NHS
Dorset
Clinical Commissioning Group

MEDICINES STANDARD B2:
REPEAT PRESCRIBING AND MEDICINES REVIEW

The National Audit Office (NAO) states that a good repeat prescribing system should be accurate, flexible and produce prescriptions promptly, as well as incorporating effective record keeping, compliance checks and quality assurance.

The production of repeat prescriptions is a team approach with input not only from the GP, but also from the receptionist and practice manager. Effective teamwork is therefore needed to produce high standards of practice and care.

A robust repeat prescribing system has benefits to patients, practices and the CCG:

Benefits to patients	Benefits to practices	Benefits to the CCG
• Better access to their medication • Defined process • Full instructions on dosage etc • Reduced risk of errors	• Able to manage own workload • Fewer queries/complaints • Better use of staff time • Achievement of indicators in the GMS contract • Able to adopt new initiatives	• Less waste • Assurance that medicines are used in a safe, effective and appropriate manner • Reduced risk of adverse incidents

DEFINITIONS

Where the term ‘repeat prescribing’ is used, this refers to the supply of ‘batch’ prescriptions as well as the supply of standard prescriptions for repeat supplies of medicines.

DECIDING TO PRESCRIBE ITEMS ON A REPEAT BASIS

The decision to transfer a drug from an acute prescription to a repeat prescription should always be made by the **doctor** after careful consideration of whether the drug has been

effective, well tolerated and is required long term. The patient should be seen, or at least spoken to, at this stage, to ascertain the above and to check compliance.

A list of medicines that should remain as 'acute' can be found in appendix 1.

Care should be taken to ensure the repeat record is accurate, and quantities for each drug are synchronised where possible, and the appropriate review dates are entered. Patients should be encouraged to speak to the pharmacist for guidance in synchronising their medication.

Drugs prescribed should be linked to medical conditions within the clinical system where possible and where appropriate.

REQUESTS FOR A REPEAT SUPPLY OF MEDICATION

The following personnel are allowed to request repeat prescriptions:

Patient
Carer
District nurse
Pharmacist
Care home staff

(District nurse, Pharmacist, Care home staff: By prior arrangement)

Where practices allow third party requests, they must:

- Ensure patient confidentiality is maintained
- Ensure the correct information is accurately exchanged, when those making the request are not fully aware of the patient's medications / health condition

Requests should be received by one of the following methods:

- Counterfoil of paper prescription
- In writing (other than counterfoil)
- Email request
- Telephone

Written requests are safer because they are more likely to be accurate, and there is a reduced opportunity for errors and misunderstandings.

A lockable box situated in the practice reception area should be available for patients to post their requests in. It should be emptied on a regular basis.

The following information must be obtained before a request is processed:

- Patient's full name
- Patient's address or date of birth

- Name/strength/ form and dosage of medication(s)
- Any queries arising from the request should be clarified at this stage

N.B. It is NOT acceptable for a patient to request "all repeats" or their "blue tablets",or use a description of medication rather than specify the name (e.g. heart tablets, pain killers)

The patient or his/her representative must have an active role in requesting the repeat prescription and should be encouraged to check carefully which medications are needed. They should indicate on the repeat request slip if this is used which medications are required. If the request slip form has been left blank and it is not otherwise obvious which medications are required, then the patient should be contacted (if possible).

Community pharmacy staff (and dispensing staff in dispensing doctor surgeries) should routinely ask patients if they require all their prescribed medication. This will reduce the potential for medicines to be stockpiled and/or wasted.

Where prescribing and dispensing for patients resident in care homes, checks should be made that all the medicines requested are required, particularly in relation to medicines that are "when required".

Patients should allow at least 48 hours for repeat prescriptions to be processed. Where it has been requested that the prescription is sent to the patient by post, the turnaround time should be one week.

Patients should be encouraged to speak to their GP/nurse if they have concerns about taking any of their medicines, or if they do not take them as prescribed. This will allow the repeat prescribing system to be updated to accurately reflect the medicines the patient is taking.

Prescriptions should not be supplied more frequently than at the agreed interval (normally one month), without prior agreement (eg holiday).

PRODUCTION OF REPEATS

The practice computer system must be used for generation of all repeat prescriptions to ensure a clear record of supplies.

It is good practice to have a list of medications which are not permitted in the repeat system clearly visible at the point of repeat e.g. benzodiazepines, antibiotics.

A counterfoil (medication list) must be generated with every paper generated prescription. With electronic prescriptions a token i.e. a copy of the prescription produced by the GP practice or community pharmacy can be issued for the patient to have and use when requesting a repeat of the prescription.

Prescriptions should not be “directed” to any particular pharmacy or appliance contractor. Electronic prescriptions are issued to the pharmacy nominated by the patient. A nomination can be changed by the patient at any time.

Where repeat prescription collection services are in place, the pharmacy or appliance contractor used should be chosen by the patient. Practice staff should not influence the choice of pharmacy for prescriptions to be sent to.

PROCESSING A REQUEST FOR A REPEAT PRESCRIPTION

Check that the items requested are on the patients’ **current** repeat list. If the patient requests any items not on the list, this must be referred to a GP.

If the requested item appears on the repeat medicines list, check the name, form, strength and dosage instructions are identical to the request. Any discrepancies must be referred to a GP.

Check medication review date has not been exceeded – refer to GP to see if he/she wishes to see patient / update review. If there is no review date set, follow procedures agreed in the surgery to set a review date.

Where prescription requests are earlier or later than expected, and may indicate over or under use of that item, refer the request to a GP so that they can find out why the patient is not using the medication as intended.

Cancel repeats that have not been ordered for one year or more, exceptions are seasonal medications e.g. hay fever.

Align to 28 days (where appropriate). It is good practice to limit supply of medication to no more than 28 days supply in most cases (exceptions include contraception and HRT).

The supply of schedule 2 and 3 controlled drugs (CDs) should always be limited to a maximum of 28 days supply.

Any decision to prescribe seven-day prescriptions should be made solely on clinical grounds. It may, for example, be appropriate to prescribe only seven days at a time for an unstable patient rather than risk generating a lot of waste should therapy need to be altered frequently but **not** to fund the cost of supplying a monitored dosage system.

Special care should be taken with prescriptions for appliances, to avoid over supply. Where the patient chooses to use a Dispensing Appliance Contractor (DAC), it is recommended that the patient is responsible for requesting the repeat prescription rather than the DAC doing this on the patient’s behalf. For more information, please refer to the guidance on issuing prescriptions for stoma and incontinence appliances (contact the Medicines team for a copy).

Processing Repeat Prescription

Repeat prescriptions should only be signed by a prescriber who knows the patient, or at least has direct access to the patient's clinical records. This applies to paper and electronic prescriptions.

Once the paper prescription had been signed, it should be returned to the receptionist for collection by the patient or patient's representative. Electronic prescriptions should be issued to the patient's nominated pharmacy.

The signed paper prescription should be stored in a secure, supervised place, out of reach of the public, as it contains confidential information about the patient.

The name address and date of birth should be checked with the person collecting the paper repeat prescription to confirm the identity of the patient.

Any paper prescriptions being collected by an outside agency i.e. community pharmacy, will have been agreed and a signed consent will be in the patients notes. This should be checked if the receptionist is not aware of such an arrangement.

On no account should the paper prescription be collected by anybody under 16 years of age.

Prescription forms not collected after 1 month should be highlighted to the prescriber and if destroyed the issue should be deleted from the issue record. Electronic repeat prescriptions not to be issued should be withdrawn from the spine.

If a review date is required or overdue, the patient is advised of this and a note attached to their prescription to request them to make an appointment.

MANAGEMENT CONTROL

Authorisation

Within the practice it should be clearly stated who can add authorised medications to a patient's repeat medication list *(only an appropriately qualified prescriber can authorise repeats e.g. GP, Phamacist, non-medical prescriber)*

In line with good practice medications added to a patient's repeat list should always be double checked by another authorised member of staff

When a medication is first added to a repeat prescription, it should be noted clearly why it was started in the first place

Often newly prescribed medication (until suitability is confirmed) and medication with frequent dose changes would be better set up as an acute prescription.

The number of repeats, or the period of time, allowed before the next review should be defined.

If a request is placed for a drug that is not authorised as a **repeat** item, a prescription must **not** be generated. The patient's GP should be informed.

Compliance check

If a patient is significantly over or under using medication, a prescription must **not** be generated. The patient's GP should be informed.

Flagging of problems

If there is any query about the request for repeat medication, the prescription must **not** be generated. The patient's GP should be informed.

Urgent requests

Immediately pass the request to the receptionist dealing with repeats highlighting the urgency and approach the GP at the end of surgery. *Note: production and management control criteria are still valid for urgent requests for repeat prescriptions.*

Hospital Discharge Medication / Outpatient attendance / Home Visits

Patients who have been discharged from hospital or seen in outpatients often have their medication changed. This can potentially lead to serious problems if strict procedures are not followed. The discharge medication/hospital letter must be reviewed by the GP/pharmacist **in conjunction** with details of the patient's current medication.

Hospital communications should be made available to the GP at the end of the next surgery following their receipt. Hospital communications must **not** be filed until:

The GP has conducted a medication review

Or

An appointment or domiciliary visit has been made and:

- A check has been made that the patient has enough medication to last until their next repeat is due.
- The doctor has been informed of any need for an acute prescription

- The GP has reviewed the patient's medication and this has been appropriately entered (or coded) on the patient's medical record

Sight of medication dispensed to the patient is not a suitable means of verifying amendments made to a patient's regimen. In particular reception staff must not transcribe from the labels of such items, to request a repeat prescription.

If a patient requests a supply of medication before the hospital communication has been received, a faxed copy must be requested from the hospital. The urgency placed upon this request should be guided by the duration of the patient's remaining supply.

The GP should indicate that the computer records have been updated by signing and dating the discharge letter. Checks should include:

- Duplication of same drug or same drug class
- Duplication of drug by brand and generic name
- Delete medication that has been discontinued
- Appropriate dose and dosage form
- Appropriate quantity

Any changes to medicines should be entered into the patient's medical record using the appropriate read code.

Where possible, all medication supplies should be aligned so that the supplies all run out together, to simplify the repeat process.

Any alterations to a patient's condition or medication, outside of a practice consultation, (e.g. home visit), must be updated in the patient's medical record at the earliest opportunity by the GP.

Handwritten prescriptions must be entered onto the computer system at the earliest opportunity to reduce inadvertent duplication of prescribing, to reduce the possibility of unintentional drug interactions and to provide an adequate audit trail.

For more information, please refer to Medicines Code chapter 17 (Medicines Reconciliation).

CLINICAL CONTROL

General

Medication review is the periodic review of the patient at which the continuing need for acceptability and safety of medication on the repeat prescription are considered.

A recall system should also be in place to ensure that patients who do not order their medication are also reviewed.

Where possible reviews should be conducted in person, however in certain circumstances, telephone consultations may be acceptable.

Initiation

The prescriber must be satisfied that drug treatment is appropriate and necessary

Consideration should be given to non-drug treatments and lifestyle interventions

The patient must be reviewed at least once before granting a prescription repeat status

Prescribe medication to cover the period until assessment of suitability only

Consider patient sensitivities and significant interactions

Prescribe generically where possible, unless there is a specific clinical reason for prescribing by brand (for example, drugs with a narrow therapeutic range).

For general prescription writing requirements, please refer to Medicines Code chapter 2 (Prescribing Policy).

Authorisation of repeat prescriptions

The GP must have an allocated time set aside each day for signing / reviewing repeat prescriptions

In order to authorise the request for repeat medication, the prescriber should be satisfied:

- The drug is effective
- The patient is compliant and concordant
- There is no short or longer term risk of important adverse effects
- There is no short or longer term risk of interaction with other medication
- The drug is for a stable, chronic condition – other items should not should enter the repeat system

PRESCRIBING INTERVAL

The Department of Health (DoH) have advised that

"A 28 day repeat prescribing interval is recognised by the NHS as making the best possible balance between patient convenience, good medical practice and minimal drug wastage".

Prescribing for shorter periods has been widely promoted across England. Research by the National Audit Office in 2007 has shown home and excess medicine stock values for patients prescribed a 28 day supply of a medicine to be one third less than those for patients receiving prescriptions to cover 56 days. In addition, a Bradford University Study concluded that the NHS cost of prescriptions issued for 56 days supply is greater than those for 28 days.

REPEAT (BATCH) DISPENSING

Repeat Dispensing was introduced as part of the pharmacy contract as an essential service. The aim of the service is to allow patients to request and collect their medication directly from the community pharmacy of their choice.

The prescriber can issue a master repeat prescription followed by a series of batch prescriptions (up to 12). Only the master prescription requires a signature, the batch prescriptions are then stored at the community pharmacy.

Please refer to separate guidance on repeat dispensing for more details about this process. Repeat dispensing can be carried out using paper forms or electronically (ERD). Separate guidance should be referred to for details of carrying out electronic repeat dispensing (ERD).

SECURITY

Ensure that signed paper prescription forms awaiting collection are stored securely, in line with recommendations in Medicines Code Chapter 5: Management and Storage of Prescription Forms in Primary Care.

DUTIES/RESPONSIBILITES AND ACCOUNTABILITY

It is the responsibility of the patient to request a repeat supply of medication.

Where a patient representative or carer collects the repeat prescription and/or supply of medication, the pharmacy/dispensary should ensure that consent has been obtained from the patient.

REFERENCES

Strategies To Achieve Cost-Effective Prescribing: Guidance For Primary Care Trusts And Clinical Commissioning Groups
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_120213.pdf

Prescribing Costs in Primary Care (National Audit Office, 2007)
http://www.nao.org.uk/publications/0607/prescribing_costs_in_primary_c.aspx

The School of Pharmacy, University of London and York Health Economics Consortium (23 November 2010) Evaluation of the Scale, Causes and Costs of Waste Medicines

Guidance on issuing prescriptions for stoma and incontinence appliances

Medicines Code Chapter on Management and Storage of Prescriptions in Primary Care

Hscic guide to electronic repeat dispensing
http://systems.hscic.gov.uk/eps/library/repdispensing

NHS Employers Guidance for Implementation of Repeat Dispensing
http://www.nhsemployers.org/~/media/Employers/Publications/repeat-dispensing-guide.pdf

NHS England Repeat Dispensing Guide
http://www.england.nhs.uk/wp-content/uploads/2015/06/electronic-repeat-dispensing-guidance.pdf

APPENDIX 1 EXAMPLES OF ITEMS NOT SUITABLE AS REPEAT MEDICATION

Drug group	Specific drugs or groups of drugs
Antibacterials / antifungals	Oral antibiotics / antifungals Topical antibiotics / antifungals
Drugs with a narrow therapeutic range / requiring special monitoring	Warfarin Lithium Clozapine Theophylline / aminophylline
Oral anti-cancer medication	Cyclophosphamide Mercaptopurine Methotrexate
Corticosteroids	Oral corticosteroids Very potent topical steroids
Drugs subject to misuse	Hypnotics and anxiolytics Controlled drugs Cyclizine
Drugs limited to one treatment course	Varenicline

This list is not exhaustive – please consult the prescribing formulary or the BNF for advice about specific drugs / preparations.

APPENDIX 2 REPEAT PRESCRIBING RISK ASSESSMENT TOOL

Answer the following questions regarding arrangements for repeat prescribing in your practice. Use the numbers next to each option to enter a score in the “score” column. Add up the total score to discover the risk level for repeat prescriptions in your practice.

Question	Options	Score
Is there a written protocol?	☐ Yes (0) ☐ No (1)	
How are requests taken?	☐ Telephone (1) ☐ Telephone for housebound (0) ☐ Written / post / fax / internet (0) ☐ Right hand side FP10 (0)	
If a request is hand-written is it accepted on:	☐ Right hand side FP10 (0) ☐ Other (1)	
If a request is taken verbally does the same person generate the script?	☐ Yes (0) ☐ No (1)	
Production of repeats		
Is there a dedicated member of staff doing the repeats designated and trained?	☐ Yes (0) ☐ No (1)	
Are all scripts computer generated?	☐ Yes (0) ☐ No (2)	
What is the turnaround time?	☐ < 48 hours (0) ☐ > 48 hours (1)	
Is there designated time set aside for doing the repeats?	☐ Yes (0) ☐ No (1)	
Is there a set time for signing?	☐ Yes (0) ☐ No (1)	
Are the appropriate resources available (e.g. computer) when signing?	☐ Yes (0) ☐ No (1)	
Do all practitoners perform a check before signing?	☐ Yes (0) ☐ No (1)	
What happens when a prescription is lost?	☐ Reprint (1) ☐ Reissue through GP (0)	
What happens when prescriptions are not collected?	☐ Recorded (0) ☐ Not recorded (1)	
If a prescription is reprinted, is this documented?	☐ Yes (0) ☐ No (1)	
	Production total	

Question	Options	Score
Who authorises the repeats?	☐ Receptionist (2) ☐ Nurse (0) ☐ Doctor (0) ☐ Nurse Specialist (0)	
What is the process for reauthorisation?	☐ GP/prescriber notified (0) ☐ GP/prescriber not notified (2)	
How many issues are usually made?	☐ 0 – 6 (0) ☐ 6-12 (for stable patients) (0) ☐ 6-12 (for unstable patients) (1) ☐ > 12 (2)	
Compliance with / adherence to treatment		
Is compliance with / adherence to medication regime checked before prescription issued?	☐ Yes (0) ☐ No (1)	
Is there a standard written procedure for over / under compliance?	☐ Yes (0) ☐ No (1)	
Housekeeping (take a sample of 20 repeat requests)		
Out of the sample were there any branded items that should be generic?	☐ Yes (1) ☐ No (0)	
Out of the sample were there any items that required dose optimisation?	☐ Yes (1) ☐ No (0)	
Out of the sample were there any double items?	☐ Yes (2) ☐ No (0)	
Out of the sample were there any items that had not been collected for 6 months or more?	☐ Yes (1) ☐ No (0)	
Out of the sample were there any dosage instructions missing?	☐ Yes (1) ☐ No (0)	
Are the test results up to date?	☐ Yes (0) ☐ No (1)	
Were all quantities equivalent?	☐ Yes (0) ☐ No (1)	
	Management total	
Who issues acute requests?	☐ Receptionist (2) ☐ Receptionist from agreed protocol (0) ☐ Doctor (0)	
Can previously authorised acutes be issued by receptionists?	☐ Yes (2) ☐ No (0) ☐ Yes from agreed protocol (0)	

Question	Options	Score
Who makes the decision to add / delete medication from the repeat?	☐ Doctor (0) ☐ Other (2)	
Who updates the repeat screen?	☐ Doctor(0) ☐ Receptionist (not checked by doctor after update) (2) ☐ Receptionist (doctor/practitioner checks after update) (0)	
Who carries out medication reviews?	☐ Doctor (0) ☐ Pharmacist (0) ☐ Nurse (0) ☐ Not reviewed at appropriate intervals (2)	
Is there a procedure for highlighting when medication review is due?	☐ Yes (0) ☐ No (1)	
	Maximum Risk Score = 44	

The audit is scored up to 44 points: higher score = higher risk

1-5 low risk **audit to be repeated every 2 years**
6-10 still low risk **audit to be repeated every 18 months**
11-20 Medium risk **audit to be repeated every 12 months**
21 or above high risk **audit to be repeated every 6 months**

If there are dramatic changes to a practice such as a high turnover of staff, new computer system or new practice manager, then a new repeat risk assessment should be carried out 3 months after that change was implemented.

APPENDIX 3 STANDARD OPERATING PROCEDURE FOR PRESCRIBING ITEMS ON REPEAT

Standard Operating Procedure for prescribing items on repeat in …insert practice/pharmacy

Note this is a template for pharmacies/practices to use for modification to their operational area. It is not exhaustive, and managers should ensure that they complete the SOP, filling in the areas in italics prior to use.

OBJECTIVES

This procedure outlines the safety precautions and arrangements for the safe supply of medicines and appliances on repeat prescription.

SCOPE

This procedure covers the activities surrounding medicines and appliances on repeat prescription in…practice.

THE STAGES OF THE PROCESS

Prescribing: Insert here the prescribing mechanisms for medicines and appliances on repeat prescription in your practice/pharmacy taking into account the trust protocol.

Patient information: Insert here the patient information systems available in your area taking into account the trust protocol

Training: Insert here what training staff should have received in order to issue medicines and appliances on repeat prescriptions

RESPONSIBILITY

It is the responsibility of the manager to ensure that appropriate training has been undertaken for staff who are expected to issue medicines and appliances on repeat prescription.

Insert here any additional information including:
Who is responsible for carrying out each stage of the process in your area?
- under normal operating conditions
- in different circumstances e.g. when staff are sick/on holiday

Insert here the required qualifications/training of those undertaking any of the above tasks.

RECORD KEEPING

Required to be accurate up to date and confidential.

OTHER USEFUL INFORMATION

Guidance for handling medicines and appliances on repeat prescription can be found: *insert location in your area.*

Medicines policy can be found: *insert location in your area*

Insert here any other information you think could usefully be included in the procedure?

Mechanisms for audit of medicines and appliances on repeat prescription policy in your area:

REVIEW

This SOP will be subject to review on a yearly basis or sooner in the light of new local or national guidance.

How are you going to ensure that the procedure continues to be relevant, useful and up to date?

Date of preparation	
Review date	

Author name	
Author signature	
Authorising manager Name (PRINT)	
Authorising manager signature	

I have read and understood the SOP for [insert subject]

Name (PRINT)	Sign	Date