Repeat Prescribing Toolkit

Implementation guide

Health Innovation
Kent Surrey Sussex

Health Innovation Kent Surrey Sussex

Welcome

This guide is designed to help GP practices improve the way repeat prescriptions are managed. It explains the purpose of the Repeat Prescribing Toolkit in plain English and provides practical steps, templates and examples to help teams review their current processes, identify areas for improvement, reduce medicines waste, strengthen safety checks and make prescribing more consistent for patients, staff and partner organisations.

Contents

1. Introduction

The development of a Repeat Prescribing Toolkit (RPT) was commissioned by NHS England following the National Overprescribing Review published in 2021. The Royal Pharmaceutical Society and the Royal College of General Practitioners (RPS/RCGP) were asked to jointly develop national guidance to support safer, more consistent repeat prescribing.

Created with input from GPs, pharmacists, practice managers, reception teams and patients, the RPT focuses on improving systems, strengthening patient involvement and reducing the risk of harm from long-term medicines. This is the first national good practice guidance on repeat prescribing in 20 years, helping practices improve safety, reduce oversupply, minimise waste and streamline their processes.

Health Innovation Kent Surrey Sussex (KSS) has supported implementation of the RPT throughout 2025/26, and this guide is designed to support GP practices with improving their repeat prescribing processes, incorporating approaches and resources that have been successfully deployed.

2. Preparation

To get the best out of this approach, we recommend completing the following steps before moving on to the implementation phase. You can tick them off using the checklist in Fig. 2 (Appendix 2)

It is important to be realistic about what can be achieved within the capacity and resources available to your practice. Improving repeat prescribing processes is often delivered most successfully through a series of manageable changes rather than attempting to address every issue at once.

Practices should use the project plan template (Appendix 1) to identify key tasks, allocate responsibilities, and agree realistic milestones and timescales for delivery. Taking a phased approach will help maintain momentum, ensure improvements are embedded effectively, and allow sufficient time to review progress, address challenges, and adapt plans where required.

2.1 Appoint a project lead

This will be the person who has overall responsibility for delivery of the work. This might be a GP, the practice manager, pharmacist or pharmacy technician. Consider if this might be a development or leadership opportunity for non-clinical staff.

2.2 Establish an RPT working group

It is important to identify stakeholders who will help shape and deliver this work. Doing so early helps to encourage ‘buy in’ from everyone, especially where new processes are introduced that impact on colleagues, and to help understand and pre-empt any unintended consequences. Membership might include administration teams, prescribers, clinical pharmacists, Primary Care Network (PCN) colleagues, community pharmacy representatives, and patient groups.

2.3 Watch the introduction webinar

Featuring Clare Howard (Clinical Lead, FFRPS, FRPharms), the lead author of the RPT, this webinar explores the key elements of the toolkit and describes how following this approach can support improvements in repeat prescribing processes within your practice. Watch the webinar: Introduction to the Repeat Prescribing Toolkit.

2.4 Review your data

The NHS Business Support Authority (NHSBSA) has an oversupply dashboard that provides insights into the number of patients considered oversupplied and the quantity of prescribing that is oversupplied in the last 12 months. In this context, oversupply is described as patients receiving more medication than they need. The dashboard includes a defined subset of medicines and devices where a maximum prescribing pattern can be identified. The medicines and devices included are not exhaustive and therefore findings should be considered as indicators of potential issues within repeat prescribing processes rather than a complete assessment of all prescribing.

Practices should review their oversupply dashboard data to better understand local prescribing patterns and identify potential areas for improvement within their repeat prescribing processes. The dashboard is designed to highlight potential oversupply and should be used as a starting point for further investigation rather than as definitive evidence of inappropriate prescribing.

Where practices wish to undertake a deeper dive, they can apply for access to patient-level data through ePACT2. This enables practices to investigate individual cases in more detail and determine whether the identified oversupply is the result of a prescribing or repeat medication process issue, or whether the quantities supplied are clinically appropriate based on the patient's specific needs and circumstances. Access to patient-level information can therefore support more informed decision-making and help ensure that any actions taken are both clinically appropriate and targeted effectively.

Making improvements can help reduce waste, improve repeat prescribing and reduce the risk of patient harm**.** Practices can collect baseline data and track to assess the impact of any changes implemented.

To access the data for your practice register for ePACT2.

2.5 Identify the area of the toolkit you will start with

The RPT centres on five key elements that have been found to be important for the safe and effective running of a repeat prescribing system; Patient/Carer; Administrative; Clinical; Technical; Organisational Culture (Fig.1).

Each element has a set of self-assessment questions to discuss, which can be worked through in turn. The self-assessment provides a structured way for practices to identify risks, highlight opportunities for improvement, and strengthen the safety and effectiveness of repeat prescribing.

There is no set order for completing the self-assessment. However, starting with the administrative element can be helpful, as it supports much of the day-to-day repeat prescribing process and often identifies opportunities to improve consistency, clarify workflows and strengthen the overall system.

Fig.1 The five key elements of the repeat prescribing system

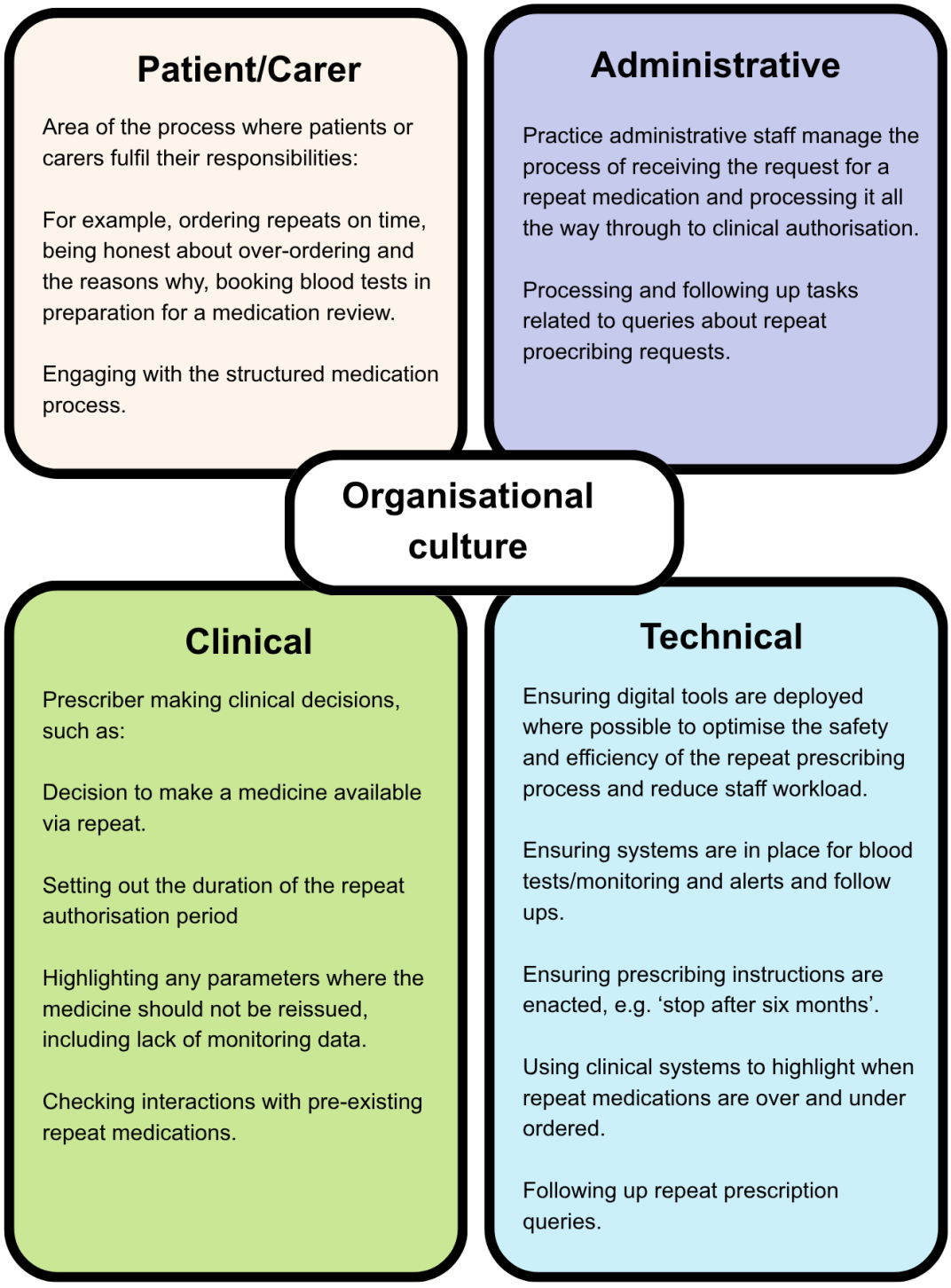


Fig.2 Preparation checklist

The full checklist can be found in Appendix 2. Complete before moving on to the next section.

Checklist			
No.	**Action**	**✓**	**Notes**
1.	Project lead appointed		
2.	Working group established		
3.	Webinar viewed		
4.	Data reviewed		
5.	Area of focus agreed		

3. Implementation

3.1 Agree when you will do the work

Allocate time, at intervals agreed by the practice team, to work through each of the five stages of implementation. This might be a stand-alone project, or time might be allocated to this project as part of the practice's protected learning time.

Practices should use the project plan template (Appendix 1) to identify key tasks, allocate responsibilities, and agree realistic milestones and timescales for delivery.

3.2 Complete the self-assessment

By asking specific questions, the self-assessment tool for each element enables a practice or PCN to look critically at both the safety and efficiency of their repeat prescribing processes and agree where to make improvements or address issues.

There is wide variation in the way that repeat prescriptions are managed by individual practices, and practices have very different capacity and capability challenges. To help with this, the toolkit contains 'core' questions for **ALL** practices/PCNs to address. Completing the core questions can have a measurable impact by helping practices identify and address the key risks and process gaps within their repeat prescribing system. Focusing on these fundamental areas can improve patient safety, reduce avoidable queries and delays, and provide a strong foundation for further improvement. Additional 'advanced' questions are available for practices/PCNs that wish to go further and ensure their repeat prescribing system is as robust as it can be.

We suggest practices start with the administrative element, as the admin workflow is often the core of repeat prescribing. Providing accurate and consistent information for clinicians builds staff confidence and role clarity, improves efficiency, reduces duplication, enhances safety by minimising common errors, and creates a strong foundation for making further clinical and patient-facing improvements.

To support this, Health Innovation KSS developed a framework for working through the administrative self-assessment questions, encouraging teams to look beyond a simple yes/no response and explore how their processes operate in practice. See Fig.3 below for examples. Teams should first answer the question. If the answer is 'no', commentary should be added to

the ‘areas for improvement’ column. If the answer is ‘yes’, teams shouldn’t stop there but instead go further into the detail to identify if there are still opportunities for improvement, which should also be recorded in the last column.

Fig.3 Self assessment

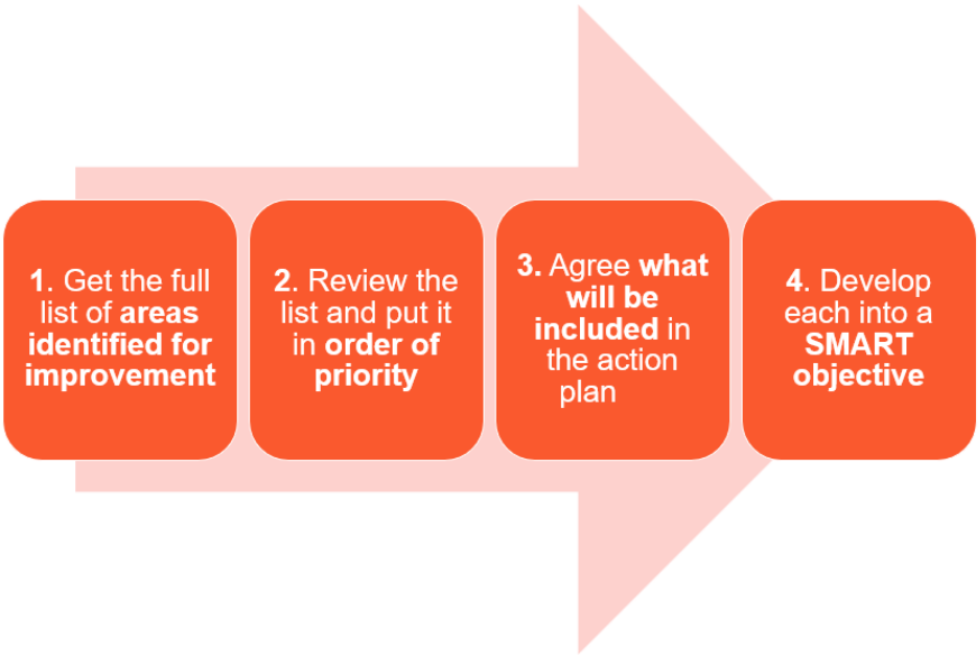
Appendix 3.1 is the framework for the administration element with worked examples. All self-assessment questions are provided in Appendices 3.2–3.8, as well as a downloadable blank template in Appendix 3.9.

Section 1: Policies, Processes and Digital Tools			
Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
Is there a very clear written policy/SOP for Repeat Prescribing?	Y	If yes, how confident is the team that administrative staff are aware of the SOP, understand their role within the repeat prescribing process, and are clear about the limits of their authority? How frequently is the SOP reviewed, and what is the most recent review date? *The SOP is available on the practice intranet, and all administrative staff are required to read it as part of their induction. Updates are shared with the team, and sections are occasionally reviewed during protected learning time to reinforce roles and responsibilities. The SOP should be reviewed every six months; however, the last review was completed on 25 March 2022.*	Review and update the SOP as a priority to ensure it reflects current practice. Consider including regular repeat prescribing updates within staff training or protected learning time to maintain awareness and understanding.
Does the written policy/SOP demonstrate and describe the flow of your repeat prescribing process?	Y	If yes, how well does the SOP reflect the repeat prescribing process used in practice? Does it clearly describe each stage of the process, the staff involved, key decision points, and any escalation routes? When was it last reviewed to ensure it remains accurate and up to date? *The repeat prescribing process has not been formally reviewed since the SOP was last updated in March 2022. As a result, the team cannot be confident that the documented process accurately reflects current practice or remains fit for purpose.*	Undertake a process mapping exercise to review the current repeat prescribing workflow and update the SOP to reflect current roles, responsibilities, and processes.

3.3 Develop your action plan

Once you have completed the self-assessment for your chosen element, the next stage is to translate your findings into a structured action plan. Use the four steps below (Fig.4) to work through this process.

Fig.4 Develop your action plan



1. **Gather the full list of areas identified for improvement**

Start by bringing together every issue or opportunity highlighted in the last column of your self-assessment.

2. **Review the list and prioritise the areas**

Work through the list and decide which areas matter most. Consider factors,such as risk, patient or medicines safety, impact on workflow, and feasibility.

3. **Agree which priority areas will go into the action plan**

From the prioritised list, choose the areas your team will work on. ***Not everything needs to be actioned immediately: select the items that are manageable and meaningful for this improvement cycle.***

4. **Develop each selected area into a SMART objective**

For every chosen action, create a SMART objective.

SMART objectives

SMART objectives (Fig.5) will help to turn the areas identified for improvement into clear actions that can be tracked and delivered. By defining exactly what needs to be improved, how success will be measured, who is responsible, why the change matters, and when it will be completed, teams will have a structured, practical action plan that supports safer, more efficient, and more consistent repeat prescribing. The following example (Fig.6) shows what this might look like.

Fig.5 SMART objectives

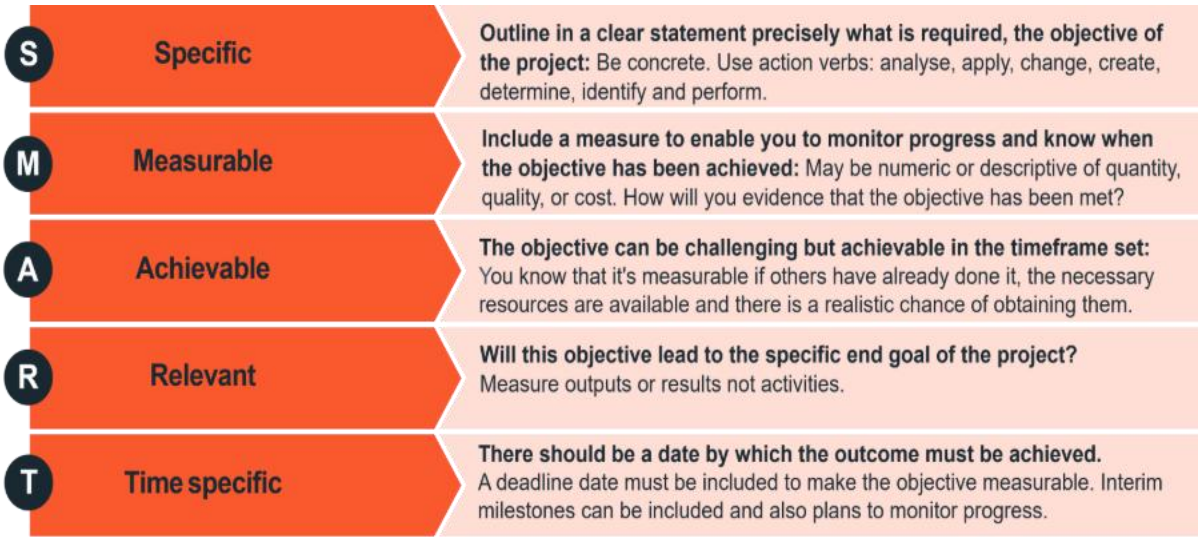
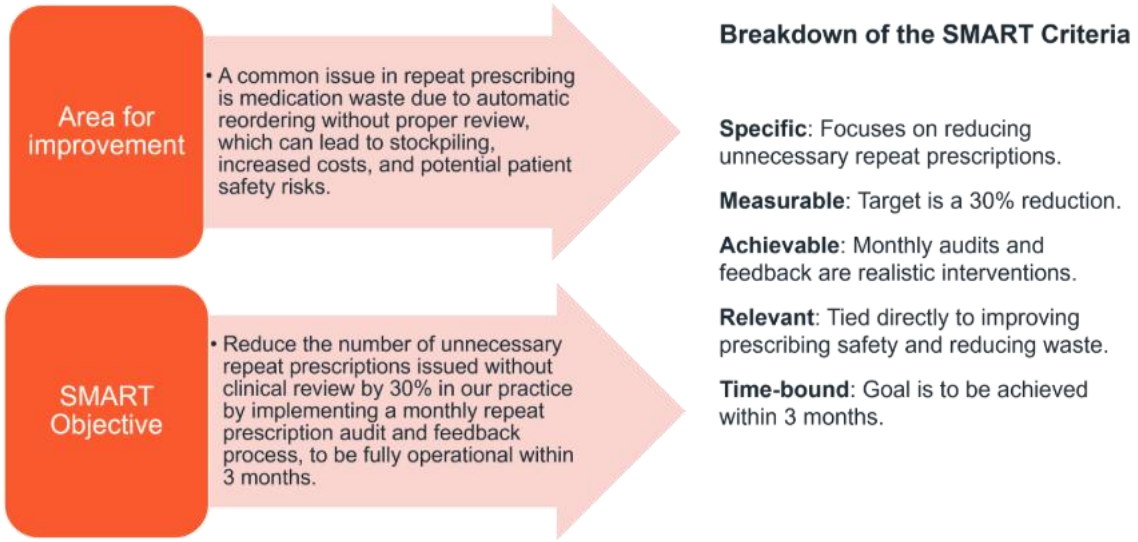


Fig.6 Example of an RPT SMART objective



Once you have developed your SMART objectives, the next step is to translate them into a clear, actionable plan. Start by turning each SMART objective into a specific action and break it down into the steps to be taken to meet the action.

Identify who is responsible for each step and set a realistic completion date for each that aligns with your time-bound goals. Record this using the template provided in Appendix 4 (Fig.7).

Fig.7 Practice action plan

Action	Steps to Be Taken	By Whom	By When	Details of Implementation e.g. Date protocol changed, date all staff signed updated protocol, date audited	Date Completed

3.4 Review progress

Once the action plan is complete and staff members are clear on their responsibilities, it is important for the working group to re-convene at specific intervals to review the action plan and report on progress. This is also where any challenges or barriers can be raised.

When reviewing the action plan, use the 'details of implementation column' (Fig.7) to record key evidence of progress, such as when protocols were updated, when staff were briefed, or when audits were completed.

Complete the 'date completed' (Fig.7) column when a task is complete to allow you to track progress and ensure that each objective is fully delivered.

As you work through the self-assessment questions, you may identify issues within the repeat prescribing process that are beyond your direct control. Any such issues should be clearly documented and escalated through the appropriate channels, whether to a relevant colleague within the organisation or to an external organisation responsible for addressing the concern. For templates to help with this, see Appendix 5.

3.5 Consider tools to support delivery

Practices are encouraged to adopt a quality-improvement (QI) methodology for this work.

There is a range of approaches and tools available to support you in achieving your SMART objectives and below are four example approaches.

Additional details can be found in Appendix 6.

- **Process mapping** is a method of creating a visual diagram that shows all steps within a workflow. It is especially valuable for understanding repeat prescribing, which often involves multiple tasks happening simultaneously across different staff groups.

A good process map (Appendix 6.1) allows a practice to:

  - See the whole system and how separate processes fit together
  - Identify delays, bottlenecks, duplication, and variation
  - Standardise approaches and improve patient safety
  - Clarify roles, responsibilities, and handovers

- **PDSA cycles** provide a clear, practical method for testing and embedding improvements in everyday practice. Teams begin by **Planning** a small change, agreeing what will be tested, how it will be carried out, and what information will be collected. They then **Do** the test on a limited scale to see how it works in real conditions. Next, they **Study** the outcomes by reviewing the data and reflecting on what worked

well and what challenges were encountered. Finally, they **Act** by deciding whether the change should be adopted more widely, adapted and re-tested, or discontinued. Using repeated PDSA cycles enables practices to make improvements in a safe, manageable and evidence-based way. Appendix 6.2

- The **Five Whys** is an approach to understanding the underlying causes of problems. Teams begin by clearly defining the issue they want to improve and ask**, "Why did this happen?"** to identify the immediate cause. They then continue to ask **"Why?"** to dig deeper into the issues that contribute to the problem. This is usually repeated up to five times, stopping when the cause identified is something the team can realistically influence. By focusing on systems rather than individual behaviour, the Five Whys helps practices move beyond symptoms to identify root causes. This method works well when used with PSDA cycles to test changes as they are made. Appendix 6.3
- A **fishbone analysis** is a structured method for understanding the underlying causes of a problem before making changes in practice. Teams begin by clearly defining the issue they want to address and placing it at the "head" of the diagram. They then work together to identify possible contributory factors, grouping these under key categories such as people, processes, systems, environment, and policies. By asking "Why?" and exploring each area in turn, teams build a picture of how different factors interact and where the true root causes may lie. This process helps practices focus on the factors they can realistically influence. Appendix 6.4.

4. Other factors to consider

4.1 High risk medicines

The repeat prescribing toolkit places a strong emphasis on medication safety. As a minimum, practices should prioritise reviewing higher-risk repeat medicines and higher-risk patient scenarios to ensure their processes are safe and effective.

Medicines such as anticoagulants, opioids, immunosuppressants, and certain Central Nervous System (CNS) medications (Fig.8) require enhanced oversight, structured monitoring, and clearly agreed processes within the practice to minimise preventable harm.

The RPT also outlines scenarios where repeat prescribing carries greater risk, such as for patients on multiple long-term medicines, those with learning disabilities, house-bound individuals, and those receiving shared-care medicines. This underscores the need for robust review systems and clear communication pathways.

The prompts in fig. 8 and 9 encourage practices to evaluate how repeat requests for higher-risk medicines are handled, whether monitoring requirements are being met before issuing prescriptions, and how well systems identify older adults, individuals with complex needs and others who may require more frequent review. By doing so, teams can ensure safer prescribing, reduce the likelihood of medication-related harm, and tailor support to those most at risk.

Further information and supporting detail are available in the section covering Medication Safety within the Repeat Prescribing Toolkit.

Fig.8 Higher-risk medicines and higher-risk repeat prescribing scenarios

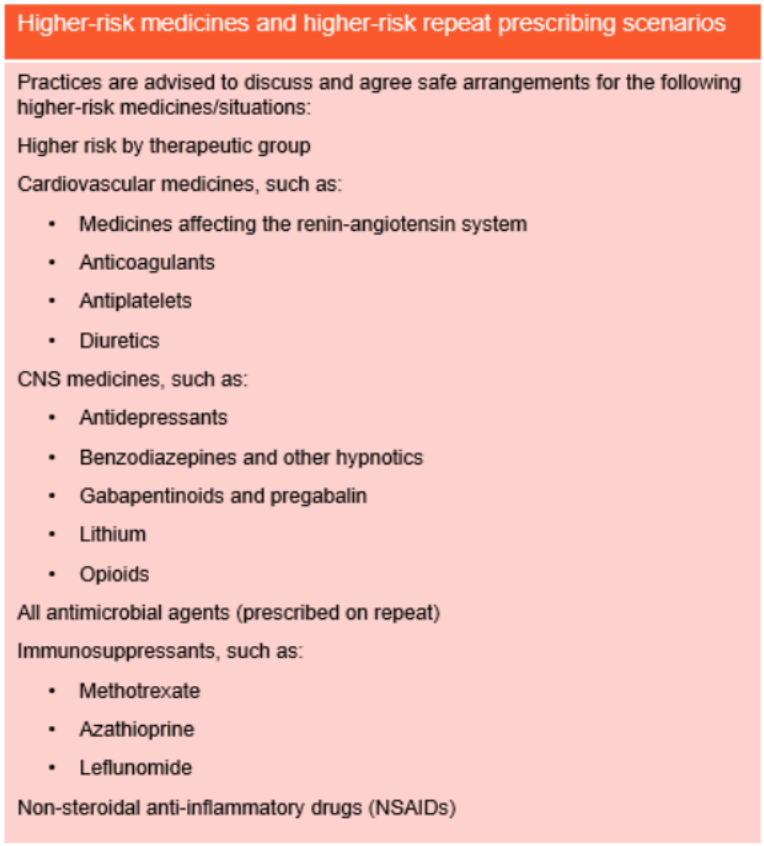
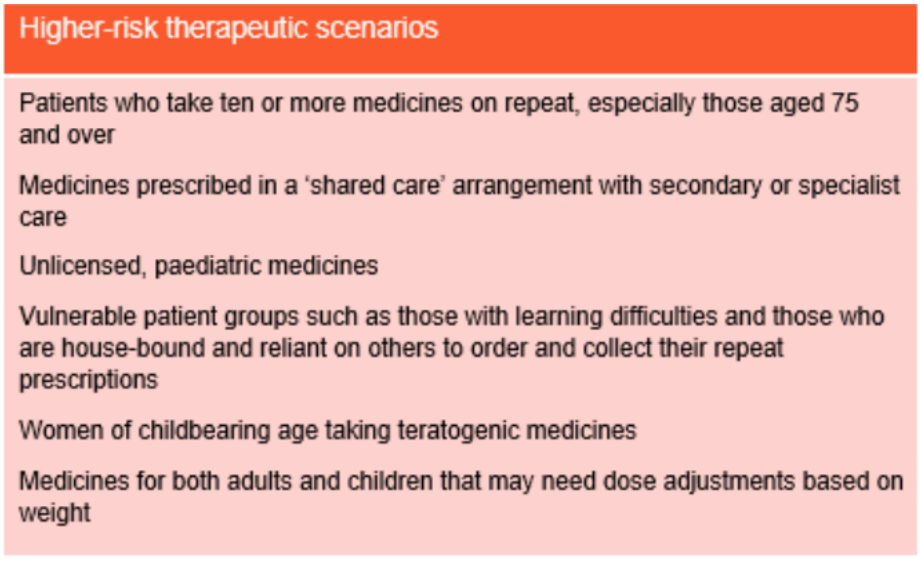


Fig.9 Higher-risk therapeutic scenarios



4.2 Medication Reviews

When a new medicine is started for a patient already on repeat prescriptions, it's important to check for any possible side effects, interactions, or contraindications. GP clinical systems offer alerts to support this, but these warnings can occasionally be overlooked or dismissed.

Practices should review how these alert functions are used, including prompts about potential overuse or underuse of repeat medicines, as outlined in the self-assessment questions.

Practices should also consider referring patients to the nationally commissioned New Medicines Service (NMS) provided by community pharmacies.

If a patient needs a medication review, it's essential to be clear about the level of review required:

1. A simple repeat medication check, offering a clinical re-authorisation when needed
2. A medication review, offering checks of medication orders
3. A Structured Medication Review (SMR), offering a critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medications-related problems and reducing waste.

Visit resources to support patients having a Structured Medication Review - The Health Innovation Network.

Refer to the RPT section 2.4 for further information.

4.3 Waste campaign

Medicines use accounts for 25% of the NHS' carbon footprint. NHS Dorset's Medicines Optimisation Team created useful resources to support patients when ordering repeat medicines in an effort to reduce waste. The 'Only order what you need' campaign (Fig.10) can be adopted by practices to encourage patients to think about the medicines they are ordering.

Fig. 10 Only order what you need posters

5. Communicating

Once your action plans have been implemented, it is essential to communicate any resulting changes in processes or policies to all relevant groups. Effective communication ensures that everyone understands their role, can adapt to new ways of working, and supports consistent delivery of safe, high-quality care.

The wider practice team: Ensure all staff are informed about new workflows, responsibilities, or operational changes. This helps maintain alignment across clinical, administrative, and management teams.

Community pharmacy teams: Share updates that affect how prescriptions are requested, processed, or queried. Clear communication helps strengthen collaborative working and minimises delays or misunderstandings.

Patients, carers, and care homes: Patients and those who manage medicines on their behalf (including carers and care home staff) need to understand any changes that impact how they request or receive medication. You could refer them to the Patient Partnership Agreement for clear expectations and responsibilities. Read the repeat prescribing patient partnership agreement.

New staff and locums: Ensure induction materials include up-to-date information on prescribing processes, repeat prescription policies, and any recent changes. Locums in particular need quick access to concise, practical guidance to maintain continuity of care.

How to share these changes

Consider a range of communication methods to reach the right people effectively, such as:

- Team meetings or briefings
- Updated standard operating procedures (SOPs)
- Desktop prompts
- Email bulletins or newsletters
- Patient-facing posters, leaflets, or website notices
- Messages via the NHS App or online consultation tools
- Care home and pharmacy liaison meetings
- Locum induction packs

To ensure any changes are registered by the relevant audience, use multiple communication channels, and check in with the groups to confirm that any changes have been acknowledged, accepted and actioned where needed. Clear, consistent messaging will support smoother implementation, reduce confusion, and help embed sustainable improvements in practice.

6. Measuring improvement

There are several ways to assess the impact of any improvements you make to your repeat prescribing systems. Using a combination of staff insights, practice data, and structured action planning will help you understand what is working well and where further refinement may be needed.

6.1 Staff feedback

Use the staff questionnaires and guided discussion tools provided to assess confidence, knowledge, and understanding both *before* you begin the work *and after* changes have been introduced (Appendix 7). Gathering feedback at multiple stages will help you compare and evaluate the effectiveness of your interventions and identify any areas that may require additional support or clarification.

6.2 Data

Practice prescribing data can provide valuable insights into where changes may be needed and subsequently how effective your interventions have been.

The ePACT2 Oversupply Dashboard can help with identifying focus areas. For example, if the dashboard indicates a potential issue with oversupply of oral anticoagulants, you may choose to:

- capture a baseline for this patient cohort
- prioritise this group as part of your self-assessment and improvement planning
- implement targeted changes based on your findings

Once changes have been put in place, you can revisit the dashboard to measure whether oversupply rates have begun to improve. Further guidance on accessing and interpreting your practice data can be found in the Preparation and Resources sections of this document.

When working with data, ensure you document:

- where changes have been implemented
- where oversupply has been reviewed and found to have a valid reason.

This will support transparency and learning across the team.

6.3 Action plans

Use your completed action plans to:

- monitor progress
- stay aligned with your intended outcomes
- evaluate whether changes have produced the desired improvements

You may also wish to incorporate **PDSA cycles** to test, refine, and embed changes in a structured and iterative way.

7. Sustainability & continuous improvement

To ensure that improvements made are sustained over time, practices should consider the following actions to support long-term quality, safety, and continuous improvement.

- Build repeat prescribing into your regular QI work, revisiting the self-assessment, data, and action plans at agreed intervals.
- Use team learning time and meetings, e.g. multidisciplinary team (MDT) practice meetings and protected learning time (PLT), to keep repeat prescribing as a standing item.
- Keep Standard Operating Procedures (SOPs) up to date: review and amend them whenever processes change or when audits highlight areas for improvement.
- Make SOPs easy to find and understand for all staff, including new starters and locums.
- Carry out regular audits to check whether processes are being followed, to spot issues, and to assess whether recent changes are working. Use what you learn to update your improvement plans.
- Give extra attention to high-risk medicines by reviewing them more often, completing all safety checks before issuing repeats, and using systems to identify patients who may need closer monitoring (e.g., those who are frail, on many medicines, have learning disabilities, are housebound, or receive shared-care medicines).
- Record changes and improvements using the practice action plan templates so everyone can see what has been done and what still needs attention.
- Review your practice data regularly, including the ePACT2 Oversupply Dashboard, to check that improvements are being maintained and to identify new areas for focus.

8. Resources

This section brings together national guidance, tools, and practical resources that support the implementation of the Repeat Prescribing Toolkit (RPT). Practices are encouraged to use these alongside the templates provided in the appendices to support safer, more efficient and more consistent repeat prescribing.

Repeat Prescribing Toolkit (RPT)
Royal Pharmaceutical Society & Royal College of General Practitioners.

Introduction to the Repeat Prescribing Toolkit – Webinar
Featuring Clare Howard, Clinical Lead and Lead Author of the RPT.
Overview of the toolkit, its principles and practical application in GP practice.

Medication Safety section of the RPT
Further detail on higher-risk medicines, higher-risk patient groups and safety prompts.

Repeat Prescribing Patient Partnership Agreement
A patient-facing agreement to support shared understanding of responsibilities when ordering repeat.

NHSBSA ePACT2 and Oversupply Dashboard
Practice-level prescribing data, including indicators of potential oversupply, to support baseline assessment and measurement of improvement.

ePACT2 training | NHSBSA

Patient resources for Structured Medication Reviews
The Health Innovation Network.

New Medicines Service (NMS)
Community pharmacy service to support patients newly started on long-term medicines.

Only Order What You Need

Campaign materials to support conversations with patients about reducing medicines waste.

9. Appendices

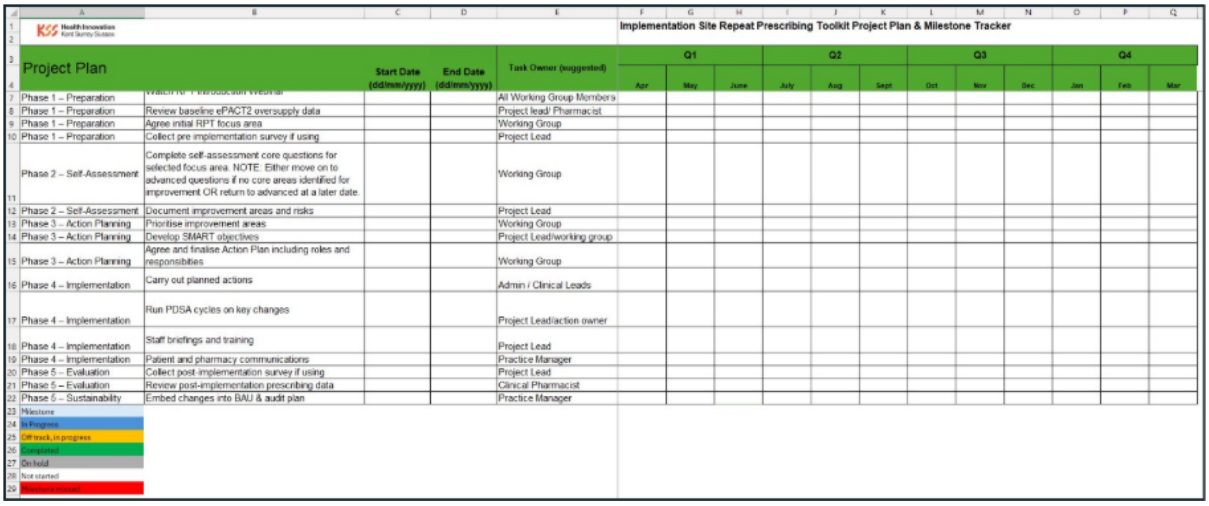
The appendices contain **templates and tools** to support practices at each stage of implementing the Repeat Prescribing Toolkit. These can be adapted for local use and revisited as part of ongoing quality improvement.

How to use the appendices

- Download and adapt templates to suit your practice or PCN
- Complete templates as a team wherever possible
- Revisit and update documents regularly to support sustainability and continuous improvement

Appendix 1 – Project plan

Download the project plan



Implementation Site Repeat Prescribing Toolkit Project Plan & Milestone Tracker

Project Plan		Start Date (dd/mm/yyyy)	End Date (dd/mm/yyyy)	Task Owner (suggested)	Q1			Q2			Q3			Q4		
					Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Phase 1 – Preparation	[illegible]			All Working Group Members												
Phase 1 – Preparation	Review baseline ePACT2 oversupply data			Project lead/ Pharmacist												
Phase 1 – Preparation	Agree initial RPT focus area			Working Group												
Phase 1 – Preparation	Collect pre implementation survey if using			Project Lead												
Phase 2 – Self-Assessment	Complete self-assessment core questions for selected focus area. NOTE: Either move on to advanced questions if no core areas identified for improvement OR return to advanced at a later date.			Working Group												
Phase 2 – Self-Assessment	Document improvement areas and risks			Project Lead												
Phase 3 – Action Planning	Prioritise improvement areas			Working Group												
Phase 3 – Action Planning	Develop SMART objectives			Project Lead/working group												
Phase 3 – Action Planning	Agree and finalise Action Plan including roles and responsibilities			Working Group												
Phase 4 – Implementation	Carry out planned actions			Admin / Clinical Leads												
Phase 4 – Implementation	Run PDSA cycles on key changes			Project Lead/action owner												
Phase 4 – Implementation	Staff briefings and training			Project Lead												
Phase 4 – Implementation	Patient and pharmacy communications			Practice Manager												
Phase 5 – Evaluation	Collect post-implementation survey if using			Project Lead												
Phase 5 – Evaluation	Review post-implementation prescribing data			Clinical Pharmacist												
Phase 5 – Sustainability	Embed changes into BAU & audit plan			Practice Manager												
Milestone																
In Progress																
Off track, in progress																
Completed																
On hold																
Not started																
Milestone missed																

Appendix 2 – Preparation checklist

Download the checklist

Checklist			
No.	**Action**	**✓**	**Notes**
1.	Project lead appointed		
2.	Working group established		
3.	Webinar viewed		
4.	Data reviewed		
5.	Area of focus agreed		

Appendix 3 – Self-assessment

Appendix 3.1 – Administration self-assessment

Download administration self-assessment questions with framework

Repeat Prescribing Process Review Form	
Project Lead	
Contact Details	
Practice Name	
Practice Address	

This form is designed to help you assess and improve processes related to core prescribing queries. Please answer the questions below as fully and honestly as possible to identify key areas for improvement. This will support the preparation of an action plan for your practice.

Core questions

Section 1: Policies, Processes and Digital Tools

	Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
1	Is there a very clear written policy/SOP for Repeat Prescribing?		*If yes, how confident is the team that administrative staff are aware of the SOP, understand their role within the repeat prescribing process, and are clear about the limits of their authority? How frequently is the SOP reviewed, and what is the most recent review date?*	
2	Does the written policy/SOP demonstrate and describe the flow of your repeat prescribing process?		*If yes, how well does the SOP reflect the repeat prescribing process used in practice? Does it clearly describe each stage of the process, the staff involved, key decision points, and any escalation routes? When was it last reviewed to ensure it remains accurate and up to date?*	
3	Is the process clearly communicated to patients?		*If yes, how is the process communicated to patients? Consider whether the available routes for requesting repeat prescriptions are clear, efficient, and safe. Are patients generally using the preferred routes, or are there frequent queries or misunderstandings that indicate opportunities to improve communication?*	
4	Does your practice identify and manage over-ordering and under-ordering of medicines?		*If yes, how does the practice identify and manage over-ordering and under-ordering of medicines? Who is involved in this process, and how clear are roles and responsibilities? Are there any recurring issues, challenges, or errors, and what do these indicate about opportunities for improvement?*	
5	Does your practice use (digital) functions of the clinical systems to help with the efficiency of repeat prescribing? (e.g. repeat ordering, repeat dispensing, over-ordering/early ordering)?		*If yes, what digital functionality is used to support repeat prescribing (for example, NHS App ordering, eRD, or tools that identify over-ordering, under-ordering, or duplicate requests)? How effectively are these functions being used, and are there any recurring issues or opportunities for improvement?*	

Section 2: Education & Training

	Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
6	Is training provided for all staff involved in the repeat prescribing process (administrative and clinical)?		*If yes, what training is provided and how confident is the team that all relevant staff, including locums and other ad hoc staff, understand the repeat prescribing process and associated SOPs? How is this reviewed and kept up to date?*	
7	Are administrative staff supported in their repeat prescription roles?		*If yes, how are administrative staff supported in their repeat prescribing roles? Consider support such as training, team meetings, mentoring, written guidance, access to appropriate workspace, and opportunities to raise queries or concerns. Are there any gaps or challenges that could be addressed?*	
8	Does your practice have a clear process relating to issues, incidents or complaints related to repeat prescriptions?		*If yes, how are issues, incidents, and complaints relating to repeat prescriptions managed within the practice? Consider whether roles and responsibilities are clear, lessons are identified and shared, and any recurring challenges are addressed.*	
9	Is there a clear process for a member of staff to raise concerns or issues relating to the repeat prescribing process?		*If yes, how are concerns or issues relating to the repeat prescribing process raised and managed within the practice? Consider whether staff know how and where to raise concerns, feel encouraged to suggest improvements, and whether feedback has resulted in meaningful change*	

Section 3: Medication Queries & Monitoring				
	Question	**Yes/No***	**If Yes – are there opportunities for improvement?**	**Areas for improvement**
10	Is there a process for dealing with queries that do not fit the usual process?		*If yes, how clear and effective is the process for managing queries that fall outside the usual repeat prescribing process? Consider how confidently administrative staff handle situations such as early requests, over-ordering, missing monitoring requirements, infrequent requests, or exceeded authorisations. Are there any opportunities to strengthen the process?*	
11	Does your practice have clear processes to ensure monitoring requirements are adhered to before repeat prescriptions are re-authorised?		*If yes, how does the practice ensure that monitoring requirements are met before repeat prescriptions are re-authorised? Consider how checks such as blood tests, medication reviews, and other monitoring requirements are identified, completed, and recorded. Are there any recurring issues, delays, or challenges within the process that could be improved?*	
12	Are your administrative colleagues aware of which medicines are 'higher risk' repeat medicines?		*If yes, how are administrative colleagues made aware of higher-risk repeat medicines, and how confident is the team that they understand any additional requirements or processes associated with these medicines? Are there any challenges, inconsistencies, or opportunities to strengthen awareness and support?*	
13	Are colleagues aware that terms such as 'as directed' or 'when required' should be avoided, especially when in relation to high-risk medicines and controlled drugs?		*If yes, how are colleagues made aware of the importance of avoiding terms such as 'as directed' or 'when required', particularly for high-risk medicines and controlled drugs? How confident is the team that this is applied consistently in practice? Consider how unclear directions are identified, escalated, and resolved, and whether there are any recurring issues or opportunities for improvement*	

Advanced questions

Repeat Prescribing Process Advanced Questions Review Form	
Project Lead	
Contact Details	
Practice Name	
Practice Address	

This form is designed to help you assess and improve processes related to advanced prescribing queries. Please answer the questions below as fully and honestly as possible in order to identify key areas for improvement. This will support the preparation of an action plan for your practice.

Section 1: Large Scale and Special Cases Management				
	Question	**Yes/No***	**If Yes – are there opportunities for improvement?**	Areas for improvement
1	Do you have a clear policy / operating procedure to deal with large scale requests (e.g. Care Homes)?		*If yes, how are large-scale requests, such as those from care homes, managed? How well does the process work in practice, and are there any challenges or opportunities for improvement?*	
2	Does the practice have a member of staff who can support more vulnerable patients who struggle to use the usual repeat prescribing process (for example, patients with learning difficulties or disabilities, patients unable to use digital processes, patients who are homeless, patients who are housebound)		*If yes, how are vulnerable patients supported to access repeat prescriptions? Consider whether the support available meets patients' needs and whether there are any opportunities to improve the process.*	

Section 2: Prescription Changes and Clinical Documentation

	Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
3	Do you have a clear policy/ operating procedure for dealing with dose changes mid-prescription cycle?		*If yes, how are dose changes managed during a prescription authorisation cycle? Consider how changes are communicated and recorded, whether clinical records are updated promptly, and how the risk of previous dosing instructions being re-prescribed is minimised. Are there any opportunities for improvement?*	
4	Do you have a clear policy/ operating procedure for dealing with discharge summaries or clinical letters that include requests for repeat prescriptions?		*If yes, how are discharge summaries and clinical letters that include requests for repeat prescriptions managed? Consider how requests are reviewed, flagged to clinicians, and actioned, and whether there are any challenges or opportunities to improve the process.*	

Section 3: Safety and Monitoring

	Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
5	Do you have a clear policy/ operating procedure for dealing with 'shared care' arrangements?		*If yes, how are shared care arrangements managed within the practice? Consider whether roles, responsibilities, and monitoring requirements are clear, how the full clinical picture is communicated to relevant clinicians, and whether there are any risks or opportunities for improvement*	
6	Do you have a clear policy/ operating procedure for dealing with patients who do not engage with monitoring arrangements?		*If yes, how are patients who do not engage with monitoring requirements managed? Consider how this is communicated to patients, documented within the clinical system, and whether responsibilities and escalation processes are clear. Are there any opportunities to improve the process?*	

Section 4: Performance Evaluation and Continuous Improvement

	Question	Yes/No*	If Yes – are there opportunities for improvement?	Areas for improvement
7	In your discussions to review the repeat prescribing processes, are the following included: a. The input/views of local pharmacies and/or the PCN community pharmacy lead? b. How high-risk medicines and high-risk scenarios are managed and if this is working effectively? c. Any recent incidents or complaints and what can be learned from them? d. How you measure impact of any improvements? This should include the NHSBSA oversupply data and any local metrics on time taken for repeats.		*If yes, how are these discussions incorporated into reviews of the repeat prescribing process? Consider input from community pharmacy colleagues, management of high-risk medicines and scenarios, learning from incidents or complaints, and how improvement is measured. What key learning points or opportunities for improvement have been identified?*	
8	Does the practice monitor how many repeat prescription requests are made via 111?		*If yes, what does your 111 repeat prescription request data show? Consider whether levels of use are higher than expected and whether this could indicate barriers, delays, or other issues within the repeat prescribing process. What opportunities for improvement have been identified?*	

Appendix 3.2 – Organisational culture

Core questions

1. Is there a written policy/standard operating procedure (SOP) to describe the planned process for repeat prescribing and medication reviews in the practice (is it fit for purpose, easy to access and easy to use)?
2. Is there training for all staff involved in the repeat prescribing process (administrative and clinical) to ensure they are aware of the policy/SOP and understand the practice/PCN repeat prescribing process? What about locum staff?
3. Who in the practice has overall responsibility for the repeat prescribing process?
4. Who in the practice has responsibility for the day-to-day running of the repeat prescribing process?
5. Is it clear how and who in the practice will deal with an issue, incident or complaint relating to repeat prescriptions?
6. Are practice staff clear about the roles and responsibilities of all staff members involved in the repeat prescribing process?
7. If any member of staff has a concern about the repeat prescribing process, is it clear how to raise issues and offer solutions, and is that effective?
8. Is the repeat prescribing process and how it works (including time associated within the practice and the community pharmacy), clearly communicated to patients and are all patients clear about how they are to engage with it?
9. What is the mechanism for the practice to discuss how the current system is working?
10. In your discussions to review the repeat prescribing system are the following included:
    - The input/views of local pharmacies and or the PCN community pharmacy lead?
    - How high-risk medicines and high-risk scenarios are managed and if this is working effectively?
    - Any recent incidents or complaints and what can be learned for them?
    - How you measure if the current system is working? This should include the NHSBSA oversupply data and any local metrics on time taken for repeats.
11. Is dedicated time allocated to clinical and non-clinical staff to manage repeats?

Advanced questions

1. Is the repeat prescribing process treated as a risk activity, e.g., is it treated as a separate task, is dedicated room provided for administrative staff processing repeats? Is time given to clinical staff deal with authorisation?
2. How well does the practice liaise with local community pharmacies to resolve any frequently occurring issues?
3. How has the practice learned from a recent repeat medication incident or complaint?
4. How has the practice process mapped and reviewed the workload associated with repeats? Was this for both clinical and non-clinical staff?

5. How is the practice using digital solutions to reduce workload? What else could be done? Is GP clinical system functionality optimised by all staff and has the practice explored the use of eRD and the NHS app?
6. Are SMRs embedded in the culture of the practice and given the space and time required to undertake them? Are patients at higher risk of medicines-related harm prioritised for an SMR?
7. Is the burden of the repeat prescribing system on clinical staff regularly reviewed and revised if individuals are experiencing unsafe workloads? How is this assessed? Does the practice regularly collect and review data relating to numbers of requests dealt with by admin/pharmacy team/GPs?
8. Does the practice have a member of staff who can support patients who struggle to use the usual repeat prescribing process such as those with learning difficulties, those unable to use digital processes and those where a chaotic lifestyle can make it harder to order and collect prescriptions, such as those with no fixed home address?

Appendix 3.3 – Clinical Responsibilities

Core questions

1. When a medicine is moved from acute to repeat, is this decision explicitly recorded with a duration of the repeat documented?
2. Is the indication for a repeat medication clearly documented in the GP clinical system?
3. How are patients informed about any risks of longer-term use of the medicine(s) and the expected length of the prescription at initiation? Is this clearly documented in the notes?
4. Is there a separate process for higher risk repeat medicines? (see box 1)
5. How are the responsibilities around repeat medicines communicated to patients (e.g., monitoring requirements, medication reviews and when medicines will not be repeated)?
6. How can community pharmacies speak to a member of the clinical practice team to ask questions about a repeat prescription from a clinical or safety perspective? Is this working well?
7. What systems are in place to monitor over ordering of repeat medicines (especially in relation to medicines with dependence-forming or overdose potential)?
8. What processes are in place to identify and manage under ordering of repeat medicines?
9. How are re-authorisations/medication reviews/SMRs (see definitions on page 16) incorporated into the repeat prescribing process and what happens if the patient does not participate?
10. When medicines are recommended by secondary care, is there a clear and safe clinical authorisation process for discharge letters to be interpreted and medicines clinically authorised for repeat?
11. When medicines are stopped, is there a clear process to ensure they are removed from the repeat medicines list?
12. Is there a clear process of action for the Practice to respond to national medication alerts such as national patient safety alerts or drug safety alerts that relate to medicines prescribed on repeat?

Advanced questions

1. Are terms such as ‘as directed’ or ‘when required’ avoided, especially when in relation to high-risk medicines? How is feedback provided to prescribers when clear directions are not provided?
2. Is there a clear process for dealing with prescription queries?
3. How are prescription queries monitored? Many prescription queries might indicate a process problem. The same patients querying each cycle might indicate they are unsure of the correct process. How are both scenarios addressed?
4. Have there been any serious incidents involving repeat medicines and how were lessons learned?

Appendix 3.4 – Technical

Core questions

1. What is the process for requests for repeat prescriptions? How many ways can patients request repeats? Is this manageable for the practice? Is it safe and clear to patients?
2. How are repeat prescription requests triaged?
3. Is there a clear medicine resupply practice policy for support staff, e.g., it is within the medication review date documented on the system or it has a specified number of authorisations that are still within a valid time period?
4. How are checks made around monitoring requirements, such as blood tests?
5. How does the practice ensure monitoring requirements are adhered to before repeat prescriptions are re-authorised?
6. What is the practice's process if a patient does not engage with monitoring arrangements? How is this communicated to patients?
7. How are large scale requests managed (e.g., care homes)? Is this working well?
8. How are dose changes that are needed mid prescription-authorisation cycle made, so that the patient receives the new dose, and the clinical notes are updated to prevent older dosing schedules being prescribed inadvertently?
9. How does the practice identify and manage over-ordering of medicines (especially those with
dependence-forming or overdose potential?)
10. How does the practice identify and monitor under ordering?
11. How does the practice manage discharge letters involving requests for repeat prescriptions? How are discharge issues flagged to clinicians?
12. How are 'shared care' arrangements for prescriptions managed safely? How is this documented so that all clinicians are aware of the full clinical picture?
13. Could the practice improve efficiency in how patients request repeats and receive medication requests?

Advanced questions

1. What (digital) functions of the clinical system are used to help with the efficiency of the practice repeat prescribing system? Do all staff consistently apply these functions?
2. Is there additional system functionality that is not deployed and why?
3. What is the agreed process for interactions between the community pharmacy and the practice?
4. Is there a technical lead for repeat prescriptions who is responsible for monitoring workload, queries, system failures, inefficiencies and safety issues?
5. Does the practice regularly monitor the number of repeat requests per month and audit how the workload associated with the volume of requests falls to various team members (clinical and non-clinical)?
6. Does the practice monitor how many repeat prescription requests are made via 111? Is this excessive? ICB-level NHS 111 data is updated monthly. Could high usage of 111 indicate that there is a problem with your repeat prescribing process?

Appendix 3.5 – Administrative (without framework)

Core questions

1. Who in the practice manages the day-to-day administrative duties of the repeat prescription processes?
2. Is there a very clear process where all relevant members of the administrative team understand their roles and their limits of what they are authorised to do?
3. How are administrative staff trained?
4. How are administrative staff supported in their repeat prescription roles?
5. Is there a process for dealing with queries that do not fit the usual process, and is this clear to administrative staff (e.g., ordered too early, essential blood tests not available, patient hasn't had the medicine for a number of months or over ordering)?
6. Are administrative staff aware of the risks of circumventing the agreed practice process to expedite
prescription queries?

Advanced questions

1. Are the administrative team aware of which medicines are higher risk repeat medicines, how they are to be managed and how this might differ from the usual repeat process?
2. Are administrative staff given a quiet space to process repeat prescriptions with minimal interruptions?
3. Is there a dedicated phoneline/extension for community pharmacies to contact the practice team in relation to prescription queries?
4. Does the practice regularly monitor the volume and nature of repeat 'queries', i.e., where the request or query does not follow the usual process agreed for repeats?

Appendix 3.6 – Questions to use with patients

1. Do you think the practice repeat prescribing process is clear and understood by most patients registered with this practice?
2. Would you describe the process as timely, safe and effective?
3. Are there any parts of the repeat prescribing process that patients think could be improved?

See questions for general practice patient participation group for more detail on involving patients.

Appendix 3.7 – Key questions for community pharmacy teams to assess their repeat prescription provision

1. Is your process for receiving and dispensing repeat prescriptions clear to your patients and local general practices?
2. Is the time needed for the safe dispensing of repeat medication communicated to patients, so they are aware of how far in advance to order their next supply?
3. Does your repeat prescribing process work equally well for all prescriptions from all local general practices?
4. How do you communicate urgent queries to the GP practice, and is there an audit trail in place for this?
5. How do you communicate non-urgent queries to the GP practice? Is this process effective? How do you audit this?
6. Have you worked with local GP practices to encourage the use of eRD and support implementation for patients who meet the criteria for this?
7. What role does the pharmacy play in ordering repeat medication for patients? Has this been agreed with local GP practices?
8. Is there a process for highlighting under/over ordering of medication to the GP practice?
9. How do you encourage patients to use digital solutions, such as the NHS app, to order and check on repeat prescriptions?
10. Do you have a clear process of action to respond to national alerts, such as national patient safety alerts of drug safety updates?

Appendix 3.8 – Dispensing practices

General practices in more rural areas offering a dispensing service should consider the following questions.

1. Are there SOPs in place within the dispensary covering the processes for repeat prescribing, covering roles, responsibilities and training of staff?
2. Is your process for receiving and dispensing repeat prescriptions clear to your patients?
3. Is the time for dispensing of repeat medication communicated to patients so they are aware how far in advance to order their next supply?
4. Do you encourage patients to use digital solutions such as the NHS app to order and check on repeat prescriptions?
5. What support and training are in place for dispensary staff who operate the repeat prescribing system?
6. Are all repeat prescriptions signed by the prescribing clinician before they are dispensed?

Appendix 3.9 – Fillable template

Download the fillable template for use with all questions

Area of focus (e.g. organisational, culture, technical, administrative, patients)			
Question	**Yes/No***	**If Yes – are there opportunities for improvement?**	**Areas for improvement**
Example: Does the written policy/SOP demonstrate and describe the flow of your repeat prescribing process?	Yes	*If yes – please demonstrate that administrative team members are aware of the SOP, understand their role, and the limit of their authority. How frequently is the SOP reviewed and what is the most recent review date?* *The SOP is stored on the practice intranet, and admin team members are made aware and requested to read this as part of their induction. Amendments are shared with all members of the team. As part of protected learning time, we sometimes focus on a section of the SOP to check understanding and roles/responsibilities. The SOP should be reviewed bi-annually – last review was 25th March 2022*	*Include a session on Repeat Prescribing at future staff training / protected learning.* *SOP review overdue – carry out review asap*

Appendix 4 – Practice action plan

Download practice action plan template

Action	Steps to Be Taken	By Whom	By When	Details of Implementation e.g. Date protocol changed, date all staff signed updated protocol, date audited	Date Completed

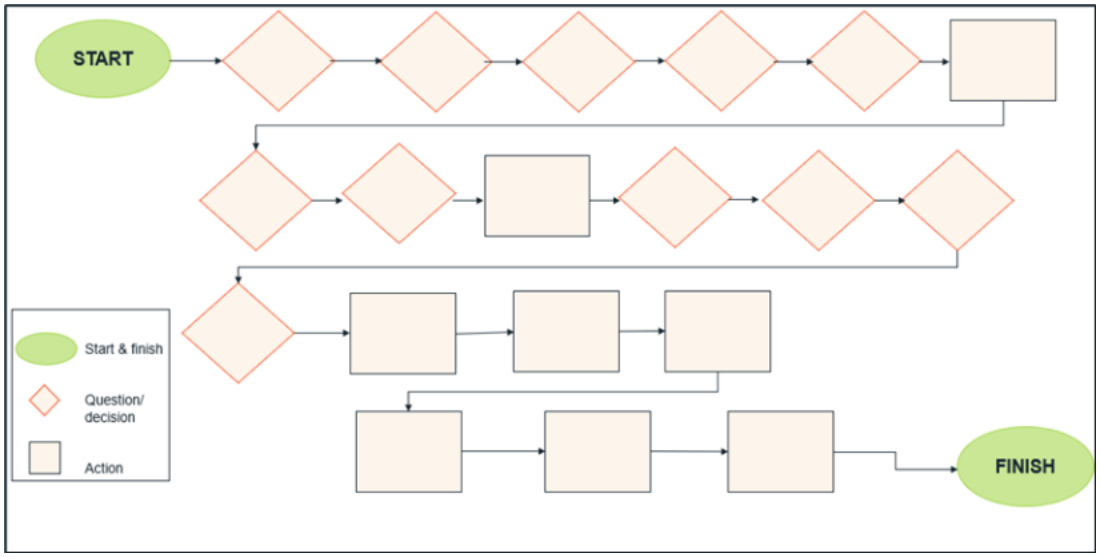
Appendix 5 – Highlight issues with stakeholders

Download template to highlight system issues with ICB and pathway issues to discuss with local pharmacies

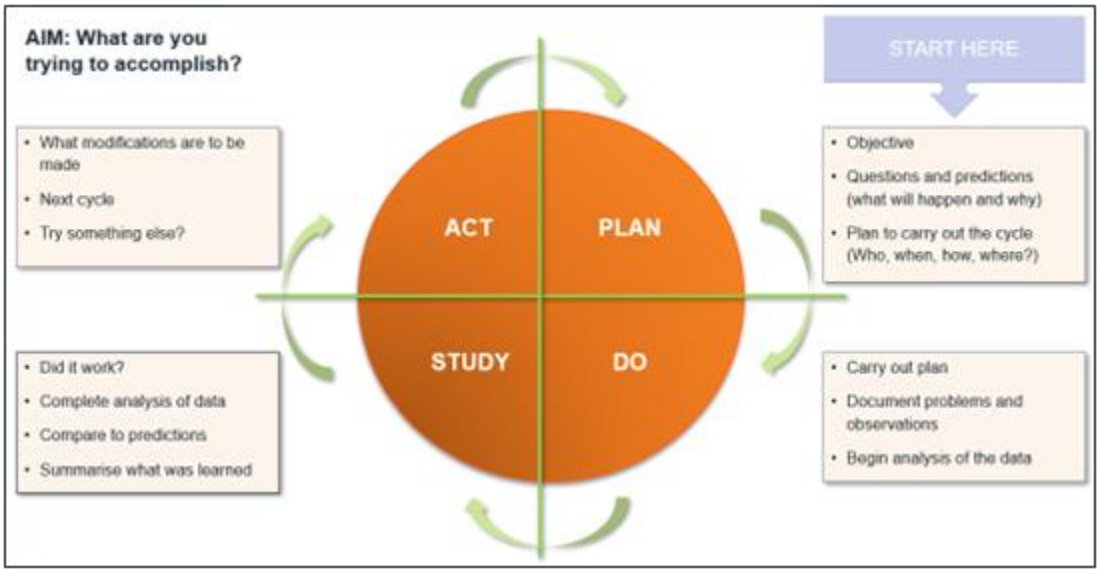
ACTION	STEPS TO BE TAKEN	BY WHOM	BY WHEN	COMPLETE

Appendix 6 – Tools to support delivery

Appendix 6.1 – Process Map



Appendix 6.2 – PDSA



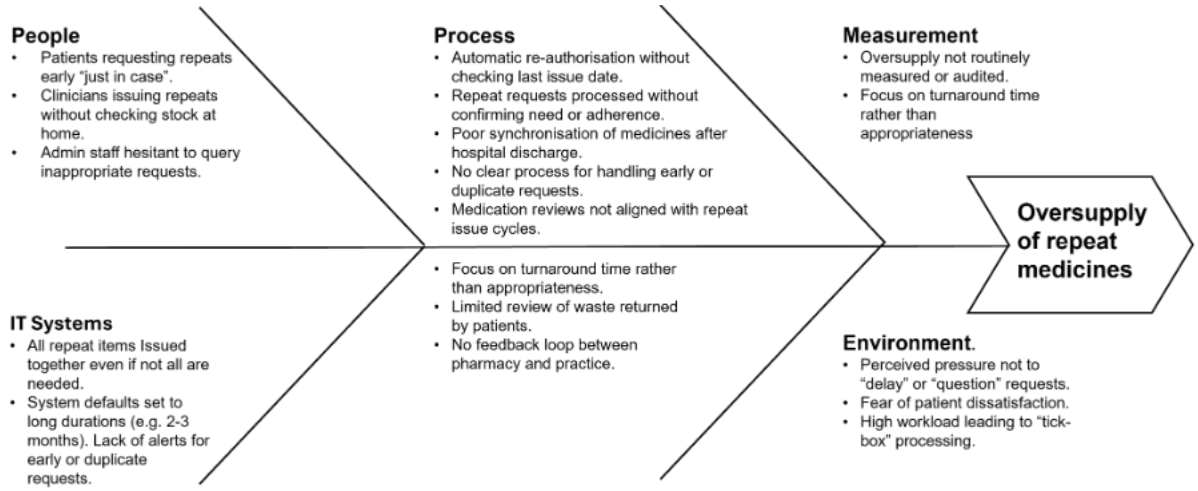
Appendix 6.3 – Five Whys

Download Five Whys template

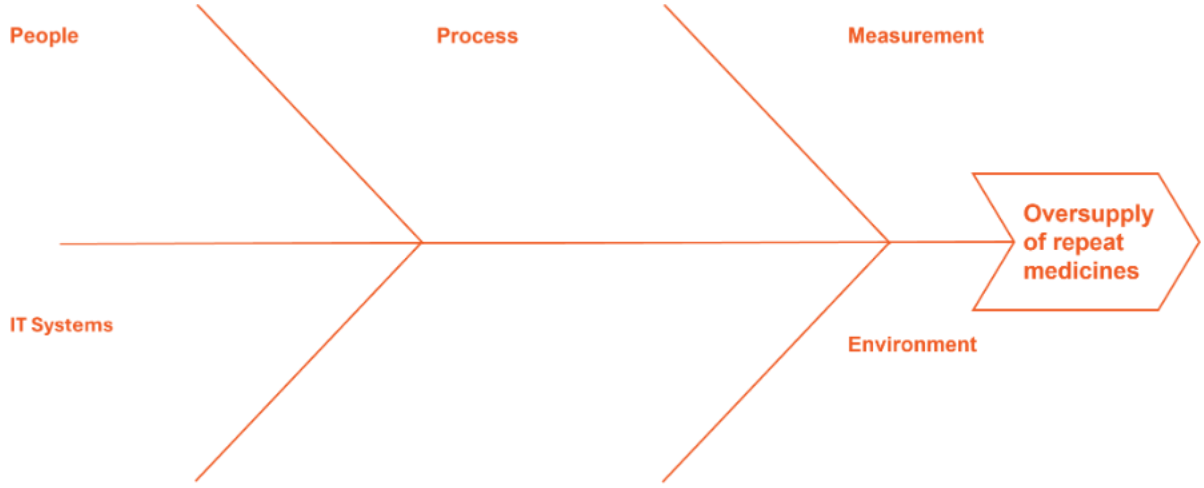
Problem (Brief, factual description of what happened (what, where, when). No blame.	
Why 1	
Why 2	
Why 3	
Why 4	
Why 5	
Root cause identified (System, process, or communication issue (not individual blame) Add description:	

Appendix 6.4 – Fishbone Analysis

Example



Template



Appendix 7 – Staff surveys

Download pre project survey

Download post project survey

Health Innovation Kent Surrey Sussex

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