Foreword

Two thirds of prescriptions generated in primary care are for patients needing repeat supplies of regular medicines and these account for nearly 80% of medicines costs in this sector. Repeat dispensing offers suitable patients more choice over how to receive their regular medicines.

Traditional repeat prescribing systems usually require the patient to contact their GP practice every time they need a new repeat prescription and then take this to their local pharmacist to have the medicines dispensed (unless it is a dispensing practice). Inevitably this process involves a significant workload for the GP practice and community pharmacy involved. The patient may also have to make several journeys each time they request repeat medication, especially if their local pharmacy is some distance away from their prescriber.

Whilst the existing repeat prescribing system works well for many people, it can be time-consuming for patients, community pharmacy and GP practice staff. In addition, repeat prescriptions are usually issued without a face-to-face consultation with the prescriber — a potential missed opportunity for identifying medicines-related issues before they become problems.

Repeat dispensing enables community pharmacists to dispense regular medicines to suitable patients, according to an agreed protocol, without the direct involvement of the GP surgery on each occasion a repeat medicine is required.

Repeat dispensing can save time and improve choice and convenience for patients and it can help reduce the risk of medicines-related problems. Additionally, a report in 2002 estimated that it would be possible to save 2.7 million hours of general practitioner time by converting over 300 million repeat prescriptions to a repeat dispensing system.\(^1\)

The potential benefits include:

- Greater choice for patients who require repeat prescriptions for the medicines they need
- Reduced workload for GP practices
- More efficient use of practice staff time
- More opportunities for early interventions to identify medicines-related problems through improved patient contact
- Fewer prescriptions for medicines no longer needed
- Greater involvement and better use of the skills of community pharmacists.

Repeat dispensing will not be suitable for all patients, nor is it an overnight ‘quick fix’ for long-standing supply problems. It requires commitment and support from all those involved to realise all of the potential benefits.

Community pharmacies have been able to offer repeat dispensing services since the introduction of the community pharmacy contractual framework in 2005. Although uptake has been relatively slow, steady progress has meant that by April 2008, the monthly total of items supplied in this way across England was over 1.2 million.\(^2\) In some areas, around 20% of prescriptions are supplied in this way.\(^3\) Therefore, support for further implementation of repeat dispensing is planned to identify and agree mechanisms that can facilitate the uptake of repeat dispensing.\(^4\) Providers and commissioners of primary care services will need to consider the benefits of implementing repeat dispensing services as part of local medicines management strategies. Repeat dispensing is also an important element of the Department of Health’s vision for expanding access and choice for patients by providing more help with medicines.

This updated 2nd edition of *Dispensing with Repeats* is intended to provide an overview of the repeat dispensing arrangements and will be of interest to prescribers, community pharmacists and GP practice staff as well as health service managers and locality commissioning groups.

---

Although not specifically written for patients, certain sections may help provide background information.

The document draws extensively on examples of good practice that have emerged from the National Repeat Dispensing Pathfinder programme supported by the Department of Health and from the Community Pharmacy Framework Collaborative (CPFC). Many of the PCTs referred to have now evolved into successor organisations but the principles described are still valid and useful. Their advice and guidance in producing this document is greatly appreciated and acknowledged.

How to use this document

Reading this document should help you to find answers to the following questions:

• What is repeat dispensing?
• What are the advantages and disadvantages of repeat dispensing compared to the traditional repeat prescribing system?
• How does it work in practice — learning from pathfinder sites and CPFC?
• What can be done to introduce repeat dispensing smoothly?
• What support is available to help with the introduction of repeat dispensing services?

Throughout the document you will find sharing practice examples that have emerged from the experiences of sites working within the National Repeat Dispensing Pathfinder scheme and as part of the NPC Medicines Management Services (MMS) and Community Pharmacy Framework (CPFC) collaborative programmes.

Readers are encouraged to read this document in its entirety as organisations that have successfully implemented repeat dispensing services have found that it is useful if those involved in providing the service understand the whole system rather than just the part that relates to their work.

Changes to NHS Regulations were required to enable the introduction of repeat dispensing services and this guide is not intended to be a substitute to reading the relevant statutory requirements under these Regulations. (See page 27)

For reasons of clarity, the general medical practitioner (GP) is assumed to be the usual prescriber of repeat medicines. However, other non-medical prescribers including independent and supplementary prescribers are also able to supply medicines through repeat dispensing arrangements as long as they can comply with certain requirements specified in the Regulations.
**What is repeat dispensing?**

Repeat dispensing is the process by which patients can obtain supplies of their repeat medicines over a defined period of time, without the need to contact their GP practice on each occasion a new supply is required. People with chronic conditions that are likely to remain stable for the duration of the repeatable prescription are most likely to benefit from repeat dispensing services. The decision whether to use a repeat dispensing service is a matter for the prescriber's clinical judgement and mutual agreement between the prescriber, the patient and, ideally, the pharmacist. Figure 1 on page 5 shows a simplified version of the process developed in Eastern Birmingham PCT.

Under the repeat dispensing system, the prescriber produces a master ‘repeatable’ prescription on a standard FP10 prescription form for the patient’s repeat medicines. This is annotated to distinguish it from a standard prescription form and also gives details of how many instalments the prescription contains.

A series of accompanying ‘batch issues’, one for each time the prescription is to be dispensed, is supplied at the same time (these are also printed on FP10 forms). These enable the pharmacist to continue to dispense the medicines by instalments for the duration of the original repeatable prescription. This can be up to 12 months and each accompanying batch issue is annotated with the number of the batch. This is done by overwriting the prescriber signature box on each batch issue form with text, for example, ‘Repeat dispensing: 6 of 12’. The date on which the repeats were authorised is printed on all the batch issues.

The repeatable prescription contains all the usual details i.e. name and address of patient, age, date of birth, prescriber details, signature and date. The prescriber is required to specify the number of repeats or ‘issues’ they wish to permit from this prescription and, if appropriate, the dispensing interval can be stipulated (for example weekly, monthly, quarterly). The repeatable prescription cannot be hand-written.

The prescriber signs the original repeatable prescription form as this is the legal prescription (as defined by the Medicines Act 1968) needed by the pharmacist at each dispensing episode. A batch issue is printed for each instalment that a repeat supply is to be made. The batch issues are not signed by the prescriber as they are not legal prescriptions but are used solely for reimbursement purposes.

The patient nominates the pharmacy to provide the service and presents the repeatable prescription at that pharmacy for dispensing in the usual way. The patient is not asked to sign the repeatable prescription. Instead, the patient signs each batch issue at the time it is dispensed and completes the relevant declarations on the reverse of the form. A prescription fee is payable on each dispensing occasion.

The pharmacy retains the original repeatable prescription form. Both the original repeatable prescription and batch issues are required for the prescription to be dispensed. Currently, batch issues alone cannot be used to supply medicines and so the patient must use the same pharmacy for the duration of the repeatable prescription. However, the Electronic Prescription Service (EPS), when fully implemented, will allow patients to pick up their repeatable prescription from any pharmacy in England.

Batch issues may be retained by either the patient or by the pharmacy until another supply of medication is required. When the patient needs their next supply of repeat medicines, the next batch issue is dispensed, and so on. When all of the batch issues have been exhausted, the patient returns to their prescriber for another repeatable prescription, if appropriate.

When dispensing an instalment of medicine, the pharmacist may ask the patient questions about their medication. This is to ensure that the patient is still taking their medicine and that they are not having any problems. If there are any problems the pharmacist will refer the patient back to the prescriber.
The pharmacy processes each batch issue and forwards the forms to the Prescription Pricing Division (PPD) of the NHS Business Services Authority at the end of the month that they are dispensed. The original repeatable prescription is sent to the PPD once all batch issues have been dispensed or, if the patient does not collect all instalments, at the expiry of the repeatable prescription.
Figure 1 Repeat dispensing process in Eastern Birmingham PCT (now part of Birmingham East and North PCT)

REPEAT DISPENSING A new way to get Repeat Prescriptions

1. Patient deemed suitable by GP
2. Scheme explained and consent form signed
3. Master & batch issues produced; Clinical System updated
4. Prescription reviewed & Master signed by GP
5. Time scale determined by GP

Patient request
Pharmacy suggestion

Patient collects Repeatable Prescription

Prescription held securely by pharmacy
Pharmacy schedules work load and ordering
Dispensing check (contractual obligation)

Patient visits pharmacy for medicines

Patient takes medicines
Pharmacist dispenses medicines

Appropriate batch issue sent to PPA for reimbursement

Final batch dispensed

Clinical Medication Review by GP?

Patient makes appointment with GP
Final batch and authorising form sent to PPA

Created by Eastern Birmingham PCT Medicines Management Team December 2005
With acknowledgement to the National Prescribing Centre
Benefits of repeat dispensing

Repeat dispensing offers a number of benefits to patients and practitioners. These will be further enhanced when the Electronic Prescription Service (EPS) is fully implemented.

Improving patient choice and access to services

In most traditional repeat prescribing and dispensing systems, patients need to contact their GP surgery each time they need a prescription for a new supply of repeat medicines. If the patient’s prescription is not synchronised (in other words, a number of their repeat medicines run out at different times) this can result in unnecessary visits to both the GP practice and community pharmacy.

Under repeat dispensing arrangements, the patient may only need to renew a repeatable prescription and contact the GP practice once each year. Although this may not necessitate a trip to see the prescriber, it does offer a timely opportunity to ask to see the patient and conduct a thorough clinical medication review. Any changes to the patient’s medication can then be made before generating a new repeatable prescription. Not only does this make life much simpler for patient and prescriber, it also means that repeat prescriptions can be ‘tidied up’ so that unwanted medicines are removed, dosages reviewed and optimised etc. Additionally, it provides an opportunity to undertake a medication review as part of the quality and outcomes framework of the General Medical Services (nGMS) Contract. For example, patients over 75 years of age, who under the framework should have six monthly medication reviews, might have their repeatable prescription issued as part of such a review. Patients in repeat dispensing schemes find it much easier to manage their medicines around things like family holidays and admissions to hospital.

Newham PCT held promotions at 5 local health events (community forums, Newham Asian Women’s Project) by asking an initial question “Do you take regular prescribed medicines?” If patients answered “Yes”, they were told about the repeat dispensing service and medicine use reviews (MUR). If they answered “No”, they were informed about the local minor ailments scheme. As a consequence of this intervention, in May 2005 there were only 9 practices offering a repeat dispensing choice with a total of 5826 items (1.1% total) but by May 2006 there were 24 practices participating, with a total of 14073 items (3% total).

Saving time

The entire process of producing a repeat prescription is time-consuming and can involve a number of steps and members of staff in the GP practice. Despite practices devising solutions to improve the efficiency of the process, it still usually involves a considerable amount of work for busy practice staff. Such solutions include telephone or email/internet ordering systems or enabling partners in the practice to authorise and sign prescriptions on behalf of each other.

Under the repeat dispensing system, once the initial review and authorisation of repeat medicines is completed, the patient may not need to contact the practice for the duration of the repeatable prescription. The Regulations permit the issue of a repeatable prescription of up to 12 months in duration. This alone substantially reduces demands placed upon GPs, receptionists and dedicated repeat prescribing staff. Experience from Pathfinder sites suggests that there are also likely to be fewer requests for emergency supplies of medicines. This reduces unplanned work in both the practice and the community pharmacy. Patients are less likely to miss doses of essential medicines as a result.

Implementing repeat dispensing also improves efficiency since only the master repeatable prescription needs to be signed by the GP. The accompanying batch issues (which are effectively the ‘invoices’ by which the pharmacy will claim reimbursement) do not need to be signed and are usually sent to the pharmacy along with the prescription.
A national evaluation of repeat dispensing by community pharmacists reported that the overall dispensing time for batch issues compared to normal prescriptions reduced by approximately 2 hours per 1,000 prescriptions.

Mid Sussex PCT wished to increase the number of patients on repeat dispensing. The repeat dispensing service was piloted in a discrete area. They used local evidence to show how repeat dispensing would save practice time and hold locality-based multidisciplinary training. By July 2006, 15% (around 2,000 items per month) of prescriptions were dispensed using repeat prescriptions in the pilot area and numbers continued to increase across Mid Sussex. Feedback from patients was positive.

Developing skills

Patients need to collect their medicines from a nominated pharmacy for the duration of their repeatable prescription. As they visit the same pharmacy on a regular basis, this places community pharmacists and their staff in an ideal position to develop an ongoing relationship with and an in-depth knowledge of the patient’s medicines management needs. It also enables the pharmacist to make better use of their professional skills to help improve the patient’s care as well as providing an opportunity to identify patients who may benefit from a medicines use review. (See below under ‘reducing waste’.)

In-built safety checks are undertaken as part of the repeat dispensing process. Pharmacists and their staff must be satisfied that the patient can continue to receive their repeat medicines as prescribed and are able to take them as intended.

Problems or concerns should be referred back to the prescriber and other suggestions (for example, changing a 2 x 10mg dose to 1 x 20mg) can also be communicated as part of this ongoing process. Similarly, the prescriber can provide the nominated pharmacy with relevant information, for example, if a medicine covered by the repeatable prescription is stopped. Ensuring that effective feedback and communication mechanisms are in place between prescriber and dispenser is vital to the safe and efficient operation of a repeat dispensing service.

Lambeth PCT produced guidance to improve the repeat dispensing service. This resulted in an increase in the number of prescriptions being dispensed under the repeat dispensing arrangements. Key points were:

- Pharmacists should identify patients suitable for the scheme.
- Pharmacists should communicate effectively with GP practices and submit the list of patients.
- Engage PCT support with the IT implementation.
- Identify a key person in both the practice and pharmacy to liaise regarding repeat dispensing.
- Get regular feedback and identify further patients suitable for repeat dispensing.
- Use champions of repeat dispensing to become mentors to support their colleagues.
- Share learning with all community pharmacists within the SHA area.

Reducing waste

By retaining the repeatable prescription and monitoring how the patient is using their medicines, either through a manual or computerised system, community pharmacists can identify problems early and intervene appropriately. This might include a referral back to the prescriber to resolve any difficulties. Community pharmacists accredited to provide advanced services under their contractual framework can also offer medicines use reviews (MUR) to appropriate patients. This involves a more detailed discussion of medicines-related issues with the patient to identify and address any difficulties that they are experiencing.

---

Regular monitoring helps improve workflow by reducing the likelihood of pharmacy stock items going out of date and of items not being ready for collection.

A regular clinical medication review by the prescriber when a patient has completed their repeatable prescription can provide further opportunities to remove unwanted medicines from a patient’s repeat medicines list or enable more cost-effective alternatives to be prescribed.

**Gateshead PCT** carried out a waste audit in the community pharmacy adjacent to a GP practice where there had been a slow move towards identifying suitable patients for repeat dispensing. Results of the audit were given back to the practice which subsequently agreed to take part in the service. Repeat dispensing steadily increased between November 2005 and April 2006 and the practice has now extended the range of medication prescribed in this way.

### Reducing risk

The implementation of a repeat dispensing service provides new opportunities for monitoring medicines use, conducting medicines use reviews and medication reviews and improving communications between clinical practitioners. Repeat dispensing also provides additional mechanisms for reducing medicines-related problems compared to the traditional repeat prescribing model.

Regular dispensing in pre-defined quantities and intervals, rather than providing several months worth of medicines at one time, may make the occurrence of under- or over-dosing less likely. Regular contact between a patient and their designated pharmacy may help identify people that are taking prescribed medicines with similar over-the-counter remedies thereby helping to avoid potential problems.

**In St Helens & Knowsley PCT** a pharmacy made links with local GP practices to encourage participation in repeat dispensing. The local practice undertook repeat dispensing training provided by the PCT Medicines Management team and the pharmacy looked at ways of implementing efficient systems within the pharmacy to operate the repeat dispensing service.

### Saving money

The national repeat dispensing evaluation conducted by Manchester University reported that repeat dispensing can produce savings in drug costs since items not actually needed by the patient are not dispensed. The study suggested that the savings are in the region of £550 per 1,000 repeat dispensing batch issues dispensed compared to traditional prescriptions.
Implementation of repeat dispensing

The volume of items dispensed as repeatable prescriptions has grown steadily although there has been relatively low uptake of repeat dispensing in some areas. In 2008, the Department of Health stated that only around 1.5% of all prescriptions were issued to be dispensed though repeat dispensing arrangements.\(^3\)

Figure 2 shows the growth in items dispensed as repeatable prescriptions in England between April 2005 and April 2008.

The three therapeutic areas in which the highest volume of items were dispensed in the national pathfinder sites were cardiovascular, central nervous system and endocrine. As might be expected, these reflect the suggestion that repeat dispensing is most likely to be of benefit to patients with long-term, stable medical conditions such as hypertension, diabetes and those needing long-term hormone replacement.

Repeat dispensing and the Electronic Prescription Service (EPS)

NHS Connecting for Health is introducing electronic repeat dispensing as part of the Release 2 of the Electronic Prescription Service.

Unlike conventional paper-based repeat dispensing, electronic repeat dispensing is possible from a single prescription token and does not require a batch of paper issues to be printed.

At the start of a repeat dispensing cycle, the patient is given a prescription token. Prescription tokens are printed at the GP practice and look similar to FP10 prescription forms with a barcode (as in Release 1). The main difference between a prescription token and a bar-coded FP10 is that the prescription token is not signed by the prescriber. This is because the electronic message has already been signed electronically. This token can then be taken to any Release 2 enabled pharmacy in order to obtain the first and subsequent issues of the medication. In the initial stages of Release 2, electronic repeat dispensing will only be available to patients who decide to use a nominated dispensing contractor (usually a community pharmacy). If the patient changes their nomination part way through a repeat dispensing cycle, all outstanding prescription issues will be transferred to the new nominated community pharmacy.
In the longer term, it will be possible for patients to use electronic repeat dispensing even if they haven’t nominated a dispensing contractor. This will mean they can take their prescription token to any Release 2 enabled dispensing contractor (not necessarily the same one each time) and obtain their next prescription issue.

Combined with electronic cancellation of prescriptions, this will make repeat dispensing suitable for more patients and acceptable to more prescribers.

A holistic review of a practice’s repeat prescribing system will make implementation of Electronic Repeat Dispensing easier. Further information on electronic repeat dispensing and its introduction will be published by NHS Connecting for Health (http://www.connectingforhealth.nhs.uk/systemsandservices/eps/publications/release2.pdf?searchterm=electronic+repeat+dispensing).

**Enabling repeat dispensing**

This section describes some useful learning points and examples of good practice that have arisen from organisations that have already introduced repeat dispensing services.

**Setting up a repeat dispensing service**

Repeat dispensing requires the commitment and support of both practitioners and managers. Commissioners of primary care services have a significant role to play in both the implementation and development of repeat dispensing services. Support from PCT Professional Executive Committees and Boards also helps facilitate the development of the service by identifying resources or initiating dialogue between interested parties.

A number of factors have been identified that contribute to the successful implementation of repeat dispensing services.

• An identified local project manager or lead for repeat dispensing within the PCT
• Taking advice from pharmacists, GPs and other clinical practitioners wishing to provide the service
• Dialogue with patient representatives and groups either at PCT or practice level
• Close liaison and collaboration with the Local Pharmaceutical Committee and Local Medical Committees.

The National Pharmacy Association has identified a number of issues to consider for both GP practices and community pharmacies offering repeat dispensing services and produced a guide to implementation for its members.5 (www.npa.co.uk). The pack contains:

• guidance to the pharmacist on setting up and running the service
• template Standard Operating Procedure
• checklist to present to PCT during monitoring visits
• reminder card for the pharmacist outlining the questions to be asked each time a patient presents for supply of a batch issue
• guide for pharmacy support staff to help them recognise and deal with repeat prescriptions and batch issues
• draft letter to send to GPs explaining the benefits of repeat dispensing
• batch issue destruction record sheet
• poster promoting the service
• batch record sheets
• last batch reminder cards – to remind a patient it is time to visit their GP for the next batch of repeat prescriptions
• patient record cards to help patients keep track of batch issues dispensed and to present each time they visit the pharmacy
• patient information leaflets – for patients to understand what repeat dispensing is, with a tear off section for patient and GP to complete.

Patients must agree to their enrolment in a repeat dispensing service. This includes consent for clinical information to be shared between appropriate health professionals (usually the prescriber and community pharmacist) for safety reasons. The Department of Health has helpfully provided a model consent form for this purpose. Although written consent is not formally required under the Regulations, it is good practice for a record of any agreement and the consent form to be included in the patient’s notes or management plan.

The NPC’s community pharmacy framework collaborative programme provided further ideas and suggestions that might help with the successful implementation of the repeat dispensing arrangements:

- Provision of PCT facilitation or some sort of incentive to promote repeat dispensing
- Support for infrastructure in both GP practices and pharmacies with regard to existing repeat prescribing systems and robust processes for patient monitoring
- Developing and nurturing good working relationships between prescribers and community pharmacists
- Gaining commitment from both GPs and community pharmacists
- Provision of multi-disciplinary training for all those involved
- Enabling community pharmacists to identify suitable patients
- Starting small but increasing as quickly as possible to the critical number to realise the benefits.

**Carlisle and District PCT** increased the number of repeat dispensing prescriptions generated by facilitating locality meetings between practices and pharmacies. These followed on from the main training events they provided at the launch of their scheme. Repeat dispensing was included in targets for practice medicines managers and in some practices the pharmaceutical advisers agreed to its consideration as an area of work for the Quality and Outcomes Framework (QOF) medicines management indicators 6 and 10. A pack of materials to support repeat dispensing (record cards, communication forms and patient reminder cards) was developed.

In South West Kent PCT only one surgery was issuing repeat dispensing prescriptions. They began on 1st April 2005 and were issuing as many scripts as they felt they could. Over the next twelve months the number of pharmacies rose to 15, an increase of 25%. This was achieved by talking to individual practices and finding out what their objections were and working to overcome them. The main objection was one of clinical control; practices believed that by issuing the script for up to 12 months they would have no control over the medication or the patient.

After incorporating MURs and explaining that a review at 6 months (or before if there are any problems) would be carried out, they could see the benefit of both services. Repeat dispensing was incorporated into the QOF work and practices were given a target of 5% of all dispensed items to be made on repeatable prescriptions by the end of the year. Practices began to realise the benefit of the service and this resulted in a faster uptake. Reception staff were given the opportunity to attend training courses so they understood the service and could explain the benefits to patients. A repeat dispensing envelope was designed by the PCT for community pharmacies to safely store the batch issues of the repeat prescriptions.

**The Regulations**

Repeat dispensing is one of the essential services that is provided through community pharmacies under the Community Pharmacy Contractual Framework. Amendments to Regulations were made as part of the implementation process for the Community Pharmacy Contractual Framework.

Since October 2005, all community pharmacies have been able to dispense repeatable
prescriptions whether or not repeatable prescriptions were being produced. This involved ensuring suitable computer systems and training for community pharmacists and their support staff were in place. Standard operating procedures must also be available and in use.

Repeatable prescriptions must be computer-generated and printed by the prescriber (which can include nurse and supplementary prescribers). Both repeatable prescriptions and batch issues must be annotated in the manner stipulated in the Regulations.

Intervals between batch issues can be defined by the prescriber, although in practice, pharmacists need to be able to exercise professional discretion over when to dispense. For example, they may need to dispense two batch issues together to cover a patient’s holiday period or hospital admission. Batch issues can be kept at the nominated pharmacy although the patient can choose to retain them if they so wish. Batch issues can only be dispensed at the pharmacy that holds the original repeatable prescription.

Storing batch issues at the pharmacy enables the pharmacy team to forecast demand more accurately and be in a position to prepare medicines for dispensing in advance of the patient’s visit. It also reduces the likelihood of batch issues being lost by the patient. When the patient arrives, the medicines are dispensed according to the directions on the repeatable prescription.

Training considerations

The Regulations require community pharmacists to have completed ‘appropriate training’ before they can provide repeat dispensing services. The nature of the training is not specified and there is no corresponding requirement for prescribers.

The Centre for Pharmacy Postgraduate Education (CPPE) provides a comprehensive training package and an ‘open learning’ programme with on-line support (see www.cppe.manchester.ac.uk).

The major suppliers of software for GP clinical systems can offer IT training to make users aware of the system changes needed to produce repeatable prescriptions and how to use the software effectively. There may be a fee charged for this service. In most cases, the actual software updates are free although there may be a small annual maintenance fee.

Although the Regulations specify that only community pharmacists must receive training, most PCTs prefer to engage the wider primary care team. To encourage uptake of repeat dispensing, some PCTs have arranged local multidisciplinary training sessions.

During an initiative in April & May 2006, Eastern Birmingham PCT GPs prescribed 5 times as many items on repeat dispensing as they had done for the previous 12 months in total. The PCT achieved this by hosting lunch-time training events for general practice staff showing them how the new repeat dispensing scheme worked. The event was designed from a ‘what’s in it for general practice’ point of view to really sell the benefits to practice staff.
Dispensing with repeats: 2nd edition

Newbury and Community PCT included GPs in their local training programme. They established the following conditions:

**Pharmacies**
- At least three members of pharmacy staff must have attended the CPPE training course. One member of staff must be the pharmacy manager and it is preferred if one dispenser and one counter assistant also attend.
- Pharmacists working in the pharmacy have been briefed on the scheme by someone who has attended the CPPE course.
- Pharmacists working in the pharmacy have read the PCT guidelines and the pharmacy standard operating procedures (SOPs) for repeat dispensing.
- Any exceptions to the above must be detailed in writing to the PCT pharmaceutical adviser for consideration by the PCT.

**General practice**
- At least three members of the general practice staff must have attended the CPPE training course. One member of staff must be a GP. One must be the practice manager and it is preferred that one receptionist involved with repeat prescribing should attend.
- GP partners who have not attended the CPPE training course must be briefed by the GP and practice manager who attended the course.
- The practice should consider how they would train reception staff on repeat dispensing BEFORE the practice begins participation in the scheme.
- Any exceptions to the above must be detailed in writing to the PCT pharmaceutical adviser for consideration by the PCT.

Blackwater Valley and Hart PCT also clarified training requirements. It was stated that:

'It is the responsibility of the repeat dispensing chemist to ensure that pharmacists employed or engaged by them (including pharmacists booked through locum agencies) have completed the CPPE training. Records of staff trained in the repeat dispensing arrangements should be kept in the pharmacy.'

In Suffolk Coastal PCT a comprehensive approach to ensuring continuity of patient care has been coupled to specific development of the repeat prescribing staff in the practice by encouraging a BTEC-qualified repeat dispensing role. Here is a description of the role:

'She explains the scheme to patients, gains their consent and then sorts out any housekeeping aspects of the repeat script before issuing. In this way, the pharmacies have had few queries with the scripts. She also acts as a link person for local pharmacies. She has been key to the success in this practice and I suggest that the role of ‘repeat prescribing clerk’ in GP practices needs to have greater status and specific training is needed which includes repeat dispensing.'

Patient selection / recruitment

Repeat dispensing is most likely to be of benefit for patients with long-term, stable conditions that need regular medicines, but whose condition is unlikely to change in the short- to medium-term. Therefore, patients are usually selected based upon their condition and history of medicines usage. For example, those on less than four medicines, or whose medication regimen has not changed for at least two years, or who are unlikely to be hospitalised due to their condition.

Selecting suitable patients is usually relatively straightforward in the early stages of developing a repeat dispensing service. For instance, many prescribers start by identifying, and inviting, those people taking a single medicine such as thyroxine or with defined stable conditions such as patients with hayfever using anti-histamines. More complex patients require more time as examination of notes and medical records is likely to be more detailed.
In some PCTs, patient selection has followed the production of a set of inclusion and exclusion criteria. This helps achieve a shared understanding of patient suitability thereby ensuring a more consistent approach across a geographical area.

The launch of a repeat dispensing service needs to be publicised and the form this takes will vary according to its scale and the intended participants. A simple poster and leaflet campaign can alert potential patients to the new repeat dispensing service. Patients could be selectively invited to take part or they could be enrolled opportunistically – for example, during a medical consultation or by recommendation from a community pharmacist. Although some PCTs have used local radio advertising or placed banners on the sides of buses to publicise their repeat dispensing scheme, untargeted advertising may have the effect of creating unexpected demand or of encouraging patients with unsuitable conditions.

South West Dorset PCT was looking particularly at the influence pharmacists can have on the repeat dispensing process by recommending suitable candidates to GPs. The most successful model was at a pharmacy that is situated directly next door to the GP practice. The pharmacist identified up to 3 patients per week and the GP decided whether or not to invite them into the repeat dispensing scheme. In this setting, repeat items increased from 0 to 100 over about 4 months. Other pharmacies have been taking this approach where the GPs are happy for this to happen. The recommendation has been added to a revised pharmacy intervention form, which is used as part of a local prescription intervention scheme.

To speed up the intake of suitable patients into their scheme Northamptonshire Heartlands PCT provided local pharmacies with modified patient agreement forms, with a specific section on choice of pharmacy added, that can then be forwarded to the relevant GP surgery for consideration.

In some PCTs, patient selection has followed the production of a set of inclusion and exclusion criteria. This helps achieve a shared understanding of patient suitability thereby ensuring a more consistent approach across a geographical area.

The launch of a repeat dispensing service needs to be publicised and the form this takes will vary according to its scale and the intended participants. A simple poster and leaflet campaign can alert potential patients to the new repeat dispensing service. Patients could be selectively invited to take part or they could be enrolled opportunistically – for example, during a medical consultation or by recommendation from a community pharmacist. Although some PCTs have used local radio advertising or placed banners on the sides of buses to publicise their repeat dispensing scheme, untargeted advertising may have the effect of creating unexpected demand or of encouraging patients with unsuitable conditions.

Taunton Deane PCT found that inviting patients by letter to participate in the repeat dispensing programme was less successful than asking them face-to-face. So to avoid duplication of effort, the latter approach has been built on the back of a medication review. A point to note however, is that suitable candidates for repeat dispensing (i.e. those patients that are more stable with regard to their medication) may not always be the patients that practices feel have the most pressing need for a medication review. A balance needs to be struck between these needs.

PCTs introducing repeat dispensing services have found that it helps to start small. Defining the most suitable patient groups to begin with, checking that the new processes are working well, and then expanding to include other patient groups.

Mid Devon PCT asked pharmacists to identify suitable patients for the scheme and forward details to the GP practices. This approach meant that much of the identification work had been done before the prescriber took a more detailed look at the suggested patient’s records to determine whether the patient should be invited or not. Feedback from pharmacists was very positive.

Patient consent and confidentiality

Patients need to consent to be included in a repeat dispensing service because of the need to pass clinical information between participating practitioners. Although information leaflets and consent forms are available for PCTs, who should be responsible for obtaining such consent is a matter for local agreement. In most cases the GP practice is ideally placed to do so.
Dispensing with repeats: 2nd edition

Patient information shared as part of a repeat dispensing scheme must be safeguarded in accordance with Caldicott recommendations and the requirements of the Data Protection Act.

Clinical issues

Thorough medication reviews provide an opportunity to ‘clean up’ a patient’s repeat medication list and recruit patients into a repeat dispensing service. The review might include checking that all repeat medicines are still needed, synchronising prescription quantities, checking that medicines are being taken in line with the directions given and for the right purpose. Medication review enables the patient to discuss any medicines-related issues with the prescriber and can be done prior to entry into the repeat dispensing service.

Some PCTs adopted this approach and combined the management of repeat dispensing patients with the opportunity to undertake regular medication reviews. In addition, under the terms of the quality and outcomes framework section of the GMS contract, practices can accrue quality points for undertaking medication reviews. Guidance on good practice is available from the Medicines Partnership / National Prescribing Centre document Guide to medication review.7

Repeat dispensing also offers opportunities for community pharmacists to offer medicines use reviews (MUR), an advanced service in the community pharmacy contractual framework.

In Canterbury and Coastal PCT practices were encouraged to ‘rationalise’ prescriptions, optimise doses and remove obsolete items from prescription lists. Pharmacies were encouraged to keep a diary so that staff knew when each patient’s next repeat was due.

Changes to a patient’s repeat medicines need to be made from time to time, even when the patient’s condition is stable. Processes to cater for this eventuality need to be considered when repeat dispensing services are being set up locally.

Chelmsford PCT has issued some clear guidance.

Managing changes to repeatable prescriptions
1. If a patient starts to require frequent changes to their medication it may be appropriate to remove them from the scheme until stabilised.
2. The practice must have a record of the pharmacy used by each patient.
3. Changes to repeatable prescriptions must be communicated to the pharmacy by fax using a standard form. Urgent messages should be telephoned and followed by a confirmatory form.
4. For continuity, encourage the patient to take any additional prescriptions to the same pharmacy that they use for the repeat dispensing scheme.
5. For minor changes and additions part way through a series of batches, issue a new repeatable prescription with a number of repeats that allows synchronisation with the existing prescription. Fax details of the change to the pharmacy.
6. For more significant changes, for example on discharge from hospital, it may be appropriate to issue a series of acute prescriptions initially. Once stabilised, issue a new repeatable prescription, synchronising it with any existing repeat prescriptions as above. Fax details of the change to the pharmacy.
7. To delete an item of medication, fax the details of the change to the pharmacy.
8. For a one-off short course of medication, write an acute prescription as usual.

‘When required (PRN)’ medicines (for example some inhalers, analgesics etc.) also need special consideration. Including such medicines on the repeatable prescription, and hence upon batch issues, may cause unnecessary work for the dispensing pharmacy. If a medicine on the repeatable prescription is not needed on each dispensing occasion (as may be the case with ‘when required’ medicines), the pharmacist must endorse the batch issue each time the medicine is not dispensed.

Some PCTs have approached this issue by suggesting that ‘as required’ medicines are supplied on separate repeatable prescriptions, with no interval stated, thus allowing the patient and pharmacist discretion as to whether and when the medicine should be supplied.

Generating repeatable prescriptions and batch issues

Handwritten repeatable prescriptions or batch issues are not permitted and therefore a repeatable prescription must be computer-generated and printed by the prescriber.

The stationery used for repeatable prescriptions is identical to normal FP10 prescription forms. They are differentiated by the inclusion of the designation ‘RD’ and the number of the batch issue in a sequence (e.g. ‘three of six’), which is printed as the original repeatable prescription is produced. The software of most GP computer systems usually needs to be upgraded to enable printing of this additional information on the form.

The Regulations state that the GP must define the number of batch issues they wish to authorise via the repeatable prescription and, if appropriate, the dispensing interval. If a dispensing interval is specified the pharmacist must dispense at those intervals and will be unable, for example, to issue double repeats to cover a patient’s holiday period. Batch issues are usually held in the pharmacy although the patient can choose to retain them if he or she so wishes.

Newham PCT, in their Repeat Dispensing Operations Manual, have suggested that, unless clinically necessary, intervals should not be specified to allow the pharmacist discretion over when to dispense (this approach is also recommended in CPPE training materials).

Pharmacy administration

The Royal Pharmaceutical Society of Great Britain (RPSGB) required all pharmacies to have standard operating procedures (SOPs) for dispensing in place by 1st January 2005. A number of PCTs have produced guidance and operating procedures for their practitioners to refer to.

There are also other operational matters for pharmacy practitioners to consider, for example ensuring that indemnity policies cover the extended responsibilities introduced by repeat dispensing schemes.

To assist with administration in the pharmacies and to help patients, North Hertfordshire and Stevenage PCT, a 1st wave pathfinder site developed a repeat dispensing record card, designed by Lloyds Pharmacy. The card is a handy size, easily kept in pockets or handbags. The card identifies various details including the pharmacy, the number of prescriptions, where the batch issues are held, dates of dispensing and additional PRN medication. The advantages of using the card are that:

- The patients receive a receipt for the prescription and batch issues left at the pharmacy
- The patient is reminded which pharmacy is storing the prescription
- The card reminds patients when they should be reviewed at the surgery
- It is easier for the community pharmacist to identify that the patient is requesting a prescription under the repeat dispensing arrangements rather than a traditional repeat prescription
- It acts as a record of compliance if the patient takes it to the surgery for their review.

Dispensing and safety checks

Some PCTs have developed checklists for practitioners to help them meet the requirements for repeat dispensing.
**Newbury and Community PCT** has produced a reminder for pharmacists regarding the type of questions they should be asking patients.

So the pharmacist can ascertain if the medication on the repeatable prescription is still required the pharmacist could use the following questions before any medication is handed over to the patient.

- Have you seen any other health professional(s), e.g. GP, nurse, consultant, since your last prescription was issued?
- Are you having any problems with your medication or experiencing any side-effects?
- Do you have any items available on repeat, which you would like deleted or do not need on this occasion?
- Are you taking any over the counter medicines, herbal remedies or food supplements at the moment?
- Have any new problems / symptoms developed recently?

Although there is no specific requirement to record the fact that questions have been asked, **Northamptonshire Heartlands PCT** added a section to a patient’s log, held at the pharmacy in purpose-made A5 plastic wallets. The wallet also holds all of the repeat dispensing information, including batch copies, for that patient.

A pharmacy in **St Helens and Knowsley PCT** developed a brown envelope filing system which all members of staff are familiar with. All other systems for repeat dispensing are also in place including SOPs, 2 way communication systems with GPs and reminders about the 5 repeat dispensing questions to be asked at each dispensing episode. This process improved communication links with the local practice. This is now used as an example of good practice during contract monitoring visits.

**Reimbursement of pharmacies**

Repeatable prescriptions and batch issues are reimbursed in the same way as normal FP10 prescriptions. The Prescription Pricing Division has specified how these should be submitted and asks that repeat dispensing prescriptions are bundled up and submitted separately to normal prescriptions. Detailed guidance is available from both the CPPE and PPD.
Evaluation of existing schemes

**Newham PCT**, a first wave pathfinder site, assessed their local scheme and an extract from their first review is reproduced here.

**Stakeholder benefits**

**A Patients**
- Synchronisation i.e. all their medicines run out at the same time
- Fewer trips to the surgery, very helpful if the patient does not live close by
- Greater flexibility when going on holiday
- Particularly useful for economically active patients.
- Patient sees a clinician who is checking if any problems when collecting repeat supply rather than clerical staff.
- Fewer requests for emergency supplies and missed medication. Patients sometimes do not bother to get a new script when their medicines are not synchronised, they wait until all their medicines run out.

**B Practices**
- Reduced workload for both the GPs in signing prescriptions and clerical staff in generating repeats.
- Reduced demand to see the GP as patients sometimes wanted to present minor problems to the GP when they were collecting their prescription.
- Less likely that the GP is signing repeats for patients they do not know so well, this is more likely to happen in larger practices when often one GP will sign all the repeats for that day.

**C Pharmacies**
- Formalises an already existing role in repeat supplies
- Fewer requests for emergency supplies
- Improves communication with the practice.

**Key messages for repeat dispensing**

In addition to the examples already given in this guide, a number of recurrent issues have been identified, which can help the development of repeat dispensing services. A brief summary of tips to implementation used in Lambeth PCT is shown in appendix 1.

**Identify a local champion / repeat dispensing lead**

New ways of working tend to have a far greater chance of success when there is strong leadership and commitment to back them up. Lessons from improvement work throughout the UK suggest that in addition to a local project co-ordinator, high-profile clinical and managerial support can accelerate implementation through a multi-disciplinary approach.

**Training should involve all concerned**

Although the Regulations currently state that only community pharmacists need to undergo ‘appropriate training’, it has become clear that the wider primary care team benefit enormously from knowing how the whole scheme works and their role within it. Multi-disciplinary training has been particularly successful.

**Information technology**

Although the upgrade modules for repeat dispensing are reasonably simple to operate, all staff involved in the production of repeatable prescriptions and batch issues need to understand how to use them and to receive training if necessary. This is particularly important for people who work part-time or who are employed as locums (both general practice and pharmacy).
Standard Operating Procedures

The RPSGB required all PCTs to have standard operating procedures in place by January 2005. These should be clear, concise, easy to understand and implement in practice. Some PCTs, for example South West Dorset PCT, have produced colour-coded guides for different members of the wider healthcare teams for this purpose.

Don’t be too ambitious to start with

It makes sense to test out new ways of working on a small-scale before attempting a full scale implementation. This enables a check that the processes work smoothly and it usually helps to test the new system out with relatively small numbers of patients first. For this reason many PCTs have chosen to be quite selective about which patients to recruit when starting out, as well as initially using only one GP practice and community pharmacy.

Patient selection

A lot of PCTs have designed simple selection criteria to help identify and invite patients into their scheme. These criteria are expanded as familiarity with repeat dispensing increases.

Although the prescriber usually decides whether a patient is suitable for repeat dispensing, many teams have found that, as pharmacists often see the patients more regularly, they are in a very good position to make a referral. In addition, this helps develop pharmacist / patient relationships and eases some of the initial workload for the prescriber.

Manage consent and confidentiality sensitively

Repeat dispensing is not mandatory – patients need to give specific consent to become involved. Addressing issues of confidentiality in line with Caldicott recommendations and to meet the requirements of the Data Protection Act should be an early consideration. Many PCTs have found that consent can be obtained from patients in a relatively straightforward manner. For example, a line such as ‘information regarding your diagnosis and medication will be shared with appropriate healthcare professionals in the interest of your well-being’ might be added to the consent form.

Communication

Timely and effective communication between prescribing and dispensing teams is vital. There will be times, according to statutory regulations, when information must be shared, for example, where there are safety concerns relating to the patient and their medication. Additionally suggested interventions or changes can also be handled through well-planned communication channels.

It is strongly recommended that ‘closed loop’ systems be considered. For example, if a pharmacist has exercised their professional judgement and decided that it would not be appropriate to issue a patient with their medicines, they should inform the prescriber. Confirmation that the message has been received should be returned from the prescriber back to the pharmacist. Model forms to facilitate this two-way communication process are available from the Department of Health.
Frequently asked questions

Pharmaceutical

Q Which medicines can be prescribed under existing repeat dispensing arrangements?
A All medicines except Scheduled drugs or controlled drugs within the meaning of the Misuse of Drugs Act 1971 can be prescribed using the repeat dispensing arrangements (RDA). Appliances that can be prescribed on an FP10 can be prescribed as part of the RDA.

Q Which medicines cannot be prescribed as a part of the RDA?
A Drugs excluded for the time being are specified in Schedules 1, 2 and 3 (including flunitrazepam, phenobarbitone and temazepam) in the Misuse of Drugs Regulations 2001.

Q Can phenobarbitone be prescribed on a repeatable prescription if it is to be used for epilepsy?
A No. Phenobarbitone is a Schedule 3 drug therefore cannot be prescribed on a repeatable prescription. When phenobarbitone is used for epilepsy pharmacists can make an emergency supply. This is an exemption of a Schedule 3 drug, but is not applicable to repeatable prescriptions.

Q Can diazepam be prescribed on a repeat prescription?
A As diazepam is not a Schedule 1, 2 or 3 controlled drug, it is legally prescribable. Some PCTs have however determined that benzodiazepines as a group should not be prescribed as part of the NHS repeat dispensing arrangements because their license is for short term use only.

Communication

Q Can the PCT define ‘every effort’ (as specified in Regulations) that the GP must make to ensure that the pharmacist is informed of any dose changes?
A There is no official definition of this. GPs must be able to demonstrate what steps they made to contact the pharmacy to inform them of the dose change.

Q What must a GP do if a repeat dispensing patient is removed from his list?
A If a doctor has issued a repeatable prescription and that person is removed from that doctor’s list of patients before the expiry of that repeatable prescription, the doctor must:
(a) Notify that person that the repeatable prescription should no longer be used.
(b) Make every effort to notify the pharmacist who has been providing repeat dispensing services to that person, that the repeatable prescription should not be dispensed.

Prescribing

Q When should a prescriber not issue a repeatable prescription?
A A prescriber may not provide repeatable prescribing services if they:
(a) Are not a repeatable prescribing doctor.
(b) Are not acting on behalf of a repeatable prescribing doctor.
(c) Make the professional judgment that it would not be clinically appropriate to issue a repeatable prescription.
(d) Acknowledge that the patient does not agree to participate in a repeat dispensing scheme.

Q Can dispensing doctors issue repeatable prescriptions for their prescribing patients?
A Yes, as long as they can produce repeatable prescriptions in the required format and meet the criteria described in the Regulations.

Q Can non-medical prescribers issue repeat prescriptions?
A Legally all prescribers can issue repeatable prescriptions. The limit in practice tends to be the lack of access for non-medical prescribers to the appropriate computer software that allows the prescriptions to be generated.
Q What does a GP do if a replacement repeatable prescription is needed?
A If a doctor has in the past issued a repeatable prescription that is still valid and then issues
another repeatable prescription, the doctor must make every effort to notify the pharmacist
who is holding the original repeatable prescription that it is no longer required.

Q Can a GP add a handwritten item to a repeatable prescription?
A Repeatable prescriptions have to be computer generated. Handwritten amendments of any
sort, including additional medications, will invalidate the prescription.

Q What if a repeat dispensing patient needs a prescription for an acute condition?
A The patient should consult their GP as normal and be given a standard FP10 prescription for
the short course of treatment.

Dispensing

Q How long is a repeatable prescription valid for?
A A repeatable prescription must be dispensed for the first time within six months of being
generated and, in total, and depending upon the prescribers instructions, can be valid for up
to one year. So, if a 12 month repeatable prescription is first dispensed five months after
generation, installment issues from it can only continue for a further seven months.

Q Do the batch issues need to be dispensed in the correct order?
A Although this is good practice and will make tracking easier, batch issues do not have to be
dispensed in sequential order.

Q What happens to batch issues that are no longer needed?
A A pharmacist should destroy any batch issues not needed. It is important that the pharmacist
adheres to local policies governing the destruction of batch issues that are no longer needed.

Q What should the pharmacist do if a patient has lost one or more of the batch issues?
A If a patient has lost one or more of the associated batch issues they can present the
remaining ones to the pharmacist for dispensing. If they have lost all of the remaining batch
issues they should be referred back to their GP.

Q How will GPs know which pharmacy the patient will take their prescription to?
A This is a very good question as there is no space on the consent form for this information.
Practices should try to store this information on the patient’s computer record. Most computer
systems allow for the recovery of this information. It would be good practice for a pharmacist
to make contact with the prescriber on the first occasion that they receive a repeatable
prescription.

Q Are there any guidelines for endorsing batch issues and repeatable prescriptions?
A The Drug Tariff states that batch issues should be endorsed as normal prescriptions. Most
community pharmacists are keeping a record with, or attached to, the master repeatable
prescription of the date the medicines are supplied and any interventions that were made.
The Regulations require that there is a clear audit trail of supplies under these arrangements.

Q When should a pharmacist refuse to dispense a repeatable prescription?
A The pharmacist may refuse to dispense medicines or appliances, and advise the person to
contact the doctor who issued the prescription or batch issue as soon as possible when the
following occurs:
(a) The pharmacist has no record of the repeatable prescription associated with the patient’s
request.
(b) The patient does not have the repeatable prescription and any associated batch issues
and has not asked the pharmacist to retain them.
(c) The repeatable prescription is not signed by a repeatable prescribing doctor.
(d) A batch issue contains an irregularity (for example the drug or dosage specified in the

Dispensing with repeats: 2nd edition

- batch issue differs from that specified in the repeatable prescription to which that batch issue relates.
- (e) The repeatable prescription or batch issues are not computer generated.

If a pharmacist has reason to be concerned about the appropriateness of a person receiving any items ordered on a repeatable prescription – the pharmacist has two options, and should do one of the following:
- (i) Supply the items and inform the person that they should make an appointment to see their doctor. It is good practice to contact the prescriber who issued the repeatable prescription as soon as is practicable.
- (ii) They may refuse to provide the drugs or appliances and should inform the prescriber who issued the repeatable prescription as soon as is practicable.

Q Can dispensing doctors dispense repeat prescriptions under the repeat dispensing arrangements?
A The Regulations state that a dispensing doctor may not issue a repeatable prescription for a dispensing patient. They can issue them for non-dispensing patients. There would be no benefit to dispensing doctors issuing repeatable prescriptions as legally they are still the ones who dispense the prescription each time.

Q What impact will the roll out of the Electronic Prescription Service have on repeat dispensing?
A Release 2 of the EPS will enable electronic repeatable prescriptions to be issued. Until full implementation is achieved, patients will need to nominate a dispensing contractor (usually a community pharmacy) from which they wish to collect their repeat medicines. In the longer term, it will be possible for patients to use electronic repeat dispensing even if they haven’t nominated a dispensing contractor. This will mean they can take their prescription token to any Release 2 enabled dispensing contractor (not necessarily the same one each time) and obtain their next prescription issue. Electronic repeatable prescriptions do not need to be signed (since an electronic signature is automatically generated) and batch issues do not need to be printed.

Patients and patient selection

Q Do all patients on repeat medication have to transfer to repeat dispensing?
A Repeat dispensing is voluntary and not all patients will be suitable or wish to participate. Careful selection of the patient group is essential for the arrangements to work smoothly. Many PCTs or practices have drawn up patient selection criteria.

Q Is patient consent needed to support the repeat dispensing arrangement?
A There are several issues that the patient should be made aware of. In particular, the need for information sharing between the GP and the community pharmacy should be stressed. A consent form should be completed and ideally filed in the patient’s clinical notes or management plan.

Q How should practices and pharmacies use referral forms?
A This is entirely for practices and pharmacies to decide. There is an example of a referral form provided in the CPPE repeat dispensing workbook. The host PCT will be able to provide each site with copies. Non-urgent referral forms can be faxed once a week for the surgery to distribute to the relevant GP for action.

Q For how long is a consent form valid after it has been signed, e.g. if the patient goes into hospital and then returns home should the GP complete another consent form?
A There is no legal clarification of this. Logically, if a patient has a significant change in circumstances (for example mental capacity declines) then the original consent form should become invalid.
Dispensing with repeats: 2nd edition

Q What criteria have to be met for a patient to qualify for a repeatable prescription?
A A doctor may provide repeatable dispensing services to a person only if:
   (a) The person has agreed to receive such services.
   (b) The doctor considers it clinically appropriate to provide such services to that person.
   (c) The medicines or appliances prescribed are to be provided more than once.
   (d) The patient is not a dispensing patient of a dispensing doctor.

Q What happens if a patient wants to change the pharmacy from where they obtain their repeat medicines?
A A patient can choose to use a different pharmacy at any time. However, they would need to obtain a new, master repeatable prescription as the original can only be dispensed by the pharmacy initially nominated. When Release 2 of the Electronic Prescription Service is fully implemented, patients will be able to collect their repeat medicines from any dispensing contractor.

Administration

Q How can GPs and community pharmacies who are a part of repeat dispensing be identified?
A All community pharmacies were required to be able to dispense prescriptions under the repeat dispensing arrangements by October 2005. The PCT will hold a list of all those GP practices that are able to issue repeat prescriptions under GMS Regulations.

Q Can the Prescription Pricing Division provide information on the volume of prescriptions dispensed as part of a repeat dispensing scheme?
A Yes, the online system used to provide the PCT report also provides a repeat dispensing report for PCTs. Once the PCT has logged in to the system, they can select either the PCT Prescribing report or the new Repeat Dispensing report.

Q Should pharmacies record the batch issues that were not collected by patients and subsequently destroyed?
A There is no legal requirement to do so but it is good practice that pharmacies record any batch issues not collected each month as well as those that have been destroyed to complete the audit trail.

Q Does a pharmacist have to retain the master repeatable prescription and all the associated batch issues?
A The pharmacist must in all cases retain and store the master repeatable prescription. Dispensed batch issues are sent to the PPD for reimbursement. The pharmacy must store the other batch issues only if required to do so by the patient. In some circumstances, batch issues should be destroyed (e.g. if the patient no longer requires their medicines).

Flexibility

Q What happens if a repeat dispensing patient goes into hospital?
A They should be treated as a normal inpatient. If, as a consequence of their care, they have their medication reviewed and changed, then local protocols should be followed. If any remaining repeatable prescriptions (or more likely batch issues) are not needed following their hospital stay, they should be destroyed in line with locally agreed protocols.

Q What happens if changes are made to a current repeatable prescription?
A This will be determined by local protocols but may involve:
   (a) Removing the patient from repeat dispensing until their condition is stable.
   (b) Cancelling current repeatable prescription and issuing a new repeatable prescription and batch issues for the required medicines.
   (c) Informing the pharmacist to allow them to destroy the remaining batch issues and send the previous repeatable prescription to the PPD.
   Patient safety is paramount. Consult with your repeat dispensing lead for more information about clinical governance issues around managing minor medication changes.
Dispensing with repeats: 2nd edition

Contacts

Centre for Pharmacy Postgraduate Education
University of Manchester
School of Pharmacy and Pharmaceutical Sciences
1st Floor, Stopford Building
University of Manchester
Oxford Road
Manchester
M13 9PL
Tel: 0161 778 4000
Fax: 0161 778 4030
Internet: www.cppe.manchester.ac.uk
Email: info@cppe.ac.uk

Department of Health
NHS Pharmaceutical Regulations 2005

National Prescribing Centre
The Infirmary
70 Pembroke Place
Liverpool
L69 3GF
Tel: 0151 794 8133
Fax: 0151 794 8139
Internet: www.npc.co.uk

National Pharmacy Association
Mallinson House
38-42 St Peters Street
St. Albans
Hertfordshire
AL1 3NP
Tel: 01727 832161
Fax: 01727 840858
Internet: www.npa.co.uk
Email: npa@npa.co.uk

Business Services Authority
Prescription Pricing Division
Bridge House
152 Pilgrim Street
Newcastle upon Tyne
NE1 6SN
Tel: 0191 232 5371
Repeat dispensing information
http://www.ppa.org.uk/ppa/repeat Dispensing_essential_service.htm
Pharmaceutical Services Negotiating Committee
59 Buckingham Street
Aylesbury
Buckinghamshire
HP20 2PJ
Tel: 01296 432823
Fax: 01296 438427
Internet: www.psnc.org.uk
Email: psnc@psnc.org.uk
Repeat dispensing service specification
http://www.psnc.org.uk/data/files/PharmacyContractandServices/RepeatDispensing/service%20spec%20repeat%20dispensing%20v1%2010%20oct%202004_.pdf
Repeat dispensing service summary and resources
http://www.psnc.org.uk/index.php?type=more_news&id=1569

Regulations and Directions

• The National Health Service (Pharmaceutical Services) Regulations 2005 (opens new window)
• The National Health Service (General Medical Services Contracts) Regulations 2004 (opens new window)
• The National Health Service (Personal Medical Services Agreements) Regulations 2004 (opens new window)
• National Health Service (Primary Medical Services) (Miscellaneous Amendments) Regulations 2005 (opens new window)
Repeat Dispensing: Tips for Successful Implementation

Pharmacy Collaborative

Getting Started

KEY POINTS:

1. START SMALL
   - Increase numbers after 3 months if systems working well

2. IMPROVE COMMUNICATION
   - Channels with your GP practice

3. INFORM
   - Your suitable patients about the scheme

4. BE PROACTIVE
   - RD is part of your NHS contract and can be linked with providing MURs

“REMEMBER: doing nothing is not an option. RD is an essential service under the new contract. If you are having difficulty in engaging with your local practice contact your PCT”

- Good effective working relationships and communication must exist between the pharmacy and practice for Repeat Dispensing (RD) to be successful.

- Have a named lead or contact in each practice (practice manager or GP) to take forward RD

- Devise a draft SOP/Protocol for RD to discuss with your local practice. Ask for their views and agree on any amendments. Include areas such as:
  - Referral criteria for the pharmacist
  - Handling of urgent concerns
  - Error reporting and handling
  - Best way for communication between pharmacy and practice

- When the SOP has been agreed prepare a list of 20 to 30 patients registered with that practice that you feel are suitable for RD. Examples of suitable patients include:
  - Long term conditions
  - Stable medical condition and medication for last 6 months
  - Maximum of 4 oral medications to begin with
  - Patients taking: Statins, PPIs, Thyroxine, Bendroflumethazide, Beta blockers, Aspirin, Oral antidiabetic drugs and Blood glucose testing strips can be considered

- Start by explaining the benefits of RD to the practice:
  - Is more convenient for patients
  - Reduces the administrative workload for GP practices
  - Makes greater use of the pharmacists’ professional skills
  - Enables the pharmacist to manage stock control and reduce the number of owings to the patients.
  - Reduces ordering of unwanted medicines by monitoring patients’ usage
  - Reinforces relationship with patients
  - Chance to provide lifestyle advice

Also stress that GP surgeries will find benefits with electronic transfer of prescriptions if they are well advanced with RD

- Stress to the practice that the pharmacist will review the usage of medicines each time medication is dispensed and any clinical feedback will be communicated back to the prescriber. A fear of...
Getting Started continued

losing clinical responsibility is a concern for many GPs but actually there is an opportunity to support GP chronic disease management.

- Ensure all members of staff are aware of the scheme: pharmacy (counter staff), GP practice (administrative staff) and suitable patients. Explain what the scheme is about and let patients read the RD leaflet (ask your PCT for copies).

- The practice must have the necessary software in place for printing repeat dispensing. Ask your surgery to communicate with their system provider to receive patch copies enabling the system to be activated. Explain that this is a very straightforward process. If they are still not sure please advise them to ask the PCT’s Clinical Information team.

- Give the practice your list and ask the prescribers to identify no more than 10 patients. Small is the key for successful implementation. Follow up with the practice after 10 to 14 days to see if they have actioned.

- Suitable patients must sign a consent form. Request the flexibility to have that form signed by patients when visiting the pharmacy. Then give form to patient to take back to prescriber.

- Ensure that the prescriber is aware that only the RA prescription needs to be signed and not the batch copies (RD submitted to PPA and RA retained by pharmacist until all dispensing process finish where it goes back to the PPA).

- Strongly recommend a 28-day cycle for dispensing monthly prescriptions or days that the pharmacist is open for all the other ones. RD prescriptions can be issued for up to 12 months at intervals determined by the GP based at clinical need.

- Suggest to patients that they leave with you batch copies of prescription. The pharmacy has the legal obligation to keep those prescriptions in a secure space.

- At the pharmacy you can create a very simple card that will be given to patients to remind them about their medication as they leave – change the day in the card every time they come in. Ask them to contact you a day in advance to have the prescription dispensed.

- It is essential to explain to patients even though they are suitable for RD now, a change in their condition or medication may mean that they are not suitable in the future.

- Speak to patients if coming later than the agreed cycle to see if they are taking their medication and also if they need to change it - reduce waste with unwanted supply. Always feedback to your key person in GP Practice.

- Regularly communicate with the GP practice to review the systems are in place and make any necessary changes. **GOOD COMMUNICATION IS KEY TO THE SUCCESS OF THE SCHEME.**

If you require additional support implementing RD please do not hesitate to contact XXXX