

To: All GPs, dentists and community
pharmacists,
All non-medical prescribers,
All OOH centres,
for onward cascade to relevant staff

Directorate of Integrated Care

12-22 Linenhall Street

Belfast

BT2 8BS

Tel: 02890553782

Fax: 02890553622

Web site: www.hscboard.hscni.net

04 December 2012

Dear Colleague,

HSCB Guidance on Faxing Prescriptions

Please note that this guidance should be viewed in conjunction with the advice issued in January 2011 (see Appendix HSCB Letter Regarding Supplying Medication without a Prescription). **The use of fax machines for the routine transmission of information is to be discouraged because of the inherent legal and patient confidentiality risks.** In the vast majority of cases, prescriptions should be collected by patients or their representatives prior to dispensing as per practice protocols.

However, it is acknowledged that there are times when the use of fax machines for transferring prescription information between a prescriber and a community pharmacist can be valuable e.g. in an urgent or out of hours setting, where issues of timeliness or distance make it unrealistic for the patient or community pharmacist to collect a prescription prior to dispensing taking place. A faxed prescription provides an assurance to the community pharmacist of the details of the prescription to be dispensed in an urgent situation and is preferable to a prescription being 'phoned through' to a community pharmacy. A faxed prescription is not a legal document and the prescriber **must** furnish the original prescription to the pharmacist within 72 hours. Ideally prescriptions should not be posted and consideration should be given to:

- Delivering the prescription directly to the pharmacy

- Collection by the patient or their representative as permitted by practice protocols
- Collection by the pharmacist if they have a collection service agreement with the patient.¹

If no other method of prescription transfer is available then a secure postal service should be used.

PLEASE NOTE:

- Prescriptions for Schedule 2 & 3 Controlled Drugs **must not** be faxed e.g. diamorphine (schedule 2), temazepam (schedule 3). The only exception is phenobarbital for the treatment of epilepsy. For more information on the classification of CDs, please refer to the BNF section on Controlled Drugs and drug dependence, or refer to individual BNF drug entries.
- Faxing of prescriptions as part of ordering oxygen concentrators is an acceptable practice.

Guidance for Faxing Prescriptions to Community Pharmacies

Contractors should review current procedures and steps should be taken to minimise the faxing of prescription forms. If fax machines are to be used, the following process should be followed:

1. Pharmacists should ensure that fax machines are stored in a secure area, not accessible to members of the public.
2. Data protection requirements are that clinical information and patient identification information should normally be faxed separately. However, in the case of faxing prescriptions to community pharmacies, 'blanking out' patient details is likely to pose a significant risk as it could result in the wrong patient receiving the wrong medication. Therefore, it is recommended that prescriptions are faxed in their entirety without removing patient ID details from the script.
3. Ensure that only essential information is faxed.
4. Prior to faxing prescriptions to a community pharmacy, the GP or their representative should phone the pharmacy first in order to:
 - a. Ensure the pharmacy is open and can receive the fax securely and safely. Never send a fax outside of normal working hours.
 - b. Ensure the fax machine is manned.
 - c. Advise that the faxed prescription(s) is about to be sent.
5. All prescriptions must be fully completed before faxing, including the prescriber's signature.
6. A fax cover note should accompany the prescriptions indicating the pharmacy details, total number of prescriptions to be faxed and contact details for the

GP surgery or OOH provider. The cover note should also state what the recipient should do if they receive the fax in error e.g. please contact sender as soon as possible.

7. Double check the fax number being used. Consider pre-programming the fax machine with the local community pharmacies' fax numbers to reduce the possibility of sending the script somewhere else in error. Test faxes should be sent on completion of the pre-programming to confirm the number has been entered correctly.
8. GP surgeries and OOH centres should use the 'confirm receipt' facility on their fax machines. Alternatively, the sender may prefer to contact the pharmacy directly to confirm receipt.
9. Faxed prescriptions may occasionally be of poor print quality and if so, pharmacists must confirm the prescriber's intentions prior to dispensing.
10. A faxed prescription is not a legal document and the prescriber **must** furnish the original prescription to the pharmacist within 72 hours, as detailed above.
11. Once the original prescription has been received, pharmacists should shred the faxed copies of the prescription(s).
12. For nursing/residential home patients, a copy of the faxed prescription should be provided to the home representative with the dispensed medication.

GPs should liaise with community pharmacy colleagues regarding any changes to practice procedures with respect to faxing prescriptions. If you have any further queries please contact your Medicines Management Adviser.

Yours sincerely

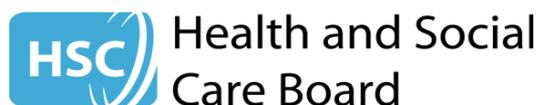


Dr Brenda Bradley

Pharmaceutical Public Health and Governance Lead

1. Supplementary Guidance for Pharmacists in Northern Ireland on the Provision of Prescription Collection and/or Delivery Services FEBRUARY 2011
[http://www.psni.org.uk/documents/766/PSNISUPPGUIDANCEONCOLLECTI
ONANDELIVERYV1FEB11.pdf](http://www.psni.org.uk/documents/766/PSNISUPPGUIDANCEONCOLLECTI
ONANDELIVERYV1FEB11.pdf)

APPENDIX



Directorate of Integrated Care
12-22 Linenhall Street
Belfast
BT2 8BS
Tel : 028 90553782
Fax : 028 90553622
Web Site: www.hscboard.hscni.net

7th January 2011

To: All Community Pharmacists
All GPs

Dear Colleague

Supplying Medication without a Prescription

Following a number of serious adverse incidents the Health and Social Care Board (HSCB) and the Department are writing to GPs and Pharmacists to remind them of the correct procedures for the issue of prescriptions and the supply of medicines.

The Medicines Act 1968 requires that prescription only medicines (POMs) may be sold or supplied by retail only in accordance with a prescription from an appropriate practitioner. It should be noted that this also applies to patients in nursing or residential homes. Pharmacists should not supply medication without having a valid prescription.

Medication should not be issued and a prescription then requested retrospectively to “cover” the supply.

There is, however, provision made for emergency supplies of POMs within the relevant legislation and Terms of Service. In summary, an emergency supply may be requested in two ways:

1. At the Request of the Patient

POMs may only be supplied to patients without a prescription when:

(a) the pharmacist has interviewed the person requesting the medicine and is satisfied:

- that there is an immediate need for the POM, and that it is impracticable in the circumstances to obtain a prescription without undue delay;
- that treatment with the POM has on a previous occasion been prescribed by

- a prescriber* for the person requesting it, and;
- as to the dose that it would be appropriate for the person to take;

(b) no greater quantity shall be supplied than will provide 5 days' treatment of phenobarbital, phenobarbital sodium** or Controlled Drugs in Schedules 4 and 5 **OR** 30 days treatment for other POMs (exceptions are listed in the Pharmaceutical Society of Northern Ireland's [the Society] *General Legal Requirements* <http://www.psni.org.uk/documents/599/GuideLegalRequirements+MedsHumanUsePOMGSL.pdf>);

(c) that an entry shall be made by the pharmacist in the Prescription Only Register on the day of the supply, or, if impracticable, the next day following (entry requirements are detailed in the Society's *General Legal Requirements* referred to above);

(d) that the container or package must be labelled appropriately (labelling requirements are detailed in the Society's *General Legal Requirements* referred to above) and;

(e) that the POM is not a substance specifically excluded from the emergency supply provision and does not contain a Controlled Drug specified in Schedule 1, 2 or 3 to the Misuse of Drugs (Northern Ireland) Regulations 2002 except for phenobarbital or phenobarbital sodium** for the treatment of epilepsy. For details see the Society's *General Legal Requirements* referred to above.

It should be noted that this type of supply is a private transaction between the pharmacy and the patient. An emergency supply is a discreet act and must not be used as a loan facility against the authority of a prescription issued at a future time.

Quantities for up to 30 days treatment are permitted for some medicines but pharmacists should use their professional judgement regarding the appropriateness of the quantities they supply.

2. At the Request of the Prescriber*

POMs may only be supplied without a prescription at the request of a prescriber* provided:

(a) that the pharmacist is satisfied that the prescriber* by reason of some emergency is unable to furnish a prescription immediately;

(b) that the prescriber* has undertaken to furnish a prescription to the pharmacy business within 72 hours;

(c) that the POM is supplied in accordance with the directions of the prescriber* requesting it;

(d) that the POM is not a Controlled Drug specified in Schedule 1, 2 or 3 to the Misuse of Drugs Regulations (Northern Ireland) 2002 except for phenobarbital or phenobarbital sodium** for the treatment of epilepsy. For details see the Society's

General Legal Requirements referred to above, or the BNF under *Emergency supply of medicines*;

(e) that an entry shall be made by the pharmacist in the Prescription Only Register on the day of the supply, or, if impracticable, the next day following (entry requirements are detailed in the Society's *General Legal Requirements* referred to above).

The pharmacist should consider the medical consequences of **not** supplying a POM in an emergency. If the pharmacist is unable to make an emergency supply of a medicine, they should advise the patient how to obtain essential medical care.

Communications regarding the issue of prescriptions and dispensing of POMs, for emergency supply under point 2 above, should be made directly between the prescriber* and the pharmacist. The POM (Human Use) Order 1997 requires that the pharmacist be satisfied that the supply has been requested *by a prescriber** and clause 276 of the GMS contract states that "In a case of urgency a *prescriber* may request a *chemist* to dispense a drug or medicine before a prescription form or repeatable prescription is issued or created." Involvement of third parties, such as receptionists and counter assistants, can lead to confusion with serious consequences for individual patients. Where possible, surgeries should consider sending a fax copy of the prescription to the pharmacy. Please note that a faxed prescription does not fall within the definition of a legally valid prescription and the prescriber must furnish the original prescription to the pharmacy business within 72 hours. Faxed prescriptions must comply with Data Protection legislation.

**A prescriber is defined as a doctor, a dentist, a supplementary prescriber, a community practitioner nurse prescriber, a nurse independent prescriber, a pharmacist independent prescriber, an optometrist independent prescriber or a doctor or dentist from the European Economic Area or Switzerland. (Note that not all types of prescribers have authority to prescribe controlled drugs, and that some types have limitations imposed by legislation. See also the paragraph below for EEA and Swiss doctors and dentists.)*

*** As far as emergency supplies of controlled drugs and EEA and Swiss prescribers and their patients are concerned, a recent legislative provision permits pharmacists, from 20th December 2010, to consider making emergency supplies of Schedule 4 or 5 controlled drugs pursuant to requests from these EEA and Swiss doctors and dentists or their patients. The provision does not extend to any Schedule 2 or 3 controlled drugs, including phenobarbital and phenobarbital sodium.*

If you have any further queries please do not hesitate to contact your Medicines Management Adviser

Yours sincerely

Joe Brogan
Asst Director Integrated Care
Pharmacy & Medicines Management

Mike Mawhinney
Head of Medicines Regulatory
Group
DHSSPS