PICTON SURGERY

REPEAT PRESCRIBING

Purpose:

This document outlines the processes for prescribing to ensure safe prescribing for patients. The request for repeat prescription can be raised in face to face requests or in the absence of a consultation e.g. telephone consultation, message left by patient for nurses/receptionists or call in to request repeat prescription or via patient portal (Manage My Health or Health365).

This policy is designed to minimise risk of adverse health outcomes for patients and minimise medico legal risk to the doctor signing the prescription. The signing doctor, who in the current medico legal climate, is deemed responsible for any adverse consequences to a patient resulting from the prescription.

Every request has a unique clinical context and should not be generalised to fit a set procedure.

Scope:

This policy applies to all staff who are employed at Picton Surgery, including locums and contractors, regardless of who generates a prescription, the legal responsibility for prescribing lies with the prescriber.

Each prescriber is responsible for ensuring that this policy is followed for their patients.

General Rules

All prescriptions are electronically prescribed using the PMS and these includes injectable, medicines administered in the clinic and controlled drugs- (Refer to the box of Specific Medication Request Guidance). All prescriptions must be documented in the patient records.

All prescriptions issued must include drug name, dosage, frequency, time, volume and total amount.

Any medications prescribed outside the practice (e.g. on a home visit for Medimap and/or or a change to medication list during a hospital admission) are to be recorded manually and reconciled by Drs in the PMS.

Current and long-term medications are differentiated and the status is clear by ticking or unticking the Long-Term box.

When long-term medications are changed, reasons for alteration or discontinuation are recorded either in the comments part of the prescription or in the daily record or both as appropriate, along with initials or name of who is making the change.

Ideally, all long-term prescribed medications are linked with a medical condition. Staff members are reminded to link long-term condition to medication, while practically every patient's medication will be reviewed regularly with existing medical conditions to ensure prescribed medications are appropriate for the medical conditions

Requests for repeat prescriptions

All requests for repeat prescriptions without seeing the doctor are subject to the process below and will always be a matter of professional judgement by the General Practitioner. The process ensures that repeat prescribing taken by staff is reliable, safe and a consistent.

Requests for repeat prescriptions are authorised by the doctors only. Prescriptions cannot and will not be issued without a doctor's authority.

All patients must be seen at least 6 monthly for repeat prescriptions. Refer to Picton Surgery Clinical Guideline.

If the patient has not been seen in the last 6 months, the GP has the discretion to provide a further repeat and this will be documented in the medical record along with the rationale for the repeat without a visit. Refer to Picton Surgery Clinical Guideline

Key checks to follow when providing repeat prescriptions:

- The patient is issued with the correct prescription
- Each prescription is regularly reviewed so that it is not issued for a medicine that is no longer required
- The correct dose is prescribed for medicines as the dosage might vary where the dose varies during the course of the treatment
- Any subsidy conditions that have changed since the last prescription are amended
- All relevant information has been reviewed before completing the prescription, and that the patient record is maintained and up to date.

Patients are notified of the procedure for collection of repeat prescriptions verbally and a notice is displayed in the waiting room.

Ways to raise a repeat prescription

The request for a repeat prescription can be via several ways:

- via the patient portal (ManageMyHealth)
- via phone
- visit to practice reception

The message is directed to the nurse or patient phone call transferred to nurse voicemail. The Voicemail will ask for a phone contact number and name of pharmacy prescription is to be sent to.

Validate identity if speaking to patient by checking date of birth

Requests for repeat prescriptions are checked for at least twice daily by the practice nurse and receptionists who promptly pass on all received requests to the practice nurse for processing.

Process for repeat prescriptions by practice nurse, health assistant and/or reception

When the repeat prescription request is received, all requests are passed onto the practice nurse. The nurse checks the eligibility, generates the prescription, and then passes on to doctor to sign and or passes on to doctor to generate straightaway.

Key checks by the nurse are:

- Date patient last seen
- Any specific instructions by the GP in the patient's medical record
- Criteria for repeat is met

Ideal information for request by the nurse is:

- Names of required medications.
- Dosage and frequency taken.
- Any changes from the last Rx.
- How dispensed e.g., 3-month stat, monthly repeats, weekly. Note that some meds will be dispensed in different quantities.
- Advise that this cross checking with patients reduces error.
- Check the degree of urgency. Routine 24h-48h. Urgent same day as soon as possible at doctor's discretion.

Nurses are trained to do this, but the ultimate responsibility lies with the GP who signs the prescription.

Drs and Nurses: Crosschecking:

- Check with the Medtech alerts and dashboard notes that the medications, doses, and frequency of dispensing and correct any discrepancies. Nurses to alert doctor to check discrepancies and correct where needed. Doctors to add 'Alerts" under prescriptions (Rx) for nurses.

Check request against practice Clinical Guideline (Refer to Picton Surgery Clinical Guideline)

- Check the clinical guidelines for repeat prescription to see if the request fits with the guidelines. Patient's notes will have to be checked and that the reason they were last seen was relevant to the request and not for unrelated problems.
- If the requests fit the guideline, then prepare electronic script or pass on to GPs straightaway and add to Dr's MedTech prescription template.
- If the request does not fit the guideline, do not prepare Rx. Advise Dr via Medtech Rx book and/or daily clinical notes or verbally stating reason and await Drs advice. This may consist of responses such as:

  See next time requests Rx
  Must make appointment and will do Rx meantime

Must make appointment before Rx is given- check adequate supply meantime

Nurse to document any relevant clinical information regarding the request.

- The nurse can also take the opportunity to check notes for outstanding recalls and update records and classifications. Any outstanding matters that they cannot deal with, can be brought to the attention of the doctor. These factors may influence the decision to get the patient to make an appointment and they may wish to get the Rx then rather than separately.

Generating an E-Prescription

The practice is setup for NZ ePrescription Service (NZePS). A barcode will be printed at the bottom of the script. When the Prescription is generated at the clinic using NzePS, it is immediately loaded into the Cloud/Broker.

Dr generates and/or processes e-script and sends to designated pharmacy.

During the Covid Lockdown period, The Ministry of Health have allowed Signature Exempt Prescriptions, therefore physical printing and signature is NOT required. At the time of writing (June 2020), signature exemption will continue until 24 September 2020. This allows Doctors to either EMAIL or FAX the Prescription directly to the Pharmacy OR send the prescription directly to the pharmacy using software such as re-script, which allows the patient to choose their own pharmacy.

NzePS can also be used for Controlled Drugs, however signature exemption does NOT apply to Controlled drugs. Controlled Drugs prescribed via NzePS must be printed, signed and sent to the pharmacy within 2 days.

Collection Times

1	Collection times for routine prescriptions are within 24-48hours.
2	Patients who require a prescription the same day are advised their prescription will be available as soon as possible at the discretion of prescriber. It may have to be faxed to the pharmacy to meet the deadline.
3	Non-e-prescriptions collection: Dr generates and signs printed Rx and returns the Rx to the specified Rx tray at the reception. Printed Rx is kept awaiting collection by patient in the "to be collected by patient box" that is kept at reception and will be checked daily by the receptionists and/or health assistants for urgent Rx's and on a weekly basis for non-collection of all other prescriptions. Patients will be contacted if prescriptions are not collected to determine whether it is still required, and further arrangements can be made at that time regarding collection. If the prescription is no longer

	required it will be shredded and documentation of this is placed into the patients notes, any fees incurred may be deleted at this time at the discretion of the doctor. The policy on procedure for collection and costs will be posted on the waiting room noticeboard, on ConnectMed and stated in the practice leaflet. All prescriptions charges will be invoiced by receptionists.

Specific Medication Request Guidance

Consultations are required when:	• Medication being prescribed for the first time • Medication is restarted • First repeat script for medication • Isotretinoin • Antibiotics for new condition
Consultation every six months provided condition is stable (Note: prescribers are reminded to ensure that medication monitoring should be in line with best practice) Refer to Picton Surgery Clinical Guideline	• Anti-hypertensives • Anti-epileptics • Asthma medications • NSAIDs • Antibiotics for treating acne • Antipsychotics • Lipid lowering medications • HRT • Antidepressants
Consultations every twelve months provided condition is stable Refer to Picton Surgery Clinical Guideline	• Oral contraceptives • Depo Provera • Laxatives • Topical acne treatment
Medicines that may be prescribed without consultation at doctor's Discretion Refer to Picton Surgery Clinical Guideline	• Simple analgesics • Vitamins • Antibiotics for documented recurring conditions (eg UTIs)
Medications where review of medical record will indicate policy	• Opiates • Methylphenidate

Picton Surgery Clinical Guideline

Condition	Guideline	Notes
IHC	No requests to be taken over the phone from carers. All requests should be passed to nurse or Dr Kleeman to confirm with pharmacist.	
New enrolled patients	See Dr at the first time for 30mins for review and assessments, then can repeat regular medications as per Picton Surgery Clinical Guideline.	
Hypertension	If stable: BP with nurse 6/12, see Dr 12/12	-stable and uncomplicated (no other serious morbidity e.g. heart renal diabetes etc)
Asthma	Assess stability verbally, see Dr 6/12. If very mild and infrequent 1 yr	Mild = infrequent use of reliever (only 0 steroids in <6mths) and none of the following symptoms: night waking with cough or wheeze. Ongoing cough or other respiratory symptoms.
Ischemic heart disease (angina, Previous heart attack) Includes stroke or TIA.	See Dr 3/12. If >3yr since event and stable see Dr 6/12. Check up to date (within 1yr) lipids and Blood sugar, smoking status. May be on CCM or PCC anyway→ 3/12 visits	
Diabetes	See Dr 3/12 unless diet controlled= 6/12. Has had BP Wt and appropriate bloods within 6/12. Ensure ACR annually.	
CHF	See Dr 3/12	
Oral Contraception (If on OCP>1yr then needs BP & weight.	1yrly see Dr. Check up to date smears and mammograms and smoking status	? U22
Epilepsy	Verbally confirms no seizures see Dr 6/12	

Hypothyroidism	See Dr yearly if TSH stable and normal	
Parkinson's	See Dr 6/12 if stable on verbal questioning	Usually comorbidities will require 3/12 assessment
Eczema Dermatitis Psoriasis	See Dr unless known to be mild and infrequent use of creams with good control in which case yearly adequate.	
MAP	See Dr. If unable minimum data is LMP, pregnancy test, BP and document <72h UPSI. Also ask if any STD needs check.	? U22. Offer STD clinic or FPC if appropriate.
Depression stable chronic	See Dr 6/12	Check doctor's notes
Acne	See Dr 6/12. Is treatment helping.	Check doctor's notes.
GORD asymptomatic	See Dr 6/12 to assess titrating down	
COPD	See Dr 3/12 unless minimal symptoms and usage of medication (verbal check)	
Antibiotics	No Rx given. Drs discretion	Needs to be assessed on case by case basis.

Condition	**Guideline**	**Notes**
Paracetamol	Drs discretion.	Give Dr the reason for the Rx
NSAIDS	Drs discretion. No reports unless classified chronic disorder.	Need to identify the reason. Always attempting to reduce unnecessary usage renal, gastric and cardiac adverse effects.

UTIs	Minimum of documenting typical symptoms, Dipstick MSU preferable. Rx can be done at Drs discretion especially if a recurrent problem	If frequent may need prophylactic abs so need to make appointment.
• Opiates • Methylphenidate	See Dr 6/52 to assess or/and Drs discretion	
Control drugs	Drs discretion	The control drugs script done in the clinic must be recorded in the timeline in PMS, so that to trace the date of last script before repeating. The control drugs script done out the clinic (home visit/ rest home) must be recorded in the timeline in MediMap, so that to trace the date of last script before repeating. The patients name, script number dispensed and the date (patient's label with script number) must be documented on the back of the pad

The guidelines may be over ridden by the doctor at their discretion. It is advised that such a decision and reasons why, are documented by the doctors.

Non-collection of repeat prescriptions

At the end of every business day, the reception staff is responsible for checking the repeat prescriptions box for any non-collected prescriptions.

1. As the practice is setup for NZePS, no physical issuing of a prescription is required (currently relevant until 24 September 2020). Receptionists or Nurses can check within the PMS to see if the prescription has been dispensed. If using MT32 or Evolution, NZePS can be setup to generate a Task if a Prescription is NOT dispensed. This can be done per Provider/ per Medicine or set as a General Rule FOR all Prescriptions per Provider.
2. For any non-collected prescriptions, a phone call or a text message or a reminder via patient portal will be made or sent by the receptionist to the patient.

a. If the prescription is less than 3 months old, they are reminded weekly by receptionists or/and health assistants of the prescription to collect, this is then documented in clinical notes.

b. If the prescription is not collected within another one month, the receptionist will pass script onto the Nurse who will document into the clinical record that the prescription was not collected and dispose via practice confidential waste management system.

c. If the prescription is for an essential long-term medicine, the nurse will check via Test Safe if the patient has already received the prescription at an intervening consultation and if not, the nurse will contact the patient to remind that he/she is overdue for review and attempt to make an appointment. This is documented in the patient notes.

Prescribing Audits

The following audits and reviews can be undertaken by the practice to support good medication prescribing and process requirements or if issues and areas for improvement identified in the process.

1. RNZCGP repeat prescribing audit of long-term medications 4 yearly.
2. Comparison Prescribing via BPAC annual reports.

Results of audits to be discussed at staff meeting with applicable staff.