abuse e.g. anticoagulants, lithium, teratogens, dependence forming medicines)	GP mythbuster 92: Anticoagulant monitoring in primary care - Care Quality Commission (cqc.org.uk)			
Practice high-risk drug monitoring policy/process				
Evidence of high-risk medication monitoring				
System for acting on Eclipse alerts and running Ardens (incl. CQC) searches to identify patients at risk. Red alerts to be addressed weekly				
Evidence of high dose opioids and dependence forming medication monitoring and management				
Audits and Quality Improvement	GP mythbuster 4: Quality improvement activity - Care Quality Commission (cqc.org.uk)			
Evidence of an annual clinical audit plan				
Evidence of previous audit and re-audits with associated actions and sharing of learnings				
Evidence of controlled drug audits and actions				
Evidence of antibiotic stewardship audits and actions				
Patient Group Directions (PGDs) and Patient Specific Directions (PSDs)	GP mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs) - Care Quality Commission (cqc.org.uk)			
All PGDs are up to date, authorised appropriately and signed by relevant staff				
PGDs are accessible for staff who require them where they administer				

Policy in place to ensure competency verification and to keep PGDs up to date				
Policy for PSDs and evidence of appropriate set up with governance arrangements in place				
TRAINING				
Training matrix for all staff including prescribers				
Evidence of staff CPD undertaken and registration of re-validation dates recorded				
Evidence of working in partnership with other healthcare professionals e.g. PCN community pharmacy lead				
Non-Medical Prescribers	GP mythbuster 95: Non-medical prescribing - Care Quality Commission (cqc.org.uk) GP mythbuster 81: Pharmacy professionals in general practice - Care Quality Commission (cqc.org.uk) GP mythbuster 26: General practice nurses - Care Quality Commission (cqc.org.uk)			
Evidence to ensure NMP are working within their competencies				
Evidence for systems for: <ul style="list-style-type: none"> safe recruitment job plans and induction policies and procedures clinical supervision consultation audits and random case reviews complaints and significant events 				
Evidence to ensure non-prescribing staff are not prescribing; e.g. physician associates and other staff not holding a prescribing qualification	GP mythbuster 82: Physician associates in general practice - Care Quality Commission (cqc.org.uk)			
ALERTS & INCIDENT MANAGEMENT				
Medication alerts SOP or policy in place – to cover notification, action, timescales, responsibilities and sharing of learnings	GP mythbuster 91: Patient safety alerts - Care Quality Commission (cqc.org.uk)			
All alerts from MHRA, CAS and ICB are actioned with details recorded and shared				

Signed up to CAS alerts CAS - Register User (mhra.gov.uk)				
Incident management policy in place				
Evidence of incident log/documentation follow up and sharing of learnings i.e. in relevant meetings, staff training sessions etc, evidence of monitoring trends	GP mythbuster 3: Significant event analysis (SEA) - Care Quality Commission (cqc.org.uk)			
Signed up for PSIRF/LFPSE reporting (once primary care rollout)	GP mythbuster 24: Recording patient safety events with the Learn from patient safety events (LFPSE) service - Care Quality Commission (cqc.org.uk)			

Links for further information/resources:

[Medicines optimisation - Care Quality Commission \(cqc.org.uk\)](#)

[Monitoring and improving outcomes - Care Quality Commission \(cqc.org.uk\)](#)

[Delivering evidence-based care and treatment - Care Quality Commission \(cqc.org.uk\)](#)

[Single assessment framework - Care Quality Commission \(cqc.org.uk\)](#)

[prepare-for-a-cqc-inspection-guidance-and-appendices.pdf \(bma.org.uk\)](#)

[CQC-Inspections-and-Medicines-Guidance-for-Primary-Care-IMOC-Approved.pdf \(icb.nhs.uk\)](#)

[GP mythbusters - Care Quality Commission \(cqc.org.uk\)](#)

[Repeat Prescribing Toolkit](#)

Version	1.0
Developed By:	Anushka Uppal, Lead Pharmaceutical Advisor, Medication Governance, Quality & Safety; Stacey Golding, Lead Pharmacist, Medication Governance, Quality & Safety. Hertfordshire and West Essex ICB
Ratified By:	Medicines Optimisation Delivery & Implementation Group (MODIG)
Date Ratified:	December 2024