Repeat prescribing in primary care

Prescribing is the most common patient-level intervention and it is the second highest area of spending in the NHS, after staffing costs.[1] Repeat prescriptions represent approximately 60-75% of all prescriptions written by GPs and approximately 80% of primary care prescribing costs.[2]

Key recommendations

- Practices should develop and implement a robust and efficient repeat prescribing system.
- The repeat prescribing system should be overseen and managed by an appropriately trained individual, with deputy and cover arrangements.
- All practice staff should be trained in the operation of the repeat prescribing system including their individual responsibilities. These should be documented, understood and adhered to.
- Repeat prescribing systems should be managed in line with a clearly defined practice repeat prescribing policy and local commissioning recommendations.
- The repeat prescribing policy should describe the processes and responsibilities of all of the individuals involved.
- The repeat prescribing system and policy should be reviewed and audited on a regular basis e.g. annually.
- If not already in place, consider implementing a repeat dispensing service. If in place utilise this service.
- If not already in place, consider implementing an electronic prescription service and incorporate a repeat prescribing and dispensing process within it.

Additional resources available: https://www.prescqipp.info/resources/viewcategory/441-repeat-prescriptions

 Bulletin

 Data pack

 PIL, patient letter

Repeat prescribing

Repeat prescribing within practices can be conducted in a number of ways, for example, a traditional system in line with practice policy; using repeat dispensing; the implementation of electronic prescribing or by managed repeat prescription services offered by community pharmacies. Most commonly, there is a combination of these methods in one practice, however some CCG and individual practices have implemented systems to manage repeat prescribing differently. For example Walsall CCG implemented a pharmacist-led repeat prescription management service where practice-based pharmacists worked as an integral part of primary care general practice teams to manage repeat prescriptions.[3] A traditional repeat prescribing system requires the patient to contact their GP practice every time they need a new repeat prescription and then take the prescription to the community pharmacy to be dispensed.[4]

Repeat dispensing

Repeat dispensing enables community pharmacists to dispense regular medicines to suitable patients, according to an agreed protocol, without the direct involvement of the GP on each occasion.[4] This is an Essential Service, all community pharmacies with a NHS contract are obliged to offer and provide it. They are paid for this service under the community pharmacy contractual framework.[5] From 1 March 2015 there is a new requirement in the contractual framework for pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service.[6] The service can be offered as a paper based service or as electronic repeat dispensing.[7]

Managed Repeat Prescription Ordering Services (MRPOS)

MRPOS are offered by some community pharmacies. The pharmacy orders the patient's repeat prescription from the GP practice on behalf of the patient and subsequently dispenses the prescription. This service is not provided as part the Community Pharmacy Contractual Framework and therefore is not offered by all pharmacy contractors and not supported by any national guidance, however all pharmacies offering this service must ensure they have Standard Operating Procedures (SOPs) in place.

Potential savings

Cost savings can be achieved by using medicines optimisation principles, e.g. switching branded medication to generic medications or ensuring the least expensive and clinically appropriate medicines are prescribed.[3] Productivity savings are made by reducing wastage due to over-ordering, drug formulation changes and medication alignment.[3] Additionally savings arise from improvements to care quality, reducing future appointments, admissions and disease progression in some cases.[5]

References

1. Health and Social Care Information Centre. Prescribing. Accessed 12/07/2015. Available online at http://www.hscic.gov.uk/prescribing
2. National Prescribing Centre. Saving time, helping patients - a good practice guide to quality repeat prescribing. January 2004.
3. The National Institute for Health and Care Excellence. Quality and Productivity case study, Pharmacist-led repeat prescription management: ensuring appropriate prescribing and reducing wastage. Walsall Clinical Commissioning Group. November 2014 Accessed 19/07/2015. Available online at http://www.nice.org.uk/savingsAndProductivityAndLocalPracticeResource?ci=http%3a%2f%2farms.evidence.nhs.uk%2fresources%2fQIPP%2f1040169%3fniceorg%3dtrue
4. National Prescribing Centre. Dispensing with Repeats - A practical guide to repeat dispensing. 2nd edition. September 2008. Accessed 28/07/2015. Available online at http://www.seqo.nhs.uk/buckinghamshire/shared/images/files/ccg-prescribing/General%20Policies%20and%20Guidance/Repeat%20Dispensing/Dispensing%20with%20Repeats%20-%20NPC.pdf
5. The Centre for Pharmacy Postgraduate Education. Repeat Dispensing. December 2014. Accessed 19/07/2015. Available online at https://www.cppe.ac.uk/
6. The Pharmaceutical Services Negotiating Committee. Repeat Dispensing. Accessed 19/07/2015. Available online at http://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/
7. NHS England. Electronic Repeat Dispensing Guidance. May 2015 Accessed 21/07/2015. Available online at http://www.england.nhs.uk/ourwork/tsd/sst/erd-guidance/

NHS PrescQIPP