

Thursday 25th March 2020

Duration of repeat prescriptions

DO NOT make changes except for clinical reasons.

As recent scenes in supermarkets have shown, buying items to stock up just in case they are needed leads to shortages and means that essential products are often unobtainable for the people who really need them. You have the opportunity to take some control over this with medicines by only prescribing what is actually needed. Amending prescription quantities for patients who already receive repeat prescriptions will unnecessarily increase the practice workload and could cause severe problems in the supply chain.

NHS England and Improvement have stated that it is essential that GPs do not issue prescriptions for a longer duration, pharmacies do not order larger quantities, and patients and the public do not seek to stockpile medicines as this behaviour could put the supply chain at risk.

Electronic Prescription Service (EPS)

General practices have been asked to implement EPS wherever possible. This will reduce footfall to your practice and to the community pharmacy, subsequently supporting social distancing.

Please speak to your CCG Medicines Optimisation Team if you need any help or guidance to implement this.

Electronic Repeat Dispensing (eRD)

General practices have been asked to consider putting all suitable patients on electronic repeat dispensing as their next repeat prescriptions are issued. The whole repeatable prescription can be valid for a year, but each repeat should be for no longer than the patient has now. For example, if the patient has prescriptions for a month's supply now, then the repeat dispensing should be set up as 13 x 28 days supply.

Increasing eRD will have the following benefits in the current situation:

- Reducing footfall to your practice and to the community pharmacy, subsequently supporting social distancing.
- Reducing workload for prescribers allowing better prioritisation of resources
- Controlled management of the supply chain reducing the number of temporarily unavailable medicines

Wessex AHSN have a range of resources, developed by local GPs and Pharmacists that can help practices to get started on eRD or do more.

The Wessex eRD Handbook can be found at

https://wessexahsn.org.uk/img/projects/Electronic%20Dispensing%20Handbook_Digital_WEB_S.pdf

Further resources are available at <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing>

In addition, North East Commissioning Support have an e-learning tool that sets out step by step how to generate eRD prescriptions in EMIS and System One

See <https://learning.necsu.nhs.uk/nhs-digital-electronic-repeat-dispensing-elearning/>

Inhalers and emergency packs for patients with asthma or COPD

There is no need for asthma patients to have emergency packs at this time. Asthma needs to be treated as it arises according to severity and in accordance with standard guidelines. Each patient should have a self-management plan and follow this. If they get worse, then they will need clinical assessment and appropriate asthma treatment, which may include oral steroids.

There has been no increase in asthma attacks due to covid infection and people with asthma are no more likely to get covid than others. In other viral infections (SARS, MERS) very high doses of oral/parenteral steroids have been associated with prolonged viral shedding.

Some patients with COPD will be given a rescue pack, consisting of a short course of an antibiotic and a steroid. They should continue to use this as they are instructed in their self-management plan. This would normally be with two of:

- increased breathlessness that interferes with activity;
- change in sputum colour;
- or change in sputum quantity.

Taking their rescue pack will not help if they have a coronavirus infection.

In addition, there has been an increase in requests for inhaled products as a result of the pandemic. Such items should only be issued in accordance with the patient's usual management plan. Where patients have not received inhaled treatment for some time their request should be considered on a case by case basis, as a prescription may be required due to a change their underlying condition.

Over The Counter (OTC) paracetamol

OTC stocks of paracetamol have been depleted due to panic buying. Community Pharmacies are now able to pack down an appropriate quantity to cover a short illness from their dispensary stocks for people who have been unable to purchase a supply. GPs should not be asked to prescribe in such circumstances.

NB: This does not apply to people who already have paracetamol on their repeat record for a chronic condition.

Stocks of medicines in care homes

For the reasons above stocks of medicines should not be increased in care homes. With the exception of homely remedies and the few items where bulk prescribing is allowed, it is not legally possible to keep unnamed stocks of medicines in care homes under current regulations.

There are two particular areas of concern:

- Antibiotics – Where an antibiotic is indicated, the most appropriate agent should be chosen according to local antimicrobial guidance (<http://www.nhsantibioticguidelines.org.uk/>) or as directed by a microbiologist
- Palliative Care Drugs – The Wessex Palliative Care Physicians have updated their guidance around choice of medicines at the end of life, but it does not contain any medicines that are not already in use. The guidance will automatically be added to Emis and SystemOne in the next few days.