

To:
GPs
Community Pharmacists

CC: (see attached distribution list)

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HSCB Ref: ICPL/2018/034

DATE 19 September 2018

Dear Colleagues

PRESCRIPTION ORDERING ARRANGEMENTS

A number of incidents have been reported to the HSCB and Pharmaceutical Society of NI relating to local arrangements where community pharmacies are ordering prescriptions on behalf of patients. These include:

- complaints from patients that they have been dispensed medication that they do not need,
- orders for patients who are in hospital or in prison,
- repeat prescription requests being made for patients eight weeks in advance of them requiring their medication, and
- requests for medication that has been discontinued by the GP since the previous prescription.

The purpose of this letter is to ask both community pharmacies and GP practices to review current arrangements within their practice.

Current HSCB guidance

HSCB advises that in the majority of cases, patients themselves should contact their GP surgery directly to order their prescriptions.²

In exceptional circumstances, the community pharmacist may be the most suitable person to provide support for patients with ordering their repeat medications e.g. for the very elderly, those with serious mental health illness or learning disabilities who do not have a representative such as a family member to do this.

Although Prescription Ordering is not a service commissioned from community pharmacies by HSCB, pharmacists providing this service must comply with the mandatory professional standards for “Repeat Medication Services” issued by the Pharmaceutical Society of Northern Ireland¹. The standards include the requirement for the service to be operated in co-operation with local prescribers.

Appropriate governance arrangements should be in place to safeguard:

- patients who are not directly ordering their own prescriptions,
- community pharmacists taking on responsibility for ordering prescriptions on behalf of patients, and
- GP practices issuing prescriptions at the request of a community pharmacist.

Action:

- **Community pharmacists** should review their current arrangements to ensure they are in line with professional standards and the enclosed guidance on best practice (appendix 1).
- **GP practices** should review the current arrangements between their practice and local pharmacies who are providing this service to ensure these are in line with the enclosed best practice guidance (appendix 1).

If you require further information or support please contact your local Pharmacy Adviser.

Yours sincerely,



Joe Brogan
AD of Integrated Care
Head of Pharmacy and
Medicines Management



Dr Margaret O'Brien
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Brendan Kerr
Registrar
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Contact details for Local Integrated Care Offices:

| Belfast | South Eastern | Southern | Northern | Western |
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References/Resources

1. Pharmaceutical Society of NI's *Standards on Sale and Supply of Medicines, Standard 5 Repeat Medication Services* http://www.psni.org.uk/wp-content/uploads/documents/313/standards_on_sale_and_supply_of_medicines.pdf
2. HSCB letter *Adverse Incidents: requesting and dispensing repeat prescriptions*, August 2014 <http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-advice-letters/>
3. The RPSGB *Repeat Medication Service Information Sheet* is intended as a resource to help superintendents and pharmacy teams review practices and policies. It is available at <https://www.rpharms.com/resources/toolkits/repeat-medication-management>
4. Pharmaceutical Society of NI's *Standards for Patient Consent*, <http://www.psni.org.uk/wp-content/uploads/2012/09/StandardsonPatientConsent-revised24FEB2016.pdf>
5. Pharmaceutical Society of NI's *Standards and Guidance on the Responsible Pharmacist Regulations* <http://www.psni.org.uk/wp-content/uploads/2012/09/Standards-on-the-responsible-pharmacist-revised1Mar2016.pdf>

Repeat Medication Services

(Prescription Ordering by Community Pharmacists in exceptional circumstances)

| Relevant Professional Standards (Requirements for Community Pharmacists) | Best Practice Guidance | To be considered by: |
|---|--|--|
| <p>The repeat medication service should be operated in co-operation with local prescribers.</p> | <p>It would be good practice for community pharmacists to meet with local GP practices; agreement is needed for aspects of this service and assurance may be required on how other elements are delivered.</p> <ul style="list-style-type: none"> • Community Pharmacies should have a clear process for assessing the need for individual patients to have their prescriptions ordered. • GP practices should be aware of why individual patients need their prescription ordered by the community pharmacist and how this has been assessed <ul style="list-style-type: none"> ○ e.g. for the very elderly, those with serious mental illness or learning disability who do not have a representative such as a family member to do this. • Arrangements for ordering prescriptions need to be agreed between GP practices and Community Pharmacies <ul style="list-style-type: none"> ○ e.g. the time interval that takes into account the risk of prescribing changes, appropriate quantities, time for the clinic to process a request and a responsive service for patients. • Community pharmacists may need to know GP arrangements for patient review. • Arrangements for communication between GP practices and Community Pharmacies should be agreed regarding issues of adherence or non-supply. | <p>GP Practices</p> <p>Community Pharmacists</p> |

| Relevant Professional Standards (Requirements for Community Pharmacists) | Best Practice Guidance | To be considered by: |
|--|---|-------------------------------------|
| <p>Consent should be obtained from the patient or carer before requesting a repeat prescription from a surgery. The pharmacist may themselves establish a patient reminder system.</p> | <p>Good practice has been observed in pharmacies where a consent form is used for initial participation in the service and a record made on the Patient Medication Record (PMR). This would also provide an opportunity to check that the correct contact details for the patient or carer are held.</p> <p>On-going consent for each prescription request could be obtained in writing or alternatively be obtained verbally and recorded on the PMR.</p> | <p>Community Pharmacists</p> |
| <p>Pharmacists should establish, at the time of each request, which items the patient or carer considers are required and ensure that unnecessary supplies are not made.</p> <p>Pharmacists should use professional judgement to decide whether concordance or other problems encountered by the patient may require early reference to the prescriber.</p> | <p>People using this service are more likely to have little, if any, personal contact with the pharmacy team or other healthcare professionals. They maybe housebound, disabled or elderly but deserve the same high quality pharmaceutical care provided to others. To achieve this pharmacists should consider:</p> <ul style="list-style-type: none"> • How you will obtain confirmation that the medicines are needed before re-ordering (direct conversation, face-to-face contact with the patient or carer, or written record needed)? • Whether the medication prescribed is still clinically appropriate at the time of supply and the risks of not supplying • Whether there are adherence or compliance issues • How issues of adherence or non-supply will be communicated to the GP • How interventions will be recorded in order to be able to deal with any queries that may arise. | <p>Community Pharmacists</p> |
| <p>Ensure that an audit trail exists to identify each request and supply.</p> | <p>Implementation of the above guidance would facilitate an audit trail.</p> | <p>Community Pharmacists</p> |

| Relevant Professional Standards (Requirements for Community Pharmacists) | Best Practice Guidance | To be considered by: |
|--|---|------------------------------|
| Pharmacy Procedures are regularly reviewed to ensure they are fit for purpose and reflect the day to day running of the specific pharmacy premises and any changes are documented accordingly. | The Responsible Pharmacist has a statutory duty to establish, maintain and review Pharmacy Procedures. Minimum legal requirements are set out in the Medicines (Pharmacies) (Responsible Pharmacist) Regulations 2008 but pharmacies may wish to develop additional Pharmacy Procedures. If a pharmacy procedure involves prescription ordering it would be good practice to ensure this is documented. | Community Pharmacists |

RE: ICPL/2018/034 - PRESCRIPTION ORDERING ARRANGEMENTS

| | To – for Action | Copy | | To – for Action | Copy |
|---|-----------------|------|---|-----------------|------|
| HSC Trusts | | | PHA | | |
| CEXs | | ✓ | CEX | | ✓ |
| Medical Director | | ✓ | Medical Director/Director of Public Health | | ✓ |
| Directors of Nursing | | ✓ | Director of Nursing/AHPs | | ✓ |
| Directors of Social Services | | | PHA Duty Room | | |
| Governance Leads | | ✓ | AD Health Protection | | |
| Directors of Acute Services | | ✓ | AD Service Development/Screening | | ✓ |
| Directors of Community/Elderly Services | | | AD Health Improvement | | |
| Heads of Pharmacy | | ✓ | AD Nursing | | ✓ |
| Allied Health Professional Leads | | | AD Allied Health Professionals | | |
| Directors of Human Resources | | | Clinical Director Safety Forum | | ✓ |
| NIAS | | | HSCB | | |
| CEX | | ✓ | CEX | | ✓ |
| Medical Director | | ✓ | Director of Integrated Care | | ✓ |
| RQIA | | | Director of Social Services | | |
| CEX | | ✓ | Director of Commissioning | | |
| Medical Director | | ✓ | Alerts Office | | ✓ |
| Director of Nursing | | ✓ | Dir PMSI & Corporate Services | | |
| Director for Social Care | | | Primary Care (through Integrated Care) | | |
| NIMDTA | | | GPs | ✓ | |
| CEX / PG Dean | | ✓ | Community Pharmacists | ✓ | |
| QUB | | | Dentists | | |
| Dean of Medical School | | ✓ | BSO | | |
| Head of Nursing School | | ✓ | Director of Human Resources | | |
| Head of Social Work School | | | Open University | | |
| Head of Pharmacy School | | ✓ | Head of Nursing Branch | | ✓ |
| Head of Dentistry School | | | DoH | | |
| UU | | | CMO office | | ✓ |
| Head of Nursing School | | ✓ | CNO office | | ✓ |
| Head of Social Work School | | | CPO office | | ✓ |
| Head of Pharmacy School | | ✓ | CSSO office | | |
| Head of School of Health Sciences (AHP Lead) | | | CDO office | | |
| Clinical Education Centre | | ✓ | Safety, Quality & Standards Office | | |
| NIPEC | | ✓ | NI Social Care Council | | |
| GAIN Office | | ✓ | Safeguarding Board NI | | |
| NICPLD | | ✓ | NICE Implementation Facilitator | | ✓ |
| NI Medicines Governance Team Leader for Secondary Care | | ✓ | Coroners Service for Northern Ireland | | ✓ |