Repeat Prescribing Policy

Best Practice Statement:
The generation of repeat prescriptions in the absence of medical consultation will be managed, to minimise the potential for errors and adverse drug reactions.

The purpose of repeat prescribing is to enable continuity of supply of medication and to reduce barriers to care.

Definition:
Repeat prescribing: A prescription for a previously prescribed medication generated without a consultation.

Procedure:

1. Scope of repeat prescribing
In general repeat prescriptions may only be generated for medications already on the patients regular medication list. In some conditions a repeat for non regular medications may be authorised by the GP.

All repeat prescriptions are at the discretion of the prescribing GP

Patients receiving repeat prescriptions will be reviewed every 6 months or at the discretion of the prescriber.

Groups of drugs that that may not be suitable for repeat prescribing status, e.g. controlled drugs, drugs with the potential for abuse are listed in appendix 1, although these may be repeated at the discretion of the prescriber.

2. Receiving requests for repeat prescriptions
Requests for repeat prescriptions can be received by phone, fax or electronically.

Telephone requests for repeat prescriptions may be received by Reception Staff or Practice Nurses.

Requests are accepted at the discretion of the practice paying attention to privacy issues, knowledge of the patient and whanau and the patient’s illness.

3. Assessing and Recording requests for repeat prescriptions
The repeat prescription is recorded in the PMS on the computer and the patient or representative is informed that the prescription will be ready for collection either after 2pm if requested in the morning or else the following day.

Information required from the patient or representative in order to generate a repeat prescription includes sufficient information to positively identify the patient, the name of the drug, dose, and frequency.

If a patient is overdue for a review and requests a repeat prescription, the patient will be requested to present for review, but if this is not possible then a repeat script will be issued to ensure that the patient does not run out of medication.

If there is an anomaly or query regarding the requested prescription the request will be referred to the usual prescriber.

4. Generating repeat prescriptions
All prescriptions will be reviewed and signed by a prescriber who knows the patient or at least has access to the patient’s notes.

5. Patient receiving the repeat prescription
Practice staff will verify that the person collecting the prescription is the patient, or an authorised representative, and that the name on the prescription is correct.

Patients will be informed of any changes to their prescription.

Prescriptions that are to be faxed to the pharmacy, will then be posted to the pharmacy.

Uncollected prescriptions will be kept for 3 months, then discarded and this action recorded in the medical record.

Patients due for a review before their next script is issued will be informed on at the time of request or at the time of collection.

5. Management of errors
All incidents and errors relating to repeat prescribing will be recorded and managed as per the practice’s harm reduction policy.

References:

De Smet P and Dautzenberg M (2004) Repeat Prescribing: Scale, Problems and Quality Management in Ambulatory Care Patients Drugs 64(16) 1779-1800

Medicines Management team (2002) A Framework for an Ideal Repeat Prescribing System Brighton and Hove City Primary Care Trust, UK

Appendix 1

Drugs not suitable for repeat prescribing status

- Benzodiazepines
- Controlled drugs
- Chemotherapeutic agents
- Immunosuppressant agents