

The GP-hospital interface: a weak link in the prescribing chain?

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The prescribing chain

**Doctor writes
prescription**

**Patient brings
prescription
to the pharmacy**

**Pharmacy
dispenses
the medicine(s)**

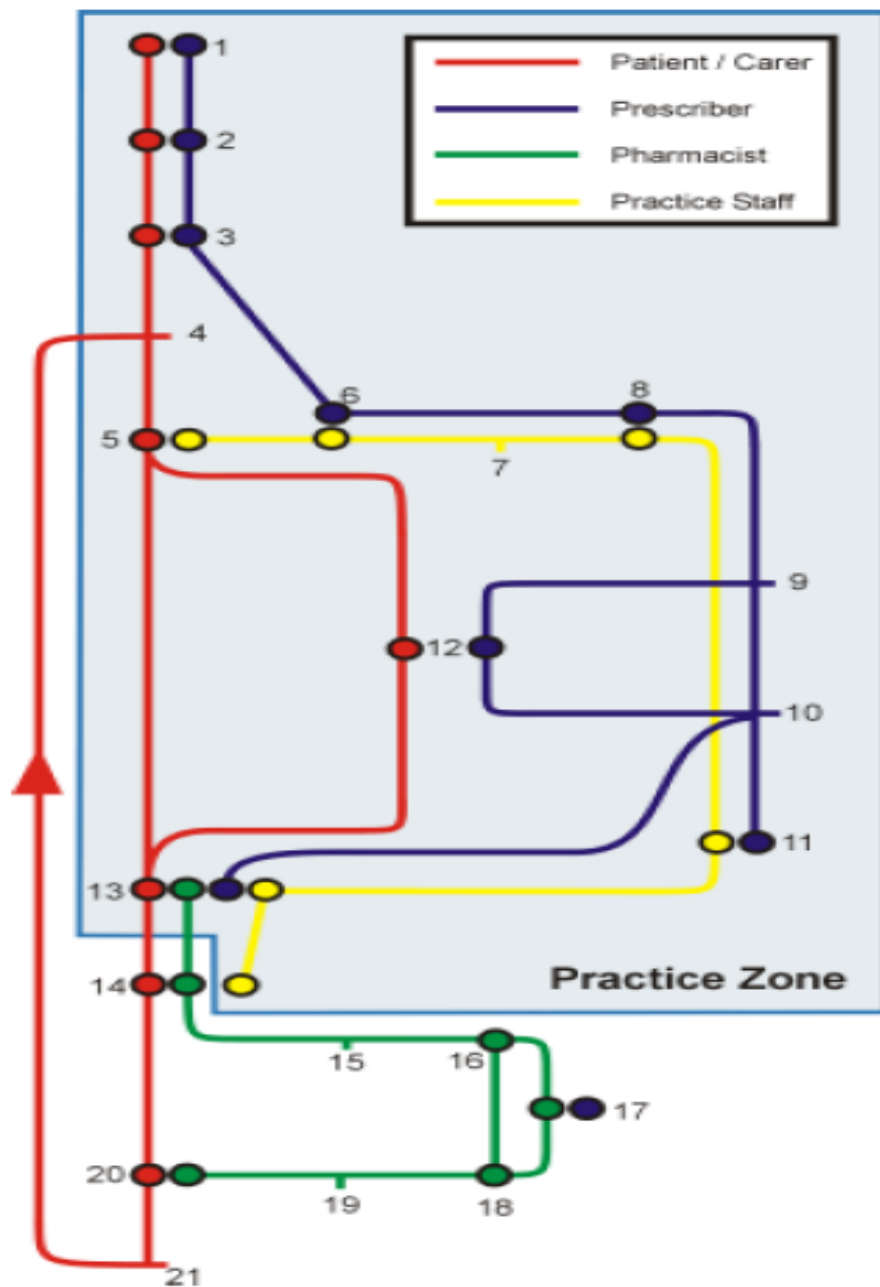
**Patient takes
the medicine(s)**



The prescribing chain – lots of weak links!

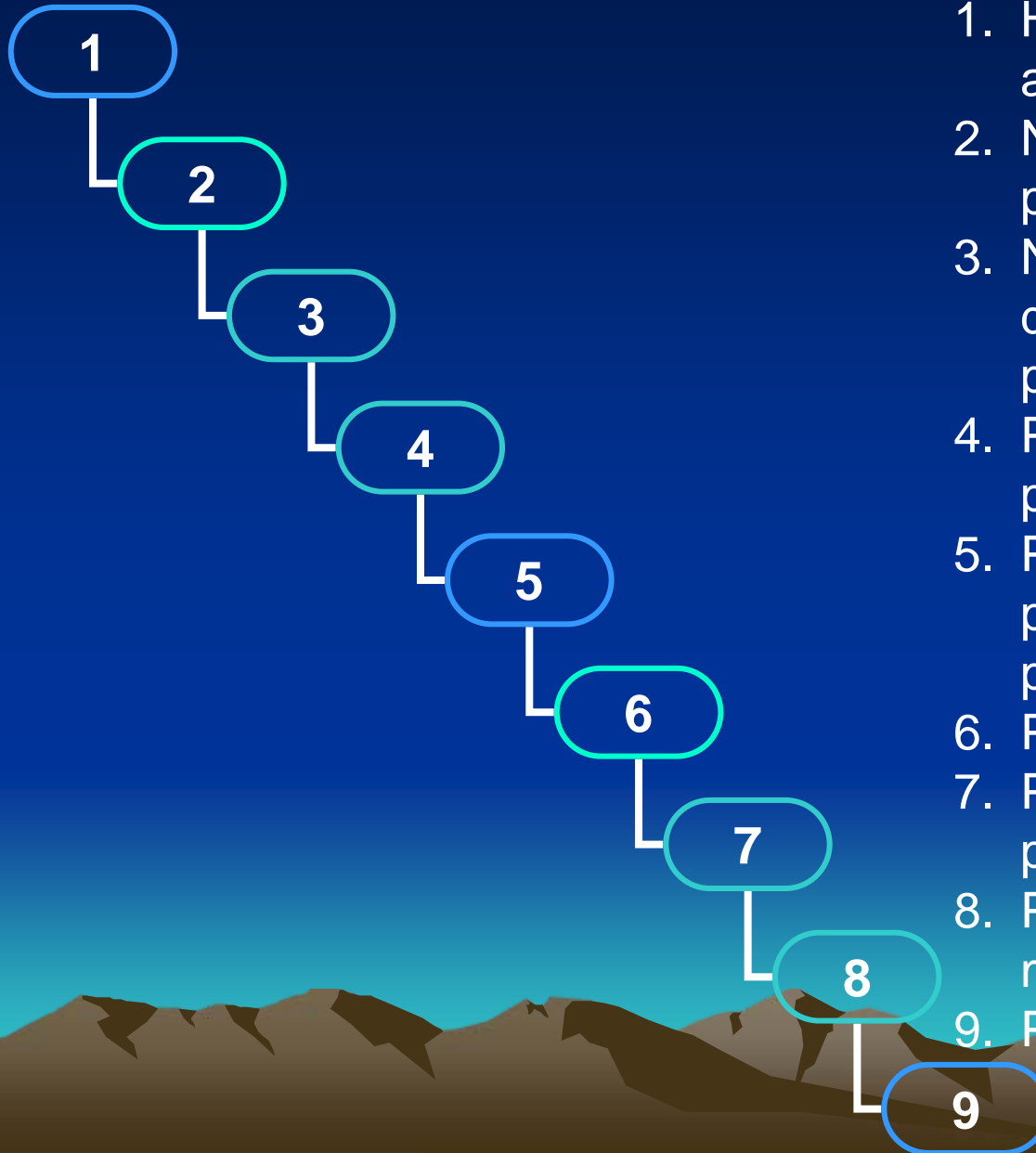


A map of the main elements of the repeat prescribing process



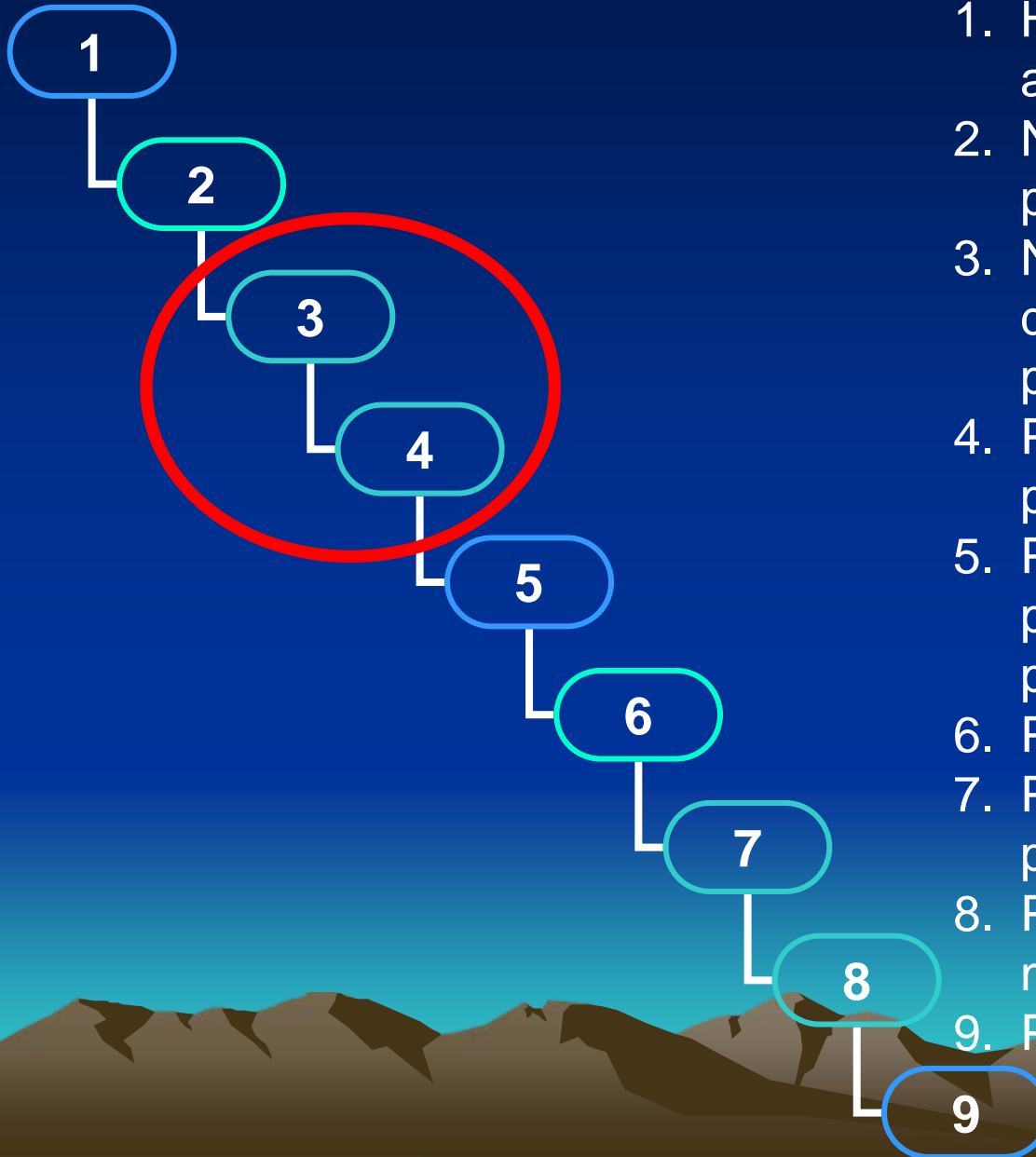
- 1 Patient sees prescriber
 - 2 Need for repeat medication identified
 - 3 Repeat medication authorised
 - 4 Patient decides to reorder medication
 - 5 Request for repeat submitted
 - 6 Check whether repeat allowable (administrative check)
 - 7 Prescription produced
 - 8 Prescription presented for signature
 - 9 Check whether repeat appropriate
 - 10 Prescription signed
 - 11 Prescription returned to practice staff
 - 12 Medication review, and prescription issued / given to patient (if prescription not given to patient, it is then returned to practice staff)
 - 13 Prescription collected / given to patient or representative
 - 14 Prescription received by pharmacy
 - 15 Professional check
 - 16 Patient medication record checked
 - 17 Prescription checked with prescriber / prescriber records — as necessary
 - 18 Items dispensed / accuracy check
 - 19 Medication put out for collection
 - 20 Medication received by patient
 - 21 Medication used
- Practice Zone — quality assurance

The hospital discharge prescription chain



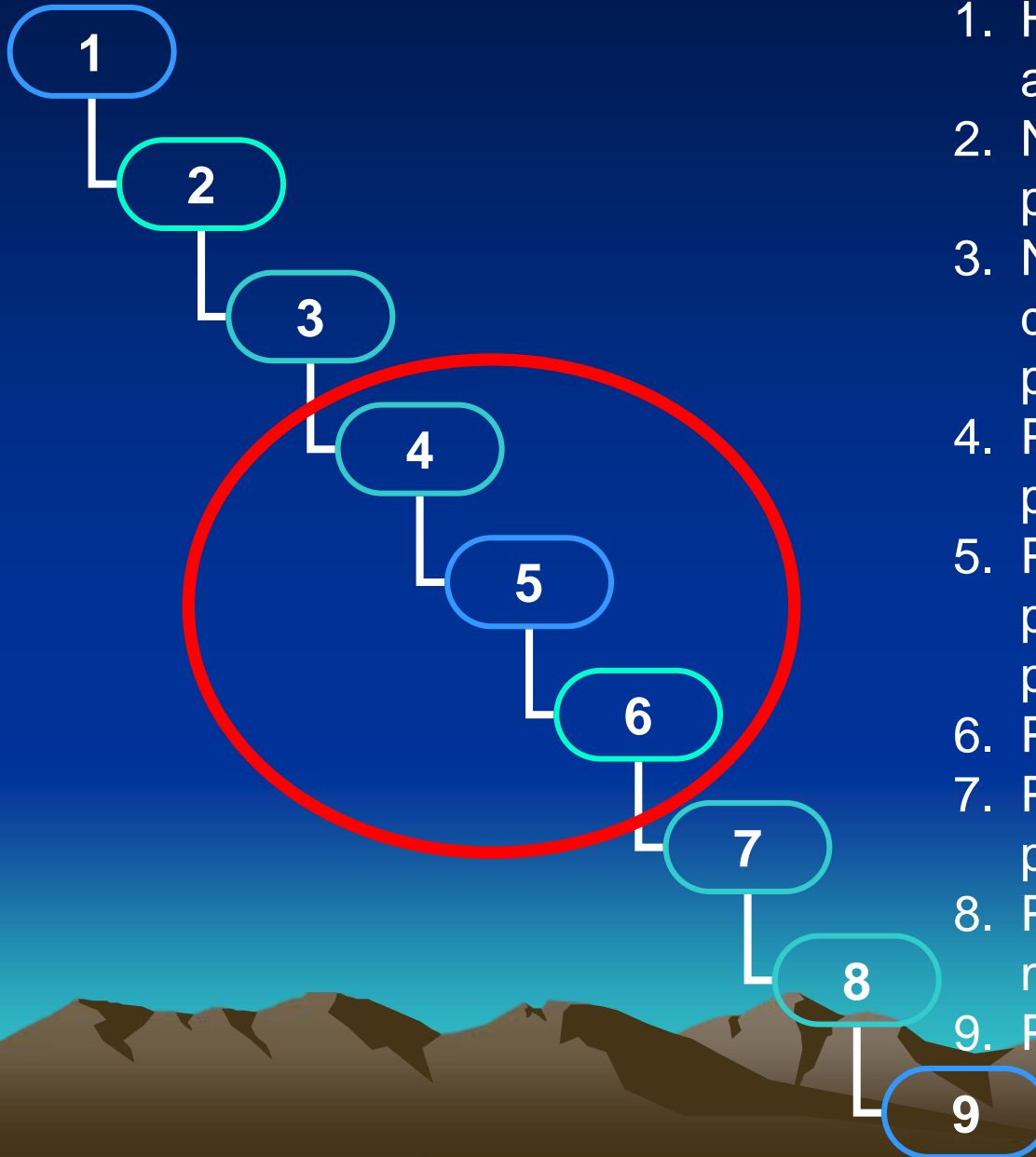
1. Hospital consultant decides on a treatment
2. NCHD no 1 writes the prescription in drug Kardex
3. NCHD (?no 2) transcribes drugs from Kardex to discharge prescription
4. Patient brings discharge prescription to practice
5. Practice receptionist transcribes prescription to GMS/practice prescription form
6. Prescription signed by GP
7. Patient takes prescription to the pharmacy
8. Pharmacist dispenses the medicine(s)
9. Patient takes the medicine(s)

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Problems with discharge prescriptions

- Legibility
 - Medicine(s)
 - Prescriber
- Lack of supporting information
 - Complex regimens
 - Diagnosis
 - Therapeutic goals
 - Unfamiliar medicines/ indications
- Lack of standard format
 - Forms too small
- Low priority for junior staff

Potential solutions

- Training of practice staff in prescribing safety issues
 - Electronic transfer of prescribing information incl. diagnosis, therapeutic goals etc.
 - Hospital pharmacy dispensing
 - Standard form including diagnostic information & therapeutic goals
 - Greater ease of communication from GP to specialist
- 



“Why carry malpractice insurance if you don’t malpractice once in a while?”