A FOCAL POINT LEARNING PROGRAMME

NHS REPEAT DISPENSING

BOOK 2
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CENTRE FOR PHARMACY
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Content contributor
Phil Clark, medicines management project manager, NHS Birmingham East and North

CPPE programme developer
Mandy Jackson, joint head of communications

Project team
Geraldine Flavell, regional manager, CPPE
Sally Hookes, practice manager, Falcon Medical Centre, Sutton Coldfield
Harriet Lewis, core negotiating team, NHS Employers and pharmacy development manager, Trafford Primary Care Trust
Siobhan Murphy, training and guidance manager, Connecting for Health
Surj Pawar, pharmacist, Sutton Coldfield
Ian Pye, medicines management content developer, National Prescribing Centre
Sarah Wright, community pharmacy project facilitator, Sheffield Primary Care Trust

Reviewers
Harriet Lewis
Siobhan Murphy
Barbara Parsons, head of pharmacy practice, Pharmaceutical Services Negotiating Committee

This programme was piloted by the following pharmacists, pharmacy technicians and practice staff:
Osman Ali, Ann Avison, Michael Field, Sally Hookes, Surj Pawar.

CPPE reviewers
Geraldine Flavell
Christopher Cutts, director
Matthew Shaw, deputy director

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CPPE is grateful to our colleagues in NHS Birmingham East and North for allowing the use of their essential service documents.

Disclaimer
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Learning with CPPE

The Centre for Pharmacy Postgraduate Education (CPPE) is funded by the Department of Health to provide continuing education for practising pharmacists and pharmacy technicians providing NHS services in England. We are based in the University of Manchester’s School of Pharmacy and Pharmaceutical Sciences.

We recognise that people have different learning needs and not every CPPE programme is suitable for every pharmacist or pharmacy technician. We have created three categories of learning to cater for these differing needs:

- **CPPE 1** Core learning (limited expectation of prior knowledge)
- **CPPE 2** Application of knowledge (assumes prior learning)
- **CPPE 3** Supporting specialties (CPPE may not be the provider and will direct you to other appropriate learning providers).

This is a **CPPE 1** learning programme.

**Continuing professional development (CPD)** – You can use this *focal point* unit to support your CPD. Consider what your learning needs are in this area. You may find it useful to work with the information and activities here in a way that is compatible with the Royal Pharmaceutical Society of Great Britain’s approach to continuing professional development. Use your CPD record sheets or go to: [http://www.uptodate.org.uk/] to plan and record your learning.

**Programme guardians** – A programme guardian is a recognised expert in an area relevant to the content of a learning programme who will review the programme every six months to ensure quality is maintained. We will post any alterations or further supporting materials that are needed as an update on our website. We recommend that you refer to these updates if you are using a programme significantly after its initial publication date.

**Feedback** – We hope you find this learning programme useful for your practice. Please help us to assess its value and effectiveness by visiting the *My CPPE* page on our website. Alternatively, please email us at: feedback@cppe.ac.uk
Using *focal point* Booklet 2

You will have already completed Booklet 1 to help you identify your own learning needs, read the key information and then related it to your own area of practice and professional development.

This booklet uses a case study and clinical vignettes to help you apply what you have learnt so far and encourages you to measure the changes in your practice. We also include some suggested answers to the learning activities.

If you are attending a learning community you will work through a more detailed case study and some brief clinical vignettes with your professional colleagues, and discuss your approach to the Directing change scenario that you chose from Booklet 1. If you are using this focal point for self study, you may wish to work through the activities by yourself or discuss your responses with a colleague.

Just to remind you, in this unit we consider:

- the rules and regulations governing repeat dispensing
- the practical implications of implementing a repeat dispensing service
- how to provide a safe, efficient and expandable repeat dispensing service to your patients and local prescribers.
Case study – Anna

You receive a telephone call at the pharmacy from Anna Matthews. She’s just moved into the area and a new neighbour has recommended your pharmacy. Anna has been collecting her inhalers through the repeat dispensing service at the pharmacy where she used to live and wants to know if you can offer the same service.

1. What do you say to Anna?

The following day, Anna comes into the pharmacy and presents you with a repeat dispensing prescription form covering the fourth interval for dispensing (batch issue 4 of 6), and asks whether she can now collect the prescription from you. Anna’s prescription is as follows:

Salbutamol MDI 100 inhaler
Two puffs four times daily and when required

Beclometasone CFC-free (Clenil Modulite) MDI 200 inhaler
Two puffs twice daily

2. How would you deal with her request?
Later that week, Anna returns to the pharmacy and presents you with the following prescription (see appendix for larger images of these documents).

3. Can you dispense against this batch issue?

Following your recommendation, Anna visited her new GP and has been using the repeat dispensing service from your pharmacy for the last two months. This month, as well as the batch issue for her usual inhalers, she also presents you with an additional prescription for a salmeterol 25 micrograms CFC-free inhaler (two puffs, twice a day).

4. What do you need to take into consideration? How would you minimise risk?
The following month, Anna calls to collect her prescription. She asks you to ignore the beclometasone inhaler as she still has one at home unopened.

5. **How would you respond to Anna?**

Three months later, the surgery notifies you that Anna has just been discharged from a short admission to hospital. She collapsed at home last week after complaining she felt dizzy and breathless.

6. **What action do you need to take?**

You haven’t seen Anna since her hospital admission and she calls to see you on a busy Friday lunchtime. She tells you that she has lost the next batch issue (11 of 12) and is worried about not being able to collect the items, as she doesn’t want to miss taking her medication and end up in hospital again.

7. **How would you deal with this?**
Some months later, Anna calls to enquire whether her husband would be suitable for the repeat dispensing service. Mr Matthews is a frequent visitor to the surgery and it would be easier to collect their prescriptions together. He was in hospital last year with his angina and has had some medication changes.

Mr Matthews’ current medication regime is:
Lansoprazole 15 mg – one capsule daily
Aspirin dispersible 75 mg – one tablet daily
Elantan LA 50 mg – one capsule daily
Felodipine 5 mg m/r – one tablet each morning
Furosemide 40 mg – one tablet each morning
Glyceryl trinitrate 500 micrograms – one-two tablets as directed
Simvastatin 40 mg – one tablet daily

8. Is Mr Matthews a suitable candidate for repeat dispensing?

The following spring, Anna’s husband presents a prescription from his GP for his regular medication, but for double the normal quantity. He explains that he and his wife Anna are going to Australia for five weeks to visit family who have emigrated there. Mr Matthews asks if you can also ‘double up’ Anna’s repeat dispensing prescription.

9. What would you say to Mr Matthews?
Clinical vignettes

Time to prepare: 15 minutes to review and answer the questions.
Time to discuss: 15 minutes to discuss the answers with your colleagues.

In this section of focal point, we look at a selection of brief scenarios about the repeat dispensing service and particularly focus on decision making and communication. We have included a number of examples from different perspectives (both pharmacy and GP practice teams) for you to select the most appropriate for your learning community. Review four or five of the clinical vignettes and come up with a suitable response to manage the situation. You may wish to practise these responses using role play.

Clinical vignette 1

Sally, the practice manager at a local surgery, calls and asks to speak to you. She has had a number of patients enquiring about the repeat dispensing service you are promoting and is concerned about the extra work this will generate.

Construct a response to Sally.
Clinical vignette 2

Dr Murphy, a new GP at a local surgery, pops into the pharmacy to introduce herself. While she’s there, she asks whether or not the repeat dispensing service some of her patients are on is actually helpful for them.

Construct a response to Dr Murphy.

Clinical vignette 3

Dr Pawar, a colleague of Dr Murphy, phones and asks to speak to you. He explains that he has read quite a lot about the repeat dispensing service and, while Dr Murphy is keen, he is not so happy to give patients continued access to medication without his input.

Construct a response to Dr Pawar.
Clinical vignette 4
A monitoring visit is being carried out by Martin, the primary care trust (PCT) clinical governance lead. He asks you to tell him about what additional procedures you have put in place for repeat dispensing and wants to know about your storage and monitoring arrangements.

Construct a response to Martin.

Clinical vignette 5
Shelley is a locum pharmacist who works for you occasionally. You happen to be in the pharmacy when she comes to you asking for help. She has a patient at the counter asking for their next batch issue, but Shelley is not familiar with the repeat dispensing procedure and asks if you can dispense the medication instead of her?

Construct a response to Shelley.
**Clinical vignette 6**

Sue, your pharmacy technician, asks you to highlight to her the key differences between dispensing a regular repeat prescription and a batch issue generated under the repeat dispensing service.

Construct a response to Sue.

**Clinical vignette 7**

Surj, a new member of staff, asks you to talk him through how the process of repeat dispensing works for a patient using the service. He is also interested in how patients are selected for the service.

Construct a response to Surj.
Clinical vignette 8
You are a new prescriber and Mr Brown comes to see you. He has been using the repeat dispensing service for two months but you think he needs a medication change from ramipril 5 mg to ramipril 10 mg.

Construct a response to Mr Brown.

Clinical vignette 9
You are the practice receptionist and Mrs Appleby has recently been discharged from hospital. She asks you to put her on the new repeat dispensing service she’s heard about, because her neighbour doesn’t have to visit the GP every month and gets her medicines delivered without any fuss.

Construct a response to Mrs Appleby.
# Directing change

Time to prepare: none – you should have done this before the event.
Time to discuss: 15 minutes to discuss the answers with your colleagues.

Revisit the scenario you selected in Booklet 1 (page 40). You were given a choice of three scenarios: working together, clinical governance, or preparation and risk assessment. We suggested that you structure your thinking and ideas around several themes. Discuss the solutions and ideas you developed with your colleagues and make your notes in the table below.

<table>
<thead>
<tr>
<th>Your solution</th>
<th>Resources used</th>
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<tr>
<th>Training needed</th>
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<th>Supporting government/national guidelines</th>
<th>Related local initiatives</th>
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You have reached the end of the activities for this focal point event; the remainder of this booklet contains follow-up activities and the suggested answers. You may wish to spend some time after the event looking through these with colleagues.
After your *focal point* event: putting your learning into practice

Now it is time to assess your learning, determine your readiness to change and put your new knowledge into practice.
Putting your learning into practice

There are four actions you should undertake to ensure that what you have learnt in this focal point unit influences your future practice.

1. Work through the practice activities listed below
2. Evaluate your learning by revisiting the Moving into focus questions
3. Complete the CPPE online e-assessment
4. Reflect on the steps for change outlined on page 19

1. Practice activities (45 minutes)

You might wish to start to put some of your learning into practice by undertaking the following activities.

■ Arrange to go and see your local prescribers or their repeat dispensing leads to explain how you have implemented the repeat dispensing service in your pharmacy. Use the exercises in booklets 1 and 2 as preparation for your meeting.

■ Ensure your standard operating procedure (SOP) for dispensing adequately covers all the additional requirements of dispensing a repeatable prescription. Make sure all appropriate pharmacy staff have read the SOP and that the signature sheet reflects this.

■ Access the CPPE website to download the sample repeat dispensing forms and materials you have decided to use and modify them as appropriate. Print copies and store them somewhere convenient. Don’t forget to give samples and copies of the referral form to your local GP practices.

■ Arrange training for all pharmacy staff. The community pharmacy contract stipulates that pharmacists should undertake appropriate training. The CPPE learning programme is cited in the Drug Tariff as being appropriate. This focal point unit and associated e-assessment is available to all registered pharmacists and pharmacy technicians practising in England. It can also be downloaded for multidisciplinary learning communities with pharmacy and practice staff.

■ Find out who the repeat dispensing lead is at your PCT and contact them to see if there are any local protocols or guidelines on referral/selection criteria.

When will you undertake these?
2. Evaluate your learning (15 minutes)

The second step is to revisit the Moving into focus questions.

1. List three key service requirements of repeat dispensing.
2. Which patient groups would be suitable for repeat dispensing?
3. How could you increase the uptake of repeat dispensing?
4. Describe a benefit of repeat dispensing for the patient, the prescriber and the pharmacy.
5. Describe a potential issue associated with repeat dispensing for the patient, the prescriber and the pharmacy.

Can you answer these now?

3. Access e-assessment (30 minutes)

The next step in assessing your learning is to access the online e-assessment on our website.

- Go to: [http://www.cppe.ac.uk](http://www.cppe.ac.uk)
- Choose Login and complete the login process. If you are a new user you will need to click on the Register link, gain your password and follow the instructions to sign up.
- When you have logged in, choose the Learning programmes tab and select E-assessment from the menu.
- Scroll down to find the e-assessment entitled CPPE focal point: NHS repeat dispensing.
- Follow the on-screen instructions.
- If you complete the e-assessment successfully you will be able to print your own certificate of achievement.

When will you access the e-assessment?
4. **Reflection – steps for change (15 minutes)**

The final step is to think about the following statements and note down how you feel about them. This should help you determine any requirements for your further development.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
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<tbody>
<tr>
<td>I have achieved my personal learning objectives that I set myself on page 13 in Booklet 1.</td>
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<tr>
<td>I have identified additional learning I need to undertake to improve my knowledge of the repeat dispensing service.</td>
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<td>I would like to follow up a best practice idea expressed by a colleague at the <em>focal point</em> event/within my learning community.</td>
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<tr>
<td>I know exactly what steps I need to take to implement a safe and efficient repeat dispensing service in my pharmacy.</td>
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After reflecting on these statements, what steps will you take now to make them reality?
Suggested answers to:

- Moving into focus questions
- Practice points
- Talking points
- Case study
- Clinical vignettes
These are the authors’ suggested responses to the learning activities and they should be used as a guide during your focal point event. Where possible, use your own local guidelines and policies to inform the discussion and answers. We have provided short answers to the questions and case study and, where appropriate, these are followed by discussion points that provide a little more detail.

Moving into focus

1. List three key service requirements of repeat dispensing.

There are several right answers to this question.

Look up the regulations\(^1\) and identify the key elements to providing a safe and efficient repeat dispensing service.

Discussion points

You may have noted down some of the following:

- Ensure the patient is taking or using the medicines or appliances appropriately and is not suffering any side-effects.
- Minimise waste by ensuring only the items required by the patient are dispensed.
- Maintain records so there is a clear dispensing audit trail.
- Communicate any clinically significant issues to the prescriber.
- Store the repeatable prescription and any associated batch issues securely and confidentially.
- Check the validity of the repeatable prescription and the particular batch issue at every dispensing episode.
- Undertake appropriate training on repeat dispensing.
- Inform patients about the repeat dispensing service.

2. Which patient groups would be suitable for repeat dispensing?

Any patient with a long-term condition that is considered likely to remain stable for the duration of repeat dispensing would be suitable. Repeat dispensing is not suitable for patients with acute conditions, who are newly diagnosed or have an unstable condition.

Discussion points

Check with your local practice whether particular types of patients are already being prioritised. Identify groups of patients who would benefit in your locality.
The following is a non-comprehensive list of suggestions:

Gastrointestinal
■ proton pump inhibitors (maintenance dose), sulfasalazine/mesalazine, pancreatin (Creon)

Cardiovascular
■ diuretics (bendroflumethiazide), digoxin, beta-blockers, ACE inhibitors, angiotensin II receptor antagonists, statins

Respiratory
■ short-acting beta agonists, inhaled corticosteroids, combination inhalers, hay fever treatments

Central nervous system
■ antidepressants, antimigraine drugs, antiepileptics (but not phenobarbitone)

Endocrine
■ insulins, oral antidiabetic drugs, blood glucose test strips, levothyroxine, carbimazole

3. How could you increase the uptake of repeat dispensing?

It doesn't matter how prepared you are at your pharmacy or practice; it is the prescriber’s choice to issue repeatable prescriptions. The only way to increase uptake is to make sure practices in your area understand the features, advantages and benefits of repeat dispensing.

Discussion points
■ Talk to local prescribers and their staff – the people behind the reception desk will probably benefit most from the reduction in workload that repeat dispensing brings.

■ Demonstrate to prescribers that your service is safe and efficient by showing them your SOP, referral forms and record cards.

■ Explain the service to suitable patients so they may request repeatable prescriptions.

■ Some prescribers have welcomed lists of suitable patients generated by pharmacists but be aware of the initial administrative burden this creates at the surgery – this might put others off.

■ The principle of starting small and expanding the service gradually is a good one – some prescribers will prefer to use repeat dispensing one suitable patient at a time.

■ Offer to administer the explanation of the service to patients and signing of consent forms.
4. Describe a benefit of repeat dispensing for the patient, the prescriber and the pharmacy.

You may have identified improved access and choice, reduced workload and opportunities for early interventions.

**Discussion points**

Other benefits include:

For the patient:
- it offers a simplified one-stop process
- it promotes consistency of sharing care between prescriber and pharmacy
- it may allow consolidation and/or synchronisation of existing prescriptions
- patients can benefit from pharmaceutical support for self-care and the management of long-term conditions.

For the prescriber:
- it is a prescriber-led system
- the improved patient contact provides earlier detection of medicines-related problems
- use of practice time can be made more efficient
- it can help reduce medicines waste.

For the pharmacy:
- it can improve workload scheduling and stock control
- involvement in patient care can be increased
- it can improve communication with local practices
- it provides the opportunity to offer medicines use reviews.

5. Describe a potential issue associated with repeat dispensing for the patient, the prescriber and the pharmacy.

For the patient:
- there are no issues – unless their condition becomes unstable and then the service will not be appropriate for them.

For the prescriber, potential issues include:
- initial set-up time
- inappropriate patient selection criteria
- lack of confidence in service.

For the pharmacy, potential issues include:
- maintaining a different system for an initial small number of patients
- poor collaboration between practice and pharmacy.
Practice and talking points

Practice point 1
Name any medicines or appliances that cannot be prescribed under the repeat dispensing arrangements.

Schedule 2 and 3 Controlled Drugs. Look at the Regulations Schedule 1 Part 2 which details the provisions for the dispensing of drugs and appliances.

Practice point 2
Identify five patients from your patient medication records who you feel would be suitable for repeat dispensing (do not write down any patient identifiable data). Why did you choose them?

Practice point 3
Find out from the repeat dispensing lead at your PCT if particular types of patients are being prioritised for repeat dispensing.

Any suitable patient (with a stable long-term condition) can use the repeat dispensing service but aligning your selections with local priorities will make engagement with practices easier.

Talking point A
Theoretically, what is the minimum and maximum number of pieces of paper that could be produced in a complete batch?

Assuming there are four or fewer different drugs (as four is the maximum number of items on a single sheet), the theoretical minimum is two, but there is no point in producing one repeatable prescription and one batch issue – a single acute or regular repeat prescription would only produce one piece of paper.

The theoretical maximum is 367, using a one-day interval for the maximum 12-month duration, which would mean 366 batch issues for a leap year plus the repeatable prescription.

In practice, for a patient whose condition is stable and where there is a monthly dispensing interval, 13 forms will be produced in a complete batch. However, it is common for a shorter duration to be used in the early days of a patient using the service.
Talking point B
What other information would you want to capture when a complete batch is first presented and why do you want it?

The example record card (Booklet 1, page 25) covers all the information you should need, but you may have identified other additional requirements.

The key point is to record the information when the complete batch is first presented – recording something now will help control current batches when they are a few months old.

Practice point 4
How will you ensure that you complete the additional checks every time you dispense a batch issue?

We would recommend using a checklist that you can work through.

The example record card (Booklet 1, page 27) lists the additional checks. If collected in person, the checks can be verified and a signature obtained. If the prescription is delivered, these checks should be made by telephone and marked on the record card.

Talking point C
What would you say to a patient who tells you they would like to use a pharmacy much nearer their new home for their remaining batch issues?

The patient can collect their prescription from any pharmacy they nominate.

The original repeatable prescription must be retained at the pharmacy that dispensed the first batch issue until it is sent to NHS Prescription Services, even if the remaining batch issues will not be dispensed by that pharmacy. Therefore, if the patient wants to change pharmacies, they will need to go back to their prescriber to obtain a new complete batch.

Discussion points
Electronic repeat dispensing will allow patients to change their nominated pharmacy at any time. In the longer term, it is the intention for patients to have access to electronic repeat dispensing even if they do not wish to use a nominated pharmacy.
Practice point 5

Who is/will be the repeat dispensing lead in your pharmacy?

This will vary from pharmacy to pharmacy but it is useful to have a nominated person who will manage the system and communicate with the local surgeries. It doesn’t have to be the pharmacist, but it must be someone who fully understands the repeat dispensing service, your SOPs and who is happy to be the central point for communication to and from local surgeries.

Practice point 6

Using the paper Drug Tariff or the electronic version on the NHS Prescription Services website, find out what fees are paid to contractors for repeat dispensing under the community pharmacy contractual framework.

All pharmacy contractors receive an annual payment of £1500, which is paid monthly (£125 per month). The £125 is paid automatically as part of the monthly payment schedule from NHS Prescription Services (NB - these figures were correct at the time of print - please refer to the most recent version of the Drug Tariff for the most up-to-date fees).
**Case study – Anna**

You receive a telephone call at the pharmacy from Anna Matthews. She’s just moved into the area and a new neighbour has recommended your pharmacy. Anna has been collecting her inhalers through the repeat dispensing service at the pharmacy where she used to live and wants to know if you can offer the same service.

1. **What do you say to Anna?**

   Yes. Repeat dispensing is an ‘essential service’, which all pharmacies dispensing NHS prescriptions must be able to offer.

**Discussion points**

- You should inform Anna that it will be up to her new GP to put her on the service but that you are able to provide the service to her.
- You could ask her which practice she has registered with – you may know whether or not they have other patients on repeat dispensing.
- Tell Anna that she will need to sign a new consent form to allow sharing of information about her condition and medicine between her new practice and the pharmacy.

The following day, Anna comes into the pharmacy and presents you with a repeat dispensing prescription form covering the fourth interval for dispensing (batch issue 4 of 6) and asks whether she can now collect the prescription from you. Anna’s prescription is as follows:

Salbutamol MDI 100 inhaler
*Two puffs four times daily and when required*

Beclometasone CFC-free (Clenil Modulite) MDI 200 inhaler
*Two puffs twice daily*
Focus on repeat dispensing service

2. How would you deal with her request?

Anna will need to get a new prescription from her new GP. It would appear that Anna’s previous pharmacy has the repeatable prescription and has already dispensed batches 1, 2 and 3. You cannot legally dispense any batch issue unless you have the corresponding repeatable prescription.

Discussion points

- Tell Anna that you offer the same repeat dispensing service as her old pharmacy but it will be her new GP’s decision whether or not they want to write Anna’s prescriptions this way. The GP may delay the decision until they have more experience of Anna’s condition.

- Ideally, you or Anna should inform her old pharmacy that the remaining batch issues are no longer required and can be destroyed.

Later that week, Anna returns to the pharmacy and presents you with the following prescription (see appendix for larger images of these documents).

3. Can you dispense against this batch issue?

Technically, as you have been presented with both the repeatable prescription and an associated batch issue, you could use your discretion to dispense. However, you may have concerns.

Continued on next page
**Discussion points**

- Although Anna is presenting the repeatable prescription and an associated batch issue, you should be concerned that she is presenting batch issue 4 of 6. If she has the repeatable prescription, no other pharmacy can have dispensed batch issues 1, 2 or 3, so you will need to ask her what happened to the other batch issues.

- However, because Anna is in possession of a repeatable prescription and an associated batch issue, and provided the checks below are satisfactory, there is no legal reason why you cannot dispense.

- The repeatable prescription must be signed by the prescriber and you should verify the legality of this signature in the same way as any other prescription.

- The date of the repeatable prescription must be within the last six months.

- As some batch issues are missing, make sure Anna is aware of when she will need to return to her prescriber for her next prescription – it will be earlier than expected.

- Ensure any batch issues and the repeatable prescription are from the same complete batch – patient, medicine and prescriber details should be identical.

- Check the dates on each of the batch issues – you cannot dispense a batch issue more than 12 months after the date on the repeatable prescription.

- While the most common dispensing interval (either defined by the date or implied by the dosage) will be 28 days or one month, make sure you know what the prescriber intended.

- The complete batch **must** be computer generated and printed. Manual or handwritten alterations or additions make the complete batch invalid.

- If the batch issue had been signed by the prescriber, it would not make it invalid as long as the repeatable prescription is also signed.

Following your recommendation, Anna visited her new GP and has been using the repeat dispensing service from your pharmacy for the last two months. This month, as well as the batch issue for her usual inhalers, she also presents you with an additional prescription for a salmeterol 25 micrograms CFC-free inhaler (two puffs, twice a day).
4. What do you need to take into consideration? How would you minimise risk?

You must ensure that Anna’s doctor intended her to take the new medication in addition to her regular inhalers. Anna may be one of only a handful of patients on repeat dispensing and her practice may not realise that she has existing batch issues waiting to be dispensed.

Discussion points

- Anna is relatively new to the practice and her doctor may not have enough patients on repeat dispensing to be immediately alert to the potential of batch issues and acute prescriptions being dispensed at the same time.
- If you have concerns at all, you should call Anna’s doctor to discuss them. You should point out the potential patient safety issue of this situation.
- Ideally the practice should have a system to identify patients on repeat dispensing and you should be able to provide a list of your mutual patients using the service.

The following month, Anna calls to collect her prescription. She asks you to ignore the beclometasone inhaler as she still has one at home unopened.

5. How would you respond to Anna?

You need to find out why she has unused medicine at home. While Anna could be commended for not wasting medicine, you should be concerned why she hasn’t been using it as prescribed. It is important that you explain that this is a ‘preventer’ and only works properly if taken regularly.

Discussion points

- Ask Anna how often she is using her inhalers and if she knows the purpose of each one.
- Investigate any other reasons why she may not be using her inhalers properly, for example, side-effects or cost.
- Explain the benefits of regular use of the steroid inhaler.
  - Check her inhaler technique.
  - Ask if she measures her own peak flow.
■ Suggest she makes an appointment with the practice nurse or GP to have her condition monitored.

■ Advise Anna of your intention to speak to her GP about her asthma management and make a note on the repeat dispensing referral form.

Three months later, the surgery notifies you that Anna has just been discharged from a short admission to hospital. She collapsed at home last week after complaining she felt dizzy and breathless.

6. What action do you need to take?

Ensure that you do not dispense Anna’s regular medication until you are sure it is still appropriate. Anna’s admission to hospital may well indicate a change in her condition and potentially a change to her medication.

Discussion points

■ You should check to see if you have any remaining batch issues for Anna. If you do, you should annotate them to the effect that the medication should not be prepared until you have spoken to Anna and/or her doctor to see what effect her admission may have had on her prescription.

■ If her medication has changed, you may have to destroy any remaining batch issues if they are no longer appropriate.

You haven’t seen Anna since her hospital admission and she calls to see you on a busy Friday lunchtime. She tells you that she has lost the next batch issue (11 of 12) and is worried about not being able to collect the items, as she doesn’t want to miss taking her medication and end up in hospital again.

7. How would you deal with this?

You should reassure Anna that you can dispense against any batch issue if she has it with her, providing there isn’t a future dispensing date on the batch issue. While it is considered best practice, there is no requirement to dispense batch issues in order. You must, however, check that the prescriber did not specify a dispensing interval when the batch was created which may have caused a dispensing date to be printed on each of the batch issues – you cannot dispense against a batch issue before its dispensing date.

Continued on next page
Discussion points

■ You must ensure that the medication on that batch issue is still appropriate, given her recent hospital admission. You should contact her doctor immediately to discuss the situation.

■ If the medication is still appropriate, you can dispense it but make sure Anna is aware that she will need to visit her doctor for a new prescription, as there are no more batch issues left.

■ You should also tell Anna that you can look after any future batch issues for her so she doesn’t have to worry about losing them.

■ If the medication is no longer appropriate, you should destroy the outstanding batch issue, inform the surgery you have done so and wait for a new prescription before dispensing anything.

Some months later, Anna calls to enquire whether her husband would be suitable for the repeat dispensing service. Mr Matthews is a frequent visitor to the surgery and it would be easier to collect their prescriptions together. He was in hospital last year with his angina and has had some medication changes.

Mr Matthews’ current medication regime is:
Lansoprazole 15 mg – one capsule daily
Aspirin dispersible 75 mg – one tablet daily
Elantan LA 50 mg – one capsule daily
Felodipine 5 mg m/r – one tablet each morning
Furosemide 40 mg – one tablet each morning
Glyceryl trinitrate 500 micrograms – one-two tablets as directed
Simvastatin 40 mg – one tablet daily

8. Is Mr Matthews a suitable candidate for repeat dispensing?

No. It sounds as though he wouldn’t be suitable as his condition is likely to change which may well affect at least one of his medicines.
Discussion points

■ Mr Matthews should ask his GP for the final decision on whether or not the repeat dispensing service is suitable for him.

■ However, if Mr Matthews is a frequent visitor to the surgery (and presumably the pharmacy), he could collect his own prescription and Anna’s if that was more convenient. You should explain that you will have to ask Mr Matthews about Anna’s condition to make sure her prescription is still appropriate – she should already be used to you asking her these questions directly.

The following spring, Anna’s husband presents a prescription from his GP for his regular medication, but for double the normal quantity. He explains that he and his wife Anna are going to Australia for five weeks to visit their family who have emigrated there. Mr Matthews asks if you can also ‘double up’ Anna’s repeat dispensing prescription.

9. What would you say to Mr Matthews?

It is at the discretion of the pharmacist whether to dispense two batch issues or not. You have the legal right to dispense, but you must be sure that dispensing this extra medicine will be safe and appropriate.

Discussion points

■ You have known Anna for some time now and will know whether or not she can be trusted to use her medication as prescribed even though you will be dispensing twice the usual amount.

■ You must have two appropriate batch issues against which you can dispense – they must satisfy all the usual criteria but you should also check very carefully that the dispensing date on the batch issue has passed – you cannot legally dispense before the date on the batch issue if one has been specified.

■ You are contractually obliged to ask the patient or carer the dispensing check questions whenever you dispense against a batch issue. Although you normally ask Mr Matthews to answer these questions on Anna’s behalf, you may choose to phone Anna and speak to her directly to check that her condition is stable, and that she is not taking (or planning to take) any other medication (over the counter or prescription) that may impact on the safety of the medicine you are about to dispense. You may want to make a note of the conversation on Anna’s repeat dispensing record card.

■ If you are in any doubt, you should phone Anna’s prescriber to discuss the situation.
Clinical vignettes

Clinical vignette 1

Sally, the practice manager at a local surgery, calls and asks to speak to you. She has had a number of patients enquiring about the repeat dispensing service you are promoting and is concerned about the extra work this will generate.

The bottom line

While there will be some work in recruiting patients to the repeat dispensing service, overall it will reduce the workload at the practice.

Why?

In simple terms, the time and effort currently needed to produce a single regular repeat prescription can be used to create a batch of prescriptions that will last the patient for a number of months, during which time the practice won’t have to do anything.

Supporting the statements

Creating a complete batch is simple – on most practice computer systems, two extra steps in the creation of a regular repeat prescription turn the prescription into a complete batch lasting for a specified period.

Only the repeatable prescription has to be reviewed and signed by the prescriber – all the associated batch issues are identical, they do not have to be signed and are given to the patient at the same time.

Leaflets about repeat dispensing are available and both practice and pharmacy staff can explain the service to the patient.

Appropriate patients will not need to visit the surgery every month to order and collect their next regular repeat prescription. Unless it is the last batch, patients who run out of medicine can simply visit the pharmacy without the practice having to be involved at all.

Practices usually select a small number of suitable, stable patients to start with and build up from there.

Clinical vignette 2

Dr Murphy, a new GP at a local surgery, pops in to the pharmacy to introduce herself. While she’s there, she asks whether the repeat dispensing service some of her patients are on is actually helpful for them.
The bottom line
Yes, the service is helpful for patients.

Why?
For suitable patients, one visit to the surgery could provide all the paperwork for up to 12 months of medication, thereby:

- improving access to regular medicines
- simplifying the one-stop process for obtaining the next supply of medicines
- providing regular contact with the pharmacist to discuss medicines-related issues.

Supporting the statements
Despite the availability of prescription collection and delivery services, many patients (and their practices) still have to go through a monthly routine of ordering, creating, signing and collecting a prescription for exactly the same medicines.

Repeat dispensing gives the prescriber the choice of issuing a complete batch of prescriptions created, ordered, signed and collected once, which will last the patient for a period determined by the prescriber. Patients can arrange collection/delivery from the pharmacy when it is convenient for them.

The patient can opt out of the service at any time.

Patients who have used the service like it and want to carry on using it.

Clinical vignette 3
Dr Pawar, a colleague of Dr Murphy, phones a little while later and asks to speak to you. He explains that he has read quite a lot about the service and, while Dr Murphy is keen, he is not so happy to give patients continued access to medication without his input.

The bottom line
Tell Dr Pawar that he can be confident that patient safety is at the very centre of the repeat dispensing service.

Why?
The stable patients, who the service was designed for, will be monitored closely on a regular basis.
Supporting the statements
Dr Pawar will decide which patients are suitable for the repeat dispensing service. The service best suits patients whose condition, and therefore medication, is stable.

The length of time the complete batch covers will be determined by Dr Pawar and is ideally timed to end when the patient is next due a medication review.

Every time the patient collects their prescription, the pharmacist is contractually obliged to ask about their condition, any side-effects they experience and any other medication they may be taking, and to report any concerns to the prescriber.

Tell Dr Pawar who the repeat dispensing lead is at the pharmacy. Offer to show him the referral forms you use to communicate concerns to the nominated lead at the practice.

Clinical vignette 4
A monitoring visit is being carried out by Martin, the PCT clinical governance lead. He asks you to tell him about what additional procedures you have put in place for repeat dispensing and wants to know about your storage and monitoring arrangements.

The bottom line
Show Martin your SOP for dispensing and highlight the parts specific to repeat dispensing.

Why?
The PCT will be particularly concerned that your repeat dispensing service is safe and efficient and your SOP should cover ‘all the activities which occur from the time that prescriptions are received in the pharmacy or by a pharmacist until medicines or other prescribed items have been collected or transferred to the patient’.4

Supporting the statements
Show Martin where you store patients’ complete batches and the record card you have completed for each one.

Pick a batch and take Martin through the entries on the record card, explaining how it gives you a collection history for the patient and a full audit trail of what medicine was collected and when.

Explain how you review remaining batch issues, specifically looking for those where collection has been erratic or stopped altogether.

Show Martin your record of training and/or e-assessment certificate from the CPPE training you have undertaken, as specified in the Drug Tariff.
Clinical vignette 5

Shelley is a locum pharmacist who works for you occasionally. You happen to be in the pharmacy when she comes to you asking for help. She has a patient at the counter asking for their next batch issue, but Shelley is not familiar with the repeat dispensing procedure and asks if you can dispense the medication instead of her?

The bottom line
You should have made sure Shelley is aware of your SOP for providing the repeat dispensing service, and has undertaken appropriate training, before she began working at the pharmacy.

Why?
Repeat dispensing is an essential service and every pharmacist you employ must have undertaken appropriate training to be able to fulfil its requirements. You will need to show her how the service operates in your pharmacy.

Supporting the statements
Show Shelley your SOP and highlight the areas relating to repeat dispensing. Make sure Shelley has appropriate access to the SOP and ask her to complete the signatory sheet when she is happy to do so.

Explain how you identify patients using the repeat dispensing service on your pharmacy system. Explain what to look for in terms of dates and signatures on the repeatable prescription and the relevant batch issue. Make sure Shelley asks the patient the questions that form the additional checks.

Show Shelley where you keep patients’ batch issues and record cards. Take her through the fields on the record card and help her complete them for this patient. Make sure she understands that information recorded today could be vital in a few months’ time when we are trying to assess a patient’s collection behaviour. This is particularly relevant in her case as she is temporary and may not be here to explain.

Ensure that Shelley orders the CPPE repeat dispensing focal point learning programme and does the online e-assessment.

Clinical vignette 6

Sue, your pharmacy technician, asks you to highlight to her the key differences between dispensing a regular repeat prescription and a batch issue generated under the repeat dispensing service.
The bottom line
The fact that the batch may have been issued several months ago means that, in addition to the requirements of dispensing any prescription, the pharmacy must fulfil an additional monitoring role.

Why?
You may be the only healthcare professional the patient has seen for some time and, as such, you must:

■ verify that you have the legal right to dispense
■ carry out the dispensing check
■ maintain your audit trail
■ review remaining batch issues.

Supporting the statements
The repeatable prescription must be dated within the last 12 months and, if this is the first dispensing episode, within the last six months.

The batch issue you are dispensing cannot be dated in the future and it must correspond exactly with the associated repeatable prescription.

A patient using the repeat dispensing service may not have seen their prescriber for an extended period of time. It is your duty to ensure patient safety, given that you are in contact with the patient and the prescriber is not.

While you would always make every effort to assure yourself that every prescription you dispense is safe and appropriate, the Regulations specifically state that a pharmacist shall only provide the medicines or appliances ordered if they are satisfied that:

■ the patient is taking or using the medicine or appliance appropriately; and is not suffering from any side-effects which indicate the need to review treatment
■ the medication regimen of the patient has not altered; and there have been no changes to the health of the patient which indicate the need to review treatment.

The Regulations also state that you must ‘provide a clear audit trail of supplies under the repeatable prescription (including dates and quantities supplied)’.

The patient may have been collecting their medicines using your repeat dispensing service for some time – it is therefore vital that you remind them when you have dispensed their last batch issue so they can make arrangements to see their prescriber for another prescription.
Clinical vignette 7
Surj, a new member of staff, asks you to talk him through how the process of repeat dispensing works for a patient using the service. He is also interested in how patients are selected for the service.

The bottom line
Use the flowchart on page 15 of Booklet 1 to guide Surj through the patient journey.

The steps involving the surgery are shown on the left in red. The steps involving the pharmacy are shown on the right in green. The patient’s journey is shown in the centre in blue.

Explain to Surj that once a batch has been created, the patient only has to visit the pharmacy for their medication, as indicated by the large grey circular arrow.

Supporting the statements
The patients most suited to the scheme are those with a stable condition and whose medication is unlikely to change – changes to medication are more time-consuming to implement than if the patient were given regular repeat prescriptions.

Patients on fewer than five medicines are also more suitable as there is less chance of a change to any one of them.

The service does not suit patients who want to collect their medicines from different pharmacies.

Advise Surj if there are certain groups of patients suggested by the local practice and/or the PCT.

Clinical vignette 8
You are a new GP and Mr Brown comes to see you. He has been using the repeat dispensing service for two months but you think he needs a medication change from ramipril 5 mg to ramipril 10 mg.
**The bottom line**  
Is this change in medication likely to be long-term?

Yes:  
Tell Mr Brown that you are changing his medication and you will issue him with a new batch of prescriptions.

No:  
Tell Mr Brown you are taking him off repeat dispensing as the potential changes required to his medication will actually mean more visits to the surgery for him to have prescriptions destroyed and replaced.

**Supporting the statements**  
If the medication change is likely to be long-term:

Tell him you are only going to issue a three-month batch for now so you can review the new dosage but, assuming everything is as expected, you will then issue a batch for twelve months.

Make sure Mr Brown knows he can make an appointment to see you at any time but, if everything is OK, he doesn’t need to come back until he has collected his last batch issue in about three months’ time.

If the medication change is short-term:

You may want to suggest that you will review Mr Brown’s condition in three months’ time and, if it is stable, consider putting him back on repeat dispensing at that time.

**Clinical vignette 9**  
You are the practice receptionist and Mrs Appleby has recently been discharged from hospital. She asks you to put her on the new repeat dispensing service she’s heard about, because her neighbour doesn’t have to visit the GP every month and gets her medicines delivered without any fuss.

**The bottom line**  
Tell Mrs Appleby that the repeat dispensing service is more convenient but it is only suitable for patients whose condition, medication and dosage are stable.

**Why?**  
The admission to hospital may indicate a change in her condition and potentially a change in her medication. If a patient’s medication is likely to change, the repeat dispensing service would mean more visits to the GP.
Supporting the statements

As Mrs Appleby has only just been discharged from hospital, tell her you will make a note in her file for the GP to review the situation in three months’ time. If her condition has stabilised, repeat dispensing may be an option and she could speak to her GP to see if she is suitable.

You may want to give her the patient leaflet.
References


Appendices

Appendix 1

Dr A SMITH
PETER STREET HEALTH CENTRE
ANYTOWN
MORTONSHIRE
AY1 1ZZ
TEL. 0910 4567000
MORTONSHIRE PRIMARY CARE TRUST 51A

PRINTED SERIAL NUMBER
FP10SS0406
Appendix 2

SALBUTAMOL MDI 100 INHALER
TWO PUFFS FOUR TIMES DAILY AND WHEN REQUIRED
BECLOMETASONE CFC-FREE (CLENIL MODULITE) MDI
200 INHALER
TWO PUFFS TWICE DAILY

Repeat Dispensing: 4 of 6

Dr A SMITH
PETER STREET HEALTH CENTRE
ANYTOWN
MORTONSHIRE
AY1122
TEL. 0910 4567000
MORTONSHIRE PRIMARY CARE TRUST 51A

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Email: info@cppe.ac.uk
Telephone: 0161 778 4000
Fax: 0161 778 4030
Website: http://www.cppe.ac.uk

Address:
Centre for Pharmacy Postgraduate Education
School of Pharmacy and Pharmaceutical Sciences
1st Floor, Stopford Building
The University of Manchester
Oxford Road
Manchester M13 9PT

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