

# Crawford Street Surgery

95-97 Crawford Street, London, W1H 2HJ  
Tel: 0207 723 6324 Fax: 0207 723 8530

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## REPEAT PRESCRIBING POLICY

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Version: 2020 October  
Next Review: 2022 October

Updated by Dr E Kong, Lead GP and Shivani Singhania, Clinical Pharmacist

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### INITIATION OF A REPEAT PRESCRIPTION ITEM

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We adhere to the NWL Prescribing Formulary and follow the NWL Prescribing Guidance adapted from NHSE guidance on conditions for which over the counter items should not routinely be prescribed in primary care. The doctors initiate drugs for repeat prescription by putting them onto the patient's computer medical records so that they can be computer generated. They also ensure that patients understand the repeat prescribing process and what is required of the patient.

Initiation of a Repeat Prescription Item is the responsibility of the doctors which will not be undertaken by any other staff. The medications are prescribed generically, except for certain drugs that are to be prescribed in proprietary forms as recommended by the BNF due to their chemical bio viabilities. Quantities for each drug are synchronised where possible for **monthly** or **two-monthly** supplies and review dates are entered.

Our current Advanced Nurse Prescriber is an independent Prescriber. Following agreed practice guidelines, she can issue prescriptions and add prescriptions to repeats where she is competent is to do.

We have a Clinical Pharmacist in-house. She has been trained by Dr Kong, Lead GP, on the prescribing policy and on skills required for medication reviews, re-conciliation and synchronisation. The Clinical Pharmacist can issue repeat items or acute items (after discussion with duty doctor) via EPS where the doctors will sign electronically. The prescriptions will be sent electronically to the patients' assigned chemists or to be collected from the practice.

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### HOW DO REPEAT PRESCRIPTIONS ORIGINATE?

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- The GPs can initiate medications for repeat prescribing. The patient should have been seen, or spoken to, or communicated with by SMS or email, to ascertain appropriateness (effective, well-tolerated and required long term) and compliance
- From Acute Hospitals or Community Providers' Consultants and their teams' recommendations for continuation of treatment by GPs
- Nurses authorised to do Nurse Prescribing

In cases where items are recommended by other clinicians, the GPs should take care to ensure

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- the drugs are clinically appropriate with the correct recommended BNF doses
- they feel confident to prescribe
- the items are for GP prescribing as per agreed policy of the Medicine Management Committee of the CCG and Acute/Community/Mental Health Trusts
- there are no contraindications or drug interactions.

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## HOW TO ORDER REPEAT PRESCRIPTIONS?

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Patients should be given a list of drugs that they are currently taking on repeat prescription as a computer-generated list, which forms the right hand side of the prescription slip. Patients also have the option to sign up to Online Services which enables them to see the list of their repeat medications and request them electronically. All newly registered patients are signed up to Online Services unless they specifically request to opt out.

- **In person:** there is a box at Reception for putting in requests
- **By post:** patients provide stamped self-addressed envelopes for the prescriptions to be posted back to them
- **By Email:** at [clccg.css@nhs.net](mailto:clccg.css@nhs.net)
- **Online**

Patients can delegate the request and collection of prescriptions to carers, relatives, etc. From 26<sup>th</sup> October, 2018 we no longer accept prescription requests by pharmacists except in the following cases:

- dosette box
- dementia
- housebound
- elderly where appropriate
- patients with mobility issues

This has been communicated to the local pharmacists.

In case of appointed people requesting repeat prescriptions on patient's behalf, prior written authorisation and consent has to be given and recorded in the patient's records.

If requesting in person, patients are encouraged to use the computer-generated slip to make their requests by ticking on the slips the items they require. If there is an unclear request from patients, the patient should be contacted if possible or referred to the clinical pharmacist or duty doctor.

The prescriptions are ready within 2 working days. If the request is made on a Friday, it will be ready for the following Tuesday. For postal requests, to be returned via a SAE, patients should allow one week. Newly registered patients should request adequate quantity from their previous GP to allow for the registration process which can take up to two weeks in some cases. This is explained at the time of registration and is part of our Registration Policy.

We DO NOT take telephone requests for repeat prescriptions.

We send prescriptions to the patient's designated chemist via Electronic Prescribing System (EPS).

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## EXCEPTIONS

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We will issue urgent repeats in emergency circumstances for asthmatics, diabetics, hypertensives, CHD, Cancer, Severe Mental Health patients and for patients with conditions that without their drugs their conditions could be acutely fatal. However, these urgent requests should not be happening repeatedly.

We ask for co-operation from patients not to misuse the Exception Rule and put doctors under unnecessary pressure.

When patients run out of medications and are unable to contact us, for example Out of Hours, they can contact NHS111. NHS 111 will advise and direct them to where and how to obtain emergency supplies.

## ELDERLY / HOUSEBOUND PATIENTS WITH DISABILITIES:

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Elderly and housebound patients can have their repeats on the same day. We take telephone requests from them. A list of such patients is kept at the Reception. The Doctors authorise who go onto that list.

## HEALTH EDUCATION

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Patients with chronic conditions and on repeat prescriptions are counselled on the importance of timely order of their repeats. They are educated on making their requests when they have two week supplies left. The whole practice team and the local chemists jointly promote the same message.

## DOSETTING

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For elderly or patients with poor memory, the local chemists offer a weekly dosette service. This arrangement will be made jointly between the patients/carers, doctors and Clinical Pharmacist and their assigned chemists.

Patients should be encouraged to tell the doctors or the Clinical Pharmacist if they are no longer taking a repeat medication. The appropriateness of this can be assessed and the computer updated to reflect the change by the doctors or Clinical Pharmacist.

## PRODUCTION/AUTHORISATION

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All receptionists are trained on the Systm1 and on the Repeat Prescription policy. They deal with requests daily or within 48 hours. The production of printed repeat prescriptions is the responsibility of the Clinical Pharmacist. The Clinical Pharmacist will send the prescriptions to the duty doctor electronically to sign. The doctor will sign electronically and send by EPS to the assigned chemist. If there is no assigned chemist, the patient can collect from the practice. If the patient prefers NOT to have an assigned chemist, the doctor can send electronically as ONE OFF

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to the nearest chemist to the patient. This is important during Covid crisis to keep footfall to the practice to a minimum to comply with Infection Control.

If the Clinical Pharmacist is on leave:

To comply with 48 working hour policy, the receptionist will send the issues of repeats electronically to the duty doctor, if they have still within review dates or the allowed numbers of repeats are not used up. The duty doctor checks and signs them electronically to be sent off the chemist by EPS. If they are acute requests, they will pass them to the duty doctor.

All our repeat prescriptions are computer generated. Controlled drugs are computer generated as per Prescription Prescribing Authority (PPA) requirements for controlled drugs i.e. in words and numbers. Maximum quantity on repeat prescription is 28 days.

- If an item is printed inadequately e.g. issued by mistake, cancel the last issue and re issue if appropriately. Prescriptions can be re-printed if patients lose their issued FP10s or if the paper is jammed. Otherwise, we will create false “overused” percentages.

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## WHAT TO DO WHEN AN ITEM:

- Flags up as **“overused”**: If the authorised numbers of repeats have been issued - The Clinical Pharmacist will send a medication review invite to the patient. If the patient has ran out of medication, a short supply will be issued, enough till the medication review appointment is due
- Shows up with **“Issues remaining: 0”**: The prescription will not be issued and the Clinical Pharmacist will send a medication review invite to the patient. If the patient has run out of medication, a short supply is issued, enough, till the medication review appointment is due. The Receptionist or Clinical Pharmacist will notify the patient with a SMS message or an instruction on the repeat prescription slip
- Is deemed uncertain, the Clinical Pharmacist will contact the patient via SMS, email or phone
- Has not been requested for more than 6 months, the item is removed from the repeat list
- Is not synchronised with the others, the Clinical Pharmacist will review and synchronise

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## UNCOLLECTED PRESCRIPTIONS

The Receptionist will check the prescription box/folder monthly to check for uncollected prescriptions. The Clinical Pharmacist after reviewed, will destroy the uncollected prescriptions and amend the patient’s records. If it is clinically indicated, after looking through the patient’s records, the Clinical Pharmacist will ask the reception to make appointment for the patient for a review. There is a monthly audit to ensure the system on uncollected prescriptions is followed.

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## CLINICAL CONTROL/REVIEW

This is the sole responsibility of the doctors or they can delegate to the Clinical Pharmacist or Advanced Nurse Practitioner.

Certain patients are reviewed by the Nurse Practitioner (NP) or the Clinical Pharmacist (CP), on behalf of the doctors e.g. contraception, asthma, COPD. The number of issues are set for each

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medication till their next review. The NP or CP can issue these prescriptions after the patient's checks and the doctors sign them unless the nurse is a Nurse Prescriber.

The Clinical Pharmacist does asthma reviews. The HCA with Dr Kong do the hypercholesterolaemia, hypertension and diabetes reviews.

Repeat prescriptions are issued either weekly, monthly (28 days) or 2 monthly (56 days). A maximum of 84 days' supply is issued for patients going on holiday for three months or more. The NHS accepts responsibility for supplying ongoing medication for temporary periods abroad for maximum 3 months. If abroad for more than that period, then patients must find an alternative supply in the country that they are in. NHS prescriptions must never be obtained by relatives or friends on behalf of patients who are currently abroad, irrespective of such factors as owning a house in the UK or paying UK taxes. Patients are responsible for ensuring that any drugs they take into a country conform to local laws.

Only oral contraceptives/HRT can be issued 3 monthly or 6 monthly as an acute prescription, not on repeat, after reviewed as per practice guidelines. Inhalers or nasal sprays are given singly or in twos.

The doctor or Clinical Pharmacist should synchronise regular long-term medications to increase compliance and reduce usage.

When patients are discharged from hospital or have attended an Outpatients Department, their regular medication may have changed. The Clinical Pharmacist will amend their prescription record. If there is any query, the duty doctor will support the clinical Pharmacist.

## **Steps to consider when the doctor/ Clinical Pharmacist/ Independent Nurse Prescriber : does repeat prescription signing or carrying out medication review consultations**

- **Control of the condition:** is it optimal?
- **Unnecessary medication:** can anything be stopped?
- **Tidy up the repeat prescription record:** stopping the medication if appropriate, when not used for more than 6 months, synchronise all items to a similar regular interval if possible
- **Updating Issue numbers:** Check if the patient has been reviewed recently by the practice or Outpatients Department. If so, update the issue numbers. If the patient has not been seen for 3 months over the review due date, the patient is given a message to make an appointment be seen by the clinical pharmacist or the doctor or nurse
- **After deleting/adding/correcting on the printed prescriptions:** cancel from the prescription record and RE ISSUE after amendment
- **Compliance:** Is the patient taking the medication properly? Could the regime be simplified? Could the local chemist help? Can weekly dosetting be considered? Check understanding of medication. Is there a problem with unwanted side effects? What is the patient's perception of the medication and its perceived side effects?
- **Monitoring:** Is this required e.g. phenytoin levels, INR, LFTS, TFTS, U&E, HbA1c, blood sugar for patients on atypical antipsychotics or blood tests for long term conditions
- **Cost:** Considerations without compromising patient's health: Change to generics if appropriate, or consider change to a more cost-effective treatment (consider practice

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/CCG formulary). Follow OTC medication policy- encourage patients to buy OTC medications

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## MANAGEMENT CONTROL

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This is the responsibility of the practice manager.

Practice staff involved in the preparation of repeat prescriptions should be appropriately trained in the practice guidelines/policies for repeat prescribing. Staff should know what their responsibilities are. They need to be accurate in their tasks. Training is ongoing and prescribing is on our clinical and admin meetings agendas. New staff is given training as well as the policies/protocols to abide by. While there are rotas for tasks, admin staff should be able to cover for each other in case of absences.

FP10s are securely stored in a locked cabinet. Access is given as needed and pad numbers written on the attached form provided.

The practice computer system holding the repeat prescribing records is backed up daily via the clinical system provider.

Periodical audit of repeat prescribing carried out monthly.

The manager tests the system for safety and clinical governance issues.

The Patient's Policy is clearly displayed in the Waiting and Reception areas as well as posted on the practice's website

The Patient's Policy is reviewed annually, taking patients' feedback into consideration.

The Clinical System is updated centrally where there is a new drug/dosage change or programme deficiency.

The practice has contact details for all nearby pharmacies and liaises with them on a regular basis to inform them of individual issues as well as systemic changes.

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## TEAM RESPONSIBILITIES

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### REVIEW PROCEDURES

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The guideline / policy to be reviewed annually at practice meetings. Minutes of meetings kept in the Practice Manager's Office as well as on the shared network folder. All new and unfamiliar drugs listed and discussed at clinical meetings. Commitment of the practice to keep within the Practice/CCG Formulary whenever possible. Discuss significant events or near misses on repeat prescribing at practice meetings learning from experience within a "no blame" environment  
There is an incident Log Book with records of events.

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There is a Practice Prescribing Lead who has the overall responsibility on Repeat prescribing and to ensure regular input from everyone including the Pharmaceutical Advisors from the CCG, local chemists and patients/carers. Currently it is Dr E Kong.

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## PATIENTS' INVOLVEMENT

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### Patients

- will be informed on the initiation of an item for repeat prescribing
- give 2 working days' notice for repeat prescriptions to be issued
- give written authorisation if they want someone else to request and collect on their behalf
- give a supply of SAEs if they want the prescriptions to be posted to them
- are encouraged in online repeat prescription ordering
- are encouraged to choose a chemist to whom we can send prescriptions via EPS
- need to attend the review appointments with doctors or Clinical Pharmacist or nurses when asked to, to update their repeat prescribing items
- will be explained the practice policy on repeat prescription at appropriate time e.g. on registration with the practice, on commencing a repeat prescription, via posters in surgery or via Patient Participation Group meetings, newsletters, website, social media
- will be requested not to be upset with the receptionists if their requests are not obliged. The Receptionists will explain the policy if unclear

Below is the Patients' Repeat Prescribing Policy

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## PRACTICE REPEAT PRESCRIPTION POLICY-YOUR QUESTIONS ANSWERED

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### *How can you get repeat prescriptions?*

**The Doctors or the Clinical Pharmacist**, after discussing with you, will **authorise** which items can be allowed for repeat prescription. The usual amount is either for **a month** or **two months**. The **doctor or the Clinical Pharmacist** after discussing with the doctors, will **specify how many repeats** you can have and **set a date** for you to be **reviewed** by the doctors, the Clinical Pharmacist or by the Nurse Practitioner to assess if you still need the medication. They will update your records appropriately after you have been seen.

**If the doctors have not agreed on a medicine to be on repeat, please do not ask the Receptionists for it.** Make an appointment with the doctor or Clinical Pharmacist to discuss your case.

Your repeat prescription medication will be on a **computer-generated slip**. Please **use it** to order your items by ticking the items you need. Pay attention to the **REVIEW DATE** at the bottom of

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the slip. If your date is due, it means you need to see the Doctors or Clinical Pharmacist for check-up or medication review.

**Do not wait till your last tablet before you request for a repeat prescription.** When you are down to about two week's supply, it is time to request your repeat prescription.

**Once requested, you can get your prescription within 2 working days.** However, if the request day is a Friday, then your prescription will be ready the following Tuesday.

We can send your prescriptions to your designated chemist electronically via Electronic Prescribing System (EPS).

## Ways of requesting your repeat prescription:

- **In person:** there is a red box at Reception for putting in requests
- **By post:** patients provide stamped self-addressed envelopes for the prescriptions to be posted back to them
- **By Email:** at [clccg.css@nhs.net](mailto:clccg.css@nhs.net)
- **On Line**
- **Through your assigned chemist:**  
If you: have weekly supplies or blister packs or  
: are housebound or have mobility issues or you have conditions like dementia

**We do not take telephone requests.** If you think you cannot order by the above ways, please make an appointment to see the doctors or the Clinical Pharmacist to discuss your circumstances.

You can **authorise someone else** to collect on your behalf. But please **notify us** with your **written consent of authorisation**.

**If you see a private doctor without prior discussion with the GP, the GP is not obliged to issue you any prescription given to you by the private doctor.**

**Anti-malarial tablets are not issued on NHS prescriptions.**

**If you have been to the hospital Outpatients Department and the hospital doctor gives you an "outpatient" medication referral letter, leave the letter at Reception. It will be dealt with by the duty doctor or Clinical Pharmacist. If they agree with the recommendation, the prescription will be issued within 2 working days.**

## *"My tablets look different, Doctor"*

Tablets are prescribed according to the main ingredient which gives the tablet a **"generic name"**. Manufacturers can choose to use different colours or shapes to present the tablet, and can call it a specific name: **"brand name"**. The main ingredient stays the same.

If you go to the same chemist regularly, you may get the same manufacturer make. If you have any concerns on this, make an appointment with your usual doctor or Clinical Pharmacist to discuss it.

*I am going on holidays, can I have more tablets?*

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The maximum supply we give is three months. It is the NWL CCG Policy that our practice follows.  
**“If you are on holiday for more than 3 months, make sure you have medical insurance cover and see a doctor there for check-up and for more tablets. “**

**We welcome constructive feedback and suggestions on our Repeat Prescribing Policy.**