

Derbyshire Repeat Prescription Management Code of Practice

Guiding Principles:

- Where a patient is capable of ordering their own repeat medication they should as a rule be encouraged to do so.¹
- Written informed consent from the patient or their representatives is required to allow a pharmacy to collect prescriptions on a patient's behalf.
- Practice will provide a variety of methods for patients to request repeat medicines.
- Paper based methods of requesting repeat medicines should utilise the most recent printed repeat prescription request slip (right hand side of FP10 prescription form) wherever possible.
- Patient and pharmacy will confirm that every item requested is required at the time of ordering /dispensing.
- All parties will communicate regularly and work together to ensure the accuracy of practice-held records to minimise unnecessary waste of NHS resources.
- All healthcare staff have a responsibility to minimise waste in the repeat prescribing process and ensure wise use of NHS resources.

GP Practice agrees to:

1. Have a repeat prescribing policy that includes managing requests for repeat prescriptions.
2. Provide and promote different methods to allow as many patients as possible to request repeat prescriptions themselves, including email/web based systems.
3. Keep Patient Medication Records (PMR) accurate and current, particularly in respect of the list of authorised repeat medication and prescribed dosage, paying particular attention to "when required" medicines.
4. Reconcile and align medicines when patients move between healthcare settings particularly discharge from hospital and amend repeat prescription list accordingly and in a timely manner.
5. Ensure the patient is made aware of their regular medication review dates, and undertake regular reviews.
6. For non-Electronic Prescription Service (EPS) prescriptions routinely provide patients with a single copy of their current printed repeat prescription request slip (right hand side of FP10 form).
7. For EPS prescriptions, remind the patient to obtain their copy of their current repeat prescriptions from their community pharmacy when they collect their dispensed medicines.
8. Respond promptly to communication from patients or pharmacy concerning repeat prescription items e.g. no longer required, excessive quantity, dose clarification.
9. Fulfil repeat prescription requests within a reasonable timescale in accordance with the repeat prescribing protocol.
10. Work with the local Community Pharmacy network to identify patients suitable for the electronic Repeat Dispensing (ERD) service.

Pharmacy agrees to:

1. Have a standard operating procedure for their prescription re-ordering and collection service.
2. For **patients unable** to order their own repeat medication, obtain informed consent in writing from each patient or their representative to order (or manage) their repeat prescription request.
3. Agree with patient or representative exactly which repeat medicines are required. This must be done on every occasion, **no more than 5 days** before the repeat prescription request is submitted to the patient's practice. Particular attention should be paid to "PRN or as needed medicines" and some inhalers, as often they will not be required at the same frequency as regular medicines.
4. Routinely, repeat prescription requests should **not** be submitted to a GP practice more than **fourteen calendar days** in advance of the patient requiring their medication.
5. Use the most recent printed repeat prescription request slip (right hand side of FP10), or printed EPS token, when requesting on behalf of a patient wherever possible.
6. Clearly mark on the request slip, or EPS token, pharmacy details and date of request (pharmacy stamp); only tick required items.
7. Keep comprehensive records of all requests in whatever form the pharmacy deems appropriate so that there is a robust audit trail for every prescription from patient's request to receipt of delivered or collected prescription medicines.
8. At the point of supply the pharmacy **MUST** always confirm with the patient or carer that every medicine dispensed is required by the patient. Any item which is not required **MUST** be clearly marked "ND" (not dispensed) either on the paper (and **MUST** strike a line through those items on the prescription not required) or electronic prescription in accordance with NHSBSA requirements so as to prevent that item being reimbursed. Practices must also be notified of all such ND items via an agreed format notification slip so as to maintain accuracy of practice and pharmacy patient records.
9. Any medicines confirmed as not required by patients and marked as 'ND' are to be returned to stock by the pharmacy.
10. Any concerns with regards to non-adherence identified as a consequence of repeated instances of repeat medication not being required by patients should be notified to practices. Furthermore, such patients should be considered for MUR intervention and recommendations following such interventions communicated to practices.

Patient agrees to:

1. Be responsible for requesting their own repeat prescription whenever possible.
2. When requesting repeat medicines only to request regular items that will be required within the next seven days, and “when required” items that are likely to be required before the next “regular repeat”.
3. Keep the most recent printed repeat prescription request slip or EPS token, and use it to request the next supply as above (unless using email/web based systems).
4. To discuss with the practice/pharmacy any repeat medicines that they do not want to continue to take or where they have an excessive supply, to ensure medicines waste is minimised.
5. Check their dispensed medicines **before** leaving the pharmacy to ensure unwanted items can be returned to stock.
6. Provide confirmation in writing that the pharmacy is authorised to collect (or manage) repeat prescriptions for them, and to discuss relevant medicines issues with the practice or their pharmacist.
7. Inform their pharmacy/practice as soon as possible of any changes affecting their regular medicines, to ensure their patient medication record is kept up to date.
8. When requested, attend their medication review at the practice.

Electronic Repeat Prescription Dispensing Service (ERPDS) - NHS essential service

- The Royal Pharmaceutical Society (RPS) believe the uptake of NHS electronic repeat prescription dispensing service (ERPDS) is the most appropriate way to ensure patients on repeat medicines have timely access to their required medicines and regular pharmacist intervention to provide pharmaceutical care / medicines optimisation.
- For patients who are suitable to receive this service, repeat dispensing can be set up at their annual review for 6 or 12 months dependent on when monitoring is due.
- When ERPDS is utilised the pharmacy no longer reorders prescriptions on behalf of the patient.

When delivered well the ERPDS allows community pharmacy to add value to the repeat prescribing process and ensure the needs of the patient are conveniently met without the generation of unnecessary waste. If poorly delivered however, this can pose a risk to patients and will generate unnecessary waste.

NB: the section below is taken from the service specification: Essential Service-Repeat Dispensing

Prior to each dispensing episode the pharmacist will:

- Ensure that the prescription requested is due and not being requested in advance of the date on the form.
- Ensure that the patient is taking or using, and is likely to continue to take or use, the medicines or appliances appropriately.
- Ensure that the patient is not suffering any side effects from the treatment which may suggest the need for review of treatment.
- Check whether the patient’s medication regime has been altered since the prescriber authorised repeatable medication.
- Check whether there have been any other changes in the patient’s health since that time, which may indicate that the treatment needs to be reviewed by the prescriber.

Notes

- A pharmacy prescription collection service is where the pharmacy representative acts as an agent on behalf of the patient to order, collect, dispense and/or deliver the medication to the patient. This is a useful service for those patients who are housebound. The agent follows the same procedure as would a relative or friend submitting the prescription on behalf of the patient collecting it then having it dispensed.
- GP practices will ensure that where the patient has indicated a pharmacy of choice for the dispensing of their prescription, that the prescription is either handed to the patient or patient’s representative or made available for collection by the nominated pharmacy.
- Where the patient has confirmed in writing that they wish the pharmacy to manage their repeat medication ordering, or use the pharmacy as a means of submitting their prescriptions to the surgery this choice will be respected by the doctor and his/her staff.
- Practices shall ensure that repeat prescription requests are managed within the surgery in a timely manner (no more than two working days) to ensure that the pharmacy is in a position to dispense the medication before the patient runs out of their current supply, particularly where the patient has ordered early to account for holiday periods.
- Pharmacists will ensure that where they manage repeat medication requests on behalf of patients that this is done in an effective manner, having regard to the patient’s expected requirement of each medication.
- Good communication between community pharmacy and GP practice staff can help minimise any potential problems

1 Policy on Community Pharmacy Managed Repeat Prescription Services: <http://www.kentlpc.org.uk/wp-content/uploads/sites/106/2016/06/RPS-Managed-repeat-prescription-policy-Feb-2016.pdf>

Acknowledgement: Telford and Wrekin CCG Repeat Prescription Code of Practice and Surrey CCG’s guidance on Repeat Prescription Re-ordering