

## Purpose of this procedure:

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To ensure continuity of safe supply of medicines on discharge from hospital or after review at an outpatient clinic. Adequate information should be provided to allow the General Practitioner (GP) and primary care team to safely prescribe or deprescribe medicines within an appropriate time frame.

## The Procedure

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### 1 Inpatient discharge prescriptions (immediate discharge letter)

#### Prescriptions

- 1.1 Wards and clinical areas must have processes in place to ensure that discharge prescriptions are prepared to allow time for dispensing, in advance of the patient's planned date and time of discharge, to support hospital patient flow and to minimise the delay for the patient.
- 1.2 The prescriber responsible for the patient's care must ensure that the correct paper or electronic discharge prescription template is completed in a timely manner.
- 1.3 A prescription must be used to prescribe all current medicines required to be taken on discharge from hospital. The information required must be accurately prescribed from information on the current paper or electronic prescription and administration record and the inpatient medical record.
- 1.4 Some ward areas have local processes for use of abbreviated discharge prescriptions where only new medicines are prescribed on the discharge prescription. Locally approved procedures must be followed and relevant stakeholders informed.
- 1.5 If available, a pharmacist should clinically check, or a pharmacy technician should accuracy check discharge prescriptions, before the medicines are issued to the patient.
- 1.6 Where a non-formulary medicine is recommended, the prescriber must communicate why a non-formulary medicine has been prescribed and ensure that appropriate arrangements are in place to ensure continuity of supply for the patient. See ['Procedures for Prescribing Non-Formulary Medicines'](#).

#### Medicine supply processes

- 1.7 The charge nurse must ensure that medicines are only issued by registered healthcare staff that have been authorised and are trained and competent in the processes involved in issuing medicines to patients.
- 1.8 Refer to the Safe use of medicine procedure, ['Use of patients' own medicines in NHS Lothian premises including hospitals'](#).
- 1.9 A TURAS medicines management training module and an NHS Lothian training pack are available to support those involved in this process, ['Assessment of Patients Own Medicines and Associated Supply Process Training Pack'](#).
- 1.10 All medicines supplied to patients from hospital must be labelled to comply with legal requirements.
- 1.11 Medicines should never be supplied from unlabelled ward stock.
- 1.12 All medicines must be checked against the current paper or electronic prescription and administration record and the discharge prescription before issuing to the patient.

- 1.13 If a patient already has a seven-day supply of all required medicines, either with them in hospital or at home, there is no need for an additional supply to be issued by the hospital. The prescriber who writes the prescription, along with any authorised registered healthcare professional who checks the prescription or reviews the medicine supply, is responsible for ensuring that the patient or their carer has an adequate supply of every medicine required. They must also provide clear verbal and /or written information on how the medicines should be taken and must be satisfied that the patient or their carer is able to manage the medicines safely. This information should reflect the complexity of the medicine, including its preparation and administration, and should be communicated in a way that accommodates any communication needs or difficulties the patient may have.

**One stop dispensing**

- 1.14 One stop dispensing refers to the practice of combining inpatient and discharge dispensing into a single supply labelled for discharge. In clinical areas where the use of this process is approved and implemented for medicine supply, the NHS Lothian safe use of medicines procedure, '[One Stop Dispensing](#)', must be followed.

**Dispensary**

- 1.15 Discharge prescriptions being dispensed from the hospital pharmacy must be delivered to pharmacy at least 4 working hours before the patient is due to be discharged, to allow adequate time for dispensing, checking and return to the ward.
- 1.16 If a change is made to the medicines required on the discharge prescription after they have been dispensed by pharmacy, a new updated prescription must be produced and sent to pharmacy with the original medicines for relabelling. Medicines dispensed and labelled by the pharmacy for individual patients must never be altered on the ward under any circumstances.

**Prescription quantities**

- 1.17 We must ensure that patients have at least 7 days of medicines on discharge, unless a shorter course of treatment is appropriate. The recommended duration of therapy should be documented where appropriate.
- 1.18 If the prescription is for medicines within a compliance aid, one blister pack will be supplied from the dispensary unless otherwise agreed with the clinical pharmacist or pharmacy technician. If there are no changes to medicines, then teams may contact the community pharmacy to determine if continuation of usual supply can be organised. Any plans for compliance aids at transitions of care must be clearly communicated to the patient or their carers. Not all medicines may be being supplied within the compliance aid. Sufficient information must be provided regarding how the medicines should be taken and confirm that the patient or their carer is able to manage their medicines safely.
- 1.19 On discharge to a care home, at least 14 days' supply of medicines should be supplied for new care home patients and at least 14 days' supply of **new** medicines should be supplied for existing care home patients.
- 1.20 For specific requirements for NHS Lothian community hospitals, care homes and hospices, refer to the NHS Lothian Guidance '[Medication Supply for Transfer to NHS Lothian Community Hospitals and for Discharge to Care Homes or Hospice](#)'.

- 1.21 For information relating to medicines on patient transfer to other hospitals within and out with NHS Lothian or for emergency transfer, refer to the NHS Lothian Safe Use of Medicine procedure, [‘Medicines on patient transfer within and between NHS Lothian healthcare premises’](#).

#### **Pass or short-term leave prescriptions**

- 1.22 Pass or short-term leave prescriptions should be managed as per the processes described above for discharge prescriptions.
- 1.23 The pass or short-term leave prescription must include all relevant details, including, the length of supply required and the quantity of ‘as required’ medicines to be supplied.

#### **Communication to the GP practice**

- 1.24 The patient must be given a copy of the discharge or pass or short-term leave prescription, which will provide additional written instruction on current medicines.
- 1.25 Local procedures must be in place to ensure transmission of information about discharge medicines to GP practices happens accurately and timeously to allow GP resupply of medicines within 7 days. A digital copy of the immediate discharge letter must be sent electronically to GP practices by authorising the discharge prescription on TRAK. A further 2 paper copies should also be given to the patient, one for themselves and one to deliver to their GP practice by hand.

## **2 Outpatients attending clinics and emergency departments**

### **Outpatient prescriptions**

- 2.1 For outpatients, the GP will normally accept responsibility for prescribing medicines recommended following a hospital consultation and documented in the follow-up clinic letter.
- 2.2 If the medicine is required in a timelier manner, the prescriber can email the GP surgery with the treatment recommendation or the patient can be provided with an ‘outpatient clinic, preliminary letter to patient’s GP’ which is a duplicate paper document that can be completed immediately to inform the GP of treatment recommendations. This must always be followed up with a formal clinic letter.
- 2.3 In exceptional circumstances where it is necessary to initiate treatment **immediately**, an immediate outpatient prescription must be completed and medicines supplied from the hospital. A 14-day supply, or a complete treatment course where appropriate, of the required medicines should be provided.
- 2.4 Another exception which requires hospital supply is for hospital only medicines or specialist medicines requiring initiation by a specialist consultant.
- 2.5 Some services use hospital-based prescriptions (HBP) that can be dispensed by community pharmacy. NHS Lothian Drug and Therapeutic Committee approval is required to use this process. See [‘Hospital Based Prescriptions Procedure for Dispensing by Community Pharmacy’](#).
- 2.6 For patients attending the emergency department, where it is necessary to initiate treatment immediately, an immediate outpatient prescription should be completed. A 7-day supply, or a complete treatment course where appropriate, of the required medicines will be provided.
- 2.7 Where a non-formulary medicine is recommended, the prescriber must communicate why a non-formulary medicine has been prescribed and ensure that appropriate arrangements are in place to ensure continuity of supply for the patient. See [‘Procedures for Prescribing Non-Formulary Medicines’](#).

### **Medicines supply processes**

#### **Dispensary**

- 2.8 Immediate outpatient prescriptions required from the hospital pharmacy can be taken to the pharmacy dispensary by the patient or their representative. The dispensary staff will advise regarding wait times for prescriptions.

#### **Supply of medicines from Clinic and ED**

- 2.9 If the use of over-labelled packs is approved in the clinical area, then, these medicines can be supplied directly from the clinic and ED.
- 2.10 If this is the case, the charge nurse must ensure that medicines are only issued by registered healthcare staff that have been authorised and are trained and competent in the processes involved in issuing medicines to patients.
- 2.11 A TURAS medicines management training module and an NHS Lothian training pack are available to support those involved in this process, [‘Assessment of Patients Own Medicines and Associated Supply Process Training Pack’](#).

### **Procedure for supply of medicines to outpatients direct from clinics and Accident and Emergency Departments**

- Check that the immediate outpatient prescription contains the following details.
    - Patient’s name.
    - Patient’s address.
    - CHI number.
    - Ward or department.
    - Prescriber’s signature.
    - Date of prescribing.
  - The authorised registered practitioner must check the following details on the completed immediate outpatient prescription or ED letter against the list of agreed over-labelled medicines available.
    - medicine name, form, strength dose, route.
    - dosage instructions.
    - quantity to be provided.
  - If any of the instructions on the over-labelled pack differ from the outpatient prescription, the prescription must be dispensed from the pharmacy.
    - The patient should present this outpatient prescription to the hospital pharmacy.
  - Select the medicines to be issued.
    - Check that the expiry date is appropriate.
- All medicines supplied to patients from hospital must be labelled to comply with legal requirements.

- Check that each medicine is labelled to include the following information –
  - the correct quantity, name, form, strength, dose, route of the medicine.
  - the correct dosage instructions and cautionary labels.
  - the name and address of the hospital.

- The date of dispensing.
  - Add the patient's name, the date supplied and any other required details to the appropriate sections of the over labelled pack.
  - Individualised label instructions must never be altered on the ward under any circumstances.
  - Medicines should never be supplied from unlabelled ward stock.
  
- Complete the 'Issued by' section of the Outpatient prescription.
- Ensure that a registered practitioner authorised to supply medicines checks each detail described above and signs the final 'Checked by' by section on the prescription.
- Distribute copies of the paper triplicate immediate outpatient prescription as detailed below.
  - The top copy to pharmacy.
  - A copy to the GP usually via the patient.
  - A copy to the patient's notes.
  
- Where electronic prescriptions are used copies should be distributed as per 1.23,1.24 above.
- These communications should always be followed up with a formal letter to the GP.

#### Associated materials/references:

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[Safe Use of Medicines Policy](#)

[Use of patients' own medicines in NHS Lothian premises including hospitals](#)

[One Stop Dispensing](#)

[Assessment of Patients Own Medicines and Associated Supply Process Training Pack](#)

[Medication Supply for Transfer to NHS Lothian Community Hospitals and for Discharge to Care Homes or Hospice](#)

[Medicines on patient transfer within and between NHS Lothian healthcare premises](#)

[Procedures for Prescribing Non-Formulary Medicines](#)

[Hospital Based Prescriptions Procedure for Dispensing by Community Pharmacy](#)