

Dealing with Hospital Outpatient Prescriptions in Primary Care

The Nottinghamshire County Council Joint Health Scrutiny Committee for Nottingham City and Nottinghamshire looks at health matters which impact on both City and County residents. The committee has a longstanding interest in pharmacy issues and earlier this year looked into delays dispensing medication at Nottingham University Hospitals (NUH) Pharmacy.

Some anecdotal evidence heard by the committee suggested that a large number of hospital prescriptions are taken to GPs to be rewritten due to delays at the pharmacy.

A survey monkey questionnaire was designed using the following questions and sent to all GP practices within NHS Mansfield & Ashfield CCG, NHS Newark & Sherwood CCG, NHS Nottingham North & East CCG, NHS Nottingham West CCG, NHS Rushcliffe CCG and NHS Nottingham City CCG. The survey was open from 2nd March to 3rd April 2015.

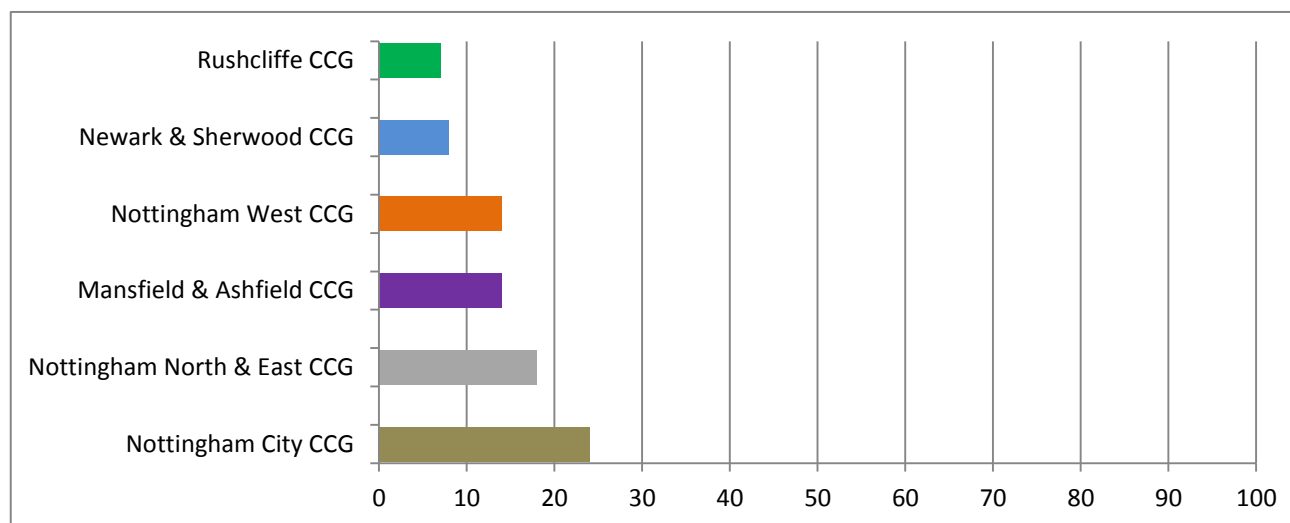
Executive summary

- 85 survey responses were received the majority of responses being from GPs.
- Over 90% of responses stated that 0-10 patients per week presented at their surgery requesting a hospital prescription is transcribed onto an FP10 prescription.
- These requests came predominantly from patients who had attended Nottingham University Hospital NHS Trust but was not confined solely to NHS Service Providers
- The most common reason given was 'the wait at the hospital pharmacy was too long'.
- Comments also indicated that hospital staff had advised the patients to take the hospital prescription to their GP or the patient themselves did not realise that the prescription should be dispensed by the hospital pharmacy.
- Issues faced by GP practices when dealing with patients requesting FP10s included managing patient expectations for when their FP10 prescription would be ready, counseling patients on their use of their new medication, dealing with patients whose supply from the hospital runs out early.
- Suggested solutions included the use of the electronic prescription service and putting notices up within the practice highlighting to patients the issues raised when they present with a hospital prescription.

Nicky Bird
Senior Prescribing Advisor
On behalf of the Nottinghamshire County CCGs

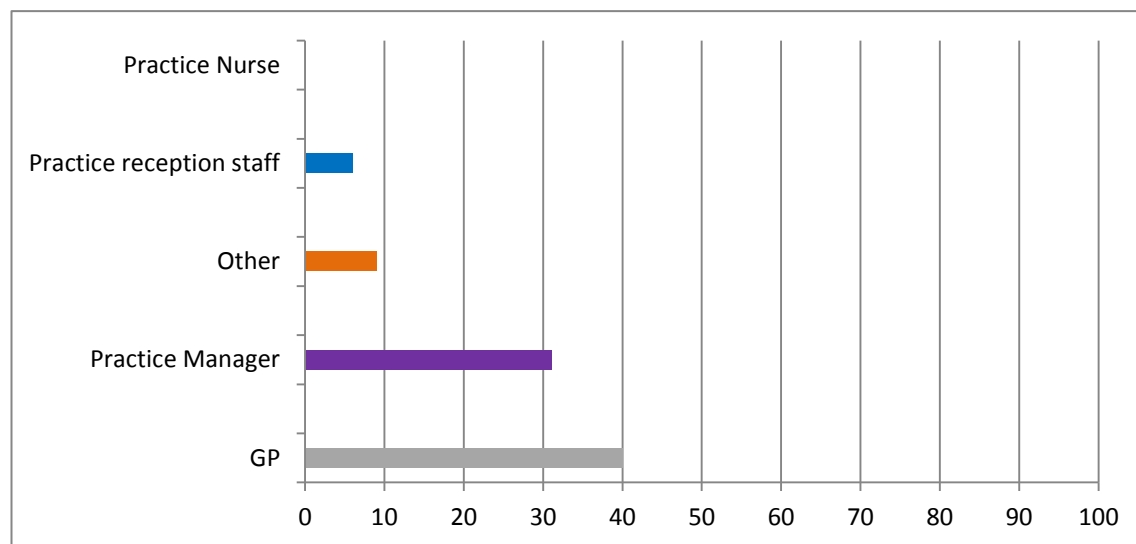
Q1. Please select which Clinical Commissioning Group (CCG) your practice is

Answer Choice	Responses	
Nottingham City CCG	28.24%	24
Nottingham North & East CCG	21.18%	18
Mansfield & Ashfield CCG	16.47%	14
Nottingham West CCG	16.47%	14
Newark & Sherwood CCG	9.41%	8
Rushcliffe CCG	8.24%	7
Total		85



Q2. Please select your role within the practice

Answer Choice	Responses	
GP	46.51%	40
Practice Manager	36.05%	31
Other	10.47%	9
Practice reception staff	6.98%	6
Practice Nurse	0.00%	0
Total		86



Comments:

Assistant Practice manager

CCG Staff

Clinical Administration Lead

Practice Pharmacist

Prescribing Advisor

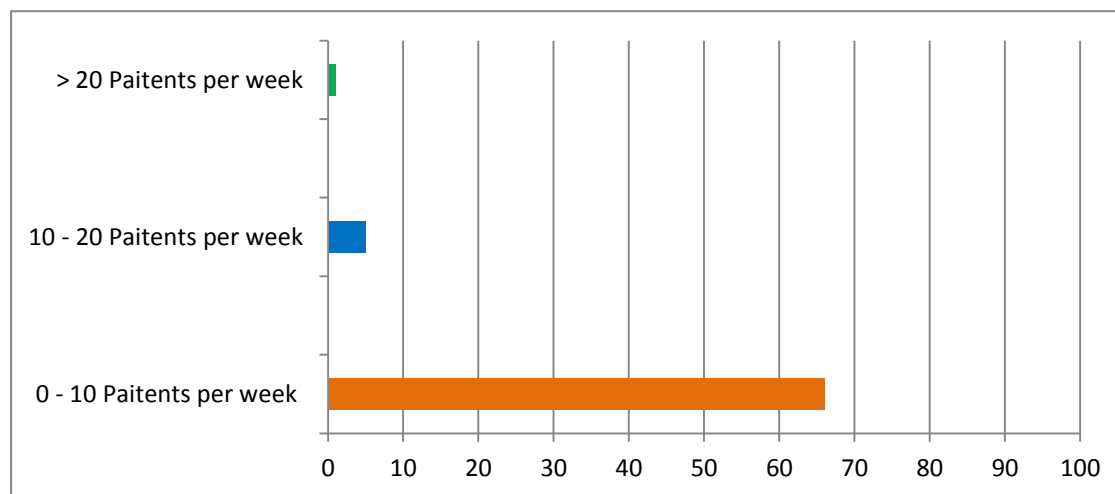
Prescribing Facilitator

Practice Pharmacist (directly employed)

Assistant PM

Q3. On average how many patients request hospital prescriptions to be rewritten on FP10 prescriptions each week?
Please select

Answer Choice	Responses	
0 - 10 Patients per week	91.67%	66
10 - 20 Patients per week	6.94%	5
> 20 Patients per week	1.39%	1
Total		72



Comments:

Not even 1

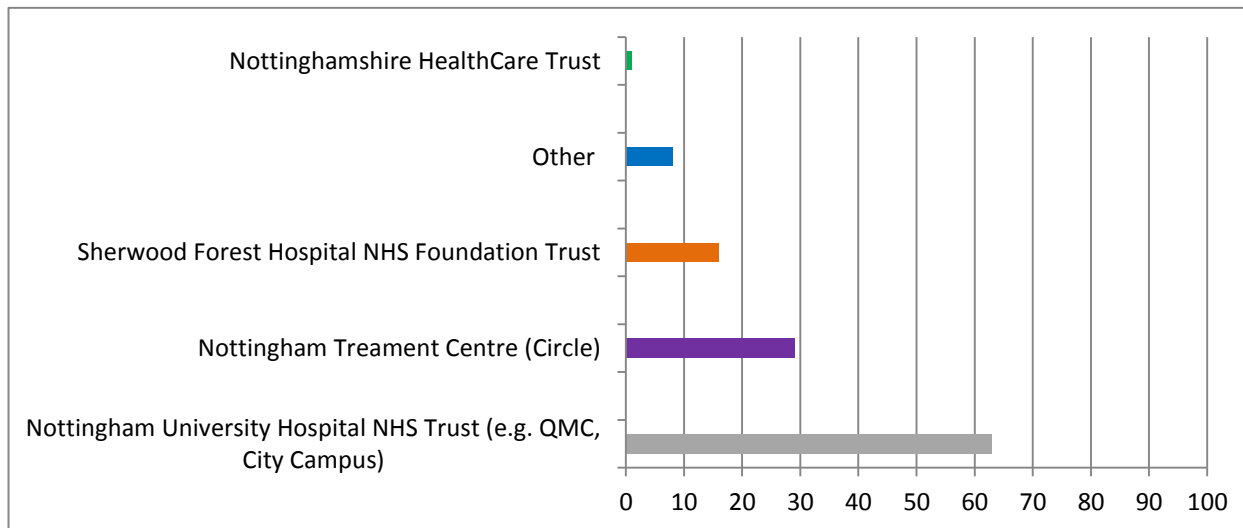
1-4 per week, 10 including private prescriptions

10-15 per month roughly

Q4. Which hospital trust are these generally from?

5

Answer Choice	Responses	
Nottingham University Hospital NHS Trust (e.g. QMC, City Campus)	87.50%	63
Nottingham Treatment Centre (Circle)	40.28%	29
Sherwood Forest Hospital NHS Foundation Trust	22.22%	16
Other	11.11%	8
Nottinghamshire HealthCare Trust	1.39%	1
Total		72

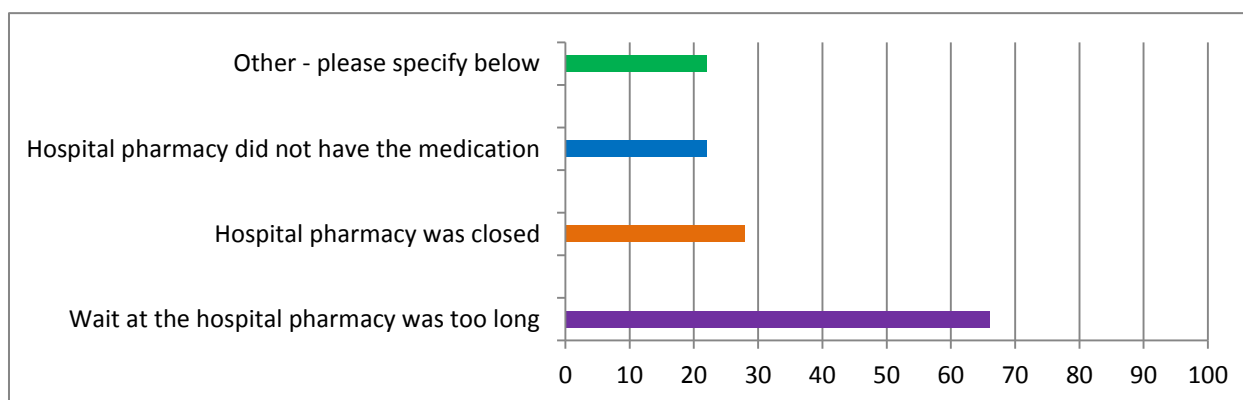


Comments:

Woodthorpe hospital, Rope Walk, Community paediatrics
DRI
Woodthorpe hospital
The Park - when patients have been sent NHS
Woodthorpe
Private consultants and various hospitals
The Park, Woodthorpe
Derby hospitals
NCH

Q5. What do patients say are the main reasons for doing this?

Answer Choice	Responses	
Wait at the hospital pharmacy was too long	89.19%	66
Hospital pharmacy was closed	37.84%	28
Hospital pharmacy did not have the medication	29.73%	22
Other - please specify below	29.73%	22
Total		74



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Comments:			
1. Healthcare trust patients do not have access to a pharmacy, bring handwritten notes from psychiatrist to ask to prescribe same day. At NUH the wait at the pharmacy is too long	10. Doctors/Nurses say to PT, easier to get script from own GP, this problem is much worse from locum consultants	19. Also consultants have advised them to	28. I was told my GP would do the script
2. Unwilling to travel back to Nottingham to collect	11. Doctor told them to collect from GP	20. Most of the patients have said "take this to your GP and they will issue you a prescription" most patients don't realise the paper form they have is a prescription	29. Told to bring to GP rather than wait at hospital
3. Patients have been instructed by hospital Doctor to go to GP as they will do rather than waiting at hospital pharmacy	12. Patient claimed that she was unaware the medication was supposed to be obtained at the hospital - thought the prescription was supposed to be prescribed by GP	21. Advised by consultant to take to GP	30. Advised to take this prescription to GP to convert
4. Secondary care clinician has told them to take RX to surgery	13. Patients consistently run out of dexamethasone eye drops post cataract operation, It would be helpful if they had enough from the outset	22. Patient informed to get it from GP	
5. Hospital pharmacist suggested to seeing own GP	14. Hospital did not make it clear it was only for use at hospital pharmacy	23. Told to bring here for conversion (but no letter)	
6. Just been told to GP	15. Patient preference	24. Did not want to wait	
7. Often just want it checking and do not understand what has happened advice given ect.	16. Was told by consultant/nurse at clinic to get the GP to change the prescription	25. Didn't know needed to take it to hospital pharmacy	
8. Not instructed to go to hospital pharmacy	17. A lot of the time they don't realise they can't use it outside the hospital pharmacy	26. The hospital told them to bring it to GP	
9. Hospital pharmacy did not have item in stock	18. Patient advised by hospital staff to come to GP	27. PT convenience (though obviously they have not seen the implications of asking GP to do the RX)	

Q7. Any further comments?

<p>1. I think this needs improvement in pharmacy performance - requesting GPs to prescribe meds via FP10 under these circumstances is unsafe and lacks proper governance</p>	<p>4. This is an interesting problem. We are having to do some of this work by default and as a GP I would like to see ourselves properly remunerated for undertaking such but we would need the letters from clinic to be sent with the prescription request in some circumstances. I do not think KMH has the same delays as NUH so maybe not such an issue.</p>	<p>7. Consistent offenders are patients who have had cataract operations but run out of dexamethasone drops</p>	<p>10. Thanks for your interest in this area</p>
<p>2. Happy to challenge behaviour and have discussed directly with hospital doctors who state they are told to send patients to GP to save hospital budgets re prescribing/ they feel it is better than having to wait. Personally feel significant education programmes need to be initiated</p>	<p>5. More commonly get a letter for us to prescribe something that it would have been better to start in the clinic. We then have to contact the patient and make sure they understand how to take it etc. Wasteful of GPs/patients time and a problem if we can't get hold of them. In my opinion NOT ENOUGH hospital scripts are issued. Why don't they use scripts that can be used at a community pharmacy as well or electronic scripts</p>	<p>8. The other issue is that patients are told that GPs will issue the same day This is usually the case but they should be advised it will be done in 48hrs [as per GP requests] as if it's not done practices are then unfairly in trouble!</p>	<p>11. Patients expect instant prescriptions to be generated and cause problems when we can't oblige</p>
<p>3. Patients get very frustrated that their Rx cannot be changed over immediately - don't understand that to the surgery this is not an acute Rx and if it is should have waited to be dispensed at hospital. Patients have to wait an unreasonably long time for Rx to be dispensed</p>	<p>6. I think hospital discharge medications were in the past for 28 days now seem to have reverted to couple weeks when not needed creates patient anxiety/ extra GP work - patients often say long wait hospital pharmacy - but this creates extra significant work and GP risk and patients always demand them as urgent!</p>	<p>9. We have recently looked into this problem at our surgery: Action was: Find Out QMC & TC pharmacy opening hours QMC 9-midnight 7 days a week Treatment Centre is open 8.30-6.00 Mon-Fri with the provision of a drop box if patient are seen after the pharmacy is closed, the pharmacist will then contact patient the next day to advise them their medication is ready for collection. Treatment centre staff to advise patients of this when pharmacy closed Completed With the above facts we no longer issue hospital prescriptions and have put a poster in the waiting area to advice patients</p>	