**Supplementary Table 1: Receptionist checks whether patient’s prescription request is allowable and forwards any acute or problematic requests to GP (Stage 1)**

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| **Priority** | **Variations** | **Examples** | **Potential risks** |
| **Efficiency (focus is on timely management of prescription requests)** | Receptionist(s) issue and print all repeat prescriptions plus a limited range of acute requests to manage the high volume of work (Practices 1, 3, 5, 8) | ‘Specialist’ receptionists in Practices 1 and 3 do this work, whereas receptionists rotating through tasks including repeat prescribing do this in Practices 5 and 8. In all practices, the intended outcome was that GPs could focus on more complex work. | * Reliance on receptionist knowledge and expertise * Multi-tasking team increases potential for miscommunication across team and limits expertise of individual receptionists. |
| Receptionist(s) issue and printed all repeat prescriptions plus a wide range of acute requests to manage the high volume of work (Practice 7) | Practice 7 serves a large, highly deprived patient population. The repeats secretary is permitted to issue, amend and print a wide range of acute prescription requests because of her perceived individual knowledge and skill, and to manage the high volume of requests from a highly-deprived population. | * Reliance on receptionist knowledge and expertise * Volume of work allocated to specific individual(s) may compromise quality of prescribing processing if excessive * Reliance on one individual with high levels of knowledge and expertise * Potential for error regarding prescribing the wrong medication, authorising medication without proper monitoring or review of concomitant medications and disease states, and patient specific factors due to limited patient knowledge |
| **Thoroughness (focus is on clinical oversight of prescription requests)** | Practices prioritise thorough checking of all acute and urgent prescription requests by GPs to ensure that all requests are dealt with safely (Practices 2, 4, 6) | The multi-tasking Practice 2 reception team manage the high-volume workload and filtered acute and problem requests to the part-time GPs working there that day to ensure maximum GP oversight. | * Volume of work allocated to specific individual(s) may compromise speed of processing if excessive * Opportunity costs if GPs are focussing on this work then they have less time to do other safety critical work |
| Practices 4 and 6 serve more affluent patient populations and highly value individual personalised care. The individual repeats expert in Practice 4 and the multi-tasking team in Practice 6 filter more complex requests to specific GPs from ‘their’ patients. |