Repeat dispensing handbook

Flow charts and quick reference guides for General Practice and Community Pharmacy

NHS
Kernow
Clinical Commissioning Group

Contents

Introduction

Welcome to the guidance for repeat dispensing in Cornwall and the Isles of Scilly. Repeat dispensing, particularly electronic repeat dispensing, offers great benefits to GPs, GP practices and community pharmacies.

Two thirds of prescriptions issued in primary care are repeat prescriptions and these account for nearly 80 per cent of NHS medicines costs. Systems that support the management of these prescriptions and the time involved in processing them can be significant. It is estimated that up to 330million or 80 per cent of the 410million repeat prescriptions generated each year could eventually be replaced with repeat dispensing which could save 2.7million hours of GP and practice time.

Repeat dispensing in Cornwall accounts for only 3.13 per cent of the total items produced (April 2016 to March 2017). Electronic Prescription Service (EPS) items now account for 32 per cent of prescribed items but only 3.5 per cent of these are for electronic repeat dispensed items.

There are many benefits from the use of repeat dispensing which we would like to continue to promote including:

- Less prescriptions for GPs to sign;
- Reduced prescription workload for GP practices;
- Allows community pharmacies to better plan workload;
- Encourages multidisciplinary working around repeat medication;
- Reduces medication waste; and
- Better uses pharmacists' skills in the repeat medication system.

Therefore, we would like to promote the use of repeat dispensing.

This handbook has been designed to act more as a 'quick reference guide' and as a point of reference for staff in both GP practices and community pharmacies to help problem solve and make the most of the NHS repeat dispensing service. There is also room to personalise some pages for your own teams to facilitate you implementing some of the information.

Don't forget that your practice and community pharmacists can also act as a valuable source of information and advice on repeat dispensing.

We hope you find the guide useful, and if you have any feedback or suggestions for future updates, please email **kccg.prescribing@nhs.net**.

Medicines Optimisation team
NHS Kernow Clinical Commissioning Group

Training and information

Repeat dispensing has been at relatively high levels for quite some time in Cornwall and it is anticipated that many staff will already be familiar with the usage of repeat dispensing.

However, if required information and training can be found from the following sources:

- Frequently asked questions on using the electronic prescription service for repeat dispensing
  http://systems.hscic.gov.uk/eps/library/faqs/repdispensing

- Video for patients on electronic repeat dispensing
  http://systems.hscic.gov.uk/eps/patients/films/repeatdispensing

- Information on electronic repeat dispensing for pharmacists
  http://psnc.org.uk/dispensing-supply/eps/electronic-repeat-dispensing/

- National Prescribing Centre (NPC) Guide (legacy site)
  http://www.npc.nhs.uk/repeat_medication/repeat_dispensing

- NHS Employers guidance for the implementation of repeat dispensing
  http://www.nhsemployers.org/SiteCollectionDocuments/Repeat_dispensing_guidance_CD_090209.pdf

- Pharmaceutical Services Negotiating Committee (PSNC) guidance for dispensing contractors
  http://www.psnc.org.uk/services-commissioning/essential-services/repeat-dispensing

- National Pharmacy Association (NPA) Repeat Dispensing Standard Operating Procedure
  http://www.npa.co.uk/Knowledge-Centre/Resources/SOPs/Repeat-dispensing-services/

- Centre for Postgraduate Pharmacy Education (CPPE) open learning pack on repeat dispensing
  http://www.cppe.ac.uk/learning/Details.asp?TemplateID=REPEAT-P-01&Format=P&ID=115&EventID=40801

Repeat dispensing champions

It is recommended that each practice and community pharmacy nominate a repeat dispensing champion, who can promote the use of the scheme internally, aid liaison with their GP practice/community pharmacy counterpart and maintain momentum in the use of repeat dispensing.

Suggested activities by the repeat dispensing champion are as follows:

General Practice champion

- Act as the local expert on repeat dispensing;
- Advertise to colleagues current repeat dispensing levels;
- Highlight areas where repeat dispensing could be used better;
- Monitor the use of repeat dispensing locally and keep a log of any issues;
- Act as a contact point for colleagues who have queries about repeat dispensing;
- Promote repeat dispensing at patient liaison groups;
- Ensure patient information for repeat dispensing is well positioned and used within the GP practice;
- Liaise with community pharmacy colleagues; and
- Provide training to other colleagues as needed.

Community pharmacy champion

- Act as the local expert on repeat dispensing;
- Advertise to colleagues current repeat dispensing levels;
- Highlight areas where repeat dispensing could be better delivered;
- Monitor the use of repeat dispensing locally and keep a log of any issues;
- Act as a contact point for colleagues who have queries about repeat dispensing;
- Promote repeat dispensing at patients;
- Ensure patient information for repeat dispensing is well positioned and used within the pharmacy;
- Liaise with general practice colleagues; and
- Provide training to other colleagues as needed.

Your notes

Eligibility criteria

Stable medication

No significant changes in the last six months and no anticipated changes for the duration of the suggested batch.

Stable condition

No recent unplanned hospital admissions (in the previous six months).

Up to date medication monitoring*

Medication review completed within last six months. If not, could be considered for a telephone review.

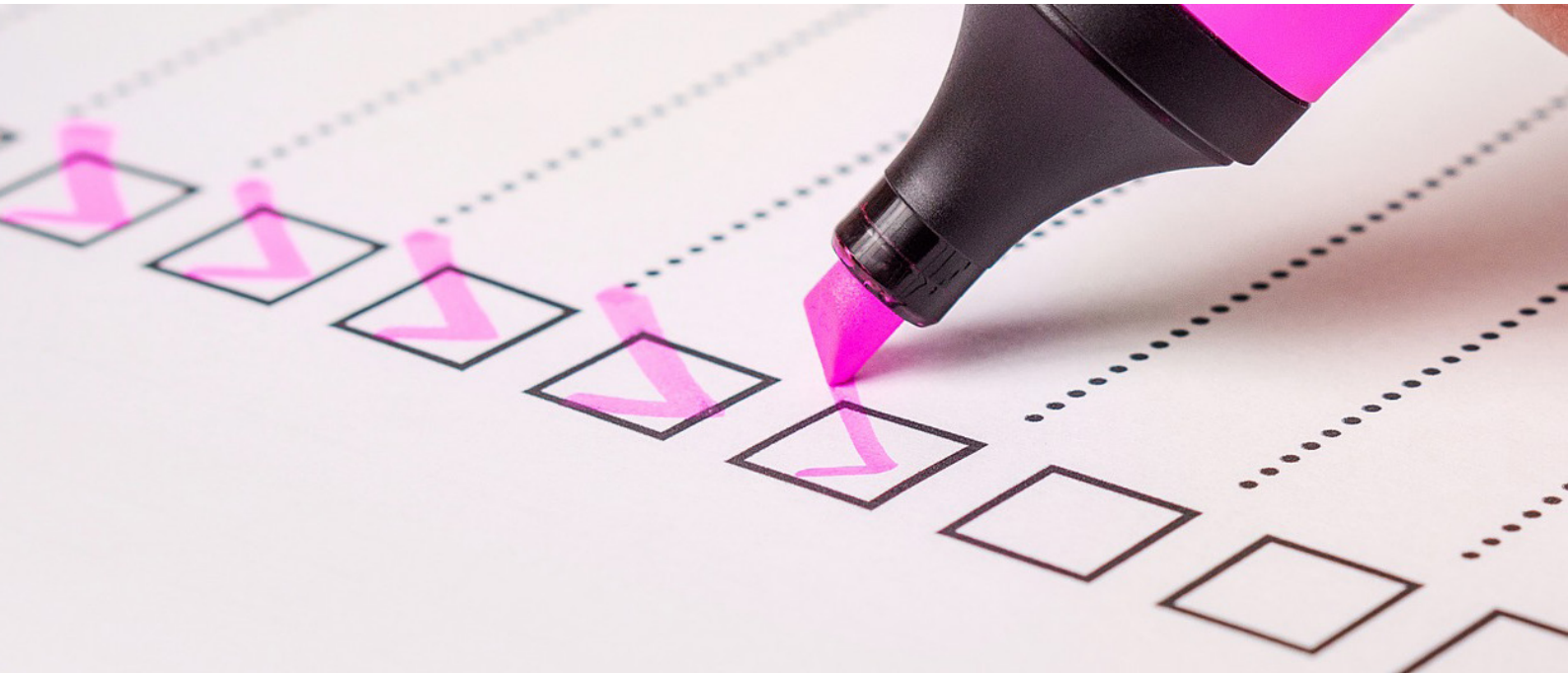
Up to date disease monitoring*

- Attendance at clinics.
- Appropriate blood tests performed and satisfactory within appropriate timescales.

Exclusion criteria

- Controlled drugs (including Temazepam and Midazolam).
- Benzodiazepines.
- Unlicensed medicines.
- Terminal illness.

*Where identified in community pharmacy, can confirm with patient or use **Nomination Form** (Page 21) and GP practice can check as part of authorisation process.



Consent

As part of the repeat dispensing service, consent from the patient must be taken to allow information sharing between the patent, community pharmacist and prescriber. This communication is crucial to the running of the service and patients cannot take part in the repeat dispensing service without giving this consent.

Information to be given to the patient

Information to be given to the patient as part of obtaining consent includes:

- Repeat dispensing is only an alternative way to receive their medicines;
- They should use the same pharmacy for the duration of their batch;
- It should save time for them collecting their medicines as they don't have to ring the GP to get a prescription when their medicines run out;
- Medication checks at the pharmacy aim to make getting their medicines safer;
- How repeat dispensing works;
- What happens at the end of the batch;
- They need to give their consent for the pharmacy and GP practice to exchange information about their treatment;
- Any information they give will remain confidential; and
- Patients will need to continue to declare their exemption or pay for their prescriptions as they have been doing with their prescriptions.

When should consent be obtained?

- At the point of identification/ nomination for repeat dispensing.
- At the point of authorisation for repeat dispensing.

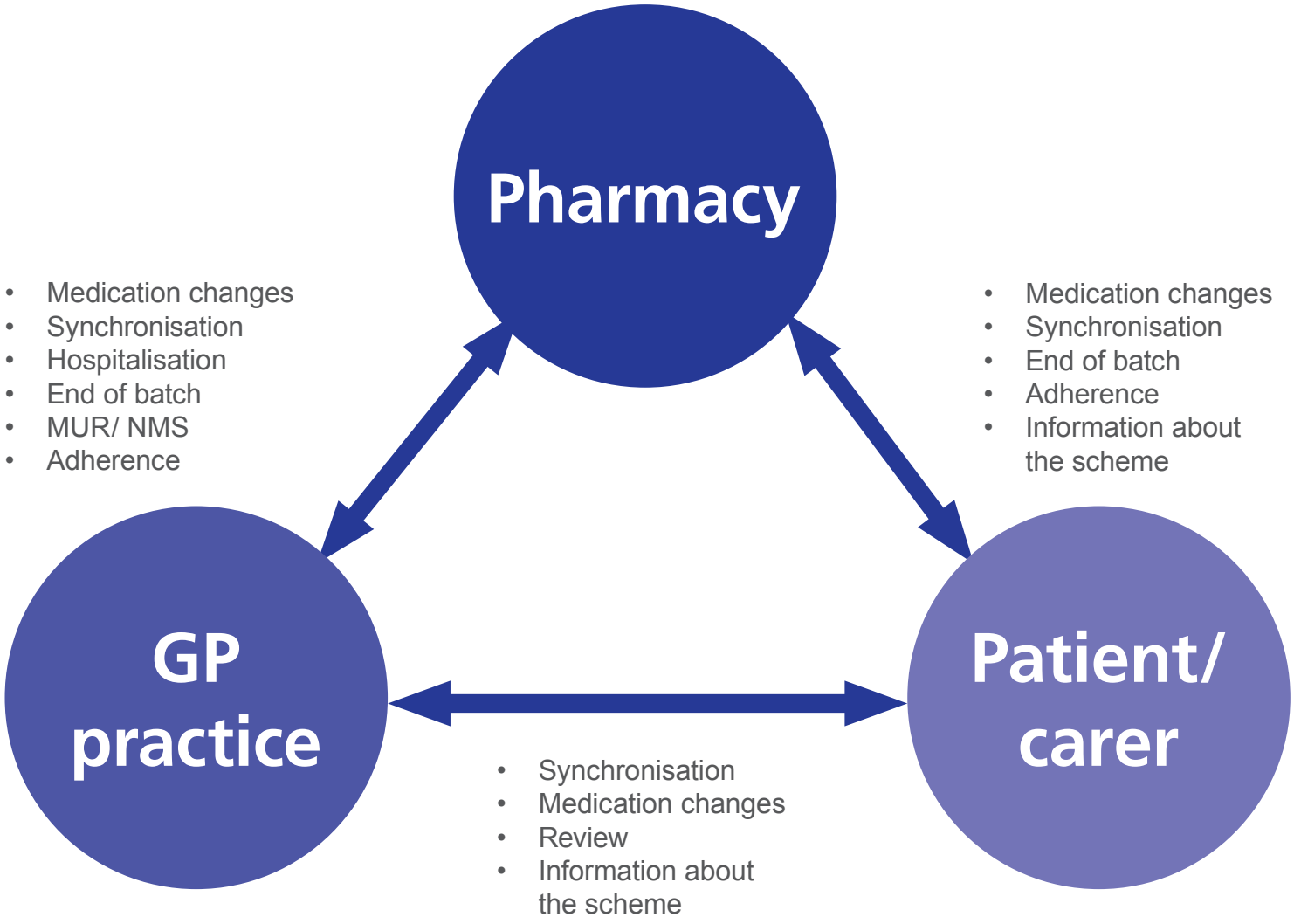
How should consent be obtained?

Consent for participation should be recorded on that patient's medication record. It could be using a written consent form or verbal.

Your notes

Communication

Most communication will be via telephone and therefore verbal. Both GP practices and pharmacies should consider where they document information received in this manner so it is clear that the information has been received and acted upon where appropriate.



Your notes

Initiation onto repeat dispensing

- Pharmacy dispensers
- Medicines use review
- Ad-hoc pharmacist check
- Patient request

Patient identified as suitable for repeat dispensing

- GP practice support staff
- Chronic disease review clinics
- Ad-hoc GP appointment
- Patient request

Patient information leaflets are available from NHS Kernow's Medicines Optimisation team and in appendix two.

Provide information on repeat dispensing

- What is repeat dispensing
- Benefits of repeat dispensing
- Using the same pharmacy
- How repeat dispensing works

The form is standard for everyone to complete

Complete repeat dispensing nomination form as needed

Where prescribers directly authorise repeat dispensing, a task could be sent to practice staff for batch generation

Use the **repeat dispensing eligibility criteria** (page six) to aid authorisation.

Repeat dispensing authorisation

Authorisation is completed by prescribers and practice pharmacists.

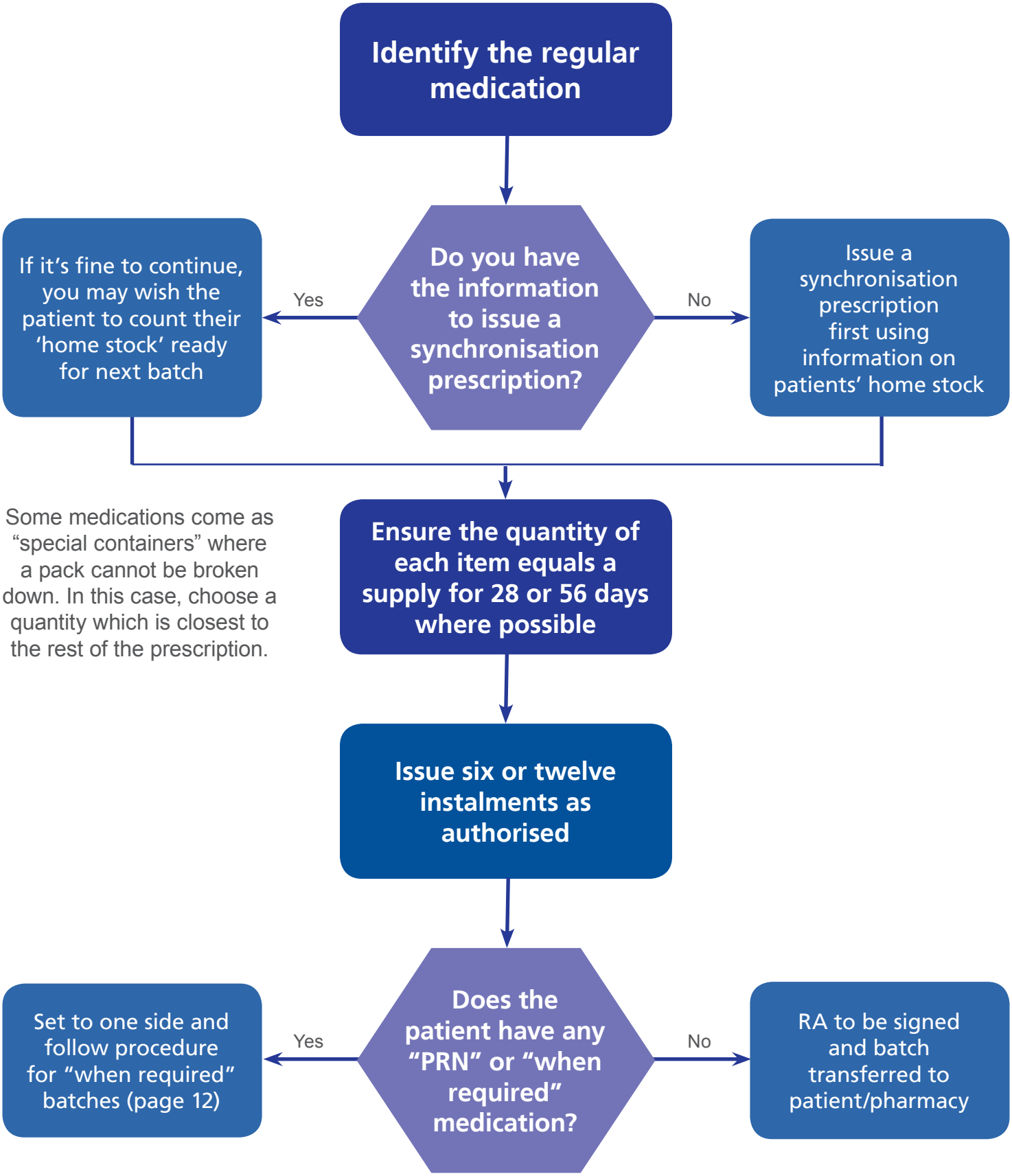
Record keeping

- 8BM1: On repeat dispensing system
- 8BM4: Repeat dispensing at designated pharmacy
- Nominated pharmacy details
- Consent given for repeat dispensing
- Follow up at end of batch

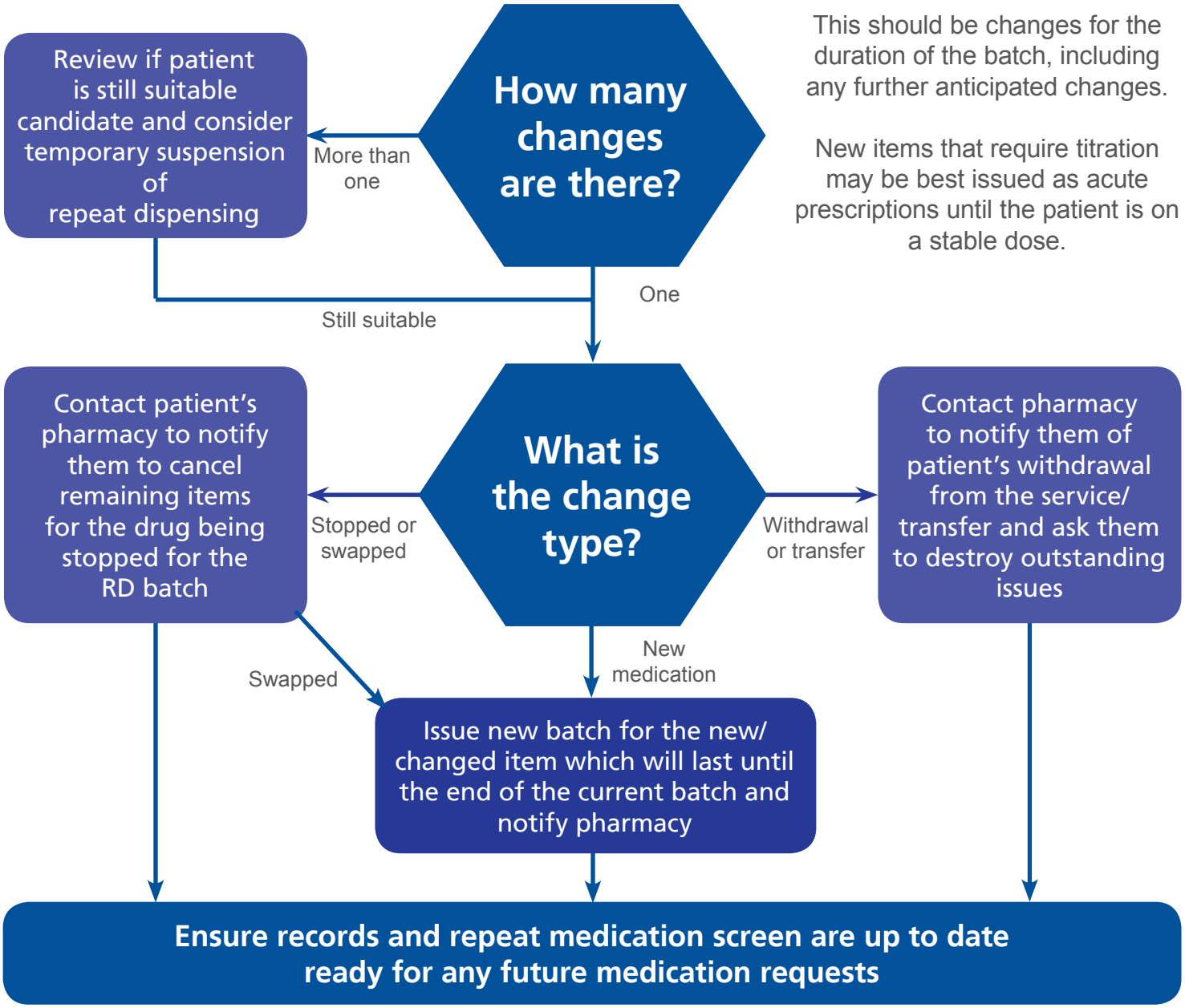
Batch issued to patient or regular pharmacy, with instructions on what is needed at the end of the batch

Use the **flow chart** to decide what actions are needed at the end of the batch (page 13)

Setting up the batch



Changes mid-batch

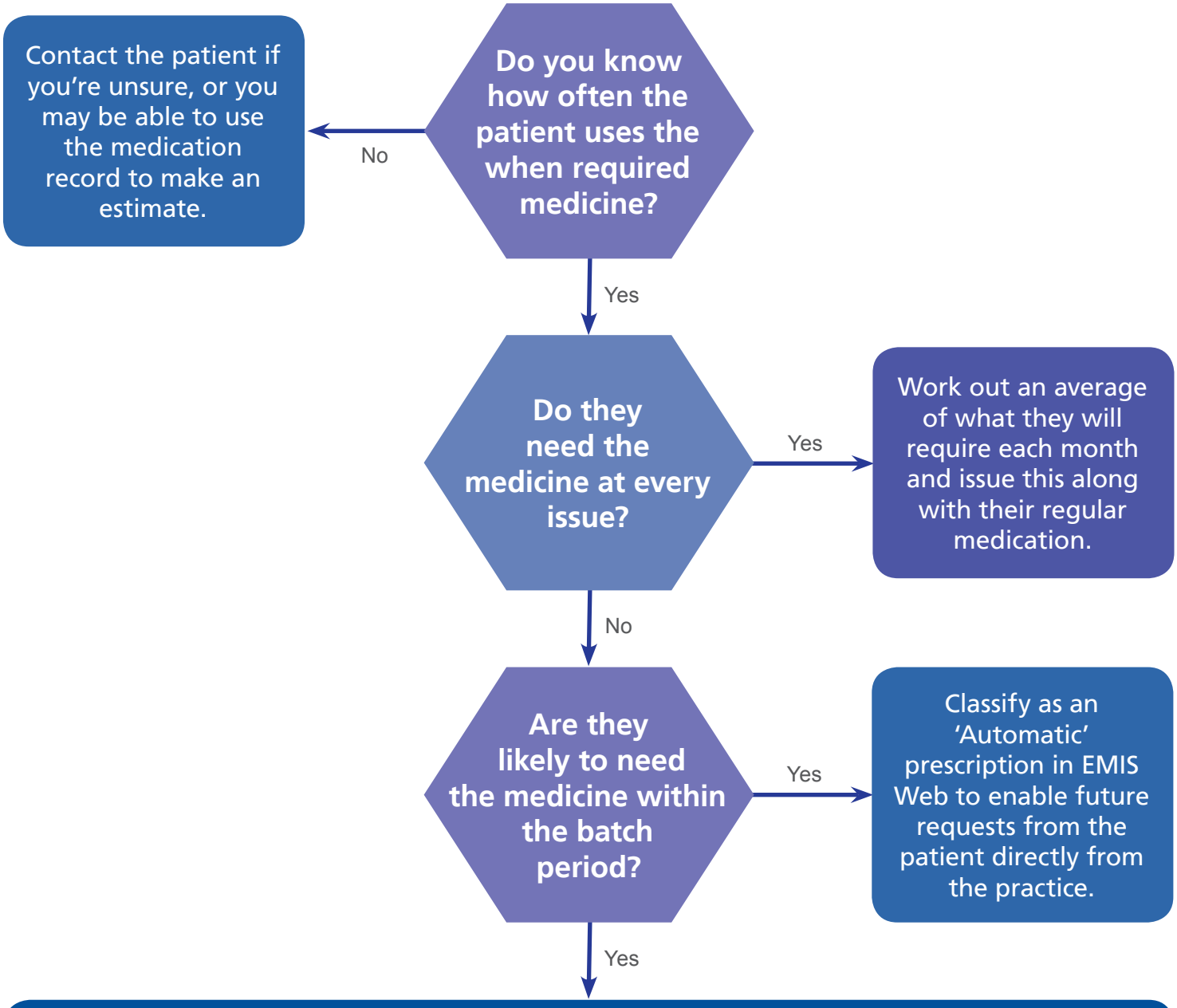


This should be changes for the duration of the batch, including any further anticipated changes.

New items that require titration may be best issued as acute prescriptions until the patient is on a stable dose.

Your notes

‘When required’ items



Your notes

Batch completion to next batch issue

Wherever possible any reviews, blood tests or other physiological monitoring which may be required before authorisation of the next batch, should be completed before the end of the previous batch.

This is to ensure that patients stay on repeat dispensing rather than revert back to the usual systems and then need to be re-initiated back onto repeat dispensing. The switching between the two undoes the efficiencies which can be made through the use of repeat dispensing.

In order to maintain patients on repeat dispensing, the following strategies could be employed:

- Ensure that patients with multiple co-morbidities have their disease reviews and monitoring aligned to as few appointments as possible;
- Set patient recalls for reviews or monitoring to be one month prior to the end of the repeat dispensing batch, so that patients receive letters and are told that they have been given their last prescription at around the same time;
- Incorporate repeat dispensing authorisation and batch issue into reviews so patients can collect their new batch when they attend their review;
- Ensure that any reviews or monitoring that are required at the end of a batch are clearly visible in the patient record. This means that when the patient contacts the practice on being told by the pharmacy that they have received their last prescription for the batch, administration staff are able to book the appropriate appointments for the patient in a timely manner; or
- Consider if monitoring could be done outside the surgery eg if the patient requires a blood pressure measurement, could the community pharmacy complete this and submit the results to the surgery, or could a Medicines Use Review (MUR) by a community pharmacist serve as an interim medication review.

Your notes

Monitored Dosage Systems (MDS)

Repeat dispensing can be a useful way to reduce workload associated with prescriptions for monitored dosage systems (also know as dosettes, mediboxes, trays etc).

Here is some additional guidance for using repeat dispensing for this scenario.

Stable condition

It is important that patients are stable when considering repeat dispensing for patients receiving monitored dosage systems. This is because repeat dispensing is not as responsive to changes and there is greater scope for errors without excellent communication with the patient's dispensing pharmacy.

Dosage instructions

Dispensing pharmacies will need enough information to fill the monitored dosage system for the patient. It should be clear what is to be included within the monitored dosage system and what is to be supplied outside the box. The community pharmacist will be a good source of information and advice for this.

Changes

When making a change, consider the urgency of the change. Changes are easiest to be made when issuing a new batch so take into account where the patient is in their batch cycle. Changes could also be made for the next monitored dosage system, which may be up to a week in the future. Immediate changes require recalling the patient's current monitored dosage system and delivery of a new monitored dosage system. As this has the potential to cause errors and results in a significant workload, this should be reserved for very urgent changes only. Use the **'Changes mid-batch' flow chart** to help you (page 11).

Hospital admission

Excellent communication is key when patients are transferred from other care settings. For patients receiving monitored dosage systems this is especially true, as patients are unable to check that what medicines have been dispensed. It may be appropriate for the patient to be removed from repeat dispensing temporarily until you are confident that their medication regime has been stabilised. If the patient is to continue and there are a significant number of changes it may be appropriate to ask the pharmacy to destroy all remaining issues and issue a fresh batch of prescriptions. Supplying the dispensing pharmacy with a copy of the discharge medication list will also help them to ensure that the medication next supplied to the patient is accurate.

When required medicines

Follow instructions as per the **'When required' flow chart** (page 12), bearing in mind that each issue is for one week only and the maximum duration of the batch is three months.

Care homes

Repeat dispensing can be a useful way to reduce workload associated with prescriptions for care homes. Here is some additional guidance for using repeat dispensing for this scenario.

28-day prescribing

All care homes should receive prescriptions for 28 day durations. Seek advice from your practice pharmacist before issuing seven day prescriptions for regular medicines for patients in care homes. If a seven day prescription is appropriate record the reason for this in the patient's record for future reference.

Dosage instructions

Dispensing pharmacies will need enough information to dispense the medication for the care home and for any care staff to administer the medication appropriately. Avoid use of 'as directed' instructions.

Changes

When making a change, consider the urgency of the change. Changes are easiest to be made when issuing a new batch so take into account where the patient is in their batch cycle. Use the **'Changes mid-batch' flow chart** (page 11) to help you.

Hospital admission

Excellent communication is key when patients are transferred from other care settings. If the patient is to continue on repeat dispensing and there are a significant number of changes it may be appropriate to ask the pharmacy to destroy all remaining issues and issue a fresh batch of prescriptions. Supplying the dispensing pharmacy with a copy of the discharge medication list will also help them to ensure that the medication next supplied to the patient is accurate.

When required medicines

Follow instructions as per the '**When required' flow chart** (page 12). Some care homes may have a homely medicines policy and this should be taken into consideration when deciding if 'when required' medicines need to be issued to individual patients. All when required medicines should have the reason for their use stated on the instructions to guide those administering the medication eg Senna 7.5mg tablets, Take two tablets at night when needed to relieve constipation

Your notes

Dispensing check

At the collection of each batch issue, pharmacists or appropriately trained staff should discuss the following:

Appointments/conditions

- Have you seen any health professionals, since your last prescription was dispensed?
- Hospital appointments etc.

Medication changes

- Have you started taking any new medication – prescribed or purchased, including alternative therapies and food supplements?
- Have you stopped any medications?
- Have any doses changed?

Medication effectiveness

- How are you managing?
- Are your treatments doing their job?
- Are you experiencing any problems or side-effects?

Usage

- Are there any items that you **do not** need this time?

Housebound patients

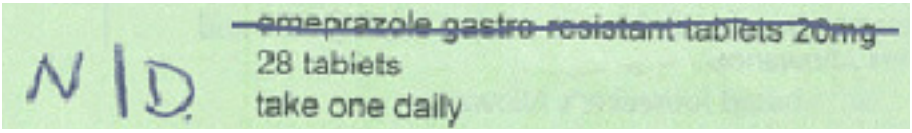
Housebound patients should be encouraged to personally request their next batch issues, presenting an opportunity to ask the above questions, via telephone. If this isn't done, patients and/or carers should be telephoned at least every two months, in order to establish any issues that may need addressing.

Problems

Any significant problems must be notified to the GP practice. In the case of urgent problems or where an immediate reply is required - the pharmacist should phone the surgery.

Items not dispensed

Items not required on each batch issue must be clearly marked before submission to the PPD. This must be done in accordance with PSNC advice - the item not dispensed must be scored-out and annotated as N/D (this may be done electronically). For example:



Records

A record should be made for each dispensing to create an audit trail for each batch. An example of a Repeat Dispensing Record Sheet can be found in **appendix three**.

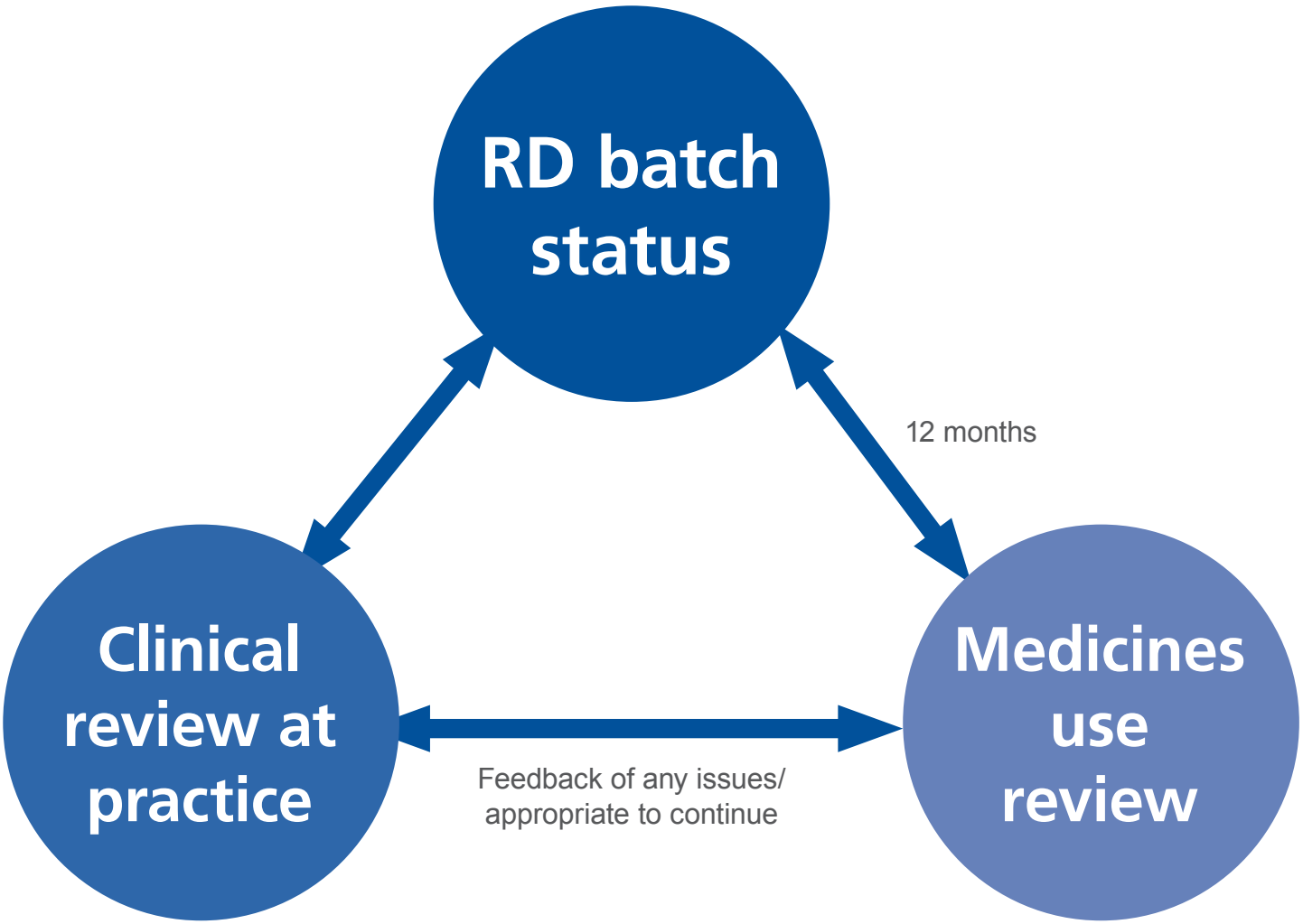
Communication

Medicines Use Reviews (MURS) by community pharmacists are a great opportunity to identify patients who are suitable for repeat dispensing. Community pharmacists can also review use of 'when required' medicines to assess patient usage and make recommendations to practices about the appropriate duration and number of issues for repeat dispensing for individual patients.

Community pharmacists and their staff should continue to identify patients who are suitable for repeat dispensing and recommend conversion, ideally using the **repeat dispensing nomination form** (page 21).

If problems are identified with patient's medicines during a MUR for patients already on repeat dispensing, the appropriateness of repeat dispensing for the patient should be reviewed using the **'Changes mid-batch' flow chart** (page 11).

MURs can serve as a good review for patients at the end of their batch to ensure the patient is appropriate to continue with repeat dispensing. Integration of MURs into repeat dispensing is described below.



A move from managed repeats

NHS Kernow and the Cornwall Local Pharmaceutical Committee both support the use of the NHS repeat dispensing service over the use of any managed repeat services. This is due to the robust systems that are in place as part of the service and the formalised information sharing as part of the multidisciplinary team that comes as part of the service.

Patients who are enrolled on managed repeat systems are likely to be good candidates for repeat dispensing. Conversion of these patients from managed repeat systems to repeat dispensing would demonstrate community pharmacists' skills in reviewing medication for long term conditions and working as part of the multidisciplinary team.

Use of repeat dispensing should reduce the need for emergency supplies of medication and allow better workload management by pharmacies.

Your notes

Examples of practice

Angina

Patient who has angina that is well controlled and takes regular medication. Has had their annual review three months ago, so won't be seen for another nine months.

What to issue:

- 1 batch for all regular medication at one month intervals for nine months
- Lisinopril 20mg tablets, Take one daily x 28 tablets
- Isosorbide mononitrate 10mg tablets, take one twice a day in the morning and at lunchtime x 56 tablets
- Atorvastatin 40mg tablets, take one at night x 28 tablets
- Aspirin 75mg dispersible tablets, take one in the morning x 28 tablets (nine issues) for all
- Plus glyceryl trinitrate spray moved from repeat to 'Automatic' prescription, to be issued as an when the patient needs one as hasn't needed a prescription for this for over one year.

Asthma patient

Well controlled using a 'preventer' inhaler regularly and 'reliever' inhaler when required. Not due at asthma clinic for one year. Most 'preventer' inhalers contain 200 doses, and most patients use four doses per day, meaning each inhaler lasts 50 days. This equates to around seven prescriptions per year.

What to issue:

- One batch for seven 'preventer' inhalers eg Beclomethasone 200mcg/puff CFC-Free Inhaler two puffs twice daily x one inhaler (seven issues)
- One batch for seven 'reliever' inhalers eg Salbutamol 100mcg/puff inhaler Inhale two puffs when required x one inhaler (seven issues) - this allows the patient to get both inhalers if they need them or just one, depending on their needs.

Arthritis

Patient has multiple medications for pain relief associated with arthritis. If patients have long term pain, they will usually have pain relief they use every day and some they use when pain is worse.

What to issue:

- Paracetamol 500mg tablets, take two four times a day x 224 tablets
- Calcium carbonate 1.5g/10mcg chewable tablets, Take one twice a day x 56 tablets
- Alendronic acid 70mg tablets, Take one weekly x four tablets

This patient uses their codeine phosphate for a couple of days for a couple of times per month.

What to issue:

- Codeine phosphate 30mg tablets, Take one when required up to four times a day x 28 tablets
- All of these as part of single batch (six issues).

Rarely, the patient will use an anti-inflammatory gel, she usually needs a new tube once every couple of months

What to issue:

- Piroxicam 0.5% gel x 112g (Separate batch of 3 issues)

Levothyroxine

Some patients may wish to receive two months worth of medication at a time, this is also fine. Most patients have their thyroid function tested every 12 months so one year of medications can be issued.

What to issue:

- Levothyroxine 100mcg tablets, Take one in the morning x 56 tablets (six issues)
- Levothyroxine 25mcg tablets, Take one in the morning on alternate days x 28 tablets (six issues)

Examples of practice

Type 2 diabetes

Well controlled, on gliclazide so also uses test strips three times a week. Just had interim review so due back for annual review in six months.

What to issue:

- One batch for all regular medication at one month intervals for six months
- Metformin 500mg tablets, take two tablets twice a day x 112 tablets
- Gliclazide 80mg tablets, take one tablet twice a day x 56 tablets
- Ramipril 10mg capsules, take one daily x 28 capsules
- Simvastatin 40mg tablets, take one at night x 28 tablets
- Fluoxetine 20mg capsules, take one daily x 28 capsules
- Six issues for all [lus one batch for test strips (three times a week for six months is 72, most test strip boxes contain 50 strips)
- Aviva test strips, Test as directed by doctor x one box of 50 (two issues) - this allows the patient to get their regular medication, but just the test strips when they run out.

Eye drops

Regardless of the quantity on the bottle, all eye drops need to be discarded after 28 days to prevent the bottles becoming contaminated.

What to issue:

- Latanaprost 0.05% eye drops x 2.5ml, one drop in both eyes at night (12 issues)

Monitored Dosage Systems

If patients receive their medicines on a weekly basis, prescriptions should be issued weekly (paper only) for the pharmacy to dispense a MDS. The maximum number of issues is 12, so these will only last three months.

What to issue:

- Donepezil 5mg tablets, Take one daily x seven tablets
- Bendroflumethazide 2.5mg tablets, Take one in the morning x seven tablets
- Paracetamol 500mg tablets, Take two four times a day x 56 tablets
- Calcium carbonate 750mg/5mcg caplets, Take two tablets twice a day x 28 tablets
- All of these as part of a single batch (12 issues)

For some medicines where the dose alters or it is not safe to include in the dosette, these should be issued as a separate batch.

What to issue:

- Warfarin 1mg tablets, Take as directed in your yellow warfarin book x 28 tablets
- Patient takes 2mg Mon-Fri and 1mg Sat-Sun (12 tablets per week) so six issues should last three months.

Appendix one: NHS repeating dispensing nomination form

Appendix two: Patient information leaflet

Appendix three: Repeat dispensing record sheet

Your notes

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With thanks to NHS Sunderland Clinical Commissioning Group 2014 for their permission to use their Repeat Dispensing Handbook as a guideline for this document.