

REPEAT ORDERING SCHEMES ('MANAGED REPEATS') FOR GP PRACTICES POLICY

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1.0	NHS Vale of York Clinical Commissioning Group Prescribing Team	New Policy	Quality and Finance Committee 21/07/2016 Acting Chief Officer 02/08/2016	02/08/2016

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1. INTRODUCTION

- 1.1. NHS Vale of York Clinical Commissioning Group has identified a number of areas to help address the issue of waste medicines in the NHS and to help control the cost growth which is placing considerable strain on our local prescribing budgets.
- 1.2. 'Managed repeats'/ repeat ordering schemes operated by Community Pharmacies, in which a Community Pharmacy orders repeat prescriptions on behalf of patients, have been identified as an area which could be creating unnecessary medication waste and hence adopting this best practice policy will help to minimise this waste and ensure NHS Vale of York Clinical Commissioning Group make best use of NHS resources.
- 1.3. Whilst NHS Vale of York Clinical Commissioning Group recognises the value Community Pharmacy ordering may have for patients who are unable to manage their own repeats, these managed repeat schemes are not part of NHS pharmaceutical services and represent a non-NHS initiative by the individual Community Pharmacy companies. For this reason NHS Vale of York Clinical Commissioning Group request that GP Practices & Community Pharmacy contractors work together to operate a scheme which has proven to be successful in reducing waste in other areas of the UK.

2. POLICY STATEMENT

- 2.1. The NHS Vale of York Clinical Commissioning Group aspires to the highest standards of corporate behaviour and responsibility. It is the role of NHS Vale of York Clinical Commissioning Group to manage the local medicines bill, to ensure the most clinically appropriate, cost effective and safe use of medicines across the locality. This policy represents best practice and supports the use of the requirement of the NHS to make the best use of NHS resources

3. IMPACT ANALYSES

Equality

- 3.1. As a result of performing the screening analysis, the policy may affect groups with disabilities but this impact has been mitigated. The results of the screening are attached.

Sustainability

- 3.2. A Sustainability Impact Assessment has been undertaken. Eight positive impacts were identified within the twelve sustainability themes. The results of the assessment are attached.

Scope

- 3.3. This policy applies to Primary Care Providers and Community Pharmacies within the NHS Vale of York Clinical Commissioning Group boundaries. NHS Vale of York Clinical Commissioning Group recommends that all must comply with the

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arrangements outlined in this policy, as it is best practice and supports the use of the requirement of the NHS to make the best use of NHS resources.

4. POLICY PURPOSE/AIMS & FAILURE TO COMPLY

Protocol

- 4.1. NHS Vale of York Clinical Commissioning Group recognise they are not responsible for Community Pharmacy contracts but it is NHS Vale of York Clinical Commissioning Group policy that GP Practices are permitted to refuse to accept managed repeat requests from Community Pharmacies who do not adhere to the protocol.
- 4.2. As part of the NHS Vale of York Clinical Commissioning Group's 2016/17 strategic prescribing plan to reduce item growth NHS Vale of York Clinical Commissioning Group GP practices are requested, from immediate effect from date of implementation, to only accept orders for medication on patient's behalf if the following process is adhered to:
 - The Community Pharmacy (any qualified member of the Community Pharmacy team) must have a discussion with those patients (or appropriate suitable representative*) on repeat medication on a 6-monthly basis to discuss the overall issues regarding over-ordering, waste medication etc. NHS Vale of York Clinical Commissioning Group will provide some educational materials for the Community Pharmacy to discuss with the patient (or appropriate suitable representative). The Community Pharmacy must document on the Patient Medication Record (PMR) that this discussion has occurred. Pharmacies are expected to offer this education to patients as best practice. The General Pharmaceutical Council Standards of Conduct, Ethics and Performance, General Pharmaceutical Council Standards for Registered Pharmacies, the NHS 'Pharmacy Contract' Essential Services and NICE Guidance – 'Medicines optimisation the safe and effective use of medicines to enable the best possible outcomes' all refer to Pharmacists supporting patients to take their medication appropriately and safely. Evidence of this discussion may be required if a Community Pharmacy is suspected of breaching the protocol. Patients should be asked by the Community Pharmacy to consent to an authorised person being allowed to complete spot checks on the implementation of the protocol.
* 'appropriate suitable alternative' e.g. family member/carer etc. a member of the Community Pharmacy team is not deemed as an appropriate suitable representative.
 - The Community Pharmacy must submit requests on the most up-to-date right hand side (RHS) of prescription or a suitable alternative. If an alternative is used then this must be approved by the GP Practice.
 - If pharmacies order via Electronic Prescribing Systems (EPS) they must still keep a record in the Community Pharmacy of items required by a patient (or appropriate suitable representative). The record should be kept until the next set of repeat medication is ordered.
 - All requests should be made within 14 days** of the patient requiring next supply of medication, i.e. the medication required must be defined 14 days prior to the patient requiring their next supply of medication/running out of

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their current supply of medication. Requests must not be completed when the patient collects the current supply of medication for the following supply. The date of request by the patient and the date of submission of the request to the GP Practice are expected to be either the same or within 1 working day of each other.

- 14 days includes weekends i.e. not 14 working days
- Exceptions to the 14 days being bank holidays, especially Easter and Christmas and if the patient (or appropriate suitable representative) specifies a specific reason, e.g. due to going on holiday. Exceptions should be noted on the RHS. It is expected that 21 days is the maximum number days that medication can be ordered in advance of the next repeat. **These durations are based on GP Practice being able to produce a repeat prescription within 2-3 working days from the request, allowing the Community Pharmacy 4-5 working days to place the order and dispense the medication and allowing for unforeseen delays. Ordering in advance of 14 days would increase the risk of medicines being wasted, as the medication may be changed or stopped.
- The Community Pharmacy must ask the patient (or appropriate suitable representative) at the time of placing the order which medicines are required and only order what is required by the patient. Patients (or their appropriate suitable representative) should be encouraged to check what they need against what supplies they currently have to reduce risk of over-ordering or running out before the next order is due. The pharmacy should also identify and discuss possible over-ordering with the patient (or appropriate suitable representative) and record outcomes of this in the PMR. Suitable annotations on the RHS may also be necessary to explain why or to flag concerns to the GP practice.
- Particular attention should be made to 'when required/as required/prn' items, as these items in particular are associated with over-ordering and medicines waste. Community Pharmacies should take the opportunity to educate the patient (or appropriate suitable representative) regarding use and ordering of 'as required' medication.
- The patient (or appropriate suitable representative) should be explicit regarding which 'as required' items they need at each interval. It is not expected that 'as required' items should be ordered each time and frequent requests for 'as required' items should trigger the possible need to conduct a medication review with the patient and/or alert the GP Practice to possible breaches of the protocol by the Community Pharmacy.
- Additional 'as required' items (not pre-printed on the RHS) may be ordered by the Community Pharmacy on behalf of the patient (or appropriate suitable representative) but an indication/rationale for the medication must also be written on the request.
- Any 'as required' items will be provided at the discretion of the GP.
- The Community Pharmacy must identify themselves (may be pre-printed on RHS) and date the request of submission to the GP Practice (either the RHS or alternative paper record) and provide a contact name and number in case of queries.
- If present in person the patient (or appropriate suitable representative) should sign and date the request (either the RHS or alternative paper record if using EPS) at the point of ordering to confirm they are the items required. It is proposed that standard wording is applied to the RHS of all repeat

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prescriptions – 'I understand the issues relating to medicines waste and agree I require the above items' or just 'I agree I require the above items'.

- Where it is not possible for the patient (or appropriate suitable representative) to sign the RHS in person, the Community Pharmacy must sign and date on behalf of the patient at point of ordering and state the reason the patient (or appropriate suitable representative) is unable to attend and confirm that they have established with the patient (or appropriate suitable representative) the need for the items required and the issues relating to medicines waste.

4.3. NHS Vale of York Clinical Commissioning Group GP Practices will be at liberty to refuse to accept Community Pharmacy requests for repeat medication that do not follow the above protocol unless there are exceptional circumstances. If a GP Practice has concerns about a specific Community Pharmacy's repeat ordering system and it appears that the Community Pharmacy are not adhering to the protocol established above then GP Practices are requested to raise this with the Community Pharmacy and resolve this internally.

It is recommended a tiered system is applied depending on the level of breach of the protocols:

- Should any potential inappropriate repeat prescription ordering be identified – GP Practice to make a record of the breach.
- First breach - GP Practice to contact Community Pharmacy (and inform NHS Vale of York Clinical Commissioning Group Lead Pharmacist) and validate whether the correct process has been followed. Community Pharmacy should be given an opportunity to take remedial action. The CCG will not get involved at this stage, it is expected that the GP Practice and Community Pharmacy resolve this themselves.
- Further breaches - Where a second validated episode of inappropriate prescription re-ordering is identified, a meeting will be set up with representatives from the practice and the Community Pharmacy to discuss and resolve the issues. The CCG may attend this meeting if required.
- Should a further episode be identified, or the Community Pharmacy does not meet with the GP practice, then the practice may consider refusing to accept prescription re-ordering from that particular Community Pharmacy. The Community Pharmacy may still offer to collect and deliver prescriptions on behalf of patients.
- If a Community Pharmacy has concerns about a GP Practice's repeat ordering system they should raise them with the GP Practice directly and try to resolve internally.
- If the Community Pharmacy have attempted to resolve internally and do not feel the issue has resolved they may raise the concern with the CCG.
- If any fraudulent activity is suspected or identified (e.g. ordering for patients who have not requested medication) will be reported to NHS Protect.
- Ideally any problems should be resolved locally between the GP Practice and the Community Pharmacy.
- However, if GP Practices or Community Pharmacies have concerns regarding repeat ordering schemes they can email: VOYCCG.MMT@nhs.net (please title your email 'Repeat Ordering') and a

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member of the NHS Vale of York Clinical Commissioning Group's medicines management team will be happy to advise on the issue.

- Patients should be advised to contact the patient relations team:
VOYCCG.PatientRelations@nhs.net

5. PRINCIPLE LEGISLATION AND COMPLIANCE WITH STANDARDS

- 5.1. The policy relates to General Pharmaceutical Council Standards of Conduct, Ethics and Performance (July 2012) and Standards for Registered Pharmacies (September 2012)
- 5.2. The policy relates to NICE Guidance NG5 'Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes' (March 2015)
- 5.3. The policy relates to NHS Community Pharmacy Contractual Framework – Essential Services (2004)
- 5.4. The policy relates to NHS England - Pharmaceutical Waste Reduction in the NHS. Version 1 (June 2015)

6. ROLES & RESPONSIBILITIES

Role

- 6.1. The Lead Pharmacist and GP Lead for Prescribing are responsible for the policy content
- 6.2. Primary Care Organisations and Community Pharmacies within the NHS Vale of York Clinical Commissioning Group boundaries are responsible for implementing the content of the policy by adhering to the protocol as described in section 4 of this policy document.

7. POLICY IMPLEMENTATION

- 7.1. Following approval by the Governing Body, the policy will be:
 - Published on NHS Vale of York Clinical Commissioning Group's website and will be available to staff on the organisation's intranet.
 - The policy will be brought to the attention of Primary Care Organisations and Community Pharmacies within NHS Vale of York Clinical Commissioning Group

8. TRAINING & AWARENESS

- 8.1. This policy will be published on NHS Vale of York Clinical Commissioning Group's website and will be available to staff on the organisation's intranet.
- 8.2. Any queries relating to the policy should be directed to the Lead Pharmacist, NHS Vale of York Clinical Commissioning Group

9. MONITORING & AUDIT

Monitoring & Accountability

9.1. The Lead Pharmacist will be reviewing the impact of the policy on an annual basis.

10. POLICY REVIEW

10.1. This policy will be reviewed by a period of no longer than 3 years as stated or in response to any relevant changes in local and / or national policies and guidance, whichever is sooner.

11. REFERENCES

- [General Pharmaceutical Council Standards of Conduct, Ethics and Performance \(July 2012\)](#)
- [General Pharmaceutical Council Standards for Registered Pharmacies \(September 2012\)](#)
- [NHS Community Pharmacy Contractual Framework – Essential Service \(October 2004\)](#)
- [NICE Guidance NG5 'Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes' \(March 2015\)](#)
- [NHS England - Pharmaceutical Waste Reduction in the NHS. Version 1 \(June 2015\)](#)

12. ASSOCIATED POLICIES

- None

13. CONTACT DETAILS

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14. APPENDIX 1: EQUALITY IMPACT ANALYSIS FORM

1.	Title of policy/ programme/ service being analysed
	Repeat Ordering Schemes ('Managed Repeats') for GP Practices Policy
2.	Please state the aims and objectives of this work.
	'Managed repeats'/ repeat ordering schemes operated by Community Pharmacies, in which a Community Pharmacy orders repeat prescriptions on behalf of patients, have been identified as an area which could be creating unnecessary medication waste and hence adopting this best practice policy will help to minimise this waste and ensure NHS Vale of York Clinical Commissioning Group make best use of NHS resources.
3.	Who is likely to be affected? (e.g. staff, patients, service users)
	Patients (or their appropriate representative) will be asked a series of questions in relation to their requirement for medication on repeat prescription. They will be asked to sign documentation to say they require the medication ordered, if they are able to do so.
4.	What sources of equality information have you used to inform your piece of work?
	None – affects entire population
5.	What steps have been taken ensure that the organisation has paid <u>due regard</u> to the need to eliminate discrimination, advance equal opportunities and foster good relations between people with protected characteristics
	Where patients are unable to sign documentation (disabilities/ cannot be physically present in the Community Pharmacy) alternative arrangements can be made i.e. appropriate suitable patient representative may do this on behalf of the patient or the patient may be exempt from signing the documentation.
6.	Who have you involved in the development of this piece of work?

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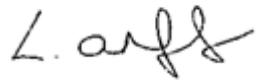
	Primary Care Organisation representatives, Community Pharmacy North Yorkshire (Local Pharmaceutical Committee), Local Medical Committee representatives, Strategy and Assurance Manager, NHS Vale of York Clinical Commissioning Group, Healthwatch York	
7.	<p>What evidence do you have of any potential adverse or positive impact on groups with protected characteristics? No evidence to date but consulting with Healthwatch York</p> <p>Do you have any gaps in information?</p> <p>Include any supporting evidence e.g. research, data or feedback from engagement activities</p> <p>There is nothing in the policy that does not support equality and diversity in accordance with the CCG Equality and Diversity Strategy.</p>	
	Disability People who are learning disabled, physically disabled, people with mental illness, sensory loss and long term chronic conditions such as diabetes, HIV)	Consider building access, communication requirements, making reasonable adjustments for individuals etc.
	The policy does not affect people in this category any more or less than the current provision of the requirements of the people within this category in obtaining NHS prescriptions from their GP Practice and Community Pharmacy. All Community Pharmacies are required to comply with the Accessible Information Standard legislation. Where patients experience particular difficulty alternative arrangements can be made at the Community Pharmacy discretion.	
	Men and Women	Consider gender preference in key worker, single sex accommodation etc.
	Not applicable	
	Race or nationality People of different ethnic backgrounds, including Roma Gypsies and Travelers	Consider cultural traditions, food requirements, communication styles, language needs etc.
	The policy does not affect people in this category any more or less than the current provision of the requirements of the people within this category in obtaining NHS prescriptions from their GP Practice and Community Pharmacy.	

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This applies to all age groups. This can include safeguarding, consent and child welfare	Consider access to services or employment based on need/merit not age, effective communication strategies etc.
The policy does not affect people in this category any more or less than the current provision of the requirements of the people within this category in obtaining NHS prescriptions from their GP Practice and Community Pharmacy	
Trans People who have undergone gender reassignment (sex change) and those who identify as trans	Consider privacy of data, harassment, access to unisex toilets & bathing areas etc.
N/a	
Sexual orientation This will include lesbian, gay and bi-sexual people as well as heterosexual people.	Consider whether the service acknowledges same sex partners as next of kin, harassment, inclusive language etc.
N/a	
Religion or belief Includes religions, beliefs or no religion or belief	Consider holiday scheduling, appointment timing, dietary considerations, prayer space etc.
N/a	
Marriage and Civil Partnership Refers to legally recognised partnerships (employment policies only)	Consider whether civil partners are included in benefit and leave policies etc.
N/a	
Pregnancy and maternity Refers to the pregnancy period and the first year after birth	Consider impact on working arrangements, part-time working, infant caring responsibilities etc.

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N/a	
Carers This relates to general caring responsibilities for someone of any age.	Consider impact on part-time working, shift-patterns, options for flexi working etc.
The policy does not affect people in this category any more or less than the current provision of the requirements of the people within this category in obtaining NHS prescriptions from their GP Practice and Community Pharmacy	
Other disadvantaged groups This relates to groups experiencing health inequalities such as people living in deprived areas, new migrants, people who are homeless, ex-offenders, people with HIV.	Consider ease of access, location of service, historic take-up of service etc.
The policy does not affect people in this category any more or less than the current provision of the requirements of the people within this category in obtaining NHS prescriptions from their GP Practice and Community Pharmacy	

Sign off
Laura Angus Lead Pharmacist, NHS Vale of York Clinical Commissioning Group 
29 th June 2016
Dr Shaun O'Connell GP Lead for Planned Care and Prescribing, NHS Vale of York Clinical Commissioning Group 
29 th June 2016

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16. APPENDIX 2: SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development plan or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Repeat Ordering Schemes 'Managed Repeats' For GP Practices Policy
What is the main purpose of the document	'Managed repeats'/ repeat ordering schemes operated by Community Pharmacies, in which a Community Pharmacy orders repeat prescriptions on behalf of patients, have been identified as an area which could be creating unnecessary medication waste and hence adopting this best practice policy will help to minimise this waste and ensure NHS Vale of York Clinical Commissioning Group make best use of NHS resources.
Date completed	22 nd June 2016
Completed by	Laura Angus, Lead Pharmacist

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport?	N/A		
	Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)?	N/A		
	Will it reduce 'care miles' (telecare, care closer) to home?	N/A		
	Will it promote active travel (cycling, walking)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it improve access to opportunities and facilities for all groups?	N/A		
	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery?	N/A		
Procurement	Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?	N/A		
	Will it promote ethical purchasing of goods or services?	N/A		
Procurement	Will it promote greater efficiency of resource use?	1	Makes best use of NHS resources by seeking to limit the amount of medication wasted.	
	Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)?	1	Makes best use of NHS resources by seeking to limit the amount of medication wasted.	
	Will it support local or regional supply chains?	N/A		
	Will it promote access to local services (care closer to home)?	N/A		
	Will it make current activities more efficient or alter service delivery models	1	It will make current activities more efficient by ensuring only repeat medication that is required is generated by the GP Practice and dispensed by the Community Pharmacy	

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	1	The Primary Care Organisation is responsible for using registered specialist contractors to remove waste from pharmacies and convey it to a licensed site for safe disposal. This policy seeks to reduce the volume of medicines wasted and hence reduce the volume to be disposed.	
Workforce	Will it provide employment opportunities for local people?	N/A		
	Will it promote or support equal employment opportunities?	N/A		
	Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?	0		
	Will it offer employment opportunities to disadvantaged groups?	N/A		
Community Engagement	Will it promote health and sustainable development?	N/A		
	Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	1	The draft version of the policy has been sent to GP Practices and Community Pharmacies for consultation	
Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?	N/A		

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Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
	Will it increase safety and security in new buildings and developments?	N/A		
	Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)?	1	If the policy reduces waste it will have a positive environmental impact	
	Will it provide sympathetic and appropriate landscaping around new development?	N/A		
	Will it improve access to the built environment?	N/A		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	N/A		
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?	N/A		
	Will it promote prevention and self-management?	1	This policy will promote the prevention of an adverse event relating to the stock-piling of medication in that it will seek to reduce stock-piling. Encourages patients to self-manage their medication requirements.	

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	Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available?	1	This policy follows best practice to seek to make the best use of NHS resources	
	Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	N/A		