
PRACTICE ACTIVITY ANALYSIS

Repeat prescriptions

D. M. FLEMING, MB, FRCGP

Research Fellow, RCGP Birmingham Research Unit

SUMMARY. Ninety-six general practitioner recorders undertook an average of 308 consultations in the two weeks reviewed, equivalent to 121 consultations per 1,000 registered patients on the list. The number of patients to whom repeat prescriptions were issued was 10,225.

The mean rate of issue of repeat prescriptions was 41.9 per 1,000 list, (346 per 1,000 consultations) though these figures conceal a wide variation between the recorders, 41 per cent of recipients were aged 65+ years and 20 per cent had not been seen by their doctor in the six months prior to receipt. The repeat prescribing rate of individual doctors bears no relation to the workload as measured by the number of consultations undertaken.

Introduction

REPEAT prescriptions have been variously defined, but for the purpose of this paper a repeat prescription is one issued at a time when no consultation with the doctor takes place. The theoretical objections to repeat prescribing focus on two points: the risk of abuse by patients and wasteful prescribing. If there were no repeat prescribing at all, more consultations would have to take place unless doctors were to prescribe in larger quantities with the concomitant potential for waste where treatment regimes are not stable.

The literature on the subject has recently been comprehensively reviewed by Drury,¹ who deduced that 25–33 per cent of all prescriptions were issued in the repeat mode. The significance of that proportion is related to the fact that the prescribing bill has now exceeded £1,000 million per year. Although repeat prescribing has been studied in individual practices, no large study has been reported.

Wide variation between practices with regard to consultation rates, referral rates, etc, evident in the national morbidity studies,^{2,3} led to the involvement of the Birmingham Research Unit of The Royal College of

General Practitioners in developing standardized systems for practice activity analysis (PAA).⁴ This report is concerned with the measurement of repeat prescribing using the specific PAA data sheet and is an example of the use of PAA to obtain information for the determination of practice policy. The data sheet for this study was concerned with the interval since last consultation, the age and sex distribution of the patients receiving repeat prescriptions, and practice information relevant to the two weeks study period including the number of patients seen and the list size. Data included are from the first 96 completed sheets returned by general practitioners and relate to 10,225 patients receiving repeat prescriptions.

Results

Each of the 96 recorders undertook an average of 308 consultations during the two weeks and this is equivalent to 121 consultations per 1,000 registered patients on the list. The home visiting rate was 16.7 per 1,000 list, or 13.8 per cent of all consultations.

The overall mean rate of issue of repeat prescriptions was 41.9 per 1,000 list, or 346 per 1,000 consultations, and these are set within a wide range (Table 1). Thirty-nine per cent of patients were males (Table 2) and 41 per cent of patients were aged 65 years or more. The interval since consultation is reported in Table 3: 27 per cent of patients were seen within 4 weeks of receiving a repeat prescription and 20 per cent of patients had not been seen within six months.

The relationship between the number of consultations undertaken and the repeat prescribing rate (per 1,000 list) was investigated by linear regression analysis. The

Table 1. Repeat prescribing rates per 1,000 list. Minimum, maximum and quintile value from range. Mean rate 41.9

Min.	Percentile				Max.
	20	40	60	80	
5	20	36	46	59	262

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Table 2. Age-sex distribution of patients receiving repeat prescriptions.

Age range (years)	Percentage (n = 10,225)		
	Males	Females	Total
0-4	0.9	0.6	1.5
5-14	2.1	2.0	4.1
15-44	8.3	14.0	22.3
45-64	13.0	18.0	31.1
65+	14.4	26.7	41.0
Total	38.8	61.2	100

Table 3. Interval since consultation at time of receiving repeat prescription.

Interval	Distribution (%)
Less than 1 month	27.0
Between 1 and 3 months	34.2
Between 3 and 12 months	19.2
Between 6 and 12 months	12.3
More than 12 months	7.3

value of the correlation coefficient was -0.095 and the slope of the regression line was -0.038 , suggesting that there is no relationship between them.

Discussion

The chief purpose of this PAA undertaking was to derive the necessary measurement of repeat prescribing in order to define practice policy. The considerable variation between practices shows how difficult it is to make general points about repeat prescribing in studies involving only a few recorders. The material presented here, collected by 96 doctors and concerned with over 10,000 patients, does provide a substantial data base for a study of repeat prescriptions. The overall rate is similar to that reported by 82 doctors and 7,500 patients from Hertfordshire.⁵

As expected, the sex distribution of patients receiving repeat prescriptions is similar to the overall sex distribution of patients who consult.^{1,2} The fact that 41 per cent of all prescriptions are issued to persons aged 65 years or more is particularly relevant to planning practice policy for repeat prescribing. This is the age group which finds it most difficult to attend surgery, and thus supervision of medication often requires a home visit by the doctor. It is also the age group for poor memory and poor compliance with therapeutic recommendations.⁶

Almost 20 per cent of patients received prescriptions more than six months after consultation and for 7.3 per cent the interval exceeded 12 months. A few patients may have attended hospital outpatient departments in the interim, but in the remainder there can be few conditions for which a prescription should be issued

with such a long interval. The complete lack of a connection between the repeat prescribing rate and the number of consultations suggests that practices have evolved working arrangements in which repeat prescribing and consultations bear no relationship to each other.

References

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Address for correspondence and data sheet

Dr D. M. Fleming, RCGP, Research Unit, Lordswood House, 54 Lordswood Road, Harborne, Birmingham B17 9DB.

Otitis media with effusion

In a double-blind, randomized trial of 533 infants and children who had otitis media with effusion ('secretory' otitis media), the efficacy of a four-week course of an oral decongestant-antihistamine combination (pseudoephedrine hydrochloride, 4 mg per kilogram of body weight per day, and chlorpheniramine maleate, 0.35 mg per kilogram per day) were compared with that of placebo. Among patients with initially unilateral disease, resolution of middle-ear effusion occurred at four weeks in 38 per cent of those treated with placebo and 34 per cent of those treated with drug ($P=0.74$). Among patients with initially bilateral disease the corresponding proportions were 19 and 21 per cent, respectively ($P=0.67$). Side effects were reported more often among drug-treated than placebo-treated patients. Decongestant-antihistamine combinations do not appear to be indicated for the treatment of otitis media with effusion in infants and children.

Source: Cantekin, E. I., Mandel, E. M., Bluestone, C. D. *et al.* (1983). Lack of efficacy of a decongestant-antihistamine combination for otitis media with effusion ('secretory' otitis media) in children. Results of a double-blind, randomized trial. *New England Journal of Medicine*, 308, 297-301.