

# Bitesize Education and Training Session 5

## Peer review: Repeat Prescribing

16<sup>th</sup> April 2024



### Speakers:

- **David Kelly:** Lead Clinical Pharmacist, Highfield Surgery Blackpool
- **Jatinder Saimbi:** Senior Medicines Optimisation Pharmacist, Lancashire and South Cumbria ICB
- **Nicola Baxter:** Head of Medicines Optimisation (West Lancashire), Lead for Medicines Governance and Safety and Lead for Non-medical prescribing

# Welcome & Housekeeping

**Thank you for joining us today!**

- ✓ The session is for 30-minutes.
- ✓ **Please contribute to the discussion – this is your time to share ideas, discuss best practice and provide support and solutions to colleagues!**
- ✓ When not talking, please put yourselves on mute.
- ✓ Please also use the chat function if you want to ask a question or for comments.
- ✓ Please respect others' views and opinions. (We have prescribers from across the system on the call – primary, secondary care and community).
- ✓ Please use the chat function to network with your peers and share ideas.

Please note this is a peer review/discussion session, therefore this session is not being recorded.

**Next session:** 21<sup>st</sup> May 2024

Deprescribing of Opioids

*Speaker:*

Abeer Hashmi

PCN Clinical Pharmacist at LPC

Specialist Pharmacist in Acute Medicine at East Lancs Hospital Trust

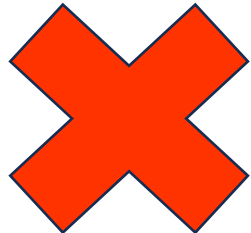
---

Web [lancashireandsouthcumbria.icb.nhs.uk](https://lancashireandsouthcumbria.icb.nhs.uk) | Facebook [@LSCICB](https://www.facebook.com/LSCICB) | Twitter [@LSCICB](https://twitter.com/LSCICB)

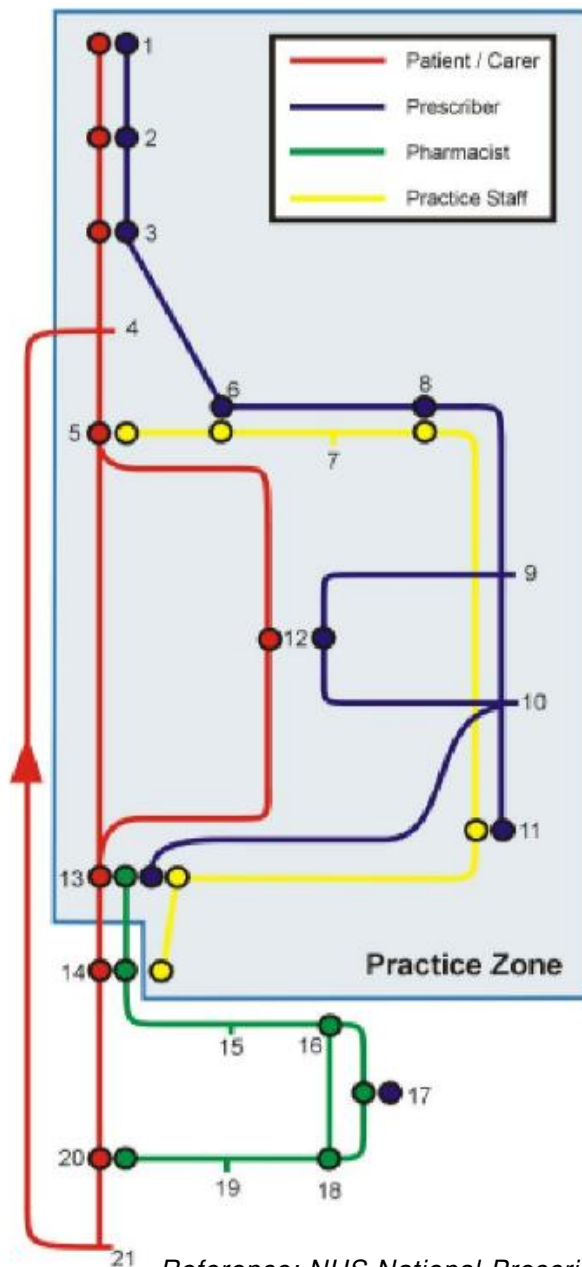
# Repeat prescribing

Repeat prescribing is a partnership between patient and prescriber that allows the prescriber to authorise a prescription so it can be repeatedly issued at agreed intervals, without the patient having to consult the prescriber at each issue.

*NHS National Prescribing Centre: Repeat prescribing, saving time, helping patients. A good practice guide to quality repeat prescribing. January 2004.*



Repeat prescribing is **not** a form of supplementary prescribing.



- 1 Patient sees prescriber
  - 2 Need for repeat medication identified
  - 3 Repeat medication authorised
  - 4 Patient decides to reorder medication
  - 5 Request for repeat submitted
  - 6 Check whether repeat allowable (administrative check)
  - 7 Prescription produced
  - 8 Prescription presented for signature
  - 9 Check whether repeat appropriate
  - 10 Prescription signed
  - 11 Prescription returned to practice staff
  - 12 Medication review, and prescription issued / given to patient (if prescription not given to patient, it is then returned to practice staff)
  - 13 Prescription collected / given to patient or representative
  - 14 Prescription received by pharmacy
  - 15 Professional check
  - 16 Patient medication record checked
  - 17 Prescription checked with prescriber / prescriber records — as necessary
  - 18 Items dispensed / accuracy check
  - 19 Medication put out for collection
  - 20 Medication received by patient
  - 21 Medication used
- Practice Zone — quality assurance

Now have electronic repeat dispensing and electronic prescriptions

**Key areas**

- Authorising repeat prescriptions
- Requesting repeat prescriptions
- Should we generate the prescription?
- Prescription production and signing
- Medication review
- Patient gets the prescription
- The community pharmacist's role
- Using the medication
- Quality assurance of the process

A G Zermansky: [Who controls repeats?](#)

Reference: NHS National Prescribing Centre: Repeat prescribing, saving time, helping patients. A good practice guide to quality repeat prescribing. January 2004.

# Risk management (not an exhaustive list)

- ✓ Your practice should have a repeat prescribing policy.
- ✓ Staff responsible for printing repeat prescriptions should be trained.
- ✓ Patients on specific long-term medication e.g. warfarin, lithium, levothyroxine, should have 'test reviews/alerts' added to the system to ensure reviews occur at appropriate intervals.
- ✓ The movement of paper-prescriptions should be systemised and monitored to reduce the risk of mislaid prescriptions, errors, theft.
- ✓ There should be a clear route for escalation in your practice.

*What mechanisms are in place in your practices to mitigate risks linked to the repeat prescribing process?*

# Repeat prescribing

## Authorising repeat prescriptions

1. What to consider when a repeat prescription is first authorised i.e. decision for a drug to be put on repeat.
2. What to consider when re-issuing the repeat medication.

*Safety points to consider prior to signing that prescription*

### Key areas

- Authorising repeat prescriptions
- Requesting repeat prescriptions
- Should we generate the prescription?
- Prescription production and signing
- Medication review
- Patient gets the prescription
- The community pharmacist's role
- Using the medication
- Quality assurance of the process