

## Stopping managed repeats – FAQs for practices

This information has been prepared to help GP practice staff with changes to repeat medication ordering.

### 1. Why are we doing this?

This initiative aims to reduce the waste of medicines that are routinely ordered but not needed. Prescribers, district nurses and practice pharmacists have all highlighted the significant waste and safety issues related to current managed repeat ordering systems. The new system should give patients better control over medication ordering. It will avoid stock piling of medication which can result in patients being confused about which medicines to take. In addition, it should prevent medication that has been stopped from being re-ordered by mistake.

### 2. What is changing and when?

From a publicised date, as agreed by the practice, all patients who are able to do so will have to request their own medication directly from their GP practice themselves. Third party ordering of repeat medication by community pharmacies, online pharmacies and appliance contractors will be stopped for the majority of patients. **Do not use community pharmacy or other third party apps.** The exception will be patients who are unable to order their medication by any of the recommended routes.

The recommended routes are:

- Order online (the easiest and safest way) - e.g. using GP on-line ordering process or download and use the NHS app. <https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/>
- Via email (this service is only available at some GP practices)
- Via the repeat prescription box at the GP practice
- Via post to the GP practice using the repeat prescription slip.

### 3. Who does this change affect?

This change only affects patients who are on repeat prescription and who order their repeat medication in the following ways:

- Have an agreement with a community pharmacy to order a medication on their behalf
- Take the repeat prescription request slip to a community pharmacy
- Have an agreement with an appliance contractor to order appliances e.g. catheters, colostomy bags, on their behalf

Patients who already take their repeat prescription request slips into the GP practice or order their repeat medication online are not affected. This change only affects the ordering of repeat medication.

A patient can continue to have their prescription collected from the GP practice by their chosen Pharmacy if it is not sent directly via Electronic Prescription Service (EPS). The patient can then collect their medication from the Pharmacy or have it delivered to their home

### 4. Who is exempt from this change?

Some patients will continue to need pharmacy support with repeat medication ordering. Exceptions to the change are:

- Patients who have dementia who do not have a carer or representative who can order on their behalf
- Patients who are housebound who cannot order on line (or by telephone where service offered), or do not have a carer or representative who can order on their behalf

- Patients using a Monitored Dose System who do not have a carer or representative who can order on their behalf. GPs, practice staff, community pharmacists, patients and carers will know who this group of patients are. For these patients, it should be noted on the individual's patient record that the community pharmacist is continuing to order their medication

## 5. What do practices need to do?

- Review your practice repeat prescribing system in line with CCG Medicines Standards.
  - Encourage patients to request their own repeat prescriptions.
    - a) For those who can use a computer or smartphone, online ordering is likely to be the easiest way.
    - b) For those who can't use this method, the repeat prescription request slip can be used.
- This change will increase demand for registration for Patient Access, however, in the longer term, it should mean patients are less likely to need help from the practice. Nominating a Patient Access champion within the practice or from the Patient Participation Group could support patients with the registration process
- Ask patients to make sure that they get the repeat prescription request slip from the pharmacy when their medicines are next dispensed
  - For patients who cannot request their own repeat prescriptions either online or by using the repeat prescription request slip, and don't have a carer who can request the prescription for them, agree alternative methods. Community pharmacists may be able to help identify this group of patients. Alternative methods may include:
    - Allowing telephone requests (if this is offered by the GP practice)
    - The practice pharmacist managing generation of the patient's repeat prescription
  - Let any community pharmacists and appliance contractors linked to the GP practice know about the change.
  - After agreed and publicised date, stop accepting repeat prescription requests from community pharmacists or appliance contractors except for the exception groups detailed above. However, a patient should not be left without medication. If necessary, allow one more request and make the change on the next cycle
  - Assure patients that items not ordered will not be removed from their repeat prescription if they do not order the item on a particular cycle
  - Monthly ordering of 'as required' medication is a significant cause of waste. 'As required' items should be changed to 'variable repeat'
  - Promote the use of electronic Repeatable Dispensing (eRDs). eRD is a process that allows a patient to obtain repeated supplies of their medication or appliances without the need for the prescriber to sign authorised repeat prescriptions each time. eRD allows the prescriber to authorise and issue a batch of repeat prescriptions electronically until the patient needs to be reviewed (usually 12 months).
  - See <https://midessexccg.nhs.uk/livewell/your-medicines-your-nhs/reducing-medicines-waste/electronic-repeat-dispensing-erd> for eRD toolkit.

## 6. What if a patient complains?

If patients or their representatives require further assistance, they should be advised to contact the CCG's Patient Advice and Liaison Service on [meccg.patientexperience@nhs.net](mailto:meccg.patientexperience@nhs.net) or telephone: 01245 459 459

## 7. What if a patient runs out of their medication and hasn't ordered in time?

Patients who have not yet received the message to order their prescriptions themselves can still obtain a prescription; they should be provided with the information explaining the changes and given assistance to register for online ordering if needed. A repeat prescription should be supplied as quickly as possible, preferably by transmitting it electronically to the pharmacy. Out of hours, emergency supplies can be made at the discretion of the pharmacist. However patients may be charged for this. A patient can also call 111 if they require medication out of hours they will then be referred to a pharmacy who is participating in the NHS Community Pharmacy Consultation Service. A pharmacist will interview the patient over the telephone and will assess the legality of the supply before issuing an emergency supply.

## 8. Will I need more staff to launch this initiative?

You will need to consider that rather than repeat slips requests being delivered from community pharmacies that patients will be requesting themselves. Therefore requests may come at different times of the day. The workload will be the same just that the process and workflow of the requests will be different. You may want to consider capacity within your current staff or the possibility of additional staff e.g. having dedicated prescription clerk rather than a receptionist doing prescription clerk duties. Encouraging the use of the Electronic Prescription Service and eRDs will remove need for use of paper prescriptions and administrative workload in the practice. From January 2020 almost all prescriptions will be processed electronically as EPS Phase 4 is rolled out locally <https://digital.nhs.uk/services/electronic-prescription-service/phase-4>

## 9. How does the practice stop managed repeats?

The following materials have been developed to support practices in taking this initiative forward and can be accessed via our website <https://midessexccg.nhs.uk/livewell/your-medicines-your-nhs/reducing-medicines-waste>

1. Managed repeats Patient FAQs
2. Managed repeats Patient letter
3. Managed repeats Template Project action plan
4. Prescription types Jargon buster
5. eRD Checklist for prescription clerks
6. eRD Don't forget reminder card
7. eRD A5 poster
8. eRD Patient flyer
9. eRD Pharmacy referral form
10. eRD SystemOne toolkit
11. eRD Waiting room slides

## 10. How much time will this take up?

A greater amount of time would be required during the setting up and the month ahead of the launch as the initial setting up of the initiative will take some time as would need to include:

- ✓ Ensuring the practice has systems in place to be accepting patient requests which may involve
  - Having dedicated staff member trained on the process on accepting repeat requests from patients
  - Setting up a dedicated email ordering address
  - Setting up a dedicated phone line with set hours that patients can call
  - Agreeing the list of vulnerable patients that are exempt from this change and what the process should be for those vulnerable patients

- ✓ Switch patients to electronic prescribing and repeat dispensing prior to the launch
- ✓ Agreeing the date that the change will take place and ensuring all practice staff are aware
- ✓ Personalising the toolkit resources for your practice
- ✓ Meeting with/visiting your local community pharmacies to notify them of the change
- ✓ Notifying your patients of the change through patient campaign/communications/letters

Toni Hull, the practice manager at Douglas Grove surgery, reflects after successfully stopping managed repeats at her practice:

- ❖ *We are so glad we did it; it feels like we have so much more control over our prescribing and budget and it has cut over ordering by patients.*
- ❖ *In the first instance, we allocated 5 hours per day to the prescription clerk, but it is only now that these hours are being fully utilised and now we seem to have the correct hours for the workload. This may well drop off once we have even more patients on eRDs.*
- ❖ *We are getting fewer telephone calls from pharmacies with queries. Our Nurse Prescriber is getting a lot less task queries. She was getting approximately 60 a day, that has reduced to a maximum of 30 and will reduce even further when we get even more patients on eRDs*
- ❖ *Our dedicated telephone times of two hours per day is more than adequate to take prescription orders from vulnerable patients i.e. those who are housebound.*
- ❖ *We changed our weekly FP10 dosette scripts to monthly dosette eRDs and this has proven to be a big time saver*
- ❖ *We are a very happy surgery!*

Since stopping managed repeats Douglas Grove has seen a 9% reduction in items.