

# REPEAT PRESCRIBING POLICY



## RATIONALE

Halswellhealth is committed to ensuring the process of repeat prescribing is managed safely.

A repeat prescription is defined as a script generated for the patient in the absence of medical consultation.

## OBJECTIVE

- To ensure the legal and safe generation of repeat prescriptions in the absence of a medical consultation.
- To have clear guidelines regarding the safe timeframe whereby a patient can receive a repeat prescription.

## POLICY

- Repeat prescribing is available to the patient at the discretion of the practitioner providing the prescription. There are times that repeat prescribing may be inappropriate, for example
  - Polypharmacy
  - Unstable medical conditions.
  - Particular medications eg Antidepressants, Antibiotics, Controlled drugs, Isotretinoin.
  - History or risk of medication abuse/ overuse
  - Medications that require physical ongoing monitoring eg ciclosporin, fingolimod 3monthly BP check. NB blood pressure can be checked at community pharmacies, but this may incur an additional charge to the patient
- The legal responsibility for the prescribing is with the authorised prescriber. Each authorised prescriber is responsible for ensuring that the practice policy is followed.

### When a consultation (virtual or in person) is always required

- A consultation is **always** required when:
  - A medication is being started for the first time.
  - Patients are new to the practice.
  - Antibiotics for a new condition.

### When patients can be seen every six months

- The patient can be seen **every 6 months** provided that their overall health and condition is stable. Examples of medications suitable for 6 monthly reviews are as follows.
  - Antihypertensives
  - Anti-epileptics
  - Asthma medications
  - NSAIDS
  - Antidepressants
  - Antibiotics for acne
  - Lipid lowering medication
  - MHT
  - Depo-provera

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#### When patients can be seen every 12 months

- Some patients can be seen by the GP **every 12 months**.
- It is expected the consultation will be regarding their medication and the associated condition.
- These are patients who are very stable and have made this arrangement in consultation with their GP. This is indicated by setting a Repeat Prescribing alert and noting the frequency of prescribing allowed. Examples include:
  - Oral contraceptives
  - Stable hypertension
  - Stable thyroid condition
  - Controlled gout, with SUA levels within target range
  - Vitamin prescriptions
  - Stable asthma.
  - Depo-provera
  - Stable/uncomplicated MHT

#### When medications may be prescribed without consultation

- The following medications may be prescribed at the authorised prescriber's discretion **without consultation**.
  - Simple analgesia
  - Vitamins
  - Antibiotics for recurrent conditions e.g. UTI, COPD, diverticulitis exacerbation as per action plan.
  - A medication that has been prescribed by an external provider eg in hospital or in a specialist clinic

#### Drugs requiring special consideration.

- Below are examples where medications may need particular attention to prescribing.

#### *ADHD medications for children and youth*

- From 1/12/24 Special Authority numbers for Methylphenidate / Dexamphetamine / Modafinil are lifetime
- These children require height, weight, BP and Heart rate every 3-6 months at prescriber discretion.
- Random urine drug screens should be considered to ensure compliance, reduce risk of diversion and check for polysubstance use

#### *HIV pre-exposure prophylaxis PrEP*

- There is a comprehensive pathway on Healthpathways which must be followed. GPs must have completed training to prescribe this medication.

#### *Methotrexate/other DMARDS/biologics*

- Monitoring as per HealthPathways recommendation. GP review every 3 months is recommended on the pathway. If patients are very stable, then this may be extended at the prescriber's authority and blood tests must be kept up to date.

#### Exceptions

- Each authorised prescriber reserves the right to vary these guidelines at their discretion.

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- Variations should be recorded in the patient's medical record.

## PROCEDURES

- Repeat prescriptions are requested by the patient via phone, email, patient portal or visit to the practice. Requests may also come from the community pharmacist e.g. to line up supplies for compliance packaging
- The patient is required to clearly state which medications they are requesting and the pharmacy.
- These requests are managed by the nursing team who will check if the script request is appropriate. - e.g by checking when medicine was last supplied and checking if there may be repeats available. The pharmacy or patient can be called for clarification if needed. If non-compliance is suspected – make note of this in patient file for discussion.
- Ensure medications that require Special Authority have a valid and in date number.
- If appropriate the script is prepared for the doctor via the Indici repeat prescribing process. The GP will check and sign this prescription off. The exception is controlled drugs which are prepared by the issuing GP. If inappropriate, the nurse or GP will contact the patient and ask that an appointment be scheduled.
- The GP may require the patient to schedule an appointment if they are unhappy to sign a repeat prescription. **The prescribing GP is responsible for checking that the prescription is appropriate.**
- If a patient requires a prescription and an appointment is required but not available before the medication runs out, then a bridging script may be authorised.
- A **routine repeat prescription** will be ready to collect within 3 working days.
- An **urgent repeat prescription** will be provided to the patient on the same day if the request is received before 1200hrs otherwise it will be ready to collect within 24 hours.

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