Prescribing Wisely - frequently asked questions (v1 2.11.17)

These FAQs are mainly aimed at GPs and other general practice staff, though others may also find them useful.

Please let your CCG's Head of Medicines Management know of other questions that could usefully be covered in future iterations of this document, and tell him or her if the answers (below) to any of the questions don't help.

Reducing prescribing of medicines and products that can be purchased without a prescription

1. **Why are we doing this?**

   Two main reasons:
   - To save GPs' time (and patients' too) - If a patient needs a supply of a medicine that is available without a prescription, especially a medicine they've used successfully for the same condition previously, they can go straight to a community pharmacist, saving the GP time.
   - To save money for the NHS.

2. **What approach do North West London CCGs recommend when a medicine that can be purchased without a prescription is indicated, with the likely benefit outweighing the likely risk?**

   The list of conditions the CCGs' recommendation applies to can be found here

   The recommended approach is:

   - If none of the exemptions listed under question 5, below apply:
   - Inform the patient* that the product can be purchased without a prescription and ask if they will buy it. If the patient's answer is 'no' (i.e. the patient* is unable or unwilling to purchase the product), or if you are not confident in their 'yes', the product should be prescribed.
   - Give the patient* an information sheet produced by North West London CCGs about purchasing OTC medicines.

   *or their parent or guardian if the patient is a child.

3. **Does the recommendation apply when the patient is a child?**

   It does not apply if the medicine in question would need to be taken whilst the child is at school. Many schools will not administer medicines that do not have a dispensing label bearing the child's name and the dose. If the medicine will not need to be taken at school, or if the child is not school age, and provided that none of the other exemptions apply, the standard recommendation to prescribers (outlined under question 2, above) applies.

4. **If the patient complains, can the prescriber refer the complaint to his or her CCG?**

   If the recommendation under question 2 above is followed, there should be little cause for a patient to complain. If he or she says that s/he is not willing to buy the medicine, or if the prescriber is not confident in the patient saying that s/he will buy it, the medicine should be prescribed. But yes, prescribers are encouraged to direct people who want to complain about the recommendation to the CCGs' complaints team:
   - For Brent, Harrow or Hillingdon CCGs contact 020 8966 1106 or bhhcomplaints@nhs.net
   - For Central London, Ealing, Hammersmith and Fulham, Hounslow or West London CCGs contact 020 3350 4567 or cwhh.complaints@nhs.net

5. **What to do if the patient is receiving repeat prescriptions for one of the OTC medicines that this recommendation applies to?**

   Provided they are not in one of the exemption groups, the next time you see them, inform them that the medicine can be purchased without a prescription, tell them roughly how much it would cost, and ask if they will buy it. The exemption groups are:
   - School age children, if the product needs to be given at school
   - Care home residents
   - Individuals with funded care packages where a carer is required to administer a medicine or product
   - Anyone officially declared homeless
   - People with a diagnosis of dementia
   - People with a diagnosed learning disability.

Reducing waste associated with repeat prescribing

1. **Why are we doing this?**

   We believe that patients should be in control of requesting their repeat medicine(s). Pharmacies requesting repeat prescriptions on patients' behalf can result in waste, when medicines are requested that the patient will not take or is not running out of. The person who knows best about which medicines are required or running out is the person taking the medicines (or their carer). We think that if people request their own repeat prescriptions, it will help to reduce waste.

2. **What's the evidence that there is more waste when patients do not request their repeat prescriptions direct from their general practice?**

   - Luton practices limited third party requests for repeat medicines and improved repeat prescribing systems. Estimated savings were 7% of the primary care prescribing budget, albeit over 2 years. An equivalent impact in NWL would be a considerable cost saving.

   - Haringey CCG used Luton's audit methodology in late 2016. Results from 10 practices showed that patients had over-ordered by 6-17% (average 12%) and community pharmacies had over-ordered by 7-40% (average 19%).

- The 2015 BMJ awards shortlisted a general practice in Cardiff which asks patients to confirm the prescription by countersigning and dating it. Prescribing costs fell by 7.5% in the first quarter after the change was made

- Initial work in Coventry reduced two practices' overall costs for medicines by 8.9%.

3. Should we simply tell the pharmacies that we will no longer accept repeat prescription requests from them?

After communicating with local community pharmacies, and agreeing an appropriate transition period (length decided by the practice – unlikely to need to exceed 6 months), we recommend stopping accepting repeat prescription requests from community pharmacies, with the following exceptions for:

- patients who cannot request their own repeat medicines, and who do not have a friend or carer who can request for them
- disabled patients who say that asking their community pharmacy to request their prescription is a 'reasonable adjustment' under the Equality Act 2010.

4. What if a patient cannot request their own repeat prescriptions and does not have a family member or friend who can request it for them?

Options may include:

- repeat prescriptions requested by another health professional who works with the patient;
- the prescriber agreeing that the patient's community pharmacy can request the prescription on the patient's behalf;
- if the practice has a clinical pharmacist, him or her managing generation of the patient's repeat prescriptions.

5. How will the pharmacy know that the patient is now requesting their own repeat prescriptions?

Ask the patient to inform their community pharmacy that from now on the patient will be requesting his or her repeat prescriptions direct from the general practice.

6. How will GPs and practice staff know that the patient requests their own repeat prescription?

Consider putting a note on the patient's SystmOne or EMIS Web home screen: "patient ordering own medicines".

7. What if a pharmacy requests a repeat prescription for a patient who is supposed to be requesting their own repeat prescriptions from the practice?

Consider the following options:

- Supply a prescription for 1 month's supply. Tell the pharmacy that from now on you will only be accepting repeat prescription requests from the patient. +/- remind the patient that they should request their own repeat prescription directly from the practice.
- Do not supply a prescription. Contact the patient to ask them to request their own repeat prescription from the practice. This option carries a risk that the patient may run out of medicine.

8. **How do I know the repeat prescription request slip has been completed by the patient?**

   Ask patients to sign and date the repeat prescription slip when they use it to request a prescription. If you can, add a prompt to sign and date to repeat prescription request slips (e.g. Patient's signature……Date……)

9. **What if a disabled patient says that a pharmacy requesting his or her repeat prescriptions is a 'reasonable' adjustment under the Equalities Act?**

   Accept this request and allow a pharmacy to request this patient's repeat prescriptions. You may want to make a note of this on the patient's SystmOne or EMIS Web home screen.

10. **What if a patient complains?**

    The CCG has asked the practice to adopt this approach to repeat prescription requests, believing that overall it will reduce waste and save a worthwhile amount of money for the NHS. There should be little cause for a patient to complain, but if he or she disagrees and wants to complain, direct him or her to the CCGs' complaints team:
    - For Brent, Harrow or Hillingdon CCGs contact 020 8966 1106 or bhhcomplaints@nhs.net
    - For Central London, Ealing, Hammersmith and Fulham, Hounslow or West London CCGs contact 020 3350 4567 or cwhh.complaints@nhs.net

11. **What if a patient says that he or she is phoning the pharmacy and telling the pharmacist which repeat medicines to request?**

    That is not an approach we believe practices should support. It is easy for the vast majority of patients to request their own repeat prescription, or to do so with help from a relation or friend. We recommend that practices adopt the simple approach of requiring the vast majority of patients to request their repeat prescriptions directly from the practice.

12. **Having a pharmacy arrange my repeat medicines is so convenient for me**

    Unfortunately, we think that overall this convenience is likely to come at a high price to the NHS in wasted medicines. Some patients are given medicines that they don't intend to take or are not running out of. It is quick and easy for patients who use a computer, tablet computer or smartphone to request their own repeat prescriptions, at a time that suits them. It should not be unreasonably onerous for other patients to request their repeat prescriptions using repeat prescription request slips.

13. **What about online pharmacies?**

    Online pharmacies should be treated identically to other community pharmacies. The vast majority of patients should request their own repeat prescriptions; most who can't will have a friend or relative who can request the prescription for them.

14. **What if the patient runs out of his or her medicines?**

    - Supply a repeat prescription as quickly as you are able to, preferably transmitting it electronically to the pharmacy

    If a prescription cannot be issued in time:

- The patient can request an 'emergency supply' of the medicines from their community pharmacist. The pharmacist will need to interview the patient and be satisfied there is an immediate need for the prescription only medicine and that it is not practical for the patient to obtain a prescription. Any medicines supplied will be a private transaction and the pharmacist may charge for the cost of the medicines and a dispensing fee. Emergency supplies cannot be made for controlled drugs Schedule 1, 2 and 3 (except phenobarbitone or phenobarbitone sodium for epilepsy).
- The prescriber can request a pharmacy to make an 'emergency supply' to a patient. The pharmacist will need to be satisfied that the prescriber is unable to provide a prescription immediately due to an emergency (e.g. patient cannot collect the prescription from the prescriber, the prescriber is unable to get the prescription to the pharmacy, and the patient urgently needs the medicine). The prescriber will need to agree to provide the pharmacy with a prescription within 72 hours. Emergency supplies cannot be requested for controlled drugs Schedule 1, 2 and 3 (except phenobarbitone or phenobarbitone sodium for epilepsy).
- The patient can phone NHS 111 which should direct them to a pharmacy that is able to issue an urgent supply of the medicines free of charge on the NHS under the NHS Urgent Medicines Supply Advanced Service (NUMSAS). NHS Prescription charges will apply to any medicines supplied.

15. Will this increase our workload at the practice?

The GP Chair of Luton CCG, which has already adopted this approach, told us that her practice workload had reduced because they were having to query far fewer prescriptions. The change may well increase work at certain points in the process and reduce it at other points in the process. It may be a good opportunity to review and refine the practice's process for managing repeat prescription requests. Your practice link pharmacist may be able to help you do this.

16. We'd like to continue to allow pharmacy A to request patients' repeat prescriptions, but not pharmacy B, which we suspect of poor practice.

The CCG would not support this. The vast majority of patients should be asked to request their repeat prescriptions directly from the practice; most who can't will have a friend or relative who can request the prescription for them. If you have evidence of wrongdoing by a pharmacy, consider reporting it to NHS England (which holds the pharmacy's contract) or the General Pharmaceutical Council. If you do not have evidence of wrongdoing, pharmacies should reasonably expect to be treated equally.

17. The patient says "you have no right to interfere with my asking the pharmacy to request my prescription on my behalf."

It seems eminently reasonable for patients' GPs and the payer (the CCGs) to have a say on the framework the practice adopts for receiving and managing requests for repeat prescriptions. The GPs on eight governing bodies have taken the view that in general, where they can, it is sensible for patients to request their own repeat prescriptions from their general practice. The authority of the patient to delegate is not being challenged - rather, a framework is being set for what practices will consider appropriate delegation.

18. Surely issuing electronic repeat dispensing prescriptions is the best way to manage repeat supplies of medicines for people taking medicines long-term?

Possibly not, in NWL CCGs' view. See the table showing benefits and disadvantages of different ways of providing repeat prescriptions at https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/three_methods_of_supplying_repeat_medicines.pdf

19. Won't it increase waste if I make repeat prescriptions a month longer?

The risk of waste can be minimised by carefully selecting which patients can reasonably be given longer prescriptions. Prescriptions for newly initiated medicines should generally be short (e.g. maximum 1 month) in case the patient stops taking the medicine shortly after starting it. Practices generally choose a usual duration of repeat prescriptions. If the prescriber is confident that the patient takes their medicine(s) in line with the prescribed dose and frequency, and if the treatment is unlikely to change, the prescriber may decide that it is reasonable to add 1 month to the usual repeat prescription duration. In particular, this may be appropriate for clinically stable patients prescribed few repeat medicines.

For example, consider if adding 1 month to the duration of repeat prescriptions for patients taking only one or more of the following would be reasonable:

- Levothyroxine;
- Antihypertensives;
- Blood glucose lowering medicines;
- Lipid lowering medicines;
- Long term antidepressants;
- Medicines for symptoms of benign prostatic hypertrophy;
- Anticonvulsants.

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