

**North of Tyne, Gateshead, and  
North Cumbria APC  
Guidance for issuing prescriptions  
requested by a third party**

An electronic version of this document can also be viewed / downloaded from  
the North of Tyne, Gateshead, and North Cumbria Area Prescribing Committee's  
Website <http://www.northoftyneapc.nhs.uk>

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## General Principles for issuing prescriptions

- Prescriptions should, in principle, **only** be issued at the request of the patient/patient's carer except with the express permission of the GP practice
- Initiation of new prescription must be based on a clear clinical need for an not currently being met and not based on patient demand which may be influenced by direct marketing. Requests for prescriptions should **only be accepted** from a **third party** (Dietitian, Continence Specialist Nurse/Stoma Specialist Nurse, hospital ward staff or District Nurse, contracted home enteral feed supply company) if a prior agreement/permission has been made with the GP practice
- **NO** prescription products should be supplied to a patient without a signed prescription
- Prescribers are **not obligated** to issue retrospective prescriptions when a community pharmacy has supplied in advance of a valid prescription. If a patient needs a repeat medication urgently and their GP practice is closed or unable to provide a repeat prescription, they can use the NHS CPCS service, which they can access as a walk-in service across North of Tyne, Gateshead, and North Cumbria or via NHS 111
- GP practices are **not obligated** to accept third party requests for repeat prescriptions from community pharmacies, online pharmacies, and other dispensing contractors such as dispensing appliance contractors (DACs)
- Ideally repeat prescription orders should be made by the patient, a relative or carer/ proxy directly with the GP practice. [Repeat prescriptions can be ordered directly from practices in multiple ways:](#)
  - Online ordering via NHS account via NHS website or NHS App
  - Speaking to the GP practice via telephone – NB: GP practices frequently use a designated order line that is regularly checked for telephone orders
  - In-person at the practice – ideally using the FP10 counterfoil, white tear-off slip, on the right-hand side of the previous prescription – handed into reception staff or repeat prescription box
  - Via the general post
  - Email to respective GP practice email account
- GP practices that discontinue access to one or more methods of prescription ordering need to be mindful of the unintended consequences of service withdrawal, e.g., where there is no longer a designated order telephone line, digital poverty may impact on the ability of affected patients' ability to order their prescriptions, this can be mitigated by the patient having a proxy to support them in ordering their prescriptions
- Community pharmacy or DACs **must not** contact prescribers to request the provision of retrospective prescriptions to cover a non-urgent situation where no prior approval has been received
- Community pharmacy and DACs are required to meet their contractual obligations; problems and issues that arise may relate to contractual issues that should be addressed via their contracts through liaison with the NHS England Local Area Team (contract holder)
- It is paramount patients are aware that they have a choice as to where their prescription(s) are dispensed

## Who does this guidance apply to?

This Guidance applies to the following groups:

- GP practices
- Community pharmacy contractors
- Contracted home enteral feed supplier
- Dispensing Appliance Contractors (DACs)
- District Nurses/ GP practice Nurses/ Stoma Specialist Nurse/ Continence Specialist Nurse
- Patients and their carers/ relatives

## Use of this guidance

The guidance has been developed by the North of Tyne, Gateshead and North Cumbria Medicines Guidelines and Use Group (MGUG) and approved by the Area Prescribing Committee for use by all member CCGs, to establish a set of guiding principles to support the management of prescriptions requested by third parties. GP practices may incorporate these guidelines into practice policy or use them as standalone guidance.

A template letter is provided if GP practices want to use to inform suppliers of the GP practice's position where the principles are not adhered to, see Appendix 1,

## Notes

### Proxy access and linked profile

[Proxy access](#) was developed to allow a third party (proxy) to access and manage parts of GP online services account and NHS App on behalf of a given named patient. The proxy is provided with their own online access account (rather than using the patient's login details). This method of prescription ordering is typically used by the parents of young children and recognised carers of adults, typically care home providers. GP practices can set up proxy access limited to repeat medication only, meaning that the proxy cannot view or order anything else in the patient's online record

If a person in receipt of care does not consent to their carer/ care home to have proxy access to any part of their record, including repeat medication, the carer/ care home must continue to order using the FP10 counterfoil paper-based process

Currently, a person can use linked profiles in their NHS account, using the NHS App or NHS website, to act on behalf of another person if they meet all the following conditions:

- They and the person they are acting on behalf of are both registered at the same GP practice
- Both their GP surgeries use either TPP (SystemOnline) or EMIS (Patient Access)
- The GP practice has registered them for proxy access

Depending on the level of access the GP practice provides, a person with NHS App access can switch profiles to act on behalf of another person and order a repeat prescription.

GP practices can set up proxy access to repeat medications only, meaning that care home staff can't see anything else in the record. If, however, a resident does not want care home staff to have proxy access to *any* part of their record, including repeat medication, the care home must continue using a paper-based process.

When staff in the care home are given proxy access by the GP practice, they can:

- Order repeat prescriptions
- Include a note to the GP.

An audit trail is kept in the GP system when a proxy accesses a patient's record. For repeat prescriptions it records:

- who accessed the record and when?
- what medication was ordered
- who authorised or rejected the request and when?

## **How patients obtain supplies of non-drug items and enteral feeds**

The patient will have an initial supply of items from the hospital on discharge and the stoma/continence specialist nurse/ dietitian will provide a list of possible suppliers & product codes needed on prescription. In some cases the list of products is sent directly to the GP practice. The patient is advised to order the prescription from their GP.

Direct marketing to the patient has a significant influence on requests for initiation of prescriptions, such requests should only be considered where there is a clinical need not currently being met by a product approved or usually provided as part of routine clinical practice.

## **Supply options for repeat prescriptions of non-drug items and enteral feeds**

### **1. The patient orders the prescription**

The patient contacts their GP practice to obtain the prescription for the required items. The GP practice uses the electronic prescription service (EPS) to send the prescription to the nominated dispenser, e.g., community pharmacy<sup>1</sup>, DAC, contracted enteral feeding provider

NB: If the GP practice is a dispensing practice, then it can supply the items required - this only applies to patients **who are eligible to register as dispensing patients**

### **2. The third-party handles arrangements for reordering prescriptions**

The patient calls the third party (or they call the patient) monthly. The company will then contact the GP practice to obtain the prescription for the required items and deliver them to the patient's home. It is advised this arrangement must only be entered into with the expressed permission of the patient's GP practice.

*In the case of stoma supplies this will include a free supply of wipes and disposal bags. The company will offer advice and will also cut flanges for the patient.*

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<sup>1</sup> Not all community pharmacies dispense appliances. Community pharmacies may provide two levels of service for stoma appliances if they supply in the normal course of their business. All community pharmacies have to offer Essential Services and they will provide the patient with complementary wipes, disposal bags, a home delivery service and advice as part of this contracted service. If they are signed up to Advanced Services, they will also cut flanges for the patient.

## Contracted home enteral feeding providers

Enteral feed suppliers contracted to provide home enteral nutrition are obligated to ensure continuity of supply to patients and will supply feeds even in the absence of a prescription to ensure the patient is not left without nutrition. Enteral feed supply contractors have systems to liaise with patients/ their carers to ensure continuity of supply and ensure there is no oversupply. There may be exceptional circumstances when they are obligated to supply in the absence of a prescription and will seek to obtain a prescription retrospectively. To mitigate against the need for requests for retrospective prescriptions use of 'One-off nominations' (see Appendix 2) can be made to set up electronic repeat dispensing (eRD) for home enteral feed prescriptions to the specialist supplier dispensing pharmacy

GP practices no longer need to issue FP10s, Phase 4 tokens, or change the patient's usual pharmacy nomination as NHS England have included the three national home enteral feed suppliers shown below as one-off nomination choices:

- Homeward Pharmacy      ODS Code FL377
- H2H Pharmacy Ltd        ODS Code FWN00
- Calea UK Ltd            ODS Code FVG64

A dummy post code **ZE1 0AA** has been created for use by **all three** pharmacies.

A one-off nomination will not affect future prescriptions which will still be sent to the patient's regular nominated pharmacy.

Contracted home enteral feeding support includes several elements such as:

- Liaison with patient/ carer to ensure continuity of supply by team of coordinators to ensure no over stocking
- Delivery of prescribed nutritional products, feeding pumps and all equipment needed to tube feed, directly to homes by dedicated, trained drivers
- CQC registered nursing services
- Supply via NHS registered pharmacy
- 24/7 telephone support, manned by qualified nurses

## Incontinence and stoma appliances

- Patients requiring incontinence or stoma appliances can have these dispensed by a dispensing appliance contractor (DAC), a community pharmacy contractor<sup>1</sup> or a dispensing doctor
- DACS and community pharmacies\* as part of their dispensing contracts are required to provide several related essential services including the offer of home delivery, provision of sundries, offer of appropriate and expert advice, repeat dispensing to include stock request and supply monitoring
- Some contractors may offer advanced cutting and use review services to further support patients' effective use of appliances

## Ostomy products

The contractual conditions of Dispensing Appliance Contractors (DACs) - state that they must supply all products listed in Part IX of the NHS Drug Tariff, which includes a broad range of ostomy and urology products. If they do not have the products in stock, medical product wholesalers exist to supply them with these products at short notice.

## **Protecting patient privacy**

It is essential that resident/patient privacy is respected and protected. To reduce the risk of a breach of privacy or confidentiality there must it is important that:

- a data sharing agreement between the care home and the GP practice has been agreed
- all authorised care home staff are up to date with information governance (IG) training and IG requirements
- a process is in place to manage any breach of confidentiality or misuse of proxy access.

## **The Royal College of General Practitioners (RCGP) has developed [guidance for GP online services](#).**

There is a section on proxy access issues and the safeguards that might be helpful.

## **Changes to the Prescription**

If a specialist reviews the patient, the products required on repeat prescription may change. In this case the specialist or patient may contact the GP practice to ask for a new prescription

## **Action to take where companies make supplies in advance of prescription requests**

Where suppliers request prescriptions for items supplied that are not initiated by requests by the patient, specialist, or prescriber, consider sending a letter to advise no retrospective arrangements will be sanctioned.

## Appendix 1

### TEMPLATE LETTER TO THIRD PARTIES ABOUT PRESCRIBING ARRANGEMENTS

Name of Third Party

<Practice Address>

Address of Third Party <Date>

Dear <Third Party>

#### **Re: Requests for Prescriptions**

In line with guidance that has been provided by the North of Tyne, Gateshead and North Cumbria Area Prescribing Committee please note:

- Requests for repeat prescriptions will only be accepted from the patient, except where there is prior agreement for a third-party ordering arrangement.
- No items should be supplied to the patient in advance of a prescription. Please ensure that you have a valid prescription before making a supply to the patient. It is the policy of this GP practice not to supply post-dated or post supply prescriptions without prior agreement.
- Repeat prescriptions will not be issued more frequently than <4 weekly> Should you wish to discuss this further, please contact the GP practice using the above details.

Many thanks for your time and co-operation with this matter.

Yours sincerely

## Appendix 2

### One-off nominations

One-off nominations allow patients with an EPS nomination to request a one-off prescription to be sent to a different pharmacy or appliance contractor, without the need to change their primary nomination. It is designed to be used in scenarios where the patient will not be able to collect their prescription from their usual pharmacy, for example if their pharmacy is closed or if they are on holiday in a different part of the country and they have forgotten to take their medication with them.

### **Frequently asked questions**

**Q. Will one-off nominations affect the way our organisation works?**

No, if you choose not to use the one-off nomination functionality, there will be no change to the way your organisation processes currently work.

**Q. Can I issue a repeat dispensing prescription using a one-off nomination?**

Yes. If you use a one-off nomination for a repeat dispensing prescription, all issues within the prescription will be sent to the one-off nomination.

**Q. What happens to any prescriptions already issued but not yet dispensed?**

Any prescriptions issued and sent to the primary nomination will not be affected by the one-off nomination.