NHS REPEAT DISPENSING
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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
We have developed this learning programme to support your practice in this topic area. We recommend that you use it in combination with other established reference sources. If you are using it significantly after the date of initial publication, then you should refer to current published evidence. CPPE does not accept responsibility for any errors or omissions.

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Learning with CPPE

The Centre for Pharmacy Postgraduate Education (CPPE) is funded by the Department of Health. We 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
About CPPE focal point programmes

We’ve developed focal point to give you short, clinically focused learning sessions. It will help you learn with your colleagues and improve the services you offer your patients. Each unit presents information and activities that are relevant for pharmacy professionals working in primary care and in the community. There are two types of learning event for you to choose between when using focal point units – you can either attend a CPPE tutor-led event or can learn as part of a CPPE ‘learning community’. Have a look at the CPPE website: http://www.cppe.ac.uk for more information about how to set up a learning community.

Reference sources for all the books, articles, reports and websites mentioned in the text can be found at the end of the programme. References are indicated in the text by a superscript number (like this 3).

This booklet gets you started. It provides key information to meet the learning objectives presented overleaf, but it also encourages you to identify your own learning needs and then challenges you to relate what you have learnt to your own area of practice and professional development. We have included practice points and talking points to stimulate your thinking and we will refer to these again at the focal point event. Make sure you have undertaken these activities before your event.

Booklet 2, which you will be given when you attend the focal point event, uses a case study and ‘clinical vignettes’ to help you apply what you’ve learnt and encourages you to make changes to improve your practice. We also include some suggested answers to the learning activities.

About this focal point unit on NHS repeat dispensing

This repeat dispensing focal point unit is designed to be used as part of a learning community and is also available for pre-registration trainees, as a commissioned workshop or for personal learning. It is our first communication topic in this format and is therefore a CPPE 1 learning programme.

If you have already completed our previous open learning programme, you may find the focal point format provides a useful resource of key information to refer to in everyday practice and is an ideal support to repeat dispensing training for your team.
To help in writing this unit, the content contributor has referred to various resources and has drawn on his experience of the repeat dispensing service at NHS Birmingham East and North Primary Care Trust.

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.
Learning objectives

You can meet the learning objectives that we suggest here by reading the information that we provide and refer you to, undertaking the various activities that we suggest and putting what you’ve learnt into practice. We’ve split our learning objectives into appropriate sections. This should help you determine how to meet them. We’ve also linked these to the Royal Pharmaceutical Society of Great Britain (RPSGB) competences, the General Level Framework (GLF), and the NHS Knowledge and Skills Framework (KSF) dimensions. We have suggested some competences, but you may be able to apply your learning to other aspects of these frameworks.

Moving into focus and Reading

<table>
<thead>
<tr>
<th>Objective</th>
<th>RPSGB</th>
<th>KSF</th>
<th>GLF</th>
</tr>
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<tbody>
<tr>
<td>Describe how the NHS repeat dispensing arrangements in England operate.</td>
<td>G1, G7, TG4</td>
<td>Service improvement Level 1 or 2</td>
<td>Cluster: Delivery of patient care</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Competency: Provision of drug product</td>
</tr>
<tr>
<td>Identify the key service requirements of repeat dispensing.</td>
<td>G1, G7, TG4</td>
<td>Service improvement Level 1 or 2</td>
<td>Cluster: Delivery of patient care</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Competency: Provision of drug product</td>
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### Practice points, talking points, case studies and clinical vignettes

You’ll find these in this booklet and Booklet 2.

<table>
<thead>
<tr>
<th>Objective</th>
<th>RPSGB</th>
<th>KSF</th>
<th>GLF</th>
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</thead>
<tbody>
<tr>
<td>Explain repeat dispensing (and its benefits) to a patient and assess if the service is suitable for them.</td>
<td>G1, G2, TG1</td>
<td>Communication Level 2</td>
<td>Cluster: Delivery of patient care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Competency: Patient consultation</td>
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<tr>
<td>Implement a safe and efficient repeat dispensing service.</td>
<td>G1, G2, G4, G5, G6, G7, TG1, TG4, TG10, TG13</td>
<td>Personal and people development Level 1 or 2</td>
<td>Cluster: Management and organisation</td>
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<td></td>
<td></td>
<td>Service improvement Level 1 or 2</td>
<td>Competency: Clinical governance</td>
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<tr>
<td></td>
<td></td>
<td>Quality Level 1 or 2</td>
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<td>Information processing (IK1)</td>
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<td></td>
<td></td>
<td>Level 1</td>
<td></td>
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<tr>
<td>Write a standard operating procedure (SOP) for dispensing that adequately covers repeat dispensing.</td>
<td>G1, G5, G7, TG4, TG15</td>
<td>Service improvement Level 1 or 2</td>
<td>Cluster: Management and organisation</td>
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<tr>
<td></td>
<td></td>
<td>Quality Level 1 or 2</td>
<td>Competency: Clinical governance</td>
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### Directing change scenarios and follow-up activities

You will achieve practical outcomes after completing this unit, when you apply what you have learnt to your everyday practice. You will find advice in Booklet 2.

<table>
<thead>
<tr>
<th>Objective</th>
<th>RPSGB</th>
<th>KSF</th>
<th>GLF</th>
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</thead>
<tbody>
<tr>
<td>List the benefits, processes and potential issues associated with repeat dispensing from a prescriber, practice staff and pharmacy perspective.</td>
<td>G5, G7, TG4</td>
<td>Service improvement Level 1 or 2</td>
<td>Cluster: Problem solving</td>
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<tr>
<td></td>
<td></td>
<td>Quality Level 1 or 2</td>
<td>Competency: Gathering</td>
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<tr>
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<td>information</td>
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</table>
Useful resources

We have selected some resources that you can use when developing a repeat dispensing service for your patients.

To supplement this programme, all the record cards, forms and templates used as examples have been produced as downloadable documents; they can be found online at http://www.cppe.ac.uk under the Learning programmes tab, by selecting for this learning programme.

Community pharmacy and GP services support

CPPE local solutions: Communicating locally – http://www.cppe.ac.uk
This learning programme has been designed by CPPE to help community pharmacists, GPs and GP trainees become more confident when communicating with other members of the healthcare team in discussions relating to patient-centred care.

National Pharmacy Association – http://www.npa.co.uk
The trade association for community pharmacies throughout the UK, the National Pharmacy Association offers support and representation for its members. Community pharmacists seeking information on repeat dispensing may like to read the association’s guidance entitled Repeat Dispensing. Complete guide to implementation (April 2007).

National Prescribing Centre – http://www.npc.co.uk
The National Prescribing Centre is a health organisation formed by the Department of Health in 1996 to support individuals and the NHS to deliver rational, safe, evidence-based and cost-effective use of medicines. You can access the guidance document Dispensing with repeats - A practical guide to repeat dispensing - 2nd Edition (September 2008) via its website.

NHS Business Services Authority – http://www.nhsbsa.nhs.uk/
The NHS Business Services Authority (NHSBSA) provides a wide range of frontline support services to NHS staff and the public. Dispensing contractors are remunerated and reimbursed through the Prescription Services division, which also provides financial, prescribing and drug information to the NHS.

NHS Connecting for Health – http://www.cfh.nhs.uk
NHS staff and patients can learn more about the work of Connecting for Health (CfH), which supports the NHS by delivering IT systems and services aimed at improving how patient information is stored and accessed, via its website. Details on the rollout of the Electronic Prescription Service (EPS) are included in the CfH document EPS Release 2 - Business process guidance for initial implementers (April 2009).
NHS Employers – http://www.nhsemployers.org
Representing trusts on workforce issues in England, NHS Employers provides advice and guidance to employers, such as the document *Guidance for the implementation of repeat dispensing (January 2009)*, which can be accessed via its website.

Pharmaceutical Services Negotiating Committee – http://www.psnc.org.uk
A range of guidance is available from the Pharmaceutical Services Negotiating Committee on repeat dispensing, such as the *EPS Release 2: Guidance for contractors* document on the EPS.

**Regulatory documents**

Department of Health http://www.dh.gov.uk
*The National Health Service (Pharmaceutical Services) Regulations 2005*
*NHS repeat dispensing schemes in England 1 June 2007*
*The National Health Service (Pharmaceutical Services) Regulations 2005*
*Statutory instrument 2005 No. 641* (Schedule 1 Part 2 Essential Services, paragraphs 5, 9 and 10)
# Checklist for planning

To meet the learning objectives you will need to carry out the activities listed in the table below. We’ve given you this list now so that you can start to plan your learning. Although it will only take you about two hours to work through Booklet 1, feedback from other users suggests that it is useful to plan your activities over a timescale that suits you - perhaps over several days. Try to set yourself a realistic deadline for each task.

<table>
<thead>
<tr>
<th>You will need to:</th>
<th>This will take about:</th>
<th>I will do this by: (Insert date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answer the Moving into focus questions</td>
<td>5 minutes</td>
<td></td>
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<tr>
<td>List three learning needs</td>
<td>5 minutes</td>
<td></td>
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<tr>
<td>Read the whole booklet</td>
<td>60 minutes</td>
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<tr>
<td>Undertake the practice points</td>
<td>20 minutes</td>
<td></td>
</tr>
<tr>
<td>Make notes for the talking points</td>
<td>10 minutes</td>
<td></td>
</tr>
<tr>
<td>Work through your own Directing change scenario</td>
<td>20 minutes</td>
<td></td>
</tr>
</tbody>
</table>
Moving into focus

Consider the following questions. Use them to focus your thoughts and stimulate your learning. Are you confident you know the answers?

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.
What do you want to learn?

Write down three things that you would like to gain from this focal point learning unit. These will help you plan your own CPD entry. You will need to tell others about them at the focal point event.

1. 

2. 

3. 

Now you have completed your reflection and planning for this focal point unit, it’s time to undertake the background reading.
Reading

1. Introduction

The management and dispensing of repeatable NHS prescriptions for medicines and appliances (repeat dispensing) is an essential service within the community pharmacy contractual framework. The repeat dispensing service is a simple change to the administration of repeat prescriptions and gives a prescriber the choice of issuing a batch of prescriptions.

The majority of prescriptions dispensed in the United Kingdom are for long-term repeat medication. It is estimated that repeat prescriptions account for about two-thirds of all items on a prescription and 80 percent of total prescribing costs. For suitable patients, one visit to the surgery could provide the paperwork they need for up to 12 months of medication. It is a simple enhancement to an already familiar system - you may find it easier to think of it as batch prescribing.

1.1 Working through this programme

This book is designed to take you through the steps of implementing a safe and efficient repeat dispensing service for your patients and local prescribers. The flow chart opposite details the relevant page numbers for each step in the process. The book is divided into the following sections:

- Encouraging the patient to engage with repeat dispensing (page 16)
- Creating a complete batch (page 20)
- Processing a complete batch (page 22)
- Dispensing a batch issue (page 26)
- Referral (page 30)
- Other considerations (page 32)
- Payment and monitoring (page 34)
- Electronic Prescription Service (page 35)

This programme uses the terms ‘repeatable prescription’, ‘batch issue’ and ‘complete batch’:

Repeatabl e prescription – the clinical authority to supply the medication (can be described as an ‘authorised repeatable prescription’)

Batch issue – standard FP10 prescription forms that cover the intervals for when a repeat dispensing prescription is to be dispensed

Complete batch – the repeatable prescription and all the associated batch issues.
Figure 1: Repeat dispensing service flowchart

Following the arrows and working from top to bottom, this flowchart describes the life of a repeat dispensing batch. The steps involving the GP practice are shown in red, the patient in blue and the pharmacy in green. This book goes through each step – corresponding page numbers are shown on the flowchart (eg, [15]).
Key points

The repeat dispensing service:

- is convenient for the patient
- reduces workload for the prescriber and their staff
- includes a single authorising repeatable prescription for review and signature
- provides a determined number of identical batch issues
- uses existing clinical computer systems
- uses standard FP10 prescription forms.

2. Encouraging the patient to engage

This section looks at what information a patient may need about the repeat dispensing service and gaining patient consent.

2.1 A customer or patient wants more information

The Department of Health has created a patient information leaflet called *A new way to get your regular prescriptions* (RD2-09/05).

You can download a copy from the Pharmaceutical Services Negotiating Committee (PSNC) website at [http://www.psnc.org.uk](http://www.psnc.org.uk)

Bulk supplies are available from your primary care trust (PCT).

2.2 A patient or customer asks about the service

You can use this checklist to cover the key points when talking to a patient about repeat dispensing.

Benefits

- You don’t have to visit the doctor every time you need a repeat prescription.
- Your doctor (or nurse) will give you a batch of prescriptions, one for each time you need to collect more medicine.
- Your pharmacy will securely look after your batch if you want them to.
- Just contact the pharmacy when you need more medicine.
Suitability
- It will be your doctor’s decision to issue prescriptions in this way and you will need to talk to someone at the surgery to make sure it’s right for you.
- The service is not suitable for patients whose medication and/or dose changes from month to month.
- The service is not suitable for patients who use more than one pharmacy.
- If you currently pay for your prescriptions, you will continue to do so.

Changes
- You need to tell the pharmacist if anything to do with your condition changes, you are taking (or start taking) other medication or you have other prescriptions.
- Please only order the medicines you need – tell the pharmacist if you have some left over so we can make sure the medicine you are taking is still the best treatment for your condition and avoid giving you medicine you aren’t going to use.

Consent
- You will have to sign a consent form to show you are happy for your doctor and your pharmacist to share information about you from time to time so they can ensure you are continuing to get the best treatment.
- You can stop using the service whenever you want to.
- You can still see your doctor, nurse or pharmacist whenever you want to.

“My wife and I are delighted with the repeat prescription service that we receive. The six-monthly service works excellently and dovetails extremely well in line with our regular monitoring and follow-ups.

“We enrolled on to the service when it first commenced and have not had any problems at all. One telephone call to the local pharmacy and our medicines are delivered to us at home the following morning. It allows us complete flexibility and...”
also gives us a sense of ‘taking responsibility’ for our own health. We have found that it also helps us avoid any last-minute panic regarding medications for holidays and weekends etc as we know that they are available to us.

“If ever there has been a problem or changes in medications for either of us, the procedures followed by the practice and the pharmacy have been excellent and promptly actioned.”

Patient

**Practice point 1**

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

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**2.3 A patient wants to sign up to the service – gaining patient consent**

It is important that patients understand that the service does not suit everybody – only if the patient’s condition, medication and dosage are stable will they see the real benefit of the convenience of repeat dispensing.

**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?

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**Practice point 3**

Find out from the repeat dispensing lead at your PCT if particular types of patients are being prioritised for repeat dispensing.
Patients need to give fully informed consent before participating in the repeat dispensing service. The final decision lies with the prescriber who will have a supply of the consent form the patient must sign.

The form is entitled *Patient agreement to sharing information (as part of the repeat dispensing arrangements)* and this is crucial – the patient is agreeing to information about their medication or treatment being exchanged between their prescriber and their pharmacist.

Patient information shared in this way must be safeguarded in accordance with the Caldicott Committee recommendations and the Data Protection Act.

It is recommended that the name of the patient’s regular pharmacy is recorded somewhere on the form and on the patient’s record at the surgery, and that patients are identified on the practice’s computer system.

A common way of identifying a disease or associated treatment on the computer system is for the practice staff to update the patient record with what is called a ‘Read code’. Examples of this type of code include:

- 8BM1 – ‘on repeat dispensing system’
- 8BM4 – ‘repeat dispensing at designated pharmacy’
- 9ND3 – ‘patient consent given for repeat dispensing information transfer.’

“We regularly review patients on repeat medication and their review consultation is the ideal time to engage them on a purely opportunistic basis. It makes the whole system very simple, and it is just one thing to consider when undertaking medication reviews.”

GP
3. Creating complete batches

This section looks at how a complete batch is created and processed by practice staff.

3.1 Creating the batch issues

The initial stages of generating a repeatable prescription – selecting the patient, creating a prescription, reissuing and/or adding drugs – are exactly the same as any other prescription.

Practice staff identify that this is a batch on their computer system and provide the following information:

■ Number of issues or repeats
  For a complete batch that will last six months, with medicines collected monthly, the number of issues will be 6. Or, to generate a batch that will last three months, with a collection every week, 12 (or perhaps 13) will be entered.

■ Interval or dispensing interval
  A monthly collection would be entered as 28 or 1M.
  In most cases, the interval is left blank, so that all the batch issues are dated today. Completing the field prompts most clinical systems to date each of the issues with today’s date plus an incremental multiple of the interval (eg, the last batch issue of a six-month repeatable prescription will be dated five months from today).

Key points

■ Leaving the interval blank gives the pharmacist the flexibility of dispensing a batch issue before the expected dispensing date (eg, with as-required medication, if the patient is going on holiday, or when medication is lost).

■ If an interval is specified, you do not have this option. Do remember that in some cases the prescriber has intended for collection to be controlled in this way.

“Setting up patients and generating a batch prescription at the GP end is no more time-consuming than generating a normal repeat or acute prescription. It is simply one key stroke difference! So no extra time at all. Apart from the initial set up – which is done within the consultation – it will take less than five minutes to explain the system to the patient, enter Read code accordingly and issue the script.”

Practice manager
3.2 Dispensing interval and number of batch issues

The number of batch issues and the dispensing interval (either specified or derived from the dosage instructions) give the prescriber control over how long the complete batch will last. This determines when the patient next needs to see their prescriber and (perhaps) have a clinical medication review.

Repeat dispensing can be used for whatever period the prescriber sees fit. While it is recommended that shorter periods are used in the early days of the service, it is fully expected that for stable patients:

- they will be issued with a complete batch lasting 12 months (the maximum)
- all their medicines will be properly synchronised
- their next 12-month batch will be timed to fit exactly with their annual medication review.

3.3 Completing the process of batch issues at the practice

Key points

- Creating a repeatable prescription is not difficult or time-consuming.
- The process is simple because it is similar to the way regular repeat prescriptions are created.

The repeatable prescription process of batch issues is completed in the same way as any other prescription.

The repeatable prescription and the batch issues are printed sequentially on the practice’s normal prescription printer using the same FP10SS (green) prescription forms.

A complete batch intended to last six months and collected monthly will produce seven forms – one repeatable prescription and six batch issues (assuming there are four or fewer different drugs, as four is the maximum number of items on a single sheet).
The information that normally prints on the right hand side of a prescription (eg, review date, patient notices, full medication list) prints usually only once per complete batch – either on the repeatable prescription or the first batch issue.

Many practices will staple the complete batch together – using the top right hand corner enables each batch issue to be separated (using the existing perforations) as required while keeping the rest of the batch together.

The whole batch is presented to the prescriber for review and signature.

Many practices will put repeat dispensing batches in a separate pile so the prescriber can review the number of batch issues and time interval before the patient’s next prescription in addition to their normal clinical checks.

The whole batch is then available for the patient to collect from the surgery.

Talking point A

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

4. Processing a complete batch

This section describes the process for handling a repeat dispensing prescription and batch issues by the pharmacy.

4.1 A patient presents a batch

This may be the first that the pharmacy knows about a patient using the repeat dispensing service.

It is important that you carry out certain steps at this point to ensure safe, efficient and legal dispensing of each of the batch issues.

4.1.1 The repeatable prescription

This will probably be on the front of the complete batch and is identified by the words ‘GP REPEAT DISPENSING’ and the letters ‘RA’ at the top and bottom of the white column to the right of the prescription (see appendix for a larger version of this image).

It must be signed by the prescriber and you should verify the legality of this signature in the same way as any other prescription.
A repeatable prescription has to be dispensed for the first time within six months of the date on the form (when generated and signed by the prescriber) or within six months from a start date if indicated. The exception to this is for Schedule 4 Controlled Drugs which must be dispensed within 28 days.

4.1.2 A batch issue

These can be identified by the words ‘GP REPEAT DISPENSING’ and the letters ‘RD’ at the top and bottom of the white column to the right of the prescription (see appendix for a larger version of this image).

Batch issues should not be signed – the signature box is overprinted with the words ‘Repeat Dispensing X of Y’ (X is the incremental number of this batch issue and Y the total number of issues).

If it is signed by the prescriber, the batch issue is not invalid as long as the repeatable prescription is signed, but let the practice know that they do not need to sign the batch issues.

You must have the repeatable prescription but you may only have one of the batch issues and it may not necessarily be the first one in the complete batch.

4.1.3 The complete batch

Patients should be encouraged to leave the complete batch with you at the pharmacy, where you are obliged to store it safely, securely and confidentially. The patient must give you the repeatable prescription (you cannot dispense legally without it) and therefore cannot have batch issues dispensed at any other pharmacy. While there is no benefit to the patient keeping the remaining batch issues, it is the patient’s choice.

The following checklist should be used to check that you have all the batch issues you need:
- Verify how many batch issues there should be.

- Assuming you have the complete batch, make sure you have all the batch issues and put them in numerical order.

- If any batch issues are missing, make sure the patient is aware of when they will need to return to their prescriber for their next prescription – it will be earlier than expected.

- Ensure any batch issues and the repeatable prescription are from the same 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.

  If, for example, a 12-month batch is first presented to you a few months after it was issued, you will not be able to dispense all of the batch issues and you need to make sure the patient is aware of this.

  You should also ascertain why there has been a delay.

- 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.

In addition to the list above, undertake all your normal checks to ensure the prescription is valid, legal and safe.

### 4.2 What the patient needs to know

Use this checklist to make sure the patient understands the repeat dispensing service and let them know what happens next.

Tell the patient:

- how often they should collect their medicines

- when the last batch issue will be dispensed and, therefore, when they will need to see their prescriber to get their next prescription

- that they can see their doctor or nurse whenever they want to

- that you will ask about their condition and other medicines they may be taking every time you dispense to them and, as a result, you may refer them back to their prescriber

- that they can stop using the service at any time

- they should let you know when they want to collect or when they want their prescription ready for a regular collection/delivery.
4.3 Monitoring supplies for the repeat dispensing service

The National Health Service (Pharmaceutical Services) Regulations 2005 require you to keep a clear audit trail of supplies for the repeat dispensing service including quantities and dates supplied.

Using a record card can help to capture this information and to complete the baseline information at this time. You may wish to include:

- patient details and their identifier on your computer system
- prescriber details
- date of issue of the repeatable prescription
- number of batch issues
- defined (or implied) dispensing interval
- period covered (duration)
- expected date of last issue
- whether the patient has other current batches
- whether the patient has asked you to keep the batch issues
- special instructions (e.g., collect every fourth Monday afternoon)
- any notes and/or allergies.

Staple the record card, the repeatable prescription and any batch issues together – stapling the top right hand corner will allow you to easily tear off a batch issue for dispensing.

All documents must, at all times, be held safely, securely and confidentially.

Informing the prescriber that you have a batch for this patient will ensure the prescriber knows who to contact should they need to.

Talking point B

What other information would you want to capture when a complete batch is first presented and why do you want it?
5. Dispensing a batch issue

It is considered best practice to dispense batch issues in numerical order.

In addition to the normal checks you would make before dispensing any prescription, you should:

- make sure you have the repeatable prescription that relates to the batch issue
- verify that the repeatable prescription is valid, legal and safe
- check the date of the batch issue (the first dispensing episode must happen within six months of the date on the repeatable prescription and the dispensing of any other batch issue cannot be more than 12 months after that date)
- make sure the timing of this dispensing episode fits with what you determined as the prescriber’s intentions when you first saw the complete batch
- ask the patient if there is anything on the prescription they don’t need
- prepare the medicine for dispensing in line with your SOPs.

Once you have verified its validity and legality, and as long as you have the associated repeatable prescription, the batch issue becomes the prescription for that dispensing event – it should be handled, endorsed, stamped and filed in the same way as any other prescription.

5.1 Additional checks

You are obliged to confirm the following each time you dispense a batch issue:

- the patient has not reported any side-effects from their medication
- their condition is unchanged
- the patient is not taking any new or additional medication – over the counter and/or prescription drugs
- the date they should next collect medication (or when you will deliver it)
- you should also update whatever record card or other audit trail you are maintaining with the quantities you have supplied.

Practice point 4

How will you ensure that you complete the additional checks every time you dispense a batch issue?
5.2 Updating the patient’s record card

Many pharmacies use a record card as described earlier – the reverse side allows recording of the details for each dispensing event and includes:

- date of dispensing
- status of the batch issue – fully dispensed, partially dispensed, destroyed or lost
- number of items dispensed
- whether the additional checks were asked in person or by telephone
- who the prescription was collected by (name and whether patient, carer or delivery driver)
- signature of the patient/carer/delivery driver.

The batch issue could be valid for up to a year and it is important to be able to see a history of the collection activity.
throughout – you may, for example, want to talk directly to the patient if the first few batch issues have been delivered or collected by a carer.

Any remaining batch issues, the repeatable prescription and the updated record card should be returned to your secure storage system.

### 5.3 Prescription charges

Prescription charges apply to batch issues exactly as they would to any other prescription. Parts 2 and 3 on the back of the batch issue should be completed as normal.

Pre-payment certificates can be used.

Patients who do not have to pay for their prescriptions should complete parts 1 and 3 on the back of the batch issue (if required) as normal.

Once dispensed, the batch issue should be filed appropriately for submission to the Prescription Services division of the NHSBSA at the end of the month.

### 5.4 A patient loses a batch issue

**Key point**

- As soon as you are made aware that a batch issue has been lost, consult the repeatable prescription and/or your record card to determine exactly what the impact will be.

Although deemed to be best practice, you do not have to dispense batch issues in numerical order, so losing one simply means the patient will need to visit their prescriber earlier than anticipated.

If all the remaining batch issues have been lost, the patient will need to visit the prescriber for a new prescription as soon as possible – you cannot dispense unless you have the repeatable prescription and an associated batch issue.

Update your record card to show that the batch issues were lost – this could prove invaluable should the lost batch issue ever be presented.

Encourage the patient to leave their (future) batch issues with you – show them how you store the forms securely and explain how you could reduce their waiting time by getting the prescription ready for them to collect.

You may also want to report the loss to the patient’s prescriber.
5.5 Reviewing current batch issues

**Key points**

Use a ‘brought forward’ file to:

- improve workload scheduling
- improve stock control
- reduce owings
- identify batches which have not been collected.

A brought forward file consists of 31 daily slots. Either file the batch issues under the day the patient wants to collect, or the day you want to prepare the prescription – you can clearly see which batch issues are due over the next few days.

Keep due batches in a work in progress file and return them to the appropriate slot in the brought forward file once dispensed.

For batch issues which have **not** been collected, consider contacting the patient and/or their prescriber to find out why – is the patient not taking the medication as intended and/or do they have some medicine left over? In either case, there is a potential compliance/timing issue that needs investigating.

Review the dates on any overdue batch issues to see if they will expire - any expired batches should be destroyed and the prescriber informed – this information could be very important to the patient’s treatment.

**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?
5.6 Dispensing the last batch issue

In addition to the process of dispensing any batch issue, dispensing the last batch issue requires you to do the following:

- make sure the patient is aware they will not be able to collect any more medication until you have a new prescription
- remind patients that they may need tests (eg, a blood test) before an appointment with their prescriber. Some practices attach the appropriate forms to the complete batch when it is issued
- consider a written reminder – this is particularly important if the medicines are being delivered
- remind the patient to ask their prescriber for another repeatable prescription (complete batch) – assuming the patient found the repeat dispensing service beneficial we want to make sure they continue to enjoy those benefits
- check the patient’s medication review date and remind them of it
- handle, endorse, stamp and file the last batch issue as you would any other prescription
- once the last batch issue has been dispensed, file the repeatable prescription ready for submission to the Prescription Services division of the NHSBSA.

6. Referral

This section considers the information you might need for a patient referral to and from the prescriber.

6.1 Referral to the patient’s prescriber

The prescriber is relying on you to monitor the patient during what could be an extended period of time. Timely and appropriate communication is crucial.

Key point

- For urgent issues and concerns, telephone the prescriber immediately.
For less urgent concerns, you may wish to use a form – it is faster to complete, easier to interpret at the practice and, if faxed or copied, gives a record of any intervention. It can be used as a follow-up to or confirmation of any telephone communication with the prescriber.

You may wish to include the following information:

- prescriber name
- patient name, address and date of birth
- pharmacy stamp
- issue or concern (consider a list of the common issues/concerns which you can tick as appropriate)
- your intervention/recommendations
- your name, contact number and signature.

Some pharmacies use forms on which there is a section the prescriber can use to acknowledge receipt of the form and any resulting action. Faxing this back to the pharmacy completes the information loop and provides a better audit trail.

**Key point**

- You must also consider carefully what you should communicate to the patient and how – ideally this would be agreed between you and the prescriber.

### 6.2 Referral from the patient’s prescriber

**Urgent** communication will be made directly with the patient by telephone but this is not always possible and the prescriber may ask for your help in contacting the patient.

The most common communication would be that a particular patient’s circumstances have...
changed and any outstanding batch issues should be destroyed or returned to the prescriber.

You may want to create a form for this purpose and give copies to the practice staff. You may wish to include the following information:

- name of the pharmacy
- patient name, address and date of birth
- surgery/practice stamp
- issue or concern (consider a list of common issues/concerns which can be ticked as appropriate)
- whether outstanding batch issues should be destroyed or returned
- name, contact number and signature of the appropriate member of the practice staff.

Some practices use forms on which there is a section the pharmacist can use to acknowledge receipt of the form and any resulting action. Faxing this back to the practice completes the information loop and provides a better audit trail.

As good communication is key to an efficient and safe repeat dispensing service, it is ideal to have one person to be the repeat dispensing lead in the pharmacy.

Practice point 5

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

7. Other considerations

This section considers the impact on repeat dispensing of additional prescriptions and/or the patient being admitted to hospital.

7.1 Additional prescriptions

Patients with an existing complete batch may be prescribed additional medication, either in the form of an acute prescription or as an additional complete batch.

Either should be very carefully reviewed to make sure it was intended to be issued in addition to any existing repeatable prescription – it is conceivable that a practice may not immediately recognise that a patient has batch issues at the pharmacy.
Some practices use an additional acute prescription for as-needed (PRN) medication, while others prescribe it as an item on a separate repeatable prescription and rely on the patient to inform the pharmacy when they do not need a supply.

Both ways have their merits but, as increased patient convenience and reduced practice workload are two of the benefits of the repeat dispensing service, it would make more sense to use the second method – provided the question of waste medication is addressed by both the patient and the pharmacist.

7.2 Your patient goes into hospital

As soon as you are aware that a patient on the repeat dispensing service has been admitted to hospital, you should identify any batch issues that you hold for that patient and isolate them accordingly to make sure you do not prepare their next prescription on your regular schedule.

**Key point**

- Communication is the key - if the prescriber has not contacted you, you should contact them to discuss the patient’s ongoing treatment.

A change in medication will almost certainly mean that any outstanding batch issues should be destroyed.

The patient’s stay in hospital will probably mean that their schedule of collection will change.

The patient may no longer be suitable for the repeat dispensing service.

It is expected that, in the absence of any other information, the patient’s admission to hospital will be revealed when you next make the additional check to confirm that their condition has not changed and/or they are not taking any other medication.
8. Payment and monitoring

This section looks at the submission of batch issues for payment and the PCT contract monitoring visit.

8.1 Submission to Prescription Services

Dispensed batch issues must be submitted to the Prescription Services division of the NHSBSA at the end of the dispensing month in order for it to pay the pharmacy contractor the appropriate fees.

The fees payable are the same as for any other prescription.

In addition, each pharmacy contractor is paid a fixed monthly sum in recognition of the increased burden placed on the pharmacy by the administration of repeat dispensing.

Dispensed batch issues should be submitted to Prescription Services and need to be sorted as detailed on the reverse of the FP34C monthly submission form.

The authorising repeatable prescription for any completed batch should also be submitted.

Completed means that either:

- all the batch issues have been dispensed
- remaining batch issues have been destroyed/returned to the prescriber
- the repeatable prescription has expired, or
- all remaining batch issues have expired.

Repeatable prescriptions should also be sorted as detailed on the reverse of the FP34C and the box ticked to show you are submitting repeat authorising forms.

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.
8.2 The PCT contract monitoring team visit

As repeat dispensing is an essential service, most PCT contract monitoring teams will be interested in your governance arrangements for repeat dispensing.

■ Does your SOP for dispensing adequately cover the additional procedures for repeat dispensing?

■ Every pharmacist is expected to have undertaken appropriate training, as stated in the Drug Tariff, and the PCT can ask to see evidence of this training.

■ The PCT may ask to see how you store repeatable prescriptions and batch issues – this must be in a safe, secure and confidential way.

■ The regulations state that you should keep a clear audit trail of supplies made under repeat dispensing, including quantities and dates supplied – the PCT will want to see examples of this.

Check with the repeat dispensing lead at the PCT to see if there are any other local protocols/procedures that you should be following.

9. Repeat dispensing and the Electronic Prescription Service (EPS) Release 2

NHS Connecting for Health (CfH) is implementing the EPS in two phases, Release 1 and Release 2.

Release 1 was designed to establish the technical infrastructure for the service and to enable interoperability between general practice and pharmacy clinical systems. In Release 1, electronic prescription messages are sent from general practice and retrieved by community pharmacies via barcodes on the FP10 paper prescription.

The signed paper prescription remains the legal entity but an electronic copy can be downloaded in the pharmacy by scanning the barcode.

Electronic repeat dispensing will be introduced as part of EPS Release 2 which will allow the prescription to be electronically signed by the prescriber and sent directly to the patient’s nominated pharmacy.
**Key point**

Electronic repeat dispensing has all the benefits of paper-based repeat dispensing, with the added advantages of:

- **prescriber-controlled cancellation** – electronic repeat dispensing regimes can be cancelled easily at any time prior to the prescription being dispensed, giving prescribers a greater level of control.

- **patient-controlled choice of dispenser** – in the longer term, if a patient has not nominated a dispenser, they will be able to obtain the next batch issue from any Release 2 enabled pharmacy with the use of their prescription token (for example, if they are away from home and have forgotten to take their medication with them).

Because the prescription is signed electronically by the prescriber, all the patient will receive is a repeat prescription authorising token, which is printed at the GP practice on an FP10 prescription form. The token will feature a barcode, the list of prescribed items and the name and contact details of the patient’s nominated pharmacy.

Patients who are currently on a paper-based repeat dispensing regime will not be automatically transferred to electronic repeat dispensing. Prescribers will be encouraged to communicate the benefits of repeat dispensing to suitable patients and transfer these patients on to electronic repeat dispensing where suitable. In most cases, the clinical system will remind prescribers to do so.

The prescriber will authorise the prescription with a specified number of issues and practice staff will create an electronic batch in the same way as a paper batch (see page 20), by specifying the number of batch issues and the dispensing interval where required.

The GP’s clinical system will create the batch issues as a series of postdated electronic prescriptions, providing the patient has their pharmacy nomination stored centrally on the NHS Spine. The EPS will manage the release of each individual batch issue and will automatically make the next one available to download by the nominated pharmacy seven days in advance of it being due. The dates will be determined by the dispensing interval specified by the prescriber or the default of 28 days if left blank.

In the shorter term, patients who are participating in electronic repeat dispensing can change their nominated pharmacy at any time.
In the longer term, patients will be able to take part in electronic repeat dispensing even if they do not wish to use a nominated pharmacy.

A pharmacist can choose to dispense a batch issue in advance of the next interval – if the patient is going on holiday, for example.

Electronic repeat dispensing has additional advantages compared to the paper process:

■ there is less paper to print, store or lose
■ the next batch issue will be made available to the nominated pharmacy seven days before it is due
■ providing all the items on the previous batch issue have been marked as dispensed or not dispensed, the subsequent issue can be retrieved in advance of its due date to accommodate patient holidays or to replace lost medication
■ the patient can change their nominated pharmacy part-way through a repeat dispensing regime and all remaining batch issues will be transferred
■ the prescriber can cancel any outstanding batch issues electronically and can see exactly what was cancelled, giving prescribers a greater level of control over the regime
■ patient choice will be increased in the longer term, when patients will be able to obtain the next batch issue from any Release 2 enabled pharmacy with the use of their repeat prescription authorising token.

PSNC has produced a comparison table in its *EPS Release 2: Guidance for Contractors* leaflet, which charts the difference between paper-based repeat dispensing and repeat dispensing via the EPS.
Summary

“Repeat dispensing is a unique way of delivering effective patient care, especially when there is continual communication between the pharmacy and GP surgery. In this way, patient safety is not compromised and the pharmacy and GP are able to sort out any issues. The patient can be assured that they are not simply ‘collecting’ their medication every month, but are in effect having a ‘clinical’ check.”

Pharmacist

Repeat dispensing has been an essential service, which all pharmacy contractors must be able to provide, since 2005. All pharmacists must have undertaken appropriate training. Simple changes to the administration of repeat prescriptions have given prescribers an additional choice as to how patients can access their medicines. Prescribers do not have to use the service but those who do have seen significant benefits in terms of a reduction in their workload (and that of their practice staff) and increased convenience for appropriate patients. The service is based largely on existing and familiar processes for all parties involved. Robust, auditable business processes and timely, appropriate communication are the keys to success.

There are significant benefits to the patient, the prescriber and the pharmacy – and yet uptake of the service is still very low. While community pharmacy is contractually obliged to be able to provide the service, there is no corresponding requirement for general practice to do so.

However, those practices that have embraced repeat dispensing have realised the expected reduction in workload for their staff and increased convenience for their patients. The simplest explanation for the underutilisation of the service is that prescribers are either not aware of its benefits or they have been put off by some of the issues that early adopters experienced.

We would recommend that you make an appointment with your local prescribers whose patients you have in common to talk to them about repeat dispensing. A one-to-one, face-to-face, 15-minute conversation is usually enough to explain the service and the benefits to patients and general practice.

Before you meet with a prescriber, think about the following:

■ What are the four or five key messages you want to deliver?
■ What materials could you take with you either to show the prescriber or leave with them?
What questions do you anticipate the prescriber will have for you?

What questions do you have for the prescriber?

NHS Employers, the General Practitioners Committee and the PSNC have jointly produced *Guidance for the implementation of repeat dispensing*. It is concise, written specifically from a GP practice perspective and endorsed by the British Medical Association.

It is available in PDF format at: [http://www.nhsemployers.org/publications](http://www.nhsemployers.org/publications) – we would recommend that you download a copy and use it in any meeting you arrange with local GPs.
**Directing change**

Here we offer you three scenarios that you can use to inform the way you plan to change your practice.

These consider:

- **The pharmacy and/or practice team working together.** This scenario is about supporting the pharmacy and/or practice team to handle a patient enquiry with confidence.

- **Clinical governance.** This scenario is about making sure your procedures are safe and efficient.

- **Preparation and risk assessment.** This scenario is about ensuring that your procedures will continue to be safe as the service expands.

Read through the scenarios and choose the one that you would like to discuss further with colleagues at the *focal point* event. Write down how you would respond to the situation, structuring your response around the following themes:

- the resources you expect to use
- the training required
- the evidence supporting your decision
- the government or national guidelines supporting you
- any local initiatives relevant to the scenario.

**Working together**

A lot of patients are asking about repeat dispensing although they actually refer to it by various names. You want to make sure all your staff are giving the same concise, accurate information.

What are the key points about the repeat dispensing service you need to make patients aware of?

What support will your team need to build their confidence when giving information to patients about repeat dispensing?

What materials do you/could you make available for the patients and staff?
Clinical governance

The contract monitoring team from your local PCT are due to visit your pharmacy in two weeks. While you have recently reviewed and updated your dispensing SOP, you didn’t really focus on the additional requirements of repeat dispensing.

What are the key procedures you need to include for repeat dispensing? Does your SOP cover all of the activities which occur from the time that prescriptions are received in the pharmacy until medicines have been collected or transferred to the patient?

What training have you or your staff completed for repeat dispensing?

How do you/will you store repeat dispensing prescriptions?

Preparation and risk assessment

You have seen a steady trickle of repeatable prescriptions come into your pharmacy, which you have been able to handle on a one-off basis. However, a new member of staff, who has recently transferred from another pharmacy, has some horror stories concerning the issues her previous employer faced when a local GP started using repeat dispensing.

What do you think the key issues could potentially be and how could you minimise their impact?

What preparations do you need to make to ensure the repeat dispensing service operates safely?

How can you create a good working relationship with your local GP and practice in managing the repeat dispensing service?
## Checklist for action

At this point in the learning programme you will have carried out the following.

| I have answered the Moving into focus questions | I completed this on: |
| I have listed three learning needs | |
| I have read the whole booklet | |
| I have undertaken the practice points | |
| I have made notes for the talking points ready to share at the event | |
| I have worked through my own Directing change scenario | |

Signed: ......................................................................................................................................................................

Date: ...........................................................................................................................................................................

Take this booklet with you to your focal point event. Make sure that you know when and where it is and what time it starts. Enjoy your learning.
References


Appendices

Appendix 1

Pharmacy Stamp

Age 60
D.o.B 01/10/1949

Title, Forename, Surname & Address
MRS ANNA MATTHEWS
15 PETER STREET
ANYTOWN
MORTONSHIRE

NHS Number: AY1 2TT

Number of days' treatment
N.B. Ensure dose is stated

Endorsements

GP REPEAT DISPENSING
Authorising no. of issues = 6

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

Signature of Prescriber

Date 03/09/09

Dr A SMITH
PETER STREET HEALTH CENTRE
ANYTOWN
MORTONSHIRE
TEL. 0910 4587000
MORTONSHIRE PRIMARY CARE TRUST 51A

123456

FP10SS0406

PRINTED SERIAL NUMBER
Appendix 2

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

Dr A SMITH
PETER STREET HEALTH CENTRE
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Do you have any comments on your focal point learning experience? email: feedback@cppe.ac.uk

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