Written Repeat Prescribing Policy Guidance

Repeat Prescribing for GP Practices

Medication errors make up a fifth of all errors occurring in general practice and many of these are preventable.¹ Extra care must be taken when repeat prescribing, especially if the prescriber signing the prescription was not the original prescriber and did not see the patient.

Who is responsible?

- The legal responsibility for prescribing lies with the prescriber who signs the prescription
- This responsibility is the same whether it is a first or repeat prescription
- It is important to be aware that the person who signs the prescription will be held accountable should something go wrong
- If the independent prescriber writes a prescription at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, the prescriber must be personally satisfied that the prescription is appropriate for the patient concerned.

Safe Prescribing

The GMC guidance on prescribing applies equally to repeat prescriptions. The independent prescriber must only prescribe evidence-based treatments when they have an adequate knowledge of the patient’s health and are satisfied that they serve the patient’s needs. Also, prescribers should make use of electronic and other systems that can improve the safety of their prescribing.

The GMC guidance on Good Practice in Prescribing and Managing Medicines and Devices (2013) states that before signing a repeat prescription the prescriber must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- the right patient is issued with the correct prescription
- the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment
- the patient’s condition is monitored, taking account of medicine usage and effects
- only staff who are competent to do so prepare repeat prescriptions for authorisation
- patients who need further examination or assessment are reviewed by an appropriate healthcare professional
- any changes to the patient’s medicines are critically reviewed and quickly incorporated into their record

It is important to make clear to the patient the importance of regular reviews and explain what they should do if they suffer side effects or adverse reactions, or stop taking the medicines before the agreed review date.

¹ Silk N, What Went Wrong in 1,000 Negligence Claims, Health Care Risk Report 2000
Signing

In practice, the guidance above is not always easy to follow if the prescriber was not the original prescriber. To safeguard against any problems:

- where possible, try and arrange for repeat prescriptions to be signed by a doctor who sees the patient regularly
- set time aside for signing repeats, allowing time to check the patients’ records
- make sure acute prescriptions do not get mixed in with the repeat prescribing pile.

Sessional GPs and Prescribing

GPs in a practice will normally take turns to sign repeat prescriptions. One recurring problem with repeat prescribing is that the initial error is repeated, and compounded.

When being asked to sign a repeat prescription sessional GPs should remember:

- prescriptions should be checked in a quiet location where full concentration can be devoted to the task – signing prescriptions in a busy reception area is not ideal
- if you are uncertain about a particular prescription, do not feel pressurised into signing it simply because there are a pile of requests waiting. The notes should be available for you to refer to

If the sessional GP is unsure they should:

- check the details of the drug if they are unfamiliar with it
- check the patient’s medical record and contact them if necessary
- discuss it with a colleague
- pass the prescription back to a doctor in the practice who knows the patient best
- ask the patient to make an appointment.

Suitable drugs

- Care should be taken with any drug that is added to a repeat prescribing list. Communication from a secondary care consultant does not always imply addition to the repeat list
- Some drugs lend themselves more readily to a repeat prescribing approach, such as antihistamines, which require minimal levels of monitoring
- Put safeguards in place such as limits on the frequency and number of issues before a GP must review OR create a list of all items that are not suitable for routine repeat prescribing. Areas for consideration include blood glucose testing strips, wound dressings and appliances, hypnotics, antidepressants and disease modifying agents, eg, methotrexate.
**Batch Prescribing / Repeat Dispensing**

Batch prescribing / repeat dispensing was introduced as part of the new pharmacy contract as an essential service. This is useful for people on stable, long-term medicines. It is not suitable for patients with acute, newly diagnosed or unstable conditions.

The aim of the service is to allow patients to request and collect their medication directly from the community pharmacy of their choice.

In essence the prescriber can issue a master repeat prescription, followed by a series of batch prescriptions (up to 12), with only the master prescription requiring a signature.

The batch prescriptions are then stored at the community pharmacy.

**Electronic Prescription Service (EPS)**

This is a new service that will make it easier for GPs to issue prescriptions and more convenient for patients to collect their medicines.

Using EPS means that prescriptions by GPs and other prescribers will be transferred electronically to the pharmacist nominated by the patient. The prescriptions will also be sent automatically to the Prescription Pricing Authority.
ScriptSwitch

Depending on the clinical system in your practice, ScriptSwitch will be triggered in different ways at the point of generating a repeat prescription, as shown below.

EMIS Web

If a switch is available in the recommended drug profile, ScriptSwitch will trigger for approved users at the following points:

1. New Acute from the Add Drug screen.
2. New Repeat Scripts from the Add Drug screen.
3. Restarting a Past Medication from the Past View Medication panel.
4. Medication Review.
6. Edit a drug action on Update.

To “trigger” ScriptSwitch through repeat prescribing, no specific process is required. Simply follow the normal steps within EMIS Web. Repeat reissue and reauthorisation will both trigger ScriptSwitch if a message is linked to the drug being prescribed.

inPS Vision ScriptSwitch

If a switch is available in the recommended drug profile, ScriptSwitch will trigger for approved users at the following points:

1. Acute therapy Add Window.
2. Repeat Master Add Window.
3. Acute Therapy Update window.
4. Repeat Master Update window.
5. Re-authorised Repeat Master Add Window.

To “trigger” ScriptSwitch through repeat prescribing, items must be selected and prescribed separately. If you select “all” or a number of medications at once to repeat prescribe, ScriptSwitch will not be triggered. Each drug must be prescribed one-by-one in order for the pop-up to be displayed.

EMIS LV and EMIS PCS

1. New Acute from the Add Drug screen.
2. New Repeat Scripts from the Add Drug screen.
3. Repeat “Reauthorisation”. Not repeat “reissue”.

Repeat medication on EMIS can be re-issued using ‘I’. Medication can still be issued using ‘I’ even if the medication review date is overdue. Many prescribers use the “I” button to re-issue repeats – this does not activate Scriptswitch and is therefore a missed opportunity.

Scriptswitch is ONLY activated when repeat medication is ‘re-authorised’ using “T” (see below).
Patient needs repeat re-issued?

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Do not use “I” - Instead use “T”

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From the PR screen, select ‘T’

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Choose the items to re-authorise e.g. A, B and C, press return.

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The screen will prompt for the Doctor’s code for re-authorisation, then press return.

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ScriptSwitch will then offer any switches or messages configured to appear at Repeat Re-authorisation (RRA).

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The screen presented is the ScriptSwitch screen displayed at other trigger points in the EMIS system.

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The prescriber can accept the switch or prescribe the original.

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When completed a review screen will display for confirmation and alteration of drug dosage/quantities

Informing patients and follow-up

Make sure patients are aware of:

- the procedure for ordering repeat prescriptions
- the time it takes to turn them around
- when they will be ready for collection

GMC guidance states that arrangements for issuing repeat prescriptions should include suitable provision for monitoring each patient’s condition, and for ensuring that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious side effects.

A Clear Policy

Practices should have a repeat prescribing protocol in place, which should be validated by a clinical governance lead in the practice. All staff should be trained to use the protocol, which should be dated and reviewed every two years or more frequently if issues are identified earlier.

If one does not already exist, the practice should first produce a written policy for repeat prescribing. If one exists this should be reviewed.
<table>
<thead>
<tr>
<th>The policy should include at least the following:</th>
<th>Does the current policy contain this information?</th>
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</thead>
<tbody>
<tr>
<td>At what point a patient is included in the repeat prescribing system</td>
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<tr>
<td>The length of time for which to prescribe on each repeat. For many chronic conditions 28-56 days supply will be appropriate. Different durations may be defined for different conditions and therapeutic groups</td>
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<tr>
<td>How many repeats will be allowed and how often patients will be seen to review repeat medications. This could be different for different conditions</td>
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<tr>
<td>Which drugs will <strong>not</strong> be issued as repeats without considered GP review and appropriate limitations and safeguards? For example, benzodiazepines and drugs for unstable conditions may not be suitable for routine inclusion in repeat prescriptions, even if they are given as repeats for particular patients</td>
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<tr>
<td>Indication that quantities issued as repeats should be consistent such that all regular items are prescribed for the same time period</td>
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<tr>
<td>Details of how p.r.n. items, e.g. analgesics, are dealt with on repeat prescriptions to avoid them being ordered excessively</td>
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<tr>
<td>Emphasis that directions for use are shown for all items, i.e. prescriptions do not read ‘as directed’</td>
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<tr>
<td>Details of documentation within the practice of items issued as repeats to ensure there are up-to-date medication profiles, including a record of the date of last review</td>
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<tr>
<td>How notes are marked to indicate a patient is receiving repeat prescriptions if only paper notes are used</td>
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<tr>
<td>What constitutes a review of repeat prescribing for an individual patient e.g. patient seen by doctor with all medication including over-the-counter items; all items reviewed and discussed to ensure patient knows how and why to take them; side effects and compliance enquired about</td>
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<tr>
<td>Who can make changes to a patients profile and how those not made by the GP are authorised?</td>
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<tr>
<td>What safeguards exist to protect the profile from changes by unauthorised people?</td>
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<tr>
<td>Question</td>
<td>Answer</td>
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<tr>
<td>------------------------------------------------------------------------</td>
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<tr>
<td>Who is responsible for administering the system?</td>
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<tr>
<td>What process is used to acknowledge or action ScriptSwitch recommendations as appropriate</td>
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<tr>
<td>What is done about patients requesting repeats when they are due for review?</td>
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<tr>
<td>Restrictions on how soon after one repeat patients can request another prescription</td>
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<tr>
<td>What is done to chase patients who do not request repeats according to schedule</td>
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<tr>
<td>Details of the practicalities of how patients may obtain repeat prescriptions:</td>
<td></td>
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<tr>
<td>- how much notice is required</td>
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<tr>
<td>- whether they must present computer print outs or request slips</td>
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<tr>
<td>- whether repeats can be requested over the telephone</td>
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<tr>
<td>- how patients can indicate which items are required if not all are needed</td>
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<tr>
<td>How patients are informed of the repeat prescribing system e.g. a notice at reception, via the practice leaflet.</td>
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<tr>
<td>What are patients told to do if they have run out of medication?</td>
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<tr>
<td><strong>Batch prescribing / repeat dispensing?</strong></td>
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<tr>
<td>Which patients are suitable for batch prescribing / repeat dispensing?</td>
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<tr>
<td><strong>Electronic Prescription Service (EPS)</strong></td>
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<tr>
<td>Is there a process in place for generating repeat prescriptions using EPS? (This may be similar to the current system but may involve additional steps – see below)</td>
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<tr>
<td>Does the authorised person(s) have a smartcard and passcode?</td>
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<tr>
<td>How is the patients dispensing contractor(s) identified for nomination?</td>
<td></td>
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<tr>
<td>How is the dispensing contractor(s) marked in the clinical system?</td>
<td></td>
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</tbody>
</table>
GP Practices with Care Homes

The policy should include at least the following:

<table>
<thead>
<tr>
<th>Details of the practicalities of how patients in care homes obtain repeat prescriptions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- how much notice is required</td>
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<tr>
<td>- who orders the prescriptions e.g. community pharmacy, care home</td>
</tr>
<tr>
<td>- how are the repeat prescriptions ordered</td>
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<tr>
<td>- whether repeats can be requested over the telephone</td>
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<tr>
<td>- how care homes can indicate which items are required if not all are needed e.g. drugs used when required</td>
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<tr>
<td>- how are acute prescriptions ordered</td>
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<td>- how are controlled drugs requested</td>
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<tr>
<td>- the length of time for which to prescribe on each repeat</td>
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<tr>
<td>- how details of the care homes monthly medication wastage is reported back to the GP practice</td>
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</tbody>
</table>

Does the current policy contain this information?

Further information


Guideline Approval

Area Prescribing Committee
26th September 2013  Review date September 2015