



Repeat prescribing protocol template

Practice name.....

Initiating repeat prescriptions

- Items are authorised as suitable for repeats by the prescriber, entered on their records, and a review date is set (usually 12 months).

Production

- Patients request specific items by ticking them on the prescription counterfoil, and hand it in or post it to the surgery. Alternatively, patients may make an arrangement with a community pharmacy to request and collect repeats on their behalf. In these cases, the pharmacy should provide a copy of the patient consent form.
- If a number of community pharmacies are used this way then it is useful for the repeats clerk to record which prescriptions have gone where, and when, using a designated book.
- If the repeat counterfoil has been lost, a request in writing is acceptable.
- Telephoned requests are not accepted other than in exceptional circumstances.
- If there are no items ticked on a counterfoil containing many, the patient is contacted to determine which items are required. They should not be re-issued without checking with the patient.
- Patients are made aware of the procedure for obtaining further supplies by the prescriber issuing the first prescription, particularly the need to give at least 48 hours' notice. An explanation of this procedure should be undertaken by a member of the practice staff.
- If the practice uses an electronic request system, the process should be outlined in this repeat prescribing protocol.

Management control

- A repeat prescription will usually provide treatment to cover a period of days. The practice may define exceptions to the standard period of treatment. Where a patient receives more than one repeat item, quantities should be synchronised.
- Items not to be made available on repeat prescription include.....
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(The following groups should not normally be prescribed as repeats: antibiotics, hypnotics, smoking cessation, anti-obesity, treatment dose PPIs, potent topical steroids, antidepressants, any new medication prescribed until reviewed by clinician)

- Medicines provided by other organisations, e.g. clozapine, HIV drugs, are added to the patient record [in a way that prevents prescriptions being issued](#).
- Early (.....days or more, prior to the anticipated date) or late requests (.....days or more, after the anticipated date) are flagged up, and the prescriber is alerted. If the review / reauthorisation date is imminent, the prescriber is also alerted.
- If a patient is requesting any medication, including hospital prescriptions, which has not been authorised as a repeat, the request is referred to the prescriber.
- If a patient has lost their prescription, the request for a replacement is referred to the prescriber. If the prescription is for a Controlled Drug, this should be reported to the Accountable Officer for Controlled Drugs, contact your Medicines Management Team (For Brighton and Hove CCG email: BHCCG.MedicinesManagement@nhs.net for High Weald Lewes Havens CCG email: hwlhccg.mmt@nhs.net).
- Practices may wish to contact patients who continue to abuse the system (e.g. frequent early requests, urgent requests) to discuss and resolve the problem.
- Requests from DACs (Dispensing Appliance Contractors) that include new items or an increase in quantity to existing items should be queried with the company or the patient; if there appears to be a clinical problem, contact the [Stoma care team at BSUH \(stomacare.department@bsuh.nhs.uk\)](#)
- When the penultimate installment is issued, the patient's notes are 'flagged' and the prescriber alerted. The patient may then be requested to attend surgery for a medication review, or the prescriber may decide that a review of the notes would be sufficient.

Clinical Control

- Repeat medication is reviewed at least once a year by the prescriber, and the review date reset for all medication. Any items not ordered in the previous.....months will be removed from the list of repeat prescriptions.
- The review is recorded in the patient notes along with any action e.g. discussed compliance, adverse effects, no problems etc., and the computer repeat prescription record amended if appropriate.
- Additions, deletions and alterations to a repeat prescription are made by the prescriber at the time of consultation or as soon as possible after home visits.
- Changes to medication after a hospital encounter are checked and entered onto the patient's records by the prescriber.

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For efficient use of Electronic Prescribing (EPS2):

- Ensure patient demographic data matches spine data.
- Check that patient has a nominated pharmacy and that this information is up to date and correct, especially where patients have recently moved to the area.
- Ensure prescribed items and quantities are mapped to dm+d.
- Ensure dosage instructions appear on the record in full, not as abbreviations.
- Where a patient receives more than one repeat item, quantities, authorised issues / review dates should be synchronised.
- EPS should be avoided when issuing 7 day repeat dispensing scripts. With the introduction of EPS, it is an ideal opportunity to review your practices prescribing of 7 day prescriptions to determine if they follow our local guidance.
<http://www.brightonandhoveccg.nhs.uk/sites/default/files/resources/blisterpacksfaq-march2014.pdf>
- There has been a recent change to legislation allowing the electronic transfer of Schedule 2 & 3 controlled drugs effective from 1st July 2015. However, there is still no timeframe from GP clinical systems & pharmacy dispensing systems as to when they will be able to support this important change to EPS.

Practice issues

- Repeat prescriptions will only be generated by appropriately trained staff.
- A copy of the repeat prescribing protocol is kept in
- The staff primarily responsible for issuing repeat prescriptions are (give names):

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Cover is provided by other appropriately trained administration staff as necessary.

- Repeat prescriptions are generated at a designated workstation away from the reception area.
- Basic training is provided in-house.

Signed for the practice.....

Date of preparation.....

Date of review:

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