

**To:**  
**All GP practices,**  
**General Practitioners and**  
**Sessional General Practitioners**

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Dear Colleague,

### **Private Prescriptions for HSC patients – Regulatory Investigation**

It has been brought to our attention by the DHSSPS Medicines Regulatory Group that a series of private prescriptions have been issued and dispensed, on an on-going basis, for a significant number of registered Health Service patients for Schedule 4 Controlled Drugs e.g. zopiclone and zolpidem which are available without charge under Health Service arrangements.<sup>1</sup> Further investigations are underway to confirm why the private prescription mechanism was used for patients being treated under the Health Service.

In summary, the investigation to date has identified that:

- Prescribing should have been undertaken under Health Service arrangements
- In certain circumstances, prescription of controlled drugs may have been excessive
- On occasion, prescriber's signatures were illegible and there was no printed name on the prescription.

We are therefore writing to remind prescribers of their contractual and ethical responsibilities for the treatment of patients under Health Service arrangements.

#### **1. Requirements Under the GMS Contract**

**Patients on a GP practice list are entitled to HSC prescriptions.**

The issuing of private prescriptions for medications by a GP to a patient being treated under Health Service arrangements is a breach of Part 3, Prescribing and Dispensing of the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004.<sup>1</sup> Patients given a private prescription in this situation will incur a fee payable

to the pharmacy for dispensing and cost of drugs when they would have been entitled to receive at no cost on a Health Service HS21 prescription.

## **2. Legal Requirements and BNF Guidance**

Where there is a clinical need to prescribe Z drugs to patients under GMS, prescribing and supply within the Health Service facilitates full transparency and opportunity for clinical audit by the HSCB Controlled Drugs Accountable Officer who is obliged under legislation to ensure good governance of controlled drugs in primary care in NI.<sup>2</sup>

When issuing any prescription, the prescriber must sign the prescription form in ink<sup>1</sup> either initials and surname, or forenames and surname in their own handwriting<sup>3</sup> and in a clear and legible format to ensure the dispensing pharmacist can assess the legality of the prescription. When a prescription is not clearly written, pharmacists are required to clarify any issues directly with the prescriber.<sup>4</sup>

## **3. Prescribers' Professional Responsibilities for Repeat Prescribing**

NICE and the HSCB have previously issued guidance on the prescribing of Z drugs and recommend that hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.<sup>5,6</sup>

The General Medical Council (GMC) has issued guidance to doctors on ensuring the appropriateness of repeat prescribing and advises that repeat prescribing procedures are essential in the safe management of repeat prescribing in any GP practice.<sup>7,8</sup> This policy should include mechanisms that ensure that a prescriber will review patients' medications on a regular basis to establish the on-going need for medication and to ensure that the prescribing of medications is not excessive.<sup>7-9</sup> This is particularly important for patients taking medication with the potential for addiction or misuse, e.g. Z drugs.

The GMC guidance on prescribing also states that as a prescriber, 'You are responsible for any prescription you sign, including repeat prescriptions for medicines initiated by colleagues, so you must make sure that any repeat prescription you sign is safe and appropriate'.<sup>7</sup>

## **4. Private Prescription Forms**

Should a private prescription be considered appropriate, the HS21 prescription form should not be used as a mechanism for providing a private prescription. It is also recommended that private prescribing is recorded in the notes of the patient on the GP clinical system.

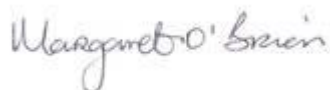
### **Action Required**

1. This letter should be communicated to all relevant practice staff, including locums.
2. Repeat and acute prescribing protocols should be reviewed to include:
  - reference to private prescriptions

- legibility of signatures / printing of names on prescriptions (especially for all controlled drugs)
- review process for patients on repeat prescriptions.

If you require further information or would like to discuss this further, please contact a member of the HSCB Medical Adviser in your local office.

Yours sincerely,



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General Medical Services (GMS)



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Assistant Director, DOIC  
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