DISPENSING DOCTORS' ASSOCIATION

Introduction

The Dispensing Doctors' Association has developed this guide as a service to dispensing practices and in response to members' requests. We are very grateful to GSK for their sponsorship of its publication.

Standard Operating Procedures (SOPs) are defined as, "detailed written instructions to achieve uniformity of the performance of a specific function" and are ideally suited for use in the dispensary.

Standard Operating Procedures in dispensing practice are a clinical governance issue, and while their use is not yet mandatory, their adoption will undoubtedly improve patient safety.

We have intentionally not covered all eventualities, and you may feel there are obvious omissions, but we hope that all practices will develop their own procedures using this document as a guide.

The guide is divided into two parts: the first gives general guidance on developing SOPs and the second gives examples from a working dispensing practice.

The examples should be tailored to your own particular circumstances rather than copied word for word.

We hope you find it useful.

David Baker, Chief Executive
Richard West, Director,
Dispensing Doctors' Association

If you have questions or suggestions arising from this guide please contact:
Dispensing Doctors' Association Ltd.
Low Hagg Farm, Starfitts Lane,
Kirkbymoorside, North Yorks YO62 7JF

Phone 01751 430835 Fax 01752 430836
E-Mail:Ddalimited@aol.com

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Development of Standard Operating Procedures

The development of a SOP always follows the same basic format:

1. Purpose	Why?
2. Scope	What?
3. Procedure/Process	How?
4. Staff responsible and their responsibilities	Who?
5. Review	When?
6. Known risks	What if?

PURPOSE

This section should describe what your SOP is trying to achieve.

SCOPE

This section should specify exactly what your SOP will or will not cover.

PROCESS

This section should describe in detail exactly how the task is carried out in your dispensary.

RESPONSIBILITY

This section should describe either by job title (recommended) or by name, who is responsible for the particular task in your dispensary, both under normal circumstances and in the case of absence/sickness.

REVIEW

This section should say under what circumstances the procedure will be reviewed and give a default date, probably no longer than a year from the last review.

KNOWN RISKS

This section should contain a description of anything you are aware of that can make the procedure more risky than usual. These are circumstances that you know can increase the likelihood of things going wrong and where extra care and attention should be paid.

The number of individual SOPs that are needed will vary slightly from practice to practice, but the basics of dispensing are the same for all.

They will probably cover at least the following:

RECEIVING ACUTE PRESCRIPTIONS

RECEIVING REPEAT PRESCRIPTIONS

PHARMACEUTICAL ASSESSMENT

INTERVENTIONS AND PROBLEM SOLVING

ASSEMBLING AND LABELLING

ACCURACY CHECKING

TRANSFERRING DISPENSED ITEMS TO THE PATIENT

This part of the guide should give you an idea of the type of information that should be included in a SOP. The lists are neither exhaustive nor exclusive; you will need to tailor the procedures to your own way of working.

There is no hard and fast rule as to how your document is set out. You can make it as simple or complicated as you wish. You may decide to use general statements covering the purpose and scope of each SOP or use bullet points; the choice is yours.

Remember! Those things you exclude from the scope of a SOP will probably need a SOP of their own.

When developing and constructing a new standard operating procedure; using this section and the examples given as a guide, describe in detail exactly how the task is carried out in your own dispensary. The easiest way to do this is to observe what goes on and write down each step in the order that it takes place. If there is any documentation involved in your procedure you may wish to attach a sample copy to your SOP. E.g. refrigerator temperature record chart.

The **Purpose**, **Scope**, **Process**, **Responsibility** and **Known Risks** will vary from SOP to SOP. The sections on **Review**, **General Responsibility** and **Checking the Finished Procedure** will probably be common to all your surgery procedures but should still be stated in full on each separate SOP.

Responsibility

Your SOP needs to specify who is responsible for the process in your dispensary, both under normal circumstances and during sickness or other absence. You must ensure that all staff involved in the process are fully competent. You may wish to specify either named individuals or individual job titles in your SOP. However, remember that if you specify members of staff by name you will need to revise your SOP frequently to account for staff turnover.

We therefore suggest that you specify job titles and then use a staff responsibility sheet to detail which members of staff hold which posts.

Checking the finished procedure

Once you have finished drafting your SOP you need to find out whether it works.

We recommend that you operate it for a few weeks and then meet with the staff to review whether it is working or if there are areas which need to be improved.

Once you are certain that your SOP:

- Meets the objectives you set at the beginning
- Contains the correct events in the right order
- Works in practice and is feasible

Then it is a good idea to ask all your dispensary staff to read it and sign that they understand what it means. This is a good time to clarify what it does and a good opportunity for you to train and develop your staff.

As well as carrying out initial checks to ensure that the SOP actually works you need to specify how you ensure that it remains valid and up to date.

There may be changes in the law or changes in staff. However, even when there have been no major changes you should define a minimum review period, which should be at least once a year.

We suggest that the **Review** section of all your SOPs contains the following wording – but this is not intended to be prescriptive:-

Review Procedure

This procedure will be reviewed following:

- Changes in the law affecting dispensing
- Changes in DDA or other guidelines affecting the dispensing process
- Change of staff
- Any adverse dispensing incident
- In the absence of any of the above, on or before the date shown below *(Normally not less than annually)*

Standard Operating Procedure

FOR RECEIVING ACUTE PRESCRIPTIONS

Receiving the prescription in the dispensary, either electronically or in paper form, is the first stage in the dispensing process; if things go wrong at this stage the patient may get the wrong medication even if the remainder of the actual dispensing process goes to plan.

PURPOSE

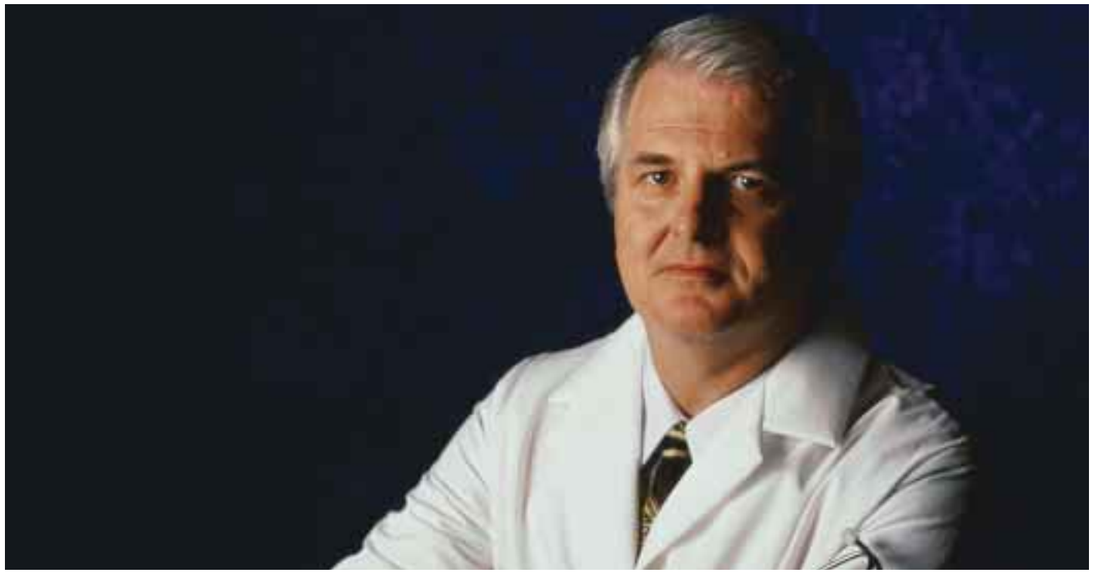
One of the key objectives is to ensure that all details on the prescription are correct.

You might decide that your SOP has one or more of the following purposes:

- To ensure that all the patient details are correct
- To ensure that the prescription contains all the correct drugs requested if it is a repeat prescription
- To ensure that the prescription presented is for the correct person
- To ensure the prescription is dispensed promptly
- To ensure that there is an audit trail

Alternatively, use a general statement, such as:

To ensure that the patient gets a prompt and safe service.



Standard Operating Procedure

FOR TAKING REPEAT PRESCRIPTIONS

Repeat prescriptions make up 70% or more of total dispensary workload.

Examples of things that can go wrong:

- The incorrect number of items is put on the prescription
- The wrong patient is dispensed for
- An old prescription is reactivated in error

PURPOSE

One of the key objectives when dealing with a repeat prescription is to ensure that all the correct items at the correct dosage are on the prescription.

You may decide that your SOP has one or more of the following purposes:

- To ensure that the correct patient receives the correct number of correct prescriptions
- That the repeat items are correctly authorised
- That any changes requested by secondary care providers are reflected within the prescription

Alternatively, use a general statement, such as:

To ensure the patient gets the correct prescriptions whenever they are ordered.

SCOPE

This procedure could be confined to repeat prescriptions generated in-house by doctors or requested in person by the patient or could be broadened to include those initiated by third parties (eg. hospital discharge letters).

You may also wish to have separate procedures covering fax, e-mail or telephone requests.

You will need a simple statement describing the scope of your SOP. An example of this could be:

This procedure covers the generation of a prescription for repeat drugs that are authorised by the doctor's surgery.

If this is so you will have to have separate SOPs for other parts of the procedure.

PROCEDURE/PROCESS

Typical steps in the process of receiving a repeat prescription may include some of the following:

- Greet the patient
- Identify the patient and confirm their details
- Retrieve their prescription record
- Ask what they wish to order
- Check the review date
- Issue the drugs requested ("issue" in this context is used as an EMIS term meaning send to dispensary)
- Check that there have not been any changes to the dosages between this and the last prescription
- Check prescription with the doctor if any queries
- Print the prescription and labels
- Ensure that the labels and prescription are correctly printed and are together
- Place in an area for dispensing at a later date

KNOWN RISKS

For example:

- New staff
- Hand written requests, or where the hospital have changed things

Once you have written your SOP make sure you complete the following steps, as detailed on pages 2 and 3.

RESPONSIBILITY OF STAFF

CHECK THE FINISHED PROCEDURE

REVIEW

Standard Operating Procedure

FOR ASSEMBLING AND LABELLING PRESCRIPTIONS

Although assembling and labelling are in practice usually carried out as one procedure, you may decide to split the process into its component parts.

Assembling and labelling are the dispensing processes which are most likely to go wrong so you need to use this SOP to reduce potential errors in your dispensary. It will enable you to review the accuracy of the process of making up prescriptions in your dispensary and to ensure that there is a logical working pattern, appropriate to the staff that are in place at the time. It is also the basis of your Risk Management Procedures.

Examples of the most common dispensing errors include:

- Wrong drug
- Right drug but wrong strength
- Label transposition
- Labelling errors
- Wrong dose
- Out of date products supplied

PURPOSE

The key objective of the assembly and labelling process is to show that the right patient receives the right medicine at the right dose and the right strength and in the right quantity.

You may decide that your SOP has one or more of the following purposes.

- To ensure safe working systems
- To ensure that the prescribed items were labelled correctly and appropriately
- To ensure the correct quantity supplied
- To ensure a suitable container is used where necessary
- To ensure that a 5ml spoon or oral syringe is supplied where necessary

- To ensure that information leaflet is supplied
- To streamline the process of assembly and labelling in order to reduce waiting times
- To ensure products supplied have a sufficient shelf life for the period of patient use
- To ensure that appropriate records are kept

This list is not exclusive; you may well have additional purposes that are relevant in your dispensary that you wish to include.

Alternatively, use a general statement, such as:
To ensure the safe and efficient assembly and labelling of the prescribed items.

SCOPE

You could include all prescriptions presented in person, received electronically, or by fax but may wish to exclude prescriptions from the hospital or those which are dispensed in monitored dosing systems which will then need separate procedures. But what you need now is a simple statement, such as:

"This procedure covers the assembly and labelling of all prescriptions except for those supplied by the hospital."

Remember, for the things that it does not cover, you will need to have a SOP written at a later stage.

PROCESS

This section should describe details of the task and how it is carried out in your dispensary. It may well vary between dispensaries; indeed, it may even vary in the dispensary depending on the time of day. There are a number of points to bear in mind when compiling this part of the process:

General Points:

- How are prescriptions for assembly and labelling prioritised? Is there a way of distinguishing patients who are waiting and those who are calling back?
- What is your policy on parallel imports? When should they be used and if they are used are they to be repackaged?
- How does your practice deal with items which are out of/low on stock? Are they ordered for same day delivery? If urgently needed, is the patient contacted with a view to taking the prescription elsewhere? Do you dispense part of the prescription or wait until it can all be completed?

Labelling policy:

- For creams, ointments, eye-drops, inhalers – are labels placed on the item or on the box?
- Where are the labels placed on the patient packs which bear the instruction on the back "Please affix dispensing label here?"
- Where are the extra warning labels placed?
- What is the policy regarding multiple packs? Are multiple packs

labelled "1 of 3", etc. or are all strips repackaged into a single box with one label?

- How are large quantities to be split? Does your dispensary pack 100 tablets into one box and 68 into another or do you prefer to supply two boxes each containing 84?
- Do your dispensing labels contain boxes for staff to initial "Dispensed By and Checked By"?
- What is the convention for labelling items prescribed with "As Directed" dosage instructions?
- What is the policy on "Cutting and Snipping" for calendar packs?
- What happens to loose tablets or snipped strips?

Assembly

Your own SOP will contain most of the items opposite, but as with all these procedures, the list is neither exhaustive nor exclusive.

ASSEMBLING THE PRESCRIPTION	
Ensure that the relevant protective clothing is worn	
Work on only one prescription at a time	
Read the prescription and select the correct product	
Check the quantity needed if the prescriber has used the "Number of Days" box	
Check stocks of items ordered and advise patient of appropriate waiting time or of when the item is likely to be delivered if not in stock	
For oral dose forms pay particular attention to ensuring the correct strength has been selected	
For oral dose forms check that the correct formulation has been selected – SR, EC, LA, etc. are all different	
For topical preparations pay particular attention to ensuring that the correct formulation has been selected, (eg. cream or ointment)	
Check the expiry date on the product	
Original Pack Dispensing	**Dispensing from Bulk**
Select the correct number of calendar packs	Select the appropriate bulk pack and count out the correct number of capsules or tablets
Check that all packs are full and do not contain half strips or loose tablets. If the box contains loose strips or tablets, check these correspond to those supposed to be in the box	If opening an oral liquid medicine write the date of opening on the bottle
Ensure the pack contains the relevant patient information	Do not touch or handle medicines while counting, particularly those that can cause sensitisation such as cytotoxics
	If reconstituting oral liquids measure the relevant amount of water into a glass measure and check the level
	If necessary transfer the medicine to another container using a child resistant closure If transfer to another container is necessary check whether this compromises stability or expiry
	Keep the dispensed item with the bulk pack until the whole prescription has been checked
	If the patient has requested no CRCs ensure that plain tops are used and mark the prescription to this effect
Select 5ml spoon or liquid measure if necessary	

LABELLING
Check the prescriptions and labels are for the same patient
Check that the assembled item matches the prescription and that the prescription matches the label
Ensure the labels for quantity of more than one patient or calendar pack carry the warning of "1 of 3", etc.
Check that the label is legible and can be easily read
Ensure that the correct warning labels have been printed
If the label is incorrect generate another label and amend the patient record and stock reorders if necessary
Check that the label corresponds with what has been prescribed and attach it to the assembled item initialling the "Dispensed By" box
Repeat the assembly procedure until all items on the prescription have been dispensed
Consider placing items with special storage requirements in a separate area so that they can be checked and returned to the appropriate storage area as soon as possible
Leave the assembled and labelled items together with the stock pots or empty containers in the prescription basket and transfer to the checking area for checking
Complete relevant paperwork or records within the legally required time limits (eg. entries in the CD register)

KNOWN RISKS

Include:

- Unfamiliar products
- Unfamiliar names, eg. rINNS
- Assembling items from labels, not from prescriptions
- Generating labels from previous records
- Similar packaging
- Products with similar names
- Not marking half-full boxes
- Anticoagulants, methotrexate, antidiabetics, antiepileptics
- Distractions
- Quieter periods
- Working long hours without a break

Once you have written your SOP make sure you complete the following steps, as detailed on pages 2 and 3.

RESPONSIBILITY OF STAFF

CHECK THE FINISHED PROCEDURE

REVIEW

Standard Operating Procedure

CHECKING FOR ACCURACY

This SOP refers to the independent accuracy check that should take place at the end of dispensing.

PURPOSE

The key objective during checking procedures is to ensure that the prescription has been assembled and labelled accurately and that any errors are spotted before the medication reaches the patient.

You might therefore decide that your SOP has one or more of the following purposes:

- To provide quality assurance in the dispensing process
- To ensure that any labelling errors are picked up
- To ensure that any errors in product selection are picked up
- To ensure that the correct quantity has been dispensed
- To ensure that the products supplied are not out of date
- To ensure patient confidence and satisfaction with the dispensing service

You may have additional purposes that are relevant in your dispensary.

Alternatively, use a general statement, such as:

To ensure that dispensed prescriptions have been assembled and labelled accurately before being transferred to the patient.

SCOPE

For example, you might want to include all prescriptions except those to be dispensed in multi-dosed systems.

A simple statement describing the scope of your SOP could be:

"This procedure covers the way in which prescriptions that have been dispensed (assembled and labelled) are checked for accuracy."

PROCEDURE/PROCESS

This section should describe in detail exactly how the task is carried out in your dispensary. It is suggested that accuracy checks should be undertaken by a second person and that self-checking should be a rare exception rather than the rule. Start by observing what you do when an item is checked and write down how many things you see.

Typical steps may be:

- Work on only one prescription at a time
- Keep distractions and interruptions to a minimum
- Read the prescription through once, including full details of the patient as well as drug strength and quantity
- Check each item individually, in the order it appears on the prescription, before moving on to the next

Check the product:

- Read the drug name on either the bulk stock pack or the patient pack, check that it matches what is written on the prescription
- Check that the product strength correlates with that on the prescription
- If using multiple packs check that all the packs are the same medication and the same strength
- Check that the correct form has been dispensed (eg. cream vs ointment)
- If using bulk packs carry out a quick visual check that the contents of the bulk pack and the container match
- If using patient packs, check that the packs are sealed. With unsealed packs, open and check the contents
- Check that the pack contains the relevant patient information leaflet
- Check that the correct quantity has been given
- For controlled drugs double check and count the number of dosage units dispensed. (Although not a legal requirement, you may decide that for controlled drugs either the checker or the assembler should be a doctor)
- Check the expiry date on each patient or bulk pack

Check the label:

- Check the label against the prescription
- Check that the patient name on the bag label corresponds with that on the prescription
- Check that the dose or dosage instructions on the label correspond with the dose on the prescription
- Check that the correct BNF warnings are on the label
- If dispensing more than one item, check that the labels have not been transposed

Completing the checks:

- When the accuracy check is complete, initial the "Checked By" box on the dispensing label
- If any errors, refer to the Standard Operating Procedure for "Dealing with Errors"
- Return bulk packs to the appropriate place
- Count the number of items on the prescription and count the corresponding number of dispensed items
- Check that you have not included any stock containers in the patient's bag
- Ensure that appropriate spoons or oral syringes are included if necessary
- Seal the bag and attach the bag label
- If necessary to use more than one bag, ensure that they are clipped together
- Attach any 'Owings' slips or other notes if necessary
- Attach the prescription to the bag
- Hand the dispensed items to patient in accordance with "Transfer to Patient" procedure or place in the appropriate collection area
- Check that all relevant records have been made

KNOWN RISKS

- Distractions and interruptions
- Working long hours without a break
- Quieter periods
- Illness/lack of focus
- Over-reliance on the accuracy of the person who dispensed the prescription
- Self checking
- New staff
- Unfamiliar patients

Once you have written your SOP make sure you complete the following steps, as detailed on pages 2 and 3.

RESPONSIBILITY OF STAFF
CHECK THE FINISHED PROCEDURE
REVIEW