

Needham Market Country Practice

Repeat Prescribing Policy

Repeat Prescribing Process

The number of hours from requesting a prescription to availability for collection by the patient is 48 hours (excluding weekends and bank/local holidays)

Receiving requests

The following personnel are allowed to request repeat prescriptions:

- Patient

By prior arrangement:

- Carer
- District nurse
- Pharmacist
- Care home staff

When there is third party request's staff 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

Requests should be received by the following methods:

- Counterfoil (preferred)
- Written request
- Via the website <http://www.needhampractice.co.uk>.
- Verbal requests via phone are discouraged except under significant circumstances.

Written requests are preferable to oral requests because they are more likely to be accurate, and there is a reduced opportunity for errors and misunderstandings. The patient should be informed when they are able to collect the prescription at the time of request by way of a poster.

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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)

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 prescription
- If a prescription requires delivery, patients must make their own arrangements; staff are not to recommend a 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 to the GP
- If the item appears on the list, check the name, form, strength and dosage instructions are identical to the request. If there are any discrepancies, refer to the GP.
- If the authorised number of issues has been met, re-authorise for one issue only and refer to GP.
- Check medication review date has not been exceeded - refer to GP to see if he/she wishes to see patient.
- If there is no review date set, make one for 3 months.
- Where prescription requests are earlier or later than expected, and may indicate over or under use of that item, refer to the prescriber so that they can find out why the patient is not using the medication as intended.
- Align to 28 days (where appropriate). It is good practice to limit supply of medication to no more than 28 days supply (exceptions include contraception, HRT). The supply of Controlled Drugs should always be limited to a maximum of 28 days supply.

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Processing Repeat Prescription

- Once printed place prescription into designated pile to be signed by the GP. 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 receptionist or the dispensary for collection by the patient or patients' representative.
- 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 and address should be checked with the person collecting the repeat prescription to confirm the identity of the patient.
- Any prescriptions being collected by an outside agency i.e. Community pharmacy, will have been agreed. This should be checked if the receptionist is not aware of such an arrangement.
- On no account should the prescription be collected by anybody under 16 years of age
- Prescriptions not collected after 2 months (28 days for controlled substances) should be highlighted to the prescriber and if destroyed the issue should be deleted from the issue record

NB If a review date is required or overdue, the prescribing system within EMIS Web should highlight this to the GP (so it can be authorised) before a new repeat prescription can be issued

Authorisation

- The GP or trained Dispenser (whom will always get it double checked) is the only person who can add authorised medications to a patient's repeat medication list
- When a medication is first added to a repeat prescription, ideally, a clinical problem should be linked to the prescription identifying the problem it was started for
- 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 will **not** be generated:

The prescribing system within EMIS Web will highlight this to the GP within Medicine Management in order for them to review the clinical records and deal with as they see fit

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Compliance check

- If a patient is over- or under- using medication, a prescription will **not** be generated:

The prescribing system within EMIS Web will highlight this to the GP within Medicine Management in order for them to review the clinical records and deal with as they see fit

Flagging of problems

If there is a query, a prescription must **not** be generated:

- Link this query to the patient's notes and send it to the patient's GP within the medicine's management task system

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.

- Discharge medication/hospital letter must be reviewed by the GP **in conjunction** with details of the patient's current medication
- Hospital communications must **not** be filed/scanned until the GP indicates it is ok to do so
 1. You have checked the patient has enough medication
 2. You have informed the doctor of any need for an acute 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.
- 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, a request for a repeat prescription.
- The GP should indicate that the computer records have been updated by signing and dating the discharge letter. If it has been received by e-mail, giving it an electronic date stamp. Checks should include:
 1. Duplication of same drug
 2. Dose
 3. Form
 4. Quantity
 5. Delete medication that has been discontinued
 6. Align medication to 28 days

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Any alterations to a patient's medication, outside of a practice consultation, e.g. home visit, must be updated 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 audit trail.

If a patient requests a supply of medication that has been issued on a handwritten prescription, but is not on the computer record:

- Initiate to an electronic task, send it to the GP with an explanatory note, attached to the patient's electronic record
- The degree of urgency should be made clear within the task

Patients should be given information explaining the repeat prescribing system

Patient information

- The repeat prescribing policy is displayed on the website.

Quality Assurance

Audit of the repeat prescribing system should be conducted annually

Clinical Control

General

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

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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 unless there is good reason not to Exceptions include:
 - Modified release nifedipine
 - Modified release diltiazem
 - Lithium
 - Modified release theophylline
 - Anticonvulsants
- Specify the dose and frequency:
 - The instruction “as directed” should be avoided.
 - The instruction “when required” should not be used alone
- Where possible explain to the patient what you are prescribing and why
- Ensure the patient understands whether the drug is an addition to or replacement for current medication
- Discuss common adverse effects; consider if the patient will be concerned by the manufacturer’s patient information leaflet
- Explain how the drug(s) is administered (demonstrate if appropriate)

Authorisation

The prescriber should be satisfied:

- The drug is effective (look for objective evidence)
- Long term treatment is needed
- The patient is concordant
- No important adverse effects are experienced
- Prescribe 28 days supply at a time

The prescriber should check the following:

- Drug name, strength, form and dose
- Indication for each drug
- Monitoring plan
- Date of next review

Repeat prescriptions should be reviewed and signed by the GP who knows the patient and medical notes should be available if needed. All drugs requested within the system should be regularly reviewed. A system should be in place for distributing a GP’s prescriptions in cases of absence.

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Review

Review process

- 12 months should be adopted as the standard review interval
- Compare the patient's medication to the intended drug regimen and resolve any discrepancies (advise return of unwanted medication to a pharmacy/dispensary)
- Examine the effectiveness of each drug and consider:
 - Cessation
 - Substitution to cost effective alternative or therapeutic substitution (to formulary item) or generic substitution, if clinically indicated
- Dose adjustment
- Document any side effects/ ADRs/ allergies in the patient's note
- Ensure necessary tests are being carried out at appropriate intervals i.e. U&Es, LFTs etc
- An entry should be made in the electronic medical records at the time of medication review to indicate that it has occurred, noting any changes.
- Provide the patient with an updated, printed medication list and a review date

Home visits

- The GP must update the computer and paper records immediately upon return to surgery

Patient information

- All patients should be given a verbal explanation of the practice repeat prescribing policy when registering at the practice.
- The patient should be shown how to order prescriptions using their counterfoil and the location of the review date will be highlighted to them.

Recent Initiatives

Online ordering of medication:

available to patients who wish to register for this service via our website

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Items not recommended as repeat medication

Aciclovir

Very potent topical steroids

Zyban

Antibacterial/ antifungal lozenge or mouthwash

Antibiotics (fine as prophylactic and for 'just in case use' in for example COPD)

Canesten preparations

Chloramphenical ear drops/ointment

Hypnotics – (please refer to our guidelines for those with previous long term use)

Methotrexate (only under shared-care protocol) –see NPSA alert

Controlled Drug Prescriptions

Schedule 2 and 3 controlled drugs (except temazepam)

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 where appropriate, age
- The name and form of the drug, even if only one form exists
- The strength of the preparation, where appropriate
- 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
- Signed by the prescriber with their usual signature (this must be hand written) and dated by them (the date does not have to be hand written)
- 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 CD's 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.

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The quantity of CD prescribed should not exceed 28 days supply on any one prescription.

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