Outside Practice Medications

Recording non-practice medications in Vision & EMIS PCS

Document control

Version history

Version	Date	Comments
1.0	4th Dec 2012	Published version
1.1	5th Dec 2013	Draft review version
2.0	18th Dec 2013	Version 2 final
2.0	8th Jan 2014	Published version
2.1	29-Jan-2018	Draft revision
2.2	18-Apr-2018	Version 3 final

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1.1   About

This document has been prepared by SCIMP to give guidance to GP practices in Scotland using INPS Vision 3 or EMIS PCS.

The guidance describes current best practice with respect to the recording in the GP record medications that have been provided or obtained by a patient from a source outside of the GP practice. Typically this would mean medications provided by hospitals and unscheduled care, over the counter items or the patient's own medication. Such medicines are often referred to as 'non practice'.

This has several benefits:

- Prescription record is complete
- The Emergency Care Summary prescribing is complete
- Medication decision support can alert to interactions and other risks

1.2   Emergency Care Summary / Key Information Summary

The prescribing data uploaded by GP systems for use by the Emergency Care Summary (ECS) now includes non-practice medications.

Non-practice medicines can be shown as such when viewed in ECS interfaces and may be used for medications reconciliation in acute care settings.

1.3   Which non-practice medicines should be added?

At present this is up to individual practices to decide. There is no contractual requirement for GPs to maintain comprehensive medication record for their patients that includes any or all medicines prescribed elsewhere, but there are local and external data sharing benefits to recording some non-practice medicines.

Adding non-practice medicines to the Vision or EMIS record will result in such medicines being checked for drug decision support warnings. It will also allow prescribers to form a more complete assessment of the patient's current and past medications when making future prescribing decisions.

Medications that carry significant risks in normal use, such as "Disease Modifying Anti-Rheumatic Drugs" (DMARDS) and agents which affect the immune system such as Cytokine modulators can usefully be added. If a drug has significant interactions or possible side effects, such as antiretrovirals used to treat HIV, then again there is value to having this recorded in the patient's general practice prescribing record.

1.4   Risks of recording non-practice medicines in Vision and EMIS

Adding non-practice medicines to the record also carries some risks.

Risks can arise from the recording of the non-practice medication on the GP system incorrectly, by selecting the wrong or inexact medication.

It is important that the non-practice medicine is recorded correctly using a medication selected from the GP system's drug dictionary. This should be a product that exactly (or very closely) matches the one prescribed. The actual active ingredient and route of administration should be the same. Ideally the strength of the medication being prescribed should be the same, if known. There are risks to using a similar product that contains the active ingredient, although perhaps at a different strength or in a preparation that is in combination with other medicines. This could mislead users of the record. Similarly simply selecting a drug of a similar type, but not the same drug, would not be considered safe or good practice.

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Risks arise from non-practice medicines recorded on GP systems not being maintained. Practices may not be directly informed when a non-practice medicine has been changed or stopped, so must implement a regular review of any such medicines they have recorded on their patients. The risk arises on sharing of non-practice medication with other care providers, where it may appear that a non-practice medicine remains current even if it has been stopped by the original prescriber.

Please read and use the instructions in the last section of this document to ensure non-practice medication is being maintained as accurately as possible on your local system. End users of ECS / KIS medication lists must be aware that there is no automatic updating of non-practice medication records and always verify the medication history from at least two reliable sources.
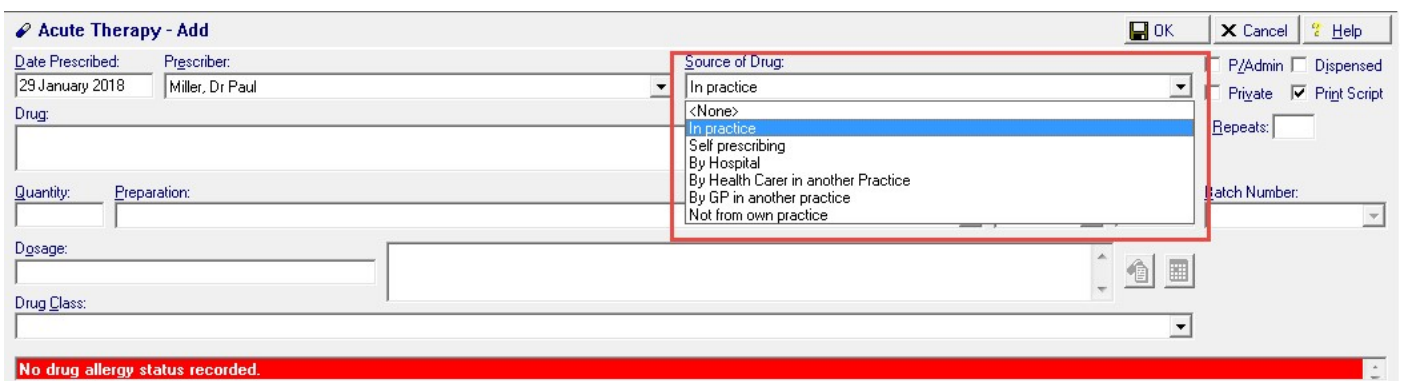
1.5 How to record non-practice medications in Vision

In INPS Vision, therapy records include a field for 'Source of Drug' represented as a drop down box on medication add forms as shown below:
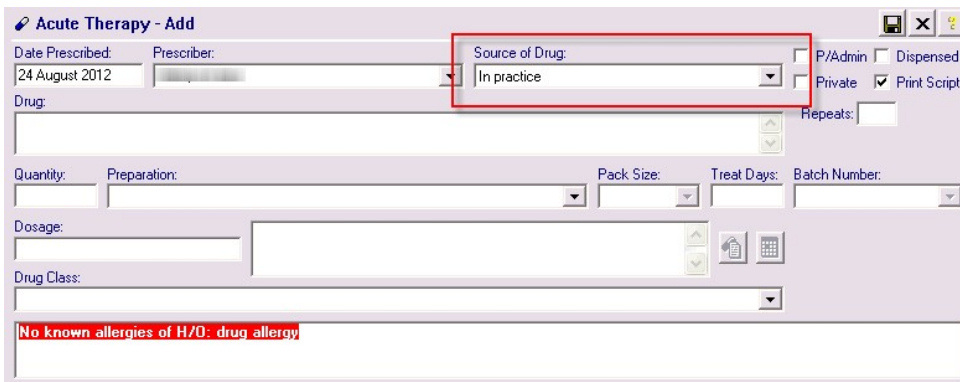

Possible values for this field are:

- In practice (the default)
- Self prescribing
- By Hospital
- By Health Carer in another Practice
- By GP in another practice
- Not from own practice
- <None>

1.5.1 Adding an Acute Therapy Item

You should use the 'Acute' therapy item when the item has been provided as a one off. Items added as 'Acutes' will only continue to inform decision support for the period selected in the date offset in Consultation Manager, Options, Drug Check as shown below.
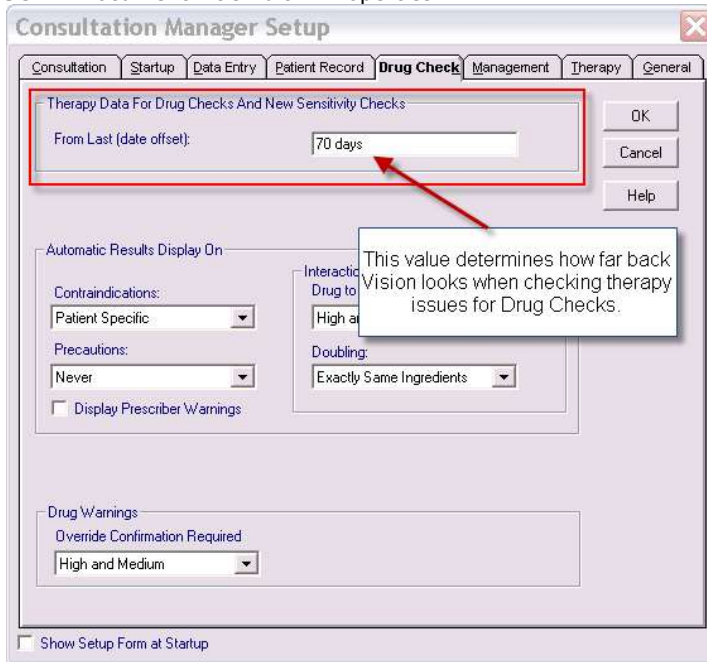
When you add an acute item change the drop down list for 'Source of Drug' to a value that best represents the source of this medication. For example:
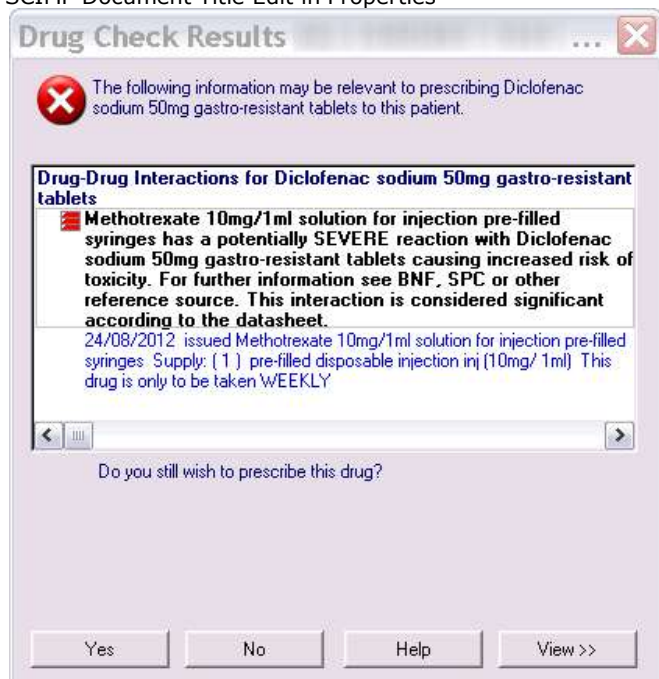

Items with a source value that is non-practice cannot be used to generate prescriptions – either paper or electronic.

Such items appear like this in the 'scripts' listing in therapy. Note no 'Prescriber' value is shown and the different icon:

And will generate decision support warnings, for example when a user prescribes Diclofenac:

1.5.2 Add Information about the medication as Text to the 'Dosage' Field

We would recommend that users use the dosage field to indicate further the source of the drug, or other information regarding it.

For example entering the text 'HOSPITAL SUPPLIED – NOT TO BE PRESCRIBED BY THE PRACTICE' would add some additional clarity and safety to out of practice items.

More detail such as 'PROVIDED BY RHEUMATOLOGY – ANYWHERE GENERAL HOSP – Tel: 0141-123-4567' could also be supplied.

It can be helpful to add the text 'CHECK IF STILL CURRENT' to alert users that the medication may not still be being actively used.

The dosage information does not need to reflect the actual dosage supplied to the patient if this is not known or liable to change. The dosage field text could again be used to explain this to end users.

1.5.3 Adding a Repeat Therapy Item

You should add a Repeat Master item for non-practice medications that the patient will continue to receive on a regular basis. If the Repeat Master remains 'Active' it will continue to inform decision support and populate the ECS upload appropriately.

Once the patient is no longer taking this medication the repeat master should be 'Inactivated' in Vision. Practices should run housekeeping searches on non-practice repeat masters to review and inactivate those that no longer apply.

Note that Repeat Masters that have a non-practice source cannot be used to generate prescriptions, thus no 'issues' can ever be generated from these items.

Vision now has a function to filter on or off the display of non-practice medicines. This can be on by default or not for users and is configured in the Therapy tab of Consultation Manager Setup:
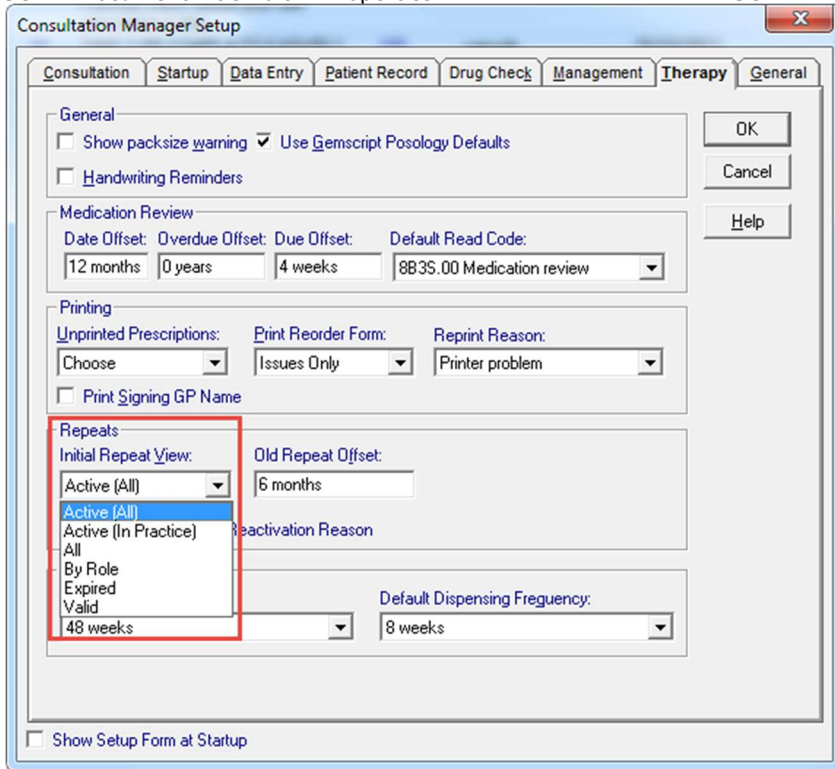
Initial Repeat View 'Active (All)' will include Repeat Masters with a source of drug outside the practice. The view 'Active (In Practice) will remove these from the default view.

In Repeat therapy lists the filter icon can be used to toggle the display of non-practice medicines:
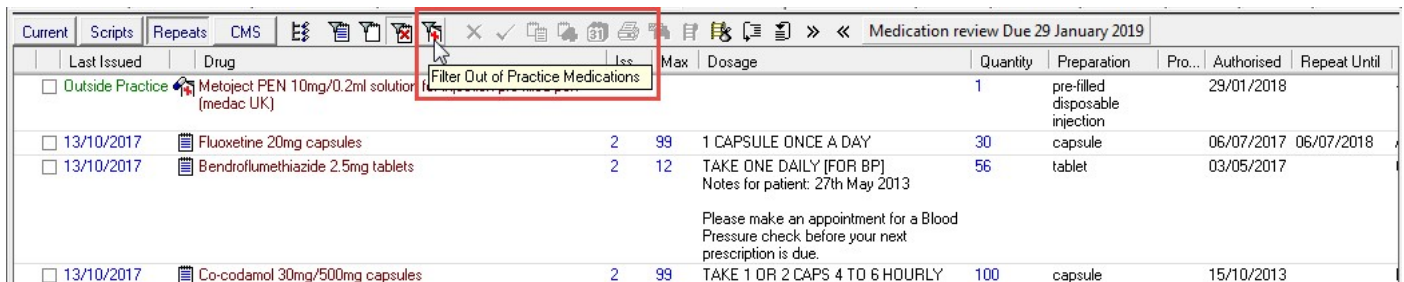
For example, to add a Repeat Master with Source of Drug as 'By Hospital':
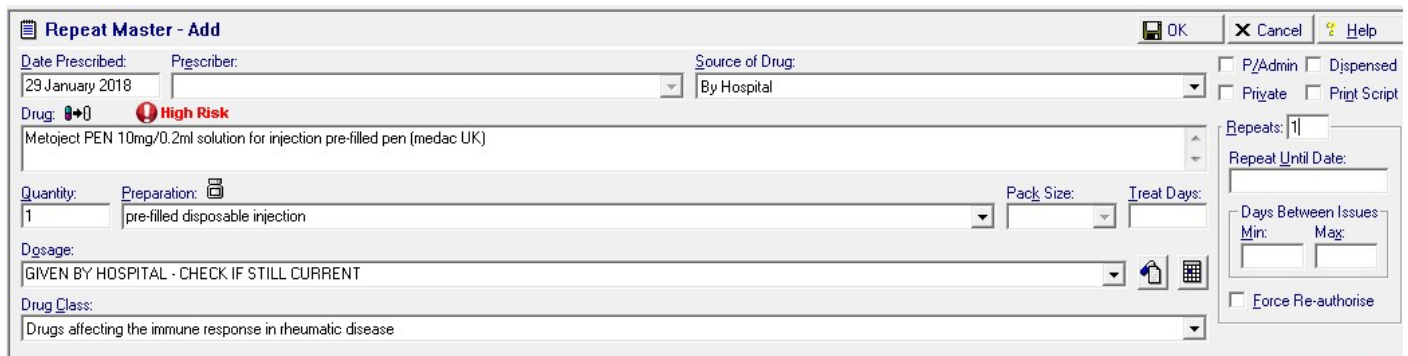
Vision will require the user to enter a value for 'Repeats' in order to save the record. As no issues can be created from a non-practice prescription we would recommend simply giving this a value of '1' although there is no significant impact on using higher numbers here. There is no need to enter a 'Repeat Until Date', although practices can do so if desired. The 'Repeat Until Date' will appear on Repeat Master reports and this may have some benefit in reviewing non-practice items for housekeeping.

1.5.4 Date Prescribed

Note that the "Date Prescribed" value does not need to correspond exactly with the actual date of the dispensing or administration of the drug. Typically this information will not be available to the practice. A pragmatic decision should be made on the appropriate date to use, using the date of recording if no other specific date is available.

When adding a repeat master as issues cannot be made from it, the repeat master record itself is the current item, indicating that the patient is receiving this from an external source.

1.5.5 Quantity

The quantity value is normally unimportant for this purpose and in most circumstances using a value of '1' is acceptable.

1.5.6 Housekeeping

Practices should regularly run searches to review non-practice active Repeat Masters and inactivate any that no longer apply. Configure a search as below to provide a printable report with all Active, non-practice repeat masters:
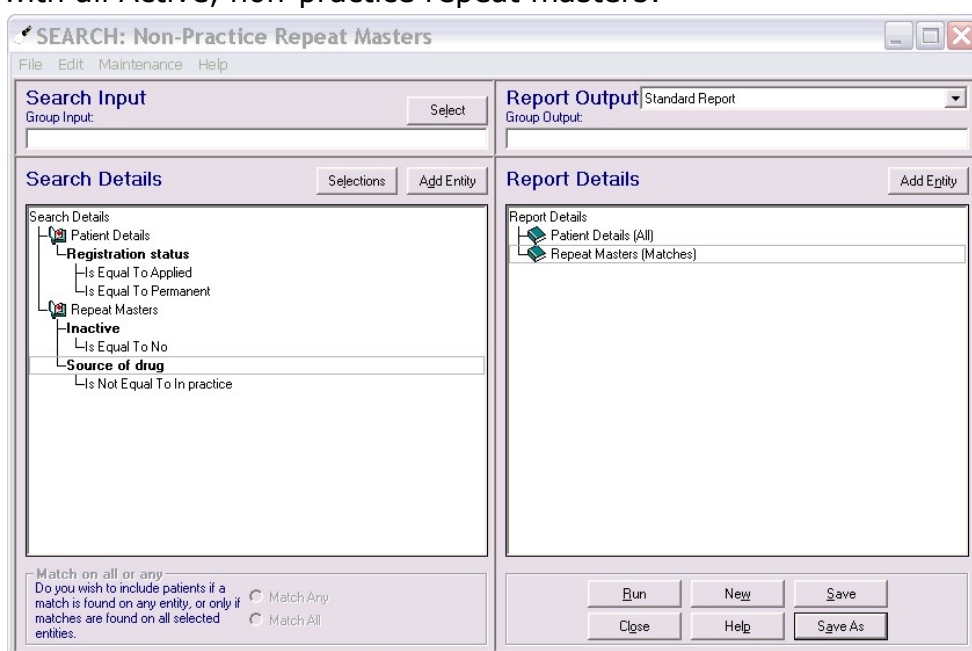
This report will not display the 'Date Prescribed' (the date it was added to the patient's record) of the Repeat Master, which can make identifying historical items more difficult.

An alternative, although technically more challenging, approach is to export the search results as a Tab Separated file.
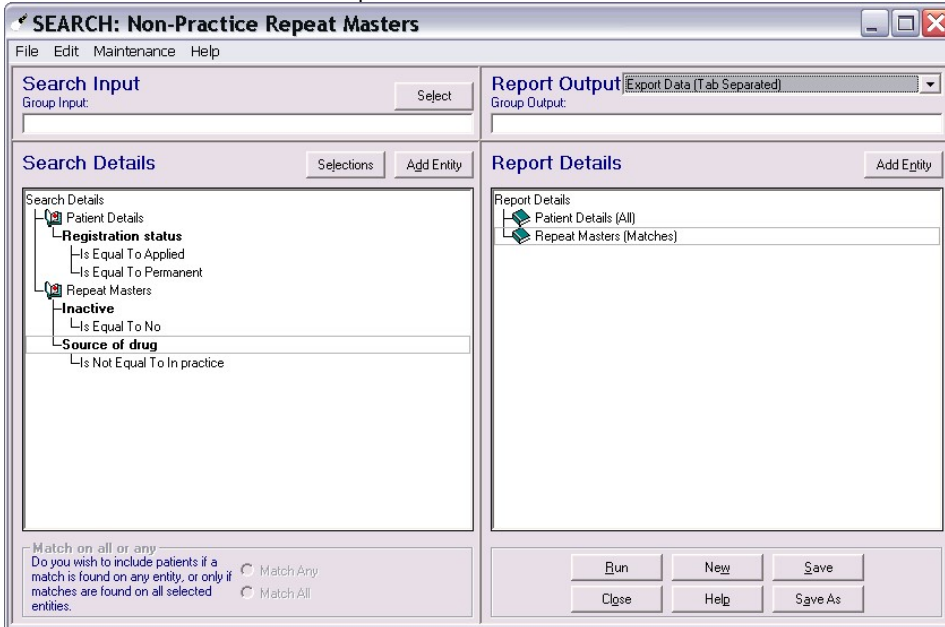
This will save two text files:

- patient.txt
- repeats.txt

Open the file 'repeats.txt' in Microsoft Excel:
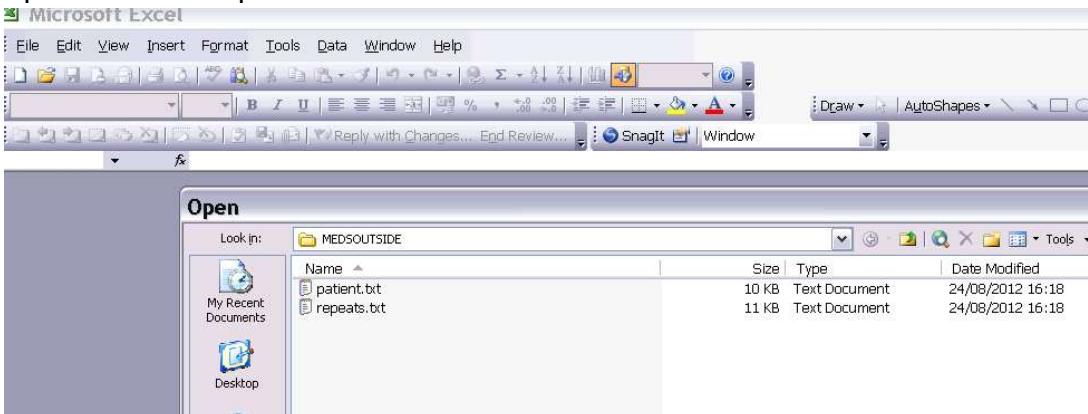
And Excel will recognise it as a Tab Separated file and import it accordingly. The 'Notes for Patient' field, if used, creates additional lines in the report, but these can be ignored as they will be grouped when the table is sorted.

There are three steps in the MS Excel Text Import Wizard:

Click 'Next' on the form above.
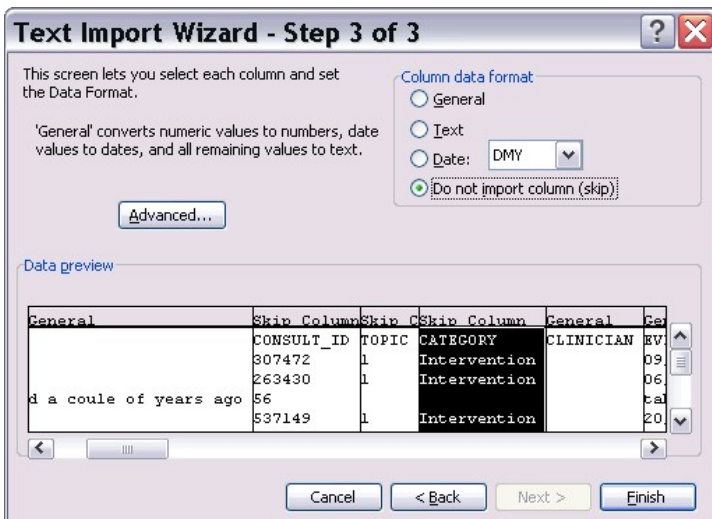

Click next on this form as well.

In this step, select 'Do not import column (skip)' for all columns apart from:

- PAT_ID
- EVENTDATE
- DRUGNAME
- DRUGSOURCE

Then click 'Finish' and the data will be shown in Excel:

	A	B	C	D
1	PAT_ID	EVENTDATE	DRUGNAME	DRUGSOURCE
2	112	09/03/2009	ADALIMUMAB inj 40mg	By Hospital
3	185	06/08/2008	ASPIRIN disp tab 75mg	
4	Notes for patient: tablet(s)			
5	685	20/06/2012	ROACCUTANE caps 20mg	By Hospital
6	862	06/05/2009	ACITRETIN caps 10mg	By Hospital
7	913	21/05/2012	FUMADERM gr tab	By Hospital
8	989	17/03/2009	ETANERCEPT inj soln 50mg	By Hospital
9	1101	01/03/2007	DEPIXOL -CONC inj 100mg/1ml	By Hospital
10	1204	19/01/2010	ADALIMUMAB inj 40mg	By Hospital
11	1220	20/10/2011	CYCLOPHOSPHAMIDE inj 1000mg	By Hospital
12	1341	20/06/2012	WARFARIN SODIUM tabs 1mg	By Hospital
13	1389	13/04/2010	LANSOPRAZOLE caps(ec grans) 30mg	By Hospital
14	1755	14/08/2008	CLARELUX foam 500 micrograms/g	By Hospital
15	1904	14/03/2006	SERTRALINE tabs 50mg	By Hospital
16	2108	18/12/2007	METHADONE oral soln 1mg/ml	
17	Notes for patient: mls			
18	2108	20/10/2009	DEPIXOL oily inj 40mg/2ml	By Hospital
19	2123	19/08/2008	METHADONE sf oral soln 1mg/ml	By Hospital
20	2283	17/08/2010	METHADONE oral soln 1mg/ml	By Hospital
21	2283	07/06/2012	FLUPENTIXOL DECANOATE oily inj 200mg/1ml	By Hospital
22	2543	05/07/2007	METHADONE oral soln 1mg/ml	By Hospital
23	2543	29/06/2010	DIAZEPAM tabs 5mg	By Hospital
24	2543	29/06/2010	MIRTAZAPINE tabs 45mg	By Hospital
25	2543	29/06/2010	CHLORPROMAZINE tabs 25mg	By Hospital
26	2664	28/05/2008	CLOPIXOL oily inj 200mg/1ml	By Hospital
27	2838	28/01/2008	METHADONE oral soln 1mg/ml	By Hospital
28	2838	28/01/2008	DIAZEPAM tabs 2mg	By Hospital
29	2920	26/09/2007	MELATONIN caps 5mg	By Hospital

Sort this by EVENTDATE. 'EVENTDATE' is the date the Repeat Master was added to Vision.

This will then list the items with the earliest ones at the top:

	A	B	C	D
1	PAT_ID	EVENTDATE	DRUGNAME	DRUGSOURCE
2	1904	14/03/2006	SERTRALINE tabs 50mg	By Hospital
3	1101	01/03/2007	DEPIXOL -CONC inj 100mg/1ml	By Hospital
4	2543	05/07/2007	METHADONE oral soln 1mg/ml	By Hospital
5	2920	26/09/2007	MELATONIN caps 5mg	By Hospital
6	2108	18/12/2007	METHADONE oral soln 1mg/ml	
7	2838	28/01/2008	METHADONE oral soln 1mg/ml	By Hospital
8	2838	28/01/2008	DIAZEPAM tabs 2mg	By Hospital
9	2664	28/05/2008	CLOPIXOL oily inj 200mg/1ml	By Hospital
10	4366	28/07/2008	METHADONE oral soln 1mg/ml	
11	185	06/08/2008	ASPIRIN disp tab 75mg	
12	1755	14/08/2008	CLARELUX foam 500 micrograms/g	By Hospital
13	2123	19/08/2008	METHADONE sf oral soln 1mg/ml	By Hospital
14	4366	16/09/2008	PERICYAZINE tabs 2.5mg	By Hospital
15	4468	30/09/2008	MELATONIN caps 5mg	By Hospital
16	4637	14/10/2008	METHADONE sf oral soln 1mg/ml	By Hospital
17	5252	23/10/2008	KIVEXA FC tab	By Hospital
18	5252	23/10/2008	NEVIRAPINE tabs 200mg	By Hospital
19	5409	20/11/2008	METHADONE oral soln 1mg/ml	By Hospital
20	5409	20/11/2008	MIRTAZAPINE orodisp tab 30mg	By Hospital
21	5409	20/11/2008	ZOLPIDEM tabs 10mg	By Hospital
22	112	09/03/2009	ADALIMUMAB inj 40mg	By Hospital
23	989	17/03/2009	ETANERCEPT inj soln 50mg	By Hospital

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Individual patients can then be reviewed and their non-practice Repeat Masters Inactivated if no longer in use. Patients can be found from the select patient form in Vision by using the 'PAT_ID' value and searching on the 'Vision Identifier'.

## 1.6   How to record non-practice medications in EMIS

Non practice medications are added to EMIS in exactly the same way as other drugs. The distinction is made at the issue stage where the drugs are issued using the method "outside". It is recommended that to ensure that errors are not made in issuing medications that should not be issued by the practice, additional text is added to the dose instructions.
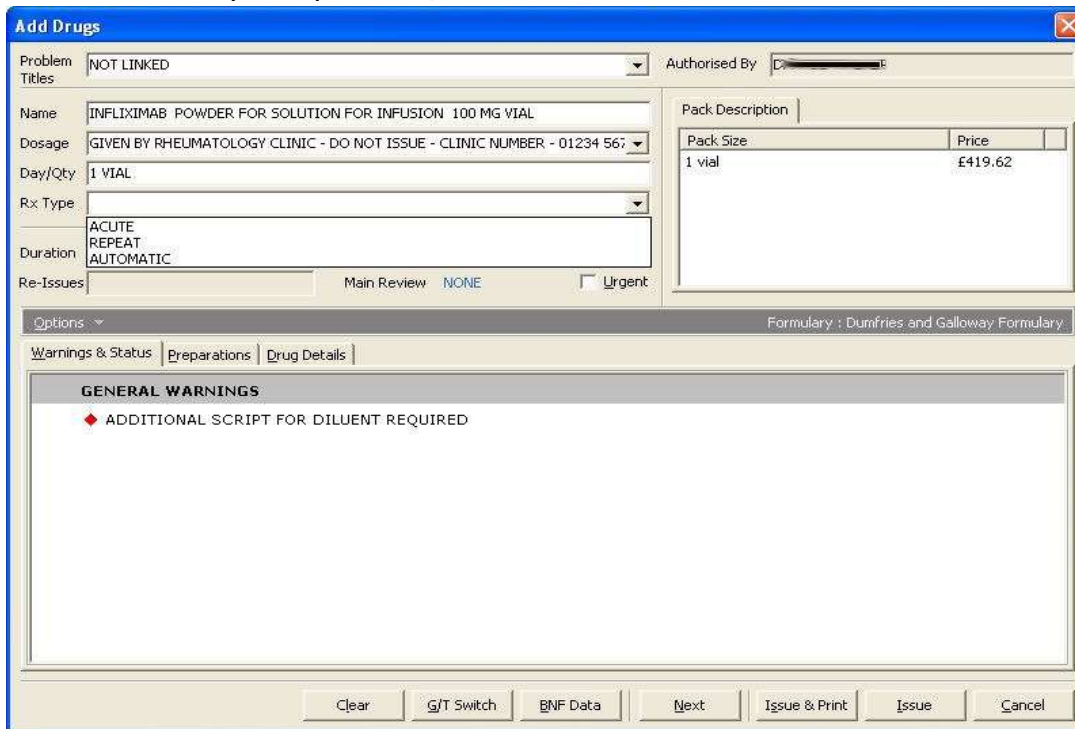
1.6.1   Add Descriptive Text to the 'Dosage' Field

It can be helpful to add a description to the dosage field to indicate further the source of the drug, or other information regarding it as per 1.5.2 above

The drug should be "Issued" rather than "Issue and Printed", and the Issue Method should be selected as **O) Outside**
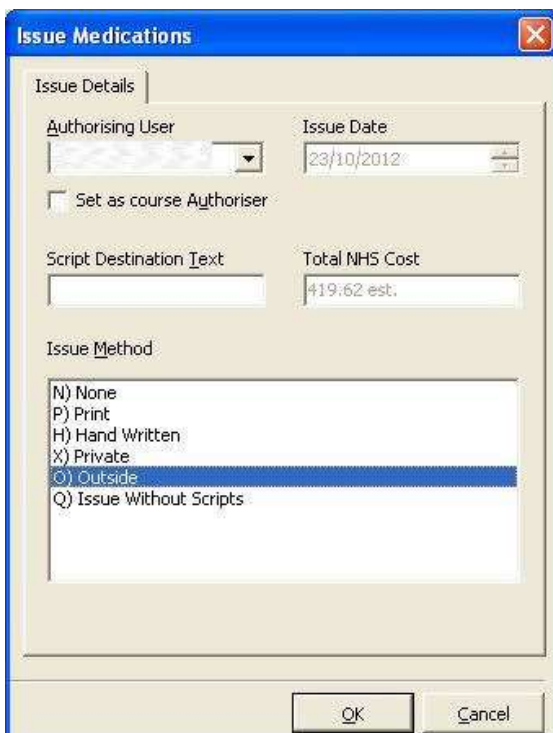
It is IMPORTANT that the drug is issued as an "Outside" as ECS is a record of ISSUED medication, and items that are not issued will not be uploaded to ECS.

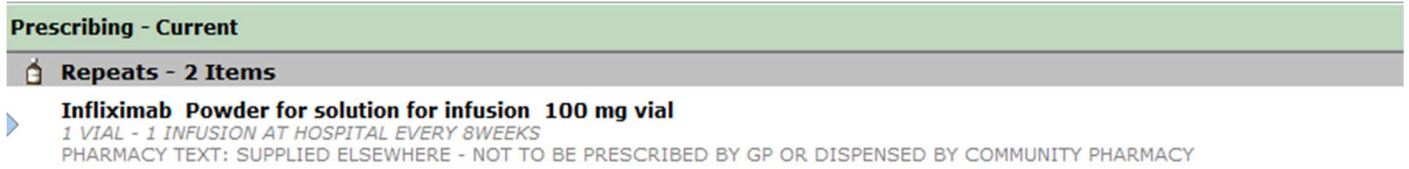Medication can be added as either acute or repeat in PCS in the normal manner.

Note for prescriptions to appear indefinitely on the Emergency Care Summary it is recommended that the prescription is recorded as a REPEAT MEDICATION.

Acute medication will time expire in EMIS PCS and no longer be transmitted to ECS.

Prescribing - Current

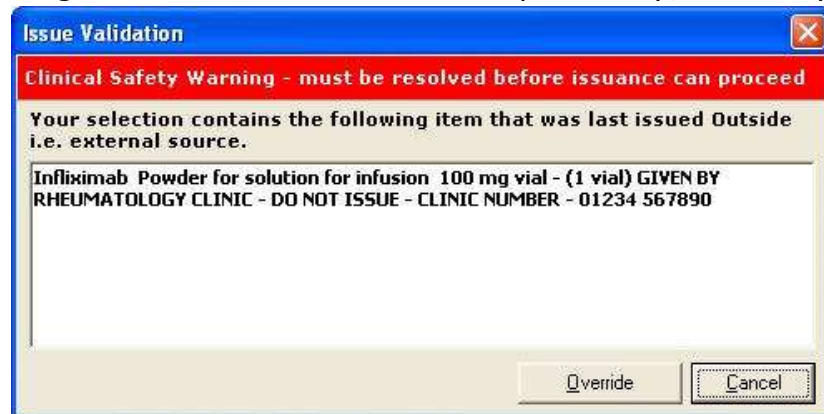| Acutes - 1 Items	Last Issued
Infliximab Powder for solution for infusion 100 mg vial *1 VIAL - GIVEN BY RHEUMATOLOGY CLINIC - DO NOT ISSUE - CLINIC NUMBER - 01234 567890*	23/10/2012O

The medication will appear in the prescribing screen with an "O" at the end of the issue date to indicate it was issued out with the practice.
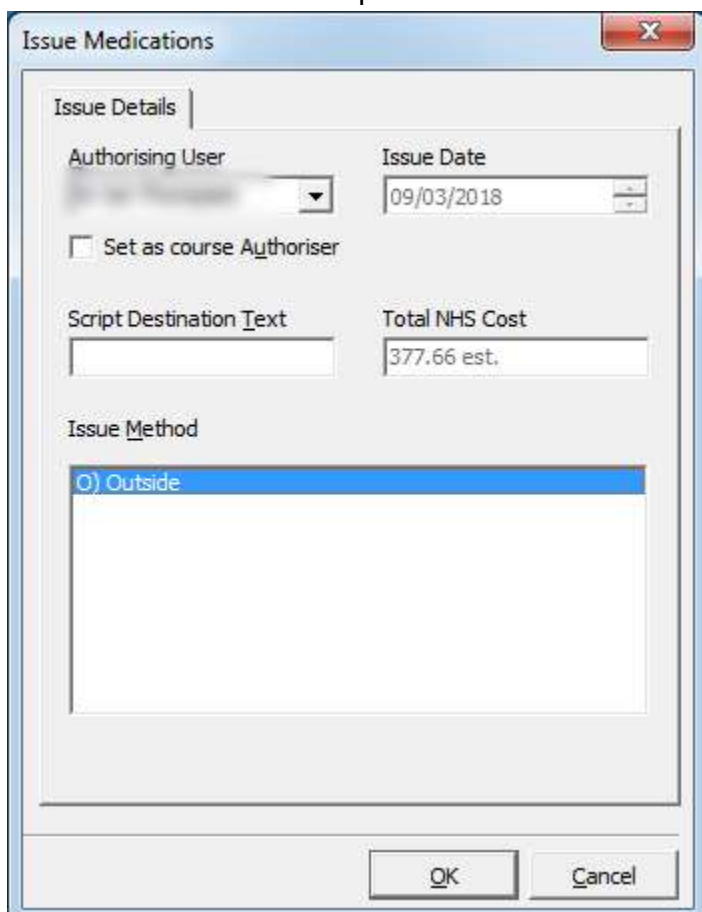
By choosing Outside as the Issue method Pharmacy Text is automatically added to the medication, which is displayed next to the medication on the prescribing screen as a reminder.

Prescribing - Current

Repeats - 2 Items

Infliximab Powder for solution for infusion 100 mg vial
1 VIAL - 1 INFUSION AT HOSPITAL EVERY 8WEEKS
PHARMACY TEXT: SUPPLIED ELSEWHERE - NOT TO BE PRESCRIBED BY GP OR DISPENSED BY COMMUNITY PHARMACY

In addition to the text warnings to prevent inadvertent issue, should a user attempt to issue a drug that has been issued outside previously, then they will be presented with a warning…

Issue Validation

Clinical Safety Warning - must be resolved before issuance can proceed

Your selection contains the following item that was last issued Outside i.e. external source.

Infliximab Powder for solution for infusion 100 mg vial - (1 vial) GIVEN BY RHEUMATOLOGY CLINIC - DO NOT ISSUE - CLINIC NUMBER - 01234 567890

[Override]   [Cancel]

If they override this warning, then the Issue Medications dialogue presents only the Outside Issue method and thus prevents the medication ever being printed.

Issue Medications

Issue Details

Authorising User

Issue Date
09/03/2018

☐ Set as course Authoriser

Script Destination Text

Total NHS Cost
377.66 est.

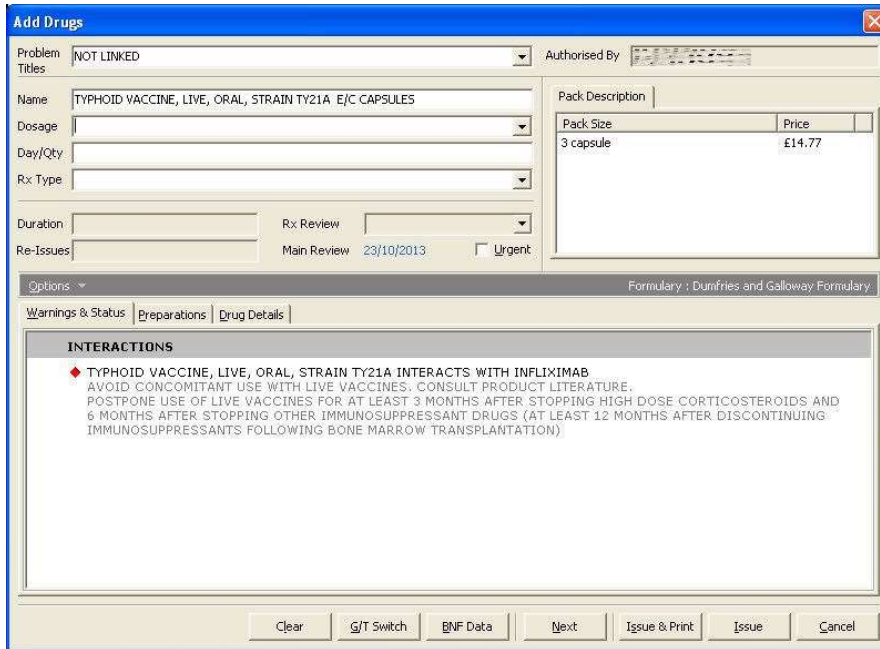Issue Method

O) Outside

[OK]   [Cancel]

1.6.2 Date Prescribed – which date to use

Note that the prescription date used does not need to correspond exactly with the date of the dispensing or administration of the drug. Typically this information may not be available to the practice. A pragmatic decision should be made on the appropriate date to use.

1.6.3 Safety benefits of adding medication outside

As well as uploading to ECS, the EMIS system will use drugs prescribed outside when checking interactions.

1.6.4 House Keeping

It is important to have a system for maintaining accurate medication lists of non-practice medications.

Unfortunately EMIS PCS does not have the search capability to identify patients with drugs with the issue method "Outside". For those practices that are streaming to EMIS Web and have the Search and Report functionality within that, a simple search can be created very easily.