

Repeat Prescribing Policy

1. Requesting a Prescription

- 1.1. Prescriptions may be requested in the following ways:
 - 1.1.1. Electronically, using the NHS App (**preferred method**).*
 - 1.1.2. Electronically, using systmonline Patient Online Service (**preferred method**).*
 - 1.1.3. By placing the counterfoil or other written request in the lockable box in the reception foyer.
 - 1.1.4. By letter (preferably including the counterfoil) with SAE if this is more convenient.
 - 1.1.5. By telephone through the practice dispensary (dispensing patients without access to electronic services only).
 - 1.1.6. By telephone through reception (housebound patients without access to electronic services only).
 - 1.1.7. Through District Nurses (patients without access to electronic services only and ideally in writing).
- 1.2. For non-electronic requests, the patient or representative should clearly mark which items they require; any additional information may be written on the counterfoil. They may also use the space provided to nominate a pharmacy they wish the prescription to be sent to electronically, or to be collected by for paper prescriptions.

* These electronic methods are preferred because they allow the patient direct access to their list of medicines and appliances, reducing the risk of transcription/picking errors.

2. General Policy

- 2.1. Prescriptions, whether electronic or paper, will be ready to leave the building within 2 working days.

(Please note that the “prescription” is the legal document necessary for the pharmacy or dispensary to supply medicines, not the dispensed medicines themselves. The patient should allow sufficient additional time for their pharmacy [or the practice dispensary for dispensing patients] to dispense the items, which may need to be ordered after receiving the prescription.)
- 2.2. As far as possible, prescriptions are issued from the clinical system to maintain the patient’s medication history and an audit trail. This also ensures that information relating to allergies, adverse reactions and contra-indications is available at the point the prescription is issued. If it is not possible to generate a prescription using the clinical system (*e.g.* when visiting a patient at home), the issuing clinician should record the prescription in the patient’s record as soon as reasonably practicable, and in any case within 24 hours.
- 2.3. Prescriptions will be issued by Electronic Transfer (ETP) wherever possible, in keeping with NHS strategy. Prescriptions will usually be issued for 28 days’ supply, although this may be altered at the clinician’s discretion.
- 2.4. Prescriptions are generated by receptionists trained in this role. Most aspects of the role are performed by Prescription Clerks, who receive additional training.

- 2.5. The Prescription Clerks follow a Standard Operating Procedure, which is reviewed and updated regularly.
- 2.6. Only a clinician may initiate treatment and add new medication to a patient's drug list, under the supervision of a prescriber, if they do not hold a prescribing qualification themselves. New medication will usually be entered as Repeat Template with a Maximum Issue of 1 and will be reviewed at the first repeat request by a prescriber. If the medication has been appropriate for the patient, the GP may change the status to "Repeat", by authorising an increase in the Maximum Issue number at his or her discretion.
- 2.7. An indication should be clearly recorded for any new drug added to the list.
- 2.8. All reasonable efforts are made to keep the patient's medicines aligned.
- 2.9. Any medication not ordered within 6 months is removed from the patient's list.

3. Dealing with Queries

- 3.1. In the event of any queries, prescriptions will not be issued until a clinician has authorised them. Queries are passed on to the relevant clinician *via* the Systmone Tasks feature using the following cascade:
 - 3.1.1. The patient's assigned GP, if on duty on the day of the query
 - 3.1.2. Another GP from the patient's cluster (including locums), who is on duty on the day
- 3.2. Such queries may include:
 - ❖ Controlled Drugs requests
 - ❖ Recently started item requests
 - ❖ Deleted item requests
 - ❖ New item requests
 - ❖ Apparent overuse / underuse / inconsistent ordering
 - ❖ Medication review or monitoring overdue

4. Controlled Drugs

- 4.1. Schedule 2 and 3 Controlled Drugs are on the system as Repeat Templates with a Maximum Issue of 1, and as such may only be issued by a clinician (for gabapentin, pregabalin or tramadol the administrative aspect of the task may be delegated to the Prescription Clerk by the clinician by express written authorisation on an individual case basis). Requests should be referred following the cascade used for queries.
- 4.2. Schedule 4 controlled drugs may be placed on the system as either Acute or Repeat items at the prescribing clinician's discretion.
- 4.3. Paper prescriptions for Schedule 2 and 3 Controlled Drugs collected on the patient's behalf by a pharmacy must be signed for.

5. Urgent Medication Requests

- 5.1. Only a small number of medicines are truly essential to require urgent supply. The Doctors have agreed that only the following medicines will routinely be treated as urgent:
- ❖ Anaphylaxis treatment injections (Emerade, EpiPen, Jext)
 - ❖ Asthma treatments
 - ❖ Anticoagulants (apixaban, dabigatran, edoxaban, rivaroxaban and warfarin)
 - ❖ Epilepsy treatments
 - ❖ Antihypertensive treatments (for high blood pressure) and GTN sprays for angina
 - ❖ Insulins
 - ❖ Prednisolone
- 5.2. A prescription for an urgent medicine (EPS R4 token or FP10) will usually be available for collection from the surgery at the end of the day (approximately 17:00). In the case of a paper prescription, the patient or representative is responsible for collecting the prescription and taking it to a pharmacy; in the case of an EPS R4 token, any pharmacy will be able to download the prescription (*via* the NHS ETP Prescription Tracker) provided they know the patient's NHS number.

6. Lost Prescriptions

- 6.1. Because the majority of prescriptions issued are now electronic and can be traced using the ETP Prescription Tracker and prescriptions for Controlled Drugs are signed for by the collecting pharmacies, occurrences of lost prescriptions which need replacing should be rare.
- 6.2. If a prescription has been lost and cannot be found, record in the patient's notes details of the loss (*e.g.* script lost by pharmacy, script lost by patient *etc.*) and that the script has been reissued.

7. Hospital Discharge Reconciliation

- 7.1. Discharge information arrives at the practice by e-mail. Any changes to medicines are brought to the attention of the appropriate clinician. The clinician will either add or change any medicines on the patient's record as necessary, or delegate the task to an appropriately trained, named Team Member who will follow a Standard Operating Procedure for the task.

8. Uncollected Prescription Forms

- 8.1. Prescription forms that remain uncollected 4 weeks after the appropriate date should be unissued and destroyed, with a corresponding entry in the patient's notes.
- 8.2. Where an uncollected item may be of particular concern, or is a Controlled Drug, this should be brought to the attention of the patient's GP.

9. Electronic Repeat Dispensing (eRD)

- 9.1. The NHS Repeat Dispensing service allows GPs to issue batches of regular, stable medication for up to 12 months at a time. This reduces the workload for the practice by reducing the number of prescriptions being issued and is usually more convenient for patients because they don't have to submit a re-order form to the practice every time they need more medication.
- 9.2. Helston Medical Centre will use eRD whenever appropriate (subject to patient consent) for patients whose treatment regimens are stable and whose medicines will be used at a predictable rate. The practice's policy is to run the RD batch to about 1 month after the next associated monitoring, so that when the next batch becomes due the monitoring should have been conducted.

10. Expensive Items Prescribed Elsewhere

- 10.1. Certain expensive items (*e.g.* anti-rejection medicines) are prescribed and supplied elsewhere for fiscal reasons.
- 10.2. Such medicines will be added to the patient's notes using the "prescribed elsewhere" option to ensure the completeness of notes and enable checking for drug interactions.
- 10.3. It may be useful to also add a free text note to the new entry and to amend the dosage instructions to include "Expensive item prescribed elsewhere – do not issue".

11. Patients Not Attending For Monitoring

- 11.1. Many medical conditions and drug therapies require regular monitoring for safe and effective treatment. It is the responsibility of both the patient and the prescriber that any necessary monitoring is carried out.
- 11.2. If a patient fails to attend for monitoring after two invitations (recorded in their notes), then, until monitoring occurs, the quantities issued on their prescriptions will be reduced to
 - 11.2.1. 14 days' supply for the first month, then
 - 11.2.2. 7 days' supply ongoing.

12. Patients Travelling Abroad

- 12.1. By law, the NHS ceases to have responsibility for the medical care of patients when they leave the UK. In addition GPs are not required by their terms of service to provide prescriptions for the treatment of a condition that is not present and which may arise at a later date (while the patient is abroad).
- 12.2. The NHS does accept responsibility for supplying ongoing medication for temporary periods abroad of up to 3 months. However, if a person is going to be abroad for more than 3 months, then they are only entitled (at NHS expense) to a sufficient supply of regular medication in order to get to their destination, where they should find an alternative supply of that medication.
- 12.3. NHS policy is that patients residing abroad for a period of more than 3 months should be removed from the registered patient list.
- 12.4. **Patients travelling out of the country for less than 3 months**
We will provide sufficient medicines for existing conditions for the period while the patient is

away where it is safe to do so. Drugs that require frequent monitoring (*e.g.* lithium) may not be prescribed where there are safety concerns. One month's supply only will be issued for drugs normally available over the counter, such as paracetamol.

12.5. Patients travelling out of the country for more than 3 months

12.5.1. Patients who inform us they will be leaving the country for more than 3 months will be prescribed sufficient medication to enable them to make alternative arrangements at their destination (up to 3 months' supply where safe to do so).

12.5.2. They will also be removed from our patient list. We will be pleased to re-register patients on their return to residence in the UK and can reassure patients that their electronic notes are kept on file for reference on your return.


12.5.3. Patients and relatives should not seek medication for themselves from this practice while they are abroad as this constitutes NHS fraud.

12.6. Prescriptions for medicines in case of illness while abroad.

12.7. GPs will only prescribe NHS prescriptions in this case for exacerbations of pre-existing illnesses (*e.g.* prophylactic antibiotics for patients who have frequent infections secondary to an underlying lung condition).

12.8. Patients should be aware that some drugs commonly prescribed in the UK may be illegal in certain countries and you should check with that countries embassy before you travel.

Organisational Approval

Role	Name	Signature	Date
GP Partner	J P Garman		27/07/2021

Reviews

Date	Version	Reviewed by	Reviewed or Updated
14/05/2012	1.0	R McD Boyce	Written
23/09/2014	2.0	C J Burgin	Updated (extensive re-write)
26/07/2019	3.0	D J Jenkins	Updated (extensive re-write)
12/11/2019	4.0	D J Jenkins	Updated (addition of section 12)
26/06/2020	5.0	D J Jenkins	Updated (sections 1.1, 2.6, 2.9, 3.1, 3.2, 5.2 updated to reflect change of clinical system, and introduction of NHS App)
23/07/2021	5.1	D J Jenkins	Updated (section 5.1 to include antihypertensive treatments)