

Cheviot Medical Group

REPEAT PRESCRIBING POLICY

Policy prepared and agreed by the practice in April 2006

Policy reviewed Jan 2017

Repeat medication can be added by Dr Lambourn, Dr Batley and any GP Locum or Registrar working on their behalf. The Nurses can add repeat medication as listed in the Nurse prescribing formulary.

Repeat prescription should be written for 28 days supply but exceptions can be made for the following:

- Contraceptive drugs
- HRT drugs
- Didronel PMO and other drugs in special packs
- Patients who pay for prescription (but trying to phase this out advise them to take out prescription prepayment certificate)
- Patients in rural areas who have difficulty getting into surgery.

The following should not be routinely prescribed on repeat:

- Acute antibiotics
- Dressing
- Drugs where there may be a risk of abuse e.g. sleeping tablets and controlled drugs
- Where patients condition is unstable
- Laxatives
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All prescription should have full and specific dosage instructions and should not be written as, as directed, bd, tds, prn etc.

All prescriptions should be written generically with the exception for the following which should be prescribed as the brand:

- Controlled release nifedipine, diltiazem
- Mesalazine
- Theophylline
- Aminophylline
- Lithium
- Ciclosporin

- Combined oral Contraceptive Pill
- HRT tablets
- Carbamazepine
- Sodium Valporate
- Phenytoin
- Dressings
- Catheters & Stoma appliances
- Drugs where a specific brand is required i.e. if patient can only tolerate a certain brand.

Patient records should be updated where possible within one working day when any changes have been made to their medication i.e. home visit, hospital discharge etc. These changes should be made by Doctor or by the Medicine Manager where appropriate (if clear information is given regarding the change/new medication and the doctor has requested it be passed to PMM to be added/amended. The PMM will consult with the doctor over any matter they are unsure or unhappy about.

No more than 48hrs/2 working days notice should be required to be given by the patient to allow for a repeat prescription to be generated however if the item is a special e.g. pyridostigmine oral suspension or other drug that needs to be ordered and made by the specials laboratory then 7 workings notice is required.

PROCESSING OF REPEAT PRESCRIPTIONS

Patient requests the items they require by handing in right hand side of Rx, by phone, by fax, by email, by using SystemOne online order, via website or by filling request form in waiting room. They are all placed in the prescription tray to be processed on busy mornings use 2 trays so prescriptions can be processed in the order they are requested.

If a request is being made on behalf of a patient staff should be confident that the person making the request has the patient's permission to do so if they are not then it should be discussed with Practice Manager or Doctor.

Request for "All my Repeats" or involving description of the tablet should not be accepted and the patient should be asked to clarify exactly which medication and strength they require.

Check that the medication requested is not being ordered earlier than necessary if it is then a Medication query task should be sent to the doctors. And the prescription request placed in the query tray until the doctor has replied/actioned the task.

From prescribing screen any requested items can be issued if they are authorised for repeat and are being ordered within appropriate time schedule.

If items are requested for repeat but are showing as acute or in past view etc then a task should be sent for the Doctor to authorise/amend the item or contact the patient if

required. The prescription request should be put in the query tray until the doctor has replied/actioned the task.

If patients medications are not synchronized then a task can be sent to the PMM to align where appropriate.

If the patient has not ordered all their regular medication or there are items which it appears they are no longer taking then a task is sent to PMM to review.

Methotrexate tablets are not added to repeat screen as a safety measure. Check that blood monitoring is up to date before issuing.

The patients' diary screen is then checked for any blood test/ blood pressure check etc that may be due and a reminder is put in the patients' prescription if required or a Task sent to the Doctors, Practice Nurse or District Nurses as relevant.

If the patient's medication review is due a task will be sent for Doctor's attention.

The prescriptions are then either left out for the Doctor to check and sign or sent to be signed electronically if the patient is signed up for electronic prescribing. The doctor's will sign prescriptions during course of the day when available and make sure everything is signed at the end of the day whenever possible.

When the prescriptions are signed they are taken to or collect by the chemist for non-dispensing patients or passed the dispensary for dispensing patients. Electronic signed prescriptions are automatically sent to the patients nominated pharmacy via the spine.

We will take prescriptions down to the chemist at approx. 4pm each day and the chemist will come and collect the prescription around 10am in the mornings and at other times depending on their work load.

Patients, patient's carers or patients' representatives can collect prescriptions with the patients' authorisation. Staff should be satisfied that the person collecting can confirm the patients name and address. If staff are suspicious or concerned about person collecting prescriptions ask them to have seat and consultant with the Practice Manager or Doctor. The back of all FP10 prescription forms (unless exempt by age eg under 16rs or over 60yrs and script has been computer generated) will be completed and signed by the person collecting and evidence of the appropriate exemption will be asked for, if no evidence is provided the "evidence not seen" box should be completed. In the case of ALL FP10's for schedule 2 & 3 controlled drugs the blue box is to be signed by the person collecting and proof of identity can be requested if person is not known to surgery staff.

The Following staff are authorised to process repeat prescriptions

Mrs Vera Skeen

Mrs Shirley Porteous

Mrs Johanna Hume
Mrs Alison Price
Mrs Caroline Douglas
Miss Harriet Fortune

The Following staff are authorised to dispense prescriptions

Mrs Johanna Hume
Mrs Vera Skeen
Mrs Alison Price
Mrs Shirley Porteous