NHS
South Yorkshire
Integrated Care Board

Recording medication prescribed elsewhere on clinical practice systems

Summary of Purpose and Scope

This document provides standardised guidance for general practices in South Yorkshire ICB on how to safely and consistently record medication that is prescribed by non-GP practices (organisations other than the patient's registered GP practice) within GP clinical systems. Correct recording supports patient safety, medicines reconciliation, clinical decision-making, and the accuracy of the Summary Care Record (SCR).

This guidance applies to medications prescribed or supplied by secondary and tertiary care, independent and private providers, community pharmacy services, and other non-GP practices. It covers EMIS Web and SystmOne. Prescribing responsibility does not transfer unless formally agreed.

Why Recording Medication Prescribed Elsewhere Is Important

Recording medication prescribed elsewhere ensures that the patient's Summary Care Record (SCR) is accurate and up to date, supports safe and effective medicines reconciliation across care settings, enables clinical systems to trigger relevant drug–drug interaction alerts, and improves the quality and safety of referrals, transfers of care, and clinical decision-making.

Local patient safety incidents in South Yorkshire have demonstrated that omissions or unclear recording of medication prescribed by non-GP practices can contribute directly to patient harm, particularly during transitions of care such as hospital admission or discharge.

This guidance replaces previous local advice that recommended recording medicines prescribed elsewhere as repeat medications. That approach carried a recognised risk of inadvertent prescribing or re-issuing. The updated guidance reflects current best practice and system functionality to ensure medications prescribed elsewhere are visible for safety purposes without creating unintended prescribing or financial risks.

General Principles

- Medication prescribed elsewhere must not be issued or dispensed unless clinically and contractually appropriate.
- The prescribing source must be clearly documented.
- Sensitive medications should be recorded with appropriate consideration of patient privacy.
- When medication is stopped or changed, the GP record must be updated promptly.
- Medication prescribed elsewhere should be included in routine medication reviews.

NHS England Recording medicines prescribed elsewhere into the GP practice is found here.

Important: Recording medication prescribed elsewhere supports future drug interaction checking. However, interaction alerts are not generated when the medication is first recorded and will only be triggered when a subsequent acute or repeat medication is prescribed by the GP practice

Background

To support patient safety, it is important to have a consistent and reliable way of recording all medications a patient is receiving, regardless of which prescriber takes responsibility for its issue. The majority of medication prescribed to patients will usually be managed by the patient's general practice. However, a significant number of patients receive medication from other providers including:

- Specialist medication from secondary and tertiary care such as biologics, clozapine, immunosuppressants, steroid loading doses and antipsychotic depot injections.
- Titration or short courses of medicines suppllied from secondary and tertiary care such as steroids from respiratory clinics and venous thromboembolism prophylaxis post surgery.
- Medication from private weight management services such as GLP-1 receptor agonists.
- Medication from pharmacies including pharmacy first, pharmacy contraception service and over-the-counter medication.
- Medicines used in clinical trials.

Often these treatments remain the responsibility of the hospital or other non-GP practice based prescriber. This usually includes the on-going prescribing of a medication(s) e.g. red traffic light drugs. However, it is crucial that the patient's general practice is both aware of the status of the medication and is able to record its existence on the practice system. Recording medication the patient receives from other sources on the clinical systems ensures that they are included on the patient's summary care record (SCR) for other organisations, and when primary care make any referrals, letters or choose and book appointments, the hospital can be provided with a full and up to date list of a patient's current medications. It also supports drug interaction checking by ensuring that medication prescribed elsewhere is visible on the clinical system. Potential interactions will be highlighted when a subsequent medication is prescribed in primary care. However, interaction alerts are not generated when the non GP practice medication is first recorded and therefore any potential interactions with the patient's existing medication should be considered at that time.

There are areas of concern related to recording medication that is prescribed by other providers on the practice clinical system;

- To avoid the risk of inadvertent issue of these drugs from the practice and to allow the clinical system to highlight any potentially harmful drug interactions with other medication that the patient is prescribed.
- To respect patient privacy when recording sensitive medication (e.g. HIV medication)

Note: A system interaction check between unlicensed drugs and other prescribed drugs cannot always be guaranteed.

Examples of where patient safety incidents have occurred in South Yorkshire that could have potentially been prevented if the patients SCR was up to date with records of prescribing from outside primary care include:

- A patient did not receive a newly initiated medication prescribed by the community team because it was not included on the patient's SCR at the time of hospital admission. The patient was unable to communicate, a medicines reconciliation in hospital was performed using the information on the SCR and consequently the medication was omitted from the inpatient prescription. The incident could have been prevented if the information in the community team's letter detailing the medication titration plan had been transcribed to the patient's medication record on the primary care clinical system.
- A patient receiving both IV and oral bisphosphonate treatments. The issue arose because the patient's IV infusion was not recorded in a way that would appear on the patient's SCR. One recommendation from the after action review was to request GP practices to record IV treatment on the medication section of a patient record.

Purpose

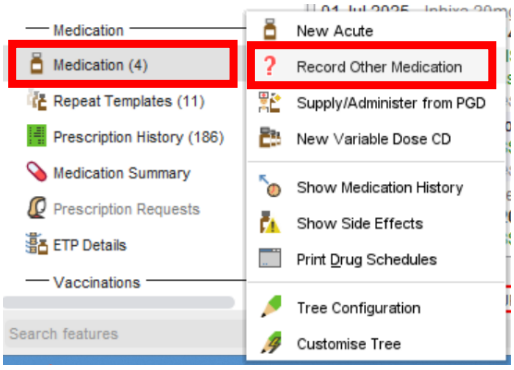
There are multiple ways of recording non-practice prescribed medication, each of which can give a different outcome on the clinical system. This document provides guidance for South Yorkshire ICB's preferred, standardised ways of recording medication prescribed elsewhere in the medication field on EmisWeb and SystmOne to help mitigate clinical safety and financial risks. For the alternative ways to record non-GP practice issued medication see - Recording medicines prescribed elsewhere into the GP practice record - NHS England Digital

NB:

- When a medication prescribed by another provider is discontinued or changed, the GP practice should have a procedure in place to remove/change the medication from the patients' record. Details of the discontinuation/change should also be recorded in the patients' notes.
- Medication prescribed elsewhere should also be reviewed as part of the medication review.

SystmOne

Right click on 'Medication' in the clinical tree and select 'Record Other Medication'



Complete the relevant detail in the 'Record Other Medication' window, inputting the drug and dose. The start date will automatically populate and can be altered.

Note: medication which has been entered with an end date will not appear on this screen, the SCR or on referral letters, once that end date has passed - please take this into consideration for example with titration medicines where it is important they are still visible on the SCR.

In the dose box please record - DO NOT ISSUE / DISPENSE – OBTAINED FROM *INSERT PRESCRIBER* eg HOSPITAL/ PRIVATE WEIGHT MANAGEMENT SERVICE/VIA PHARMACY CONTRACEPTIVE SERVICE. Add any relevant details to the script notes section such as prescribing organisation, clinic and date e.g *as per later dated XXX from Sheffield Teaching Hospital Rheumatology Clinic.* Optionally the medication could be linked to an existing condition or a new condition could be coded. Then click OK.

Record Other Medication

Other Details... | Exact date & time | Fri 19 Sep 2025 | 14:34

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button Hide Warning

Start date: 19 Sep 2025

End date:

Medication source: Other Medication | Dental Medication | Hospital Medication

Drug

Dose

Quantity

Script notes

Administrative notes

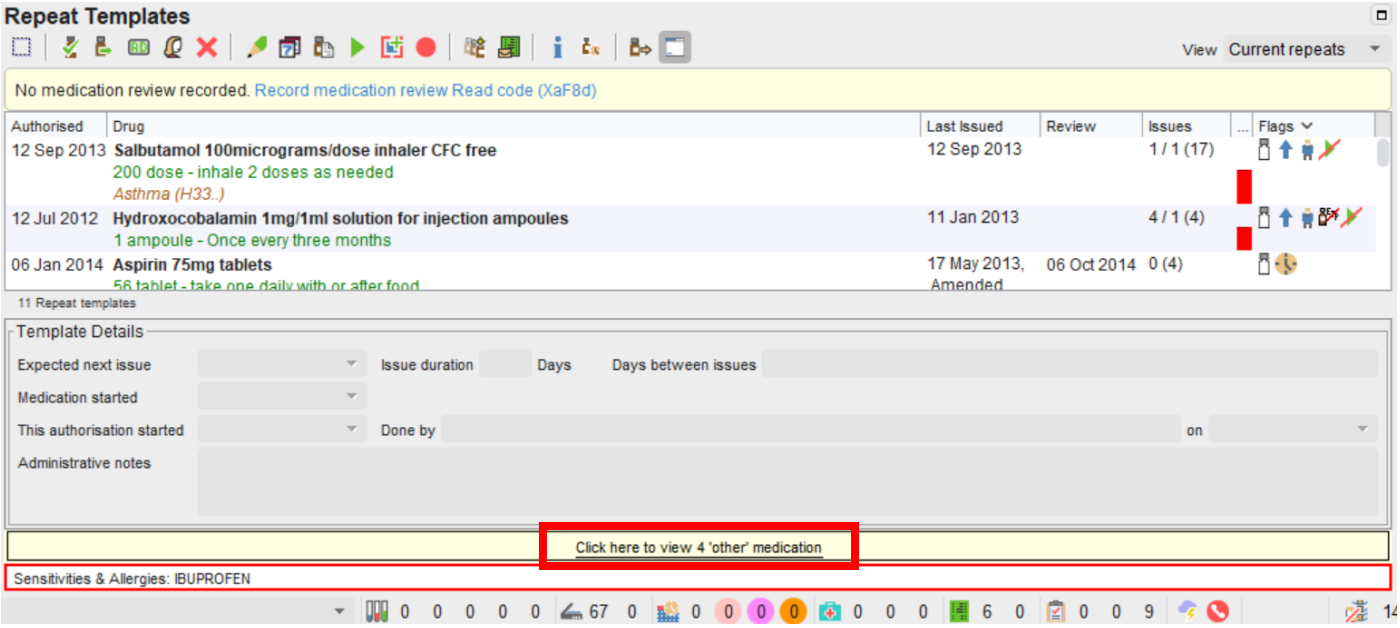
Ok | Ok & Another | Cancel

The medication is now recorded in the patient's record and added to the Medication view and to a separate 'Other Medication' section at the foot of the Repeat Templates view.

Other Medication Hide This

Start Date	Drug	Scheduled E...	Da...	Flags
30 Jul 2025	Nitrofurantoin 100mg modified-release capsules DO NOT ISSUE- SUPPLIED VIA PHARMACY FIRST - Take one capsule twice a day for three days *Script Notes: See Swift Pharmacy GP Connect entry 30/07/25*			?
20 Aug 2025	Desogestrel 75microgram tablets DO NOT ISSUE-PHARMACY CONTRACEPTION SERVICE SUPPLY - One tablet daily as directed *Script Notes: As per PGD - Rowlands email attachment 20/08/25* *Administrative Notes: 3 months supplied from Rowlands 20/08/2025*			?
18 Sep 2025	Ivacaftor 75mg granules sachets sugar free DO NOT DISPENSE - HOSPITAL PRESCRIBE, HOMECARE DEL - One 75mg sachet every 12 hours. Total daily dose: 150mg *Script Notes: As per letter 11/09/25 from SCH CF Clinic* *Cystic fibrosis (C370.)*			?
19 Sep 2025	Tirzepatide 2.5mg/0.6ml solution for injection 2.4ml pre-filled disposable devices DO NOT DISPENSE - PATIENT OBTAINS PRIVATELY - Inject 2.5mg once weekly by subcutaneous injection as directed *Script Notes: As per letter 14/09/25 from Asda Online Doctor* *Obesity (C380.)*			?

On the repeats view you can see at the bottom 'Other Medication' and a link to 'Hide this'
If you have clicked on 'Hide this' you can see from the screenshot below that the medication can easily be overlooked. To restore the view click on 'Click here to view X 'other' medication'.



Stopping medication

If you need to stop a medication:

- Right-click on the hospital drug and select **Stop Medication**.
- When prompted, enter the reason and click **OK**.

If you are taking over prescribing:

- Right-click on the hospital drug and select **Make Repeat**.
- Update the **dose, directions, and total quantity** as required.
- Add relevant comments (e.g. *'Shared care drug'*) in the administration notes.
- Then stop the original hospital drug listed in the **'Other Medication'** section by following the steps above.

EMIS Web

When in a patient record, enter the drug details as normal on the 'Add Drug' screen, in the dose box enter the dose and the wording DO NOT ISSUE / DISPENSE – OBTAINED FROM *INSERT PRESCRIBER* eg HOSPITAL/ PRIVATE WEIGHT MANAGEMENT SERVICE/VIA PHARMACY CONTRACEPTIVE SERVICE enter 0 in the quantity and duration, and ensure that either 'acute' or 'repeat' is selected as appropriate. Add any relevant details to the 'Optional Prescription Information' – 'Pharmacy Info' section such as prescribing organisation, clinic and date e.g *as per letter dated XXX from Sheffield Teaching Hospital Rheumatology Clinic* and click 'Issue'.

Note: clinical judgement needs to be applied to determine if a particular medication should be recorded as either an acute or repeat medication:

- *If the medication is entered onto the GP System as an 'Acute Medication', then this will be displayed on the SCR for 12 months from the date of issue.*
- *If the medication is entered onto the GP System as a 'Repeat Medication', then this will be displayed on the SCR until the medication is discontinued.*

Add a Drug

Generic / Trade Switch | Online Visibility | Drug Information | Medication Review | Local Mixtures | My Record

MOUSE, Mighty (Master) — Born 01-Jun-1942 (83y) Gender Male — NHS No. 111 111 1111

Name: Zoledronic acid 5mg/100ml infusion bags

Dosage: 'early As A Single Dose. DO NOT ISSUE / DISPENSE – PATIENT RECEIVES AT NGH

Quantity: 0 bag — Duration: 0 Day(s)

Rx Types: Repeat — Authorised Issues

☐ Private ☐ Personally-administered

Authorising Clinician: FILLINGHAM, Laura (Ms) — ☐ Variable use — ☐ For STI – free of charge

Pack Details

Optional Prescription Information

Pharmacy Info: Last infusion 05/06/2025 — Patient Info

Review Date ☐ 12-Feb-2026

Days Before Next Issue Min Max

Warnings | Drug Information | Current Medication | Past Medication | Allergies | Problems

Selected Drug - **Zoledronic acid 5mg/100ml infusion bags**
Contains - Zoledronic Acid 5 mg/100 ml

Medium Severity Warnings (3)

- **Caution Use Zoledronic Acid with caution in cardiac disease (avoid fluid overload).** Referral to heart failure clinic
- **Caution Use Zoledronic Acid with caution in the elderly. Monitor renal function in patients of advanced age who are taking Zoledronic Acid.** Age
- **Alert MHRA advises long-term Bisphosphonate use is linked to risks of atypical femoral fractures, osteonecrosis of the jaw (especially with intravenous Bisphosphonates) and external auditory canal osteonecrosis. Re-evaluate treatment periodically. Refer to MHRA guidance.**

Add Another | Issue | Issue Later | Cancel

The 'Issue' screen is then displayed. Select 'Change All' at the top of the screen and select the appropriate 'X (No Print)' option e.g 'Record Hospital (No Print)' or 'Record For Notes (No Print)'. Next step is to select an authoriser. Once this has been done, follow the steps by clicking the 'Approve and Complete' button. Medications entered in this way will display on EMIS under Acute, Repeat or Hospital but will appear on the patient's SCR under the medication 'type' heading 'Repeat Prescribed Elsewhere'.

Issue

Authoriser | Medication Regime Review | Change All | Change Selection | Pharmacy Message | Patient Message

- Out Of Hours (No Print)
- Record Hospital (No Print)
- Record For Notes (No Print)
- Handwritten
- Over The Counter (No Print)
- Private Script

MOUSE, Mighty (Master) — Born 01-Jun-1942 (83y) Gender Male — NHS No. 111 111 1111

Last regime review has expired — Send Reminder — Review

NHS Printed Script (non-EPS)

To Be Signed By: FILLINGHAM, Laura (Ms)

Zoledronic acid 5mg/100ml infusion bags 5mg Once Yearly As A Single Dose. DO NOT ISSUE / DISPENSE – PATIENT RECEIVES AT NGH, 0 bag
Pharmacy Text - Last infusion 05/06/2025

Total Approximate NHS Cost: £0.00

Printer | Store | Postdate 14-Nov-2025 | Separate Non-GP

Request | Approve and Complete | Cancel

Current				
	Drug / Dosage / Quantity	Usage Current / Average	Last Issue Date / Authoriser	Last Issue Number / Method
G	**Quetiapine 25mg tablets** DO NOT DISPENSE - FOR INFORMATION ONLY. Starting 19/09/25 Take 25mg Twice Daily For Day 1, Then 50mg Twice Daily For Day 2, Then 100mg Twice Daily For Day 3 Then 150mg Twice Daily For Day 4, Then To Be Adjusted According To Response, 0 tablet Pharmacy Text - See Community Mental Health Services letter 19/09/25		FILLINGHAM, Laura (Ms)	
Repeat				
H	**Wegovy FlexTouch 2.4mg/0.75ml solution for injection 3ml pre-filled pens (Novo Nordisk Ltd)** Inject One Dose Subcutaneously Once Each Week. DO NOT ISSUE / DISPENSE – OBTAINED FROM PRIVATE WEIGHT MANAGEMENT SERVICE, 0 pre-filled disposable injection Pharmacy Text - as per letter dated 14/09/2025 from Boots Pharmacy		14-Nov-2025 FILLINGHAM, Laura (Ms)	*Record For Notes*
Hospital				
I	**Inhixa 20mg/0.2ml solution for injection pre-filled syringes (Techdow Pharma England Ltd)** Inject The Contents Of One Pre-filled Pen Subcutaneously Once Every 24 Hours upto and including 31/12/2025. DO NOT ISSUE / DISPENSE - HOSPITAL SUPPLIED FULL COURSE, 0 pre-filled disposable injection Altered Pharmacy Text - As per maternity discharge letter 14/11/2025		14-Nov-2025 FILLINGHAM, Laura (Ms)	*Record Hospital*

Stopping medication courses

If you need to end a medication course:

- Open the **Medication** screen.
- Select the required item(s) and click **End Course** on the ribbon.
- When prompted, enter the reason and click **OK**.

Clinical Trials

If a patient is taking part in a clinical trial:

- Licensed medicines (in DM+D):
  If the medicine is licensed and listed in the DM+D (Dictionary of Medicines and Devices), record it in the patient's record as above.
- Unlicensed medicines (not in DM+D):
  If the medicine is not licensed and isn't in DM+D, use the following SNOMED codes:
  - 713670002 *'Entered into clinical trial'* – add when the patient starts the trial
  - 443729008 *'Completed clinical trial'*– add when the patient finishes the trial

  Important:
  These codes do **not** trigger alerts for drug interactions. Recording them is good practice, but it will not prevent or highlight possible interactions between medicines. If there are any concerns about potential drug interactions, the team conducting the clinical trial should be contacted for advice.

References

1. EMIS Web – Recording over the counter medication in EMIS Web. Available at: https://www.emisnow.com/csm?id=kb_article_view&sys_kb_id=778473bcc3438e10beb93a0c05013186&table=kb_knowledge&searchTerm=recording%20medication [Accessed 12.09.2025]
2. EMIS Web – Prescription types and issue methods. Available at: https://www.emisnow.com/csm?id=kb_article_view&sys_kb_id=bf948f41fb8cbe90f614fd63aeefdc29&table=kb_knowledge&searchTerm=recording%20hospital%20medication [Accessed 12.09.2025]
3. NHS England Digital: Recording medicines prescribed elsewhere into the GP practice record. Available at: https://digital.nhs.uk/services/summary-care-records-scr/recording-medicines-prescribed-elsewhere-into-the-gp-practice-record [Accessed 25.09.2025]
4. Recording Hospital / Other Medications : Ardens SystmOne. Available at: https://support-s1.ardens.org.uk/support/solutions/articles/31000168602-recording-hospital-other-medications [Accessed 12.09.2025]

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