

Reconciliation of Hospital Prescribed and Supplied Medicines in Primary Care Implementation Pack

Introduction

This implementation pack has been designed to support GP surgeries with updating their electronic patient record systems (EMIS and Vision) with medicines prescribed and supplied by secondary care organisations.

Background

It has been identified that not all patients have their hospital prescribed and supplied medicines listed on their electronic record at the GP surgery. This can have a number of clinical implications and risks, such as:

- Inappropriate prescribing of other medicines leading to interactions.
- Patients presenting with adverse effects from these medicines which are not identified because the prescriber is unaware that the patient is prescribed the medicine, leading to a possible adverse outcome/delay in treatment for the patient.
- Medicines reconciliation not complete/incorrect when patients are admitted to other hospitals.
- Patient safety incidents
- Difficulties in making clinical decisions about a patient

Therefore, it is important that GP practices are able to accurately record hospital prescribed and supplied medicines for their patients on their practice system but do not inadvertently issue a prescription for them.

A project was completed in South East London which aimed to ensure that medicines reconciliation was completed at each GP surgery in the local boroughs for all patients prescribed clozapine by their local mental health trust. The project also aimed to ensure that GP details held for the patient in the secondary care trust were also correct for each patient prescribed clozapine. This project has informed the development of this guidance.

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1. Responsibilities of local NHS Trusts

As good practice, Trusts (mental health and acute) should have internally agreed processes in place to support primary care with the reconciliation process. Examples include standard operating procedures, template letters, databases and educational webinars. Trusts should also identify how data for patients receiving hospital prescribed and supplied medication can be obtained.

It would be useful to work with borough CCG pharmacy leads and primary care pharmacy teams to support the reconciliation process.

Trusts also need to consider how to ensure hospital prescribed and supplied medicines are clearly flagged to GPs as part of an on-going process e.g. review of clinic letter templates/discharge letters or medication information sheets for GPs.

2. Responsibilities of GP surgeries

All GP surgeries should have a process in place for adding hospital prescribed and supplied medication, as part of their medicines reconciliation protocol/policy. The following bullet points list the actions that each surgery must undertake for reconciliation of hospital prescribed and supplied medication to be successful:

- When the GP surgery receives a clinic/discharge letter from a Trust, they must check if the patient is currently registered at that surgery. If not, then they must advise the Trust that the patient is no longer registered at that practice.
- GP surgery must update the patient's medication record on EMIS/Vision (as appropriate) with the details of the medication prescribed on the Trust prescription. Please see appendix 1 for a guide on how to add hospital prescribed and supplied medicines to EMIS and appendix 2 for a guide on how to add hospital prescribed and supplied medicines to Vision.
- If the letter from the Trust states that the patient's medicine has been stopped then the patient's medication record must also be updated to reflect this on EMIS/Vision.
- Internal governance processes must be undertaken as part of any medicines reconciliation audit process.

APPENDICES

Appendix 1: Guide to recording medicines prescribed and issued by other healthcare providers on EMIS web

Guide to recording medicines prescribed and issued by other healthcare providers on EMIS Web

Background

There are a number of medications which are prescribed and/or supplied directly to patients by healthcare providers outside the GP practice. Typically these include specialist medicines which have been designated as RED medicines by the South East London Area Prescribing Committee although non-RED medicines may also be prescribed. Practices are actively encouraged to ensure that the prescribing of RED medicines remains with the specialist to ensure patient safety is maintained.

However, it is important to ensure that all clinical staff are aware of the patient's current medication prescribed elsewhere when:

- making clinical decisions.
- avoiding interactions or other risks when new medication is prescribed
- providing a comprehensive medication history to hospitals/units on admission (medicines reconciliation).
- recognising any adverse events associated with the hospital prescribed and supplied medicines and taking appropriate actions.

It is important that GP practices have a record of these medicines on their clinical system for governance purposes but **do NOT inadvertently issue prescriptions for them**. Recording and keeping this information up-to-date also ensures that the patient's Summary Care Record (SCR) is accurate. The SCR provides vital information about medicines to other healthcare professionals when patients transfer between different care settings.

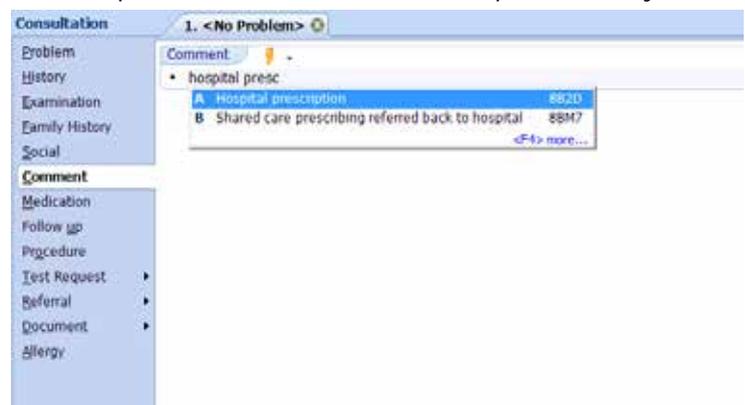
This guidance aims to provide advice on how hospital prescribed and supplied medicines can be recorded on the patient's clinical records on the EMIS Web clinical system.

Instructions for adding hospital prescribed and supplied medicines to EMIS Web

The EMIS Web clinical system has the facility to record medication prescribed elsewhere on the patient's clinical record using the "Hospital (No Print) function". This enables the hospital prescribed and supplied medicine to be placed in a different "Hospital" section of the medication screen separate to the other medication prescribed by the GP practice. There is no method on EMIS Web which will definitely stop medications being used.

Since the function still allows the inadvertent printing of a prescription, it is essential that the dosage field contains the message "DO NOT ISSUE - PRESCRIBED AND SUPPLIED BY HOSPITAL" as well as the dosage of the medicine.

1. Open a **consultation**
2. Add **Comment** - then add SNOMED code **394995008** (Hospital Prescription)



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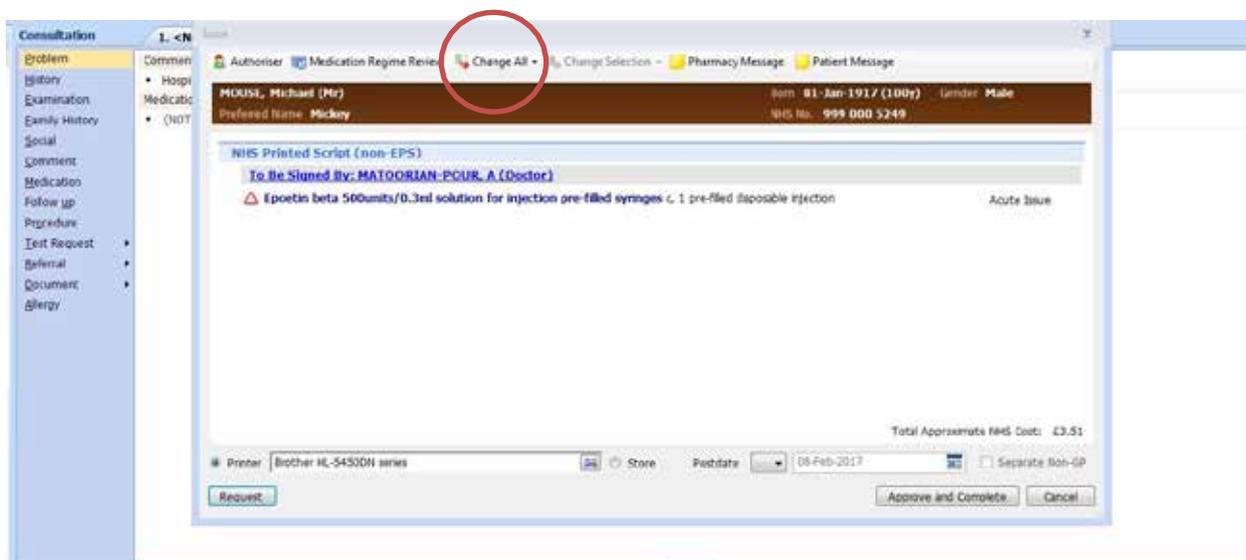
South East London Integrated Medicines Optimisation Committee. A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the boroughs of Bexley/Bromley/Greenwich/ Lambeth/Lewisham and Southwark) and GSTFT/KCH /SLAM/ Oxleas NHS Foundation Trusts and Lewisham & Greenwich NHS Trust

3. Then Select - **Medication**
4. Add the hospital prescribed and supplied medicine
5. Enter medicine as normal but in the dosage box, type the dose as well as **“DO NOT ISSUE-PRESCRIBED AND SUPPLIED BY HOSPITAL”**

6. Put in the lowest quantity possible (e.g. 1 tablet or 1ml)
7. Mark as **“Repeat”** from drop-down box which means that the medication will remain on the current medication list and will print on the repeat list until manually removed if the medicine is stopped by the hospital. However, if there are confidentiality issues (e.g. with HIV medicines), the patient may not wish the medicine to print out on the repeat list and in this case add as an **“Acute”**. Please note that if the medicine is listed under acute, it will automatically drop off after the patient’s record after 3 months so practices will need to ensure they have processes in place to update their system regularly.
8. You may also wish to add the following message to the “Optional Prescription Information” BOTH Pharmacy Info and Patient Info boxes: **“DO NOT ISSUE- PRESCRIBED AND SUPPLIED BY HOSPITAL”** (or **SPECIALIST CLINIC**).
9. Now click **Issue**.

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10. You will now have the following screen. Select **“Change All”** on the top toolbar and choose **“Record Hospital (no print)”**.



11. Click **“Approve and Complete”**
12. Then click **[F8]** (this saves your entry)

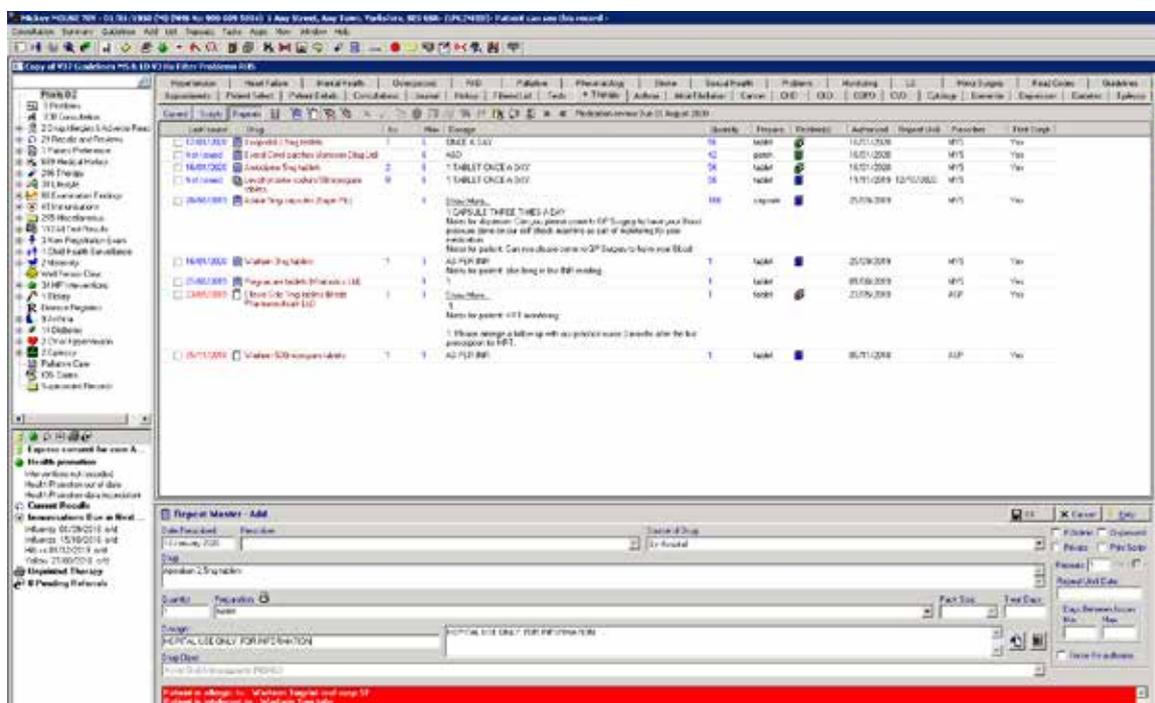
Repeat		
K	Atenolol 50mg tablets One To Be Taken Daily, 28 tablet	10% 19%
Hospital		
L	Epoetin beta 500units/0.3ml solution for injection pre-filled syringes DO NOT ISSUE- PRESCRIBED AND SUPPLIED BY HOSPITAL, 1 pre-filled disposable injection	

13. The medicine will now appear in a separate **“Hospital”** section at the foot of the medication screen. If inadvertently printed, the message should alert the pharmacy not to dispense.

Guide to recording medicines prescribed and issued by other healthcare providers on EMIS Web v1.0
 (adapted with permission from NHS Bromley CCG document)
 Lambeth CCG Medicines & LTC team September 2019

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Appendix 2: Guide to recording medicines prescribed and issued by other healthcare providers on Vision



1. Add repeat master
2. Add the hospital prescribed and supplied medicine
3. Change source of medicine to “by hospital”
4. Change quantity and repeats to “1”
5. Press OK

4. Acknowledgements

This guide has been developed by Lambeth and Bromley Boroughs on behalf of SEL. The authors would like to acknowledge the involvement of the following organisations in the development of this implementation pack:

- Oxleas NHS Foundation Trust
- Bromley Borough
- Greenwich Borough
- South London and Maudsley NHS Foundation Trust