

## Repeat prescriptions

This briefing focuses on repeat prescribing in primary care and is aimed at prescribers, practice staff, community and practice based pharmacists and medicines management teams. The aim is to improve uptake and implementation of repeat prescribing, to increase cost effectiveness, reduce stockpiling and wastage and minimise medicines-related harms.

### Key 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 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 doesn't mean they can't have it again in the future.
- Community pharmacies should check that everything is still needed at the point of dispensing to avoid wastage.
- Prescribers should be alert to requests for duplicate prescriptions – the patient may order something directly as well as asking the pharmacy 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.

### Benefits of Electronic Repeat Dispensing (eRD)<sup>1,2</sup>

- Prescribers can authorise a batch of repeat prescriptions for up to 12 months with just one digital signature.
- eRD simplifies the repeat dispensing process.
- 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.
- Reduced footfall at the GP practice and fewer telephone calls as patients don't 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 chance 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.

### Controlled Drugs:<sup>3</sup>

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



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.

## 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.<sup>4</sup>

### References

1. NHS Digital. Electronic Repeat Dispensing for Prescribers. Last edited June 2019. Available at: <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. 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.
3. Pharmaceutical Services Negotiating Committee (PSNC). Repeat Dispensing/electronic Repeat Dispensing (eRD). <https://psnc.org.uk/services-commissioning/essential-services/repeatdispensing/> Accessed 11/06/21.
4. NICE. Quality and Productivity: Proven Case Study. Pharmacist-led repeat prescription management: ensuring appropriate prescribing and reducing wastage. Walsall Clinical Commissioning Group. November 2014. Available at: <https://www.nice.org.uk/about/what-we-do/into-practice/shared-learning-case-studies>.

Additional resources available	 Bulletin	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-292-repeat-prescriptions/">https://www.prescqipp.info/our-resources/bulletins/bulletin-292-repeat-prescriptions/</a>
	 Tools	

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP's quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)