Repeat Prescribing for Practice Staff

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Introduction

- **Aim**
  - To highlight and encourage the sharing of good practice in repeat prescribing systems

- **Objectives:**
  - To identify what is good practice in repeat prescribing
  - To describe the risks associated with repeat prescribing
  - To recognise some common repeat prescribing issues

- When can we ask questions?
What is Repeat Prescribing (Rx)?

“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”
The pros and cons of repeat prescribing?

Advantages
- No need to see a Dr
- Suitable for long-term treatment of stable patients
- Saves time for both patient and GP

Disadvantages
- Risk that drugs are not reviewed
- New drugs Rx’d without old ones deleted
- Wasteful
- Demands on practice staff time
What sorts of medicines should be prescribed on repeat prescription?

Medicines that are:

- at a stable dose
- achieving the desired effect
- causing no (or acceptable) side effects
- not interfering with any other medicines the patient may be taking
What sorts of medicines shouldn’t be prescribed on repeat?

- Medicines for infections - antibiotics, antivirals, antifungals
- Drugs with potential for abuse e.g. benzodiazepines
- Controlled Drugs
- Hormone replacement therapy (HRT)
- Oral contraceptives
- Anti-obesity drugs
What are the benefits of an efficient repeat prescribing system?

- Medication errors are minimised
- Wastage is reduced
- GP and practice staff time / workload is reduced
- Facilitates patient review
- Identifies any over / under usage of medication
- Increases the involvement / responsibility of the patient / carer
Why do problems occur?

- Inadequate clinical monitoring
- Many drugs have similar sounding names
- Discrepancies or illegible hospital communications / discharge
- Re-authorisation of repeat status without a review

These risks can be reduced by:
- undertaking staff training
- allocating specific roles and responsibilities to staff
Repeat prescribing issues

- Ordering medicines
- Quantity inequivalence
- Non compliance / concordance
- Non-specific directions
- Generic vs branded prescribing
- Medication review
Ordering Medicines

- Each practice will have their own prescription ordering procedures
- Good practice for these procedures to be available to staff in a written format
- Paper only/ telephone at certain times/ telephone at any time / Email
- 24/48/72 hour turn-around?
- Safest options?
Quantity Inequivalence

- “Inequivalence in quantities on repeat prescriptions means that patients have to order different items at separate times. It can cause up to 34% of patient interaction with a general practice. The benefits of equivalence or synchronisation on workload for all stakeholders (including patients) are clear.”
- “The wastage of drugs that can result from inequivalence accounts for 6-10% of total prescribing cost”
- NPC – A good practice guide to quality repeat prescribing
Quantity inequivalence (Synchronisation of medicines)

- Quantity of items prescribed on repeat do not tally

  e.g. 60 days supply of one item and 28 days supply of another

OR

  Aspirin 75mg 1 daily x 100
  Atorvastatin 10mg 1 daily x 28
Non-compliance / concordance
We can all help!

- Notify GP re. items not ordered/ not collected (follow local procedure)
- Why only ordering some and not others?
- Over-ordering can mean over-dosing
- Under-ordering can also mean ‘self-adjustment of dose’!
- No ordering may mean side-effects: usually alternatives can be tried
- ?psychology of ordering, collecting but not taking
Non-specific directions

E.G. as directed, as needed, as before, when required, prn, mdu, sos……

- “Adverse reactions to medicines are implicated in 5-17% of hospital admissions”
- “As many as 50% of older people may not be taking their medicines as intended”

NPC – A good practice guide to quality repeat prescribing
Generic Prescribing

**Brands (Solpadol)**
- More expensive
- Specific to a particular manufacturer
- Uniform packaging and appearance
- Brand loyalty

**Generics (Co-codamol)**
- Cheaper
- Made by more than one manufacturer
- Packaging and appearance may vary
- Made to the same quality standards
Drugs not recommended for generic prescribing

- Cyclosporin (Neoral, Sandimmun)
- Tacrolimus (Prograf, Advagraf)
- Lithium (Priadel, Camcolit)
- Modified-release formulations
  - Theophylline (Nuelin SA)
  - Aminophylline (Phyllocontin Continus)
  - Nifedipine (Adalat Retard, Adalat LA)
  - Diltiazem (Tildiem Retard, AdizemSR)
  - Tramadol (Zydol XL, Zydol SR)
- Oral contraceptives
- Anti-epileptic medication (phenytoin, carbamazepine)
Quantities and Waste

- Encourage patients to only request what they need and not over-order
- All products and appliances have expiry dates
- Unused medicines cannot be recycled
- The National Audit office estimates £24 Million is wasted in medicines annually across GG&C NHS Primary Care
- How could this be reduced?
How can the risks be reduced

- Clear Repeat Prescribing procedures
  - Allow the patient / carer to take responsibility
- Regular Medication Review
- Improved communication methods between primary and secondary care
- Training for all staff
Local and National Initiatives

- Don’t Waste Medicines (Think! Check! Order!)
- GG&C campaign to raise awareness
- 10% of meds ordered are not taken
- Inverclyde equates to ~£1.72 million per annum
- Waste from one pharmacy £1,300 in one week
Local and National Initiatives

- Medicines Management LES
- LES starting October 2010
- Practice Medicines Manager
- Fixes simple issues with repeat prescriptions
  - removes drugs not ordered recently
  - inactivates duplicates
  - flags poor compliance
  - fixes repeat medication quantities so all are equivalent
- Lots of support available
Local and National Initiatives - CMS

- Chronic Medication Service (CMS)

- Allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and General Practitioner (GP).
Stage 1 – Community pharmacy invites patient with long term condition to register.

Stage 2 – Pharmacy develops care plan for the patient. Pharmaceutical care needs and care issues identified.

Stage 3 – Serial dispensing. GP authorises prescription for dispensing at appropriate time intervals for 24 / 48 weeks. Supported by protocol to determine if any referral or reporting required.
Why do front line staff need to know about repeat prescriptions?

- **You** generate most of them!
- **You** have an opportunity to communicate with the patient when ordering
- **You** can monitor whether a patient is over- or under-ordering a particular item
- **You** can make sure that the system runs efficiently
Questions?