Medicines Management

Introduction

As doctors will be working out of the area, it may not always be possible to know what the local guidelines are on prescribing. In these circumstances, the doctor will be expected to adhere to National guidance as set out on the NICE Guidance, **PHE guidance on antibiotic prescribing** and NICE CKS guidance using licensed medications and if unlicensed medicines are used this is clearly discussed with the patient.

It will be expected that doctors have access to these guidelines either through a mobile phone application, via access to the internet, or a similar alternative.

Doctors may not prescribe medications that fall outside their competencies. Doctors should not prescribe a medication they do not feel comfortable prescribing. In this situation they are to speak to colleagues who may have the competency to prescribe the medication.

It should be explained to patients that an NHS GP is under no obligation to prescribe what is prescribed by a Private GP as they will have to adhere to local NHS guidance and they may change the medication that was prescribed to fit with that guidance.

Photo Identity Verification

Following consultation if a prescription is to be issued, patients will be required to send a valid copy of some form of photo Identification, either passport or driving license. Once the ID has been received, the admin member on shift will upload onto the patient's notes and notify the consulting doctor. Once the ID has been verified we can proceed with issuing the prescription. If we do not receive an ID we shall not proceed with the request. This applies for all medication requests.

Patients Regular Medications

Documenting a patient's regular medication is vital in the assessment of their condition. It will guide prescribing based on interactions, side effects and risk associated with regular medications.

Doctors when reviewing a patient for gogodoc should not make changes to regular medications unless it is clear that a full medication history is available, if there is any doubt, the doctor will be expected to prescribe the minimum needed to keep the patient safe and refer the patient to their regular practitioner and make it clear on documentation to the practitioner that follows.

Minimum needed (for non controlled medications) is classed as enough for the patient to arrange a review with GP. This will be issued as a private prescription not to be taken to the GP. This may be 24 hours of medication, on a Friday or Weekend this may be enough medications to last until Monday. This

Created Date: August 2018
Review Date: November 2021
Review Date: January 2022
Dr V. Sivapalan
Dr L.Varathan
P. Vadgama

may, at the discretion of the clinician be longer if the next available appointment with their regular practitioner means they need to wait for longer than the next working day. Such as an antihypertensive that should not have breaks in compliance.

Controlled Drugs

We do not prescribe schedule 1, schedule 2 or schedule 3 controlled drugs. (See end of policy regarding information on scheduled controlled drugs.)
If a clinician has any concern about misuse of medications they must not prescribe any controlled drugs and refer the patient back to their regular practitioner. This decision must be clearly documented in the patient's notes. **The clinician can refuse to prescribe any controlled substance if photo ID matching the patient's details on the system are not provided.**

gogodoc will not provide long term prescribing of controlled drugs. We can provide the minimum required until the patient is able to attend their regular practitioner.

For the avoidance of doubt, Zopiclone, Diazepam, Lorazepam and similar medications will count as controlled substances. This includes the use of diazepam in the management of back and neck pain.

Minimum required (for controlled medication) is classed as enough for patients to contact their regular practitioner in the next 1-2 working days. On a weekday this will be 24-48 hours of medications, on a Friday or Weekend this will be enough medications to last until Monday.

Forgotten Medications
It is also recognised that some of our patients come from abroad and have forgotten their medications. If not having their medications (such as antihypertensives) would do the patient more harm the Doctor can issue up to one month of medication if safe to do so and if not prescribing the medication would cause the patient harm. Please refer to the section 'Volumes' for more information.

High Risk Medications
MEDICATIONS THAT REQUIRE SHARED CARE AGREEMENTS FROM SECONDARY CARE MUST NOT BE PRESCRIBED.

- **Disease Modifying Antirheumatic drugs (DMARDS): Azathioprine, Hydroxychloroquine, Leflunomide, Methotrexate, Mycophenolate and Sulfasalazine**
- **Azathioprine and Mercaptopurine for Inflammatory Bowel Disease (IBS**
- **Methylphenidate, Atomoxetine, Dexamfetamine, for treating Attention Deficit Hyperactivity Disorder (ADHD) in Adults.**
- **Methylphenidate. Atomoxetine, Lisdexamfetamine for treatment of ADHD in children**
- **Oral antipsychotics for treating schizophrenia in adults**
- **Antiepileptics for treating epilepsy**
- **Donepezil, Galantamine, Rivastigimine and Memantine for alzheimers**

Created Date: August 2018
Review Date: November 2021
Review Date: January 2022
Dr V. Sivapalan
Dr L.Varathan
P. Vadgama

- **Anticoagulants including Warfarin.**

This is not an exhaustive list. Any medications the doctor is unfamiliar with must be discussed with the clinical lead before prescribing.

Monitoring

Many drugs and medications require ongoing monitoring with examinations and investigations which may include blood pressures, weights, blood tests and review of side effects. The clinician must check that the patient has had or will have monitoring in an appropriate time frame suitable to the medication to be prescribed, this may be done by review of clinical letters, information from regular practitioners, an examination by the prescribing clinician or a booked follow up. If this condition can not be satisfied, the patient must be referred back to their regular practitioner for review and issuing of the prescription.

Volumes

IN ANY CIRCUMSTANCE A DOCTOR WILL PRESCRIBE AN ABSOLUTE MAXIMUM OF 28 DAYS OF MEDICATION. ANY MORE THAN THIS WILL REQUIRE A REPEAT APPOINTMENT OR REFERRAL TO REGULAR PRACTITIONER.

In order to justify prescribing for one month the doctor has to satisfy that the patient has had the appropriate reviews and investigations in the appropriate time frame with their regular practitioner. The clinician needs to clearly consider that there will be difficulty for the patient getting their regular repeats in one month if needed and not having the medications puts the patient at risk for their health. This does not supersede the list of medications that should not be prescribed.

This policy will include the prescribing of the combined oral contraceptive.

During the pandemic crisis whilst patients may be stranded with no clear date for return to their country of residence the above guidance on volumes must still be adhered to.

Issuing medications

Medications will be issued via the SignatureRX platform. This will only be done once photographic identification has been collected and verified (name/DOB). SIgnatureRX uses a robust 'advanced electronic signature' that is unique to the clinician and can only be accessed via a 6 digit pin which only the clinician issuing has access to.

Prescriptions may still be issued via our stamped prescription pads. This is strictly limited to the scenarios of in-clinic consultations, home visits or if there are issues with the SignatureRX platform. When this is the case, a note of the medication issued will be transcribed into the patient's notes including dosage/frequency and quantity. Each page of the prescription pad has a unique number- this will also be recorded in the patient notes.

Created Date: August 2018
Review Date: November 2021
Review Date: January 2022
Dr V. Sivapalan
Dr L.Varathan
P. Vadgama

Any queries must be discussed with the clinical leads (Drs Vijay, Shermilla, Ashish or Lavan) before prescribing.

The prescribing patterns of doctors will be audited on a weekly basis.
Any concerns will be discussed with the practitioner directly.

Created Date: August 2018
Review Date: November 2021
Review Date: January 2022
Dr V. Sivapalan
Dr L.Varathan
P. Vadgama

Schedule 1 includes drugs not used medicinally such as hallucinogenic drugs (e.g. LSD), ecstasy-type substances, raw opium, and cannabis. A Home Office licence is generally required for their production, possession, or supply. A Controlled Drug register must be used to record details of any Schedule 1 Controlled Drugs received or supplied by a pharmacy.

Schedule 2 includes opiates (e.g. diamorphine hydrochloride (heroin), morphine, methadone hydrochloride, oxycodone hydrochloride, pethidine hydrochloride), major stimulants (e.g. amfetamines), quinalbarbitone (secobarbital), cocaine, ketamine, and cannabis-based products for medicinal use in humans. Schedule 2 Controlled Drugs are subject to the full Controlled Drug requirements relating to prescriptions, safe custody (except for quinalbarbitone (secobarbital) and some liquid preparations), and the need to keep a Controlled Drug register, (unless exempted in Schedule 5). Possession, supply and procurement is authorised for pharmacists and other classes of persons named in the 2001 Regulations.

Schedule 3 includes the barbiturates (except secobarbital, now Schedule 2), buprenorphine, gabapentin, mazindol, meprobamate, midazolam, pentazocine, phentermine, pregabalin, temazepam, and tramadol hydrochloride. They are subject to the special prescription requirements. Safe custody requirements do apply, except for any 5,5 disubstituted barbituric acid (e.g. phenobarbital), gabapentin, mazindol, meprobamate, midazolam, pentazocine, phentermine, pregabalin, tramadol hydrochloride, or any stereoisomeric form or salts of the above. Records in registers do not need to be kept (although there are requirements for the retention of invoices for 2 years).

Created Date: August 2018
Review Date: November 2021
Review Date: January 2022
Dr V. Sivapalan
Dr L.Varathan
P. Vadgama