NHS
Cumbria
Clinical Commissioning Group

Repeat prescribing

A practice guide

January 2014

Repeat Prescribing Systems

Introduction

Repeat prescribing plays a significant part in the supply of medicines to patients in primary care. Two-thirds of prescriptions generated in primary care are for patients who have requested a repeat supply of medicines they take regularly; this represents some 80% of medicines costs. It is estimated that 2.4 million prescriptions are issued each day in England, meaning that approximately 1.92 million prescriptions are issued each day for repeat items[1]. It is therefore important to general practice staff and patients that an efficient and effective repeat prescribing system is in place.

A poorly designed system, or one that is not well managed, can cause frustration to patients, practice staff and other health care professionals. It can waste precious time, as well as leading to an increase in the likelihood that mistakes could be made, thus putting patients' health at risk.

The new General Medical Service (nGMS) Contract recognises the need for an effective and efficient repeat prescribing system by the inclusion of several quality indicators relating to medicines management[2]. Benefits of a well-managed system include:

- Improved quality of prescribing
- Improved patient convenience and access to the medicines they need
- Improved patient safety
- Better and more appropriate use of relevant professional and practice staff skills and time
- Decreased GP and practice workload
- Optimal efficiency in the processes involved
- Increased patient / carer involvement and responsibility
- Better use of NHS resources

To reduce unnecessary burdens on general practice, it is important for repeat prescribing systems to adapt and evolve to meet the demands of a changing demography and developments in the NHS. In addition, the impact of supplementary and independent prescribing, the implementation of new IT systems and extended opportunities for community pharmacies need to be considered.

What is a repeat prescribing system?

Repeat prescribing is a partnership between patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals without the need for a GP consultation at each prescription request.
An essential component of this process is that the authorising prescriber ensures that arrangements are in place for any necessary monitoring of usage and effects, and for the regular assessment of the continuing need for the repeat prescription — which should be considered within the context of the clinical review of the patient.

The figure below shows a simplified diagram of what this system might look like.

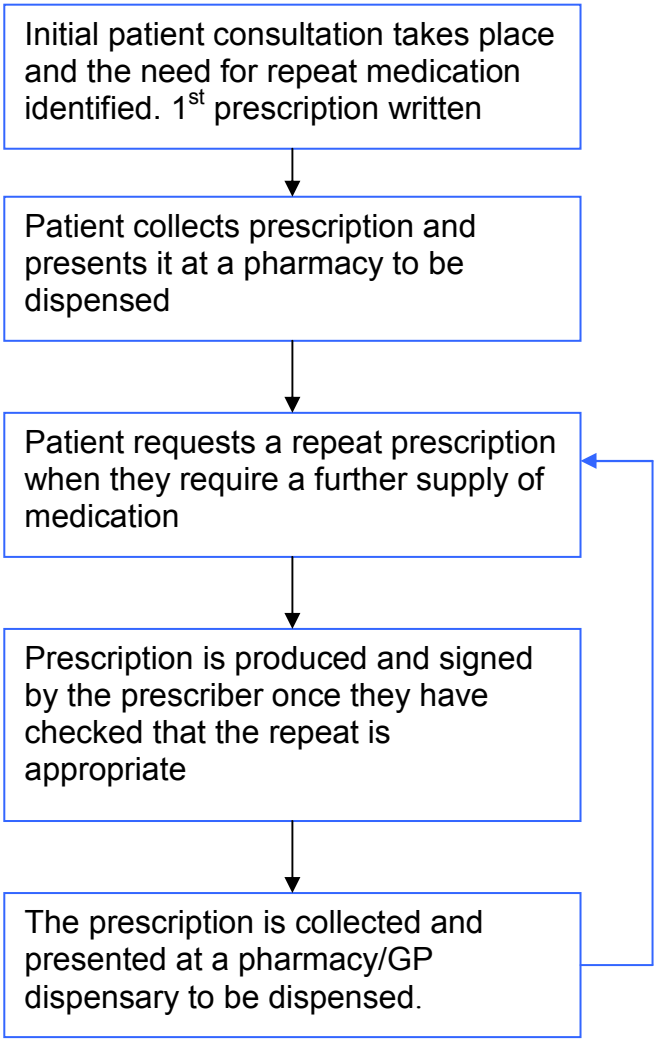


Figure 1 — A simplified repeat prescribing system

The way in which a request for a repeat prescription is made can vary, and may include electronic ordering, using the right hand side of the prescription itself, or making a telephone or written request or via Electronic Prescription Service (EPS).

There are also different ways in which the prescription can be collected from the surgery, ranging from the patient collecting it directly to it being sent electronically to a community pharmacy. In fact, repeat prescribing systems can vary considerably from practice to practice and, whilst there are good practice examples and ideas for improvement to systems, it is important to adapt each change to a practice's local situation and check that it will work first.

Benefits to patients and carers of a well run system

- Convenient and easy access to the medications they need
- 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 / 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
- 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.

Benefits to practices of a well run system

- 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 across all systems
- 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
- Achievement of quality goals in the nGMS Contract, maximising practice income
- 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 Transfer of Prescription, repeat dispensing.

Benefits to the NHS of a well run system

- 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

Making improvements

Repeat prescribing is a complex system involving many people and processes, and accuracy is essential. There are many opportunities for things to go wrong or for potential
'near misses'. The entire system needs to be reviewed regularly with input from those integral to the process, to help practices assure the quality of their service, and minimise the risks of inefficient and unsafe systems. Regular audits, as part of clinical governance
activities, can help.

When making improvements to a repeat prescribing system we need to balance speed with safety. Whilst recognising and maintaining this balance, however, more efficient systems may be achievable.

Mapping the system

Reviewing and redesigning the repeat prescribing process is about providing a better service for patients. Practices may find process mapping a useful exercise to identify exactly how their own repeat prescribing system works, and any areas of inefficiency or weakness. There will be many common elements, but all systems will have local variables included.

Process mapping the repeat prescribing system is an excellent way of identifying potential
problems or bottle-necks and allows a review of those parts of the system that have been identified.

Mapping out a system is not a difficult task, but it does need some protected time and the involvement of the entire team including users and carers, and others outside the practice environment, e.g. community pharmacists.

When making any changes to a system it is important to be clear about what you want to achieve and to think about how you will recognise an improvement.

There are many successful initiatives that we already know about that have led to significant improvements in medicines management within Repeat Prescribing Systems. Here are some examples:

- Some practices have developed web based systems for the ordering of repeat prescriptions. These reduced GP practice workload and increased patient choice. Patients no longer had to fit ordering their repeat medication around when it was convenient for the practice.

- One PCT made it possible for selected patients to order their repeat prescriptions using a text message service. This service proved very popular with patients who had certain disabilities such as poor hearing.

- Synchronising a patient's repeat prescriptions can save time for both the practice and patient as well as potentially helping to reduce waste. Several sites from the NPC medicines management programmes have looked at different ways of increasing the number of synchronised prescriptions and more information is available on the website.

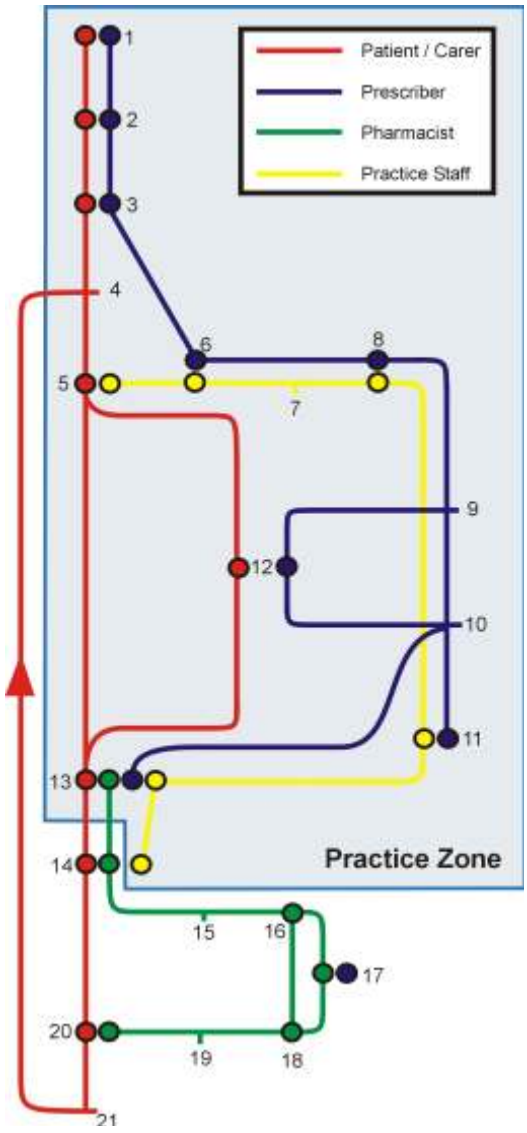
- To make better use of GP time and to improve patient satisfaction some practices had a dedicated member of staff for the repeat prescribing system.

- Introduction of EPS 2 has reduced the workload generated by patients requesting and collecting individual prescriptions and the ability to make wider use of the repeat dispensing service.

- Reduction in workload by the ability to review electronic prescriptions on screen, and either sign electronic prescriptions individually or select multiple electronic prescriptions to sign. Making the prescribing process more efficient.

- Ability to cancel electronic prescriptions at any point up until they are dispensed and to record the reason they were cancelled.

- Where currently a GP practice, operates a prescription collection service, staff will no longer need to sort (or post) prescriptions saving both time and resource.



1 Patient sees prescriber
2 Need for repeat medication identified
3 Repeat medication authorised
4 Patient decides to reorder medication
5 Request for repeat submitted
6 Check whether repeat allowable (administrative check)
7 Prescription produced
8 Prescription presented for signature
9 Check whether repeat appropriate
10 Prescription signed
11 Prescription returned to practice staff
12 Medication review, and prescription issued / given to patient (if prescription not given to patient, it is then returned to practice staff)
13 Prescription collected / given to patient or representative
14 Prescription received by pharmacy
15 Professional check
16 Patient medication record checked
17 Prescription checked with prescriber / prescriber records — as necessary
18 Items dispensed / accuracy check
19 Medication put out for collection
20 Medication received by patient
21 Medication used
Practice Zone — quality assurance

Figure 2 A map of the main elements of the repeat prescribing process

To aid understanding of the repeat prescribing process, and what needs to be done to improve the quality of its management, it can be divided it into nine key areas for consideration.

Key areas

Authorising repeat prescriptions
Requesting repeat prescriptions
Should we generate the prescription?
Prescription production and signing
Medication review
Patient gets the prescription
The community pharmacist's role
Using the medication
Quality assurance of the process

However, Zermansky[3] offered a model of repeat prescribing that many practices have used when developing practice policies. A brief description of this model is given below.

1. **Production**: involves receiving requests and producing the prescription. Usually delegated to a practice receptionist.

2. **Management control**: generally an area of the practice manager's or practice medicines manager's responsibility,
comprising four elements:

    I. Authorisation check
    II. Compliance check
    III. Review date — ensuring that every patient has a clear indicator of when therapy
    should be reviewed
    IV. Flagging — ensuring that each patient due for review is brought to the prescriber's attention.

3. **Clinical control**: this is the doctor, or other qualified prescriber's responsibility, and
involves two tasks:

    I. Authorisation — the decision that a repeat prescription is appropriate, the prescriber being satisfied that the drug is effective, well tolerated and still needed
    II. Periodic review — a review of the patient and the medication to ensure that treatment is still effective, appropriate and well tolerated. The prescriber makes an informed decision as to whether to continue, change or stop medication.

Further information on developing and improving repeat prescribing systems can be obtained from the National Prescribing Centre legacy website. The NPC is now part of

NICE but maintain their library of previous resources on the legacy website. http://www.npc.nhs.uk/repeat_medication/repeat_prescribing/index.php

Characteristics of a model repeat prescribing system – checklist

- It is clearly defined by written policies and procedures that are regularly reviewed to take into account changes in prescribing arrangements (e.g. supplementary prescribing, repeat dispensing arrangements) and practice developments.
- It is overseen and managed by an appropriately trained individual, with deputy and cover arrangements
- All members of staff, including locum prescribers, are trained and fully aware of how the practice repeat prescribing system works, and are aware of their individual responsibilities
- It maintains comprehensive, up-to-date and accurate repeat prescribing information for each patient
- It keeps all information secure and confidential, and all staff are regularly trained in the use of any computerised system
- Computerised systems are kept secure using confidential individual passwords for all users, in line with the security policy of the practice including Caldicott Policies, other requirements of the Data Protection Act and the Freedom of Information Act. Regular backups of the repeat prescribing information are made
- Information on screens is not visible to unauthorised personnel, patients or representatives, unless specifically designed for that purpose, e.g. Clinical Knowledge Summaries 'shared' screens
- It only allows addition of medications to a repeat prescription when the medication has been shown to be beneficial for the patient, and then only by a qualified prescriber
- It only allows the issue of medications that have been appropriately authorised by a qualified prescriber
- All prescriptions are reviewed and signed by an appropriately qualified prescriber who knows the patient or at least has direct access to the patient's medical records
- It explicitly states which medications are not considered suitable for routine repeat prescribing, e.g. controlled drugs, hypnotics, bearing in mind the needs of particular groups of patients such as the terminally ill
- A clear audit trail exists for the inclusion / removal of all medications to the patient'srepeat prescribing list
- There is an agreed process for reviewing all changes in medication following hospital inpatient or outpatient attendance, etc., before making changes to the repeat prescription
- It clearly defines an appropriate interval of reauthorisation for repeats, with a proper system to call patients for review. Regular clinical and medication reviews take place, including an assessment of concordance
- Prescriptions are produced accurately, providing full administration instructions, also maximising the synchronicity of items and avoiding therapeutic duplication
- The frequency of medication supply is kept within auditable limits so that any abuse of the system can be quickly identified, investigated and eliminated where appropriate

- Quantities prescribed take into account what each patient needs, the nature and stability of their clinical condition, patient safety and convenience, avoidance of waste, likely complications of treatment and any necessary monitoring
- Regular assessment of the patient's condition(s) is made; the continuing need for the medication being prescribed; continued benefit from treatment being derived; adverse drug reactions and drug interactions are picked up; and all necessary monitoring is being carried out
- Partnership with the patient is utilised to ensure maximum concordance and satisfaction with the treatment option, and early feedback of any potential problems
- Information is readily available to help patients and carers understand the system (ordering, collecting prescriptions, how to request help, reviews, etc.), and considers the needs and convenience of carers, including those looking after more than one patient. Comments received are carefully considered and, where appropriate, acted on
- Quality is regularly assessed. Learning from adverse incidents, including complaints and 'near-misses' are used to improve and evolve the system.
- Adverse incidents involving black triangle drugs are reported via the 'Yellow Card Scheme'.

The Repeat Risk Assessment (Appendix 1) provides an easy method of identifying areas of your repeat prescribing system which could be reviewed and change implemented to improve the system.

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References

1. Prescriptions dispensed in the community statistics for 1999-2009: England, Health and Social Care Information Centre 2010
2. Saving time, helping patients — a good practice guide to quality repeat prescribing. National Prescribing Centre January 2004
3. National Prescribing Centre Medicines Management Services Collaborative Service Improvement Guide: Repeat Prescribing. NPC 2006
4. Zermansky AG. Who controls repeats? Br J Gen Pract 1996; **46**: 643-7

Acknowledgement to Halton and St Helens PCT for sharing their Assessment Tool

Appendix 1

Repeat Risk Assessment Tool

Question	Score	
Is there a written protocol?	Yes = 0 No = 1	
PRODUCTION		
1. Request		
How is the request taken?	Telephone = 2 Telephone for housebound = 0 Written/ e-mail / post / fax = 0	
If the request is hand-written is it presented on:	Backslip = 0 Other = 1	
If the request is taken verbally does the same person generate the script?	Yes = 0 No =1	
Are the required items marked?	Yes = 0 No = 1	
Are the items requested on repeat?	Yes = 0 No = 1	
2. Production		
Is the member of staff doing the repeats designated and trained?	Yes = 0 No =1	
Are the scripts computer generated?	Yes = 0 No =2	
What is the turnaround time?	< 48 hours = 0 ≥ 48 hours =1	
Is there designated time set aside for doing the repeats?	Yes = 0 No =1	
3. Signing		
Is there a set time for signing?	Yes = 0 No = 1	
Are the appropriate resources available (e.g. computer) when signing?	Yes = 0 No =1	
Does the doctor perform a check before signing?	Yes = 0 No =1	
4. Miscellaneous		

What happens when a prescription is lost?	Reprint = 0 Re-issue = 1	
What happens when prescriptions are not collected?	Recorded = 0 Not recorded = 1	
If a prescription is reprinted, is this documented?	Yes = 0 No =1	
	Production total	
MANAGEMENT		
1. Authorisation		
Who authorises the repeats?	Receptionist = 2 Nurse = 0 Doctor = 0 Nurse Specialist = 0	
What is the process for reauthorisation?	GP notified = 0 GP not notified = 2	
How many issues are made?	0-6 = 0 6-12 (for stable patients) = 0 6-12 (for unstable patients) = 1 > 12 = 2	
2. Compliance		
Is compliance checked before prescription issued?	Yes = 0 No =1	
Is there a standard written procedure for over / under compliance?	Yes = 0 No =1	
3. Housekeeping (Use a sample of 20 patients)		
Out of the sample were there any branded items that should be generic?	Yes = 1 No =0	
Out of the sample were there any items that required dose optimisation?	Yes = 1 No =0	
Out of the sample were there any duplicated items?	Yes =2 No =0	
Out of the sample were there any items that had not been collected for 6 months or more?	Yes = 1 No =0	
Out of the sample were there any dosage instructions missing?	Yes = 1 No =0	
Are the drug monitoring tests up to date?	Yes = 0 No =1	
Are all quantities equivalent?	Yes = 0 No = 1	
	Management total	

CLINICAL		
1. Acute requests		
Who issues acute requests?	Receptionist = 2 Receptionist from agreed protocol = 0 Doctor = 0	
Can previously authorised acutes be issued by receptionists?	Yes = 2 No=0 Yes from agreed protocol = 0	
2. Discharges		
Who makes the decision to add / delete medication from the repeat?	Doctor = 0 Other =2	
Who updates the repeat screen?	Doctor = 0 Receptionists not checked by doctor after update = 2 Receptionist but doctor checks after update = 0	
3. Medication review		
Who carries out medication reviews?	Doctor = 0 Pharmacist = 0 Nurse = 0 Not been reviewed at appropriate intervals = 2	
Is there a procedure for highlighting when medication review is due?	Yes = 0 No =1	
	Maximum Risk Score = 46	

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