

Optimisation of Repeat Medication Protocol

Applies to

HaRD CCG employed Pharmacists and Medicines Optimisation Technicians

These protocols are produced by the NY&AWC MM team hosted by HaRD CCG for use by their employed MM team members. They can be adopted for use by other healthcare staff working in GP practices across NY&AWC CCGs but HaRD CCG accepts no responsibility for the use and application of these protocols in these situations. External staff working to these protocols must agree with their own employer whether they are competent and able to work to these protocols.

Rationale

Clear and robust repeat prescribing records can prevent errors and minimise waste. It is good practice and a requirement for QOF that practices have a repeat prescribing protocol, which is followed by all practice staff when dealing with repeat prescriptions. Despite this, many repeat prescription records have scope to be tidied as they may contain for example; items no longer required, duplicated items, unsynchronised quantities, lack of clear dosage instructions, doses not optimised, drugs not problem linked.

MMT members can support practices in this time consuming task by rationalising individual repeat prescription records when they may be accessing an individual patient's records performing other switch/audit work.

This protocol is to allow practices to agree to the principles of 'rationalising/tidying repeat prescription records' and provide a framework for MMT members to make the 'pre-agreed changes' as part of their practice based work, for the benefit of patient care / safe and rational prescribing.

Method

MMT staff will rationalise individual repeat prescription records by:

1. Removal of repeat drugs not issued for period detailed on agreement form at Appendix 1.
2. Ensuring there are no duplicated items on repeat.
3. Ensuring all repeat items have clear dosage instructions as per Appendix 2.
4. Synchronising quantities on repeat items e.g. 28, 56, 84 days, as appropriate.
5. Ensuring branded prescribing where appropriate.
6. Ensuring dose optimisation to minimise the tablet burden.
7. Problem linking drugs where there is a clear indication.
8. Dealing with issues caused by switching from legacy to current prescribing systems where some items appear "orange" or "grey" (non-preferred items)
9. Ensuring that CCG non-commissioned items are noted and tasked to prescribers for review along with a reason for the review.
10. Checking prescribed quantities of controlled drugs do not routinely exceed 30 days as per good practice advice. If duration is longer than 30 days, ensure that there is a clearly documented reason as to why. Notify via task to the relevant prescriber if there is a longer duration without reason or reduce quantity as per practice agreement and notify prescriber of affected patients.
11. Flagging patients suitable for repeat dispensing to the prescriber.
12. Logging work on activity log on shared drive/ updating activity log with tasks in protocol.

*Any queries or concerns will be referred to the patient's usual prescriber.

Practice Name..... Date.....

Agreement form

This form is for practices to sign up to each individual piece of optimisation work and agree the details. The work will take place on an on-going basis. It should be completed by the practice before embarking on any work.

Task	Details	How will patient be informed?	Tick if task authorised
Cancelling unused repeat items	Time period for archiving – months. Exceptions – Oral contraceptives, GTN sprays, emollients, warfarin, seasonal items (hay fever etc.), inhalers, adrenaline for anaphylaxis List any exemptions in Appendix 1	N/A	<input type="checkbox"/>
Removing duplicated items	Remove duplicate items from Repeat and record details in patient’s notes.	N/A	<input type="checkbox"/>
Clear Dosage Instructions	Practice agree to standard directions sheet Y/N (See Appendix 2) Add durations <u>if specified</u> in notes e.g. 12 months for ticagrelor Other items with no directions - MMT will add according to latest consultation / communication. OR will refer to usual prescriber	N/A	<input type="checkbox"/>
Synchronising quantities	Agree number days’ supply - 28 / 56 84 – reason for prescribing 84 days..... OR As per majority of items on individual patient’s prescription. Ensure that the Repeat Duration on the Repeat Template matches the dose/quantity. Analgesics as per patient’s general usage. Not applicable to patient’s using MCAs	A message will be added to the prescription side slip stating “Your repeat medication quantities have been synchronised”	<input type="checkbox"/>

Branded prescribing	For those drugs where the potential variation in bioavailability makes it important for the patient to receive the same brand with each prescription, the MMT member will confirm which brand the patient usually receives either through checking in their medical records or contacting the patient patient’s usual prescriber. A list can be found on SPS website	A message will be added to the prescription side slip stating “in order to ensure that you receive the same medication every time, the brand of (generic name) has been confirmed and your prescription amended”	<input type="checkbox"/>
Dose Optimisation	Individual patient’s medication will be optimised where appropriate to reduce the tablet burden / make efficiency savings. Exclusions as requested by GP...	The patient will be informed using the letter tailored to the individual. A template is included in the CS pregabalin /gabapentin Dose Optimisation protocol – (please ask if you would like to see a copy)	<input type="checkbox"/>
Pack size optimisation	Switch from more expensive pack sizes to a cost effective pack size.	A message will be added to the prescription side slip stating “Your repeat medication has been switched to a more cost effective pack size. The brand may therefore change but the effect will be the same”	<input type="checkbox"/>
Problem linking	Inappropriate codes will be removed from items. Items without Read codes will be linked if suitable Read codes already in patient records.	N/A	<input type="checkbox"/>
Non Preferred to preferred items	All items appearing in orange or light grey resulting from IT system changes will be cancelled and re-prescribed as a S1 preferred prescribing item to assist with EPS. Dosage and quantities will remain the same.	N/A	<input type="checkbox"/>

Review non-commissioned items on repeat	Items which are no longer commissioned by the CCG will be tasked to the prescriber for review Exemptions / comments	The patient will be informed as per the agreed CCG sample letter if available. The practice will see this in advance	<input type="checkbox"/>
Controlled drug quantities	Review Schedule 2 and 3 controlled drugs prescribed for longer than a 30 day's supply without a reason. Either task to prescriber for reason or reduction, or reduce quantity as per practice agreement and notify prescriber of affected patients.	Patient to be informed via letter if reduced	<input type="checkbox"/> Tick if Prescriber prefers to be tasked <input type="checkbox"/> Tick to allow reduction to 30 days without prior notice to prescriber
Repeat Dispensing	Flag patients suitable for Repeat Dispensing (Repeat dispensing makes it easier for well controlled patients with chronic conditions to obtain repeat prescriptions, speeding up services and relieving pressure on GP surgeries. It is also an opportunity to make better use of pharmacists' skills by helping patients get the most out of their medicines and reduce waste of medicines).	Patients usual prescriber will be informed	<input type="checkbox"/>

Agreement to protocol

Please detail any amendments to the protocol here/or attach a copy of agreed changes:

Signature of practice prescribing lead/ manager	
Practice name	
Date	
Signed on behalf of NYAWC MMT	

Please note that the practice representative signing this protocol agrees that:

- **The practice will take responsibility for the notification of all relevant practice staff.**
- **The practice has made patients aware that their records are accessed by staff for these purposes e.g.: via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.**

Document version control

Version	State changes	New version	Actioned by
1.00	Insertion of new Appendix 1. Addition of Repeat Dispensing And mention of 30 day CD supply. Other minor changes.	1.01	SK
1.01	Removal of areas covered by other protocols; HaRD logo & format updates; use of on-line version statement; new initial statement regarding protocol use.	2.00	AM, CK, SK November 2016
2 00	Updated CCG logo. Addition of permission to change pack sizes to more cost effective sizes.	2 01	SK February 2017
2 02	Inclusion of oral nutritional supplements and Thickeners in Appendix 2.	2 03	SK October 2017
2 03	Review and update of references	2 04	JA April 2018

References

Specialist Pharmacy Service / UKMi. Which medicines should be considered for brand-name prescribing in primary care?. Retrieved 09 03 18, from UKMi: https://www.sps.nhs.uk/wp-content/uploads/2017/12/UKMi_QA_Brand-name_prescribing_Update_Nov2017.pdf

Appendix 1 – Medication not to be removed from repeat*

*to be agreed with practice

Drug	Strength	Form

Appendix 2 – Pre-Agreed Standard Directions

MEDICINE	STANDARD INSTRUCTION
Artificial tears	Put 1 drop into the affected eye(s), 3-4 times daily or when needed for dry eyes
Weekly oral Bisphosphonates	Take ONE tablet ONCE a week on the SAME day
Combined Oral Contraceptive Pill (21 day pill)	Take ONE tablet daily for 21 days followed by a 7-day break, and then start the next pack.
Emollient Bath Additives	Add 10ml to 20ml to each bath
Emollient Creams & Ointments	Apply liberally TWO or THREE times daily or more frequently if required for the relief of dry skin
Gaviscon Advance	5-10ml to be taken AFTER MEALS & at BEDTIME when needed
GTN spray	Spray ONE to TWO doses under the tongue when needed to relieve chest pain
Insulin	Use as instructed by your clinic
Nasal antihistamines	As per BNF directions
Warfarin	Take at the same time each day, the dose as directed by your INR monitoring clinic.
Oral nutritional supplements	Add directions to oral nutritional supplements that have 'use asd' or do not say 'between meals' with the BD directions.
Paracetamol containing painkillers e.g. co-codamol, co-dydramol etc.	Take ONE or TWO tablets up to FOUR TIMES DAILY when needed for pain relief (MAX 8 in 24 hours)
Peptac/Gaviscon Liquid	10-20ml to be taken AFTER MEALS & AT BEDTIME when needed
Salbutamol & terbutaline Inhalers	Inhale ONE or TWO puffs up to FOUR TIMES daily when needed for breathlessness
Sodium cromoglicate eye drops	Put 1 drop into the affected eye(s), 4 times daily
Thickeners	Add directions if omitted and if they are stated in the SALT letter, or the clinic or discharge information
Tiotropium caps	Inhale the contents of ONE capsule DAILY
Topical Corticosteroids	Apply sparingly ONCE or TWICE a day