

# A FRAMEWORK FOR AN IDEAL REPEAT PRESCRIBING SYSTEM

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The National Audit Commission report published in 1993 in England recommended that health authorities encourage general medical practices to review and monitor their repeat prescribing systems.<sup>1</sup> In 1999, the Accounts Commission for Scotland highlighted that repeat prescriptions could be managed more efficiently, avoiding unnecessary treatment and minimising the risk of unwanted side effects from combinations of drugs.<sup>2</sup> In addition, Tayside Primary Care Trust identified drug wastage as a problem area and suggested that if practices review their repeat prescribing systems drug wastage might be reduced.

Tayside has a number of practice pharmacists who work as clinical pharmacists within general practices. The authors got together to develop, from their experiences and the relevant literature, a framework for the ideal repeat prescribing system which could be used in any general practice to facilitate this review. We thought that improved management of repeat prescribing would support the quality and cost effectiveness of prescribing, which ultimately would lead to improved patient care in Tayside.

The aim of the framework was to produce uniform standards for repeat prescribing within Tayside, against which practices could measure their own systems, thereby standardising the content of all existing or future repeat prescribing policies. In addition, we hoped it would become a useful resource for practices when examining and improving their repeat prescribing systems. "The right medicine, a strategy for pharmaceutical care in Scotland",<sup>3</sup> describes the development and roll-out of a repeat dispensing model by community pharmacists. Groundwork done now by practices will facilitate the implementation of repeat dispensing models.

Repeat prescribing has considerable clinical and economical importance. Repeat prescriptions account for 75 per cent of all items prescribed, and more than 80 per cent of prescribing costs.<sup>1</sup> Therefore practices need a system for managing them effectively. Good management of repeat prescribing has a significant impact on the workload of a practice. An audit of repeat prescribing systems showed repeat prescribing to be poorly managed with mandatory checks often omitted when repeat prescriptions are issued. It also indicated that the potential of computerisation was often not realised.<sup>4</sup>

The framework devised in Tayside is intended as a tool to help support practices to

review various core elements of their repeat prescribing work. The ideal repeat prescribing system might take some time to achieve, since implementing areas requiring improvement may be time consuming. Hence the framework is divided into three sections enabling flexibility and encouraging practices to focus on one particular area of the repeat prescribing process at a time. It was devised according to the Zermansky model of three key tasks involved in repeat prescribing, namely production control, management control and clinical control.<sup>5</sup> Tools to support audit of these areas were developed, including review checklists and individual patient audits. All forms developed are available from the authors on request.

## KEY TASK 1 — PRODUCTION CONTROL

Production control is a straightforward task and involves receiving requests for repeat prescriptions that are processed usually on a computer by designated personnel. The production of repeat prescriptions should ideally occur in a quiet area, away from frequent interruptions, to aid concentration and minimise errors.

This process is separated into two key areas that should be considered by all practices to ensure the smooth production of a repeat prescription, namely technical requirements and technical processes as follows:

- 1 Technical requirements considers the appropriate personnel who should be involved and the equipment required to be used in repeat prescription production
- 1 Technical processes defines how repeat prescriptions should be requested and deals with their issue and collection

Form 1 is a checklist designed to give an overview of the production control of a practice's current repeat prescribing system. It asks questions such as "Which practice staff have a key responsibility for repeat prescription production?", "What training is available for members of staff?", and "How are further training needs identified?"

Form 2 is designed to collect individual data from 50 to 100 patients, which will pro-

vide an objective measure of current production control. It asks about the method of request for repeat prescriptions, whether a community pharmacist has been identified, if there were any delays in issuing the repeat prescription, whether all regular drugs were requested at the same time and if the prescription was ready.

## KEY TASK 2 — MANAGEMENT CONTROL

Management control is generally the practice manager's responsibility and comprises four main elements:

- 1 Authorisation check (Who adds a medicine to the record of the patient's repeat prescription? If this is someone other than a doctor, has the addition been authorised?)
- 1 Compliance check (This involves identifying patients who overuse or underuse their medicines.)
- 1 Review date (Ensuring that every patient has a clear indicator of when therapy should be reviewed.)
- 1 Flagging (Ensuring that each patient due for review is brought to the prescriber's attention.)

Specific standards of management control should be agreed and stated in a practice repeat prescribing policy. The practice repeat prescribing policy should be reviewed frequently, in addition to more regular audit. A practice baseline audit will provide information on existing standards of management control. These standards should then be audited annually against achievable standards, set by the practice.

Form 3 is a checklist designed to give an overview of the management control of a practice's current repeat prescribing system. It ideally should be completed after discussion with key practice personnel.

Form 4 is designed to collect randomly individual data for 50 to 100 patients, which will provide an objective measure of current management control. It asks questions such as "Do paper and computer repeat prescribing records match?", "Is the prescription complete?", "What is the date of the last supply of each drug?", and "Is the clinician's name and the date recorded for each repeat authorisation?"

## KEY TASK 3 — CLINICAL CONTROL

Clinical control of repeat prescribing systems is necessary to increase the quality of

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prescribing while improving the patient's health and maximising the cost-effectiveness of prescribing. Zermansky indicated that a lack of regular repeat medication review is a major clinical weakness in repeat prescribing systems.<sup>2</sup> Clinical control is a GP's responsibility and involves two tasks, namely authorisation and periodic medication review.

Authorisation involves deciding that a repeat prescription is appropriate, the drug is indicated, effective, still needed, well tolerated and prescribed for an appropriate interval before review (authorisation period). Patients, their illnesses and therapeutics all change and the drug that was ideal a year ago may be neither best nor even necessary today. Careful control of repeat medication is essential, to minimise errors and waste.

Periodic medication review should involve either a consultation or communication with the patient and is particularly important for elderly patients and those on chronic or multiple medication. Before conducting a patient's repeat medication review, a history of prescribed repeat medication will be required. This can be printed from most GP computer systems and attached to the clinical review form (Form 5; Figure 1).

The clinical review form has been designed for individual patient, repeat medication review and/or audit. Groups of drugs which may not be suitable for repeat status should be detailed, eg, antibiotics, antifungals, antivirals, Controlled Drugs, antidepressants, hormone replacement therapy, oral contraceptives, treatment doses of ulcer healing drugs and drugs with potential for abuse, eg, cyclizine, benzodiazepines, appetite suppressants. Patient medication review should take place at least annually and the date of the next review should be recorded in the patient's paper and computer records.

## IMPLEMENTATION

The repeat prescribing system framework document was approved by the Tayside Primary Care Trust clinical board in November 2001 and practice pharmacists in Tayside are currently facilitating its implementation in Tayside general medical practices. Two of the three Tayside Local Health Care Co-operatives (LHCCs) are using prescribing management scheme monies to finance the implementation of the repeat prescribing system framework document, via prescribing incentive schemes in 2001-03. The initial launch is to collect baseline data of the production and management control sections of the framework and produce an action plan for reauditing the following year, alongside implementing the

clinical review section. The third Tayside LHCC is planning to use its practice pharmacists to supervise the repeat prescribing system framework document's implementation in general medical practices in 2002/03.

We recognise that this work is not particularly innovative; for example a search of the internet for "repeat prescribing audit"

suggests that this is a topic that just about every geographical area has considered at some point. We hope that publication of the work used by Tayside will enable ideas to be shared nationally and avoid "reinventing the wheel". In addition, we hope that feedback gained from wider dissemination will help to revise and update the document.

This form is designed for individual patient, repeat medication review and/or audit of 50 to 100 patients. NB: The last three questions require feedback from the patient.

Date of medication review: ..... Date of last medication review: .....

Patient's name: ..... C.H.I: .....

Repeat medication review checklist	Totals (Yes/No)	Comments
Is the patient present?		
Is there an indication for each medication?		
Are the directions and dose of each medication appropriate?		
Is each medication still effective?		
Is each medication well tolerated?		
Are there any potential drug interactions?		
Is each medication cost-effective?		
Is each formulation appropriate and cost-effective?		
Is there formulary compliance?		
Is the expected duration of therapy recorded for each medication?		
Are appropriate monitoring schedules in place? (eg, warfarin, lithium, diabetes, CHD, asthma, hypertension, etc)		
Is there another medical condition, which requires medication? (eg, aspirin for CHD, statin)		
Are sensitivities/allergies recorded in the paper/computer notes?		
Have the paper/computer notes been clearly marked with date of present/future repeat medication review?		
These questions require feedback from patient		
Is the patient compliant with each medication?		
Has the patient received education/counselling regarding each medication?		
Does the patient take any OTC preparations?		Please state:
Other issues		

Pharmacist's / Doctor's signature ..... Date .....

Figure 1: Form 5 — the clinical review form

## REFERENCES

1. National Audit Office. Repeat prescribing by general medical prescribers in England. London: Stationery Office; 1993.
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4. Harris C, Dajda R. The scale of repeat prescribing. Br J Gen Prac 1996;46:649-53.
5. Zermansky AG. Who controls repeats? Br J Gen Prac 1996; 46:643-7.