

Repeatable Prescribing vs Managed repeats - Frequently Asked Questions

The terms pharmacy and dispenser have been used interchangeably through in this table. All types of repeatable dispensing / prescribing may be carried out in either practice dispensaries or community pharmacies.

Question	Repeatable Prescribing		Managed Repeats
	Electronic (EPS2)	Paper (Batch)	
Which patients are suitable for this type of prescribing?	<ul style="list-style-type: none"> Patients with long term conditions on stable therapy (including multiple co-morbidities) <ul style="list-style-type: none"> Patients that can appropriately self-manage seasonal conditions 		
Does the patient need to give their consent?	<p>Yes</p> <p>Patient consents of two way sharing of information between GP practice and community pharmacy Consent may be given verbally but it is good practice to record this in the patients notes or management plan.</p>	<p>No</p> <p>As the patient is self-managing the prescription consent is not required.</p>	<p>Yes</p> <ul style="list-style-type: none"> Consent may be implied by the actions of a person attending, emailing or phoning the pharmacy to request their prescription Consent should be obtained each time a prescription is ordered. Consent should be obtained when a person delegates responsibility for ordering, collection or delivery of their prescription medicines to another (eg a carer).
Does the patient need to nominate a pharmacy?	<p>Yes, initially</p> <p>but this can be changed or removed at any point by either the prescribing site or the dispensing site.</p>	<p>No, the master prescription is collected from the surgery by the patient and can be taken to any pharmacy. A patient cannot attend a different pharmacy unless they request prescription paperwork back from their usual pharmacy.</p>	<p>Yes the patient would need a regular pharmacy who offers the managed repeat service. The pharmacy then orders items for the patient when requested by using the repeat slip.</p>
Can this type of prescribing be used for acute medication?	<p>Yes, but it should be prescribed on a <u>separate electronic prescription</u> to the regular repeat items, the interval for the PRN item can then be set by the prescriber. The dispenser has the ability to retain the PRN prescription for further issues up until the expiry date of the prescription. It is the responsibility of the dispenser to ascertain if the patient still requires the PRN item.</p>	<p>No, any acute prescribing would need to be on another prescription to avoid repeat prescribing/dispensing.</p>	<p>No, any acute prescribing would need to be on another prescription to avoid repeat prescribing/dispensing.</p>
Does the patient need a repeat authorisation token to collect their medicines?	<p>There is no need to ever issue a token however, some patients and pharmacies prefer to use tokens for acute scripts or where patient intends to collect from a different pharmacy to usual</p>	<p>No, the patient attends the pharmacy with a separate acute prescription.</p>	<p>No, the patient attends the pharmacy with a separate acute prescription.</p>
How does the patient receive their next batch of medication?	<p>The next issue of an electronic repeat prescription becomes available on the system 7 days before it is due (within 21 days of the last issue being marked as fully dispensed or not dispensed).</p>	<p>The pharmacy hold the master and slaves prescriptions and will dispense the next supply in time for the patient to collect their medication. Patients should be encouraged to open the bag in the pharmacy and request any unrequired items are returned to stock.</p>	<p>At the patient's request, the pharmacy submits the marked repeat slip to the practice. The prescription will be returned to the pharmacy directly and dispensed. The patient collects the dispensed medication or has it delivered</p>
Can the patient obtain subsequent prescriptions before they are due?	<p>Yes, any EPS2 dispensing site can manually request a repeat prescription before it is due, based on clinical judgement at any time and on the basis that the previous prescription has been marked as fully dispensed or not dispensed.</p>	<p>This would be at the discretion of the practice.</p>	<p>Yes, this can be arrange but under the clinical judgement/supervision of a pharmacist for appropriate reasons e.g. going on holiday, dose increase etc.</p>
Can items be cancelled off the prescription?	<p>Yes, the electronic prescribing system allows cancellation of one item or the whole prescription. It does not allow amendments, so any alternative items would need to be prescribed on a newly generated electronic prescription.</p>	<p>No, this would need to be done manually at the surgery, would normally entail issuing a new prescription.</p>	<p>Yes, the prescriber or patient can contact the pharmacy to inform them they no longer need an item.</p>
What happens when a patient leaves the practice and still has remaining repeat issues?	<ul style="list-style-type: none"> Electronically cancel all outstanding issues via the prescribing system Contact the dispenser if any issues of an electronic prescription have been downloaded and request that they are sent back to the NHS spine as not dispensed. Cancel the issues via the prescribing system once they have been returned to the spine Notify the patient that the electronic prescription is no longer available from the nominated dispenser. 	<p>The patient would need to inform the practice and pharmacy that they no longer require the service. Any remaining repeat prescriptions that have not been dispensed should be sent back to the practice for destruction. If items have been dispensed but not collected they should be returned into stock and marked as not dispensed.</p>	<p>No action would need to be taken, the patient would obtain future prescriptions from their new practice.</p>
What if the prescriber changes practice?	<p>If a prescriber changes practice before the expiry of all issues of the prescription and the prescriber is also the responsible party, they must electronically cancel all outstanding issues of electronic prescriptions via their prescribing system. If any prescriptions have already been downloaded by the dispenser, the prescriber should request that they are sent back to the NHS spine as not dispensed where they can then be cancelled by the prescriber. It is important to remember that the current system associates prescribing cost to the prescriber and location. If the prescriptions for a prescriber that has left the practice are not cancelled they will move with the GP, even if the patient doesn't. They also still retain clinical responsibility for the prescription with the patient's practice.</p>	<p>This would not affect this type of prescription. It would be prescribed and signed by a current prescriber.</p>	<p>The practice should request that any remaining prescriptions are sent back to the surgery and re-issued under a current prescriber.</p>