PrescQIPP Community Interest Company

Repeat prescribing in primary care

This bulletin focuses on repeat prescribing in primary care. It provides guidance and advice for prescribers, practice managers, practice staff, community pharmacists and medicines management teams etc. on developing, implementing and reviewing repeat prescribing systems. It includes information on repeat prescribing policies, managed repeat prescriptions from community pharmacies, repeat dispensing and electronic prescribing.

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.

Background

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]

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.[3] The sheer volume of repeat prescribing in general practice is a vast amount of work, and also a source of potential risk to patient safety.[2] Therefore improving repeat prescribing systems is to everyone's benefit; it can save time for patients and clinicians, whilst improving follow up and safety.[2]

Repeat prescribing can be managed in a number of ways, for example, using repeat dispensing, electronic prescribing and managed repeat prescription services offered by community pharmacies. It is essential that practices have a repeat prescribing system underpinned by a robust policy to ensure repeat prescription requests are dealt with efficiently and safely.

National guidance for repeat prescribing

The National Prescribing Centre (NPC) produced the document "Saving time, helping patients - a good practice guide to quality repeat prescribing" in January 2004. This guide was produced with input from doctors, nurses, pharmacists, managers, practice staff, patients, carers and other experts.[2] Research into repeat prescribing is limited and based on a relatively small numbers of practices, and therefore does not necessarily represent primary care as a whole.[2] Consequently, much of the guide relies on consensus and expert opinion,[2] however this document has been adapted by various organisations and there are many good examples of repeat prescribing policies available online. See the bibliography section for some examples.

The GMC has produced guidance called "Good practice in prescribing and managing medicines and devices (2013)".[3] The guidance explains how the principles stated apply to decisions about prescribing, managing medicines and medical devices.[4] One of the principles is "Repeat prescribing and prescribing with repeats".[3]

The National Institute for Health and Care Excellence (NICE) Quality and Productivity collection has a proven case study from Walsall Clinical Commissioning Group (CCG) who implemented a pharmacist-led repeat prescription management service. This service aimed to reduce medicine wastage, minimising possible harm from medicines and improving the quality of repeat prescribing.[5] Under the new system practice based pharmacists worked as an integral part of primary care general practice teams to manage repeat prescriptions. They generated the repeat prescriptions, authorising those within their medical competence, with the remainder being authorised by GPs. Cost effective savings were made by the pharmacists ensuring the least expensive, clinically appropriate medicines were prescribed, for example by switching from branded to generic drugs.[5] Further details available at https://www.nice.org.uk/savingsandproductivityandlocalpracticeresource?ci=http%3a%2f%2farms.evidence.nhs.uk%2fresources%2fQIPP%2f1040169%2fattachment%3fniceorg%3dtrue

National guidance for repeat dispensing

Repeat dispensing is a method that may be suitable to manage prescriptions for certain patients. The Centre for Pharmacy Postgraduate Education (CPPE) has produced an e-learning programme for pharmacists, pharmacy technicians and pre-registration pharmacists on repeat dispensing.[6] The e-learning provides guidance on what a repeat dispensing service is and how to use the service in both paper and electronic form. It also considers the benefits and possible challenges to the patient, prescriber and pharmacy team.[6]

The Pharmaceutical Services Negotiating Committee (PSNC) website has comprehensive information on repeat dispensing, which has been an Essential Service within the community pharmacy contractual framework since 2005.[7] Under the service pharmacies dispense repeat dispensing prescriptions issued by a GP, store the documentation if required by the patient, ensure that each repeat supply is required and seek to ascertain that there is no reason why the patient should be referred back to their GP.[7] From 1 March 2015 there is a new requirement in the community pharmacy contractual framework for pharmacies to give advice to appropriate patients about the benefits of the repeat dispensing service.[7] There is a service specification available on the PSNC website which covers the requirements needed for repeat dispensing which are additional to those for routine dispensing.[8]

The NHS Confederation Publications Guidance for the Implementation of Repeat Dispensing has been produced jointly by NHS Employers, the General Practitioners Committee of the BMA and the PSNC. It highlights the potential benefits to practices and patients, and provides ten top tips for successful implementation.[9]

Managed Repeat Prescription Ordering Services (MRPOS)

MRPOS are offered by some community pharmacies. 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.

National guidance for the Electronic Prescription Service (EPS)

EPS enables prescriptions to be sent electronically from the GP surgery to the pharmacy and then on to the Pricing Authority for payment. It has been deployed through two key releases:

- Release 1
  Patients receive a paper prescription as well as the electronic transmission. The barcoded paper prescription form remains the legal prescription.
- Release 2
  The transmission of electronic prescriptions:
  - E-repeat dispensing
  - Patient nomination of their selected pharmacy
  - GP cancellation of e-prescriptions and
  - The electronic submission of reimbursement claims to the Pricing Authority.[10]

NHS England has produced guidance on electronic repeat dispensing. EPS has introduced new functionality and legal prescription information that differs from the paper process of repeat dispensing so the guidance enables prescribers and dispensers to use the functionality effectively.[11]

Repeat prescribing

The NPC describe repeat prescribing as a partnership between the patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals, without the patient having to consult the prescriber at each issue.[2] A robust repeat prescribing system offers many benefits:

Benefits to patients and carers:

- Convenient and easy access to the medication.
- Clear understanding and appreciation of the process. Knowing when and how to request the repeat, and knowing when, and from where, it can be collected.
- Confidence that they are receiving the most appropriate medicines, tailored to their individual needs, provided through a system that conforms to good practice.
- Understanding of exactly how to take or administer medications as a result of receiving complete prescriptions with full instructions.
- An understanding of the importance and the process by which they have the opportunity to discuss their medication with a health care professional.
- Reduced potential for adverse incidents and adverse effects (through regular review).
- Involvement in decisions about their health care, aiding self-management. This can improve concordance, resulting in improved outcomes of care, reduced hospital admissions, shorter hospital stays and fewer visits to the GP.[2]

Benefits to practices:

- Earlier recognition of problems, reducing the risk of patient harm and for potential complaints and litigation. Demonstrating that there is a properly organised system for issuing and monitoring repeat prescriptions may help to defend the prescriber from criticism, or worse, if there is an adverse event.
- More manageable workload resulting from improved efficiency.
- Fewer queries to practice staff, reduced ‘traffic’ at the reception counter and enhanced reputation of the practice.
- Appropriate and efficient use of professional and practice staff time and skills.

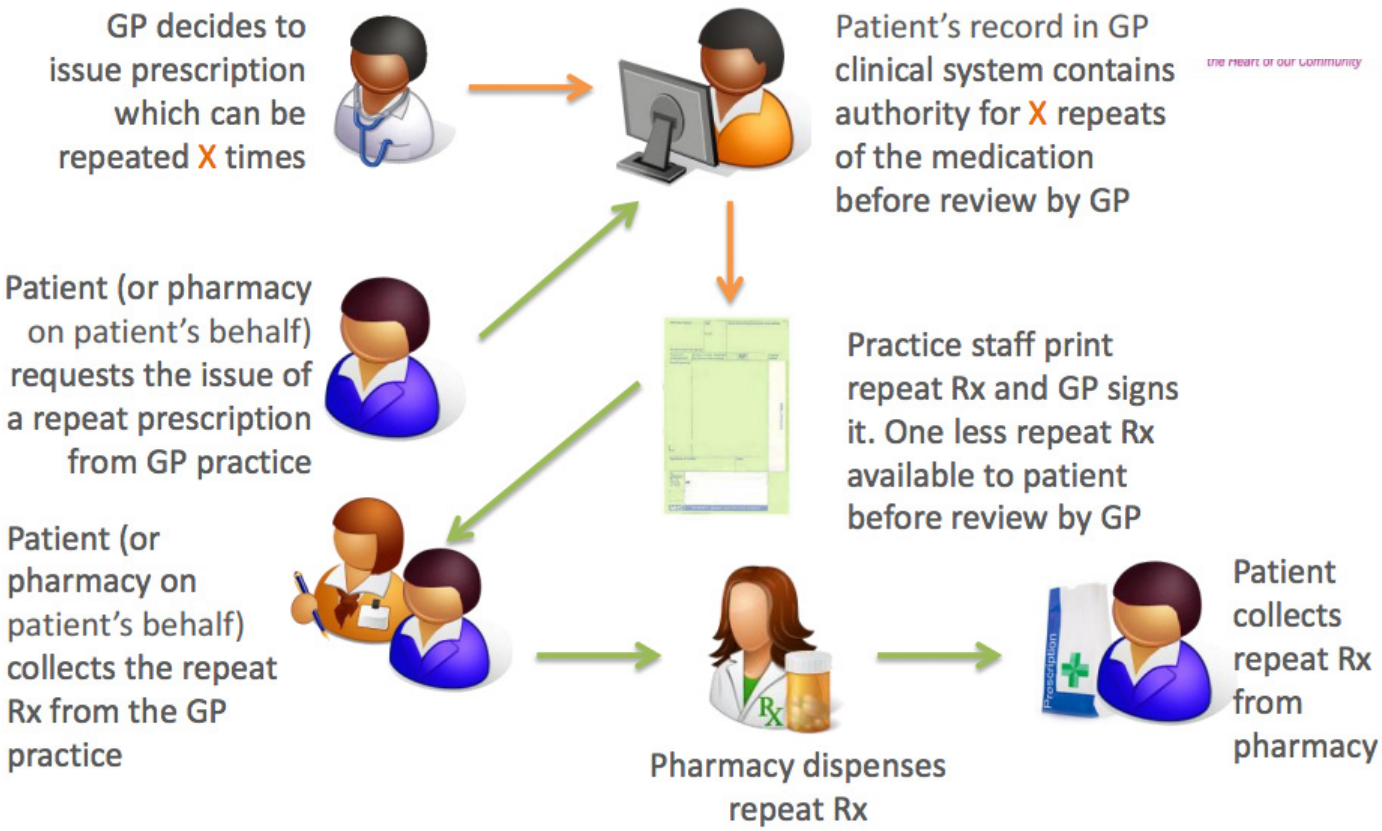
- Greater understanding of the process by everyone involved, including roles, responsibilities and timelines.
- Improved professional and staff morale through knowledge of a job well done.
- Improved co-operation and working relationships with other health care professionals, such as non-medical prescribers, nurses and community pharmacists.
- Easier implementation of new initiatives that will further reduce work burden and improve quality of care, e.g. electronic prescribing, repeat dispensing.[2]

Benefits to the NHS:

- Assurance that medicines are used in a safe, effective and appropriate manner.
- Efficient use, with reduced waste, of resources available to the NHS.
- Appropriate use of individuals' particular skills and knowledge, and a broadening of responsibilities.
- Reduced potential for 'near misses' and adverse incidents. Facilitated shared learning across the NHS to help prevent them occurring again.[2]

In a repeat prescribing system there are many separate processes going on at the same time. Some operate alongside each other, and so it is possible that they may not link up with each other as intended. For example, prescriptions could be issued without an adequate review of the continuing need. Ensuring these parallel processes are linked together properly helps towards an effective repeat prescribing system.[2] Figure 1 shows a simplified version of the repeat prescribing process.

Figure 1. A typical repeat prescribing system[12]



To help understand the repeat prescribing system, and what needs to be done to develop and implement its management, the process can be divided into nine key areas.[2]

1. Authorising a repeat prescription

During this stage of the process the patient sees the prescriber and the need for repeat medication is identified and authorised.[2]

The prescriber should agree with the patient what medicines are appropriate and how their condition will be managed, including a date for review. The prescriber should make it clear why regular reviews are important and explain to the patient what they should do if they:

- Suffer side effects or adverse reactions, or
- Stop taking the medicines before the agreed review date (or a set number of repeats have been issued).

The prescriber must make clear records of these discussions and their reasons for repeat prescribing.[3]

2. Requesting repeat prescriptions

The patient reorders the prescription and either they, or their representative (this could be a community pharmacy), make the request. They are informed when they should be able to collect the prescription and any queries arising from the request may be clarified at this stage.[2]

3. Generating repeat prescriptions

At this stage an administrative check is made to see if the repeat is authorised, if it is due or if a review is due. If not, the prescription is brought to the attention of the prescriber who then determines whether a prescription can be issued as requested or whether the patient should see the prescriber for a review.[2]

4. Prescription production and signing

The prescription is generated by administration staff and then given to the prescriber for signing. The prescriber checks that the prescription as presented is satisfactory, i.e. completed properly, no therapeutic duplication, strength, formulation and quantities are appropriate, and no review due or overdue. This is ideally done with reference to the patient's records. The prescription is signed and returned to practice staff for collection by the patient or their representative. If a review is required or overdue, the patient is advised of this and an appointment made.[2] Prescribers are responsible for any prescription they sign, including repeat prescriptions for medicines initiated by colleagues, so they must make sure that any repeat prescription signed is safe and appropriate.[3] They should also make sure that procedures are in place to monitor whether the medicine is still safe and necessary for the patient and keep a record of dispensers who hold original repeat dispensing prescriptions so that they can be contacted if necessary.[3]

5. Medication review

This is the periodic review of the patient at which the continuing need for acceptability and safety of the medications on the repeat prescription is considered.[2] At each review, prescribers should confirm that the patient is taking their medicines as directed, and check that the medicines are still needed, effective and tolerated. This may be particularly important following a hospital stay, or changes to medicines following a hospital or home visit. They should also consider whether requests for repeat prescriptions are received earlier or later than expected which may indicate poor adherence, leading to inadequate therapy or adverse effects.[3]

6. Patient receives the prescription

Either the patient or their representative collects the prescription from the surgery, or it is taken by the practice to, or collected by, a nominated community pharmacy.[2]

7. The community pharmacist's role

The prescription is received by a community pharmacist or a dispensing doctor. An assessment is made to ensure the prescription complies with legal requirements, is genuine, accurate, and provides full administration directions. Doses and administration frequency are checked. The prescriber's signature is checked, including locum signatures. Any necessary checks against either the prescription or the pharmacy patient medication record are also made and the prescriber or practice consulted if necessary. As part of the dispensing process an assessment of concordance is also made. The medications are

dispensed, an accuracy check made, and they are made available for collection or delivery. Any necessary counselling and advice is given to the patient on collection, or to a representative collecting the medications after verifying their identity and authority.[2]

8. Using the medication

Over ordering or under use of medication by the patient can often be picked up from the timing of repeat requests, but may be better recognised by the community pharmacist who regularly dispenses the medications, or during medication reviews.[2]

9. Quality assurance of the process

Practices should produce and maintain a repeat prescribing policy. Prescribers should be satisfied that procedures for prescribing with repeats and for generating repeat prescriptions are secure and 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.[3]

The quality and the robustness of the system should be audited on a regular basis to ensure the policy is operating as intended, as should the quality of information recorded.[2] There are many good examples of repeat prescribing policies available online, and guidance on writing policies. See the bibliography section for some examples.

The above describes a traditional repeat prescribing system; however some GP practices may want to employ a different system. Walsall CCG implemented a pharmacist-led repeat prescription management service. Practice-based pharmacists worked as an integral part of primary care general practice teams to manage repeat prescriptions. Rather than administrative staff generating the repeat prescription for authorisation by the GP(s) on duty the pharmacists generate the repeat prescriptions, authorising those within their medical competence, with the remainder being authorised by GPs. Net savings delivered in 2013/2014 from the service were £610,270 (gross savings from pharmacist interventions minus the cost of the pharmacists' time). The savings are likely to be a conservative estimate as they do not include the time saved by GPs, a reduction in future appointments, admissions and disease progression in some cases. There were also a number of quality outcomes including:

- Shared learning for practice staff and clinicians.
- Time saving for GPs that releases more time for helping patients with complex needs or long-term conditions.
- Safety is improved for some patients because prescribing errors are identified and corrected.

Although not quantified, it is believed that the service has led to improved medicines adherence.[5]

The introduction of Electronic Prescription Service (EPS) will benefit repeat prescribing systems by:

- Saving time by signing individual or multiple prescriptions electronically, there is no need to sign by hand.
- Having greater control as prescriptions can be cancelled at any time until they have been dispensed and replacements can be sent electronically.

- Saving time dealing with prescription queries as standardised prescription information will reduce queries from dispensers.
- Improved prescription accuracy will lead to a reduction in the likelihood of patients receiving the wrong medication.
- Electronic prescriptions cannot be lost, reducing the risk of duplicate prescriptions being generated.
- Repeat prescriptions can be processed more efficiently. No need to issue, sort and file prescriptions for prescribers to hand sign as they are allocated and signed electronically.
- Reduced workload associated with issuing and re-authorising repeat prescriptions.
- Electronic prescriptions are sent straight to the dispenser of the patient's choice resulting in a reduction in footfall in reception.
- Not needing to post prescriptions, saving time and eliminating the risk of prescriptions being lost in the post.
- Not needing to spend time preparing and sorting prescriptions ready for pharmacies to collect, as prescriptions are sent electronically.
- Less chance of prescriptions going to the wrong dispenser due to sorting errors.
- Offering greater flexibility as prescriptions can be sent straight to the patient's nominated dispenser following a telephone or video consultation.
- Reducing the need to fax urgent or replacement prescriptions as these can be sent electronically by the prescriber.[13]

Managed Repeat Prescription Ordering Services (MRPOS)

Managed Repeat Prescription Ordering Services (MRPOS) are offered by community pharmacies. The community pharmacy orders the patient's repeat prescription from the GP practice on behalf of the patient and subsequently dispenses the prescription. The service aims to improve convenience and reduce confusion for patients and ensure that they do not run out of medication. This prevents unplanned hospital admission or visits to hospital A&E departments seeking repeat medication, or even patients putting themselves at risk by not taking their medication.[14]

All community pharmacies offering this service must ensure they have Standard Operating Procedures (SOPs) in place, as required by the General Pharmaceutical Council's (GPhC) Standards for pharmacy owners, superintendent pharmacists and pharmacy professionals in positions of authority.[15] The SOPs should be readily available for NHS England or GPhC inspection and should include:

- A requirement to obtain consent from the patient to provide the service.
- A requirement to take reasonable steps in order to verify that individual items are actually required by the patient before the prescription is ordered or issued to the patient. The date of this verification should ideally be recorded.
- The original repeat slip should be used for ordering if practical. Where the slip is not used, there should be processes in place to ensure that any additional information which is added to the repeat slip by the surgery is passed on to the patient.
- A requirement to take reasonable steps to verify that there has been no change in the circumstances of the patient which could affect the need to order the prescription.
- A requirement that any prescription ordered by the pharmacy on behalf of a patient, which is not subsequently collected by or supplied to the patient should be returned to stock and the prescription returned to the practice (or clearly annotated as not dispensed if part of a prescription form has not been issued).
- A reminder that the ordering and subsequent submission to the NHS Business Services Authority (NHSBSA) for pricing of any prescription which has not been supplied to or collected by the patient

could constitute fraud against the NHS, (if a pharmacy orders any prescription which the practice considers unnecessary for whatever reason, this DOES NOT indicate fraudulent pharmacy activity unless that prescription has (a) been ordered without the direction of the patient and (b) has not been supplied to the patient AND has been submitted for pricing to the NHSBSA).

- A reminder that GPhC ethical standards require Pharmacists and Registered Technicians to ensure that at all times pharmacy staff "use NHS resources wisely". Excessive and inappropriate ordering of repeat prescriptions on behalf of patients constitutes a breach of these professional obligations which could result in sanctions.[14]

If dispensing practices are offering the service, it would be expected that they would also have procedures in place that would ensure that the same safeguards are applied.

If a GP practice has any concerns or queries regarding the service they should be addressed directly to the pharmacy concerned. It is expected that the pharmacy will respond in a timely manner to address the concerns or queries highlighted. Alternatively if a community pharmacy has concerns about a practice's repeat ordering process (including online repeat ordering by patients) or a refusal to issue prescriptions ordered on behalf of the patients, they should also address their concerns directly to the practice. If the practice or the pharmacy believes their concerns have not been properly addressed following direct contact they should contact, with evidence, the relevant Local Pharmaceutical Committee (LPC) who in conjunction with the Local Medical Committee (LMC) will aim to seek local resolution.[14] If the concern or a query remains unresolved the GP practice can check with their local NHS England team to see if it is appropriate to refer it to them as a complaint. This is provided the patient gives their consent for their details to be shared with NHS England for further investigations.

A good MRPOS will require excellent communication between the pharmacy, the practice and the patient or the patient's representative. Regular communication between the practice and pharmacy are considered essential and processes should be agreed so that the following issues can be addressed:

- Reporting of items ordered but not needed or not dispensed
- Synchronicity of prescriptions to reduce ordering frequency
- Suitability of the patient for the NHS Repeat Dispensing Service (see below)
- Items being used incorrectly or not as prescribed including reported outcomes from MURs
- Items returned to the dispensary unused.[14]

Repeat dispensing

Repeat dispensing is a way of dispensing regular medicines in instalments to suitable patients over a defined period of time.[6] As 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.[6]

Traditional repeat prescribing systems usually require 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.[16] This process involves a significant workload for the GP practice and community pharmacy and the patient may have to make several journeys each time they request repeat medication. Whilst this traditional repeat prescribing system works well for many people, it can be time consuming for patients, community pharmacy and GP practice staff. In this process repeat prescriptions are usually issued without a face-to-face consultation with the prescriber, which is a potential missed opportunity for identifying medicines-related issues before they become problems. Repeat dispensing enables community pharmacists to dispense regular medicines to suitable patients, according to an agreed protocol, without the direct involvement of the GP surgery, on each occasion a repeat medicine is required.[16] Table 1 describes the benefits of a repeat dispensing service, both a paper based service and an electronic repeat dispensing service.

Table 1. The benefits of a repeat dispensing service[6]

	Paper based service	Electronic repeat dispensing
Benefit to patients	• Medicines are synchronised • Saves time • Increased patient safety • More contact with the pharmacist so more opportunity to discuss medicine related issues, more pharmaceutical support and increased support for long-term conditions • Convenient / flexible • Simplified process	• Any cancellations can be done automatically saving the patient a trip to the surgery • More choice of where to get their medicines from as can nominate a convenient pharmacy • No paper to loose • Waiting time in pharmacy reduced as prescription can be ready for patient to collect • Nominated pharmacy can be changed in the middle of a repeat dispensing prescription which increases compliance
Benefit to prescribers	• Reduced workload / saves time • Prompts medication review of patient • Better use of prescribing resource	• Prescriber can cancel prescriptions at any time if needed which increases patient safety, can cancel individual items or whole prescriptions • Saves times and reduces signatures
Benefit to surgery staff	• Quieter surgery • Reduced workload • Fewer phone calls • Reduced queries	• Quieter surgery • Fewer queries • Increased efficiency of the surgery
Benefit for community pharmacy	• Planned workloads • Reduced queries • Reduced waste handling • Improved stock control • Increased patient contact, improving relationships and patient safety • Opportunity to provide Medicine Use Reviews	• Efficient time management • Payment accuracy • Better stock control and management • Dispensing before patient arrival

Any patient with a long term condition that is considered likely to remain stable for the duration of the repeat dispensing could be suitable for the service.[6] The service will not be suitable for all patients, especially those prescribed schedule 2 and 3 controlled drugs or patients with acute, newly diagnosed or unstable conditions.[7,9] Examples of suitable patients are:

- Patients on single, stable therapy, for example, levothyroxine.
- Patients with stable long-term conditions on multiple therapy for example, hypertension, diabetes, asthma.
- Patients that can appropriately self-manage seasonal conditions in preparing for, and during, a flu pandemic.[9]

The decision whether to use a repeat dispensing service is a matter for the prescriber's clinical judgement and mutual agreement between the prescriber, the patient and the pharmacist.

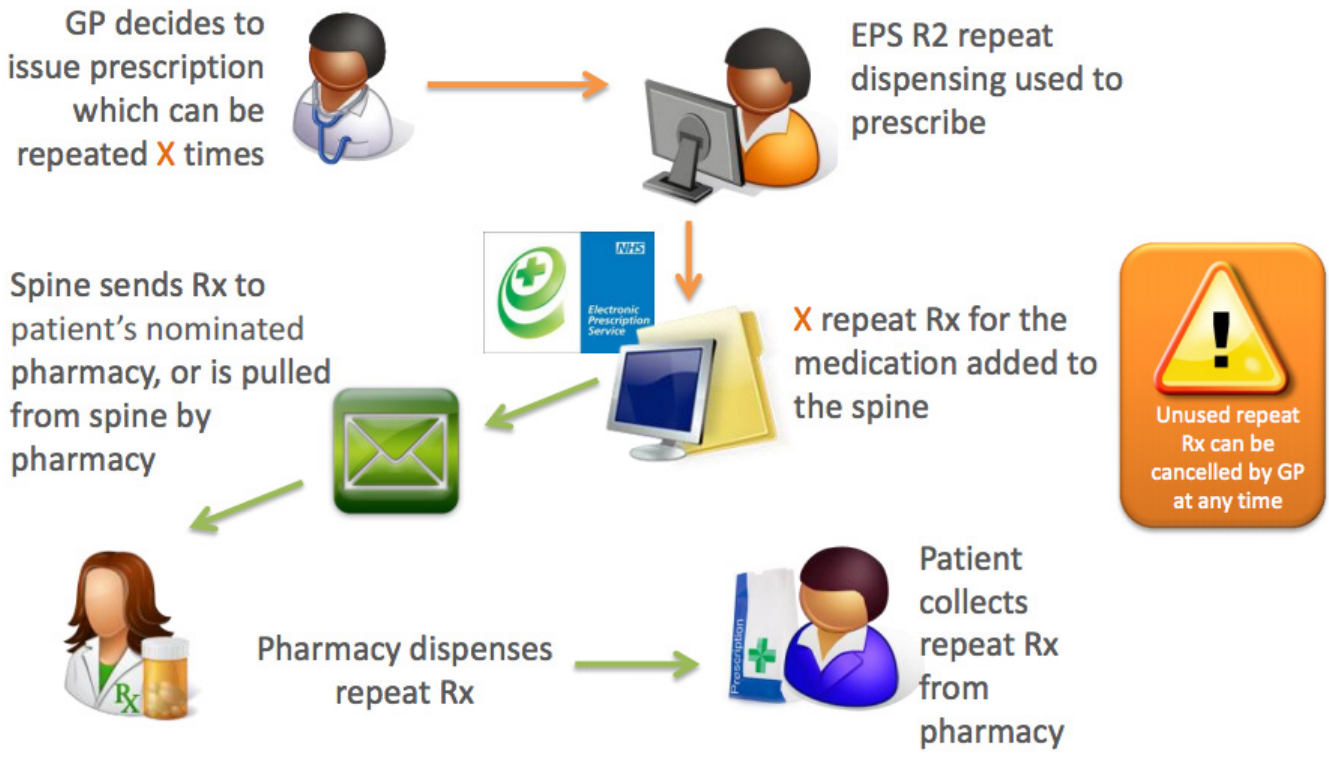
The prescriber produces a master 'repeatable' prescription on a standard FP10 prescription form. This is the Repeat Authorisation (RA). It contains all the usual details i.e. name and address of patient, age, date of birth, prescriber details, signature and date. This is the legal prescription and is annotated to distinguish it from a standard prescription form, the prescriber is required to specify the number of repeats or 'issues' they wish to permit from this prescription and, if appropriate, the dispensing interval can be stipulated (for example weekly, monthly, quarterly). This repeatable prescription cannot be hand-written.[16]

A series of accompanying 'batch issues' or Repeat Dispensing (RD) forms, are supplied at the same time, one for each time the prescription is to be dispensed. These are also printed on FP10 and they enable the pharmacist to continue to dispense the medicines by instalments for the duration of the original repeatable prescription. This can be up to 12 months and each accompanying batch issue is annotated with the number of the batch, for example, 'repeat dispensing: 6 of 12' and the date on which the repeats were authorised. The batch issues are not signed by the prescriber as they are not legal prescriptions; they are solely for reimbursement purposes.[16]

The patient nominates which community pharmacy they wish to provide the service and presents the repeatable prescription at that pharmacy for dispensing in the usual way. The patient is not asked to sign the repeatable prescription, but signs and fills out the declarations on each batch issue form at the time it is dispensed.[16]

The pharmacy retains the original repeatable prescription form. Both the original repeatable prescription and batch issues are required for the prescription to be dispensed. Batch issues may be retained by either the patient or by the pharmacy until another supply of medication is required. When the patient needs their next supply of repeat medicines, the next batch issue is dispensed, and so on. When all of the batch issues have been dispensed, the patient returns to their prescriber for another repeatable prescription, if appropriate.[16] The service can be offered as a paper based service as described above or as electronic repeat dispensing shown in figure 2.

Figure 2. Electronic repeat dispensing[12]



Electronic repeat dispensing can only be achieved if both the prescribing and the dispensing systems are using EPS Release 2. It is not possible to use electronic repeat dispensing with EPS Release 1.[11] With electronic repeat dispensing patients can choose to change their nominated pharmacy before the expiry of the repeatable prescription. All outstanding issues which have not been downloaded will be transferred to the new nominated pharmacy. This is different from the paper based repeat dispensing system where all issues must be obtained from the same pharmacy.[17]

Below is some information for patients on a paper based and an electronic repeat dispensing service.

Department of Health, Social Services and Public Safety. Repeat Dispensing Scheme. Patient Information Leaflet: http://www.hscbusiness.hscni.net/pdf/Patient_Information_Leaflet.pdf

Health and Social Care Information Centre. Electronic repeat dispensing: http://systems.hscic.gov.uk/eps/patients/films/repeatdispensing

Repeat prescribing in care homes

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 requires adult care homes to have appropriate arrangements for ordering medicines which includes ordering repeat, acute and 'when required' medicines.[18]

Poor ordering systems can lead to medicines being lost, supplies running out or sharing and borrowing of medicines between residents.[18] Evidence suggests that care home providers often have no emergency supplies or processes in place for obtaining medicines quickly, for example, during out-of-hours. Consequently residents may miss several doses of their medicines.[18] Additionally there is evidence of over-ordering of medicines by care home staff. Over-ordering and stockpiling of medicines and other treatments (for example, dressings or incontinence appliances) are major issues that lead to medicines waste.[18]

NICE guidelines on managing medicines in care homes states that care home providers should have processes in place for ordering and receiving medicines and this should be recorded in the care home medicines policy.[18] The guidance makes the following recommendations regarding the ordering of medicines for patients in care homes:

- Care home providers must ensure that medicines prescribed for a resident are not used by other residents.
- Care home providers should ensure that care home staff (registered nurses and social care practitioners working in care homes) have protected time to order medicines and check medicines delivered to the home.
- Care home providers should ensure that at least two members of the care home staff have the training and skills to order medicines, although ordering can be done by one member of staff.
- Care home providers should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy.
- Care home providers should ensure that records are kept of medicines ordered. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.[18]

Potential savings

As prescribing is the second highest cost area in the NHS and repeat prescriptions are approximately 80% of primary care prescribing costs, an efficient, robust and well developed repeat prescribing system can generate cost and productivity savings whilst improving the quality of patient care and reducing waste.[5]

Cost savings can be achieved by including medicines optimisation principles within the repeat prescribing policy, for example, switching branded medication to generic medications; ensuring the least expensive and clinically appropriate medicines are prescribed.[5]

Productivity savings are made by reducing wastage due to over-ordering, drug formulation changes and medication alignment.[5]

Medicines optimisation ensures that the right patients get the right choice of medicine, at the right time. It helps patients to: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.[19] To improve medicines optimisation NHS England have developed a Medicines Optimisation Dashboard to allow local NHS organisations to highlight variation in local practice and provoke discussion on the appropriateness of local care.[19] The Dashboard includes range of indicators which support repeat prescribing and demonstrate patient access to repeat medicines such as:

- % EPS items
- % of practices enabled for EPS
- % of practices submitting EPS
- % of repeat dispensing
- % of EPS repeat dispensing

This data can be viewed on a CCG; Trust; Area; Academic Health Science Network or CCG cluster level at http://www.england.nhs.uk/ourwork/pe/mo-dash/ [19]

Summary

- Repeat prescribing is a fundamental process within the NHS which plays a significant part in the provision of medicines to patients in primary care. It can be a complex system as there are many separate processes going on at the same time; however an efficient robust system offers many benefits to patients, carers, practices and the NHS as a whole.[2]
- Repeat prescribing systems should be managed in-line with a clearly defined repeat prescribing policy which should describe the processes and responsibilities of all of individuals involved and be reviewed and audited on a regular basis.
- 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 you will find that there is a combination of these methods in one practice, however some CCG and individual practices have implemented innovative 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.[5]
- Repeat prescriptions account for approximately 80% of primary care prescribing costs, therefore it is essential that practices have an efficient, robust and well developed repeat prescribing system which can reduce waste, generate cost and productivity savings whilst improving the quality of patient care.[5]

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Additional PrescQIPP resources

 Briefing

 Data pack

 Audit, presentations, training, patient information

Available here: https://www.prescqipp.info/resources/viewcategory/441-repeat-prescriptions

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Contact help@prescqipp.info **with any queries or comments related to the content of this document.**

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