



Guidance on Repeat Dispensing Prescriptions (paper RD or eRD)

April 2020



About the PDA

The Pharmacists' Defence Association (PDA) is a not-for-profit organisation which aims to act upon and support the needs of individual pharmacists and, when necessary, defend their reputation. With more than 31,000 members, the PDA is the largest pharmacist membership organisation and trade union exclusively for pharmacists, in the UK.

As a Defence Association and Trades Union, the PDA often supports members in some kind of problem situation. This could be a conflict with their employer, a professional disciplinary episode where they are being investigated by the pharmacy regulator, a civil claim for compensation from a patient who alleges that they have been harmed by the error of the pharmacist or even a criminal prosecution. In this way, the PDA supports members in more than 5,000 cases per year and this provides a rich vein of valuable and comprehensive experience and a detailed knowledge of risk management and the kind of professional and operational environments that are likely to cause problems for both pharmacists and patients alike. It is this experience that drives the thrust of PDA's policy work as the PDA seeks to foster operational and professional environments that help to keep patients safe and in so doing keeping pharmacists out of harm's way.

The primary aims of the PDA are to:

- Support pharmacists in their legal, practice and employment needs
- Represent the individual or collective concerns of pharmacists in the most appropriate manner
- Proactively seek to influence the professional, practice and employment agenda to support members
- Lead and support initiatives designed to improve the knowledge and skills of pharmacists in managing risk and safe practices, so improving patient care
- Work with like-minded organisations to further improve the membership benefits to individual pharmacists
- Arrange insurance cover for individual pharmacists to safeguard and defend their reputation.

Summary

This guidance is for use by members when deciding the scope of the Responsible Pharmacist Regulations for their particular working circumstance.

This guidance is not a substitute for a direct reference to the legislation and if in doubt please refer to the legislation or contact our support team for clarification.

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In the absence of a pharmacist, can the pharmacy “team” download an eRD prescription, then label and assemble and bag it and give it to a patient OR can the “team” label, assemble and give out a repeat from a paper RD batch?

A Repeat Prescription (RD) batch may be issued in paper form (a master signed RA form signed by the GP accompanied by x number of repeats on unsigned RD forms) or they may be issued as an eRD batch (in England) with each batch ready to download from the NHS Spine 7 days prior to the expected dispensing date.

There is no RA or RD distinction with an eRD batch as the signature is electronic and a batch (or individual items) can be cancelled as appropriate by the issuing surgery at any time.

The underpinning rationale for RD prescriptions is that by issuing a batch of prescriptions a patient does not have to request their regular medications each month thus saving time for busy patients and for busy GP surgeries.

There are some variances in the wording and the emphasis across the 4 devolved nations in the specifications of how the Repeat Dispensing service is managed, but the overarching professional principle that patients should be able to obtain their regular medicines without the need to go to the surgery would apply in all circumstances.

However, for GB, as the RPS notes:

RPS professional practice guide

People can access and manage their repeat medicines in different ways through their pharmacy. There are NHS repeat medication services such as '[Repeat Dispensing](#)' (England), '[Batch Repeat Dispensing service](#)' (Wales) and '[Medicines Care Review](#)' (previously Chronic Medication Service) (Scotland). There are also non-NHS repeat medication services depending on the pharmacy.

The care, well-being and safety of people must be paramount in the delivery of professional pharmacy services such as repeat medicines management, prescription collection and delivery.

Source : RPS Website accessed May 2020 – highlight in blue added

We can look at how this principle is applied in one home nation, England, but the service specification and overall approach is similar across all 4 devolved nations.

In England it is a service requirement, specified in the Drug Tariff that a pharmacist must have completed the CPPE course on Repeat Dispensing before offering this Repeat Dispensing service. Training arrangements are specified in all 4 devolved nations for the Repeat Dispensing service.

The CPPE course also specifies certain checks that are required to be made by the pharmacist:

The screenshot shows a web browser window with the URL www.cppe.ac.uk/e-learning/repeat-dispensing/story_html5.html?EL_EID=43671&EventID=43671. The page title is 'Repeat dispensing'. On the left is a 'Menu' with 'Additional checks by pharmacist' selected. The main content area has a blue header 'Additional checks by pharmacist' and the following text:

In addition to the normal checks a pharmacist would be required to do when dispensing a normal prescription, to provide the repeat dispensing service additional checks are required. The [service specification](#) (part 3.5) explains these required additional checks.

Activity-Write down a list of additional checks you would be required to ask the patient **every** time you dispense their repeat prescription. These checks must ensure, prior to each dispensing episode, the safe supply of their medication, taking into consideration that you are taking responsibility for the patient for the duration of the repeat prescription.

There are the checks in the service specifications mentioned in the CPPE course:

3.5 *Prior to each dispensing episode the pharmacist will ensure that the patient is taking or using, and is likely to continue to take or use, the medicines or appliances appropriately, and that the patient is not suffering any side effects from the treatment which may suggest the need for a review of treatment.*

The pharmacist will also check whether the patient's medication regimen has been altered since the prescriber authorised the repeatable medication and whether there have been any other changes in the patient's health since that time, which may indicate that the treatment needs to be reviewed by the prescriber.

The CPPE module gives a really good illustrative example of how a pharmacist when checking if all medications are required and observing the patient leads to a clinically significant intervention:

The screenshot shows a web browser window with the URL www.cppe.ac.uk/e-learning/repeat-dispensing/story_html5.html?EL_EID=43671&EventID=43671. The page is titled "Case study" and contains a question box. The question text is: "Question 1 - Ms Fadent has answered your additional checks. She has confirmed that she does not have any changes to her medications and she is not taking other over-the-counter medicines. Can you dispense as normal?". Below the question is a text input field with the placeholder text "type your thoughts here then click the i to see the suggested answer". To the right of the input field is a blue circular icon with a white 'i'. At the bottom of the question box are three numbered buttons: 1, 2, and 3. The left sidebar contains a navigation menu with sections: "Section 1 - Your guide to repeat dis...", "Section 2 - Paper-based repeat disp..." (expanded), "Section 3 - Electronic repeat dispens...", and "Programme summary". The Windows taskbar is visible at the bottom.

The screenshot shows the same web browser window as above, but with the question text updated. The question text is: "After carefully talking to Ms Fadent some more, you learn that her eczema is really playing up and her creams don't seem to be working as well. She apologises and realises she wasn't really listening to your questions as she has been asked them so many times before. She really wants some more cream to stop her itching as she has nearly run out." The question box is titled "Question 2 - Can you dispense her medications now?". The input field and navigation buttons remain the same. The left sidebar and Windows taskbar are also visible.

The screenshot shows a web browser window with the URL www.cppe.ac.uk/e-learning/repeat-dispensing/story_html5.html?EL_EID=43671&EventID=43671. The page is titled "Case study" and contains the following text:

Ms Fadent comes back to you two days later and she is much happier. She has seen her prescriber and they have advised her to carry on with her skin regimen as previously prescribed. She has been stressed from work and this has caused a temporary flare-up of her condition but it has now resolved itself.

Question 3 - She is really pleased with the repeat dispensing service and asks if her boyfriend can also join the service. His medicines are ezetimibe 10 mg, nifedipine modified-release 20 mg and warfarin 1 mg. Is this patient suitable for repeat dispensing?

Below the question is a text input field with the placeholder text "type your thoughts here then click the i to see the suggested answer". To the right of the input field is a blue circular icon with a white 'i'. At the bottom of the interface are three numbered buttons: 1, 2, and 3.

It is clear that each repeat dispensing episode has to be treated as a unique event and a pharmacist cannot “sign-off” all repeats together when he checks the first repeat as being suitable for dispensing several months in advance.

Baroness Barker, during the debate stage of the Health Act 2006 (which made amendments to the Medicines Act 1968 to enable the introduction of the Responsible Pharmacist Regulations 2008) stated:

Baroness Barker, 22 May 2006:

I talked to some pharmacists about how this might work out. They made two interesting points.

First, they said that as pharmacists they feel keenly the responsibility of knowing that in some particularly deprived areas they are the only available healthcare professional.

In those circumstances, their role extends way beyond that of their counterparts working in the big chains or other areas.

Secondly, they said that the days on which they really earn their money are those when they are working in the back of the pharmacy and happen to hear something going on out in the front.

They wander out to join the conversation, whereupon they pick up details such as adverse reactions on repeat prescriptions and, interestingly, they are able to detect certain health conditions by a person's odour or pallor.

Those details could not be picked up by the remote means described by the Minister, but they often lead to quite important medical interpretations.

Parliament had a clear vision for the extra services that pharmacists should be providing so that the burden on GPs of issuing monthly prescriptions was reduced.

Our professional obligation to the patient is to ensure that the prescribed medications are still suitable and not unsafe.

This is precisely the reason why the checks and balances for repeat dispensing require the pharmacist to assess the suitability of the repeat to be issued on each occasion since a prescribing doctor could have issued the repeat batch up to 12 months in advance.

The checks and balances are there for patient safety and not a mere tick box.

Scenario 1

You are a locum pharmacist who works regularly at Pharmacy A. You arrive at Pharmacy A and assume the position of a Responsible Pharmacist.

On reviewing the procedures, you find that the procedures (SOP) for the issue of Repeat Dispensing prescriptions state:

When you receive a new RD Batch or the first dispensing token for an eRD batch of prescriptions you must sign all the repeats as being clinically checked. No further checks are required and your team may label, dispense and bag these without any further pharmacist intervention.

Ask yourself:

Is this how Parliament intended the issue of repeat prescriptions to be managed when drafting the legislation?

Does this SOP follow best practice as understood by the training providers that deliver the training for repeat dispensing?

Can I override this SOP and rewrite it so that the pharmacist must check each repeat request at point of dispensing?

Should I bring this to the attention of the Pharmacy Inspectors for premises whose responsibility it is to ensure that SOPs in place are following best practice?