Peninsula Medical Practice

Repeat prescribing policy

The Health Centre

GRANGE OVER SANDS

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Fairfield Surgery

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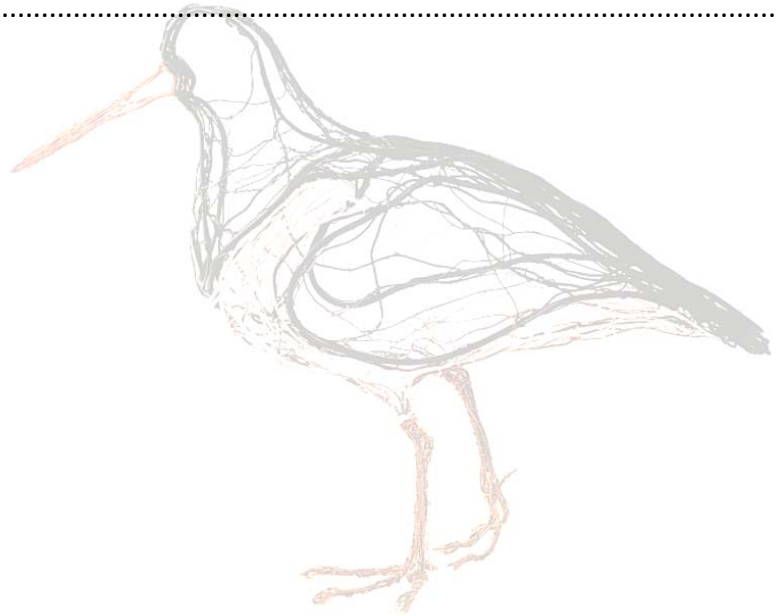
Practice Policy Document No. 7

v1.1

Adapted from BMA specimen policy of May 2012

March 2014

Contents



Purpose

The purpose of this policy is to set out a prescribing procedure that ensures that the prescriber can monitor usage and the effects of repeat medication and that the patient is offered regular medication reviews. A robust prescribing procedure ensures that the prescriber can monitor usage and the effects of repeat medication and that the patient is offered regular medication reviews.

This policy is relevant to all employers and any one who works at the practice.

The repeat prescribing process

Requests

Requests for repeat prescriptions may be received from the patient, their carer, district nurse, pharmacist or care home staff. The practice should be confident that the person making the request has the patients' permission to do so.

Requests can be made by a variety of methods:

1) In writing
2) By fax (to practice safe haven / protected reception area)
3) Via the internet when secure EMISWeb repeat prescribing module

It is preferable that requests are made in writing as they are more likely to be accurate and there is a reduced opportunity for errors and misunderstandings.

Repeat prescriptions must normally be ready for the patient to collect within 2 working days of the request being made (excluding weekends and bank holidays)

Requests for "all repeats" or just involving a description of medication should not be accepted and the patient should be contacted to clarify what exactly they are requesting.

Issuing a repeat prescription

1) Make sure that the items requested are on the patient's current repeat list. If not check the patients notes to see if there is an entry to say that the medication has been stopped, if not complete the request slip and pass it to the relevant GP
2) If the item is on the list, verify that the name, form, strength and dosage instructions match the request. If there are any discrepancies, refer to the relevant doctor
3) If the authorised number of issues has been met, follow the instructions below
4) Investigate whether the request is being made earlier (or later) than expected as this may indicate over or under usage. If in doubt refer to the relevant GP
5) Cancel any repeat medication that has not been accessed for more than 12 months (except seasonal medications such as for hay fever)
6) Always print a counterfoil with all repeats showing
7) Patients receiving their medications in Monitored Dosage Systems should receive a prescription for 28 days and not 4 x 7 days, unless clinically appropriate

Process to follow when the number of authorised repeats has been met

1) Establish whether a medication review has been done recently. If so you may re-authorise the repeat items to end 12 months from the date of the review
2) If the patient has not had a medication review check to see if they are due a chronic disease review, you may re-authorise the items, up to the date the review is due
3) Re-authorise all items, not just those in italics, to keep the repeats in line
4) If the medication is a controlled drug "Morphine based drug", Amiodarone, Methotrexate, Lithium or Benzodiazepine issue 1 month only and given a medication request slip to the prescribing doctor

Process after printing prescription

Once printed, if the patient is tagged to a chemist, the prescription should be entered onto that chemist's collection sheet and tagged to the back of the sheet, in the order that they appear on the sheet. They should then be placed into the appropriate basket for signing

Patients who are not tagged to a chemist – place the prescriptions into the appropriate basket for signing

After signing

1) Check that all prescriptions have been signed
2) Check that all prescriptions listed on the chemist collection sheet are still attached
3) Prescriptions for collection by the patient should be filed in the collection box in surname then first name order

When a prescription is collected always check the patients name, date of birth and address.

Prescriptions should not be given to children

The completeness of prescription collections should be checked on a monthly basis. Any prescription more than one month old should be destroyed and the Read code – prescription not collected should be added to the patient's notes, along with the date of the prescription and a note that it has been destroyed.

Management control

Medications must only be added to a patients' repeat list by appropriately qualified staff

When a repeat medication is added to the list a read coded reason must be added as to why the medication has been started

Practice staff who are involved in the preparation of repeat prescriptions must be appropriately trained

Blank FP10's must be stored securely.

Periodic audit of repeat prescribing will be carried out

Lost prescriptions

If a prescription is reported as lost check the date of issue and any places where it could possibly be – i.e. mis-filed, sent to the chemist or to the wrong chemist.

If the prescription cannot be found reprint the prescription – do not re-issue.

Make an entry in the patient's notes using code [Insert code] – lost prescription noting the date of the prescription and that it has been re-printed.

Patients who report that their medication or prescription has been stolen should report the matter to the police and obtain a crime number.

Patients who regularly "lose" their prescriptions should be seen by a doctor who will decide if it is appropriate to re-issue the prescription.

Under no circumstances must a receptionist re-print or re-issue a prescription for controlled drugs

Hospital discharge medication/Outpatient letters

Patients who are seen in an outpatient clinic or admitted often have their medication changed. It is important that these changes are made on the patients repeat medication list.

Hospital discharge letters are distributed to the relevant doctor to amend the repeat screen as necessary.

Medication changes indicated on an outpatient letter may be amended by the Prescribing Clerk once the GP has reviewed the letter and authorised the amendments.

Home visits

Alterations to a patients medication made on a home visit must be amended on the patient's notes as soon as is practicably possible. Handwritten prescriptions must also be entered onto the patient's records

Clinical Control

Medication review

The following protocol must be adhered to when reviewing patients' medication:

1) Ask if experiencing any possible side effects or questions regarding the medication?
2) Is the patient still wishing to continue the medication, and what is their compliance like?
3) Does the patient know what the drug is for and how to take it?
4) Check if any blood or other tests are required for monitoring, if so arrange these.
5) The fall back mechanism of regular searches by [insert name] should pick up any of these defaulting.
6) Weekly a search will be run to identify those patients on four or more medications who have had a medication review. Those patients will be checked and their medications re-authorised.
7) Is the drug being used for a recognised, and still valid, indication; and according to current guidelines?
8) Are there any serious interactions or contraindications or particular advice. I.e. Missed COCP or how to take biphosphonates.

9) Can any simplifications, switches or changes to generic medications be made?
10) Is the patient on the Heart Failure or CKD register; if so are they also on an NSAID or COX2?
11) If so make sure this medication is not interfering with their illness and discuss stopping if necessary.
12) The doctor or nurse then re-authorises all medications. Doctor or pharmacist then enters the READ code 'Medication Review' in the patients notes.

This should be performed yearly for all patients on repeat medication.

Shared care protocol

Patients, whose consultant sends a shared care pro-forma to the practice, will be reviewed by the referring GP. The pro-forma will be scanned and a morbidity of "Shared care specialist /GP" will be entered on the same date, this will also be put onto the summary screen. If the GP is not sure about the particular drug, then this will be checked with the shared care consultant.

Review

This policy will be reviewed within three (3) years of its implementation, or sooner if any significant changes policy recommendations are advised by the Department of Health.

Declaration

This policy will be binding upon all employees of the Peninsula Medical Practice from the 1st October 2012.

We, the partners, have reviewed and accepted this policy.

Dr Diane Ruell
Dr Michael Bunter
Dr Nick Gent

1st October 2012

Reviewed and amended

1st March 2014

NG