

MEDICINES OPTIMISATION – THIRD PARTY ORDERING OF REPEAT PRESCRIPTIONS

Introduction to medicines optimisation

1. The CCG has a team of experienced Clinical Pharmacists and Pharmacy Technicians that lead the Medicines Optimisation Agenda (also supporting GP practices to do so). This team looks at the value that medicines deliver, making sure they are clinically effective and cost efficient, and safeguards the best use of the prescribing budget for the CCG which is approximately £52 million per annum.
2. Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Medicines optimisation applies to people who may or may not take their medicines effectively.
3. The aim of the Medicines Optimisation agenda at national, regional and local level is to help patients to:
 - improve their outcomes;
 - take their medicines correctly;
 - avoid taking unnecessary medicines;
 - reduce wastage of medicines;
 - Improve medicines safety.
4. This is important because:
 - One quarter of the population has a long-term condition;
 - One quarter of people over 60 have two or more long-term conditions;
 - With an ageing population, the use of multiple medicines (known as polypharmacy) is increasing;
 - Between 30 and 50% of all medicines prescribed for long-term conditions are not taken as intended.

Third party ordering and repeat prescription processes

5. Prescribing is the most common patient-level intervention in the NHS and is the second highest area of NHS spending, after staffing costs.
6. Repeat prescriptions (ongoing prescriptions for long-term conditions) make up approximately 60-75% of all prescriptions written by GPs, and account for approximately 80% of primary care prescribing costs. The majority of prescriptions are dispensed by community pharmacies, with a small number dispensed by dispensing appliance contractors, usually for stoma and incontinence products.
7. Managed repeat prescriptions services are where community pharmacies (or appliance contractors) request repeat medication from the GP surgery on behalf of the patient, with the patient's consent. Such services are offered by most, if not all, community pharmacies and appliance contractors. In this model the pharmacy or contractor orders

medications on behalf of the patient. This is commonly referred to as “third-party” ordering and should be managed in line with strict standard operating procedures (SOPs). Requests should only be made for those medicines that the patient has indicated are currently required. There should not be blanket requesting of all items that sit on a patient's repeat as these may not be required and can lead to over-ordering and serious wastage. Each request should only be made with the explicit consent of the patient.

8. This service is not provided as part the Community Pharmacy Contractual Framework and therefore is not offered by all pharmacy contractors, nor is it funded nationally or supported by any national guidance. However it is the commercial and financial interest of pharmacies to offer such a service.
9. Appropriately managed and robust repeat ordering systems can offer benefits to patients, carers, practices and the NHS as a whole. Such services improve patient convenience and reduce confusion for patients and ensure that they do not run out of medication whilst GP practices are closed. This prevents unplanned hospital admission or visits to hospital A&E departments seeking repeat medication, or even patients putting themselves at risk by not taking their medication. Such services also allow GP practices and pharmacies to streamline their workforce and resources.
10. However poorly managed repeat prescribing practices can lead to significant medicines waste, medicines hoarding and poor patient outcomes. It can also lead to unsatisfactory working relationships between community pharmacies/appliance contractors and GP practices.
11. Failure to follow strict process occurs when patients are not consulted to ensure only medication that is actually required is ordered. This poses a number of risks, including:
 - Inaccurate GP records, as these records indicate that the medications are being prescribed on a monthly basis with the assumption that they are being taken or used. If this is not the case this can lead to escalation of treatment, which may pose greater medication risks.
 - Significant waste. The most expensive medication is the one that is not taken. The ordering and dispensing of medication that patients do not require not only causes a significant medication waste (it has been estimated that prescription items worth around £300 million are wasted each year in primary care) but also poses the risk of medication hoarding, being accessible to children, or being diverted/sold to others who have not been prescribed that medication.
 - Repeat medication should be requested using the right hand side of script (known as the repeat slip), which details the current list of repeat items held on the GP clinical system.
 - Some pharmacies are now moving away from this process and are using their own pharmacy systems to produce a repeat list. The danger of this system is that they are using their own records (as opposed to the official repeat list on the right hand side held by the GP practice). This can lead to inappropriate requests and additional risk of patients being prescribed and taking medication that they are no longer meant to be taking. In a recent example from one of our GP practices a pharmacy made a request using their own system and requested a controlled drug item that had been discontinued more than 6 months previously.

- Inappropriate requests for antibiotics also occur, which causes increased workload for GP practices and leads to the inappropriate use of antibiotics - conflicting with the local and national drive on this matter.
12. In response to this issue, locally, the CCG has reviewed the whole process of repeat prescription ordering as well as the management and patient self-care around repeat medication and long-term conditions. The CCG has put forward to practices a number of recommended actions, which culminates in changes to third party ordering of prescriptions. The actions are as follows:
- Practices will be encouraged to undertake a review of current processes of repeat prescription management. This involves general housekeeping to ensure current systems are safe, appropriate and follow national and local best practice.
 - Practices are encouraged to further promote and support the use of online services for patients to order their repeat medication, where they are able to do so, and provide patient training to facilitate this.
 - Support greater use of electronic transfer of prescriptions (EPS) and Electronic Repeat Dispensing (eRD) (batch prescriptions for consistent repeat orders). This means that patients and/or a third party do not need to order medications monthly as a prescription will be authorised for a set time period and number of repeats. Guidance on supporting the above initiatives has been provided to practices.
 - The final stage of this process would be a carefully managed implementation programme to reduce patient reliance on third party ordering across Leicester City, taking account of learning from areas where this has already been implemented.
13. Safe and effective management of repeat prescriptions by all parties involved is crucial to keep patients safe and well informed about their medication. This includes the prescriber, the dispenser and the patient.
14. Encouraging patients to manage their own repeat medication, where they are able to do so, is demonstrated to increase their knowledge and ownership of their medicines and their condition. It also allows for the identification of vulnerable patients that may require access to support with prescriptions from community pharmacy appliance contractors or their GP practice.
15. Areas that have implemented a reduction of third party ordering have demonstrated considerable reduction in unwarranted prescribing expenditure because the patient only orders what they actually need. Patients can continue to use paper-based repeat prescriptions or online ordering and electronic transfer of prescriptions.
16. A proposal for implementing the four elements of a repeat ordering process was presented to the CCG in January 2019, with a further in July 2019 to detail the approach for third party ordering. Implementation is due to commence from 30th September 2019.
17. This built upon engagement with patients, general practices and pharmacies to understand their views in relation to current processes and the proposals. Of the patient engagement, which garnered 169 responses, approximately 75% of patients said that they already order their own repeat prescriptions. Of those that didn't, many acknowledged that they often receive too much medication because they are not specifically asked what they need, or there are items on the repeat list that they no longer require.

18. Patients said that if changes were to take place in regards to third-party prescribing 63% wanted to be able to order repeat medications from their practice through the internet, 18% by phone and 10% by hand delivery to the practice. This feedback has been taken into account as part of the implementation, with practices encouraged to ensure that provision is in place for each of these methods.
19. A number of actions are now being taken to support practices with implementation. These include:
 - A communications campaign including updates to CCG website, social media accounts, messages displayed via GP practice TV screens, and traditional media.
 - Full dialogue with, and advance notice to, the Local Pharmaceutical Committee to ensure that all community pharmacy and other third party providers are aware of scheme.
 - Support to member practices to help identify vulnerable patients who will still require help with ordering their prescriptions.
20. The CCG will provide support from 30th September and practices will be able to implement the initiative within their own timelines between October 2019 and March 2020. This support includes access to CCG pharmacists to ensure safe and effective implementation in accordance with the above timeframe, working in partnership with community pharmacies and appliance contractors that serve their practice population.
21. Implementation of the scheme, and any adverse impact, will be kept under review by the CCG.