

# Return to practice

A CPPE online workshop

Workshop book  
Week 4



# Contents

Overview of the essential, advanced and locally commissioned services of the Community Pharmacy Contractual Framework	3
Electronic prescription service, Summary Care Records and repeat dispensing	5
Clinical governance and risk management	11
Responsible pharmacist	15
Acknowledgements	17

# Overview of the essential, advanced and locally commissioned services of the Community Pharmacy Contractual Framework

## Activity 1

Discuss in your groups.

1. How many service types are there in the Community Pharmacy Contractual Framework?

2. List at least three of the essential services.

3. Which service type includes the new medicine service?

4. What are the three main requirements needed before advanced services can be provided?

5. Which service type includes emergency contraception?

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

# Electronic prescription service, Summary Care Records and repeat dispensing

## Case study – Anna Matthews

You receive a telephone call at the pharmacy from Anna Matthews. She's just moved into the area and a new neighbour has recommended your pharmacy. Anna has been collecting her inhalers through the electronic repeat dispensing service at the pharmacy where she used to live and wants to know if you can offer the same service

1. What do you say to Anna?

The following day, Anna comes into the pharmacy to request a repeat dispensing prescription covering the third interval for dispensing (batch issue 3 of 6), and asks whether she can collect the items from you. Anna's electronic prescription is as follows:

Medicine	Dose
Salbutamol MDI 100 inhaler	Two puffs four times daily when required
Beclometasone CFC-free (Clenil Modulite) MDI 200 inhaler	Two puffs twice daily

2. Can you dispense this issue, starting at batch 3?

3. Why might the patient have a printed copy of the (electronic) repeat dispensing token?

4. How frequently can the batch issues be dispensed for Anna?

Anna has been using the repeat dispensing service from your pharmacy for the last two months. This month, as well as the batch issue for her usual inhalers, you also download from the spine an additional prescription for a salmeterol 25 micrograms inhaler (two puffs, twice a day).

**5. What do you need to take into consideration? How would you minimise risk?**

The following month, Anna calls to collect her prescription. She asks you to ignore the beclometasone inhaler as she still has one at home unopened.

**6. How would you respond to Anna?**

Three months later, the surgery notifies you that Anna has just been discharged from a short admission to hospital. She collapsed at home last week after complaining she felt dizzy and breathless.

**7. What action do you need to take?**

Some months later, Anna calls to enquire whether her husband would be suitable for the repeat dispensing service. David Matthews is a frequent visitor to the surgery and it would be easier to collect their prescriptions together. He was in hospital one month ago with his angina and has had some changes to his medicines.

David's current medicine regimen is:

Medicine	Dose
Lansoprazole 15 mg	One capsule daily
Aspirin dispersible 75 mg	One tablet daily
Elantan LA 50 mg	One capsule daily
Felodipine 5 mg m/r	One tablet each morning
Furosemide 40 mg	One tablet each morning
Glyceryl trinitrate 500 microgram	One to two tablets as directed
Simvastatin 40 mg	One tablet at night

**8. Is David a suitable candidate for repeat dispensing?**

The following spring, David presents a prescription from his GP for his regular medicines, but for double the normal quantity. He explains that he and Anna are going to Australia for five weeks to visit family who have emigrated there. David asks if you can also 'double up' Anna's repeat dispensing prescription.

**9. What would you say to David?**



## Clinical vignette 1

Sally, the practice manager at a local surgery, calls and asks to speak to you. She has had a number of patients enquiring about the repeat dispensing service you are promoting and is concerned about the extra work this will generate.

Construct a response to Sally.

## Clinical vignette 2

Ranee, the pre-registration pharmacy technician on your team, has identified some changes on a repeat dispensing prescription, and asks you to explain how the summary care record (SCR) might help reconcile the issue.

Construct a response to Ranee.

## Clinical vignette 3

Dr Murphy, a new GP at a local surgery, pops into the pharmacy to introduce herself. While she's there, she asks whether or not the repeat dispensing service some of her patients are on is actually helpful for them.

Construct a response to Dr Murphy.

## Clinical vignette 4

Shelley is a locum pharmacist who works for you occasionally. One day she comes to you asking for help. There is a newly registered patient who has transferred from another pharmacy. The patient knows they have been on repeat dispensing prescriptions and there are some issues left but has no details. Shelley is unsure of the best way to track down the prescriptions.

Construct a response to Shelley.

## Clinical vignette 5

Sue, your pharmacy technician, asks you to highlight to her the key differences between dispensing a regular repeat prescription and a batch issue generated under the repeat dispensing service.

Construct a response to Sue.

## Clinical vignette 6

Surj has started training as a dispensing assistant and as part of their role will need an NHS email address and Smartcard. Surj asks you how to go about getting these.

Construct a response to Surj.

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**

# Clinical governance and risk management

## Activity 1

What is the aim of each clinical governance activity, and what would you do in practice to meet this aim and establish good governance?

### 1. Patient and public involvement

### 2. Clinical audit

### 3. Risk management

#### **4. Clinical effectiveness**

#### **5. Staff management**

#### **6. Use of information**

## Activity 2

### 1. Making a disclosure in the public interest (commonly known as 'whistleblowing' or 'raising concerns')

Clinical governance requirements in community pharmacy require pharmacy owners and managers to develop an open and safe environment where members of staff can feel confident about raising concerns reasonably, responsibly and without fear. The revised GPhC standards (published in May 2017) include a standard explaining that pharmacy professionals must speak up when they have concerns or when things go wrong.

Why is raising concerns so important in the NHS?

How would you go about raising a concern?

Refer to the [GPhC](#), [Royal Pharmaceutical Society](#) and [NHS](#) websites to help you with your responses.

### 2. Information governance

From your e-course reading you will know that all staff working in pharmacies that have access to sensitive personal information about patients must be informed of their legal responsibility to keep the information confidential and secure. This is known as information governance.

#### Activity

List three ways in which pharmacies can keep patients' information secure. Consider physical measures, electronic measures and people.

1.

2.

3.

### 3. Risk management

As part of essential services (clinical governance), community pharmacists are required to be competent in risk management. This includes maintaining logs of patient safety incidents, analysis of critical incidents, and the application of root cause analysis. Pharmacies should therefore be able to demonstrate evidence of recording, reporting, monitoring, analysing and learning from patient safety incidents.

#### Activity

Priti Raman receives double her normal strength of medicine. She takes one dose before she notices that the strength of the medicine has changed. Priti phones the pharmacy to check if her medicine has been changed.

What should happen?

### 4. Clinical audit

Community pharmacists are required to conduct at least one practice-based audit and one audit determined by NHS England and NHS Improvement (NHSE&I) each year (as part of essential services – clinical governance).

#### Activity

How might you decide on a suitable topic for your practice-based clinical audit and where might you find further information?

This activity can be used as supporting evidence for GPhC standards (insert standard numbers):

# Responsible pharmacist

## Quiz

1. Betty is a registered pharmacy technician and has worked at the pharmacy for over 20 years. Helen, the pharmacist, is absent for a couple of hours at a meeting and checked all the outstanding prescriptions before she left.

**What is Betty allowed to do in Helen's absence?**

2. Sonia, the locum pharmacist, arrives at work on Monday morning. The procedures specify that Margaret and Glenda are competent to check and unpack the dispensary medicines order. It's Glenda's day off and Margaret has rung in sick, so only Sonia and Kate the trainee dispenser are in the pharmacy today.

**What should she do about unpacking the order?**

3. Candy is a pharmacy technician. Her boss, Khalid, is the responsible pharmacist and left four hours ago to attend to business. His mobile is going to voicemail. The counter staff are asking if they can give out prescriptions as the customers are getting really annoyed.

**What should they do?**

4. Naresh works in his own pharmacy each weekday and employs a locum to cover Saturday mornings. Each week he completes the record at 9:00am on Monday and 6:00pm on Friday. On Tuesday and Thursday the pharmacy technicians start work at 7:00am to dispense for the local care home and Naresh arrives at 9:00am. Due to increased workload they want to now work from 7:00am on Mondays.

**Is this allowed within the regulations?**

**This activity can be used as supporting evidence for GPhC standards (insert standard numbers):**



# Acknowledgements

## CPPE Content development

CPPE acknowledges the writers and developers of CPPE learning programmes used in this workshop.

## CPPE tutor team

*Return to practice* is run by Simon Butterworth, senior pharmacist, Return to practice and Zara Mehra, national lead tutor, Return to practice, with support from Leanne May, Karen Murden and Martin Littleton, CPPE tutors.

## Brand names and trademarks

CPPE acknowledges the following brand names and registered trademarks mentioned throughout this programme: Actiq®, Benylin®, Betnovate®, Buscopan®, Calcichew®, Clenil®, Doublebase™, DuoResp®, Durogesic®, Elantan®, ellaOne®, Epilim®, Fobumix Easyhaler®, Fostair®, Guinness®, Hedrin®, Imigran™, Kapake®, Modulite®, Qvar®, Rennies®, Spiromax®, Subutex®, Symbicort®, Tegretol®, Turbohaler®.

## Disclaimer

We have developed this learning programme to support your practice in this topic area. We recommend that you use it in combination with other established reference sources. If you are using it significantly after the date of initial publication, then you should refer to current published evidence. CPPE does not accept responsibility for any errors or omissions.

## External websites

CPPE is not responsible for the content of any non-CPPE websites mentioned in this programme or for the accuracy of any information to be found there.

All web links in this resource were accessed on 22 March 2024.

Published in April 2024. Originally published in August 2016 by the Centre for Pharmacy Postgraduate Education, Division of Pharmacy and Optometry, The University of Manchester, Oxford Road, Manchester, M13 9PT.

[www.cppe.ac.uk](http://www.cppe.ac.uk)

Please note that these acknowledgements refer to the development of the first edition of this workshop resource. Visit our website for more information about how we review our learning programmes.

## Production

Design and artwork by Gemini Print Ltd

© Centre for Pharmacy Postgraduate Education 2024

Notes

## Notes

## Contacting CPPE

For information on your orders or bookings, or any general enquiries, please contact us by email, telephone or post. A member of our customer services team will be happy to help you with your enquiry.

### Email

[info@cppe.ac.uk](mailto:info@cppe.ac.uk)

### Telephone

0161 778 4000

### By post

Centre for Pharmacy Postgraduate Education (CPPE)  
Division of Pharmacy and Optometry  
1st Floor, Stopford Building  
The University of Manchester  
Oxford Road  
Manchester M13 9PT



**Share your learning  
experience with us:**

email us at [feedback@cppe.ac.uk](mailto:feedback@cppe.ac.uk)



**For information on all our  
programmes and events:**

visit our website [www.cppe.ac.uk](http://www.cppe.ac.uk)

Funded by:



Developed by:

