

**Brent tPCT**  
**Integrated Care Pathways**  
**Prescribing and Medicines**  
**Management Operational Policy**  
**January 2008**

**Policy Reference Information**

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| Name of Originator/Author & Post:         | Rashmi Rajyaguru, Head of Prescribing & Medicines Management  |
| Name of Responsible Committee/Individual: | Prescribing and Medicines Management Committee  |
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**Integrated Care Pathways**  
**Prescribing and Medicines Management Operational Policy**

As part of the Brent strategy, the tPCT is committed to providing a patient focused, high quality standard of care in line with the vision for health and care in Brent tPCT.

- ❖ For all clinicians working with the care pathways, the overall principles and practices of prescribing must be embedded within a sound and robust clinical governance framework, which needs to be audited and evaluated on a regular basis.
- ❖ This policy provides all clinicians, with the legal constraints around prescribing, good practice and signposts to relevant documents and policies, which will assist them in maintaining and improving their prescribing competencies.
- ❖ It is essential that all medical practitioners/prescribers working in the BCAD pathways are made aware of this policy, keep a copy for their own reference and send a signed copy to *the Care Pathway Manager* for records.

This policy is part of the overall Integrated Care Pathway Operational Policy and applies to the four existing care pathways and will also be applicable to the future care pathways:

There are five current pathways:-

1. The Brent **Cardiology Care Pathway** is led by the Community Cardiologist, the Brent GP with Special Interest and the Cardiology Specialist Nurses (DSN). The three cardiology clinics are:
  - a. Cardiovascular Risk and Hypertension
  - b. General Cardiology
  - c. Heart Failure
2. The **Diabetes Care Pathway** is led by the Community Endocrinologist, three Brent Diabetes Nurse Practitioners (DNP), three GPs with Special Interest in Diabetes and two Dieticians with Special Interest in Diabetes and one Podiatrist with Special Interest in Diabetes.
3. The **Dermatology Care Pathway** is led by two Brent GPs with Special Interest in Dermatology
4. The **Respiratory Care Pathway** is led by the Brent GP with Special Interest in Respiratory Disease, Consultant Physiotherapist and Respiratory Nurses.
5. The **Musculoskeletal Care Pathway** is led by Head of Pathways and Principal Physiotherapist, Brent Musculoskeletal physiotherapy services.

## Clinics

The pathway clinics are held at various Brent primary care sites such as Wembley Centre for Health and Care, Monks Park, Willesden Centre for Health and Care, Chalk Hill Centre, Edgware Hospital, Kilburn Square Clinic and GP practices e.g. The Lonsdale Medical Centre in Kilburn.

## Prescribing Budget Allocation

In line with other recent Acute Care Trusts policies on outpatient prescribing, it is essential that the care pathway prescribing is kept to a minimum. Where possible, patients should be referred back to their GPs for medication except for treatment that must start immediately i.e. within 7 to 10 working days. In all other circumstances, the medication recommendation should be included in the communications (letters/electronic communications) with GPs. The referral letter should be legible and should state the patient management plan including any changes in medication including any that have stopped or initiated.

- The prescribing budget allocation for the care pathways is the responsibility of the Integrated Care Pathway manager and the tPCT finance department.
- The prescribing for the dermatology pathway is via **FP10** prescriptions and has a dedicated prescribing budget allocation.
- The prescribing for the diabetes care pathway is done via cross charging each GP prescribing code by the Brent independent qualified nurses and the pathway does **not** have a dedicated prescribing budget.
- Currently, the diabetes foot clinic, the diabetes dietetic/weight management clinic and the medical complications clinic done by the community consultant does **not** hold any prescribing budget. This means emergency foot ulcer patients needing urgent antibiotics and analgesia can face delay in initiating therapy and can lead to deterioration to their foot condition
- Currently, the respiratory care pathway does **not** hold any prescribing budget. The prescribing process for this pathway will need to be agreed.
- Currently, the musculoskeletal pathway uses a **Patient Group Direction** for the injection clinic

## Prescribing Budget Monitoring

- All prescribing for the budget holders such as the dermatology care pathway will be monitored and the prescribing analysis will be reported to the Care Pathway manager on a monthly basis. Where the prescribing is done by cross charging each GP prescribing code the prescribing team will not be able to monitor the prescribing by individual clinicians.
- The tPCT Prescribing Team will undertake monitoring of individual Integrated Care Pathways where budgets have been allocated. Monthly care pathway prescribing activity will be send to the Care Pathway manager. Quarterly prescribing reports will be discussed at the Prescribing and Medicines Management Committee meetings and the report will be sent to the Care Pathway Manager, Medical Director and the Clinical Governance Lead of the Care Pathways.

**1. The following guidance is based on both legal and best practice principles and should form the basis of how the prescribing and the care pathway will function**

**1.11** It is the responsibility of the medical practitioner/prescriber (with agreement by the Brent Medical Director), to prescribe for a patient. **No other staff may prescribe.**

**1.12** Prescribe generically (*there are certain exceptions; see current edition of BNF for details or in the Brent tPCT list of medicines to be written using the brand name*)

**1.13** Prescriptions should be either computer-generated or written in accordance with guidance in the BNF

- legibly in ink
- dated
- state the full name and address of the patient
- age and the date of birth of the patient
- drug name, dose frequency and duration of treatment where appropriate (e.g. a course of antibiotics)
- directions as to the application and/or site of treatment (e.g. left ear)
- for when required medication (PRN medication) – the indication and maximum frequency of administration
- signed in ink by the prescriber
- we strongly recommend that prescribers also print their name beneath their signature (*In case of queries*)

**1.14** When issuing a written prescription, prescribe only from the agreed formularies and guidelines

- i. Brent and North West London Hospital Trust Cardiovascular Disease Management Guidance, Oct 2006
- ii. Brent and North West London Hospital Trust Chronic Heart Failure Management Guidance, Jul 2007
- iii. Brent and North West London Hospital Trust Diabetes Management Guidance, Jul 2007
- iv. Brent Dermatology Formulary (*when agreed*)
- v. Asthma & COPD guidelines (*when agreed*)

**1.15** Prescribe a “reasonable” quantity and do not prescribe more than 14 days treatment

**1.16** Prescribers should only issue prescriptions for the medical condition for which the clinic is set up

**1.17** Any non urgent prescription items should not be initiated at the clinic, a timely request should be made to the patient’s GP to initiate treatment

**1.18 Do not issue prescriptions for repeat items.** Such patients must be encouraged to go to their GP (Mon - Fri) or they may obtain an **emergency supply** so long as certain conditions are satisfied from a community pharmacy (*see below- Point 2*)

**1.19** Do **not** write private prescriptions

**1.20** Do **not** ask GPs to prescribe non formulary drugs

**1.21** Do **not** initiate treatment for any other conditions which are being appropriately managed by the patient's GP. Such patients must be encouraged to go to their GP (Mon - Fri) and local GPs must be informed of any cases of 'prescribing abuse'

## 2. Emergency Supply by Pharmacists

Community Pharmacists can sell or supply prescription-only medicines to a patient at their discretion, so long as certain conditions are satisfied:

- The pharmacist must personally interview the patient and supervise the supply
- There must be an immediate need and it must be impracticable to obtain a prescription without undue delay
- The treatment must have been previously prescribed to the patient
- A maximum of 5 days treatment may be supplied (with certain exceptions e.g. insulin, inhalers, oral contraceptives, creams and ointments, eye drops when the smallest pack may be supplied)
- Controlled drugs (Schedules 1, 2 or 3) **must not** be supplied under this system (except phenobarbitone for epilepsy)
- There are strict labeling and record-keeping requirements, and the supply will be labeled 'emergency supply'

*This system can be used for patients who run out of their usual medication, or who are remote from their GP (at work, on holiday etc) and require urgent treatment. The patient will be charged a price by the pharmacy based on the actual cost of the medication and their dispensing fee regardless of whether the patient is exempt from prescription charges or not.*

## 3. Clinical Governance arrangements for prescribers who are employed directly/via contracts by the tPCT

An appropriate clinical governance framework is required for qualified non-medical prescribers (independent nurse prescribers) to practice within the NHS.

- The tPCT's responsibility (**Medical Director, PEC Clinical Governance Lead, Human Resources and the Care Pathways Manager**) is to ensure that appropriate contracts (Honorary or otherwise) are in place for all the clinicians working for the care pathways and the accountability and responsibilities are clarified.

- The tPCT (**Medical Director, Nurse Prescribing Lead and the Care Pathways manager**) must amend the prescriber's job description to reflect the prescribing activity.
- The tPCT's (**Nurse Prescribing Lead and of Human Resources**) responsibility is to keep an up to date register of all qualified non-medical prescribers, and ensure that drug alerts and other urgent communications are cascaded to all prescribers.
- The tPCT's responsibility (**Medical Director, Care Pathway Clinical Governance Lead, Human Resources and the Care Pathways Manager**) is to ensure that appropriate annual appraisals that include performance monitoring are in place for all the clinicians working for the care pathways
- Clinical Governance issues will need to be addressed for prescribers not directly employed by the tPCT or who are employed by a third party. There must be a signed Service Level Agreement (SLA) between the tPCT and any prescribers not directly employed by the tPCT before any prescribing can occur
- All prescribers have a professional responsibility to be aware of and respond to any changes in legislation or regulation which impact on prescribing practice
- All prescribers including the non-medical prescribers should be aware of and abide by the tPCT's policies and guidelines relating to medication (Please refer to section 16 'Supporting Policies' for further details); failure to follow tPCT guidance and policy may result in poor performance actions (Brent tPCT Disciplinary Policy and Procedure)
- Non-medical prescribers are expected to work within the standards and code of professional conduct as set out by their own Regulatory bodies, as well as Policies and Guidelines of Brent tPCT.
- The tPCT should have systems in place for identifying poor professional performance as part of the care pathways (similar to other prescribers). Prescribing should be considered as part of this process.
- **Legal and Clinical Liability** - Medical prescribers not directly employed by the trust will assume liability for their own prescribing. Where a non-medical prescriber is appropriately trained and qualified and prescribes as part of their professional duties with the consent of their employer, the employer is held vicariously liable for their actions.
- It is recommended that all medical and non-medical prescribers should have professional indemnity insurance, for instance by means of membership of a professional organisation or trade union.

#### **4. Security, Ordering, Receipt and Storage of Prescription Pads in Integrated Care Pathways Clinics**

##### **4.1 Security of Blank FP10 Prescriptions (Controlled Stationary)**

- Prescriptions are considered as controlled stationary. Controlled stationery is any stationery, which, in the wrong hands, could be used to obtain medicines and/or medical items fraudulently. For this reason prescriptions will be stored in

the locked cabinet and the Care Pathway manager will ensure that an appropriate quantity of prescriptions is signed in and out per clinic. The lead clinician on each shift will be responsible for possession of the prescriptions for the duration of their shift.

- Once issued from the Family Health Services at 21 Building, prescription forms are the responsibility of the Care Pathway manager or the GP/Consultant concerned, including safe (locked) storage with limited authorised access.
- The Care Pathway manager is responsible for ensuring that the list of all eligible medical practitioners/prescribers who are eligible to prescribe is made available to the Prescribing Team.
- It is important that the specimen signatures of the eligible prescribers are held by the Care Pathway Manager.
- The prescription pad is the property of Brent tPCT
- It is the responsibility of the individual medical practitioner/prescriber to ensure the security of the prescription pad at all times.
- Under no circumstances should blank prescription forms be signed before use. The prescription form should only be produced and signed when needed.
- Prescription pads must not be left unattended on the desk or work surface, but should be locked away securely and access should be restricted to individual authorised prescribers.
- A large quantity of prescriptions forms should not be issued at one time; only sufficient to cover the needs of that day's anticipated workload.
- Prescription pads must be returned to the Trust via the Care Pathway manager before the last day of employment/contract by all prescribers leaving the employment/contract of the tPCT/INTEGRATED Care pathway
- Prescription pads are to be stored in a locked and secure cupboard within Wembley Outpatients
- On the day of the clinic; the prescription pads are taken from their secure location and passed to the receiving clinician with the Prescription Log sheet by the Wembley Outpatient Receptionist
- During the clinic, the clinician will note down the number of the prescription issued on the Log Sheet, so that an audit trail of prescriptions issued can be maintained for review.
- At the conclusion of the clinic; the prescription pads will be returned to the Wembley Outpatient Receptionist, who will return the prescription pad and Log Sheet to the locked and secure cupboard within Wembley Outpatients.

#### **4.2 Ordering and Receipt of Blank Prescriptions**

- Prescriptions forms (FP 10) will be ordered by the Care Pathway Manager
- All blank prescription forms received from the Family Health Services at 21 Building will be signed by the authorised person (Care Pathway manager) and stored in a safe place.

#### **4.3 Record Keeping of all Patient Consultations**

- All patient consultations and prescribed drugs should be recorded as part of the patient notes and the completed records should be stored in the patients' notes.

## 5 Loss or Suspected Theft of Prescription Pads

- The prescriber MUST keep a record of the serial numbers of the first & last prescriptions on receipt of a new prescription pad and for the pad already in use. It is advisable that the prescriber is aware of all prescriptions used / written so in the event of a pad being lost or stolen the number remaining can be estimated. *(Serial numbers follow in sequential order with the exception of the last number, which is selected randomly)*
- It is the responsibility of the individual prescriber to report the loss or suspected theft of prescription forms/pads immediately to:
  - Care Pathway manager and
  - The named person at Family Health Services, 21 Building (Sharon Brooks on 020 8795 3114 )
- If the incident occurs out of hours, it must be reported first thing on the next working day.

**A tPCT Incident Reporting form MUST BE COMPLETED, in accordance with the tPCT Risk Management Policy**

### The following steps are to be taken:

- The prescriber must fax details of the lost / stolen items to the 21 Building – 020 8861 3126
- The prescriber must inform the Care Pathway manager and complete the appropriate Adverse Incident Form
- The Care Pathway manager will review the incident and contact the Head of Medicines Management for any further advice
- The prescriber is to follow the advice given by the 21 Building regarding the further writing and issuing of prescriptions
- The prescriber should not write or issue further prescriptions until the loss or suspected theft has been reported and he/she has been advised as to the next steps to take.
- The tPCT has a named officer from the 21 Building responsible for dealing with incidences of loss or suspected theft of prescription pads
- The tPCT named officer will instruct the prescriber to write and sign all future prescriptions in a particular colour (usually red) for a period of two (2) months.
- In the event of suspected theft of prescription forms the tPCT (21 Building) will also inform the local police as soon as possible, giving the above details in line with the adverse incident policy.
- The named person at the 21 Building will then inform:
  1. the Prescription Pricing Authority
  2. the local pharmacies
  3. neighbouring PCTs
  4. the police

of the name and base of the prescriber concerned, the approximate number of prescription forms lost or stolen and the period for which the prescriber will write in a specific colour.

## 6. Writing a Prescription

- Prescriptions must be written in accordance with The Medicines Act 1968 and local good practice. A prescription must:
  1. Be signed in ink with the prescriber's own name
  2. Be written in indelible ink (including typewriting and computer generated prescriptions)
  3. Has to contain the following:
    - Date
    - Patient's full name, address and date of birth
    - Name, dose and frequency of the medicine
    - Duration of treatment where appropriate (e.g. a course of antibiotics)
    - Directions as to the application and/or site of treatment (e.g. left ear)
    - For when required medication (PRN medication) – the indication and maximum frequency of administration
- For all medicines (except for those included in the list of medicines to be written using the brand name), the generic name of the drug should be written.

## 7. Medicines Information

- Information on medicine related enquiries can be obtained from the Medicines Information department at Northwick Park Hospital, Tel. 020 8869 2764. This department is part of the National Medicines Information network and has access to a wide variety of resources to provide rapid, evidence-based impartial advice on medicines and prescribing.
- The Prescribing Team can also be contacted (see below for details) regarding any prescribing queries.

## 8. Errors in Prescribing

- The tPCT requires that all errors relating to the prescribing of drugs should be reported to the Pathway Governance Lead in the first instance and then forwarded to the Medical Director according to the tPCT Incident Reporting Policy.

## 9. Known Drug Idiosyncrasies

- These must be recorded in the patient's notes/computer record.

## 10. Specimen Signatures

- Specimen signatures of all prescribers must be sent, by the Care Pathway Manager on appointment, to the Strategic Pharmaceutical Advisers. This should include all Consultants, GPSI, locums, nurses, administration support team and temporary staff.

## 11. Adverse Drug Reactions

- Adverse Drug Reactions need to be reported by the Yellow Card Scheme; hard copies of the form can be found at the back of the BNF; electronic copies can be found at [www.mca.gov.uk/yellowcard](http://www.mca.gov.uk/yellowcard). A photocopy needs to be entered into patient's notes and the GP informed.

- All prescribers must also follow local policy with regard to incident reporting.

## **12. Trust Formularies and Guidelines**

- It is expected that all prescribers follow the local Brent tPCT formularies and guidelines.

## **13. Pharmaceutical Industry**

- Each medical practitioner/prescriber is expected to work within the standards and code of professional conduct as set out by their own Regulatory bodies, as well as Policies and Guidelines ratified by Brent tPCT Board.

### **13.1 Relationship with the Pharmaceutical Industry**

- The advertising and promotion of medicines is strictly regulated under the Medicines (Advertising) Regulations 1994, and the choice of which medical products are used is based on clinical suitability and value for money alone. The tPCT is aware that pharmaceutical representatives approach healthcare professionals. Healthcare professionals must adhere to the standards of their own professional body and Brent tPCT Policy for Working with the Pharmaceutical Industry.

### **13.2 Gifts and Benefits**

- As part of the promotion of a medicine(s), suppliers may provide inexpensive gifts and benefits e.g. pens, diaries, mouse mats etc. Personal gifts are prohibited, and it is an offence to solicit or accept a prohibited gift or inducement.

## **14. Audit and Quality Improvement**

- Audits are to be maintained in line with good practice and clinical framework guidance
- All prescribing practice should be subject to periodic review to ensure adherence to NICE guidance, National Clinical Guidelines and any relevant local or national prescribing and medicines management policies.
- The tPCT will undertake and share with practitioners the routine data analysis of all prescribing identified using the ePACT database.
- Practitioners have a professional responsibility to keep themselves informed of clinical and professional developments.

## **15. Prescribing For Self, Family and Friends**

- All prescribers are accountable for their practice at all times. If a situation arises where they find themselves in a position to prescribe for themselves, then they should not prescribe. In a situation for prescribing for family and friends if this may occur, then the clinician should only prescribe if it is urgent and they must accept accountability for that decision. It is strongly recommended that all medical practitioners/prescribers should avoid prescribing for themselves or close family members, as judgment may be impaired and important clinical examination may be impossible.

## 16. Supporting Policies

### Brent tPCT Policies:

- Brent tPCT Policy for the Reporting and Management of Incidents March 2007
- Records Management Policy 2003
- Policy for Consent to Examination for Treatment February 2004
- Confidentiality Policy 2003
- Brent tPCT Medicines Policy March 2007
- Working with the Pharmaceutical Industry Policy 2008
- Brent tPCT Policy for Controlled Drugs in Primary Care January 2008
- Prescribing Policies and Guidance prepared by the Brent tPCT Prescribing Team
- Brent tPCT Non-medical Prescribing Policy March 2007
- Patient Group Direction Policy July 2007

## 17. Review of the Policy

- This will be an evolving policy as the standards and practice covered continue to change. It is anticipated that the Trust will formally review the policy in the light of any major changes to the legal framework.

## 18. Local Contacts

| Title  | Contact Name  | Telephone No   | Fax No        |
|--|---|--|---------------|
| <b>Integrated Care Pathway Manager</b>   | Margaret McLennan<br>Silvia Sadeghian                                       | 0208 795 7488<br>0208 795 7449                                       |               |
| <b>Integrated Pathway Clinical Governance Lead</b>   |   |  |               |
| <b>Brent tPCT Medical Director</b><br>Wembley Centre for Health & Care   |   |  |               |
| <b>Clinical Leadership and Integrated Governance</b><br>- Director<br>- Nurse Prescribing Lead   | Patricia Atkinson<br>Tracey Coyne   | 020 8795 6767<br>020 8795 6163                                       |               |
| <b>FHS Shared Services</b><br>21 Building Harrow   | Sharon Brooks   | 0208 537 3114  | 0208 863 4769 |
| <b>Human Resources</b>   | Karen Wise  | 0208 795 6754  |               |
| <b>Medicines Information</b><br>Northwick Park Hospital  | Medical Information Team  | 020 8869 2764  | 020 8869 2764 |
| <b>Brent tPCT Prescribing Team</b><br>- Head of Prescribing and Medicines Management<br>- Senior Prescribing Adviser<br>- Prescribing Adviser<br>- Prescribing Information Manager | Rashmi Rajyaguru<br><br>Theodora Michael<br>Versha Varsani<br>Jasbir Chatha | 020 8795 6226<br><br>020 8795 7427<br>020 8795 7431<br>020 8795 6146 | 020 8795 6131 |

**19. On-line Information Sources**

1. *Medical & Healthcare Products Regulatory Authority* - produce a quarterly bulletin which contains advice and information on drug safety issues. *Current Problems in Pharmacovigilance* can be found on [www.mhra.gov.uk](http://www.mhra.gov.uk)
2. National Prescribing Centre provides information for prescribers on developing competency and practice [www.npc.co.uk/nurse\\_pres](http://www.npc.co.uk/nurse_pres)
3. The PRODIGY website provides advice on clinical management and prescribing guidelines [www.progidy.nhs.uk/nurse](http://www.progidy.nhs.uk/nurse)
4. The Prescription Pricing Authority [www.ppa.nhs.uk](http://www.ppa.nhs.uk) or [www.ppa.org.uk](http://www.ppa.org.uk) for the drug tariff
5. The BNF at [www.bnf.org](http://www.bnf.org)