

SULLIVAN WAY SURGERY

REPEAT PRESCRIBING – PREVENTION OF MISUSE POLICY

INTRODUCTION

The purpose of this policy document is to set out the method by which the misuse of the repeat prescription protocols will be avoided or controlled, and the roles and responsibilities within the practice.

It may be necessary on occasion, or over a prolonged period, to monitor and compulsorily control the issue of repeat prescriptions where a patient is over-using, or suspected of misuse. This policy should be read in conjunction with the Repeat Prescribing Protocol [*].

The GP retains accountability for all drugs prescribed.

IDENTIFICATION OF A PROBLEM

The issue of drugs is, in most cases, computer controlled and monitored for both over use and under use. Situations arising where an issue is requested falling outside “normal” parameters must be brought to the attention of the patient’s GP ***prior to issue***. Such situations may include:

- Where a compliance check highlights over or under use. Particular attention should be paid to ‘as required’ drugs or controlled drugs and if problems are suspected the doctor should be alerted, preferably before the prescription is produced.
- Repeat prescriptions are requested at shorter time intervals than have been authorised without agreeing the reason for the early request, e.g. holiday.
- Repeat or *replacement* prescriptions are requested at shorter time intervals on more than one occasion or on a frequent basis regardless of the reason.
- Where a medication review is due but has not taken place.
- Where a drug is requested which is not designated as a “repeat”.
- Where repeated early requests for prescriptions result in timing “creep”, with earlier requests leading to increasing significant over-use over a period of time.
- Any request about which the practice staff are concerned or uncertain including for example lost or stolen prescribed medication.
- Where any aspect of the order is unclear, or incomplete.
- Where a patient requests an unusual item which is not normally included, or differs from the details recorded in their records.
- If a patient under or over orders items on their repeat prescription indicating poor compliance;

And in addition,

Where any of the following drugs are requested, or are requested in the circumstances above:

- Temazepam
- Diazepam (Valium)
- Dihydrocodeine
- Paracetamol and codeine 500/30 preparations, e.g. Solpadol, Tylex
- PPI's

CONTROL

Where a patient is considered to be misusing or over-using they will be requested to discuss their medication with a nominated GP or Practice Pharmacist in all cases. They will use the appointment as a patient education opportunity and will explain the basis of future drug management. This will include all or some of the following suggestions and the discussion and decisions will be confirmed formally in writing to the patient (Appendix A).

Patients subject to formal drug control will have a "Major Alert" placed on their clinical record to that effect. In addition, those patients will have an individual letter sent to them stating that they are subject to formal monitoring (draft example at Appendix A) and setting out the requirements. The patient will be required to sign and return a copy agreeing to this, which will be scanned onto their records.

It is anticipated that clinicians will be required to spend additional time with these patients both initially and later on in order to educate and explain the requirements in relation to prescription control.

The medication to be included on a repeat prescription will be agreed between the clinician and patient and the importance of regular review of repeat medication will be emphasised to the patient.

The patient will be provided with a prescription ordering timetable which must be produced at each repeat prescription request. (Appendix B).

Procedure

Where the clinician considers that a patient is misusing the system the patient will be requested to attend for a medication use review with the GP, when use of items and the timing of repeat prescription orders will be discussed. The patient at that time will be advised that they will be subject to usage monitoring timetable.

The patient will be advised that this will be strictly adhered to, and that if any exceptions to the dates and / or the amounts are required then the patient is required to contact the issuing GP by appointment ***prior to the request being submitted***. Where this discussion does take place the GP will arrange for the timetable to be formally altered and updated in sufficient time for the next repeat order to be processed.

On ordering their repeat prescriptions, the patient is required to contact the practice, on or after the day specified on their timetable **only, and in all cases**. Patients requesting repeat medication prior to the appointed and documented date may be advised that their request will be processed on the documented date only. They may be offered an appointment if they wish to discuss alternative timing with their GP, when the timetable may be amended (as above).

End