Repeat Dispensing Handbook

For Sunderland

Flow charts and quick reference guides for General Practice and Community Pharmacy
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Welcome to the updated guidance for Repeat Dispensing in Sunderland. We’ve already put a lot of hard work into Repeat Dispensing in Sunderland, as it was a quality indicator for us as a CCG for 2013/14. At the time of going to press, our current Repeat Dispensing rate across Sunderland CCG is 29.3% of all prescribing, which is a fantastic achievement, making us one of the highest users of Repeat Dispensing in the region. We would like to thank everyone who has helped drive up our Repeat Dispensing rate over the last year and helped us achieve our target.

However, despite Repeat Dispensing no longer being a quality indicator for the CCG, there are still many benefits from the use of Repeat Dispensing which we would like to continue to promote including:

- Less prescriptions for GPs to sign
- Reduced prescription workload for GP practices
- Allows community pharmacies to better plan workload
- Encourages multidisciplinary working around repeat medication
- Reduces medication waste
- Better uses pharmacists’ skills in the repeat medication system

Therefore, we would like you to continue to use and increase your usage of Repeat Dispensing. After all, most of you have already done the hard work in getting started! The continued roll out of EMIS Web and electronic repeat dispensing will also hopefully further increase the efficiency of Repeat Dispensing.

This handbook has been designed to act more as a ‘Quick reference guide’ and as a quick point of reference for staff in both GP practices and community pharmacies to help problem solve and make the most of the NHS Repeat Dispensing service. There is also room to personalise some pages for your own teams to facilitate you implementing some of the information.

Don’t forget that your practice pharmacists and community pharmacists can also act as a valuable source of information and advice on Repeat Dispensing.

We hope you find the guide useful, and if you have any feedback or suggestions for future updates, please feel free to get in touch (gemmadonovan@nhs.net).

Medicines Optimisation Team
Sunderland Clinical Commissioning Group
Repeat dispensing has been at relatively high levels for quite some time in Sunderland and it is anticipated that many staff will already be familiar with the usage of Repeat Dispensing.

However, if required information and training can be found from the following sources:

Frequently Asked Questions on using the electronic prescription service release 2 for repeat dispensing available from:
http://systems.hscic.gov.uk/eps/library/faqs/repdispensing

Video for patients on electronic repeat dispensing available from:
http://systems.hscic.gov.uk/eps/patients/films/repeatdispensing

Information on electronic repeat dispensing for pharmacists:
http://psnc.org.uk/dispensing-supply/eps/electronic-repeat-dispensing/

National Prescribing Centre (NPC) Guide (legacy site) available from:
http://www.npc.nhs.uk/repeat_medication/repeat_dispensing

NHS Employers guidance for the implementation of repeat dispensing available from:
http://www.nhsemployers.org/SiteCollectionDocuments/Repeat_dispensing_guidance_CD_090209.pdf

Pharmaceutical Services Negotiating Committee (PSNC) guidance for dispensing contractors available from:
http://www.psnc.org.uk/services-commissioning/essential-services/repeat-dispensing

A standard operating procedure for repeat dispensing has been produced by the National Pharmacy Association (NPA) and is available from:
http://www.npa.co.uk/Knowledge-Centre/Resources/SOPs/Repeat-dispensing-services/

The Centre for Postgraduate Pharmacy Education (CPPE) also produces an open learning pack on repeat dispensing available from:
Repeat Dispensing

Repeat Dispensing Champions

It is recommended that each practice and community pharmacy nominate a repeat dispensing champion, who can promote the use of the scheme internally, aid liaison with their GP practice/ community pharmacy counterpart, and maintain momentum in the use of repeat dispensing.

Suggested activities by the repeat dispensing champion are as follows;

**General Practice RD Champion**
- Act as the local expert on Repeat Dispensing
- Advertise to colleagues current repeat dispensing levels
- Highlight areas where repeat dispensing could be used better
- Monitor the use of repeat dispensing locally and keep a log of any issues
- Act as a contact point for colleagues who have queries about repeat dispensing
- Promote repeat dispensing at patient liaison groups
- Ensure patient information for repeat dispensing is well positioned and used within the GP practice
- Liaise with community pharmacy colleagues
- Provide training to other colleagues as needed

**Community Pharmacy RD Champion**
- Act as the local expert on Repeat Dispensing
- Advertise to colleagues current repeat dispensing levels
- Highlight areas where repeat dispensing could be better delivered
- Monitor the use of repeat dispensing locally and keep a log of any issues
- Act as a contact point for colleagues who have queries about repeat dispensing
- Promote repeat dispensing at patients
- Ensure patient information for repeat dispensing is well positioned and used within the pharmacy
- Liaise with general practice colleagues
- Provide training to other colleagues as needed

For our team:
Repeat Dispensing

Eligibility Criteria

Stable Medication
No significant changes in the last 6 months and no anticipated changes for the duration of the suggested batch

Stable condition
No recent unplanned hospital admissions (in the previous 6 months)

Up to date medication monitoring*
- Medication review completed within last 6 months
- If not, could be considered for a telephone review

Up to date disease monitoring*
- Attendance at clinics
- Appropriate blood tests performed and satisfactory within appropriate timescales

Exclusion criteria
- Controlled drugs (including Temazepam and Midazolam)
- Benzodiazepines
- Unlicensed medicines
- Terminal illness

*Where identified in community pharmacy, can confirm with patient or use Nomination Form (Page 21) and GP practice can check as part of authorisation process
Repeat Dispensing

Consent

As part of the NHS Repeat Dispensing service, consent from the patient must be taken to allow information sharing between the patient, community pharmacist and prescriber. This communication is crucial to the running of the service and patients cannot take part in the Repeat Dispensing service without giving this consent.

Information to be given to the patient

Information to be given to the patient as part of obtaining consent includes:

- Repeat Dispensing is only an alternative way to receive their medicines
- They should use the same pharmacy for the duration of their batch
- It should save time for them collecting their medicines as they do not have to ring the GP to get a prescription when their medicines run out
- Medication checks at the pharmacy aim to make getting their medicines safer
- How repeat dispensing works
- What happens at the end of the batch
- They need to give their consent for the pharmacy and GP practice to exchange information about their treatment
- Any information they give will remain confidential
- Patients will need to continue to declare their exemption or pay for their prescriptions as they have been doing with their prescriptions

When should consent be obtained?

Consent can be obtained either:

- At the point of identification/ nomination for repeat dispensing
- At the point of authorisation for repeat dispensing

How should consent be obtained?

Consent for participation should be recorded on that patient’s medication record. It could be:

- Using a written consent form
- Verbal

For our team:
Most communication will be via telephone and therefore verbal. Both GP practices and pharmacies should consider where they document information received in this manner so it is clear that the information has been received and acted upon where appropriate.

For our team:
Repeat Dispensing

Initiation onto Repeat Dispensing

- Pharmacy dispensers
- Medicines Use Review
- Ad-hoc Pharmacist check
- Patient request

Patient Identified as suitable for Repeat Dispensing

- GP practice support staff
- Chronic disease review clinics
- Ad-hoc GP appointment
- Patient request

Provide information on Repeat Dispensing

- What is Repeat Dispensing
- Benefits of Repeat Dispensing
- Using the same pharmacy
- How Repeat Dispensing works

Complete Repeat Dispensing Nomination Form (page 21) as needed

The form is standard for everyone to complete

Use the Repeat Dispensing Eligibility criteria (Page 6) to aid Authorisation

Repeat Dispensing Authorisation

Where prescribers directly authorise Repeat Dispensing, a task could be sent to practice staff for batch generation

Authorisation is completed by Prescribers and Practice Pharmacists

Batch issued to patient or regular pharmacy, with instructions on what is needed at the end of the batch

Record Keeping:
- 8BM1 = On Repeat Dispensing System
- 8BM4 = Repeat Dispensing at Designated Pharmacy
- Nominated pharmacy details
- Consent given for Repeat Dispensing
- Follow up at end of batch

Use the flow chart to decide what actions are needed at the end of the batch (Page 13)
Repeat Dispensing

Setting up the Batch

Identify the regular medication

Ensure the quantity of each item equals a supply for 7, 28 or 56 days where possible

Issue 6 or 12 instalments as authorised

RA to be signed and batch transferred to patient/ pharmacy

Some medications come as “Special containers” where a pack cannot be broken down. In this case, choose a quantity which is closest to the rest of the prescription.

Do you have the information to issue a synchronisation prescription?

Issue a synchronisation prescription first using information on the patients’ home stock

Do the patient have any “PRN” or “When Required” medication?

Set to one side and follow procedure for “When required” batches (Page 12)

It is fine to continue, you may wish the patient to count their ‘home stock’ ready for the next batch

Yes

No
Repeat Dispensing
Changes Mid-Batch

Review if the patient is still a suitable candidate for repeat dispensing and consider a temporary suspension of repeat dispensing.

How many changes are there?

More than One

One

What is the change type?

Stopped/ Swapped Medication

Withdrawal/ Transfer

New medication

Issue a new batch for the new/ changed item which will last until the end of the current batch and notify the pharmacy.

Ensure records and repeat medication screen are up to date ready for any future medication requests.

Contact patient’s pharmacy to notify them to cancel remaining items for the drug being stopped for the remainder of the RD batch.

Contact pharmacy to notify them of patient’s withdrawal from the service/ transfer and ask them to destroy all outstanding issues.

This should be changes for the duration of the batch, including any further anticipated changes.

New items that require titration may be best issued as acute prescriptions until the patient is on a stable dose.

For our team:

Still suitable

Swapped

More than One

One

Ensure records and repeat medication screen are up to date ready for any future medication requests.
Repeat Dispensing

‘When Required’ Items

The patient will need to be contacted if you are unsure, or you may be able to use the medication record to make an estimate.

Do you know how often the patient uses the when required medicine?

No

Do they need the medicine at every issue?

Yes

Work out an average of what they will require each month and issue this along with their regular medication.

Yes

Are they likely to need the medicine within the batch period?

No

Classify as an ‘Automatic’ prescription in EMIS Web to enable future requests from the patient directly from the practice

No

Issue the ‘when required’ medicine as a separate batch. Issue a number of prescriptions that reflects the patients use from your records

Yes

For our team:
Batch Completion to Next Batch Issue

Wherever possible, any reviews, blood tests or other physiological monitoring which may be required before authorisation of the next batch, should be completed before the end of the previous batch.

This is to ensure that patients wherever possible stay on repeat dispensing rather than revert back to the usual systems and then need to be re-initiated back onto repeat dispensing. The switching between the two undoes the efficiencies which can be made through the use of repeat dispensing.

In order to maintain patients on repeat dispensing, the following strategies could be employed:

1. Ensure that patients with multiple co-morbidities have their disease reviews and monitoring aligned to as few appointments as possible.

2. Set patient recalls for reviews or monitoring to be one month prior to the end of the Repeat dispensing batch, so that patients receive letters and are told that they have been given their last prescription at around the same time.

3. Incorporate repeat dispensing authorisation and batch issue into reviews so patients can collect their new batch when they attend their review.

4. Ensure that any reviews or monitoring that are required at the end of a batch are clearly visible in the patient record. This means that when the patient contacts the practice on being told by the pharmacy that they have received their last prescription for the batch, administration staff are able to book the appropriate appointments for the patient in a timely manner.

3. Consider if monitoring could be done outside the surgery e.g. if the patient requires a blood pressure measurement, could the community pharmacy complete this and submit the results to the surgery, or could a Medicines Use Review (MUR) by a community pharmacist serve as an interim medication review.

For our team:
Repeat dispensing can be a useful way to reduce workload associated with prescriptions for monitored dosage systems (also known as dosettes, mediboxes, trays etc). Here is some additional guidance for using repeat dispensing for this scenario.

**Stable condition**

It is more important that patients are stable when considering repeat dispensing for patients receiving monitored dosage systems. This is because repeat dispensing is not as responsive to changes and there is greater scope for errors without excellent communication with the patient’s dispensing pharmacy.

**Dosage instructions**

Dispensing pharmacies will need enough information to fill the monitored dosage system for the patient. It should be clear what is to be included within the monitored dosage system and what is to be supplied outside the box. The community pharmacist will be a good source of information and advice for this.

**Changes**

When making a change, consider the urgency of the change. Changes are easiest to be made when issuing a new batch so take into account where the patient is in their batch cycle. Changes could also be made for the next monitored dosage system, which may be up to a week in the future. Immediate changes require recalling the patient’s current monitored dosage system and delivery of a new monitored dosage system. As this has the potential to cause errors and results in a significant workload, this should be reserved for very urgent changes only. Use the ‘Changes mid-batch’ flow chart to help you (page 11).

**Hospital admission**

Excellent communication is key when patients are transferred from other care settings. For patients receiving monitored dosage systems this is especially true, as patients are unable to check that what medicines have been dispensed. It may be appropriate for the patient to be removed from repeat dispensing temporarily until you are confident that their medication regime has been stabilised. If the patient is to continue and there are a significant number of changes it may be appropriate to ask the pharmacy to destroy all remaining issues and issue a fresh batch of prescriptions. Supplying the dispensing pharmacy with a copy of the discharge medication list will also help them to ensure that the medication next supplied to the patient is accurate.

**When required medicines**

Follow instructions as per the ‘When required’ flow chart (page 12), bearing in mind that each issue is for one week only and the maximum duration of the batch is three months.
Repeat dispensing can be a useful way to reduce workload associated with prescriptions for care homes. Here is some additional guidance for using repeat dispensing for this scenario.

### 28– Day prescribing
All care homes should receive prescriptions for 28 day durations. Seek advice from your practice pharmacist before issuing 7 day prescriptions for regular medicines for patients in care homes. If a seven day prescription is appropriate record the reason for this in the patient’s record for future reference.

### Dosage instructions
Dispensing pharmacies will need enough information to dispense the medication for the care home and for any care staff to administer the medication appropriately. Avoid use of ‘as directed’ instructions.

### Changes
When making a change, consider the urgency of the change. Changes are easiest to be made when issuing a new batch so take into account where the patient is in their batch cycle. Use the ‘Changes mid-batch’ flow chart (page 11) to help you.

### Hospital admission
Excellent communication is key when patients are transferred from other care settings. If the patient is to continue on repeat dispensing and there are a significant number of changes it may be appropriate to ask the pharmacy to destroy all remaining issues and issue a fresh batch of prescriptions. Supplying the dispensing pharmacy with a copy of the discharge medication list will also help them to ensure that the medication next supplied to the patient is accurate.

### When required medicines
Follow instructions as per the ‘When required’ flow chart (page 12). Some care homes may have a homely medicines policy and this should be taken into consideration when deciding if ‘when required’ medicines need to be issued to individual patients. All when required medicines should have the reason for their use stated on the instructions to guide those administering the medication.

E.g. Senna 7.5mg tablets, Take two tablets at night when needed to relieve constipation

For our team:
Repeat Dispensing
Dispensing Check

At the collection of each Batch Issue, pharmacists or appropriately trained staff should discuss the following:

Appointments / Conditions
- Have you seen any health professionals, since your last prescription was dispensed? Hospital appointments etc...

Medication Changes
- Have you started taking any new medication – prescribed or purchased, including alternative therapies and food supplements?
- Have you stopped any medications?
- Have any doses changed?

Medication Effectiveness
- How are you managing?
- Are your treatments doing their job?
- Are you experiencing any problems or side-effects?

Usage
Are there any items that you DO NOT need this time?

Housebound patients
Housebound patients should be encouraged to personally request their next Batch Issues, presenting an opportunity to ask the above questions, via telephone - if this is not done, patients and/or carers should be contacted (telephoned) at least every 2 months, in order to establish any issues that may need addressing.

Problems
Any significant problems must be notified to the GP practice. In the case of urgent problems or where an immediate reply is required - the Pharmacist should phone the Surgery.

Items Not Dispensed
Items not required on each Batch Issue must be clearly marked before submission to the PPD. This must be done in accordance with PSNC advice – the item Not Dispensed must be scored-out and annotated as N/D. For example:

Records
A record should be made for each dispensing to create an audit trail for each batch. An example of a Repeat Dispensing Record Sheet can be found in Appendix 3 (Page 23).
Repeat Dispensing

Linking to Medicines Use Reviews

Medicines Use Reviews (MURS) by community pharmacists are a great opportunity to identify patients who are suitable for Repeat Dispensing. Community pharmacists can also review use of ‘when required’ medicines to assess patient usage and make recommendations to practices about the appropriate duration and number of issues for repeat dispensing for individual patients.

Community pharmacists and their staff should continue to identify patients who are suitable for repeat dispensing and recommend conversion, ideally using the Repeat Dispensing Nomination form (Page 21).

If problems are identified with patient’s medicines during a MUR for patients already on repeat dispensing, the appropriateness of repeat dispensing for the patient should be reviewed using the ‘Changes mid-batch’ flow chart (page 11).

MURs can serve as a good review for patients at the end of their batch to ensure the patient is appropriate to continue with repeat dispensing. Integration of MURs into repeat dispensing is described below.
Repeat Dispensing

A move from Managed Repeats

Sunderland Clinical Commissioning Group and Sunderland Local Pharmaceutical Committee both support the use of the NHS Repeat Dispensing Service over the use of any managed repeat services. This is due to the robust systems that are in place as part of the NHS Repeat Dispensing Service and the formalised information sharing as part of the multidisciplinary team that comes as part of the service.

Patients who are enrolled on managed repeat systems are likely to be good candidates for repeat dispensing. Conversion of these patients from managed repeat systems to Repeat Dispensing would demonstrate community pharmacists’ skills in reviewing medication for long term conditions and working as part of the multidisciplinary team.

Use of repeat dispensing should reduce the need for emergency supplies of medication and allow better workload management by pharmacies.
Asthma Patient
Well controlled using a ‘preventer’ inhaler regularly and ‘reliever’ inhaler when required. Not due at asthma clinic for one year.
Most ‘preventer’ inhalers contain 200 doses, and most patients use 4 doses per day, meaning each inhaler lasts 50 days. This equates to around 7 prescriptions per year.
What to issue:
1 batch for 7 ‘preventer’ inhalers e.g. Beclomethasone 200mcg/puff CFC-Free Inhaler 2 puffs twice daily x 1 inhaler (7 issues)
1 batch for 7 ‘reliever’ inhalers e.g. Salbutamol 100mcg/puff inhaler Inhale 2 puffs when required x 1 inhaler (7 issues)
This allows the patient to get both inhalers if they need them or just one, depending on their needs.

Type 2 diabetes
Well controlled, on gliclazide so also uses test strips three times a week. Just had interim review so due back for annual review in 6 months.
What to issue:
1 batch for all regular medication at one month intervals for six months
Metformin 500mg tablets, Take 2 tablets twice a day x 112 tablets
Gliclazide 80mg tablets, Take One tablet twice a day x 56 tablets
Ramipril 10mg capsules, Take one daily x 28 capsules
Simvastatin 40mg tablets, Take one at night x 28 tablets
Fluoxetine 20mg capsules, Take one daily x 28 capsules
(6 issues) for all
Plus one batch for test strips (three times a week for 6 months is 72, most test strip boxes contain 50 strips)
Aviva test strips, Test as directed by doctor x 1 box of 50 (2 issues)
This allows the patient to get their regular medication, but just the test strips when they run out.

Angina
Patient who has angina that is well controlled and takes regular medication. Has had their annual review 3 months ago, so won’t be seen for another 9 months.
What to issue:
1 batch for all regular medication at one month intervals for nine months
Lisinopril 20mg tablets, Take one daily, x 28 tablets
Isosorbide mononitrate 10mg tablets, Take one twice a day in the morning and at lunchtime x 56 tablets
Atorvastatin 40mg tablets, Take one at night x 28 tablets
Aspirin 75mg dispersible tablets, Take one in the morning x 28 tablets
(9 issues) for all
Plus glyceryl trinitrate spray moved from repeat to ‘Automatic’ prescription, to be issued as an when the patient needs one as hasn’t needed a prescription for this for over 1 year.
Arthritis
Patient has multiple medications for pain relief associated with arthritis. If patients have long term pain, they will usually have pain relief they use every day and some that they use when pain is worse.

**What to issue:**
- Paracetamol 500mg tablets, *Take two four times a day* x 224 tablets
- Calcium carbonate 1.5g/10mcg chewable tablets, *Take one twice a day* x 56 tablets
- Alendronic acid 70mg tablets, *Take one weekly* x 4 tablets

*This patient uses their codeine phosphate for a couple of days for a couple of times per month:*
- Codeine phosphate 30mg tablets, *Take one when required up to four times a day* x 28 tablets

*All of these as part of single batch (6 issues)*

Rarely, the patient will use an anti-inflammatory gel, she usually needs a new tube once every couple of months.
- Piroxicam 0.5% gel x 112g (*Separate batch of 3 issues)*

Eye drops
Regardless of the quantity on the bottle, all eye drops need to be discarded after 28 days to prevent the bottles becoming contaminated.

**What to issue:**
- Latanaprost 0.05% eye drops x 2.5ml, *One drop in both eyes at night* (12 issues)

Monitored Dosage Systems
If patients receive their medicines on a weekly basis, prescriptions should be issued weekly for the pharmacy to dispense a MDS. The maximum number of issues is 12, so these will only last 3 months.

**What to issue:**
- Donepezil 5mg tablets, *Take one daily* x 7 tablets
- Bendroflumethazide 2.5mg tablets, *Take one in the morning* x 7 tablets
- Paracetamol 500mg tablets, *Take two four times a day* x 56 tablets
- Calcium carbonate 750mg/5mcg caplets, *Take two tablets twice a day* x 28 tablets

*All of these as part of a single batch (12 issues)*

For some medicines where the dose alters or it is not safe to include in the dosette, these should be issued as a separate batch:
- Warfarin 1mg tablets, *Take as directed in your yellow warfarin book* x 28 tablets

*Patient takes 2mg Mon-Fri and 1mg Sat-Sun (12 tablets per week) so 6 issues should last 3 months.*

Levothyroxine
Some patients may wish to receive two months worth of medication at a time, this is also fine. Most patients have their thyroid function tested every 12 months so one year of medications can be issued:
- Levothyroxine 100mcg tablets, *Take one in the morning* x 56 tablets (6 issues)
- Levothyroxine 25mcg tablets, *Take one in the morning on alternate days* x 28 tablets (6 issues)
<table>
<thead>
<tr>
<th>Regular</th>
<th>PRN</th>
<th>Quantity per issue</th>
<th>No. of issues</th>
<th>Home Stock</th>
</tr>
</thead>
</table>

### Medicine Details
- **Name, strength, form and directions as required**

### The following is the suggested medication to be included in the batch:

- **Nominated pharmacy added to patients records:** Yes/No
- **Repeat Dispensing Request added to records:** Yes/No
- **Repeat Dispensing authorised by:**
  - Date: 
  - Designation: 
  - Full Name: 

Form completed by (either Pharmacy or GP practice):
- **Date medication review next due:**
- **Where nominated within the GP practice:**
  - The prescription batch I have supplied is over:
  - and I accept that no changes are required to their medication for the duration of:
  - The patient has received a medicines use review:
  - The patient has received an information leaflet and has been counselled on the use:

**Pharmacy Details** (or stamp):
- **This patient is suitable for the NHS Repeat Dispensing scheme according to the criteria set out in the CCG Medication Optimisation guidance on Repeat Dispensing:**
  - Date of birth: 
  - Address: 
  - Full Name: 

**Patient Details** (to be completed by patient, pharmacy or GP practice):
Appendix 2

Store all medicines out of reach of children.

Repeat dispensing
An alternative way to get your repeat prescriptions

- Do you want to save time?
- Has your regular medication stayed the same for the last six months?
- Was your last hospital stay more than six months ago?

Have you answered YES to ALL the above questions?

Then please read overleaf...

Unsure? Please ask at the pharmacy or GP reception.

What is repeat dispensing?
It is an alternative way of getting your regular medicines without asking your GP surgery for a prescription each time.

Benefits of repeat dispensing:
- Saving time – there is no need to attend or contact your GP surgery to request your medication; you just need to attend or contact your chosen pharmacy.
- Improved safety – Repeat dispensing involves regular medication usage checks to ensure you understand how to take your regular medication.

Do I have to use the same pharmacy?
Yes - you need to return to your chosen pharmacy to get each issue of your repeat dispensing prescription.

How does repeat dispensing work?
- Your GP surgery will issue a repeat dispensing prescription. This will authorise your pharmacy to dispense prescriptions for between three and twelve months, in total. This may be sent to the pharmacy electronically, in which case you will be issued with a token to take to the pharmacy.
- Take your repeat dispensing prescriptions to your chosen pharmacy. It is recommended that you let your pharmacy look after all your repeat dispensing prescriptions. The pharmacy will inform your surgery that you will get your medication from them.
- Your chosen pharmacy will supply your first batch of medicines. They will discuss arrangements for future collections with you – including what to do if your next issue falls on a Bank Holiday, or you are away on holiday.
- Return to your chosen pharmacy to collect your next prescription. You will be reminded when you need to contact your GP surgery for review.

Will anyone keep a check on my medicines?
- Yes, each time your repeat medicines are dispensed your pharmacist will check that they are still helping you. Let them know if you have any problems or worries.
- Your pharmacist will ask which medication you need. Only ask for medication you need until your next collection.
- It may be necessary to go back to the old way of getting your prescriptions if there are many changes (e.g. after a hospital check-up).

What do I do when my repeat dispensing prescriptions run out?
You should return to your GP surgery for a further issue. When you are due for the last issue of a batch - please check with the surgery, to see if you need any tests or a medication review.

Do I need to sign anything?
You will be asked to give your consent to allow your pharmacy and surgery to exchange information about your treatment. All information you give is confidential. Your verbal consent will be recorded on your notes at your GP surgery.

Don't forget that you, or your representative, must sign the back of your Repeat Dispensing prescriptions. If you don't pay for your prescriptions for any reason other than age, then your pharmacy will need to see proof of exemption. If you pay for prescriptions you will need to pay when you collect from your pharmacy.

Do I have to use repeat dispensing?
No – talk to your pharmacist or doctor if you want to go back to the old way of getting your repeat prescriptions.
Repeat Dispensing Record Sheet

Patient Details
Name
Address

Prescriber Details

Batch Details
Date of RA
Number of issues
Number of Items
Dispensing interval

Special instructions

Notes

Dispensing Log

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Batch Status</th>
<th>No. of Items</th>
<th>Dispensing check</th>
<th>Transfer to patient</th>
<th>Comments</th>
<th>Signature</th>
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<tr>
<td>1</td>
<td></td>
<td>Fully dispensed</td>
<td></td>
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