

REPEAT PRESCRIBING TRAINING FOR PRESCRIBING CLERKS

Pack 1: Basic



Practice:
Name of prescribing clerk:
Date completed:
Supervised by:

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About this pack

Who should use this pack?

This pack is designed for practice staffs who, as part of their duties, are involved in the ordering or generating of repeat prescriptions. While it is appreciated that terminology for staff may differ from practice to practice and that exact roles and responsibilities also differ, we shall refer to this group as “**prescribing clerks**” throughout the training packs. This is the first of three packs, consisting of basic, standard and advanced training, and can be used by:

- New staff as an aid to induction training
- A refresher for all staff currently undertaking repeat prescribing duties, including those who intend to undertake the standard and advanced levels

How should it be used and what is needed from the practice?

This pack will need to be used in conjunction with:

- Training on how to use the practice computer system which generates prescriptions
- Hands on training with a period of supervision
- Identified support from a nominated experienced prescribing clerk, practice manager or NHS Suffolk Medicines management (the supervisor/mentor)
- Access to the BNF(British National Formulary) and MIMS
- An element of protected time within the practice

Workbook: This pack is designed to be informative but it is also a workbook in which you can record some details of how your practice prescribing system works, along with other tasks. These are marked with the light bulb man symbol:



Potential roles for prescribing clerks: The prescribing clerk has a significant part to play in improving care and reducing risk to patients. Suggested roles are highlighted and denoted with the star symbol:



These potential roles should be discussed within the practice to agree what areas will be targeted and who is authorised to do what. In this basic pack, the roles are simply to flag issues to others but if you work up through the standard and advanced packs, more responsibility will be designated to trained prescribing clerks to actually make the changes **where this has been agreed with the practice.**

On completion:

At the end of the pack are some questions, which will help you to decide whether you have understood what you have read. Your supervisor should then assess your completed questions and workbook, and together you can decide whether it is appropriate for you to progress to the standard level.

Practice Support?

If you or your practice wishes to clarify any of the issues in these training packs, or get help with training or support material, please do not hesitate to contact one of the members of the NHS Suffolk Medicines Management team. NHS Suffolk will review the packs every two years so your practice may want to consider using the reissued packs as a refresher course.

1. Medicines management

What is medicines management and why is it important?

Medicines management is a term used to describe how medicines are used. It includes everything from the initial choice of medicine to monitoring, repeat prescribing, dispensing, patient counselling, patient compliance/concordance, side effects, etc.

Good medicines management reduces risk to patients

Good medicines management means that people get the best from their medicines, but poor medicines management is known to cause a lot of problems. For example:



- It is thought that as many as half of all patients with chronic conditions end up using their medicines in a way that is not fully effective. Medicines used inappropriately can cause harm
- Medication problems are implicated in 5-17% of hospital admissions which is similar to the number of people admitted with cancer and heart attacks¹
- It is estimated that there are approximately 3,500 deaths on U.K. roads every year and 40,000 deaths due to adverse drug events
- Medication errors have been estimated to cost the NHS £500 million a year in additional days spent in hospital

Good medicines management reduces wastage

It is estimated that millions of pounds worth of medicines are destroyed every year in Britain. It is likely that at least this amount again is stockpiled in people's homes. This is harmful for both the patient and to the NHS as a whole. Every pound wasted on unused medicines is a pound lost to direct patient care.



Patients should be advised to return any unused or unwanted medicines to the community pharmacy or practice dispensary for safe disposal. Some patients believe they are saving the NHS money by bringing their medicines back to the pharmacy, but this is not the case as the law does not allow medicines to be reused once returned from patients, even if the packaging is intact. The key is to educate patients to only order what they need in the first place as this reduces wastage.



Potential role for prescribing clerks

Prescribing clerks have a key role to play in improving medicines management by following good practice for repeat prescribing systems as outlined in these packs



2. Repeat prescribing systems

Good systems for issuing prescriptions are vital to improve medicines management and will:

- Improve care to patients
- Minimise risks to patients
- Minimise risk of litigation
- Reduce wastage in prescribing, which means reducing the risk of cutbacks in other areas of healthcare
- Improve efficiency within the practice

A poorly run repeat prescribing system will:

- Be frustrating to patients and practice staff
- Waste patient and practice time
- Waste resources
- Cause mistakes, complaints and can endanger life

All practices should now have written repeat prescribing policies to ensure good and safe practice and so that every member of the team understands their roles and responsibilities. It is important when working on prescriptions that you feel:

- Confident, and adequately trained to undertake the task
- Clear on what you can and can't do
- Able to flag problems, who to flag them to and how to flag them
- Able to ask if you are unsure about anything

Ask for your practices repeat prescribing policy and read it in conjunction with this pack.

Repeat prescribing policy available and read

Repeat prescribing policy unavailable



3. Medicines and other products available

3.1 What type of things can be prescribed?

Throughout this pack, the word “medicines” or “drugs” are used for simplicity. In reality, far more than just “medicines” are prescribed and the information in this pack will apply to all of these. They include:

Tablets and capsules

Modified release tablets and capsules: some medicines are designed to release the drug into the body at different rates and it is important to select the right one, e.g., slow release (SR), modified release (MR), long acting (LA) and Retard®.



Liquids, suspensions, mixtures, syrups and effervescent/dispersible and soluble tablets: generally for those who have difficulty swallowing, or for children

Suppositories and pessaries: for use in the rectum and vagina respectively

Inhalers: A Whole arrays of inhalers are available for each of the various drugs they deliver. Examples include: Metered dose inhalers (MDI), dry powders for inhalation, turbohalers®, breath actuated MDIs, accuhalers®, autohalers® etc.

Creams/ointments/applications

Eye/ear/nose drops

Dressings and bandages: you need to take particular care with sizes of dressings and pack sizes here.

Certain types of food: for example, gluten free food for eligible patients

Injections: for example, insulin for diabetics

Miscellaneous

Others include

- Stoma/continence appliances
- Spacers for inhalers
- Peak flow meters
- Blood and urine testing strips
- Catheters
- Respiratory solutions
- Mouthwashes
- Contraceptive devices
- Sip feeds

All of these products are held in a dictionary in the computer, which is regularly updated and also contains details of doses, formulations (i.e. form it is in such as tablets, capsules, suspensions) and pack sizes.

3.2 What medicines are available without a prescription?

In addition to prescribed medicines, patients can also buy an increasing range from their community pharmacy and also a smaller range from other shops such as supermarkets. Medicines bought in this way are often referred to as **Over The Counter medicines (OTC medicines)**.

Each medicine has a legal classification:

Prescription **O**nly **M**edicine (**POM**), are only available on prescription

P medicines are **Pharmacy only**, only available from pharmacies under the supervision of a pharmacist

GSL medicines are **General Sales List Medicines**, which can be sold without a pharmacist present and from a wider variety of outlets e.g. supermarkets

NB: Whatever their classification, and whether obtained on prescription or not, all medicines have the potential to cause problems and interact with other medicines (this includes herbal medicines). Bought medicines are not generally “safer” than prescribed ones. Patients should be advised to ask their doctor or pharmacist if they have any concerns.

There is a confusing array of products available. It often helps if you can see what these products look like, especially for some of the more unusual things, like dressings, stoma appliances etc. Ask your local community pharmacist if they would be willing for you to visit for a short while to see examples of the items you are unsure of. Go with a prepared list. If you are in a dispensing practice try and spend a little time in the dispensary.

Name of pharmacy visited
and date



No visit made and reason

4. Writing prescriptions

4.1 Who can write prescriptions?

Most prescriptions are written by doctors, however, in certain circumstances, dentists, nurses and pharmacists who have qualified as prescribers can also prescribe on their designated forms. This is due soon to be expanded to other health professionals.

4.2 Legal requirements for prescription writing

The following lists the legal requirements for a prescription. If any of the following are not present, the pharmacist could be committing an offence if the prescription is dispensed.

- Prescriptions must be **written in indelible ink**
- Be **dated**
- The **full name & address** of the patient should be stated
- The **age of children** under 12
- It should be **signed in ink** by the prescriber
- The **prescriber's name** and **telephone number** must be printed at the bottom of the prescription. These should be the details of the prescriber responsible for the prescription (who will normally sign it) and the prescriber's address and telephone number

4.3 Computer generated prescriptions

In addition to the above legal requirements, the following recommendations are made for computer-generated prescriptions:

- The **age** and **date of birth** should be printed onto the prescription and for children under 5, age should be stated in years and months (most computer systems will print the age for all patients automatically)
- Names of medicines should come from the dictionary held in the computer memory
- The prescription should be printed in **English** without abbreviations. Where prescriptions have been entered without the drug directory, common Latin abbreviations may occur (e.g. 1 tds. - See page 12)
- **Unused space** on the prescription should be cancelled so that nothing else can be added (this is usually done automatically by the computer)
- **Hand-written alterations** should only be made in exceptional circumstances – it is preferable to print out a new prescription. Any alterations must be made in the prescriber's own handwriting, and must be countersigned. The computer record should be updated to reflect any change

Computers generate the actual prescription on the left hand side and generate a copy of the item on the right hand side. This copy can be used for various purposes, including as a means of ordering future repeats (this will be covered later).

NB: **Repeat dispensing** is a way for patients to get prescriptions and is covered in more detail in the standard pack. These prescriptions consist of the original authorising master prescription (marked **RA**) which has to be signed by the prescriber and a number of 'batch issues' (marked **RD**) which do not need to be signed. A repeat dispensing prescription **must be** computer generated; handwritten amendments of any sort will cancel it. Otherwise these prescriptions are subject to the same legal requirements for prescription writing although this type of prescription cannot be used to prescribe controlled drugs.

4.4 Prescription writing for controlled drugs

Controlled drugs are drugs that by law have to be obtained and stored according to strict rules and regulations, because they can be abused e.g. morphine and diamorphine (heroin). These regulations have changed recently following the outcomes of the Shipman inquiry.

Previously prescriptions for controlled drugs had to be handwritten by the doctor, but due to changes in the law they can now be computer generated and only the signature has to be in the prescriber's own handwriting.

Another thing that has recently changed is that any prescription for a controlled drug will have to be dispensed **within 28 days** of signing (previously it was 13 weeks). After that time the prescription becomes invalid (unlike ordinary prescriptions which allow up to six months before they expire.)

It is also recommended that **no more than 30 days supply should be given at any one time** and prescribers should not prescribe controlled drugs for themselves or for close family and friends, except in exceptional circumstances.

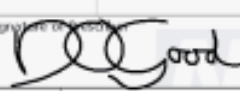

The legal requirements for prescriptions for controlled drugs are that they must:

- Have the name and address of the patient
- Specify the **form** (tablets, ampoules etc) and **strength** of preparation (if more than one is available)
- State the **dose**
- Specify the **total quantity** to be supplied in **words and figures**

An example is shown opposite:

It is illegal for a Community Pharmacist to dispense a prescription that does not comply with the above, although under the new legislation they do have more flexibility to supply controlled drugs against some prescriptions that have a technical error but where the prescriber's intention is clear.

Patients picking up controlled drugs (or others doing it on their behalf) will usually be asked for proof of identity.

Pharmacy Stamp	Age 68yrs 9mths	Title, Forename, Surname & Address SMITH John 2/6/1937 22 Bridge Street Anytown KB1 5SX
<small>Please don't stamp over age box</small>		
Number of days' treatment N.B. Ensure dose is stated		
Endorsements	Diamorphine 30mg ampoules Supply 6(six) ampoules 60mg daily by subcutaneous infusion over 24 hours [No more items on this prescription]	
Signature of prescriber 	Date 02/03/06	
For dispenser No. of Presc. on form	Anyborough Health Authority Dr D O Good 345543 7 High Street Anytown KB1 CD2 Tel: 0111 222 333	
	FP10NC0105	

5. Units and strengths

Units and strengths

Medicines come in various strengths and this can be confusing. The smallest unit we usually see is the microgram and the largest unit is usually the gram.

1,000 micrograms (1000 μ g or 1000mcg) = 1 milligram (1mg)
1,000 milligrams (1000mg) = 1 gram (1g)

For liquids we usually see millilitres (ml) and litres (L)
1000ml = 1L

These units and strengths are a potential source of error, although this is now less of a problem with computer generated prescriptions.

Ask for a copy of the current BNF (British National Formulary) to have a look at. All practices have a few copies and we will be referring to this book from time to time throughout the pack.

Look up the section on prescription writing at the beginning of the book and see what it advises on how units should be written to avoid the risk of error.



How does the BNF direct that you should write:

- **Quantities of 1 gram or more** _____
- **Quantities less than 1 gram** _____
- **Quantities less than 1 milligram** _____
- **Micrograms** _____
- **Nanograms** _____
- **Units** _____
- **Decimal Points** _____

6. Directions (instructions) on prescriptions

Prescriptions should have full, clear and concise directions.

The use of “as directed” or no directions is not acceptable, especially for elderly patients and people taking many medicines. Patients often forget the instructions the doctor may have told them and can end up taking the medicine in the wrong way.

It is also difficult to monitor compliance on the computer unless the directions are clear. For example whether the patient is taking tablets once a day or four times a day will make a big difference to how long a set supply will last them.

There is a move nationally for hospitals to use patient’s own drugs while they are in hospital. However, if there are no directions they cannot be used in hospital and will be destroyed, increasing wastage.



For items only to be taken/used when required, a maximum daily dose and interval should be included

e.g. for paracetamol- two every four to six hours and no more than eight a day. It is also good practice to add a reason for taking the prescribed medicine where appropriate e.g. “for pain”, “for wheezing” etc. **NHS Suffolk has a template for common doses if your practice would like to use it.**



Potential role for prescribing clerk:

Highlighting prescriptions with no directions or “as directed” to the doctor (bearing in mind potential exceptions below)

Exceptions

Exceptions to this rule may include:

Where directions are complex or may change so they cannot fit onto the label. In such cases the instructions are usually documented elsewhere.

For example:

- Warfarin doses are recorded in the patient’s yellow warfarin booklet or patient’s hospital letters. These could be labelled ‘as directed by the anti co-agulant clinic’
- Head lice applications where the instructions are detailed in the patient information leaflet inside the box. **Please note** head lice lotions are on the NHS Suffolk Restricted prescribing list and should not normally be prescribed, they are readily available over the counter.
- Insulin for diabetics – patients on insulin should have an insulin passport issued which will give information on their insulin and the number of units they use.

In other cases, no instructions for the patient may be required, for example when the district or practice nurse may be applying or administering to the patient.

For example:

- Dressings and vaccinations

Abbreviated Directions

Although directions should preferably be in English and without abbreviations, it is recognised that some Latin abbreviations are used. In particular you may see these on handwritten prescriptions.

Latin abbreviations for prescriptions

Latin Abbreviation	English Translation
o.d	Daily
b.d.	Twice a day
t.d.s. /t.i.d.	Three times a day
q.d.s. /q.i.d.	Four times a day
p.r.n.	When required
stat	Take immediately
mane	Morning
o.m.	Every morning
Mdu/asd	As directed
Nocte/on	At night
q.q.h.	Every four hours
a.c.	Before food
p.c.	After food
i	One
ii	Two
iii	Three
iv	Four
v	Five

A list of these can also be found on the back cover of the BNF.

7. Acute prescriptions and repeat prescriptions

Prescriptions in general practice fall into two basic types: acute and repeat

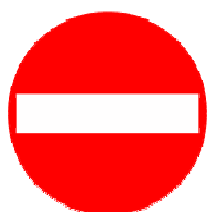
7.1 Acute prescriptions are those which:

- Are given only once and usually for a short duration for example, a course of antibiotics
- Are given for a trial period and may either be stopped or transferred to a repeat

7.2 Repeat prescriptions can be re-issued without the patient needing to see the doctor each time and can be divided into two types: Standard repeat prescriptions and the newer repeat dispensing prescriptions.

7.2.1 Standard repeat prescriptions

The doctor will indicate on the computer system how many times any particular medicine can be repeated before it needs to be re-authorised, for example, six issues of one month supply. In this scenario, the patient can come back for a repeat prescription six times without seeing the doctor. When that time is up, the medicine will need to be reviewed and re-authorised, if appropriate, by the Prescriber.



NB: Only doctors and other qualified prescribers are authorised to transfer a medicine from an acute status to a repeat status, or to start any medicine.

Review dates for medicines (i.e. no more issues left) should not be over-ridden. They are there for the patient's safety and to ensure that they get the best treatment

7.2.2. Repeat dispensing prescriptions – a different way for some patients to get their prescriptions

A standard repeat prescription requires a prescriber's signature every time a patient needs a fresh supply of prescribed medications. As part of a response to dealing with GP workload, the NHS plan announced the development of repeat dispensing arrangements nationwide. This is now in place and allows a single signed **master** prescription (marked **RA**) which has to be signed by the prescriber, and the required number of **batch** issues (marked **RD**) which do not need to be signed and which show the words 'Batch 1 of x', 'Batch 2 of x' etc. in the box regularly used for the prescriber's signature.

Up to 12 months can be issued for patients with stable long-term conditions where a patient's medicines are unlikely to change. This allows items to be dispensed in instalments by a pharmacist of their choice. The patient will return to the pharmacy for repeat supplies, without having first to visit the surgery.

These arrangements will make it easier and more convenient for patients with chronic conditions to obtain repeat prescriptions. It will also speed up services and reduce the workload of GP practices in producing and signing repeats.

(For further information on repeat dispensing see standard pack)

Find out how your computer system identifies acutes, repeats and number of issues left in the case of repeats and briefly record this below:



Find out what you should do when a medicine requires re-authorisation, and briefly record this below:

Find out whether your practice provides repeat dispensing prescriptions for some patients.

8. Quantities given on prescriptions



Patients generally receive a repeat prescription supply in multiples of 28 days.

Where the patient is stabilised, for example the contraceptive pill, levothyroxine and blood pressure tablets, patients may be suitable for repeat dispensing prescriptions, where up to 12 months worth of prescriptions can be issued. (See 7.2.2 above and the standard pack for more details.)

Some medicines come in packs, which contain multiple months' supply and this dictates the amount given, for example hormone replacement therapies.

NB: For patients having regular prescriptions of more than one item, it is advisable to synchronise the quantities so that medicines run out at the same time. (Synchronisation is covered in more detail in the standard pack).

Limits on certain drugs:

As part of your practice policy, for certain drugs, there may be a limit on the amount given at any one time. For example:

- Sleeping tablets should only be given for insomnia in exceptional circumstances and for a maximum of 14-28 days. They should not generally go on a repeat for new patients.

Find out whether your practice operates a monthly, two monthly or other system.

List any medicines which are often given for longer periods?



List any medicines where there is a limit on the supply?

9. Generic and inappropriate generic

9.1 What does “generic prescribing” mean?

The generic or non proprietary name of a medicine is the actual drug name rather than the company or brand name. Brand names often have the symbol® after them. For example:

- Ranitidine is the generic name and Zantac® is the brand name
- Paracetamol is the generic name and Panadol® is the brand name

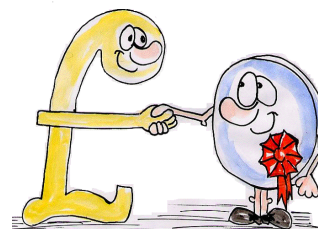
There may be more than one brand of a drug available, so if we look at paracetamol, which is the generic name for the medicine, there are several brands available e.g. Panadol®, Disprol®, Calpol®.

When a medicine is prescribed by its generic name, the pharmacist is free to dispense any brand, which contains the correct medicine. If a brand is specified on the prescription, the pharmacist can only give that particular brand.

9.2 Why should we use the generic name?

Prescriptions should be written generically whenever appropriate (NB: See section on inappropriate generic prescribing below). This is because it is:

- **Good practice:** it is good clinical practice and less confusing to use the generic name. Generic names are used almost exclusively during medical teaching, in independent scientific publications and internationally whereas brand names can vary.
- **Cost effective:** use of generic medicines produces significant cost savings for the NHS without reducing quality.



Are branded medicines better quality than generic ones?

Patients and even healthcare workers often perceive that brands are of a higher quality, because they are heavily promoted and marketed and often packaged in a more attractive way.

However, the drugs in generic preparations have to undergo the same rigorous testing as those in the branded medicines and therefore contain **exactly the same quality and quantity of a drug**.

While the basic explanation of generics is simple, it is often necessary to find alternative ways of describing the difference between the brand and the generic depending on the patient to whom you are speaking. Patients may well ask you about this issue or you may take the opportunity to explain any changes to them. Here are some examples of explanations and scenarios:

Example 1

A basic explanation might be 'A medicine can be known by more than one name. The actual, scientific drug name is the name the doctor has used to write your prescription. He/she has used this name instead of the brand name that the manufacturer gives the drug. When you go to the pharmacy/dispensary you will receive the same drug as before but the packaging and tablet may look different. Don't worry - you will get the same benefit'.

Example 2

If the patient has brought the packaging of the branded product into the surgery to ask about the change, you can point out that the generic name they have just been prescribed is also printed on the branded packaging, usually just under the brand name.

Example 3

Patients may have been told that generic products are cheaper and that the practice is just trying to save money. This is true but the most important thing to add is that money saved in this way is then used to further benefit patients, for example to reduce waiting lists in hospital or to pay for community services. This scenario can be likened to when the patients themselves are shopping. They usually have a limited sum of money to spend and so they shop around to get best value for money. They don't always buy the most expensive products since very often a less expensive item is of the same quality. Conversely, they don't waste their money buying inferior goods that don't work just because they are cheaper - neither do the doctors.

Example 4

Patients ask how the products can be made more cheaply if quality has not been compromised in some way. Manufacturers of generic drugs did not bear the costs of discovering or developing the drugs they make. They do not advertise their products on the same scale as brand manufacturers and so products of the same quality as the branded version can be made more cheaply.

Find out if your practice computer system identifies brands and generics differently and record briefly below:



Potential role for prescribing clerk:

Highlighting potential generic switches to the doctor, who will authorise change where appropriate.

Explain the use of generic drugs to patients where appropriate

Pick up any accidental duplication where there may be a brand and a generic version of the same medicine on the same repeat



9.3 Where and how to look up the generic and brand names of drugs

Two main sources in the surgery can be used to look this up:

- **British National Formulary BNF** (editions are published every 6 months in March and September) – medicines listed under their generic names.

SIMVASTATIN

Indications: primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia, homozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia in patients who have not responded adequately to diet and other appropriate measures; prevention of coronary events, need for revascularisation procedures, and to slow progression of coronary atherosclerosis in patients with coronary heart disease and total cholesterol concentration of 5.5 mmol/litre or greater (see also notes above)

Cautions: see notes above; severe renal impairment (Appendix 3)

Contra-indications: see notes above; also porphyria (see section 9.8.2)

Side-effects: see notes above; also alopecia, anaemia, dizziness, peripheral neuropathy, hepatitis, jaundice, pancreatitis

Dose: primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia, combined hyperlipidaemia, 10 mg daily at night, adjusted at intervals of not less than 4 weeks; usual range 10–80 mg once daily at night

Homozygous familial hypercholesterolaemia, 40 mg daily at night *or* 80 mg daily in 3 divided doses (with largest dose at night)

Coronary heart disease, initially 20 mg once daily at night, adjusted at intervals of not less than 4 weeks; max. 80 mg once daily

NOTE. Max. 10 mg daily with concomitant ciclosporin, fibrate or lipid-lowering dose of nicotinic acid

Simvastatin (Non-proprietary) [PoM]

Tablets, simvastatin 10 mg, net price 28-tab pack = £15.18, 20 mg, 28-tab pack = £24.21; 40 mg, 28-tab pack = £26.81; 80 mg, 28-tab pack = £29.08.

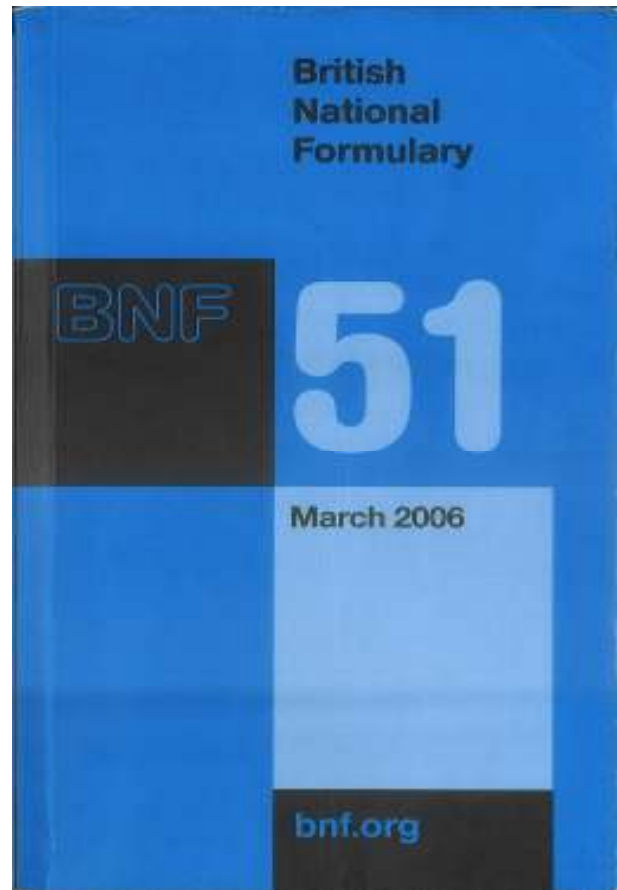
Counselling, muscle effects, see notes above

Available from APS (*Simzal*[®]), Discovery (*Simvador*[®]), Generics, Ratiopharm

Zocor[®] (MSD) [PoM]

Tablets, all f/c, simvastatin 10 mg (peach), net price 28-tab pack = £18.03; 20 mg (tan), 28-tab pack = £29.69; 40 mg (red), 28-tab pack = £29.69; 80 mg (red), 28-tab pack = £29.69. Counselling, muscle effects, see notes above

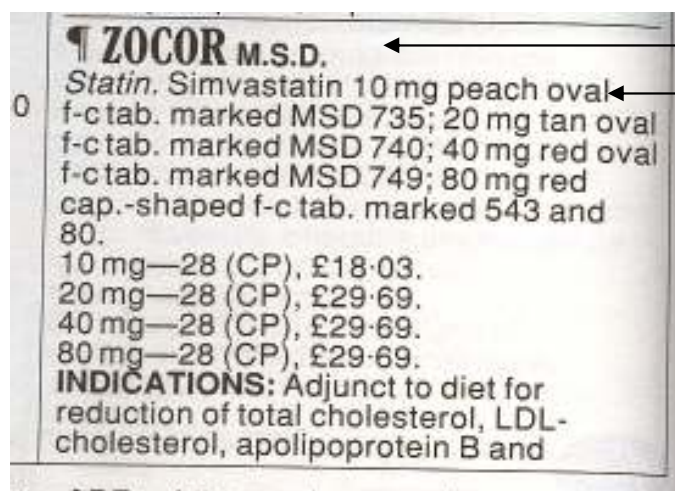
← Generic name



← Generic name

← Brand name (often denoted with a ® symbol)

Monthly index of medical specialities MIMS (Monthly editions) - medicines are listed under their brand names.



Brand name

Generic name

9.4 Miscellaneous hints and tips for maximising generic rates

Amlodipine

Amlodipine should be prescribed as either the neutral “Amlodipine” tablets or as the salt “Amlodipine *maleate*”. If Amlodipine *besilate* is prescribed, then “Istin” brand will be dispensed.

Potential role for prescribing clerks:

Check existing prescriptions of Amlodipine, and ensure they are prescribed as either “Amlodipine” or “Amlodipine Maleate.”



Erythromycin-which salt?

Erythromycin should be prescribed as Erythromycin e/c tablets. If Erythromycin stearate is prescribed, then the more costly “Erythrocin[®]” brand will be dispensed.

Diclofenac-which salt?

Diclofenac *sodium* will allow dispensing of generic diclofenac. However if diclofenac *potassium* is selected, branded “Voltarol Rapid[®]” will be dispensed which is more than double the cost.

Dosage forms

It is also important to ensure that the “**dosage form**” is written generically; otherwise the brand will be given, even if the drug name is written generically

For example:

Nebules[®] - prescribe as nebulising solution

Durules[®] - prescribe as sustained release

MUPS[®] - prescribe as tablets or capsules

Fastabs[®] and **Soltabs[®]** - prescribe as tablets or capsules

9.5 Inappropriate generics

To every rule there is always an exception and although most drugs should be prescribed generically, there are some, which should be prescribed by brand. We call these the “inappropriate generics.”

The issue is a complicated one, but there are three basic reasons for branding a particular medicine:

- **Clinical:** This may be due to variations in the way the drugs are designed to release that can result in differences in the way they affect a patient or other clinically significant reasons, for example lithium, theophylline, aminophylline, phenytoin, carbamazepine, tacrolimus, mycophenolate slow release nifedipine and diltiazem, Qvar[®] and Clendil Modulite[®].
- **Practicalities:** In some cases, it can simply be impractical or confusing to prescribe generically or there is no recognised generic name, for example, multi-ingredient products (such as skin creams and indigestion remedies, like Peptac[®]), oral contraceptives, HRT, insulins, inhaler devices. Prescribing some products generically can cause prescriber/patient confusion, leading to patients getting different products.
- **Cost:** Often modified release (M/R) preparations have no basic drug tariff price and so when prescribed generically one of the more expensive brands can be given, thereby increasing costs significantly. In such cases, costs can be decreased/contained by branding to a cost effective MR brand, rather than prescribing generically. Examples include isosorbide mononitrate 60mg SR.

The following should be prescribed by brand:

- Diltiazem (e.g. Tildiem[®], Adizem[®], Angitil[®] and Slozem[®])
- Nifedipine (e.g. Adalat[®], Adipine[®], Coracten[®])
- Lithium citrate & carbonate (e.g. Priadel[®], Camcolit[®])
- Ciclosporin (e.g. Neoral[®])
- Theophylline & Aminophylline (e.g. Slo-phyllin[®], Uniphyllin Continus[®])
- Mesalazine (e.g. Asacol[®])
- Valproate (e.g. Epilim)
- Mycophenolate (e.g. Arzip, Cellcept,)
- Tacrolimus (e.g. Modigraf, Adoport, Prograf, Advagraf)



Potential role for prescribing clerk: To highlight potential inappropriate generics which should be branded to the doctor who will authorise change where appropriate.

10. Ordering, generating and issuing prescriptions

10.1 How do patients order their repeat prescriptions?

There are a number of ways a patient can request their repeat prescription, which will vary from practice to practice:



- **By visiting the surgery** – Patients will drop in the request slip at reception or in the “repeat prescription box” which will prevent a queue at reception. This box should be made of a material that is not transparent, be lockable and securely attached to a wall for security and patient confidentiality reasons, and must be emptied frequently.
- **By posting the request slip** – If patients have difficulty travelling to the surgery, and do not have any other person to drop in the request slip for them they can post it, taking into consideration the time it takes to arrive by post, be generated and dispensed. The patient should provide a stamped addressed envelope if they wish to have the prescription posted back to them or to a pharmacy. A record of prescriptions that have been posted back to patients should be kept to deal with any queries.
- **By telephone** – **This method has caused many errors in the past and therefore should only be used in exceptional circumstances, unless the practice is geared up to operate this system safely.** Provisions for this will include:
 - ✧ Separate phone line for repeat prescription requests, or requests should be restricted to certain times during the day.
 - ✧ The telephone should be next to a computer screen for on screen confirmation of the request.
 - ✧ Telephone and computer should be in a separate area, avoiding the noise and distractions of the reception area.
- **Via the pharmacy** – This may be appropriate in some circumstances and is designed to save the patient having to visit the surgery to collect their scripts. This only works well if robust repeat prescribing systems are in place at the surgery. Also pharmacies operating the service should keep accurate records as required by professional ethics and guidelines. The patient must initiate the request every time. Every effort should be made by all involved only to order items required at the time.
- **By faxing the request slip or by e-mail** – E-mail is becoming increasingly common.

Repeat Dispensing Prescriptions

Patients who receive repeat dispensing prescriptions, do not need to request a repeat from the surgery every month. Instead they collect their prescriptions in installments (usually monthly) from the pharmacy. (See 7.2.2 and Standard pack for further details.)

10.2 Good practice for ordering prescriptions

- The patient should be given an up to date list of their repeat medication, preferably as a computer-generated list, which can then be used to order their medication
- The patient should be encouraged to indicate on the repeat request slip which drugs they require
- If it is unclear what the patient has ordered or the form is left blank, then the patient should be contacted where possible so that not all the medication is supplied where it may not be needed
- Patients who have lost or forgotten their repeat request slip should either be given another one or an appropriate form from reception
- Patients should be discouraged from ordering additional items unless authorised by the doctor, usually by making an appointment
- Patients should be informed verbally and through other mechanisms such as posters and leaflets of the practice's policy for ordering of repeats. This information should state:
 - ❖ How much notice is required e.g. 24 or 48 hours
 - ❖ Arrangements for weekends, bank holidays etc
 - ❖ That only items required should be ordered
 - ❖ To inform the practice if anything is wrong/out of date or if they are not taking a medicine any more

Find out and record briefly below:

How are prescriptions ordered in your practice?



How long should patients allow for a prescription to be generated?

Is there clear and readily available information for patients on how to order their prescriptions?

10.3 Good practice for generating repeat prescriptions

Suitable environment:

Producing prescriptions at the main desk or by a phone with many interruptions is far more likely to result in errors. Therefore, ideally, generation of prescriptions should be done in a designated area, at a designated time.

What to check before generating a prescription:

You should always check if the request is appropriate, i.e.

Is the requested item on the repeat?

If not the request should be referred to a doctor.

When was the item last issued and is it being requested too soon?

The date of last issue should always be checked before re-issuing another prescription. Some patients have a tendency to over-order and stockpile medicines and poor repeat prescribing systems contribute to this. Stockpiling can be dangerous for patients as medicines go out of date and instructions or the medicines themselves are changed and patients can get easily confused. They are also easily abused by others and millions of pounds of valuable NHS money is wasted, as none of these medicines can be re-used. You must notify a doctor if you think a patient is over-ordering.



Has the patient only marked which items they need if they are on more than one item?

If not the patient should be contacted and asked. This will reduce wastage and unnecessary prescribing.

Are there any items that the patient has not ordered for some time?

Under-usage of medication should be noted and the prescriber informed.

Generating the prescription

Make every effort to generate the prescription with due care and attention to avoid errors.

Lost prescriptions

If a prescription has been lost you must get the agreement of a doctor before issuing another prescription and a message should be added to the patient's computer records so that it can be seen why a second prescription has been issued. This aids the audit trail and ensures that the patient cannot abuse the system. The practice may change this procedure for certain drugs and certain patients, for example for sleeping tablets for known abusers. Check with the practice manager or doctor if you are unsure.

Potential role for prescribing clerk: Reinforce messages to patients on how to use the ordering system including the importance of:

- Ordering only what they need by marking the slip
- Leaving plenty of time to re-order so that they do not run out (including arrangements for weekends, bank holidays etc)
- Not over-ordering and stockpiling
- Letting the practice know if they have stopped taking anything on the prescription
- Asking the doctor, nurse or pharmacist if they are unsure about any of their medicine



Find out briefly and record below:

How your practice computer system helps you to identify over and under ordering.

What is the system for flagging any queries to the GP? Should notes be available with the prescription and the query?



Once a prescription is complete, where is the designated place and what is the method to get it signed by the appropriate GP/prescriber?

10.4 Good practice for storing and issuing prescriptions

Storing completed prescriptions

Completed prescriptions that are ready for collection should be kept in a secure area. They should be cleared out on a regular basis and for those prescriptions that have not been collected in the last 1-3 months it must be ensured that:

- They are removed and destroyed
- The doctor is informed of any prescriptions that have not been collected to highlight possible non-compliance (i.e. patients not taking their medicines as prescribed).
- All records should be amended. The prescription should be removed from the issue list and added to the patient's record with details of items not collected.

Issuing prescriptions to patients

When issuing a prescription you should ask the patient or the patient's representative for their name and address, which should be double-checked with the details on the prescription. Prescriptions would not usually be issued to those under 16 unless they were well known to the practice and trustworthy.

Community pharmacy collection

In agreement with individual patients, some pharmacies offer a repeat prescription collection service. In this case, the prescription is collected from the surgery by the patient's regular pharmacy which then dispenses it. The pharmacy may also have delivery service to patients. The pharmacy will give the practice a copy of the agreement authorising them to collect the prescription on their behalf.

Find out and briefly record below:

Who is responsible for clearing out the signed prescriptions on a regular basis and amending the records/informing the GP as appropriate? How often is this undertaken?



Do you have age restrictions on accepting requests and issuing prescriptions? For example, how are requests from under 16s handled?

What arrangements are in place in the practice for community pharmacy collections?

11. Security and confidentiality

As with all aspects of general practice it is essential to ensure that patient confidentiality is protected. Security is also an important issue to ensure that prescriptions are not misused.

Computer security

Security includes the proper use of individual passwords where computers are being used. This should be built into the practice's Caldicott Policy on dealing with confidentiality, and the safe and appropriate use of patient information. NB: it is vital to ensure that regular backups of the repeat prescribing information are made.

Prescription pad security

The issue of prescription stock control and reordering, and their safe and secure storage needs to be considered, as prescriptions are controlled stationery and should be treated like blank cheques.

All practice staff, including prescribers, should know where signed and unsigned prescriptions are kept and how they are dealt with once they have been signed. The movement of prescriptions around the practice should be systemised and monitored to reduce the risk of mislaid prescriptions, consequent errors and possible theft.



Signed prescriptions awaiting collection should be stored somewhere secure. They should not be left unattended at the reception desk, but preferably kept in a locked drawer or cupboard.

Repeat requests

Where a box is used for patients to leave their requests it should be locked and non-removable e.g. attached to the desk or wall. The box should be made of a material that you cannot see through.

Non patient requests and collections

Where practices decide to allow third party requests, e.g. from family, neighbours, home-help etc, they may need to address additional issues, such as:

- Ensuring that the patient has given authorisation
- Ensuring patient confidentiality

Missing/lost prescriptions

A repeat prescription that has 'gone missing' should not be reprinted until a thorough investigation has been carried out. This applies whether it is the practice or the patient who have lost the prescription.

Find out and briefly record below:

How does your practice computer system work with respect to passwords for different users and differing levels of responsibility, which can be facilitated through this?



How and where does your practice store prescriptions to ensure security?

What does your practice do about missing prescriptions?

12. Summary of roles and responsibilities of those involved in repeat prescribing

Understanding your own role within the repeat prescribing system is essential, but you also need to know what roles other people take.

Below is a summary of the usual roles and responsibilities of others involved in the repeat prescribing process, these may vary slightly from practice to practice.

12.1 Practice staff generating repeat prescriptions

Ordering of repeats

- To ensure that the patient or their representative has clearly indicated what items they need. If they have not, they should be contacted where possible, rather than simply providing all items.
- To discourage patients from over-ordering or hoarding medicines

Generating repeats:

- Staff should ensure that this is done safely and with attention to detail and should refer on any queries, which they are unable or unauthorised to deal with.
- Before issuing a new repeat prescription, the date of issue of the last supply should be checked to estimate over or under-ordering
- Staff should follow the practice protocol for when review is due or overdue
- Staff should ensure that the correct prescription reaches the correct patient by checking the name and address.

Medication review and re-authorisation

- Re-enforcing with the patient the need to attend for regular review
- Flagging certain issues to the prescriber e.g. under or over-ordering,

Flagging problems/potential changes:

The following should be flagged to the prescriber

- Generic and inappropriate generic where changes should be made.
- Prescriptions with no instructions or "as directed" (remember exceptions)
- Highlight any under or over-ordering by the patient.
- Items where a higher strength is available rather than doubling up on the lower strength (see standard pack).
- Items not usually allowed on long term repeat as agreed in the practice policy (see standard pack).
- To synchronize items on the prescription to run out at the same time, to maximise convenience for all and to minimise waste (see standard pack).
- Identifying patients who may be suitable for repeat dispensing (see standard pack)
- Highlight to the GP if a patient is overdue for a review (if no appointment has been made)

(NB: Receptionists who undertake standard and advanced training may be able to

undertake some agreed actions themselves, but this must be discussed within each practice, for each scenario and an appropriate protocol produced)

12.2 Role of the prescribing lead/practice manager

Each practice should ideally have a nominated lead to oversee management of repeat prescribing. This may be the GP prescribing lead, the practice manager or even an advanced prescribing clerk. This is covered in more depth in the advanced training pack, but in summary, the following should be ensured:

- A safe, robust and agreed written repeat prescribing policy is used
- A regular review and updating of this repeat prescribing policy occurs
- Practice staff are in an undisturbed environment free from interruptions when generating repeats to minimise risk of error and maximise opportunity to discover and highlight any problems
- Everyone involved, both inside and outside of the practice, understands and adheres to this policy
- Audits should be performed periodically to ensure the policy remains appropriate and is being followed and that it is updated when required
- To provide clear information to patients regarding the practice policy and how it affects them e.g. in the form of posters and leaflets
- Keep patients and local pharmacies informed of any changes as appropriate
- Ensure appropriate security of request slips and generated prescriptions awaiting collection
- All staff are appropriately trained to undertake the duties they have been authorised to do within the repeat prescribing process and this training is updated if appropriate.

12.3 Role of the Prescriber

The following summarises the role of the prescriber, usually a GP, in the repeat prescribing process. You may find that in practice, some of these roles are not fulfilled. If this is the case, it would be useful to discuss this with the prescribers in order to improve the safety and effectiveness of the system, and perhaps agree to focus on one issue at a time.

Initiating a new prescription

On initiating a new item, the prescriber should ensure that:

- All legal requirements for prescription writing are met
- An appropriate cost-effective drug is chosen
- Any possible interactions with any other existing therapy are taken into account
- The medicine is suitable to be written as a repeat in the circumstances
- Appropriate quantities are prescribed
- Appropriate number of authorisations are set before a review will be needed
- The amount given is synchronised with any other medicines on the repeat prescription, so that all items run out at the same time
- The most appropriate available strength is prescribed
- The drug is written generically or branded where appropriate
- Full clear instructions are written - no "as directed" unless there is further written information to support this
- Where possible the patient is given appropriate information regarding the benefits and

risks of the therapy and this should be recorded

- Hand-written prescriptions or alterations made away from the surgery are recorded in the patient's computer record

Ordering of prescriptions

- To act on any problems highlighted either in under or over-ordering prescriptions and take action as appropriate

Authorisation of changes

- Additions, deletions and other changes to prescriptions should only be made under the authorisation of the doctor
- A doctor may authorise, in writing, suitably trained staff (standard or advanced level) to make certain agreed changes globally without consultation on each individual patient

Medication review and re-authorisation

- To re-authorise medicines as appropriate
- To perform full medication reviews at least annually wherever possible either by prescription review or preferably by full clinical medication review with the patient, and to record this and set a date for the next review
- To work closely with and support suitably trained health professionals undertaking medication reviews, where this is set up
- To identify patients suitable for repeat dispensing and initiating this process if appropriate (see section 7.7.2 and standard pack for further details.)

12.4 Role of the Community pharmacist (chemist)

Community pharmacists are an important link. They have extensive training and knowledge of drugs and are dealing with the patients and their needs face to face. They are often able to pick up errors and have a legal responsibility to ensure that what they are dispensing appears reasonable for the patient e.g. no overdose, serious interactions, therapeutic duplication etc.

For this reason, they often contact practices to clarify prescriptions, usually with the doctor, but sometimes an experienced receptionist can help with queries.

Examples of queries may be: Illegible writing, something significantly different from a previous prescription to ensure the change is intentional, a potentially serious drug interaction, a piece of missing information e.g. an incomplete controlled drug prescription, missing strength/dosage/signature/instructions etc.

A summary of main current roles includes:

- To check prescriptions for accuracy and contact the surgery with any queries
- To dispense the prescriptions and supply them to the patient
- To offer advice on medicines and other health issues
- In some cases to collect and deliver prescriptions
- To collect returned patients' medicines for destruction
- To provide an emergency supply to patients in appropriate circumstances
- To undertake Medication Usage Reviews (see standard pack)
- To identify suitable patients and operate a repeat dispensing service (see standard pack)

12.5 Role of Patients

Patients also have a role to play in the repeat prescribing process:

- All patients should give the practice a minimum of 24-48 hours for repeat requests except in exceptional circumstances.
- Patients or their representatives should clearly indicate which of the items on the list they require
- Patients should inform the practice if the list is in any way out of date e.g. if they are no longer taking a particular medication or following a change in medication.
- To attend and participate in medication review when asked to do so
- To return any unused medicines to their local pharmacy or practice dispensary for safe disposal
- Ask a health professional if they are not sure what their medicines are for or how to take them
- If suitable for repeat dispensing, to understand this system, returning to the same pharmacy to collect their prescription in instalments (see Standard pack)

REPEAT PRESCRIBING TRAINING FOR PRACTICE STAFF

Questions

Pack 1: Basic



1. What is wrong with the prescription below? What would you do about it?

Bendroflumethiazide 2.5 mg as directed

2. Write True (T) False (F) or (?) in the box next to each of these statements

- A. Generic medicines are not as good as branded medicines, but they will do
- B. Doctors try to reduce what they spend on drugs so that they can make more money
- C. Generic medicines contain exactly the same quantity and quality of drug as their branded equivalent
- D. All patients without exception must be prescribed generic medicines
- E. Generic medicines are generally cheaper than branded medicines.

3. Which is the better way to write these units to minimise the risk of error?

- A. Warfarin **3mg** or Warfarin **3.0mg**
- B. Levothyroxine **50 mcg** or Levothyroxine **50 micrograms**
- C. Vaccine **0.5ml** or Vaccine **.5ml**

4. What do the following Latin abbreviations stand for?

- A. o.d. _____
- B. b.d. _____
- C. prn _____
- D. nocte _____

5. Using the BNF or MIMS, look up the generic name for each of these branded drugs:

Brufen[®] _____

Losec[®] _____

Prozac[®] _____

Zantac[®] _____

Zocor[®] _____

Ciproxin[®] _____

Zoton[®] _____

Tritace[®] _____

6. Which of the following drugs should be prescribed by brand? (Please mark X in the box)

Lithium

Aspirin

Omeprazole

Nifedipine

7. Mrs Jones has put in an unmarked request slip for 10 items, which she receives on repeat. Some items are for 28 days, some for 56 days and some when required. She last ordered everything two and a half weeks ago. Which if the following would you do? (You can choose more than one)

A. Produce the repeat prescription with all items.

B. Contact her to ask her to check which items she actually needs and ask her to mark the script in the future.

C. Flag the issue to the senior receptionist/doctor to highlight over ordering and to see if the prescription can be synchronised.

D. Tell her it's too early and not to come back for another two weeks at least

8. Please answer True (T) False (F) or (?) to the following:

A. Over ordering of medicines wastes hundreds of millions of pounds for the NHS every year

B. If patients are under-ordering medicines, this will save money and the doctor does not need to be told

C. A stockpile of medicines in the patient's home can be dangerous for the patient

D. If a patient requests an item which is not on the repeat, it can be added for the doctor to sign

E. Patients can bring their unused medicines back to the surgery and they can be reused if they are in date and in their original container.

F. Medicines bought by patients are safe, only prescribed medicines cause problems

9. The doctor writes a prescription for amlodipine 100mg a day instead of 10mg in error. The pharmacist dispenses the prescription without contacting the prescriber, and the patient has a serious fall owing to reduced blood pressure caused by the inappropriate dose of the blood pressure tablet and wants to sue. Who is liable (legally responsible)?

The doctor alone

The pharmacist alone

The doctor and the pharmacist

The prescribing clerk

The practice manager

10. Answer True (T) False (F) or (?) to the following statements.

A. Mrs Enid Evans has been on bendroflumethiazide for three years and is stable. Her 6 of 6 reauthorisations are up. In this case you should simply over-ride and reissue for another 6 months.

B. Mr Evan Evans is on 10 repeat items. He has added a request for some sleeping tablets to the bottom of his prescription. He used to take these over a year ago. Since he has had them before, these can safely be added to the repeat prescription.

C. Mrs B. Good is on 5 repeat items and one month ago had, in addition, an acute prescription for co-codamol. She has now run out and is asking for it to be added to her repeat list as it has helped her. It should be added.

D. Mr George Porgey is on 12 items on repeat, but has only ordered 10. The receptionist should therefore generate a prescription for only these 10 items.

REPEAT PRESCRIBING TRAINING FOR PRESCRIBING CLERKS

Basic level

This is to certify that _____
(Name of prescribing clerk)

Has successfully completed the Basic level training pack at

(Name of practice) _____

Date _____

Supervisor:

Name:

Signature:

Date:

Recommended to undertake Standard level?

Yes

No

