

# Pharmacy management of repeat medication requests

## Frequently Asked Questions

### Introduction

Medicines are the most common method of managing long-term conditions. Consequently, community pharmacists and their teams have a central role to play in ensuring patients have convenient and timely access to the regular medicines they require and advice on how to take them. In England, the provision of regular medicines to patients is facilitated by a variety of different mechanisms and these repeat medication services offer benefits, choice and flexibility to patients.

In recent months, there has been much discussion around how these services are operated. Some Clinical Commissioning Groups (CCG) and general practices have raised concerns about medicines waste and the mismanagement of non-NHS repeat medication services such as “managed repeats”; some are considering the introduction of measures that restrict community pharmacies from supporting patients to request repeat prescriptions. Community pharmacy contractors are concerned about the unintended consequences these changes may have on patients, particularly those who are vulnerable, time poor and/or require assistance.

There is always scope for continuous improvement in systems and processes; improving how repeat medication services operate requires local general practices and community pharmacies to work together, to ensure timely and appropriate patient access to their medicines. To help inform constructive local discussions, [Pharmacy Voice](#) and the [Pharmaceutical Services Negotiating Committee \(PSNC\)](#) have written this briefing on Frequently Asked Questions about repeat medication services, where we outline common queries, shed some light on pharmacy processes and discuss a number of important considerations regarding the most talked about proposals that CCGs have put forward – the “Coventry model” and the “Luton model”.

We hope this briefing will be informative and useful to pharmacy contractors, general practices, CCGs, Local Medical Committees (LMCs), Local Pharmaceutical Committees (LPCs), local patient groups and Healthwatch.

### Background and definitions

#### 1. What is repeat dispensing and what are the benefits of using the system?

Repeat Dispensing (sometimes referred to as NHS Repeat Dispensing) is an Essential Service within the NHS Community Pharmacy Contractual Framework (CPCF). It enables a community pharmacy to dispense a repeatable prescription issued by a prescriber (usually the patient’s GP) at regular intervals for up to 12 months without needing to contact the prescriber for purely administrative purposes.



“Practices save an average of 80 minutes GP time every day just from signing EPS prescriptions vs. paper”  
– NHS Digital

[NHS England](#) estimates that if 80 per cent of repeat prescriptions were prescribed via Repeat Dispensing, 2.7 million hours of general practice surgery time could be saved.

Repeat Dispensing, which can be paper-based or electronic (via Release 2 of the Electronic Prescription Service (EPS)), enables the prescription collection process to be simplified without compromising patient care, as well as reducing the burden of repeat prescribing on GPs. Research has shown that patient satisfaction with Repeat Dispensing is high as the service is seen as more convenient and time saving.

The operational aspects of the service have been vastly improved with the introduction of electronic Repeat Dispensing (eRD). When using eRD, the next issue of the prescription automatically becomes available to be downloaded from the NHS Spine seven days prior to the dispensing interval specified by the prescriber.

**Table one: Benefits of Repeat Dispensing**

General practice	Patient	Community pharmacy
Once established, reduced administrative work and time associated with managing requests and processing.	Increased convenience and control in accessing regular medication using a streamlined process.	Reduced administrative work and time associated with ordering and collecting prescriptions on behalf of patients.
Control over the length and duration of the prescription, and the regular interval at which it can be dispensed (using eRD).		
Ability to cancel the prescription at any time (using eRD).		

Further information on Repeat Dispensing can be found on the [PSNC website](#) and information on eRD and its benefits can be found in NHS England's [Electronic Repeat Dispensing - Guidance](#).

## 2. What are managed repeats?

"Managed repeats" are just one type of repeat medication service (also known as **non-NHS repeat medication services**) provided by community pharmacies to facilitate the ordering of prescriptions and provision of regular medication to patients. In a **managed repeats service**, a patient requests the medication they would like for their next month when they collect the current month's supply and the community pharmacy requests prescriptions from the practice on behalf of the patient and collects them when they are ready for dispensing.

There are also a variety of other **non-NHS repeat medication services** available, including:

- **Repeat collection services** - where the patient orders a prescription directly from their general practitioner, which is collected from the practice by the community pharmacy for dispensing. The dispensed prescriptions are then either collected by or delivered to the patient
- **Repeat ordering services** - where the patient calls their community pharmacy when they need their medicines and the pharmacy orders the prescription from the practice and then collects the prescription on behalf of the patient. The dispensed prescriptions are then either collected by or delivered to the patient
- **Pharmacy-prompted repeats** - where the patient is contacted by their community pharmacy to check what medication they require around an expected 'due date'. The items are then ordered by the pharmacy from the practice and collected when they are ready. The dispensed prescriptions are then either collected by or delivered to the patient

Some CCGs have recently taken action to restrict these types of non-NHS repeat medication services.

## 3. How many patients use non-NHS repeat medication services?

Most community pharmacies offer one or more of the above services and [market research undertaken for the Health and Social Care Information Centre \(May 2016\)](#) found that:

- 76% of people usually use the same pharmacy to get their prescriptions dispensed
- 81% ordered repeat prescriptions themselves (through the practice) and of this group, 42% picked up paper prescriptions from the practice and 38% had it collected by the pharmacy
- 13% got their pharmacy to order the prescription on their behalf

#### 4. What is the difference between Repeat Dispensing and non-NHS repeat medication services and why do community pharmacies offer non-NHS repeat medication services?

Medicines are the most common method of managing long-term conditions; ensuring patients have convenient and timely access to the regular medicines they require and advice on how to take them is the primary objective of community pharmacists and their teams.

Pharmacy Voice and PSNC are fully supportive of the Repeat Dispensing service and see this as the preferred method of managing the timely and efficient supply of repeat medications to patients. However, since the introduction of the Repeat Dispensing service in 2005, and despite the efforts of community pharmacies to promote the service to patients and the efforts of the NHS to encourage adoption by general practices, uptake has remained very low. Only 8.05 per cent of NHS prescription items are dispensed (and therefore prescribed) using Repeat Dispensing in England ([May 2016 Medicines optimisation dashboard](#)).

In the absence of being able to utilise the preferred Repeat Dispensing service, community pharmacies have introduced a variety of non-NHS repeat medication services to facilitate the provision of regular medication to patients (as described in question 2).

These services, often initiated at the request of the patient help ensure patients have convenient and timely access to medicines, which in turn supports adherence to their medication. These services provide patients with choice in how to access medicines, and ensures patient safety is maintained and medicines wastage is minimised. The services can be particularly valuable to:

- Vulnerable patients, e.g. those with mental health conditions, those who have difficulty communicating verbally, patients with learning difficulties and patients who rely on their community pharmacy to remind them when their medication needs ordering
- Those who are time poor
- Those who do not have IT or internet access or have difficulty or are unable to navigate the GP online prescription ordering portal and/or find it difficult to call or visit the GP practice to order prescriptions.

An additional benefit when community pharmacies order prescriptions on behalf of patients, occurs as a result of the pharmacy keeping a record of the prescriptions ordered, which allows them to quickly identify and rectify any issues arising from the issuing of repeat prescriptions before there is any impact on the patient (e.g. in the instance a prescription is sent to the wrong pharmacy). As these processes are streamlined, they in turn help to relieve pressure on general practices by reducing foot traffic through the practice and the number of telephone calls they would otherwise receive.

#### 5. How can I encourage the uptake of Repeat Dispensing in my local area?

Comprehensive adoption of Repeat Dispensing could help save general practices time and improve efficiencies and workflows in pharmacy while maintaining patient access to medicines.

The CPCF requires community pharmacy contractors to give advice to appropriate patients about the benefits of the Repeat Dispensing service and pharmacy teams are generally very supportive of increasing the use of eRD. They are therefore likely to be very supportive of CCG work to encourage general practices to effectively use the eRD service.

Some of the initiatives that have been introduced by CCGs to encourage the use of Repeat Dispensing include prescribing incentives, local general practice and community pharmacy joint engagement and training events, working with the local Academic Health Science Network, and providing practices with direct support.

We recommend the adoption of a collaborative approach with the LPC, LMC, local Healthwatch and patient organisations, in determining and implementing the most appropriate measures to encourage uptake and support the implementation of Repeat Dispensing in your area. Practical advice on implementation is available in [Guidance for the implementation of repeat dispensing \(PSNC/ GPC / NHS Employers\)](#) and guidance on supporting joint working between community pharmacy and general practice is available in [Improving communication between community pharmacy and general practice \(British Medical Association/ National Pharmacy Association\)](#).

## Current practice

### 6. Why do community pharmacies order prescriptions from the GP surgery in advance of when a prescription is required?

Approximately 1 billion prescription items are dispensed annually in England. To manage this demand, community pharmacies implement systems and processes to ensure medicines reach patients in a safe and timely manner. There are a number of clinical and operational processes involved in non-NHS repeat medication services, and timing of each will depend on the type of system used. Some of the steps include:

- The patient/carer/pharmacist identifying that a medicine will be required. If the pharmacist is involved at this stage, they will determine whether supply is clinically appropriate
- A prescription request being placed with the general practice by the patient/carer or community pharmacy (approximately one day). If the community pharmacy actions this request, consent is required
- The prescription request being processed by the general practice (approximately two to three days)
- The prescription being collected by the pharmacy when ready from the general practice (approximately one day)
- Dispensing the prescription and ordering medicine if needed (approximately one day)
- Appropriate supply to the patient via patient collection or home delivery
- If the patient has their medicines supplied in a compliance aid (including monitored dosage systems (MDS)), additional preparation time is required.

To enable sufficient time for these processes to occur and ensure a patient's medication is ready before their current supply runs out, community pharmacy teams often initiate the prescription request well in advance of the date the medication is required. Furthermore, to accommodate any arising issues such as a prescription request requiring follow up with the general practice or a prescription medicine needing to be ordered in, additional time may be included as a contingency.

When using the Repeat Dispensing service, many of the operational processes outlined above are required far less regularly, if at all. Use of the service therefore reduces administrative work and time for general practices, patients and community pharmacy teams.

### 7. What checks and balances are in place to minimise unnecessary supply of prescription medicines to patients?

Pharmacy contractors are bound by the General Pharmaceutical Council's ([GPhC Standards of conduct, ethics and performance](#) (the Code) and are professionally accountable to the regulator. The requirements of the Code include 'Make patients your first concern' and 'Be honest and trustworthy'. In accordance with the [GPhC's Governance and Risk Management principles](#), all services that support the provision of regular medicines to patients must be underpinned by robust systems and implemented using Standard Operating Procedures.

## Repeat Dispensing

The CPCF requires community pharmacists to ensure a Repeat Dispensing prescription is still appropriate prior to dispensing. This is ascertained by checking patient adherence and other relevant clinical factors, such as whether the patient has recently been in hospital or had changes to their medication regimen. It is recommended that patients should be asked the following questions:

- Have you seen any health professionals (GP, Nurse or Hospital Doctor) since your last repeat was supplied?
- Have you recently started taking any new medicines either on prescription or that you have bought over the counter?
- Have you been having any problems with your medication or experiencing any side effects?
- Are there any items on your repeat prescription that you don't need this month?

When prescribers use the eRD service, they have additional control over the length and duration of the prescription, and the regular interval at which it can be dispensed. This dispensing interval, which is specified by the prescriber, will determine when the next issue of the prescription can be dispensed as the prescription automatically becomes available to be downloaded from the NHS Spine seven days prior to the dispensing interval specified.

Finally, using eRD gives the prescriber the ability to view what has/has not been dispensed and other messages relating to the patient, as well as the ability to cancel the prescription at any time, should it no longer be required.

## Non-NHS repeat medication services

Non-NHS repeat medication services provided by community pharmacies are underpinned by robust governance systems and implemented using Standard Operating Procedures, which ensure that community pharmacies:

- Have the consent of the patient (or carer) to provide the service
- Take appropriate steps to confirm which medicines are required and ensure unnecessary prescription requests and/or medicines supplies are not made
- Maintain appropriate records, including keeping a robust audit trail, recording interventions and supports conveying messages between the community pharmacist, the prescriber and the patient (or carer).

The Royal Pharmaceutical Society's [Repeat medication management, prescription collection and delivery services: a professional reference guide](#) provides helpful guidance to community pharmacists and their teams.

## Emerging developments

In some areas there are local discussions about limiting the ordering of prescriptions from general practices to patients only (sometimes referred to as the Luton model) and/or introducing a Prescription Ordering Direct (POD) service run centrally by the CCG (sometimes referred to as the Coventry model).

### 8. If a CCG is proposing to introduce such a scheme, must they first undertake a consultation?

Yes. CCGs are under a specific statutory duty to involve, in the exercise of their functions, ‘individuals to whom the services ... may be provided ... in the development and consideration of proposals’ ([Section 14Z2 of the NHS Act 2006 as amended](#)). We recommend that CCGs should also consult key stakeholders and those who may be affected by their decision-making. Generally, the purpose of consultation is to gather the views of those who will be affected by the potential change, to allow the arguments for and against change to be assessed and to ensure there is a rational basis for any change.

### 9. What other important matters need to be considered?

Increasing the uptake of eRD in your area will reduce patient demand and therefore the need for community pharmacies to provide other non-NHS repeat medication services (see questions 1, 4 & 5 for further information); we recommend that when CCGs are considering options to reduce medicine waste and improve convenience for patients, they first consider how they may support the wider use of eRD.

Non-NHS repeat medication services play an important role in offering patients choice in how they access their regular medicines and they are often highly valued by patients. Attempting to restrict the ability of community pharmacies to request prescriptions on behalf of patients, or directing them to a POD service may have unintended consequences, such as:

- Reducing a patient’s ability to make prescription requests due to limited availability of the POD service, e.g. patients who are unable to telephone between the hours of 9am to 3pm due to work commitments will have no access to alternative options to submit prescription requests
- Putting patients at a greater risk of non-adherence due to reduced accessibility, which in turn may lead to more serious consequences such as an acute medical episode
- Restricting patient choice in how they access regular medicines they require for the management of their long term conditions
- Increasing foot traffic and/or the number of telephone calls to the practice, putting additional pressure upon practice staff
- Creating patient confusion about how prescriptions will be collected

Feedback from pharmacies within the Coventry area suggests that the piloting of the POD service has created additional administrative burdens for pharmacy teams, as patients turn to their community pharmacy to follow up prescription requests or rectify inappropriate prescription requests.

Healthwatch Coventry has also provided feedback on the POD service (taken from Healthwatch Coventry’s recommendations to the CCG, October 2015), which includes:

- Concerns regarding communication with and choice for patients, particularly the unsuitability of the POD service for hearing impaired people etc.
- The inability to scale up the pilot due to IT capability and observed issues regarding call volume to staffing ratio
- Concerns regarding sufficient time being allowed for patients to order prescriptions in order to avoid issues relating to medicines availability

A ‘one size fits all’ approach may not be appropriate and we encourage a collaborative approach with LPCs, LMCs, local general practices, community pharmacies and patients prior to any new measures being introduced.

Once pilots and/or new measures are implemented, community pharmacies will need to adjust their own internal processes and potentially reallocate staffing resources accordingly; this requires planning in advance and therefore notice of any changes should be provided to community pharmacies.

### Implementation considerations

If a CCG or group of practices is considering implementing restrictions to how prescriptions are requested, we recommend:

- Genuine and extensive consultation, as well as input into the design of the proposal from the LPC, LMC, local Healthwatch and patient groups. The consultation process should include:
  - Clear and robust data that provides adequate justification for implementing the proposed measures
  - The proposed communication and implementation strategy
  - Proposed timescales for implementation
  - Detail of the proposed measures which will be used to assess the impact of the proposed changes
- A robust framework that identifies:
  - How the needs and choices of different patients will be identified and accommodated by meeting the requirements of the [Accessible Information Standard](#), especially those with disabilities and others with protected characteristics under [the Equality Act](#), vulnerable patients, those with mental health conditions and those who have difficulty utilising prescription request processes specified by the general practice or accessing the POD service during specified times
  - How general practices will be supported to manage the additional workload relating to increased foot traffic and/or telephone requests and increased administrative time to process individual requests
  - How the collection/delivery of prescriptions to various pharmacies will occur in an efficient and timely manner which allows sufficient time for community pharmacy teams to prepare prescriptions and compliance aids (e.g. MDS) if required before the patient's current supply runs out
  - A transition process that:
    - Provides appropriate information, resources and time to support patients in becoming familiar and comfortable with new systems and processes
    - Mitigates against a potential increase in non-adherence to medicines as a result of the introduction of this measure
    - Supports community pharmacies in dealing with patient queries and complaints
    - Supports community pharmacies in dealing with disruptions to workflow processes
    - Supports community pharmacies in dealing a potential increase in patient requests for emergency supply.

**Box 1:** Issues to consider when developing proposals for restricting ordering of prescriptions from general practices to patients only

- A dedicated pharmacy query line (separate to the general enquiries number)
- The need for dedicated staffing available during normal office hours to answer the phone, generate requests (from phone, online and repeat slip orders)
- A governance process to ensure that all requests have been completed and an audit trail is maintained
- A system of identifying which pharmacies patients would like their prescriptions to be sent to and which prevents prescriptions from going to incorrect pharmacies
- A complaints process for patients
- A complaints process for pharmacies and other dispensers who are not receiving the prescriptions that they are expecting.
- A data capture and collection system that supports a robust evaluation of the proposal.
- Liaison with Healthwatch and local patient groups

**Box 2:** Issues to consider when developing proposals for a POD Service (taken from Healthwatch Coventry's recommendations to the CCG, October 2015), include:

- A clear framework of expectations which GP practices sign up to when enrolling in POD. This must set out how practices should ensure that they provide choices for patients about how they can re-order repeat medication; and require relevant provision for patients with particular needs (e.g. hearing impairment; not speaking English). This should be supported by centrally produced, consistent information resources for patients and practice staff explaining POD. This will avoid a patchwork of different information being produced by GP practice
- Work to ensure measures are scalable, with clear running costs. IT systems must work in a way which makes the service efficient and there must not be long waits to load computer records
- Consideration for issues of timing around the ordering and collection of medication to ensure that issues with medication availability are accommodated and taking into account feedback from patients and pharmacists
- Information that can be used to demonstrate the financial impact; including the cost of running the service and consideration of if the reduction in prescribing costs of GP practices involved in POD may be natural variation or a result of other initiatives. This could be displayed by more data covering a longer period of time and comparisons with GP practices not in the scheme

#### 10. May patients continue to ask a representative to order and collect prescriptions?

Yes. Patient choice is fundamental to the NHS. Whatever model is used for ordering repeat medication, people should be free to choose a representative or agent to order and collect prescriptions (and deliver medicines) on their behalf, including pharmacy contractors. Any scheme that interfered with patient choice could be subject to challenge.

#### 11. How should we tackle reports of an individual pharmacy inappropriately managing repeat medication services?

The vast majority of non-NHS repeat medication services are delivered to a high standard and are managed effectively. However, there may be occasions when such services are inappropriately managed by individual pharmacies.

Where this occurs we recommend that the issues should initially be raised directly with the individual pharmacy (as well as their head office if the pharmacy is a branch within a larger organisation). The concerns should be supported with specific examples to help facilitate constructive conversations about how processes could be improved.

You may wish to involve the LPC in this conversation, as they may be able to provide support and guidance to the pharmacy contractor. Where a satisfactory resolution cannot be reached, it is then appropriate to escalate the concern to the relevant local NHS England office.

#### 12. Where can I find more information?

[Pharmacy Voice position statement on management of repeat medication](#)

[Managed Repeats - Joint statement from Suffolk and Norfolk LPCs](#)

[Report of Healthwatch Luton to the Health and Social Care Review Group](#)

[Healthwatch Luton Annual Report 2015-2016](#)

[NHS England – Pharmaceutical waste reduction in the NHS](#)