NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

Acute and Repeat Prescribing Guidance and Checklist

Acute prescriptions

- Issued predominantly during consultation with a GP or non-medical prescriber
- Such prescriptions are not intended for re-prescribing without review
- Medication added to the acute section of the medication tab should never be prepared for signing by non-clinical staff
- The legal responsibility for prescribing lies with the prescriber who signs the prescription

Repeat Prescribing for GP Practices

Medication errors make up a fifth of all errors occurring in general practice and many of these are preventable.[1] Extra care must be taken when repeat prescribing, especially if the prescriber signing the prescription was not the original prescriber and did not see the patient.

Who is responsible?

- The legal responsibility for prescribing lies with the prescriber who signs the prescription
- This responsibility is the same whether it is a first or repeat prescription
- It is important to be aware that the person who signs the prescription will be held accountable should something go wrong
- If the independent prescriber writes a prescription at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, the prescriber must be personally satisfied that the prescription is appropriate for the patient concerned

Safe Prescribing

The GMC guidance on prescribing applies equally to repeat prescriptions. The independent prescriber must only prescribe evidence-based treatments when they have an adequate knowledge of the patient's health and are satisfied that they serve the patient's needs. Also, prescribers should make use of electronic and other systems that can improve the safety of their prescribing.

The GMC guidance on *Good Practice in Prescribing and Managing Medicines and Devices* (2013) states that before signing a repeat prescription the prescriber must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- the right patient is issued with the correct prescription

[1] Silk N, What Went Wrong in 1,000 Negligence Claims, Health Care Risk Report 2000

- the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment
- the patient's condition is monitored, taking account of medicine usage and effects
- only staff who are competent to do so prepare repeat prescriptions for authorisation
- patients who need further examination or assessment are reviewed by an appropriate healthcare professional
- any changes to the patient's medicines are critically reviewed and quickly incorporated into their record

It is important to make clear to the patient the importance of regular reviews and explain what they should do if they suffer side effects or adverse reactions, or stop taking the medicines before the agreed review date.

Signing / Authorising

In practice, the guidance above is not always easy to follow if the prescriber was not the original prescriber. To safeguard against any problems:

- where possible, try and arrange for repeat prescriptions to be signed / authorised by a doctor who sees the patient regularly
- set time aside for signing / authorising repeats in a quiet location, allowing time to check the patients' records
- when signing paper prescriptions, make sure acute prescriptions do not get mixed in with the repeat prescribing pile
- if you are uncertain about a particular prescription, do not feel pressurised into authorising it simply because there are requests waiting. The patient record should be available for you to refer
- Care should be taken with any drug that is added to a repeat prescribing list. Communication from a secondary care consultant does not always imply addition to the repeat list for GP Practice prescribing. Hospital Only List medications should be noted on the patient record and clearly documented not for GP Practice prescribing
- Put safeguards in place such as limits on the frequency and number of issues before a GP Practice prescriber must review
- Repeat prescribing lengths should be agreed by the GP Practice and is recommended to be 28 or 56 days
- Where there are known patient self-harm concerns, prescription lengths of medicines that can be used for self-harm / suicidal purposes should be prescribed for a maximum of 7 days. An IT Alert should be placed onto the patient record to notify all prescribers within the GP Practice

Electronic Prescription Service (EPS)

The Electronic Prescription Service (EPS) will allow a patient's prescription to be sent electronically from their GP to a pharmacy. Patient may nominate a preferred pharmacy or dispensary (for dispensing practices) to which their prescriptions can be

sent automatically. GP practice staff should have their relevant roles in the prescription process assigned on the smartcard. With EPS the prescriber can cancel prescriptions any time before the prescription is dispensed and record reason for cancellation

Electronic Repeat Dispensing (eRD) / Batch Prescribing

Electronic repeat dispensing is an alternative model for prescribing and dispensing regular medicines to patients on stable long-term treatment, where repeat supplies are managed by the patient's pharmacy of choice. It is not suitable for patients with acute, newly diagnosed or unstable conditions.

The aim of the service is to allow patients to request and collect their medication directly from the community pharmacy of their choice.

There are a number of differences and added benefits between the repeat dispensing model and traditional repeat prescribing processes, including:

For the GP and practice:

- reduction in workload issuing and re–authorising repeat prescriptions
- reduced medicines waste
- earlier detection of medicines–related problems

For the patient:

- improved access to regular medicines
- simplified one–stop process for obtaining next supply of medicines
- regular contact with pharmacist to discuss medicines–related issues
- pharmaceutical support for self–care and the management of long–term conditions

Prescribing for homecare products

Supply of homecare products e.g. tube feed, stoma care, tracheostomy products, catheters are regulated by The National Health Service (Pharmaceutical services) (Appliances) (Amendment) Regulations 2009 which came into force on 1st April 2010.

Patients should contact the appliance contractors to place an order, who will then contact the practice to obtain a prescription. On receiving a request from the contractors, a prescription will be issued by a prescriber and sent electronically.

Retrospective prescription request is in breach of terms of service by appliance contractors and may lead to medico legal issues.

This process should be agreed with patients and appliance contractor before products are put on repeat system.

Appliances can also be dispensed by community pharmacy in accordance to patient preference, then practice should follow the repeat prescribing policy. This needs to be agreed and documented on patient record

Informing patients and follow-up

Make sure patients are aware of:

- the procedure for ordering repeat prescriptions
- the time it takes to turn them around
- when they will be ready for collection
- their ability to nominate a pharmacy of their choice to receive prescriptions

GMC guidance states that arrangements for issuing repeat prescriptions should include suitable provision for monitoring each patient's condition, and for ensuring that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious side effects.

Further information

- GMC, *http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp* 2013
- Medicines Act 1986 – http://www.opsi.gov.uk
- Misuse of Drugs Regulations 2001 – http://www.opsi.gov.uk
- Home Office – http://www.homeoffice.gov.uk
- British National Formulary – http://www.bnf.org
- NICE – http://www.nice.org.uk
- MHRA – http://www.mhra.gov.uk

Guideline Approval

BHR CCGs Area Prescribing sub-Committees: April 2021 Review: April 2023

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- Practices should have a Medicines / Prescribing policy in place which should be dated and reviewed every two years or more frequently if issues are identified earlier
- To support either production or review of a written policy the following checklist could be used

Practice name	
Name and signature of reviewer	
Date of review	

The policy should include at least the following:	**Does the current policy contain this information?**
Acute Prescribing	
Acute medication must only be prepared and authorised by a prescriber	
The decision to change a prescription from acute to repeat must be made by a prescriber after consideration that the medication has been effective and is required in the long-term	
How are medicines of limited clinical value that have been decommissioned managed	
Repeat Prescribing	
The length of time for which to prescribe on each repeat. This would normally be 28 or 56 days	
Consider where 84 days is a suitable length of prescription	
Where there are known patient self-harm concerns, prescription lengths of medicines that can be used for self-harm / suicidal purposes should be prescribed for a maximum of 7 days. An IT Alert should be placed onto the patient record to notify all prescribers within the GP Practice	
How many repeats will be allowed and how often patients will be seen to review repeat medications. This could be different for different conditions	

Which drugs will **not** be issued as repeats without considered GP review and appropriate limitations and safeguards? For example, benzodiazepines, Z-drugs, hypnotics, anti-depressants (not an exhaustive list)	
Ensure all medications are synchronised before going onto repeat prescribing and review synchronisation when changing or adding new medications	
How are medicines of limited clinical value that have been decommissioned managed	
Details of how PRN items, e.g. analgesics, are dealt with on repeat prescriptions to avoid them being ordered excessively	
Emphasis that directions for use are shown for all items, i.e. prescriptions do not read 'as directed'	
Who can authorise repeat prescriptions?	
What safeguards exist to protect patient records from changes by unauthorised people?	
Who is responsible for administering the system?	
What process is used to ensure ScriptSwitch is available to all prescribers	
What is the process for patients requesting repeats?	
What is the process for capturing EPS nominations for both Pharmacies and/or Dispensing appliance contractors (DAC)?	
What is the process for patients requesting repeats when they are due for review?	
How soon after a repeat prescription a patient can request another prescription	
What is done to chase patients who do not request repeats according to schedule	
Details of the practicalities of how patients may obtain repeat prescriptions:	
➢ how much notice is required	
➢ whether repeats can be requested over the telephone	
➢ how patients can indicate which items are required if not all	

are needed	
How patients are informed of the repeat prescribing process for them to order repeat prescriptions e.g. a notice at reception, Accurx	
What are patients told to do if they have run out of medication out of hours? For example, contact their community pharmacy (for regular medicines being supplied by that pharmacy), contact 111	
Process in place for managing requests and sending prescriptions for homecare products and issuing one off EPS nominations	
eRD / Batch prescribing	
Which patients are suitable for eRD / batch prescribing	
Patient Medications Not Prescribed by the GP Practice e.g. Hospital Only List Medicines, Anticoagulants (warfarin)	
How are medicines not being prescribed by the GP practice reflected in the patient record?	
How does the practice ensure such medicines are not prescribed by the Practice?	
How does the practice ensure shared care agreement are in place and noted in patient records?	
How are these medicines visualised in the Summary Care Record?	
Patient Responsibilities	
How are patients made aware of their responsibility to engage with monitoring, regular checks and medication reviews?	
Medication changes / Transfer of Care	
Who clinically screens medication changes on discharge?	
How does the practice communicate medication changes to the patient and other relevant healthcare providers?	
Allergy Status	
How does the practice ensure the allergy status of the patient is captured in the Summary Care Record accurately?	
Dosette Boxes	
Where a Dosette Box or equivalent support aid is required by a patient, what prescription length has been agreed between the GP practice and local community pharmacy e.g. 7 day prescribing	

GP Practices with Care Homes

The policy should include at least the following:	**Does the current policy contain this information?**
Details of the practicalities of how patients in care homes obtain repeat prescriptions:	
➢ how much notice is required	
➢ who orders the prescriptions e.g. community pharmacy, care home	
➢ how are the repeat prescriptions ordered	
➢ whether repeats can be requested over the telephone	
➢ how care homes can indicate which items are required if not all are needed e.g. drugs used “when required”	
➢ how are acute prescriptions ordered	
➢ how are controlled drugs requested	
➢ the length of time for which to prescribe on each repeat	
➢ how details of the care homes monthly medication wastage is reported back to the GP practice	
➢ how are homely remedies managed	
➢ how are dressings and incontinence supplies managed	