**Repeat Prescribing Policy**

* **For local adaptation by Waltham Forest GP Practices**

**Introduction**

Repeat prescribing is a partnership between the patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals, without the patient having to consult the prescriber at each issue. It plays a significant part in the supply of medicines to patients in primary care.

Two-thirds of prescriptions generated in primary care are for patients who have requested a repeat supply of medicines they take regularly; this represents some 80% of medicines costs.

An effective repeat prescribing system is considered to make a valuable contribution to medicines management at the practice; this is recognised within the General Medical Service (GMS) contract by the inclusion of several quality indicators relating to medicines management. Benefits of an effective system include:

* Improved quality of prescribing and medicines use
* Improved patient safety
* Improved patient convenience and access to medicines needed
* Appropriate and efficient use of practice staff time and skills
* Managed workflow
* Waste reduction

Although it is important to have an efficient and effective repeat prescribing system that utilises practice repeat prescribing policies, having trained staff and encouraging an environment of effective, two-way, blame-free communication between administrator and clinician is just as important, as demonstrated by a recent ethnographic case study published in the BMJ.

**The Repeat Prescribing Process:**

An essential component of this process is that the authorising prescriber ensures that arrangements are in place for any necessary monitoring of usage and effects, and for the regular assessment of the continuing need for the repeat prescription — which should be considered within the context of the clinical review of the patient.

Requests for a repeat prescription is can vary, and may include electronic ordering, using the right hand side of the prescription itself, or written request. There are also different ways in which the prescription can be collected from the surgery, ranging from the patient collecting it directly to it being sent physically or electronically to a community pharmacy.

An *acute prescription* is one that is issued on a “one-off” basis, as the result of a consultation. A repeat prescription is one that is issued for patients requiring regular medication without the need for a consultation on every issue.

We had identified the 5 steps to this process below:

1. 1.Selection and authorisation of Repeat medications:

1.2. Request for Repeat Prescriptions

1.3 Generating the prescription

1.4 Signing the prescription

1.5 Issuing the prescription

* 1. **Selection and authorisation of repeat medications:**

Drugs prescribed for the first time should never be put on repeat. The decision to transfer a drug from an acute prescription to a repeat prescription must always be made by the prescriber after careful consideration of whether the drug has been effective, well-tolerated and is required long-term. The indication of the repeat drug should be clearly noted in the patient’s records.

Drugs excluded from repeat

As a general rule, the following medicines should be excluded from the repeat prescription profiles and added to the acute drug profile; enabling a review at each issue:

• Antibiotics (unless on long term prophylaxis)

• Benzodiazepines

• Hypnotics

• Dressings

• Dietary supplements e.g. oral nutritional supplements/SIP feeds

• Specialist drugs requiring monitoring

Hospital Discharges and Out-patient Appointments

When patients are discharged from hospital, their regular medication may have changed. Prescriber should amend/reconcile the repeat records according to the medication changes on discharge form secondary care. Therapeutic decision-making would be required and re-authorisation is essential to avoid re-admission. The amendments should be made as soon as the discharge letters/out-patient letters are received from the hospital.

Repeat prescription quantities

Care should be taken to ensure the repeat record is accurate, quantities for each drug are synchronised where possible and review dates are entered.

28 day prescribing is usually recommended for repeat prescriptions to avoid wastage. However, The prescribing interval can be longer, and which needs to be individualised to the patient taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home. If the patients’ condition is stable/predictable, it may be more appropriate to prescribe 56 days.

If patients are planning an extended holiday outside of the UK for more than 3 months, GPs should inform the patient that only 3 months’ supply can be made and the patient would have to source their own form of repeat medication from the country they go to.

* 1. **Request for repeat prescriptions**

The patient should be given a list of drugs they are currently taking on a repeat prescription as a computer-generated list (the right hand side of the FP10 - prescription slip). The patient or their representative must have an active role in requesting a repeat prescription. Requests can be made by letter, fax, email, using the repeat prescription request form, online or in person. It is important that the patients are aware of the methods of requesting a repeat prescription within the practice. Telephone requests should be avoided

It is also important for patients to understand that medications will not be removed from their repeat list because they are not ordered on every occasion, i.e. PRN medication will not be required as frequent as regular medication. Patients should allow 2 working days for requests to be dealt with. This allows adequate time for the repeat prescription to be generated.

It is good practice to designate an area where written and other request will be kept and to ensure they are checked regularly.

* 1. **Generating the prescription**

Practice staff should review the request against the electronic records to determine whether the requested item is on the repeat profile and is authorised. If not, the prescription should be brought to the attention of the prescriber who would then determine whether a prescription can be issued or whether the patient should see the prescriber for a review. Checks should be made to ensure an appointment is booked if a medication review is due.

Prescription requests that are earlier or later than expected may indicate over- or underuse or non-adherence of that item, leading to suboptimal treatment or potential adverse effects. When this is suspected, it is important to bring it to the attention of the prescriber, who can conduct a review and determine why the patient is not using the medication as intended.

Patients should not normally be able to continue to reorder prescriptions when a medication review is overdue. Therefore review dates should not be overridden without the express permission of the prescriber. If an ‘emergency prescription’ is issued, the practice must ensure that the patient is taking the medication as was intended. The patient should be invited for a review before further prescriptions are issued.

**1.4 Signing the prescription**

The prescriber should clinically check the prescription once generated by practice staff, ensuring no therapeutic duplication; strength, formulation and quantities are appropriate, and no review is due or overdue.

The prescriber should be confident that the necessary monitoring has taken place and is satisfactory, before the prescription is signed for collection by the patient or their representative. If a review is required or overdue, the patient should be advised to make an appointment.

Blank prescriptions should never be signed by a prescriber for later completion. Any unused space should be cancelled out under the last drug prescribed by a computerised mechanism by striking through.

Detailed and clear administration directions should be included to help patients understand how to use their medications properly and aid compliance. It is NOT good practice to write ‘as directed’ as a direction except for certain drugs such as warfarin

* 1. **Issuing the prescription**

The process of collection should be made easy for the patient / representative. Signed prescriptions awaiting collection should be stored somewhere secure. They should not be left unattended at the reception desk, and preferably should be kept in a locked drawer or cupboard,

When a prescription is collected from the surgery, it is essential that practice staff verify that the person collecting is the patient, or an authorised representative.

Where services are developed to provide an alternative to the patient collecting the prescription from the practice, e.g. pharmacy collection service, they should be initiated with full patient consent and choice. Its good practice to have a designated staff should have protected time to produce scripts and deal with any related issues.

Figure 1: Flow chart of the repeat prescribing process

Community pharmacist request prescription

Patient/carer request prescription

No

Yes

Is patient consented?

Contact patient and arrange consent

Has patient indicated which medication is required?

No

Yes

Contact patient and clarify which medication needed

Is medication on repeat prescription profile?

Is next repeat prescription due? – To indicate over/under use

Yes

No

Inform prescriber

Is medication review due?

Yes

Contact patient and book an appointment

No

Generate prescription

Prescriber to clinical screen prescription and sign

***CHECK:***

* Blood test if required
* Are strength, formulation & quantities appropriate?
* Is there still clinical need for the medication?

Prescription ready for patient/carer/community pharmacist to collect

1. **Medication Review**

Medication requirements change with patient’s age, response to therapy and progression or otherwise of their condition. The aim of a medication review is to optimising therapy, improve health outcomes, reduce the likelihood of medicine-related problems and avoiding waste. The frequency of review is dependent on the clinical need of the patient. Patients over the age of 75 years should be reviewed at least annually and those taking four or more medicines should have a review six-monthly, including an assessment of compliance. A review can be conducted by a general practitioner (GP), nurse or pharmacist.

The review may not always necessarily need to be a face-to-face review; in some circumstances it is possible, for example, to conduct it by telephone or by a review of records. However a face-to-face review provides an important opportunity to discuss how patients feel about their medications and to work towards a partnership between the patient and prescriber. Before the patient is seen, the results of any regular monitoring or blood tests should be available, and the patient’s clinical records reviewed in detail. A continued management plan should be agreed with the patient, recorded and the next review date set.

Where patients do not turn up to a planned face-to-face review, such patients should be contacted by the practice/GP to arrange the review. This should be taken into consideration prior to issues further repeat prescriptions.

1. **The Community Pharmacist**

Repeat collection service

Pharmacies have a repeat collection service, enabling patients to order a repeat prescription via their local pharmacy. Written consent from patients is required to allow a pharmacy to collect prescriptions on patient’s behalf. This is normally obtained by the pharmacy at the start of the service. A copy of this consent should be kept within the GPs practice and recorded in the patient records. Practices must NOT recommend a pharmacy or send prescriptions to a pharmacy without patient consent.

Patients would be required to contact the pharmacy to inform them of the next order of their repeat prescription a few days before they run out of medication. In response to this, the pharmacy staff would indicate which medication is needed on the patients repeat slip and deliver it to the GP practice. Prescriptions collected by pharmacy staff, should be signed for and a record kept of which prescriptions have been collected.

The process for handing out prescriptions to patients, their representatives or pharmacy staff should take into account patient confidentiality and prescription security. Practices should request ID from pharmacy staff collecting the prescriptions.

Repeat Dispensing

The repeat dispending or batch prescribing has been an Essential Service within the community pharmacy contractual framework since 2005. The service can lower the burden of managing repeat prescriptions amongst the GP practices for patients that are stable with chronic conditions. This will allow (Up to 12 months can be issued) a single prescription to be issued for patients that can be dispensed in instalments by a pharmacy of their choice.

Prior to each dispensing episode the pharmacist will ensure that the patient is taking, and is likely to continue to take, the medicines or appliances appropriately, they will also check that the patient is not suffering from any side effects of the treatment which may suggest the need for a review of treatment. The pharmacist will review whether the patient’s medication regimen has been altered since the prescriber authorised the repeatable medication and whether there have been any other changes in the patient’s health since that time, which may indicate that the treatment needs to be reviewed by the prescriber.

1. **Electronic Prescribing System**

The Electronic Prescription Service (EPS) enables prescribers to send prescriptions electronically to a pharmacy of the patient's choice. The electronic prescription is sent to the EPS, where it can then be downloaded by a dispenser who has also upgraded their computer system to use EPS. Patients have the option to choose, or 'nominate' a pharmacy to receive their electronic prescription automatically – without the need for any paper.

EPS release 2 will reduce the workload generated by patients collecting individual prescriptions and will make it easier to use repeat dispensing (which could also reduce the workload generated by patients frequently requesting repeat prescriptions). Prescribers will be able to sign prescriptions electronically using their smartcard, making the prescribing process much more efficient. Prescribers will have the ability to cancel electronic prescriptions at any point up until they are dispensed and record the reason

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