

## Recording medicines prescribed and issued by other Healthcare Providers on GP clinical systems

### Background

The Joint Area Prescribing Committee (JAPC) designates medicines as:

- **Red** – prescribing responsibility lies with a hospital consultant or a specialist
- **Amber** – suitable for prescribing in primary care under a shared care agreement
- **Green** – suitable for primary care prescribing
- **Brown** – not recommended for prescribing except in exceptional circumstances
- **Black** – not routinely recommended or commissioned

There are many medications which are prescribed and/or supplied directly to patients by healthcare providers outside of the GP practice. Typically these include specialist drugs which have been designated as 'red' by the JAPC. Practices are actively encouraged to ensure that the prescribing of 'red' drugs remains with the specialist to ensure patient safety is maintained. This may also apply to amber drugs prior to prescribing being transferred to primary care.

This poses a challenge for primary care to ensure that all clinical staff are aware of medication prescribed elsewhere when:

- Making clinical decisions
- Avoiding interacting medication being prescribed or other risks when new medicines are prescribed
- Providing a drug history to hospitals/units on admission

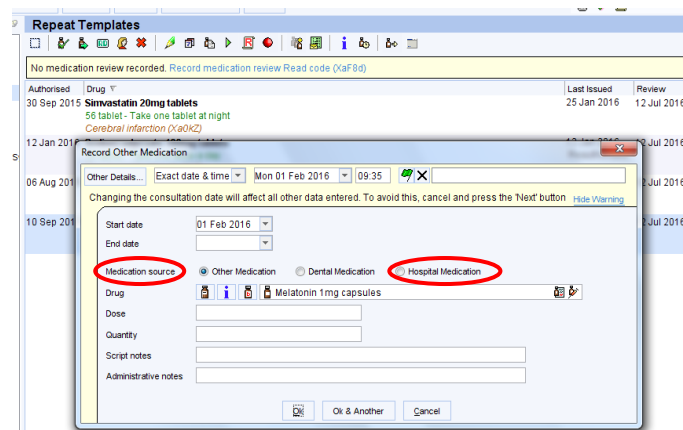
It is important that GP practices have a record of these medicines on their clinical systems for patient safety purposes but do **not** inadvertently issue prescriptions for them.

This guidance aims to provide advice on how non-GP medications can be recorded on the patients' clinical record on each of the GP clinical systems.

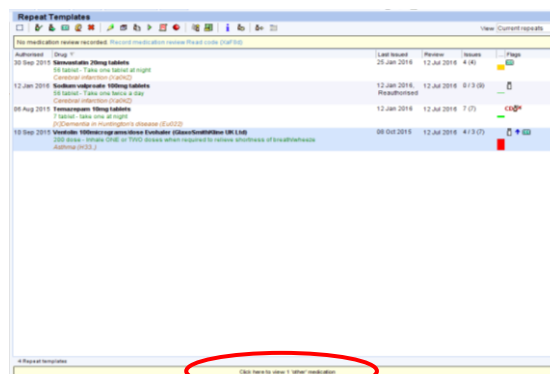
Recording and keeping this information up-to-date also ensures that the patients Summary Care Record (SCR) is accurate. The SCR provides vital information about medicines to other healthcare professionals when patients transfer between different care settings.

## Instructions for adding medicines prescribed and issued by other HCPs to GP clinical systems SystemOne

1. Use read code **Xalng (hospital prescription)** to document that the patient has a hospital prescription
2. Go to 'medication' on clinical tree, right click and select 'record other medication'
3. A new window titled 'select drug or appliance' will open
4. Search for the new medication and select the appropriate drug
5. A new window titled 'record other medication' will appear
6. Under 'medication source' select 'hospital medication'



7. Complete details of the drug. In the 'quantity' field enter **ZERO**, or if this is not possible the lowest quantity possible should be entered e.g. 1 tablet, 1mL.
8. In the 'dose' field enter 'HOSPITAL PRESCRIBED & SUPPLIED – NOT TO BE PRESCRIBED BY THE GP'.  
This information is essential to warn the patient/dispensing pharmacist in the event a prescription is issued by mistake
9. In the 'script notes' enter details of who is responsible for prescribing i.e. hospital and consultant
10. In the 'administrative notes' section add dose instructions as per clinic letter including the date of the clinic letter
11. The record will appear in the repeat template screen under 'other' medication
12. Click on 'OK' and 'Save Patient Record'



## EMIS Web

1. Use read code **8B2D (hospital prescription)** to document that the patient has a hospital prescription
2. Open **'medication'** tab
3. Select **'add drug'** icon and enter drug details
4. Complete the other required details of the non-practice drug:
  - a. 'Dose': HOSPITAL PRESCRIBED & SUPPLIED – NOT TO BE ISSUED BY GP
  - b. 'Quantity': Enter ZERO or if this is not possible the lowest possible quantity should be entered e.g. 1 tablet, 1mL
  - c. 'Rx types': Select 'Repeat'
5. Select **'Issue'**. This will open another window. Go to the **'Change All'** tab and select **'Hospital (No Print)'** from drop down menu
6. Then click on **'Approve and complete'**. The non-practice drug will now be displayed in a different section of the medication screen to the other GP prescribed medicines.

Drug / Dosage / Quantity	Usage Current / Average	Last Issue Date / Authoriser	Last Issue Number / Method
I <b>Ranitidine 150mg tablets</b> two at night, 112 tablet	186% 104%	16-May-2016 MURRAY, Robert (Dr.)	Print
J <b>Warfarin 1mg tablets</b> Take As Prescribed In Anticoagulant Treatment Book, 168 tablet <b>Altered</b>	>1000% 105%	13-Jun-2016 BISHOP, Nicholas (Dr)	Print
<b>Hospital</b>			
K <b>Advagraf 0.5mg modified-release capsules (Astellas Pharma Ltd)</b> One To Be Taken Each Day, 1 capsule		12-Nov-2015 MURRAY, Robert (Dr.)	Record Hospital
L <b>Myfenax 500mg tablets (Teva UK Ltd)</b> One To Be Taken Twice A Day, 1 tablet	0% 0%	12-Nov-2015 MURRAY, Robert (Dr.)	Record Hospital
M <b>Tacrolimus 1mg modified-release capsules</b> Two To Be Taken Daily, 1 capsule		12-Nov-2015 MURRAY, Robert (Dr.)	Record Hospital

## On-going updates

Practices should ensure that information about medicines prescribed elsewhere on a repeat basis are kept up-to-date as per the most recent clinic letter to maintain patient safety and keep the information on the patients SCR up-to-date.

It is essential practices ensure information about medicines prescribed elsewhere are reviewed on the GP clinical system at least annually, even if there are no changes to the medication. Where a hospital consultant/specialist has stopped a patient's medication this should be discontinued on the GP-held record.