

Repeat prescribing for GPs



MPS



Advice correct as of May 2015

Medication errors make up a fifth of all errors occurring in general practice and many of these are preventable.¹ Extra care must be taken when repeat prescribing, especially if you were not the original prescriber and have not seen the patient. This factsheet outlines the pitfalls, and gives advice on avoiding errors.

Who is responsible?

The legal responsibility for prescribing lies with the doctor who signs the prescription. This responsibility is the same whether it is a first or repeat prescription. It is important to be aware that the person who signs the prescription will be held accountable should something go wrong. If you prescribe at the recommendation of a nurse or other healthcare professional who does not have prescribing rights, you must be satisfied that the prescription is appropriate for the patient concerned.

Safe prescribing

The GMC guidance on prescribing applies equally to repeat prescriptions. You must only prescribe evidence-based treatments when you have an adequate knowledge of the patient's health and are satisfied that they serve the patient's needs.

The GMC guidance on *Good Practice in Prescribing and Managing Medicines and Devices* (2013) states that before signing a repeat prescription you must be satisfied that it is safe and appropriate to do so and that secure procedures are in place to ensure that:

- the right patient is issued with the correct prescription
- the correct dose is prescribed, particularly for patients whose dose varies during the course of treatment
- the patient's condition is monitored, taking account of medicine usage and effects
- staff members who prepare repeat prescriptions are confident to do so
- patients who need further examination or assessment are reviewed by an appropriate healthcare professional
- any changes to the patient's medicines are critically reviewed and quickly incorporated into their record.

It is important to make clear to the patient the importance of regular reviews and explain what they should do if they suffer side effects or adverse reactions, or stop taking the medicines before the agreed review date.

Signing

In practice, the guidance above is not always easy to follow if you were not the original prescriber. To safeguard against any problems:

- where possible, try and arrange for repeat prescriptions to be signed by a doctor who sees the patient regularly
- set time aside for signing repeats, allowing time to check the patients' records
- make sure acute prescriptions do not get mixed in with the repeat prescribing pile.

Sessional GPs and prescribing

GPs in a practice will normally take turns to sign repeat prescriptions. One recurring problem with repeat prescribing is that the initial error is repeated, and compounded. A GP with a fresh pair of eyes is in a good position to spot potential problems that a colleague may have skipped.

Should you be asked to sign a repeat prescription remember:

- prescriptions should be checked in a quiet location where full concentration can be devoted to the task – signing prescriptions in a busy reception area is not ideal
- if you are uncertain about a particular prescription, do not feel pressurised into signing it simply because there are a pile of requests waiting. The notes should be available for you to refer to.

If you are unsure, you should:

- check the details of the drug if you are unfamiliar with it check the patient's medical record and contact them if necessary
- discuss it with a colleague
- pass the prescription back to a doctor in the practice who knows the patient best
- ask the patient to make an appointment.

Suitable drugs

Care should be taken with any drug that is added to a repeat prescribing list. However, some drugs lend themselves more readily to a repeat prescribing approach, such as antihistamines, which require minimal levels of monitoring. Drugs that are *not* suitable for routine repeat prescribing include hypnotics, antidepressants and disease modifying agents, eg, methotrexate.

Informing patients and follow-up

Make sure patients are aware of:

- the procedure for ordering repeat prescriptions
- the time it takes to turn them around
- when they will be ready for collection.

GMC guidance states that arrangements for issuing repeat prescriptions should include suitable provision for monitoring each patient's condition, and for ensuring that patients who need a further examination or assessment do not receive repeat prescriptions without being seen by a doctor. This is particularly important in the case of medicines with potentially serious side effects.

A clear policy

MPS's CRSA (Clinical Risk Self Assessment) data for 2014 found that 41.1% of practices visited did not have a robust repeat prescribing policy in place or their policy was not clear enough – paving the way for prescribing risks.

Practices should have a repeat prescribing protocol in place, which should be validated by external sources, or by a clinical governance lead in the practice.

Further information

- MPS Factsheet, *Safe Prescribing* – www.medicalprotection.org/uk/factsheets
- GMC, *Good Practice in Prescribing and Managing Medicines and Devices* (2013) – www.gmc-uk.org
- Medicines Act 1968 – www.legislation.gov.uk
- Misuse of Drugs Regulations (2001) – www.legislation.gov.uk
- Home Office – www.homeoffice.gov.uk
- British National Formulary – www.medicinescomplete.com/about/subscribe.htm
- NICE – www.nice.org.uk
- MHRA – www.mhra.gov.uk

1. Silk N, What Went Wrong in 1,000 Negligence Claims, *Health Care Risk Report* 2000

For medicolegal advice please call us on:

0800 561 9090

or email us at: querydoc@mps.org.uk

www.medicalprotection.org

This factsheet provides only a general overview of the topic and should not be relied upon as definitive guidance. If you are an MPS member, and you are facing an ethical or legal dilemma, call and ask to speak to a medicolegal adviser, who will give you specific advice.

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