

# How a central dispensary can improve patient care in community pharmacies

Central dispensaries are allowing certain pharmacies to focus on new services and customer care by taking over much of their repeat dispensing workload. **Matthew Wright** visited an Alliance central dispensary in Norwich to examine its hub-and-spoke approach

Now that the new community pharmacy contractual framework has been in place for over a year, pharmacists, more than ever, are providing a greater range of services. Many pharmacists in the community may feel that they simply do not have the time to do what it takes to make their business thrive — not to mention their professional capabilities.

However, an Alliance pharmacy in Norwich is operating a central dispensary, which dispenses repeat prescriptions for four nearby pharmacies. Sunil Sharma, manager of the central dispensary at Alliance Pharmacy, Hall Road, Norwich, told *The Journal* that having prescriptions taken care of at a central dispensary frees pharmacists' time, allowing them to do other activities within their particular pharmacy.

## Hub and spoke

The central dispensary, Mr Sharma explained, uses a hub-and-spoke approach whereby the central site acts as a hub where the dispensing of repeat prescriptions takes place, and the spokes are pharmacies located within driving distance, which remain the point of contact for patients.

One of the key components of the set-up is the computer system, which is fully integrated and links the hub and spokes.

According to Mr Sharma, spoke pharmacies can see in "real time" what is being dispensed at the hub. When a spoke switches their dispensing system over to the central dispensary site, "hub" is displayed on-screen. "If they wish, a prescription can be followed as it is dispensed to see what stage it is at," he suggested.

Not all items are suitable for repeat dispensing at the hub. Mr Sharma gave the example of Controlled Drugs, which are not dealt with at the central dispensary because of legal and logistical difficulties. However, items requiring refrigeration are dispensed at the hub. Once checked, these items are put into cool bags with frozen bricks to preserve the cold chain, said Mr Sharma. In the case of insulins, Mr Sharma said that it made a lot of sense to "keep all types of insulins at the hub where there is room to store them" so that the spokes do not have to stock the entire range.

Gillian Neal, a pharmacist and manager of one of the spoke pharmacies, located inside a



Sunil Sharma (right) at the central dispensary in Norwich

Waitrose store in Eaton, Norwich, said that the system began at the end of last year and is running successfully.

"We have a good relationship with the hub," she said. "Any problems that we've identified or anything we want changed, we discuss with them and come up with a solution."

## Procedures and risk management

Mr Sharma explained that he has tried to minimise potential risks in the system by developing robust standard operating procedures (SOPs) — which are regularly reviewed — and encouraging error reporting.

"We have SOPs for the hub and for the branches," he confirmed. "We also keep a near miss record. When a pharmacist does the final check and finds a mistake, they write down . . . the date, time, items, strength." He said that it is a blame-free system to help identify any problems with the procedure and to "look at any patterns over a few months".

Mr Sharma has also developed a system of intervention forms that aids in communication between the hub and spokes. The forms are used to highlight any concerns — for example, a change in labelling or a therapeutic issue — that the spoke pharmacy may need to bring to the patient's or GP's attention.

"For every interaction a label is printed and attached to an intervention form. The intervention form is filled out and attached to the prescription. It is then looked at by the branch pharmacist," explained Mr Sharma.

"For new items the forms are clearly marked with a red cross," he added. This is because, with repeat dispensing, the interactions come up on the computer every time,

Mr Sharma pointed out. But an intervention form is still filled out on every occasion so that nothing is missed. Highlighting new items is an added security and helps the branch pharmacists, he said.

Once an intervention form has been assessed and dealt with at the spoke, it is signed by the pharmacist and photocopied for his or her records, and the original is returned to the hub.

Mrs Neal said: "We know the majority of patients and know what has already been sorted out and what is a priority. If they have a new item, we can identify if there is a problem with it . . . and talk to the customer." She said that the system

makes it the same as if the prescription had been dispensed at the branch.

## Finding the time

Unlike other central dispensaries — most of which undertake repeat dispensing or care home services from a dedicated site — the Hall Road hub is incorporated into a community pharmacy. The shop dispensary and the central dispensary are divided by a drug carousel and are staffed by separate teams. It is not surprising that Mr Sharma has a lot on his plate. Not only does he co-ordinate the central dispensary, but he also manages a busy store, is proactive with medicines use reviews (MURs) and has held successful public health promotions. Another section of his pharmacy is dedicated to care home dispensing.

So how do the spoke pharmacies really benefit from having their repeat prescriptions dispensed at Hall Road? Mr Sharma said that when the system was introduced the prescription workload suddenly reduced to the level it was many years ago. "The pharmacists simply don't have the time to do very much dispensing. We take much of that work away and customer service improves, and they now have time to do other services."

Mrs Neal explained that implementing parts of the new contract requires a lot of extra work for pharmacists and staff, and having repeat dispensing done offsite allows them more time to fulfil their new role.

"It gives us a chance to diversify and do different professional activities like MURs. Job satisfaction is certainly better," Mrs Neal said. "Patients now get a better service from us because we have more time to spend with them."