Marylebone Health Centre

Repeat Prescription Handling Policy V6 2025 (Updated with Non-Medical Prescribing)

Version	Edited by	Date issued	Next review date
V6	**Jeanette Creaser**	**10/12/2025**	**10/12/2026**

Position	Named individual
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Processing and Requesting PRESCRIPTIONS (RX) V5

Patients on regular medication can obtain repeat prescriptions without seeing a GP/CP every time they order; however they will need to be seen every 6–12 months for a medication review, and sometimes more frequently if clinically required.. This timeframe can ONLY be set by their GP/CP.

Obtaining a repeat prescription:

Requests for repeat prescriptions must be made in writing, unless the patient is housebound or a corer or in special case following agreement with a GP (e.g. the very elderly), by:

1. Filling in a Prescription request form. These can be collected at reception.
2. Sending the request by post.
3. Through online services such as SystmOnline or PATCHs.
4. By email.

   In all cases if the request isrelated to a recent hospital-initiated change or new medication, evidence of the change must accompany the request, including private prescription requests.

Tasks from community services received via SystmOne are directed to the clinical pharmacist or duty doctor, with an accompanying message for their attention. These are NOT usually repeat items.

- Prescriptions take up to **48 working hours** to process. This allows time for adjustments and queries.
- patients permitted to request medication by telephone are indicated as housebound or carer code or written on home page

Completed prescriptions can be collected:

1. From the patient's nominated pharmacy via ETPS.
2. From reception (verification of identity required).
3. By post (if the patient provides a stamped addressed envelope).
4. Via collection by one of the local pharmacies/district nurses.

All staff should encourage patients to request medication online to support medicines management and reduce waste.

Processing Repeat Prescriptions

- Requests are actioned daily and processed by the nominated receptionist (usually before midday).
- Items not needing GP/CP re-authorisation are processed and distributed to GP/CPs fairly or to the duty doctor for urgent requests.
- Items needing re-authorisation are sent to the CP, patient's regular GP or duty doctor. If the reason for reauthorization is a medication review is required admin call and arrange the appointment to expedite the process.
- Prescriptions not requested for 6 months must be reviewed by a GP/CP.
- Non-ETPS prescriptions are returned to reception for collection.
- Requests made more than 7 days too early should be declined unless there is a valid reason (e.g. travel). Patients should be contacted the same day.
- Patients should not be left without essential medication; a temporary supply may be issued by GP/CP discretion.
- Urgent ETPS prescriptions requiring delivery must be communicated to the pharmacy, with documentation added to the patient record.

Reducing Risks and Safe Prescribing

- The practice aims to perform an annual medication review for all patients on repeat medication.
- Collection of controlled substances should be recorded in SystmOne.
- Uncollected prescriptions (over 5 weeks old) should be marked as such and reviewed monthly.
- Lead Administrator and Lead Clinician review systems regularly.
- All prescribing errors and complaints follow practice investigation procedures.
- Shared care management is with approval of the patients lead/or clinical lead GP only.

Staff Roles and Competency

Prescription processing may only be carried out by competent staff who have: - Completed 2 months' employment and induction satisfactorily. - Been trained and approved as safe by the Reception Manager or Supervisor. - Completed at least 60 supervised prescriptions. - Have an operational smartcard.

Private Prescription Requests

- Private-to-NHS prescribing requests are considered case by case.
- Patients must supply written evidence from the private prescriber.
- These prescriptions may take longer than 48 hours.
- The GP/CP may decline prescribing if specialist monitoring is required or if medication is outside the formulary.
- An equivalent NHS-appropriate medicine may be prescribed instead.

Non-Medical Prescribing (NMP)

Purpose

To outline safe and compliant use of non-medical prescribers (NMPs) within the practice, complementing the existing Repeat Prescription Policy.

Key Principles

- NMPs (pharmacists, nurses, paramedics, physiotherapists) must be fully qualified and have prescribing rights annotated on their professional register.
- NMPs must only prescribe **within their competence**.

Governance & Supervision

- NMPs are included in standard clinical governance, supervision, audit and appraisal processes.
- The practice maintains an updated register of NMPs and their scope of practice.

Prescribing Requirements

- NMPs must follow recognised prescribing standards (e.g., RPS Competency Framework).
- Clear documentation of decisions, rationale and follow-up is required.
- Seek GP input for cases outside competence.

Unlicensed Medicines

- Only prescribed when clinically appropriate, justified and documented.

Controlled Drugs

- May be prescribed only where legally permitted and within competence.

Repeat Prescribing

- NMPs must follow the **existing Repeat Prescription Policy** exactly.
- No changes to processes, timeframes or approval pathways.

Supplementary Prescribing

- Requires a Clinical Management Plan (CMP) agreed with a GP.
- Prescribing may not occur outside the CMP.

Indemnity

- NHS NMP work is covered by CNSGP.
- Separate indemnity is required for private/non-NHS work.
