Repeat Prescribing Resource Pack

Incorporating

Technical Level 1 Medication (Non-Clinical) Review Guidance

Effective Prescribing and Therapeutics Branch

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**For Practice Managers, Administrative Staff and Prescribing Support Teams**

**Last Update: 02/05/2018**

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**FFEDBACK:**

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# Introduction

The aim of this pack is to assist staff who are undertaking a Level 1 (L1) Non-Clinical Medication Review as part of their designated practice activities or those who are involved in commissioning work. The L1 Medication Review can help practices manage workload and demand through improving basic medicines management of repeat prescribing.

As part of this work practices are strongly encouraged to review practice prescribing processes and systems in order to prevent or lessen occurrences (and re-occurrences) of medicines wastage and adverse events leading to potential patient harm.

## Who is this pack for?

This pack is intended for:

Staff involved in commissioning or overseeing L1 review work

* GPs, Practice Managers and Prescribing Support staff, to help set up a framework for L1 Medication Review and to help ensure optimisation of repeat prescribing

Staff involved in undertaking L1 review work

* Non-clinical staff (reception and administrative staff) who are undertaking daily work around repeat prescribing
* Staff with some clinical knowledge e.g. Prescribing Support Technicians who may be undertaking medication review work as part of a practice support role or a less experienced practice nurse
* Clinical staff e.g. GPs, experienced Practice nurses and Prescribing Support Pharmacists

The pack details a range of activities that could be included as part of an L1 Medication Review. It is important to discuss priorities for review in line with available resource and support and then decide on the composition of the L1 review within the individual setting (e.g. at Board or down to practice level). Appendix i provides a proforma to use as a basis for defining the L1 review within individual settings.

When discussing the L1 review the pack provides further guidance in terms of the level of L1 review work that could be undertaken at the three staff levels identified (non-clinical, staff with some clinical knowledge, staff with full clinical knowledge).

This pack assumes that proper resources, controls, and checks and measures are in place to support members of staff at varying levels undertaking the work. Included are some worked examples, suggested guidance and tools to assist with this. These include: lists of drugs to help guide specific actions under the L1 Medication Review, appropriate lines of communication to highlight issues beyond the remit of the L1 Medication Review role and worked examples to support understanding of the tasks involved.

Individual GPs and Practice Managers should ensure that any members of staff undertaking the work can demonstrate a level of competency and experience (*appendix ii*), and be satisfied that the member of staff can recognise an activity not within their competency (or remit) and highlight within the practice as appropriate.

## About this guidance

The guidance contained in this document is based on best practice and should be reviewed and adapted to suit individual systems and processes where appropriate.

When discussing L1 Medication Review Tasks this guidance uses the format:

|  |  |
| --- | --- |
| Task | Title of the task |
| Description | Description of the task |
| Rationale | Why it is important to do the task |
| Why it can happen? | How the issue can arise |
| Finding the Information | How to identify patients who may benefit from undertaking this task in practice |
| Comparative Data | To help the practice compare their own data against an average from a sample of more than 200 practices (where available for a given task) |
| Staff Group Potential Responsibilities | To help guide the level of work which could be undertaken at varying staff levels:   * non-clinical staff (reception / admin) * staff with some clinical knowledge (experienced Pharmacy Technician / less experienced Practice Nurse) * staff with full clinical knowledge (GP / experienced nurse / pharmacist) |
| Supporting Resources | Additional resources available to support completion of the task |

## About the forms in this guidance

Forms are included which can be completed by GPs or relevant clinical staff to provide further information prior to starting the L1 Medication Reviews. These may be adapted to suit – or should be developed internally to ensure safe working when undertaking the L1 Medication Review. The working method chosen should reflect the desired way of working within the setting and competencies of staff involved e.g. member of reception staff undertaking L1 Review work notes down all issues and then discusses directly with a GP prior to making any changes vs. a pharmacy technician completing the medication review using pre-set guidance such as lists of drugs to be removed from repeat if not ordered within a practice specified time frame e.g. not ordered in 6 months.

## Further support

If any aspect of the guidance or the L1 Medication Review work requires clarification, please discuss with your GPs, Practice Manager or Medicines Management / Prescribing Support Team.

# Background and Setting up the L1 Review Process

## Background Information

For information about repeat prescribing, medication review (including the level 1 review), open the file below:



## Identifying Patients for Review – The Scottish Therapeutics Utility

The Scottish Therapeutics Utility can be of great assistance in identifying patients who may benefit from a L1 medication review.

For information about the Scottish Therapeutics Utility (a tool that can be used to help identify patients for review), open the file below:



## Guidance for Commissioners / Practice Managers

This section includes basic information for commissioners and practice mangers.

For management guidance for commissioners and practice managers (including a brief definition of the L1 review, defining the L1 review in individual settings, an outline of potential staff group responsibilities, sample process flowcharts and next steps checklist), open the file below:



## Training, Competency Checking and Staff Responsibilities

Robust staff training and ensuring staff competency should ensure that the L1 review process is completed smoothly and efficiently.

This pack could be used as a basis for developing / delivering training or as a reference guide post training. Many Health Boards have developed practical training sessions aimed at reception staff delivering L1 reviews. A sample of these can be accessed via the website: <http://www.therapeutics.scot.nhs.uk/stu/>

For worked examples of L1 review activities (which can be used to support staff training and demonstrate competency, open the file below:



For information around competency checking (including a competency check list), open the file below:



## Staff Responsibilities

It is the responsibility of the member of staff who is undertaking the L1 Medication Review work to seek clarification if there are any points which they do not understand or which require further information (at any point in the process). This should be made clear during training. The importance of appropriately recording actions should also be stressed in order to maintain a clear audit trail and avoid confusion.

## Communication

Good communication and recording is vital to the success of the L1 medication review activity.

For guidance around communication (e.g. internally to communicate issues identified during the L1 review or externally to patients regarding changes made during review, possible methods and recording activity), open the file below:



## Assessing the impact of the L1 Review Activities

Showing staff and others the benefit of undertaking the L1 medication reviews can help to encourage engagement and understanding of the importance of the activity.

A form is available below to help identify and assess the impact of work undertaken:



## Review of Systems and Processes

It is recommended that a review of repeat prescribing systems and processes takes place as part of the setting up of the L1 medication review work.

For information about review of systems and processes including supporting audit materials, open the file below:



# Suggested L1 Medication Review Tasks

This is not an exhaustive list but a best practice guide on the tasks that could be included for L1 review. The table below should be reviewed, adapted to suit individual process and systems, and adjusted depending on staff skill mix and capacity. Further information on the tasks can be found by opening the associated Word document.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **General Resources** | | | | | |
| Form to help define the L1 Medication Review | | L1 Medication Review Form – Individual Patients | | L1 Medication Review Form – Multiple Patients | |
|  |  | |  | |  |
| **Task** | **Description** | | **Action** | | **Rationale** |
| 1. **Removal of Duplicate or Similar Repeat Prescription Items** | A review of the patient’s repeat drugs list to identify if there are unnecessary duplicate items (identical or non-identical). | | Any items which are unnecessarily duplicated should be removed from repeat. | | Having duplicate items on repeat increases the risk of the patient taking medication at a higher dose than prescribed, potentially leading to harm. Issuing prescriptions for duplicate or similar items increases potential for wastage. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | |  | |
|  | | | | | |
| 1. **Review of Duplicate Repeat Prescription Issues** | A review of repeat drugs which have been re-issued (not re-printed) within 3 days of original issue. | | Highlight instances of this and consider ways to reduce or prevent future occurrences. | | A patient may be taking too much medicine, potentially leading to harm. There is also increased potential for wastage. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | |  | |
| 1. **Removal of Obsolete Repeat Prescribing Items** | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered for a period of time (e.g. one year). | | Removal of items not ordered for a practice specified time period. Practice may wish to specify items acceptable for removal to help guide staff. | | A patient may restart medication from which they have had a lengthy break, potentially leading to harm e.g. blood pressure tablet may cause BP to drop dramatically. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | |  | |
|  | | | | | |
| 1. Compliance Check | A review of the patient’s repeat drugs list to identify if there are items which have not been ordered, ordered infrequently or which have been over ordered. | | Identification of compliance issues (where patient is not taking medication as intended) and taking appropriate action (as decided within the practice) e.g. highlighting to appropriate clinician, contacting patient for review, etc. | | A patient not taking medicine as intended will potentially be at risk of harm e.g. not taking medicines or taking too high a dose of medicines for a long term condition can lead to worsening of condition and further health issues. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | |  | |

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| --- | --- | --- | --- | --- | --- |
| 1. Alignment of Repeat Prescription Item Quantities to a Set Number of Days Supply | At an individual patient level, a review of the repeat prescription items to identify if there is a mismatch in the number of days supplied e.g. a mix of 28 and 56 day items. | | Where there is a mismatch in number of days supply action is taken to bring supply in line with a set number of days (e.g. if an individual has four items with a 28 day supply and one item with a 56 day supply, the item that is 56 day supply may be changed to 28 day supply as appropriate). | | Mismatches in supply amounts can lead to stockpiling and creates confusion for the patient when ordering. For the practice these mismatches lead to additional time spent processing prescriptions. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | | Also see ready reckoners in No.4 to assist in calculating supply quantity. | |
|  |  | |  | |  |
| 1. Correction of drugs with missing or ambiguous dose directions | A review of the patient’s repeat drugs list to identify if there are items with dose directions that are missing or unclear e.g. tablets prescribed simply ‘as directed’. | | Identifying missing or ambiguous dose directions and taking appropriate action (as decided within the practice) e.g. highlighting to a clinician, amending Latin abbreviations to English. | | Unclear dose directions could cause the patient to take medication in a manner other than prescribed by the clinician, particularly if the patient is confused or on multiple medications. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | | See ready reckoners in No.4 to assist in calculating supply quantity and drug list in No.5 to ensure appropriate length of supply. | |

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| --- | --- | --- | --- | --- | --- |
| 1. Synchronisation of Repeat Prescription Item Ordering | Synchronisation aims to bring the medication order dates into line. This enables the patient to order all of their medication on a single date each time their medication is due. | | Where the repeat medication is being ordered on a variety of dates, separate numbers of days of each medication are issued in order that the medication all runs out on one date. The next repeat prescription order is then made for all items on one date. | | When repeat prescription items are out of synchronisation ordering can be very confusing for patients with multiple repeat items as they have to remember to order at several points in a month. Having to order multiple times can potentially reduce medication compliance. For the practice, these items result in additional repeat prescription processing workload e.g. potentially up to 10 prescriptions per month for one individual with 10 items. Also makes monitoring compliance more difficult. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | | See ready reckoners in No.4 to assist in calculating supply quantity and drug list in No.5 to ensure appropriate length of supply. | |
|  |  | |  | |  |
| 1. Review of medication supplied external to the practice e.g. ‘hospital issue only’ medication | A review of the patient’s repeat drugs list to identify if there are items appropriately marked where supply is provided external to the practice e.g. ‘hospital issue only’. | | Where outside supply medication e.g. ‘hospital issue only’ medication is on repeat (e.g. to ensure completeness of ECS and triggering of interactions) review and amend as necessary to minimise the chance of the item being issued. | | Certain types of medication are generally monitored and provided via other sources, typically due to risks associated with prescribing. If provided via Primary Care the correct clinical checks may not have taken place and there may be duplication in supply. |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
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| --- | --- | --- | --- | --- | --- |
| 1. Chronic Medication Service (CMS) | A review of the patient’s suitability for being part of CMS and receiving medication via serial prescribing | | Where a patient has signed up for CMS with a Community Pharmacy check and highlight where they may be suitable for serial prescribing (24, 48 or 56 week prescription dispensed at Community Pharmacy at regular intervals). | | Serial prescribing has the potential to reduce the practice workload in generating repeat prescriptions (potentially 12 prescriptions per annum in a 28 day prescribing practice down to 1 prescription per annum). |
| Supporting Resources | | | | | |
| Detailed Guidance | | Additional Forms / Guidance / Audit | | Drug Lists | |
|  | |  | |  | |

# Resources, Website links and Glossary

For a list of useful websites, open the document below:



For a list of useful documents, open the document below:



For a glossary of the terms used in this document, open the document below:



Supplemental Resources

**Additional resources**

Will be made available via:

<http://www.therapeutics.scot.nhs.uk/stu/>

Including:

Guidance around reviewing process and systems

Staff training materials and related resources

Standard operating procedures