Batch Repeat Dispensing Operations Manual

For general practice in Wales
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Section 1: General information

Background
Two thirds of prescriptions issued in primary care are repeat prescriptions. These repeat prescriptions account for nearly 80% of NHS medicine costs for primary care. The management of these prescriptions and the time involved in processing them can be significant.

There are up to 410 million repeat prescriptions generated every year – equivalent to an average of more than 200 per general practitioner (GP) per week. It is estimated that up to 330 million, or 80% of all repeat prescriptions could eventually be replaced with repeat dispensing; this could redeploy 2.7 million hours of GP and practice time.

In order to provide a more efficient way to manage repeat prescriptions in 2005 the Government introduced a fully funded Repeat Dispensing service.

Terminology
The NHS Repeat Dispensing service is also commonly referred to as Batch Repeat Prescribing, Batch Repeat Dispensing and also Batch Prescribing Repeat Dispensing. For consistency, we will use ‘Batch Repeat Dispensing’ or ‘BRD’ throughout this document.

Batch Repeat Dispensing is an alternative model for prescribing and dispensing regular medicines to patients on stable long-term treatment, where repeat supplies can be authorised by a prescriber and then managed by the patient’s pharmacy of choice. This removes the need for the patient to contact their prescriber to request another repeat prescription and consequently saves the patient and prescriber time with this administrate task. Many of the patients receiving these prescriptions have relatively stable conditions.

The community pharmacy BRD service offers potential benefits to prescribers, practices and patients for the safe and efficient continued supply and management of regular medicines, while the prescriber retains the ability to cancel a single item or whole prescription at any time.

The patients pharmacy of choice receives the batch of prescriptions once the patient has given consent to be part of the service and they are up to date with their medication reviews. Subsequent issues of medication are then supplied to the patient at the intervals set by the prescriber. The Pharmacist can change supply intervals at their discretion if the patient is going on Holiday etc. At the point of supply pharmacists are mandated to ask patients if they require all items on their prescription before every issue, to avoid medicines wastage or identify issues with compliance or side effects.

At the final issue of medication the patient is referred back to the prescriber to attend a review and when appropriate another batch of prescriptions can be authorised.

“When required” or PRN medication can be prescribed using BRD. This can be achieved by using BRD at longer time intervals as predicted by the number of uses/doses, by patients ordering PRN medication through My Health Online or by acute requests from the patient at the surgery.

There are a number of differences and added benefits between the Repeat Dispensing model and traditional repeat prescribing processes, more information about these benefits can be found on the CPW www.cpwales.org.uk and PSNC www.psnc.org.uk websites.

Batch Repeat Dispensing service
Overview
This manual is intended for GPs and practice staff involved in the BRD process and outlines the processes required to:

- Recruit patients
- Issue prescriptions
- Dispense repeat medication
- Communicate essential information

Participating in the BRD service means that:

- Patients with stable, chronic conditions are identified by their GP
- The GP issues a prescription generated as a ‘batch’ up to a maximum of 12 months’ supply
- The patient then presents at their chosen pharmacy for Repeat Dispensing (usually on a monthly basis)
- The need to visit the surgery is minimised since there is no need to collect any repeat prescriptions during the Repeat Dispensing period
- The patient has the opportunity to discuss their medicines and any associated issues with a pharmacist on a regular basis
- PRN medication can be ordered either by a batch of prescriptions with a longer time interval between issues, acute scripts or though My Health Online

There is also an opportunity to:

- Address compliance and concordance issues for patients
- Improve access to GP surgeries for those who need it for scheduled or unscheduled care
- Provide a patient centered approach to repeat medication, increasing patient convenience and ownership of their medication
- Reduce medicines wastage
- Improve the management of workloads within General Practice
- Improve the management of workload within Community Pharmacy
Summary of Batch Repeat Dispensing procedure

Patients with chronic conditions and likely to remain stable; consider Repeat Dispensing. Maximum 6 months duration for initial batch and then Maximum 12 months duration

Patient information leaflet given, consent form signed by patient and filed in medical records

Prescriber records the pharmacy chosen by patient and enters READ code

Medication review and synchronisation of medication

Repeatable prescription (Master WP10/RA)

Computer generation of:

Batch issue WP10's (RO's)

Reasons for GP termination from Repeat Dispensing service may include:
1. Changes to medication following discharge from hospital (PATIENT SHOULD BE REFERRED INTO THE DMR SERVICE).
2. Instability of condition requiring frequent changes to medication.
3. Removal or resignation of patient from practice list
4. Loss of batch issues by patient

No GP signature required
Batch issues annotation

Pharmacy dispenses 1st installment and encourages the patient to leave their batch issues, these must be stored securely. Patient signature and declaration completed at each issue

Pharmacist counsels patient
- Appropriate use/continuing need for medication?
- Development of other symptoms/side effects

At any point in the process if there are concerns about safety or appropriateness communication the GP and pharmacist is vital. The patient should be informed to make appointment to see their GP ASAP

After final installment is dispensed, patient advised that a new prescription is required. Counterfoil from Master script given to patient.

Send Master WP10 (RA) to SSP

At patients
Pharmacy of choice
Master WP10 (RA) is retained

GP Signature required
No of batch issues specified
Repeat script annotation

At patients
Pharmacy of choice
Master WP10 (RA) is retained

All batch issues Dispensed or WP10 (RA) expires

GP Termination of script
Communication to destroy remainder of batch Rxs

Send Master WP10 (RA) to SSP

Re-authorisation and issue of Master (RA) and Batch (RD) WP10s

Most recent review/test results checked and appointment for review made if required

Patient returns counterfoil to GP

Send batch issue WP10 (RO) to SSP at end of each month
Complaints procedure and incident reporting

All individuals involved directly or indirectly with patient care have a responsibility to record and report any adverse patient incidents that occur. This responsibility does not change under the BRD arrangements.

Repeat Dispensing does change the way in which patients obtain their medication and there are potential areas of patient risk particularly if communication links fail.

If you work in a GP surgery or a Pharmacy you have a responsibility to record and report any incident that occurs.
Section 2: Patient selection, referral and consent

Patient selection
BRD is not suitable for all ‘repeat’ patients. The following criteria should be used for guidance:

✔ BRD may be suitable for:

- Patients who are stable on their current medication
- Patients living with long term conditions
- Patients whose medication should have remained relatively unchanged for 6 months prior to entry into the service
- On a reasonably simple regimen (based on clinical judgment of the prescriber)
- Be up to date with their medication review and monitoring
- Be able to give informed consent to the scheme (or their carer) and attend a regular pharmacy

✗ BRD may not be suitable for:

- Patients with frequent changes to their medication or taking only ‘when required’ medication.
- Benzodiazepines
- Unstable medical conditions with frequent admissions to hospital
- Terminal illness
- Controlled Drugs (Schedule 2&3 or 4)

Referral systems
The initial patient selection process is likely to affect the workload at the practice, as patients are introduced to the scheme and prescriptions are synchronised.

Therefore referrals from practice staff or community pharmacists highlighting patients suitable for the service should be discussed with the GP prior to any discussions with the patient. An agreed process to refer patients from the pharmacy to the GP should be set up prior to patients being engaged with the service. The practice or cluster pharmacist can be a useful resource to facilitate this referral process (see Action Plan and Referral forms in Section 4). A local procedure or protocol, once agreed can then support patient selection. An example community pharmacy referral form is included in this manual. Referral forms should be completed to highlight possible BRD patients to the GP.
Patients selected should be invited for an appointment with their GP, practice/cluster pharmacists or practice nurse as per practice procedure. Ideally this could be timed to coincide with or just after their medication review.

**If the patient is not suitable for or does not want to use the BRD service:**

- **READ code 8IEF** should be added to the patient record and the reason documented
- The GP checklist should be destroyed as per practice procedure

**Patient consent**

Use of the Repeat Dispensing arrangements by patients is voluntary and due to the necessary communication between the GP and the pharmacist, the patient will need to give fully informed written consent. A copy of the consent form RD1(W) and patient information leaflet RD2(W) is included in this manual.

Details of the patient’s chosen pharmacy and record of consent should be entered in the patient’s notes on the practice system using **Read code 8BM1** or use of **Free Text “On Batch Repeat Dispensing”** can be added to the patient’s record.

**Batch Repeat Dispensing records**

Patients enrolled on the BRD service should have received a patient information leaflet (RD2(W)), had all questions answered and given verbal consent for their medication to be managed by the service.

- A General Practice Checklist should be completed for each patient participating in the service (see BRD-W10, Section 4: BRD service paperwork)
- Patient consent should be recorded on the patient’s electronic record once the RD1(W) has been signed
- A record of the patient’s pharmacy choice should be documented in the patient’s records
- It is essential that the practice can easily identify those patients that are included in the BRD service so that any additional repeat medicines can be communicated to the patient’s chosen pharmacy and thus ensure patient safety. Procedures should be agreed at a practice level but may include:
  - **READ code 8BM1** being added to the patient record or free text entry of ‘On Batch Repeat Dispensing Service’ in patient’s computerised notes records
  - A practice list of patients participating in the scheme displayed at the prescription issue desk

**Promotional leaflets for patients**

There are various promotional leaflets available for patients that can be sourced from the Local Health Board or Welsh Government Publication Order Line 0845 603 1108.
Section 3: Prescribing process

Setting up the Batch Repeat Dispensing service

- All community pharmacies are already set up to provide this service as it is one of their fully funded NHS essential services
- Before setting up the BRD service for your practice the health board should be notified of your intent
- Contact information about your key pharmacy stakeholders needs to be collated
- Understand who your RD practice lead will be and ensure they are engaged in the details of the service
- Engage your local pharmacy stakeholders to confirm the agreed way of working. The summary of responsibilities in this manual can support this
- Engage your team in the agreed way of working and address any training needs that are identified
- Engage with patients as per practice agreement
- Review the process, patient satisfaction and any other outcomes 6 months after set up of the service

Repeatable (WP10) prescription (RA) and batch issues (RD)

The Master (RA) repeatable prescription must be computer generated and signed by the prescriber. It must be accompanied by the correct number of ‘batch’ prescriptions (RD), which shows the words Batch 1 of x, Batch 2 of x etc. in the box regularly used for the prescriber’s signature. The ‘batch’ prescriptions are NOT signed. The reverse side of all prescriptions is the same as the normal WP10.

NB: The repeatable prescription is the clinical authority to supply the medication and the ‘batch’ issue is the pharmacist’s invoice for payment.

In order to allow some flexibility for both the pharmacist and the patient (e.g. holidays away from home), the instalment/dispensing interval should be left blank.

Note about Repeatable (WP10) Prescription (RA) and Batch Issues (RD):

- ‘When required’ or PRN medicines CAN be included on a repeatable prescription as the pharmacist will check a patient’s medication requirements at each medication collection
- However if the practice decision is to not include ‘when required’ or PRN medicines on the repeat dispensing batches then it is recommended that each ‘when required’ medicine is included
  (i) In a separate repeatable prescription that the patient will manage independently or
  (ii) In a separate repeatable prescription with longer time intervals between issues as decided by the prescriber.
- Another consideration is to make PRN medication an orderable item on My Health Online for the patient to manage themselves
Patients should be informed that ALL batches must be dispensed from the same pharmacy. It is therefore advisable for the patient to leave the ‘set’ of prescriptions at the pharmacy to ensure that ‘batch’ forms do not get lost.

The RA is the legal prescription that allows a supply of medication for a defined duration. It must be signed by the GP.

The RD is an invoice that allows the pharmacy to claim the appropriate payment from SSP at each dispensing. It is not a legal prescription and is not signed by the GP.

**GP practice ↔ pharmacist communication**

Excellent local communication systems are needed to support Batch Repeat Dispensing. GPs and pharmacists will need mechanisms in place to discuss additions, deletions and changes to doses, strengths of medicines etc.

When setting up the service for patients there should be an agreed route of this communication that should be shared with all team members. This is one of the actions in the Action plan: Setting up BRD included in this manual.

Communication forms have also been included in this manual.

Information sharing protocols agreed locally should be followed:

- Communication should be sent using the appropriate communication forms. BRD-W4 is for GP communication to the Pharmacist BRD-W5 is for Pharmacists communication the GP

- **Urgent** communications should be phoned through to the pharmacy or practice and then followed by a written confirmation e.g. fax or email where appropriate

**Urgent and non-urgent communications will be defined based on the clinical judgment of the prescriber or pharmacist.**

**Where appropriate, forms should be retained with the patient’s notes.**
Adding a new repeat medication

- Regular monthly WP10 prescriptions (non-repeatable) should be issued for the new medication until it is clear that the patient’s condition is stabilised

- Once stabilised, a separate repeatable prescription can be issued for the new item as long as the number of ‘batch’ forms is equivalent to the number of ‘batch’ issues remaining for the current repeatable prescription

- Details of additions should be sent to the pharmacy as soon as possible

Deleting an item or altering a dose, strength etc.
(Including changes following Hospital Letter, OOH etc.)

- The details of any changes should be recorded on the relevant Communication Form and sent to the pharmacy as soon as possible

- Any unused prescriptions should be cancelled – see ‘termination of batches’

- A new repeatable prescription for all items should be generated in the usual way

Acute prescriptions

- Any acute or short term prescriptions should be written on a separate WP10

If it is clear that a number of changes to the patients’ medication are likely to occur over a short period of time it may be advisable to remove the patient from the BRD service until their medication is stable again.

Termination of batch forms

In some instances it may be necessary to terminate a repeatable prescription before the total number of ‘batches’ have been dispensed. Reasons for this could include:

- Change in patients’ medicine(s)
- Loss of batch issues by patient
- Patient resignation/removal from GP practice list
- Patients change in choice of pharmacy
- Uncollected batch prescriptions or expiry of repeatable prescription

In all of these instances a ‘Record of destroyed batch’ form should be completed (BRD-W6). A copy of this form is included in this manual. A record of ‘BRD - cancelled batch issues’ should be made in both the patient’s notes and on the practice system.

Expiry of the repeatable prescription

At the last batch issue of the repeatable prescription (or expiry if sooner), the pharmacist will provide the patient with the counterfoil of the repeatable prescription. This will prompt the patient to make an appointment for a medication review in order to obtain a further repeatable prescription where appropriate.
Requests for repeat prescriptions / re-authorisation of the repeat prescription
On the last but one batch issue of medication the pharmacist will inform the patient that the prescription reauthorisation is needed and will complete a pharmacy referral form BRD-W5. A Medication Use Review action plan may also be sent as appropriate.

This will provide the practice enough time to complete any reviews of test results and medication for the patient.

At the last issue of medication the counterfoil/repeat slip will be returned by the patient or pharmacy to reorder their prescription. Before issuing another supply the prescriber must reauthorise the repeat prescription.

Training for the Batch Repeat Dispensing service
The system providers EMIS and Vision both have trainers who can provide training on how to manage patients using the RD service.

There is a quick guide on setting up patients on the RD service for both EMIS and Vision systems in the Appendix of this manual.

There is a simple action plan in this manual to support this process (see BRD-W13, Section 4: BRD service paperwork).

FAQs
There is a list of FAQs on the CPW website http://www.cpwales.org.uk/Contract-support-and-IT/Contractual-Framework/Essentail-Services/Repeat-Dispensing-(1).asp and GP One website http://www.gpone.wales.nhs.uk/prescribing
Section 4: BRD service paperwork
What the patient needs to know about the Batch Repeat Dispensing service

I understand that by agreeing to the Batch Repeat Dispensing service:

- My doctor will give me a Repeat Dispensing prescription form authorising a number of Repeat Dispensing issue forms. The authorising prescription will have ‘RA’ printed on it and will be signed by the doctor. This prescription is valid for up to one year. The associated Repeat Dispensing issue forms will be marked ‘RD’ and are only valid for the period indicated on the repeat authorisation prescription.

- I need to take the authorising Repeat Dispensing prescription to my pharmacy along with the first Repeat Dispensing issue form.

- My pharmacist will keep the authorising form and the first repeat issue form after dispensing my medicine. I can look after the remaining repeat issue forms or ask my pharmacist to do this for me.

- I have to use the same pharmacy for my Repeat Dispensing. If I want to change to another pharmacy I understand that I will need to go back to my doctor to get another set of Repeat Dispensing forms. I will be asked to complete a form confirming my new Repeat Dispensing pharmacy arrangements.

- I should return to the pharmacy for each Repeat Dispensing issue at intervals agreed with the pharmacy until all the Repeat Dispensing forms are used up. My pharmacist will inform me of any ordering arrangements that apply to repeat issues.

- My pharmacist will remind me when the last repeat prescription form is dispensed that I need to go back to my doctor for another set of Repeat Dispensing forms. I understand that no further issues are possible without a new repeat authorisation and new repeat issue forms from my GP.

- My pharmacist does not have to give me every item listed on the Repeat Dispensing issue e.g. if I already have sufficient supply of a particular item.

- I should tell my pharmacist if I stop taking my medicines for any reason.
Beth mae'r claf angen ei wybod am y gwasanaeth Ailadrodd Swp (Batch Repeat Dispensing)

Rwyf yn deall bod drwy gytuno i'r gwasanaeth Ailadrodd Swp:

- Bydd fy meddyg teulu yn rhoi ffurflen bresgripsiwn Ailadrodd Swp yn awdurddodi nifer o ffurflen i mi. Bydd y presgripsiwn awdurddodi gyda 'RA' wedi'i argraffu arno a bydd yn cael ei llofnodi gan y meddyg. Mae'r presgripsiwn yn ddilys am hyd at flwyddyn. Bydd y ffurflen Ailadrodd Swp yn cael ei marcio 'RD' ac yn ddilys ar gyfer y cyfnod a nodir ar y presgripsiwn awdurddodi.

- Mae angen i mi gymryd y Presgripsiwn awdurddodi ailadrodd (RA) i fy fferyllfa ynghyd â'r ffurflen Ailadrodd (RD) cyntaf

- Bydd fy fferyllydd yn cadw'r ffurflen awdurddodi (RA) a'r ffurflen ailadrodd (RD) cyntaf ar ôl dosbarthu fy meddyginiaeth. Gallaf edrych ar ôl y ffurflenniailadrodd fy hyn neu ofyn fy fferyllydd i wneud hyn i mi

- Mae'n rhaid i mi ddefnyddio'r un fferyllfa ar gyfer fy Dosbarthu Ailadrodd. Os wyf am newid i fferyllfa arall rwy'n deall y bydd angen i mi fynd yn ôl at fy meddyg i gael set arall o ffurflenniailadrodd. Bydd gofyn i mi lenwi ffurflen yn cadarnhau fy nhrefniadau fferyllfaol newydd.

- Dylwn ddychwelyd i'r fferyllfa ar gyfer pob Ailadrodd Dosbarthu ar adegu y cytunwyd arnynt gyda'r fferyllfa nes bod yr holl ffurflenniailadrodd Dosbarthu yn cael eu defnyddio i fy hyn. Bydd fy fferyllydd fy hysbysu am unrhyw drefniadau archebu sy'n berthnasol i fy mhrefgripsiwn.

- Bydd fy fferyllydd yn fy atgoffa pan fydd y ffurflen bresgripsiwn ailadrodd olaf wedi ddoabarthis bod angen i mi fynd yn ôl at fy meddyg am set arall o ffurflenni Dosbarthu Ailadrodd. Deallaf nad oes unrhyw cyflenwad pellach i fy hyn. Bydd fy fferyllydd yr hyn hyn ei gyrchu am unrhyw drefniadau archebu sy'n berthnasol i fy mhrefgripsiwn.

- Nid oes rhaid i fy fferyllydd i roi pob eitem a restrir ar y ffurflen Dosbarthu Ailadrodd (RD) ee os bod digonedd o un or eitemau gyntaf o bethau egwylion ni.

- Dylwn i ddweud wrth fy fferyllydd os byddaf yn rhoi'r gorau i gymryd fy meddyginiaeth am unrhyw reswm
Patient consent form BRD-W2

Patient name: __________________________

Patient address: __________________________

I am the patient named above. My doctor, a member of the practice staff or my pharmacist have explained Repeat Dispensing to me. I have also been given a leaflet about this service “What the patient needs to know about the Batch Repeat Dispensing services”.

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 and I understand what I have to do.

Patient’s signature: __________________________ Date: __________________________

Date of birth: __________________________

Patient’s telephone number: __________________________

Nominated Repeat Dispensing Pharmacy name, address and tel no.: __________________________

GP’s name, surgery name, address and tel no.: __________________________
Fi yw'r claf a enwir uchod. Mae fy meddyg, aelod o staff y practis neu fy fferyllydd wedi egluro ‘Ailadrodd Swp’ i mi. Rwyf hefyd wedi cael taflen am y gwasanaeth hwn "Yr hyn mae angen i'r claf wybod am Ailadrodd Swp".

Cytunaf i’r wybodaeth am fy meddyginiaeth neu fy nhriniaeth gael ei rhannu rhwng y presgripsiynydd a’r fferyllydd yn rhan o’r drefn o gael ail gyflenwad o feddyginiaeth ac yr wyf yn deall yr hyn y mae’n rhaid i mi ei wneud.

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**Batch Repeat Dispensing - a convenient way to get your prescriptions**

If you or someone you care for use the same medicines regularly you may not need to get a new prescription every time you need more medicine. Instead you may be able to benefit from Batch Repeat Dispensing from the pharmacist. This means you won’t have to visit the surgery or make an appointment to see the doctor or practice nurse every time you need more medicine.

**Step 1**

Talk to either your prescriber (doctor or practice nurse) or your pharmacist and ask them if you are suitable for Batch Repeat Dispensing. They will then ask you for permission to share information with your prescriber/pharmacist about your treatment. Your prescriber will give you a signed authorisation form (which is valid up to a year) and some Batch Repeat Dispensing issue forms. They will explain what these forms are for.

**Step 2**

The next step is to take the forms to the pharmacy when you need your first batch of medicine. Let the pharmacist know if you’re taking any other medicines, or if your condition has changed recently. The pharmacist keeps your forms safely in the pharmacy.

**Step 3**

Next time you need more medicine, if the pharmacy is looking after the forms for you, contact them and tell them you need more medicine so they can have it ready for you when you go in.

_Talk to your doctor, local pharmacist or practice nurse if you have questions and to find out more._

**Frequently Asked Questions (FAQs)**

**What is Repeat Dispensing and how does it work?**

It’s a different way that patients taking regular medicines can get them without asking their doctor for a prescription each time.

Your doctor will give you an “authorising” repeat prescription form (marked ‘RA’ and signed by your doctor) and a number of Repeat Dispensing issue forms (‘RD’, not signed). This form will authorise a number of Repeat Dispensing issues and may specify the intervals at which those repeats are to be dispensed.

**Do I have to agree to a Repeat Dispensing service?**

No. Although your GP has identified that you may safely receive your medicine through the Repeat Dispensing service, you don’t have to agree to this and you can continue getting repeat prescriptions from your surgery.
Can any pharmacy provide the service?

You can choose any pharmacy that dispenses NHS prescriptions. You just need to make sure you use the same pharmacy each time you need more medicine.

What happens if I want to change pharmacy?

If for any reason you want to change dispensing arrangements, e.g. if you move house, then you will need to inform your surgery to make arrangements for a new Repeat Dispensing prescription to be produced. Your surgery will confirm with your previous pharmacy that any remaining instalments on your old prescription are cancelled and you will be asked to fill in another form indicating which pharmacy you will be using in future.

What do I do with the rest of the forms?

Your pharmacist can look after your Repeat Dispensing issues for you and they will then be stored safely and securely for you in the pharmacy. You can then request your medicines to be dispensed as and when you need them.

Alternatively, you may choose to keep the remaining Repeat Dispensing issue forms yourself and present each in turn for future supplies. If you lose any of the forms the pharmacy will be unable to supply you with any medicines and you will have to go back to your doctor to have a new set of prescriptions re-printed.

How long are these prescriptions valid for?

Most prescriptions are valid for a year. In some cases – for example if your prescriber wants to see you sooner – they may be valid for a shorter time.

What happens when my repeat dispensing prescription runs out?

Your pharmacist will remind you when you need to contact the surgery for a new Repeat Dispensing prescription. Your GP may ask you to make an appointment to review your condition before deciding whether or not to continue the Repeat Dispensing arrangements.

Is the pharmacist qualified to help me?

Yes. As well as doing a four-year masters degree, pharmacists do an additional year’s training which covers the actions, use and side-effects of medicines. That means they’re highly qualified to advise you on the medicines you’re taking. Most pharmacists carry out medicines use reviews that support you in how to best take your medicines and identify any issues you may have.

Will I still be able to see my GP if I become ill?

Yes. You can make a GP appointment as usual or you may wish to discuss your condition with your pharmacist in the first instance.

What happens if my medicines are changed or new medicines are added to my current treatment?

If necessary your GP will contact your pharmacist to cancel any remaining batch issues and provide you with a new prescription for your updated treatment. In this way all your medication should be in quantities that make sense for re-ordering purposes.

Do I have to get all the items on my prescription at the same time?
No. Your pharmacist will check with you whether all the medication is required at each instalment dispensing. If an item is not dispensed it will be marked as such on the batch prescription form. You will be asked to confirm the number of items received by filling in the appropriate section of the batch form.

**Can the pharmacist change my prescription without telling me?**

No. The pharmacist can talk to you about your medicine, and help you with any questions or problems. But no one will change your prescription without talking to you first.
Cwestiynau Cyflym BRD-W3(C)

**Ffordd newydd o gael eich presgripsiynau rheolaidd**
Os ydych chi, neu rywun rydych yn gofaru amdano, yn defnyddio’r un meddyginiaethau’n rheolaidd, efallai na fydd angen cael presgripsiwn newydd bob tro y bydd angen mwy o feddyginiaeth arnoch chi.

**Siaradwch â’r meddyg, fferylllydd lleol neu’r nyrs practis i gael gwybod mwy am hyn.**

**Cam 1**
Y cam cyntaf yw siarad â’r person sy’n rhoi’r presgripsiwn i chi - a gofyn iddo/iddi os gallwch drefnu cael amlbresgripsiynau. Fel arfer, eich meddyg neu’r nyrs practis fydd yn rhoi’r presgripsiwn i chi.

Wedyn, byddant yn gofyn i chi roi eich caniatâd i rannu gwybodaeth am eich triniaeth â’ch fferylllydd. Bydd hyn yn helpu’r fferylllydd i roi manlylon eich triniaeth i’r person sy’n rhoi’r presgripsiwn, ac i roi cyngor defnyddiol i chi. Efallai y bydd gofyn i chi lofnodi ffurf en ganiatâd.

Bydd y meddyg neu’r nyrs yn llofnodi ffurf en ganiatâd (sy’n ddiwys am fl wyddyn) a rhai ffurf en amilibresgripsiwn, ac yn eu rhoi i chi.

**Cam 2**
Y cam nesaf fydd mynd â’r ffurf en ganiatâd ac un o’r ffurf en amilibresgripsiwn at y fferylllydd pan fydd angen y feddyginiaeth arnoch nesaf. Ni fydd angen i chi lenwi neu lofnodi’r ffurf en en nes eich bod yn barod i’w rhoi i’r fferylllydd. Gall y fferylllydd eich helpu i lenwi’r ffurf en os nad ydych yn siwrl beth i’w wneud. Dywedwch wrth y fferylllydd os ydych yn cymryd unrhyw feddyginiaethau eraill, neu os yw eich cyflwr wedi newid yn ddiweddar.

Mae’r fferylllydd yn cadw eich ffurf en ganiatâd. Dylech gadw gweddill eich ffurf en mewn lle diogel, neu gallwch ofyn i’r fferylllydd ofalu amdanynt. Bydd angen un ffurf en arnoch bob tro y byddwch yn casglu’u meddyginiaeth.

**Cam 3**
Y tro nesaf y bydd angen mwy o feddyginiaeth arnoch, ewch â ffurf en amilibresgripsiwn newydd i’r un fferyllfa. Os yw’r fferyllfa yn cadw’r ffurf eni ar eich rhan, ffoniwch nhw ymlaen llaw i ddweud bod angen mwy o feddyginiaeth arnoch. Wedyn, bydd yn barod i chi pan ewch i mewn. Cofi wch lenwi eich ffurf en amilibresgripsiwn ar ôl cyræedd y fferyllfa er mwyn iddynt nhw allu rhoi’r feddyginiaeth i chi. Os oes gennych unrhyw gwestiwn, holwch y fferylllydd. Bydd yn fwy na pharod i’ch helpu.

**Cwestiynau Posibl**

**Beth yw Dosbarthu Ailadrodd a sut mae’n gweithio?**
Mae’n ffordd wahanol y gall cleifion sy’n cymryd meddyginiaethau yn rheolaidd eu derbyn heb ofyn i’w meddyg am bresgripsiwn bob tro.

Bydd eich meddyg yn rhoi ffurflen bresgripsiwn “awdurdodi” (wedî’i farcio ‘RA’ a’i lofnodi gan eich meddyg) a nifer o ffurflenni ailadrodd (‘RD’, heb eu llofnodi) i chi. Bydd y ffurflen hon yn awdurdodi nifer o bregripsiynau ailadrodd a gall bennu cyfnodau cyn allwch gael ailadroddiadau.

A oes rhaid i mi gyntuo i wasanaeth Ailadrodd prescripsiwn?

Nac oes. Er bod eich meddyg teulu wedi nodi y gallech derbyn eich meddyginiaeth trwy’r gwasanaeth Dosbarthu Ailadrodd yn ddiogel, nid oes rhaid i chi gyntuo i hyn a gallwch barhau i gael eich bresgripsiwn ailadrodd gan eich meddygfa.

Beth sy’n digwydd os ydw i’n colli fy ffurfl enni, neu os ydw i’n rhedeg allan?

Bydd angen i chi fynd yn ôl at y person sy’n rhoi’r presgripsiwn a gofyn am fwy o ffurfl enni. Cofiwch wneud hyn cyn bod eich meddyginiaeth yn rhedeg allan, rheg ofn y bydd gofyn i chi wneud apwyntiad gyda’r meddyg neu’r nyrs er mwyn iddyn nhw wneud yn siwr fod y feddyginiaeth yn dal yn adas.

Gall unrhyw fferyllfa ddarparu’r gwasanaeth hwn?

Gallwch ddewis unrhyw fferyllfa sy’n gweinydu presgripsiynau’r GIG. Ond mae angen i chi wneud yn siwr eich bod yn defnyddio’r un fferyllfa bob tro y bydd angen mwy o feddyginiaeth arnoch chi.

Beth os ydw i’n symud ty ac angen mynd i fferyllfa arall?

Bydd angen i chi fynd yn ôl at y person sy’n rhoi’r presgripsiwn a gofyn am set newydd o ffurflenni. Dylych fynd â’r ffurflen ganiatâd newydd wedi’i llofnodi, yngnyd â ffurflen amblbresgripsiwn i’ch fferyllfa newydd pan fydd angen eich meddyginiaeth arnoch.

A oes rhaid i mi gael pob eitem ar fy mhresgripsiwn ar yr un pryd?

Nac oes. Os oes dal digon o un math o feddyginiaeth ar ôl gyda chi, dywedwch wrth y fferyllydd.

A yw’r fferylllydd yn gymwys i’m helpu i?

Ydy. Mae wedi gwneud grad arall o hynny lle mae’n dysgu am feddyginiaethau, sut i’w defnyddio ac am eu sgil-effeithiau. Felly, mae’n gymwys iawn i’ch cymhori am y meddyginiaethau rydych yn eu cymryd.

A all y fferylllydd newid fy mhresgripsiwn heb ddweud wrthyf?

Na all. Gall y fferylllydd siarad â chi am eich meddyginiaeth, a’ch helpu gydag unrhyw problem. Ond fydd neb yn newid eich presgripsiwn heb siarad â chi gyntaf.

Am faint o amser y maer’r presgripsiynau hyn yn ddilys?

Mae’r rhan fwyaf o bresgripsiynau’n ddilys am fl wyddyn. Mewn rhai achosion - er enghraifft os yw’ch meddyg neu’r nyrs practis am eich gweld yn gynt - efallai y byddant yn ddilys am lai o amser.

A alla i dal i gael amblbresgripsiynau o’r feddygfa?

Gallwch. Chi sydd i benderfynu sut rydych am gael eich meddyginiaethau.
Please action the following for the Repeat Dispensing patient named below and send to the nominated pharmacy as soon as possible.

<table>
<thead>
<tr>
<th>Date</th>
<th>GP name and practice address</th>
<th>Practice stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Referral form ref no</th>
<th>Patient name and address</th>
<th>Pharmacist name and address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action required</th>
<th>GP to tick action required or write instruction as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not issue any further repeats of (drug name/s)</td>
<td></td>
</tr>
<tr>
<td>Ask the patient to return to the surgery for review</td>
<td></td>
</tr>
<tr>
<td>Provide simple administration advice for (drug name)</td>
<td></td>
</tr>
<tr>
<td>Ask the patient to return to the surgery for blood monitoring test</td>
<td></td>
</tr>
<tr>
<td>If none of the above applies please write in specific action required</td>
<td></td>
</tr>
</tbody>
</table>

GP signature: _[Signature]_
Pharmacist communications form BRD-W5  
(To be sent to the patient’s GP, retaining a copy in the pharmacy).

Please action the following for the Repeat Dispensing patient named below

<table>
<thead>
<tr>
<th>Date</th>
<th>GP name and practice address</th>
<th>Practice stamp</th>
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</table>

Referral form ref no  
Patient name and address

The following issue(s) relating to the patient named above have been identified

<table>
<thead>
<tr>
<th>Issue</th>
<th>A tick donates that this has been identified as an issue for your patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erratic collection of repeat medication</td>
<td></td>
</tr>
<tr>
<td>Compliance problems</td>
<td></td>
</tr>
<tr>
<td>Side effects of medication</td>
<td></td>
</tr>
<tr>
<td>Potential adverse drug reaction</td>
<td></td>
</tr>
<tr>
<td>Medication no longer required</td>
<td></td>
</tr>
<tr>
<td>Query dose regimen</td>
<td></td>
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<tr>
<td>Query benefit of treatment</td>
<td></td>
</tr>
<tr>
<td>Distressing symptoms</td>
<td></td>
</tr>
<tr>
<td>Requires Monitoring</td>
<td></td>
</tr>
<tr>
<td>Batch issues lost</td>
<td></td>
</tr>
</tbody>
</table>

The following action is recommended (write details below)

For pharmacy copy only – Tick as appropriate  
YES  
No

Recommended action accepted by GP

Patient records amended in the Pharmacy

Pharmacist signature:
## Record of destroyed batch issues BRD-W6

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Date destroyed</th>
<th>Number of batch</th>
<th>Reason for destruction (see code*)</th>
<th>Date GP informed</th>
<th>Pharmacist initials</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Code:**

- **Ex** = Repeatable prescription expired
- **MS** = Medication stopped
- **PS** = Patient no longer using RDA
- **PR** = Patient refused supply
- **MP** = Moved pharmacy/GP practice
- **N** = Issue not collected by patient
- **D** = Patient deceased
You are due to collect your last batch repeat dispensing supply after this one.

Only 1 further issue can be made until you have a review at your surgery and then provide a new Batch of Repeat Dispensing Prescription.

DON’T RUN OUT OF THE MEDICINES YOU NEED!

MAKE A REVIEW APPOINTMENT and REQUEST A NEW BATCH REPEAT DISPENSING PRESCRIPTION from your surgery in plenty of time.

You are due to collect your last batch repeat dispensing supply after this one.

Only 1 further issue can be made until you have a review at your surgery and then provide a new Batch of Repeat Dispensing Prescription.

DON’T RUN OUT OF THE MEDICINES YOU NEED!

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You are due to collect your last batch repeat dispensing supply after this one.

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DON’T RUN OUT OF THE MEDICINES YOU NEED!

MAKE A REVIEW APPOINTMENT and REQUEST A NEW BATCH REPEAT DISPENSING PRESCRIPTION from your surgery in plenty of time.
Rydych yn fod i gasglu eich cyflenwad dosbarthu swp diwethaf ar ôl yr un yma.

Dim ond 1cyflenwad arall bydd yn cael ei wneud hyd nes y byddwch yn cael adolygiad yn eich meddygfa ac wedyn bydd eisiau Presgripsiwn Swp newydd

**PEIDIWCH Â RHEDEG ALLAN O’R MEDDYGINIAETHAU SYDD ANGEN ARNOCH!**

Gwnech apwyntiad am adolygiad a chais am bresgripsiynau swp newydd o’ch meddygfa mewn dda bryd.

---

Rydych yn fod i gasglu eich cyflenwad dosbarthu swp diwethaf ar ôl yr un yma.

Dim ond 1cyflenwad arall bydd yn cael ei wneud hyd nes y byddwch yn cael adolygiad yn eich meddygfa ac wedyn bydd eisiau Presgripsiwn Swp newydd

**PEIDIWCH Â RHEDEG ALLAN O’R MEDDYGINIAETHAU SYDD ANGEN ARNOCH!**

Gwnech apwyntiad am adolygiad a chais am bresgripsiynau swp newydd o’ch meddygfa mewn dda bryd.
You have collected your last repeat dispensing supply

No further issues can be made until you provide a new Repeat Dispensing Prescription.

DON’T RUN OUT OF YOUR MEDICINES!

REQUEST A NEW REPEAT DISPENSING PRESCRIPTION FROM YOUR SURGERY IN PLENTY OF TIME.

You may be asked to make an appointment with the doctor so that he/she can review your condition and decide whether or not to continue with your Repeat Dispensing Arrangements.

You have collected your last repeat dispensing supply

No further issues can be made until you provide a new Repeat Dispensing Prescription.

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You may be asked to make an appointment with the doctor so that he/she can review your condition and decide whether or not to continue with your Repeat Dispensing Arrangements.
Yr ydych wedi casglu eich
cyflenwad ailadrodd diwethaf

Ni all unrhyw cyflenwad pellach cael ei
wneud hyd nes y byddwch yn derbyn
Presgripsiwn ailadrodd newydd.

PEIDIWCH Â RHEDEG ALLAN O’CH
MEDDYGINIAETHAU!

GOFYNWCH AM PRESGRIPSIWN
AILADRODD NEWYDD GAN EICH
FEDDYGFA MEWN DIGON O AMSER.

Efallai y gofynnir i chi wneud apwyntiad
gyda’r meddyg fel y gall ef / hi adolygu
eich cyflwr a phenderfynu p’un ai i barhau
gyda’ch trefniadau ailadrodd

Yr ydych wedi casglu eich
cyflenwad ailadrodd diwethaf

Ni all unrhyw cyflenwad pellach cael ei
wneud hyd nes y byddwch yn derbyn
Presgripsiwn ailadrodd newydd.

PEIDIWCH Â RHEDEG ALLAN O’CH
MEDDYGINIAETHAU!

GOFYNWCH AM PRESGRIPSIWN
AILADRODD NEWYDD GAN EICH
FEDDYGFA MEWN DIGON O AMSER.

Efallai y gofynnir i chi wneud apwyntiad
gyda’r meddyg fel y gall ef / hi adolygu
eich cyflwr a phenderfynu p’un ai i barhau
gyda’ch trefniadau ailadrodd
Dear Doctor,

I am referring this patient to potentially participate in the Repeat Dispensing Scheme as their medication regimen and medical condition complies with the criteria we agreed for patient selection:

- Patients medical condition has been stable on current medication
- Patient is not taking any Controlled Drugs
- Patients has had the same medication regimen for over 6 months

Additional Information

Name (printed):

Position / occupation:

Base:

Signature

Please complete this form and send to the patient’s GP as per agreed protocol.
GP checklist for enrolment BRD-W10

<table>
<thead>
<tr>
<th>Patient name:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Next review date:</td>
<td>Address:</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
</tbody>
</table>

**Medical conditions:**

<table>
<thead>
<tr>
<th>Repeat medicines and dose:</th>
<th>Quantity</th>
<th>Compliant</th>
<th>Date started</th>
<th>PRN: (Y/N)</th>
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<tbody>
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<tr>
<th>Monitoring</th>
<th>Date</th>
<th>Monitoring</th>
<th>Date</th>
<th>Monitoring</th>
<th>Date</th>
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</table>

**Pharmacist / officer recommendations/comments:**

- [ ] Switch to BRD – initial prescription for [ ] months
- [ ] Continue unchanged – reason: [ ]
- [ ] Review by GP
- [ ] PRN medicines to be managed – unchanged / BRD for [ ] issues
- [ ] Action required prior to transfer (see over)

**Name** [ ] Signed [ ] Date [ ]

**Actions required:**

- [ ] Medicines review required
- [ ] Bloods required [ ]
- [ ] BP required
- [ ] Other required (see below) [ ]

Batch Repeat Dispensing service
Prescriber’s recommendations/comments:

- Switch to BRD – initial prescription for [ ] months
- Continue unchanged – reason: 
- PRN medicines to be managed – unchanged / BRD for [ ] issues

<table>
<thead>
<tr>
<th>Prescriber Name</th>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>

**Action** | **Tick**
--- | ---
Patient signed consent form BRDW2 & provided PIL BRDW1
Patients appropriateness for BRD assessed
Patient invited for review/monitoring*
Medication review completed*
Consent form & GP checklist authorised by prescriber
BRD prescription forms generated
Patient record annotated with appropriate READ code:
#8BM1 – repeat dispensing at designated pharmacy
#8IEF – repeat dispensing service declined
Patient record annotated with their selected pharmacy**
Alert ‘on repeat dispensing service’ added to patient record**
Prescription forms and white copy of consent form RD1(W) sent to patient’s pharmacy**
Annotate patient recruitment form and return to pharmacy:
√ = included
X = excluded
L = letter sent to patient
Reconsider in ‘n’ months
Scan/file consent form & GP checklist into patient notes**
Destroy paperwork (according to practice policy)

*if needed; ** if transferred to BRD
The details of the patients who meet the criteria for the repeat dispensing service and have consented to participate are below. I would be grateful if you can check their medical records to see if there are any reasons that the patients should not participate.

I would appreciate if you could produce a repeat authorisation and batch issues for each of the suitable patients and provide these to the pharmacy before the patient next requires their repeat prescription dispensed.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Date of birth</th>
<th>Consent form</th>
<th>Practice decision</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Practice decision Key
- Included ✓
- Excluded X
- Letter sent to patient L
- Reconsider in ‘n’ months ‘n’

If the prescriber decides that the patient is not suitable for Batch Repeat Dispensing then please ensure the nominating pharmacy is informed of the decision and a note made on the patients PMR.
## Colleague training needs analysis BRD-W12

**Name:**

**Date:**

<table>
<thead>
<tr>
<th>Topic</th>
<th>How would you describe your current knowledge?</th>
<th>Have you had previous training in this area?</th>
<th>What actions do you need to take?</th>
<th>Action completed and competent?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand what the Batch Repeat Dispensing (BRD) service is?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand the processes in the practice to run the BRD service?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Able to explain the benefits of BRD to patients?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Able to identify suitable BRD patients?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Able to explain the patient’s new ‘journey’ for their medication supply and reviews?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand consent and paperwork associated with BRD?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand how to set up a patient with BRD at the surgery?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand how to manage and dispense BRD at the pharmacy?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand how to cancel items on a BRD script?</td>
<td>□ V good □ Good</td>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Topic</td>
<td>How would you describe your current knowledge?</td>
<td>Have you had previous training in this area?</td>
<td>What actions do you need to take?</td>
<td>Action completed and competent?</td>
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<td>----------------------------------------------------------------------</td>
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<td>--------------------------------------------</td>
<td>----------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Understand how to communicate any changes or cancelations about BRD with the pharmacist?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand how to communicate any changes or cancelations about BRD with the pharmacist?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Able to explain to the patient about the reauthorisation process and need for review?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand process for reauthorisation and provision of BRD?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Understand where to access the forms and tools needed for the BRD service?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Know who to contact if you have any queries about BRD and/or the dispensing of it?</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Know how to contact surgery with any issues on ETP Rx</td>
<td>□ V good □ Good □ Average □ Poor</td>
<td>□ Yes □ No</td>
<td>□ Yes</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
### Action plan: Set up BRD-W13

<table>
<thead>
<tr>
<th>Action</th>
<th>How will this be achieved?</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform the Health Board of the Practice intention to start the repeat dispensing service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collate information of the contact details of the local community pharmacies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appoint a clinical and administrative lead for the practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share the information from the Repeat Dispensing (RD) manual with the surgery team to ensure that all prescribers, multidisciplinary team members and the support/admin team understand how the service operates.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure everyone in the practice is able to promote and explain BRD to patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure the team can complete the responsibilities they will have to keep the administration of the service up to date. (Training Needs Analysis can support this).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set your patient criteria to allow easy identification of suitable patients and a smooth running of initiating patients into the service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider how to set up a routine during annual medication reviews (Birthday patient reviews can support this as recommended by RCGP).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider the procedure for managing PRNs, powders, creams, liquids. Individual RD’s with a different interval? My Health Online? Acute scripts or managed repeats for the patient to manage?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure that a patients total number of RD prescriptions coincide with reviews that are needed or QOF relevant tests.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Set up an engagement meeting with the local pharmacies about the initiation of the repeat dispensing service.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify a named RD lead at each pharmacy and agree with them how RD will work with them locally.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Action

<table>
<thead>
<tr>
<th>Action</th>
<th>How will this be achieved?</th>
<th>Target date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up the communication channels for notification of changes,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cancellations or referrals to and from the practice and pharmacy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work with the local pharmacy to identify suitable patients who would</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefit from RD.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review the RD service 6 months after set up to identify any outcomes in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient satisfaction, reduced waste or increased efficiency in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td>prescription management process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Share successes and build on any improvements identified.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key contacts

<table>
<thead>
<tr>
<th>Contact</th>
<th>Details (telephone/fax/email)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Board</td>
<td></td>
</tr>
<tr>
<td>GP practice</td>
<td>Practice manager</td>
</tr>
<tr>
<td></td>
<td>BRD lead clinician</td>
</tr>
<tr>
<td></td>
<td>BRD admin lead</td>
</tr>
<tr>
<td></td>
<td>Cluster/practice pharmacist</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td>BRD lead tech</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td>BRD lead tech</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Pharmacist</td>
</tr>
<tr>
<td></td>
<td>BRD lead tech</td>
</tr>
</tbody>
</table>
### Responsibilities BRD-W14

*(To support the action plan to set up the service.)*

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appoint pharmacy administrative and clinical leads for repeat dispensing</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Appoint practice administrative and clinical leads for repeat dispensing</td>
<td>Practice</td>
</tr>
<tr>
<td>Identify suitable patient(s)</td>
<td>Practice &amp; Pharmacy by agreement</td>
</tr>
<tr>
<td>Discuss repeat dispensing arrangements with patient(s)</td>
<td>Practice &amp; Pharmacy</td>
</tr>
<tr>
<td>Provide information leaflet RD2(W)</td>
<td>Practice &amp; Pharmacy</td>
</tr>
<tr>
<td>Gain patient consent RD1(W)</td>
<td>Practice &amp; Pharmacy</td>
</tr>
<tr>
<td>Request RD prescription</td>
<td>Pharmacy (on behalf of patient) &amp; Patient &amp; Carer</td>
</tr>
<tr>
<td>Verify the need for a review and organise as appropriate before reauthorisation</td>
<td>Practice</td>
</tr>
<tr>
<td>Issue RD prescription and batch issues to date of review (initially maximum 6 months)</td>
<td>Practice</td>
</tr>
<tr>
<td>Read code patient as repeat dispensing patient</td>
<td>Practice</td>
</tr>
<tr>
<td>Collect prescription for dispensing</td>
<td>Pharmacy or Patient or Carer</td>
</tr>
<tr>
<td>Dispense batch issues in turn</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Inform practice of non-concordance (i.e. over or under ordering)</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Inform patient to arrange an appointment for monitoring / medication review with surgery</td>
<td>Pharmacy &amp; Practice</td>
</tr>
<tr>
<td>Order the next prescription by local process when due</td>
<td>Pharmacy (on behalf of patient) or ) Patient or Carer</td>
</tr>
<tr>
<td>Notify practice of final batch dispensing</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Record patient dispensing history</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Conduct MUR and provide MUR action plan to surgery as appropriate</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Provide dispensing history to practice if needed</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Conduct annual review &amp; any necessary monitoring</td>
<td>Practice</td>
</tr>
<tr>
<td>Issue new RD prescription</td>
<td>Practice</td>
</tr>
<tr>
<td>Inform pharmacy of changes to medication or patient status</td>
<td>Practice</td>
</tr>
</tbody>
</table>
## Appendix

### Appendix 1. Setting up BRD on Emis.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bring up the patient record, Click <strong>Medication</strong> Click <strong>Add drug</strong></td>
</tr>
<tr>
<td>2</td>
<td>Enter drug name, dosage, quantity and duration as normal, Under <strong>Rx Types</strong> drop box, Click <strong>Repeat Dispensing</strong> Enter number of authorised issues (e.g. 6 or 12 months)</td>
</tr>
</tbody>
</table>

If the drug is already on repeat:

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Go into patient’s current medication list, Click the drug which would be changed to repeat dispensing Click <strong>Edit</strong></td>
</tr>
<tr>
<td>2</td>
<td>Check the drug name, dosage, quantity and duration, Under <strong>Rx Types</strong> drop box, Click <strong>Repeat Dispensing</strong> Enter number of authorisation issues (e.g. 6 or 12 months) Click <strong>Update</strong></td>
</tr>
</tbody>
</table>
Appendix 2. Setting up BRD on Vision

Under consultation manager

Go to *Consultation*

*Options*

Click *Setup*

Click on the 2\textsuperscript{nd} tab from the right (*Therapy*)

Click *Enable Repeat Dispensing* (bottom right)

Go into patient’s consultation manager

Click *Therapy* tab

Click on box next to the medication to be set up as repeat dispensing

Click on the icon *Reauthorise Repeat as Repeateable*