

Repeat prescriptions

This bulletin focuses on repeat prescribing in primary care. It provides guidance and advice for prescribers, practice staff, community and practice based pharmacists and medicines management teams to improve uptake and implementation of repeat prescribing, with the aim of increasing cost effectiveness, reducing stockpiling and wastage and minimising medicines-related harms.

It includes information on repeat prescribing, pharmacy managed repeat prescription services, electronic prescribing, repeat dispensing (including electronic repeat dispensing or eRD) and pharmacist led repeat prescription management.

Recommendations

- Repeat prescription lists should be kept up to date on the clinical system, to reduce the possibility of the patient being able to order something that has been discontinued.
- 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.
- The person ordering the prescription and the prescriber should be aware that patients don't need everything every month. Patients should be reassured that not ordering something one month does not mean they can not have it again in the future.
- Dispensers should check that everything is still needed at the point of dispensing to avoid wastage.
- Prescribers should be alert to requests for duplicate prescriptions, including but not limited to potential drugs of abuse – the patient may order something directly as well as asking the person dispensing the prescription to do it.
- Extra care should be taken when prescribing after a hospital discharge as the prescription may have changed.
- Patients should be encouraged to use electronic repeat dispensing (eRD). Consent for this can be verbal or written.
- Commissioners and GP practices should 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.

Repeat prescribing

Two thirds of all prescriptions generated in primary care are for patients needing repeat supplies of regular medicines.^{1,2} These repeat prescriptions account for nearly 80% of NHS medicine costs for primary care.¹

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.¹

Community pharmacy managed repeat prescription ordering services

Under a community pharmacy managed repeat prescription ordering service, a community pharmacy may order the repeat on behalf of the patient.³

Patients are typically asked by the community pharmacy at the time of collecting their prescription what they will need next time, but some pharmacies do contact the patient just before putting in the request. This is not an NHS service and is not provided by all pharmacy contractors. It is often provided to improve repeat prescription business.³

The service provides regular and timely ordering of medication, especially for patients who may have difficulty in managing the ordering process themselves. It enables the pharmacy workload to be managed, with medicines ordered in advance of the patient arriving to collect, and it is convenient for patients and carers.³

However, ordering up to one month in advance can mean that patients order everything as they don't know what they will need, and neither practice nor pharmacy staff always check that everything is needed. Medication changes can also occur during this time. This can lead to stockpiling and wastage.⁴

Prescribers should also be alert to requests for duplicate prescriptions, including but not limited to potential drugs of abuse – the patient may order something directly as well as asking the community pharmacy to do it.

Patients ordering themselves directly using an electronic system, for example, the practice online system or NHS app, reduces these risks and provides an accurate audit trail minimising the risk of error.⁴

Commissioners in some areas have now introduced measures that restrict community pharmacies from supporting patients to request repeat prescriptions and contractors are concerned about the unintended consequences these changes may have.⁵ Some patients will continue to need pharmacy support with repeat medication ordering and be exempt from these restrictions, for example patients unable to order themselves and who do not have a carer or representative to manage this for them.³

There is always scope for continuous improvement in systems and processes but improving how repeat medication services operate requires local general practices and community pharmacies to work together, to ensure timely and appropriate patient access to their medicines.⁵

Electronic prescription service (EPS)

Most prescriptions are now signed, sent and processed electronically.⁶

This is done in two ways:⁶

1. It is either sent electronically to the dispenser that the patient chooses and they collect their medicines or appliances without having to hand in a paper prescription OR
2. The patient decides each time they are issued a prescription where they would like it to be dispensed. When they are issued a prescription, they are given a paper copy, also known as a token, that can be taken to any pharmacy or other dispenser. The token contains a unique barcode that will be scanned to download the prescription from the secure NHS database known as the NHS Spine; further information regarding the NHS Spine is available at <https://digital.nhs.uk/services/spine>.

The benefits of electronic prescriptions include:⁷

- There is no need to sign prescriptions by hand.
- During face-to-face, telephone or video consultations, prescriptions can be sent to the patient's nominated dispenser, reducing footfall in the practice as patients collect their prescription from the dispenser instead.
- No need to post prescriptions, saving time and removing the risk of prescriptions getting lost in the post.
- Replacement prescriptions no longer need to be faxed.

Exceptions

There are only a few scenarios where a prescription won't be sent electronically and a paper hand-signed prescription will need to be produced, such as:⁸

- Private prescriptions.
- Instalment dispensed Controlled Drug (FP10MDA in England, WP10MDA in Wales or HBP(A) in Scotland) prescriptions.
- If the patient is a dispensing patient and there is no EPS system available in the dispensary.
- If the patient has their prescriptions dispensed or written in Scotland, Wales or Northern Ireland..
- If, in the professional judgement of the prescriber, the welfare of the patient is likely to be in jeopardy unless a paper prescription is issued.

Repeat dispensing

Repeat dispensing involves the use of a repeatable prescription and a number of batch issues. This enables these prescriptions to be dispensed at set intervals without requiring the prescriber to issue another prescription.²

Since 2005, repeat dispensing has been an Essential Service within the Community Pharmacy Contractual Framework.²

Under the repeat dispensing service community pharmacy teams:²

- Dispense repeat dispensing prescriptions issued by a GP.
- Ensure that each repeat supply is required.
- Seek to ascertain that there is no reason why the patient should be referred back to their GP and should enquire about whether there have been any changes to their medicines since the last prescription, if they have any unexplained new symptoms, (i.e. are they experiencing any side effects or have they seen any other health professionals since the last prescription was issued who may have changed the prescription (i.e. hospital specialist or hospital admission etc).

Originally this service was mainly carried out using paper prescriptions but the majority of repeat dispensing is now carried out via electronic repeat dispensing (eRD).²

eRD allows the prescriber to authorise and issue a batch of repeatable prescriptions for up to 12 months with just one digital signature. eRD then stores all issues of the eRD prescriptions securely on the NHS Spine and automatically downloads them to the patient's nominated community pharmacy at intervals set by the prescriber.¹

PRN or 'when required' medication can also be prescribed using eRD. It is advised that PRN items are set up as a separate eRD batch as they may have a different interval to the patient's other eRD batches. The prescriber can set the specified intervals based on the patient's usage history to predict the number of uses/doses. If the patient runs out of their medication, the subsequent issue can be downloaded in advance, based on clinical assessment by the dispenser. This may mean an extra prescription is needed to ensure the patient has enough medication to last until their next review.¹

It is estimated that over 95% of all repeat prescriptions could eventually be replaced with eRD.¹ This could save hours of GP and practice time.^{1,8}

Benefits of eRD

eRD simplifies the repeat prescribing process and offers a range of benefits including:^{1,9}

- Prescribers can authorise a batch of repeat prescriptions for up to 12 months with just one digital signature.

- eRD simplifies the repeat dispensing process, particularly in terms of volume of paper used.
- Dispensers are mandated to ask patients if they require all items on their prescription before each issue, to avoid medicines wastage.
- eRD puts the prescriber in control rather than allowing the patient or dispenser to continue re-ordering unnecessary items, which can lead to oversupply and stockpiling.
- Reduced footfall at the GP practice and fewer telephone calls as patients do not need to collect or order repeat prescriptions for the duration of their eRD batch.
- Standardised prescription information reduces the number of queries from dispensers.
- Improved prescription accuracy reduces the chances of patients receiving the wrong medication.
- Electronic prescriptions cannot be lost, reducing the risk of duplicate prescriptions being created.
- No need to prepare and sort prescriptions ready for pharmacies to collect.
- Less chance of prescriptions going to the wrong dispenser.
- Suitable patients can be moved on to electronic repeat dispensing, reducing time spent issuing and re-authorising prescriptions.
- Prescriptions can be cancelled at any time until they have been dispensed, and replacements can be sent electronically. The patient's preferred dispenser can also be changed at any time.

Pharmacy contractors must ensure that appropriate advice about the benefits of repeat dispensing is given to any patient who has a long term, stable medical condition and requires regular medicine for it. That means that community pharmacy teams need to identify appropriate patients and provide them with information about the eRD service, with the aim that there is a significant increase in the use of the service by patients.²

This will ultimately free up time in GP practices, so that GPs and their staff can focus on other higher priority work; be more convenient for patients and their carers; and allow community pharmacy teams to offer a better service to their patients, as well as allowing them to schedule their repeat prescription dispensing workload more efficiently.²

Controlled Drugs

Schedule 2 and 3 Controlled Drugs cannot be prescribed on repeat dispensing prescriptions.²

Repeat dispensing prescriptions for Schedule 4 Controlled Drugs must be dispensed for the first time within 28 days of the appropriate date with subsequent issues valid for 12 months from the signed date.²

Repeat prescriptions for Schedule 5 Controlled Drugs are treated the same as non-Controlled Drugs and must therefore be dispensed for the first time within six months of the appropriate date with subsequent issues valid for 12 months from the signed date.²

Practice pharmacist-led repeat prescription management

Pharmacist-led prescription management services have been shown to deliver financial savings, improve patient safety, reduce waste and increase learning and development for practice staff and clinicians. It is also believed to increase medicines adherence.

This involves a pharmacist generating repeat prescriptions, authorising those within their medical competence (if qualified), with the remainder being authorised by GPs.⁶ If qualified, the pharmacist is responsible for changing the prescription, if appropriate, to a suitable alternative that meets prescribing indicator objectives.¹⁰ A pharmacist can also be assisted by other clerical staff with appropriate training.¹¹

Examples of good practice

Walsall CCG have had pharmacists working under a service level agreement (SLA) within GP practices and demonstrated excellent outcomes, widespread uptake and higher than expected savings, with

practices typically using between four to eight hours of pharmacist time per week. Annual savings were £610,270 and this work demonstrated that for every £1 invested in pharmacist time there was a saving of £3.05.¹⁰

Bristol, North Somerset and South Gloucestershire CCG used a pharmacist working alongside trained prescription clerks to scrutinise repeat prescription requests and triage them using standardised protocols to ensure that they were appropriate before being signed off by the GP. This included actively checking for over- and under ordering, aligning quantities of prescribed medication to reduce multiple requests, checking formulary adherence and flagging requests with outstanding blood tests, monitoring or medication review.

The resources invested in setting up the 16 month pilot were offset by a reduction of £268,687 in FP10 prescribing spend. If the project was spread across the entire CCG, **there is the potential for annual savings to be realised in the region of £3,980,802.** However, there is caution in making a direct extrapolation as localities and Primary Care Networks will have differing baseline starting points and differences in practice populations. Other benefits included shared learning from incidents, decreased prescribing workload, ability to risk stratify patients and triage, improved post discharge medicines reconciliation, improved monitoring and medicines safety, faster turnaround of repeat prescriptions and increased uptake of eRD.¹¹

Summary

Improving the way repeat prescriptions are managed in primary care can have numerous benefits, including improved patient safety, reduced wastage, improved adherence, shared learning and a significant amount of clinician and practice staff time freed up to focus on other, more appropriate tasks. This includes increasing the uptake of electronic repeat dispensing (eRD) to further simplify the repeat prescribing process.

Pharmacist led repeat prescription management services are a great way to realise the above benefits and deliver significant financial savings.

Additional resources

PrescQIPP Practice medicines co-ordinator e-learning course. Available at: <https://www.prescqipp.info/news/our-new-and-updated-practice-medicines-co-ordinators-e-learning-course-is-now-live/>

Wessex AHSN electronic repeat dispensing. Available at: <https://wessexahsn.org.uk/projects/120/electronic-repeat-dispensing-erd>

NHS England. Electronic Repeat Dispensing Guidance. May 2015. Available at: <https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf>

NHS Business Services Authority (NHSBSA) eRD resources. Available at: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/prescribing-and-dispensing/electronic-repeat-dispensing-erd/erd-resources#jumplink3A>

References

1. NHS Digital. Electronic Repeat Dispensing for Prescribers. Last edited June 2019. <https://digital.nhs.uk/services/electronic-prescription-service/electronic-repeat-dispensing-for-prescribers#:~:text=patients%20are%20required%20to%20give,subsequent%20issues%20on%20the%20Spine> Accessed 11/06/21.
2. Pharmaceutical Services Negotiating Committee (PSNC). Repeat Dispensing/electronic Repeat Dispensing (eRD). <https://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/> Accessed 11/06/21.

3. Pharmacy Voice & PSNC. Pharmacy management of repeat medication requests. Frequently Asked Questions. August 2016. <https://psnc.org.uk/wp-content/uploads/2016/08/Managed-repeats-FAQs-Aug-2016.pdf> Accessed 11/06/21.
4. Mid Essex Clinical Commissioning Group. Stopping Managed Repeats. FAQ for practices. 2019. <https://midessexccg.nhs.uk/livewell/your-medicines-your-nhs/reducing-medicines-waste/increasing-erds-and-stopping-managed-repeats/3531-1-practice-frequently-asked-questions-stopping-managed-repeats-december-2019/file>
5. Pharmaceutical Services Negotiating Committee (PSNC). Managed repeats. <https://psnc.org.uk/services-commissioning/essential-services/repeat-dispensing/managed-repeats/> Accessed 11/06/21.
6. NHS. Electronic Prescriptions. Last updated April 2019. <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/electronic-prescriptions/> Accessed 11/06/21.
7. NHS. Electronic prescriptions for prescribers. Last edited December 2020. <https://digital.nhs.uk/services/electronic-prescription-service/electronic-prescriptions-for-prescribers> Accessed 11/06/21.
8. NHS Digital. Phase 4 information for GP practices. Last edited October 2020. <https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information#exceptions> Accessed 11/06/21.
9. NHS Digital. Electronic prescriptions for dispensers. Last edited September 2020. <https://digital.nhs.uk/services/electronic-prescription-service/electronic-prescriptions-for-dispensers#benefits-of-electronic-prescriptions> Accessed 11/06/21.
10. NICE. Quality and Productivity: Proven Case Study. Pharmacist-led repeat prescription management: ensuring appropriate prescribing and reducing wastage. Walsall Clinical Commissioning Group. November 2014. <https://www.nice.org.uk/Media/Default/About/Who-we-are/Local%20Practice/14-0001-qp-pharmacist-led-rpms.pdf>
11. Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group. Primary Care Commissioning Committee. Agenda number 5. Report title: Tyntesfield Prescribing Hub: An evaluation of a centralised repeat prescription management hub in North Somerset. June 2019. https://bnssgccg-media.ams3.cdn.digitaloceanspaces.com/attachments/PCCC_25June19_Item5.pdf

Additional PrescQIPP resources

 Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-292-repeat-prescriptions/
 Implementation tools	

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