

# NHS Halton CCG

## Repeat Prescribing and Ordering Guidance Audit Pro forma

Practice Name:

Date completed:

Completed by:

## INTRODUCTION

This protocol has been developed to support practices with auditing their repeat prescribing processes against the recommendations in the NHS Halton CCG Repeat Prescribing and Ordering Guidance:

(<http://www.haltonccg.nhs.uk/members-practices/Prescribing%20Guidance/HCCG%20Repeat%20Prescribing%20Guidance%20v2%20%20062018.pdf>).

The guidance provides good practice standards to facilitate GP practices to deliver safe and efficient management of repeat medication for their patients.

The aim of the guidance is to provide practices with a description of best practice and to highlight areas of risk.

The General Medical Council (GMC) (<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices/repeat-prescribing-and-prescribing-with-repeats>) advises doctors under 'Repeat prescribing and prescribing with repeats' that:

- They must be satisfied that procedures for prescribing with repeats and for generating repeat prescriptions are secure.
- Only staff who are competent to do so prepare repeat prescriptions for authorization.
- When repeat prescriptions are issued or prescribed with repeats procedures are in place to monitor whether the medicine is still safe and necessary for the patient.

It is essential that practices have a repeat prescribing system underpinned by a robust policy to ensure repeat prescription requests are dealt with efficiently and safely. The guidance and audit can be used in development of robust repeat prescribing protocols to ensure repeat prescription requests are dealt with efficiently and safely.

The Care Quality Commission (CQC) requires safe management of medicines under Outcome 9 ([https://www.cqc.org.uk/sites/default/files/documents/guidance\\_about\\_compliance\\_summary.pdf](https://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf)). Use of this audit tool can be used as evidence to demonstrate implementation of best practice around safe management of medicines at CQC inspections.

## Audit Process

### Aim:

To audit the entire repeat prescribing process within the practice to allow identification of areas where further work may be required to ensure that the practice has a process that is safe and efficient.

### Method:

1. Complete the audit questions using the one of the following methods as detailed on audit form:
  - Review of practice documentation e.g. Practice Repeat Prescribing Protocol (RPP), other practice protocols, leaflets, posters, and website.
  - Questioning of practice staff (minimum 50% of staff ideally covering all roles)
  - Review of sample repeat prescriptions/order slips (minimum 30)
  - Review of sample patient records (minimum 30)
2. Grade the standard criteria by comparing responses and evidence with the information in the HCCG Repeat Prescribing and Ordering Guidance using the grading system detailed below.
3. Based on the grading achieved for each criteria complete an action plan, including timescales, to address standards that are graded as C and D (see appendix 1).
4. Repeat audit after 3, 6 or 12 months dependent on action plan timescales.

### Grading System:

- A = Standard fully achieved
- B = Standard broadly achieved
- C = Significant scope for improvement & requires non urgent action
- D = Standard not achieved & requires urgent action

## The Audit

1. Initiating Repeat Prescriptions			
Standard criteria	Method	Standard Achieved	Comment
1.1 Who in the practice can authorise repeat status?	Question staff & RPP		
1.2 What is the standard number of days' supply for a patient's medication?	Question staff, RPP & assess sample of repeat prescriptions		
1.3 What is the practice's system for using the 'variable repeat' function?	Question staff, RPP & assess sample of patient records		
1.4 What is the practice's process to ensure the medication course length is not exceeded?	Question staff, RPP & assess sample of patient records		
1.5 What is the practice's system for dealing with requests from hospitals?	Question staff & RPP		
1.6 Are all requests from hospitals reviewed by a prescriber before being added to the system?	Question staff & RPP		
1.7 What is the practice system for adding 'Hospital Only' medication to the practice system?	Question staff & RPP		
1.8 What is the practice system for adding repeat prescription requested by third parties other than pharmacies e.g. appliance contractors,	Question staff		
1.9 What is the practice's system for recording handwritten prescription for example after a home visit?	Question staff & RPP		

<b>2. Ordering Repeat Prescriptions</b>			
<b>Standard criteria</b>	<b>Method</b>	<b>Standard Achieved</b>	<b>Comment</b>
2.1 What methods of ordering of repeat medication does the practice allow?	Question staff & RPP & leaflets/posters/website		
2.2 Under what circumstances would the practice allow a pharmacy to order on behalf of a patient?	Question staff & RPP		
2.3 What is the practice's process if the patient's order is unclear or incomplete?	Question staff & RPP		
2.4 What is the practice's system for informing patients of how to order repeat prescription?	Question staff & leaflets/posters/website		
2.5 What is the practice's system for dealing with urgent requests?	Question staff & RPP		

<b>3. Generating a Repeat Prescription</b>			
<b>Standard criteria</b>	<b>Method</b>	<b>Standard Achieved</b>	<b>Comment</b>
3.1 What is the maximum timescale for completing a repeat prescription request? Is this achieved?	Question staff & RPP		
3.2 What method does the practice use to inform patients of the notice period needed when ordering?	Question staff & leaflets/posters/website		
3.3 Do the staff that process repeat prescriptions receive training?	Question staff		
3.4 Where are repeat prescriptions processed? What other duties are performed whilst processing repeat prescriptions?	Question staff		
3.5 What is the practice's procedure for checking if patients are ordering too early or overusing/underusing?	Question staff & RPP		

3.6 What is the practice's process for documenting queries, for example requests for drugs not on repeat or re-issues from past	Question staff & RPP		
3.7 What is the practice's process for informing the prescriber if a medication review or monitoring requirements are overdue?	Question staff & RPP		
3.8 What is the practice's process for ensuring that monitoring of 'High risk drugs', e.g., warfarin, has been completed before prescriptions are issued?	Question staff & RPP		

#### 4. Re-authorisation of Repeats and Medication Review

Standard criteria	Method	Standard Achieved	Comment
4.1 What is the practice's process for repeats being re-authorised including how to inform the prescriber when the number of authorized issues has been reached.	Question Staff & RPP		
4.2 What is the practice's process for aligning quantities so a patient's medication runs out at the same time?	Question staff & RPP		
4.3 What is the practice's process for removal of items that are no longer required or have been discontinued?	Question staff & RPP		
4.4 How often do patients on repeat medication receive a medication review (minimum)? Is this achieved?	Question Staff & RPP		
4.5 What is the practices' process for referral and recall of patients for their annual medication review, including details of the system if patients DNA?	Question Staff & RPP		

5. Collection and Management of Prescriptions			
Standard criteria	Method	Standard Achieved	Comment
5.1 What is the practice's procedure to ensure the safe handing over of the correct prescription to the correct patient?	Question Staff & RPP		
5.2 What is the practice's procedure to determine the identity of the person collecting a controlled drug prescription?	Question Staff & Practice CD protocol		
5.3 What is the practice's procedure for ensuring there is a clear audit trail of who has collected the controlled drug prescription?	Question Staff & Practice CD protocol		
5.4 What is the practice's procedure for posting prescriptions to patients?	Question Staff & RPPI		
5.5 What is the practice's procedure for dealing with uncollected prescription?	Question Staff & RPP		
5.6 What is the practice's process for keeping a record of all paper prescriptions collected by pharmacies?	Question Staff		

6. Quality Assurance			
Standard criteria	Method	Standard Achieved	Comment
6.1 Does the practice have a clear written protocol describing the roles of each person involved in the production of prescriptions?	Question Staff & RPP		
6.2 Has this been reviewed in the last 2 years?	Question Practice Manager & check RPP		

## Practice Action Plan

**Date:**

Standard Criteria	Grade Achieved	Reason for grade	Actions required	Timescale for action	Actions Completed
<i>e.g. 4. 4 What is the practices' process for referral and recall of patients for their annual medication review?</i>	<b>D</b>	<i>Practice does not have a consistent approach for referring and recalling patients for review. This is leading to some patients missing an annual review.</i>	<i>Practice to agree process for referral and recall of patients for annual medication review. Details of agreed process to be included in practice RPP and relevant staff trained on process.</i>	<i>3 months</i>	
<i>3.6 What is the practice's process for documenting queries, for example requests for drugs not on repeat or re-issues from past</i>	<b>C</b>	<i>Practice does have a good process for documenting queries recorded in the RPP but not all staff are aware of process and adhering to it which means there is a risk that inappropriate drugs will be issued.</i>	<i>Ensure all staff involved in the repeat prescription process are trained in this aspect of the RPP</i>	<i>3 months</i>	

**Date of next Audit:**