

Bristol North leads repeat dispensing

Although there are 303 primary care trusts in England, figures for December 2005 reveal that one in seven repeat dispensing items were from Bristol North PCT. Lin-Nam Wang finds out how this has been achieved

Repeat dispensing is a major Government target. As of 1 October 2005, all pharmacies in England must have been ready to dispense repeatable prescriptions and each month contractors are being paid £125 for this service under the pharmacy contract. In December 2005, however, items dispensed on repeatable prescriptions made up only 0.3 per cent of the total number of items dispensed in England. In stark contrast, Bristol North Primary Care Trust was way ahead with 11 per cent of its items coming from repeat dispensing. The difference could be due to the fact that the PCT is offering its 42 pharmacies and 32 GP practices extra money to provide the service.

Since 2003, Bristol North has operated a community pharmacy development incentive scheme. This rewards pharmacies that undertake activities which improve services. For example, in 2004, pharmacies that had personal development plans and annual appraisals in place for their staff, among other criteria, were rewarded. In 2005, the incentive scheme focused on repeat dispensing and pharmacies that can show they have met nine set criteria (see Panel) will get a share of £15,000, which the PCT has set aside, in addition to the payment for repeat dispensing they receive under the pharmacy contract.

Andrew Evans, community pharmacy facilitator for Bristol North PCT, told *The Journal* that the PCT believes repeat dispensing is more convenient for patients, reduces the administrative workload for GP practices and makes the dispensing of repeat medicines easier for pharmacies (by helping with stock management and workload planning).

Encouraging GP practices

Repeat dispensing in the rest of the country has rolled out at a slower rate than predicted. According to a recent update on growth in prescription volume from the Prescription Pricing Authority, in September 2005 repeat dispensing items were submitted from only about half of the PCTs in England. Software problems have been blamed for the low uptake, but a study conducted by the University of Manchester also suggests that the willingness of GPs to offer patients repeat dispensing is likely to depend on effective local working arrangements with pharmacists, as well as the recognition of benefits to patients.

Like other PCTs, Bristol North operates a prescribing incentive scheme for GP practices. However, in addition to the usual requirements, such as keeping within prescribing budgets, the Bristol North scheme includes repeat dispensing as a measure of quality improvement. Practices need to meet



Chris Howland-Harris: repeat dispensing is the beginning of a new way of working with patients and practices

criteria similar to those applied to pharmacies in order to earn a share of £27,500 that has been ring-fenced for them for repeat dispensing. "The incentive scheme was intended to get all practices involved in repeat dispensing so that they could see the advantages for the practice and for their patients. Practices would also see the benefits of closer working with pharmacists," Mr Evans said.

The PCT repeat dispensing criteria requires contractors and practices to meet initially to discuss an action plan and at least twice more to review it. "By its very nature repeat dispensing requires greater communication and co-operation between pharmacists and GPs," Mr Evans explained. This view is corroborated by the University of Manchester study. Qualitative semi-structured interviews with GPs and practice managers at pathfinder pilots indicated that effective working relationships and communication with local pharmacies were key to successful repeat dispensing schemes.

Ashgrove Pharmacy is taking part in the Bristol North PCT incentive. Chris Howland-Harris, proprietor of Ashgrove, co-ordinated an initial repeat dispensing meeting with other local pharmacies and

three practices. "This definitely smoothed the way," he said.

Mr Evans added: "Co-operation between pharmacists and GPs was something we were keen to see happen as a step to integrating community pharmacy in the NHS." This integration seems to be prominent in the Bristol North mindset. For example, grants to add NHS signs to premises are also available to contractors. "We feel it is important to support pharmacies to feel part of the NHS," Mr Evans pointed out.

Mr Howland-Harris describes himself as an "early adopter" of initiatives where he can see a real benefit for patients. In his opinion, the PCT incentive schemes have definitely helped. "We are all busy and under pressure. Incentives like these make it worth getting things going because there are costs in initially setting up. Time is spent meeting with surgeries, training surgery staff and training your own staff," he said.

Commenting on the PCT repeat dispensing criteria, Mr Howland-Harris said that these were all good practices and "no more than what we, as professionals, should be doing". He added: "We had a relationship with practices before, but [repeat dispensing]

Panel: Pharmacy criteria

- The pharmacy has an identified lead for repeat dispensing
- The pharmacist has met the local practice(s) to discuss an action plan for promoting repeat dispensing
- As a result of the meeting, the practice has agreed the action plan and has submitted a copy to the PCT
- Between months 3 and 6 the pharmacist has met the local practice(s) to review the action plan
- The practice has agreed any changes to the action plan and submitted a copy to the PCT
- At month 6 the pharmacy has referred a number of patients to the practice such that 2 per cent of prescriptions dispensed can be done so using repeat dispensing (as calculated by the PCT and agreed with the contractor)
- During February 2006 the pharmacist has met the local practice(s) to review the action plan
- The practice has agreed an action plan for 2006–07
- At year end the pharmacy has referred a number of patients to the practice so that 5 per cent of prescriptions dispensed can be done so using repeat dispensing (as calculated by the PCT and agreed with the contractor)

has helped to improve it and has demonstrated that strengthening relationships is mutually beneficial.”

A good argument for practices to take up repeat dispensing is that it is a precursor to electronic transfer of prescriptions. “Repeat dispensing and ETP work together, and GP surgeries will find that being well advanced with repeat dispensing will really bring benefits with ETP,” Mr Howland-Harris said.

Finding the money

Some years ago, the PCT decided to stop its pharmacy rota arrangement. This liberated £20,000, which was put into a protected pot to start the community pharmacy development incentive scheme. This funding has been maintained in subsequent years.

The money for GP practices was already available: “Funds were always going to be allocated to the prescribing incentive scheme,” Mr Evans said. It was just a question of finding a subtly different way of using the funds allocated to quality improvement activities, he added.

Results and benefits

Although Bristol North PCT hosted a repeat dispensing pathfinder site in 2003, this involved only a handful of GP practices. The latest figures speak for themselves. Before the repeat dispensing incentive (March 2005), 34 per cent of the PCT’s practices were involved

in repeat dispensing and 1.5 per cent of all items were from repeatable prescriptions. By December 2005, 93 per cent of the practices were involved. One practice is unable to participate because of problems with its software. The number of repeatable items in the nine months that the scheme has been running has increased 12-fold compared with the same period in the year before.

According to Mr Evans, benefits to the PCT include improved use of the pharmacists skills, particularly in reducing waste of unwanted medicines and reducing the risks associated with unnecessary supply of repeat medicines. Although in some cases practices have been concerned that they receive little or no feedback from pharmacies about problems with medication, on the whole, patients find the the repeat dispensing system more convenient than normal dispensing. “We believe that repeat dispensing will continue to be used,” he said.

How easy would it be for other PCTs to put a similar scheme into practice? “PCTs would need to convince their professional executive committees that providing the incentives to deliver service changes is in the interest of patients and the PCT by improving access, reducing waste and developing some of the changes needed in practice thinking to support the full implementation of essential pharmacy services,” Mr Evans said.

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