NHS Grampian
Primary Care Good Prescribing Guide

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Identifier:	Review Date:	Date Approved:
NHSG/Guide_GPPPC/ 1748	January 2029	June 2026

Policy Statement:
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant guideline, policies, protocols and procedures.

Version 4

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Executive Sign-Off

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

Signature: ______________________

Replaces: NHSG/Guide/GPPPC/PCPG1243 Version 3.1

Document application: NHS Grampian Primary Care, NHS Grampian Non-medical prescribers.

Revision History:

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
Nov 2017	Mar 2013	Document based on 'Good Prescribing Practice in Primary Care'	All sections changed.
Feb 2022	Nov 2017	Section 1 updated.	Page 4
		Section 2 removed and integrated into section 1.	Page 4
		Section 3 now Section 2. Details of prescribing support tools updated and additional/new tools added.	Pages 4 – 9
		Section 4 now Section 3 and renamed 'General Prescribing Guidance, Information and Requirements'. Current information checked and updated. Incorporated information from section 9. New information added into sub-sections. Information relating to specific product areas moved to new section (Section 6).	Pages 9 – 17
		Section 4, 'Prescribing Governance' added in and incorporates information previously included in Sections 4 and 5	Pages 18 – 20
		Section 5, 'Prescribing in non-routine circumstances' added in. Includes some information from Sections 4 and 7.	Pages 20 – 25

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		Section 6, ‘Prescribing of specific product areas’ added in. Incorporates information from Sections 4 and 6. Section 7, ‘Prescribing in community pharmacy’ added.	Pages 25 – 28 Pages 28 – 32
Sept 2022	Feb 2022	Formatting within the document layout	Whole document
July 2025	Sept 2022	New Section 1. Minor updates & renamed ‘Introduction. New Section 2. New section. New Section 3. Detail moved to Appendix 1 New Section 4. Minor updates and rewording throughout. New Section 5. Renamed to ‘prescribing in specific circumstances’. Information included from Section 3.7-3.13 and Section 5. Section 5.4 – addition of information relating to prescribing medicines where self-harm is a risk New Section 6. New section. Information taken from 3.13.1 – 3.13.3. Additional information added. Section 6.2.3 – addition of information relating to requests for private SCA. Previous Section 7 – content removed as deemed not required for Primary Care. Links to pertinent information included in Appendix 1.	Page 7 Page 7 Page 7 Page 7 Page 12 Page 13 Page 17 Page 19

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1. Introduction

This document is intended for use as a reference resource to support good prescribing practice by healthcare professionals working in Primary Care including general practitioners (GPs) and non-medical prescribers (NMPs).

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.

For some NMPs, due to scope of practice and regulatory bodies additional guidance may be required to support appropriate prescribing practice. For further information, consult the NHS Grampian Policy for Non-Medical Prescribing.

2. Evidence Base

Various external resources are referenced and linked throughout the document.

3. Primary Care Prescribing Support Tools and Information Reference Sources

There are a variety of resources available to Primary Care to support with the delivery of clinically appropriate and cost effective prescribing. Appendix 1 provides a summary of key resources.

4. Primary Care Prescribing Requirements, Guidance and Governance

4.1 Prescription stationery and 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).

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. It is good practice to invalidate any blank space at the bottom of the prescription form to prevent unscrupulous inclusion of additional items.

4.2 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.

4.3 Prescription quantities and prescribing 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.

Appendix 2 summaries recommended prescribing quantities for various prescription types and medicines prescribed.

4.4 Reissuing and reprinting prescriptions

General Practitioner (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. A UPN can only be dispensed once.

Reprinting a prescription produces a prescription which is a duplicate of the original which has the same UPN.

Reissuing a prescription produces a new prescription, with a new UPN.

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 UPN shows that the prescription has been downloaded/dispensed then contact the dispensing pharmacy to discuss what has happened, and agree a plan of action.
- If the UPN shows that the prescription has not been downloaded/dispensed, do not reprint the 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.

4.5 Generic prescribing

All medicines should be prescribed generically unless there is a clinically valid reason for branded prescribing.

Generic prescribing is beneficial as it:
- Can reduce the risk of prescribing and dispensing errors
- Can ensure timely supply of medicine
- Offers value for money.

Situations where branded prescribing would be deemed necessary include:
- Bioavailability differences
- Differing release profiles which may not be interchangeable
- Specific device directions e.g. when administration devices have different instructions for use and patients require training to use them.
- Biologic and biosimilar medicines

Situations where branded prescribing may be considered to have a clinical benefit:
- Multi-ingredient preparations e.g. hormone replacement therapy
- License variations e.g. when generic and branded preparations have different licensed indications.

Patient preference / request (without clinical reason) is not a suitable reason for branded prescribing. NHS Grampian have a Patient Information Letter detailing the need for generic prescribing to support with patient conversations.

The Specialist Pharmacist Service document "Example medicines to prescribe by brand name in primary care" is a useful reference source to check if a medicine would be suitable for branded prescribing.

4.6 Medicines: care and review (MCR) serial prescriptions

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).

Patient or carer consent should be sought prior to enacting serial prescribing of medicines.

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.

4.7 Acute versus repeat/serial 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, pharmacotherapy 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 which has been started recently and is likely to continue long term
- Medication that is being titrated
- Medication which requires specific monitoring
- Medication which requires 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.

4.8 Read codes

All Primary Care prescribers should ensure appropriate read codes are applied to any prescribing or administration associated with prescribing. This ensures a robust and accurate record is 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 or those with formal carer support.

Guidance relating to pharmacotherapy read codes can be found in the Pharmacotherapy Read Code document.

4.9 Medication reviews

Medication reviews ensure safe and appropriate prescribing for patients. It is good practice for clinical medication reviews to be undertaken annually.

Reviews can be undertaken by a range of Primary Care staff, both clinical and non-clinical.

GP Practices should have a protocol in place clearly detailing staff roles and responsibilities with regard to medication reviews.

4.9.1 Level 1 medication reviews

Level 1 medication reviews are simple reviews of medication, without the patient/carer present. The purpose of these reviews is to address simple issues relating to medicines and to highlight more complex issues for review by a clinician.

NHS Scotland Effective Prescribing and Therapeutics Division 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 Scottish Therapeutics Utility (STU) programme can be used to identify patients who would be suitable for a level one medication review.

4.9.2 Polypharmacy reviews

Polypharmacy is defined as being present when a patient takes multiple 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.

Polypharmacy reviews are a 7-step medication review which is a cyclical process requiring regular repeat and review. NHS Scotland Effective Prescribing and Therapeutics Division resources can support with polypharmacy reviews.

Polypharmacy reviews should use read code 8B31B to ensure all reviews undertaken can be identified as a polypharmacy review.

4.10 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.

Additional read codes can be utilised to document changes to patients' medications (please see protocol for further details).

5. Prescribing in Specific Circumstances

5.1 Prescribing 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).

5.2 Prescribing for patients receiving support from formal carers

Where formal carers have the responsibility for the administration of medicines in a patient's own home, 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.

Care should be taken to ensure robust prescribed directions inclusive of prescribed indication and for when required medicines the maximum daily dose.

Within patients PMR, Primary Care could also consider including 'requires MAR chart' within the notes for dispenser read coding as "8BML" and stating the name of the patients' nominated pharmacy.

5.3 Prescribing for patients who receive multi-compartment compliance aids (MCAs)

NHS Grampian community pharmacy contractors have an optional locally negotiated service which requires them to assess any patient's suitability for a compliance aid.

Prescribing for a patient to receive medications in a MCA must not be undertaken without prior agreement with a community pharmacy to ensure there is capacity to undertake the service.

When prescribing medicines to be included in a MCA notes for dispenser should include:

- "Dispense in compliance aid"
- "Weekly" or "Four-weekly" collection.

Medication suitability for inclusion within a compliance aid can be checked via the Specialist Pharmacist Service MCN Stability Tool.

MCA provision should be coded using read code "8BIA000" and the name of the patients' nominated pharmacy should be recorded.

5.4 Prescribing for patients who require instalment prescriptions

Where it is deemed necessary for patients to receive less than the full quantity of their prescribed medication at one time, additional directions can be added to request instalment dispensing.

Where self-harm from a prescribed medicine is considered a risk, Primary Care prescribers should consider 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.

BNF medicine guidance provides further information on prescription requirements for both legal and practical elements of instalment prescribing.

5.5 Prescribing when request for medication has been made from a pharmacy managed repeat service

A 'managed repeat 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 4.6). 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 "Managed Repeat I Express Repeat Prescription Schemes" 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 in these exceptional circumstances, full agreement should be sought from patient/carer and practice prior to third party ordering of medication being undertaken.

5.6 Prescribing for patients who receive prescriptions from a Dispensing Appliance Contractor (DAC)

Patients may receive prescriptions from a DAC where they require specialist products such as nutritional products (e.g. enteral nutrition) or medical appliances (e.g. continence or stoma appliances).

As part of their services DACs 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 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 or alternative products not included on a patients repeat slip should be declined.
- 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 as this would constitute a breach of patient confidentiality.

To prevent duplication of requests from companies, primary care may wish to consider annotating the order request number on prescriptions generated to avoid re-issuing prescriptions for the same order (as it has been noted companies can make multiple requests for prescriptions for a single order).

5.7 Prescribing a non-formulary medication

There may be circumstances where Primary Care prescribers deviate from Grampian Area Formulary recommendations. 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.

5.8 Prescribing an unlicensed or 'Special' medication

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.

Special formulations/unlicensed medicines are usually expensive, may have a short expiry date and can take longer for community pharmacies to obtain.

Prescribers of unlicensed medicines, or medicines prescribed out with their marketing authorisation (off-label), have a personal liability for their prescription that cannot be transferred to the manufacturer or importer of the medicine. Further information is available via the NHS Grampian Guide: Special Formulation and Unlicensed Products in Primary Care.

Patients/carers should be made aware when prescribed medication is unlicensed or off-label and this should be recorded in the patients PMR.

5.9 Prescribing emergency/urgent prescriptions

The Human Medicines Regulations 2012 legislation provides information on the provision 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 take a patient centred approach to ensure 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.

Emergency prescriptions can be relayed to community pharmacy via telephone or email. Where this is required, community pharmacy must take steps to ensure the request is legitimate and from an appropriate healthcare professional.

Where Primary Care chooses to telephone or email the details of a prescription to a community pharmacy they should already be in possession of a legally valid prescription and have the means to provide this to the dispensing pharmacy within 72 hours.

Wherever possible the Unique Prescription Number (UPN) should be provided to the dispensing pharmacy as this reduces the risk of any transposing errors.

Where the UPN is shared via telephone all prescription details i.e. drug, quantity, strength, form, directions as well as patient and prescriber details should be shared.

When emailing prescriptions, if a practice does not have routine processes set up and agreed with regard to emailing prescriptions, it is recommended the pharmacy is contacted by telephone to make them aware of the emailed prescription.

5.10 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."

5.11 Anticipatory prescribing (excluding palliative prescribing)

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 Travel Health Pro website https://travelhealthpro.org.uk/ for further information if required. **Note:** if the link doesn't open, please copy the address and search in web browser.

5.12 Prescribing for overseas visitors to scotland

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 consider individual circumstances when assessing the need of a patient from overseas to access NHS care or services.

5.13 Prescribing for covert administration

The Mental Welfare Commission describes covert administration as "when medicines are administered in a disguised form so that the person is not aware that they are taking medication". This may be relevant for persons who refuse essential medicines within a formal care environment e.g. care home.

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 their own 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.

5.14 Primary care private prescribing

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 British Medical Association (BMA) provides information relating to working in private practice.

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

6. Prescribing Following Recommendations From Out With Primary Care

6.1 Requests from NHS specialist services

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 proposing, prescribing, providing and managing medicines and devices" states that if you prescribe 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.

Grampian Area Formulary provides details of medicines which are suitable to be commenced in Primary Care and those which require initiation by a specialist prior to handover of prescribing.

6.2 Requests from private healthcare providers

NHS Grampian Guidance 'Requests to Primary Care to Prescribe Following Private Consultation' provides all information regarding the transfer of prescribing from non-NHS to NHS prescribing.

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 willing to assume full clinical responsibility for the patient with regard to appropriate diagnosis, prescribing, counselling and baseline and ongoing monitoring?

6.3 Requests following private medical intervention/surgery abroad

Where patients have opted to travel abroad for private medical treatment, it is expected that all prescribing and monitoring associated with the episode of care is undertaken by the private provider. NHS Inform advises that the NHS is not obligated to provide care, in terms of prescribed medicines or associated monitoring as it is expected that the private provider will include prescribing and monitoring as part of their package of care. Where this is not available, patients would be expected to source alternative private prescribing and monitoring arrangements.

6.4 Requests following private medical intervention/surgery within the UK

Where patients have opted to receive private medical intervention, all prescribing and monitoring associated with the intervention would be deemed part of a 'package of care' and would therefore be provided by the private provider who had undertaken the intervention/surgery.

Where this is not available, patients would be expected to source alternative private prescribing and monitoring arrangements.

6.5 Requests following private provider diagnosis of long-term condition

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.

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

Patients cannot receive NHS and private care for the same condition concurrently, where a patient wishes to transfer back to NHS care they can no longer be treated for the same condition privately.

Private practitioners may make recommendations to NHS practitioners regarding ongoing NHS prescribing. Where a NHS practitioner chooses to undertake this they must give consideration to NHS Grampian local treatment pathways and the Grampian Area Formulary and be willing to accept full clinical responsibility for ongoing prescribing and any associated monitoring or follow up.

There are currently no Shared Care Arrangements (SCAs) in place between private providers of any specialty and General Practice, in line with BMA and GMC guidance

Where a patient is initiated on a medicine that is under an NHS Grampian Shared Care Arrangement by a private specialist but wishes their prescribing and monitoring to be undertaken within the NHS, the patient must be referred to the appropriate NHS speciality. Once the patient has been assessed by the NHS specialty and appropriate follow up arrangements are in place, the GP practice may assume responsibility for prescribing and monitoring in accordance with the SCA.

Appendix 1. Prescribing Support Tools and Information Reference Sources

The table below is not an exhaustive list, but aims to provide information on key resources available to Primary Care.

Resource	Intended purpose for Primary Care
A guide to good practice in the management of controlled drugs in primary care - Scotland	This publication is intended to provide legal and best practice information to continue to support the ongoing safe management and use of CDs.
Antimicrobial Guidance (via Right Decision Service)	Repository for antimicrobial prescribing in NHS Grampian.
British National Formulary (BNF)	Provides information on licensed indications, contraindications, cautions, side-effects, interactions and dosage etc.
Community Pharmacy Scotland: Services	Provides information on National core services provided by Community Pharmacies.
Grampian Area Formulary	To promote safe, evidence-based, cost-effective prescribing of medicines across NHS Grampian.
Grampian Guidance	A repository for guidance.
Grampian Guidance: Pharmacy & Medicines Management page	Provides links to prescribing guidance, patient information leaflets, shortage information and non-medicine formularies
Grampian Medicine Management (GMM) website	A repository for policies and guidance, PGDs and SCAs.
Medicines Reconciliation Protocol	This protocol aims to ensure that medicines reconciliation is undertaken accurately.
NHS Grampian Staff Policy and Framework for Non-Medical Prescribing including Independent Contractors	This policy describes the standards, responsibilities and accountabilities of non-medical prescribing and the links to organisational governance in place within NHS Grampian.
NHS Grampian: Non medicine formulary directory	To provide links to non-medicine formularies e.g. wound care, stoma appliances, continence appliances

Resource	Intended purpose for Primary Care
NHS Grampian: Non medicine formulary Primary Care Prescribing Decision Register	To provide prescribing information relating to prescribable non-medicine products
Scottish Therapeutics Utility (STU)	A computer programme that interrogates data from GP IT systems with a focus on repeat prescribing and high risk prescribing which can be accessed within individual practices.
ScriptSwitch®	ScriptSwitch® is a programme which runs alongside Primary Care prescribing systems to provide feedback on prescribing – ensuring formulary based, cost effective prescribing.
Specialist Pharmacy Service	This website provides professional medicines advice on a number of topics including up-to-date information on medicine shortage.
Travel Health Pro (https://travelhealthpro.org.uk)	Provides information relating to travel health

Appendix 2. Prescription Quantities and Intervals

Type of prescription / medicine prescribed	Recommended Quantity	Comment
First acute	Maximum of 28 days	Consider if one week or a small pack is sufficient.
Standard repeat	28 - 56 days	
Serial dispensing repeats	24, 48 or 56 weeks	Dispensed at 4 or 8 weekly intervals.
Hormone Replacement Therapy	Up to 12 months	Quantities will depend on practice processes.
Oral Contraceptives (OC)	Up to 12 months	Consider one month until confirmed suitable. Quantities will depend on practice processes.
3 monthly injections	1	Consideration to be given for storage and expiry date of medication.
High cost medicines	28 days	Prescribe in whole pack quantities where appropriate.
Unlicensed 'Specials'	28 days	Expiry dates are often limited. Prescribe in whole pack quantities where appropriate.
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.
Drugs Liable to Misuse	Maximum of 28 days	Consider instalment dispensing
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 MCA to be dispensed weekly, the prescription should state this explicitly.
Patients receiving support from formal carers	28 days	Prescriptions would require annotation with 'Requires MAR chart' to facilitate this.
Wound Management Products	Smallest pack for acute wounds	Where possible, wound management products should be supplied via PECOS. 28 day supply/repeat prescriptions should only be considered in exceptional circumstances.
Other: Concern of potential self-harm or overdose	Consider instalment dispensing	If patient deemed at risk of self-harm or overdose consider: toxicity of prescribed medicine; quantity supplied and consider instalment dispensing; ensure regular reviews