

Standard Operating Procedures

Dispensing

Practice Name	
Address	
Accountable doctor	
Effective from	
Date of review	

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Standard Operating Procedures

Dispensing

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Standard Operating Procedures – Dispensing

Receiving Prescriptions

Purpose

To ensure a high standard of customer service and the safe, secure, and efficient handling of prescriptions received at the dispensary.

Scope

The procedure covers the receipt of NHS and private prescriptions presented at the dispensary.

Procedure / Process

1. Greet patient
2. Confirm patient details – name, address, age/date of birth. Clarify incomplete details if necessary
3. Advise patient if medicine is cheaper to buy OTC (if a P or GSL medicine)**
4. Check availability of stock – consult a dispenser if necessary
5. Advise approximate waiting time if appropriate
6. Pass prescription to dispensary staff

Responsibility

All dispensary staff are involved in this procedure.

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff.
- Any adverse dispensing incident.
- In the absence of any of the above, this procedure will be reviewed 12 months after the date shown on the first page

Known Risks

None

Standard Operating Procedures – Dispensing

Pharmaceutical assessment

Purpose

To ensure that all prescriptions dispensed are safe, clinically appropriate, legally valid, and cost-effective.

Scope

The procedure covers the assessment of all NHS and private prescriptions.

Procedure / Process

1. Check for legal validity, eg. that the prescription has been signed and dated (for “walk-in” prescriptions), that it is in date and, if it is for a controlled drug, that it complies with the requirements of the Misuse of Drugs Regulations
2. Check for forgeries
3. Check for disallowed items prescribed on NHS prescription forms
4. Check for compliance with Health Centre formulary
5. Appropriateness of drug in relation to patient's condition and other parameters such as age, pregnancy/breastfeeding status, previous treatment, etc
6. Appropriateness of dosage form
7. Appropriateness of dose
8. Appropriateness of route of administration
9. Check for therapeutic duplication
10. Check for contraindications
11. Check for drug/drug, drug/disease interactions
12. Assessment of possible side-effects and risks of adverse reactions
13. Assessment of compliance or inappropriate use/misuse

Responsibility

Dispensing doctor. Steps 1 to 4 and step 13 may be delegated to any dispenser.

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
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- Change of staff
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Known Risks

1. New or unfamiliar drugs
2. Drugs with similar names
3. Drugs capable of causing most harm to patients if given inappropriately. Eg. Methotrexate, anticoagulants, hypoglycaemics
4. Patient on other medicines of which the doctor is unaware

Standard Operating Procedures – Dispensing

Assembling and labelling prescriptions

Purpose

To ensure the safe and effective assembly and labelling of prescribed items.

Scope

The procedure covers the labelling and assembly of all prescriptions *with the exception of those requiring extemporaneous preparation and those requiring a special order* (see appendices). **It does not cover emergency supply of POMs at the request of a doctor, nurse, or patient.**

Procedure / Process

Labelling:

1. Check whether the prescription has been received electronically or manually. If it is an electronic prescription, labels should be generated in accordance with the dispensing software procedures, then go to step 6
2. For manual prescriptions, check if the patient is registered on the practice's dispensing software system. If yes, then add the prescribed items to the patient's record and produce labels in accordance with dispensing software procedures.
3. Calculate the correct quantity to be dispensed if the prescriber has used the *number of days treatment box*
4. If the labelling system warns of drug interactions, incorrect dosage, etc. then refer the matter to the doctor (see SOP on pharmaceutical assessment)
5. Endorse prescription
6. Record any interventions if not already done so under the "Interventions and Problem Solving" SOP
7. Ensure wording on labels is correct and in plain English, making any necessary amendments
8. Place prescription(s) and label(s) in a dispensing tray and place in the appropriate area, ready for assembly

Assembly:

1. Check that relevant protective clothing, such as a clean overall, is worn where appropriate and that hands have been washed
2. Read the prescription (NOT the label) and select the correct product. Pay particular attention to medicines with similar names which may be in close proximity, eg amlodipine, amiloride
3. For oral dose forms, pay particular attention to ensuring the correct strength has been selected
4. For oral forms, check that the correct formulation has been selected – SR, EC, LA etc. are all different
5. For topical preparations, pay particular attention to ensuring that the correct formulation has been selected (cream vs. ointment, eye drops vs. eye ointment, etc.)
6. Check the expiry date on the product. Pay particular attention to eye drops

7. If opening an oral liquid medicine, write the date of opening on the bottle
8. Select the correct number of calendar/patient packs OR
9. Select the appropriate bulk pack and count out the correct number of dosage units using a triangle, a capsule counter, or if appropriate, an electronic tablet counter
10. Do not touch or handle medicines while counting, particularly those that can cause sensitisation, eg cytotoxics, finasteride
11. If insufficient quantity is in stock, refer to the "Owings" procedure
12. If using patient packs, check that all the packs are full and do not contain half strips or loose tablets. If the box contains loose strips or tablets, check these correspond with what is supposed to be in the box
13. If necessary, transfer the medicine to another container, using child resistant closures (CRC) when appropriate
14. If transfer to another container is necessary, check whether this compromises stability or expiry
15. If the patient has requested non-CRCs, ensure that plain tops are used and annotate the prescription accordingly
16. Check that the label corresponds with what has been prescribed and attach it to the assembled item, initialling the "dispensed by" box
17. Ensure the pack contains the relevant patient information leaflet (PIL) if appropriate
18. Check that the assembled item matches the prescription and that the label matches the prescription
19. If dispensing from bulk packs, keep the dispensed item with the bulk pack until the whole prescription has been checked for accuracy
20. Repeat the assembly procedure until all items on the prescription form have been dispensed
21. Leave the assembled and labelled items, together with the stock pots or empty containers, in the prescription tray and transfer to the checking area for checking by the relevant person
22. For items with special storage requirements (e.g. fridge items, CDs), consider placing them in a separate area so that they will be checked and returned to the appropriate storage area as soon as possible
23. Re-order stock,
24. If the prescription is private, calculate the price to be paid and annotate the prescription form accordingly

Responsibility

All dispensers

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff.
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Known Risks

1. Unfamiliar products
2. Unfamiliar names, eg rINNs (dosulepin is the rINN for dothiepin)
3. Assembling items from labels, not from prescriptions
4. Similar packaging
5. Products with similar names, eg co-amilozide, co-amilofruse
6. Not marking half-full boxes
7. Distractions
8. Quieter periods. Research shows that fewer errors occur when the dispensary is busy
9. Working long hours without a break

Appendix 1

Prescriptions requiring extemporaneous preparation

1. Follow the SOP for the “Labelling of Prescriptions”. Ensure the label contains a batch number and expiry date, and that a duplicate label is produced
2. Inform the patient of the likely waiting time
3. Extemporaneous preparations should be prepared in a separate area of the dispensary
4. Use the “Extemporaneous Preparation” book to calculate the ingredients and quantities required, and the method of manufacture. Order any ingredients needed, and any containers, etc.
5. Ensure that the doctor checks all ingredients, quantities, and methods of manufacture, and that the batch numbers and expiry dates are noted in the record
6. The label affixed to the completed product should contain both a batch number, which refers to the appropriate page of the record book, and an expiry date. A duplicate label should be attached to the relevant page of the book
7. The “dispensed by” box should be annotated by the dispenser responsible for manufacturing the product
8. The prescription can now be subjected to the usual checking procedures

Appendix 2

Prescriptions requiring a special order

1. Follow the SOP for the “Labelling of Prescriptions”, ensuring a duplicate label is produced
2. Inform patient of the likely waiting time
3. Order the “special” item from the appropriate supplier,
4. Make an entry in the “Special Order Record Book” detailing the date, the item ordered, the expected date of delivery, and the order reference number
5. Upon receipt of the “special item”, affix the duplicate label to the manufacturing record supplied with the product and file the record in the “Extemporaneous Preparation” book
6. Affix a dispensing label to the product, ensuring batch number and expiry dates are not obscured, and sign the “dispensed by” box
7. The prescription can now be subjected to the usual checking procedures

Standard Operating Procedures – Dispensing

Accuracy checking

Purpose

To ensure that dispensed prescriptions have been assembled and labelled accurately before being transferred to the patient.

Scope

The procedure covers the way in which prescriptions that have been dispensed (assembled and labelled) are checked for accuracy. It covers all prescriptions except those which have to be dispensed into monitored dosage systems.

Procedure / Process

1. Keep distractions and interruptions to a minimum
2. Read the prescription through once, including details of patient name as well as drug name, strength, and quantity
3. Check each item individually in the order it appears on the prescription before moving on to the next

Check the product:

1. Read the drug name on either the bulk stock pack or the patient pack and check that this matches what is written on the prescription
2. Check that the product strength correlates with that on the prescription. Be careful with units, eg mg (milligrams) and mcg (micrograms)
3. If using multiple patient packs, check that *all* packs are the same medication and the same strength
4. Check that the correct form has been dispensed (cream vs. ointment etc.)
5. If using bulk packs, carry out a quick visual check on the contents of the bulk pack and the contents of the container to ensure they match
6. If using patient/calendar packs, open all unsealed packs checking that the contents are correct, the number of strips present in each pack is correct, and that there are no loose blisters or tablets
7. Check that the pack contains the relevant PIL or, for medicines dispensed from bulk packs, that a leaflet is supplied; these can be downloaded from the internet.
8. Check that the correct quantity has been given (the correct number of patient packs or a quick visual check of the container)
9. For controlled drugs, double-check and count the number of dosage units dispensed
10. Check the expiry date on each patient pack or on the bulk pack

Check the label:

1. Check the label against the prescription (not against what has been dispensed) to ensure that it contains the correct patient name, correct medication name, correct strength, quantity, and dosage form
2. Check that the dose and usage instructions on the label correspond with the prescription

3. Check that the correct BNF warnings appear on the label
4. If dispensing more than one item, check that the labels on the items have not been transposed

Complete the checks:

1. When the accuracy check is complete, initial the “checked by” box on the dispensing label
2. If any of the above steps reveals that an error has been made, this must be brought to the attention of the dispenser concerned. Errors should be recorded, and any trends should be brought to the attention of the doctor in charge.
3. Count the number of items on the prescription and then count the corresponding number of dispensed items (not packs) into an appropriately sized bag
4. Check that you have not included any stock containers in the bag
5. If the dispensed items have special storage requirements, eg items needing refrigeration or controlled drugs, ensure that the prescription form is annotated accordingly
6. Ensure that 5ml spoons, oral syringes, etc. are included if necessary
7. Attach any owing labels or other notes if necessary
8. Attach the prescription to the bag
9. Hand the dispensed items to the patient in accordance with the “Transfer to Patient” procedure OR
10. If the patient is collecting the prescription at a later time, store the dispensed items in the appropriate collection area, ensuring that any items which have special storage conditions are stored in the appropriate area

Responsibility

Repeat prescriptions requiring remote delivery may be checked by the Dispensary Manager after any problems have been satisfactorily solved.

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff
- Any adverse dispensing incident
- In the absence of any of the above, this procedure will be reviewed 12 months after the date shown on the first page

Known Risks

- Distractions or interruptions
- Working long hours without a break
- Quieter periods (research shows that fewer errors occur when the dispensary is busy)
- Illness/lack of focus/personal problems
- Over-reliance on accuracy of person who dispensed the medication
- Self-checking

Practice Name:

- New staff, **locums**, etc.

Standard Operating Procedures – Dispensing

Interventions & problem solving

Purpose

To ensure that interventions are dealt with appropriately and promptly, and that patient confidence in the prescriber is maintained.

Scope

The procedure covers interventions and problem solving for all NHS and private prescriptions.

Procedure / Process

1. Consult patient as he or she may be able to help solve the problem
2. Inform patient, if present, without causing undue alarm, that there may be a delay in dispensing the prescription
3. Inform patient, if present, if a prescribed item is likely to take some time to obtain, e.g. long-term out-of-stocks, special orders
4. Check dispensary reference sources
5. Contact external reference sources for advice or information if necessary, e.g. manufacturer's medical information department.
6. Contact prescriber and discuss the problem
7. If prescriber cannot be contacted, refer problem to prescriber's deputy
8. Come to an agreement with prescriber on action to be taken (if the matter cannot be solved by the dispensary team)
9. Record details of intervention and outcome

Responsibility

Dispensing doctor. All steps may be delegated to any dispenser.

Review Procedure

This procedure will be reviewed following:

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Known Risks

1. problems presenting during busy periods
2. problems not followed up or progressed

Standard Operating Procedures – Dispensing

Transferring dispensed items to patients

Purpose

To ensure that patients receive the dispensed items intended for them and with sufficient information to enable them to use the items effectively.

Scope

The procedure covers the transfer of all dispensed prescriptions to patients and their representatives.

Procedure / Process

If patient/representative has called back to collect a dispensed prescription:

1. Greet patient/representative
2. Check whether person present is the patient or a representative
3. Ask the patient/representative for the patient's full name and address (not just surname)
4. Locate the correct bag.
 - Items which the doctor wishes to give out personally are identified by a note on the prescription
 - Prescriptions *solely* for controlled drugs are located on Prescriptions which contain a controlled drug plus other items are annotated "CD". The controlled drugs are stored in the controlled drug cabinet, located in the dispensary
 - Items which need to be refrigerated are stored in the refrigerator, located in the dispensary. Prescriptions *solely* for fridge items are located on Prescriptions which contain a fridge item(s) plus other items are annotated "fridge"
 - Large/bulky items are stored on the dispensary shelving adjacent to
 - Items which were initially dispensed more than 1 month ago are disbanded and a record made on the EMIS system
5. Cross-check patient name and address against the attached prescription
6. Follow any special instructions on the bag (eg notes concerning use or availability of a product)

If patient/representative has been waiting for the prescription:

1. Call out patient name when items have been checked and are ready
2. Ensure that those with hearing difficulties are made aware that the prescription is ready
3. Ask the patient/representative for the patient's full name and address (not just surname)
4. Check whether patient can open packaging (eg bottles with CRCs, blisters, etc.)

If patient has not previously used the item(s):

1. It may be inappropriate to counsel representatives on a medicine's indications – remember to maintain patient confidentiality at all times

2. Within the limits of your competence, explain how the items should be used/taken and any major unwanted effects/interactions (eg warnings on drowsiness, alcohol interactions, take with food, complete the course, etc.)
3. Explain fully any complicated dosage regimes (eg reducing courses, etc.)
4. Refer patients who require elastic hosiery or truss fitting to the local pharmacy or practice nurse.
5. Where appropriate and/or necessary, demonstrate the use of inhalers or other devices or refer to Christine Westwood.
6. Ask the patient/representative whether they have any further questions about the items or if they would like to speak to the doctor
7. At any stage, if necessary, refer to the doctor or other member of the dispensary team

If the patient has had the item(s) in the past:

1. Point out your telephone number and advise the patient to contact the doctor if they have any further queries

For all prescriptions:

1. Ensure the reverse of the prescription has been completed, the declaration signed, and the correct number of charges collected where appropriate
2. If evidence of exemption is not presented, place a cross in the *Pharmacy Use Only* box on the reverse of the prescription
3. If the prescription has been paid for, or contains a contraceptive alone, the form should be annotated accordingly
4. If not all items can be supplied, explain the procedure for collecting owings and advise on approximate delivery time
5. Place the prescription form in the appropriate basket for filing.
6. Ensure that appropriate records have been made (eg prescription register, CD register)

Responsibility

All dispensary staff are potentially involved in this procedure. Dispensers must ensure that all prescriptions containing CDs and fridge items are annotated accordingly. Counter assistants must ensure that these items are passed on to the patients/representatives, along with any notes or messages.

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff
- Any adverse dispensing incident
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Known Risks

- New staff
- Patients with commonly occurring surnames
- Patients with the same name living at the same address (e.g. father and son)
- Patients collecting more than one prescription
- Third-party (e.g. nurse, carer) or patient representative collection
- Patients with sensory disabilities
- Patients with language or literacy problems
- Patients who are too busy for counselling
- Items stored in unusual locations (e.g. fridge, CD cabinet, bulky items)
- Prescriptions that have been dispensed into more than one bag
- Prescriptions for different patients that need to be collected together

