



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Northern Ireland **Repeat Dispensing Guidance**

July 2008



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FOREWORD

Medicines are the ubiquitous treatment with over 30 million prescription items being issued each year in Northern Ireland. We know the majority of prescription items used are for chronic conditions and are therefore issued on a repeat basis. Over years, GP practices have developed their systems to improve the management of the repeat prescribing system by ensuring among others that there are mechanisms to flag compliance issues, that medication or clinical review is scheduled within the repeat prescribing process and that in so far as is possible, medicines ordering is synchronised. These efforts have helped improve the safe, effective and efficient use of medicines in primary care. However, up until now, the use of the other health care professional involved in the repeat prescribing process, i.e. the pharmacist has not been fully utilised.

The process of Repeat Dispensing has been well developed in a number of countries for many years and more recently it has become widespread across the UK. It aims to involve the pharmacist more actively in the medicines use process so that, at source, patients are asked about their compliance with medicines, any untoward effects and there is an opportunity for better synchronisation of medicines duration.

In pilot studies spanning over a decade, the process of Repeat Dispensing has repeatedly shown:

- Reduction in patient/carer visits to pharmacies/GP surgeries;
- Reduction in administration at GP practice;
- Increased application of pharmacists' clinical skills;
- Reduction in waste;
- Improvements in patient compliance;
- Improvements in communication between GP practices and pharmacies

Over the past two years, much work has been expended in delivering a system of Repeat Dispensing which has the potential to achieve the outcomes of the pilot studies. I pay tribute to all those who have worked hard to shape the Repeat Dispensing Service.

This revised guide will help support GP practices and pharmacies deliver Repeat Dispensing for their patients and through application of a good Repeat Dispensing system, practices and patients will benefit from the improvements that will accrue. Ultimately though, the success of Repeat Dispensing will be dependent upon building and developing good relationships between professionals.

I therefore commend this document to you and encourage you to seize this tremendous opportunity for medical and pharmacy professionals to work in a co-operative way to the benefit of not only our patients but to the more efficient delivery of health services.

Joe Brogan
Project Manager
Repeat Dispensing

INTRODUCTION:

INTRODUCTION

The Department of Health, Social Services and Public Safety (DHSSPS) “Reform, Modernisation and Efficiency” Programme outlines the structure for co-ordination and delivery of the efficiency targets. Within the overall reform programme the Pharmaceutical Clinical Effectiveness (PCE) Programme aims to deliver better quality, improved efficiency and value for money in relation to medicines management. The approach involves eight work strands embracing prescribing, governance and procurement across both the primary and secondary care sectors. The eight pharmaceutical initiatives including Repeat Dispensing under the control of multidisciplinary project teams are:

- Generic Prescribing and Generic Substitution
- Repeat Dispensing
- Minor Ailments Scheme
- Therapeutic Tendering
- Pharmaceutical Clinical Technology
- Extension of Medicines Governance systems
- Roll out of Integrated Medicines Management programme in Hospital and Community Trusts
- Introduction of 28-day dispensing on discharge from hospital.

The management and dispensing of Repeatable Prescriptions for medicines or appliances will be included in the new Northern Ireland Community Pharmacy Contract. The Repeat Dispensing Service has been shown to have benefits to patient care, improve the use of pharmacist’s skills and reduce the workload of GP practices.

This guidance deals with the planning and setting up of a Repeat Dispensing Service within GP practices and community pharmacies.

BACKGROUND

The majority of prescriptions dispensed in Northern Ireland are for long-term repeat medication. A significant proportion of patients visit their GP practice regularly, simply to collect a repeat prescription for medicines that they are taking on a long-term basis. Current practice for generating repeat prescriptions is time consuming and inefficient for both practitioners and patients.

In February 2004, the then Health Minister Angela Smith endorsed Repeat Dispensing as part of a package of new policy initiatives. Subsequently, DHSSPS convened a multidisciplinary group (which included GPC and PCC representation) to steer the initial implementation.

In May 2005 the HSS Boards identified 33 GP practices and 100 community pharmacies as potential pathfinder sites.

In April 2006 a phased roll out of Repeat Dispensing to GP practices and Community Pharmacies commenced across Northern Ireland. The Repeat Dispensing service became available from all GP practices and Community Pharmacies from April 2008.

BENEFITS OF THE REPEAT DISPENSING SERVICE

It is important to acknowledge that in the short term there is an increased workload for the GP practice and community pharmacy in setting up the Repeat Dispensing Service. However, this initial increase in workload will be more than offset by the long-term benefits to patients, GP practices and Community Pharmacies.

Benefits to patients include:

- Not having to visit both GP practice and pharmacy
- Not having to go back to the pharmacy to collect medicines owed
- Regular face-to-face contact with the pharmacist
- Improved compliance and disease management
- Avoids large quantities of medicines being stored possibly under inappropriate conditions
- Flexibility when going on holidays etc.
- Less requests for emergency supplies.

Benefits to GP Practice include:

- Reduction in phone requests for repeat prescriptions
- Reduction in requests for prescriptions to cover emergency supplies
- Early identification of medication problems
- Reduction in wastage of medicines
- Improved time management
- Improved communication and information sharing with community pharmacists (CPs).

Benefits to Community Pharmacy include:

- Reduction in requests for emergency supplies of medicines
- Early identification of medication problems
- Reduces medicines wastage
- Improved work planning
- Improved stock control
- Improved communication and information sharing between CPs and GPs
- Increased professional satisfaction.

OVERVIEW

Repeat Dispensing is the process by which patients with long-term medical conditions can obtain repeat supplies of their medicines over a defined period of time from a pharmacy of their choice, without the need to contact their prescriber on each occasion a new supply is needed. **Figure 1** below shows an overview of the process.

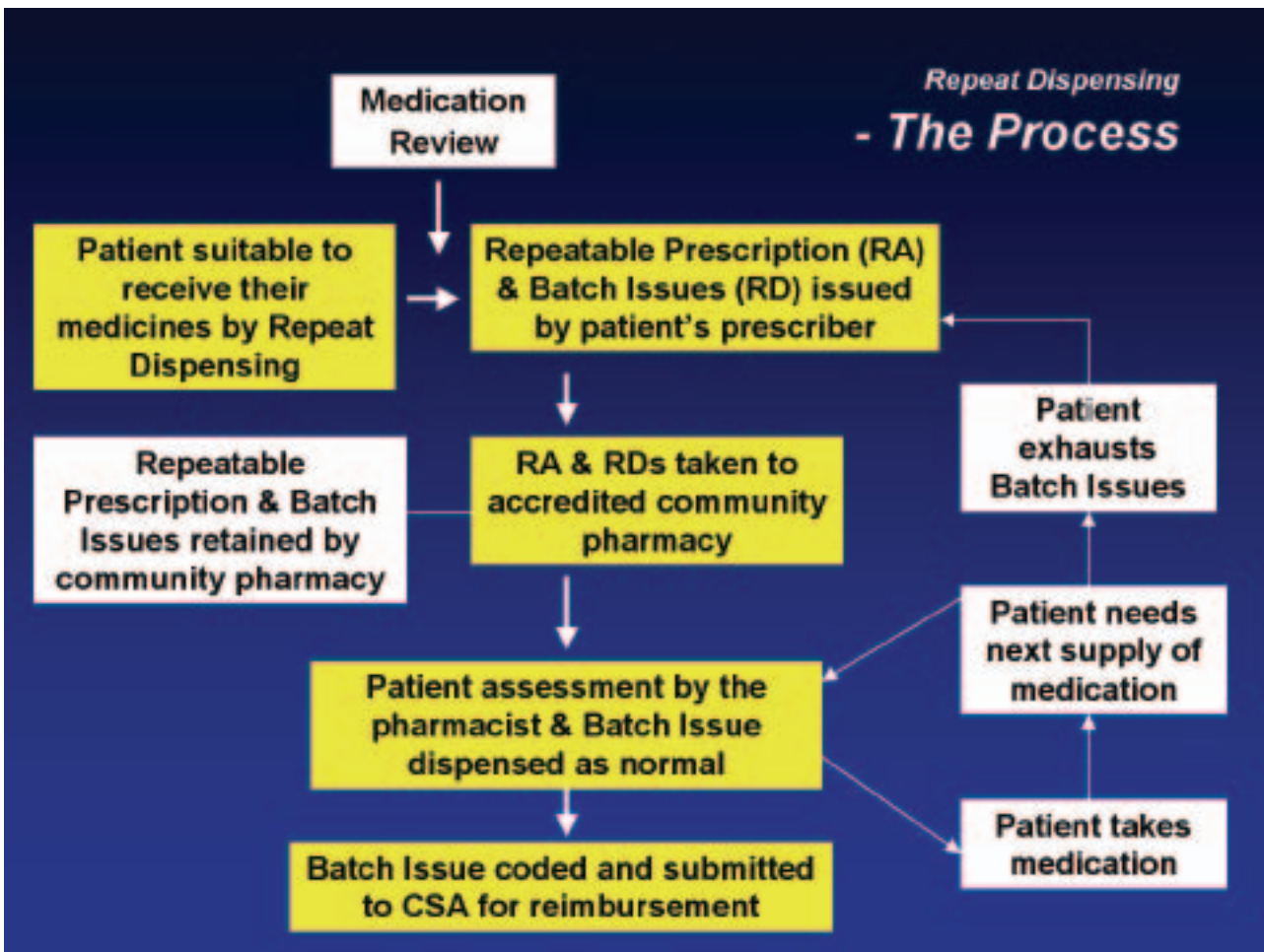


Figure 1: Repeat Dispensing Process

The Repeat Dispensing process involves selection of suitable patients to receive their medication using the Repeat Dispensing service i.e. stable patients whose medication remains relatively unchanged.

Following a review of the patient's medication, the prescriber issues a Repeatable Prescription (RA) and an accompanying set of Batch Issues (RD) on standard HS21 prescription forms (**Figure 2**), for the patient's repeat medicines.

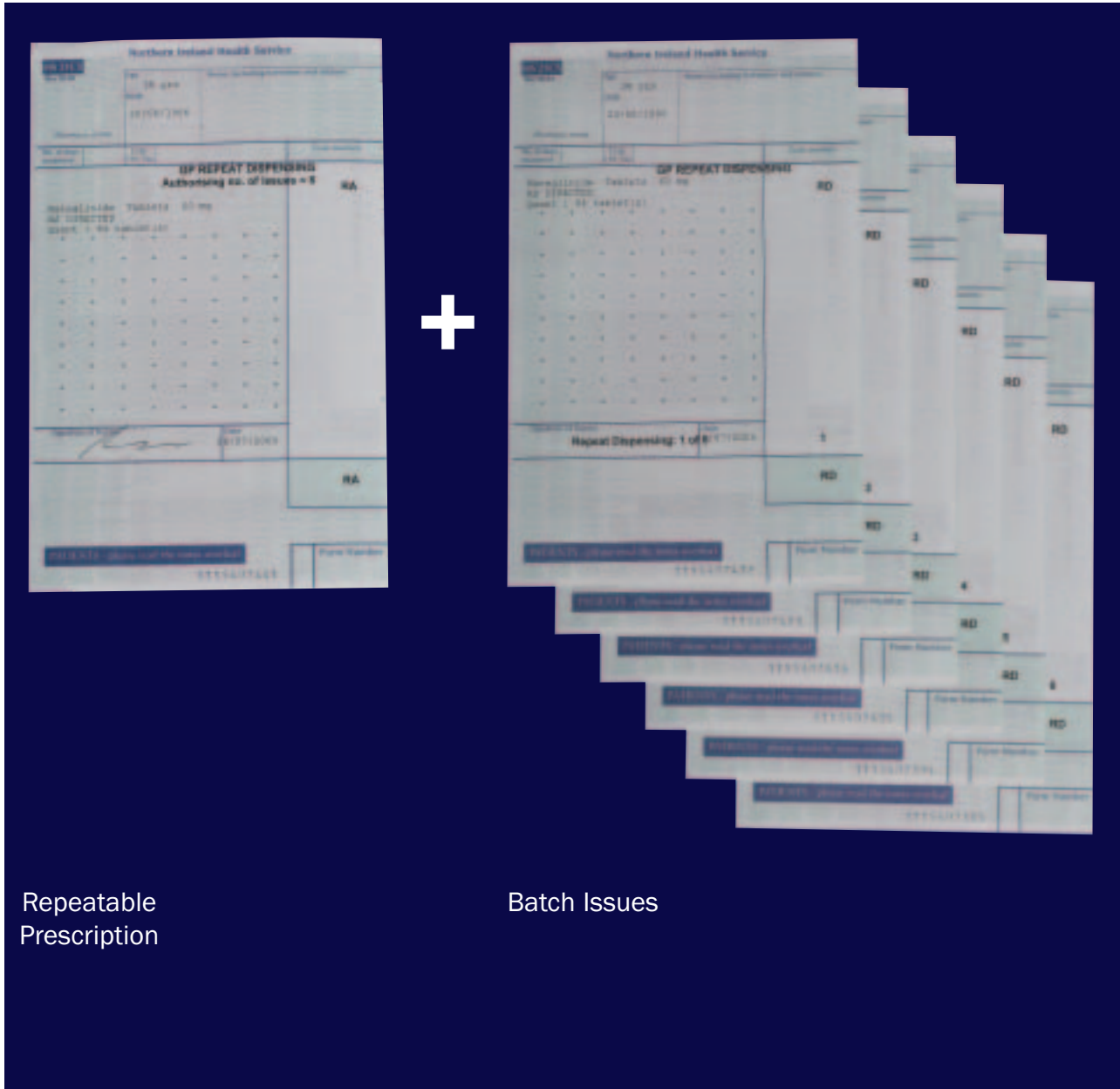


Figure 2: Repeatable Prescription & Batch Issues

The patient takes the Repeatable Prescription and Batch Issues to the community pharmacy of their choice. The community pharmacist retains both the Repeatable Prescription and Batch Issues and dispenses the medication at the specified interval for the duration of the Repeatable Prescription, which can be for a period of up to 12 months. The recommended dispensing interval is 28 days but this may be increased where appropriate.

Prior to dispensing each Batch Issue, the pharmacist will carry out an assessment to ensure the ongoing appropriateness of the patient's medication. The pharmacist dispenses, codes and submits each Batch Issue to the CSA as they would a normal prescription form. When the patient needs their next supply of repeat medicines, they return to the pharmacy where the next Batch Issue is dispensed, and so on. When all of the Batch Issues have been exhausted, the patient is advised to return to their prescriber for review and another Repeatable Prescription, if appropriate.

PHARMACY CONTRACTOR RESPONSIBILITIES

Pharmacy contractors are responsible for ensuring that:

- Pharmacy staff are trained in the Repeat Dispensing process and work in accordance with a written Standard Operating Procedure (SOP)
- The pharmacist will carry out an assessment with the patient or patient's representative prior to the dispensing of each Batch Issue (RD)
- The pharmacist will communicate any clinical or compliance concern or supply query to the patient's prescriber
- The pharmacist will supply, process, store and record Repeat Dispensing prescriptions and record any interventions in a safe and secure way as outlined in the Standard Operating Procedure (SOP).

TRAINING

Prior to providing a Repeat Dispensing Service, both prescribers and community pharmacists must ensure that the appropriate Repeat Dispensing training programme has been completed by:

- At least one prescriber and the practice manager/senior receptionist per practice
- At least one pharmacist per pharmacy.

Prior to starting the service, training must have been cascaded to all relevant staff in GP practices and community pharmacies including locum staff.

Training for GP practices is available from Local Prescribing Teams and for community pharmacists from NICPPET in the form of a CD-ROM (see Appendix 1 for contact details).

PREPARING FOR THE REPEAT DISPENSING SERVICE

For the Repeat Dispensing Service to work successfully and safely in your area, the following preparation is recommended:

- There should be a robust Repeat Prescribing system in place in the GP practice
- The Repeat Dispensing software on the GP clinical system should be enabled to issue Repeatable Prescriptions and Batch Issues (note: the software provider may need to be contacted to facilitate activation)
- There must be a commitment from the entire GP practice team and pharmacy team to the introduction and successful implementation of the Repeat Dispensing Service
- Prior to the implementation of the Repeat Dispensing Service, a multidisciplinary 'set-up' meeting should be arranged between prescribers, practice staff and pharmacists to agree how the service is to be managed locally. Key issues to be discussed should include patient selection processes, patient consent and the management of medication changes and pharmacist interventions
- A dedicated person should be appointed within each GP practice and community pharmacy who will be the key contact for the Repeat Dispensing Service
- Timely and effective communication must take place between the prescribing and dispensing teams particularly with regard to managing medication changes and pharmacist interventions.

PATIENT SELECTION:

PATIENT SELECTION

Patients most likely to benefit from Repeat Dispensing are those with long-term, stable conditions that need regular medicines. Therefore, patients should be selected upon the basis of their clinical condition and history of medicines usage.

Repeat Dispensing is not suitable for all patients and the following categories of patients should be excluded:

- Patients who do not wish to participate
- Patients who have unstable clinical conditions
- Patients requiring multiple dispensing, for example, weekly dispensing
- Care home patients unless prior agreement with Locality Prescribing Advisor (Appendix 2).

Schedule 1, 2 & 3 Controlled Drugs CANNOT be prescribed on, or dispensed against, Repeat Dispensing Prescriptions. This includes Temazepam and Phenobarbital.

Patient selection can be either within the GP practice or via the community pharmacy or a combination of both, depending on local agreement. Therefore, it is essential to meet with the local community pharmacist(s) prior to getting started, as in the short term there is an increased workload for both the GP practice and community pharmacy.

PATIENT SELECTION WITHIN THE COMMUNITY PHARMACY

If practices would like local community pharmacists to assist in the patient selection process, it is essential to contact them to discuss how this can be managed locally. A Community Pharmacy Patient Selection Proforma is available to facilitate this process (Appendix 3).

If patients are being selected via this method clear guidance should be given to community pharmacist(s) on how often the Proforma is to be forwarded to the practice (e.g. monthly) and to whom (e.g. practice manager).

PATIENT CONSENT

Prior to consenting to having their medication supplied using the Repeat Dispensing Service, the patient should be provided with a Repeat Dispensing Patient Information Leaflet (Appendix 4) which details information on how the Repeat Dispensing Service works.

It is good practice to record that patients have consented to receive their medication via the Repeat Dispensing Service. Therefore, a standard Patient Consent form (Appendix 5) is available to facilitate this process. The patient's choice of pharmacy providing the Repeat Dispensing Service is also recorded on the Patient Consent Form.

In addition, it is important that the GP practice keep a record of the patient's nominated community pharmacy on their clinical system. The practice will then know from which pharmacy a patient is receiving their medication supply.

PATIENT SELECTION WITHIN GP PRACTICE

Patients with long-term, stable conditions that need regular medicines are most likely to benefit. The following information may be useful in helping you identify patients:

- Computer search by clinical condition for example:
 - stable hypertension
 - stable diabetes
 - stable epilepsy
 - hypothyroidism
 - osteoporosis
 - coeliac disease
 - colostomy patients
- Computer search by specific medication or patients who are on one or two medicines for example:
 - aspirin and a statin
 - levothyroxine
 - OCP
 - HRT
 - antihistamines
 - emollients
- Opportunistically during routine consultations
 - GPs could explain the process and issue a repeatable prescription to suitable patients during a routine consultation
- During annual medication reviews
 - Practices could start to identify patients as part of the annual medication review process and keep a list of suitable patients.

Once patients have been identified, they should have their medication reviewed, prior to issuing a Repeatable Prescription, to ensure they are suitable to receive their medication via this scheme.

These patients should 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 Repeat Dispensing Patient Information Leaflet.



ISSUING REPEATABLE PRESCRIPTIONS:

ISSUING REPEATABLE PRESCRIPTIONS AND BATCH ISSUES

For GP practices to issue and print Repeatable Prescriptions and Batch Issues, the clinical system must have the Repeat Dispensing software enabled or switched on (practices may have to contact their software supplier to facilitate this process).

MEDICATION REVIEW

It is recommended that all patients have a thorough medication review prior to receiving a Repeatable Prescription. This will provide the ideal opportunity to:

- Rationalise a patient's repeat medication
- Check that all medicines are still needed
- Remove obsolete items
- Synchronise quantities in multiples of 28
- Check directions
- Make generic substitution
- Assess compliance.

Additionally, the condition itself for which the medication is prescribed may require monitoring, as well as the medication itself.

The Prescribing Support Teams (Appendix 1) in your area can provide valuable guidance on conducting medication reviews and the relevant read codes.

READ CODES

It is recommended that GP Practices keep a record of their Repeat Dispensing patients. The Read Codes for "on Repeat Dispensing" for each of the clinical systems are listed below:

- EMIS 8BM1
- VISION 8BM1
- TOREX 8BM1
- HEALTHY XaJus

ISSUING REPEATABLE PRESCRIPTIONS

Prior to issuing a Repeatable Prescription, the prescriber will have to decide the following:

- **Duration** – how long the Repeatable Prescription will be issued for e.g. 6 or 12 months
- **Frequency** – how often the patient will have their medicines dispensed e.g. 28 or 56 days. The recommended frequency is 28 days but this may be increased to 56 days when appropriate, e.g. for patients who pay prescription charges
- **Dispensing Interval** – to be specified or not specified
 - Specified - **dispense every 28 days** printed on the Repeatable prescription means the pharmacist **must** dispense at those given intervals (**Figure 3**)
 - Not specified - if a dispensing interval is not printed on the Repeatable Prescription, the pharmacist will be allowed flexibility to dispense more than one Batch Issue at a time e.g. the patient is going on holiday and may require more than one months supply of medication.

Northern Ireland Health Service

HS 2103

Pharmacy Name: Sara Pharmacy (1234)

Pharmacy ID: 0501/1001

Patient Name: M C Tester

Patient Age: 107 yrs

Patient Address: Health Centre Bangor, County Down

GP Name: [Signature]

GP Date: 27.02.2008

GP REPEAT DISPENSING
Authorising no. of issues = 6
Dispensing interval = 28

Paracetamol Tablets 500mg
224 tablets
TWO TO BE TAKEN FOUR TIMES A DAY AS REQUIRED

0063

01453567614

Figure 3: Dispensing Interval Specified

Following a review of the patient's medication, the prescriber issues a Repeatable Prescription (**Figure 4**) and an accompanying set of Batch Issues (**Figure 5**) for the patient's repeat medicines. These are printed on standard HS21 prescription form paper.

GP REPEAT DISPENSING
 Authorising no. of issues = 6
 Dispensing interval = 0

RA

27.02.2008

Figure 4: Repeatable Prescription

GP REPEAT DISPENSING

RD 1

27.02.2008

Repeat Dispensing 1 of 6

Figure 5: Batch Issue

REPEATABLE PRESCRIPTIONS (RA)

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 must sign the Repeatable Prescription (RA) form as this is the legal prescription as defined by the Medicines Act, 1968. To distinguish it from normal HS21 prescription forms it has additional annotations as summarised below:

- Annotated with **GP Repeat Dispensing**
- Annotated with **Authorising** no. of issues =
- Annotated with **RA** in right hand column
- Must be computer generated
- Printed on standard HS21 prescription forms
- Can be valid for up to 12 months from date of issue
- Must contain all normal prescription details
- Must be signed by the prescriber.

Figure 6

BATCH ISSUES (RD)

Batch Issues are printed on standard HS21 prescription forms at the same time as the Repeatable Prescription (RA) is printed. One Batch Issue is printed for each installment that a repeat supply is to be made against.

The Batch Issues contains the same details i.e. name and address of patient, age, date of birth and prescriber details, as the Repeatable Prescription. Batch Issues look like Repeatable Prescriptions but are not signed by the prescriber, as they are not prescriptions and are used only for reimbursement purposes by community pharmacists. In addition, the same date on which the Repeatable Prescription was authorised is printed on all the Batch Issues. To distinguish it from normal HS21 prescription forms it has additional annotations as summarised below:

- Annotated with **GP Repeat Dispensing**
- Annotated with **RD** in right hand column
- Not signed by the Prescriber
- The signature box is overprinted e.g. **“Repeat Dispensing 1 of 12”**
- Must be computer generated
- Printed on standard HS21 prescription forms
- Must contain all the same details as the Repeatable Prescription (RA)
- One Batch Issues (RD) is required for each dispensing.

Figure 7

PRESCRIBABLE ITEMS

Any drug, medicine or appliance that is listed in the Northern Ireland Drug Tariff may be prescribed except:

- Schedule 1, 2 and 3 Controlled Drugs
- Items requiring multiple (weekly) dispensing
- Items for care home patients (unless prior agreement with Locality Prescribing Advisor) - see Appendix 2.

Prescribers should use their clinical judgment as to which items are most suitable. It is not necessary for all of a patient's medicines to be supplied using the Repeat Dispensing process. Only those stable medicines that a patient is taking should be on Repeat Dispensing. The non-stable medicines can be managed using acute prescriptions.

WHEN REQUIRED "PRN" MEDICATION

If a patient is receiving their medication using the Repeat Dispensing Service and requires a "**PRN**" medication, it should be issued on a separate Repeatable Prescription. The PRN medications can then be dispensed as and when the patient requires the item (at the discretion of the community pharmacist) without interfering with the supply of their other regular Repeat Dispensing medication.

The Prescriber may choose to specify the dispensing interval to prevent overuse of medication or over use of the systems (see Fig 3 page 14).

Alternatively, PRN supply can be kept separate from the Repeat Dispensing Service and can be prescribed as part of the practice's usual prescribing system.

Some examples of PRN items issued on Repeatable Prescriptions (RA) include:

- | | |
|-------------------|--------------|
| • Analgesics | • Antacids |
| • Inhalers | • Laxatives |
| • Lancets | • Dressings |
| • Insulin needles | • Emollients |

ACUTE MEDICATION

For a one-off short course of medication, an acute prescription should be written as per normal practice procedures on standard HS21 prescription forms. However, for continuity, the patient should be encouraged to take these prescriptions to the same pharmacy that they have nominated to provide their Repeat Dispensing Service.



DISPENSING PROCESSES:

STANDARD OPERATING PROCEDURE (SOP)

All community pharmacies must have a Repeat Dispensing Standard Operating Procedure (Appendix 6) in place to ensure that this service is operated in a safe and secure way. All pharmacists, pharmacy staff and locums should be familiar with the SOP, which should be tailored to reflect local practice.

ASSESSMENT OF REPEATABLE PRESCRIPTION (RA) FOR VALIDITY

The Repeat Dispensing service operates issuing of Repeatable Prescriptions and Batch Issues. It is important that all forms are checked for validity prior to dispensing, as detailed below:

- A Repeatable Prescription must be dispensed for the first time within six months of being written unless it is for a Schedule 4 Controlled Drug (see below). Batch Issues can be supplied for up to one year from the date on which the Repeatable Prescription was written unless the prescriber has stated an earlier expiry date.
- The prescriber must sign the Repeatable Prescription as this is the legal prescription. The Batch Issues are not signed by the Prescriber. The Repeatable Prescription and all the Batch Issues carry the same date, which is the date that the prescription is issued.
- All Repeatable Prescriptions and Batch Issues must be computer generated. Handwritten adjustments, deletions and additions cannot be made to these prescriptions and it will be necessary to obtain a new Repeatable Prescription from the prescriber.
- A pharmacist can only dispense a Batch Issue if they have the Repeatable Prescription in their pharmacy and it is in date.
- Schedule 1, 2 and 3 Controlled drugs including temazepam and phenobarbital may not be prescribed on, or dispensed against, a Repeatable Prescription.
- Schedule 4 Controlled Drugs may be supplied on a Repeatable Prescription as long as the first Batch Issue is dispensed within 28 days of the date on which it was written.
- The pharmacist must check the Repeatable Prescription for any specific instruction regarding the dispensing interval. If a dispensing interval is specified by the prescriber e.g. dispense every 28 days, then the Batch Issues must only be dispensed at that given interval (see fig 3 page 14).
- For PRN medicines the pharmacist must check the time interval since the previous supply and use their professional judgement as to whether a further supply is appropriate.

PATIENT ASSESSMENT BY THE COMMUNITY PHARMACIST

Prior to dispensing each Batch Issue, the pharmacist is required to assess the ongoing appropriateness of the patient's medication by checking the following:

- Does the patient require all the prescribed item(s)?
- Is the patient taking or using the medication as directed?
- Has the patient's medication been changed?
- Has the patient seen any other healthcare professional(s) who may have changed their medication?
- Is the patient experiencing any symptoms or side-effects?
- Is the patient taking any over-the-counter medicines, herbal medicines or food supplements that interact?
- Is there any reason for not dispensing the medicine?

This gives the community pharmacist the opportunity to assess the ongoing appropriateness of the patient's medication regimen and manage medicines-related problems as and when they arise over the duration of the Repeatable Prescription.

Following the community pharmacist assessment, if there are no issues, the medication is dispensed as per normal dispensing procedure. The patient is given their medication and reminded to return to the pharmacy when they require their next supply of medication, i.e. this should be before they are due to run out.

DISPENSING REPEATABLE PRESCRIPTIONS AND BATCH ISSUES

When dispensing Batch Issues please note:

- Community pharmacists cannot make handwritten changes or amendments to the Repeatable Prescriptions (RA) and Batch Issues (RD)
- Community pharmacists may dispense more than one Batch Issue at a time if no dispensing interval has been specified and the pharmacist deems the supply appropriate e.g. the patient is going on holiday
- Community pharmacists may use Batch Issues to synchronise a patient's medicines.

SYNCHRONISATION OF MEDICINES

Synchronisation of medicines, as part of the Repeat Dispensing service, allows the community pharmacist to align all the patient's medicines into a monthly cycle. This enables the patient to collect all their medicines for each Batch Issue on one occasion only, each month or as defined by the dispensing interval. When a patient first commences on Repeat Dispensing, the first Batch Issue(s) may be used to synchronise quantities to take into account medicines that the patient may already have at home. Therefore, the pharmacist does not need to request additional prescriptions for odd quantities of medicines from the prescriber to facilitate synchronisation.

- The community pharmacist may dispense a lesser quantity than prescribed on the Batch Issue if the patient already has a supply of medicines at home
- The Batch Issue should be coded accordingly with the quantity supplied as shown in **Figure 8**.

Please note it is important that patients collect all their medicines at the same time and do not collect partial items unless there is a supply problem i.e. collect all medicine at one time.

MEDICINES NOT DISPENSED

At the request of the patient, providing there is no associated clinical or compliance concern, the community pharmacist may agree to “not dispense” a medicine listed on a Batch Issue (e.g. if the patient already has a supply at home). In this instance, the community pharmacist must endorse each medicine that has not been supplied “ND” in the right hand coding column as shown in **Figure 9**. In addition, a fee may be claimed, by endorsing the Batch Issue with the Non-Dispensing Code **97002/1** in the right hand coding column.

Figure 8: Medicines Synchronisation

Figure 9: Medicines Not Dispensed Code

- Use the Non-Dispensing Code **97002/1** **only** if the patient decides that they do not need a medicine dispensed for that particular Batch Issue
- This code **97002** **must always be over 1** (not the quantity of the medicine on the Batch Issue)
- The Non-Dispensing Code **97002/1** **must not** be claimed if either the prescriber or the manufacturer discontinue a medicine
- The Non-Dispensing Code **97002/1** must be claimed **only once** irrespective of the number of items **not dispensed** on that particular Batch Issue(s).

PHARMACIST INTERVENTIONS

As a result of the community pharmacy assessment, a Pharmacist Intervention may be required which will involve the pharmacist contacting the patient's prescriber to discuss the query or concern. A Pharmacist Intervention may include issues associated with the following:

- The assessment of the Repeatable Prescription and/or Batch Issue
- The assessment of the patient's medication regimen
- A clinical or compliance concern
- Erratic collection of Batch Issues (RD)
- Side-effects
- Distressing symptoms
- Adverse drug reaction
- Change in dose/dose query
- Medication changed or added or discontinued
- A supply query
- Synchronisation of a patient's medication.

For further details and examples see Repeat Dispensing Interventions (Appendix 7).

PHARMACIST INTERVENTION CODE

If a Pharmacist Intervention has been made and the prescriber has been contacted, a fee may be claimed, by endorsing the Batch Issue with the Pharmacist Intervention Code **97001/1** in the right hand coding column as shown in **Figure 10**.

- The community pharmacist must code each medicine that has been supplied with the normal CSA code in the right hand coding column
- The community pharmacist should also code the Batch Issue with the Pharmacist Intervention Code **97001 over 1** (not the quantity of the medicine on the Batch Issue being queried)
- The Pharmacist Intervention Code **97001/1** must be claimed only **once** irrespective of the number of interventions required on that particular Batch Issue
- Once the prescriber has been contacted and an outcome agreed, further Pharmacist Intervention Codes **97001/1** must not be claimed on subsequent Batch Issues for the same intervention
- If the Pharmacist Intervention Code **97001/1** is claimed the Repeat Dispensing Communication Pro-Forma (Appendix 8) **must be** completed. One copy should be forwarded to the patient's prescriber and a second copy retained in the pharmacy for a period of at least two years.

The image shows a 'Repeat Dispensing' form from the Northern Ireland Health Service. The form is for a patient named M C Tester, aged 107 years, residing at a Health Centre in Bangor, County Down. The pharmacy is Sam Pharmacy. The form lists four medicines: Benztropine Tablets 2.5 mg (25 tablets, one to be taken in the morning), Ranitidine Capsules 150 mg (25 capsules, one to be taken in the morning), Amitriptyline Tablets 25 mg (25 tablets, one to be taken in the morning), and Sertraline Tablets 40 mg (25 tablets, one to be taken at night). The 'Pharmacist Intervention Code' column on the right shows the code '97001' circled in red. The form also includes a QR code, a date of issue (27.02.2009), and a form number (01453567524).

Figure 10: Pharmacist Intervention Code

MEDICATION CHANGES

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 (**Figure 11**) 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**).

Northern Ireland Health Service
HS 2123

GP Name: Sam Pharmacy
Pharmacy Group: Pharmacy Group

Patient Name: W C Taylor
Age: 107 yrs
DOB: 01/01/1901
Health Centre
Bangor, County Down

GP REPEAT DISPENSING
Authorising no. of issues = 4
Dispensing Interval = 8

Sertraline Tablets 2.5 mg
28 tablet
ONE TO BE TAKEN IN THE MORNING

Paracetamol Capsules 5 mg
28 capsule
ONE TO BE TAKEN IN THE MORNING

Amoxicillin Tablets 5 mg
28 tablet
ONE TO BE TAKEN IN THE MORNING

Simvastatin Tablets 40 mg
28 tablet
ONE TO BE TAKEN AT NIGHT

Signature: [Signature]
Date: 27.02.2008

Barcode: 01453567542
Reference Number: 0053

BT20 4LB

REDUCES - please read the accompanying leaflet

0613333700011533000

Figure 11

BATCH ISSUE DESTRUCTION

It is recommended that the pharmacist record the following information when destroying Batch Issues in their pharmacy - a Batch Issue Destruction Record Sheet is available to facilitate this (Appendix 9).

- The date the batch issues are destroyed
- Patient details - name & address
- Repeatable prescription details i.e. date of issue and number of issues
- Number of batch issued destroyed
- Reason for destruction.

DATE BATCH ISSUE DESTROYED	PATIENT DETAILS	REPEATABLE PRESCRIPTION DETAILS	NO. OF BATCH ISSUES DESTROYED	REASON FOR DESTRUCTION
12/01/08	Micky Mouse Fairy Land	Date issued 12/11/07 No. Issues = 12	10	Patient moved house

MEDICINES DISCONTINUED

If the prescriber needs to stop any of a patient's medication that has been issued on a Repeatable Prescription as part of the Repeat Dispensing Service, the following process should be followed:

1. The Practice **must inform** the community pharmacy providing the Repeat Dispensing Service for the patient, which item(s) have been discontinued. A new repeatable prescription need not be issued. Alternatively, the prescriber may prefer to issue a **new** Repeatable Prescription for all the items not affected to avoid any potential errors. In this instance the same process for medication changes should be followed.
2. If the Practice **does not** issue a new Repeatable Prescription the community pharmacist should endorse the item(s) to be discontinued "**not dispensed**" by endorsing **ND** on the on all remaining Batch Issues so the item(s) are not dispensed in error. The community pharmacist should keep a record of the item(s) the GP discontinued. **The 97002/1 should NOT be used when a prescriber or manufacturer discontinues a medicine.**
3. If the Practice **does** issue a new Repeatable Prescription, the community pharmacist should follow the same process as for medication changes.



PHARMACY PAYMENTS & PROCESSING

PAYMENTS AND PROCESSING ARRANGEMENTS

Repeatable Prescriptions and Batch Issues are processed differently to standard HS21 prescription forms, and therefore have different requirements.

PROCESSING REPEATABLE PRESCRIPTIONS (RA)

As the Repeatable Prescription is not associated with any reimbursement, it should **not** be coded, counted or numbered. On receipt in the pharmacy:

- Stamp Repeatable Prescription in top left hand corner with pharmacy stamp
- Keep Repeatable Prescription in a safe and secure area of the pharmacy until all Batch Issues have been dispensed or if “no longer valid”
- Send to CSA in a separate envelope addressed to the Senior Pricer only when all Batch Issues have been dispensed or if “no longer valid”. It must **not** be sent as part of the “K” submission on the HS30 form
- Do not code
- Do not count
- Do not enter form number.

PROCESSING BATCH ISSUES (RD)

Batch Issues should be stamped and coded as standard HS21 prescription forms. The Batch Issues should be counted and numbered and details recorded on the “K” section of the HS30 Form (**Figure 12**). Batch Issues should be submitted to the CSA at the end of the month in which they were supplied.

- Stamp all Batch Issues in top left hand corner with pharmacy stamp
- Keep all Batch Issues in a safe and secure area in the pharmacy
- Batch Issues can ONLY be dispensed by the pharmacy holding the corresponding Repeatable Prescription
- One Batch Issue is required for each dispensing episode

HS30 Central Services Agency

I hereby claim payment in accordance with my terms of service for drugs and listed appliances ordered on the prescription forms submitted with this declaration and signed, to the best of my knowledge and belief, by me during the month of _____ 2005

Signed: _____ Dated: _____

Pharmacy: _____

A. Fully Coded	G. Pre-Paid 6 and 12 Month	_____
Exempt _____	H. Pharmacy Vouchers	_____
Paid _____	I. S.P. 1 Forms	_____
B. Part Coded / Uncoded	J. Substitute Prescription HS21 Forms	_____
Exempt _____	K. Repeat Dispensing	_____
Paid _____	TOTAL	=====
C. Claimed as Urgent	Previous Month Returns	_____
D. Stock	Contractor Number	_____
E. Oxygen		
F. Multiple Dispensing		

Figure 12: K Section of HS30 Form

- Patient must complete and sign the reverse of each Batch Issue
- Each medicine should be coded with a CSA code
- Each Batch Issues should have a form number
- Batch Issues should be submitted to CSA with details entered in the “K” section of the HS30 at the end of the month in which the medicines were supplied (**Figure 12**).

For a summary of the Repeat Dispensing Payments and Processing arrangements see Appendix 10.

STATIONERY

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.

CSA WEBSITE

www.centralservicesagency.com/display/repeat_dispensing

DHSSPS WEBSITE

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

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

Patient Information Leaflets and Communication Proforma Pads can be obtained by contacting your Local Prescribing Team (Appendix 1).

CONTACT DETAILS

For GP Practice queries please contact your Local Prescribing Team and for community pharmacy queries please contact your Pharmacy Directorate see Appendix 1.



Rx

C M CHISHOLM
DR CAMERON HAMSEY
HOLYWOOD ARCHES HEALTH
ST 4 INC
PHN 821 0035N

3640

00193229063

APPENDICES

APPENDIX 1 PRESCRIBING AND PHARMACY CONTACT DETAILS

BOARD	ADDRESS	TELEPHONE (T) & FAX (F)	WEBSITE ADDRESS
EHSSB			
GP Practices	GP Unit, 12/22 Linenhall Street, Belfast. BT2 8BS	T: 028 9055 3784 F: 028 9055 3622	www.ehssb.n-i.nhs.uk
Community Pharmacy	Pharmaceutical Directorate, 12/22 Linenhall Street, Belfast. BT2 8BS	T: 028 9055 3794 F: 028 9055 3622	www.ehssb.n-i.nhs.uk
NHSSB			
GP Practices	Family Practitioner Unit Unit 1, Antrim Technology Park, Belfast Road, Muckamore, Antrim. BT41 1QS	T: 028 9448 1256 F: 028 9448 1201	www.nhssb.n-i.nhs.uk/prescribing
Community Pharmacy	Pharmacy Directorate County Hall 182 Galgorm Road Ballymena BT42 1QB	T: 028 2531 1140 F: 028 2531 1031	www.nhssb.n-i.nhs.uk
SHSSB			
GP Practices & Community Pharmacy	Directorate of Public Health, Southern Health & Social Services Board, Tower Hill, Armagh. BT61 9DR	T: 028 3741 4624 F: 028 3741 4625	www.shssb.org
WHSSB			
GP Practices & Community Pharmacy	Pharmacy and Prescribing Team, 15 Gransha Park, Clooney Road, Derry. BT47 6FN	T: 028 7186 0086 F: 028 7186 0311	www.whssb.n-i.nhs.uk

Information on the training available to all pharmacists in Northern Ireland can be obtained from NICPPET:

NICPPET	Queen's University Belfast, 97 Lisburn Road, Belfast. BT9 7BL	T: 028 9097 2005 T: 028 9097 2320 F: 028 9097 2368	www.nicppet.org
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APPENDIX 2 REPEAT DISPENSING IN CARE HOMES

Practices **must** contact their local prescribing advisor before this service can be provided for patients in nursing or residential homes.

Prior to Repeat Dispensing being extended to include patients in nursing and residential homes the following key points should be considered:

KEY POINTS

- **The GP practice must be already providing a repeat dispensing service for their patients and have in place locally agreed procedures with the community pharmacies e.g. managing medication changes.**
- **The GP practice must already have in place a prescribing protocol for patients in care homes.**
- **It is important for all parties to invest time at the start of the process to ensure smooth implementation of the service.**
 - The GP practice should organise a meeting with all parties (GPs, GP practice staff, Nursing Home staff, Community Pharmacists and Locality Prescribing Advisor) prior to initiating the service to go through the process and agree procedure for medication changes or if patients are admitted to hospital, etc.
- **Each patient must have a medication review prior to the Repeat Dispensing scripts being initiated for the first time.**
 - It is essential that the records of the GP, Nursing Home and community pharmacies are reconciled to ensure all records are up to date and redundant medications are taken off the patients' computerised records
 - Patients receiving their medication using the Repeat Dispensing Process should be READ coded for identification
- **Regular communication between the nursing home, GP, Locality Prescribing Advisor and pharmacist is essential to overcome any early issues and ensure the system runs smoothly.**
- **The Kardex for the nursing home may need to be re-designed to enable staff to clearly identify medicines being supplied via Repeat Dispensing, monitor where they are in the repeat prescription ordering process and track which individual patient's prescriptions are held at the pharmacy.**
- **Standard Operating Procedures (SOPs) should be agreed and documented to aid staff training and to ensure good clinical governance.**
- **It is essential to identify a responsible person within the nursing home, the GP practice and the community pharmacy to whom any communication or other queries can be directed.**

APPENDIX 3 COMMUNITY PHARMACY PATIENT SELECTION PRO-FORMA**REPEAT DISPENSING
PATIENT IDENTIFICATION PRO-FORMA****Instructions for Completion**

This pro-forma is for use by community pharmacists to facilitate the identification of patients that may be suitable for participation in the Repeat Dispensing scheme (see patient inclusion and exclusion criteria below).

Pro-formas should be completed clearly and legibly if handwritten or a label containing the patients details affixed in the space provided. Completed pro-formas should be forwarded to a nominated person in the GP Practice on a pre-agreed basis e.g. monthly.

Inclusion and Exclusion Criteria for Patient Selection***Patient Inclusion Criteria***

- registered with a participating GP practice
- has a chronic stable condition with no recent changes to medication.

Patient Exclusion Criteria

- not registered with a participating GP practice
- does not want to participate
- unstable medical condition
- takes Schedule 1, 2 or 3 Controlled Drugs
- is in nursing or residential care - see appendix 2 for further details
- is part of the multiple dispensing scheme
- is a patient receiving a dispensing service within a dispensing practice.

APPENDIX 3 COMMUNITY PHARMACY PATIENT SELECTION PRO-FORMA

**REPEAT DISPENSING
PATIENT IDENTIFICATION PRO-FORMA**

Pharmacy Stamp

The following patients may be suitable for inclusion in the Repeat Dispensing Scheme

Patient Details	Pharmacy Label
Name	<i>Attach a label</i>
Address	
Phone	
Name	<i>Attach a label</i>
Address	
Phone	
Name	<i>Attach a label</i>
Address	
Phone	
Name	<i>Attach a label</i>
Address	
Phone	
Name	<i>Attach a label</i>
Address	
Phone	
Name	<i>Attach a label</i>
Address	
Phone	

APPENDIX 4 PATIENT INFORMATION LEAFLET

Repeat Dispensing Scheme

Who do I talk to if I think I am having side effects from my medicines?

If you have problems speak to your pharmacist. He/she may ask you whether your medicine is helping you and may contact your doctor if this is not the case. Please do not worry about this, your doctor or pharmacist will not make any charges without talking to you.

What happens if I pay for my prescriptions?

You have to pay a prescription charge for each item every time you get a prescription dispensed. No one has had a prescription assessment certificate could have the money. Ask your pharmacist for details.

What happens if I forget to collect my medicine and the pharmacy is closed for the weekend or a bank holiday?

If you find you are short of medicine you can get an "emergency supply" of most medicines from any pharmacy. The pharmacist will need details of your doctor and what medicines you are taking. They will be able to give you a few days supply of your medicine but there will be a **charge** for these "emergency" medicines and you must let your usual pharmacist know about this.

Repeat Dispensing Scheme

What should I do if I am going on holiday?

Speak to your pharmacist well in advance of your travel date. Depending on how your prescription is written it may be possible for you to collect your medication in advance. Alternatively the pharmacist may speak to your doctor to help arrange a supply of medication for you.

What do I do when my final batch prescription has been dispensed?

You will need to visit your doctor before your final supply of medicine runs out and have your medicines renewed.

If your doctor is happy that your condition is still stable and your medicines do not need changing, you will be given another repeatable prescription.

Repeat Dispensing Scheme

A repeatable prescription will be more convenient for you as you will not need to contact your doctor each time it needs to be repeated.


+


Repeatable Prescription
Batch Prescription

If you have any further questions regarding this scheme, please ask your pharmacist or doctor they will be happy to help you.



Department of
**Health, Social Services
and Public Safety**

www.dhssps.gov.uk

Sláinte, Seirbhís Sóisialta
agus Sibhéalteacht a Pobláil

www.dhssps.gov.uk

Postle, Resylentler Heisin
an Fowk Seclar

**Repeat Dispensing Scheme
Patient Information Leaflet**




Repeat Dispensing Scheme

What is Repeat Dispensing?

It is a new way of getting your medicines without having to ask the doctor for a prescription each time.

How does Repeat Dispensing Work?

Your doctor will give you several prescription forms: a "repeatable prescription" (a prescription with "RD" on it that is signed by the doctor) also a set of "batch prescriptions" (prescriptions with "SD" on them, not signed by the doctor). The new repeatable prescriptions issued by hand written.

With these prescriptions you can collect your medicines from the pharmacy at regular intervals for up to 12 months without having to contact your doctor. Your doctor will decide how often you should collect your prescription and how long it will last for.



Repeat Dispensing Scheme

Do I need to see my doctor before I get a new repeatable prescription?

Yes, your doctor will make sure it is safe for you to get your medicines in this new way. Not all medicines can be supplied on a repeatable prescription.

Do I need to sign anything before I start?

Yes, you will have to sign a consent form, to allow your pharmacist and doctor to manage information about your treatment. All information will be handled in confidence.

Do I have to use repeat dispensing?

No, you do not have to get your medicines in this way.

Is repeat dispensing suitable for everyone?

No, it is **only** suitable for patients whose medical condition is described as "stable" by their doctor.

What do I do with the prescriptions?

Take **all** of the prescriptions to your usual pharmacy. The pharmacist will keep all the prescriptions and will give you your medicines at regular intervals as agreed by your doctor. He/she will answer any questions you might have about the Repeat Dispensing Scheme.

Repeat Dispensing Scheme

Do I sign all the prescription forms at the same time?

No, the pharmacist will be looking after your batch prescription forms for you, and he/she will get you to sign a batch prescription each time you go to pick up your medicines.

How often do I need to go to the pharmacy?

Your doctor and pharmacist will tell you, for example it may be monthly or 6 weeks and when you need it" depending on the type of medicine.

Do I have to use the same pharmacy?

Yes, as the pharmacist keeps all your prescriptions and is responsible for checking each time that you still need all your medicines and are not having any problems with them.



Repeat Dispensing Scheme

If you move or change address or cannot use the pharmacy you choose, you will have to go back to your doctor for a new repeatable prescription.

Do I need to tell the pharmacist anything?

Yes, for example if there has been a change in your condition or if you are taking other medicines (to check it is safe to take these). The pharmacist will ask you some questions about the each time you pick up your medicines.

Does the pharmacist have to give me everything on my batch prescription form?

No, not if you have plenty of one or more of your medicines left at home. The pharmacist will ask you, or whoever is collecting your prescriptions, some questions to check what is still needed.

What should I do when my final set of medicines are about to finish?

You should go back to your pharmacist and he/she will give you your next batch of medicines.

APPENDIX 5 PATIENT CONSENT FORM



Repeat Dispensing Patient Consent Form

Patient Details	
Name	Date of Birth
Address	
Phone	
Please give the name of the pharmacy (chemist) where you normally have your prescriptions dispensed	
Pharmacy Name	

I am the patient named above. My doctor/pharmacist has explained the **Repeat Dispensing** scheme to me. I have also been given a Repeat Dispensing patient information leaflet about this.

I have read, "What the patient needs to know" and I understand how the scheme works and what I have to do.

I agree to get my medicines (or other items) by the **Repeat Dispensing** method and for information on my medication or treatments to be exchanged between my GP and the Pharmacist.

I understand that all information will be handled confidentially and in an anonymised form, and that the HSS Boards and DHSSPS may use information collected from this scheme for the purposes of monitoring and evaluation.

Patient's Signature _____ Date _____

Practice or Pharmacy Details (where consent was obtained)	
Name	
Address	
Phone	

Copies to be retained by the GP practice and the community pharmacy




APPENDIX 6

STANDARD OPERATING PROCEDURE



APPENDIX 6 STANDARD OPERATING PROCEDURE contd.

Repeat Dispensing Scheme



Repeatable Prescription Batch Issues

Revision Chronology		
Version Number	Effective Date	Reason for Change

APPENDIX 6 STANDARD OPERATING PROCEDURE contd.

Standard Operating Procedure

Standard Operating Procedure

Master Copy

Training Copy

Title	Repeat Dispensing
SOP Number	Assign this SOP a number
Version	1
Effective Date	Enter date
Review Date	Enter review date (normally 12 months from effective date)
Superseded Version Number & Date (if applicable)	

Purpose

This Standard Operating Procedure (SOP) describes the repeat dispensing process in this pharmacy.

To ensure that the repeat dispensing service is operated in a safe and secure way by pharmacists, pharmacy staff and locums.

To ensure that pharmacists, pharmacy staff, locums, GP practice staff and patients/patient's representative understand how the scheme works.

Note: You could make this section more detailed to reflect your own pharmacy practice

Scope

This procedure covers repeat dispensing services operated between this pharmacy and local GP practices (enter the practices in your area) within the locality for those patients who wish to take advantage of them.

Practice Name	Address	Phone No	Contact Name

APPENDIX 6 STANDARD OPERATING PROCEDURE contd.

Repeat Dispensing Scheme

Responsible Personnel

To deliver the service the pharmacy must be accredited by the HSSB. Details of the accreditation process are detailed in the Repeat Dispensing Guidance.

The service will be delivered by accredited pharmacists, pharmacists (including locums) working in this pharmacy, dispensary support staff and counter staff involved in the dispensing process, who have been trained by the accredited pharmacist and have been deemed competent to deliver this service.

The name(s) of the accredited pharmacist(s) for this pharmacy are:

Pharmacist Name	Date

Other staff responsible for repeat dispensing service delivery are:

Name	Position	Confirmation Training Received	Confirmation of Competence	Date

APPENDIX 6 STANDARD OPERATING PROCEDURE contd.

Standard Operating Procedure

Procedure

This section covers how the repeat dispensing service is operated in this pharmacy.

1. Receipt of the prescription

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Upon receipt of the repeatable prescription, the pharmacy staff should confirm that the patient/patient representative is aware that the prescription is part of the repeat dispensing service and ensure that the patient / patient representative is aware how the service will operate and that the pharmacy has a copy of the patient consent form. If there is any doubt that this is not the case, the pharmacist must be informed
- Explain to the patient that all the batch issues must be obtained from the same pharmacy
- Inform the patient that the pharmacy will retain the repeatable prescription and they should leave the batch issues as this would be more convenient, would keep the batch issues safe and allow the pharmacy to plan their workload more effectively. However, if they wish they may keep their own batch issues
- If patients decide to keep their own batch issues, explain that they need to remember to get them dispensed before they run out of their medication and they will not be able to have them dispensed in another pharmacy
- Remind the patient that the pharmacist may need to contact their GP and that all information will be kept confidential

2. Assessment of the prescription for validity, safety and clinical appropriateness

Follow normal procedure as per SOP (enter title and number) with the following additions :

- Check that the repeatable prescription is computer-generated
- Check that the GP has signed the repeatable prescription as this is the legal prescription under the Medicines Act
- Check that the repeatable prescription is in date (it must be dispensed for the first time within six months of being issued)
- Check the repeatable prescription states the number of issues authorised (up to 12)
- Check that there are the correct number of batch issues to match the number of issues authorised
- Check the number of batch issues and their likely validity over time (batch issues can only be dispensed during the time that the master repeatable prescription is valid – 12 months from the date of issue)
- Check that the necessary information is present (e.g. directions and quantity) to enable the dispensing intervals to be calculated
- Check that the medicines are synchronized to a common dispensing date

Repeat Dispensing Scheme

Procedure

2. Assessment of the prescription for validity, safety and clinical appropriateness continued

- Check for 'PRN' items, these should be on a separate repeatable prescription form
- Check for any items which are not suitable for inclusion on a repeat prescription i.e. antibiotics
- If a medicine is changed or a medicine is added during the lifetime of a repeatable prescription, a new repeatable prescription and accompanying set of batch issues must be issued by the GP for the new/amended item. This new repeatable prescription should be valid for the same length of time as the original repeatable prescription, so as the patient gets reviewed by the GP at the appropriate time. Alternatively, the GP may prefer to issue a new repeatable prescription for all items not just the amended item
- Check whether the patient has signed and completed the back of the batch issue (NB: patients do not sign or complete the back of the repeatable prescription)

3. Making interventions and problem solving

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Check that the patient's condition remains stable and that the patient is; taking or using the medicines, appliances, or reagents appropriately and safely, and requires each item to be dispensed (may be the patient's representative)
- Check whether with the patient is experiencing any side-effects (may be the patient's representative)
- Check that there have been no changes to the patient's circumstances since the last supply e.g. hospital outpatient clinic visit, any new symptoms etc.
- Check with the PMR and verbally with patient if there may be any other reasons why any items should not be supplied
- Check if the patient is taking any OTC products which could cause any problems
- If an intervention has been made, code the batch issue with the **intervention code 97001**
- If an item has not been dispensed, code the item with the **non dispensing intervention code 97002**
- Use the duplicate practice / pharmacy communication form to inform the GP about any of the following:

• Errors	• Adverse drug reactions
• Omissions	• Medicines no longer required
• Unsuitable drugs	• Medicines management issues
• Compliance problems	• Patient no longer stable
• Early requests	• Other (e.g. change pharmacy)

APPENDIX 6 STANDARD OPERATING PROCEDURE contd.

Standard Operating Procedure

Procedure

4. Assembly and labelling of required medicine or product

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Before supplying subsequent batch issues check that the pharmacy holds the repeatable prescription and that it has not expired
- Check that the pharmacy holds the repeatable prescription and batch issues if the patient does not present one (NB There is no legal requirement to dispense in numerical order, but it is good practice and should help avoid confusion)
- Check that any problems detected with the repeatable prescription are corrected and reflected in batch issues
- Check that the medication is due and that the patient is concordant with the medication regimen
- When dispensing PRN items check the time interval since the last supply, use discretion as to whether supply is appropriate
- If the patient doesn't want all of the items or full quantities, endorse the batch issue with the quantity supplied or for medicines not dispensed use **the non dispensing intervention code 97002**

5. Checking procedure

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Check the batch issue against the original repeatable prescription, to ensure that it is in date and that any problems with the repeatable prescription have been corrected and amended in the batch issue accordingly
- Check the assembled medicines and batch issue against the PMR and ensure that all appropriate changes have been made and there are no discrepancies
- If there are any concerns about safety or appropriateness contact the GP directly or advise the patient to contact their GP
- Inform the GP if items are not supplied or if there are any problems using the agreed communication process (**give details of local procedure**)
- If retaining batch issues on behalf of the patient, file the repeatable prescription and batch issues in a safe and secure designated place within the pharmacy (**give details**)

Repeat Dispensing Scheme

Procedure

6. Transfer of the medicine or product to the patient

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Advise patient of the specified time interval before the next batch issue can be dispensed.
- When the last batch issue is dispensed advise the patient to return to the GP for medication review and, if deemed appropriate, obtain a new repeatable prescription

7. Record keeping and completion of documentation

Follow normal procedure as per SOP (enter title and number) with the following additions:

- Batch issues should be coded and submitted to the CSA with details entered on the HS30 at the end of month in which they were supplied
- The repeatable prescription should only be submitted to the CSA only when; all the batch issues have been supplied, the repeatable prescription has expired, or if the prescribed medication is no longer required by the patient
- If a medicine is changed or a medicine is added during the lifetime of a repeatable prescription, a **new** repeatable prescription and accompanying set of batch issues must be issued by the GP for the new / amended item. This **new** repeatable prescription should be valid for the same length of time as the original repeatable prescription, so the patient gets reviewed by the GP at the appropriate time
- Alternatively, the GP may prefer to issue a **new** repeatable prescription for all items not just the new / amended item. The **old** repeatable prescription should then be endorsed no longer valid and forwarded to the CSA and any remaining batch issues should be destroyed and a record kept of the destruction (**give details**)
- Any changes to the patient's repeatable medicines must be recorded (in the patient's PMR) and reported to the patient's GP where appropriate using the agreed communication process

REPEAT DISPENSING INTERVENTIONS

Please Note:

1. The intervention code is 97001/1. This code must always be coded over 1 and only used once on a Batch Issue relating to the intervention
2. Intervention fees can only be claimed in instances where the community pharmacist has had to contact the patient's prescriber
3. Intervention fees can only be claimed on the Batch Issue that has highlighted the intervention type. You must not code any subsequent Batch Issue for this same intervention type

Intervention Type	Example	Process
Compliance Problem	If a patient requests a Batch Issue (RD) to be dispensed early or late on one or more occasions, or if during consultation with the patient, it becomes apparent that the patient may not be compliant	<ul style="list-style-type: none"> • Contact patient's GP and complete the Repeat Dispensing communication proforma • Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Erratic Collection	If it becomes apparent from checking the patient's PMR that the patient is not collecting their Batch Issues (RD) at the defined number of days	<ul style="list-style-type: none"> • Contact patient's GP and complete the Repeat Dispensing communication proforma • Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Side-effect of Medication	During consultation with patient, it may become apparent that the patient may be suffering from a side effect from one or more of their medicines (prescribed or OTC)	<ul style="list-style-type: none"> • Contact patient's GP and complete the Repeat Dispensing communication proforma • Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Distressing Symptoms	During consultation with patient, if the patients complains of a new symptom, not previously experienced	<ul style="list-style-type: none"> • Contact patient's GP and complete the Repeat Dispensing communication proforma • Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Adverse Drug Reaction	During consultation with patient, if you suspect that an adverse reaction may be related to a medicine or a combination of medicines or herbal remedies	<ul style="list-style-type: none"> • Contact patient's GP and complete the Repeat Dispensing communication proforma • If appropriate fill in Yellow Card in BNF • Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column

Intervention Type	Example	Process
Change in Dose or Dose Query	During consultation with patient, if the patient informs you that the dose they are taking, differs from that stated on the Repeatable Prescription (RA) and Batch Issues (RD)	<ul style="list-style-type: none"> Contact patient's GP and complete the Repeat Dispensing communication proforma Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Medication Change / Added / Discontinued	During consultation with patient, if the patient informs you that their medication has been changed or discontinued or a new medication has been added for example following a hospital appointment	<ul style="list-style-type: none"> Contact patient's GP and complete the Repeat Dispensing communication proforma Claim intervention fee by endorsing the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Other	Synchronisation of Medicines when a patient starts Repeat Dispensing for the first time During consultation with patient, the pharmacist should ascertain what medicines the patient already has at home, before dispensing new supplies thus reducing wastage	<ul style="list-style-type: none"> If a lesser quantity of any medicine is dispensed, from that prescribed on the Batch Issue (RD) the pharmacist must code over the actual quantity dispensed To claim the intervention fee endorse the Batch Issue (RD) 97001/1 once at the top of the right hand coding column
Medicines Not Dispensed at the request of a patient	During consultation the pharmacist may ascertain that the patient does not require a medicine and if this has not been identified as a compliance issue	<ul style="list-style-type: none"> If any medicine is not dispensed, the pharmacist must code the item ND To claim the 'medicines not dispensed' intervention fee, endorse the Batch Issue (RD) 97002/1 once at the top of the right hand coding column
Dose Optimisation – the reduction in the number of dosage units	During consultation with the patient, the pharmacist identifies an area for potential dose optimisation and ascertains if the amendment would be beneficial to the patient e.g. a patient taking 2 x 10mg tablets per dose which may be replaced by 1 x 20mg tablet	<ul style="list-style-type: none"> Contact the patient's GP before dispensing the first Batch Issue (RD) to inform the practice of the recommendation If the GP accepts the recommendation then a new Repeatable Prescription (RA) and set of Batch Issues (RD) must be issued To claim the intervention fee endorse the Batch Issue (RD) 97001/1 once at the top of the right hand coding column

APPENDIX 8

REPEAT DISPENSING COMMUNICATION PRO-FORMA



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Repeat Dispensing Communication Pro-Forma

Instructions for completion

These instructions are guidance for the completion of the Repeat Dispensing Communication Pro-forma. The pro-forma is for use by both GPs and community pharmacists to facilitate the transfer of information on patient participating in the repeat dispensing scheme. All pro-formas should be completed clearly and legibly if handwritten, or using word processing where possible. Use one pro-forma per patient.

Section 1

- Each copy must be stamped with either the pharmacy stamp or the practice stamp
- The patient's name, address and DOB must be recorded
- The details of the GP or community pharmacist whose attention the pro-forma is for must be recorded

Section 2

- Tick each box that relates the intervention being reported
- Record any other relevant information that you feel may be useful such as duration in the Additional Information column
- Fax or send the top **white** copy of the completed pro-forma to the patient's GP or community pharmacist
- Retain the remaining **yellow** copy until the outcome is known (**Note - It may take some time before a response to the intervention is received**)
- Record if the outcome has been accepted or rejected and any other relevant information that you feel may be useful in the Outcome column
- If the outcome is not known it should be recorded
- Retain the second **yellow** copy and file in the patient's notes



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MÁINNSTRÍE O

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an Fowk Siccar

Repeat Dispensing Communication Pro-Forma

Section 1 Referral Details

Referral From	Patient Details	Referral To
Pharmacy or Practice Stamp NB Please stamp each copy	Name	GP/Pharmacist Details
	Address	
	Phone	
	DOB/Age	

Section 2 Intervention Details

Dear _____

I am reporting the following, which may require your attention

Details	Tick	Additional Information	Outcome
Compliance problem	<input type="checkbox"/>	<i>Record any additional information that may be relevant e.g. medication details and duration</i> <i>e.g. patient suitable for repeat dispensing scheme or patient changed practice and/or pharmacy</i>	<input type="checkbox"/> Recommendation accepted
Erratic collection	<input type="checkbox"/>		Please record details
Side-effect of medication	<input type="checkbox"/>		e.g. dose changed
Distressing symptoms	<input type="checkbox"/>		<input type="checkbox"/> Recommendation rejected
Adverse drug reaction	<input type="checkbox"/>		Please record reason if known
Change in dose/dose query	<input type="checkbox"/>		<input type="checkbox"/> Not known
Medication change/added	<input type="checkbox"/>		
Medication discontinued	<input type="checkbox"/>		
Batch issue lost	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

I would be grateful if you would consider the above issues and let me know what action has been taken.

Pharmacist/GP Signature _____ Date _____

1. Forward the top **white** copy to the patient's GP/Pharmacy
2. Retain the 2nd **yellow** copy file in the patient's notes;



APPENDIX 9 BATCH ISSUE DESTRUCTION RECORD SHEET

REPEAT DISPENSING BATCH ISSUE DESTRUCTION RECORD SHEET

During the Repeat Dispensing process there may be a change in the patients circumstances as detailed below.

Examples of changes in a patient's circumstance include:

1. If a patient's medication has been changed by the GP
2. If a patient has changed community pharmacy
3. If a patient has changed GP practice
4. If a patient is deceased
5. If the Repeatable Prescription has to be re-printed by the practice because of an error

As a result the Pharmacist may be required to destroy the Batch Issues.

The enclosed record sheet is to facilitate the recording of Batch Issue destruction by the community pharmacist (see Figure 1).

The information recorded should include:

1. The date the Batch Issue(s) were destroyed
2. The patients details i.e. name and address
3. The date the Repeatable Prescription was issued and the authorised number of issues (this information is printed on the repeatable prescription form)
4. The total number of Batch Issues destroyed
5. A brief comment detailing the reason for the destruction e.g. patient moved house

Fig 1 Sample Completed Record

DATE BATCH ISSUE DESTROYED	PATIENT DETAILS	REPEATABLE PRESCRIPTION DETAILS	NO. OF BATCH ISSUES DESTROYED	REASON FOR DESTRUCTION
12/01/08	Micky Mouse Fairy Land	Date issued 12/11/07 No. Issues = 12	10	Patient moved house

APPENDIX 10 REPEAT DISPENSING PAYMENTS AND PROCESSING

RD PAYMENTS AND PROCESSING

REQUIREMENTS	REPEATABLE PRESCRIPTION (RA)	BATCH ISSUES (RD)
Signed by the prescriber	Yes	No
Declaration of Exemption Status/Payment – patient signature on back	No	Yes
Stamped with pharmacy address in top left hand corner	Yes	Yes
Form numbering in bottom right hand corner	No	Yes
Code with normal CSA codes	No	Yes
Where to keep	Must be kept in the pharmacy until all Batch Issues (RD) have been dispensed or “No Longer Valid” (see Table 2)	Must be stored in a safe and secure location within the pharmacy
When to send to CSA	Only send to CSA when all Batch Issues (RD) have been dispensed or “No Longer Valid” (see Table 2)	Must be sent to CSA at end of month dispensed
How to send to CSA	Must be sent to CSA in a separate envelope addressed to the ‘Senior Pricer’, CSA Do NOT send in the ‘K’ bundle	Must be sent to CSA at end of month dispensed in ‘K’ bundle with details written on HS30 form
What to do if an item is not dispensed	Do not write on or score anything off	Code each item not dispensed N/D in right hand coding column

APPENDIX 10 REPEAT DISPENSING PAYMENTS AND PROCESSING contd.

RD PAYMENTS AND PROCESSING

REQUIREMENTS	REPEATABLE PRESCRIPTION (RA)	BATCH ISSUES (RD)
What to do if an item is not required by a patient	Do not write on or score anything off	Code each item not required N/D in right hand coding column. To claim the “Medicines Not Dispensed” fee, code 97002/1 once only in the right hand coding column

TABLE 2 NO LONGER VALID

When should I endorse a Repeatable Prescription (RA) as ‘No Longer Valid’?

- If a patient’s medication has been changed and a new Repeatable Prescription (RA) has been issued by the prescriber
- If a patient has become deceased
- If a patient has changed pharmacy
- It has past its expiry date (repeatable prescriptions (RA) are valid for 12 months from issue date)
- If the supply of medicines has been discontinued for any other reason such as patient moving house

REQUIREMENTS	REPEATABLE PRESCRIPTION (RA)	BATCH ISSUES (RD)
What to do when ‘No Longer Valid’	Write ‘No Longer Valid’ in right hand coding column Must be sent to CSA in a separate envelope addressed to the ‘Senior Pricer’, CSA	Destroy any remaining Batch Issues (RD) in pharmacy Keep a record of the destruction (e.g. date, patient details, RA details, No. batch issues destroyed and reason for destruction)

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