NSCCG Medicines Management Team

GP Practice Guide to Repeat Dispensing

Implementation Guide to Repeat Dispensing Prescriptions
Contents

What are Repeat Dispensing Prescriptions (Batch Prescriptions)? 2
Benefits of Repeat Dispensing 2
How do Repeat Dispensing Prescriptions work? 4
Patient Selection 6
GP Practice Process Flow Chart for Repeat Dispensing 7
Pharmacy Process Flow Chart for Repeat Dispensing 8
Getting started with Repeat Dispensing 9
How to get started on EMIS Web 9
Issuing a Repeat Dispensing Batch 9
Adding a new drug to Repeat Dispensing 10
Re-issuing a Repeat Dispensing Batch 11
Cancelling a Repeat Dispensing Batch 12

Appendices
Appendix 1: GP Practice Medication Changes/Cancellation Letter to Pharmacy 14
Appendix 2: Pharmacy Feedback Letter to GP Practice 15
Appendix 3: Copy of the Patient Consent Form for GP Practices 16

References 18
What are Repeat Dispensing Prescriptions (Batch Prescriptions)?

A repeat dispensing prescription allows the prescriber to authorise up to 12 months’ supply of regular medication without the need for the prescriber to sign and issue a new prescription each time. The pharmacy selected by the patient will then dispense the medication at the appropriate interval agreed with the patient.

All community pharmacies are required to offer the Repeat Dispensing Service under the Pharmacy Contract and pharmacists are required to undergo training ensuring that they are competent to provide this service.

What is an electronic prescription?

An electronic prescription will enable the pharmacy to receive items issued and digitally signed by the prescriber without having a physical paper prescription. Instead, the issued items will be sent electronically to the NHS spine where they can be retrieved and downloaded by the appropriate pharmacy. The following document focuses on repeat dispensing prescriptions but does highlight where electronic prescriptions will make the process of repeat dispensing easier in the future. Information specific to electronic prescriptions will be presented in italics throughout the document. It is therefore a good idea to get practices used to setting up repeat dispensing prescriptions before the roll-out of electronic prescriptions, which are anticipated to be in October 2015 for North Somerset CCG.

Benefits of Repeat Dispensing

For the GP practice

- Reducing the workload for GPs and the practice team involved with issuing repeatable items (two thirds of prescriptions generated in primary care are for repeat supplies of regular medications) freeing up time for higher priority work.
- Prompts medication review of patient when the batch supply of medicines has been completed.
- Unused or stopped medicines on repeat prescriptions can be cancelled by the prescriber at any time, the same as with standard prescriptions, by contacting the nominated pharmacy who will stop issuing the medicine listed on the remaining issues of that batch. A letter template has been provided with this pack (available electronically) which can be used for communication to the pharmacy (Appendix 1). (When electronic prescriptions are being used, this becomes even simpler as prescriptions can be cancelled by item from EMIS and this will be updated on the spine so that it is no longer available for the pharmacy to download and issue).
- A recent change in the NHS Community Pharmacy Contractual Framework (March 2015) means that pharmacies are required to give advice to appropriate patients about the Repeat Dispensing service and so there may be an increase in enquiries about this service in the next few months. This is part of a broader programme to increase the use of Repeat Dispensing and reduce the workload for GP practices associated with managing repeat prescriptions.
- Patients can go straight to the pharmacy to collect their next supply, reducing the volume of calls and visits at the surgery regarding repeat prescriptions.
For the Patient

- Patients have the opportunity to discuss any medicine issues with the pharmacist on a regular basis at each supply and any important concerns can be communicated back to the prescriber. A letter template has been provided for pharmacies to use to communicate with the GP Practice (see Appendix 2).
- Patients can select which medicines they require upon visiting the pharmacy, reducing waste of unnecessary medications if some have been stock-piled. Twenty-eight day prescribing is recommended by the CCG for certain groups of patients in order to reduce waste and ensure regular healthcare intervention. Twenty-eight day prescriptions are recommended for: clinically unstable patient groups; those receiving end of life care; initiating a new prescription medication; those aged 75 years and above due to increased likelihood of clinical instability.
- A simplified process and improved access for patients to their regular medication as many pharmacies have longer opening hours than surgeries.
- Patients can select which pharmacy to collect their batch of prescriptions from and these can be securely stored in the pharmacy in a lockable container so they don’t get lost. *When prescriptions become electronic, the batch will be stored on the spine, available to download by any pharmacy, further increasing flexibility to the patient, whilst preventing prescriptions getting misplaced.*
- There are posters and leaflets available on the Pharmaceutical Services Negotiating Committee (PSNC) website available for explaining the service to patients, the website address is provided in the reference section.
How do Repeat Dispensing Prescriptions work?

Prescriber issues and signs the ‘master prescription’ (see Figure 1 below). This prescription acts as the authorising cover letter for the subsequent repeat dispensing issues (RD issues) which are dispensed by the pharmacy. This ‘master prescription’ is referred to as the Repeat Authorisation ‘RA’ prescription and authorises a specified number of repeat issues (covering up to 12 months’ supply). Twenty-eight day prescriptions are recommended for: clinically unstable patient groups; those receiving end of life care; initiating a new prescription medication; those aged 75 years and above due to increased likelihood of clinical instability.

Figure 1.

Medicines on Repeat Dispensing will have ‘RD’ annotated next to them on the white repeat slip so if a patient tries to re-order these items as they would with a regular repeat prescription, this can be identified.
Dependent on the number of ‘issues’ authorised (in this example 4 weekly issues), the appropriate number of issues will be printed out. These Repeat Dispensing (RD) issues will be used each time the pharmacy makes a supply to the patient and dispenses the medication. Reminder: GP’s don’t need to sign these ‘RD’ forms.

‘RD’ is annotated on the prescription to identify it is a ‘RD issue’

The space for the prescriber signature indicates the issue number (1 of 4 in this example). The ‘RD’ batch issues do not need signing by the prescriber as the ‘RA’ authorises these issues.

Figure 2.
Patient Selection

Repeat Dispensing Prescriptions may be suitable for people on stable, long-term medicines and may include:

- Patients on single, stable therapy such as: levothyroxine; stable asthmatics; stable cardiac disease; patients who attend infrequently (e.g. for annual review only).
- Patients who are well-managed and stable on their current medication (based on clinical judgment) for conditions such as hypertension and diabetes. As a starting point it is suggested to consider patients who are stable on two or three medicines for repeat dispensing.
- Some GP practices have found that putting their ‘weekly’ prescription patients onto repeat dispensing have been successful (e.g. weekly antidepressant prescriptions).
- Medicines which are not at a constant rate of use (for example emollients, analgesic topical gels and salbutamol inhalers) are suitable but should be on a separate batch to allow these to be supplied separately when required by the patient to reduce over-supply. Alternatively, contacting the patient to ask how often they use ‘prn’ medications and adjusting the dose instructions to reflect this is another option if their usage is consistent with their other ‘fixed’ items. For example four salbutamol inhalers for a stable asthmatic could last 12 months.
- For patients with 7 day prescriptions, ensure items such as creams, eye drops and inhalers are on a separate batch prescription for 28 days’ duration to avoid oversupply at each 7 day issue.
- Drugs where monthly drug monitoring is required (for example Methotrexate, Azathioprine, DMARDs) will need careful consideration of how many intervals to supply on a batch prescription. For example, if three-monthly blood monitoring is required, then three monthly issues could be prescribed.
- There are some items which incur the same price/ reimbursement charge to the pharmacy regardless of whether a full pack or split pack has been supplied. Examples include: alendronic acid tablets, dipyriramole 200mg m/r capsules, aspirin 25mg/dipyriramole 200mg capsules, risedronate tablets. These items should therefore not be prescribed on 7 day prescriptions, unless the risk to the patient of supplying a monthly full pack rather than weekly ‘split’ supplies is deemed to outweigh the increased cost associated with this activity.
- Patients who use one community pharmacy regularly because the same pharmacy must dispense all issues of that particular batch. However when paper prescriptions become electronic then the patient can go to any pharmacy as each issue will be downloaded from the spine accordingly.

Patients may NOT be suitable for those who have:

- Unstable medical conditions resulting in frequent admissions to hospitals and subsequent drug changes
- Benzodiazepines (as should be for short-term use only or under review)
- Controlled drugs (as they legally require signature for each supply and have only a 28 day validity)
- Recently started new medicines where dosage is likely to change
- Patients receiving end of life care.
- Electronic prescribing for 7 day dosette boxes. It is important to note that with electronic prescriptions, the next due prescription will not be available to the pharmacy until the previous issue has been dispensed and issued. This has caused 7 day dosette box prescribing via electronic prescriptions to be problematic if pharmacies are currently dispensing all four 7 day dosette boxes at the same time to reduce dosette dispensing time. Pharmacies are unable to retrieve all four 7 day prescriptions at once. This problem may highlight patients on stable therapy who may be more suitable for 28 day prescribing for their dosette boxes.
**GP Process for Repeat Dispensing**

### Patient Selection
- Set clear selection criteria for repeat dispensing patients *(see Patient Selection information above)* so these patients can be transferred to repeat dispensing. Consider who will speak to patients about using the RD system.

### Patient Consent
- Explicit consent must be obtained and documented on the patient’s record with the read-code ‘8bm1’ ‘on repeat dispensing system’ added. NSCCH have agreed that explicit, documented verbal consent is sufficient.
- If written consent is still preferred by the GP, a consent form *(see Appendix 3)* can be uploaded on to the patient’s record.

### Recording
- Make patients who are on repeat dispensing easily identifiable by all practice staff, suggestions include:
  - Adding a screen message ‘on repeat dispensing programme’ on the medication page
  - Add the read-code 8bm1 ‘on repeat dispensing system’ *(this may also be helpful in the future for audit purposes)*
  - Whilst paper repeat batches are being used, it is important to record the address of the dispensing pharmacy so that communication regarding medicine issues or cancellations is successful. This can be done by setting an ‘alert’ pop-up on to the patient’s record or a screen message on to the medication page
  - A list of repeat dispensing patients available to prescription clerks may be useful

### Issuing
- GP issues Rx which can be repeated X number of times (max. 28 day interval recommended). *See page 9.*

**For paper prescriptions,** the GP will print the Repeat Authorising prescription (RA) which they will sign to ‘authorise’ the supplies; followed by the X number of repeat dispensing (RD) issues. The RA and RD issues will print off at the same time.

**For electronic prescriptions,** GP issues the batch which will be uploaded to the spine.

### Medicine Changes
- Robust communication systems are required between the GP surgery and community pharmacy that holds the repeat authorisation (RA) to ensure that medicine changes are communicated accordingly.
- Communication using a recommended format *(see Appendix 1 for template letter)* by fax followed by a telephone confirmation is advisable to ensure information is received. Some GPs may alternatively wish to telephone the pharmacy, but following up verbal changes in writing ensures a robust process.
- Identifying a repeat prescribing lead in both the practice and pharmacy may help to ensure this communication.
  - NB: if items are altered, the patient may need to revert back to single-issue prescriptions or a smaller quantity of repeat batch issues until stabilised therapy has been achieved.

- **Amending/Deleting a drug on EMIS Web**
  - If an item is cancelled from a batch, this will delete the whole batch and not reflect that some have already been issued. Pharmacies can ‘not dispense’ the cancelled item and a ‘screen message’ and consultation entry could be added on EMIS to reflect a cancellation.

- **Adding a drug on EMIS Web**
  - A new item will be generated on a separate repeat batch. The number of issues for this batch should align with the remainder of issues left for existing batches *(for instructions on EMIS see Figure 3 below)* so that all items run out together.

**For paper batches,** ANY hand-amendments or handwritten items on the RA form (even if co-signed by prescriber to confirm) will invalidate the whole batch as repeatable prescriptions must be completely computer generated. Therefore a new repeat batch will need to be generated for that whole prescription.

**For electronic batches,** prescribers can cancel a whole prescription or an individual item off an electronic repeatable prescription with immediate effect for future issues. Prescription items cannot be amended so will need cancelling and a new prescription generating for that medicine. This cancellation message from EMIS will then be transmitted to the NHS spine.

**The paper batch** will be available for collection by the patient or nominated pharmacy who will supply all issues. The authorising prescription (RA) signed by the prescriber must be retained at the pharmacy once the first issue has been supplied. Subsequent issues (RD) are often securely retained by the pharmacy along with the RA. *(The patient can bring these into the pharmacy when required; but they are only valid at the pharmacy retaining the RA).*

It may be helpful to staple a note to the last ‘RD’ issue advising that a review is due before the next supply. The pharmacy should advise patients that their last supply has been issued and to contact the GP surgery.
*(Ensuring a review has taken place before the patient’s next batch prescription is due will reduce the inconvenience of issuing patients interim prescriptions.)*

**For electronic batches:** patient presents to the pharmacy and the pharmacy retrieve the RA from the spine and download the appropriate issue (RD) in order to supply the patient with their medicines. As the RA is on the spine, the issues can be dispensed by any pharmacy in England and the patient can use a different pharmacy for each supply.
Pharmacy Process for Repeat Dispensing

**Patient presents in pharmacy for their first repeat dispensing issue ‘RD’**

For **paper batches**, the patient will provide the pharmacist with the ‘RA’ and ‘RD’ issues

For **electronic batches**, the pharmacist will then access the NHS spine to retrieve the relevant ‘RD’ issue, along with access to the ‘RA’.

**Pharmacist Intervention**

Pharmacist must ensure that the supply remains appropriate for the patient since the time of prescribing and so the following questions must be asked for each ‘RD’ issue:
- Have you had a review/ seen a healthcare professional since your last supply?
- Have you started taking any new medicines (prescription or over the counter/herbal) since last supply?
- Have you experienced any problems with your medicines or any side effects since your last supply?
- Are there any medicines on this issue that you do not need for this supply?

- Any issues are fed back to prescriber (see appendix 2 for recommended template letter)
- Pharmacist will use clinical judgment whether or not to make a supply if prescriber referral is necessary

For **paper batches**, the patient is informed that the pharmacy must retain the ‘RA’ once the first ‘RD’ has been dispensed. It is recommended that the remaining ‘RD’ issues corresponding to that ‘RA’ are securely stored at the pharmacy with the ‘RA’ as the whole batch must be obtained from the same pharmacy.

**Procedures, Record-keeping and Storage**

- All pharmacies are required to have a Standard Operating Procedure for repeat dispensing to ensure they are appropriately processed and stored.
- Medicines dispensed from a repeat dispensing batch are recorded on the dispensary computer as an ‘RD’ item, often detailing the date the batch was signed and how many issues exist for that batch.
- ‘Repeat Dispensing’ is often annotated in the patient notes on the dispensary system in case the patient tries to re-order items in the same way as a regular item on repeat.
- Some pharmacies may issue the patient with a ‘repeat dispensing patient record card’ which details: the number of items supplied and supply date and the number of batch issues for their records.

To ensure a robust audit trail of **paper batches**, many pharmacies securely store the ‘RA’ (and most often the remaining ‘RD’s) with a record card detailing the supplying pharmacist initials, date of supply, how many items are supplied and the expiry date for the batch.

**Prescription Changes** ‘RD’ issues cancelled by the prescriber can be destroyed and the ‘RA’ be sent to the pricing department (if other issues have already been dispensed) to indicate the batch is completed.

**Prescription Changes** Cancelled ‘RD’ issues that have not yet been supplied will no longer be available for the pharmacy to download. Cancelled RD’s which are already downloaded by the dispenser (but not supplied) can be undone and returned electronically to the GP practice, so patient records can be updated.

For **paper batches**, issued ‘RD’s’ will be submitted to the pricing department at the end of the month (as with all prescriptions)

For **electronic batches**, the dispenser will mark the prescription as ‘completed’ which will notify the spine and submit the prescription to the pricing department

There will be no storage of prescriptions as batches will be stored centrally on the NHS spine.
Getting started with Repeat Dispensing

It is advised to invest some time to set up the service, ensuring all of the staff at the surgery are aware of the repeat dispensing system (in particular prescription clerks and receptionists who are likely to be dealing with the requests for the service). This will enable the practice staff to clearly explain the repeat dispensing system to patients who are set up on the system but are still trying to re-order items in the traditional way.

Ensure everyone is comfortable with how to use the repeat dispensing function on EMIS (see explanatory guide below for further details). It may also be helpful to ‘buddy up’ with other GP practices who have already began to issue Repeat Dispensing prescriptions to gain and share any useful information.

How to get started on EMIS Web

Issuing a Repeat Dispensing Batch

Figure 1 illustrates how items that are on Repeat Dispensing will appear on the EMIS screen. They will be under a separate heading to ‘acute’, ‘repeat’ and ‘hospital’ etc.

1. From the Medication Screen, click on the medicine to be on Repeat Dispensing and right click the highlighted drug and click ‘edit drug’ to open the ‘edit drug’ screen (shown in Figure 2).
2. Amend the following sections as appropriate (as shown in Figure 2), starting with changing ‘prescription type’ to repeat dispensing. Check the following sections are amended such as the quantity of tablets needed for each issue, the number of issues required for that batch and the duration of days that each issue is intended to cover. Reminder: the CCG recommend maximum of 28 day prescribing intervals for: clinically unstable patient groups; those receiving end of life care; initiating a new prescription medication;
those aged 75 years and above due to increased likelihood of clinical instability to reduce waste and ensure regular healthcare intervention to encourage compliance.

Figure 2.

Adding a new drug to Repeat Dispensing

If other items are already on repeat dispensing, this medicine would need to be printed on a new, separate batch prescription. It is important to check how many issues are left for existing batches of the patient’s other medicines so that all Repeat Dispensing prescriptions are due for re-issue at the same time. As shown in Figure 3, three issues should be remaining for the patient so it would be a good idea to issue 3 issues for the new medicine.

Figure 3.

1 of 4 issues are estimated to have been dispensed judging by the time scale of when the prescription was issued. Please note that the pharmacy issuing the RD scripts will know the exact number of issues not yet dispensed to allow accurate lining up of the batch issues.
Re-issuing Repeat Dispensing Batches:

1. Highlight all of the drugs under the Repeat Dispensing section that are to be re-issued and click ‘issue’ (see Figure 4 below). Reminder: ‘prn’ items (e.g. emollients and reliever inhalers) that are not used at a constant rate will need to be on a separate batch prescription.

2. From here the ‘issue’ screen will appear (see Figure 5 below). Click ‘approve and complete’ to issue the prescription.

The batch can be post-dated or left at the date of issuing.
Cancelling a Repeat Dispensing Prescription in EMIS Web

Cancelling an item that is on a Repeat Dispensing prescription will delete the whole batch (even if some issues have been issued/ dispensed previously). This is probably because altering or amending paper batches once they have been printed would invalidate the RA prescription form, even if these alterations are countersigned by the prescriber.

If the pharmacy has already received the paper prescription, they would need to be contacted to stop future supplies being made (as stated in the GP flow chart above).

Ideally to maintain record completeness, a cancelled item should be reflected on the batch/ patient’s record without affecting the record of previously issued RD’s. Unfortunately, EMIS have not found a solution to this problem as of yet. Practices will therefore need to ensure they have a robust system to ensure staff are recording cancelled prescriptions in the same way. A note regarding the cancelled item can be recorded in the patient notes and a screen message added on the prescription screen until a new batch is produced. The pharmacy can be notified to ‘not dispense’ the item and the pharmacy can dispense the other items from the remaining batches.
Appendices

Appendix 1: GP Practice Medication Changes/ Cancellation Letter to Pharmacy
Appendix 2: Pharmacy Feedback Letter to GP Practice
Appendix 3: Copy of the Patient Consent Form to Repeat Dispensing for GP practices
Notification of stopped medication for Repeat Dispensing Patient

Dear Pharmacist at (insert pharmacy name) ........................................................................................................

Please amend your records accordingly to ensure that any further supplies of the medicine detailed below are stopped

Patient name ..................................................
Date of Birth .................................

Patient Address ........................................................................................................................................................
........................................................................................................................................................

Medication stopped (name, strength, formulation, route, dose, frequency)

Any further advice from GP to be passed on to patient/ Details about medication added (name, strength, formulation, route, dose, frequency)

Please make these changes: (Please circle)

Immediately within seven days within two weeks within four weeks
Other (please give details) ........................................................................................................................................

Form checked by:

GP Name: GP Signature: Date:
(Please print)

Copy Faxed to Pharmacy: Date.............. Time.................
Dear Doctor,

I am reporting the following:

- Medication side effect
- Potential adverse drug reaction
- Patient unhappy with medication regime
- Medication no longer needed
- Patient query regarding dosage regime
- Poor compliance - patient not collected repeat prescription
- Monitoring required - condition may have changed since last visit
- Patient taking other medication (for e.g. over-the-counter) which potentially interact with Repeat Dispensing prescription items

Additional Comments:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

If there are any changes to the patient’s medication and repeat prescription batches please notify the pharmacy for the necessary amendments to be completed.

Pharmacist Name__________________________

Signature of pharmacist __________________ Date ______________
Patient agreement to sharing information
(as part of the repeat dispensing arrangements)

**Patient’s details**

Title [ ]
Surname [ ]
First name [ ]
Date of birth [ ]–[ ]–[ ]
Address [ ]
Postcode [ ]
Telephone number [ ]

My prescriber or a member of practice staff has explained repeat dispensing to me, and I have been given a leaflet about it. I have also read the information on the back of this form, and I understand what I have to do. I agree to the exchange of information about my medication or treatment between my prescriber and my pharmacist as part of the repeat dispensing arrangements.

Signature [ ]
Date [ ]

**Prescriber’s details**

Name [ ]
Address [ ]
Postcode [ ]
Telephone number [ ]

Signature of prescriber or member of practice staff [ ]
Essential information about repeat dispensing

- After you’ve signed this form, your prescriber will give you a signed authorisation form (with ‘RA’ printed on it) and a set of repeat dispensing issue forms (with ‘RD’ printed on them). The authorisation form is valid for up to a year.

- When you need your first batch of medicine, take the authorisation form and an issue form to your pharmacy. Don’t fill in or sign the issue form until you’re ready to hand it to the pharmacist. The pharmacy will keep both the forms.

- When you need more medicine, go back to the same pharmacy with another issue form. If you’ve asked the pharmacy to look after the forms for you, contact them beforehand to tell them you need more medicine so they can have it ready for you.

- You don’t have to get all the items listed on your prescription every time. If you’ve got enough of one medicine, tell the pharmacist. You should also tell the pharmacist about any other medicines you’re taking, including non-prescription items (like cough or cold remedies) and herbal medicines, and if you stop taking your medicines for any reason.

- When you’ve used all your issue forms, go back to your prescriber for another set. Do this before you run out of medicine – your prescriber may want you to make an appointment so they can check that the medicine is still right for you. You’ll also need to get a new set of forms if you decide to change to another pharmacy.

- If you pay for your prescriptions, you’ll have to pay the prescription charge or charges each time you go to the pharmacy for more medicine.
References

The following documents were produced by the PSNC for patients explaining the Repeat Dispensing service and are available for download from the address detailed.


A template for patient consent for the Repeat Dispensing Service is also available on the PSNC website, which was developed by the Department of Health. It can be located at:


Located from: Services & Commissioning> Essential Services> Repeat Dispensing> under the ‘Patient Communication Materials’ heading> the Repeat Dispensing Consent Form for the public RD1 (for use by GP practices).

This guide has been written using the following references:


PSNC, BMA and NHS Employers (2013). Guidance for the implementation of repeat dispensing.
