Please note that this document has not been updated for the 2026-27 incentive scheme. Standard Operating Procedures (SOPs) for medicines optimisation switches/reviews, along with other supporting materials, were originally developed for use by Medicines Optimisation Team staff within NHS South Yorkshire Integrated Care Board (ICB). Other organisations or groups choosing to use this resource does so at their own risk and NHS SY ICB accepts no liability for its use or application.

Dose optimisation and quantity synchronisation SOP V6.0

Rationale

Dose and/or quantity change may be done in order to synchronise/optimise the amount of medication ordered by a patient. This will ensure appropriate prescribing and assist in the reduction of waste medication, with potential cost saving.

NHS England's definition for medicines optimisation supports this SOP to help patients make the most of their medicine and to help in the reduction of unnecessary medicine wastage NHS England » Medicines optimisation

Exclusions

- Patients who are recorded as being at end of life
  Drug previously switched and record states intolerance or side effect

NB: Allergy status of all patients should be checked before making any changes to the patient's record/prescription. If unsure about any changes you wish to make in the patient record you should refer to prescriber or pharmacist.

For Dose Optimisation:

- Throughout project work and while in patient records, look at all currently prescribed medication and identify any potential dose optimisation opportunities. This can also be undertaken as a standalone piece of work. e.g. pregabalin 100mg tds could be changed to pregabalin 150mg bd.
- If there is a medication which can be optimised, then further and past records to ensure the patient has not already tried the medication at the new proposed dose; or if there are reasons they cannot be changed i.e. intolerance to the bd dose so the prescriber has split the dose to tds.
- Review the patient record for the last 6 months to check for the exclusions or referral required (as detailed in the rationale) including the:
  - Drug history
  - Journal / consultations
  - Letters
  - Summary
  - Allergy box
- **Use exclusions/referral criteria listed at the beginning of document and determine patients who fall into those categories.**
- **At this point there may be patients who require exclusion**:-If item not suitable for dose optimisation or quantity change add a brief note saying patient reviewed but not changed, including reason.

- For all eligible patients that may be optimised, when in the individual patient's records add a new drug to the patient's repeat medication list as a new item.
- Problem link the new drug to the same indication as the item being replaced (where possible).
- Check that the correct quantity for the required dose and pack size have been entered for the new drug
- Ensure the directions are clear and equate to the same dosage as the old preparation.
- Remove the original item from current medication list with a brief note to record reason for switch. The clinical system will ask you for a reason to stop any medication e.g. Product 1 switched to Product 2 for dose optimisation as agreed by practice.
- Create consultation / journal entry & add Snomed code SCTID: 408374000 – 'Drug changed to cost effective alternative' to patients record with note Product 1 switched to Product 2 as agreed by practice for dose optimisation.
- Inform the patient by method agreed with practice:
    - SMS /Text / AccuRx message
    - Letter (appendix c)

For quantity synchronisation:

- Either as a stand-alone piece of work or during the course of other projects, if a potential quantity synchronisation is identified then review each patient's record, establish the frequency of prescriptions and calculate quantities accordingly.
- Change each quantity, but the dose and directions should remain the same.
- Add a brief note into consultation record along with SCTID 415693003 *Synchronisation of repeat medication*

Appendix a

Practice Consent

Practice Name: ……..

SOP Name: Dose optimisation and quantity synchronisation

Tick appropriate method of communication:

○ **Practice requires SMS / AccuRx message to be sent to patient**
Switch message:
Very important - Your **Product X** has been changed to the equivalent **Product Y** please see attached letter for further details. **This link expires in 7 days.**

○ **Practice requires letter to be sent to patient.**

Practice Representative Name …… Consent given: Yes / No

Practice Representative Signature…… Date……

Please note that the practice representative signing this protocol agrees that:

- The practice will take responsibility for the notification of all relevant practice staff.
- The practice has made patients aware that their records are accessed by staff for these purposes e.g. via practice leaflet, website or other communication and that the practice has applied appropriate restriction to the records of patients who have withdrawn consent.

NHS
South Yorkshire
Integrated Care Board

Appendix c

DO NOT USE MMT HEADER ON PRACTICE LETTERS TO PATIENTS

Practice header

Dear patient

As a practice, we are always reviewing our repeat prescriptions to make sure our patients are getting the best, most cost-effective treatment at appropriate daily dosing intervals.

We are currently reviewing your medication and we note that you are taking

…… (Drug strength and dose)

We have changed this to (Drug and new strength and dose)

The difference to your medicine should not affect its ability to act in the same way to treat your condition, and we hope you will find this more convenient.
Your repeat prescription will be changed automatically. You should carry on using your present medication until it is finished.

If you have a medical concern, please contact the practice in your usual way.

Yours sincerely

The practice