

Reducing waste associated with repeat prescribing

The following documents are available for download:

1. [Information leaflets](#)
2. [Information on reducing prescribing of medicines and products that can be purchased without a prescription](#)

North West (NW) London Clinical Commissioning Groups (CCGs) are asking GPs and other prescribers to reduce waste associated with repeat prescribing.

The aim is for every patient who can request their own repeat prescription direct from their general practice to do so.

Nobody knows which medicines a patient is running out of better than the patient or their carer. NW London CCGs think that if people request their own repeat prescriptions direct from their general practice, it will help to reduce waste.

When a pharmacy requests repeat prescriptions on a patient's behalf the pharmacy staff may not always know how much of each medicine the patient has left. If everything that is prescribed is dispensed, without ascertaining precisely what the patient has and has not run out of, waste would be expected. Data on non-adherence support this: NICE states that between a third and a half of medicines that are prescribed for long-term conditions are not used as recommended. Stockpiles of medicines in patients' homes increase risk, especially to children who live in or visit the patient's home.

Recommendation to GPs, other primary care prescribers, and practice managers

Please review your practice's system for managing repeat prescriptions and incorporate the following approach:

1. **Get as many patients as possible requesting their own repeat prescriptions.** For those who can use a computer or smartphone*, that's likely to be the easiest way to request repeat medicines. For those who can't, the repeat prescription request slip can be used. If prescriptions are sent to the pharmacy electronically, please ask patients to make sure that they get the repeat prescription request slip from the pharmacy when their medicines are dispensed.
2. Use of the 'repeat dispensing' mechanism, with prescriptions dispensed in instalments, comes with many risks of waste. Saved time is likely to come at the cost of wasted medicines. Please review how repeat dispensing fits into your practice's mix and avoid increasing use of it. If you are confident that a patient is regularly taking their long-term medicine(s), which is (are) unlikely to be stopped, you may be able to reduce work by increasing the duration of the repeat prescription (e.g. by one month) with the patient requesting their own repeat prescriptions.
3. For patients who cannot request their own repeat prescriptions and don't have a carer (e.g. a family member or friend) who can request the prescription for them, options may include:

- a. Repeat prescriptions requested by another health professional who works with the patient
 - b. the prescriber agreeing that the patient's community pharmacy can request the prescription on his or her behalf
 - c. if you have a practice clinical pharmacist, him or her managing generation of the patient's repeat prescriptions.
4. After communicating with local community pharmacies, and an appropriate transition period (length decided by the practice – unlikely to need to exceed six months), stop accepting repeat prescription requests from community pharmacies, except for:
 - a. Patients who cannot request their own repeat medicines, and who do not have a friend or carer who can request for them
 - b. disabled patients who say that asking their community pharmacy to request their prescription is a 'reasonable adjustment' under the Equality Act 2010.

As always, regular review of patients' repeat prescriptions, with discontinuation of medicines that are no longer needed, will help to reduce waste.

Communications materials available will initially be:

1. A [leaflet](#) for patients explaining that we would like them to request their repeat prescriptions direct from their general practice and outlining how this can be done.
2. An [easy read version](#) of the leaflet for patients.
3. Leaflets providing detailed instructions, including screenshots, for requesting repeat prescriptions using a computer or smartphone. SystemOnline [guide](#) and EMIS Web [guide](#).
4. A [poster](#) for use in practices and community pharmacies.

Other resources available

1. A [list](#) of human factors that contribute to waste associated with repeat prescribing.
2. A [table](#) showing benefits and disadvantages of different ways of providing repeat prescriptions.

Frequently asked questions

1. **What's the evidence that there is more waste when patients do not request their repeat prescriptions direct from their general practice?**
 - Luton partners limited third party requests for repeat medicines and improved repeat prescribing systems. Estimated savings were 7% of the primary care prescribing budget, albeit over two years.

- Haringey 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 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' cost per ASTRO-PU by 8.9%.

2. 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.

3. Is waste associated with repeat prescribing the fault of a single group of people?

No. See the [list of human factors that contribute to waste associated with repeat prescribing](#).

4. Isn't electronic repeat dispensing the best way to manage repeat supplies of medicines for people taking medicines long-term?

Possibly not, in NW London CCGs' view. See the [table](#) showing benefits and disadvantages of different ways of providing repeat prescriptions.

5. 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 one 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 one 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 one 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.