

## Q&A to support implementation of the RCGP/RPS Repeat Prescribing Toolkit

### 1. What is the requirement for Repeat Prescribing in 2025/26 Enhanced Commissioning Framework (ECF)?

The engagement section of the 2025/26 ECF requires local GP practices to assess their current repeat prescribing process, utilising the principles covered within the Repeat Prescribing Toolkit produced by Royal College of General Practitioners (RCGP) and the Royal Pharmaceutical Society (RPS). The toolkit presents a blueprint for process review.

The ask is not for GP practices to create an entirely new process for repeat prescribing, as it is recognised most, if not all, GP practices are likely to already have a process in place for repeat prescribing. But as repeat prescribing is linked to other national priority areas such as overprescribing and polypharmacy, GP practices' processes need to be robust, well documented and efficient enough to manage the issuing of repeat prescriptions for their patients.

### 2. Why should my practice review our repeat prescribing process?

The [Care Quality Commission \(CQC\)](#) requires GP practices to have systems in place to ensure safe and effective delivery of patient care, with medicines being one of the focal points. The [General Medical Council \(GMC\)](#) also expects GPs to be assured the process through which repeat prescriptions are generated is secure and processes are in place to ensure the medicine is still necessary for the patient.

The toolkit recognises there are several factors that impact the current landscape of repeat prescribing and need to be reflected within repeat prescription processes to ensure it meets the needs of the practice's current patient groups:

- Variety of digital ways repeat prescriptions can now be ordered (e.g. NHS App)
- Vast increase in prescribing through electronic prescribing system (EPS) in primary care. Estimated over 95% of all prescriptions issued in primary care in England are through EPS
- A rise in multimorbidity in the elderly population
- Preventing avoidable harm and reviewing the use of repeat prescribing for high risk medicines and high risk therapeutic scenarios. A review of coroners' reports from 2013- 2022 found 1 in 5 coroner-reported, preventable deaths involved medicines. The most common medicines involved were opioids, antidepressants and hypnotics. The decision to prescribe high risk medicines on a repeat basis should be considered on a case-by-case basis.

It is also important to understand whether processes need to be evolved to meet current patient needs as:

- Medication errors can occur at any point of the repeat prescription process. Approximately 237 million medicine errors occur in England per year – of these 66 million potentially clinically significant errors occur per year and 71% of these are in primary care. [Prevalence and Economic Burden of Medication Errors in the NHS in England](#): *'estimate burden using studies that measured harm from adverse drug reactions (ADRs) show estimated NHS costs of definitely avoidable ADRs are £98.5 million per year, consuming 181,626 beds-days, causing 712 deaths, and contributing to 1,708 deaths. This can be divided into: Primary care ADRs leading to a hospital admission (£83.7 million; causing 627 deaths) and secondary care ADRs leading to a longer hospital stay (£14.8 million; causing 85 deaths and contributing to 1,081 deaths)'*
- Recognition that patients' needs are best met when the patient feels listened to and involved in making decisions about their health, leading to improved adherence to medicine taking
- Medicines harm reduction remains a national focus particularly for higher risk medicines or higher risk scenarios (e.g. polypharmacy, 10 or more repeat medicines and 75 years old and over)

- The risk of not supplying is highlighted in the toolkit due to reports of death due to strict adherence to repeat medicine issuing. Therefore, consideration is needed on how requests for high risk, essential medicines are dealt with when the request does not align with normal ordering processes.

### 3. What led to the development of the Repeat Prescribing Toolkit?

Nationally, repeat prescriptions are a vital part of GP practices' daily workstream therefore there is a fundamental need for robust and thorough processes to be in place to support associated workflow. National figures state:

- In 2022/23, 1.18 billion prescription items were dispensed in primary care across England
- More than 410 million repeat prescriptions produced a year (equivalent to an average of more than 375 per GP per week)
- Three quarters of all prescription items dispensed are from repeat prescriptions. This accounts for 80% of NHS medicine costs for primary care

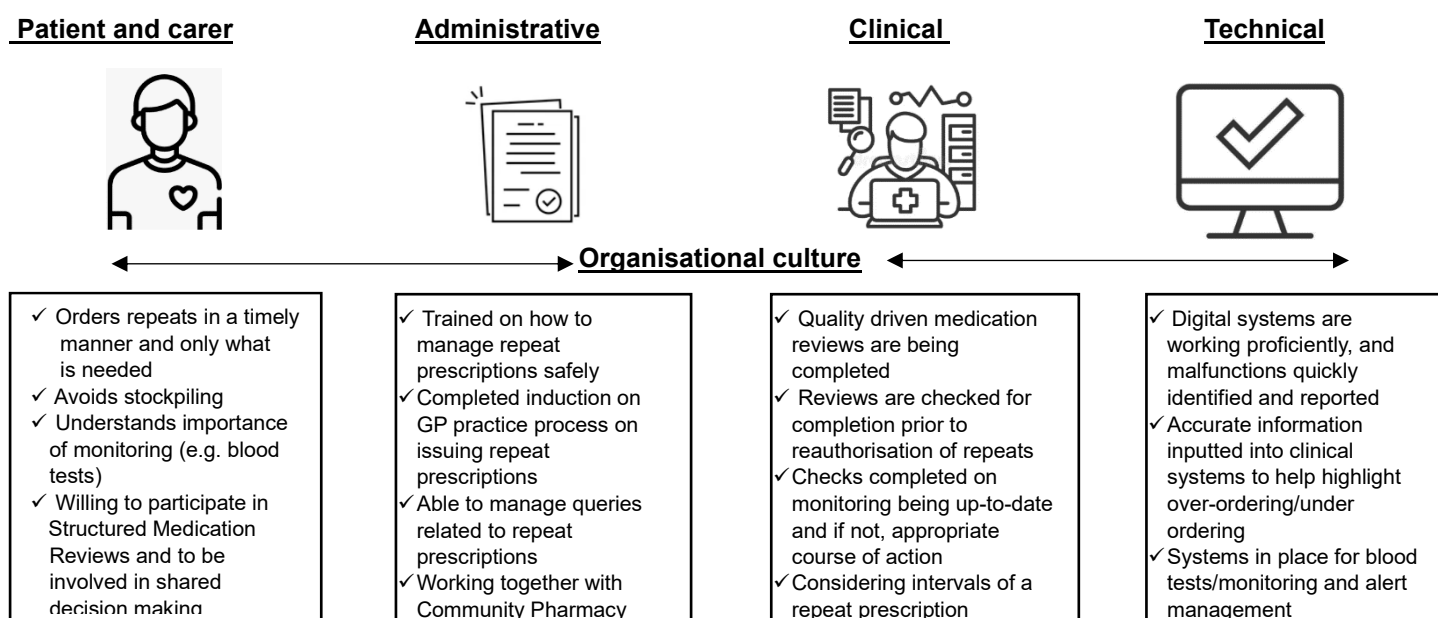
In 2021, The Department of Health and Social Care published the National Overprescribing Review which made 20 system wide recommendations in helping tackle overprescribing. One recommendation was for the RCGP and RPS to collaboratively produce a national toolkit on repeat prescribing processes. This includes identifying oversupply which may be leading to medicines' waste; and stopping overprescribing with a view to help improve patient care (based on the National Overprescribing Review it is estimated at least 10% of the current volume of medicines in England may be overprescribed). See local question and answer guide on [Overprescribing and Reducing Harm from Medicines](#).

Non-clinical staff within GP practices play a pivotal role in many aspects of repeat prescribing processes. The toolkit distinguishes between the clinical, technical and administrative functions and provides an opportunity for non- clinical staff members to become more involved with changing current working practices where necessary.

### 4. How can the toolkit help my practice to review our repeat prescribing process?

The following summarises key areas within the toolkit which offer GP practices an insight into what contributes to the running of an effective repeat prescribing process and strategies to examine their current repeat prescribing process:

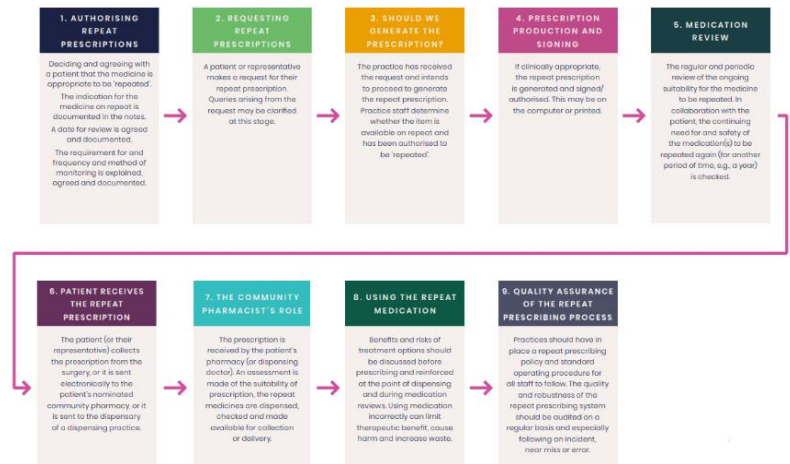
- a) Elements of an effective repeat prescribing system - the [toolkit](#) recognises **5 key elements** which must work in a synchronised manner to help contribute to the workings of an effective repeat prescribing process. Organisation culture is the underlying component to all elements. Creating a working environment where staff and patients can raise concerns and for these be acknowledged and dealt with appropriately is crucial. The below demonstrates each element when the repeat prescription process works well.



- b) **Process mapping** - Provides a visual representation of workflow and processes within a GP practice. The steps will be unique to a GP practice; however the map should attempt to encompass all elements of repeat prescriptions (such as administrative, technical and clinical) and consider all staff, clinician and non-clinical, involved within the process.

The process mapping helps to:

- Recognise steps which are working well/ potential gaps
- Reassess the right team members are aligned to a particular step in the process that suits their skill set/experience
- Encourages teams to consider how they can harmoniously work together



Process mapping of repeat prescribing processes within GP practices has been [linked](#) to improving efficiencies, in turn reducing amount of time spent on repeats and overall enhancing of patient satisfaction. There are [resources](#) to support process mapping, the above diagram illustrates steps recommended for inclusion (Source: RCGP/RPS Repeat Prescribing Toolkit, 2024).

- c) **Self-Assessment** – this can be used to reflect on current processes and together within respective teams (needs to be team led to reflect workings of entire team), agree on where the gaps are and consider steps to address these. The flow diagram below illustrates suggested steps for GP practices when completing the repeat prescribing self-assessment (Source: RCGP/RPS Repeat Prescribing Toolkit, 2024).

Overview of steps:

- Lead:** The 'Lead' does not necessarily need to be a clinician. If a Lead is appointed, this self- assessment should remain a team led approach
- Working group:** This should ideally consist of clinical and non-clinical staff
- Self- assessment questions:** The toolkit provides a comprehensive list of core and advanced questions within each one of the 5 elements of the repeat prescribing process (pages 44- 49 of the [toolkit](#)). The core questions cover fundamental areas and is advisable for **all** GP practices to address. The advance questions can also be completed by GP practices to strengthen their processes.
- Questions for Community Pharmacy:** A different set of assessment questions can also be used by Community Pharmacy Team/Dispensing Practices (page 50-51 of the toolkit) to allow collaborative working with a key stakeholder.



- Questions for Patient Participation Group (PPG): Questions can relate to their experience of ordering repeat prescriptions and whether the process is clear for patients (examples on page 27 of the toolkit)
- Urgent issues/action plan: Once urgent issues have been addressed, an action plan can be drawn up detailing areas which will be worked on over time by the GP practice in conjunction with other stakeholders (depending on issues identified). This can include whether staff are equipped/trained to handle assigned tasks and scope out areas of support. Example action plan can be found on pages 52- 53 of the toolkit.

## 5. How can PMOT support?

In addition to utilising national and local resources available (a summary of which that can be found below), PMOT is looking to work alongside GP practices and support with reviewing repeat prescription processes across 2025/26. We can provide: targeted practice support (based on expression of interest and data analysis) support with NHSBSA Oversupply Dashboard Review and upskilling team members on use. Support can also include using assessment checklist to identify areas of improvements and creating an action plan. For further information, please reach out to Hertfordshire and West Essex ICB PMOT Team: [hweicbhv.medicinesoptimisationteam@nhs.net](mailto:hweicbhv.medicinesoptimisationteam@nhs.net) .

## 6. What national and local resources are available to support improve repeat prescribing processes?

### *NHS Business Service Authority (NHSBSA) Oversupply Dashboard*

- This can be used identify potential oversupply (i.e. where more of a medicine is dispensed than typically needed or required by the patient). The [dashboard](#) covers 7 therapeutic areas/medicines where dosing is relatively simple to measure. Highlights any outliers based on cumulative quantities of prescribing over a 12-month period. The dashboard is free for GP practices to sign-up to.

### *Ardens*

- [Ardens](#) have a suite of resources available which GP practices can utilise to improve repeat prescribing processes. These include drug monitoring templates for high risk drugs, improving patient engagement, prescription clerk/pharmacy technician templates for repeat prescription processes.

### *Electronic Repeat Dispensing (eRD)*

- There are benefits of using eRD such as reduced workload for GP practices and patients can visit their pharmacy directly for a further supply of medicines (provided the batch of prescriptions is still current and suitable for dispensing). This type of prescription is primarily for those who are stable on their medicines and unlikely to need a dose change within the near future/no concerns regarding adherence, hence not required to see a clinician until their next medicine review.
- It is important to consider a clear eligibility criteria based on your practice's patient cohorts as eRD may not be suitable for all patients, the following NHSBSA [resource](#) may help.
- NHSBSA can help GP practices with identifying patients suitable for eRDs. GP practices may also wish to incorporate checking for suitability for eRD as part of medication reviews. Maintaining a good working relationship with local Community Pharmacies also benefits this process. Local resources include: eRD user guide for [EMIS and SystmOne](#) and [cancelling/amending eRD guide](#) . NHSBSA have [national resources](#) and [patient resources](#) available on their website.

- [NHS Digital](#) also has an array of materials and resources on eRDs which can be utilised.
- It is recognised that once a complete batch of eRD prescriptions have been dispensed, patients are unable to reorder the next batch of eRDs through the NHS App. Nevertheless, the NHS App still allows patients to see which medicines are on electronic repeat dispensing and has multiple other benefits when used (such as managing appointments and viewing medical records).

#### Local resources

- Generally, if a patient is stable on their medicines, synchronisation of repeat prescriptions is encouraged where possible to help reduce medicines' wastage and to streamline workload for GP practices, Community Pharmacies and improve ordering process for patients. For further information, see local [Prescription Duration Guidance](#).
- [Prescriber Quick Guide to Prescription Processes in Primary Care](#) and [Hints and Tips for Prescription Clerks](#) are local resources produced to help with repeat prescription management.

#### Patient resources

- Shared decision making is key and as the toolkit highlights, patients play a vital role in the running of an effective repeat prescribing system. Further information on shared decision making can be found within local Q&A guide on [Overprescribing and Reducing Harm from Medicines](#) and within The Health Innovation Network's guidance on the [mechanics of tackling overprescribing and problematic polypharmacy](#). Patients can also be directed to: [Shared decision-making - Herts and West Essex ICS](#), which provides a copy of the [It's Ok to Ask](#) leaflet which patients can use to annotate their own notes/questions when they are due to speak to their healthcare professional.
- Repeat prescribing patient partnership agreement puts forward suggested responsibilities of the local NHS in managing their repeat prescription process and the patient's role in ensuring they safely obtain their repeat medicines. An example/template patient information leaflet that GP practices may wish to use is included on page 29 of the [toolkit](#).
- World Health Organisation '*5 moments of patient safety engagement*' tool aims to empower patients and their carers to be involved in their own care and focuses on 5 key moments where actions by the patient or carer can aid in minimising the risk of harm linked to medicine use. The following [leaflet](#) can be shared with patients.
- Local patient facing campaign titled '*Only order what you need*' campaign is planned for roll out across Hertfordshire and West Essex in 2025/26. This will help reinforce the importance of reducing stockpiling and encouraging patient responsibility in checking what medicines they are due to run out of prior to requesting a repeat prescription.

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