

Prescribing codes- avoiding errors in GP practices- October 2015

Summary

- There has been a recent increase in the number of errors relating to prescribing codes.
- This has important implications for monitoring areas of concerns (such as controlled drugs and antibiotics) and also costs for practices and CCGs.
- The area of most concern is when a prescriber moves **from** practice 'A' **to** practice 'B' but practice 'A' does not fully de-active the prescribing code. All costs from practice 'A' will then be allocated to practice 'B'.
- A brief summary of the background to this process is provided with steps for practices to take to reduce these errors especially when new staff are employed.

Background

1. Cost centres

1.1. Prescribing codes are issued to General Practitioners (GPs) and Non-Medical Prescribers (NMPs) (nurses, pharmacists and other healthcare professionals) and are used to allocate the costs of prescriptions issues to the correct GP practice or provider which is known as the **cost centre**. Cost centres may be a GP Practice, an Out of Hours provider or a clinic being provided outside of the GMS/PMS primary care contract. The NHS Business services Agency (NHSBSA) is the organisation which supports this process and can be contacted on nhsbsa.help@nhs.net

1.2. Where codes are not entered on systems correctly, the prescribing information and costs may not be allocated to the correct cost centre

1.3. The system works differently for GPs and NMPs

2. General Practitioners (GPs)

2.1. GPs working in a practice are issued with a prescriber code by the Performers List team at the KPCA which is unique to a GP at their current (main) practice. It is not possible for a doctor to have a new code every time they move to a different practice, as the index number generated for the doctor stays with him/her for life. The only exception is if the doctor is working at more than one practice in which the Performers List team at KPCA request an additional code for use by this GP at a second practice.

2.2. The GP prescriber code is 6 digits long

2.3. The prescriber code is printed on any prescriptions authorised by the GP for that practice.

2.4. The code is used by NHS to identify the practice (i.e. the cost centre) to which that prescription should be attributed both for monitoring processes and costs.

2.5. **This prescriber code must only be used for the one practice for which it has been issued and should not be used in any other practices, clinics or OOH setting.**

2.6. GPs working in more than one **practice** should either

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South Kent Coast CCG and Thanet CCG)

Date: November 2015

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- 2.6.1. Have a separate prescriber code for each practice
- 2.6.2. Work under the prescriber code of the GP they are providing locum services for as codes cannot be issued for locums
- 2.7. GPs working in **services** such as Out of Hours or clinics being provided outside of the GMS/PMS primary care contract should either:
 - 2.7.1. Have been issued with a prescribers code by the OOH/clinic provider- this will **not** be the same as the GP's practice prescriber code even if it the clinic is within the practice
 - 2.7.2. Use the generic prescriber code for that service- which is the process used in many clinic settings.
- 2.8. Prescriptions authorised by GPs only contain one code. Additional codes must not be added
3. Non-Medical Prescribers (NMPs)
 - 3.1. NMPs use their professional registration code in all cost centres but their prescriptions also include the practice, OOH or clinic (i.e. the cost centre) code
 - 3.2. Including this second code is the method used to allocate these prescriptions to the correct cost centre
 - 3.3. The current cost code centre and address of the relevant service must be included on the prescription
 - 3.4. NMPs should not normally use the spurious code which is issued for medical prescribers. Once a cost centre is set up codes are usually issued by NHSBSA promptly (within 24 hours). In an emergency e.g. agency staff being drafted in at short notice, they could use the spurious code. NMPs must NOT add their professional registration code to in the address box (see below)
4. **Steps to avoid errors**
 - 4.1. Housekeeping-Ask your prescribing support technician to provide a list of all prescribers listed on ePACT and their prescribing codes for your practice at least annually and ensure those listed are all current practice staff and the correct code
 - 4.2. Check the address section on examples of FP10s being printed by all prescribers as this is the key section which is scanned to identify the cost centre.
 - 4.2.1. The prescriber code should be clearly visible and not over printed
 - 4.2.2. **No text should be added, crossed out, amended or altered in any way In this section**
 - 4.3. Proactive review- If any prescribers work in more than one practice, please provide their name, the practices worked in and the prescribing code being used in each location to your CCGs prescribing adviser. If practices are in a different location and a high proportion of prescriptions are likely to be dispensed in different pharmacies, ePACT data can be reviewed to try to identify if there are any problems. However it may not be possible to use this process if the majority of prescriptions from both practices are dispensed from the same pharmacies
 - 4.4. De-activate codes
 - 4.4.1. For staff leaving the practice de-activate as per the instructions on your clinical system. The 'Helpful tips on de-activating a prescribing code' (below) may be useful

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- 4.4.2. When staff join the practice, request confirmation from their previous practice that their code has been de-activated. **Please note this error is the one which can result in the most negative impact (worst scenario) on practices costs but is also the one over which practices have least control.** This can be complicated and it may be helpful to send the 'Helpful tips on de-activating a prescribing code' set out below based on the recent experiences of practices
- 4.4.3. Data can be reviewed to see if prescribing is being allocated to the correct practices but this is time consuming, subject to error and challenge and is only possible when prescriptions are being dispensed in different pharmacies. In addition, a number of high cost prescriptions (e.g. enteral feeds, stoma items and dressings) are routinely sent to specialist pharmacies and it is almost impossible to re-allocate costs. These prescription costs will therefore stay with the practice to which they have been coded to even if it is the 'wrong' practice

Helpful tips on de-activating a prescribers code- recent practice experiences

Emis Web

When Dr X left, I batch transferred all patients registered with him to the other partners. I didn't realise I needed to take other action regarding his prescribing. It appears that all repeat prescriptions that subsequently went through, which were originally authorised by him, continued to be allocated to him. I did delete his prescribing number from his user details, but this had no effect. I subsequently contacted EMIS and had to clear all his history (tasks, lab results, etc.) before being able to de-activate him as a user and this fixed the problem. EMIS have a useful help sheet on the steps to follow to de-activate a GP when they leave. To get the most up-to-date information, go to Support Centre on the main screen and type in 'Deactivate a User'. This will then bring up the instructions for all the steps that need to be taken. (the Help sheet is not provided here as practices will need to access the most up to date version)

Vision

To de-activate a user: Go to the control panel by selecting 'Modules' from the home page followed by 'Control panel'. Select File Maintenance and double-click on the member of staff you want. Select 'Edit' from the toolbar then put a tick in the box that says 'inactive'.

Pooled list code

Medicine Management teams are often asked if practices can use the Dr [name of practice] shown on ePACT which usually begins with 7. These are pooled list codes.

The pooled list code used for administrative purposes for the purpose of holding the practice's patient list against one central code and **should NOT be used for prescribing.**

Abeyance codes

The pooled list code should NOT be used to hold patients in abeyance (when a GP leaves and the patients are waiting to be assigned to a new GP). Abeyance codes are issued by the ODS (part of the HSCIC) – please contact their National Helpdesk Exeter on 01392 251289 or email exeter.helpdesk@hscic.gov.uk if you require an abeyance code. Please note that abeyance codes are not held on NHS Prescription Services' systems and **must not appear on prescriptions** as a prescribing code.

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