Dispensing Policy

HAVERTHWAITE SURGERY

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Dispensing Policy

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# Purpose and definitions

The purpose of this policy is to provide guidance for staff and assurance to patients that Haverthwaite Surgery is committed to continually providing high quality healthcare for all patients and supporting the staff who provide this care. The aim of the policy is to ensure that dispensing of medicines is carried out safely by appropriately trained staff and that any errors are recorded and contribute to continuous quality improvement.

All patients regardless of age, gender, ethnic background, culture, cognitive function, sexual orientation, or marital status have the right to have their privacy and dignity respected.

## Scope

This policy applies to all employees of xxx, contractors, seconded staff, placements, and agency staff.

## Roles, rights, and responsibilities

**All staff**

All staff have a responsibility to ensure that they have the appropriate skills and knowledge to participate in the dispensing process.

All staff have a responsibility to be aware of the dispensing policy and follow the dispensing standard operating procedure (SOP) to ensure that dispensing occurs safely and accurately.

All staff have a responsibility to be aware of the relevant laws relating to dispensing medicines.

All staff have a responsibility to report any dispensing errors or near misses.

**Practice manager**

To update the policy, ensure that it is aligned with national guidelines, distribute appropriately, and ensure that staff are trained at induction and at regular intervals so that they are aware of the dispensing protocols and procedures and the content of the practice policy.

## Principles of this policy

This policy adheres to local and national guidance and policy, including the [Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents/made), [The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/891/regulation/10/made), and [The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013](https://www.legislation.gov.uk/uksi/2013/349/contents/made).

## Staff training

Dispensing staff will be trained appropriately for their roles. A standard operating procedure for dispensing will indicate the competency expected for each function performed by dispensers or dispensing assistants.

A written record will be maintained of the qualifications of all staff involved in dispensing and they will undertake continuing professional development.

All dispensing staff will undergo an annual appraisal to assess their competency and any training issues identified will be addressed. A written record of appraisals will be maintained.

## Prescriptions

Prescriptions generated from the practice will be signed electronically, or by hand before they are dispensed.

## Dispensing process

## The dispensing process will follow a standard operating procedure to ensure that all legal requirements are met, that the medicine is appropriate for the person, and that the correct item and quantity of medicine is selected and dispensed.

## Labelling

Dispensed items will be labelled appropriately with details of the medicine, the dose, frequency, and any other necessary instructions or warnings. The labels will be signed by the person dispensing the item and the person performing the accuracy check.

**Accuracy check**

The accuracy check will be performed by a suitably qualified person other than the person who has dispensed the prescription.

**Storing dispensed medicines**

## Dispensed medicines awaiting collection will be stored appropriately (for example, the controlled drugs cupboard, or the fridge if necessary) and a system will be in place to enable rapid retrieval of the medicine when the patients wants to collect it.

## Medicine collection

## The dispensing standard operating procedure will be followed to ensure that the dispensed medicine is given to the correct person.

## Patient information leaflet

A patient information leaflet for each dispensed medicine will be provided to the patient.

## Counselling

Any counselling required about how to take the medicine, and any special warnings or precautions or information about adverse effects will be communicated to the patient.

## Records

An electronic record of the dispensed medicines will be maintained using patient medication record (PMR) software.

Records of dispensed controlled drugs will be kept in the controlled drugs register.

## Dispensing errors

All dispensing errors, including near misses, will be recorded in a dispensing error log according to the dispensing standard operating procedure.

Any training needs, or procedural problems identified as a result of dispensing errors will be addressed.

A regular audit of dispensing errors will take place and help to contribute to continuous quality improvement in line with the practice Clinical Governance policy.

## Distribution

Employees will be made aware of this policy via TeamNet.

Patients will be made aware of this policy using patient leaflets and on the practice website.

## Training

All staff will be given training on the dispensing processes and procedures at induction and at regular intervals thereafter.

Any training requirements will be identified within an individual's Personal Development Reviews. Training is available in the Training module within TeamNet.

**Equality and diversity impact assessment**

In developing this policy, an equalities impact assessment has been undertaken. An adverse impact is unlikely, and on the contrary the policy has the clear potential to have a positive impact by reducing and removing barriers and inequalities that currently exist.

If, at any time, this policy is considered to be discriminatory in any way, the author of the policy should be contacted immediately to discuss these concerns.

## Monitoring and reporting

Monitoring and reporting in relation to this policy are the responsibility of the practice manager.

The following sources will be used to provide evidence of any issues raised:

* PALS.
* Complaints.
* Significant and learning events.

Any incidents relating to dispensing will be monitored via incident reporting.

## Summary of NHS legal and mandatory documentation

[Human Medicines Regulations 2012](http://www.legislation.gov.uk/uksi/2012/1916/contents/made)

[The Misuse of Drugs (Amendment) (No. 2) (England, Wales and Scotland) Regulations 2015](http://www.legislation.gov.uk/uksi/2015/891/regulation/10/made).

[The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013](https://www.legislation.gov.uk/uksi/2013/349/contents/made).

**Bibliography**

CQC. Nigel's surgery 11: [Prescriptions in dispensing practices.](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-11-electronic-prescribing)

British Medical Association. [Principles for dispensing doctors and community pharmacists](https://www.bma.org.uk/advice-and-support/gp-practices/prescribing/principles-for-dispensing-doctors-and-community-pharmacists).