

**Good Prescribing Guide - Primary Care**

<b>Co-ordinator(s):</b> Medicines Management Pharmacist	<b>Consultation Group:</b> See Page 31	<b>Approver:</b> NHS Grampian Primary Care Prescribing Group
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**Executive Sign-Off**

**This document has been endorsed by the Director of Pharmacy and Medicines  
Management**

**Signature:** \_\_\_\_\_



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**N.B.** This policy was impact assessed on 07/06/2022

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Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading )
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Sept 2022	Feb 2022	Formatting within the document layout	Whole document

\* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.....

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## Good Prescribing Guide - Primary Care

### 1. Purpose

This document is intended for use by healthcare professionals working in primary care including general practitioners (GPs), non-medical prescribers (NMPs) and community pharmacists (CPs).

It is intended as a reference resource to support good prescribing practice. It can be used as an information/guidance document to support with general prescribing principles as well as a reference source when prescribing queries are raised.

While this document is intended to support healthcare professionals working in primary care it does not cover specific patient situations/scenarios and should not be used as a substitute for an individual's own professional standards and judgement. It should also be noted that a dedicated [Policy and Framework for Non-Medical Prescribing](#) also exists for use by NMPs.

Complex and specialist prescribing issues are out with the scope of this document and queries of this nature should be directed to:

- Clinical queries - NHS Grampian Medicines Information department ([gram.medinfo@nhs.scot](mailto:gram.medinfo@nhs.scot) or 01224 552316).
- Prescribing queries – relevant Health and Social Care (HSCP) pharmacotherapy team member.

### 2. Prescribing Support Tools and Information Resources

There are a variety of resources available to support primary care prescribers. These are detailed in the sections below.

It should be highlighted that while the tools and information included are intended to support individuals working in Primary Care within NHS Grampian these should always be considered alongside any professional standards from regulatory bodies within the professional's discipline.









#### 2.1. Grampian Area Formulary Website

All prescribers (medical and non-medical) are expected to prescribe in accordance with the Grampian Area Formulary while working in NHS Grampian.

The [Grampian Area Formulary](#) aims to promote safe, evidence-based, cost-effective prescribing across NHS Grampian. Formulary drugs, including the range of approved indications for each drug, are listed according to the BNF classification system. Unlicensed drugs and preparations approved for use are included in the most relevant section. First, second, and occasionally third line drugs choices are listed where appropriate. The first line choice should be used unless there is a clinical reason not to do so.



A Traffic Light Status system is used to provide users with a description of how medicines should be initiated/prescribed. Prescribers should refer to the status of any intended prescribing and only undertake prescribing of medications indicated as appropriate by the Traffic Light Status.

Traffic Light Status Information	
Status	Description
 <b>GREEN</b>	General use. Treatment may be initiated in either Primary or Secondary Care.
 <b>AMB 1</b>	Available for restricted use under specialist supervision. Treatment may be initiated in Primary Care on the recommendation of a consultant/specialist.
 <b>AMB 2</b>	Available for restricted use under specialist supervision. Treatment to be initiated in hospital prior to handover.
 <b>RED</b>	Hospital use only. Treatment should be supplied by the hospital for the duration of the treatment course.
 <b>BLUE</b>	Products shown as blue have multiple indications with varying formulary classifications. For further information see text next to the product.
 <b>GREY</b>	Work is ongoing and will be reviewed at a future meeting
 <b>NF</b>	<p><b>Not routinely available in NHS Grampian however if local need is identified:</b></p> <ul style="list-style-type: none"> <li>• Contact the Pharmacist Team Leader/Principal Pharmacist – Supply (ARI)</li> <li>• Treatment is available: <ul style="list-style-type: none"> <li>◦ From a Specialist Centre in another health board</li> <li>◦ From the National Specialist Service for pulmonary arterial hypertension (Scottish Pulmonary Vascular Unit or similar specialists)</li> <li>◦ Through the National Services Scotland: <ul style="list-style-type: none"> <li>▪ Ultra-Orphan Medicines Risk Share Scheme</li> <li>▪ Inherited Metabolic Disorders Risk Share Scheme</li> </ul> </li> <li>◦ For SMC recommended medicines/indications where local clinical experts do not wish to add to the formulary at this time</li> </ul> </li> </ul>
 <b>BLACK</b>	<p><b>Not routinely available in NHS Grampian.</b></p> <p>Includes medicines/indications that:</p> <ul style="list-style-type: none"> <li>• Are not recommended for use within NHS Grampian</li> <li>• Are not recommended for use within NHS Scotland</li> <li>• Have not been considered by SMC or NHSG Formulary Group</li> <li>• Are not recommended for use at present due to limited clinical and/or cost effective data</li> <li>• There is a local preference for alternative medicines</li> </ul>

The formulary is not intended to replace the BNF or medicine's Summary of Product Characteristics which will need to be referred to for information on licensed indications, contraindications, cautions, side-effects, interactions and dosage, etc.

## 2.2. British National Formulary (BNF)

The BNF and BNF for Children can be accessed via the [BNF webpage](#), the BNF app (available for free from the App Store or Google Play) and via the GP portal on the NHS Grampian intranet. The BNF is also published in print however interim updates are issued and published within digital versions of the BNF. Use of a digital version of the BNF is encouraged as it ensures all users are accessing the most up-to-date clinical content.

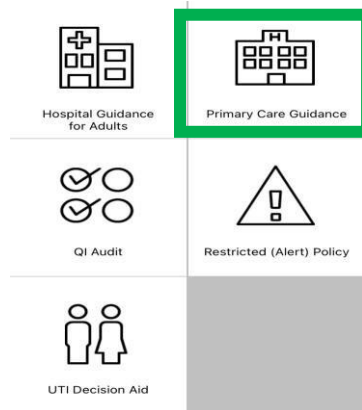
## 2.3. Grampian Guidance

[Grampian Guidance](#) holds localised guidance and resources to support good prescribing and referral practice helping to ensure patients are referred to the right professional in the right place at the right time. Content is reviewed and updated regularly so should always be checked when required. Estimated [waiting times](#) can also be checked.

## 2.4. Antimicrobial Companion App

The Antimicrobial Companion App (available for free from the App Store or Google Play) provides a range of information including 'Primary Care Guidance' (other information includes Hospital Guidance for Adults, QI Audit, Restricted (Alert) Policy, UTI Decision

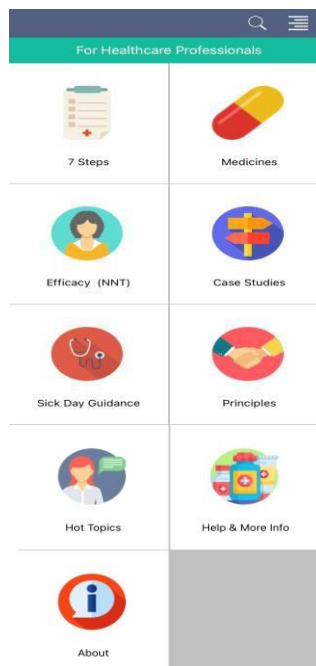
Aid and Gentamicin and Vancomycin dosage calculators). Once downloaded the user should select **NHS Grampian** to ensure access to the correct information. Users should note that the Primary Care Guidance on the App relates to adults only and children’s guidance is available via “[NHS Grampian Guidance Notes on the Treatment of Common Infections in Children in Primary Care](#)”



Adult guidance is also available via webpages – in [full](#) and as a [summary](#) poster.

## 2.5. NHS Scotland Polypharmacy Guidance

The [Scottish guideline on polypharmacy](#) is available via the [webpage](#) or Polypharmacy: Manage Medicines app (available for free from the App Store or Google Play) and seeks to provide a clear structure for a polypharmacy medication review that is centred around the individual patient. Once downloaded the user should select ‘Healthcare Professional’ to ensure access to the most appropriate information.



## 2.6. Grampian Medicine Management (GMM) website

The [Grampian Medicines Management website](#) is a resource for healthcare professionals involved in dealing with medicine related issues. The following are available on the website:

- [Grampian Area Formulary](#)
- [NHS Grampian medicine-related policies and guidance](#)
- [NHS Grampian Shared Care Arrangements \(SCAs\)](#)
- [NHS Grampian Patient Group Directions \(PGDs\)](#)
- [Antimicrobial Guidance](#)
- [Links to Medicine Management Groups](#)

## 2.7. ScriptSwitch

ScriptSwitch is a support tool that is embedded in GP IT systems to provide advice on cost-effective and formulary compliant prescribing. ScriptSwitch offers two types of messages:

- 'Switch messages' - where the system offers the prescriber one or more options of an alternative medication at the point of prescribing.
- 'Information messages' – where the system offers the prescriber information regarding the product they are attempting to prescribe, e.g. hospital use only, not included in Grampian Area Formulary.

All ScriptSwitch content is managed locally by the NHS Grampian Medicines Management Team. Prescribers can feedback directly on the suitability of messages/switches by clicking on the 'Feedback' button at the bottom left of any switch.


In order to maximise the benefits of ScriptSwitch:

- Practices should ensure that all prescribers (including nurses, locums, ST1, ST3 and pharmacists) and appropriate non-prescribers (e.g. pharmacy technicians) have ScriptSwitch active on their prescribing system.
- Where practices have opted to activate ScriptSwitch for non-clinical staff a policy should be in place detailing how these staff members should manage any recommendations triggered when handling prescription requests.

An example of a ScriptSwitch 'Switch' and 'Information' messages are below:

## Example Switch Message

ScriptSwitch Prescribing Decision Support

<p>Original</p> <p><b>Peppermint oil 0.2ml gastro-resistant modified-release capsules (84 capsule)</b></p> <p>1 CAPSULE THREE TIMES A DAY</p> <p>Est. Cost: <b>£163.45 per annum</b></p>		<p>Replacement</p> <p><b>Mebeverine 135mg tablets (84 tablet)</b></p> <p>1 CAPSULE THREE TIMES A DAY</p> <p>Est. Cost: <b>£42.25 per annum</b></p>								
<p><b>Cost Saving: £121.20 per annum</b></p> <p>3 Repeat(s) Prescribed</p> <p><b>Accept Replacement</b></p>										
<p>Peppermint oil 0.2ml gastro-resistant modified-release capsules are not included in the Grampian Area Formulary.</p> <p>Mebeverine 135mg tablets are the first choice antispasmodic in the Grampian Area Formulary.</p> <p>If mebeverine has been ineffective or is not appropriate an alternative can be considered.</p> <p>Please prescribe generically.</p>	<p><b>All available replacements</b></p> <table border="1"> <thead> <tr> <th></th> <th>Est. Cost</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="radio"/> Mebeverine 135mg tablets (84 tablet)</td> <td><b>£42.25 per annum</b></td> </tr> <tr> <td><input type="radio"/> Peppermint oil 0.2ml gastro-resistant capsules (1 x 84 capsule)</td> <td>£7.97 for 1 repeat</td> </tr> <tr> <td><input type="radio"/> Aherine 60mg capsules (84 capsule)</td> <td>£88.14 per annum</td> </tr> </tbody> </table>		Est. Cost	<input checked="" type="radio"/> Mebeverine 135mg tablets (84 tablet)	<b>£42.25 per annum</b>	<input type="radio"/> Peppermint oil 0.2ml gastro-resistant capsules (1 x 84 capsule)	£7.97 for 1 repeat	<input type="radio"/> Aherine 60mg capsules (84 capsule)	£88.14 per annum	
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<input checked="" type="radio"/> Mebeverine 135mg tablets (84 tablet)	<b>£42.25 per annum</b>									
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<input type="radio"/> Aherine 60mg capsules (84 capsule)	£88.14 per annum									
<p>&lt; Back    Feedback    <b>Continue with Original</b></p> <p><small>The health care professional is solely responsible for verifying the appropriateness of the Recommendation for the patient. Please check quantity, dose, instructions and duration fields are all completed and are appropriate for the patient; please also note savings shown are an estimate. The quantity may have been changed to the closest available pack size. ScriptSwitch will only populate drug, dose and quantity fields following acceptance of a recommendation. It is at the discretion of the health care professional to complete any and all other fields as appropriate. Further, without limiting the generality of the foregoing, Optum Health Solutions (UK) advises the health care professional that Recommendations do not incorporate or otherwise take into account (in any way, shape or form - directly or indirectly) any aspects of the applicable patient electronic medical record relating (directly or indirectly) to drug (or other) allergies; in all cases the health care professional is solely responsible for the identification of (and any implication of) any and all drug (and other) allergies. The aforementioned is subject to the terms of the Full Disclaimer.</small></p>										

## Example Information Message

ScriptSwitch Prescribing Decision Support

<p>Original</p> <p><b>Carfilzomib 10mg powder for solution for infusion vials (1 vial)</b></p> <p>AS DIRECTED</p> <p>Est. Cost: <b>£528.00 for 3 repeats</b></p> <p style="text-align: center;"><b>Continue with Original</b></p>
<p><b>Information</b></p> <p>HOSPITAL USE ONLY - Carfilzomib powder for solution for infusion vials 10mg</p> <p style="text-align: center;"><b>Do not prescribe</b></p> <p>&lt; Back    Feedback</p> <p><small>The health care professional is solely responsible for verifying the appropriateness of the Recommendation for the patient. Please check quantity, dose, instructions and duration fields are all completed and are appropriate for the patient; please also note savings shown are an estimate. The quantity may have been changed to the closest available pack size. ScriptSwitch will only populate drug, dose and quantity fields following acceptance of a recommendation. It is at the discretion of the health care professional to complete any and all other fields as appropriate. Further, without limiting the generality of the foregoing, Optum Health Solutions (UK) advises the health care professional that Recommendations do not incorporate or otherwise take into account (in any way, shape or form - directly or indirectly) any aspects of the applicable patient electronic medical record relating (directly or indirectly) to drug (or other) allergies; in all cases the health care professional is solely responsible for the identification of (and any implication of) any and all drug (and other) allergies. The aforementioned is subject to the terms of the Full Disclaimer.</small></p>

## 2.8. Scottish Therapeutics Utility (STU)

**STU** was commissioned by the Therapeutics branch of the Scottish Government for use in all NHS Scotland practices. STU allows users to interrogate their prescribing system and identify issues such as duplicate prescribing, excessive ordering and high-risk medicine combinations. STU can support practices in optimising efficiency and reduce avoidable waste (processes and costs) as well as highlighting patient safety and clinical issues. Requests for STU access should be directed to a relevant member of the pharmacotherapy team.

## 2.9. Management of Controlled Drugs (CDs) in Primary Care - Scotland

At the time of publishing the NHS Grampian Controlled Accountable Officers (AO) Network for Controlled Drugs (Scotland) were in the process of producing guidance covering good practice for the management, governance and use of controlled drugs in primary care. Prior to publication of this document, the CD team should be contacted with regard to any queries at [gram.cdteam@nhs.scot](mailto:gram.cdteam@nhs.scot).

## 2.10. Community Pharmacy Scotland website

Community Pharmacy Scotland (CPS) is an organisation who represent community pharmacy owners and their teams throughout Scotland. Their [website](#) contains information regarding core and national elements of the NHS Scotland Community Pharmacy Contract. Community pharmacists should be aware that while the detail regarding the delivery of the community pharmacy contract are found via the CPS website, all national Patient Group Directions (PGDs) are adopted locally by NHS boards and therefore any PGDs relating to services delivered via the community pharmacy contract will be located alongside all other [NHS Grampian PGDs](#).

## 2.11. NHS Community Pharmacy Website

This [website](#) has a specific area for NHS Grampian and contains a range of important information regarding the delivery of community pharmacy services within NHS Grampian including Service Level Agreements (SLAs), links to PGDs and palliative care guidance.

## 2.12. NHS Grampian Non-Medical Prescribing Policy

This NHS Grampian [Policy](#) provides information regarding non-medical prescribers within NHS Grampian.

## 2.13 NHS Grampian Medicines Reconciliation Protocol

This NHS Grampian [Protocol](#) provides information regarding accurate medication reconciliation when patients are transferred between points of care, e.g. primary and secondary care.

# 3. General Prescribing Guidance, Information and Requirements

## 3.1. Prescription Stationery and Prescription Requirements

- A Prescription-only Medicine (PoM) can only be supplied in accordance with a prescription given by an appropriate practitioner where the conditions meet the [Human Medicines Regulations \(2012\)](#).
- For an item to be prescribed on the NHS, the prescription must be written on NHS Scotland stationery and meet all the legal requirements (further details can be found in [BNF Prescription writing section](#)).
- Wherever possible prescriptions should be printed (as opposed to written by hand) and include a corresponding barcode to facilitate the electronic transfer of information and minimise the risk of transposing errors.
- Where a prescription requires to be hand written, it must be on an appropriate prescription pad, written in indelible ink and all information must be clearly legible.
- Non-Medical Independent Prescribers must, where available, prescribe on stationery printed for their profession. Where specific stationary is not available the following can be undertaken as an interim workaround until IT infrastructure can support electronic prescribing:
  - For Pharmacist Independent Prescribers (PIPs): In 2017, the Chief

Pharmaceutical Officer confirmed an interim solution to support GP practice-based PIPs to prescribe electronically using GP clinical systems. NHS Grampian confirmed that PIPs could sign computer-generated prescriptions on GP stationery where they manually added their PIP details with a stamp and recorded this appropriately (via specific read-code) in patient notes.

- For Allied Health Professionals (paramedics, podiatrists/chiropractors & physiotherapists): In 2020, [PCA\(P\)\(2020\) 25](#) provided further information regarding using GP IT systems to prescribe via GP10(SS) forms and using a prescription stamp annotated with the prescriber's name, role and professional code.
- Within NHS Grampian selected secondary care colleagues have the ability to prescribe using [Community Pharmacy ePrescription \(CoPPr\)](#), complete with two factor authentication and advanced electronic signature by the prescribing clinician. These prescriptions do not have a usual "wet" signature but are compliant with the legislation for electronic signatures; i.e. there is no need to have a printed script with a wet signature to follow. As such, the stationary requirements detailed above would not be applicable to these prescriptions.
- Prescribers must not use any part of NHS prescription forms for private prescribing.
- Private prescriptions for Schedule 2 and 3 controlled drugs must be on Private Prescriber Controlled Drugs (PPCD) prescription form.

### 3.2. Generic Prescribing

In NHS Grampian all medicines should be prescribed generically unless there is a clinically valid reason not to do so.

While some patients may request a particular brand of medication be prescribed for a variety of reasons unless there is a specific clinical requirement, these requests should be refused. NHS information for patients on brand names and generics is available on the [NHS Choices website](#).

Some examples of appropriate non-generic prescribing include:

- Different brands which are known to have different bioavailabilities **and** that difference could adversely affect the patient, e.g. lithium, modified release diltiazem, verapamil, some anti-convulsants.
- The generic name is likely to cause confusion at the point of dispensing, e.g. oral contraceptives, hormone replacement therapy and combination inhalers.
- Patients have a known/diagnosed intolerance to an excipient in a particular brand.

### 3.3. Directions on Prescriptions

For the majority of prescriptions, specific directions should be included to maximise the likelihood of the patient taking the medicine safely, appropriately and as intended by the prescriber. Latin words and abbreviations should be avoided on prescriptions to prevent transposing errors during the dispensing process.

For some medicines, e.g. warfarin, it may not be possible to specify the directions on a

prescription. In these circumstances 'as directed' should be added to the prescription but the prescriber must ensure that the patient (or carer) understands the intended dosage schedule. Provision of this information in writing is recommended.

'When required' medication should also have, if appropriate, specific directions and a maximum dose, e.g. *Paracetamol 500mg tabs - Two tablets up to four times a day when required. Maximum eight tablets in 24 hours.* If a patient has their 'when required' medicines administered by a formal care worker (either in a care home or in their own home) it is good practice to state the indication for the medication after the instructions to ensure that the medicine is given for the correct reason, e.g. *Paracetamol 500mg tabs - Two tablets up to four times a day when required for pain.* It may also be appropriate to include indications when prescribing any medicine particularly for the frail, elderly or for those with cognitive impairment, e.g. *Simvastatin 40mg tablets – One at night for cholesterol.*

### 3.4. Prescription Quantities/Intervals

The quantity of any medicine supplied on a prescription should take into account clinical appropriateness, cost-effectiveness and patient safety alongside patient and GP practice convenience. Currently all Scottish residents receive free prescriptions so a patient's ability to pay is no longer a factor for determining prescription intervals. The following table summarises NHS Grampian's recommendations to GP practices regarding suitable quantities:

Type of prescription/patient	Recommended Quantity	Comment
First acute	Maximum of 28 days	Consider if one week or a small pack is sufficient.
Standard repeat	28 - 56 days	Instalment dispensing can be used to further regulate supply if required.
Serial dispensing repeats	24, 48 or 56 weeks	Dispensed at 4 or 8 weekly intervals.
Hormone Replacement Therapy	3 - 6 months (maximum 12 months once stable)	Depending on practice procedures.
Oral Contraceptives (OC)	3 months for first prescription; 6-12 months thereafter	Depending on practice procedures.
3 monthly injections	1	Consideration to be given for storage and expiry date of medication.
High Cost Licensed Products	28 days	Prescribe in whole pack quantities where appropriate.
Unlicensed 'Specials'	28 days	Expiry dates often limited usually up to 4 weeks therefore care should be taken when prescribing quantities of short-dated products.

Type of prescription/patient	Recommended Quantity	Comment
Controlled Drugs (CDs)	Maximum of 30 days	Although it is not a legal requirement, the Department of Health strongly recommends that prescriptions for schedules 2 and 3 CDs should not exceed 30 days. Prescribe in whole pack quantities where appropriate.
Drugs Liable to Misuse	Maximum of 28 days	Consider <i>instalment dispensing</i> . Vision practices can also use the <i>minimum intervals between repeats</i> and <i>forced reauthorisation</i> facilities.
Care Homes	28 days	Each care home has a 28 day medication cycle.
Multi-compartment Compliance Aids (MCA)	28 days	Where a prescriber requires a MCAs to be dispensed weekly, the prescription should state this.*
Patients receiving support from formal carers	28 days	Prescriptions would require annotation with 'Requires MAR chart' to facilitate this.
Wound Management Products	Maximum of 2 weeks or 1 box (whatever is smaller) for acute wounds.	28 day supply/repeat prescriptions should only be considered in exceptional circumstances.

\*Where a patient is prescribed medication in a MCA there should not be any request for MAR chart.

Within Vision and EMIS systems it is possible to change the **default** quantity and directions for any drug. In addition on Vision systems, prescribers can select a **minimum days between issues** (useful when wishing to ensure drugs liable to misuse are not over-ordered on repeat).

### 3.5. Reissuing or Reprinting Prescriptions

GP computer generated GP10 prescriptions have a Unique Prescription Number (UPN) which is printed alongside the barcode on the prescription and recorded in the clinical system. Each individual UPN can only be dispensed once. It is important to note that if a practice **reprints** a prescription then a **duplicate** prescription is issued with the **same** UPN as the original prescription. Barcodes are not generated on all prescriptions e.g. nurses would not have this included.

When there is an instance where a prescription cannot be located, e.g. it has been lost or potentially stolen, practices should identify relevant UPN(s) from the clinical system and then input these into the [Prescription Tracker Service](#) (PTS) to confirm status of UPN.

- If the barcode **has been downloaded/dispensed** then contact the dispensing pharmacy to discuss what has happened, and agree a plan of action.



- If the barcode **has not been downloaded/dispensed, do not** reprint original prescription for the patient. Instead cancel the lost or stolen prescription(s) and annotate “*Lost (or stolen) prescription and new prescription printed*” into the reason text box. Then re-issue a new prescription with a new UPN.

Where a UPN for a lost prescription is not available this should be reported to [gram.pcctpharmacy@nhs.scot](mailto:gram.pcctpharmacy@nhs.scot).

### 3.6. Medicines: Care and Review (MCR) Serial Prescriptions

MCR (previously named the Chronic Medication Service (CMS)) allows practices to generate serial prescriptions for patients prescribed regular repeat medicines.

Serial prescriptions are prescribed for a set number of weeks (usually 24, 48 or 56 weeks) and are subsequently dispensed at regular intervals as directed by the prescriber (usually every 28 or 56 days). Community pharmacies inform GP practices when a serial prescription has ended by sending an electronic Treatment Summary Report (TSR). TSR's should be used to undertake a patient review prior to issuing a new serial prescription.

The delivery of MCR should be a continued focus for all practices to support the management of repeat prescription workload. There are multiple resources available for both primary care practices and community pharmacies in relation to the delivery of MCR. These, alongside communication with local community pharmacies, should be utilised to support the set up and operation of delivering MCR prescriptions.

Some important points to note regarding selecting patients and medications for MCR prescriptions:

- Care should be taken when selecting patients suitable for MCR prescriptions, e.g. patients with poor compliance, medication liable to change or newly diagnosed medical conditions may not be suitable.
- Some medications may be less suitable for prescribing on a MCR prescription, e.g. when required medications, medications with variable dosing, topical preparations, appliances.
- Some medications, e.g. schedule 2 and 3 controlled drugs cannot be prescribed on a MCR prescription.

### 3.7. Prescribing when request for repeat medication has been made from a pharmacy managed repeat service

A ‘managed repeats service’ is when a community pharmacy requests prescriptions from a GP practice on behalf of the patient.

These schemes are not part of NHS pharmaceutical services, have no authority in NHS Scotland, and represent a non-NHS initiative by the individual pharmacy companies. These services are not the same as the contracted MCR serial prescription option ([Section 3.6](#)). They are also not the repeat prescription collection services that many pharmacies offer where the patient has ordered their medicines themselves.

These systems have the potential to significantly undermine attempts to encourage patients to manage their own medicines. They also have the potential to generate over-ordering and waste, where they are not managed appropriately.

In [July 2012, the Scottish Government made its views on managed repeat services clear in a letter](#) which concluded, 'It is the view of the Scottish Government Health Directorates, NHS Boards and the Scottish General Practitioners Committee that GP practices should not feel obliged to sign up to or endorse individual company schemes and wherever possible patients should be encouraged to take responsibility for the ordering of their own repeat prescriptions.'

NHS Grampian does not support such managed repeat services and is of the view that MCR Serial Prescriptions offer an NHS solution with appropriate NHS governance in place. Where a practice seeks to exit arrangements for managed repeat services with community pharmacy contractors this should be carefully managed to minimise impact on patients.

It is acknowledged that there may be circumstances where it would be appropriate for community pharmacies to order medication on a patient's behalf, e.g. where medication is issued in a compliance aid or the patient has memory problems. It should be noted that in these exceptional circumstances, full agreement should be sought from patient/carer and practice prior to third party ordering of medication being undertaken.

### **3.8. Prescriptions for patients receiving support from formal carers**

When prescribing for patients who receive support from formal carers, all prescriptions must stipulate the need for an accompanying Medication Administration and Record (MAR) chart to ensure robust and timely administration of medication in accordance with prescribed instructions.

Prescribers should give consideration to availability of care when prescribing for patients who receive formal care, e.g. prescribing a four times daily medication when care is only available morning and night.

### **3.9. Prescriptions for patients receiving a multi-compartment compliance aid (MCA)**

Prescribing for a patient to receive medications in a MCA must not be undertaken without prior agreement with a community pharmacy. The dispensing and checking of MCA's is a timely and labour intensive process and community pharmacy's capacity to provide the service should be checked prior to prescribing. NHS Grampian community pharmacy contractors have a [service level agreement \(SLA\)](#) which requires them to assess any patient's suitability for a compliance aid.

When prescribing for patients who should receive their medication via a MCA:

- Care must be taken to fully assess the suitability of prescribed medication for inclusion within a compliance aid. The [Specialist Pharmacy Service](#) provides some useful information regarding this.
- "Dispense in a compliance aid" should be included in the notes for dispenser for

each medication to be included in the MCA (this is sufficient if weekly dispensing is not required).

- Where weekly dispensing is required, “weekly dispense” must be written for each individual medication to be included in or alongside the compliance aid. This would ensure that MCA’s are issued weekly to the patient.

Where MCA patient’s prescriptions stipulate weekly dispensing, community pharmacy should not, without prior authorisation from the prescribing clinician, issue more than one week’s supply of medication at a time.

Patients who receive their medication in a multi-compartment compliance aid should not be provided with a MAR chart.

### **3.10. Prescriptions for patients in care homes**

The National Institute of Clinical Excellence (NICE) in its Social Care Guideline [‘Managing Medicines in Care Homes’](#) provides clear recommendations regarding the writing and issuing of prescriptions for residents in care homes. Some key points to note include:

- Providing clear instructions on how medicines should be used, including how long the medicine is expected to be required and, if important, how long the medicine will take to work and what it has been prescribed for.
- The use of ‘as directed’ and ‘when required’ (without further instructions) should be avoided.
- Provide any additional details regarding how the medicine should be taken, in particular the time of day, e.g. morning, afternoon, evening, etc.
- Prescribe the appropriate amount of medication to fulfil the 28-day supply cycle (or part-cycle if mid-month addition).

### **3.11. Prescribing instalment prescriptions**

Where it is deemed necessary for patients to receive less than the full quantity of their prescribed medication, additional directions can be added to request instalment dispensing. Care should be taken to ensure that all instalment dispensing directions are explicit in terms of frequency of instalments and quantities to be issued at the desired intervals. It is also beneficial to indicate intended start and end dates on prescriptions, particularly when there is ongoing issue of repeat medication.

NICE provides further information on [writing prescriptions for substitution therapy](#) which covers both legal and practical elements of instalment prescribing.

### **3.12. Prescribing appliances or enteral feed products for supply by third party**

Patients receiving certain appliances (e.g. stoma and continence appliances) and nutritional products (e.g. enteral feeds) may opt to have these dispensed by a third party contractor (as opposed to a community pharmacy).

As part of their services, these third party companies, will order prescriptions on behalf of patients and request that prescriptions are sent directly to them. This should only be undertaken when explicit consent has been obtained from the patient.

Key points for practices for supply of prescriptions to third party companies:

- Only products included on the patient's repeat slip which have been recommended by the appropriate specialist/specialist team should be prescribed. Request for additional products should be declined and queried directly with the patient.
- Care should be taken with intervals between prescribing events – some companies have automatic request systems which can give rise to additional and unnecessary prescription requests.
- Care should be taken to ensure that only the patient's prescription is sent to the company, and not the re-order slip on the right-hand side of the prescription.

See [Section 6](#) for further details on prescribing appliances and enteral feeds.

### **3.13. Private Prescriptions**

Where a patient opts to receive private care (funded either by insurance or on a pay-as-you-go basis) care should be delivered separately from NHS care, at a different time and in a different place. The BMA provides guidance to support with [private prescribing practice](#).

The National Health Service (General Medical Services Contracts) Regulations 2015, [regulation 24](#), states that GPs must not “demand or accept from any of its patients a fee or other remuneration” in respect of “the provision of any treatment whether under the contract or otherwise; or a prescription or repeatable prescription for any drug, medicine or appliance, except in the circumstances set out in regulation 25”.

Within the same regulations, [regulation 25](#) provides context into the limited circumstances in which it would be considered appropriate for fees or charges to apply in relation to provision of treatment or services.

#### **3.13.1. Private treatment for patients eligible to use NHS services**

##### **3.13.1.1. Private treatment for services available within NHS**

Patients eligible for NHS care, who have opted to pay privately for services that could have been provided by the NHS, can at any stage transfer to the NHS for ongoing care.

NHS Grampian Guidance '[Prescribing Following Private Consultation](#)' provides all information regarding the transfer of prescribing from non-NHS to NHS prescribing.

Private practitioners may make recommendations to NHS practitioners regarding ongoing NHS prescribing. Should a NHS practitioner choose to undertake this prescribing they must give consideration to NHS Grampian Guidance and the Grampian Area Formulary and be willing to accept full clinical responsibility for prescribing.

### **3.13.1.2. Private treatment for services not available within NHS**

Patients who are seen privately by a GP or private consultant for care which is not routinely provided by the NHS should have any associated medication prescribed and monitoring undertaken privately.

Where, following a private consultation, a request is made to provide treatment via the NHS. The prescriber receiving the request must give consideration to NHS Grampian policies as well as Grampian Area Formulary status of medication. Where the request made does not comply with NHS Grampian Guidance and Grampian Area Formulary the prescribing responsibility should sit with the private GP/consultant.

### **3.13.2. Private treatment for patients not eligible for NHS treatment**

Where a patient is not eligible to receive care or treatment under the NHS, all services should be considered as private care and be delivered in such a way.

### **3.13.3. Prescribing of controlled drugs privately**

Where there is a need to prescribe schedule 2 and 3 controlled drugs privately, the standard PPCD (1) prescription form should be used. Should prescribers wish to privately prescribing schedule 2 and 3 controlled drugs they should apply to their healthboard to obtain the necessary forms for prescribing.

### **3.14. Prescribing and the Secondary Care-Primary Care Interface**

NHS Grampian Guidance [“Responsibility for Prescribing Across Secondary and Primary Care”](#) provides detailed information with regard to prescribing between primary and secondary care.

The GMC document [“Good practice in prescribing and managing medicines and devices”](#) states that if you prescribed based on the recommendation from another doctor “you must be satisfied that the prescription is needed, appropriate for the patient and within the limits of your competence”. In accepting recommendations and agreeing to prescribe, the prescribing clinician is taking full clinical responsibility for the medication prescribed as well as any ongoing monitoring or follow-up required.

For certain medications, NHS Grampian have shared care arrangements (SCA) in place which outline the responsibilities for managing the prescribing and monitoring of a medication between primary and secondary care colleagues. Shared care arrangements can be accessed via the Medicine Management [website](#).

### **3.15. Requests for prescribing from a 3<sup>rd</sup> party non-NHS provider**

Where requests for prescribing are received from a non-NHS 3rd party provider (or from patients who have consulted with the 3rd party provider). Care should be taken to ensure the validity and authenticity of any request to prescribe from a non-NHS provider (or patients who have previously consulted with a 3rd party healthcare provider). Some key points to consider include:

- Where did request originate from? Can the credentials of requesting service be

- confirmed/checked? Are these appropriate with regard to the request?
- Are requester's credentials available? Is it appropriate for the requester to be making the request? Check validity and whether prescriber is registered within UK.
  - How has patient diagnosis been made? Is this appropriate and in line with NHS Grampian policy?
  - Has the patient had medication already? Is this a new request or a request to continue prescribing? Is it clinically appropriate for the medication(s) to be prescribed considering the patient's current medical conditions/other prescribed therapy?
  - Is the request in line with NHS Grampian Guidance and Grampian Area Formulary choices? Where necessary, has the request been discussed with an appropriate member of the HSCP Pharmacy Team?
  - Is the clinician who will undertake the writing and signing of a primary care prescription (GP) willing to assume full clinical responsibility for the patient with regard to appropriate diagnosis, prescribing, counselling and associated monitoring?

#### **4. Prescribing governance**

Having robust processes in place to ensure the safe and timely management of patient's medication is essential to primary care prescribers. There are several aspects of prescribing governance which should be considered which are detailed below.

##### **4.1. Acute versus repeat prescribing**

Whilst between practices there may be subtle differences in prescribing protocols it is imperative for individual practices to adopt a defined way of managing both acute and repeat prescription requests. Such protocols should clearly outline the practice's approach to managing prescription requests and the different roles and responsibilities of members of the practice team, e.g. administrative team, prescribers and the wider clinical team.

An acute prescription may be defined as a prescription issued which is not included on a patient's list of repeat medicines. Acute prescriptions generally include treatments which are for a short duration or course and are not foreseen to be required to continue in the longer term, e.g. antibiotics.

Repeat medications are those which are likely to continue long-term, for example for chronic conditions, and should be added to the patient's repeat list in line with practice protocols.

There is an area between acute and repeat prescribing where practices should consider the most efficient and safe method of prescribing; for example:

- Medication recently started but likely to continue long-term
- Medication being titrated
- Medication requiring specific monitoring
- Medication requiring frequent review.

There are various ways to manage prescribing in circumstances such as those detailed above however care should be taken to ensure that acute prescriptions do not become repeated acute prescriptions as this can lead to a significant workload for practices.

There are a number of features within prescribing systems which can be utilised to support the management of repeat prescriptions. Practices should agree which specific measures to adopt.

- The number of repeats to use and if there are any circumstances whereby a small number of issues may be appropriate, e.g. medicines requiring monitoring or review. Care should be taken with this approach as although the number of acute prescriptions may reduce, the numbers requiring re-authorisation can escalate very quickly.
- Use of the minimum/maximum number of days between prescriptions issued to ensure an appropriate interval between prescriptions is observed.
- Force re-authorise function.

#### **4.2. Read codes**

All prescribers (GP and NMP's) should ensure appropriate read codes are applied to any prescribing or administration associated with prescribing. This ensures a robust and accurate record to be maintained for patients. In addition to the information included within this section, read codes can be applied to information such as patients who require a multi-compartment compliance aid or MAR chart, patients within care homes or those with formal carer support.

#### **4.3. Medication Reviews**

Medication reviews are an integral part of patient care to ensure safe and appropriate prescribing for patients. Such reviews can be undertaken by a range of primary care staff, both clinical and non-clinical. As such, practices should have a protocol in place clearly detailing staff roles and responsibilities with regard to medication reviews. Effective Prescribing and Therapeutics Division (of NHS Scotland) resource ['Level 1 Medication Review Resource Pack'](#) contains further information on a range of activities which could be included as part of a level one medication review for staff with varying levels of clinical knowledge. Practice STU programme can be used to identify patients who would be suitable for a level one medication review.

Medication reviews should use the read code 8B3S.

#### **4.4. Polypharmacy Reviews**

Polypharmacy is defined, by the [Polypharmacy Guidance, Realistic Prescribing 2018](#), as being present when a patient takes two or more medications. While all patients with polypharmacy could benefit from a polypharmacy review, it has been highlighted that those with the greatest frailty, on the most medications or taking high risk medications are at the highest risk of inappropriate polypharmacy and therefore should be targeted for a review.

Full details regarding the 7-Steps patient-centred medicine review can be found with the document. It is important to note that as the 7-step review processes is intended to be a holistic approach to medication review there may be a requirement to engage with other members of the wider healthcare team, e.g. physiotherapy, occupational therapy, continence team, depending on patient needs.

Polypharmacy reviews should use the read code 8B31B.

#### **4.5. Medicine reconciliation**

The NHS Grampian [Medicines Reconciliation Protocol](#) details the necessary information and steps required to undertake timely and accurate medicines reconciliation when patients care is transferred between different healthcare settings, e.g. from secondary to primary care.

Medicine reconciliation should use the read code 8B318. Additional read codes can be utilised to document changes to patients medications (please see protocol for further details).

### **5. Prescribing in non-routine circumstances**

#### **5.1. Prescribing non-formulary medication**

While it would not be considered common practice, it is acknowledged, that in exceptional circumstances, prescribers may deviate from guidance in the [Grampian Area Formulary](#). In such circumstances, any prescribing intentions and subsequent decisions should be documented in full in the patient's notes. Particular attention must be made to ensure suitable arrangements are in place for monitoring and review of any non-formulary prescribing, including details of any shared care arrangements.

#### **5.2. Prescribing special or unlicensed medication**

The MHRA states that “An unlicensed medicinal product may only be supplied in order to meet the special needs of an individual patient. An unlicensed medicinal product should not be supplied where an equivalent licensed medicinal product can meet the special needs of the patient”.

Prescribers bear clinical responsibility if they choose to prescribe unlicensed medicines and should always consider the [MHRA hierarchy for the use of unlicensed medicines](#) when considering what to prescribe.

It is important to note that special formulations/unlicensed medicines are usually expensive, may have a short expiry date and can take longer for community pharmacies to obtain. In addition, depending on the product requested, community pharmacies are required to undertake a process to seek approval from NHS Grampian prior to ordering the requested product. Further details regarding this process can be found in the NHS Grampian guidance [Special Formulation and Unlicensed Products in Primary Care](#).

Further information on prescribing unlicensed medicines is available from the GMC Guidance - [Good practice in prescribing and managing medicines and devices](#).



### **5.3. Prescribing Emergency/Urgent Prescriptions**

The [Human Medicines Regulations 2012](#) legislation provides information on the administration of emergency prescriptions. Prescriptions would be considered to be emergency/urgent prescriptions where it would be impracticable considering the patient's circumstances to obtain a paper prescription without delay.

In any circumstance which constitutes the need for an emergency/urgent supply of a prescription the healthcare professional consulted should ensure they take a patient centred approach in ensuring that the patient receives a timely and uninterrupted supply of medication. This will depend on the patient, as well as the medication and time sensitivity of the request.

There are number of ways in which emergency/urgent prescriptions can be prescribed which are detailed in the sections below.

#### **5.3.1. Telephone prescriptions**

Telephone prescriptions generate significant workload for community pharmacies and as such should be reserved for urgent supplies of medication only.

Where a prescriber chooses to telephone details of a prescription to a dispensing pharmacy they should ensure that they are already in possession of a legally valid prescription and have the means to provide this to the dispensing pharmacy within 72 hours.

The recipient of a telephoned prescription should take the following steps when receiving a telephone prescription:

- Ensure the caller is genuine
- Satisfy themselves that the prescriber authorised to supply the prescription
- Check all details supplied over the phone
- Confirm UPN.

Wherever possible a UPN should be used to enter any telephone prescriptions into the Patient Medication Record (PMR) as this reduces the risk of any transposing errors. Where a UPN has been made available over the phone it is imperative that all prescription details are also confirmed, i.e. drug, quantity, strength, form, directions as well as patient and prescriber details.

Where there is any doubt as to the authenticity of a request to take a prescription via the telephone the receiver should independently obtain a contact number for the practice/prescriber and make a return call to verify details.

### **5.3.2. Email prescriptions**

Emailed prescriptions generate significant workload for community pharmacies and as such should be reserved for urgent supplies of medication only.

Where a prescriber chooses to email a prescription to a dispensing pharmacy they should ensure that they are already in possession of a legally valid prescription and have the means to provide this to the dispensing pharmacy within 72 hours. If the prescribing practice does not have routine processes set up and agreed with regard to emailing prescriptions to the community pharmacy, it is recommended the pharmacy is contacted by telephone to make them aware of the emailed prescription.

The recipient of an emailed prescription should take the following steps when receiving an emailed prescription:

- Ensure the email is genuine
- Satisfy themselves that the prescriber authorised to supply the prescription
- Confirm copy of prescription satisfies all legal requirements.

Wherever possible a UPN should be scanned to enter any emailed prescriptions into the PMR as this reduces the risk of any transposing errors. When the copy does not allow scanning, the UPN should be manually entered in preference to transposing all prescription details.

### **5.3.3. Fax prescriptions**

NHS Grampian do not support the use of fax machines and therefore the faxing of prescriptions is not supported.

### **5.3.4. Community Pharmacy Urgent Supply (CPUS) PGD**

Where a community pharmacy is consulted regarding the need for an emergency/urgent supply of a prescription and where the conditions of the [PGD](#) are met, the community pharmacist can make a supply. Any supply made under the CPUS PGD is at the discretion of the pharmacist operating under the PGD.

GP practice colleagues may choose to refer patient/carer requests to a community pharmacy for an emergency/urgent supply. When undertaking this referral there must be clear and full consideration of the patient request and the ability for the pharmacy to make a supply under the CPUS PGD. The patient journey should also be taken into consideration.

Please see [Section 7.5](#) for further details regarding pharmacist prescribing under CPUS PGD.

#### 5.4. Prescribing for Patients Travelling Abroad

British Medical Association (BMA) Guidance document [‘Prescribing in general practice’](#) states that “The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad of up to three months. If a person is going to be abroad for more than three months then only a sufficient supply of his/her regular medication should be provided to enable them to get to the destination and find an alternative supply.”

According to [Scottish Home and Health department circular ECS \(P\) 28/1971](#), patients who plan to be abroad for longer than 2-3 weeks (for any reason) should only be given the usual repeat quantity of their prescribed medicines. This is for two reasons:

1. Any person intending to leave the country for longer periods may no longer be considered a resident of the UK and therefore may not be entitled to NHS services.
2. It may not be in the best interests of a patient to allow them to medicate for long periods of time unsupervised by a medical practitioner.

Therefore, patients who are going abroad for extended periods of time (more than 3 months) and who request additional supplies of medication should only be provided with sufficient medication to allow them to seek ongoing medical care at their destination.

#### 5.5. Anticipatory prescribing (non-palliative medications)

[Scottish Home and Health department circular ECS \(P\) 28/1971](#) states that preventative or ‘just-in-case’ treatments (e.g. antibiotics for traveller’s diarrhoea, acetazolamide for altitude sickness) should not be prescribed on the NHS. If the prescriber deems these treatments to be appropriate, they should be issued as private prescriptions or the patient should be advised to attend a private travel clinic. Patients can be advised to access the [Fit for Travel](#) website for further information if required.

See [Section 6.8.2](#) for information on the prescribing of travel vaccines and malaria chemoprophylaxis.

#### 5.6. Patients from Overseas requiring Prescriptions (including Controlled Drugs)

The Scottish Government Document [“Overseas Visitors’ Liability to Pay Charges for NHS Care and Services”](#) contains a comprehensive overview of situations which may occur however it does not address all scenarios which may arise. As such the document should be used as a guide to consider points such as:

- Does the overseas visitor need NHS healthcare or services?
- Should charges be applied to care/services?
- Whether to register an overseas visitor as a temporary resident or to treat them privately (including the provision of private prescriptions).

GP’s and GP practices should always use professional discretion and individual circumstances when assessing the need of overseas patients to access NHS care or services.

Where the patient requires controlled drugs additional consideration needs to be given as GPs can only prescribe controlled drugs (CDs) privately using a Private Prescription CD (PPCD) form. GPs who do not routinely prescribe privately may not have access to these. Patients who require treatment with CDs may therefore need to be registered as temporary residents to allow provision of necessary treatment. Please contact the NHS Grampian Controlled Drugs Team for further guidance or support: [gram.cdteam@nhs.scot](mailto:gram.cdteam@nhs.scot) or (01224) 556601.

## 5.7. Prescribing for covert administration

The [Mental Welfare Commission](#) describes covert administration as “the administration of any medical treatment in disguised form” which results in the person “unknowingly taking medication”.

Covert administration of medication should not be considered as routine practice and must never be considered for a patient who is capable of making an informed decision about his or her medical treatment. Prescribers should refer to NHS Grampian [Policy For The Covert Administration Of Medication In Adults](#) and liaise with pharmacotherapy teams prior to completion of necessary documentation.

The prescribing GP must be involved in and sign off any intention to administer medication covertly prior to covert administration taking place. Documentation must be completed in full prior to commencing covert administration and should be reviewed regularly to ensure covert administration is still required.

## 6. Prescribing of specific product areas

Full information on the dressings, appliances and incontinence products allowed on the NHS is available in the [Scottish Drug Tariff](#).

### 6.1. Wound Care Products

The [NHS Grampian Wound Care Formulary](#) has been developed to support clinicians who are prescribing and/or applying wound care products. The aim of the formulary is to promote safe, evidence-based, effective and economical prescribing. Prescribing should be undertaken giving consideration to formulary products alongside the completion of an NHS Grampian Applied Wound Management Assessment Chart.

Care should be taken when prescribing dressings on GP10 (N) as not all dressings on formulary are included in the Nurse Prescribers Formulary. [Primary Care Order form](#) can be used to ensure compliance with formulary when selecting dressings.

Should primary care prescribers require further advice Tissue Viability can be contacted on [gram.tissueviability@nhs.scot](mailto:gram.tissueviability@nhs.scot).

- It is entirely appropriate for practices to stock a small range of formulary dressings that can be used for unplanned and/or short term wound management.
- Any patient requiring long term wound management should have their regular dressings prescribed on a GP10 prescription in quantities that minimise inconvenience to the patient but also minimise unnecessary waste. Dressings and

associated consumables should not be added to patient's repeat prescription list.

- Community nurses can order their stock dressings through PECOS; long term patient dressings should be ordered on a GP10 prescription.
- It is recommended that POM Dressings (e.g. Silver antimicrobial dressings) are not ordered on a stock order form (GP10A) as POM medications should not be used by a non-prescriber without explicit directions.

## 6.2. Stoma Appliances

'[NHS Grampian Guidance for Prescribing and Dispensing of Stoma Appliances in Primary Care](#)' has been developed to support appropriate prescribing and dispensing of stoma appliances. It includes information on the recommended quantities per prescription and also details stoma appliances which should only be prescribed on the advice of the Colorectal/Stoma Clinical Nurse Specialists (CSCNS).

As detailed in [section 3.12](#) patients can opt to have their stoma appliances dispensed by a third party contractor. It should be noted that any contractor acting on the patients behalf can only order appliances detailed on the patients repeat slip. Patients who have new or changed stoma are managed by CSCNS team who will advise practices on appropriate products which should be added to the patient's list of repeat medicines. Products which are requested and have not been recommended by the CSCNS should be declined and referred to the CSCNS team.

CSCNS can be contacted for advice on:

- [gram.stomanurses@nhs.scot](mailto:gram.stomanurses@nhs.scot) (preferred)
- Aberdeen and Aberdeenshire – 01224 553987 (urgent queries only)
- Moray – 01343 567480 or 01343 567786 (urgent queries only).

All prescribable stoma appliances are listed via the Public Health Scotland [website](#).

## 6.3. Incontinence Appliances

The NHS Grampian [Community Catheter Formulary and Prescribing Notes](#) is applicable for all primary care settings. The aim of having a formulary is to promote consistent and seamless care for patients within NHS Grampian and ensure cost effective prescribing.

For advice on catheter problems, e.g. bypassing, encrustation, use of catheter maintenance solutions contact the Continence Advisory Service:

- 01467 672748
- [gram.inveruriecas@nhs.scot](mailto:gram.inveruriecas@nhs.scot).

All prescribable continence appliances can be found in [Part 5](#) of the Scottish Drug Tariff.

#### 6.4. Gluten Free Food

The supply of gluten free foods via the Gluten Free Food Service (GFFS) has been part of the community pharmacy contract since 2015. The service allows patients who have a confirmed diagnosis of coeliac disease or dermatitis herpetiformis to receive their gluten free food direct from their community pharmacist (without a prescription from the GP practice). See [Section 7.7](#) for further details.

#### 6.5. Oral Nutritional Supplementation (ONS)

ONS **should not** be prescribed unless recommended by a dietitian as recommended in the NHS Grampian [Policy for the Prescribing and Administration of Oral Nutritional Supplements in Adults by General Practitioners and Primary Care Staff](#) .

If ONS is required immediately or before a referral can be made, contact the community dietician for advice:

- Aberdeen City and Aberdeenshire: [gram.communitydietetics@nhs.scot](mailto:gram.communitydietetics@nhs.scot) or 01224 655777
- Moray: [gram.moraydietitians@nhs.scot](mailto:gram.moraydietitians@nhs.scot) or 01343 567350.

#### 6.6. Cow's Milk Protein Allergy (CPMA)

NHS Grampian [Guidance of Prescribing Cow's Milk Free Formulae to Treat Cow's Milk Protein Allergy in Infants and Children](#) provides guidance on the prescribing for CMPA.

#### 6.7. Selected List Scheme (SLS)

[Part 12](#) of the Scottish Drug Tariff (SDT) details drugs which can be prescribed on the NHS when certain circumstances are met. Prescribers must ensure, when prescribing medication on the SLS list, that pre-requisites to prescribing have been met and that the item is annotated 'SLS' to confirm this.

#### 6.8. Vaccines

Delivery of vaccines with NHS Scotland is currently undergoing [transformation](#). Any queries regarding vaccination should be referred to the appropriate HSCP vaccination team.

##### 6.8.1. Vaccines included in the national immunisation schedule

Delivery of vaccines included in the [national immunisation schedule](#) are now delivered centrally. GP practices can refer patients for [vaccinations out with routine schedule](#) using the non-routine vaccine [referral form](#).

##### 6.8.2. Travel vaccinations

Travel vaccination are now provided by [participating community pharmacies](#) across NHS Grampian see [Section 7.8](#) for further details.

## **6.9. Advisory Committee on Borderline Substances (ACBS) products**

In certain conditions some foods and toilet preparations have characteristics of drugs and the Advisory Committee on Borderline Substances (ACBS) advises as to the circumstances in which such substances may be regarded as drugs. Prescriptions issued should be endorsed 'ACBS'.

Further information on borderline substances can be found in the [BNF](#).

## **6.10. Homeopathy**

Homeopathic remedies are not included in the Grampian Area Formulary and are therefore not recommended for prescribing in NHS Grampian. Further details can be found on the NHS website [homeopathy section](#).

Where a request is made for prescribing of homeopathic medication patients should be directed to purchase this medication.

Any decision to prescribe homeopathic medication via GP10 (at the request of a patient or healthcare professional) would mean the prescriber is taking full clinical accountability for the products prescribed.

## **6.11. GP10A/Stock order**

Unlike prescriptions, stock orders are subject to the addition of VAT at 20% as well as a community pharmacy handling charge. In addition, medicines supplied on a stock order will not be recorded on a patient's record. They must only be used for treatments that are required for immediate use by patients in an unplanned intervention in the practice.

In general, if an item is allowed on Form GP10 it is also allowed on Form GP10A. There are however, a limited number of items which may only be supplied on GP10A forms which are listed [here](#).

## **7. Prescribing in Community Pharmacy**

### **7.1. Universal Claim Framework (UCF)**

Universal Claim Framework (UCF) supports electronic prescribing and claiming for community pharmacy led services. UCF allows community pharmacy contractors to deliver services electronically via their PMR systems. Full details of services covered by UCF can be reviewed in this summary [UCF table](#) and in the sections below.

### **7.2. Community Pharmacy ePrescription System (CoPPr)**

Within NHS Grampian, CoPPr uses the UCF COVID tab to supply patients with medication under the instruction of secondary care. This provision is to support remote prescribing and the supply of urgently required treatment to patients. At present, prescribing via CoPPr is limited to specific speciality areas only. A CoPPr SOP can be accessed via the [NHS Grampian Community Pharmacy Website](#).

### **7.3. NHS Pharmacy First Scotland**

NHS Pharmacy First Scotland replaced the Minor Ailment Service in July 2020 as part of an update to the community pharmacy contractual framework. This is a core service and as such should be delivered by all community pharmacy contractors.

All pharmacists prescribing under the Pharmacy First should do so in accordance with individual product SmPC and the most up-to-date Pharmacy First Approved list. As the list can be updated at any time contractors are advised to access the list using the ISD link via [CPS website](#) to ensure compliance with formulary. Pharmacists should not deviate from the Approved List to ensure continuity of Pharmacy First delivery across NHS Grampian and more widely across Scotland. Care should be taken to ensure all prescribing falls within the product license for 'GSL' and 'P' medication products.

Prescribers and supporting practice staff should be aware of the NHS Pharmacy First Scotland service, eligibility and conditions suitable for advice and treatment under the service. Should there be any uncertainty regarding the suitability of a patient to be referred for assessment under NHS Pharmacy First Scotland, the practice should liaise with a relevant member of the community pharmacy team prior to any referral. Where a referral to community pharmacy is undertaken, the patient should be aware that the referral is for onward assessment by the community pharmacist who can issue advice and/or treatment and there may be circumstances where referral back to the GP practice is the most appropriate action.

#### **7.3.1. NHS Pharmacy First Scotland PGDs**

There are a number of PGDs associated with the Pharmacy First Service which individual pharmacists must ensure they undertake the necessary training and signed up to.

To participate in these PGDs individual community pharmacists must complete the necessary training as well as reading the PGD and confirming completion of both to healthboard.

All PGDs have explicit inclusion and exclusion criteria which cannot be deviated from. As such, this should be checked on an individual patient basis prior to any referrals being made to the Pharmacy First Scotland Service.

PGDs can be accessed via [NHS Grampian website](#).

#### **7.3.2. Referral for the treatment of minor eye conditions under NHS Pharmacy First Scotland**

Within NHS Pharmacy First Scotland there is the ability for optician colleagues to refer patients to community pharmacy for the treatment of minor eye conditions. [Scottish Government Circular PCA \(P\) \(2021\)17](#) provides full details. As with other Pharmacy First Scotland prescribing the community pharmacist should ensure that any recommendations are checked against the most recent Approved List as detailed in [Section 7.2](#).



## 7.4. NHS Pharmacy First Plus

Community Pharmacist Independent Prescribers (CPIPs) can declare their intention to provide the NHS Pharmacy First Plus Service to the Pharmaceutical Care Services team within NHS Grampian.

CPIPs are required to review and complete the actions below **prior** to providing the NHS Pharmacy First Plus Service:

- Review and complete actions from memorandum of understanding (MOU) (available from NHS Grampian Pharmaceutical Care Services team)
- Review [Circular and Service Specification](#)
- Review NHS Grampian [NMP policy](#)
- Review [RPS guidance](#) on independent prescribing and developing competence
- Submit evidence of indemnity arrangements (certificate will suffice with confirmation this covers IP)
- Submit areas of competence, intended practice and personal formulary.

Once the above actions have been completed, a Pharmacy First Plus prescription pad is requested by completing the [ISD form](#) and submitting to [gram.pcctgp@nhs.scot](mailto:gram.pcctgp@nhs.scot)

## 7.5. Community Pharmacy Unscheduled Care (CPUS) PGD

Unscheduled care (CPUS) is a national PGD which community pharmacists must subscribe to with each healthboard in which they work. The PGD is updated bi-annually and can be accessed via the [Community Pharmacy website](#).

In 2020, to support community pharmacists with the delivery of unscheduled care [Emergency Care Summary](#) (ECS) access was rolled out to community pharmacists to replace the dedicated NHS 24 ECS telephone line.

Community pharmacists should pay particular attention to both inclusion and exclusion criteria for this PGD to fully understand when it is appropriate to make a supply to patients under the PGD. A blanket approach of making decisions based on opening hours of the patient's GP surgery is not appropriate and each situation should be considered in full alongside all inclusion and exclusion PGD criteria.

The PGD permits the supply of medication in a number of situations which are in line with current emergency supply regulations including:

- Patients recently discharged from hospital with new medication and has not organised a further supply of medication with their own prescriber who is now unavailable.
- Acute prescribed medication that has been lost, stored incorrectly, or damaged bottle.
- Medication that is prescribed regularly but may not be on a repeat prescription, e.g. antidepressants.
- Patient prescribed an acute medication but the prescription has not been forwarded/received in the pharmacy, and the prescriber unavailable – information held on Emergency Care Summary (ECS) obtained directly by the pharmacy or

through NHS 24 would enable supply.

- Patients prescribed medication which they cannot swallow, and they require a liquid preparation.
- Supply alternative flavour of the same antibiotic if the patient is unable to tolerate dispensed medication, or capsule or tablet formulation if this resolves the situation.
- Supply alternative formulation if the dispensed medication is not suitable for other reasons, e.g. allergy to excipient, religious reason, e.g. beef gelatine.
- Acute supplies of rescue antibiotics for COPD patients, many patients keep rescue antibiotic prescription but may have used the last one without renewing it.
- Dispense remaining balance of antibiotic when original dispensing pharmacy is closed/unavailable.

Please note this is not an exhaustive list and any pharmacist operating under the CPUS PGD should use their own professional judgement and consider the wider implications for the patient, when making decisions about whether to supply or decline a supply of medication.

A patient's GP should always be made aware of any supplies made under this PGD (see [UCF table](#) for details).

## 7.6. Public Health Service and associated PGDs

The [Public Health Service](#) (PHS) is one of the four core community pharmacy services and currently has four elements, three of which can involve the supply of medication:

- Offering a sexual health service (supply of emergency hormonal contraception (EHC) and/or bridging contraception).
- Offering a smoking cessation service (supply of nicotine replacement products (NRT) or varenicline).
- Offering access to prophylactic paracetamol for childhood vaccinations where appropriate.

### 7.6.1. Sexual Health Service

EHC (either [levonorgestrel](#) or [ulipristal acetate](#)) can be supplied via PGD to a patient following a consultation with a pharmacist.

Bridging contraception ([desogestrel](#)) can be supplied alongside EHC or as a supply on its own.

Pharmacists must ensure they have read and understood the PGDs as well as undertaken the necessary training via TURAS prior to making supplies under the PGDs. Supply should be completed via UCF and proformas retained for audit purposes.

## 7.6.2. Smoking Cessation Service

Nicotine replacement products (NRT) or varenicline can be supplied under the PHS following consultation with a pharmacist. Details of all interactions for patients undertaking the Smoking Cessation Service must be recorded via the Pharmacy Care Record (PCR) (to ensure timely remuneration) and prescriptions processed under the appropriate UCF tab.

While the service is designed to offer 'weekly supplies' to patients, where not practicable, this should not be a barrier to offering the service. The service is designed to provide motivational support via trained staff so a pragmatic approach should be taken to supply intervals when this is required.

For those patients supplied varenicline details should be shared with the patient's GP.

## 7.7. Gluten Free Food Service (GFFS)

The GFFS has been a permanent aspect of the community pharmacy contract since 2015. Community pharmacy contractors supply gluten free food products to patients with a confirmed diagnosis of either coeliac disease or dermatitis herpetiformis (confirmed from dietician or GP using [Patient Registration Form](#)). In addition, for adults with a confirmed diagnosis of coeliac disease there is a requirement to complete an annual health check via PCR (where this has not been done elsewhere).

All contractors in NHS Grampian should be aware of the NHS Grampian 'Gluten Free Food Prescribable Product List' which can be accessed via the [Formulary page on the community pharmacy website](#) and should ensure that all patient requests for gluten free food comply with [Part 16 of Scottish Drug Tariff](#) and NHS Grampian formulary as well as not exceeding the maximum recommended units per month.

## 7.8 Travel vaccinations via NHS Grampian Travel Advice Service

Travel vaccinations are provided via the [NHS Grampian Travel Health Service](#). This service is operated via [participating community pharmacies](#) across NHS Grampian and offers assessment, advice and vaccinations related to travel out with the UK. For further information, patients can be directed to the NHS [Fit For Travel](#) website.

Participating community pharmacy contractors can, after undertaking appropriate training, supply and administer allowable vaccinations via PGD using the Universal Claim Framework (using Local Services option). Where vaccinations not allowable under the NHS or malaria chemoprophylaxis are required these can be supplied and administered privately via PGD.

The following travel vaccines are available free on the NHS to patients living in Scotland for the purpose of travel. These vaccines are free because they protect against diseases though to represent the greatest risk to public health if they were brought into the country:

- Revaxis® (Diphtheria, tetanus and polio)
- Typhoid
- Hepatitis A
- Cholera

## 8. Consultation Group

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