Guidance for the implementation of repeat dispensing

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NHS Employers

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Introduction

Two thirds of prescriptions generated in primary care are for patients needing repeat supplies of regular medicines and as such, account for a significant workload for practices. Many of the patients receiving these prescriptions have relatively stable conditions.

The repeat dispensing (RD) model offers potential benefits to prescribers, practices and patients for the safe and efficient continued supply and management of regular medicines. The model is designed to ensure clinical supervision is maintained by means of appropriate patient selection criteria and robust standard operating procedures within the pharmacy.

This guidance has been produced jointly by NHS Employers, the General Practitioners Committee and the Pharmaceutical Services Negotiating Committee. It highlights the potential benefits to practices and patients, and provides ten top tips for successful implementation.

Background

After piloting, the RD service (provided by community pharmacies for the management of patients on stable repeat medicines) was introduced into their contractual framework from April 2005. The framework clearly sets out the expected service provision and the requirements for each pharmacy to have appropriate governance arrangements for the management of the service.

Early efforts to embrace the RD model by practices were in many cases either difficult to initiate or were halted soon after starting. Some barriers identified were:

- poor collaboration between pharmacists and GPs
- unforeseen set-up time within the practice
- inappropriate patient selection criteria
- lack of confidence from GPs in the service.

What is repeat dispensing?

Repeat dispensing is an alternative model for prescribing and dispensing regular medicines to patients on stable long-term treatment, where repeat supplies are managed by the patient's pharmacy of choice. There are a number of differences and added benefits between the RD model and traditional repeat prescribing processes, including:

- the prescriber produces a repeatable prescription and a set of identical 'batch' forms – the number required, is equal to the number of times the prescription is to be repeated and this is to be indicated on the form, for example, 1 of x, 2 of x
- each repeatable prescription can be dispensed at regular intervals, for example, *monthly* for a period of up to 12 months
- a dispensing interval does not have to be set by the prescriber, so that the pharmacist has maximum flexibility to make a professional decision when to dispense the next supply for the patient. This is of particular benefit for patients that may be travelling or if the prescription is for seasonal medicines or 'when required' medicines
- patients will call at their chosen pharmacy for their continued supply of medicines without the need to reorder prescriptions during the life of the repeatable prescription
- the outstanding repeats left on the prescription can be cancelled and the remaining batch issues destroyed as and when required, to respond to changes in medicines, clinical condition or patient circumstances
- the batch forms can be stored securely at the pharmacy or retained by the patient
- the duration of the repeatable prescription can be aligned to a patient review, monitoring procedure or other clinical and administrative functions of the practice
- at the point of dispensing each instalment, the pharmacist will be responsible for checking patient adherence and other clinical factors that are relevant to the appropriateness of the continued supply, for example, whether there are any problems the patient may be encountering with their medicines, whether the patient has recently been in hospital or had changes made to their medication regimen. Any issues of concern to the pharmacist will be reported to the practice.

In some areas repeat dispensing is known as 'batch prescribing'. You may find it helpful to use this term locally.

Patient selection and expected uptake within a practice

Repeat dispensing, by its very nature of being a model for people on stable, long-term medicines, will not be suitable for all patients especially those with acute conditions, a newly diagnosed or unstable condition. Indications from practices that have adopted the model are that the average percentage number of patients that will fit the selection criteria will be in the region of 10 per cent of the practice list size in the early stages. This figure is likely to increase as the model becomes more established within the practice.

With the future implementation of release 2 of the electronic prescription service, an electronic version of the repeat dispensing model will be available to GPs. This will assist with management of the repeatable prescriptions.

Examples of suitable patient groups/situations:

- patients on single, stable therapy, for example, Levothyroxine
- patients with stable long-term conditions on multiple therapy for example, hypertension, diabetes, asthma
- patients that can appropriately self-manage seasonal conditions
- in preparing for, and during, a flu pandemic.

Potential benefits of repeat dispensing

For the GP and practice:

- reduction in workload issuing and re-authorising repeat prescriptions
- reduced medicines waste
- earlier detection of medicines-related problems.

For the patient:

- improved access to regular medicines
- simplified one-stop process for obtaining next supply of medicines
- regular contact with pharmacist to discuss medicines-related issues
- pharmaceutical support for self-care and the management of long-term conditions.

Top ten tips for successful implementation

Repeat dispensing has been successfully implemented in a number of GP practices. Here are the top ten tips gathered from those GPs, practice managers and pharmacists:

1. Be prepared to invest some 'set-up' time at the practice. This is an 'invest to save' process initially.
2. Start small – increase numbers and expand selection criteria as patient and practice confidence increases.
3. Improve communication between the practice and pharmacy – maximum benefits will be gained with good working relationships.
4. Identify a named lead in both the practice and pharmacy to take forward implementation and ensure regular two-way communication. Practices and pharmacists must be responsive to changes in patients' medicines requirements and have appropriate communication channels for notification of changes, cancellation or referral back to the GP.
5. Check your clinical system or contact your system supplier to find out how to activate and use the repeat dispensing function.
6. Set patient selection criteria that will allow for easy identification and smooth running of the service. In many successful cases, patients have been identified by the pharmacy and then referred to the practice.
7. Set the total duration of the repeatable prescription to coincide with reviews or procedures and any functions that have Quality and Outcomes Framework (QoF) points attached.
8. Ensure all staff at the practice and pharmacy are aware of the service and fully understand the processes involved.
9. Since clinical information is to be shared between the pharmacist and the prescriber, explicit patient consent is required. Your local pharmacy can help you administer the consent form.
10. Effective communication with the patient is paramount. The service will fail if patients continue to reorder their prescriptions as before or become confused.

A practical guide to repeat dispensing has been produced by the National Prescribing Centre. *Dispensing with repeats* (2nd edition) September 2008, is available to download at www.npci.org.uk/medicines_management/patients/repeatdisp/resources/dwr_for_web.pdf

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- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

NHS Employers is part of the NHS Confederation.

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