

Managing Medical/Non Medical Prescriber Non- Compliance with PELC Prescribing Policy and Standard Operating Procedure

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Version Control

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RELATED DOCUMENTS
Medicines Management Policy

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1. PURPOSE

This SOP describes the procedure to follow when GPs/Medical Doctors/Non-Medical prescribers are found to have not complied with prescribing procedures.

It aims to:

- Ensure safe prescribing.
- Promote adherence to local and national guidance on prescribing.
- Ensure patient safety is maximised
- Ensure financial resources are optimised

2. INTRODUCTION

Each GP/ Clinician/Non-Medical Prescriber are responsible for ensuring that prescriptions issued whilst working for PELC are appropriate and completed correctly. All staff-members with prescribing rights must follow local Medicines Management Policy. This SOP describes the procedure for managing staff-members who are found not to be compliant with those prescribing procedures.

PELC undertakes regular quarterly Medicine Management audits to assess and identify the shortfalls or non-compliance in prescribing by Prescribing staff members.

Data is submitted to the commissioning CCGs for review and any queries or concerns are fed back to PELC.

3. SCOPE

This SOP is aimed at any PELC employees, contract/bank staff and General Practitioners working at a PELC site with prescribing rights.

4. DEFINITIONS

Please refer to the Medicines Management Policy.

5. RESPONSIBILITIES

Please refer to the Medicines Management Policy.

6. SPECIFIC PROCEDURE

The Chief Pharmacist will complete a monthly Audit and create a spreadsheet detailing prescriptions where excess quantities (i.e. more than 14 days supply and 7 days for repeat medications) were issued.

Spreadsheet will have the following details:

- Date
- Name of the Clinical sites from where the prescription was issued.
- Drugs prescribed.
(Drugs prescribed should be divided into acute or repeat.)
- Prescription Details

- Case Code which should include the Full Consultation details (this will include History, clinical findings etc.).

The completed spreadsheet will be sent to the Clinical Lead for Medicines Management/ Medical Director

The Clinical Lead for Medicines Management will review the prescriptions and case details and will take the following actions:

- will seek an explanation from the prescribing Clinician via email and letter
- will expect a written response within 14 days.
- a decision will be made if there is a clinical justification by the Medicines management Lead
- if a clinical risk is identified all further shifts will be cancelled till a review by the Medical Director
- If a clinician has shown recurrent prescribing errors (persistent more than 3 times without clinical risk) and/or shortfalls then a warning will be issued and the Clinicians prescribing data will be audited after 3months of warning issued. The prescribing Clinician will be raised to a “red” on Clinical Guardian to have each consultation appraised in relation to prescribing
- If the clinician continues to breach no further shifts will be allocated to the Clinician
- Relevant Clinicians with persistent concerns will be raised at the Medicines Management Committee Meetings ensuring confidentiality.
- This will be shared with the CCG Chief Pharmacist.

7. FORMS/TEMPLATES TO BE USED

Prescribing Audit Spreadsheet

8. INTERNAL AND EXTERNAL REFERENCES

Internal References

Medicines Management Policy.

External References

