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| **Question** | **Your answer** |
| **Describe your practices arrangements for repeat prescribing; particularly highlight systems you have in place to ensure safety.** |  |
| **How can patients request repeat prescriptions?** |  |
| **How long after request can they collect prescriptions?** |  |
| **Do you have any arrangements with other agencies to collect prescriptions on the patients behalf? – Please describe** |  |
| **Who can authorise a medication to be added to a patients repeat list?** |  |
| **Are there any medications you exclude from repeat lists?** |  |
| **If a patient requests a medication that is not on the repeat list but has been issued before what happens?** |  |
| **How do you review a patient’s repeat medication?** |  |
| **Has the person(s) who generates the prescription had training? – Please detail** |  |
| **Do you dispense for your patients?** |  |
| **If you dispense please set out in detail your arrangements to ensure safety and ongoing training arrangements for your dispenser.** |  |
| **Use this box to outline changes made to your repeat prescribing systems in the last year** |  |
| **How do you think your repeat prescribing system is functioning? Have you identified any areas for improvement?** |  |