

Managing Repeat Prescriptions Requests in Community Pharmacy: **Points for Consideration**

Aims

1. To reduce medicine waste by improving the quality of repeat prescribing, ordering and dispensing processes
2. To encourage patients and carers (where possible) to manage their own repeat prescriptions according to their needs

Key Considerations

Actions

1 Receiving a Request

Patients should be encouraged to order their own repeat medications and where appropriate prompted to order online. Follow your Standard Operating Procedure (SOP) for third party ordering including an agreed method for contacting the patient/carer and gaining consent. The GPhC requires pharmacists to be satisfied that there are appropriate SOPs in place. Additionally, inform and agree this action with the GP (record) as part of good practice advised by *NHS England* in accordance with the [community pharmacy assurance framework \(CPAF\)](#)

2 Check items required

Always ask patients/carers to check what items are needed before ordering and contact the patient/carer prior to dispensing any electronic repeat dispensing (eRD) prescriptions. Promote **"only order what you need"** and **"once dispensed, medicines cannot be re-used"** messages. Remember unused prescriptions can be returned to the surgery or items marked as 'not dispensed', thus giving maximum flexibility and good record keeping of interventions as per [RPS guidelines](#).

3 Repeat vs Acute

Only order items on the repeat list (right hand side of the prescription); if other refer to a prescriber. Keep comprehensive records of all

4 Last Request & Quantity

Check last issued date and quantity given (order a maximum of 10 days before due). Consider compliance and look out for signs of underuse, overuse or keeping excess stock. Reassure patients that if not all repeat items are needed at this time, they can be ordered in future. Remember that inhalers, insulin, external preparations, liquids etc may not need to be reordered each time.

5 Recent Changes & Adherence

Check with the patient/carer that no changes have been made since the last time the medicines were ordered or whether there are any adherence or compliance issues.

6 Synchronisation

Where possible, attempt to ensure all medications become **synchronised for 28/56 days**, encourage patient to request that their GP synchronises their medicines. This minimises drug wastage, is convenient for the patient and promotes good medical practice.

7 When Required (PRN) Medicines

If PRN medicines are regularly reordered, refer to prescriber. Ensure **good communication** between yourselves and the GP practice. Keep a robust audit trail for all interventions as per [GPhC standards](#).

8 Collected/ uncollected prescriptions

Check that all dispensed items are required by the patient upon collection, reassure patients that if not all repeat items are needed at this time, they can be ordered in future. Requests for the next repeat should **not be** made at the time of delivery or collection as this can result in over-ordering and wasted NHS resources. Processes should be in place to ensure patients are made aware of upcoming review dates e.g. for medication or blood tests. If the prescription is not collected, return items to stock, inform GP and return uncollected prescriptions to the practices.