Partners in improving local health

North of England Commissioning Support

North of England Commissioning Support

Medicines Optimisation

Recording non-primary care medicines in the EMIS clinical system

Version issue date:	June 2020
Date of MO Q&G approval:	24.06.2020
Date of review:	June 2022
Circulation:	Internal/External

Author Name	**Email Address**
*Adapted from MOPT-095-V1 Recording Hospital Prescriptions.	anne.leveson1@nhs.net nicola.mcnicol@nhs.net

Version 1 (June 2020)

Recording non-primary care medicines: Reducing Medication Related Harm

Contents

1. Background 2
   Background
2. The importance of an accurate medication history 3
   The importance of an accurate medication history
3. Transfer between care setting 3
   Transfer between care settings
4. Recommendations for recording non-primary care medication 4
   Recommendations for recording non-primary care medicines
5. Adding non-primary care prescribed drugs in EMIS 4
   Adding non-primary care medicines in EMIS
6. Risks associated with recording non-primary care medicines in EMIS 4
   Risks associated with recording non-primary care medicines in EMIS
7. Instructions for adding non-primary care medicines to EMIS 5
   Instructions for adding non- primary care medicines to EMIS
8. Appendix 1 6
   Appendix 1
9. Appendix 2 8
   Appendix 2

1. Background

1.1 The North of Tyne , Gateshead and North Cumbria Area Prescribing Committee (APC) categorise medicines using a traffic light system – RED, AMBER GREEN+ or GREEN (the 'RAG' rating). The RAG list is a guide for clinicians in primary and secondary care that indicates where the clinical responsibility for prescribing should lie to ensure that clinicians make an informed decision.

1.2 Traffic Light Status Information

Status	Description
RED	Drugs for hospital use only. The responsibility for initiation and monitoring treatment should rest with an appropriate hospital clinician and the drug should be supplied through the hospital throughout the duration of treatment. In some very exceptional circumstances (e.g. due to distance from the hospital, storage, supply or mobility/transport problems) it may be appropriate for the GP to be asked to prescribe a Red drug. This should be negotiated on an individual patient basis and should only be done with the GP's prior informed agreement where the roles of the GP and hospital services are clearly defined and agreed. The GP should not feel under pressure to prescribe in these circumstances.
AMBER	Drugs initiated by hospital specialist, but where continuing treatment by GPs may be appropriate under a shared care arrangement. The specialist should send the GP a copy of the shared care agreement to sign. The GP should sign the shared care agreement, or indicate they do not want to be part of such an agreement, and return a copy back to the specialist. Shared care guidelines are available or are being developed for most of the drugs listed as Amber. If no shared care guideline is available, the hospital specialist should provide the patient's GP with sufficient information and support to allow treatment to be continued and managed safely in primary care.
GREEN+	Drugs normally recommended or initiated by hospital specialist, but where the provision of an information leaflet may be appropriate to facilitate continuing treatment by GPs. Many of these information sheets are in the process of development.
GREEN	Drugs where prescribing by GPs is appropriate. Drugs not classified as Red, Amber or Green Plus (formerly blue in North of Tyne) are generally classified as 'Green' by default. The Green drugs listed here include those products normally initiated by hospital specialists where there was a need for discussion and debate as to the category in which they should be placed.

1.3 There are many medications that are prescribed and/or supplied directly to patients by healthcare providers outside of the GP practice. Typically these include specialist drugs which have been awarded a RED RAG rating. The responsibility for ongoing prescribing of RED drugs remains with the hospital specialist to ensure that patient safety is maintained. The supply of RED drugs should be organised via the hospital pharmacy, which includes supplies via the outpatient dispensary or homecare company. There are also financial implications since some specialised treatments are the commissioning and hence financial responsibility of NHS England (NHSE) and not the CCG.

1.4 It is crucial that the patient's GP is informed about any non-primary care medication and that the practice record its existence accurately and consistently on the clinical system. This poses a challenge within primary care to ensure that all clinical staff are aware of medication prescribed outside the practice when making clinical decisions to: avoid inadvertent drug interactions or other risks when new medicines are prescribed, recognise and take appropriate action in relation to adverse reactions, and provide comprehensive drug history summaries to hospitals on admission for medicines reconciliation.

1.5 A significant number of patients are prescribed regular medicines apart from those prescribed by their GP practice. This includes secondary care and other specialist agencies prescribing important groups of medicines such as:

- Antiretrovirals for HIV and hepatitis,
- Biologics (Anti-TNF drugs),
- Bisphosphonate infusions,
- Chemotherapy,
- Clozapine and depot antipsychotics,
- DMARDs,
- Homecare medicines (e.g. darbepoetin, immunoglobulins),
- Immunosuppressants,
- Methadone,
- Monoclonal antibody therapies for MS,
- Oral retinoids.

(NB: This is not an exhaustive list.)

As well as these being potent drugs, many of them interact with commonly prescribed medicines.

1.6 It is not appropriate to assume that by recording a hospital issued or specialist medication in a consultation (e.g. scanning a hospital letter or scanning a prescription copy) that all future clinicians will be aware that a patient is taking a particular drug.

1.7 Patients sometimes purchase medication over-the-counter (OTC). These medicines may have the potential to cause adverse effects or interact with other prescribed medication. The guidance in this document does not include recording over-the-counter medication in a patient's medication record, although it would be good practice to do so.

2. The importance of an accurate medication history

2.1 It is important for governance purposes that GP practices have a record of non-primary care medicines in their clinical system as it may be critical for primary care prescribers in recognising adverse effects and avoiding drug-drug interactions. As the Summary Care Record (SCR) is increasingly used to aid medicines reconciliation it is important that the information in GP clinical systems is a full and accurate record of the medication a patient is taking. The SCR provides vital information about medicines to other healthcare professionals when patients transfer between different care settings.

3. Transfer between care settings

3.1 When patients transfer between different care settings, obtaining accurate information about the medication they are currently taking is vital to ensure patients are not put at risk of avoidable harm from stopping important medicines.

3.2 It is important to routinely review (at least annually)medicines prescribed elsewhere on a repeat basis to ensure information is kept up-to-date as per the most recent clinic letter to maintain patient safety and keep the information on the patient's SCR up to date, even if there are no changes to the medication. Where medication has been stopped, this should be discontinued in their GP held record at practice level.

4. Recommendations for recording non-primary care medicines

4.1 Practices should, where possible, record a patient's non-primary care regular medications in the 'Hospital' medication section of the patient's medical record. This will mean that when details of a patient's medications are sent to other agencies or clinicians that a comprehensive list is provided as the item will appear in the summary printout.

4.2 Additionally, the hospital issued or specialist drug will also then be included in any drug interaction check that is run by the primary medical system. However, care must be undertaken to update/remove these drugs when a hospital letter indicates a change has occurred.

5. Adding non-primary care medicines in EMIS

5.1 The EMIS system makes it possible to record items prescribed outside of the GP practice using the "Hospital (No Print)" function (see section 7 and Appendix 1). This significantly reduces the associated risks with recording medication prescribed outside of the practice, for example via hospital supply, addiction services, homecare services etc. as it enables the non-primary care drug to be placed in a different 'Hospital' section of the medication screen separate to other regular medication prescribed by the GP.

5.2 Whilst there is no definitive recommended list of non-primary care medicines that should be added and no contractual requirement for GPs to maintain the complete medication record, with the increasing use of the SCR and the increasing number of medicines supplied outside primary care which may interact with commonly prescribed items (such as methotrexate supplied by hospital with trimethoprim), for patient and prescriber safety practices are encouraged to record these medicines in the GP clinical system. This will allow prescribers to form a more complete assessment of the patient's current and past medications when making future prescribing decisions.

6. Risks associated with recording non-primary care medicines in EMIS

6.1 It is important that the non-primary care medicine is correctly identified in the drug database. Be vigilant with drop down lists and drugs which are less familiar in primary care. (1)

6.2 There is a small risk that the hospital issue drug may be inadvertently prescribed by the GP and it is important that, when inputting the information about the non-primary care medicine into the clinical system, the lowest possible quantity (e.g. 0.1 or 0) is selected, the number of authorised issues set to zero and that the directions highlight that the item is "HOSPITAL ONLY – DO NOT ISSUE" (see Appendix 1).

6.3 There are risks associated with non-primary care medicines recorded in GP systems not being maintained. Practices may not be directly informed when a non-primary care medicine has been changed or stopped, so must implement a regular review of any such medicines they have recorded on their patients' records. The risk arises on sharing of non-primary care

medication with other care providers, where it may appear that a non-primary care medicine remains current even if it has been stopped by the original prescriber.

7. Instructions for adding non- primary care medicines to EMIS

7.1 It is advisable to record non-primary care medicines in EMIS under the SNOMED code 394995008 (hospital prescription), and add the patients medication as a hospital drug – "Hospital (No Print)".

7.2 NHS Digital advises GPs to record medicines prescribed in alternative care settings: https://digital.nhs.uk/services/summary-care-records-scr/recording-medicines-prescribed-elsewhere-into-the-gp-practice-record

7.3 Steps to record non-primary care medication (see Appendix 1 for screen shots):

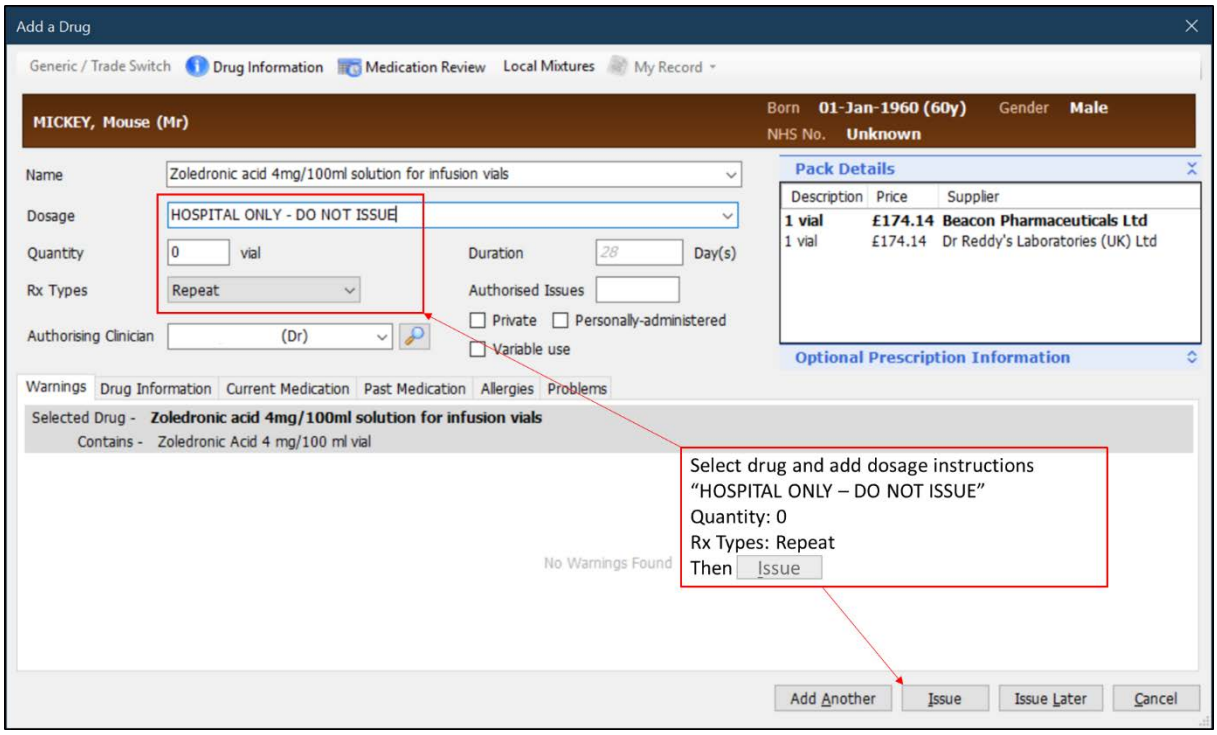
7.3.1 Open **'Medication'** module
7.3.2 Click **'Add Drug'**
7.3.3 Enter details of the **RED** drug(s)
7.3.4 Dose: **"HOSPITAL ONLY – DO NOT ISSUE"**
7.3.5 Quantity – enter zero (or lowest possible quantity e.g. 0.1)
7.3.6 Rx Type – select **'Repeat'** to ensure drug appears on SCR
7.3.7 Click **'Issue'**
7.3.8 Use **'Change All'** to change issue type to **'Hospital (No Print)'**
7.3.9 Click on **'Approve and Complete'**

7.4 Practices should regularly run searches to review non-primary care medications and discontinue any that no longer apply. A simple search can be created easily that includes patients with medication courses where the course status is 'Current' and the most recent issue method in course is 'Hospital' (see Appendix 2)

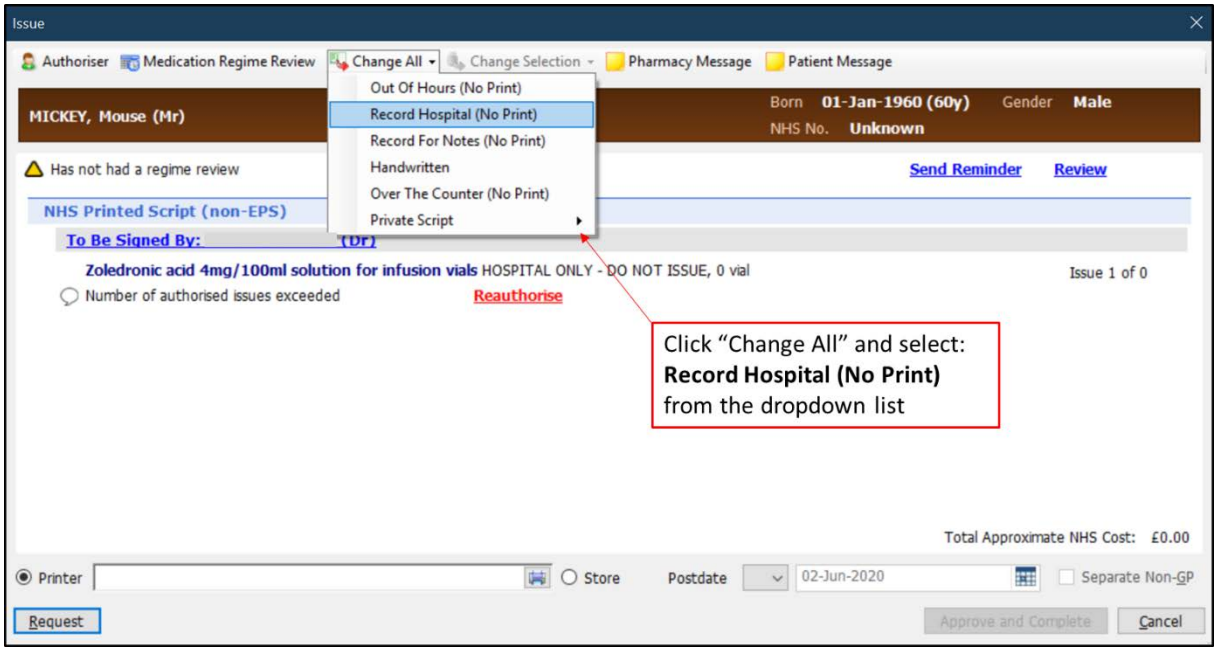
Appendix 1

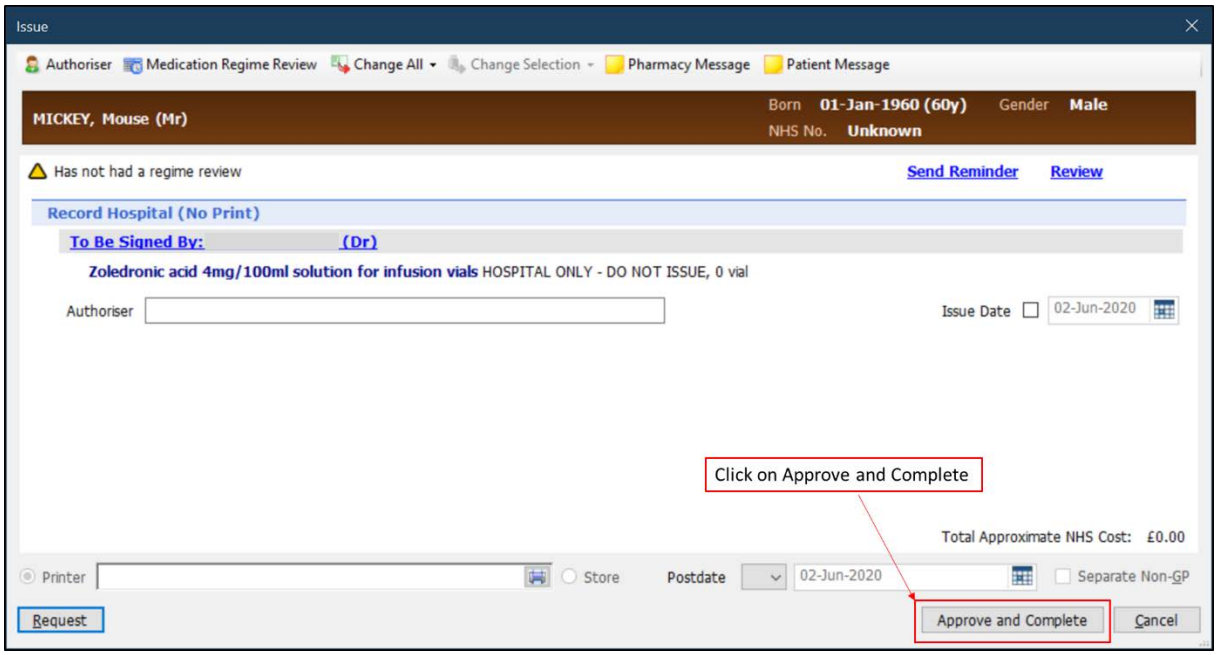
Open a consultation – then add SNOMED code 394995008 Hospital prescription and save

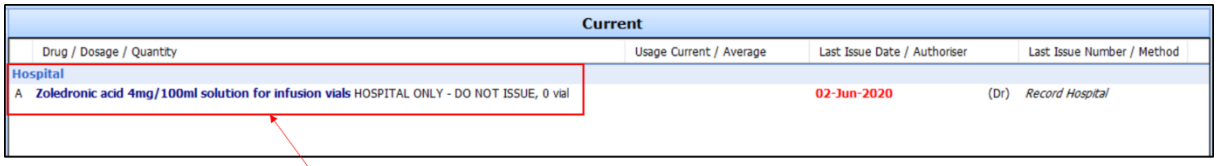
Click Add Drug



Select drug and add dosage instructions
"HOSPITAL ONLY – DO NOT ISSUE"
Quantity: 0
Rx Types: Repeat
Then Issue







The drug will now appear in a separate "**Hospital**" section at the foot of the medication screen

Appendix 2

Using the report function – a simple search can be created to find patients with current Hospital issues

Useful Links / Resources / References

1) Drug Safety Update April 2013, vol 6, issue 9: H1. MHRA. https://www.gov.uk/drug-safety-update/recent-drug-name-confusion

https://digital.nhs.uk/services/summary-care-records-scr/recording-medicines-prescribed-elsewhere-into-the-gp-practice-record

https://intranet.necsu.nhs.uk/sites/CSO/MO/Approved%20Document%20Library/MOPT%20-%20Practice%20Team/MOPT%20-%20095-%20V1%20Recording%20Hospital%20Prescriptions%20V1.0.pdf