

Title	<b>BADGER REPEAT PRESCRIPTION GUIDELINES INCLUDING OPIATE SUBSTITUTION (METHADONE, SUBUTEX)</b>			Number	<b>CL02</b>
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## Version Control

(Only last 3 versions, earlier versions can be found in the appropriate Archive directory for the document)

<b>DATE</b>	<b>CHANGE</b>	<b>CHANGED BY</b>
22.05.19	Reviewed no change	SMcD
09.03.22	Reviewed. EPS added.	SMcD/FW
31.03.23	Under Review	SMcD

## Introduction

These guidelines have been adopted to enable patients to obtain urgent supplies of medication which cannot be deferred until their GP practice is next open. It should not be used for non-essential medication. The regulations require that treatment should be given until the patient's GP practice is next available. In the absence of the patient's medical records it is good practice to prescribe small quantities only.

## Pharmacy supply

The regulations applying to pharmacies entitle a pharmacist to dispense an emergency supply to a patient who has run out of medication providing the pharmacist considers this appropriate. In practice few pharmacists will agree and may ring the Badger centre requesting "phone" prescriptions. Because of this it is **no longer recommended** that patients are advised to attend a pharmacy without a prescription.

## Prescribing out of hours

### 1. WHEN IS THE GP PRACTICE NEXT AVAILABLE?

It should be assumed that the GP practice will be available on the next in-hours period. This is from 0800 the morning after an OOH overnight period, the Monday after a weekend and the weekday immediately after a Bank Holiday. Patients often incorrectly believe their GP practice will be closed when it is actually available.

### 2. IS MEDICATION REQUIRED URGENTLY?

Many medicines will not be required urgently e.g. statins, HRT, antidepressants, thyroxine etc. Some patients will seek a repeat prescription out of hours for convenience reasons or in order to have spare tablets in hand. A prescription in these circumstances is not necessary. A professional explanation and reassurance should be given to the patient and they should be advised to contact their practice on the morning of opening to request an urgent repeat prescription. Full information should be recorded on Adastral for transmission to the patient's GP.

### **3. QUANTITIES?**

The quantity of tablets should be enough for the patient to take up to and including the first day of the next in-hours period, taking into account how many doses the patient has in hand. For example a patient taking tablet X twice a day, phoning on Friday evening and with only two tablets left will require 5 tablets – one twice a day from Saturday evening to Monday evening.

In exceptional cases where the patient is travelling abroad it is legitimate to consider prescribing until 24 hours after the patient's return. If a patient will be abroad for longer than two weeks they should be advised to consult a local doctor. It is not good practice in the absence of medical records to issue repeat prescriptions for prolonged periods abroad, nor to offer private prescriptions for repeat medication abroad.

### **4. PHONED / FAXED / EMAILED PRESCRIPTIONS**

The facility to telephone / fax / email prescriptions to a pharmacist for dispensing applies only to emergencies and should not usually be used for repeat prescriptions. In most cases patients should collect the FP10 to take to a pharmacy (see below). Where there is some exceptional reason for phoning or faxing a prescription this should be recorded on AdastrA. Patients should be advised that phoning prescriptions is normally only for emergencies and repeat prescriptions have to be collected from a centre.

### **5. ELECTRONIC PRESCRIPTIONS**

Electronic prescriptions (EPS) can be issued by a prescriber. EPS guidelines must be adhered to (e.g. no EPS for controlled drugs).

### **6. COLLECTION OF PRESCRIPTIONS (FP10s)**

The telephone assessment clinician should create the prescription on AdastrA and print it for collection by the patient from Bourne Road/Glover Street ; The telephone clinician should make a careful note in the "treatment" field on AdastrA of the details of the prescribed medicines. The patient should be advised to report to the reception desk, give the patient's name and say they have come to collect a prescription.

If further information is required the patient / representative should be seen or telephoned and the telephone assessment clinician may be contacted,

### **7. CONTROLLED DRUGS**

Controlled drugs are subject to special regulations and cannot in any circumstances be supplied without the pharmacist having the original FP10. They should not be prescribed by phone/fax/email/EPS though it may be appropriate to confirm that a particular pharmacist has the medication in stock by phoning them. In the absence of medical records great care should be taken prescribing repeat prescriptions of drugs of potential abuse and it may be appropriate to ask the patient to attend the centre bringing the empty packet to verify that the medication has previously been prescribed. A face-to-face consultation may be indicated. There are additional arrangements for the provision of palliative care drugs – details in the supervisor's file.

## **8. OPIATE SUBSTITUTION / MAINTENANCE (METHADONE, SUBUTEX etc)**

It is not good practice for OOH doctors to prescribe opiate substitution / maintenance drugs since this undermines the contract between the patient and their prescribing doctor and can lead to uncontrolled supply of illicit drugs.

If a doctor considers there are exceptional circumstances for prescribing methadone / subutex, the following procedure should be followed:

- Take full details of dose and frequency and when the last dose was taken.
- Explain to the patient that you will ask the medical director to try to contact a GP from their own practice to verify and authorise the prescription.
- Consult the duty medical director and pass on details. Keep the case locked pending advice from the medical director.
- The duty medical director should try to contact a member of the patient's own practice by phone.
- If this is successful and the patient's GP agrees, the medical director may authorise you to prescribe a minimum quantity.
- If the patient's practice GP cannot be contacted, or does not agree, the patient should be advised of this and given advice on supportive management of withdrawal symptoms (eg fluids, rest, simple analgesia, NSAIDs). Opiates and benzodiazepines should not be prescribed.
- Patients should not be advised to attend A&E as neither they nor the mental health services will prescribe drugs for opiate substitution / maintenance out of hours.
- All details should be recorded on Adastra.

## **9. PROBLEMS**

Where a difficult situation arises, advice should be sought from the duty medical director. The details should be recorded on Adastra.