

Repeat Item Request Guidance for Dispensers and Suppliers of Medicines, Appliances and Nutritional Supplements

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DOCUMENT CONTROL

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Revision history

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24/07/2017	S Woods	First production of 'Third Party Request for Repeat Items on Prescription (FP10) Guidance' to replace and expand on 'Third Party Prescription Request for Continence and Stoma Products	1.1
23/08/2017	S Woods	Further development of guidance	1.2
05/09/2017	S Woods	Changes made after review by Liz Bailey, Stockport CCG	1.3
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31/10/2017	S Woods	Changed heading from guidance to policy	1.6
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04/12/2017	S Woods	Corrections made after comments from GM Heads of Medicines Management. Ready for formal consultation.	1.8
25/06/2018	S Woods	Amendment to guidance as per CSB meeting. Final formatting	2.0

Approvals

This document must be approved by the following before distribution:

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Final version available on GMMMGM website.

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1 Executive Summary

- 1.1 Supply of items without a valid prescription, signed order or an urgent request from a prescriber will not be covered by retrospective provision of a prescription, signed order or urgent request.
- 1.2 Prescribers will refuse to provide a prescription or signed order to cover items already supplied to a patient, except where a prescriber has requested an urgent supply prior to dispensing.
- 1.3 Urgent supplies can be made by pharmacy contractors under the NHS Urgent Medicine Supply Advanced Service (NUMSAS). An emergency supply made by dispensers or suppliers at the direct request of the patient is a private arrangement between them and the patient.
- 1.4 Organisations that have prescribers must have robust systems in place to manage repeat requests in line with their own standard operating procedure.
- 1.5 Clinical Commissioning Groups and NHS Trusts must include a requirement to adhere to this guidance in contracts with dispensers / suppliers, that they or their providers commission.

2 Aim

The aim of this guideline is to provide GM standards for managing repeat prescription or signed order requests for all items (medicines, appliances, nutritional and food supplements etc.) and is to be applied by all GM prescribers including clinical commissioning groups (CCGs), general practitioner (GPs), practices, NHS trusts, dispensing appliance contractors (DACs), community pharmacy contractors and other dispensers / suppliers (e.g. nutritional supplement suppliers) on the issue of managing repeat prescription requests.

3 Scope

The guidance is intended for the all providers and commissioners of NHS care.

4 Background

In 2017/18 Greater Manchester primary care prescribers issued over 62,019,072 items on FP10 forms at a cost of over £480.2 million. This represented a decrease of 0.05% in items from 2016/17, resulting in only a 1.04% decrease in costs. It is important that the NHS controls costs and waste. A significant part of prescriptions, especially for chronic conditions are issued as repeats.

Managed repeat re-ordering service (MRRS) had become common practice by dispensers and suppliers (e.g. community pharmacies, DACs or nutrition suppliers). This service is not part of the terms of service for those dispensers (e.g. community pharmacies, DACs) commissioned by NHS England (NHSE), but may be part of a contractual relationship with a commissioning CCG for other dispensers / suppliers. MRRS allows shifting the responsibility for re-ordering repeat items from patients to the dispenser / supplier. Where a MRRS is offered it must be supported by robust governance and clear documentation of the responsibilities of all sides, including the patients and the prescriptions or signed orders provider.

Where these systems are managed well they can benefit patients, GP practices, and dispensers / suppliers. Unfortunately, there are reports of poor systems which have resulted in a small number of dispensers / suppliers taking advantage by not following robust procedures. For example, incidents, where supplies of medicines were made to patients before a prescription or signed order has been requested and issued, and therefore without explicit authorisation of the prescriber, resulted in ordering and dispensing items not required by patients. This in turn led to waste of those dispensed products, as these cannot be returned to stock once collected by or delivered to patients, and furthermore accrue cost of disposal when returned as unwanted items.

With the introduction of the electronic prescription service (EPS), electronic repeat dispensing and online ordering of repeat prescriptions, it is now easier for patients to manage their own repeats or to be placed on the repeat dispensing service, reducing the need for dispensers to provide support and in effect increasing patients' engagement in self-management of their medicines.

The MRRS service must be reserved for housebound patients who are not able to re-order their medicines by phone or online and those patients who struggle to manage their medications, e.g. frequently fail to request a repeat supply in time or are known to order too frequently and stockpile in effect.

This guidance applies to both MRRS and where patients manage their own repeat requests.

5 Requirements

- 5.1 Items not listed on the repeat must not be supplied without a prescription, signed order or an urgent request from a prescriber.
- 5.2 Where MRRS is used by a dispenser / supplier, that dispenser / supplier must have systems in place to demonstrate that:
 - 5.2.1 There is a record of a signed arrangement for MRRS with GP practice (or other healthcare organisation) providing the prescription or signed order.
 - 5.2.2 There is a record of a signed agreement between the patient and the dispenser / supplier to provide the MRRS.
 - 5.2.3 The patient is contacted by the dispenser / supplier prior to each repeat request being made in order to confirm which items are needed.
 - 5.2.4 The continuity of need for the MRRS is verified on regular basis with the patient.
- 5.3 An item must not be supplied without a valid prescription or signed order available at time of dispensing or supply except:
 - 5.3.1 Where a prescriber makes an urgent request; however, the prescriber must undertake to provide a prescription or signed order within 72 hours. This does not cover situations where the item has already been dispensed, prior to the urgent request being made. Prescribers will refuse to provide a prescription or signed order to cover items already supplied to a patient outside of this exception.
- 5.4 Where a patient makes a request to a dispenser / supplier for an urgent supply of an item they have been prescribed previously, and a prescriber is only available through urgent care services; then patients must be referred to NHS 111 to request this under the NHS Urgent Medicine Supply Advanced Service (NUMSAS) provided by pharmacy contractors. Payment for this service does not require prescribers to issue prescriptions or signed orders.
- 5.5 Where patients make repeated requests for urgent supplies, then dispensers / suppliers must contact the prescriber responsible and discuss considering the electronic or paper based repeat dispensing service for FP10 supply, or alternative support for the patient such as MRRS in order to support medicines management.

- 5.6 Items not listed on the repeat must not be supplied without a prescription, signed order or an urgent request from a prescriber.
- 5.7 Patients making a request to a dispenser / supplier for an urgent supply of an item or items because their usual prescriber(s) are not available must be referred to NHS 111 to request this under the NHS Urgent Medicine Supply Advanced Service (NUMSAS) provided by pharmacy contractors. Payment for this service does not require prescribers to issue prescriptions or signed orders.
- 5.8 Where patients make repeated requests for urgent supplies, then dispensers / suppliers must contact the prescriber responsible and discuss considering the electronic or paper based repeat dispensing service for FP10 supply, or alternative support for the patient such as MRRS in order to support medicines management.
- 5.9 Prescribers have responsibility for assuring themselves of the appropriateness of providing a prescription or signed order when they receive requests from patients or dispensers / suppliers. It may be useful to allocate one member of the administration team and one clinician to deal with requests from dispensers / suppliers.
- 5.10 The frequency of and quantities on prescriptions or signed orders must be guided by clinical practice and for items of a specialist nature, local advice should be sought. If patients are identified as routinely over ordering items it may be appropriate to arrange an appointment for review or contact the local specialist service for the individual to be reviewed.
- 5.11 Dispensers / Suppliers can use various communication means (e.g. telephone call, email, text) to remind patients that they are due to order their repeat prescription or signed order. They must remind patients to check quantities held and only order items needed (for example a patient may not need an asthma reliever inhaler, when required painkillers or laxatives at every dispensing cycle).
- 5.12 For dispensers / suppliers commissioned directly by CCGs, adherence to this guidance must be included in the contract. Additional requirements that may be stipulated in contract such as minimum or maximum stock levels for patient held items, requirements to keep records of patient contact and verification of stock of dispensed items, patient reported stock levels or other information to support patient care and reduce waste.
- 5.13 Dispensers / Suppliers must not supply samples of products which may subsequently be prescribed unless requested to do so by the patient's usual prescriber.