

## **Human factors that can lead to avoidable waste of medicines**

### **Patients**

- Not taking all the medicines they are prescribed (NICE states that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended).
- Not telling their GP that they are not taking a medicine(s) on their repeat prescription.
- Getting medicines dispensed that they don't intend to take.

### **Prescribers**

- Busy prescribers taking the path of least resistance.
- Approving repeat prescription requests that appear on their SystmOne/EMIS Web task list after a suboptimal check.
- Reauthorising all the medicines on a repeat prescription after a suboptimal check.
- Issuing repeat prescriptions that allow more inhalers, insulin or creams to be dispensed than the patient needs.

### **Repeat prescription clerks**

- 'Issuing' all items on a patient's repeat prescription template, even if the patient has only requested some of the medicines.

### **Community pharmacists and their staff**

- Busy pharmacists and staff taking the path of least resistance.
- Dispensing repeat prescriptions that they have requested on the patient's behalf without, shortly before dispensing, checking which items the patient actually needs.
- Dispensing electronic repeat dispensing prescriptions without, shortly before dispensing, checking which items the patient actually needs.
- Evidence from elsewhere in England – Luton, Haringey - is that, on average, community pharmacies requesting repeat prescriptions is associated with more doses being ordered than when patients request their own repeat prescriptions.

### **Prescription-related fraud**

Acknowledging that the vast majority of patients, prescribers, practice staff, community pharmacists and pharmacy staff will not commit fraud.

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