

Repeat Prescription Management (COVID 19 Pandemic)
HSCB Guidance for Community Pharmacists and GP
Practices

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1. Background

During the recent health emergency of COVID-19, Health and Social Care was faced with its greatest challenge since inception. A number of rapid interventions were needed to sustain both GP and Community Pharmacy services. There were many demands on both GP and CP services, especially for repeat prescriptions. In March 2020 there was an increase of 16% in the number of prescription items dispensed (over 4 million items).

On 2nd April 2020, HSCB issued a [letter](#) providing [guidance](#) on the arrangements for the ordering, dispensing and supply of medicines during the COVID 19 period. However, feedback from GPs and community pharmacists has indicated that in some areas there still appear to be ongoing issues around repeat prescription management.

On 26th June 2020, HSCB arranged a workshop with stakeholders (GPC, CPNI and Federation Pharmacists) to review what worked well around repeat prescription management during COVID-19 and what issues still need to be considered, with a view to developing guidance for both GPs and CPs.

The workshop focussed on the following areas:

- Arrangements for ordering prescriptions
- Management of inappropriate requests for prescriptions
- Prescription collection arrangements from GP practices
- Quantities on prescriptions/repeat prescription intervals
- Faxing, phoning or email of prescriptions
- Management of queries between Community Pharmacy and GP practices

Note: ePrescribing as a solution was not discussed in detail as this will take some time to develop and will not be in place during 20/21. A business case will be submitted to the Department of Health in due course and work is ongoing.

Although, we are working under challenging circumstances it is important to remember that robust governance arrangements should be retained for:

- GP practice repeat prescribing systems and protocols
- Community pharmacy prescription collection services

In addition, GP practices and community pharmacies must provide clear communication so that patients, care homes and other health care professionals e.g. community nurses are kept informed of any changes to repeat prescription services via e.g. posters, website and pre-recorded messages.

2. Arrangements for Ordering Repeat Prescriptions

HSCB has previously issued [guidance](#) on best practice around requesting and dispensing repeat medications. In the majority of cases, patients themselves should contact their GP surgery directly to order their prescriptions. It is recognised that some patients e.g. very elderly, those with serious mental illness or learning disabilities, may require support when ordering their repeat medications. Ideally the patient should nominate a representative such as a family member to do this; however there may be **exceptional** circumstances where the community pharmacist is the most suitable person. In these circumstances, pharmacists must refer to the [Pharmaceutical Society of NI Professional Standards](#).

Action Required

- Practices to promote prescription ordering directly by patients unless exceptional circumstances exist as detailed above e.g. online and telephone. NB telephone ordering should continue to be available to patients as online ordering is not an option for some e.g. elderly patients
- Community pharmacies to encourage direct patient prescription ordering with practices as per HSCB guidance
- Practices to ensure systems are in place to review prescription orders by third party supplier e.g. appliance contractors as per [HSCB guidance](#)
- Practices and pharmacies to inform patients of extra time required when ordering prescriptions e.g. allow patients to order repeat prescriptions 7 days in advance; patients should allow up to 72 hours for collection from a community pharmacy
- Practices should provide information for patients around prescription ordering and collection processes for both repeat prescriptions and clinically urgent acute items e.g. on website, pre-recorded messages, posters
- Practices to ensure the patient's nominated community pharmacy is recorded, and for urgent prescriptions the patient's telephone number should be added to the prescription
- Practices to continue to provide a direct or dedicated phone line for community pharmacies and Nursing/Care Homes
- Practices to ensure Nursing/Care Homes prescriptions are processed in a timely manner, and that any issues/delays are communicated to the home and the community pharmacy
- Community Pharmacies to ensure Nursing/Care Homes prescriptions are dispensed in a timely manner, and that any issues/delays are communicated to the home

Good Practice Examples

There were many examples of good practice across Northern Ireland. However, where prescription ordering worked best, the arrangements were agreed locally through good communications between the practice/GPP with patients, nursing homes and the community pharmacies in the area. Practice websites, posters and telephone messages were used to provide this information.

3. Management of Inappropriate Requests for Prescriptions

Guidance from the Northern Ireland Department of Health ([DoHNI](#)) and the Health and Social Care Board (HSCB) advises GPs not to prescribe medicines that can be purchased over-the-counter (OTC) by patients when they are being used to treat minor conditions or self-limiting illnesses.

Patients should be encouraged to self-care and seek advice from the NI Formulary [Patient Zone](#) or their local community pharmacist to help manage these minor and self-limiting conditions.

Action Required

- Practices to ensure robust prescribing protocols for acute and repeat prescriptions are in place, ensuring that any items requested are only issued/re-authorised by a prescriber (or other HCP as per practice protocol)
- Practices to ensure that prescriptions for medications not recently issued are only generated following a medication review e.g. inhalers
- Practices should ensure that they determine which medicines are required i.e. reception staff should not automatically reissue all repeats to reduce waste, this applies to all patients including those residing in nursing/care homes
- Practices should ensure that medications should only be prescribed and supplied in quantities appropriate to meet the patient's clinical need
- Practices to ensure patients are advised to self-care where appropriate; further information on community pharmacy first / minor ailments will be made available in due course
- Community pharmacies should not advise patients to request a prescription from their GP for items that are available OTC

Good Practice Examples

A local practice provides patients with small copies of the stop/limited evidence list, ibuprofen and paracetamol and hay fever resources from NI Formulary deprescribing site as patient information leaflets. This same practice has provided training to reception staff to deal with requests for OTC products.

4. Prescription Collection Arrangements from GP Practices

It is important that GPs and Community Pharmacies continue to collaborate on local working arrangements as per [guidance](#) developed by representatives of General Practice and Community Pharmacy, to ensure that these arrangements are clear to patients and healthcare professionals.

Practices should ensure there is patient choice and flexibility for collecting prescriptions and that a patient's nominated pharmacy is confirmed when a prescription is ordered, and adhered to. It should be noted that if a patient has given consent to the practice and community pharmacy for the pharmacy to collect prescriptions on their behalf, then the responsibility for the script passes to the pharmacy at the point where the surgery hands the script over. Practices should not provide prescriptions to community pharmacies where no consent has been sought or provided.

Action Required

- Practices and community pharmacies should discuss and agree local repeat prescription collection arrangement to ensure that robust systems are in place which allow a clear audit trail
- Practices should ensure prescription collection arrangements are clarified with the patient or their representative at the time of ordering and noted in the patient record. This is, in essence, when patient consent is provided. Practices should only send prescriptions to a community pharmacy when the patient has nominated one; prescriptions should not be sent to any pharmacy other than the one that has been named
- Practices to ensure the option remains for patients to collect a prescription in person by agreement, and that this information is made available to patients e.g. via online prescription ordering section of website, pre-recorded messages, posters.
- Nursing / Care home staff should be facilitated to collect prescriptions for residents by agreement, as outlined in HSCB letter, [Medication Requests for Patients in Care Home](#) and any change in arrangements should be communicated to care homes and community pharmacies
- Practices should be flexible in agreeing time frames for collection of prescriptions by community pharmacies, good two way communication is essential
- Practices and community pharmacies should have robust processes in place for issuing and dispensing duplicate prescriptions as per [HSCB letter](#)

Good Practice Examples**A number of best practice examples have been shared including:**

- Putting prescriptions for each individual pharmacy (as opposed to chain of pharmacies) in separate sealed envelopes with a copy of the list of the patients allows the pharmacist to double check every prescription has been received on return to the pharmacy
- Some practices have implemented a process whereby practice staff scan the prescription bundle for each pharmacy in advance of collection and save the file within the GP clinical system. This provides a robust electronic record which can be checked if queries arise. Pharmacy staff sign once for each collection to confirm receipt e.g. on a practice collection log or by presenting a pre signed and dated proforma/slip. Care should be taken to ensure any notes/messages that may be attached to prescriptions are also managed appropriately.
- One GP federation developed a video on how to scan prescriptions as a record/audit trail which was shared with all practices within the federation
- Some community pharmacy PMR systems have the ability to identify and flag duplicate prescriptions when the prescription is scanned

5. Quantities on Prescriptions / Repeat Prescription Intervals

[DoH circular](#) issued on 12th March 2020 and [HSCB letter](#) 13th March 2020 advised that it is not appropriate to increase prescription quantities during the COVID pandemic. The recommended **maximum** supply of repeat medications remains at 56 days (28 days for Controlled Drugs and for patients in Care Homes) taking individual patient needs into account. Practices should not change processes or support patients

who try to stockpile as these actions will put additional strain on the medicines supply chain and increase likelihood of medication shortages.

Action Required

- Practices should ensure that medications are prescribed and supplied in quantities appropriate to individual patient clinical need. For most patients, repeat prescriptions should not be issued for longer than 28-56 days (NB some exceptions apply e.g. HRT, OCP). Quantities should not be increased in response to external pressures.
- Practices should ensure prescriptions for nursing / care home patients are for 28 days' supply to facilitate safe storage and reduce potential wastage as per HSCB guidance [Medication Requests for Patients in Care Home](#)
- Practices may wish to consider ways to synchronise prescriptions to reduce ordering frequency for patients and minimise practice workload
- Community pharmacies should ensure patients are informed when a full supply of medication is not possible and an owing slip should be issued to facilitate collecting the balance as per [MPS 2423](#)

6. Transfer of Urgent Prescriptions

There may be occasions where patients urgently require medication and it is not possible to get a prescription to the community pharmacy to facilitate a timely supply being made. In these circumstances, it is the responsibility of the GP to communicate this requirement to the community pharmacy (see below) and to ensure that the prescription is subsequently delivered to the pharmacy as soon as possible (within 72 hours). Please note that this arrangement is not permitted for Schedule 2 & 3 Controlled Drugs e.g. diamorphine (schedule 2), temazepam (schedule 3). The only exception is phenobarbital for the treatment of epilepsy.



Faxing Prescriptions – Please note that not all GP practices or community pharmacies have a fax machine

Due to the inherent risks associated with faxing prescriptions, this should only occur in clinically **urgent cases** at the discretion of the prescriber, where collection has not been possible, for example, a prescription for an antibiotic late afternoon which must be started immediately. Repeat medicines should not be faxed routinely.

However, it is acknowledged that there are times when the use of fax machines for transferring prescription information between a prescriber and a community pharmacist can be valuable e.g. in an urgent or out of hours setting, where issues of timeliness or distance make it unrealistic for the patient or community pharmacist to collect a prescription prior to dispensing taking place.

HSCB has issued [guidance](#) on the use of fax machines. The use of fax machines for the routine transmission of information is to be discouraged because of the inherent legal and patient confidentiality

risks. In the vast majority of cases, prescriptions should be collected by patients or their representatives prior to dispensing as per practice protocols.



Phoning Prescriptions

Similarly due to the associated risks, prescriptions should only be phoned through to a community pharmacy if they are urgent and faxing is not available. In this situation the prescriber (or other HCP as per practice protocol) should speak directly to the pharmacist to discuss the prescription details as per [HSCB letter](#).



Secure Email

Use of email to manage prescription requests or to transfer prescriptions is not appropriate and raises serious GDPR and governance issues.

Action Required

- Practices and community pharmacies should agree locally the pathway for clinically urgent prescriptions
- Practices should ensure prescriptions are only faxed in appropriate circumstances and in line with HSCB [Guidance](#) on Faxing Prescriptions
- Practices should ensure that prescriptions are only phoned to a community pharmacy if there is no other alternative, **the prescriber (or other HCP, as per practice protocol) must speak to the pharmacist directly** as per [HSCB guidance](#)
- Practices must ensure the community pharmacist is furnished with the original prescription within 72 hours. **This is a legal requirement** as a faxed prescription is not a legal document.
- Patients should be reminded to order their repeat prescriptions in good time as per practice protocols (e.g. via online prescription ordering section of website, pre-recorded messages, posters)

7. Posting Prescriptions

Ideally prescriptions should not be posted. However, if this is necessary, systems should be in place to minimise risk. HSCB has previously issued [guidance](#) to all GP practices and Community Pharmacists in Northern Ireland advising that the posting of prescriptions should be reserved to exceptional cases (no other method of prescription transfer is available). In such circumstances, the practice should obtain and document informed consent from each patient prior to transferring prescriptions by this method, records should be kept of all prescriptions posted and postage should be by a secure postal service i.e. special delivery. Community Pharmacists and GPs should ensure that all reasonable care is taken to protect the physical security of personal information from accidental loss, damage, destruction, unauthorised access or accidental disclosure.

8. Management of Queries between Community Pharmacy and GP Practices

To facilitate the effective and timely management of queries, there should be dedicated communication lines available between General Practice, Community Pharmacy and Care Homes.

If there is a concern in relation to a prescription, communication must be directly between the pharmacist (**not** other dispensary staff) and the prescriber (**not** reception staff), as per [HSCB guidance](#).

Appendix 1 – Sample Repeat Prescribing Check List

GP practices may wish to use the checklist below to review their systems against HSCB guidance

Implementation date agreed by practice : _____

Review date: _____

Practice Name		Practice Number	
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Change Required/ by Whom (<i>some examples of potential changes are in italics below</i>)		Date Completed
Arrangements for ordering prescriptions:		
• Patients	<i>Allow patients to order 7 days in advance / reception staff</i>	31/10/2020
• Community pharmacies	<i>Only in exceptional circumstances e.g. MDS pts</i>	
• Nursing homes	<i>Allow nursing homes to order 7 days in advance</i>	
Management of inappropriate requests for prescriptions		
Arrangements for prescription collection:		
• Patients	<i>Patients must nominate a pharmacy; patient can collect urgent prescriptions</i>	
• Community pharmacies		
• Nursing homes		
Quantities on prescription / repeat prescription intervals		
Urgent prescriptions		
• Faxing	<i>Check pharmacy has a fax; no controlled drugs; issue prescription with 72 hours</i>	
• Telephoning	<i>Prescriber must speak to the pharmacist; no controlled drugs</i>	
Posting prescriptions	<i>Only in exceptional circumstances; use secure postal service</i>	
Managing queries from community pharmacy	<i>All staff aware of dedicated phone number; Prescriber must speak to the pharmacist</i>	
Staff training	<i>All practice staff trained on new procedures / GPP</i>	
Communication		
• Patients	<i>Recorded telephone message; website; posters</i>	
• Community pharmacies	<i>Discussed and agreed with local pharmacies / GPP</i>	
• Nursing homes	<i>Discussed and agreed with local pharmacies /GPP</i>	
• Other		