

Electronic Prescription Service (EPS) and Repeat Dispensing (RD) A guide to suitable patient selection

RD, (with or without EPS) is not suitable for all patients and should be seen as a “service” that the surgery can offer only to suitable, selected patients.

Experience has shown that about 10% of all repeat prescribing patients could be suitable for RD in the early stages. This figure is likely to increase as the model becomes more established within the practice.

The system works well if the patient has all their required medication issued on one or more RD prescriptions and this / these remain unchanged for the lifetime of the prescription.

The more medications a patient has, the greater the chance that the patient will require a change to one of the given medications during the lifetime of the prescription generated. It would be sensible, therefore, to show caution when selecting patients with respect to the number of repeat therapies that a patient has prescribed.

GPs are encouraged to work with their local community pharmacists to identify and recommend suitable patients, although the ultimate decision to accept a patient for repeat dispensing rests with the prescriber. The patient’s regular community pharmacy would be able to advise whether medicines are currently being well managed by the patient / carer.

Criteria marked * are mandatory inclusion/exclusion criteria. The others are guidelines.

Inclusion Criteria

Patients with the following may be suitable for RD –

- Medical condition stable on current medication
- Medication review not required within 6 months
- Taking six (or less) regular (not PRN) oral medicines
- On the same medication regime for the last 6 months
- Previous regular ordering habit
- Where their medication is expected to remain stable for the term of the repeatable prescription.

Exclusion Criteria

Patients with the following are unlikely to be suitable for RD -

- Prescribed controlled drugs*
- Prescribed PRN medicines, whether topical, oral or injectable
- Taking antidepressants or benzodiazepines.
- Taking warfarin
- Taking amber 1 drugs, particularly DMARDs
- Requiring frequent review of their condition and medication.
- Requiring frequent changes, including dose changes, to their medication.
- With irregular ordering of prescriptions or confusion over medication
- Care Home residents – see below

If the patient has a prescription for any of the recommended exclusions (controlled drugs, benzodiazepines, antidepressants, amber 1 drugs, warfarin or PRN medicines) there is no advantage to putting their other medicines on the repeat dispensing system as the patient, the pharmacy and the practice will have to operate 2 systems in parallel.

Inclusion of PRN drugs on the same RD script as regular medicines is likely to result in medicines being dispensed that are not needed and hence an increase in wasted medicines.

Electronic Prescription Service (EPS) and Care Home residents

Older people in care homes usually present with co-morbidities and are particularly vulnerable to the adverse effects of medication. This often means that they are taking a considerable number of drugs including “when required “(PRN) items which may be liable to change at any time.

The care homes are also advised by the Pharmaceutical Society that it is best practice to order the required items directly from the GP practice themselves and to check the printed prescriptions themselves before submitting them to the dispensing pharmacy to ensure that the medication is correct. This added security step is lost with EPS.

EPS is therefore not currently recommended for Care Home residents. As the EPS system becomes more generally adopted and audited it may be possible to include the more stable residents of care homes.

References

<http://www.connectingforhealth.nhs.uk/systemsandservices/eps/library/comms/release2/bpg/repeat.pdf>

The Handling of Medicines in Social Care 2007. The Royal Pharmaceutical Society

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