

# REPEAT DISPENSING

## SAMPLE PRACTICE PROTOCOL



## **INTRODUCTION**

The practice is keen to go ahead with Repeat Dispensing as we see it as a potential benefit for our patients and for ourselves. We hope that the pharmacists which our patients use will be equally keen to work with us to identify suitable patients and operate the scheme in the future. Good communication and co-operation will be at the heart of making a success of this opportunity.

## **BALANCE**

It will be important to ensure that there is a balance of benefits to all of the people involved in this scheme. For the pharmacists, as well as an increased role in the delivery of healthcare to patients that transcends routine dispensing, there is a potential for a deepening of the relationship with customers and broadening it across a wider group. For the practice, we have seen a huge increase in the production of repeat prescriptions in recent years and we will be glad of an opportunity to scale this down in appropriate ways. It will also give us the opportunity of encouraging patients to maintain routine medicines monitoring, as it is often the patients who find it difficult to come to the Health Centre who already bypass us. Repeat dispensing will allow us to formalise these arrangements dependent upon patients agreeing to attend for tests as required. This complements work we are already doing on drug safety.

We hope that patients will find the system beneficial as they can reduce the number of requests for and collections of repeat prescriptions during a year, yet still know that they can seek advice from either their GP or pharmacist at any time if they are concerned about their health or their medication. There will be a strengthening of protocols for medicines monitoring and reviews that will hopefully clarify for patients the need for routine testing and the importance we place on it.

It is not our intention to inconvenience patients by increasing the number of times they collect their medication in a year, nor to disadvantage pharmacists by reducing the number of times they dispense.

## **RECRUITMENT**

We understand how important it is that we only recruit patients who fulfil the criteria, but also those we are confident will use the system appropriately and take responsibility for notifying their GP and/or pharmacist of any changes to their medication (eg at hospital clinics) so that records are kept in good order.

## **SPECIFIC RECRUITMENT BY GPs**

It is our intention over the next 6 months or so to review the records of patients taking one or two repeat medications to identify those who are stable and whose medication has not changed for some time. These are the first patients we will approach to offer them the opportunity to take up repeat dispensing. We will do this in a systematic way, ideally looking at medications in turn and approaching patients at the time their tests are due (if appropriate). It is necessary for us to recruit patients to a critical level so that we notice a benefit in our workload, and we have sufficient practice time, that we can deal with each recruitment speedily and efficiently.

## **SPECIFIC RECRUITMENT BY PHARMACISTS**

We would be delighted if pharmacists recommended patients to us who they feel meet the criteria. There is a form for pharmacists to use to pass names on to GPs and we would be glad to receive them either in a batch at the end of each month, or throughout the month. We will try to ensure that we do not 'cross-over' on patients, and send a different letter 'eg your pharmacist has recommended you to us as a patient who could take advantage of the repeat dispensing system' to those you have already spoken to.

We will undertake to contact the patients within 4 weeks of the end of the month in which we receive the recommendations.

We do ask pharmacists to be sensitive. We would prefer to avoid any situation where a patient believes that they have been recruited by a pharmacist, only for their GP to decide that they are not suitable, and have to disappoint them.

Whilst the practice will, to a large extent, have to start with patients taking only one or two drugs, we recognise that pharmacists may well be able to identify patients on multiple medication who they believe to be stable and can see that their drugs have not changed over time. The challenge for us will be in synchronising the patient's drugs, but we are willing to work at this.

## **ONCE THE PATIENT HAS BEEN RECRUITED**

The doctors will get the patient to sign their consent when the medication review is complete. It is possible for the GPs to carry out the medication review by telephone, and to follow this up with the consent form by post. A copy of the signed consent will be sent to the pharmacist; the original will remain in the practice for the time being.

## **PERIOD OF REPEAT DISPENSING**

GPs will determine the period based on the need for review and monitoring. Initially, the practice will look at those drugs where annual testing/review is appropriate.

## **COMMUNICATION**

The practice will use the multipart Communication Proforma provided for communicating with the pharmacists, and we ask that they do the same. Urgent messages should be telephoned through and followed by a confirmatory communication proforma.

## **FIRST STEPS**

The practice must first get their clinical computer system set up to run repeat dispensing as part of the prescribing module. This should not take longer than a week.

We will then start to interrogate our system to identify potential patients. We will write to pharmacists to let them know our planned programme, with timescales, so that they will be able to answer patient's questions if they arise.

We will be happy to receive recommendations from pharmacists using the CP Patient Selection Proforma from the end of \_\_\_\_\_, with the intention of contacting these patients during \_\_\_\_\_.

Once pro forma are received, the work in the practice will be mainly for the GPs to review the suitability of recommendations and contact patients for medication reviews and consents.

## MEDICATION CHANGES

If the GP needs to make any changes to a patient's medication during the period of Repeat Dispensing, the following process will be followed.

Repeatable prescriptions and batch issues cannot be amended or changed, therefore, if a patient requires a minor change to their medication or an item 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.

Alternatively, the GP may prefer to issue a **new** repeatable prescription for the remaining items. In this case the pharmacist must endorse the **"old"** repeatable prescription *"no longer valid"* in the right hand column and forward this to the Senior Pricer at the CSA under separate cover. In addition, any remaining batch issues should be destroyed and a record kept of the destruction.

If an item is to be discontinued the GP must inform the community pharmacist. A new prescription need not be issued and the community pharmacist may endorse the item ND and dispense the remaining items as normal. Alternatively, the GP may prefer to issue a **new** repeatable prescription for the remaining items as above.

**Note:** The Medicines Not Dispensed code 97002 **should not be used by the pharmacist in this instance.**

If a patient requires significant changes to their medication for example, on discharge from hospital, it may be appropriate to remove them from the repeat dispensing service until they are stabilised. During this time a series of acute prescriptions may be issued until the patient is stable again. Once stabilised, a new repeatable prescription should be issued. For continuity, encourage the patient to take any additional prescriptions to the same pharmacy that they use for the repeat dispensing service.

Any changes to a patient's medication will be communicated to the community pharmacist as soon as possible, using the multipart communication pro-forma.

## INTERVENTIONS BY COMMUNITY PHARMACISTS

All interventions highlighted by community should be forwarded to the Practice using the multipart communication pro-Forma. The top white copy of which should be forwarded to the patients GP, the second copy retained by the pharmacy and filed in the patient's notes, and the third pink copy should be forwarded to the Repeat Dispensing Facilitator for monitoring and evaluation purposes, once the outcome has been recorded.

If a medicine is changed as a result of an intervention the practice will follow the same process as for dealing with change to medicines as detailed in the Medication Changes Section.

## PEOPLE IN THE PRACTICE TO CONTACT

**Lead GP** \_\_\_\_\_

**Senior Receptionist** \_\_\_\_\_

You should send your recommendations to \_\_\_\_\_ and he / she will process them through to the relevant GP. He / she will be sending all communications to patients and recording information onto our computer system. If you have any queries about specific patients, you should contact \_\_\_\_\_ in the first instance on the usual practice number (028 \_\_\_\_\_).

**Practice Manager** \_\_\_\_\_

The Practice manager will manage the scheme, ensuring that protocols are appropriate and training for GPs is kept updated. She will also develop the programme for our recruitment. If you have any questions about the way we are operating the scheme, any problems, comments or suggestions, then you should contact \_\_\_\_\_ on \_\_\_\_\_.

## REPEAT DISPENSING FACILITATORS CONTACT DETAILS

For any additional information or queries please contact the Regional Repeat Dispensing Facilitators

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