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Repeat Prescribing Guide for GP Practices

INTRODUCTION

Practices should have a robust repeat prescribing system in place in line with the practice repeat prescribing policy. Staff should be trained in the operation of the repeat prescribing system, and the policy should be understood and adhered to. Repeat prescribing systems can include general repeat prescribing (electronic and in some cases paper-based) and Electronic Repeat Dispensing (eRD).

The General Medical Council (GMC) advises that it is the prescriber who is responsible for the prescriptions they sign, including repeat prescriptions for medicines initiated by colleagues, so they must make sure that any repeat prescription is safe and appropriate. A well-managed repeat prescribing system increases patient satisfaction, frees up practice time, and in turn, improves patient compliance and safety. A poorly managed system will result in additional staff workload, an increase in near misses, increased prescribing costs and decreased patient satisfaction.

This guidance is intended for the use of practice staff involved in the repeat prescribing process. All practices should have a written repeat prescribing policy that is adapted to meet their individual and local needs. This document aims to provide GP practices with a description of best practices and to ensure the maintenance of a secure, user-friendly, and efficient system. It should be used in conjunction with related prescribing procedures and guidance.

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GP Practice Repeat Prescribing Guidance

Glossary

Clinician

The term clinician refers to a qualified healthcare professional in the UK e.g., GP, nurse, pharmacist, dietician, and physiotherapist (please note this list is not exhaustive).

Electronic Prescription Service (EPS)

Allows prescribers to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. EPS is the preferred method for clinicians to issue prescriptions, thus making the prescribing and dispensing process more efficient for both patients and staff.

For further information see NHS Digital site, https://digital.nhs.uk/services/electronic-prescription-service

Electronic Repeat Dispensing (eRD)

A process between the patient, prescriber, and the pharmacist that allows the prescriber to authorise a prescription for up to 12 months with one digital signature so it can be repeatedly issued at agreed intervals at their community pharmacy, without the patient having to consult the prescriber for each issue.

eRD is appropriate for patients with stable medication regimens and will reduce practice workload, enabling a greater focus on those patients with frequent medication changes or where there are opportunities to improve concordance or efficacy.

For further information see the NHS Digital site or contact your ICB Medicines Optimisation Team for support and resources. https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers

Managed Repeats

Managed Repeats is a screening tool that has been developed by NHS Nottingham and Nottinghamshire ICB to enable every repeat prescription being issued to go through a screening process. This will proactively allow for practice staff processing repeats to highlight any concerns or issues which will lead to improved safety and quality.

Repeat Prescribing Guide for GP Practices

Benefits

Patients

- Better access to their medication.
- Defined process.
- Full instructions on dosage etc.
- Reduced risk of errors.

GP Practice

- Able to manage workload.
- Fewer queries/complaints.
- Better use of staff time.
- Achievement of indicators in the GMS/PMS contract.
- Able to adopt new initiatives.

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- Less waste.
- Assurance that medicines are used in a safe, effective, and appropriate manner.
- Reduced risk of adverse incidents.

All staff involved in the repeat prescribing process should undertake repeat prescribing training e.g., managed repeats or similar.

Repeat medication requests

Making requests

Requests can be received from patients in several ways; it is good practice to record the method of request at the point of issue:

The following personnel are allowed to request repeat prescriptions:

- Patient
- Carer
- District Nurse }
- Pharmacist } – By Prior Arrangement
- Care Home Staff }

Where practices allow third-party requests, they must:

- Assure patient confidentiality
- Ensure the correct information is accurately exchanged, when those making the request are not fully aware of the medications
- Guarantee probity

Receiving requests

Practices should have an agreed turnaround time for the non-urgent repeat prescription requests and the patients should be informed of this. Normally this is a maximum of two working days with urgent requests being processed on the same day, following confirmation from the prescriber.

Requests should be received by the following methods:

- Online via practice clinical system; (preferred) this must be a secure process, with password protection for each patient. Patients without access to the internet can nominate a family member or a friend to order prescriptions on their behalf, provided appropriate permissions have been granted by the patient.

- Via the NHS App https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/ (also preferred)

- Counterfoil.
- Written request; slip, email
- Verbal requests via a telephone line – It is best practice to allow verbal requests on a dedicated telephone line, during designated times, with a member of staff designated to this task. This activity should be located away from the reception area to maintain patient confidentiality. Please note: If your practice no longer allows prescription requests via telephone, an allowance should be made available for patients who may be unable to request via the options available at the practice e.g., patients unable to access the internet, housebound, etc.

Producing a repeat prescription

- The practice clinical computer system must be used for generating all repeat prescriptions to ensure a clear record of drug supplies to a patient is recorded.
- A list of medications that are not recommended in the repeat system should be clearly visible at the point of repeat prescription production.
- If a prescription or medication requires delivery, patients must make their own arrangements. Practice staff should not recommend a particular pharmacy. If a patient requests home delivery of their medication, they should be advised to discuss it with their pharmacy.

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, refer the information to the clinician.
- Verify that the items requested are suitable for repeat prescribing (See Appendix 1 for examples of items that are NOT suitable).
- If the item appears on the repeat list, verify that the name, formulation, strength, and dosage instructions are identical to the request. If there are any discrepancies, refer to the clinician.
- If the authorised number of issues has been met, refer to the clinician.
- Verify that the medication review date has not been exceeded – if it has been exceeded, refer to the clinician to ascertain if they wish to see the patient for a medication review.

- If there is no review date set, refer the information to the clinician.
- Where the prescription requests are earlier or later than expected, (this may indicate over or underuse of that item), refer to the clinician so that they can ascertain why the patient is not using the medication as intended.
- Change supply to 28 days (where appropriate) and ensure that the quantity aligns. It is good practice to limit the supply of medication to no more than 28 days' supply (exceptions include contraception and HRT).
- The supply of Controlled Drugs should always be limited to a maximum of 28 day's supply (See Appendix 2 for detailed information on Controlled Drugs Prescriptions).
- The prescriber can use their discretion to allow more than 28 days' supply if deemed appropriate and the reason should be documented.
- Patients receiving their medications in Monitored Dosage Systems should receive a prescription for 28 days' supply and not (4x7) day's supply unless it is not clinically appropriate for the patient to receive a month's worth of medication at a time e.g., overdose risk or rapidly changing medication.
- Electronic prescriptions (EPS) are preferred, once electronically signed by the clinician the prescription will be sent to the patient's nominated dispenser (EPS 4 – if no dispenser is set, the prescription will be placed on the spine until requested by the dispenser)
- For non-EPS prescriptions, place them in a designated area to be signed by the clinician. (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.)
- Once the prescription had been signed, it should be returned to the reception staff for collection by the patient or patient's representative. For dispensing patients, the prescription should be passed to the dispensary.
- The signed 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 repeat prescription to confirm the identity of the patient.
- Any prescriptions being collected by a third party (e.g., community pharmacy), will have been agreed and a signed consent will be in the patient's notes.

- The practice may decide to have a separate process for the collection of controlled drug (CD) prescriptions. This can avoid patient disputes over whether or not the prescription was collected. It is recommended that all pharmacy collection/delivery drivers sign for CD prescriptions.
- Any prescription that has not been collected after 1 month should be highlighted to the prescriber. If it is determined that the prescription should be destroyed, the issue should be deleted from the issue record.
- If a review date is required or overdue, the patient is informed, and an appointment should be made.
- Sip feeds should not be routinely issued, and it is recommended that they are not added to the patient's repeat prescription. Sip feeds should be initiated by a dietician following a MUST score and weight check. Refer to the quick reference guide for information
  https://www.nottsapc.nhs.uk/media/1113/sip-feeds-quick-reference-guide.pdf

Authorisation

- Within the practice it should be agreed and stated as to who can add authorised medications to a patient's repeat medication list as part of their repeat prescribing policy and the authority under which they act to do this. The practice should be assured that the agreed personnel have the appropriate skills and authority to authorise/re-authorise
- Nonmedical prescribers should sign prescriptions that are within their designated area of competency.
- When a medication is first added to a repeat prescription, it should be noted clearly in the patient record why it was started in the first place and linked to a condition.
  (When adding a medication to repeat, the formulary status should be checked using the Notts APC formulary).
- The number of repeats or the period allowed before the next review should be defined.
- If a request is placed for a drug that has not been authorised as a repeat medication, (including those repeat items which have been given a 'patient cannot initiate' status), a prescription **MUST NOT** be automatically generated:
  - An explanatory note should be attached to the patient's record, and the clinician should be informed

- If the clinician decides to not authorise the prescription, ensure any message from the clinician to the patient is communicated to the patient.

Compliance check

If a patient is over/under-using medication or if there is a query:

- An explanatory note should be attached to the patient's record, and the clinician should be informed
- If the clinician decides to not authorise the prescription, ensure any message from the clinician to the patient is communicated to the patient.

Urgent requests

- Immediately pass the request to the reception staff/clinician on call dealing with repeat prescriptions (as per individual practice policy) highlighting the urgency.

Hospital discharge medication / Outpatient attendance / Home visits

- The discharge medication/hospital letter must be reviewed by the clinician/pharmacist **in conjunction** with details of the patient's current medication, and the patient's repeat medication amended accordingly where appropriate.
- Hospital communications must be made available to the clinician following their receipt.
- When hospitals inform a practice that a patient is receiving hospital ONLY medication, ensure this medication is added to the clinical system as 'a hospital only prescription'. This will enable the clinical system to flag any interactions with other prescribed medication, WITHOUT it being issued as a repeat

Handwritten prescriptions must be entered into the computer system at the earliest opportunity, this will:

- Reduce inadvertent duplication of prescribing.
- Reduce the possibility of unintentional drug interactions.
- Provide an audit trail.

Quality assurance

An audit of the repeat prescribing system should be conducted annually as good practice. See appendix 4 for an example of auditing a repeat prescribing process

Clinical control

General

- A 'Medication Review' is a periodic review that should be undertaken at least annually, however, the frequency of the review may vary depending on the individual clinical needs of the patient. During a review, the continuing need for acceptability and safety of the repeat medication is considered.
- A recall system should also be in place to ensure that patients who do not order their medication are also reviewed.

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.
- Medication should be prescribed to only cover the period until an assessment of suitability.
- Patient sensitivities and significant interactions should be considered.
- Prescribing should be generic unless there is a good reason not to. See APC preferred brand document and SPS guidance on branded prescribing
  Preferred Prescribing List (nottinghamshiremedicinesmanagement.nhs.uk)
  Prescribing by generic or brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
- The dose and frequency must be specified.
- The instruction "as directed" should not be used.

- The instruction “when required” should not be used alone without an indication and maximum frequency. This especially applies to prescribing controlled drugs in liquid forms where there is a high risk of patient safety incidents (e.g., oral morphine).
- The patient should be given an explanation of what is being prescribed and why.
- The patient understanding of whether the drug is an addition to or replacement for current medication should be verified.
- Common adverse effects should be discussed; consider if the patient might be concerned by the manufacturer’s patient information leaflet.
- An explanation as to how the drug(s) is administered (and demonstrated, if appropriate).
- Monitoring requirements of high-risk drugs/shared care on repeat e.g., warfarin should be explained to the patient.

Authorisation / Re-authorisation

The clinician should have an allocated time set aside each day for signing / reviewing repeat prescriptions.

- The clinician should be satisfied that:
  - The drug is effective (look for objective evidence)
  - Long-term treatment is needed
  - The patient takes their medication regularly as stated
  - No important adverse effects are experienced
- Only prescriptions for patients with stable, chronic conditions should be on the repeat medication system.
- Upon re-authorisation of each prescription, the clinician should ensure that repeat prescribing remains appropriate and that all necessary monitoring/medication reviews are in place.
- The clinician should check the following:
  - Drug name, strength, formulation, and dose.
  - Indication for each drug.
  - Monitoring plan.
  - Date of next review.

- Repeat prescriptions should be reviewed and signed by the clinician who knows the patient and the patient's medical notes should be available if needed.
- All drugs requested within the system should be regularly reviewed.
- Re-authorisation is a good opportunity to align quantities so they all run out at the same time and may allow assessment for potential benefit from Electronic Repeat Dispensing (eRD)

Appendix 1

Items routinely not suitable as repeat medication

(Practices may wish to add/amend to suit their individual practice – please note this list is not exhaustive)

- Acyclovir/antivirals except for HIV patients
- Antibacterial/ antifungal lozenges or mouthwash
- Antibiotics – except rescue packs e.g., COPD/Asthma or long-term prophylaxis e.g., Azithromycin in respiratory patients/phenoxymethylpenicillin in splenectomy patients
- Antifungal preparations
- Chloramphenicol eye/ear drops/ointment
- Hypnotics e.g., zopiclone, temazepam and other benzodiazepines (other than long-term existing patients, providing they have been counselled)
- Methotrexate (only under shared-care protocol)
- Pseudoephedrine
- Very potent topical steroids

Appendix 2

Controlled Drug prescriptions

Schedule 2 and 3 controlled drugs (except temazepam)

CD prescriptions may be computer-generated or handwritten. Prescribers may issue computer-generated prescriptions for all CDs. For handwritten prescriptions only the signature must be in the prescriber's own handwriting.

Alterations are best avoided but if any are made, they should be clear and unambiguous. If an error is made, best practice is for the prescriber to cross out the error, initial and date the error, then write the correct information.

A prescription for Schedule 2 and 3 CDs (with the exception of temazepam and preparations containing it) must contain the following details:

- Written so as to be indelible e.g., written by hand, typed, or computer generated
- The patient's full name, address, and age. An email address or PO Box is not acceptable. 'No fixed abode' is acceptable as an address for homeless people
- The name and formulation of the drug, even if only one formulation exists
- The strength of the preparation, where appropriate (if more than one strength exists)
- The dose to be taken
- The total quantity of the preparation, or the number of dose units to be supplied both in words and figures

  The Practice should adopt best practice and ensure that the quantity for prescriptions of Schedule 2, 3 & 4 drugs will be limited to a quantity necessary for up to 28 days clinical need, unless there is a genuine need or exceptional circumstances where the prescriber believes a supply of more than 28 days medication is clinically indicated and would not pose an unacceptable threat to patient safety.

  In this event, the prescriber will:

  > Make a note of the reasons for this in the patient's notes.

> Be ready to justify his/her decision if required.

- Signed by the prescriber with their usual signature, this must be handwritten (unless computer generated) and dated by them, however the date does not have to be handwritten. The date can be either the date of signing OR the date the prescriber wishes the prescription to start.
- The address of the prescriber must be stated on the prescription and must be within the UK (does not include the Channel Islands or the Isle of Man)

Temazepam and Schedule 4 and 5 controlled drugs

- Prescriptions for temazepam and for Schedule 4 and 5 CDs are exempt from the specific prescription requirements of the Misuse of Drugs Regulations 2001.
  However, they must still comply with the general prescription requirements as specified under the Medicines Act. **Useful information on prescribing duration of controlled drugs can be found on PSNC website and BNF Online.**

Controlled drugs via EPS

Schedule 2 and 3 CDs can be prescribed electronically via EPS in the same way other prescriptions are prescribed. However, there are some exceptions.

- Oral liquid methadone: Because it isn't possible for all dispensing systems to endorse electronic prescriptions for oral liquid methadone with a packaged dose endorsement (PDn), a paper FP10 prescription will still need to be generated for this drug to allow the pharmacy to claim the correct fees.
- Instalment prescribing: EPS cannot be used for prescribing in installments (FP10MDA prescribing).

Controlled drugs via Electronic Repeat Dispensing (eRD)

- **Schedule 2 and 3 – cannot** be prescribed on repeat dispensing prescriptions.

- **Schedule 4 –** must be dispensed for the first time within 28 days of the appropriate date with subsequent issues valid for 12 months from the signed date
- **Schedule 5 –** are treated the same as non-controlled drugs.

Words and figures

In order to meet legislative requirements requiring quantities of CDs to be expressed in both words and figures, the system will automatically populate this information in both formats in the prescription message. This will display the details for both prescribers and dispensers.

Best practice in prescribing CDs

Prescribers are reminded that face-to-face consultations are considered best practice when prescribing controlled drugs. In line with Standard Operating Procedures (SOPs) this may be achieved by video consultation. Although the introduction of EPS may result in opportunities for remote consulting and prescribing, particularly in urgent and emergency care, face to face/video consultation is best practice for controlled drugs, particularly without access to the primary care record or personal knowledge of the patient. Local processes should be updated to reflect the need to consider video consultations where controlled drugs are requested.

EPS Nominations

Patients who already have a nomination for most of their items, including Schedule 2 and 3 CDs, will now be sent automatically to their nominated pharmacy. These patients will not receive a separate paper prescription for Schedule 2 or 3 CDs anymore (except for oral liquid methadone or any instalment FP10MDA prescriptions).

Patients who previously did not have a nomination because they received Schedule 2 or 3 CDs and did not want split prescriptions should consider setting a nomination.

All clinical incidents involving CDs should be reported to the CDAO at NHSE via the CD reporting tool: https://www.cdreporting.co.uk/

Appendix 3

Managed Repeats tool (algorithm)

'Managed Repeats' is a screening tool (algorithm) which has been developed by NHS Nottingham and Nottinghamshire ICB to enable every repeat prescription being issued to go through a screening process.

Practices will need to have their own policies and processes in place; however, the screening tool will introduce consistency.

A support pack has been produced alongside the 'Managed Repeat' tool to aid practice staff

Patient/Pharmacy request repeat

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Check patient details match in clinical system e.g., Name, address, DOB, NHS number

Is the item on repeat?

NO → Send a task to relevant clinician/PCN Pharmacy Team

YES

Is the medicine being requested more than 7 days early

YES → Contact patient/pharmacy and advise medication is not due yet or as per practice policy

NO

Are the medications set to 28/56 days?
Exclusions apply to some medications (see appendix 1)

NO → Consider aligning medication- send task to relevant clinician/PCN Pharmacy Team

YES

Is the prescription synchronised with other items (see appendix 4)

NO → Synchronise relevant medication or task clinician. **CDs to be actioned by clinician only**

YES

Has the item previously been ordered within the last 6 months exclusions apply (see appendix 1)

NO → Task relevant clinician. Continue to process all other items as per practice policy

YES

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Are any items being ordered via a centralised service?

YES

Signpost patient to service:
Stoma Prescribing Services for Nottingham & Nottinghamshire ICB provided by – NAMS: 0800 085 3745
Continence Prescribing Service for South Notts PBP: 0115 8835145
Continence Prescribing Service for City PBP provided by – City Care 0115 8838900

NO

Are any of the items an Oral Nutritional supplement?

YES

These should not be on repeat as these are for short term treatment

NO

Are any of the items being over ordered? (See appendix 2)

YES

Task relevant clinician/PCN Pharmacy Team

NO

Are any of the medications a controlled drug?
Is the controlled drug being ordered too early??

YES

Highlight any early ordering to relevant clinician

NO

Do any of the medicines need reauthorising??
Is the patient due/overdue a medication review?

YES

Reauthorising of medication must be done by a prescriber. Medication reviews to be booked as per practice policy

NO

Send the prescription through to clinician for signing

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Appendix 4

Audit

- There should be a clear audit trail for all medicines added to or removed from a patient's repeat prescription list
- Audit trails for prescription reprints, deletions, and where prescriptions have been printed and then deleted should be produced regularly
- The practice computer system allows the practice to identify patients who have received repeat medication for a long time without review
- Periodic audit of repeat prescribing should be undertaken in all practices. Audits are important for identifying standards of good practice and identifying areas that fall short of this.

Audits may include:

- Registered nursing care home residents with no documented review of their medicines in the last 12 months
- Alignment and synchronisation of repeat medication – do patients collect all repeats at the same time
- Items on the repeat list not collected for 12/18/24 month

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v.4 V5	T Galt /T Cook T. Cook T Galt	June 2022 May 2023 June 2023	Reformatting/realigning general. Title page amended and paragraph added. Covid references removed. Script Assist amended to managed repeats. CCG changed to ICB Rpt rx requests amended Sip feeds ref amended. Med reviews amended from 6-12 months to annually depending on need. Managed repeat algorithm updated Version control added to footer Glossary added Reference to GP contract deleted CD via EPS route added Managed code of conduct document updated: Ref to eRD added Med reviews amended from 6-12 months to annually NHS app ref. added Page 8 add reauthorise Page 9 ad information regarding adding hospital only medication to the clinical system Page 11 change prescriber to clinician Link reference for repeat prescribing audit no longer available. Appendix 4 added	CPMT 21.07.2022