FACTSHEET

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Repeat Prescribing – Best Practice

Repeat prescribing is a common activity in general practice and typically involves all members of the practice team at various stages. It is unfortunately an area that results in many medico-legal complaints, mostly due to system failure. Such problems account for almost 20% of requests for advice / assistance which Medisec receives such as those detailed in Table 1.

Table 1. Repeat prescribing related issues commonly reported by Medisec members:

- deficits in prescribing practices
- failure to properly monitor medication dosage
- medication reconciliation especially with hospital/community/consultant interface
- poor monitoring of patient and issuing repeat prescription
- errors with transcriptions and computer drop down menus
- poor monitoring of benzodiazepine prescribing
- methadone prescribing in the absence of adequate training.

The repeat prescribing system is a source of potential risk to patient safety. Therefore taking time to review the system and making improvements, if necessary, is beneficial to patients and staff.

This brief guide is intended to assist Medisec members in the development and/ or review and implementation of a practice repeat prescribing system.

Legal responsibility

The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024 makes it clear that the legal responsibility for prescribing lies with the doctor who signs the prescription, and this guidance applies equally to the transcribing of medication. In the case of the latter, if any doubt or concerns, clarification should be sought from the original prescribing doctor or team.

We would draw your attention to the following paragraphs:

34.1 You should only prescribe medication, treatment or therapy when you have adequate knowledge of the patient's condition and believe that such prescription is indicated. You should ensure that any treatment, medication, or therapy prescribed for a patient is safe and evidence based.

36. Transcribing Prescriptions

Transcribing is the act of transferring a medication order from an original prescription to another type of prescription.

36.1 Transcribing incurs the same responsibilities as prescribing. The general principles outlined in relation to continuity of care should be followed.

36.2 If you have any issues or concerns about transcribing an original prescription you should liaise with and seek clarification from the original prescribing doctor or member of their team before issuing a prescription.

If a doctor prescribes at the recommendation of another healthcare professional, who is not a prescriber, e.g. nurse, the doctor must be personally satisfied that the prescription is appropriate for the patient concerned.

Medisec recommends regular medication reviews for patients on long-term medications and our factsheet on *Medication Reviews* is available on our website.

Essentials for best practice

Practices should develop and implement a robust and efficient repeat prescribing system, which should be documented in the practice's 'Repeat Prescribing Protocol'.

- The practice's repeat prescribing protocol should describe the system / processes and responsibilities of all of the individuals involved in the process. If electronic prescribing has been implemented in the practice, this process should also be described in the protocol.

- All members of the practice team who are involved in the repeat prescribing process, e.g. GPs, GP registrars, locum doctors, administrative staff, should be trained in the operation of the system, including their individual responsibilities. They should all have access to the repeat prescribing protocol and implement and adhere to it.

- The repeat prescribing system should be overseen and managed by an appropriately trained individual, with deputy and cover arrangements.

- The repeat prescribing system and protocol should be reviewed and audited on a regular basis e.g. annually.

- Information on the policy should also be made available to patients of the practice and other key stakeholders, when requested and via the practice web site (if applicable).

Benefits of a robust repeat prescribing system

A robust repeat prescribing system is a 'win win' situation for both patients and doctors, offering benefits to both such as:

Benefits to the practice

- 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.
- Fewer queries to practice staff.
- Appropriate and efficient use of professional and practice staff time and skills.
- Greater understanding of the process by all members of the practice team involved, including roles, responsibilities and timelines.

- Improved co-operation and working relationships with other health care professionals, such community pharmacists.

Benefits to patients and carers

- Convenient and easy access to prescribed medications.
- An understanding of the process, by knowing how and when to request a repeat prescription, and knowing when and 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 how to take or administer medications as a result of receiving complete prescriptions with full instructions.
- Reduced potential for adverse incidents and adverse effects (through regular review).
- Involvement in decisions about their health care, aiding self-management. This may improve concordance, resulting in improved outcomes of care, reduced hospital admissions, shorter hospital stays and fewer visits to the GP.

The repeat prescribing safety steps

1. Consider if there any drugs that may be inappropriate as repeat medication

Not all medications will be suitable to add as repeat medications. The GPs should discuss, agree and add to the practice protocol any medications that they deem as inappropriate to be prescribed through the repeat prescribing process. These may include:

a. Benzodiazepines (other than long-term existing patients, who have been appropriately counselled, and this clearly recorded)
b. Potent topical steroids: *Betnovate®, Dermovate®,* etc.
c. Oral steroids.
d. Antidepressants.
e. Medication for the treatment of Attention deficit hyperactivity disorder
f. Controlled drugs.
g. Nonsteroidal anti-inflammatory drugs
h. High risk medication such as sodium valproate, methotrexate, lithium, disease-modifying anti-rheumatic drugs, warfarin, NOACs etc.

Please note that this is not an exhaustive list and GPs should use their clinical expertise to decide which medications should not be included in the repeat prescribing process.

2. Consider new patients

It is important that new patients have a consultation, either via remote or face-to face consultation, with a doctor before any prescription is issued.

At this consultation, the prescribing doctor should discuss with the patient that an ongoing prescription for the medicine is necessary, and ensure that the medicine is tolerated, not contraindicated and does not interact with other medicines.

Based on issues such as age, cognitive function, polypharmacy, multi-morbidity, compliance, medical problems that arise, etc., the doctor should determine the frequency with which the patient should be reviewed.

GPs should strive to reduce the number of requests for repeat prescriptions. Where possible prescribe sufficient medication to last until the next review, i.e., provide three or six months' supply where appropriate.

3. Management of repeat prescription request

Repeat prescriptions should ideally be requested in writing (post / delivery by hand / pharmacist) by the patient or his / her carer or representative. However we are aware due to COVID-19, telephone requests have become more acceptable.

Irrespective of the mode of communication, we recommend that the practice receive adequate information to minimise prescribing errors, such as:

- Name, address, date of birth of patient
- Medicines requested with as much detail as possible
- Number of months prescription requested
- Chosen pharmacy if the prescription is to be sent electronically.

Telephone requests should be documented in an electronic or paper document and the person accepting the request should sign, date and time the request.

Upon receipt of a request, the patient or his / her representative should be advised that it will take at least two working days to process requests for a repeat prescription.

All relevant information should be explained by the GP and made available via a practice leaflet, repeat prescribing leaflet or detailed on the practice website.

4. Generating the repeat prescription

While we recognise that non-medical members of the practice team may generate a repeat prescription, as the GP is responsible for any issues arising from the prescription itself, it is essential that all staff involved in the repeat prescribing process are adequately trained. If a non-clinical member of staff is allowed to print prescriptions, it is very important that each prescription is carefully checked.

The prescription should be carefully prepared by the designated trained member of the practice team in a quiet area, free of distraction and interruptions.

The GP must ensure than appropriate clinical review and blood monitoring is fully completed and satisfactory. Requests to simply sign a prescription at reception, or between patients, is unsafe, error prone and to be strongly discouraged.

While the prescription is being generated, a number of checks should be carried out, which might include:

- Is the medication one that has been authorised by the practice for repeat prescribing? If not, then the GP should be satisfied that the medicines should be prescribed (by review of past medical history and / or by telephone or face-to-face consultation). If the medication has not

previously been prescribed, then a face-to-face consultation is recommended. Consider if there is evidence of non-adherence?
- Has the patient's medical history changed so that medication side effects / contraindications may be a problem?
- Have interventions from secondary care or other health care professionals altered medication needs?
- Has all the necessary blood monitoring been completed?

If there are any anomalies or queries, the request should be passed to the patient's GP and not printed by a non-clinical member of the team.

Patients may request items not on their repeat list. Only the doctor should add such items to the prescription. Non clinical staff should not be allowed to add or amend medication.

Patient requests for emergency medication may occur. This should be facilitated by the practice, but a reminder attached to the patient's prescription that they should allow at least two – three working days for future requests.

The generated prescription should be clear, dated and include the GP's IMC registration number.

5. Checking, approval, signing of repeat prescriptions

Authorising or reauthorising a repeat prescription should, ideally, be undertaken by a doctor who is familiar with the patient, with access to the patient's electronic medical record.

The generated prescription should be passed for checking and signing to the patient's own GP. When this GP is on holiday, or otherwise absent, it may be necessary for a GP buddy system to manage repeat prescription requests. The role of the buddy should be discussed and agreed by the clinicians. Document the name of the buddy in the electronic diary.

It is not ideal for a doctor (including the GP registrar) who is unfamiliar with a patient to sign the prescription. If a GP / locum is signing a prescription for a patient with whom they are not familiar, extra care is necessary to carefully check the prescription and any necessary monitoring.

GP registrars should not be asked to sign repeat prescriptions for patients whom they have never seen. Ideally they should only sign repeat prescriptions for patients with whom they have a substantial role in providing clinical care. This should be clearly understood by all administrative staff and all clinicians.

Prior to signing or sending any e-prescriptions to the pharmacy, the GP should open the patient record and carry out the following checks:

- Is the prescription accurate and complete, without omission or duplication
- Is there evidence of any prescribing errors?
- Are any interactions, contraindications, etc.?
- Is there a need for the patient to attend for review because of the medication prescribed, (please see details below) or because of any new information which may have arisen since his / her last review / prescription request?
- Is any blood monitoring required before issuing the prescription?

The GP should record in the patient's medical record confirming that this safety check was undertaken.

If satisfied the GP should then sign the prescription.

Remember medico-legal responsibility lies with the doctor signing the prescription.

If a prescription, private or GMS, is generated via e-prescribing the doctor needs to undertake the same checks before sending the prescription via Healthmail to the chosen pharmacy.

The Medical Council's Guide states:

34.2 The prescriptions you issue must clearly identify the patient to which they refer. They must be legible, dated, signed or authorised, and must state your Medical Council registration number

6. Collection of the prescription

If the prescription is collected in person by either the patient or third party ensure correct identity is checked using three identifers, i.e. full name of patient, date of birth and address.
NB: if the prescription is collected by a third party staff should verify that consent has been provided by the patient.

If the prescription is for a controlled drug, the practice may wish to consider recording when these type of prescriptions are collected and by whom.

The practice should have a system in place for uncollected prescriptions from either the pharmacy or practice, such as arranging to have them returned to the GP for review before destruction.

7. Quality assurance - critical incident review and clinical audit

The practice repeat prescribing protocol should include a method for incident reporting and recording and be subject to regular audit and quality review.

Please also refer to our factsheets on *Safer Prescribing* and *Medication Review*, both available on our website. If you have any queries in relation to repeat prescribing, please do not hesitate to contact Medisec.