

Guidance for Repeat Prescription Management

Repeat Prescribing Standards

The following standards have been produced to help review your practice repeat prescribing process.

	General	Essential or Desirable
1	Practices repeat prescribing policy has been discussed with and developed with input from the GP practice patient participation group.	Desirable
2	Practice staff involved in repeat prescribing were consulted during development of the policy.	Desirable
3	Practice repeat prescribing policy describes the responsibilities of all staff involved in the practice repeat prescribing process.	Essential
4	Practice repeat prescribing policy is reviewed regularly, at least every 3 years.	Essential
5	Staff involved in generating repeat prescriptions can check drug names have access to and know how to use the latest version of the British National Formulary (BNF)/the online BNF.	Essential
6	Practice repeat prescribing policy describes how practice staff should manage requests for repeat medication where there are queries, and all non-repeat requests, and how they should refer problems or seek advice of the GP.	Essential
7	All practice staff involved in repeat prescribing are aware of the practice repeat prescribing protocol, have read it, and receive training on how the practice system for repeat prescribing works.	Essential
8	The practice system for feedback and learning from incidents and near misses includes repeat prescribing systems.	Essential
9	The practice repeat prescribing policy describes how following receipt of hospital outpatient and discharge letters: <ul style="list-style-type: none"> • medication records are updated. • changes to medication are clearly documented. 	Essential



	<ul style="list-style-type: none"> changes are communicated to the patient/carer. 	
Authorising repeat prescriptions		
10	Only a clinical member of staff, who should be a prescriber or trained pharmacy professional working within their own sphere of competence, having undergone training, may change repeat medicines (e.g., change in dose, formulation), with the exception of appliances, to the patients repeat prescribing list, even if the patient has had it before.	Essential
11	The clinical member of staff, who should be a prescriber or trained pharmacy professional working within their own sphere of competence, having undergone training, should review medication changes following any outpatient visit, or inpatient hospital stay within a week of discharge/outpatient visit and update the patient's medication record.	Essential
12	The practice repeat prescribing policy specifies that the GP should be alerted to any change in quantity of repeat medicines issued.	Essential
13	Repeat prescribing process ensures only a qualified prescriber checks the prescription is safe before signing.	Essential
14	The practice repeat prescribing policy specifies that the Prescriber must indicate the number of repeats allowed, setting a medication review date (at the end of the repeats), and that no repeat medicines are allowed for more than 1 year before review.	Essential
15	When a patient's repeat medicines are due for re-authorisation the practice has a system in place that alerts the Prescriber of the need for a clinical review.	Essential
16	When a patient's repeat medicines are due for prescription re-authorisation the practice has a system in place that alerts the Patient of the need for a clinical review.	Desirable
17	The practice has a system for identifying which patients fail to attend for a medication review when requested to do, and what action should be taken.	Essential
Dealing with requests for repeat prescriptions		
18	Information is available to all patients in the practice that informs them: how to order a repeat prescription, how long it takes to	Essential



	turn around the prescription and when the prescription will be ready for collection in normal circumstances.	
19	Patients are asked if they want their prescription to go via the Electronic Prescribing System to their nominated pharmacy.	Essential
20	<p>The practice repeat prescribing policy describes:</p> <ul style="list-style-type: none"> the circumstances where telephone/email requests are allowed, and how telephone requests for repeat prescriptions should be managed by staff to minimise the risk of errors (where practices allow telephone repeat prescription requests) how online requests for repeat prescriptions should be managed. 	Essential
21	Repeat prescribing policy describes the process for managing urgent requests for repeat prescription items to minimise the risk of harm to patients.	Essential
22	Repeat prescribing policy describes the process for managing requests for replacement of lost prescriptions.	Essential
Deciding if a repeat prescription should be generated		
23	Repeat prescriptions are synchronised so that a patients' repeat medications all fall on same due date.	Desirable
24	The practice has a system for identifying patients who over or under-order repeat medication and what action should be taken.	Essential
25	Repeat prescribing policy should describe what action should be taken if a patients' medication requires monitoring prior to issuing a repeat prescription, and the monitoring has not been undertaken, or relevant laboratory test results are not available.	Essential for high-risk medicines
26	Repeat prescribing policy describes which medicines e.g., hypnotics, antidepressants at initiation, and disease modifying agents, are not suitable for routine repeat prescribing issues by practice staff.	Essential
Prescription production and signing		
27	Staff generating repeat prescriptions are in a quiet, dedicated area where interruptions are kept to a minimum.	Desirable
28	Practice staff issuing repeat prescriptions ensure clear dose instructions are included on prescriptions, including instructions for use of as needed (PRN) medicines. ('PRN' can be used if the	Essential



	dose instructions are made clear by specifying the dose interval, the maximum number of doses per day and/or the condition for which the dose should be taken/given, e.g., give one when required up to four times a day for pain). Exceptions to this such as warfarin should be explicitly stated in the practice policy.	
29	All prescriptions generated are checked by a Prescriber, who has direct access to the patients' medical record if required, before signing.	Essential
30	The practice repeat prescribing policy should describe how security of access to prescriptions and computerised prescribing systems is enforced and monitored.	Essential
31	Blank prescriptions are never signed by a prescriber for later completion.	Essential
32	Prescribers must use the correct prescriber codes on clinical systems and use the correct prescription forms.	Essential
Reviewing repeat prescriptions		
33	Patients receiving repeat medication have a medication review at least annually, and the practice policy specifies which patient groups should be reviewed more frequently than annually.	Desirable
34	The practice repeat prescribing policy describes how a repeat medication review is conducted.	Desirable
35	The practice repeat prescribing policy describes the best practice process clinicians should follow when reviewing the patient's medication.	Desirable
Handing out repeat prescriptions (non-EPS)		
36	Repeat prescriptions ready for collection are stored in a secure place.	Essential
37	Staff verify that the person collecting the prescription is either the patient, or a known or authorised representative of the patient.	Essential
38	Staff verify that the person collecting the prescription is either the patient, or a known or authorised representative of the patient and this is recorded for a controlled drug e.g., a hypnotic, opioid.	Desirable
39	The practice has a system for checking uncollected prescriptions as a minimum every three months and alerting the Prescriber that the prescription is uncollected.	Essential



Repeat Prescription Re-ordering

Introduction

Repeat prescribing has been defined as “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”¹.

There are currently three different ways repeat prescriptions are generated - repeat requests ordered via an online service or an app, repeat requests ordered from the GP and electronic repeat dispensing (eRD).

The benefits of repeat prescribing include convenient and easy access to the medication for patients and a more manageable workload resulting from improved efficiency for the GP practice².

According to NHS Digital, two-thirds of prescriptions issued in primary care are repeat prescriptions and these repeat prescriptions account for nearly 80% of NHS medicine costs for primary care. To put this into context, that's 410 million repeat prescriptions generated every year, equivalent to an average of more than 375 per GP per week³. Since 2005, Repeat Dispensing (known also as eRD) has been an Essential Service within the Community Pharmacy Contractual Framework (CPCF)⁴. Patients can use the service obtain repeat supplies of NHS prescriptions without the need for their GP practice to issue a prescription each time a supply is required.

Data from assessments conducted by The Medical Protection Society (MPS) in 2013 revealed that issues relating to prescribing and medication errors are the second most common reason for MPS to settle a claim on behalf of one of its GP members⁵. Improvements in GP practice prescribing processes may reduce the risk of prescribing errors and improve patient safety.

The Medical Protection Society's CRSA (Clinical Risk Self-Assessment) data for 2012 found that 55.8% of practices visited did not have a robust repeat prescribing policy in place – paving the way for prescribing risks⁶. The MPS advise that practices should have a repeat prescribing protocol in place, which should be validated by external sources, or by a clinical governance lead in the practice. All staff should be trained to use the protocol, which should be dated and regularly reviewed.



The General Medical Council's Prescribing guidance: Good practice in prescribing and managing medicines and devices, state that you must be satisfied that procedures for prescribing with repeats and for generating repeat prescriptions are secure and that⁷:

- a. the right patient is issued with the correct prescription.
- b. the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment.
- c. the patient's condition is monitored, taking account of medicine usage and effects.
- d. only staff who are competent to do so prepare repeat prescriptions for authorisation.
- e. patients who need further examination or assessment are reviewed by an appropriate healthcare professional.
- f. any changes to the patient's medicines are critically reviewed and quickly incorporated into their record.

When assessing practice arrangements for managing medicines to keep people safe, the Care Quality Commission (CQC) does identify prescribing as a key area.

The National Overprescribing Review in 2021 highlighted the extent of over prescribing in the NHS. The report shows how the development of a long-term strategy on overprescribing will help to deliver on these challenges by bringing about a fundamental improvement in prescribing systems and culture to support the aims of the NHS Long Term Plan. When further guidance is available, this document will be reviewed and updated to include the actions and recommendations.

Repeat prescription re-ordering and repeat dispensing

Previously, managed repeat prescription re-ordering was a popular method for patients to maintain a continuous supply of their repeat medication. This approach involved some community pharmacies re-ordering all or a proportion of the patient's monthly prescription at the patients request, together with a commitment to present the re-order form to the GP practice when instructed to do so by the patient. Due to advances in electronic prescribing, this re-ordering process has largely been replaced with the repeat dispensing process (eRD).



Repeat dispensing is an alternative and contracted model for prescribing and dispensing regular medicines to patients on stable long-term treatment, where repeat supplies are managed by the patient's pharmacy of choice.

The service was designed to save GP practices and patients time and improve convenience and access to prescriptions, by allowing community pharmacy teams to take a more active role in the process of safe supply of patients' regular prescriptions.

Under the repeat dispensing service pharmacy teams will:

- dispense repeat dispensing prescriptions issued by a general practice;
- ensure that each repeat supply is required; and
- seek to ascertain that there is no reason why the patient should be referred to their general practice.

Originally this service was carried out using paper prescriptions, but as the Electronic Prescription Service (EPS) has developed, the majority of repeat dispensing is now carried out via EPS release 2 and is termed electronic Repeat Dispensing (eRD). eRD is much more efficient and convenient for all parties involved⁴.

eRD is a process that allows a patient to obtain repeat supplies of their medication or appliances without the need for the prescriber to issue repeat prescriptions each time.

When issuing a repeatable prescription using eRD, the prescriber will authorise a prescription with a specified number of 'issues'; each issue contains the same prescribed items. eRD allows the prescriber to electronically authorise and issue a batch of repeat prescription issues for use for up to 12 months. Note this is not suitable for medicines liable to abuse e.g., benzodiazepines or z drugs.

When a prescriber issues an eRD prescription series using their EPS Release 2 prescribing system, in addition to the information found on a standard EPS prescription, the eRD message contains:

- the intended interval between each issue; and
- how many batch issues there are.



Note: It is important to set up the intended interval correctly e.g., every 28 days, when incorrectly set up once one prescription from the batch is dispensed the next prescription is released immediately for dispensing.

The prescription issues are then made available electronically for dispensing at the specified interval by the patient's nominated pharmacy.

When issuing an eRD repeatable prescription batch, prescribers can issue a Repeatable Prescription Authorising Token to the patient, but the patient does not need one to be able to collect their eRD prescription from their nominated pharmacy⁴.

A new repeatable prescription series can be requested after the last issue is dispensed. Once all authorised issues have been dispensed or if remaining batch issues have ended, the repeatable prescription series is complete, and the patient must contact their GP to arrange for another repeatable prescription series to be issued.

Pharmacy teams should advise patients of the need to contact their prescriber when dispensing the last issue of a repeatable prescription series. A patient may also choose to change their nominated pharmacy before the end of the repeatable prescription series. In this case, all outstanding issues which have not been downloaded will be transferred to the new nominated pharmacy. If the prescription has already been sent to the spine, when the patient is nominated to a different pharmacy, the prescriptions are not automatically transferred. The patient will have to contact the pharmacy to ask them to download the prescriptions from the spine. This is an advantage versus the old paper prescription-based repeat dispensing system where all issues had to be obtained from the same pharmacy⁴.

The Surrey Heartlands Primary Care Medicines Optimisation Clinical Reference Group, in conjunction with Surrey LMC and Surrey LPC have produced "Repeat Prescription Re-ordering Service Best Practice Guidance for Primary Care" – attached as Appendix A to encourage and support good practice.

Ordering repeats via patient on-line access

Increasing numbers of patients are using GP online services to undertake activities such as booking GP appointments, ordering repeat prescriptions, and accessing their personal medical record. There are strict governance requirements around registering and accessing this service to ensure patient confidentiality is maintained and legislation such as GDPR



(General Data Protection Regulations) are adhered to. Ordering repeat prescriptions on-line or via an App is convenient for patients and provides efficiency benefits to GP practices.

Patients registering for on-line access are given specific advice about keeping their log-in details confidential and the risks of sharing their log-in credentials with other parties. In certain circumstances patients may consent to give proxy access to their on-line records, but patients should be advised about the implications of proxy access by other parties such as carers. Further advice about proxy access to on-line records can be found in [NHS England: How proxy access works](#). Community pharmacies must not offer to order patient's repeat prescriptions using the patient's own GP on-line access account. Community pharmacies can order repeat prescriptions on behalf of patients who have provided consent, using the existing methods as agreed with the local GP practice.

The Summary Care Record or where available, Shared Care Records can be used by community pharmacies to access a patient's record to support their care and treatment.

Management of problems associated with services

Good communication between community pharmacy and GP practice staff can help minimise any potential problems, however where issues do arise the following steps should be considered to address any issues:

Step A	Initial step - GP practice to contact the community pharmacy to identify and address the issues that have caused the problem or vice versa. Patient safety incidents and near misses relating to the service should be reported through LFPSE
Step B	Unresolved issues – contact Surrey LPC or Surrey LMC for advice and support Surrey LPC Office: Tel. 01372 417726 Email: lpc@communitypharmacyss.co.uk Surrey and Sussex LMCs Tel. 01372 389270 http://www.sslmcs.co.uk/contact
Step C	Persistent problem – contact NHS England
Step D	Suspected fraud – GP to contact Community Pharmacy. Contact ICB counter fraud manager after consultation with ICB medicines management team



Appendix A

Repeat Prescription Re-ordering Service – Best Practice Guidance for Primary Care

This guidance has been endorsed by Surrey Heartlands ICB, Surrey LMC and Surrey LPC

Repeat prescription re-ordering services offered to patients by community pharmacies are not NHS contracted services, they are offered in good faith as a way of making improving convenience to patients. There is no national guidance about how these services should be provided; however, offering a safe service to patients should be the overriding principle guiding how this service is delivered.

Guiding Principles

- All parties will communicate regularly and work together to ensure the accuracy of practice and pharmacy held records to minimise clinical risk and minimise unnecessary waste of NHS resources.
- Patients should be encouraged to order their own repeat medication. Informed consent should be obtained from the patient (or their representative) to allow a pharmacy to request prescriptions on a patient's behalf.
- For managed repeat prescriptions at the time of requesting, ordering, or dispensing, the patient and pharmacy staff will confirm that every item requested is required.



Recommendations to GP Practices

- Have a repeat prescribing policy that includes managing requests for repeat prescriptions.
- Provide and promote a variety of methods for requesting repeat prescriptions to enable as many patients as possible to do this for themselves e.g., NHS app or web based systems.
- Keep patient medication records (PMR) accurate and current, particularly in respect of the list of authorised repeat medication and prescribed dosage, paying particular attention to “when required” medicines.
- Prescription quantities and ordering dates should be kept ‘synchronised’ (so that regular ordering falls at the same time/rate) wherever possible, ensuring that all medicines run out at the same time, helping patients to maintain a regular ordering pattern and preventing waste.
- Carry out medicines reconciliation when patients move between healthcare settings, particularly discharge from hospital, and update the patient’s repeat medication record accordingly. The GP may wish to inform the community pharmacist of changes to a patient’s medication if this was felt to be clinically appropriate.
- Ensure that the patient is made aware that their medication needs regular review.
- For non-EPS prescriptions - routinely provide patients with a single copy of their current printed repeat prescription request slip (right hand side of FP10 form).
- For EPS prescriptions – remind the patient to obtain their copy of their current printed repeat prescriptions from their community pharmacy when they collect their dispensed medicines.
- Patients should be encouraged to use electronic repeat dispensing (eRD). Consent for this can be verbal or written.
- Respond promptly to queries from patients or pharmacies concerning repeat prescription items e.g., no longer required, excessive quantity, dosage clarification.
- Fulfil repeat prescription requests within a reasonable timescale in accordance with the practice repeat prescribing protocol.
- Be alert to the potential for duplicate ordering of repeat prescriptions.



- Commissioners and GP practices may consider implementing a practice pharmacist-led repeat prescription service to improve patient safety, minimise waste, generate financial savings and share learning. This will save clinician and practice staff time spent dealing with repeat prescriptions so that this can be spent on more appropriate tasks.

Recommendations to community pharmacies

- Have a standard operating procedure (SOP) for their prescription management that ensures patient safety and patient confidentiality.
- For patients unable to order their own repeat medication, obtain informed consent from the patient or their carer to act as their representative to manage their repeat prescription requests.
- Do not ask patients for access (log-in and password) to their GP on-line services account to order repeat prescriptions.
- If re-ordering repeat medicines agree with the patient or their representative exactly which repeat medicines are required. This must be done on every occasion, just before the repeat prescription request is submitted to the patient's practice (wherever possible). Particular attention should be paid to "prn or as needed medicines" and some inhalers, as often they will not be required at the same frequency as regular medicines.
- Verify, as far as possible, that there has been no change in the circumstances of the patient which could affect the need to order the prescription.
- Repeat prescription requests should not usually be submitted to a GP practice more than seven working days in advance of the patient requiring their medication and should take account of the time practices need to issue a repeat prescription. Ordering repeat prescriptions too far in advance risks missing prescribing changes to a patient's medication.
- Be alert to the potential for duplicate ordering of repeat prescriptions.
- Use the most recent printed repeat prescription request slip (right hand side of FP10 form), or printed EPS token, when requesting on behalf of a patient wherever possible.



- Clearly mark on the request slip, or EPS token, the pharmacy details (pharmacy stamp); only tick required items.
- Keep comprehensive records of all managed requests so that there is a robust audit trail for every prescription, from patient's request to receipt of collected (or delivered) prescription.
- For eRD or managed repeat prescriptions according to SOP on the day of prescription collection, confirm that every medicine is required by the patient. Annotate the prescription with 'not dispensed (ND)' for those items that are not required.
- Ask the patient to check their dispensed medicines BEFORE leaving the pharmacy to ensure unwanted items can be returned to stock.
- Return to stock where appropriate any prescription medicine ordered by the pharmacy which is not subsequently collected by or supplied to the patient, and the prescription destroyed.
- Ensure that the patient is made aware of their regular practice medication review dates.
- Address any concerns about non-adherence, or overuse of medicines and advise the GP of any on-going adherence issues.
- For eRD, before handout of the next issue of the patient's prescription, the pharmacy staff should ask the following questions^{9,10}:
 1. Have you seen any health professionals (GP, nurse or hospital doctor), since your last repeat prescription was supplied?
 2. Have you recently started taking any new medicines - either on prescription or that you have bought over the counter?
 3. Have you been having any problems with your medication or experiencing any side effects?
 4. Are there any items on your repeat prescription that you don't need this month?



Recommendations to patients

- Be responsible for requesting their repeat prescriptions whenever this is possible.
- Do not give community pharmacies access to your personal login details and password for your GP on-line services account. Proxy access can be given to carers and legal guardians to help support you to use online services. In certain portals, with your consent, you can share parts of your GP records with other health care professionals, such as pharmacists to support your care and treatment. E.g., Summary Care Record.
- When requesting repeat medicines, only to request regular items that will be required within the next seven working days, and 'when required' items that are likely to be required before the next 'regular' repeat is due.
- Keep the most recent printed repeat prescription request slip or EPS token and use it to request the next supply as above, if using a paper-based request system.
- To discuss with the practice/pharmacy any repeat medicines that they do not want to continue to take, or where they have an excessive supply, to ensure medicines waste is minimised.
- Check their dispensed medicines BEFORE leaving the pharmacy to ensure unwanted items can be returned to stock. Once medications have left the premises they have to be destroyed and cannot be re-used.
- Provide confirmation that the pharmacy is authorised to manage repeat prescriptions for them, and to discuss relevant medicines issues with the practice or their pharmacist.
- Inform their pharmacy/practice as soon as possible of any changes affecting their regular medicines, to ensure that their patient medication record is kept up to date.
- When requested, attend their medication review at the practice.



References:

1. National Prescribing Centre. Saving time, helping patients - a good practice guide to quality repeat prescribing, January 2004
2. [PrescQIPP Bulletin 292: Repeat Prescribing](#)
3. [Electronic repeat dispensing for prescribers, NHS digital, accessed 20/02/23](#)
4. [Repeat Dispensing and eRD, Pharmaceutical Services Negotiating Committee \(PSNC\), accessed 20/02/23](#)
5. [Risk alert: Repeat prescribing, 01/09/2013 \(last updated 18/05/2020\), MPS, accessed 20/02/23](#)
6. [Repeat prescribing for GPs, September 2015, MPS, accessed 20/02/23](#)
7. [Good practice in prescribing and managing medicines and devices, Published January 2013, Updated March 2022, General Medical Council \(GMC\), accessed 20/02/23](#)
8. [Nottingham and Nottinghamshire ICB repeat prescription management code of practice](#)
9. [Explaining electronic repeat dispensing to patients - NHS Digital](#)
10. [PSNC factsheet: eRepeat Dispensing a resource for pharmacy-teams](#)