Dispensing process: best practice

This document is intended for guidance purposes only, to provide information on best practice regarding the dispensing process. This may help minimise the risk of dispensing errors occurring while providing patient-centred care.

- It is intended to aid you when reviewing the standard operating procedures (SOPs) covering the dispensing process
- It is not intended to replace your existing SOPs or be used as such
- Where the information in this document may differ from current pharmacy SOPs, the pharmacy SOPs must be followed in all circumstances

Dispensing process: best practice infographic
<table>
<thead>
<tr>
<th>Dispensing process</th>
<th>Best practice</th>
<th>Additional considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Dispensing environment</strong></td>
<td>• Have clear signs indicating where patients should hand in prescriptions and collect dispensed items&lt;br&gt;• Organise the dispensary to minimise distractions; for example, keep background noise, such as music, to a minimum&lt;br&gt;• Encourage a dispensary atmosphere that encourages good concentration&lt;br&gt;• Designate segregated areas for various stages of the dispensing process to promote safe workflow&lt;br&gt;• Use baskets/trays to separate prescriptions for individual patients&lt;br&gt;• Enable, and ensure, patients are able to:&lt;br&gt;  o Discuss information/issues confidentially&lt;br&gt;  o Receive additional pharmacy services, in a consultation room, where applicable&lt;br&gt;  o Receive information in a manner appropriate to their needs – refer to the NPA Accessible Information Standard suite of resources&lt;br&gt;• Ensure the dispensary equipment and facilities meet health and safety requirements and are ergonomically designed&lt;br&gt;• Ensure daily/weekly/monthly checks are made as per the pharmacy SOP(s)</td>
<td>• Ensure that the pharmacy premises meets the General Pharmaceutical Council (GPhC)/Pharmaceutical Society of Northern Ireland (PSNI) standards (as applicable)</td>
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<td><strong>2. Taking in/receiving a prescription</strong></td>
<td>For paper prescriptions, follow “Dispensing prescription items SOP”.&lt;br&gt;England: for Electronic Prescription Service Release 2 (EPS2) prescriptions, follow EPS2 SOPs.&lt;br&gt;• Greet the customer when taking in/receiving the prescription&lt;br&gt;• Check whether the customer presenting the prescription is the patient or a representative&lt;br&gt;• Confirm patient details – name, address, age or date of birth, as appropriate&lt;br&gt;• Clarify unclear details where necessary with the customer/representative&lt;br&gt;• NHS prescriptions: ensure the reverse of the prescription/declaration completed/signed, as relevant&lt;br&gt;  o Where applicable, confirm exemption status&lt;br&gt;  o Where applicable, calculate the appropriate NHS prescription charge(s)&lt;br&gt;• Private prescriptions – advise a charge will need to be calculated&lt;br&gt;• If applicable, attach the appropriate section of the prescription receipt docket to the prescription and give the appropriate prescription receipt docket stub to the customer&lt;br&gt;• Transfer the prescription to the dispensary team and advise customer on an approximate waiting time</td>
<td>• Where the patient asks to speak to the pharmacist, indicate this on the prescription/docket&lt;br&gt;• Where prescriptions are collected from the surgery on behalf of patients, ensure that the pharmacy SOP reflects how patient details and exemption status are captured</td>
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### Dispensing process: best practice

#### Clinical and legal assessment

The clinical assessment by a pharmacist should be conducted before the accuracy check. For human prescriptions, follow "Legal and clinical check SOP". For animal prescriptions, follow the veterinary prescriptions suite of resources and dispensing veterinary prescriptions SOP.

Northern Ireland: refer to Health and Social Care Board (HSC) learning from serious adverse incident letter and Pharmacy Forum NI “Clinical check guidance”.

- Check that the prescription complies with legal requirements – refer to POM prescriptions guidance:
  - Prescription validity, including repeats for private prescriptions
  - Prescriber registration

- Take into account the following factors as relevant and assess the prescription for clinical appropriateness:
  - Specific patient groups, including children, elderly, pregnant/breastfeeding women, immunocompromised or palliative care patients
  - Presence of concomitant disease, such as renal or hepatic impairment
  - Known allergies, dietary intolerances, personal preferences or religious beliefs
  - Contraindications and special warnings for use
  - Interactions, including prescribed/over-the-counter medicines, herbal remedies or supplements
  - Item(s) particulars, such as dose, form, administration route, quantity prescribed
  - For high risk medicines, such as anticoagulant therapy, insulin, methotrexate or lithium, refer to the relevant patient safety SOPs

- Where in the pharmacist’s professional judgement, the prescription is legally valid and clinically appropriate, then prepare and attach any appropriate notes for the patient or attach the relevant alert sticker

- Where, in the pharmacist’s professional judgement, the prescription may not be clinically appropriate, take steps to obtain additional information in order to come to a final decision; consider:
  - Discussing issues with the prescriber and/or patient
  - Checking appropriate reference materials, such as the British National Formulary (BNF), Martindale, Stockley’s Drug Interactions
  - Contacting the NPA Pharmacy team on 01727 891800

- Where in the pharmacist’s professional judgement, the prescription is not legally valid and/or clinically appropriate then inform the patient/representative of the decision, the rationale, and refer them back to the prescriber or liaise with the prescriber directly

- Be particularly careful with Controlled Drug (CD) prescriptions and prescriptions written by a doctor/dentist from the European Economic Area (EEA)/Switzerland

- Where an Accuracy Checking Technician (ACT)/accuracy checker is responsible for accuracy checking – discreetly mark the prescription to indicate that the prescription has been clinically assessed by a pharmacist and initial the annotation

- For advice and support, call NPA Pharmacy team on 01727 891 800
# Dispensing process: best practice

## 4. Assembling and labelling

**For all prescriptions:**
- Use the prescription to dispense the item(s) – check name, strength, formulation, quantity and expiry date for each item and place into a dispensing basket/tray
- Assemble the correct quantity, or volume of medicine required
- Check/create a patient medication record (PMR), carefully cross-check address and date of birth
- If labels are generated using an existing PMR, double-check dose, form, strength, quantity
- Carefully label the appropriate item(s), one at a time, checking the name, strength, form and quantity
- Apply the label to the space designed by the manufacturer for this purpose if applicable – otherwise, apply to the item(s) being careful not to cover-up the name, strength or other important information
- Include a patient information leaflet (PIL) for each item, including when dispensing a monitored dosage system (MDS)
- Initial the “dispensed” box on the dispensing label
- For owings: refer to assembling owings SOPs for paper and EPS prescriptions
- For veterinary prescriptions: refer to veterinary prescriptions suite of resources and dispensing veterinary prescriptions SOP

> Follow the GPhC guidance “Responding to complaints and concerns, September 2010” which advises to “produce dispensing labels before any product is selected from the shelf”

### IMPORTANT:
- It remains the responsibility of the pharmacy owner/superintendent pharmacist, to ensure that best practice is reflected within all pharmacy SOPs, taking into account the workflow in the pharmacy premises, and ensuring safe and effective dispensing while minimising risk of errors

## 5. Accuracy checking and bagging

**For all prescriptions:**
- See guidance on self-checking in Appendix 3
- Read the whole prescription
- Check each item individually in the order that it appears on the prescription
- For multiple packs or labels: ensure that each pack is checked
- Cross check the labels(s) and medicines against the prescription, where applicable (in some circumstances not all the fields of information will apply, for example, appliances):
  - Name of the medicine – be careful with drug names which are spelt or sound similar
  - Strength of the product – be careful with the units, for example, mg and mcg
  - Product formulation
  - Quantity of the product; a physical inspection of the actual quantity should be conducted wherever reasonably possible for unsealed solid formulations – for CDs the quantity must be checked

### IMPORTANT:
- Where the check has revealed an error, alert the team member who dispensed the item(s), make an entry into the near miss log, and complete a Patient Safety Incident report; correct the error
## Dispensing process: best practice

- Also check that:
  - PIL is included for each medicinal product, including those dispensed from bulk packs
  - For medicines which were dispensed from bulk packs, visually check that the contents of the stock pack match the contents of the dispensed medicinal product
  - Check the expiry date on each of the patient packs or the stock pack
  - The appropriate warnings from the BNF appear on the label (this is particularly important where labels have been manually generated – usually the warning labels are automatically and correctly generated by the PMR system)
- For liquid formulations: check whether a measuring device is licensed/include with the prescribed item(s) and ensure this is supplied; if not, add an appropriate plastic spoon or oral syringe
- Following the completion of the accuracy check, initial the “checked” box on the dispensing label
- Once all items on the prescription have been checked, separate fridge items and CDs subject to safe custody (Schedule 2 and some Schedule 3 CDs)
- Place items into appropriately sized bags – ensure stock packs are not placed into the patient’s bag
- Seal the bag(s) with a bag label for easy identification and store in the designated area
- Store sealed fridge item bags in the fridge
- Give sealed CD item bags to the pharmacist to store in the CD cupboard
- Where the patient is calling back, is not present or the item(s) are being delivered:
  - Attach the prescription/EPS2 token, docket (if using), and any owing slips/notes to the main bag
  - Attach an appropriate prescription alert sticker to the main bag, if necessary, to act as a reminder if there is an additional CD/fridge bag, or whether the pharmacist wishes to hand over the medicines personally
  - Clearly indicate whether a prescription charge is still due, or the exemption requires completion

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<tr>
<th>6. Handing out/delivering dispensed items</th>
<th>For all prescriptions, follow SOPs for dispensed item(s), Schedule 2 and 3 CDs and delivering item(s)</th>
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<tbody>
<tr>
<td>For all prescriptions when being handed out:</td>
<td>Greet the patient/representative or, if a waiting prescription, call out the patient’s name</td>
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<td></td>
<td>Request the prescription receipt stub; where this is not available:</td>
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<td></td>
<td>- Locate the correct bag (if not with you already) and check the patient’s first name and surname against the details on the sealed bag</td>
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Dispensing process: best practice

- Check the sealed bag for, and action, any prescription alert stickers/notes which might indicate that:
  - The pharmacist wishes to speak to the patient and hand over the medicines personally
  - An additional CD/fridge bag accompanies the sealed bag
  - A prescription charge is still due, or the exemption requires completion
  - The customer is a suitable candidate for another pharmacy service – for example, a Medicines Use Review (MUR) or New Medicine Service (NMS)
- Where a CD is required, appropriate member of staff to speak to the pharmacist in charge of the CD key to obtain this
- Cross-check the patient’s first name, surname and address against the prescription, bag label or docket stub (if used)
- Check that the prescription is still legally “in-date” – prescriptions are generally valid for six months from the appropriate date or 28 days for prescriptions for Schedule 2, 3 or 4 CDs (where in doubt, refer to the pharmacist)
- Detach the prescription/EPS2 token and the prescription dockets/owing note (if applicable) from the bagged medicines
- Ask the patient to confirm the patient’s first name, and surname and address before handing over to the customer
- Check if the customer has any questions about their items; if so, follow the procedures outlined in the relevant pharmacy SOP for pharmacy staff, referring to the pharmacist where appropriate

For all prescriptions when being delivered:
- Ensure consent for delivery has been obtained
- Consider if a discussion is required with the patient; this may require a telephone consultation
- Record delivery details in driver’s record book; include number of bags, obtaining prescription charges (if applicable), information on special storage requirements
- Ensure item(s) are delivered within the hours in which the responsible pharmacists is signed in

| 7. Patient consultation | • Carry out patient consultations in the consultation room, where applicable
  • Offer a chaperone where appropriate in-line with the pharmacy chaperone policy |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| 8. Record-keeping       | **Follow SOP on record-keeping, including for CDs**
  • Remind pharmacy team and pharmacists about any appropriate records that may need to be made
  • Ensure near-misses/patient safety incident are logged (incident must also be reported) |
Appendix 1: Controlled Drugs (CDs)

Follow the CD SOPs at all times.

- If the prescription has any legal requirements missing, is out of date, or is written on the incorrect prescription form:
  - Contact the prescriber and inform the patient/representative of any action necessary
- If there is any doubt over the authenticity of the prescription, always contact the prescriber in the first instance for advice
- Prescriptions requiring amendment by the prescriber must be returned to the prescriber for amendment, or a replacement prescription requested
- If the error is a typographical error, or the total quantity is written in words only or figures only (not both), a minor amendment can be made by the pharmacist (as long as due diligence is exercised)
- If the prescription is presented for dispensing more than two-to-three weeks after the appropriate date, confirm with the prescriber that there is still a clinical need for the item(s), if necessary
- A PIL must be included for each CD dispensed, including when dispensed into an MDS, on each occasion it is supplied to the patient
- Items awaiting collection that are subject to safe custody requirements must be stored in the CD cupboard until collection by the patient/representative or until delivery is imminent
- Always check the appropriate date on the prescription or owing before handing out the CD prescription (Schedule 2, 3 and 4 CDs)
- Before handing out the dispensed CDs (Schedule 2 and 3 CDs), ascertain whether the person collecting is the patient, their representative or a healthcare professional acting on behalf of the patient – ask for evidence of their identity
- Ask the patient/representative to sign the reverse of the prescription (Schedule 2 and 3 CDs) to confirm collection – applies to both NHS and private prescriptions

Appendix 2: Monitored dosage system (MDS)

Follow the MDS SOPs at all times – refer to NPA suite MDS resources.

- If medicines are dispensed into an MDS, this should be done in a designated area
- Specific SOPs must be in place where “at-risk” medicines are placed in exceptional circumstances into an MDS, for example, warfarin
- Ensure that each MDS is assembled and labelled for one patient at a time and one pack/week at a time; MDS for multiple patients and weeks must not be assembled simultaneously as this could lead to errors
- Re-dispensing of medicines into an MDS that have previously been supplied to a patient either by the same pharmacy or another one (including from a hospital) is not recommended – pharmacists seeking to offer this type of secondary dispensing service would need to consult their indemnity insurance provider; an assessment of the level of risk and the cover required would then need to be determined
- Changes to a patient’s prescribed medicines or dosage regimen will require a new prescription; patients need to understand that in these circumstances they must not take further supplies of medicines previously dispensed in an MDS
- A PIL must be included for each medicine dispensed into an MDS on each occasion it is supplied to the patient
- Store any MDS containing CD items subject to safe custody requirements in the CD cupboard until collection/delivery
Appendix 3: Self-checking

Follow the pharmacy SOP on dispensing at all times.

- The GPhC and the PSNI have not produced specific guidance for pharmacists on self-checking.
- All pharmacies are required to have undertaken a risk assessment to limit dispensing errors, and ensure robust SOPs are in place.
- All pharmacists must follow the GPhC “Standards for pharmacy professionals”/PSNI “The Code: Professional standards of conduct, ethics and performance for pharmacists in northern Ireland” to ensure patient safety is not compromised by self-checking.
- A short period of time should lapse between dispensing and self-checking to ensure that:
  - A ‘mental break’ is taken and the prescription is re-read afresh.
  - Any error in the dispensing process can be picked up and corrected.
- Suggestions if self-checking:
  - Ensure that items are picked against the prescription and not against the labels.
  - Read the prescription out loud (ensuring patient confidentiality) each time whilst picking the item, labelling and checking.
  - Ask a relevant member of the pharmacy team (a pharmacy assistant/dispenser or pre-registration student) to undertake one step of the dispensing process, such as picking items from the shelves or creating the labels; this could ensure the labelling the product(s), accuracy check and clinical check are then undertaken by the pharmacist.
- Ensure:
  - Items with similar sounding names or similar looking packaging, are segregated.
  - Shelves are labelled clearly, especially after previous near misses/errors.

References and further reading

- GPhC guidance on "Responding to complaints and concerns": https://www.pharmacyregulation.org/standards/guidance/guidance-support-standards-registered-pharmacies
- NPA Essential SOPs: https://www.npa.co.uk/services/essential-sops-standard-operating-procedures/
- NHS Design for patient safety: a guide to the design of the dispensing environment: http://www.nrls.npsa.nhs.uk/resources/collections/design-for-patient-safety/?entryid45=59830

Disclaimer: The information in this document is, to the best of our knowledge, appropriate at the time of publication. However, no responsibility will be accepted by the NPA for any consequences of decisions made using this information.