

# McHugh-Campbell Practice Repeat Prescribing Protocol

## Repeat Prescribing Process

The number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/local holidays)

### Receiving requests

The following personnel are allowed to request repeat prescriptions:

- Patient
  - Carer
  - District nurse
  - Pharmacist
  - Care home staff
- } By prior arrangement

When there is third party request's staff must:

- Assure patient confidentiality
- Ensure the correct information is accurately exchanged, when those making the request are not fully aware of the medications
- Guarantee probity

Requests should be received by the following methods:

- Counterfoil (preferred)
- Written request
- Via the website <http://www.mchughcampbell.co.uk>.
- Verbal requests via phone. It is preferable to have a member of staff designated to this task, away from the reception area to maintain patient confidentiality.

Written requests are preferable to oral requests because they are more likely to be accurate, and there is a reduced opportunity for errors and misunderstandings. The patient should be informed when they are able to collect the prescription at the time of request by way of a poster.

The following information must be obtained before a request is processed:

- Patient's full name
- Patient's address or date of birth
- Name/strength/ form and dosage of medication(s)

Any queries arising from the request should be clarified at this stage

*N.B. It is NOT acceptable for a patient to request "all repeats" or their "blue tablets", or use a description of medication rather than specify the name (e.g. heart tablets, pain killers)*

### Production of Repeats

- The practice computer system must be used for generation of all repeat prescriptions to ensure a clear record of supplies
- It is good practice to have a list of medications which are not permitted in the repeat system clearly visible at the point of repeat e.g. benzodiazepines, antibiotics

## **McHugh-Campbell Practice Repeat Prescribing Protocol**

- A counterfoil (medication list) must be generated with every prescription
- If a prescription requires delivery, patients must make their own arrangements; staff are not to recommend a pharmacy

### **Processing a Request for a Repeat Prescription**

- Check that the items requested are on the patients' **current** repeat list. If the patient requests any items not on the list, refer to the GP
- If the item appears on the list, check the name, form, strength and dosage instructions are identical to the request. If there are any discrepancies, refer to the GP.
- If the authorised number of issues has been met, re-authorise for one issue only and refer to GP.
- Check medication review date has not been exceeded -refer to GP to see if he/she wishes to see patient.
- If there is no review date set, make one for 3 months.
- Where prescription requests are earlier or later than expected, and may indicate over or under use of that item, refer to the prescriber so that they can find out why the patient is not using the medication as intended.
- Cancel repeats that have not been ordered for one year or more, exceptions are seasonal medications e.g. hay fever.
- Align to 28 days (where appropriate). It is good practice to limit supply of medication to no more than 28 days supply (exceptions include contraception, HRT). The supply of Controlled Drugs should always be limited to a maximum of 28 days supply.
- Patients receiving their medications in Monitored Dosage Systems should receive a prescription for 28 days supply and not (4x7) days supply, unless clinically appropriate e.g. benzodiazepine abuse

### **Processing Repeat Prescription**

- Once printed place prescription into designated pile to be signed by the GP. Repeat prescriptions should only be signed by a prescriber who knows the patient, or at least has direct access to the patient's clinical records
- Once the prescription had been signed, it should be returned to the receptionist for collection by the patient or patients' representative.
- The signed prescription should be stored in a secure, supervised place, out of reach of the public, as it contains confidential information about the patient.
- The name address and date of birth should be checked with the person collecting the repeat prescription to confirm the identity of the patient.
- Any prescriptions being collected by an outside agency i.e. Community pharmacy, will have been agreed. This should be checked if the receptionist is not aware of such an arrangement.
- On no account should the prescription be collected by anybody under 16 years of age
- Prescriptions not collected after 1 month should be highlighted to the prescriber and if destroyed the issue should be deleted from the issue record
- If a review date is required or overdue, the patient is advised of this and an appointment made.

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## Repeat Prescribing Protocol

### Authorisation

- The GP is the only person who can add authorised medications to a patient's repeat medication list
- When a medication is first added to a repeat prescription, it should be noted clearly why it was started in the first place
- Often newly prescribed medication (until suitability is confirmed) and medication with frequent dose changes would be better set up as an acute prescription.
- The number of repeats, or the period of time, allowed before the next review should be defined.
- If a request is placed for a drug that is not authorised as a **repeat** item, a prescription must **not** be generated:
  - Attach an explanatory note to the patient's records
  - Inform the GP

### Compliance check

If a patient is over- or under- using medication, a prescription must **not** be generated:

- Attach an explanatory note to the patient's records
- Inform the GP

### Flagging of problems

If there is a query, a prescription must **not** be generated:

- Attach an explanatory note to the patient's records
- Inform the GP
- After signing, communicate any message (from the doctor to the patient) by attaching a note to the prescription (where applicable)

### Urgent requests

- Immediately pass the request to the receptionist highlighting the urgency

### Hospital Discharge Medication/Outpatient attendance/Home Visits

Patients who have been discharged from hospital or seen in outpatients often have their medication changed. This can potentially lead to serious problems if strict procedures are not followed.

- Discharge medication/hospital letter must be reviewed by the GP **in conjunction** with details of the patient's current medication
- Hospital communications must be made available to the GP at the end of the surgery following their receipt

Hospital communications must **not** be filed until:

- The GP has conducted a medication review

Or

- An appointment or home visit has been made and:
  - You have checked the patient has enough medication
  - You have informed the doctor of any need for an acute prescription
  - You have asked the patient to bring all their medication to surgery (if applicable)
  - You have set the patients review date to today

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- If a patient requests a supply of medication before the hospital communication has been received, a faxed copy must be requested from the hospital. The urgency placed upon this request should be guided by the duration of the patient's remaining supply.
- Sight of medication dispensed to the patient is not a suitable means of verifying amendments made to a patient's regimen. In particular reception staff must not transcribe from the labels of such items, a request for a repeat prescription.
- The GP should indicate that the computer records have been updated by signing and dating the discharge letter. Checks should include:
  - Duplication of same drug
  - Dose
  - Form
  - Quantity
- Delete medication that has been discontinued
- Align medication to 28 days
- This process should not be done by a receptionist

Any alterations to a patient's medication, outside of a practice consultation, e.g. home visit, must be updated at the earliest opportunity by the GP. Handwritten prescriptions must be entered onto the computer system at the earliest opportunity to reduce inadvertent duplication of prescribing, to reduce the possibility of unintentional drug interactions and to provide an audit trail.

If a patient requests a supply of medication that has been issued on a handwritten prescription, but is not on the computer record:

- Attach an explanatory note to the patient's record
- Approach the GP at the end of surgery

Patients should be given information explaining the repeat prescribing system

### **Patient information**

- A poster explaining the practice repeat prescribing policy should be displayed in the reception area and the message reiterated face to face when necessary
- The message section of the counterfoil should be used to inform the patient of the repeat prescribing policy
- The repeat prescribing policy is displayed on the website.

### **Quality Assurance**

- Audit of the repeat prescribing system should be conducted annually

### **Clinical Control**

#### **General**

- Medication review is the periodic review of the medication at which the continuing need for acceptability and safety of medication on the repeat prescription are considered.
- A recall system should also be in place to ensure that patients who do not order their medication are also reviewed.

# McHugh-Campbell Practice

## Repeat Prescribing Protocol

### Initiation

- The prescriber must be satisfied that drug treatment is appropriate and necessary
- Consideration should be given to non-drug treatments and lifestyle interventions
- The patient must be reviewed at least once before granting a prescription repeat status
- Prescribe medication to cover the period until assessment of suitability only
- Consider patient sensitivities and significant interactions
- Prescribe generically unless there is good reason not to Exceptions include:
  - Modified release nifedipine
  - Modified release diltiazem
  - Lithium
  - Modified release theophylline
  - Anticonvulsants
- **Specify the dose and frequency:**
  - The instruction “as directed” should be avoided.
  - The instruction “when required” should not be used alone
- Explain to the patient what you are prescribing and why
- Ensure the patient understands whether the drug is an addition to or replacement for current medication
- Discuss common adverse effects; consider if the patient will be concerned by the manufacturer’s patient information leaflet
- Explain how the drug(s) is administered (demonstrate if appropriate)

### Authorisation

- The prescriber should be satisfied:
  - The drug is effective (look for objective evidence)
  - Long term treatment is needed
  - The patient is concordant
  - No important adverse effects are experienced
- Only prescriptions for patients with stable, chronic conditions should enter the repeat system
- Prescribe 28 days supply at a time
- The prescriber should check the following:
  - Drug name, strength, form and dose
  - Indication for each drug
  - Monitoring plan
  - Date of next review
- Repeat prescriptions should be reviewed and signed by the GP who knows the patient and medical notes should be available if needed. All drugs requested within the system should be regularly reviewed. A system should be in place for distributing a GP’s prescriptions in cases of absence.

### Review

#### Review process

- 12 months should be adopted as the standard review interval (6 months for patients over 75 years on four or more repeats)
- Compare the patient’s medication to the intended drug regimen and resolve any discrepancies (advise return of unwanted medication to a pharmacy)
- Examine the effectiveness of each drug and consider:

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- Cessation
- Cancel item
- Therapeutic substitution (to formulary item)
- Drug changed to cost effective alternative
- Generic substitution
- Dose adjustment
- Document any side effects/ ADRs/ allergies in the patient's note
- Ensure necessary tests are being carried out at appropriate intervals i.e. U&Es, LFTs etc
- An entry should be made in the medical records at the time of medication review to indicate that it has occurred, noting any changes.
- Update the computer, including review date *and* print a new paper record
- Clearly record:
  - Drug name, strength, form and dose
  - Indication for each drug
  - Monitoring plan
- Provide the patient with an updated, printed medication list and a review date

### Home visits

- The GP must update the computer and paper records immediately upon return to surgery

### Patient information

- All patients should be given a verbal explanation of the practice repeat prescribing policy at their new patient interview. The patient should be shown how to order prescriptions using their counterfoil and the location of the review date will be highlighted to them.

### 7. Recent Initiatives

**Online ordering of medication** is available to patients who wish to register their repeat medication details our website <http://www.mchughcampbell.co.uk>

### Items not suitable as repeat medication

Aciclovir

Antibacterial/ antifungal lozenge or mouthwash

Antibiotics

Canesten preparations

Chloramphenical ear drops/ointment

Hypnotics (other than long term existing patients, providing they have been counselled)

Methotrexate (only under shared-care protocol) –see NPSA alert

Ondansetron

Pseudoephedrine

Very potent topical steroids

Zyban

Wardfarin –see NPSA alert

### Appendix 3

# **McHugh-Campbell Practice Repeat Prescribing Protocol**

## **Controlled Drug Prescriptions**

### **Schedule 2 and 3 controlled drugs (except temazepam)**

A prescription for Schedule 2 and 3 CDs (with the exception of temazepam and preparations containing it) must contain the following details:

- Written so as to be indelible e.g. written by hand, typed or computer generated
- The patient's full name, address and where appropriate, age
- The name and form of the drug, even if only one form exists
- The strength of the preparation, where appropriate
- The dose to be taken
- The total quantity of the preparation, or the number of dose units to be supplied both in words and figures
- Signed by the prescriber with their usual signature (this must be hand written) and dated by them (the date does not have to be hand written)
- The address of the prescriber must be stated on the prescription and must be within the UK (does not include the Channel Islands or the Isle of Man)

### **Temazepam and Schedule 4 and 5 controlled drugs**

- Prescriptions for temazepam and for Schedule 4 and 5 CD's are exempt from the specific prescription requirements of the Misuse of Drugs Regulations 2001, however they must still comply with the general prescription requirements as specified under the Medicines Act.

The quantity of CD prescribed should not exceed 28 days supply on any one prescription.