

## 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
- **Grey** – not recommended for prescribing except in exceptional circumstances
- **Do Not Prescribe (DNP)** – 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, or medicines being issued by private providers. Patients are increasingly resorting to seeking private healthcare to deal with their health problems. We also need to ensure that any medicines prescribed on a repeat basis by a private provider are recorded on the GP clinical system as well. This may include things such as medication prescribed by gender identity ADHD clinics for example.

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:

### TPP SystemOne

1. Use read code **XaIng 'Hospital prescription' (394995008)** to document that the patient has a hospital prescription, or **XaEK8 'seen in private clinic (31337007)** to document that the patient has medication issued by a private provider
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'**, if it's a red or amber drug for example, or **'Other Medication'** if it's a medication from a private provider.

Record Other Medication

Other Details... Exact date & time Mon 18 Sep 2023 15:18

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Start date 18 Sep 2023

End date

Medication source ☐ Other Medication ☐ Dental Medication ☒ Hospital Medication

Drug **EX-HIGH ALERT: Methotrexate 15mg/0.3ml solution for injectio...**

Dose

Quantity

Script notes

Administrative notes

**Ok** Ok & Another Cancel

7. Complete the 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'** or **'PRESCRIBED AND SUPPLIED BY A PRIVATE PROVIDER – 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 **'Script notes'** enter the details of who is responsible for prescribing i.e., hospital and consultant
10. In the **'Administrative notes'** section add the dose instructions as per the clinic letter, including the date of the clinic letter
11. Click on **'OK'**
12. The record will appear in the **'Repeat templates'** screen under **'Other' medication'**

## EMIS Web

1. Use read code **8B2D 'Hospital Prescription'** to document that the patient has a hospital prescription, or '**seen in private clinic**' to document that the patient has medication issued by a private provider.
2. Open the '**Medication**' tab
3. Select the '**Add Drug**' icon and enter drug name
4. In the '**Dosage**' field enter '**HOSPITAL PRESCRIBED & SUPPLIED – NOT TO BE PRESCRIBED BY THE GP**' or '**PRESCRIBED AND SUPPLIED BY A PRIVATE PROVIDER – 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.
5. In the '**Quantity**' field enter **ZERO**, or if this is not possible the lowest possible quantity should be entered e.g., 1 tablet, 1ml.
6. In the '**Rx Types**' field select '**Repeat**'
7. Select '**Issue**'. This will open another window. Go to the '**Change All**' tab and select '**Record Hospital (No Print)**' from the drop-down menu
8. 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.

### **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 ensure the information on the patients SCR is accurate.

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.