

Stockton Heath Medical Centre

Repeat Prescribing Protocol

1. Drugs to be put on repeat scripts when patient established on treatment.
2. Review date to be noted – usually 6 months or 12 months.
3. Drugs to be prescribed in multiples of 28.
4. 7 day scripts for nomads only for patients who are unable to manage their own medication.
5. Medication to be tidied up at review and old medication removed.
6. Drugs should not be prescribed for more than 3 months at a time.
7. Drugs to be written generically if possible. (Some drugs should not be written generically).
8. Where possible try to rationalise prescribing so that all drugs run out at the same time (this may help to stop over ordering).
9. New drugs to be prescribed in small amounts only (to save waste if patient reacts).
10. Check relevant monitoring in place.

Patients should be made aware of those drugs that need follow up with regular blood checks.

Some drugs are not suitable for repeat prescribing eg. HRT, OCP, MTX

Stockton Heath Medical Centre Protocol for Prescriptions for Controlled Drugs

Controlled medications should not be on a repeat prescription.

On commencing a medicine that is a controlled drug the clinician needs to establish who is going to 'pick up' the prescription. This should be documented in the patient medical record by the clinician and a screen message put on the record so that all the staff can see easily who is collecting the prescription.

A 'Controlled Drug prescription book' will be used so that the identified person or parties collecting a controlled drug prescription will have to sign when they come to the surgery to pick up a prescription.

The staff will be able to look at the patient record to see who is permitted to pick up the script.

When the controlled drug prescription request is sent to the GP and the prescription is issued, the right hand side of the script should be 'red dotted' by the GP, to enable the staff to recognise that this is a controlled drug prescription.

The receptionist who is on duty in the prescription office should ensure that the ID of the collector is checked, driving license, passport etc.

When the book is signed the entry should state time date and who collected the prescription, the receptionist also signs next to the collector's signature.

Medication Requests following Hospital Outpatient Appointment

If medication is required following your outpatient appointment with the consultant, please note the following information:

It is the responsibility of the hospital (and in line with their policy) to give 1 months supply of the medication where the patient:

- Should commence immediately
- Requires a new medicine or a change of dose of existing medication within 2 weeks of the hospital appointment.

Any medication which falls within the above categories **MUST be collected from the hospital pharmacy**. This is to ensure the patient receives their treatment on time and to allow time for the consultant(s) to send a typed report to the practice detailing the outcome of the hospital consultation.

If the consultant requires you to continue the medication after the initial supply has run out he will inform the practice via this report.

To request further supply of the medication you must submit a written request to the surgery stating the name, strength and dose of the medication; plus details of the consultant/hospital clinic who issued the initial prescription. The practice will supply further prescriptions as long as we have received the appropriate typed report from the hospital consultant.

You must allow 2 working days for your prescription request to be processed.

Medication required on discharge from the hospital

If medication is required on discharge from hospital, please note the following information:

It is the responsibility of the hospital and they have agreed to:

- Issue a minimum of 14 days medication
- Issue the complete course, if a course of medication is required eg. Antibiotics or steroid reducing medication
- Prescribe enough drops to cover treatment following ophthalmic procedures.

Some medication can only be supplied by the hospital

Medicines that are not available outside the hospital eg. Clinical trial, hospital only or unlicensed drugs

- Medicines for which safe and effective prescribing depends on knowledge or experience unlikely to be possessed by the GP e.g. chemotherapy or TB treatment.
- Medicines for which it has been agreed that the hospital clinician is responsible eg. Some drugs for rheumatoid arthritis or psychiatric problems.

If your medication falls into one of these categories then you will be asked to contact the hospital for a further supply.

If you are transferred to another department within the hospital

If your consultant decides to refer you to another department within the hospital and you do not hear anything further regarding this, **please direct your queries to the consultant's secretary at the hospital. The practice secretary will not be able to answer any queries relating to such matters.**

Procedure for Booking Medication Review

To make better use of time spent on medication reviews it would be helpful if patients attended for any relevant blood tests prior to their medication review.

For receptionists:

If patient phones to make an appointment for a medication review or if when handing out a prescription need for medication review is noted, ask the following questions:

“Before I make you an appointment to have your medication review can I just ascertain whether you need any blood tests first”

Do you have **diabetes, high blood pressure or thyroid problems**? If yes need bloods if not done in last 12 months and bring urine sample.

- For **DM** need FBC, renal, liver, fasting cholesterol, glucose, Hba1c and ACR (urine test)
- For **high blood pressure** –need renal and ACR and possibly cholesterol
- For **thyroid** – need TFT

Are you asthmatic? – if yes, please bring your inhalers to the appointment.

Other points:

- If you see they are on lithium medication - need Lithium, renal & TFT every 6 months.