

Dispensary Services Quality Scheme

Supplementary guidance for revisions to the
GMS contract 2006/07



A part of the NHS Confederation
working on behalf of the **NHS**

SPECIFICATION OF REQUIREMENTS
FOR RECEIVING DISPENSARY SERVICES
QUALITY PAYMENTS

Specification of requirements for receiving dispensary services quality payments

1 Payment

- 1.1 Payment will be due to contractors for the services set out below on 31 March, at the end of each financial year to which the payment relates.
- 1.2 It will be a condition of payment that the contractor must, by 1 July in each financial year to which the payment relates, provide the PCT with a written undertaking to carry out the services and achieve the standards specified below, except that:
 - in the first year of the SFE change being in force, the written undertaking must be received within eight weeks of the Directions coming into force
 - in the case of new contracts starting after 1 April (or after the Directions come into force in 2006 only) or contractors with no dispensing patients on their list on 1 April (after the Directions come into force in 2006 only), then the written undertaking must be provided to the PCT within three months of the start of the contract or of consent being granted to dispense to any patients on the contractor's list, whichever is the later, provided that the undertaking is received by 1 February in the financial year to which it relates
 - if the written undertaking is not provided within the set timescales the contractor will have no entitlement to a Dispensary Services Quality Payment in that financial year.
- 1.3 It will be a condition of payment that the contractor must provide the PCT with the name of a partner or salaried GP, who will have accountability for the dispensary service quality, normally throughout the whole financial year. Where the identity of the responsible partner or salaried GP changes, the details of the new responsible person should be notified, in writing, to the PCT within 28 calendar days.
- 1.4 The payment will be based on the number of dispensing patients on the contractor's list on 1 January in the financial year to which the payments relate, as measured by the Exeter system. Dispensing patients are the patients for whom the contractor or any practitioners working for them have consent to dispense under the Pharmaceutical Services Regulation 2005, or relevant sections of GMS and PMS regulations. The payment will be £2.58 per dispensing patient per financial year.
- 1.5 In the case of new contracts starting on or after 2 April but before 1 February in any year, or contractors with no dispensing patients on their list on 1 April but who are granted consent to dispense to named patients on or after 2 April but

before 1 February in any year, the payment for that financial year will be reduced pro-rata based on the number of calendar days in the financial year that the contractor was dispensing to patients and providing the services set out below. A contractor starting to dispense on 1 January 2007 could only expect a payment based on 90/365 of the annual payment. A contractor starting to dispense on 1 February would have no entitlement for that financial year.

1.6 In the case of:

- contracts which cease, other than as part of a practice split or merger
- or contractors who cease to have any dispensing patients on their list; or
- contractors who cease to provide the services set out below to the dispensing patients on their list

...during the financial year in question, the payment for that financial year will be calculated pro-rata to the number of calendar days that the contractor was dispensing to patients and providing the services set out below.

1.7 If a practice merges or splits before 1 February, this will be treated for the purpose of the dispensing quality payments as the end of the previous contract and the beginning of a new contract. A new written undertaking will be required following the merger or split. Payment for the services provided prior to, or post, the merger or split will be pro-rata'd as set out above. Where the merger or split occurs on or after 1 February, the original contractors should receive their full annual entitlement in their own right; the new contractor has no entitlement.

On 31 March of each financial year (or, in the case of closing practices, before the practice closes), the PCT should review the contractor's arrangements to ensure that the stated level of service and standards are in place, if necessary asking for written evidence and/or carrying out a practice inspection. Provided the PCT is satisfied that the contractor is complying with the requirements set out below, the PCT should make the payment due as soon as possible after the end of the financial year, or as soon as possible following practice closure.

2 Dispensing Staff

2.1 Training and experience

2.1.1 The standard operating procedures for each dispensary should indicate the level of competency expected for each function performed by dispensers or staff working as dispensary assistants.

2.1.2 For staff employed by the contractor who are not doctors and whose normal working patterns do not involve dispensing, but who are involved in dispensing on an occasional or limited basis, a flexible approach to the minimum competence requirement for dispensing assistants can be adopted. The contractor should identify such staff to the PCT, which should agree that the staff member concerned only has an occasional or limited role in dispensing. However, the contractor also needs to demonstrate that all staff who are working in the

dispensary have evidence that they have the knowledge and competencies to perform the tasks and roles assigned to them. Staff who only have an occasional or limited role in dispensing are still required to have a certificate of competency signed by the practice manager (if any) and accountable GP, in respect of the roles they occasionally undertake.

2.1.3 The contractor must have a written record of the qualifications of all staff engaged in dispensing and ensure that they undertake continuing professional development. The contractor must carry out and complete a written record of an appraisal of all dispensing staff, and assess their competence in performing dispensary tasks at least annually.

2.1.4 Regarding *existing staff* employed by the practice on the date of the practice's written undertaking to provide the service:

2.1.4.1 Trainee dispensers:

- must be competent in the area in which they are working to a minimum standard equivalent to the Pharmacy Services Scottish/National Vocational Qualification (S/NVQ) level 2, or undertaking training towards this, or enrol in this training within three months of the practice's written undertaking towards this; and
- should not work unsupervised until they have completed 1,000 hours' work experience in the dispensary and have a certificate of competency signed by the practice manager (if any) and accountable GP. A trained dispenser should supervise dispensing assistants until they have completed the work experience.

2.1.4.2 Other existing dispensing staff that work independently in the practice dispensary:

- must have minimum work experience of 1,000 hours over the past five years in a GP dispensary or community pharmacy; and
- must be competent in the area in which they are working to a minimum standard equivalent to the Pharmacy Services S/NVQ level 2, or undertaking training towards this, or enrol in this training within three months of the practice's written undertaking to provide the service.

However, where an experienced dispenser's residual term of employment is not commensurate with the timeframe requirement of the specified course, the dispenser must have their knowledge and competence assessed and hold a certificate of competency signed by the practice manager (if any) and the accountable GP.

2.1.5 *New dispensing staff* employed by the practice after the date of the practice's written undertaking to provide the service:

- must be competent in the area which they are working, to a minimum standard equivalent to the Pharmacy Services S/NVQ level 2 qualification or enrol in training towards this within three months of the commencement of their employment; and
- must have completed 1,000 hours of work experience in a GP dispensary or community pharmacy within the past five years before being able to work

unsupervised. A trained dispensing staff member should supervise new staff until they have completed the work experience.

- 2.1.6 Where a dispenser is expected to enrol on a course, the relevant qualification should be completed within three years, although the PCT has discretion to allow for additional time in the case of absence due, for example, to sickness or maternity leave.

2.2 Minimum level of staff hours

- 2.2.1 The contractor must ensure that a minimum level of staff hours is dedicated to dispensary services to ensure that patients' needs for dispensing services, and the time required to complete the underpinning systems and processes, can reasonably be expected to safeguard patient safety.
- 2.2.2 The contractor must assure a level of staffing that reflects the practice's dispensary configuration and hours of opening, as agreed with the PCT.

2.3 Duty of confidentiality

- 2.3.1 All employee contracts for dispensing staff must include a duty of patient confidentiality as a specific requirement, with disciplinary procedures set out for non compliance.

3 Governance of dispensary services

3.1 SOPs, clinical audit and risk management

- 3.1.1 The contractor must ensure that standard operating procedures (SOPs) are in place and reflect both good professional practice, as well as the procedures that are actually performed by the practice. SOPs should be followed routinely for all dispensing related activities. SOPs should be specific to the practice and should set out in writing what should be done, when, where and by whom.
- 3.1.2 Standard operating procedures must be reviewed and updated at least once every 12 months and whenever dispensing procedures are amended. A written audit trail of amendments should be maintained.
- 3.1.3 The contractor must participate in contractor lead clinical audit of dispensing services. Clinical audit seeks to improve patient care and outcomes through the systematic review of care against explicit criteria and the implementation of change. Audit of dispensing services should include arrangements to assess the nature and quality of the advice provided to patients as part of the dispensing service.
- 3.1.4 The contractor must have a written policy for managing risks in providing dispensing services and must ensure that this policy is understood, and put into practice, by all staff involved in dispensing.
- 3.1.5 The contractor must ensure that all serious untoward incidents relating to dispensing are reported to the PCT for the purpose of reviewing and learning from incidents.

3.2 Information

3.2.1 The contractor must provide information to their patients on:

- the dispensing services provided by the contractor
- how to obtain medicines urgently.

3.2.2 The contractor must inform their PCT (who will advise NHS Direct as for pharmacies) of the hours of availability of dispensing services provided by the contractor. The contractor must ensure that opening times are displayed prominently on the premises from which they carry out dispensing and that they are legible from outside the premises when they are shut.

4 Review with patients of compliance and concordance with use of medicines

4.1 A face-to-face review with patients (and, where appropriate, their carers) of compliance and concordance should be carried out and recorded in the patient's medical record at least once every 12 months for at least 10 per cent of the contractor's dispensing patients. The practice should agree with their PCT the types of patients that should be targeted for the review, as part of their undertaking to carry out the services specified.

4.2 The review should normally be carried out by trained dispensing staff or by a registered health professional with appropriate competencies in review of medicines.

4.3 Arrangements must be in place to ensure that patients reviewed will be referred appropriately and in a timely manner to a doctor, nurse, pharmacist or other appropriate health professional working with the contractor, whenever clinically appropriate.

4.4 The reviewer should:

- establish the patient's actual use, understanding and experience of taking medicines; referring potential side effects or adverse effects reported by patients
- identify, discuss and resolve, or refer, poor or ineffective use of their medicines
- improve the clinical and cost effectiveness of prescribed medicines, referring where appropriate, and initiating appropriate action by using information from patients to recommend improvements in repeat dispensing and so reduce medicines' wastage.

DISPENSARY SERVICES QUALITY
SCHEME – GUIDANCE

Dispensary Services Quality Scheme – Guidance

1 Introduction

As part of the changes to the arrangements for dispensing doctors for April 2006, agreed as part of the GMS changes in 2006/07, a Dispensary Services Quality Scheme has been developed.

This guidance note, which supplements *Revisions to the GMS contract 2006/07: Delivering investment in general practice* has been developed by NHS Employers and the GPC, together with the DDA, to assist practices and PCTs to implement the scheme. It follows the structure of the specification of requirements for receiving dispensary services quality payments and includes information about:

- payment
- dispensing staff training and/or experience
- minimum level of staff hours
- duty of confidentiality
- standard operating procedures, clinical audit and risk management
- patient information
- review with patients of compliance and concordance with use of medicines
- assessment of performance against the criteria for payment.

Practices and PCTs will wish to read this guidance alongside the specification for receiving dispensary services quality payments.

2 Payment

Key points:

- The contractor must provide the PCT with a written undertaking to carry out the services specified.
- The practice must carry out the services detailed in the specification.
- The practice must nominate a GP who is accountable for the quality of dispensing services.

2.1 Requirements

The specification for the scheme includes information about the payment that should be made to a dispensing practice (contractor), when the PCT is satisfied that the contractor has complied with the scheme requirements (as outlined in the rest of the specification).

The specification includes a number of conditions of payment:

- the practice must provide the PCT with a written undertaking to carry out the services specified. In the first year of the scheme, practices must provide this written undertaking within eight weeks of the Directions coming into force (this date will be published when it becomes known)
- the practice must provide the PCT with the name of a GP who will have accountability for the dispensary services quality
- the practice must carry out the services detailed in the specification.

2.2 Written undertaking to carry out the services – practice plan

The main purpose of this written undertaking is for PCTs to understand which dispensing practices will be participating in the scheme and how each practice intends to fulfil the requirements in the specification. Appropriate monitoring arrangements can then be put in place throughout the rest of the year.

For practices, this is an opportunity to prepare a plan of how the requirements of the scheme will be demonstrated by the end of the financial year. It is recommended that practices identify how they intend to ensure that each section of the specification will be completed and, where appropriate, maintained.

The practice plan will assist in the necessary prospective agreement between the contractor and the PCT, on the criteria to be used in selecting patients for review of compliance and concordance with use of medicines.

2.3 Accountable GP

As part of the written undertaking to carry out the services, the practice must provide the PCT with the name of a GP who is accountable for the quality of dispensing services.

The accountable GP may choose to delegate the delivery of dispensary services quality to a suitable person within the practice but the accountable GP will remain responsible for meeting the requirements of the scheme at all times.

If the nominated accountable GP leaves the practice or is for any other reason unable to fulfil this duty then, within four weeks of this change, the contractor should provide the PCT with the name of another GP who is accountable for meeting the requirements of the scheme.

3 Dispensing staff training and experience

Key points:

- The practice should consider the training and experience required by all staff who work in the dispensary; it will need to provide evidence that all staff working in the dispensary have the competencies and knowledge to perform the tasks and roles assigned to them.
- Staff should not work unsupervised in the dispensary unless they have the required experience and competencies.

3.1 Minimum requirements

The specification outlines the minimum training requirements and/or experience required for staff that work in the practice dispensary, including trainee dispensers. These requirements have been developed to be consistent with (but not replicate) the Royal Pharmaceutical Society of Great Britain's (RPSGB) minimum competence requirement for pharmacy support staff. They apply to staff carrying out any of the following tasks:

- prescription receipt and collection
- the assembly of prescribed items (including the generation of labels)
- ordering, receiving and storing pharmaceutical stock
- the supply of pharmaceutical stock e.g. to nursing homes and private hospitals.

The contractor must be able to provide evidence that staff who are working in the practice dispensary have the competencies and knowledge to perform their tasks and roles. The practice should hold a record, including qualifications and details of the criteria used by the practice for the assessment of competence, and that record should be available for inspection if requested by the PCT.

The requirements for qualifications and/or experience required are set out in the specification for both existing staff, who are employed by the practice on the date of the practice's written undertaking to provide the service, and new staff who are employed by the practice after that date.

A distinction is drawn between those working under supervision and those working independently in the dispensary.

Guidance is given below on training and qualifications that meet the requirements set out in the scheme.

3.2 Training and qualification standards for non-medical staff whose role is not wholly dispensing

This section applies to staff for which dispensing forms only a part of their duties in the practice, e.g. receptionists and nurses.

As explained in paragraph 2.1.2 of the specification, the negotiating parties have taken a pragmatic approach to the training requirements and accept that,

providing staff are competent to perform those tasks that fall within their roles and responsibilities, it is not necessary for all of them to undertake a formal dispensing qualification. In such cases, the accountable GP (or suitable delegate) is responsible for making a decision as to whether or not a member of staff can satisfactorily be certified competent in the duties they undertake.

In some cases the work of such staff members will be covered by standard operating procedures.

If the principal role of an individual member of staff is working in the dispensary, the training and qualification requirements usually apply.

3.3 Training and qualification standards equivalent to the pharmacy services S/NVQ level 2 for staff whose role in the practice is wholly or principally dispensing

Most staff working in the dispensary will be required to be competent to a minimum standard equivalent to the pharmacy services Scottish/National Vocational Qualification (S/NVQ) level 2, or undertake training towards this standard. Staff undertaking the required training will usually be expected to complete the course within the course provider's usual timetable.

The use of a unit route is acceptable. This means that the member of staff can meet this standard by completing each of the units of the S/NVQ (or equivalent) relevant to their role. In such cases the member of staff would usually not receive a full S/NVQ level 2 certificate from the course provider.

The unit route avoids the need for assessment by a supervising pharmacist. Practices may choose to fund pharmacist sessions for the purposes of such assessments but this is not a requirement of the specification.

Examples of appropriate courses designed specifically for staff not working under the supervision of a registered pharmacist are included in this guidance.

Course units required to obtain the qualification when working in doctors' dispensaries are usually set out by providers of these courses. Accreditation of these S/NVQs is a matter for course providers and NVQ accreditation centres, not for PCTs.

A dispensary staff member's achievement of a pharmacy services S/NVQ level 2 or 3, or their registration as a pharmacy technician, would qualify as suitable to meet this criterion for the scheme.

Where, in line with the specification, the practice can demonstrate that it is not possible or appropriate for these staff to undertake a formal qualification, then it is recommended that the accountable GP (or suitable delegate) undertake a formal competence assessment. This competence assessment is further described below.

It is expected that staff starting work as a dispenser after the introduction of the scheme will normally undertake the formal qualification.

Lack of specific funding for the required course/package will not be an acceptable reason for staff not undertaking training equivalent to the pharmacy services S/NVQ level 2 training.

3.4 Competencies for all dispensing staff

Staff should not work independently (unsupervised) in the practice dispensary unless they have the required experience and competencies.

In order to determine whether a member of dispensing staff is competent to a minimum standard equivalent to the pharmacy services S/NVQ level 2 in the area that they are working in (as required by the specification of requirements at paragraphs 2.1.4.1, 2.1.4.2 and 2.1.5), it is recommended that the accountable GP (or suitable delegate) refer to Appendix A of this guidance. This appendix, which draws on guidance from the RPSGB, provides a list of competencies against each work area. This will enable the accountable GP to make a decision as to whether or not a member of dispensing staff can satisfactorily be declared competent in the duties they undertake.

Holding a qualification as a dispenser at a standard equivalent to S/NVQ level 2 or higher does not exempt the member of staff from an assessment of their competence. This competence assessment forms part of the governance framework of the dispensary.

Practices will wish to reassess competence as part of structured personal and professional development assessments or appraisals.

It is recommended that each staff member working in the dispensary demonstrate competence in the following areas:

- customer service
- health and safety
- teams and teamwork.

In addition, it is recommended that staff who are involved in the listed duties be competent in the further area(s) relevant to their role and job description:

- the supply of prescribed items (including prescription receipt and collection)
- the assembly of prescribed items
- ordering, receiving and storing pharmacy stock
- the supply of pharmaceutical stock.

3.5 Courses with standards equivalent to S/NVQ level 2 in pharmacy services for the purposes of the scheme

The following courses are examples of currently available courses that are acceptable alternatives to the pharmacy services S/NVQ level 2 for the purpose of this scheme.

Course provider	Course title
Buttercups Training Ltd	NVQ2 dispensing assistants course for dispensers in dispensing doctors' practices
Buttercups Training Ltd	City and Guilds NVQ level 2 in pharmacy services
Buttercups Training Ltd	City and Guilds NVQ level 3 in pharmacy services
The People's College, Nottingham	Edexcel BTEC professional development certificate in dispensing practice
The People's College, Nottingham	BTEC intermediate certificate in dispensing practice
Boots the Chemists	Pharmacy assistants training course
Lloydspharmacy	Dispensing assistant training course/dispensers training programme
National Pharmaceutical Association	NPA dispensary assistants' course
Birmingham Children's Hospital NHS Trust	Competency based programme for dispensing assistant technical officers
South West Medicines Information and Training	South west pharmacy accredited training scheme
University Hospitals of Leicester NHS Trust	ATO dispensary training scheme

Omission of a course from this list does mean that it is not suitable for the scheme. It is recommended that the accountable GP and PCT consider any other courses' underpinning knowledge and competencies when assessing equivalence for the purposes of the scheme.

3.6 Experience required to work independently in the practice dispensary

The specification sets out the requirement of 1,000 hours of work experience in a GP dispensary or community pharmacy. This equates to approximately 27 full-time working weeks (37.5 hours a week) and 50 weeks at 20 hours a week. It is recommended that annual leave and sickness should not count towards the requirement of 1,000 hours for the purposes of the scheme.

4 Dispensing staff – minimum hours

Key points

- The practices should agree the minimum level of staffing with their PCT – this may not be the same as the hours of availability of the dispensing service to patients.

According to the specification:

“The contractor must, in consultation with the PCT, agree a level of staffing that reflects the dispensary’s configuration and hours of opening.”

It should be noted that the minimum level of staff hours may not be the same as the hours of availability of the dispensing service to patients. It is recommended that the level of staff hours relate to those hours that staff are engaged in dispensing activities and not to other activities they may undertake in the practice.

The assessment of minimum staffing hours must take account of the requirement in the specification that contractors must ensure that their staffing levels and underpinning systems and processes can “reasonably be expected to safeguard patient safety”. PCTs will wish to judge contractor’s levels of staff involved with dispensing against this criterion.

PCTs may find it useful to determine the minimum levels of staff hours by considering reference to the number of dispensed items that are dispensed on average each month, excluding personally administered items.

The following table can be used as a guide for practices and PCTs in determining the level of staffing:

Number of items dispensed per month	Dispensing staff hours each week
1 to 499	10
500 to 999	20
1,000 to 1,999	30
2,000 to 3,499	40
3,500 to 4,999	56
5,000 to 6,499	75
6,500 to 7,999	94
8,000 to 9,499	112
9,500 to 10,999	131
11,000	150

Contractors could be expected to employ a staff member for an extra 19 hours for each additional 1,500 items dispensed per month above 11,000 items.

5 Dispensing staff – duty of confidentiality

Key points

- All employee contracts for dispensing staff should include a duty of patient confidentiality as a specific requirement.

It is recommended that some different issues relating specifically to dispensaries be included in staff training and assessment, and practice policies and procedures.

Practices should ensure that all employee contracts for dispensing staff include a duty of patient confidentiality as a specific requirement with disciplinary procedures set out for non compliance.

Practices will wish to ensure that dispensary staff (as with all staff) are aware that information about a patient is confidential and should not be disclosed to anyone. However, it is recommended that some different issues relating specifically to dispensaries be included in staff training and assessment, and in practice policies and procedures.

Before advice is given on taking a medicine, it is recommended that dispensary staff find out whether the person collecting the medicines is the patient. It is usually appropriate to provide information on how to take the medicines and advise patients what to do in the case of any particular problems. However, the accountable GP will wish to ensure that staff are aware of the type of queries that should be referred back to a doctor or other registered health professional in the practice (e.g. nurse or pharmacist).

It is recommended that care is taken when answering casual questions (such as “what’s it for?”) from an individual collecting medicines on behalf of someone else.

Practices will wish to store medicines awaiting collection in a way that they cannot be observed by members of the public collecting their own medicines.

The accountable GP will wish to ensure that staff are instructed on how to proceed if medicines are being collected by people they do not know. It is recommended that staff request identification in all such cases or follow a standard operating procedure approved by the accountable GP.

6 Governance of dispensary services

Key points

- Standard operating procedures (SOPs) should reflect what is actually being done in the dispensary.
- The practice will want to ensure that it is providing the required information for its patients.

In the scheme, ‘governance’ refers to both financial and clinical governance measures to protect patients, staff and the practice.

Effective governance arrangements encourage and provide a structure for dispensary staff and GPs to risk assess the dispensary processes.

6.1 Standard operating procedures (SOPs), clinical audit and risk management

The accountable GP (or their delegate) should ensure SOPs are in place and reflect what is actually being done in the contractor's dispensary and, where appropriate, additional dispensaries. SOPs provide a useful basis for effective training and assessment of competence.

It is recommended that the DDA's *Guide to developing SOPs* is used as a benchmark for good practice.

PCTs will not wish to request or endorse any SOPs but may check that they are present and that they are routinely followed by dispensing staff.

Practices will wish to ensure that clinical audit programmes include the dispensing systems and assess the nature and quality of information given to patients by the staff dispensing in the practice, to help patients get the best from their prescribed medicines. It is recommended that the learning from these audits is shared with all practice staff, not only within the dispensary.

It is recommended that clinical audit programmes also use the information that the dispensary may provide to contribute to audits of other parts of the practice's services e.g. patient information, records, critical incidents.

Serious untoward incidents in dispensing should be reported as set out in the specification and used as a learning opportunity for all dispensing staff, and others in the practice.

Practices will wish to ensure that the practice policy and procedures for managing risks in providing dispensing services is supported by the accountable GP. This will help dispensary staff with continuing professional development and ensure that dispensary staff refer appropriately within the practice, if they identify areas of concern arising from dispensing.

Where possible it is recommended that records of dispensing and interventions by dispensary staff are integrated with other records in the practice, and that these contribute to the overall practice records-management systems.

SOPs available may be expected to address the following aspects of dispensary services to ensure:

- the provision of high-quality medication
- that medicines are dispensed accurately and with adequate safeguards. It is recommended that this includes label production, selecting and preparing the medication, appropriate containers, checking of assembled medicines and checking of controlled drugs
- safe issuing of medication including confidentiality
- provision of suitable information to the patient, or where appropriate, carer
- medicines are dispensed in a hygienic manner
- suitable equipment is available.

In addition, information, policies and procedures should ensure compliance with probity and legal requirements in relation to the dispensary. Examples include:

- Health and Safety at Work Act
- COSHH regulations
- Controlled Drugs: Misuse of Drugs Act and supplementary guidance e.g. following the Shipman Enquiry
- Medicines Act and regulations
- cash handling and collecting, and accounting for NHS monies e.g. prescription charges and exemption claims
- prescription form handling before and after dispensing
- gifts and hospitality (see also *Excessive or inappropriate prescribing: guidance for health professionals on prescribing NHS medicines* and ABPI/MHRA guidance on *Inducements to prescribe*).

It is recommended that the dispensary, as well as the remainder of the practice, complies with local and national standards for data quality and data protection.

6.2 Information

The specification details the information that the practice will be expected to provide for their patients.

7 Review with patients of compliance and concordance with use of medicines

Dispensing review of use of medicines (DRUM) – key points

- This review should be undertaken face to face with the patient to find out their compliance and agreement with their prescribed medicines, and to help identify any problems that they may be having.
- The DRUM is different to the MUR in community pharmacy, a clinical medication review (level 3) and the QOF indicators for medication review.
- The practice may find it helpful to use the suggested DRUM record template in this guidance.

7.1 Underlying principles and definition

Within the Dispensary Services Quality Scheme the review of patients' use of medicines (DRUM) should be undertaken face to face with the patient, to find out their compliance with, and agreement (concordance) with, the medicines they have been prescribed and to help identify any problems that they may be having. Patients should be given the opportunity to raise questions about their medicines. The primary purpose of these reviews is to help patients understand their therapy and to identify any problems that they are experiencing and, where appropriate, suggest possible solutions. The review should seek to optimise the impact of treatment for an individual patient and any changes resulting from the review should be agreed with the patient.

These reviews will help patients with many of the practical issues that they face with using medicines, for example:

- knowing how to take their medicines (with water and/or food)
- identifying medicines they do not want or do not take any more (so that a decision can be made on whether to remove from their medication list)
- discussing how they open containers, including the need for compliance aids where appropriate
- using devices such as inhalers
- talking about side-effects
- identifying what to do if they think they may have two medicines for the same purpose.

If necessary, help for patients will include passing information sourced through the review to their GP or another registered health professional within the practice. It is recommended that the practice risk management procedure(s) or SOPs include guidance for dispensary staff on appropriate referrals.

It is recommended that the dispensing review of medicines also:

- takes place in a private consultation room or opportunistically at the dispensary (provided issues of confidentiality and patient preference can be satisfied)
- is performed in a systematic manner and significant outcomes documented in the patient's notes
- where appropriate, provides patients with documentation in preparation for the review and/or as feedback on the matters covered in the review and actions discussed as a result of the review, for example by using the patient information documents provided by the medicines partnership (www.medicines-partnership.org/medication-review/room).

In addition, the impact of any changes should be monitored.

7.2 Other medication/medicines' reviews

There is a degree of overlap and potential confusion about the different types of medication/medicines' reviews. These include Medication Reviews as specified in the Quality and Outcomes Framework (QOF), Medicines Use Review (MUR) as an advanced service in the national community pharmacy contractual framework and dispensing review of use of medicines (DRUM) for the Dispensary Services Quality Scheme.

It is perhaps reasonable and appropriate that there is some duplication across all of these reviews, for example it is recommended that awareness about compliance and about the development of side effects are considered on an on-going basis.

The DRUM is different to the other reviews in the following ways:

- it is not the same as the MUR in community pharmacy and does not cover all aspects of that advanced service for community pharmacists

- it is not the same as a clinical medication review (level 3) conducted using access to the patient’s notes, records of prescriptions and non-drug care and results from laboratory tests etc.
- it is not the same as the QOF indicators for ‘medication review’ in the 2006/07 revision of QOF (Medicines 11 and Medicines 12). The Level 2 medication review required for QOF M11 and M12 is a ‘treatment review’, looking principally at the suitability of the medication for the indication identified from the patient’s notes, and may be undertaken without the patient – for instance, to remove unwanted items from the repeat medicines’ list and consider dose adjustments.

7.3 Suggested records to be kept for DRUM

Person undertaking review:	Yes/no/partial Date	Comments	Action taken
Dispensing review of use of medicines done?			
Patient understands medicines’ purposes and is in agreement with this (concordance)?			
Patient is taking medicines as prescribed (compliance)?			
Side effects reported?			
Special needs affecting medicines use?			
Inefficient use/wastage/ unwanted medicines on prescription list or supplied?			

This template may be adapted for clinical computer software or for paper-based records.

It is recommended that the practice plan includes agreement with the PCT on the READ code that will be used by all dispensing practices in the PCT to record the dispensing review of use of medicines (DRUM), to help practices and PCTs monitor and track progress. This code should be different to the local READ code used for QOF medication review recording.

7.4 Patient selection for Dispensing Review of Use of Medicines

The practice will wish to ensure that the types of patients that will be targeted for the dispensing review of their use of medicines are agreed with the PCT, at the time the practice plan for the scheme is submitted.

8 Assessment by PCTs of performance against the criteria for payment

Key points

- It is recommended that the PCT decides in consultation with the practice what written evidence may be required.

PCTs are required to review the practice's arrangements to ensure that the stated level of service is in place, if necessary asking for written evidence and/or carrying out a practice inspection.

To help practices and PCTs deal with this, it is recommended that PCTs decide, in consultation with practices, what written evidence may be required. This could include:

- statement of number of items dispensed per month (excluding personally administered items)
- statement of number and qualifications of all staff who work in the dispensary, and the number of staff hours per month spent on dispensing-related activities
- copies of written information provided for patients about the dispensary services available
- copies of all current and revised SOPs relating to dispensing; it is suggested that revised SOPs should be kept for at least two years
- copy of the practice's procedures for audit, adverse incident reporting and investigation, risk management, patient confidentiality and data protection
- evidence that the practice is participating in agreed local PCT reporting and learning schemes for incidents relating to dispensing
- a protocol or template for reviewing with patients their compliance and concordance with prescribed medicines
- copy of standard contract for dispensing staff, including duty of confidentiality
- evidence that all dispensing staff employed by the practice comply with the requirements in the training section of the specification
- services provided to dispensing patients in accordance with the scheme recorded in patient records, including reviews of compliance and concordance with prescribed medicines
- reports of adverse incident investigations
- training courses undertaken by dispensing staff and qualifications obtained
- annual staff appraisals and personal development plans.

Access to patient-level information required for monitoring purposes is to be in accordance with the document *Confidentiality and disclosure of information: General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) Code of Practice*, dated 24 March 2005.

Appendix A – Dispensing staff competencies

1 Customer service

1.1 To demonstrate competence in this area, assistants should be able to:

- identify who, or give details of who, their customers are:
 - internal
 - external
- describe organisational policies and procedures relating to customer care, their importance and why they should be followed
- describe their role in customer service provision:
 - developing and maintaining customer relationships
 - retaining customer loyalty and confidence and their contribution to this
- meet, identify and understand customer needs
- understand the needs of difficult customers
- deal with customers in different situations and with different needs, including special needs
- provide information to customers
- describe organisational complaints procedures
- describe information sources
- have a good understanding of basic communication skills, covering:
 - communication skills: speaking, listening, writing and reading
 - telephone techniques
 - face-to-face contact
 - electronic contact
 - written messages
 - checking understanding
 - providing clear and accurate information
 - non-verbal communication: body language, facial expressions, use of space
 - barriers to effective communication

- dealing with
 - conflict
 - difficult situations
 - difficult working relationships
 - anger
 - stressful situations.

Assistants need to know the limits of their role and to whom to refer.

2 Health and safety

2.1 To demonstrate competence in this area, assistants should be able to:

- understand the main points of the Health and Safety at Work etc Act 1999
- describe the legal and professional duties for Health and Safety (H&S) in the work place as required by the HASAW Act
- identify other legislation relating to safe practices within their organisation and outline their responsibilities to each:
 - The Control of Substances Hazardous to Health Regulations 2002
 - manual handling
 - visual display unit (VDU)
 - fire
- describe workplace procedures relating to controlling risks to H&S e.g. staff rules, H&S policy
- outline safe working practices
- identify potential hazards and H&S risks
- identify precautionary measures that could be taken in the workplace to reduce risk
- understand the procedures reporting risks, accidents and incidents
- understand their role, scope and responsibility in reporting risks, accidents and incidents
- identify persons with responsibility for H&S matters e.g. fire officer, H&S officer, first aider, line manager
- understand the need to adhere to suppliers' and manufacturers' instructions when using equipment, materials and products
- discuss the importance of:
 - safe working practices
 - personal conduct
 - personal hygiene
 - use of protective clothing

- discuss the importance of:
 - storage and handling of hazardous materials, including:
 - correct storage
 - cleaning storage area and making it safe if stock is damaged
 - maintaining safe storage environment
 - checking refrigerators work
 - checking walkways are free from obstruction
 - safe handling of stock
 - safe storage
 - storage and disposal of waste.

3 Teams and teamwork

3.1 To demonstrate competence in this area, assistants should be able to:

- identify the key responsibilities of the team
- identify their role in the team and in the effectiveness of the team
- explain the limitations of their role
- identify key members of the team
- understand the team's contribution to the organisation's work
- work with the team and understand the importance of:
 - communication with other team members
 - supporting the team, helping others with their work
 - working relationships
 - developing working relationships within the team
 - problems with teams and how the dynamics of teams impacts on the work
- improve the work of the team, continuing to improve, suggesting improvements
- understand the importance of dealing with both positive and negative feedback.

4 Assist in the supply of prescribed items (includes prescription receipt and collection)

4.1 To demonstrate competence in this area, assistants should be able to understand the following:

- procedures for receipt of prescriptions working within standard operating procedures (SOPs)

- prescription exemptions, charges, prepayment certificates, how to claim refunds, claim forms legal requirements
- legislation of fees and exemptions
- transactional and administration procedures (local and governmental)
- procedures for issuing dispensed items, working within SOPs
- understand importance of maintaining a clean working environment and equipment
- appropriate standards of behaviour and personal hygiene required for working in a pharmacy
- principles of issuing medicine in respect to:
 - storage
 - repeat supply
 - expiry date
 - outstanding balance
 - why this information is important
- provision of information in both oral and written format, e.g. patient information leaflets
- importance of checking the client's understanding of information provided
- why you must always identify and confirm patient's name
- why it is important to assess patient's needs for referral
- the reasons for referral - if confused, problems with prescription, client requests
- who the patient should be referred to, e.g. the relevant GP
- procedures for delivery of prescribed items working within SOPs
- different types of prescriptions and their use
- the basic structure and function of the constituent parts of the NHS and their relation to the pharmaceutical services and aspects relevant to dispensing.

5 Assist in the assembly of prescribed items

5.1 To demonstrate competence in this area, assistants should have a basic understanding of:

- laws that protect the public such as Weights and Measures Act 1985, Data Protection Act 1998
- what is meant by and why it is important to keep patient confidentiality
- the quality of pharmaceutical products

- the broad role of the Dispensing Doctors Association, the General Practitioners Committee, the General Medical Council and the Royal Pharmaceutical Society and other organisations relevant to the sector of practice
- the basic structure and function of the constituent parts of the NHS and their relation to the pharmaceutical services and aspects relevant to dispensing.

5.2 Assistants should have a basic understanding of how the following impact on the provision of a dispensing service:

- The Medicines Act 1968
 - containers and packaging
 - prescription only medicines
 - persons exempt from the restrictions
- The Misuse of Drugs Act 1971
- The Medicines (Labelling) Regulations 1976
 - requirements for general labelling provision
 - warnings and special requirements for different medicines and products
- The Poisons Act 1972
 - the legal requirements for the retail sale and supply of poisons
- legislation relating to health and safety at work
 - The Health and Safety at Work etc Act 1974
 - The Chemicals (Hazard Information and Packaging for Supply) Regulations 2002
 - The Control of Substance Hazardous to Health Regulations 2002
 - controls imposed on the supply of industrial and mineralised methylated spirits to the public and persons authorised to purchase them.

5.3 Assistants should be able to:

- identify the relevant standard operating procedures (SOPs) for the assembly and checking of prescribed items, and understand the importance of working within SOPs
- identify the reasons for accuracy and neatness when assembling prescribed items, including labelling
- understand the limits of their role in dispensing
- understand the importance of maintaining dispensing records, including use of computer systems and prescription annotation
- identify and use the correct equipment when assembling prescribed items
- understand the importance and the necessity to maintain a clean environment and equipment

- describe appropriate standards of behaviour and personal hygiene required for working in a pharmacy
- understand potential consequences of dispensing errors
- understand common abbreviations used on prescriptions
- understand the importance of using protective clothing
- demonstrate an understanding of:
 - drug forms
 - drug strengths
 - generics and branded products
 - units of measurement
 - transfer of medicines from bulk
 - quantity calculations
- identify the purpose of the different types of prescription received within their organisation
- understand why and how prescriptions must be endorsed
- discuss the filing and storage of prescriptions.

6 Order, receive and store pharmaceutical stock

6.1 To demonstrate competence in this area, assistants should be able to:

- describe stock control systems:
 - procedures for ordering from pharmaceutical companies and wholesalers, sources and suppliers
 - principles of stock rotation and monitoring shelf-life
- understand the basic requirements for receiving stock and what should be done if they are not met, this will include the following:
 - condition of items
 - signature
 - checking order, discrepancies
 - checking expiry dates
 - reporting problems
 - completing documentation (electronically and paper)
- understand why certain items require special storage, these may include:
 - low temperature
 - special orders, named-patient supplies, trials
 - secured, CDs

- room temperature
- refrigerated items
- isolated
- discuss how and why it is important to store stock safely and tidily
- discuss the importance of expiry dates
- understand what is meant by damaged stock and how you would deal with such stock.

7 Assist with the supply of pharmaceutical stock

7.1 To demonstrate competence in this area, assistants should be able to:

- discuss why it is important to supply the correct stock in the correct formulation and the correct quantity
- understand the health and safety issues in respect of storage and issuing of stock
- understand the difference between branded and generic drugs
- discuss why different stock is stored under different conditions
- understand the principles of stock rotation
- describe the action to be taken when dealing with:
 - out-of-date stock
 - damaged stock
 - contaminated stock
 - stock that has been stored incorrectly
- discuss how to deal with the following situations:
 - urgent requests
 - unavailable stock
 - issuing stock with short expiry dates
- be aware of the correct packaging for the safe distribution/delivery of stock
- understand the importance of security when distributing stock
- understand why it is important to keep accurate records.

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