



Repeat Dispensing Questions and Answers

Since the introduction of Repeat Dispensing in Northern Ireland in May 2005, both community pharmacists and GP practices have frequently asked the same questions in relation to the scheme. These questions and their respective solutions have been documented below, for your information.

Clinical Systems

Q. How does the GP practice get their clinical system set up for Repeat Dispensing?

A. The Repeat Dispensing (RD) process involves the prescriber producing a Repeatable Prescription and a series of accompanying Batch Issues. The clinical system must have the Repeat Dispensing software activated, to enable practices to issue and print Repeatable Prescriptions and Batch Issues.

NB Practices should contact their software supplier to facilitate this process.

Q. Our GP practice has the EMIS LV 5.2 software and when we print Batch Issues for more than 4 medicines, the drug name for the 5th item is at the bottom of one Batch Issue and the directions and quantity are printed at the top of the next Batch Issue. How should we remedy this?

A. EMIS are aware of this problem but have given no time scale for its resolution. In the interim, EMIS have suggested that only 4 items are should be issued on each Repeatable Prescription, then issue to remaining items on a second Repeatable Prescription. You should also log this fault with the EMIS helpdesk.

Q. The GP practice needs to be able to identify the number of patients they have on Repeat Dispensing? How can this be done?

A. The easiest method for practices to identify the numbers of patients they have on Repeat Dispensing is to 'Read Code' each patient prior to issuing prescriptions. You can read code retrospectively using Patient Consent Forms.

The Repeat Dispensing Read Codes are:

8BM1 for EMIS, INPS & iSOFT (add dot. to make it 5 digits) and

XaJus for Healthy.



Repeat Dispensing Questions and Answers – Clinical Systems

Q. The Repeat dispensing scripts issued by our GP practice’s clinical system are different to those that were in our training pack?

A. GP practices In NI have four different clinical systems and unfortunately there are some differences in how the scripts are printed out on these different systems. A summary can be sent in the table below:

System	Repeatable Prescription (RA)	Batch Issues (RD)
EMIS LV EMIS PCS Torex Synergy Healthy	Annotated ‘GP Repeat Dispensing’, ‘Authorising no. of issues=’ at the top of the prescription form above the medication and ‘RA’ is printed in the right hand pharmacy coding column	Annotated ‘GP Repeat Dispensing’, at the top of the prescription form above the medication and ‘RD’ is printed in the right hand pharmacy coding column. ‘Repeat Dispensing: 1 of’ is overwritten in the prescriber signature box
Torex Premiere	Annotated ‘Authorising no. of issues=’ at the top of the prescription form above the medication <u>There is NO</u> ‘RA’ printed in the right hand pharmacy coding column	Annotated <u>There is NO</u> ‘RD’ printed in the right hand pharmacy coding column The prescriber signature box is NOT overwritten with the batch number e.g. ‘Repeat Dispensing: 1 of’ . Instead this information is printed at the top of the batch issue above the medication.
Vision	Annotated ‘GP Repeat Dispensing’, ‘Authorising no. of issues=’ at the top of the prescription form above the medication and ‘RA’ is printed in the right hand pharmacy coding column	Annotated 1 of’ is overwritten in the prescriber signature box



Repeat Dispensing Questions and Answers – Patient Consent

Q. Is it necessary to get patients to sign the Patient Consent Form?

A. Written consent is not mandatory for the implementation of the Repeat Dispensing service but is considered good practice. Completion of the Patient Consent Form allows the GP practice to have a record of the pharmacy that holds that patients prescriptions. This will be useful when the practice needs to contact a patient's pharmacy e.g. if there is a medication change. If the local agreement is that patient consent should be sought then a copy should be kept by the practice as well as the pharmacy, i.e. if the practice is obtaining the consent then they should send a copy to the pharmacy or vice versa.

Q. I need a further supply of consent forms and patient information leaflets. Where can I get these documents?

A. All documents relating to Repeat Dispensing with the exception of Patient Information Leaflets and Communication Proforma Pads are available to download from the CSA and DHSSPS websites. Repeat Dispensing documents can be downloaded and photocopied from the Central Service Agency and Department of Health Social Services and Public Safety websites. If you were doing Repeat Dispensing in 2005 as a pathfinder site, please use the new stationery.

CSA website

www.centralservicesagency.com/display/repeat_dispensing

DHSSPS website

www.dhsspsni.gov.uk/index/pas/pas-psip-2.htm

You need to click on the repeat dispensing link under the heading of 'Pharmaceutical Services Improvement Programme ' in the left hand column.



Repeat Dispensing Questions and Answers – Patient Selection

Q. Can you give any suggestions on how to recruit patients to Repeat Dispensing?

A. To get Repeat Dispensing started does require initial work by the practice. Patient selection can be either within the GP practice or via the community pharmacy or a combination of both depending on local agreement. A Community Pharmacist Patient Selection Proforma is available to facilitate patient selection. If patients are being selected via this method, then guidance should be given to pharmacists on how often the Proforma should be forwarded to practices (e.g. monthly) and to whom (e.g. practice manager).

Q. Has there been any guidance on how to select patients within the GP practice?

A. Patients with long-term, stable conditions that need regular medicines are most likely to benefit from having their medication dispensed using the Repeat Dispensing process.

Patient selection can be by:

- Computer search by clinical system e.g. hyperthyroidism, osteoporosis and stable hypertension
- Computer search by specific medication or patients who are on one or two medicines e.g. levothyroxine, aspirin and a statin, oral contraceptives and emollients.
- A GP during routine consultations
- During annual medication reviews

Selected patients can be asked to contact the practice to discuss the Repeat Dispensing Scheme. Some practices send out a standard letter offering an appointment and enclose a copy of the Patient Information Leaflet.

Q. Must all medicines that a patient is on go onto RD?

A. It is not necessary for all a patient's medicines to be on Repeat Dispensing. Only those stable medicines that a patient is taking should be on Repeat Dispensing and the non-stable medicines can be managed using acute prescriptions.



Repeat Dispensing Questions and Answers – Medication Queries

Q. A year ago our GP practice changed to 56-day dispensing. Should we remain on this dispensing interval or go to 28 day dispensing?

A. Prior to dispensing a batch issue, the pharmacist is required to assess the ongoing appropriateness of the patient's medication regime and manage medicines related problems as and when they arise over the duration of the repeatable prescription. It is recommended that the dispensing interval is 28 days to ensure the patient has monthly communication with a health care professional. However, if a patient pays a prescription levy for their medicines, the practice, if it is deemed appropriate, can continue to prescribe for 56 days.

Q. Does the pharmacist have to dispense the full quantity on each batch issue?

A. Prior to dispensing a batch issue, the pharmacist is required to assess whether the patient requires all the medicines that are on the batch issue. If the patient does not require the full quantity listed on a particular batch issue, then the pharmacist can dispense less than the quantity prescribed and code for the quantity dispensed.

NB This may be a compliance issue and the patients GP should be contacted

Q. Can I use the batch issues to synchronise a patient medication?

A. When a patient starts on Repeat Dispensing for the first time, it is recommended that the pharmacist use the first batch issue(s) to synchronise the patients medicines that they already have in order that a patient uses up medicines they have at home.

Q. Is weekly dispensing of diazepam allowed on Repeat Dispensing?

A. No. Weekly dispensing is NOT allowed on Repeat Dispensing. Other exclusion criteria include scripts for nursing home patients and scripts for Schedule 2 or Schedule 3 controlled drugs. In addition, It is recommended that oxygen is NOT dispensed using Repeat Dispensing as it causes payment problems with CSA.



Repeat Dispensing Questions and Answers – Medication Queries

Q. How do you prescribe PRN inhalers etc. using Repeat Dispensing?

A. All prn medicines such as lancets, needles, antacids, analgesics, emollients and prn inhalers should be written on a separate script to those medicines that the patient requires a regular supply each month. The pharmacist can discuss with the patient at each dispensing interval whether the patient requires a supply that month of their prn medicine or whether they have sufficient at home

Q. Following on from a consultant's appointment one of our patients has had some of their regular medication changed. What does the GP practice need to do?

A. Repeatable Prescriptions and Batch Issues cannot be amended or changed by hand once they have been printed. Therefore, if the prescriber needs to amend or change a patient's medication, then one of the following options should be followed:

Option A Issue a new Repeatable Prescription with a new set of Batch Issues for only the New / Amended Item

- i. The Practice must issue a new Repeatable Prescription and accompanying set of Batch Issues for only the new or amended item and a note made on the clinical system. This new Repeatable Prescription should be valid for only the length of time that remains on the original Repeatable Prescription, so that the patient gets reviewed by the prescriber at the appropriate time (the practice may have to contact the community pharmacist to ascertain this information).
- ii. The Practice **must inform** the community pharmacy providing the Repeat Dispensing service for the patient, that the patient's medication has been changed and that a new Repeatable Prescription and accompanying set of Batch Issues will be issued only for the new or amended item.
- iii. The community pharmacy must endorse the amended item on the "old" Repeatable Prescription with the date of the change and the number of batch issues that have been dispensed prior to the change.
- iv. Endorse the amended item on all the remaining corresponding Batch Issues by writing **"ND"** in the right hand column (**A pharmacist non-dispensing fee cannot be claimed when a medication change has been initiated by the Prescriber**)

Option B Re-issue a new Repeatable Prescription with a new set of Batch Issues for ALL medication items for that patient.

- i. The Practice must issue a new Repeatable Prescription and accompanying set of Batch Issues for all items including the new or amended item(s) and a note made on the clinical system that a replacement prescription has been issued.
- ii. The Practice **must inform** the community pharmacy providing the Repeat Dispensing service for the patient, that the patient's medication has been changed and that the Repeatable Prescription and Batch Issues they currently have will be replaced
- iii. The community pharmacy must endorse the "old" Repeatable Prescription "**no longer valid**" in the right hand column and forward this to the Senior Pricer at the CSA in a separate envelope at month end.
- iv. The community pharmacy must destroy any remaining Batch Issues belonging to the "old" Repeatable Prescription and keep a record of their destruction (**A pharmacist intervention fee cannot be claimed when a medication change has been initiated by the Prescriber**)

Q. What information does the pharmacist need to keep when destroying batch issues?

A. It is recommended that the pharmacist record the following information when destroying batch issues in their pharmacy?

- The date the batch issues are destroyed
- Patient details-name & address
- Repeatable prescription details
- No of batch issued destroyed
- Reason for destruction/comments