

## REPEAT PRESCRIBING POLICY

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### 1. POLICY STATEMENT

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- Repeat prescribing enables patients to obtain further supplies of medicines without routinely having to see the Prescriber, thereby reducing unnecessary consultations. It is an essential part of everyday health care within the NHS, and accounts for about 60-75% of all prescriptions written by general practitioners (GPs), and 80% of their cost. Approximately half of a practice's population will be receiving repeat prescriptions.
- The presence of a robust repeat prescribing system is a proxy quality marker for general practice care. This is recognised within the General Medical Services (GMS) Contract by the inclusion of several quality indicators related to medicines management. Benefits of a well-managed system include:
  - Improved quality of prescribing
  - Improved patient convenience and access to the medicines they need
  - Improved patient safety
  - Better and more appropriate use of relevant professional and practice staff skills and time
  - Decreased GP workload
  - Optimal efficiency in the processes involved
  - Increased patient / carer involvement and responsibility
  - Better use of NHS resources

### 2. SCOPE OF THIS POLICY

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- This policy is applicable to all staff employed by the GCCG, independent contractors and their staff, including:
  - GP and dental practices
  - Out-of-hours services

### 3. DEFINITIONS

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- Prescribing is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given. (General Medical Council. Good practice in prescribing and managing medicines and devices, 31 January 2013)
- Repeat prescribing is a partnership between patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals without the need for a GP consultation at each prescription request.
- Repeat prescribing process has been divided
  1. Authorising repeat prescriptions
  2. Requesting repeat prescriptions
  3. Issuing repeat prescriptions
  4. Signing repeat prescriptions
  5. Medication review
  6. Collection repeat prescriptions
  7. Using the medication
  8. Quality assurance and Risk management
- 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

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assessment of the continuing need for the repeat prescription — which should be considered within the context of the clinical review of the patient.

### 4. AUTHORISING REPEAT PRESCRIPTIONS

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- 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.
- It is the duty of the prescriber at this stage to ensure the patient understands the repeat prescribing process and what is required of them.
- When prescribing for a patient, it is a good practice
  - to agree with the patient arrangements for appropriate follow-up and monitoring where relevant. This may include: further consultations; blood tests or other investigations; processes for adjusting the dosage of medicines, changing medicines and issuing repeat prescriptions.
  - To inform the Medicines and Healthcare products Regulatory Agency (MHRA) of adverse reactions to medicines reported by the patients in accordance with the Yellow Card Scheme or provide patients with information about how to report suspected adverse reaction through the patient Yellow Card Scheme.
- Care should be taken to ensure the repeat record is accurate, quantities for each drug are synchronised where possible and review dates are entered.
- All prescriptions should be computer generated. Handwritten prescriptions may be generated during domiciliary visits; however this information will be added to the patient's clinical record at the earliest possible opportunity.
- Re-authorisation must be by the prescriber only and under their clinical control.
- Re-authorisation must not be over-ridden by receptionists.
- The prescriber needs to consider the number of authorisations after which the medication must be reviewed e.g. 3, 6 or 12 months.
- If poor compliance is suspected, re-authorise for short periods and review regularly.

#### 4.1 Quantity

- Initial prescription for a new medication should be minimal (usually 28 day pack) to avoid wastage should the patients experience side effects/intolerance of the drug prove to be ineffective for the individual patient
- The quantity of medication supplied on a repeat prescription will generally be:
  - 28 day supply for patients in nursing/care home
  - 56 day supply for all other patients
  - 84 day supply for patients who are stabilised on medications and comply with monitoring requirements

#### 4.2 Dosage instruction

- All repeat prescriptions should include dosage instructions to facilitate compliance checks
- When prescribing methotrexate, the practice should follow best practice advice to prescribe the dosage in terms of tablets and miligrams e.g. four tablets (10mg) to be taken weekly.

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- The instructions “as before” and “as directed” should not be used routinely, except when prescribing variable medication e.g. warfarin, reducing dosage of steroids.

### 4.3 Drugs needing special consideration

- Drugs that are highlighted by National Patient Safety Agency that requires specific monitoring e.g. Warfarin, Lithium, Methotrexate, immunosuppressant
- Controlled drugs
- Antibiotics
- Benzodiazepines
- Dressings
- Dietary supplements
- Topical corticosteroids

### 4.4 Generic prescribing

- Many medicines are available in both generic and branded forms. However, generic medicines are, overall, much less expensive to the NHS. Their appropriate use instead of branded medicines delivers considerable cost savings and the proportion of generic medicines prescribed is used within the NHS as an indicator of efficient prescribing practice.
- Generic prescribing reduces the risk of error as each drug has only one approved name, rather than many brand names. Generic prescribing allows any suitable generic (or equivalent branded product) to be dispensed, reduces the number of items to be stocked in the pharmacy and can potentially reduce delays in supplying medicines to the patient (e.g. when a particular brand is not stocked).
- Except where a change to a different manufacturer's product may compromise efficacy or safety, it is good practice to prescribe drugs generically using their approved, International Non-proprietary Name (INN) (i.e. as described in the British National Formulary (BNF) and not specify the manufacturer or supplier.
- There are a few circumstances when it is appropriate to prescribe a specific manufacturer's product (branded or generic). These include:
  - drugs with a narrow therapeutic index
  - certain modified- or controlled-release drugs
  - certain administration devices
  - multiple ingredient products
  - 'biosimilar' medicines
  - ensuring adherence to long-term medications, where differences in appearance between manufacturer's products might cause confusion and anxiety
  - avoidance of intolerable product-specific excipients.

## 5. REQUESTING REPEAT PRESCRIPTIONS

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- The patients will be given a list of drugs they are currently taking on repeat prescription as a computer-generated list (the right hand side of the prescription slip).
- The patient or their representatives must have an active role in requesting a repeat prescription. The community pharmacy should not initiate a repeat prescription, except by prior written

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arrangement with the parent/carer. Community pharmacy is expected to confirm with the patient that items are required before requesting a prescription form the practice.

- Requests can be made:
  - a) Written request either using request slip or a letter, handed in directly to the surgery
  - b) By post
  - c) By fax
  - d) By internet
- The patient will be encouraged to indicate on the repeat request slip which drugs they require when a request is made. If they have left the form blank and it is not obvious which medication is needed, the patient should be contacted, rather than all the medication given.
- It is important for patients to understand that medications will not be removed from their repeat list because they are not ordered on every occasion.
- If patients do not have the repeat request slip, a list of repeat prescription can be produced for patient or a prescription request form can be filled in by patients.
- Telephone requests will not be accepted unless the prescriber considers it to be safe or appropriate to do so. In such cases the prescriber should speak to the patient and decide if it is appropriate.

### Urgent requests (less than 48 hours)

- Receptionists should check the medication is needed urgently that day.
- The request should be processed as soon as possible that day, following normal procedures.
- Patients should be advised to call back after a specified time to collect their prescription.
- If a patient consistently requests medication late when they have “run out” of tablets, this should be brought to the Practice Manager’s attention.
- The practice must not direct patients to the community pharmacy to obtain an emergency supply. This is a facility reserved for the out of hours period in line with pharmaceutical regulations.

### 5.1 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 1<sup>st</sup> 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.
- Upon receipt of the prescription, the contractors will dispense the products and deliver the order to patients’ home.
- 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.
- It is a good practice to include order no and order date on prescription.

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- 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.

### 6. ISSUING REPEAT PRESCRIPTIONS

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- Getting repeat prescription prepared by other members of the general practice healthcare team/staff or generated by computer can be an efficient way of meeting patients' needs, while reducing demands on clinicians' time.
- Repeat dispensing may be beneficial for patients with long-term, stable conditions that need regular medicines, but whose condition is unlikely to change in the short- to medium-term. This can be set up between pharmacy and practices at the request of the patients.
- Prescriptions are controlled stationery; all staff involved in preparation of repeat prescriptions should be appropriately trained in the practice protocol for repeat prescribing (Appendix A). Training will be ongoing for all staff involved in the process, and is essential for new staff.
- A compliance check is preferable at this stage and the computer should normally alert the user if medication appears to be over or under used. Particular attention should be paid to "as required" drugs and if problems are suspected the prescriber should be alerted. Under usage is as important as over usage e.g. asthma inhalers, blood pressure medications.
- A repeat prescription would normally be issued up to seven days prior to its due date. Practices will not supply further repeat prescriptions at shorter time intervals without agreeing the reason for the early request e.g. bank holidays, holidays etc.
- Where additions or corrections are made the prescriber signing the prescription should initial or countersign against them. The prescriber should ensure that a member of staff makes a record of any handwritten alternations to a prescription.
- Prescriptions should not be generated before consulting the prescriber in the following instances:
  - The medication review date is reached or overdue
  - Medication requested is not on the repeat record
  - Any notes left for attention of prescriber
  - Any handwritten alternation to a prescription

### 7. SIGNING REPEAT PRESCRIPTIONS

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- The practice has a routine time and procedure for prescribers to sign repeat prescriptions. This results in less disruption in to surgeries/consultations and more timely service for patients. The production and signing of prescriptions should be systematised and monitored to reduce the risk mislaid prescriptions, consequent errors and possible theft.

### 8. MEDICATION REVIEW

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- A definition of medication review is "a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication related problems and reducing waste". (Room for Review, 2002)

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- When re-authorising, any patient not seen within the medication review due date be recalled for review. 1 issue of 28 day supply may be given until patient is seen and reviewed.
- Patients over-75 or on four or more drugs should be targeted for a medication review every 6 months.
- Patients should be fully reviewed every 6-12 months, ideally in a face to face consultation between the prescriber/clinician and patient, and the next review date recorded. This is a Level 3 review.
- Where a Level 3: face-to-face review is not possible (or deemed unnecessary) a thorough review of the patient's up-to-date prescription should be undertaken in conjunction with the case-notes. This is a Level 2 review and should be conducted by a clinician.
- A medication review can be carried out using an electronic template/protocol to facilitate recording of what has been undertaken.
- A Pharmacy Medicines Use review (MUR) is a predominantly a concordance check and is not acceptable to be recorded as a practice medication review, but its findings may prompt one.
- A New Medicine Service (NMS) is also a concordance check that provides support for people with long-term conditions newly prescribed a medicine; which is focused on particular patient groups and conditions. It is important that the suggestions from MUR/NMS are reviewed and implemented by a clinician if clinically appropriate.
- Check that
  - the medication prescribed is appropriate for the patient's needs
  - the medication is effective for the patient
  - the medication is a cost effective choice
  - any required monitoring or chronic disease review has been done or arrangements are in place
- Consider
  - drug interactions
  - side effects
  - compliance
  - over-the-counter and complementary medicines
  - lifestyle and non-medicinal interventions
  - unmet need
- Record
  - Information pertinent to any decisions made
  - Read Code appropriate to the review: notes only or in person
  - Proposed follow up and amend review date
  - Linking medication to problem(s)

The following do **not** count as a full clinical medication review, but may be useful as part of the medication review process:

- technical check of the medication list or synchronisation of medication records e.g. removing unrequested items from repeats or dose optimisation
- switching to a formulary item
- "linking" medication to a "problem"
- re-authorising the repeat list or reviewing an individual medication/disease without reviewing all medication as above
- asking the patient "is everything else alright?" at the end of a consultation
- an MUR or NMS, medicines review by community pharmacists

## 9. COLLECTION OF REPEAT PRESCRIPTIONS

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### 9.1 Storage

- The practice stores prescriptions awaiting collection in a collection box, away from patient contact areas. All signed prescription and prescription pads/stationery will be locked away when the surgery is closed.

### 9.2 To be posted prescriptions

- Prescription identified as “to be posted” must be posted on the same working day.
- It is important to confirm the patient’s name and address with the address label before sealing envelopes and posting prescriptions.
- Make a record on patient record that a prescription has been posted to a patient.

### 9.3 Faxed prescriptions

- Requests for medicines may be faxed with the agreement of the supplying pharmacy. Prescriptions must be signed before faxing to pharmacies.
- Faxed prescription does not fall within the definition of a legally valid prescription. A prescription must be furnished to the supplying pharmacy within 72 hours by the prescriber.
- Faxed prescription should be kept separately and annotated clearly on the prescription to differentiate from the repeat prescription.

### 9.4 Handing to patient or representatives

- It is important to confirm the patient’s name and address or date of birth with the patient/representative collecting the prescription.
- Increasingly prescriptions are collected by community pharmacy representatives/drivers as part of a prescription collection service offered to patients. It is important that the preferred pharmacy is entered onto patient records after receiving the collection service sign up form and the name of pharmacy will be printed on the corner of the prescription.

### 9.5 Electronic Transfer Prescription

- The Electronic Prescription Service (EPS) enables prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.
- Practice staff needs a Smartcard to prepare an electronic prescription which can then be sent to the prescriber to review on screen and sign electronically.
- Practice staff can reassign prescriptions to a different prescriber. Prescribers can view patient details on screen before applying their electronic signature.
- Receptionists or practice nurses can instant message or add a note saying ‘please sign immediately’. The GP can then sign the prescription in between consultations – this saves time and means they no longer have to wait outside the GP’s door.
- Practice staff may decide to allocate one prescriber (sometimes the on call GP) to sign all the repeat prescriptions in one day, or you may choose to split them between all GPs in the practice.
- EPS allows you to easily view all prescriptions waiting to be signed and which prescriber they are with. If they have been signed you can see which pharmacy they have been sent to. This will help you to locate prescriptions if you are asked by either the patient or the pharmacist.

### 9.6 Non-collection of prescriptions

- Staff will regularly check the prescriptions waiting for collection to identify scripts that have not been collected within 4 weeks of their issue date. An investigation should be made into every script to determine a reason for non-collection. The record of issue will then be removed from the computer and an entry made detailing the reason for the removal. The prescription will be destroyed in accordance with the practice policy.

### 9.7 Missing prescriptions

- A repeat prescription that has gone missing should not be reprinted until a thorough investigation has been carried out; the script should be re-printed rather than re-issued and a note should be included in the patient record.

## 10. MULTI-COMPARTMENT COMPLIANCE AIDS (MCAs)

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- Multi-compartment compliance aids are usually a variation on the design of a box or a blister pack, divided into days of the week with several compartments per day to allow for the different timing of doses such as breakfast, lunch, teatime and bedtime.
- MCAs are unsuitable for addressing intentional non-adherence.
- It is necessary to ensure that an assessment tool is used or work with the pharmacist to determine whether a patient will benefit from a device and identify the type of device, is rigorous and not open to interpretation by the patient, introducing the potential for inappropriate device provision.

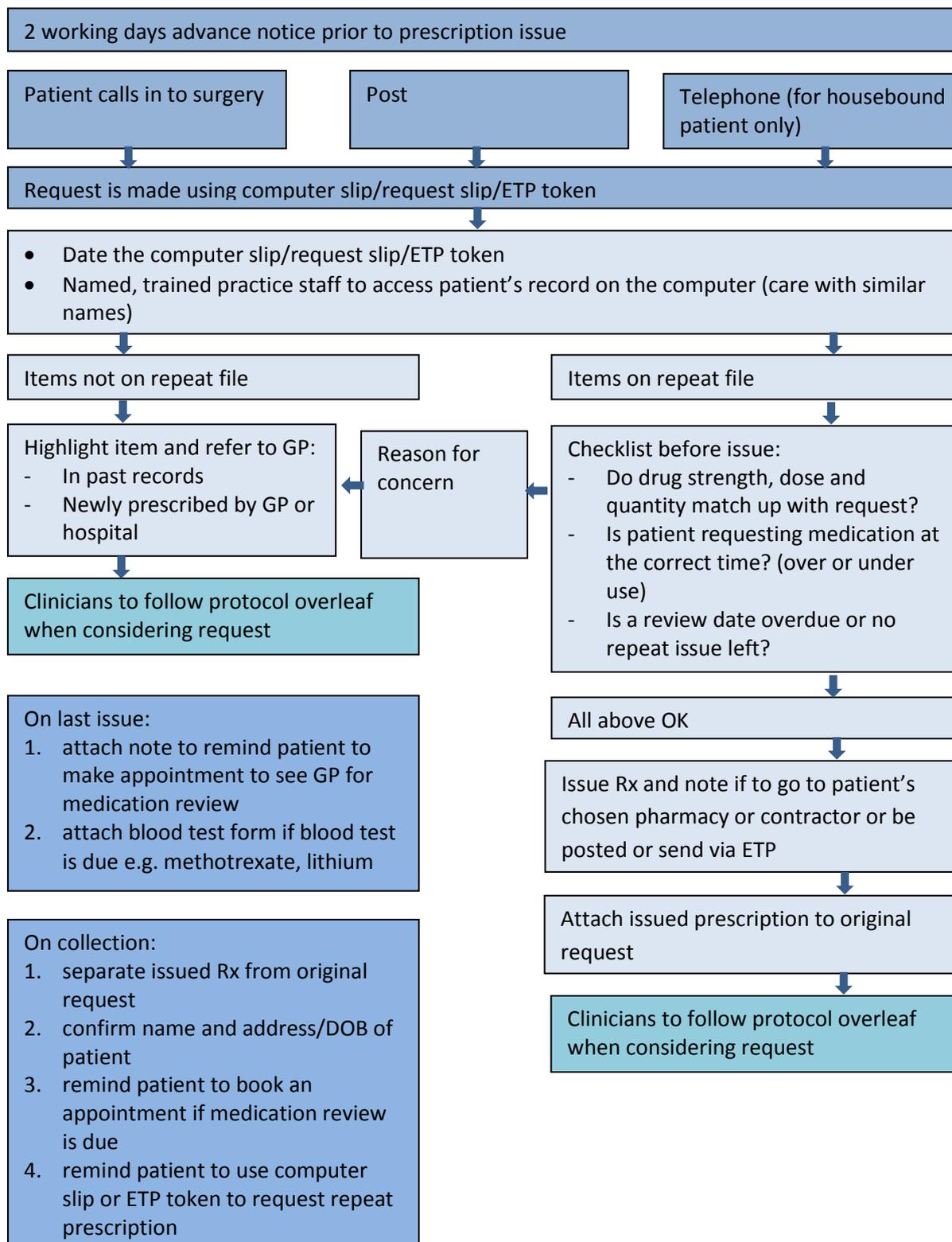
## 11. REFERENCES

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- NPSA Rapid Response Report: Reducing dosing errors with opioid medicines, 4 July 2008 [www.npsa.nhs.uk](http://www.npsa.nhs.uk)
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APPENDIX 1: REPEAT PRESCRIBING PROTOCOL

Practice Protocol for Repeat Prescribing for Practice Staff



**Practice Protocol for Repeat Prescribing for Clinician**

**Before signing the repeat prescription, the clinician must ensure:**

- Drugs that are not requested in the last 12 months are reviewed and removed if no longer required.
- Acute and repeat items are clearly marked on the clinical system (drugs that are inappropriate as repeats should be removed e.g. antibiotic issue x1).
- Hospital initiated medication is in line of interface prescribing policy.
- Drugs are listed by generic name unless there is a specific reason for brand prescribing i.e. as per BNF, intolerance to generic products
- Ensure drugs are not duplicated (e.g. brand and generic, topical and oral NSAIDs)
- Dose optimisation (e.g. 1 x 20mg versus 2 x 10mg)
- Synchronisation of quantity so that all drugs run out at the same time
- Compliance check – over or under supply
- Ensure a review date is in place or number of repeats allowed is limited to 6 months

**MEDICATION REVIEW:**

At least 6 monthly as a minimum with the full medical notes including a face to face review once a year

**Check that**

- the medication prescribed is appropriate for the patient's needs
- the medication is effective for the patient
- the medication is a cost effective choice
- any required monitoring or chronic disease review has been completed or arrangement is in place

**Consider**

- drug interactions
- side effects
- compliance
- over-the-counter and complementary medicines
- lifestyle and non-medicinal interventions
- unmet need

**Record**

- Information pertinent to any decisions made
- Read Code appropriate to the review: notes only or in person
- Proposed follow up and amend review date
- Linking medication to problem(s)

**APPENDIX 2: SYNCHRONISATION FORM**

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We notice that on your last request for medication you only asked for some of your regular items. We are currently striving to ensure you have the same amounts of each medicine. This will have advantages for you, as you will be able to pick up all your medicines together reducing the number of times you have to order/collect your medication. This also has advantages for us, reducing the number of times we have to prepare your prescriptions.

To achieve this we want to issue a single synchronising prescription.

To help us with this synchronisation please complete the form below and hand it in the next time you order your repeat prescription. We will do the rest. When you next collect your prescription, you will receive different quantities of each to bring them in line. We do not plan to get it correct down to the last tablet, but in the future you should be able to order all your regular items together – there will be a couple of exceptions where the dose of medication varies i.e. pain killers, anticoagulants, insulin and cream.

If you have any questions or queries please speak to one of the reception staff.

Medications taken	How do you take the medications?	How many tablets do you have left?	<b>Practice use only</b>	
			1 month supply	Supply for synchronisation
e.g. aspirin 75mg tablets	1 once daily	7		

**APPENDIX 3: COMPLIANCE SELF-ASSESSMENT FORM**

Instructions: This form can be completed in your own home or anywhere that you feel is appropriate. You may ask family members, carers or the pharmacy staff to support you. Complete as much of the form as you can. Fill in the spaces or insert a  next to your answer.

<i>Think about your tablets, capsules, liquids, creams, inhalers and other types of medicines</i>	Yes	No
1. Do you have any routines to help you remember take or use your medicines?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any problems with opening or closing medicine containers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any problems getting medicines out of containers?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you take or use all of your medicines according to the instructions?	<input type="checkbox"/>	<input type="checkbox"/>
5. Can you take or use all of your medicines (e.g. swallowing, using drops/inhalers)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you think that some of your medicines are more helpful than others?	<input type="checkbox"/>	<input type="checkbox"/>

	Number
1. How many of your prescribed medicines are supposed to be taken or used only when you need them?	
2. How many herbal, vitamins, homeopathic, complementary or similar types of remedies that you buy do you take most days?	

<i>Think about your prescribed medicines only</i>	Yes	No
1. Do you vary the way/time that you take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you know what you take your medicines for?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you sometimes forget to take your medicines?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you return excess, unwanted or leftover medicines to the pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
1. Does anyone help you manage daily tasks (e.g. washing) who could give you more help managing your medicines?	<input type="checkbox"/>	<input type="checkbox"/>
2. Could the instruction on your medicines be improved to help you manage them better?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you think that some of your medicines could work better?	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:
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Return the completed form to your surgery/pharmacy.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_