



# **Practice Based Audit Report 2013/14**

## **Repeat Medication Ordering and Interventions**

## Executive Summary

- Data relating to 1926 patients was collected from 96 community pharmacies during the 2013/14 audit cycle; the audit was conducted in Hertfordshire.
- 8615 regular medicines were prescribed on 1851 prescriptions (mean 4.7 items) and 1034 'when required' medicines were prescribed on 542 prescriptions (mean 1.9).
- The data identified the following medicines waste related issues:
  - The essential repeat dispensing service was associated with potential medicines waste due to excess supplies (n=55, 17.6%)
  - The pharmacy managed repeat service was associated with potential medicines waste due to excess supplies (n=102, 9.7%)
  - Patient self managed service was associated with potential medicines waste due to excess supplies in (n=63, 11.3%) cases
  - The repeat ordering system for nursing homes needs an in depth review - although a small sample size, the data indicated a high level of waste due to excess supplies (n=8, 22.9%).
- Managed repeat prescription processes have developed to support patients and the primary care workforce manages the supply of prescribed medicines. Support varies from acting as a local postal service to a fully supported managed repeat service.
- The repeat dispensing essential services is underutilised - the service supported 313 (16.4%) of prescriptions compared to 1055 (55.1%) that used a pharmacy supported ordering service. The prescription ordering service could be formalised by encouraging the use of the repeat dispensing service. 557 patients (28.9%) self managed the repeat ordering system.
- The data collection process resulted in a limited number of patients who were supported by a GP service - 29 (1.5%) and 53 (2.8%) patients utilised an IT service.
- The medicine selection process took place when the due date approached on 1493 (77.5%) occasions and 311 instances (16.1%) when the previous supply was made. Data analysis indicates that there is no association between when medicine selection takes place and medicines wastage - specifically 'unrequested items on prescriptions' and 'the patient did not need the medication due to excess supplies'.
- Service outcomes included:
  - 1451 (75.3%) patients had all required prescription items dispensed including regular and as required
  - 92.7% had all items ready to be collected when the patient expected them
  - 264 (13.7%) patients needed additional supplies of medicines that they take on a regular basis
  - 232 (12%) patients needed additional supplies of 'when required' items
  - 55 (2.9%) instances of 'unrequested items' on prescriptions
- 336 (3.9%) items that are 'taken on a regular basis' and 111 (6.0%) items that are 'taken when required' were not needed at the time of collection.

## Background

The treatment of long term conditions often includes prescribed medication<sup>1</sup>. In the primary care setting the generation of a paper repeat prescription may be triggered by a request for a medication. This results in the generation of a paper repeat prescription that has to be signed by the prescriber. Electronic prescribing is being implemented and electronic managed repeat prescription services are developing. However, this audit focussed on the managed repeat service for the paper based service, the patient is unlikely to have been seen by the prescriber when the prescription is generated. Community pharmacy has developed a range of support processes for the different stages of the repeat prescription process to meet patient need; this varies from patient self management to a pharmacy managed service.

Recently, managed repeat services have received some criticism because of concerns that they can contribute to an increase in waste medicines within the NHS. In response to this, Herts LPC has worked with local stakeholders and committed to collecting data to inform future service developments.

## Purpose

The purpose of this practice-based audit was to take a snapshot of current practice with whatever repeat medication systems you have in place and assess their contribution to on-going patient care.

## Aim

To determine:

- The effect repeat medication systems have on prescribed but unwanted items reaching patients
- How much counselling and advice is given to patients with their repeat medication
- The number and type of interventions made with repeat medication prescriptions

## Results

Data relating to 1926 patients from 96 community pharmacies over a 2-week period were collected in accord with the audit briefing and data collection form (Appendix A). The sample is summarised in the table below:

### Sample demographics

Gender	Is the patient housebound?	Age			Standard Deviation	Count
		Mean	Minimum	Maximum		
Male	Yes (n=94)	72.33	21.00	97.00	16.63	94
	No (n=761)	63.66	1.00	95.00	17.82	761
Female	Yes (n=187)	79.04	13.00	97.00	13.97	187
	No (n=861)	62.56	1.00	97.00	18.28	861

The audit identified 20% of patients (n=386) did not have access to an up to date list of their medicines and this increased to 22.3% of patients who were housebound and 23% of patients who used a pharmacy managed repeat ordering service. 18% of patients who are housebound and use a pharmacy managed repeat ordering service do not have access to an up to date list of their medicines.

**Action point: Further research could be conducted to establish patient outcomes of a local enhanced service that encourages patients to have access to an up to date list of their repeat medicines.**

<sup>1</sup> Howard RL , Avery AJ et al (2007) in *British Journal of Clinical Pharmacology* London: Vol 63, Issue 2, pp.136 –147

Pharmacists reviewed the patient's PMR to determine treatment stability - 84% (n=1610) of patients had not had any regular medication changes in the past six months and 98% (n=1878) had not had their prn medication altered and could therefore be considered stable. This figure varies from the 2013/14 Pharmacy Voice dataset that identified 92% of patients had not had their prescribed medication altered in the past 6 months. The Hertfordshire data was examined for medication variation with disease. The data indicates that the most stable patients are those with cardiovascular disease (82% within disease group) and the least stable are those with diabetes (76% within disease group). Further work is required to explore prescribed medication stability for disease type and co-morbidity.

The audit captured data from a range of repeat management services, these are summarised in the table below.

***Type of managed repeat service***

	Count (%)
Repeat dispensing (batch issues etc.)	313 (16.4%)
Compliance devices associated repeat services	87 (4.5%)
Prescriptions for patients in nursing and residential homes	35 (1.8%)
Patient self manages the complete ordering service and presents the repeat prescription to the pharmacy	557 (29.1%)
Pharmacy supported ordering service	1055 (55.1%)
GP supported ordering service	29 (1.5%)
IT systems supported ordering service	53 (2.8%)

**Retention of Repeat Ordering Slip**

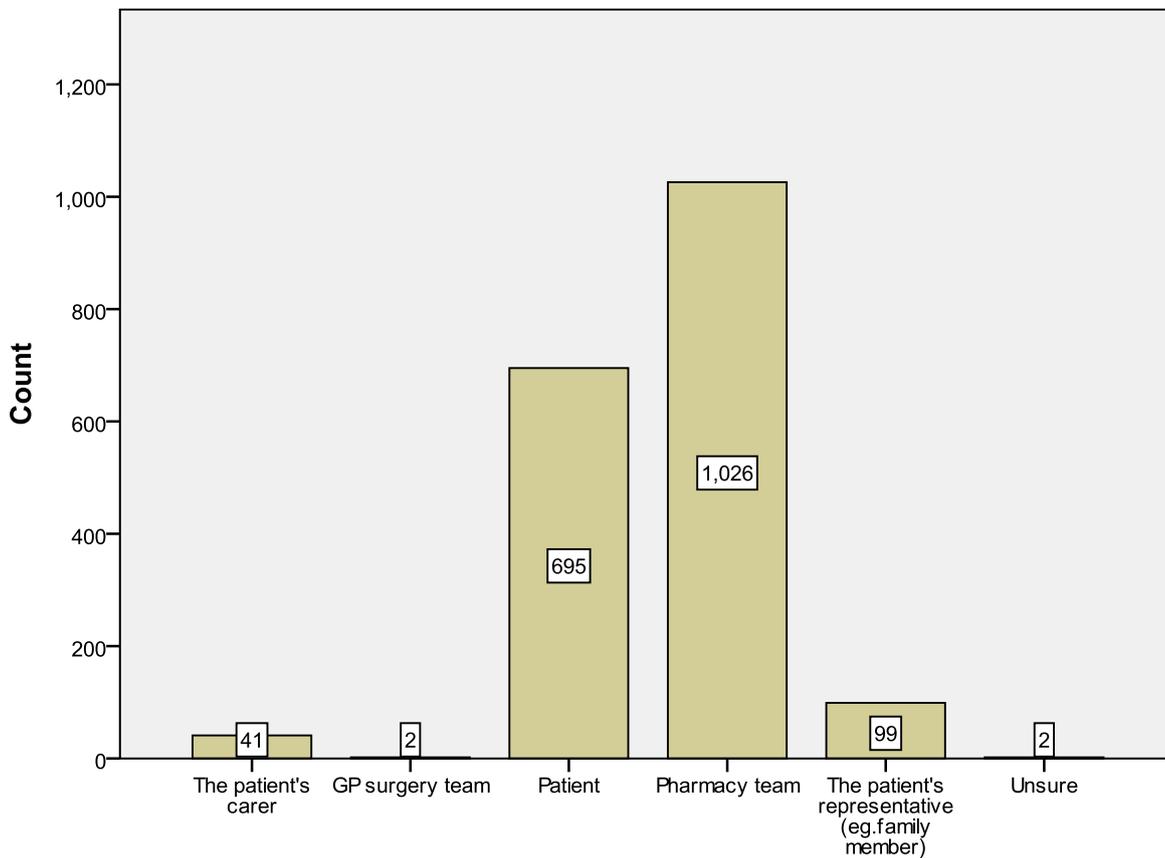
The audit explored who retained the repeat prescription ordering slip for the next supply; this was included to identify the capacity to increase the role of the essential repeat dispensing service. The data identified that patients are prepared for pharmacists to retain the repeat ordering slip. This suggesting that the essential repeat dispensing service could be further developed.

The repeat dispensing essential services is underutilised - the service supported 313 (16.4%) of prescriptions compared to 1055 (55.1%) that used a pharmacy supported ordering service. The prescription ordering service could be formalised by encouraging the use of the repeat dispensing service.

17.3% of patients with diabetes (n=53) and cardio-vascular disease (n=152) used the repeat dispensing service, whereas 11.4% of patients with respiratory disease (n=34) and 14.4% of patients with osteoporosis (n=18) used this service.

The Pharmacy Voice dataset (2013/14) indicated that 8.1% of patients used the repeat dispensing service.

Further work should identify patient groups who would most benefit from the repeat dispensing service, exploring polypharmacy and co-morbidity.

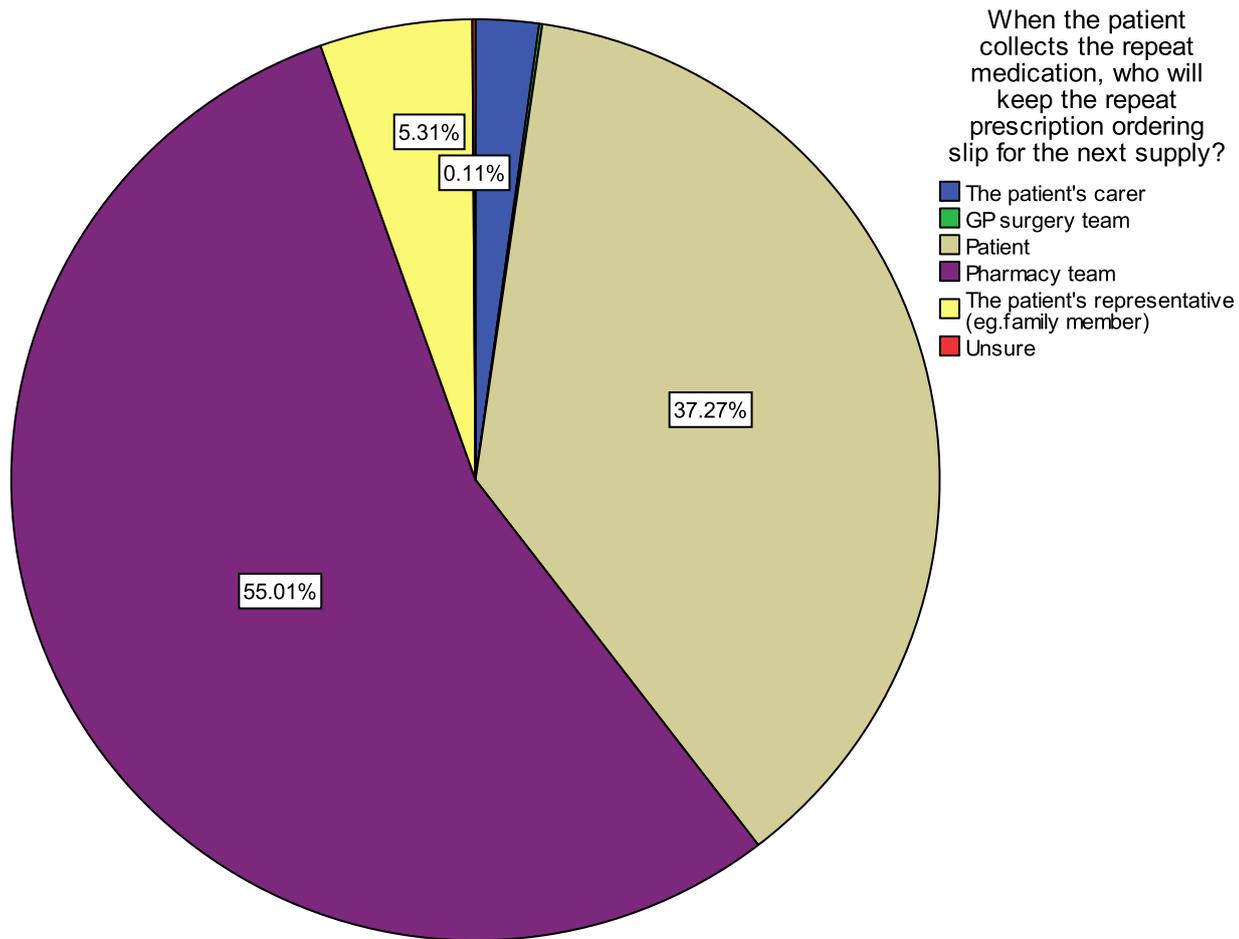


**When the patient collects the repeat medication, who will keep the repeat prescription ordering slip for the next supply?**

This data is further explored in the table below:

When the patient collects the repeat medication, who will keep the repeat prescription ordering slip for the next supply?											
Type of repeat prescription ordering system used	Patient		The patient's carer		The patient's representative (e.g. family member)		Pharmacy team		GP surgery team		
	Count	%	Count	%	Count	%	Count	%	Count	%	
	Repeat dispensing (batch issues etc.)	95	30.9%	7	2.3%	12	3.9%	204	66.4%	1	.3%
Compliance devices associated repeat services	6	7.0%	5	5.8%	3	3.5%	77	89.5%	0	.0%	
Prescriptions for patients in nursing and residential homes	6	17.6%	7	20.6%	2	5.9%	20	58.8%	0	.0%	
Patient self manages the complete ordering service and presents the repeat prescription to the pharmacy	401	86.4%	11	2.4%	53	11.4%	2	.4%	1	0.2%	
Pharmacy supported ordering service	196	18.8%	17	1.6%	32	3.1%	822	79.0%	0	0.0%	
GP supported ordering service	20	69.0%	1	3.4%	3	10.3%	6	20.7%	0	0.0%	
IT systems supported ordering service	11	21.6%	0	.0%	2	3.9%	39	76.5%	0	0.0%	

The pie chart below illustrates that the pharmacy team keep the repeat ordering slips. This highlights the capacity to increase the role of repeat dispensing.



96.5% (n=301) of patients who use the repeat prescribing process have all items dispensed and ready for collection when the patient expected them.

### Medicine Waste

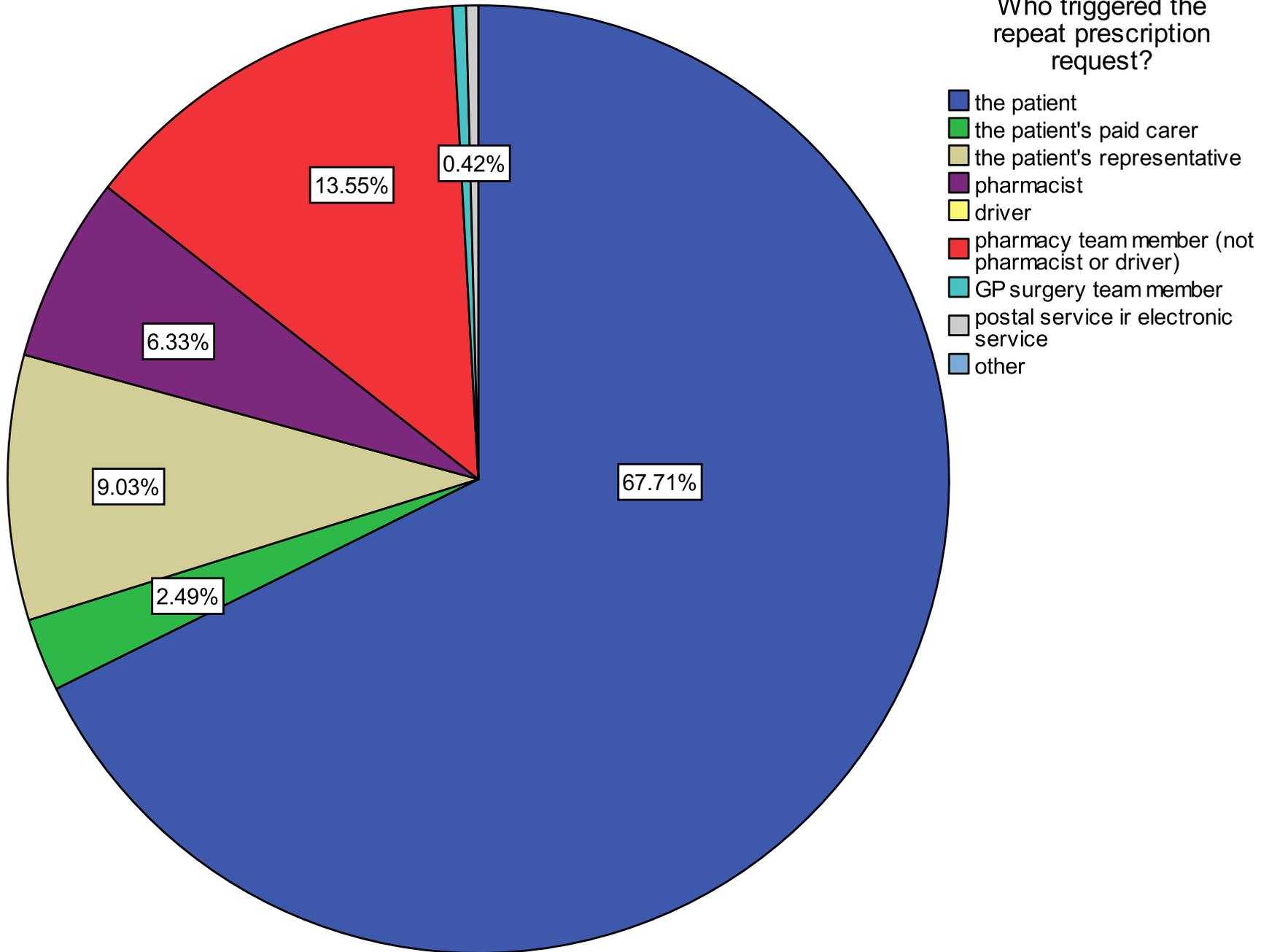
The data was explored to identify medicines waste related issues:

- The essential repeat dispensing service was associated with potential medicines waste due to excess supplies (n=55, 17.6%)
- The pharmacy managed repeat service was associated with potential medicines waste due to excess supplies (n=102, 9.7%)
- Patient self managed service was associated with potential medicines waste due to excess supplies in (n=63, 11.3%) cases
- The repeat ordering system for nursing homes needs an in depth review - although a small sample size, the data indicated a high level of waste due to excess supplies (n=8, 22.9%).

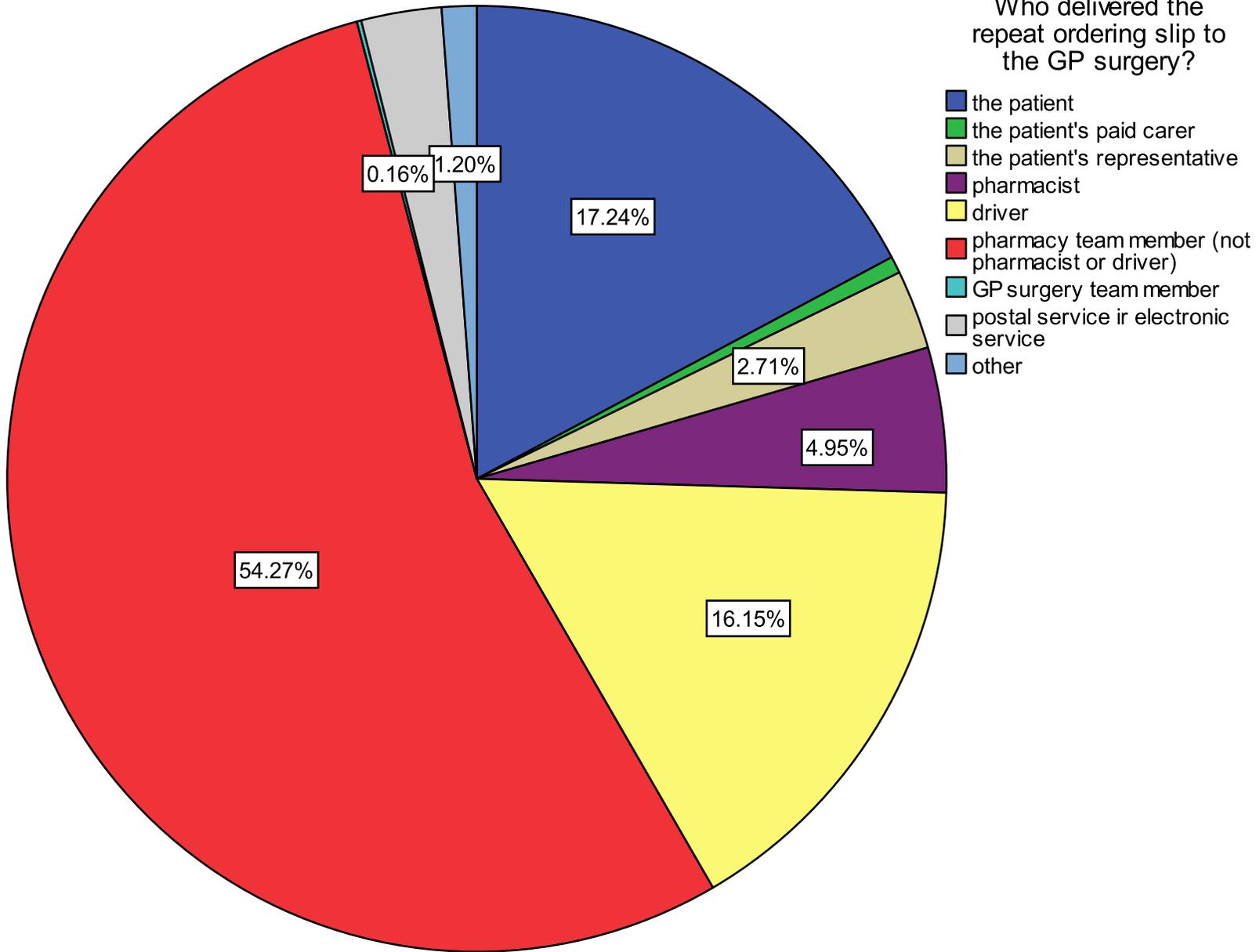
Only five patients (1.6%) indicated that there were unrequested items associated with repeat dispensing (n=308) compared to 2.3% (n=13) when the patient self manages the complete ordering service and presents the repeat prescription to the pharmacy. The pharmacy managed service resulted in 3.1% (n=33) cases where there were unrequested items on the prescription; in 13 of these cases the medication was selected when the previous supply was made, and the other 20 were when the due date approaches.

This suggests that the issues associated with excess ordering may be multifaceted, including polypharmacy, further work should explore these issues.

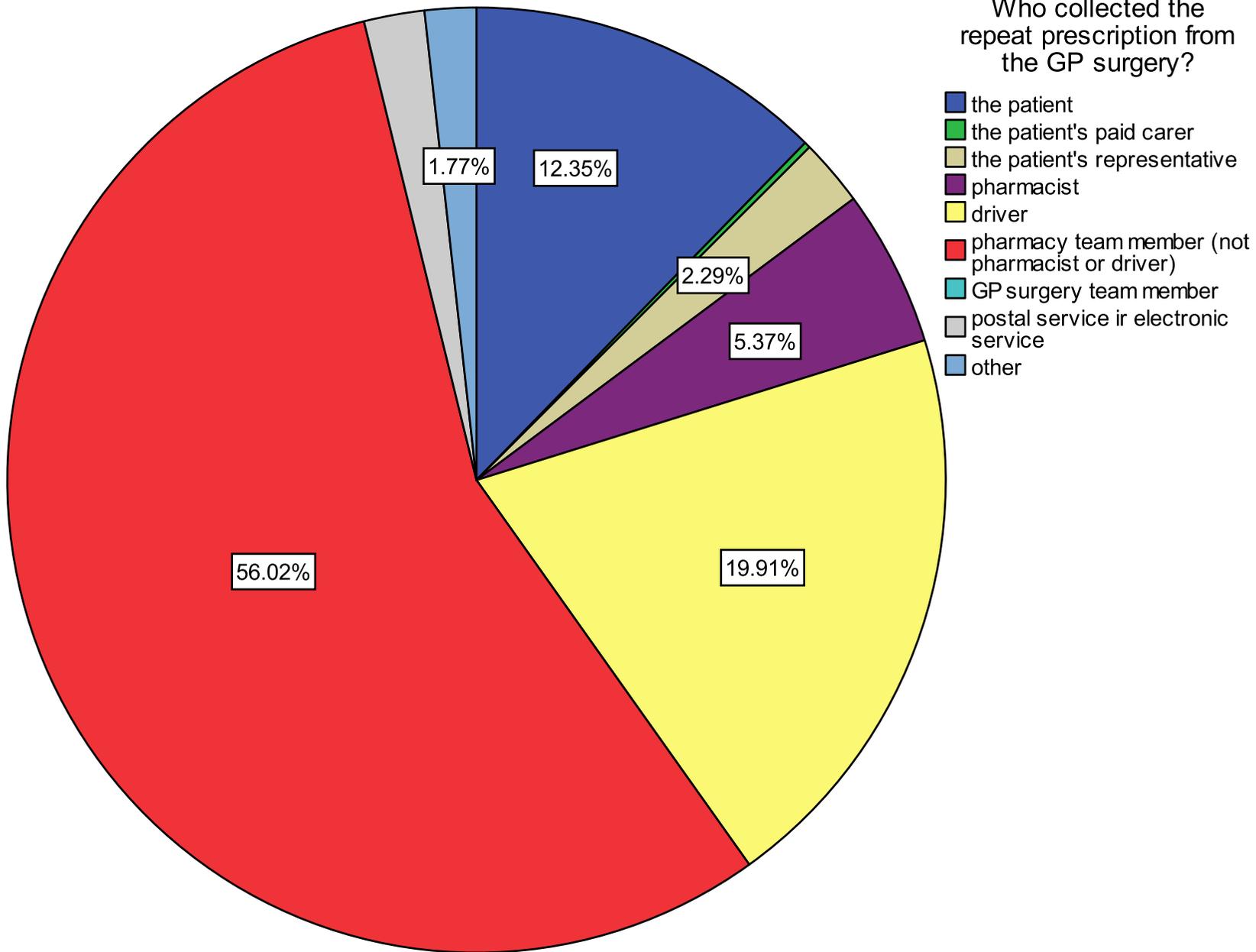
### Who triggered the repeat prescription request?



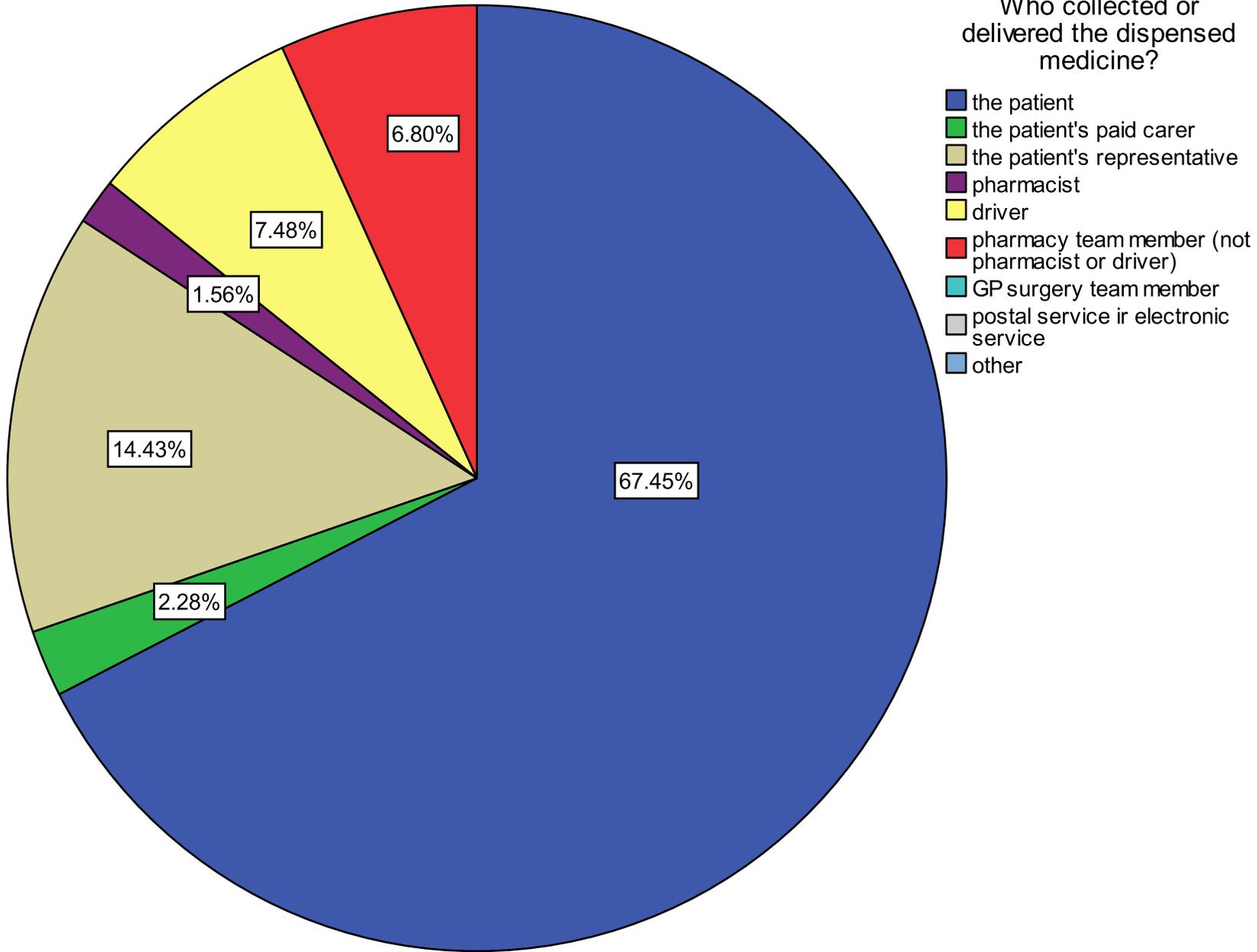
Who delivered the repeat ordering slip to the GP surgery?



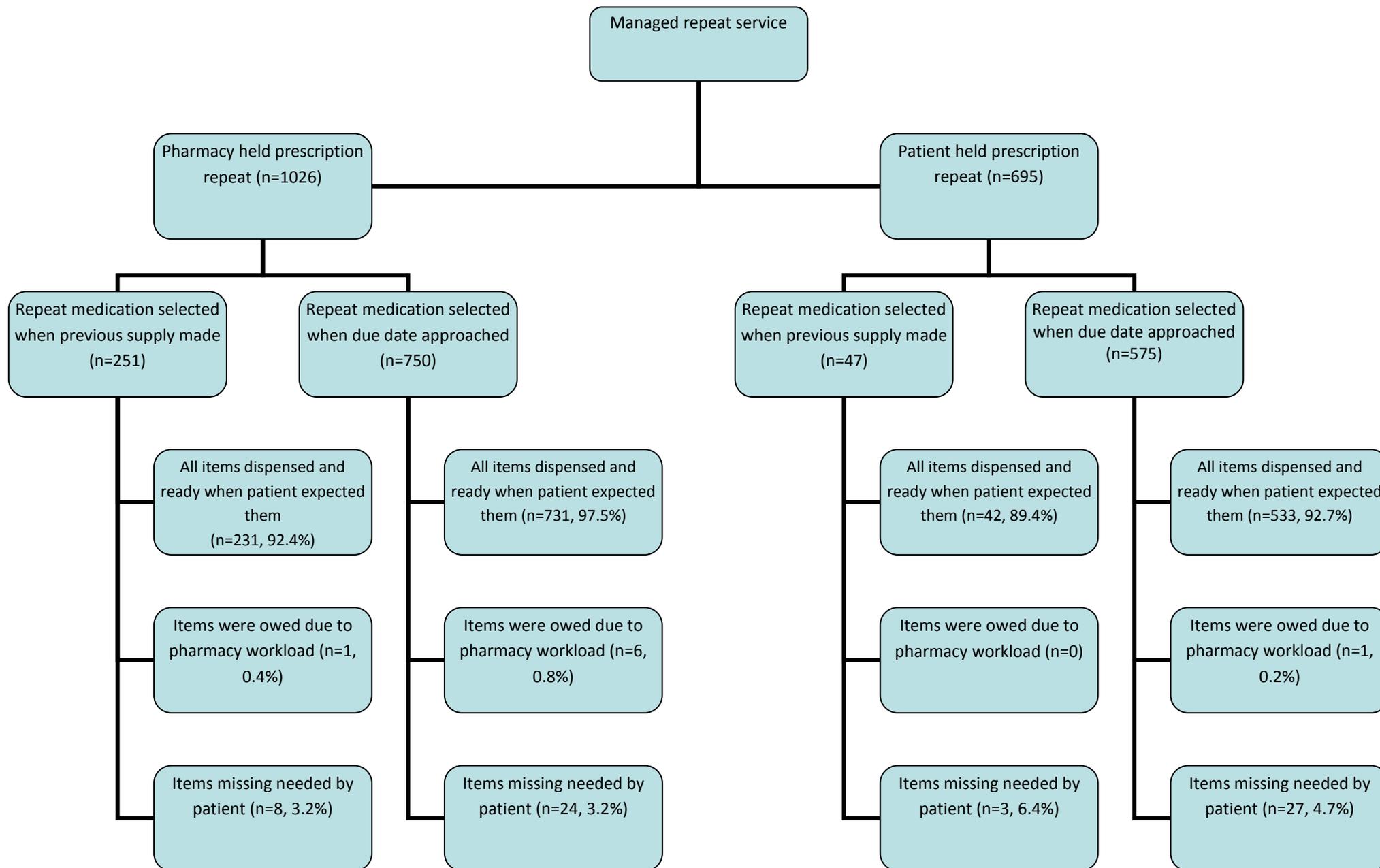
Who collected the repeat prescription from the GP surgery?



Who collected or delivered the dispensed medicine?



Overview of Repeat Prescription Management Services and service outcomes



## Support provided during the managed repeat system

Below is a table that summarises each element of the repeat ordering system. This highlights who provides support and also the added benefit of community pharmacy services.

	Who triggered the repeat prescription request?		Who made the decision to select the medication required on the repeat ordering slip?		Who delivered the repeat ordering slip to the GP surgery?		Who collected the repeat prescription from the GP surgery?		Who collected or delivered the dispensed medicine?	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
The patient	1304	67.7	1429	74.2	331	17.2	237	12.3	1299	67.4
The patient's paid carer	48	2.5	40	2.1	11	.6	4	.2	44	2.3
The patient's representative	174	9.0	166	8.6	52	2.7	44	2.3	278	14.4
Pharmacist	122	6.3	114	5.9	95	4.9	103	5.3	30	1.6
Driver	0	0	3	.2	310	16.1	382	19.8	144	7.5
Pharmacy team member (not pharmacist or driver)	261	13.6	150	7.8	1042	54.1	1075	55.8	131	6.8
GP surgery team member	9	0.5	18	.9	3	.2	40	2.1	0	0
Postal service, IT electronic service	8	.4	4	.2	53	2.8	34	1.8	0	0
Other	0	0	2	.1	23	1.2	40	2.1	0	0
Missing	0	0	0	0	6	.3	7	.4	0	0
Total	1926	100.0	1926	100.0	1926	100.0	1926	100.0	1926	100.0

### Medication Selection Process

The audit considered the medication that has just been dispensed for the patient and pharmacy teams were asked to determine when the patient's repeat medicines were selected. This question was included to enable the data to be analysed to determine if there is a difference in the service outcome according to when the repeat items are selected.

Further work should explore patient outcomes and experiences of this element of service variation.

The results are summarised in the table below:

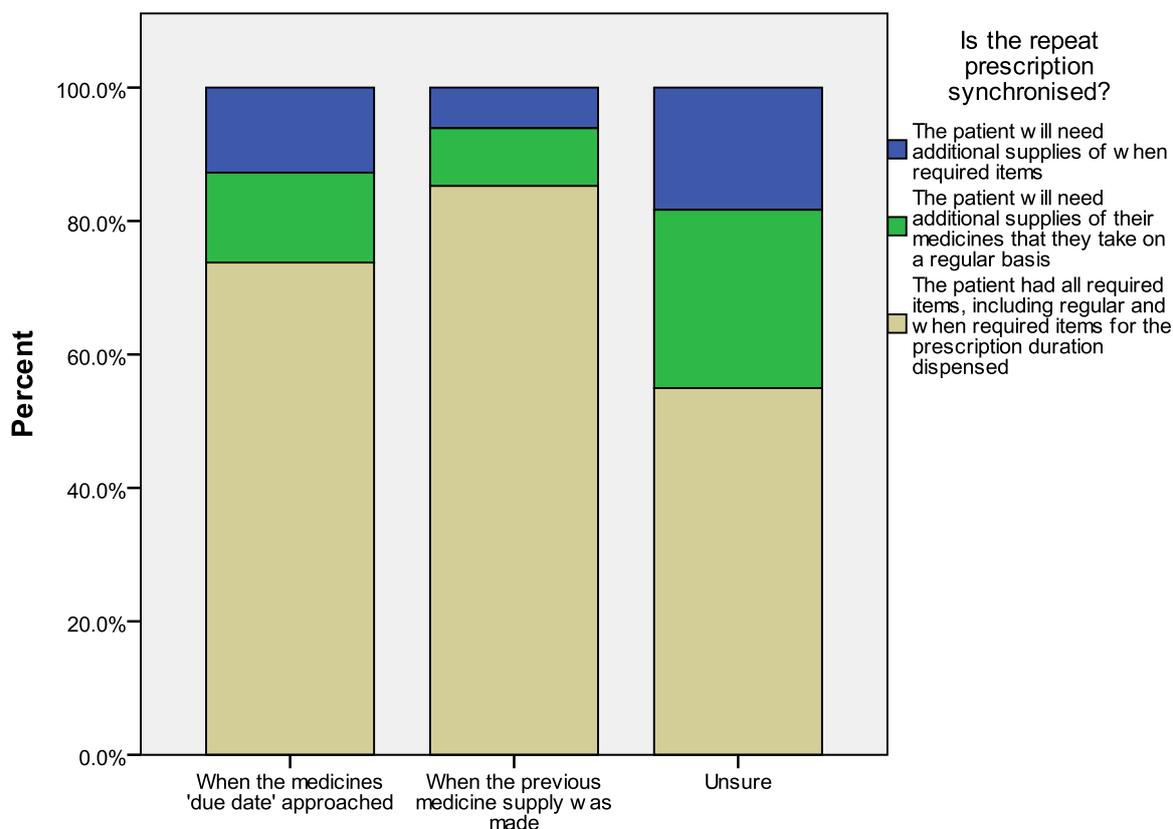
In your assessment, what was the service outcome? (more than one option could be selected)	Considering the medication that has just been dispensed for the patient, when were the patient's repeat medicines selected?					
	When the previous medicine supply was made (n=310)		When the medicines 'due date' approached (n=1493)		Unsure (n=126)	
	Count	%	Count	%	Count	%
All items were dispensed and ready for collection when the patient expected them	285	92.2%	1395	93.5%	108	85.7%
There were some items missing on the prescription that the patient needed	11	3.6%	61	4.1%	13	10.3%
We owed items to the patient because of supply issues	13	4.2%	32	2.1%	4	3.2%
Some items were not ready for collection/delivery when the patient expected them because of pharmacy workload issues	1	0.3%	7	0.5%	0	.0%
Some items were not ready for collection/delivery when the patient expected them because of GP workload issues	3	1.0%	14	0.9%	2	1.6%
Unrequested item on prescription	13	4.2%	38	2.5%	4	3.2%

### Is the repeat prescription synchronised?

Pharmacists were asked to consider if in their opinion, they felt that the patient would need further supplies of some items. They were asked to collect data for both when required and regular items.

The tables below and overleaf present a summary of the results.

In summary, the results indicate that most patients trigger the repeat prescription system. The data related to when the repeat items were selected suggests that systems that select items when the previous supply is made are more likely to produce prescription synchronisation; however this could be attributed to pharmacy teams supporting these services. Further work is required to explore these issues. However, the results indicate that patients may not manage the repeat managed system as efficiently as members of pharmacy teams.



**Considering the medication that has just been dispensed for the patient, when were the patient's repeat medicines selected?**

Type of repeat prescription ordering system used	Is the repeat prescription synchronised?					
	The patient had all required items, including regular and when required items for the prescription duration dispensed		The patient will need additional supplies of when required items		The patient will need additional supplies of their medicines that they take on a regular basis	
	Count	Row N %	Count	Row N %	Count	Row N %
Repeat dispensing (batch issues etc.)	278	88.8%	21	6.7%	16	5.1%
Compliance devices associated repeat services	71	82.6%	12	14.0%	3	3.5%
Prescriptions for patients in nursing and residential homes	28	80.0%	4	11.4%	3	8.6%
Patient self manages the complete ordering service and presents the repeat prescription to the pharmacy	380	68.8%	92	16.7%	99	17.9%
Pharmacy supported ordering service	805	77.0%	116	11.1%	142	13.6%
GP supported ordering service	12	42.9%	5	17.9%	11	39.3%
IT systems supported ordering service	44	83.0%	4	7.5%	9	17.0%

**Considering the medication that has just been dispensed for the patient, when were the patient's repeat medicines selected?**

Who triggered the repeat prescription request?	When the previous medicine supply was made		When the medicines 'due date' approached		Unsure	
	Count	Row N %	Count	Row N %	Count	Row N %
The patient	133	10.2%	1072	82.5%	100	7.7%
The patient's paid carer	8	16.7%	34	70.8%	6	12.5%
The patient's representative	20	11.5%	139	79.9%	16	9.2%
Pharmacist	50	41.0%	73	59.8%	0	.0%
Pharmacy team member (not pharmacist or driver)	94	36.0%	164	62.8%	3	1.1%
GP surgery team member	0	.0%	8	88.9%	1	11.1%
Postal service or electronic service	5	62.5%	3	37.5%	0	0.0%

The patient had all required items, including regular and when required items for the prescription duration dispensed

The patient will need additional supplies of when required items

The patient will need additional supplies of their medicines that they take on a regular basis

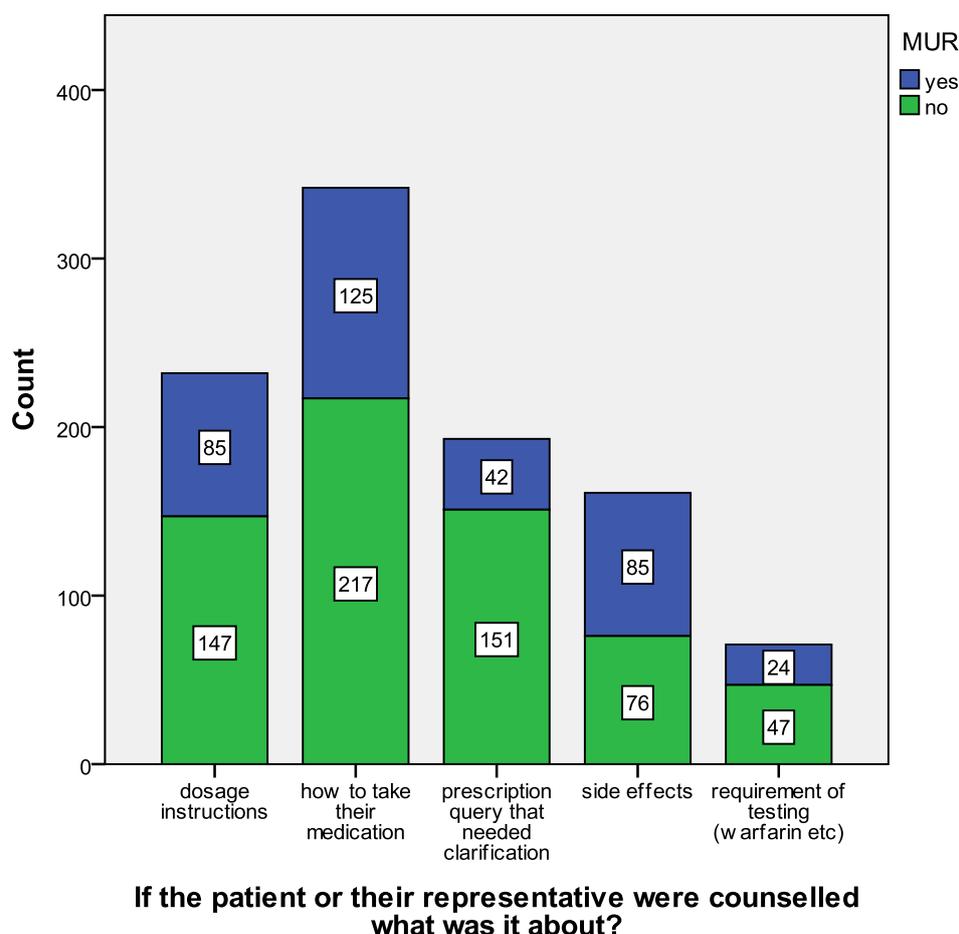
Considering the medication that has just been dispensed for the patient, when were the patient's repeat medicines selected?

	When the previous medicine supply was made			When the previous medicine supply was made			When the previous medicine supply was made		
	Count	Count	Count	Count	Count	Count	Count	Count	Count
the patient	110	776	59	11	139	16	13	172	30
the patient's paid carer	8	23	2	0	7	1	0	2	3
the patient's representative	16	99	8	2	23	6	2	18	2
pharmacist	43	66	0	2	5	0	6	2	0
pharmacy team member (not pharmacist or driver)	84	137	2	4	18	1	6	8	0
GP surgery team member	0	7	1	0	0	0	0	1	0
postal service or electronic service	5	3	0	0	0	0	0	0	0

### Medication Queries

Pharmacists resolved a range of patient queries using a range of sources. The bar chart below highlights prescription query types and if the queries were resolved during an advanced Medicine Use Review (MUR) service. Most patients had no queries (n=1583, 82.2%) and this result is very similar to the findings of the Pharmacy Voice audit (79.6%).

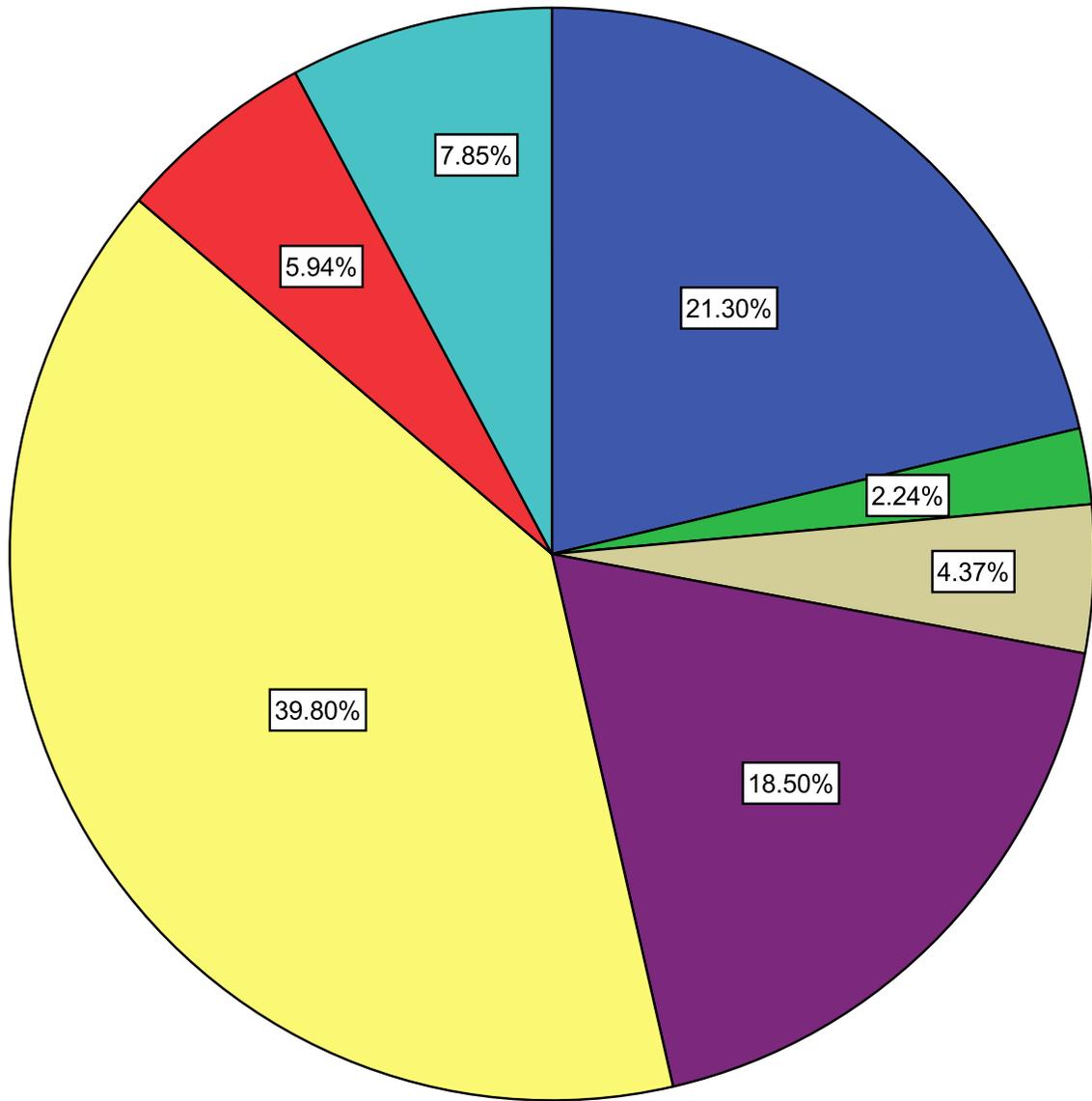
The results were further explored to determine how different prescription queries were resolved; these results are presented in the graph below. Most issues were resolved by talking to the patient and the audit triggered 423 (22.0%) advanced Medicine Use Review Service interventions and the delivery of 65 (3.4%) New Medicine Services. The NMS resolved queries associated with how to take medicines (n=16), dosage instructions (n=13) and side effects (n=9). Pharmacists were more likely to deliver an MUR to resolve side effect queries (n=77).

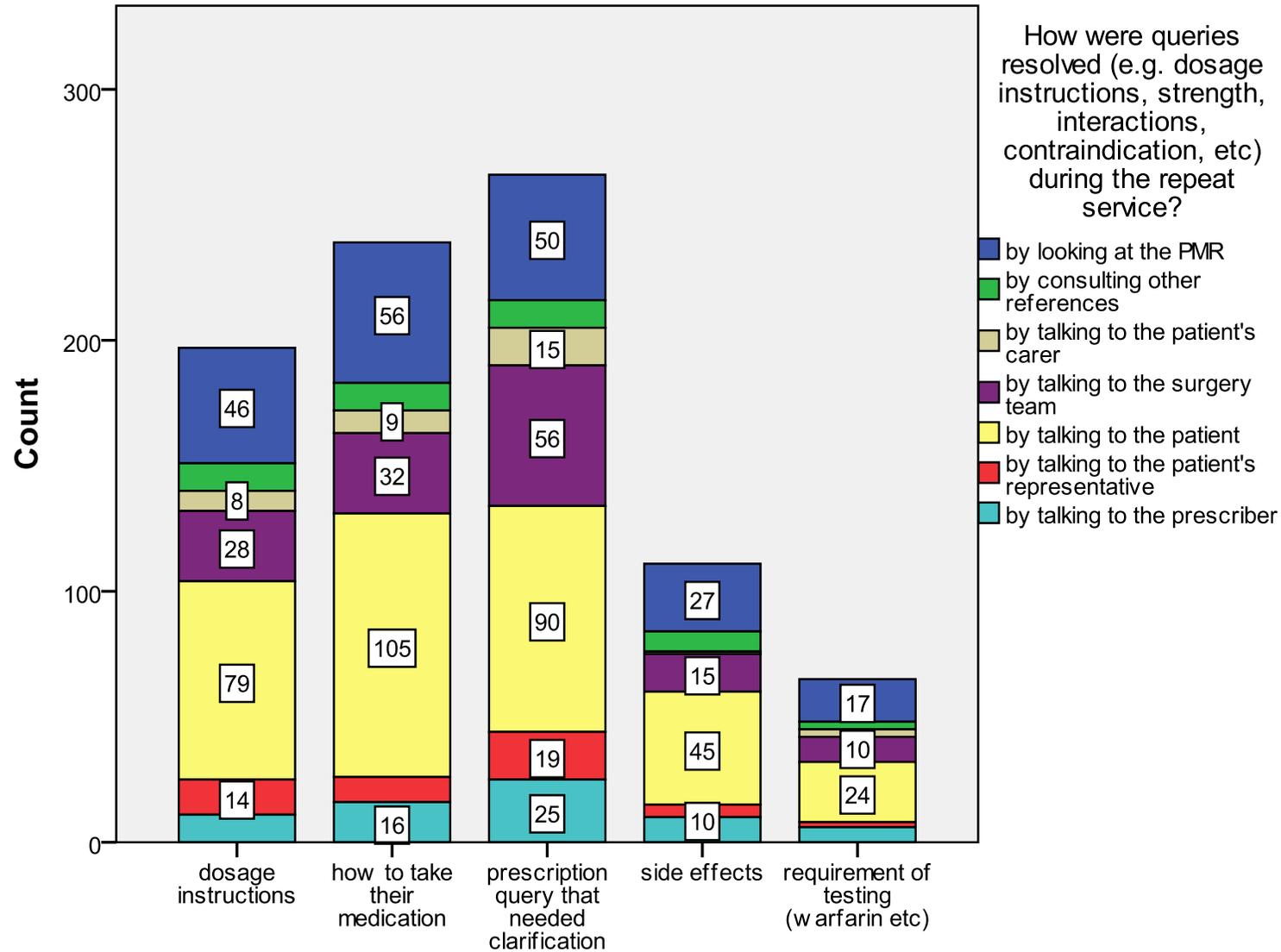


The issues were resolved by talking to the patient (n=355, 18.4%), reviewing the Patient Medication Record (n=190, 9.9%) or by talking to the surgery team (n=165, 8.6%). This is summarised in the pie chart overleaf.

How were queries resolved (e.g. dosage instructions, strength, interactions, contraindication, etc) during the repeat service?

- by looking at the PMR
- by consulting other references
- by talking to the patient's carer
- by talking to the surgery team
- by talking to the patient
- by talking to the patient's representative
- by talking to the prescriber





**If the patient or their representative were counselled what was it about?**

The table below explores how queries were resolved (eg. dosage instructions, strength, interactions, contraindication, etc) during the repeat service (more than one option could be selected)

Prescription query type	By looking at the PMR		By talking to the patient		By talking to the surgery team		By talking to the prescriber		By talking to the patient's representative		By talking to the patient's carer		By consulting other references		Total	
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	%
How to take their medication	56	39.2%	105	73.4%	32	22.4%	16	11.2%	10	7.0%	9	6.3%	11	7.7%	143	42.9%
Side effects	27	47.4%	45	78.9%	15	26.3%	10	17.5%	5	8.8%	1	1.8%	8	14.0%	57	17.1%
Dosage instructions	46	41.1%	79	70.5%	28	25.0%	11	9.8%	14	12.5%	8	7.1%	11	9.8%	112	33.6%
Requirement for testing (warfarin etc)	17	48.6%	24	68.6%	10	28.6%	6	17.1%	2	5.7%	3	8.6%	3	8.6%	35	10.5%
Unspecified prescription query that needed clarification	50	34.0%	90	61.2%	56	38.1%	25	17.0%	19	12.9%	15	10.2%	11	7.5%	147	44.1%
<b>Total</b>	<b>117</b>	<b>35.1%</b>	<b>229</b>	<b>68.8%</b>	<b>104</b>	<b>31.2%</b>	<b>48</b>	<b>14.4%</b>	<b>33</b>	<b>9.9%</b>	<b>27</b>	<b>8.1%</b>	<b>17</b>	<b>5.1%</b>	<b>333</b>	<b>100.0%</b>

### Number and type of items on the prescription

Pharmacy teams were asked to use the patient's prescription form(s) presented on a single occasion and to count the number of regular and prn items on all the form(s). Instructions indicated that multiple prescription forms should be treated as one prescription form.

The results are presented in the table below:

#### Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Number of regular items on the repeat prescription(s) just dispensed	1851	1	27	4.7	3.3
Number of prn items on the repeat prescription(s) just dispensed	542	1	14	1.9	1.6
Number of changes to regular medication dosages in the past 6 months	316	1	8	1.4	0.8
Number of changes to prn medication dosages in the past 6 months	48	1	5	1.3	0.8
Number of changes to regular medication type (caps to tabs) in the past 6 months	150	1	6	1.2	0.7
Number of changes to prn medication type (caps to tabs) in the past 6 months	11	1	4	1.5	1.0
Number of regular items not required at the time of collection due to excessive ordering	134	1	17	2.5	2.9
Number of prn items not required at the time of collection due to excessive ordering	61	1	7	1.8	1.4
Number of regular items not required at the time of collection due to clinical issues	54	1	4	1.3	0.6
Number of prn items not required at the time of collection due to clinical issues	23	1	2	1.1	0.3
Number of regular items that the patient was expecting that did not appear on the prescription	90	1	6	1.4	1.1
Number of prn items that the patient was expecting that did not appear on the prescription	25	1	2	1.3	0.5

The audit explored the type of public health interventions delivered to support the managed repeat service and the advanced services - Medicines Use Reviews (MUR) and New Medicines Service (NMS) triggered by the audit. The audit triggered 184 MUR and 29 NMS interventions.

Pharmacists indicated that 423 (22%) patients had received an MUR and 65 (3.4%) patients had been supported with an NMS in the six months prior to the audit. These patients may not have been able to receive either an MUR or NMS intervention triggered by the audit but may have been provided with public health advice.

The stop smoking intervention would be dependent upon smoking status and would explain the lower intervention rate; the audit form did not collect smoking status due to data collection restraints.

Public health intervention	The advice delivered as a part of an MUR triggered by the audit?	The advice delivered as a part of an NMS triggered by the audit?	Total
Stop smoking	77	8	181
Healthy eating	129	23	316
Physical exercise	118	18	263

### Where the patient did not require some items, what was the reason these items were not required?

The audit form explored the issues associated with items that were not required. The bar chart overleaf presents the raw data and highlights that excess supplies was the primary factor.

When the **patient triggered** the repeat ordering system (n=1304), the three most common reasons for items not being required were:

- The patient did not need the medication (excess supplies) (n=154)
- Unrequested item on prescription (n=36)
- Clinical decision made by GP or hospital to discontinue prescribing the medication (n=23)

When a member of the **pharmacy team triggered** the repeat ordering system (n=386), the three most common reasons for items not being required were:

- The patient did not need the medication (excess supplies) (n=31)
- Unrequested item on prescription (n=10)
- Clinical decision made by GP or hospital to discontinue prescribing the medication (n=11)

When the **patient selected** the items required on the repeat request slip (n=1429), the three most common reasons for items not being required were:

- The patient did not need the medication (excess supplies) (n=162)
- Unrequested item on prescription (n=44)
- Clinical decision made by GP or hospital to discontinue prescribing the medication (n=30)

Where a member of the **pharmacy team (non-pharmacist team member) selected** the items required on the repeat request slip (n=150), the three most common reasons for items not being required were:

- The patient did not need the medication (excess supplies) (n=20)
- Unrequested item on prescription (n=5)
- Clinical decision made by GP or hospital to discontinue prescribing the medication (n=7)

Where a **pharmacist selected** the items required on the repeat request slip (n=114), the following is a comparison of the common reasons for items not being required were:

- The patient did not need the medication (excess supplies) (n=7)
- Unrequested item on prescription (n=0)
- Clinical decision made by GP or hospital to discontinue prescribing the medication (n=0)

Although the sample size can account for the variation, the results do indicate that drug selection undertaken and triggered by a pharmacist may result in few unwanted prescribed items being selected as a part of a managed repeat prescription service.

### **Housebound Patients**

The audit identified 282 patients (14.6%) who were housebound. Only 18 housebound patients (6.4%) had received an MUR in the 6 months prior to the audit compared with 405 (24.7%) of other service users. Interestingly, more (3.5%, n=10) housebound patients had received the New Medicine Service compared with other service users (n=55, 3.4%) - this illustrates that the service delivery mode of the NMS meets this patient group's needs.

Housebound patients were less likely to self manage the repeat ordering system (n=51, 18.1%) and were more likely to use the pharmacy supported ordering service (n=185, 65.5%). Housebound patients were more likely to need polypharmacy support, with 16.4% having more than 10 regular prescribed items compare with 7.5% normal service users.

There is a need to consider developing a polypharmacy service for housebound patients.

### **Service Outcomes**

The audit data explored the service outcomes. Pharmacists were asked to assess the following outcomes and were encouraged to choose all that were applicable. The results are summarised below:

- All items were dispensed and ready for collection when the patient expected them (n=1784, 92.7%)
- There were items missing on the prescription that the patient needed (n=85, 4.4%)
- We owed items to the patient because of supply issues (n=49, 2.5%)
- Some items were not ready for collection/delivery when the patient expected them because of pharmacy workload issues (n=8, 0.4%)
- Some items were not ready for collection/delivery when the patient expected them because of GP workload issues (n=19, 1.0%)

Finally, pharmacists were asked to indicate using the patient's prescription and PMR, what long term conditions does the patient have and were encouraged to ask the patient if possible.

- Diabetes (n=306, 15.9%)
- Respiratory disease (n=297, 15.4%)
- Cardio-vascular disease (n=877, 45.5%)
- Osteoporosis (n=125, 6.5%)

Pharmacists were able to identify other long term conditions, the most common conditions listed were mental health issues (n=15), thyroid related conditions (n=12) and epilepsy (n=8). It is possible that some pharmacists did not annotate the audit collection form and that these conditions are under reported.

## Conclusion

The results represented provide a snapshot of services in Hertfordshire.

The community pharmacy network has developed a robust infrastructure associated with repeat prescriptions by offering managed repeat services free of charge. This includes the collection and delivery of repeat prescriptions acting as a conduit between patients and surgery teams. Some pharmacy repeat prescription services have developed a home delivery system and several pharmacies employ drivers to support house bound patients, at the expense of the service providers.

There are risks associated with the sustainability of medicines supplies for vulnerable groups if managed repeat services are withdrawn. Commissioners should review the support required by carers and patients and nursing home services. In addition a risk analysis should be conducted associated with the withdrawal of this good will services.

GP surgery teams work closely with pharmacy teams; managed repeat prescription services may reduce the patient and GP surgery interface.

The aim of the audit was to determine:

### **The effect repeat medication systems have on prescribed but unwanted items reaching patients**

This base line audit indicates that variations in managed repeat services do not increase the number of unwanted regular items reaching the patient. When the items are selected for ordering does not have a significant impact on the service outcome.

### **Counselling and advice provided to patients**

This base line audit highlights that pharmacists provide support to patients who seek advice relating to medicines related issues as a part of the dispensing service.

Most pharmacists do not conduct an MUR and offer advice and support for a range of issues, this support is provided without a professional fee.

Pharmacists could conduct an annual adherence intervention for all patients who used a managed repeat service if the service was commissioned. However, increasing the uptake of repeat dispensing could standardise patient support provided as a part of the managed repeat service.

### **The number and type of interventions made with repeat medication prescriptions**

Pharmacy teams provide a range of interventions during the managed repeat service. This suggests that are added patient benefits associated with the redelivery of a managed repeat service.

This base line audit highlights that there are opportunities to link public health interventions to this service. Services could be developed to support patients who are housebound and do not collect their dispensed medicines (n=248) from the pharmacy of which 40.7% (n=101) select the medicines required on the repeat ordering slip.

An observational study would provide more reliable data to inform future service developments and data collected from other service points (e.g. GP surgeries) should be collected and compared with the pharmacy audit data.



Complete the following -if several prescription forms supported the medicine supplied include all items	regular	prn items	Please do not leave cells in this table blank. Enter a 'zero' where appropriate. If the table is left blank we do not know if it has been skipped or if the data should be included as a '0'.
Number of items on the repeat prescription(s) just dispensed			
Number of changes to dosages of medication in the past 6 months			
Number of changes to medication type (e.g. capsules to tablets, 10mg tablets to 20 mg tablets) in the past 6 months			
Number of items not required at the time of prescription collection due to excessive ordering			
Number of items not required at the time of prescription collection due to clinical issues			
Number of items that the patient was expecting that did not appear on the prescription(s)			

**How were queries resolved (e.g. dosage instructions, strength, interactions, contraindication, etc) during the repeat service? (choose all that are applicable)**

By looking at the PMR                       By talking to the patient                       By talking to the surgery team                       By talking to the prescriber  
 By talking to the patient's representative                       By talking to the patient's carer                       By consulting other references                       No queries on the prescription

**If the patient or their representative were counselled what was it about? (Choose all that are applicable) N.B. Counselling can occur as part of an MUR or NMS**

Prescription query that needed clarification                       How to take their medication  
 Side effects                       Dosage instructions                       Requirement for testing (e.g. warfarin etc.)  
**Healthy Living advice:**                       Stop smoking                       Healthy eating                       Physical Exercise

Was the advice provided a part of an NMS triggered by the audit?  Yes                       No

Was the advice provided a part of an MUR triggered by the audit?  Yes                       No

**Where the patient did not require some items that has been ordered (regular or prn) what was the reason these items were not required? (choose all that are applicable)**

The patient did not need the medication (excess supplies)                       The patient stopped taking medicines (e.g. found unsuitable)  
 Unrequested item on the prescription                       Unable to pay prescription charge(s)                       Clinical decision made by GP to discontinue prescribing the medication  
 Hospital team advised to stop taking medicine

Other please state

**In your assessment, what was the service outcome? (Choose all that are applicable)**

All items were dispensed and ready for collection when the patient expected them  
 There were items missing on the prescription that the patient needed  
 We owed items to the patient because of supply issues  
 Some items were not ready for collection/delivery when patient expected them because of pharmacy workload issues  
 Some items were not ready for collection/delivery when patient expected them because of GP workload issues

Other please state

Does the patient have:                       Diabetes                       Respiratory disease                       Cardio vascular disease                       Osteoarthritis

Others please state