NHS
Nottingham and Nottinghamshire

Repeat Prescribing Guide for GP Practices

Introduction

GP practices should have a robust repeat prescribing system in place, in line with the practice repeat prescribing policy. Staff should be trained on how to operate the clinical system, and the policy should be well 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 prescriber is responsible for the prescriptions they sign, including repeat prescriptions for medicines initiated by colleagues, ensuring that any repeat prescriptions are 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.

Repeat Prescribing Toolkit

The Royal Pharmaceutical Society (RPS) and the Royal College of General Practitioners (RCGP) have developed a toolkit to help practices improve the consistency of repeat prescribing processes and support this with training processes. The full toolkit can be accessed here RCGP Repeat Prescribing Toolkit.pdf.

Purpose

The purpose of this guidance is to set out the process for prescribing medication on a repeat basis.

- To standardise repeat prescribing processes
- To enable staff to understand their roles and responsibilities around repeat prescribing
- To provide good repeat prescribing processes and procedures
- To ensure safeguards are in place to minimise errors and risks

This guidance is intended for the use of practice staff involved in the repeat prescribing process and should be reviewed annually and adapted to reflect individual and local needs.

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GP Practice Repeat Prescribing Guidance

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Glossary

Prescriber

A prescriber is a healthcare professional legally authorised to write prescriptions for medications. They have the authority to initiate and manage a patient's medication regime.

Clinician

The term clinician can include prescriber. This is a broader term encompassing any healthcare professional involved in the direct care of patients in the UK e.g., GP, nurse, pharmacist, dietitian, and physiotherapist (please note that this list is not exhaustive).

A full induction pack for prescribers is available on the Medicines Optimisation Team website INDUCTION PACK FOR PRESCRIBERS

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 the NHS Digital site, https://digital.nhs.uk/services/electronic-prescription-service

Electronic Repeat Dispensing (eRD)

A process between the patient, prescriber, and pharmacist that allows the prescriber to authorise a prescription for up to 12 months with one digital prescription. The eRD supply 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 regimes and will reduce practice workload, allowing a greater focus on those patients with frequent medication changes, or where there are opportunities to improve compliance and efficiency.

See below for further information and resources:

- NHS Digital: https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers.
  TeamNet eRD Resources: https://teamnet.clarity.co.uk/qt12r/Search?searchText=electronic+repeat+dispensing

OptimiseRx

A clinical decision support solution that integrates with GP systems to deliver alerts and prompts at the point of prescribing based on evidence-based best practice, safety, and cost, thus supporting medicines optimisation.

Repeat Medication Requests

Making a request

Requests for a repeat prescription can be made in several ways, it is good practice to record the method of request at the point of issue

The following are allowed to request a repeat prescription:

- Patient
- Carer
- District Nurse
- Pharmacist (by prior agreement)
- Care Home Staff

Where a practice allows third party requests, they must:

- Assure patient confidentiality
- Ensure the correct information is accurately exchanged when the person making the request is not fully aware of the medication
- Guarantee probity
- For detailed guidance on repeat prescription management for third-party ordering, please refer to the 'Third Party Ordering Support Pack' developed specifically for NHS Nottingham and Nottinghamshire. This document outlines local best practice: https://www.nottinghamshiremedicinesmanagement.nhs.uk/media/pbze3lue/third-party-ordering-support-pack.pdf

Receiving requests

Practices should have an agreed turnaround for non-urgent repeat prescription requests and the patient should be informed of this. Normally this is a maximum of 48 hours, with urgent requests being processed on the same day, following authorisation from the prescriber.

Repeat medication requests can be accepted by the following methods:

- Via the NHS App https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/ (preferred choice)
- Online via practice clinical systems (also preferred)
- Counter foil (paper requests)
- Written request, slip or email
- Verbal requests via telephone – it is best practice to allow verbal requests on a dedicated telephone line, during designated times, with a designated member of staff. This activity should be carried out away from the reception area to maintain patient confidentiality. If the practice no longer allows requests via telephone, they should make allowances for patients who are unable to request a prescription via other options available at the practice, e.g., those unable to access the internet, housebound, etc.

Producing a Repeat Prescription

The practice clinical computer system must be used for generating all repeat prescriptions, thus ensuring a clear record of medicines supplied to the patient.

- A list of medications that are not recommended on the repeat system should be clearly visible at the point of producing the repeat prescription.
- 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 this with their pharmacy.

Processing a request for a repeat prescription

- Check that the items requested are on the patient's 'current' repeat list. If the patient requests any items not on the list, refer them to the clinician.
- Verify that the items are suitable for repeat prescribing, see Appendix 1 for examples of medicines 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 a clinician.
- Verify that the medication review date has not been exceeded, if it has, refer to a clinician to ascertain if they wish to carry out a medication review.
- If the authorised number of issues has been met, refer to the clinician.
- If there is no review date set, refer the information to the clinician.
- Where repeat prescription requests are earlier or later than expected (this may indicate over or underuse of their medicine), refer the information to the clinician, so that they are aware and can ascertain why the patient is not using their medicine(s) as intended.
- It is good practice to limit the supply of medications to a 28-day supply. Where appropriate amend quantities to 28-day supply, ensuring quantities are synchronised (there are some exceptions, e.g. HRT and contraceptives).
- The prescriber can use their discretion to allow more than a 28-day supply if deemed appropriate and the reason should be documented.
- The supply of controlled drugs should always be limited to a 28-day supply, more detailed information can be found by accessing the Nottingham and Nottinghamshire Management of Controlled Drugs (CDs) in GP practices management-of-cds-in-gp-practices.pdf.
- Patients receiving their medication in a Monitored Dose System (MDS) should receive a prescription for a 28-day supply and not a 4x7-day supply. The exception to this is if it is not clinically safe or appropriate for the patient to receive a month's repeat medication at one time e.g., overdose risk or rapidly changing medications.
    - The Medicines Optimisation Team has developed a full guide to 28 day prescribing, accessible on the NHS Nottingham and Nottinghamshire website: a-guide-to-28-day-prescribing-mogg-approved-131124.pdf.
- Electronic Prescriptions (EPS) are preferred. Once electronically signed by the clinician the prescription will be sent to the patients nominated pharmacy (EPS 4 – where no dispenser is set, the prescription will remain on the spine until requested by the dispenser).

Note: OptimiseRx messages are displayed at the point a medication is added (and in some cases at the point of reauthorisation); they are not displayed when issuing from repeat or signing prescriptions. This means if a non-clinical member of staff triggers a message, it should not be assumed that a clinical member of staff will also see the message and act upon it. Once it has been rejected it will not be displayed again. Therefore, practices should have a process in place for any information from Optimise Rx messages to be passed on to a relevant member of staff. This will avoid messages being missed, particularly if a critical medicine safety message is triggered.

Non-EPS Prescriptions

- Place them in a designated area to be signed by the clinician. Once the prescription has been signed, it should be returned to the reception staff for collection by the patient or patient representative. For dispensing practice patients, the prescription should be passed/sent to the dispensary.
- The signed prescriptions 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 prescription to confirm the identity of the patient.
- Any prescriptions collected by a third party (e.g. community pharmacy), should have been agreed upon and have signed consent from the patient.
- The practice may decide to have a separate process for the collection of Controlled Drugs (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 not collected after one month should be highlighted to the prescriber. If it is determined that the prescription is to be destroyed, the prescription should be deleted from the issue record, and the reason documented in the patient records.
- If a review date is required or overdue, the patient should be informed, and an appointment should be made.

GMC professional standards state that clinicians prescribing repeat medications should only do so with adequate knowledge of the patient's health and are satisfied that the medicine or treatment will meet their needs.

Oral Nutrition Supplements ONS (e.g., Aymes®)

These should not be routinely prescribed, and it is recommended that they are not added to the patient's repeat prescription. ONS should be initiated by a dietitian following a Malnutrition Universal Screening Tool (MUST) score and weight check. Refer to the quick reference guide for information: sip-feeds-quick-reference-guide.pdf

Stoma Products

Stoma products are managed by the Nottinghamshire Appliance Management Service (NAMS), (unless the patient has opted out of the service). Discuss any stoma prescription requests with the clinician.

Continence Products

Continence products are managed by the continence prescription service for patients in Nottingham City and Nottingham South PBP, (unless the patient has opted out of the service). Discuss any continence prescription requests with the clinician.

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 non-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.
- Non-medical prescribers should only 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 and should be linked to a condition.
- When adding a medication to repeat, the formulary **/ traffic light** status should be checked using the Nottinghamshire Area Prescribing Committee (APC) **Joint Formulary:** https://www.nottinghamshireformulary.nhs.uk/
- The number of repeats or the period allowed before the next review should be defined. If a request is made for a medicine that has not been authorised as a repeat (inclusive of items that have been highlighted as 'patient cannot initiate'), a prescription **MUST NOT** be automatically generated and 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 is communicated to the patient.

Compliance Check

Where a patient is under/overusing medication or if there is a query.

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

Urgent Requests

Immediately pass the request to the reception staff/clinician dealing with repeat prescription requests (as per individual practice policy) and highlight the urgency.

Retrospective Prescribing and Emergency Supply

Community pharmacies and Dispensing Appliance Contractors (DAC) must wait until they have received a valid prescription before dispensing any medication or product. Supplying items without a prescription is done at the pharmacy/DACs own risk. Requests for retrospective prescriptions will not be supported.

An emergency supply without a prescription can be made when requested by a prescriber, and the prescriber commits to supply the prescription to the community pharmacy/DAC

within 72 hours of the request. This prescription can be a physical copy or an electronic prescription transmitted via the Electronic Prescription Service.

Information for patients on obtaining an emergency supply of medication can be found on the Nottinghamshire ICB website:
Emergency supply of medication - NHS Nottingham and Nottinghamshire ICB

Hospital Discharge Medication/Outpatient Attendance/Home Visits

- Clinic letters or hospital discharge notes from all other healthcare settings must be scanned into the patient's medical records (PMR) and made available to the clinician.
- Discharge medication letters must be reviewed by a clinician in conjunction with the current medication on the PMR and the repeat template must be updated accordingly.
- When another healthcare provider (e.g. hospital) informs a practice that they are responsible for the prescribing (e.g. hospital-only medication), ensure this is added to the clinical system stating where it is prescribed (e.g. hospital only, medication classed RED on APC formulary) this must be clearly marked on the current repeat prescription template (see local guidance here recording-red-medicines-on-clinical-systems.pdf), or annotated within the PMR to enable to flag any interactions with other prescribed medicines.

Guidelines for Medicines Used During Foreign Travel

An NHS patient traveling abroad may receive a prescription from their surgery to cover their time abroad. This is at the discretion of the practice but must be no longer than 3 months. Full guidelines can be found on the NHS Nottingham and Nottinghamshire Medicines Optimisation website guidelines-for-medicines-used-during-foreign-travel-final-nov-24.pdf.

Audit and Clinical Control

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

- Reduce duplication of prescribing
- Reduce the possibility of unintentional medicine interactions
- Show an audit trail

An audit of the repeat prescribing system should be conducted annually as good practice. See Appendix 2 (example audit).

Medication Review

- This 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 the review the patient should be contacted and the continuing need for acceptability of the repeat medication(s) is considered by the clinician.
- A recall system should also be in place for patients who are not ordering their medicine(s).

Initiation

- The prescriber must be satisfied that the medication treatment is appropriate and necessary.
- **Prescribers should consider non-drug treatments and lifestyle/self-care interventions before prescribing any medication.**
- The patient should be reviewed at least once before changing the medicine to repeat prescription status.
- The prescription should be limited to the period preceding the next suitability assessment.
- Medication should be prescribed only to cover the period until an assessment of suitability.
- Patient sensitivities and significant interactions must 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 instructions 'as directed' and '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's 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 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.

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 medicine 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:
  - Name of medicine, strength, formulation, and dose.
  - Indication for each medicine.
  - 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 medicines 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)

References:

1. RCGP RPS Repeat Prescribing Toolkit
   RCGP Repeat Prescribing Toolkit.pdf
2. Medicines Optimisation Induction Pack for Prescribers
   INDUCTION PACK FOR PRESCRIBERS
3. NHS Digital Prescription Service
   https://digital.nhs.uk/services/electronic-prescription-service
4. NHS Digital Electronic Repeat Prescription Dispensing for Prescribers
   https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers
5. TeamNet Electronic Repeat Dispensing (eRD) resources
   https://teamnet.clarity.co.uk/qt1-52r/Search?searchText=electronic+repeat+dispensing
6. Medicines Optimisation Team Repeat Prescription Management Code of Practice
   repeat-prescription-management-code-of-practice-v2.pdf
7. Medicines Optimisation Team Management of Controlled Drugs in GP Practices
   management-of-cds-in-gp-practices.pdf
8. Medicines Optimisation Team A Guide to 28 Day Prescribing
   a-guide-to-28-day-prescribing-mogg-approved-131124.pdf
9. Nottingham Area Prescribing Committee (APC) Quick Reference Guide Oral Nutrition Supplements (ONS)
   sip-feeds-quick-reference-guide.pdf
10. NHS Nottingham and Nottinghamshire ICB Emergency supply of medication
    Emergency supply of medication - NHS Nottingham and Nottinghamshire ICB
11. Nottingham Area Prescribing Committee (APC) Guidelines/formularies
    Guidelines/Formularies - Nottinghamshire Area Prescribing Committee (nottsapc.nhs.uk)
12. Medicines Optimisation Team Recording RED / hospital only drugs and medicines which are prescribed by specialists on clinical systems in Primary Care
    recording-red-medicines-on-clinical-systems.pdf
13. Medicines Optimisation Team Guidelines for Medicines used during Foreign Travel
    guidelines-for-medicines-used-during-foreign-travel-final-nov-24.pdf
14. Medicines Optimisation Team Preferred Prescribing List
    Preferred Prescribing List nottinghamshiremedicinesmanagement.nhs.uk)
15. Specialist Pharmacy Service (SPS) Prescribing by Generic or Brand Name in Primary Care
    Prescribing by generic or brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

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)

- Aciclovir/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 and regular reviews are undertaken)
- Methotrexate (only under shared-care protocol)
- Medicines subject to misuse, e.g. strong opioids
- Medicines that are available through self-care e.g. paracetamol for acute pain, cough syrups, hay fever remedies, emollients, eye drops for mild dry eyes
- Pseudoephedrine
- Very potent topical steroids

Appendix 2

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 and residential 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 repeat list not collected for the last 12/18/24 months

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V.1.5	T. Galt	August 2024	Checked as per review date. Stoma, continence ONS information added Optimize Rx information added Formatting CD information removed. Link added to the Nottingham and Nottinghamshire guidance Links and reference to all relevant local repeat prescribing documents added Managed repeats removed – no longer a medicines optimisation workstream
V1.6	T.Galt	February 2025	Retrospective prescribing and emergency supply added