Repeat Prescribing Resource Pack

Incorporating

Technical Level 1 Medication (Non-Clinical) Review Guidance

Effective Prescribing and Therapeutics Branch

****

**For Practice Managers, Administrative Staff and Prescribing Support Teams**

**Last Update: 13/03/2018**

**DISCLAIMER:**

This pack has been produced by the Effective Prescribing and Therapeutics Branch.

The information contained herein does not constitute legal or other professional advice. Anyone using the pack should always seek detailed advice from their own solicitors and/or experts if they require any clarification on the legal position or advice on how to apply the guidance in relation to their particular situation.

The Effective Prescribing and Therapeutics Branch and the Scottish Government and/or our related suppliers disclaim all liability both to the direct user and all third parties for special, indirect or consequential damage or any damage whatsoever arising in contract or otherwise (including without limitation damages for loss of use, data, business of profits) resulting from the use or inability to use these materials or loss occasioned to any person acting or refraining from action as a result of any of the material in or directly associated with this publication.

For more information on the Effective Prescribing and Therapeutics Branch visit: http://www.therapeutics.scot.nhs.uk/

If you would like more information, please contact [EPandT@gov.scot](mailto:EPandT@gov.scot)

**THE TEAM ON THIS PACK:**

The Repeat Prescribing Resource pack was produced on behalf of the Effective Prescribing and Therapeutics Branch by:

Thomas Ross, Lead Pharmacist (South & Mid Division), NHS Highland

Richard Hassett, Senior Prescribing & Information Analyst, NHS Greater Glasgow & Clyde

Andrew Morgan, Senior Prescribing & Information Analyst, NHS Greater Glasgow & Clyde

Jason Cormack, Project Manager, Effective Prescribing and Therapeutics Branch

**FFEDBACK:**

Feedback welcome. Please direct to: [EPandT@gov.scot](mailto:EPandT@gov.scot) and title e-mail ‘*L1 Review Pack feedback FOA Jason Cormack*’.

Contents

[**Introduction** 6](#_Toc508690708)

[Who is this pack for? 6](#_Toc508690709)

[About this guidance 7](#_Toc508690710)

[About the forms in this guidance 7](#_Toc508690711)

[Further support 7](#_Toc508690712)

[**Background Information** 8](#_Toc508690713)

[Repeat Prescribing 8](#_Toc508690714)

[Medication Review 8](#_Toc508690715)

[Level 1 (L1) Prescription (Medication) review 8](#_Toc508690716)

[Why is it important? 8](#_Toc508690717)

[**Identifying Patients for Review – The Scottish Therapeutics Utility** 9](#_Toc508690718)

[Why is it important? 9](#_Toc508690719)

[STU resource pack 9](#_Toc508690720)

[**Guidance for Commissioners / Practice Managers** 10](#_Toc508690721)

[The L1 review Tasks 10](#_Toc508690722)

[Defining the L1 review 10](#_Toc508690723)

[Practical support for staff undertaking L1 reviews 11](#_Toc508690724)

[Working towards L1 Review – Non-Clinical Staff 11](#_Toc508690725)

[Working towards L1 Review - Staff with some clinical knowledge 12](#_Toc508690726)

[Working towards L1 Review - Staff with full clinical knowledge 12](#_Toc508690727)

[Training 12](#_Toc508690728)

[Competency criteria and checking 12](#_Toc508690729)

[Responsibilities of all staff completing the L1 Medication Review 12](#_Toc508690730)

[Communication 13](#_Toc508690731)

[Internal Communication 13](#_Toc508690732)

[Communication with Patients 13](#_Toc508690733)

[Communication with parties external to the practice 13](#_Toc508690734)

[Methods of Communication 13](#_Toc508690735)

[Recording activity 14](#_Toc508690736)

[Assessing the impact of the L1 Review 14](#_Toc508690737)

[Avoiding duplication of effort 14](#_Toc508690738)

[Review of Systems and Processes 15](#_Toc508690739)

[Next Steps Checklist 16](#_Toc508690740)

[**Summary - Suggested L1 Medication Review Tasks** 17](#_Toc508690741)

[Detailed Guidance - Removal of Duplicate or Similar Repeat Prescription Items 20](#_Toc508690742)

[Detailed Guidance - Review of Duplicate Repeat Prescription Issues 21](#_Toc508690743)

[Detailed Guidance - Removal of Obsolete Repeat Prescription Items 22](#_Toc508690744)

[Detailed Guidance - Repeat Medication Compliance Check 24](#_Toc508690745)

[Detailed Guidance - Alignment of Repeat Prescription Item Quantities 26](#_Toc508690746)

[Detailed Guidance - Correction of Items with Missing or Ambiguous Dose Directions 28](#_Toc508690747)

[Detailed Guidance - Synchronisation of Repeat Prescription Item Ordering 29](#_Toc508690748)

[Detailed Guidance - Review of Medication Supplied External to the Practice e.g. ‘hospital issue only’ medication 30](#_Toc508690749)

[Detailed Guidance - Chronic Medication Service (CMS) 31](#_Toc508690750)

[**Appendix i – L1 Medication Review** 32](#_Toc508690751)

[Definition 32](#_Toc508690752)

[L1 Review - Individual Patient Form 37](#_Toc508690753)

[L1 Review - Multiple Patient Form 38](#_Toc508690754)

[STU Outcome Measures Proforma 40](#_Toc508690755)

[**Appendix ii - Competency Checking** 41](#_Toc508690756)

[Questions 41](#_Toc508690757)

[Answers 52](#_Toc508690758)

[Staff Competency Checking Form 64](#_Toc508690759)

[**Appendix iii – Sample Process Flowcharts – Obsolete Drugs** 65](#_Toc508690760)

[Identified by non-clinical staff and corrected by staff with some / full clinical knowledge. 65](#_Toc508690761)

[Identified by non-clinical staff and corrected by them guided by practice resources 66](#_Toc508690762)

[**Appendix iii – Duplicate / Similar Items** 67](#_Toc508690763)

[Reference List – Drugs with duplicate / similar sounding names 67](#_Toc508690764)

[**Appendix v –Duplicate Repeat Prescription Items (re-issued within 3 days of original issue)** 70](#_Toc508690765)

[Review Guidance 70](#_Toc508690766)

[Reference List - Duplicate Drugs 72](#_Toc508690767)

[**Appendix vi - Removal of Obsolete Repeat Prescribing Items** 73](#_Toc508690768)

[Practice Form 73](#_Toc508690769)

[Reference List – Obsolete Drugs 74](#_Toc508690770)

[**Appendix vii – Compliance** 75](#_Toc508690771)

[Compliance Assessment Form 75](#_Toc508690772)

[Reference list – Drugs to Highlight for Compliance 76](#_Toc508690773)

[**Appendix vii - Ready reckoners** 77](#_Toc508690774)

[Reference List - Quantities based on daily doses 77](#_Toc508690775)

[Reference List - Inhaler Ready Reckoner List 77](#_Toc508690776)

[Reference List - Diabetes GLP1 Ready Reckoner List 77](#_Toc508690777)

[**Appendix viii - Alignment of Repeat Prescription Item Quantities** 78](#_Toc508690778)

[Practice Form 78](#_Toc508690779)

[Reference List – Drug Alignment 79](#_Toc508690780)

[**Appendix ix - Correction of drugs with missing or ambiguous dose directions** 80](#_Toc508690781)

[Drugs with missing or ambiguous directions - GP Form 80](#_Toc508690782)

[Reference List - Latin Abbreviations and English Equivalent Dose Direction 81](#_Toc508690783)

[**Appendix x - Synchronisation of Repeat Prescription Items** 83](#_Toc508690784)

[Sample Patient Letter Text 83](#_Toc508690785)

[Patient Synchronisation Form 84](#_Toc508690786)

[**Appendix xi – Medication issued external to the practice** 85](#_Toc508690787)

[GP System Specific Guidance 85](#_Toc508690788)

[Reference List - Drugs which may be supplied external to the practice 86](#_Toc508690789)

[**Appendix xii - Chronic Medication Service (CMS)** 87](#_Toc508690790)

[Shared Care Agreement 87](#_Toc508690791)

[Reference List - CMS (Situations/Drugs for Exclusion) 88](#_Toc508690792)

[**Appendix xiii - Resources and Website links** 89](#_Toc508690793)

[Useful websites 89](#_Toc508690794)

[Relevant Documents 89](#_Toc508690795)

[**Glossary of terms** 91](#_Toc508690796)

[**Supplemental Appendices** 92](#_Toc508690797)

[Additional resources 92](#_Toc508690798)

# **Introduction**

The aim of this pack is to assist staff who are undertaking a Level 1 (L1) Non-Clinical Medication Review as part of their designated practice activities or those who are involved in commissioning work. The L1 Medication Review can help practices manage workload and demand through improving basic medicines management of repeat prescribing.

As part of this work practices are strongly encouraged to review practice prescribing processes and systems in order to prevent or lessen occurrences (and re-occurrences) of medicines wastage and adverse events leading to potential patient harm.

## Who is this pack for?

This pack is intended for:

Staff involved in commissioning or overseeing L1 review work

* GPs, Practice Managers and Prescribing Support staff, to help set up a framework for L1 Medication Review and to help ensure optimisation of repeat prescribing

Staff involved in undertaking L1 review work

* Non-clinical staff (reception and administrative staff) who are undertaking daily work around repeat prescribing
* Staff with some clinical knowledge e.g. Prescribing Support Technicians who may be undertaking medication review work as part of a practice support role or a less experienced practice nurse
* Clinical staff e.g. GPs, experienced Practice nurses and Prescribing Support Pharmacists

The pack details a range of activities that could be included as part of an L1 Medication Review. It is important to discuss priorities for review in line with available resource and support and then decide on the composition of the L1 review within the individual setting (e.g. at Board or down to practice level). Appendix i provides a proforma to use as a basis for defining the L1 review within individual settings.

When discussing the L1 review the pack provides further guidance in terms of the level of L1 review work that could be undertaken at the three staff levels identified (non-clinical, staff with some clinical knowledge, staff with full clinical knowledge).

This pack assumes that proper resources, controls, and checks and measures are in place to support members of staff at varying levels undertaking the work. Included are some worked examples, suggested guidance and tools to assist with this. These include: lists of drugs to help guide specific actions under the L1 Medication Review, appropriate lines of communication to highlight issues beyond the remit of the L1 Medication Review role and worked examples to support understanding of the tasks involved.

Individual GPs and Practice Managers should ensure that any members of staff undertaking the work can demonstrate a level of competency and experience (*appendix ii*), and be satisfied that the member of staff can recognise an activity not within their competency (or remit) and highlight within the practice as appropriate.

## About this guidance

The guidance contained in this document is based on best practice and should be reviewed and adapted to suit individual systems and processes where appropriate.

When discussing L1 Medication Review Tasks this guidance uses the format:

|  |  |
| --- | --- |
| Task | Title of the task |
| Description | Description of the task |
| Rationale | Why it is important to do the task |
| Why it can happen? | How the issue can arise |
| Finding the Information | How to identify patients who may benefit from undertaking this task in practice |
| Comparative Data | To help the practice compare their own data against an average from a sample of more than 200 practices (where available for a given task) |
| Staff Group Potential Responsibilities | To help guide the level of work which could be undertaken at varying staff levels:   * non-clinical staff (reception / admin) * staff with some clinical knowledge (experienced Pharmacy Technician / less experienced Practice Nurse) * staff with full clinical knowledge (GP / experienced nurse / pharmacist) |
| Supporting Resources | Additional resources available to support completion of the task |

## About the forms in this guidance

Forms are included which can be completed by GPs or relevant clinical staff to provide further information prior to starting the L1 Medication Reviews. These may be adapted to suit – or should be developed internally to ensure safe working when undertaking the L1 Medication Review. The working method chosen should reflect the desired way of working within the setting and competencies of staff involved e.g. member of reception staff undertaking L1 Review work notes down all issues and then discusses directly with a GP prior to making any changes vs. a pharmacy technician completing the medication review using pre-set guidance such as lists of drugs to be removed from repeat if not ordered within a practice specified time frame e.g. not ordered in 6months.

## Further support

If any aspect of the guidance or the L1 Medication Review work requires clarification, please discuss with your GPs, Practice Manager or Medicines Management / Prescribing Support Team.

# **Background Information**

## Repeat Prescribing

The production of repeat prescriptions is a complex process and involves a number of steps. With greater complexity and complication in a process comes a greater potential for inefficiencies and wastage. Repeat prescriptions represent approximately 60-75% of all prescriptions written by GPs and approximately 80% of primary care prescribing costs[[1]](#endnote-1).

The National Prescribing Centre (NPC) describe repeat prescribing as a partnership between the patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals, without the patient having to consult the prescriber at each issue[[2]](#endnote-2). A robust repeat prescribing system offers many benefits including convenient and easy access to medicines for the patient, and a more manageable workload for practices.

## Medication Review

Medication review can be defined as ‘*a structured, critical examination of a patient’s medicines with the objectives of reaching an agreement with the patient about treatment, of optimising the impact of medicines and minimising the number of medication related problems and reducing waste[[3]](#endnote-3)*’.

Four levels of medication reviewiii:

|  |  |  |
| --- | --- | --- |
| **Level** | **Review Type** | **Review Description** |
| 0 | Ad-hoc review | an unstructured opportunistic review |
| **1** | **Prescription review** | **a technical review of a list of patient’s medicines (paper-based) by non-clinical staff** |
| 2 | Treatment review | a review of medicines with patient’s full notes (not necessarily with the patient present) by doctors, nurses, pharmacists or pharmacy technicians |
| 3 | Clinical medication review | face-to-face review of medicines and conditions with the patient by doctors, nurses or pharmacists |

## Level 1 (L1) Prescription (Medication) review

This technical review is defined as being a simple review of the medication without the patient present. This non-clinical review can typically be undertaken by practice administration and reception staff, Practice Managers, and Pharmacy Technicians. This will be dependent on individual resources, priorities, and processes and systems. Clinical level staff (e.g. GPs, nurses and pharmacists) may also be involved in Level 1 Medication Review but the practice should consider whether or not they are the most appropriate to do the task.

The purpose of the review is to address simple issues relating to the medication, and to highlight more complex issues for review by an appropriate clinician e.g. GP, nurse or pharmacist. The simple issues may include removing duplicate items and repeat medication that has not been ordered for a long time frame (as agreed within practice) and correcting mismatched quantities. More complex issues can mean identifying and highlighting to a clinician where patients are not ordering medication or appear to be ordering too much, and identifying where medicine dose directions are unclear.

## Why is it important?

Where a repeat prescribing system is not being efficiently run there is an increased risk of patient harm. There will also be greater potential for wasted medicines, inefficient use of staff time and resources.

Everyone has a role to play in ensuring that repeat prescribing systems are working safely, effectively and efficiently to help ensure maximum patient safety and minimum medicines waste.

# **Identifying Patients for Review – The Scottish Therapeutics Utility**

The Scottish Therapeutics Utility (STU) is a computer programme that interrogates general practice clinical systems, (EMIS and InPS Vision) to populate an interactive dashboard and standardised reports on prescription items issued by an individual practice. STU can be used to help identify patients who may benefit from L1 Medication Review.

STU works alongside the clinical system to provide direct access to the individual patient clinical record, to facilitate review and allow the user to make changes if required.

STU is licensed by the Effective Prescribing & Therapeutics Branch at the Scottish Government and is available to practices throughout Scotland free of charge.

The STU user guide is available at: <http://www.escro.co.uk/STU/STU_User%20Guide_Final%20Version.pdf>

The STU install guide is available at: <http://www.escro.co.uk/STU/STU%20Installation%20Requirements.pdf>

## Why is it important?

Using STU to identify patients for L1 Medication Review will help ensure efficient use of staff time through identification of those patients who would most benefit from review. STU has pre-built searches available for the practice and automatically updates daily to ensure the data available is current.

## STU resource pack

This is a resource which is aimed at helping interpret the information held within STU. This provides essential information on how to interpret the data generated and the reports available in order to help decide priorities for action. The resource pack also includes information around potential actions to help resolve the highlighted issues.

The STU resource pack is available at: <http://www.therapeutics.scot.nhs.uk/stu/>

# **Guidance for Commissioners / Practice Managers**

## The L1 review Tasks

An L1 review may consist of the following tasks:

* Removal of Duplicate or Similar Repeat Prescription Items - A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical).
* Review of Duplicate Repeat Prescription Issues – A review of repeat items re-issued (not re-printed) within 3 days of original issue.
* Removal of Obsolete Repeat Prescribing Items - A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time e.g. one year.
* Compliance Check - A review of the patient’s repeat drugs list to identify if there are items which have not been ordered, ordered infrequently or which have been over-ordered.
* Alignment of Repeat Prescription Item Quantities to a Set Number of Days Supply - At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items.
* Correction of drugs with missing or ambiguous dose directions - A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’.
* Synchronisation of Repeat Prescription Item Ordering - Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due.
* Review of ‘hospital issue only’ medication - A review of the patient’s repeat drugs list to identify if there are items appropriately marked as receiving supply external to the practice e.g. ‘hospital issue only’.
* Chronic Medication Service (CMS) - A review of the patient’s suitability for being part of CMS and receiving medication via serial prescribing.

## Defining the L1 review

It is important to discuss priorities for review in line with available resource and support, and then decide on the composition of the L1 review within the individual setting (e.g. at Board or down to practice level). This could be deciding to target a lower number of patients to review but aiming to complete all of the above tasks or targeting a higher number of patients with a more limited number of tasks e.g. initially targeting obsolete drugs and alignment. The L1 review could be ‘built up’ over a period of time by adding tasks once a member of staff is comfortable with the original tasks.

In summary, there are two options / possible ways to approach the L1 review work:

1. Focus on a particular task and complete that for all (or a group) of patients e.g. identify all patients with drugs on repeat not ordered within the previous year and remove from repeat as appropriate, or
2. Focus on work at a patient level and undertake a complete L1 review for each patient in turn

Method i)allows a focus on a particular area and ensures that this area is addressed quickly. This may be of benefit if there are particular issues e.g. a high degree of misalignment of repeat prescription medicines has been causing a degree of patient confusion and creating additional workload for a practice. It can also help a practice prioritise work where there may be less resource available to do a complete L1 review or can help an inexperienced member of staff ‘settle in’ to the work.

If using method i) please note thatthere may be other issues outstanding on repeat that will not be addressed at this time. NB when working to a specific task e.g. removing obsolete drugs a L1 review would not ordinarily be considered as complete unless all of the tasks identified under the L1 review are complete.

Method ii) ensures that all L1 review tasks are completed (or at least highlighted) within an individual patient before moving on to the next patient.

A member of staff completing the L1 Reviews as a new task may find it helpful to initially review patients with four or less medicines on repeat. This will enable familiarity with the process before proceeding to patients with more complex repeat lists.

The form in appendix i can be used to set out the definition of a L1 Review within individual settings.

## Practical support for staff undertaking L1 reviews

Where a member of staff (non-clinical and staff with some clinical knowledge) has a degree of autonomy when completing the L1 reviews there should be appropriate support in place e.g. where part of the remit of the review is to remove repeat drugs not ordered within a set time period then it is recommended that there is a list in place to guide this action. There are forms related to each of the tasks to assist in setting up guidance for staff. Where staff, only identify and highlight issues then there should be lines of communication in place to highlight to an authorised member of staff for action.

Some members of staff may not have previously been involved in undertaking this type of work e.g. inactivating medicines from repeat. Where this is the case, practices are strongly encouraged to ensure that there are standard operating procedures in place to help guide this. The supplemental appendix provides a link to a website with these additional resources (where available).

### Working towards L1 Review – Non-Clinical Staff

The L1 review can generally take one of two methods (there are sample flowcharts in appendix iii):

* A member of reception or admin staff identifying issues defined by the L1 review and simply highlighting these onwards for another member of staff (generally a member of staff with at least some clinical knowledge) to address
* A member of reception or admin staff identifying issues defined by the L1 review and taking appropriate action guided by resources (e.g. lists of drugs suitable to remove from repeat if they have not been ordered for a set time period). Any issues over and above those contained in guidance are highlighted onwards to another member of staff (generally a member of staff with at least some clinical knowledge) to address.

It should be noted that the tasks that are part of a Level 1 Medication Review are all straightforward. The tasks that can be delegated to non-clinical staff either require inactivation of repeat drugs (guided by a list) or require amendment to repeat prescriptions following a simple arithmetical calculation. There will be additional issues highlighted (e.g. where a patient is not taking their medication) which require review by a member of staff with some clinical knowledge. Consideration should be given to how best to handle these (e.g. refer to GP, nurse or pharmacist for further action or through asking the non-clinical member of staff to contact the patient to come in for review).

### Working towards L1 Review - Staff with some clinical knowledge

It is suggested that this staff group work towards L1 review based on identification of issues and action up to a point dependant on clinical knowledge, experience and competence. In order to perform this there should be discussion around skill level and experience then setting out boundaries and the remit of the work. This should be noted for reference. Further issues identified or issues beyond the remit should be highlighted to a clinical staff member for advice and/or action.

An example of this could be undertaking the initial screening of patients suitable for the Chronic Medication Service but providing the list of potential patients to a clinician for final approval.

The L1 review can be helpful in ‘tidying up’ repeat medication but also in identifying patients who require further review or inclusion as part of a polypharmacy review process.

Where the practice have assistance in L1 review from prescribing support teams, the prescribing team may decide to have the Prescribing Support Technician identifying and referring issues to the prescribing support pharmacist in the first instance to try and reduce the amount of GP communication/workload. This should be discussed as part of work force planning for the practice.

### Working towards L1 Review - Staff with full clinical knowledge

A clinical member of staff would normally be expected to be able to identify and take action to address issues (or provide explicit instruction to a member of staff to correct an issue).

## Training

This pack could be used as a basis for developing / delivering training or as a reference guide post training. Many Health Boards have developed practical training sessions aimed at reception staff delivering L1 reviews. A sample of these can be accessed via the website: http://www.therapeutics.scot.nhs.uk/stu/

## Competency criteria and checking

Staff undertaking this duty should feel confident and competent in completing these actions and making appropriate decisions regarding the actions required. It is important to ensure that the member of staff can demonstrate this via some form of check or test prior to undertaking the L1 reviews to avoid potential for errors.

Potential routes to achieving competency may be through:

* Attending training, demonstrating understanding, and showing competent application of the learning.
* Shadowing or learning from a more experienced member of staff, then completing a sample number of reviews (e.g. 20) and having them checked.

There are some worked examples and a checklist in this pack that can be used to help check and approve competency (appendix ii).

Regardless of the method of learning/training it is recommended to periodically check competency by running searches for the read coding and checking that the L1 review and actions have been completed appropriately.

## Responsibilities of all staff completing the L1 Medication Review

It is the responsibility of the member of staff who is undertaking the L1 Medication Review work to seek clarification if there are any points which they do not understand or which require further information (at any point in the process). This should be made clear during training. The importance of appropriately recording actions should also be stressed in order to maintain a clear audit trail and avoid confusion.

## Communication

There should be clear lines of communication set down for the member of staff to follow to avoid confusion in event of queries or where an issue has been identified during L1 review that is beyond the remit of the review or member of staff e.g. a non-identical duplicate drug (e.g. two same drugs but with differing dose direction) is on repeat and requires review by a clinician. This will help ensure that any additional issues identified as part of the L1 review are addressed.

It may not always be necessary to formally communicate when changes are made (e.g. contact a patient where a moisturising cream has been removed from repeat because it has not been ordered in over two years) but consideration should be given as to whether or not it would be appropriate to do so.

### Internal Communication

The practice should ensure that they have lines of communication in place in order to:

1. Inform others internally of actions that are taking place. This will help reduce confusion in the event of any queries e.g. where medication is being aligned and a patient has had supply reduced from 56 days to 28 days and they have phoned the practice to query.
2. Ensure that any highlighted L1 review issues are addressed and action is taken.

The practice should aim to use existing lines of communication to facilitate this process.

### Communication with Patients

It may not always be necessary to directly communicate with individuals where a general note would suffice. An example would be putting a note on the right hand side of the prescription to tell patients that drugs are being removed from repeat where they have not been ordered for a period of time.

There will be occasions where direct communication would be strongly recommended e.g. compliance issues where the patient should be prompted to attend for review or where a drug dose is amended or changed.

### Communication with parties external to the practice

The practice should have robust systems in place to make sure changes in prescribing are effectively communicated. This could be:

* Communication of repeat prescribing changes to care homes
* Communication of repeat prescribing changes and patient circumstances to community pharmacies, particularly where medicines are dispensed into monitored dosage systems

It is useful to confirm a nominated named contact within the care homes and community pharmacies contact to advise of changes/amendments. Likewise it can be helpful to provide a contact to care homes and community pharmacies in event of queries.

### Methods of Communication

Communication could take the form of letter, telephone call, notification slip, a poster on the notice board, a message on the right hand side of the prescription or other means deemed appropriate by the practice. Internal communication (e.g. to highlight an issue identified during L1 review) could be through the use of tasks, paper/electronic forms, recording an encounter under data entry or any other method identified as suitable by the practice.

Specific consideration could be given to the following as a means of internal communication:

EMIS PCS

The EMIS task manager. The task manager allows a member of staff to assign a task against a specific patient and send it to another user for action. When tasks are completed evidence is retained within the patient record, maintaining the audit trail.

INPS Vision

Vision reminders and alerts. Vision allows the user to set a reminder or alert in a patient record. The reminder or alert pops up to prompt for action the next time the record is opened. The downside is that the message only appears when the record is opened. The person who sets the reminder would need to communicate with the other user to say that a reminder had been set.

Docman

Docman allows documents to be work flowed and acted upon by a selected user then stored within individual patient records to maintain the audit trail.

## Recording activity

It is important to record activity to ensure that patient records are correct and up to date, and to help inform others in the practice of actions being undertaken to avoid confusion in event of queries.

This recording could be in the form of:

* Read coding and adding descriptive text
  + L1 Medication Review – 8BM ‘Other Medication Management’ or 66RZ ‘Rep. presc monitoring NOS’
  + Individual tasks e.g. recording 8BIm ‘Drug over usage checked’ where review of compliance had identified over ordering
* Entering information into a patient encounter (data entry)
* Use of alerts / tasks
* Use of docman / paper forms

## Assessing the impact of the L1 Review

A Proforma is available in appendix i to help assess the impact of work undertaken.

## Avoiding duplication of effort

In order to reduce potential duplication of work it is useful to hold discussions with the GPs, Practice Nurses, prescribing team and administration team to discuss which route is the most efficient to addressing the prescribing issues and queries generated by this process. Once the work plan has been agreed then it is useful to discuss a method of communication, and it may be helpful to have a nominated person to take overall responsibility.

## Review of Systems and Processes

It is strongly recommended that a review of repeat prescribing systems and processes takes place as part of this process. If a system issue is causing errors then these will not likely resolve until the system is fixed.

Comparative data obtained from STU for approximately 200 GP Practices shows that the median (middle) value of percentage repeat prescribing is 68.9% (e.g. remaining amount is 31.1% acute / special request prescribing). Practices can access their own percentage repeat prescribing data by looking at STU Report 1 then selecting the data tab.

An analysis of the data suggests that at the following percentage repeats a review would be beneficial (this would not preclude reviewing at any percentage level but rather shows where a practice may be not within the normal range):

|  |  |  |
| --- | --- | --- |
|  | % Repeats Less Than | % Repeats Greater Than |
| Recommend Review | 60% | 77% |
| Strongly Recommend Review | 54% | 83% |

What does the above mean?

|  |  |  |  |
| --- | --- | --- | --- |
| Scenario | What does it mean? | Potential Positives | Potential Negatives |
| A low % repeats | a higher proportion of acute or ‘special request’ prescribing | A practice choose to control prescribing by ensuring a level of acute prescribing (as an acute request will typically be reviewed and authorised by a GP) | A practice have less formal systems for reviewing ‘repeatable’ acute prescriptions regularly and transferring to repeat as appropriate. Issuing acute or ‘special request’ prescriptions tends to be more time consuming than issuing repeats. |
| A high % repeats | a lower proportion of acute or ‘special request’ prescribing | A practice have processes in place to review ‘repeatable’ acute prescriptions and move to repeat as appropriate and have systems for ensuring regular review of repeats | A practice are less strict about which drugs are allowed on repeat (there may potentially be drugs on repeat where it would be more advisable to prescribe acutely unless controls on repeats are tight e.g. controlled drugs, antidepressants, etc.) |

Further guidance on review of repeat prescribing systems and processes is available in the supplemental appendices.

## Next Steps Checklist

Define L1 Review

Review of Repeat Prescribing Processes and Systems

Develop support materials / resources

Identify a suitable member / members of staff

Access training (or train) member of staff

Assess competency

Start work

Review competency

Audit activity

Refresher training if necessary

Continue work

# **Summary - Suggested L1 Medication Review Tasks**

This is not an exhaustive list but a best practice guide on the tasks that could be included for L1 review. The table below should be reviewed, adapted to suit individual process and systems, and adjusted depending on staff skill mix and capacity. Further information on the tasks can be found on subsequent pages. Appendix i provides a Proforma to help decide and define L1 review.

|  |  |  |  |
| --- | --- | --- | --- |
| Task | Description | Action | Rationale |
| 1. Removal of Duplicate or Similar Repeat Prescription Items | A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical). | Any items which are unnecessarily duplicated should be removed from repeat. | Having duplicate items on repeat increases the risk of the patient taking medication at a higher dose than prescribed, potentially leading to harm. Issuing prescriptions for duplicate or similar items increases potential for wastage. |
| 1. Review of Duplicate Repeat Prescription Issues | A review of repeat drugs which have been re-issued (not re-printed) within 3 days of original issue. | Highlight instances of this and consider ways to reduce or prevent future occurrences. | A patient may be taking too much medicine, potentially leading to harm. There is also increased potential for wastage. |
| 1. Removal of Obsolete Repeat Prescribing Items | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). | Removal of items not ordered for a practice specified time period. Practice may wish to specify items acceptable for removal to help guide staff. | A patient may restart medication from which they have had a lengthy break, potentially leading to harm e.g. blood pressure tablet may cause BP to drop dramatically. |
| 1. Compliance Check | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered, ordered infrequently or which have been over ordered. | Identification of compliance issues (where patient is not taking medication as intended) and taking appropriate action (as decided within the practice) e.g. highlighting to appropriate clinician, contacting patient for review, etc. | A patient not taking medicine as intended will potentially be at risk of harm e.g. not taking medicines or taking too high a dose of medicines for a long term condition can lead to worsening of condition and further health issues. |
| 1. Alignment of Repeat Prescription Item Quantities to a Set Number of Days Supply | At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. | Where there is a mismatch in number of days supply action is taken to bring supply in line with a set number of days (e.g. if an individual has four items with a 28 day supply and one item with a 56 day supply, the item that is 56 day supply may be changed to 28 day supply as appropriate). | Mismatches in supply amounts can lead to stockpiling and creates confusion for the patient when ordering. For the practice these mismatches lead to additional time spent processing prescriptions. |
| 1. Correction of drugs with missing or ambiguous dose directions | A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’. | Identifying missing or ambiguous dose directions and taking appropriate action (as decided within the practice) e.g. highlighting to a clinician, amending Latin abbreviations to English. | Unclear dose directions could cause the patient to take medication in a manner other than prescribed by the clinician, particularly if the patient is confused or on multiple medications. |
| 1. Synchronisation of Repeat Prescription Item Ordering | Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. | Where the repeat medication is being ordered on a variety of dates, separate numbers of days of each medication are issued in order that the medication all runs out on one date. The next repeat prescription order is then made for all items on one date. | When repeat prescription items are out of synchronisation ordering can be very confusing for patients with multiple repeat items as they have to remember to order at several points in a month. Having to order multiple times can potentially reduce medication compliance. For the practice, these items result in additional repeat prescription processing workload e.g. potentially up to 10 prescriptions per month for one individual with 10 items. Also makes monitoring compliance more difficult. |
| 1. Review of medication supplied external to the practice e.g. ‘hospital issue only’ medication | A review of the patient’s repeat drugs list to identify if there are items appropriately marked where supply is provided external to the practice e.g. ‘hospital issue only’. | Where outside supply medication e.g. ‘hospital issue only’ medication is on repeat (e.g. to ensure completeness of ECS and triggering of interactions) review and amend as necessary to minimise the chance of the item being issued. | Certain types of medication are generally monitored and provided via other sources, typically due to risks associated with prescribing. If provided via Primary Care the correct clinical checks may not have taken place and there may be duplication in supply. |
| 1. Chronic Medication Service (CMS) | A review of the patient’s suitability for being part of CMS and receiving medication via serial prescribing | Where a patient has signed up for CMS with a Community Pharmacy check and highlight where they may be suitable for serial prescribing (24, 48 or 56 week prescription dispensed at Community Pharmacy at regular intervals). | Serial prescribing has the potential to reduce the practice workload in generating repeat prescriptions (potentially 12 prescriptions per annum in a 28 day prescribing practice down to 1 prescription per annum). |

## Detailed Guidance - Removal of Duplicate or Similar Repeat Prescription Items

|  |  |
| --- | --- |
| Task | Removal of Duplicate or Similar Repeat Prescription Items |
| Description | A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical).  An identical duplicate would have the same drug, strength, dose directions and/or quantity.  A non-identical duplicate would have differing strength, dose directions and/or quantity.  A similar repeat prescription item would typically be where there are two drugs from the same class e.g. patient has atorvastatin and simvastatin on repeat together. |
| Action to take | Any items which are unnecessarily duplicated should be removed from repeat. |
| Rationale | Having duplicate (or similar) items on repeat increases the risk of the patient taking medication at a higher dose than prescribed, potentially leading to harm. Issuing prescriptions for duplicate or similar items increases potential for wastage. |
| Why does it happen? | * When there is a medicine or dosage change e.g. following discharge but the old item is not removed * Making an accidental copy of a repeat |
| STU – Finding the Information | In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then click on a patient. Review drug list for duplicates. |
| STU – Comparative Data | No comparative data available. |
| Staff Group Potential Responsibilities | Non-clinical staff – removal of identical duplicate items, highlight non-identical duplicates onwards e.g. to level 2 staff. Highlight similar items, guided by a list. Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge - removal of identical duplicate items, review of non-identical duplicates / similar items and either highlight further (indicating proposed course of action) or remove if deemed competent.  Staff with full clinical knowledge – removal of identical, non-identical duplicates and similar items as deemed clinically appropriate (or feedback desired course of action to staff to address). |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 1.1  Appendix iv guidance including similar items drug list |

## Detailed Guidance - Review of Duplicate Repeat Prescription Issues

|  |  |
| --- | --- |
| Task | Review of Duplicate Repeat Prescription Items |
| Description | A review of repeat prescription items identified as having been duplicated (items re-issued within 3 days of original issue). |
| Action to take | Review should highlight the potential causes to allow for adjustments to processes and systems in order to prevent or lessen future occurrences. |
| Rationale | Issuing medication more than once in a short period of time can lead to oversupply, increasing the risk of the patient harm. |
| Why does it happen? | * Re-issuing prescriptions rather than re-printing in event of lost prescriptions * Patient over-ordering but practice have not noticed. Can be intentional e.g. abuse of medication or unintentional e.g. patient ordering direct from practice but has also signed up to community pharmacy managed repeats service |
| STU – Finding the Information | In STU click on **3 – Duplicate issues** |
| STU – Comparative Data | The median (middle value) from sample data (2,468 data points) was **0.7%**.  **If the Practice value is between 0.7 and 1.5% - Recommend review.**  **If the Practice value is 1.6% or above - Strong recommendation to review.** |
| Staff Group Potential Responsibilities | Non-clinical staff – review patient records and identify root causes. Contribute to review of processes and systems aimed at addressing issue.  Staff with some clinical knowledge - review patient records and identify root causes. Contribute to review of processes and systems aimed at addressing issue.  Staff with full clinical knowledge – Contribute to review of processes and systems aimed at addressing issue. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 1.1  Appendix v Guidance including reviewing duplicate repeat prescription issues |

## Detailed Guidance - Removal of Obsolete Repeat Prescription Items

|  |  |
| --- | --- |
| Task | Removal of Obsolete Repeat Prescription Items |
| Description | A review of the patient’s repeat drugs list to identify if there are items on repeat that have not been ordered for a practice specified period of time e.g. items not ordered within the previous year. |
| Action to take | Any items which are obsolete should be reviewed to determine if they are to be referred to clinician, removed from repeat or to remain on repeat. |
| Rationale | Re-starting medicines not taken for a significant period of time can lead to harm e.g. blood pressure medication.  There is an increased potential for mistakes when processing repeat prescription orders e.g. an overpopulated repeat list can lead to accidentally selecting the wrong items when processing. This action also helps ensure that the medication record is an accurate reflection of the medication the patient is taking. This in turn helps improve the accuracy of the Emergency Care Summary thereby reducing the risk of error if admitted to hospital. |
| Why it can happen? | * The drug is no longer needed e.g. prescribed ‘when required’ but is no longer required due to condition resolving * The patient stopped taking or never took the drug e.g. experienced side effects but hasn’t told the GP * The wrong item was added to repeat list initially |
| STU – Finding the Information | In STU click on **5 – Repeats not issued** |
| STU – Comparative Data | Sample data (584 data points) Items not ordered within listed time period against total number repeat items:   |  |  |  |  | | --- | --- | --- | --- | | **Not Ordered Within** | **Median**  **(Middle Value)** | **Recommend Review** | **Strongly Recommend Review** | | 6 months | **6.3%** | 2.4% - 8.4% | Over - 11.3% | | 12 months | **2.7%** | 0.5% - 3.9% | Over - 5.6% | | 18 months | **1.3%** | Over - 2.2% | Over - 3.6% | | 24 months | **1.5%** | Over - 3.6% | Over - 6.6% | |
| Staff Group Potential Responsibilities | Non-clinical staff) – Remove selected obsolete items guided by a practice set time period and pre-agreed list of drugs (either drugs suitable for removal or not suitable for removal due to clinical significance). Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge – Remove selected obsolete items guided by a practice set time period and pre-agreed list of drugs (either suitable for removal or not for removal due to clinical significance). This list may be fully descriptive or categorical e.g. emollient creams, laxatives, indigestion remedies, etc.  Staff with full clinical knowledge – Remove obsolete drugs as appropriate within clinical competence. If items are highlighted by level 2 / 1 staff either remove as appropriate or provide feedback to referring member of staff indicating course of action. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Examples 2.1 & 2.2  Appendix vi Guidance including suggested drugs lists |

## Detailed Guidance - Repeat Medication Compliance Check

|  |  |
| --- | --- |
| Task | Repeat Medication Compliance Check |
| Description | Comparison of the number of days supplied against the actual order dates to identify if the patient is ordering medication at appropriate intervals e.g. average two monthly order for an item supplied as a regular 56 day item. |
| Action to take | Where a patient has ordered more or less than expected (depending on certain conditions) relevant items are highlighted for further review. |
| Rationale | The patient may not be taking medication vital to the treatment of their disease or condition. Alternatively, the patient may be taking too much medication which could lead to harm. |
| Why it can happen? | * For items not ordered, they may not require the item every month. This can occur for many different reasons e.g. laxatives not required, creams not being used. Inhalers may last for 60 days rather than just 28 days or vice versa. * The patient is not taking the medication as prescribed e.g. taking more than prescribed. * The patient may have experienced side effects and stopped taking the medication as prescribed. |
| STU – Finding the Information | In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then right click on a patient then **View Items Issued**. Review order dates. |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement. Reviewing the drugs not issued within a set time period within particular BNF section (STU report 5) can help identify where patients are not taking medicines that are used to treat chronic diseases e.g. BNF 02 – Cardiovascular, BNF 03 – Respiratory, BNF 06 – Endocrine (contains diabetes drugs). Practice could discuss priorities and target within these BNF sections as a means to help identify compliance issues.  Additionally there may be drugs with potential for abuse, or drugs which may be over-ordered that could be used to help identify poor compliance related to overuse or over-ordering e.g. co-codamol (BNF 04), benzodiazepines (BNF 04), gabapentin / pregabalin (BNF 04), zopiclone (BNF04), GTN sprays (BNF 02), hydroxocobalamin. These drugs can be found using STU or by searching using the GP IT System in-built search manager. |
| Staff Group Potential Responsibilities | Non-clinical staff – Identify and highlight compliance issues to staff with some or full clinical knowledge. May be asked to take limited action or follow a clearly set out course of action e.g. for steroid inhalers member of staff asked to contact patient and request attendance for asthma review.  Staff with some clinical knowledge – Identify and highlight compliance issues to full clinical staff. May take a degree of action within pre-set limits e.g. inviting patient in for polypharmacy review with appropriate clinician, providing advice/directing/supplying compliance aids or inhaler technique.  Staff with full clinical knowledge – Address issues as clinically appropriate. May refer back to other staff to inform of course of action e.g. ask receptionist to contact patient for review appointment. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 3.1  Appendix vii Guidance including suggested drugs for review and ready reckoner for medication quantities |

## Detailed Guidance - Alignment of Repeat Prescription Item Quantities

|  |  |
| --- | --- |
| Task | Alignment of Repeat Prescription Item Quantities to a Set Number of Days Supply |
| Description | At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. |
| Action to take | Where there is a mismatch in number of days supply, action is taken to bring supply into line with a set number of days (e.g. if an individual has four items with a 28 day supply and one item with a 56 day supply, the item that is 56 day supply may be changed to 28 day supply as appropriate). |
| Rationale | Mismatches in supply amounts can lead to stockpiling and creates confusion for the patient when ordering. For the practice these mismatches lead to additional time spent processing prescriptions. |
| Why it can happen? | When adding a new drug but not noticing the general number of days’ supply for that individual. |
| STU – Finding the Information | In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then click on a patient. Review drug list for misaligned items. |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement. One way to gauge the level of misalignment would to be review STU report 6 (priority patients) care home and MCCA / MDS patients to determine the proportion being supplied amounts greater than 30 days. Following work, repeating the initial review should show improvement through reduction in number of patients with misaligned items. |
| Staff Group Potential Responsibilities | Non-clinical staff – Address misalignment guided by a pre-agreed and set list of drugs and number of days or a set amount e.g. list of all antidepressant drugs and note to be aligned to 28 / 30 days, other regular non-‘prn’ meds for that individual also should be 28 / 30 days; paracetamol to be quantity 100. 100 doesn’t last 28 days if taking full amount for a month always re requests for this maybe state pain relief e.g. paracetamol agreed quantity to last 28 days or 56 days. Drugs not contained within the lists should be discussed with staff with some or full clinical knowledge. Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge – Address misalignment guided by a pre-agreed list of drugs (though may simply be drug categories) and number of days or a set amount e.g. antidepressant drugs generally aligned to 28 / 30 days, painkillers limited to quantity 1 box.  Level 3 (Staff with full clinical knowledge) – Address as clinically appropriate. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 4.1  Appendix vii Ready reckoner for medication quantities  Appendix viii Guidance including suggested drugs lists |

## Detailed Guidance - Correction of Items with Missing or Ambiguous Dose Directions

|  |  |
| --- | --- |
| Task | Correction of Items with Missing or Ambiguous Dose Directions |
| Description | A review of the repeat prescription items to identify if there are drugs with unclear or missing dose directions e.g. tablets prescribed with the direction ‘as directed’ and no other guidance e.g. how many to take, when to take them. |
| Action to take | Where items are identified with missing or ambiguous dose directions the directions should be amended to clarify as much as possible/as is reasonable. This may or may not include correction of Latin abbreviations to English. |
| Rationale | Missing or ambiguous dose directions can be confusing to the patient and carers, potentially leading to incorrect (and harmful) dosing. If a patient were admitted to hospital unconscious it may be difficult to tell whether or not the medication contributed to the admission. |
| Why it can happen? | * It could be that the dose changes on a daily/weekly basis e.g. Insulin, Warfarin. * It could be the prescriber did not add the information e.g. Eye drops to the affected eye(s), is this both eyes or just one? Which eye? How many drops? Apply to the affected area: which area is this? |
| STU – Finding the Information | In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then click on a patient. Review drug list for missing or ambiguous directions. |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement e.g. audit of dose directions for steroid creams and ointments showing number of patients with missing / ambiguous directions before and after. |
| Staff Group Potential Responsibilities | Non-clinical staff – Correction of drugs dose directions guided by a predetermined list e.g. Latin abbreviations and their English dose equivalents, list of standard directions for a limited set of drugs that are only given in that way e.g. GTN sprays 1 – 2 sprays under the tongue when required for chest pain. Anything not on the list is highlighted onwards. Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge – Correction of drugs dose directions guided by a predetermined list e.g. Latin abbreviations and their English dose equivalents, list of standard directions for a limited set of drugs that are only given in that way e.g. GTN sprays 1 – 2 sprays under the tongue when required for chest pain. If a drug is not on the list may review patient notes to determine if dose is stated therein and amend where clear evidence exists of correct dose. Additional unresolved directions would be highlighted onwards.  Staff with full clinical knowledge – Address as clinically appropriate. Feedback to staff if additional drugs could be added to the ‘drugs with standard directions’ list |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 5.1  Appendix ix Guidance including GP form to indicate action to take and Latin abbreviations sheet |

## Detailed Guidance - Synchronisation of Repeat Prescription Item Ordering

|  |  |
| --- | --- |
| Task | Synchronisation of Repeat Prescription Item Ordering |
| Description | Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. |
| Action to take | Where the repeat medication is being ordered on a variety of dates a separate number of days of each medication are issued in order that the medication all runs out on one date. The next repeat prescription order is then made for all items on one date. |
| Rationale | When repeat prescription items are out of synchronisation ordering can be very confusing for patients with multiple repeat items as they have to remember to order at several points in a month. Having to order multiple times can potentially reduce medication compliance. For the practice items out of synch represent additional repeat prescription processing workload – potentially up to 10 prescriptions per month for one individual with 10 items. Also makes monitoring compliance more difficult. |
| Why it can happen? | * When a patient is prescribed new medication or there are changes to medication mid-cycle. * Where prescription quantities are mismatched. * Following hospital admission and discharge. * Following a change request from secondary care e.g. outpatient clinic. |
| STU – Finding the Information | In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then right click on a patient then **View Items Issued**. Review order dates. |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement. STU report 4 – All items issued can serve as a proxy indicator for level of synchronisation. |
| Staff Group Potential Responsibilities | Non-clinical staff – On prior practice / GP approval issue varying amounts of medication as requested (or as informed by patient) in order to bring cycle into line. Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge – On prior practice / GP approval and as appropriate in line with work / agreed, issue varying amounts of medication as requested (or as informed by patient) in order to bring cycle into line.  Staff with full clinical knowledge – Less likely to be a full clinical staff member task but, if doing so, issue varying amounts of medication as requested (or as informed by patient) in order to bring cycle into line. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 6.1  Appendix vii Ready reckoner for medication quantities  Appendix x Guidance including patient letter and form to synchronise repeats |

## Detailed Guidance - Review of Medication Supplied External to the Practice e.g. ‘hospital issue only’ medication

|  |  |
| --- | --- |
| Task | Review of ‘hospital issue only’ medication |
| Description | A review of the patients’ repeat drugs list to identify that items supplied external to the practice are appropriately marked e.g. ‘hospital issue only’ |
| Action to take | Where this type of medication is listed on repeat (e.g. to ensure completeness of ECS and triggering of interactions) review and amend as necessary to minimise the chance of the item being issued. Check within practice Health Board for guidance but guidance is available in appendix xi advising of possible method of adding to patient record but minimising potential for issuing the medication inappropriately. |
| Rationale | This medication is generally monitored and provided through hospital or other outside source, typically due to risks associated with prescribing. If provided via Primary Care the necessary clinical checks may not have taken place and there may be duplication in supply. |
| Why it can happen? | * Items added onto repeat without an awareness that they are being supplied from elsewhere. * The member of staff who added the item onto the patient record was unaware of the correct process. |
| STU – Finding the Information | No direct report on STU. In STU click on **2 – Number of repeats** then **Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then click on a patient. Review drug list for medications supplied external to the practice. Alternatively search the GP IT System using the in-built search manager. See appendix xi for a suggestion as to potential drugs to search for. NB this list is not exhaustive. |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement. |
| Staff Group Potential Responsibilities | Non-clinical staff – Search, then review and amend the drug entry in line with set guidelines. Alternatively, highlighting all issues identified within this task to staff with some clinical knowledge or full clinical knowledge.  Staff with some clinical knowledge – Search, then review and amend the drug entry in line with set guidelines.  Level 3 (Staff with full clinical knowledge) – Ensure compliance with guidance when adding medication. Unlikely to be clinical task (retrospectively) but if so, search then review and amend the drug entry in line with set guidelines. Contribute to construction and maintenance of common drugs supplied external to the practice list. |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 7.1  Appendix vii Ready reckoner for medication quantities  Appendix xi Medication which may be supplied external to the practice list (NB not exhaustive) and GP System specific guidance |

## Detailed Guidance - Chronic Medication Service (CMS)

|  |  |
| --- | --- |
| Task | Chronic Medication Service (CMS) |
| Description | A review of the patient’s suitability for being part of CMS and receiving medication via serial prescribing. |
| Action to take | Where a patient has signed up for CMS with a Community Pharmacy check and highlight where they may be suitable for serial prescribing (24, 48 or 56 week prescription dispensed at Community Pharmacy at regular intervals). |
| Rationale | Serial prescribing has the potential to reduce the practice workload in generating repeat prescriptions (potentially 12 prescriptions per annum in a 28 day prescribing practice down to 1 prescription per annum). |
| Why it can happen? | N/A |
| STU – Finding the Information | In STU click on report **6 – Priority patients** then click the radio button for **CMS registered** then click **Recalculate**.  *NB This shows patients registered for CMS regardless of whether or not they have been marked as suitable for serial prescribing and regardless of whether or not they are currently receiving medication via a serial prescription.*  In addition to the above it is possible to utilise report **2 – Number of repeats** (**Data Tables** tab, choose a **Number of Repeat Items** e.g. 6 then right click on a patient then **View Items Issued**). Review order dates.  Also see STU report 4 – patients with all items issued.  *Reports 2 and 4 do not show whether or not a patient is registered for CMS but could be used as part of a process that is aimed to encouraging / gaining new CMS registrations.* |
| STU – Comparative Data | No comparative data available. In absence of comparative data audit and re-audit is recommended to be able to show improvement (an increase in the number of patients receiving medication via serial prescribing). |
| Staff Group Potential Responsibilities | Non-clinical staff – Review patients registered for chronic medication service and highlight those who have received regular ongoing medication with no recent changes (within an agreed time frame by practice).  Staff with some clinical knowledge – Review patients registered for chronic medication service and highlight those who have received regular ongoing medication with no recent changes.  Staff with full clinical knowledge – Review screened patient list and mode to serial prescribing where appropriate (or feedback to staff with explicit instruction to change). |
| Supporting Resources | Appendix i Level 1 Medication Review Forms  Appendix ii Worked Example 8.1  Appendix xii Shared Care Agreement |

# Appendix i – L1 Medication Review

## Definition

**Who will be undertaking the review?** (*delete as appropriate*) Non-clinical Staff (reception / admin) / Staff with some clinical knowledge (Pharmacy Technician / Nurse) / Staff with full clinical knowledge (GP / Pharmacist / Nurse)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Task**  (*Delete individual tasks if not part of L1 Review*) | **Description** | How will action be taken when an issue is **Identified**?  *Delete as appropriate* | **Supporting Resource** Available / Developed? | **Communication via** |
| 1. Removal of Duplicate or Similar Repeat Prescription Items | A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical), or similar repeat items. | * Removal of **identical** duplicate items * Record and communicate **non-identical** duplicate items * Record and communicate **similar** items if on ‘**similar items**’ list * Removal of **non-identical** duplicate items if within clinical competency * Record and communicate where **similar** items are identified * Removal of **similar** items if within clinical competency * Record and highlight any issue onwards | *Appendix iv*   * Similar items list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |
| 1. Review of Duplicate Repeat Prescription Issues | A review of repeat drugs which have been re-issued within 3 days of original issue. | * Identify and record reasons for re-issuing medicines within 3 days of original issue * Suggest adjustments to processes and systems to reduce or prevent * Highlight onwards | *Appendix v*   * Review of duplicate repeat prescription issues guidance | * Review of duplicate repeat prescription issues form * Task / messaging |
| 1. Removal of Obsolete Repeat Prescribing Items | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). | * Removal of obsolete drugs guided by ‘**obsolete for removal**’ list * Record and communicate drugs not ordered if on ‘**obsolete to highlight**’ list * Record and highlight any issue onwards | *Appendix vi*   * Obsolete for removal list * Obsolete to highlight list * Obsolete to remain on repeat list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Compliance Check | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered, ordered infrequently or which have been over ordered. | * Record and communicate compliance issues guided by ‘**compliance check**’ list * Record and highlight any / all issues onwards | *Appendix vii*   * Compliance check list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |
| 1. Alignment of Repeat Prescription Item Quantities to a Set Number of Days Supply | At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. | * Align repeat prescription quantities as guided by ‘**alignment**’ list * Record and highlight any / all issues onwards | *Appendix viii*   * Alignment list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |
| 1. Correction of drugs with missing or ambiguous dose directions | A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’ | * Correct Latin abbreviations guided by ‘**Latin abbreviations**’ list * Correct additional dose directions guided by ‘**standard dose directions**’ list * Record and highlight **additional** issues onwards * Record and highlight any / all issues onwards | *Appendix ix*   * Latin abbreviations list * Standard dose directions list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |
| 1. Synchronisation of Repeat Prescription Item Ordering | Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. | * Discuss and agree with patient / community pharmacy amount of medication required to synchronise * Record and communicate amount of medication required for synchronisation using ‘**patient** **synchronisation**’ form * Issue prescription for individual amounts from GP system to synchronise medication * Record and highlight any / all issues onwards | *Appendix x*   * Sample patient letter and form for synchronisation | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Review of medication supplied external to the practice e.g. ‘hospital issue only’ medication | A review of the patient’s repeat drugs list to identify if there are items appropriately marked as ‘hospital issue only’ | * Review and communicate hospital medication not prescribed in accordance with guidelines and as noted in ‘**hospital only drugs**’ list * Review and amend hospital medication not prescribed in accordance with guidelines and as noted in ‘**hospital only drugs**’ list | *Appendix xi*   * Hospital issue only medication guidance including hospital only drugs list | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |
| 1. Chronic Medication Service (CMS) | A review of the patient’s suitability for being part of CMS and receiving medication via serial prescribing | * Review and communicate patients who may be suitable for serial prescribing as defined by the ‘**Possible for serial prescribing**’ list | *Appendix xii*   * Shared Care Agreement | * L 1 medication review individual patient form (to identify individuals for action) * L 1 medication review multiple patient form (to identify multiple patients for action under this one task) * Task / Messaging |

|  |  |
| --- | --- |
| Where an issue is identified that requires further action e.g. an issue not guided by a list or action is unclear, who is it to be highlighted to? | GP / Nurse / Pharmacist / Pharmacy Technician |
| How will the activity be recorded? | Encounter / Readcoding |
| If appropriate, how will the patient / carer be informed? |  |
| If appropriate, how will the community pharmacy be informed? |  |
|  |  |

## L1 Review - Individual Patient Form

Patient……………………………………………………………………………………………….Patient ID / CHI / DOB…………………………………………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Issue | Issue identified? | Drug Detail(s) and Proposed Action | Agreed Action | Communicate to: | Complete? | Recorded in PMR? | Initials |
| 1. Duplicate Similar Items | Identical  Non-Identical  Similar |  | Remove  No Action  Other (see note) | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Re-issued Repeat Items | Yes |  | Remove to Acute  No Action  Other (see note) |  |  |  |  |
| 1. Obsolete | Yes |  | Remove  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Compliance Check | Under ordering  Over ordering |  | Contact Pt  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Misalignment | Yes |  | Align as below  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Unclear dose directions | Yes |  | Amend as below  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Synchronisation required | Yes |  | Synchronise  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. Hospital issue only drugs | Not to guideline |  | Amend  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| 1. CMS suitable for serial prescribing | Yes |  | Change to serial  No Action | Patient  Community Pharmacy | Yes | Yes |  |
| **Drug Detail(s) / Notes / Additional Issue(s)** | | | | | | | |
| Filled Out by: Date: Reviewed / Approval for Action By: Date: | | | | | | | |

## L1 Review - Multiple Patient Form

Task: MISC. / DUPLICATE / OBSOLETE / COMPLIANCE CHECK / MISALIGNMENT / DOSE DIRECTIONS / SYNCHRONISATION / EXTERNAL ISSUE / CMS

Form Filled Out by:……………………………………………………………. Date:……………………… Form Reviewed by:……………………………………………….. Date:………………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name | Pt ID / CHI / DOB | Drug Detail(s) and Proposed Action | Agreed Action | Communicate Change | Complete? | Recorded in PMR? | Completed  Initials |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |
|  |  |  | Remove  Amend as Agreed  No Action | Patient  Pharmacy | Yes | Yes |  |

*NB Review this form and amend headings and tick boxes as appropriate*

## STU Outcome Measures Proforma



|  |
| --- |
| **1) Area(s) of Activity** |
| *Does this impact on safety, efficiency or contribute to strategic goals* |

|  |
| --- |
| **2) Brief description of activity** |
| *Briefly described the action which has been undertaken, which STU searches have been used, the staff members involved and the scale of the work* |

|  |
| --- |
| **3) Initial data – e.g. any baseline taken** |
| *Baseline data may come from STU, audits or from other systems (PIS, PRISMS etc.)* |

|  |
| --- |
| **4) Action taken to deliver improvement** |
| *Describe what was done to deliver the improvement. The time commitment required is valuable to know.* |

|  |
| --- |
| **5) Achievement data** |
| *This data may come from STU, audits or from other systems (PIS, PRISMS etc.)* |

|  |
| --- |
| **6) Benefits to patients/organisations – e.g. time, safety, financial savings** |
| *Ideally this is based on the data in section 5, but qualitative reports are also valuable.* |

|  |
| --- |
| **7) Any unintended benefits captured – e.g. other clinical issues identified and resolved** |
| *Are there any plans to further deliver in these areas?* |

|  |
| --- |
| **8) What has been done to ensure the change will stick** |
| *It is important to share this learning with other areas* |

# Appendix ii - Competency Checking

## Questions

**Example 1.1: Removal of Duplicate repeat items.**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical), or similar repeat items. |
| **Case** |
| Miss B. Peep, 56 year old female has 7 items on repeat:   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Atorvastatin 10mg Tablets | 28 – 1 tablet in the morning | 09/08/2017 | | Hypromellose Eye Drops | 5ml - 1 drop into both eyes twice daily | 09/08/2017 | | Ramipril 2.5mg Tablets | 28 - 1 tablet in the morning | 09/08/2017 | | Atenolol 25mg Tablets | 28 - 1 tablet in the morning | 09/08/2017 | | Ramipril 1.25mg Tablets | 28 - 1 tablet in the morning | 06/07/2017 | | Simvastatin 20mg Tablets | 28 - 1 tablet at night | 09/08/2017 | | Hypromellose Eye Drops | 10ml - 1 drop into both eyes twice daily | 09/08/2017 | |
| **Questions** |
| 1. Are there any duplicate items? 2. If there are duplicates are they identical or non-identical? 3. How could this issue affect the patient / practice? 4. What action would you take / suggest? |
| **Your Notes / Answers** |
|  |

**Example 2.1: Removal of Obsolete Repeat Prescription items.**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). |
| **Case** |
| Patient B. Lightyear, 34 year old male has a repeat on for Ibuprofen 400mg tablets and Co-Codamol 30/500 tablets last requested in 2014. On looking in the consultations, the patient had a back injury at this time. This was only requested once. |
| **Questions** |
| 1. Do you have a list of items which you do not need to pass onto the GP? Can you authorise this? 2. How could this issue affect the patient / practice? 3. What action would you take / suggest? |
| **Your Notes / Answers** |
|  |

**Example 2.2: Removal of Obsolete Repeat Prescription items.**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). |
| **Case** |
| B. Man, an 87 year old male does not appear to have ordered any medication for the past 5 months. On looking in his records you do not see any admissions to hospital or any consultations within this time. |
| **Questions** |
| 1. Do you have a list of items which you do not need to pass onto the GP? Can you authorise this? 2. How could this issue affect the patient / practice? 3. What action would you take / suggest? |
| **Your Notes / Answers** |
|  |

**Example 3.1: Repeat Medication Compliance Check**

Compliance assessment – Check if a patient is ordering too frequently or not frequently enough.

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items that have not been ordered, ordered infrequently or which have been over ordered. |
| **Case** |
| W. Pleakly, 56 year old female.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Alendronic Acid 70mg tablets | 4 – One tablet weekly | 09/08/17 |  |  | 03/05/17 |  | 02/03/17 | | Aspirin 75mg dispersible tablets | 56 – One tablet daily | 09/08/17 |  | 06/06/17 |  | 05/04/17 |  | | Calcichew-D3 tablets | 60 – One tablet daily |  |  |  | 13/05/17 |  |  | | Co-codamol 8/500mg tablets | 100 – two tabs 4 times daily for pain | 09/08/17 | 06/07/17 | 06/06/17 | 03/05/17 | 05/04/17 | 02/03/17 | | Ramipril 5mg capsules | 60 – One capsule daily |  |  | 06/06/17 | 03/05/17 |  | 02/03/17 | | Ranitidine 150mg tablets | 60 – One tablet daily prn indigestion |  |  | 06/06/17 |  |  |  | | Zopiclone 7.5mg tablets | 56 – One tablet at night | 09/08/17 | 06/07/17 | 06/06/17 | 03/05/17 | 05/04/17 | 02/03/17 | |  |  |  |  |  |  |  |  | |
| **Questions** |
| 1. Are any drugs on the list where poor compliance appears to be an issue? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 4.1: Alignment of Repeat Prescription Items.**

|  |
| --- |
| **Task Description** |
| At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. |
| **Case** |
| D. Duck, 70 year old lady. She currently has 6 items on repeat   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 09/08/2017 | | Ramipril 10mg Capsules | 28 – One capsule daily | 09/08/2017 | | Omeprazole 20mg capsules | 60 – One capsule daily when required for indigestion | 09/08/2017 | | Simvastatin 40mg Tablets | 56 – One tablet at night | 09/08/2017 | | E45 Cream | 500g – Apply as a moisturiser twice daily | 09/08/2017 | | Losartan 50mg Tablets | 56 – One tablet daily | 09/08/2017 |   Practice policy for regular repeats is to supply 56 days medication. |
| **Questions** |
| 1. Are any drugs on the list out of alignment? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 5.1: Correction of items with Missing or Ambiguous Dose Directions**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’ |
| **Case** |
| |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 09/08/2017 | | Glyceryl trinitrate spray | 1 – As directed | 09/08/2017 | | Ramipril 10mg Capsules | 28 – One capsule daily | 09/08/2017 | | Lactulose Solution | 500ml – 10ml BD | 09/08/2017 | | Omeprazole 20mg capsules | 60 – One when required for indigestion | 09/08/2017 | | Simvastatin 40mg Tablets | 56 – One tablet at night | 09/08/2017 | | E45 Cream | 500g – Apply as directed | 09/08/2017 | | Losartan 50mg Tablets | 56 – One tablet daily | 09/08/2017 | |
| **Questions** |
| 1. Are there issues with any of the drug dose directions? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 6.1: Synchronisation of Repeat Prescription Item Ordering**

|  |
| --- |
| **Task Description** |
| Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. |
| **Case** |
| C. Bubbles, 76 year old male.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet daily | 07/08/17 | 10/07/17 | 12/06/17 | 15/05/17 | 17/04/17 | 20/03/17 | | Temazepam 5mg tablets | 30 – 1 tablet at night | 09/08/17 | 10/07/17 | 10/06/17 | 11/05/17 | 11/04/17 | 12/03/17 | | Atenolol 10mg tablets | 28 – 1 tablet in the morning | 05/08/17 | 08/07/17 | 10/06/17 | 13/05/17 | 15/04/17 | 18/03/17 | | Lansoprazole 15mg tablets | 30 – 1 tablet daily | 07/08/17 | 08/07/17 | 08/06/17 | 09/05/17 | 09/04/17 | 10/03/17 | | Senna 7.5mg tablets | 30 – 1 tablet at night | 01/08/17 | 02/07/17 | 02/06/17 | 03/05/17 | 03/04/17 | 04/03/17 | |
| **Questions** |
| 1. Are there issues with synchronisation? 2. If so, which drug(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 7.1: Review of Medication Supplied External to the Practice**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items appropriately marked as being supplied external to the practice |
| **Case** |
| Mr S Holmes 72 years old has the following medication on repeat:   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 02/12/2017 | | Lactulose Solution | 500ml – As directed | 02/12/2017 | | Lansoprazole 15mg capsules | 56 – One capsule daily | 02/12/2017 | | Zolendronic acid 50mcg/ml IV | 1-as directed | 02/12/2017 | | Simvastatin 40mg Tablets | 1-at night | 02/12/2017 | | Metformin 500mg tablets | 112-1 twice daily | 02/12/2017 | |
| **Questions** |
| 1. Are there problems with ‘external’ drugs? 2. If so, which drug(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 8.1: Chronic Medication Service**

|  |
| --- |
| **Task Description** |
| A review of the patient’s suitability for receiving medication via serial prescribing (practice produce one prescription to last a period of 24 / 48 weeks. The patient attends pharmacy for supply (e.g. two monthly until 48 weeks is up) without practice having to generate additional prescriptions. |
| **Case** |
| The following patients have registered for the chronic medication service but do not currently receive a serial prescription.  S. Bubbles, 76 year old male.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Levothyroxine 50mcg tablets | 56 – 1 tablet daily | 07/08/17 |  | 12/06/17 |  | 17/04/17 |  | | Aspirin 75mg dispersible tablets | 60 – 1 tablet daily | 11/08/17 |  | 12/06/17 |  | 13/04/17 |  |   J. Horner, 92 year old female.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet in the morning | 07/08/17 | 10/07/17 | 12/06/17 | 15/05/17 | 17/04/17 | 20/03/17 | | Warfarin 3mg tablets | 100 – As directed as per INR | 09/08/17 |  |  | 01/05/17 | 01/04/17 |  | | Salbutamol 100mcg inhaler | 1 – Two puffs prn for breathlessness | 05/08/17 | 08/07/17 | 10/06/17 | 13/05/17 | 15/04/17 | 18/03/17 | | E45 cream | 500g – Apply to dry skin twice daily | 07/08/17 |  | 08/06/17 |  | 09/04/17 |  | | Senna 7.5mg tablets | 30 – 1 tablet at night if required for constipation | 05/08/17 | 06/07/17 | 06/06/17 |  |  | 08/03/17 | |
| **Questions** |
| 1. Are any of the patients suitable for serial prescribing? 2. If so, which patient(s)? 3. What would the benefits be for serial prescribing for the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
|  |

**Example 9.1: Communication and recording**

|  |
| --- |
| **Task Description** |
| Demonstrating understanding of the importance of communication and recording information |
| **Case:** During a review Mr Hook’s medication is brought into sync and prescriptions for a 4 day supply of sertraline is sent to pharmacy. The pharmacy believes this to be a mistake and call to query this.   |  |  |  |  | | --- | --- | --- | --- | |  |  | Issue Month / Date | | | Drug | Quantity / Dose Directions | Oct 2017 | Sep 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet daily | 12/10/17 | 10/09/17 | | Sertraline 50mg tablets | 28 – 1 tablet at night | 10/10/17 | 28/09/17 | | Bisoprolol 5mg tablets | 28 – 1 tablet in the morning | 12/10/17 | 10/09/17 | | Omeprazole 20mg tablets | 30 – 1 tablet daily | 12/10/17 | 10/09/17 | |
|  |
| **Questions** |
| 1. What could have been done differently to avoid this scenario? 2. How should changes such as this be communicated to community pharmacies? 3. How would you have handled this? |
|  |
|  |

## Answers

**Example 1.1: Removal of Duplicate repeat items.**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical), or similar repeat items. |
| **Case** |
| Miss B. Peep, 56 year old female has 7 items on repeat:   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Atorvastatin 10mg Tablets | 28 – 1 Tablet in the morning | 09/08/2017 | | Hypromellose Eye Drops | 5ml - 1 drop into both eyes twice daily | 09/08/2017 | | Ramipril 1.25mg Tablets | 28 - 1 tablet in the morning | 09/08/2017 | | Atenolol 25mg Tablets | 28 - 1 tablet in the morning | 09/08/2017 | | Ramipril 1.25mg Tablets | 28 - 1 tablet in the morning | 06/07/2017 | | Simvastatin 20mg Tablets | 28 - 1 tablet at night | 09/08/2017 | | Hypromellose Eye Drops | 10ml - 1 drop into both eyes twice daily | 09/08/2017 | |
| **Questions** |
| 1. Are there any duplicate items? 2. If there are duplicates are they identical or non-identical? 3. How could this issue affect the patient / practice? 4. What action would you take / suggest? |
| **Your Notes / Answers** |
| There are two different pack sizes of hypromellose on repeat, 5ml and 10ml (non-identical duplicate). This could indicate at one point a pack size may not have been available therefore a different pack size was added to repeat. There are two different statins on repeat (atorvastatin and simvastatin – non-identical). This could indicate a switch from one to another but the previous one was not removed. Ramipril is duplicated identically on the repeat. This could result in the patient taking double the intended dose.  What would your suggestion be?   * Check to see when each item started * Check to see if there is a consultation suggesting why the other pack size was started   How will you communicate this to the GP?   * As per practice decision an Emis Task was sent to the GP leading Medicines Management   What is the urgency?   * This is not urgent   How will you document this? Will you add a consultation on?  Code activity completed in Emis consultation with brief summary of task sent to GP. Await instruction as to suggested action. |

**Example 2.1: Removal of Obsolete Repeat Prescription items.**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). |
| **Case** |
| Patient B. Lightyear, 34 year old male has a repeat on for Ibuprofen 400mg tablets and co-codamol 30/500 tablets last requested in 2014. On looking in the consultations, the patient had a back injury at this time. This was only requested once. |
| **Questions** |
| 1. How could this issue affect the patient / practice? 2. What action would you take / suggest? |
| **Your Notes / Answers** |
| When there are obsolete drugs on repeat it can make it more difficult to select the right items when processing an order. There is also the risk of accidentally issuing the obsolete without the patient having ordered it. Where a patient has had a lengthy break from taking medication ideally a clinician would review this prior to issuing – in event of there being drug interactions (due to meds added in the intervening period) or potential for harm e.g. blood pressure medication titrated up to a higher dose than would be tolerated by someone taking the medication having not had before.  What would your suggestion be?  This depends how the practice work. It may be that obsolete drugs are compared to a list of drugs acceptable to remove – in this case it may simply be a case of the receptionist removing the obsoletes and recording as per practice protocols. Some practice may prefer to highlight these drugs to a clinician for review and action. |

**Example 2.2: Removal of obsolete repeat prescription items.**

|  |
| --- |
| **Task Description** |
| A review of the patients’ repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). |
| **Case** |
| B. Man, an 87 year old male does not appear to have ordered any medication for the past 5 months. On looking in his records you do not see any admissions to hospital or any consultations within this time. |
| **Questions** |
| 1. How could this issue affect the patient / practice? 2. What action would you take / suggest? |
| **Your Notes / Answers** |
| If the patient is not taking their medication but have a chronic disease or ongoing condition this will be going untreated. This could lead to further health issues and complication.  What would your suggestion be?   * Check when commenced and last requested. * Check total quantity that has been issued in the past 12 months * Check if there are any consultations on to suggest that patient has stopped taking the item. * Highlight to GP where appropriate to do so e.g. regular repeat medication highlighted, ‘PRN’ / ‘MDU’ meds may be ignored at this stage (unless considered obsolete under practice policy) |

**Example 3.1: Repeat Medication Compliance Check**

Compliance assessment – Check if a patient is ordering too frequently or not frequently enough.

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items that have not been ordered, ordered infrequently or which have been over ordered. |
| **Case** |
| W. Pleakly, 56 year old female. Reviewed 31st August.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Alendronic Acid 70mg tablets | 4 – One tablet weekly | 09/08/17 |  |  | 03/05/17 |  | 02/03/17 | | Aspirin 75mg dispersible tablets | 56 – One tablet daily | 09/08/17 |  | 06/06/17 |  | 05/04/17 |  | | Calcichew-D3 tablets | 60 – One tablet daily |  |  |  | 13/05/17 |  |  | | Co-codamol 8/500mg tablets | 100 – two tabs 4 times daily for pain | 09/08/17 | 06/07/17 | 06/06/17 | 03/05/17 | 05/04/17 | 02/03/17 | | Ramipril 5mg capsules | 60 – One capsule daily |  |  | 06/06/17 | 03/05/17 |  | 02/03/17 | | Ranitidine 150mg tablets | 60 – One tablet daily prn indigestion |  |  | 06/06/17 |  |  |  | | Zopiclone 7.5mg tablets | 56 – One tablet at night | 09/08/17 | 06/07/17 | 06/06/17 | 03/05/17 | 05/04/17 | 02/03/17 | |
| **Questions** |
| 1. Are any drugs on the list where poor compliance appears to be an issue? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
| Compliance Issues  Zopiclone is being over ordered. Calcichew-D3 has only been ordered once. Ranitidine only ordered once but is prescribed ‘PRN’ so at this stage it probably would not be highlighted unless considered obsolete. Ramipril has not been ordered for two months but the patient likely has supply remaining from previous ordering. Additional - Alendronic Acid is a one month supply whereas all other medications are 2 month supplies.  *How will this affect patient?*   * Patient is not gaining any therapeutic benefit/worsening condition   *How will this affect practice?*   * GP’s may not be aware patient is not taking medication and it may be an issue with medication that is resolvable to aid compliance   *What would your suggestion be?*   * Book patient in for a polypharmacy review * Speak to patient to ascertain exactly what they are taking and how * Seems as though over ordering Zopiclone - check back further to assess if any patterns emerging and highlight as appropriate (perhaps there is a need to prescribe as dispense weekly) |

**Example 4.1: Alignment of Repeat Prescription Items.**

|  |
| --- |
| **Task Description** |
| At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. |
| **Case** |
| D. Duck, 70 year old lady. She currently has 6 items on repeat   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 09/08/2017 | | Ramipril 10mg Capsules | 28 – One capsule daily | 09/08/2017 | | Omeprazole 20mg capsules | 60 – One capsule daily when required for indigestion | 09/08/2017 | | Simvastatin 40mg Tablets | 56 – One tablet at night | 09/08/2017 | | E45 Cream | 500g – Apply as a moisturiser twice daily | 09/08/2017 | | Losartan 50mg Tablets | 56 – One tablet daily | 09/08/2017 |   Practice policy for regular repeats is to supply 56 days medication. |
| **Questions** |
| 1. Are any drugs on the list out of alignment? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
| Ramipril is out of alignment because the supply quantity will last 28 days and is not equal to the standard practice 56 day supply. The E45 may be out of alignment but unable to tell due to limited data – suggest checking dates further back then aligning as necessary e.g. if ordering twice a month then increase quantity to 2 x 500g.  Misalignment causes the practice additional work because patients have to order medication more frequently than they would if quantities were aligned.  What would your suggestion be?   * *As per practice policy patient should receive a 56 day supply of Ramipril. The quantity should be changed to 56.*   How will this affect the patient?   * *This will help the order pattern and the patient should only require to order once every 56 days.* |

**Example 5.1: Correction of items with Missing or Ambiguous Dose Directions**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’ |
| **Case** |
| |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 09/08/2017 | | Glyceryl trinitrate spray | 1 – As directed | 09/08/2017 | | Ramipril 10mg Capsules | 28 – One capsule daily | 09/08/2017 | | Lactulose Solution | 500ml – 10ml BD | 09/08/2017 | | Omeprazole 20mg capsules | 60 – One when required for indigestion | 09/08/2017 | | Simvastatin 40mg Tablets | 56 – One tablet at night | 09/08/2017 | | E45 Cream | 500g – Apply as directed | 09/08/2017 | | Losartan 50mg Tablets | 56 – One tablet daily | 09/08/2017 | |
| **Questions** |
| 1. Are there issues with any of the drug dose directions? 2. If so, which one(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
| Checking that the dose directions for each drug are clear and concise. Make reasonable effort to amend any which are missing directions or do not provide the patient with a clear idea of when to take their medicine.  There are multiple examples of this; some common examples include;   |  |  | | --- | --- | | Medication form | Description | | Tablets/capsules | Take as directed | |  | Take 1 or 2 as directed | |  | Take 1 or 2 every 4-6 hours | |  | Take 1 for the first week, then take 2 daily for the second week, then 3 daily for the third week to 4 daily | | Eye drops | Apply as directed | |  | To be applied to the affected eye(s) | |  | Use as directed | | Creams | Apply as directed to the affected area | |  | Use as directed | |  | Use when required |   What would your suggestion be?   * Lactulose - change Latin abbreviations to English * GTN Spray – standard dosing would be 1 – 2 sprays under the tongue when required for chest pain (practice could have a list of standard directions where it is ok to amend without further prescriber approval) * Omeprazole – could be worth adding a maximum daily amount in case patient takes very frequently * E45 – could amend direction to indicate an area of application or usage e.g. apply to trunk as required for dry skin * This area can be difficult to work out how many tablets the patient is taking if the dose is variable or is labelled as “as directed”. Where unclear then this should be referred to a clinician. * It can be difficult on eye drops to be certain which eye the drops have to be put into unless stated in the consultation or on a letter. * It can be difficult to determine where a cream has to be applied. It may be stated in the consultation or a letter.   *How will this affect the patient?*   * The patient may be uncertain of how much medication to take or use * The patient may inadvertently take more than required * The patient may be applying a steroid/antibacterial cream to the wrong area(s) * The patient may be using the eye drops incorrectly |

**Example 6.1: Synchronisation of Repeat Prescription Item Ordering**

|  |
| --- |
| **Task Description** |
| Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. |
| **Case** |
| C. Bubbles, 76 year old male   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet daily | 07/08/17 | 10/07/17 | 12/06/17 | 15/05/17 | 17/04/17 | 20/03/17 | | Nitrazepam 5mg tablets | 30 – 1 tablet at night | 09/08/17 | 10/07/17 | 10/06/17 | 11/05/17 | 11/04/17 | 12/03/17 | | Atenolol 10mg tablets | 28 – 1 tablet in the morning | 05/08/17 | 08/07/17 | 10/06/17 | 13/05/17 | 15/04/17 | 18/03/17 | | Lansoprazole 15mg tablets | 30 – 1 tablet daily | 07/08/17 | 08/07/17 | 08/06/17 | 09/05/17 | 09/04/17 | 10/03/17 | | Senna 7.5mg tablets | 30 – 1 tablet at night | 01/08/17 | 02/07/17 | 02/06/17 | 03/05/17 | 03/04/17 | 04/03/17 | |
| **Questions** |
| 1. Are there issues with synchronisation? 2. If so, which drug(s)? 3. How could this issue affect the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
| * Yes, medication is being ordered on different dates-nitrazepam, senna and atenolol   *How could this issue affect patient?*   * When repeat prescription items are out of synchronisation ordering can be very confusing for patients with multiple repeat items as they have to remember to order at several points in a month. * Having to order multiple times can potentially reduce medication compliance   *How could this issue affect practice?*   * This creates extra work for the practice due to additional repeat prescription processing and can make monitoring compliance difficult.   *What would your suggestion be?*   * Ask patient to check amounts remaining then use synchronisation form to note what needs issued to synchronise. * Issue separate number of days of each medication in order that the medication all runs out on one date. The next repeat prescription order is then made for all items on one date * Inform community pharmacy of action and let patient know when completed |

**Example 7.1: Review of Hospital Issue Only Medication**

|  |
| --- |
| **Task Description** |
| A review of the patient’s repeat drugs list to identify if there are items appropriately marked as ‘hospital issue only’ |
| **Case** Mr S Holmes 72 years old is receiving the following medication:   |  |  |  | | --- | --- | --- | | **Drug** | **Quantity / Dose Directions** | **Last Issue Date** | | Aspirin 75mg dispersible Tablets | 56 – One tablet daily | 02/12/2017 | | Lactulose Solution | 500ml – As directed | 02/12/2017 | | Lansoprazole 15mg capsules | 56 – One capsule daily | 02/12/2017 | | Zolendronic acid 50mcg/ml IV | 1-as directed | 02/12/2017 | | Simvastatin 40mg Tablets | 1-at night | 02/12/2017 | | Metformin 500mg tablets | 112-1 twice daily | 02/12/2017 | |
|  |
| **Questions:**  1**.** Are there problems with hospital issue only drugs?  2. If so, which drug(s)?  3. How could this issue affect the patient / practice?  4. What would your suggestion be? |
|  |
| **Your Notes / Answers** |
| Hospital or ‘outside’ issue drugs usually require additional monitoring  Examples include IV infusions, chemotherapy, homecare drugs such as immunoglobins, anti TNF drugs, antipsychotic depot injections, DMARDS such as methotrexate or steroid injections  *How could this issue affect patient?*   * Medication may be ordered in error and patient may take this leading to patient safety issues- can also cause confusion * May cause interactions with OTC medication * If not on repeat list it does not populate on patient’s emergency care summary thus increasing patient risk   *How could this issue affect practice?*   * If these medications are not on patient’s list this may not flag up interactions thus not providing clinician with all information needed to prescribe   *What would your suggestion be?*   * Ensure that external medication not prescribed by practice is set up appropriately on the GP system. * In EMIS - OUTSIDE (O) selected in the issue field and the dosage field is populated appropriately e.g. “**NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY**”. The quantity should be set to 0.001. * In Vision – Source of drug is set to “In Hospital” and the dosage field is populated appropriately e.g. “**NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY**”. * See Health Board specific guidance for advice within each Health Board setting. * It is important to inactivate this once patient is no longer receiving this medication. |

**Example 8.1: Chronic Medication Service**

|  |
| --- |
| **Task Description** |
| A review of the patients’ suitability for receiving medication via serial prescribing (practice produce one prescription to last a period of 24 / 48 weeks. The patient attends pharmacy for supply (e.g. two monthly until 48 weeks is up) without practice having to generate additional prescriptions. |
| **Case** |
| The following patients have registered for the chronic medication service but do not currently receive a serial prescription.  S. Bubbles, 76 year old male.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Levothyroxine 50mcg tablets | 56 – 1 tablet daily | 07/08/17 |  | 12/06/17 |  | 17/04/17 |  | | Aspirin 75mg dispersible tablets | 60 – 1 tablet daily | 11/08/17 |  | 12/06/17 |  | 13/04/17 |  |   J. Horner, 92 year old female.   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | Issue Month / Date | | | | | | | Drug | Quantity / Dose Directions | Aug 2017 | Jul 2017 | Jun 2017 | May 2017 | Apr 2017 | Mar 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet in the morning | 07/08/17 | 10/07/17 | 12/06/17 | 15/05/17 | 17/04/17 | 20/03/17 | | Warfarin 3mg tablets | 100 – As directed as per INR | 09/08/17 |  |  | 01/05/17 | 01/04/17 |  | | Salbutamol 100mcg inhaler | 1 – Two puffs prn for breathlessness | 05/08/17 | 08/07/17 | 10/06/17 | 13/05/17 | 15/04/17 | 18/03/17 | | E45 cream | 500g – Apply to dry skin twice daily | 07/08/17 |  | 08/06/17 |  | 09/04/17 |  | | Senna 7.5mg tablets | 30 – 1 tablet at night if required for constipation | 05/08/17 | 06/07/17 | 06/06/17 |  |  | 08/03/17 | |
| **Questions** |
| 1. Are any of the patients suitable or unsuitable for serial prescribing? 2. If so, which patient(s) and reasons why? 3. What would the benefits be for serial prescribing for the patient / practice? 4. What would your suggestion be? |
| **Your Notes / Answers** |
| S. Bubbles is suitable for serial prescribing as on regular medications without any recent dose changes that can be seen.  J. Horner is likely unsuitable as is on warfarin. The dose can change and requires regular monitoring.  Benefits of serial prescribing for patient?   * Allows community pharmacist to identify and prioritise risk from medicines * Minimising adverse drug reactions * Address existing and prevent potential problems with medicines * Provide structured follow-up and interventions where necessary * Easily accessible for patient   Benefits of serial prescribing for practice?   * Reduces practice workload in generating repeat prescriptions (potentially 12 prescriptions per annum in a 28 day prescribing practice down to 1 prescription per annum. A shift of 10% of practice list to serial prescribing produces an appreciable reduction in prescription workload.   *What would your suggestion be?*   * With agreement from clinician, liaise with patient and community pharmacist to set up serial dispensing for S. Bubbles |

**Example 9.1: Communication and recording**

|  |
| --- |
| **Task Description** |
| Demonstrating understanding of the importance of communication and recording information |
| **Case:** During a review of Mr Hook’s medication is brought into sync and prescriptions for a 4 day supply of sertraline is sent to pharmacy. The pharmacy believes this to be a mistake and call to query this.   |  |  |  |  | | --- | --- | --- | --- | |  |  | Issue Month / Date | | | Drug | Quantity / Dose Directions | Oct 2017 | Sep 2017 | | Aspirin 75mg dispersible tablets | 28 – 1 tablet daily | 12/10/17 | 10/09/17 | | Sertraline 50mg tablets | 28 – 1 tablet at night | 10/10/17 | 28/09/17 | | Bisoprolol 5mg tablets | 28 – 1 tablet in the morning | 12/10/17 | 10/09/17 | | Omeprazole 20mg tablets | 30 – 1 tablet daily | 12/10/17 | 10/09/17 | |
|  |
| **Questions** |
| * 1. What could have been done differently to avoid this scenario?   2. How should changes such as this be communicated to community pharmacies?   3. How would you have handled this? |
| **Your Notes / Answers**   1. The patient could have been contacted to ascertain how much sertraline was required to bring medication into sync. They could then have been asked if they would like to be able to order all medicines at the same time and the practice process could have been explained. 2. This should have been communicated appropriately e.g. via note on right hand side of prescription or verbally on the phone to make community pharmacy aware that medications 3. As above. |

## Staff Competency Checking Form

**Level 1 Medication Review – Competency Checking Form**

**Member of Staff being checked:…………………………………………………………………… Date:……………………….**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Number** | **Issue(s) identified correctly?** | **Communicated correctly?** | **Action taken correctly?** | **Recorded correctly?** |
| 1 | Yes | Yes  N/A | Yes  N/A | Yes |
| 2 | Yes | Yes  N/A | Yes  N/A | Yes |
| 3 | Yes | Yes  N/A | Yes  N/A | Yes |
| 4 | Yes | Yes  N/A | Yes  N/A | Yes |
| 5 | Yes | Yes  N/A | Yes  N/A | Yes |
| 6 | Yes | Yes  N/A | Yes  N/A | Yes |
| 7 | Yes | Yes  N/A | Yes  N/A | Yes |
| 8 | Yes | Yes  N/A | Yes  N/A | Yes |
| 9 | Yes | Yes  N/A | Yes  N/A | Yes |
| 10 | Yes | Yes  N/A | Yes  N/A | Yes |
| 11 | Yes | Yes  N/A | Yes  N/A | Yes |
| 12 | Yes | Yes  N/A | Yes  N/A | Yes |
| 13 | Yes | Yes  N/A | Yes  N/A | Yes |
| 14 | Yes | Yes  N/A | Yes  N/A | Yes |
| 15 | Yes | Yes  N/A | Yes  N/A | Yes |
| 16 | Yes | Yes  N/A | Yes  N/A | Yes |
| 17 | Yes | Yes  N/A | Yes  N/A | Yes |
| 18 | Yes | Yes  N/A | Yes  N/A | Yes |
| 19 | Yes | Yes  N/A | Yes  N/A | Yes |
| 20 | Yes | Yes  N/A | Yes  N/A | Yes |

|  |
| --- |
| **Notes** |
|  |

**Review Outcome**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Member is:** | **Reviewed By:** | **On Date:** | **Further Review Date:** |
| Competent to do L1 Review within limits set by practice  Requiring additional training (as noted above) to be fully comfortable with task |  |  |  |

# Appendix iii – Sample Process Flowcharts – Obsolete Drugs

## Identified by non-clinical staff and corrected by staff with some / full clinical knowledge.

IDENTIFY

INFORM

ACTION

RECORD

COMMUNICATE

Identified by non-clinical staff and corrected by them guided by practice resources.

e.g. drug lists. Issues not on lists are highlighted to staff with some or full clinical knowledge.

IDENTIFY

CHECK

INFORM

RECORD

COMMUNICATE

ACTION

# Appendix iii – Duplicate / Similar Items

## Reference List – Drugs with duplicate / similar sounding names

**Similar sounding** – names that sound the same that can be confused. Confusing these may result in a patient receiving a total different drug to what was intended e.g. Vermox is used to treat worm infections whereas Volmax is used to treat asthma.

**Similar drug** – drugs with similar names that are also in the same drug class. Confusing these may result in a patient receiving a higher drug dose than intended.

|  |  |  |
| --- | --- | --- |
| **Drug** | **Can Be Confused As / With** | **Type** |
| Amiloride | Amlodipine | Similar sounding |
| Amiloride | Amiodarone | Similar sounding |
| Aminophylline | Amitriptyline | Similar sounding |
| Amitriptyline | Nortriptyline | Similar drug |
| Amoxicillin | Ampicillin | Similar sounding |
| Anafranil | Enalapril | Similar sounding |
| Atenolol | Timolol | Similar sounding |
| Azithromycin | Erythromycin | Similar sounding |
| Baclofen | Bactroban® | Similar sounding |
| Beclometasone | Betamethasone | Similar sounding, similar drug |
| Beconase® | Becotide® | Similar sounding, similar drug |
| Betnovate® | Dermovate® | Similar sounding, similar drug |
| Bisacodyl | Bisoprolol | Similar sounding |
| Carbamazepine | Carbimazole | Similar sounding |
| Carbimazole | Chlorpromazine | Similar sounding |
| Carbomer eye gel | Clinitas eye gel | Similar sounding, similar drug |
| Chlorpromazine | Chlorpropamide | Similar sounding |
| Ciclosporin | Cycloserine | Similar sounding |
| Clobazam | Clonazepam | Similar sounding, similar drug |
| Clomiphene | Clomipramine | Similar sounding |
| Clomiphene | Clonidine | Similar sounding |
| Clonazepam | Lorazepam | similar drug |
| Clonidine | Clomiphene | Similar sounding |
| Clotrimazole | Co- trimoxazole | Similar sounding |
| Co-codamol | Co- proxamol | Similar sounding |
| Co-dydramol | Co- proxamol | Similar sounding |
| Cortisone | Cordarone® | Similar sounding |
| DepoMedrone | DepoProvera | Similar sounding |
| Dermovate | Betnovate | Similar sounding, similar drug |
| Digoxin | Doxepin | Similar sounding |
| Diprobase | Zerobase | Similar sounding, similar drug |
| Dipryridamole | Disopyramide | Similar sounding |
| Domperidone | Droperidol | Similar sounding |
| Dopamine | Dobutamine | Similar sounding |
| Dothiepin | Doxepin | Similar sounding, similar drug |
| Doublebase gel | Zerodouble Gel | Similar sounding, similar drug |
| E45 cream | Zerocream | Similar sounding, similar drug |
| Epaderm | Zeroderm | Similar sounding, similar drug |
| Epinephrine(Adrenaline) | Ephedrine | Similar sounding |
| Ergometrine | Ergotamine | Similar sounding |
| Etidronate | Etretinate | Similar sounding |
| Etidronate | Etomidate | Similar sounding |
| Fenoprofen | Flurbiprofen | Similar sounding, similar drug |
| Fentanyl | Alfentanyl | Similar sounding, similar drug |
| Fluoxetine | Fluvoxamine | Similar sounding, similar drug |
| FolicAcid | FolinicAcid | Similar sounding |
| Gliclazide | Glipizide | Similar sounding, similar drug |
| Glyceryl Trinitrate sublingual spray 180 | Glyceryl Trinitrate sublingual spray 200 | Identical drug-differing formulation |
| Humalog® | Humulin® | Similar sounding, similar drug |
| Hydroxyurea | Hydroxyzine | Similar sounding |
| Hydroxyzine | Hydralazine | Similar sounding, similar drug |
| Imipramine | Trimipramine | Similar sounding, similar drug |
| IsosorbideDinitrate | IsosorbideMononitrate | Similar sounding, similar drug |
| Ketoprofen | Ketotifen | Similar sounding |
| Lamivudine | Lamotrigine | Similar sounding |
| Levothyroxine | Liothyronine | Similar sounding, similar drug |
| Lisinopril | Fosinopril | Similar sounding, similar drug |
| Lofepramine | Loperamide | Similar sounding |
| Maxidex | Maxitrol | Similar sounding, contains similar drug |
| Mebendazole | Metronidazole | Similar sounding |
| Mercaptamine | Mercaptopurine | Similar sounding |
| Metformin | Methyldopa | Similar sounding |
| Methylprednisolone | Medroxyprogesterone | Similar sounding |
| Metolazone | Metoprolol | Similar sounding |
| Migraleve | Migril | Similar sounding |
| Motilium | Motipress | Similar sounding |
| Motipress | Motilium | Similar sounding |
| Nicotinamide | NicotinicAcid | Similar sounding, similar drug |
| Nifedipine | Nicardipine | Similar sounding, similar drug |
| Nifedipine | Nimodipine | Similar sounding, similar drug |
| Nortriptyline | Amitriptyline | Similar sounding, similar drug |
| Olsalazine | Olanzapine | Similar sounding |
| Penicillamine | Penicillin | Similar sounding, similar drug |
| Prednisolone | Prenisone | Similar sounding |
| Priadel | Parlodel | Similar sounding |
| Prochlorperazine | Penicillamine | Similar sounding |
| Promazine | Promethazine | Similar sounding |
| Quinidine | Quinine | Similar sounding |
| Rifadin | Rifinah | Similar sounding, similar drug |
| Risperidone | Ropinirole | Similar sounding |
| Sandocal | Sando-K | Similar sounding |
| Selegiline | Stelazine | Similar sounding |
| Senokot | Seroxat | Similar sounding |
| Sinemet | Cimetidine | Similar sounding |
| Sinemet | Sinequan | Similar sounding |
| Sulfadiazine | Sulfasalazine | Similar sounding |
| Tamoxifen | Temazepam | Similar sounding |
| Tamoxifen | Tenoxicam | Similar sounding |
| Temazepam | Temgesic | Similar sounding |
| Tramadol | Trazodone | Similar sounding |
| Trimeprazine | Trimipramine | Similar sounding |
| Triptafen | Tryptophan | Similar sounding |
| Vermox | Volmax | Similar sounding |
| Zuclopenthixol decanoate | Zuclopenthixal acetate | Similar sounding, similar drug |

# Appendix v –Duplicate Repeat Prescription Items (re-issued within 3 days of original issue)

## Review Guidance

**Review of patients who have received duplicate prescription issues within three days**

*Why is this important?*

Duplicate issuing of prescriptions may lead to stockpiling and excess wastage of medicines.

There may be a variety of reasons for patients receiving duplicate prescription issues. Some of them may have a valid reason but there will be some circumstances where the practice may want to investigate further.

* Deliberate overuse or abuse of prescription drugs leading to addiction
* Script mistakenly put in a pharmacy bag which is not the usual patient pharmacy
* Accidental double issue of script at same time e.g. two GPs working their way through special requests at the same time
* Accidental double issue at separate times e.g. pharmacy and patient request within short space of time, patient orders a script and reception processes but patient also attends a GP and asks for script in person
* Patient going on holiday or Christmas issuing of prescriptions

What action could the practice take?

* Flag selected drugs to a clinician using an appropriate method e.g. communication form provided in this appendix (or devise a practice specific form), patient tasks
* Some suggestions as to what types of drugs the practice could consider notifying to GPs (see *suggested* list in this appendix):
* Drugs with potential for abuse (or related) – paracetamol/codeine containing preparations, other analgesics, dihydrocodeine, tramadol, pregabalin, gabapentin, benzodiazepines, zaleplon, zolpidem, zopiclone, oxycodone, sip feeds
* Expensive items – stoma, catheter, appliances
* Large volumes supplied without valid reason e.g. patient receiving 4 months’ worth of medication within a short period of time
* Clinician review and consider whether further action needs taken for the individual e.g. move to acute in event of frequent over ordering
* Review systems and processes (see below)

**As part of this process practices are strongly encouraged to review processes and systems around duplicate issuing of prescription items**

Why is this important?

‘Tightening up’ a process or system should help reduce the chances of future occurrences and make the system run more safely and efficiently.

Consider:

* Review process and training
* Can you identify why the duplicate issuing has happened? Close the gaps or amend the system to try and prevent future occurrences
* Would any drug(s)/patient(s) be better prescribed acutely to trigger a review at each order?
* Do staff routinely reissue rather than reprint?
* Do you take any measures to avoid additional prescribing where a patient has received supply when they cannot see a Doctor? e.g. obtained emergency supply from their local Pharmacy
* In event of a reissue do staff cancel the original issue on the system and phone pharmacy to inform of cancellation (electronic messaging is not always 100% communicated to Community Pharmacy)
* Do you need to audit further? e.g. patient or community pharmacy requests

## Reference List - Duplicate Drugs

NB The lists on this page are not exhaustive and should be reviewed and edited by the practice to ensure appropriateness within the individual practice setting.

Drugs with potential for abuse

|  |
| --- |
| Baclofen |
| Benzodiazepines e.g. diazepam, nitrazepam,temazepam |
| Cyclizine |
| Decongestants e.g. Pseudoephedrine |
| Gabapentin |
| Hypnotics e.g. zopiclone, zolpidem, zaleplon |
| Meptazinol |
| Pregabalin |
| Prescription stimulants e.g. amphetamines, methylphenidate |
| Sativex |
| Sedative antihistamines e.g. diphenhydramine, promethazine |
| Stimulant Laxatives e.g. senna, bisocodyl |
| Strong analgesics e.g. dihydrocodeine, co-codamol, co-dydramol, tramadol, fentanyl, oxycodone, morphine |

Drugs which may be commonly over ordered

|  |
| --- |
| Blood glucose testing strips |
| Creams/ointments e.g. zerobase, doublebase etc. |
| Cyanocobalamin tablets |
| Eye drops/ointments |
| GTN spray/tablets |
| Hydroxocobalamin injections |
| Inhalers |
| Laxatives |
| NSAID creams/gels |
| Peak flow meters/spacers/aerochamber |

High cost drugs

|  |
| --- |
| Antiviral treatment e.g. Hep B treatment, adefovir, dipivoxil |
| Catheter/devices |
| Drugs used in cystic fibrosis: pulmozyme (DNAse/dornase alfa) 2.5mg/2.5ml , colistimethate nebules (colomycin/promixin), colistimethate inhaler (colobreathe), tobramycin nebules/inhalers, aztreonam nebules 75mg/ml, levofloxacin (quinsair) nebules 240mg/3ml |
| Lanreotide e.g. Somatuline |
| Sandostatin depot injection |
| Specialist foods e.g. PKU diet |
| Special / Unlicensed Items |
| Stoma |

# Appendix vi - Removal of Obsolete Repeat Prescribing Items

## Practice Form

**Inactivation of Obsolete Repeat Drugs Exclusion List - GP Form**

As part of L 1 Medication Reviews, the practice member of staff is due to start inactivating obsolete repeat drugs (removing drugs from repeat if they have not been ordered for a specified time period). To help initiate this process, please fill in the information required below:

**A drug can be considered obsolete if it has not been ordered in the previous (x time period):**

**Please record in the box below any drugs which may be removed from repeat if they have not been ordered within the specified time period(s):**

|  |  |
| --- | --- |
| **Drugs to be removed if not ordered within the time period noted above** | |
|  | |
| **Drugs to be removed if not ordered within the time period noted on right e.g. use for drugs to be removed at a time different to the above noted time** | **Time Period** |
|  |  |

The practice may also wish to consider if there are drugs which should be reported to a GP if they have not been ordered recently.

**In order to ensure that inactivation is done correctly, please record in the box below any drugs which are to remain on repeat even if they have not been ordered within the specified time period OR those which have to be reported to a GP:**

***(NB this form should be reviewed at least annually)***

|  |  |
| --- | --- |
| **Drugs to remain on repeat** | **Drugs to report to a GP / Clinician (and remain on repeat)** |
|  |  |

GP Signature:............................................................. Date:......................................

## Reference List – Obsolete Drugs

NB The lists on this page are not exhaustive and should be reviewed and edited by the practice to ensure appropriateness within the individual practice setting.

|  |
| --- |
| **Drugs which can be removed without further clinician approval if not ordered within practice time period** |
| Indigestion remedies – *(STU 5 – Repeats not issued filter by BNF chapter 1 – Gastro-intestinal NB Other medication also returned in this chapter)*  Laxatives – *(STU 5 – Repeats not issued filter by BNF chapter 1 – Gastro-intestinal NB Other medication also returned in this chapter)*  Painkillers – co-codamol, paracetamol, ibuprofen – *(STU 5 – Repeats not issued filter by BNF chapter 4 – Central nervous and 10 – Musculoskeletal and joint NB Other medication also returned in these chapters)*  Skin preparations – creams, ointments, shampoo and scalp applications, etc *(STU 5 – Repeats not issued filter by BNF chapter 13 – Skin)*  Lubricating eye preparations – *(STU 5 – Repeats not issued filter by BNF chapter 11 – Eye NB Other eye medication also returned in this chapter)*  Ear drops – *(STU 5 – Repeats not issued filter by BNF chapter 12 – Ear, nose and throat NB Other medication also returned in this chapter)*  Dressing and sundries – bandages , dressings and plasters, catheters, urology (night bags), stoma and colostomy products – *(Not currently available in STU, search GP IT System)* |
| **Drugs to remain on repeat regardless of last order** |
| Seasonal - antihistamines |
| **Drugs to be highlighted to a GP (and remain on repeat) in not ordered within practice time period** |
| Anything not listed in the other lists  Cardiovascular / Diabetes / |
| **Drugs where some other action has to take place if not ordered within practice time period** |
| Asthma drugs – invite for practice nurse review  Glyceryl trinitrate sprays / adrenaline pen / diabetic recovery solution (e.g. gluagen / glucogel) – telephone patient to ask if requiring and to prompt to check if current device remains in date |

Individual Drug Lists



# Appendix vii – Compliance

## Compliance Assessment Form

|  |  |
| --- | --- |
| **Patient Name:** | |
| **Date of Birth / CHI:** | |
| **Patient appears to be:** | |
| **Over-ordering the following drugs:** | **Under-ordering the following drugs:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **GP / Clinician Comments:**  **GP / Clinician Signature: Date:** | |

|  |  |
| --- | --- |
| **Patient Name:** | |
| **Date of Birth / CHI:** | |
| **Patient appears to be:** | |
| **Over-ordering the following drugs:** | **Under-ordering the following drugs:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **GP / Clinician Comments:**  **GP / Clinician Signature: Date:** | |

## Reference list – Drugs to Highlight for Compliance

|  |  |  |
| --- | --- | --- |
| Type of medication | Rationale | Reason/action |
| Analgesia/pain killers e.g. Paracetamol, co-codamol, co-dydramol, ibuprofen | High potential for under/over ordering | Review by clinician if either over or under ordering identified |
| Antihistamines e.g. Cetirizine, Loratidine, Chlorpheniramine | May only ordered for a few months of the year | Not required every month, not limited to the Spring/Summer months. |
| Blood glucose testing strips | High potential for under/over ordering | May have a new machine if more than one kind on repeat, may only test for Ketones when unwell therefore ordered infrequently, may not have a requirement to test frequently e.g. If on some of the tablets, injections other than insulin. |
| Creams and ointments e.g. Zeroderm, Zerobase, Oilatum bath | High potential for under/over ordering | May have been prescribed for a particular skin condition that is now resolved or perhaps the quantity supplied is not enough e.g. a 50g tube may not be sufficient for a 1 month supply therefore ordering frequently |
| Cyanocobalamin tablets | High potential of under/over ordering | Review by clinician if either over or under ordering identified |
| Dressings, stockings e.g. Mepore, Blue line, gauze swabs | High potential for under ordering | May have been supplied for a particular reason e.g. wound from surgery which has now resolved. |
| GTN sprays/tablets | Ordered every month and not required | This could be the community Pharmacy, this could be the patient, and this could be a change in the patient’s condition. |
| Inhalers | High potential for under/over ordering | See reception Guidance on inhaler devices. |
| Laxatives e.g. laxido, senna, lactulose | High potential for under/over ordering | This may no longer be required, the symptoms may have resolved. A review by the clinician may be warranted in case of over ordering as could suggest over use or eating disorder. |
| Peak flow meters, Spacers, Aerochambers | High potential of over ordering | Current guidelines suggest these should be renewed annually. Some people may require more than 1 e.g. 1 for school/work and home |
| Vitamin B12 injections | High potential of over ordering | 1 box of 5 vials lasts around 18 months. Most will only order 1 vial at a time as there is the potential for the stock to expire before use. |

NB The lists on this page are not exhaustive and should be reviewed and edited by the practice to ensure appropriateness within the individual practice setting.

# Appendix vii - Ready reckoners

## Reference List - Quantities based on daily doses

These tables are a handy guide to amending or adding quantities to prescription items in the prescribing systems. This is also useful when working out if a patient has been over ordering an item.

|  |  |  |
| --- | --- | --- |
| No tablets daily (total) | Quantity for 28 days | Quantity for 56 days |
| One daily | 28 | 56 |
| Two daily | 56 | 112 |
| Three daily | 84 | 168 |
| Four daily | 112 | 224 |
| Five daily | 140 | 280 |
| Six daily | 168 | 336 |
| Seven daily | 196 | 392 |
| Eight daily | 224 | 448 |

|  |  |  |
| --- | --- | --- |
| Volume daily (total) | Quantity for 28 days | Quantity for 56 days |
| 5ml | 140ml | 280ml |
| 10ml | 280ml | 560ml |
| 15ml | 420ml | 840ml |
| 20ml | 560ml | 1120ml |
| 25ml | 700ml | 1400ml |
| 30ml | 840ml | 1680ml |
| 35ml | 980ml | 1960ml |
| 40ml | 1120ml | 2240ml |
| 45ml | 1260ml | 2520ml |
| 50ml | 1400ml | 2800ml |

## Reference List - Inhaler Ready Reckoner List



## Reference List - Diabetes GLP1 Ready Reckoner List

****

# Appendix viii - Alignment of Repeat Prescription Item Quantities

## Practice Form

**Alignment of Repeat Prescription Items List - GP Form**

As part of L1 Medication Reviews, the practice member of staff is due to start work on alignment of prescription quantities (making sure that the number of days’ supply for repeat medication for a patient is equal). To help initiate this process, please fill in the information required below:

**The practice policy is to prescribe for a period of: (Enter in box, e.g. 28 or 56 days)**

The practice may have a policy in place whereby selected drugs are supplied at a quantity not within this norm or have a maximum quantity they are willing to supply. Consideration should be given to drugs such as benzodiazepines, strong analgesics, antidepressants, oral contraceptives and controlled drugs.

**In order to ensure that alignment is undertaken correctly, please record in the box below any drugs or type of drugs which should be aligned to a different number of days’ supply OR total quantity:**

(NB this form should be reviewed at least annually)

|  |  |  |
| --- | --- | --- |
| **Drug / Type of Drug** | **Number of Days Supply** | **Total Quantity** |
|  |  |  |

**NB Care Home and Monitored Dosage System Patients should be aligned to 28 day supply unless exceptional circumstances apply**

GP Signature:............................................................. Date:......................................

## Reference List – Drug Alignment

NB The lists on this page are not exhaustive and should be reviewed and edited by the practice to ensure appropriateness within the individual practice setting.

|  |  |  |
| --- | --- | --- |
| **Drugs acceptable to remain out of alignment** | | |
| Drug | Guidance | Rationale |
| * When Required / PRN * As Directed / MDU * Laxatives * Insulin * Warfarin * Immunosuppressants e.g. Tacromilus * Lithium * Methotrexate * Levothyroxine | * Leave as default unless frequent order (if frequent highlight onwards)   -High risk medication that requires regular blood tests with possible dose/quantity fluctuations to reflect this. | * Dose varies according to disease / condition |
| **Drugs to be aligned to a specific quantity or number of days** | | |
| * Hydroxocobalamin injection * Painkillers e.g. paracetamol * Controlled drugs e.g. MST, Oxycodone * Test strips/needles * Inhalers | * Quantity to be 1 * Quantity to be 100 * Quantity 28 day supply * As per reception guide | * One injection typically lasts 3 months * Practice restrict supply deliberately to manage demand * Good practice to restrict controlled drugs to 30 days supply * To monitor under/over ordering |

# Appendix ix - Correction of drugs with missing or ambiguous dose directions

## Drugs with missing or ambiguous directions - GP Form

As part of Level 1 Medication Reviews, the practice member of staff is due to start work on drugs with ambiguous or missing directions (working to make sure that drug dose directions are clearly noted). To help initiate this process, please complete the information required below:

The practice may have a policy in place whereby selected drugs are supplied with the dose direction ‘as directed’ or ‘as required’.

**In order to ensure that these remain as they are, please enter in box below**

|  |  |
| --- | --- |
| **Drugs supplied with “as directed” or “as required”** | **Drugs supplied with “as directed” or “as required”** |
|  |  |

The practice may have a policy in place whereby selected drugs are supplied with standard dose directions, e.g. GTN Spray – one to two sprays under the tongue when required for chest pain.

**In order to ensure that drugs with a standard dose direction are corrected appropriately, please record in the box below any drugs or type of drugs which should be changed (where the dose direction is currently unclear):**

***(NB this form should be reviewed at least annually)***

|  |  |
| --- | --- |
| **Drug** | **Standard dose directions to be applied (where unclear directions exist)** |
| Warfarin all strengths | To be taken as per INR |

**GP Signature: ……………………………………….. Date: ………………..**

## Reference List - Latin Abbreviations and English Equivalent Dose Direction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Latin Abbreviations** | |  |  |  |  |  |
| **Latin term** | **English Meaning** |  |  |  |  |  |
| AC | Before food |  |  |  |  |  |
| AD LIB | As much as desired |  |  |  |  |  |
| ALT DIE | On alternate days |  |  |  |  |  |
| BD / BID | Twice daily |  |  |  |  |  |
| Mane | In the morning |  |  |  |  |  |
| MDU | As directed |  |  |  |  |  |
| Nocte | At night |  |  |  |  |  |
| OD / QD | Once daily |  |  |  |  |  |
| OM | Every morning |  |  |  |  |  |
| ON | Every night |  |  |  |  |  |
| PC | After food |  |  |  |  |  |
| PRN | When required |  |  |  |  |  |
| Q12H | Every 12 hours |  |  |  |  |  |
| Q4H | Every 4 hours |  |  |  |  |  |
| Q6H | Every 6 hours |  |  |  |  |  |
| QDS / QID | Four times daily |  |  |  |  |  |
| QQH | Every 4 hours |  |  |  |  |  |
| STAT | Immediately |  |  |  |  |  |
| Tarde | In the evening |  |  |  |  |  |
| TDS / TID | Three times daily |  |  |  |  |  |

|  |
| --- |
| "Full, clear administration directions help patients understand how to use their medications properly and aid compliance. The use of ‘prn’ and ‘mdu’ is no longer considered good practice and should not be used. Exceptions to this, perhaps where dosage is adjusted according to need, e.g. warfarin, should be explicitly stated in the practice policy."  'Saving time, helping patients - a good practice guide to quality repeat prescribing'  National Prescribing Centre, January 2004 |

|  |
| --- |
| "Dose and dose frequency should be stated; in the case of preparations to  be taken as required’ a minimum dose interval should be specified."  British National Formulary No.63, March 2012 |

# Appendix x - Synchronisation of Repeat Prescription Items

## Sample Patient Letter Text

**Synchronising your repeat medications**

Following a review of your repeat prescription, we notice that you often run out of your regular medicines and need to order different items at different times.

In order to rectify this, we would like to synchronise all your regular medications so they all run out at the same time. **You can then order all of your medications together at the same time.** This will reduce the amount of times you will have to order your repeat prescriptions and visit the surgery and/or pharmacy. It will also help to reduce medicine waste and reduce unnecessary workload for the practice. You can either-

* Fill out the form below and we will give you a phone to let you know when the prescription will be ready
* Or phone XXXX with your full name, date of birth and telephone number and we will give you a call back to talk you through the process

To achieve synchronisation we will issue you a one-off prescription with enough of each of your medications to add to the ones remaining at home, bringing them all in to line. After that, they should all run out at roughly the same time and you will be able to order all of them together from then on.

**Please fill out the form below for all of your repeat medications and hand it in the next time you order a repeat prescription.**

## Patient Synchronisation Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name** |  | **Date of Birth** |  | **Date** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of regular medications** | **Strength** | **How many do you take a day?** | **Quantity Remaining** | **PRAC USE**  **Quantity for 1 full supply** | **PRAC USE**  **Quantity to be Issued for sync** | **PRAC USE**  **Issued** |
| **EXAMPLE**  Aspirin dispersible tablets | 75mg | 1 a day | 10 | 28 | 18 | TT |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Are there any items on your repeat that you are no longer using? YES/NO

If YES, which ones?

*Please note that some medications may not always be suitable for synchronisation, e.g. painkillers, insulin, warfarin, creams/ointments, “when required” medications.*

# Appendix xi – Medication issued external to the practice

## GP System Specific Guidance

NB The below is Greater Glasgow & Clyde specific, other Boards should check for Board specific guidance.

 

## Reference List - Drugs which may be supplied external to the practice

NB The lists on this page are not exhaustive and should be reviewed and edited by a Clinician to ensure appropriateness within the individual practice setting.

|  |
| --- |
| **Drug** |
| Antipsychotic depot injections |
| Anti-TNF |
| Chemotherapy and oral anti-cancer medicines |
| Clozapine |
| HIV drugs |
| Homecare drugs (darbopoetin, Immunoglobulins) |
| Methadone |
| Orphan drugs |
| Zoledronic acid |
|  |
|  |
|  |
|  |

# Appendix xii - Chronic Medication Service (CMS)

## Shared Care Agreement

Shared Care Agreement



## Reference List - CMS (Situations/Drugs for Exclusion)

Patients prescribed controlled drugs, including benzodiazepines, or who receive weekly instalments are automatically excluded from receiving a serial prescription.

In addition, the Practice and the Pharmacy Teams will exclude the following patients from a serial prescription:

1. Non-compliant patients – STU shows the latest issues of all prescriptions on repeat so highlights issue with non-compliance
2. Patients with methotrexate, lithium, warfarin, DMARDs on repeat
3. Patients with lots of ‘when required’ items such as creams, inhalers etc. on repeat
4. Patients on antidepressants
5. Patients on strong opioid analgesia
6. Patients who do not attend for long term condition clinics if required to do so
7. Patients who do not attend for the required monitoring
8. Patients on oral contraceptives (if they have no other long term condition medications)
9. Patients who appear to be unstable with their medication
10. Patients with a new diagnosis of a long term condition in the last three months
11. Patients on medication with no clear indication

The Practice and the Pharmacy will exclude the following medication:

# Appendix xiii - Resources and Website links

## Useful websites

Community Pharmacy Scotland:

<http://www.communitypharmacyscotland.org.uk/>

Effective Prescribing and Therapeutics Brand (Scottish Government): <http://www.therapeutics.scot.nhs.uk/resources/>

Electronic Medicines Compendium:

<https://www.medicines.org.uk/emc>

eMC Dictionary of Medicines and Devices Browser: <http://dmd.medicines.org.uk/DesktopDefault.aspx?tabid=1>

General Medical Council:

<https://www.gmc-uk.org/>

ISD Scotland – Prescribing and Medicines:

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/>

LearnPro (includes a module on Medicines Reconciliation):

<https://nhs.learnprouk.com/lms/login.aspx?ReturnUrl=%2flms%2fuser_level%2fwelcome.aspx>

Medicines Complete (includes BNF UK, requires sign up): <https://www.medicinescomplete.com/mc/bnf/current/>

PrescQIPP (requires sign up):

<https://www.prescqipp.info/>

Scottish Drug Tariff:

<http://www.isdscotland.org/Health-topics/Prescribing-and-Medicines/Scottish-Drug-Tariff/>

## Relevant Documents

GMC Good Practice in Prescribing and Managing Medicines and Devices (2013):

<https://www.gmc-uk.org/guidance/ethical_guidance/14316.asp>

NICE – Medicines Optimisation:

<https://pathways.nice.org.uk/pathways/medicines-optimisation>

PresQIPP Bulletin 112 Care Homes: Good Practice Guide to prescribing and medication reviews:

<https://www.prescqipp.info/resources/send/231-care-homes-good-practice-guide/2340-bulletin-112-care-homes-good-practice-guide-to-prescribing-and-medication-reviews>

PresQIPP Bulletin 124 Repeat Prescribing in Primary Care:

<https://www.prescqipp.info/repeat-prescriptions/send/258-repeat-prescriptions/2535-bulletin-124-repeat-prescribing>

Room for Review – A Guide to Medication Review:

[*http://myweb.tiscali.co.uk/bedpgme/CG/Room%20for%20Review%20-%20Medication%20review.pdf*](http://myweb.tiscali.co.uk/bedpgme/CG/Room%20for%20Review%20-%20Medication%20review.pdf)

# Glossary of terms

**Acute Prescriptions**: Items which have been determined by the practice as not being suitable for repeat. This can include once off issues e.g. antibiotics, steroid creams. Or items which require regular monitoring e.g. Methotrexate, anti-depressants. These items require regular review by the GP/Clinician for suitability.

**Alignment:** There may be occasions where a patient’s medication has gone out of alignment e.g. when the practice normal is 56 days and a new item has been added but only a 28 day supply. Or if the patient has been added for 200ml Lactulose at 10ml each night, for 28 days supply 280ml is required for the month. This results in the patient either running out each month or requesting what may seem as early, but they have not been issued with enough supplies to last a complete month.

**Compliance:** the reliability of the patient in using a prescribed medication exactly as ordered by the physician.

**Compliance check:** Where a patient has ordered more or less than expected (depending on certain conditions) any relevant items are highlighted for further review.

**Concordance:** If the patient understands the rationale behind their treatment; they are more likely to take the medication as prescribed and adopt other non-medical measures.

**Duplicate:** This can be where there is more than 1 size of the same preparation on repeats e.g. 10ml eye drops and 5 ml eye drops. This can occur when there has been a problem sourcing a particular pack size.

**L1 Medication Review:** This means a review of the medication without the patient being present. A suitably trained member of staff can complete this.

**Medicines Management:** Medicines management supports better and more cost-effective prescribing in primary care, as well as helping patients to manage medications better. Good medicines management can help to reduce the likelihood of medication errors and hence patient harm.

**Medication Review**: a structured, critical examination of a patient’s medicines with the objectives of reaching an agreement with the patient about treatment, of optimising the impact of medicines and minimising the number of medication related problems and reducing waste

**Obsoletes:** Items which are on the patient’s repeats but they have not been requesting. E.g. leg bags, they are now using a different product, insulin needles and they are now using a different size

**Repeat prescriptions:** Items which have been added to repeat in the prescribing system and the Prescriber is happy for this. These items still require a Clinical review on a regular basis from an appropriate Clinician to determine the ongoing requirement for this item.

**STU:** Scottish Therapeutics Utility; A Scottish Government owned data extraction tool.

**Synchronisation:** Where the repeat medication is being ordered on a variety of dates separate number of days of each medication are issued in order that the medication all runs out on one date. The next repeat prescription order is then made for all items on one date. This makes it much easier for the patients/carers to manage.

Supplemental Appendices

## Additional resources

Available via:

<http://www.therapeutics.scot.nhs.uk/stu/>

Including:

Guidance around reviewing process and systems

Staff training materials and related resources

Standard operating procedures

1. The National Institute for Health and Care Excellence. Quality and Productivity case study, Pharmacist-led repeat prescription management: ensuring appropriate prescribing and reducing wastage. Walsall Clinical Commissioning Group. November 2014. http://www.nice.org.uk/savingsAndProductivityAndLocalPracticeResource?ci=http%3a%2f%2farms.evidence.nhs. uk%2fresources%2fQIPP%2f1040169%3fniceorg%3dtrue [↑](#endnote-ref-1)
2. National Prescribing Centre. Saving time, helping patients - a good practice guide to quality repeat prescribing. January 2004. [↑](#endnote-ref-2)
3. Room for Review: A guide to medication review: the agenda for patients, practitioners and managers. Task Force on Medicines Partnership and The National Collaborative medicines Management Services Programme. 2002 [↑](#endnote-ref-3)