**REPEAT PRESCRIPTIONS POLICY 2023**

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| **Policy Number:** | Repeat Prescription Policy |
| **Review Cycle:** | 2 years |
| **Applies From:** | 01 March 2023 |
| **Review Date:** | 01 March 2025 |
| **Queries:** | Dr Jacob Tan |
| **Authorisation:** | Practice Management Team |

## Objective

To ensure patients will safely receive repeat prescriptions ensuring best practice processes are followed. 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.

## Purposes

## Central Wellington Medical is committed to ensuring that the generation of repeat prescriptions, in the absent of a medical consultation will be managed in a way that minimises the potential errors and adverse drug affect. It is designed to minimise the risk of adverse health outcomes for patients and minimise the medico legal risk to the doctor signing the prescription, who in the current medico legal climate is deemed responsible for any adverse consequences to a patient resulting from the prescription.

## Policy

* Requests for repeat prescriptions are authorised by Doctor but may be done in association with practice nurses. Prescriptions cannot and will not be issued without a doctor’s authority and all prescription are the legal responsibility of the prescriber. Only the Doctors at Central Wellington Medical can legally issue prescriptions. Nurses may generate scripts for recording purposes only when administered in clinic utilising Standing orders.
* All requests for prescriptions by patients without seeing the doctor are subject to the attached guidelines. Patients will need to be **seen at least six monthly**, however the prescriber may in some circumstances deem annually to be appropriate. Being seen by an outside the practice Dr of Physician does NOT change this requirement. This ensures the prescription remains appropriate and clinically relevant.
* The GP will determine if further follow-up is required as per practice policy (HDC recommends a month continuation of supply pending a suitable appointment for review).
* 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.
* 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. The maximum length of supply is governed by law and for most medications **is 90 days**. Exceptions to this include controlled medications and oral contraceptives.
* Patients may be asked for identification when collecting your prescription.

**GUIDELINES FOR REPEAT PRESCRIPTIONS**

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| **Condition** | **Guideline to see Doctors** |
| Antipsychotics | 3 monthly |
| Antibiotics | Drs discretion - case by case basis |
| Asthma | 6 monthly if stable |
| Anti-ulcer treatment | 6 monthly |
| Cardiac Medications | 3 monthly until stable. At Doctors discretion six monthly |
| Dermatological eczema; dermatitis psoriasis; Skin conditions | 6 monthly unless known to be mild and infrequent use of creams with good control in which case annual review may be adequate. |
| Diabetes | IDDM – 3 monthly (unless under hospital care)  NIDDM – 6 monthly - appropriate bloods taken within last 6 months |
| Depression - stable chronic | 6 monthly if stable |
| Epilepsy | 6 monthly |
| Hypertension | Ideally BP with nurse 3 monthly, see Dr every 6 months |
| Hypothyroidism | 6 monthly |
| Hypnotics/ Sedations | At doctors discretion |
| Morning after pill (MAP) | See Dr or Practice Nurse. |
| NSAIDS/Pain Relief | Drs discretion. Steroids –Ever 3 months or six months at Drs discretion. |
| Oral Contraception | 6 monthly BP & Weight with nurse, see Dr annually  Check patient up to date with smears, mammograms, smoking status |
| UTI’s | See nurse or if recurrent to see Doctor |
| Multi Prescriptions | 4 or more regular medications requested to be seen or at Drs discretion |
| New prescribed medication (including medication from specialists) | Must see Doctor |
| New Patients | To see doctor for prescribing of any medications for the first time by this practice even if long term medication |
| Pregnant Patients | To see Doctor |
| Casual Patients | Must be seen for all scripts unless at Dr’s Discretion. |

**The above guidelines may be overridden by the prescribing Doctor at their discretion**

## PROCESS FOR REPEAT PRESCRIPTIONS

Requests for repeat prescriptions may be requested

* in person at the clinic,
* made by phoning our repeat prescription phone line
* securely e-mailed to [nurses@centralwellingtonmedical.co](mailto:nurses@centralwellingtonmedical.co).nz
* via our portal - Manage my Health
* By a third party using the above methods (e.g. rest home, significant other)
* Any script request will be given to the Practice nurses to process
* Please note the completion of a repeat prescription e-mail template on a practice website or e-mailing the practice directly (rather than via a patient portal) is non-secure messaging and is not recommended as a mechanism for requesting a repeat prescription to protect your privacy.

**Patients must allow 48 hours for a repeat script to be available following their request.** Urgent scripts are available on request but there is an additional $10 charge. If you request a script and it is generated you will be charged a repeat script fee regardless of whether you collect the script or not.

*N.B Patients that have moved out of the region should be asked to transfer to a local GP to ensure continuity of care.*

**Required Information for requesting script**

* Name and Date of Birth
* Phone number
* Name of Medication
* Preferred collection method
* Name of pharmacy to be emailed to (NB this incur an extra charge)
* Degree of urgency (If an urgent/same day script is required this will incur an extra charge. We will notify the patient should this apply to their script request before we process it.

**Practice nurses will**

* Check clinical guidelines/script policy to see if **request fits with prescribing guidelines** *(see guidelines for repeat prescription)*
* Notify the patient if they are required to see a Doctor for the script
* Write a notes if script is to be emailed.
* Task Doctor with requested scripts
* Document any conversations with patient

*It is recommended that the patient should be reviewed at least annually (this is a minimum standard). The GP will determine if further follow-up is required as per practice policy. If patient is out of medication but needs to see a doctor or in urgent situations please offer next available appointment (Phone consults may be appropriate). In some instances short scripts (HDC recommends a month continuation of supply pending a suitable appointment for review) may be used to ensure patient can collect sufficient medication until they see their doctor if appointments are not available on the day. SAFE prescribing guidance still applies and the Dr will have the final say. Patients can be asked to go to afterhours DR if need be. It is recommended that the patient should be reviewed at least annually (this is a minimum standard). The GP will determine if further follow-up is required as per practice policy.*

**Doctors will**

* Ensure patient follow up between scripts follows medico-legal guidance. The patient’s notes must be reviewed to assess the appropriateness of a repeat prescription. Check the date each condition and its associated medicines were last reviewed. Document this process clearly in the clinical record.
* Process and sign scripts and give back to reception
* Invoice the patient

**Reception will**

* Once approved, prescriptions are processed and will be available to collect from reception unless other arrangements have been made. Reception will text patient to let them know script is ready to collect. If a request is made to email the prescription direct to a pharmacy **it must be paid for first as per our finance policy**. We will contact the patient if there is a delay or we are unable to process your request.
* It is recommended that the patient informs the practice to update their records, if there is a change of contact or main pharmacy for e-scripts.

The repeat prescription policy is available for patients to view in the patient information folder, on the website, Patient portal and can be informed by the clinical team at the time of prescription request. A shortened version is in the practice pamphlet received upon enrolment.

## Repeat Prescription on Controlled Drugs (CD)

## The practice follow the e-script process when processing a repeat on all CD medication. The following steps must take place:

* All controlled drug medication is issued and signed off separately from non-CD medication
* Once electronically sent to the pharmacy the CD is printed and signed by the doctor, and posted to the pharmacy.

## Documentation

* Practice team is made aware of any changes and adheres to the “Repeat Prescription Policy”
* A record of the repeat prescription must be documented in the patient’s clinical notes.

## Audit process

An audit (Appendix 1) against this policy which includes audits that differentiate Māori from non-Māori is conducted annually.  
Finding and learnings are discussed and actioned at governance and team meetings.

## Reference

* 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 other Policies

* Medicine reconciliation policy
* Standing order policy
* Controlled drug policy

| NHI | Ethnicity stated | Repeat RX requested | | Notes checked | | Clinical decision | | Approved | | Invoiced generated | | E-script generated and sent | | Invoice paid/ emailed or posted | | Staff followed the Repeat RX policy YES/NO?  or add comments |
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|  | e.g., Māori | Phone | MMH | Y | N | GP | Nurse | Y | N | Y | N | Y | N | Y | N |  |
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Appendix 1 – Repeat RX Policy Audit