

Contractor Update

Patient-Led Ordering of Repeat Medicines and the Stopping of Routine Third-Party Ordering

Lancashire and South Cumbria Integrated Care Board (LSCICB) and
Community Pharmacy Lancashire & South Cumbria (CPLSC)

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Purpose of this document

This document provides a contractor update on work across GP practices in Lancashire and South Cumbria ICB to review the appropriateness of third-party ordering. Third party ordering of prescriptions is when a request is made by an organisation e.g. community pharmacy on behalf of the patient rather than by the patient or the patient's authorised representative. The document is intended to support consistent communications, safe implementation, and shared understanding between GP practices, community pharmacies, Primary Care Networks and the ICB.

Shared Position

Lancashire and South Cumbria Integrated Care Board (LSCICB) and Community Pharmacy Lancashire & South Cumbria (CPLSC) share a commitment to ensuring that repeat prescribing processes are safe, clinically appropriate, patient-centred, and make the best use of NHS resources.

Both organisations support the approach that repeat prescription requests should be initiated by patients, their authorised representative, carer, relative, care home representative, or the GP practice, rather than routinely by community pharmacies on behalf of patients, except where agreed local arrangements or exceptional circumstances apply.

This work forms part of the wider LSCICB Medicines Optimisation programme and supports the principles of improving patient safety, reducing medicines waste, encouraging good medicines use, and strengthening patient ownership of repeat medication ordering.

This approach is consistent with wider NHS medicines optimisation principles, supporting patient involvement in managing their medicines, reducing avoidable medicines waste, and promoting safe and effective repeat prescribing processes.

The intention is to ensure that repeat medicines are ordered by:

- The patient themselves wherever possible.
- An authorised representative, carer, relative, advocate or care home representative acting on the patient's behalf.
- The GP practice using locally agreed internal processes.

In exceptional circumstances, a community pharmacy may order medicines on behalf of a patient where this has been agreed with the GP practice for patients who are considered vulnerable.

Encouraging patients and their representatives to take greater ownership of ordering can help ensure that patients request only the medicines they need. This supports more meaningful conversations between patients and GP practices about ongoing medicine needs and treatment plans, and helps reduce unnecessary stockpiling and waste.

Benefits of Reducing Routine Third-Party Ordering

- Improved patient safety by ensuring medicines ordered are still required and clinically appropriate.
- Reduced medicines waste and unnecessary stockpiling of medicines in patients' homes.
- Increased patient involvement in managing their own health and medicines.
- Better opportunities for patients and healthcare professionals to identify medicines that may no longer be required.
- More effective use of NHS resources and reduced avoidable prescribing costs.
- Improved accuracy of repeat prescribing records.
- Reduced avoidable prescription queries and unnecessary ordering activity for community pharmacy teams.
- Release of pharmacy administrative time to focus on patient care and NHS service delivery.

Intended Outcomes

The process aims to:

- Improve patient safety and medicines optimisation.
- Reduce unnecessary medicines waste.
- Improve the accuracy of repeat prescribing records.
- Increase patient engagement in managing their medicines.
- Support uninterrupted access to medicines for patients.
- Release clinical and administrative capacity across primary care.

Ordering Routes and Supporting Repeat Prescribing

Patients will continue to have access to a range of methods for requesting repeat prescriptions, including:

- The NHS App and other approved patient ordering routes.
- GP practice online services.
- Requests made directly to the GP practice using practice agreed processes.
- Requests made by an authorised representative, carer, family member or advocate where appropriate.

As part of this process, practices will be encouraged to maximise the use of the NHS App, electronic repeat dispensing (eRD) where clinically appropriate, and appropriate 28-day prescribing intervals in line with LSCICB prescribing expectations. These approaches can improve convenience for patients while supporting safer prescribing and reducing waste.

Supporting Vulnerable Patients and Exceptional Circumstances

The LSCICB and CPLSC recognise that a consistent approach must be balanced with patient safety. Some patients may require additional support to manage their repeat prescriptions, GP practices and community pharmacies should work collaboratively to identify patients who may require additional support and agree appropriate arrangements to maintain continuity of care and patient safety.

Examples of exceptional circumstances may include:

- Patients with significant cognitive impairment, dementia or learning disabilities.
- Patients receiving palliative or end-of-life care.
- Patients with severe physical disabilities that prevent them from managing prescription requests independently.
- Patients with complex mental health conditions where additional support is required.
- Situations where there is a risk that a patient may experience harm or treatment interruption if additional support is not provided.
- Patients without suitable support networks, or where an authorised representative, carer or advocate manages medicines on their behalf.

Where it is agreed that continued pharmacy ordering is necessary to maintain patient safety, local arrangements may remain in place. Any such arrangements should be based on clinical or safeguarding need rather than convenience, agreed jointly between the GP practice and community pharmacy, clearly documented, and periodically reviewed.

Existing arrangements for care home residents should continue in accordance with locally agreed processes unless alternative arrangements have been formally agreed and implemented.

Contractor Engagement

LSCICB is committed to supporting GP practices to work in partnership with Community Pharmacy colleagues. Practices have been encouraged to give local community pharmacies a minimum three-month notice before the practice goes live with any changes.

- GP practices and community pharmacies should engage at an early stage of implementation planning to support local solutions, identify vulnerable patients, and ensure safe transition arrangements.
- Patient communications, training materials and supporting resources will be made available for practices via LSCICB.
- Local discussions between practices and pharmacies will be encouraged to ensure safe and practical implementation arrangements.

Local Flexibility

LSCICB and CPLSC recognise that practices and community pharmacies serve diverse populations with differing needs. While the overall principle of reducing routine third-party ordering remains consistent, there may be occasions where local flexibility is required to support vulnerable patients or address specific operational challenges during implementation.

Any local arrangement should remain focused on patient safety, continuity of care and reducing avoidable medicines waste wherever possible.

Working Together

Community pharmacies, GP practices, Primary Care Networks and LSCICB will work collaboratively to ensure that patients receive consistent information regarding repeat prescription ordering.

Review of routine third-party ordering will be accompanied by clear communications and patient education to minimise disruption and ensure patients understand how to access their medicines safely. Patients should be reassured that any change is designed to improve patient safety and reduce waste, and that support will be available wherever needed.

CPLSC and LSCICB are committed to working collaboratively throughout this change process. Both organisations recognise the important role that community pharmacies play in supporting patients with their medicines and are keen to ensure implementation is safe, proportionate and sensitive to local circumstances.

The LSCICB and CPLSC recognise the significant contribution community pharmacies have made in supporting patients with repeat prescription ordering over many years and appreciate their continued role in supporting patients through this transition.

Principles

- Patients should take responsibility for requesting their own repeat medicines wherever possible.
- Community pharmacies should not routinely request repeat prescriptions on behalf of patients.
- Appropriate support must be available for patients who are unable to manage their own prescription ordering.
- Consistent messages should be communicated by GP practices and community pharmacies.
- Reducing medicines waste and improving patient safety remain shared priorities.
- Implementation should be undertaken in a supportive, compassionate and patient-centred manner.
- No patient should experience disruption to access to their medicines because of changes to repeat prescription ordering arrangements.
- Local flexibility may be required to meet the needs of vulnerable patients and ensure continuity of care.
- The LSCICB, CPLSC, GP practices, Primary Care Networks and community pharmacies will work together to support a consistent and successful transition.

Lancashire and South Cumbria ICB and Community Pharmacy Lancashire & South Cumbria are committed to supporting safe, effective and sustainable repeat prescribing arrangements, while ensuring that patients continue to receive the support they need.

Further communications and supporting resources will be shared locally as work progresses.

Thank you for your continued support in helping improve patient safety, reduce medicines waste and promote effective use of NHS resources.

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