

Management of Repeat Prescriptionsⁱ in Community Pharmacy

Background

A high proportion of patients with long term conditions will receive regular 'repeat' prescriptions for medication. Many of these patients will use a regular pharmacy and will wish to take advantage of the repeat ordering and collection service that most pharmacies provide. It is clear that patients appreciate these systems as it allows them to obtain their regular repeats in an efficient manner and often with just one visit to the pharmacy. However, on occasion, problems have arisen when the systems have allowed for medicines to be ordered that the patient did not need (usually 'when required' medicines, inhalers, external preparations, or discontinued medicines), or that messages from the GP did not get passed on to the patient in the manner that was intended.

Dealing with repeat prescriptions is a huge workload for both the pharmacy and the GP practice and it is important that there is a joint agreement about how repeats should be managed including whether it would be useful to annotate the request with the date the patient is collecting (to help practices prioritise) and how to raise concerns.

Aims

- To improve understanding and communication between local community pharmacists and GP practices.
- To agree local processes for managing repeat prescriptions.
- To improve patient outcomes.
- To reduce waste.

Principles

- Repeat prescriptions should only be initiated for patients stabilised on their medicines.
- Patients should be encouraged, where possible, to take responsibility for re-ordering their own medicines.
- The systems are flexible enough to adapt to local need and to the need of individual patients. Governance is integral to each part of the process.
- There are effective communication systems between community pharmacy, GP practice and patient.
- No medicines are ordered which are not required and all medicines that are required are ordered.

The standard operating procedures for managing repeats in the pharmacy reflects the aims and principles described in this document.

ⁱ Repeat prescriptions are different to repeat dispensing and the repeatable prescriptions that are generated within this process. For more details on repeat dispensing please refer to the following link: <http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/>

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There are two broad categories of patients who will want community pharmacists to order on their behalf: **the busy patient** who is using the pharmacy to reduce the amount of time and effort needed to manage the medicines required for their long-term condition, and the more complex and more **vulnerable patient** who may be housebound. These patients may have difficulty managing their medicines and have carers coming in to assist them. They are also more likely to have their medicines delivered by the pharmacy or to have their medicines collected by someone else. They will be at greater risk of adverse effects if the repeat ordering system is not sufficiently robust.

There are also two main types of reordering:

- Oral medicines that should, (if the patient is taking them as prescribed), need reordering every 28/ 56 days depending on the length of the prescription
- Medicines that are reordered as and when required e.g. salbutamol inhalers, analgesics and GTN or where an exact quantity is difficult to define e.g. insulin, creams.

Basic process for reordering for ‘the busy patient’

- Ensure there is an up to date Standard Operating Procedure (SOP) and that only appropriately trained pharmacy staff deal with requests for repeat prescriptions.
- Ensure that there is a signed, dated consent form from the patient that confirms they wish the pharmacy to order and collect prescriptions from the practice on their behalf. A copy should be kept at the pharmacy and the practice.
- Ensure that the system includes contacting the patient prior to each reordering the repeat prescription and this is separate from the dispensing/supply process. (i.e. the patient isn’t asked at the time of dispensing if they want all the medicines reordered for next time)
- Ensure there is a robust system for passing on messages from the practice to the community pharmacist about monitoring requirements to avoid problems when the next repeat is requested. Liaise with the practice so there is a joint understanding of the system.

Basic process for reordering for ‘the more vulnerable patient’

- Ensure the Standard Operating Procedure (SOP) is up to date and that only appropriately trained pharmacy staff deal with requests for repeat prescriptions for this group of patients.
- Ensure that there is a signed, dated consent form from the patient or their nominated representative that confirms they wish the pharmacy to order and collect prescriptions from the surgery on their behalf.
- Pharmacists should ensure that they have a system that identifies those patients who may be more at risk of adverse effects from medication including:
 - Housebound
 - Patients with impaired capacity
 - Patients with multiple co-morbidities
 - Patients using compliance aids
 - Patients who have recently been in hospital

Pharmacists and GPs should agree how these patients can be identified and whether there are any particular concerns that either party should be aware of. Consider whether the patient would benefit from a domiciliary medicine use review.

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Basic Process for Reordering

Each time the patient collects medication or it is delivered; confirmation should be obtained that they wish to continue with arrangement.



There is an agreed method for contacting the patient/carer shortly before repeats are ordered by the pharmacy, to ensure that:

- No changes since the last time the medicines have been ordered.
- Relevant questions are asked e.g. has a doctor or nurse been seen since the medicines were last ordered.
- Repeat list is discussed with patient to determine which items are required. Items which are not required should be crossed out. Writing "not dispensed" or "ND" in the left hand column is not sufficient.
- Only the medicines they require are ordered. Consider the quantity of PRN medicines, inhalers etc. that are on the repeat and whether it is reasonable for these preparations to be running out since they were last dispensed. If there has been over/underuse of inhalers for example, this may indicate the need for a medicines use review.
- **For vulnerable patients this is a good opportunity to check if they have had any problems with their medicines.**
- Confirm if the medicines are to be delivered or collected.
Note- if you have not been able to contact the patient or their carer then the prescription should not be reordered and the practice informed.
- Requests for the next repeat should not be made at the time of delivery as this can result in over-ordering especially of when required medicines.



On delivery/collection ask if they have any unwanted/unused medicines that they would like removed for safe destruction.



Use the method for reordering that is preferred by your local practice e.g. right hand side of the prescription slip (only use most recent one), online etc., giving yourself and the surgery adequate time without ordering too far in advance. **Agree what is reasonable with your local practice.**

The practice may also welcome a system which includes the date the prescription is needed.

There should be an agreed process in place to deal with urgent queries with regards to repeat prescriptions. GPs should communicate effectively instances such as medication reviews due; items that are not to be issued and any other relevant information to the pharmacists.



Make a note of any messages that the practice have included on the repeat slip and ensure that you have a robust system in place to communicate this to the patient. Agree with the GP practice what message they want the patient to be given if the patient is on their last authorised repeat of one or more of their medicines.



When the prescription is collected from the practice check it is what has been ordered and query if items have been prescribed that were not requested.



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References

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This guidance is adapted from the NHS Croydon CCG guidance on Management of Repeat Prescriptions in Community Pharmacy (October 2013).