



QUEEN STREET
MEDICAL

Repeat Prescribing Policy

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BACKGROUND

The practice is required to have a policy that outlines an agreed and consistent approach to ensuring prescribing practices are appropriate and do not endanger patients. New Zealand Legislation (including Right 4, Code of Health and Disability Services Consumers' Rights 1996 and Clause 41 of the Medicine's Regulations 1984) outlines the requirement to deliver services of an appropriate standard to minimise potential harm to patients.¹ Having a Repeat Prescribing policy in place assists with this process.

PURPOSE

Queen Street Medical is committed to ensuring that the generation of repeat prescriptions in the absence of a medical consultation will be managed in a way that minimises the potential for errors and adverse drug events (ADEs). Every request has a unique clinical context and should not be generalised to fit a set procedure as of right.

SCOPE

This policy applies to all staff who are employed at **Queen Street Medical**, 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.

REFERENCES AND RELEVANT LEGISLATION

- Medicines Act (1981)
- Medicines Regulations (1984)
- Medicines Amendment Regulations (2011)
- Misuse of Drug Regulations (1977)
- Medical Council of New Zealand – Good Prescribing Practice
- New Zealand Nursing Council Code of Conduct for Nurses and Midwives (1995)
- Code of Health and Disability Services Consumers' Rights (1996)
- Health Practitioners Competency Assurance Act (2003)

RELATED POLICIES AND PROCEDURES (this list is not exhaustive)

- Queen Street Medical Complaints Policy Reviewed 2016
- Queen Street Medical IT Policy Usage Policy 2015
- Queen Street Medical Confidentiality Policy 2015

POLICY

- Requests for repeat prescriptions are authorised by the doctors only, but may be done in association with practice nurses. Prescriptions cannot and will not be issued without a doctor's authority.
- Repeat Prescribing is only permitted for Registered and Enrolled Patients of Queen Street Medical.

¹ The Royal New Zealand College of General Practitioners. Aiming for Excellence. RNZCGP Standard for New Zealand General Practice.2011-2014.

- Patients requesting repeat prescriptions should be assessed in a face-to-face consultation **at least annually by the GP** in order to continue to receive repeat prescriptions, and to ensure the prescription remains appropriate and clinically relevant.
- All repeat prescriptions are electronically prescribed. This automatically generates the prescription into the patient's notes.
- Some medications may not be issued on repeat prescription, at the doctor's discretion (see Appendix 2 guidelines). Doctors may decline a repeat prescription if in their opinion it is not clinically sound to do so. This includes prescriptions for patients of other doctors. If the patient's medical history is unfamiliar to the prescribing doctor he /she may decline to renew the prescription. In such circumstances the patient would need to see a new doctor, for which standard charges would apply.
- Repeat prescriptions should include details about the period of supply and state if more frequent dispensing is required in the interests of patient safety.

PROCESS

All requests for repeat prescriptions by patients, their agent or pharmacist without seeing the doctor, are subject to the following process.

1. Requests will be received by a registered practice nurse via the front desk, the ManageMyHealth® patient portal, or by phone or email. Ideally, information accompanying the request will include:
 - names of the required medicines,
 - dosage and frequency taken,
 - any known changes since the last prescription e.g. following hospital discharge.
2. If it is clinically necessary for the nurse to see the patient before a repeat prescription is issued, e.g. for blood pressure assessment, drug monitoring required or blood test review, the patient will be advised and asked to make an appointment.
3. If the patient is out of medication but needs to see a doctor, or in urgent situations, the doctor or nurse should ensure the patient has sufficient medication until the next available appointment.
4. Any relevant clinical information regarding the request will be documented in the patient's notes and any outstanding matters the nurse cannot deal with should be brought to the attention of the prescriber.
5. Once the request has been processed by the nurse, the prescriber is advised via a 'Task' message, and a prescription subsequently generated. The process works in reverse once the prescription is completed, with a hard copy of the prescription placed in the designated folder to be actioned by Reception staff.
6. If a patient requires a 'same day' script, an URGENT request is done by the nurse. If the patient has been seen within the last advised time frame (documented in notes) or within a year and no clinical issues are identified, the prescription can be generated. The patient will be billed at the URGENT Rx rate.
7. All prescriptions are processed by Reception staff with regards to invoicing and faxing.
8. Prescriptions may be faxed direct to a community pharmacy on request from the patient, at no extra charge.

9. Patients will be advised of the timeframe after which a repeat prescription will be available i.e. 48 hours. They will also be advised of the standard charge, \$xx per prescription, or \$xx for an Urgent Request.

ISSUES TO CONSIDER WHEN GENERATING REPEAT PRESCRIPTIONS

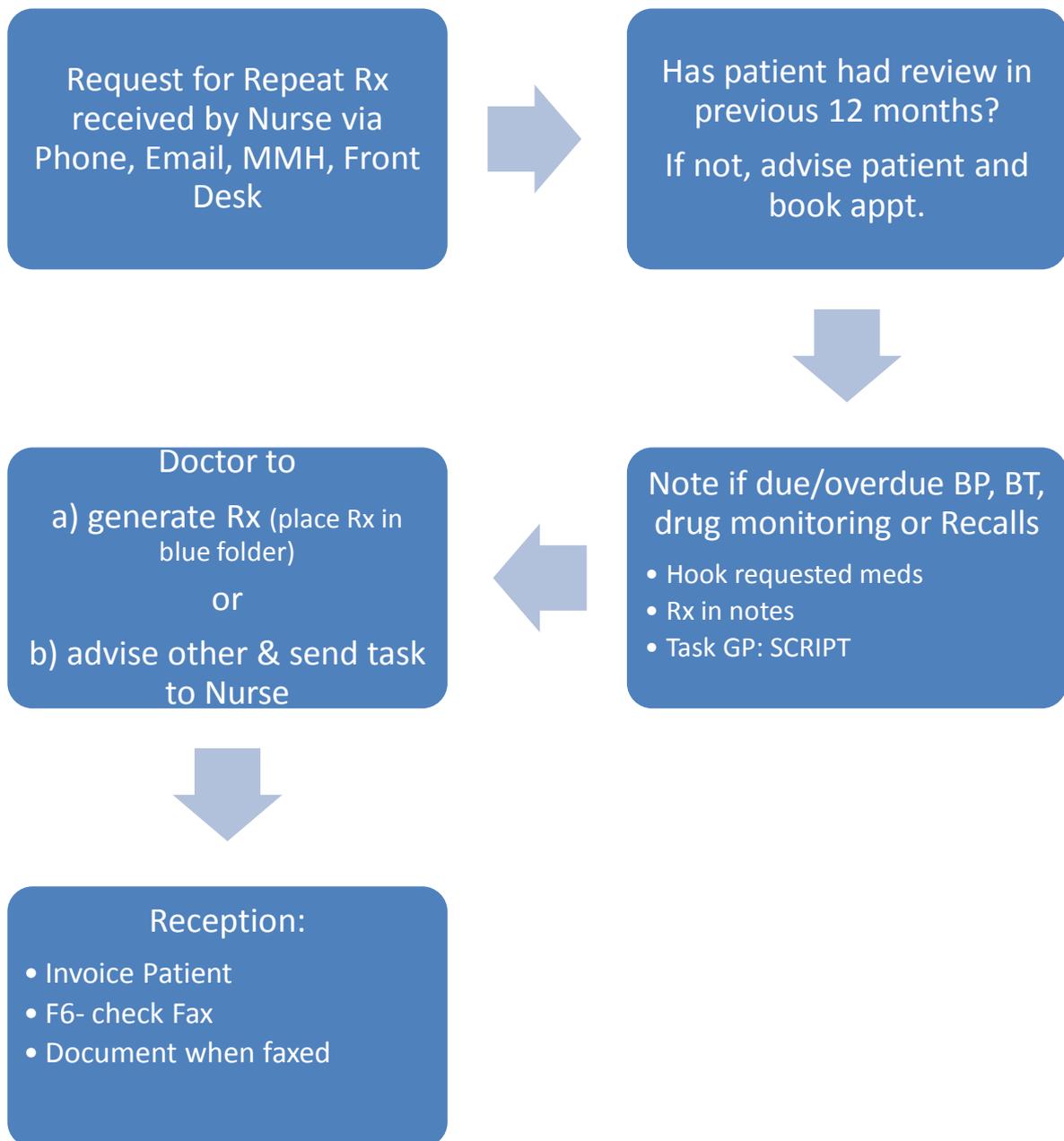
- Is the request within review/repeat timeframe (earlier or later than expected) – adherence issues?
- Is the request for a medicine no longer required e.g. NSAID, PPI?
- The correct dose is prescribed, particularly if there has been a variation from the initiation dose e.g. loading doses are not repeated
- Medication quantities are synchronised to align with 3/12 prescribing where possible
- Drug / condition monitoring is up-to-date e.g. thyroid, methotrexate, HbA1c, DARs and Recalls are not overdue
- Following hospital discharge or specialist clinic visit, ensure records have been reviewed for medication changes and the patient's medication record is up-to-date
- Medicines not suitable for routine repeat prescribing e.g. hypnotosedatives, are not marked 'long-term'
- Special Authorities are checked for validity and expiry date.

ERRORS / COMPLAINTS

All incidents and errors relating to the implementation of this policy will be recorded and managed as per QSM's Incident Management policy.

Regular audits and the Incident Management policy will be used to evaluate the effectiveness of this policy as appropriate.

APPENDIX 1 – REPEAT PRESCRIBING FLOW CHART



APPENDIX 2 – PRESCRIBING GUIDANCE

<p>Consultations are required when:</p>	<ul style="list-style-type: none"> • Medication being prescribed for the first time • Medication is restarted • First repeat script for medication • Isotretinoin • Antibiotics for new condition
<p>Consultation every six months provided condition is stable (Note: prescribers are reminded to ensure that medication monitoring should be in line with best practice)</p>	<ul style="list-style-type: none"> • Anti-hypertensives • Anti-epileptics • Asthma medications • NSAIDs • Antibiotics for treating acne • Antipsychotics • Lipid lowering medications • HRT • Antidepressants
<p>Consultations every twelve months provided condition is stable</p>	<ul style="list-style-type: none"> • Oral contraceptives • Depo Provera • Laxatives • Topical acne treatment
<p>Medicines that may be prescribed without consultation at doctor's discretion</p>	<ul style="list-style-type: none"> • Simple analgesics • Vitamins • Antibiotics for documented recurring conditions (eg UTIs)
<p>Medications where review of medical record will indicate policy</p>	<ul style="list-style-type: none"> • Opiates • Methylphenidate

APPENDIX 3 - REVISION HISTORY

Organisation	Title	Author	Implementation Date	Review Date	Approved By/Date
Queen Street Medical	Repeat Prescribing	Tanith McNeil	July 2016	July 2019	J Sim July 2016
Date	Version	Author of Change	Reason & Description of Changes	Next Review Date	Approved By/Date
March 2017	V2	Barbara Moore	Update in light of repeat prescribing audit	March 2020	J Sim Mar17
May 2018	V3	Barbara Moore	Review and update	March 2020	J Sim May18