



Royal Pharmaceutical Society of Great Britain

Helping pharmacists achieve excellence

Michael West
Department of Health
Skipton House (4th Floor)
80 London Road
London
SE1 6LH

PRACTICE & QUALITY
IMPROVEMENT DIRECTORATE
Direct telephone: 020 7572 2358
Facsimile: 020 7572 2501
e-mail: david.pruce@rpsgb.org

30-Nov-05

Dear Michael,

Proposals to simplify the reimbursement arrangements for NHS dispensing contractors

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional and regulatory body for pharmacists in England, Scotland and Wales. It also regulates pharmacy technicians on a voluntary basis, which is expected to become statutory under anticipated legislation.

The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.

The Society leads and supports the development of the profession within the context of the public benefit. This includes the advancement of science, practice, education and knowledge in pharmacy. In addition, it promotes the profession's policies and views to a range of external stakeholders in a number of different forums.

The Society has responsibility for a wide range of functions that combine to assure competence and fitness to practise. These include controlled entry into the profession, education, registration, setting and enforcing professional standards, promoting good practice, providing support for improvement, dealing with poor performance, dealing with misconduct and removal from the register."

We wish to comment on the proposals to allow the dispenser to dispense the calendar pack (or sub-pack) nearest to the quantity prescribed and pay them for the quantity prescribed.

We support the use of patient packs wherever possible. We agree that there are strong patient safety reasons for the routine use of patient packs along with good practical reasons.

The reasons why we support the use of patient packs are:-

Patient safety

We are aware of occasions where patients presented with a single tablet have swallowed the surrounding blister pack as well with disastrous consequences. (1)

There are occasions when pharmacists are unable to supply patient information leaflets as a result of supplying part packs of medicines to patients. Each patient pack comes with its own patient information leaflet which the pharmacist must, by law, provide to the patient. Once

packs start to be split up, these leaflets then have to be photocopied or reprinted. With an array of over 700 different drugs available in each pharmacy, providing the correct leaflet becomes almost impossible. Many of the leaflets can not be photocopied because of their size and the paper on which they are printed. The result is that patients are not provided with important patient safety information.

Waste

A significant number of prescriptions with multiple items have items that are prescribed for different lengths of time. (2) This leads to patients having to re-order their repeat items at different times in order to ensure that they do not run out of an item. Many patients find this confusing and simply re-order all the items leading to stockpiling of medicines in patients homes. This stockpiling leads to considerable waste of medicines.

“Snipping” of blister packs

Dispensing from broken bulk or cutting up (“snipping”) blister packs taken from patient packs takes significantly longer than dispensing original patient packs. The Pharmaceutical Industry puts considerable effort into designing patient packs only to have the packaging destroyed in order to dispense the exact quantity prescribed. A move to dispensing original patient packs would go a long way to freeing up pharmacists’ time and making better use of pharmacists’ skills.

Rounding up and rounding down

We strongly support the dispensing of original patient packs. However, we do not believe that the proposal to allow pharmacists to round up or round down the quantities prescribed while being paid for the quantity prescribed is the right solution.

We believe that this would bring pharmacists into conflict with both patients and prescribers. Patients will feel cheated if they receive less medicine than has been prescribed. This will be intensified if the pharmacist is being paid for more medicine than is actually supplied. Prescribers will have similar suspicions about pharmacists’ motives for rounding down the quantity supplied.

A system of rounding up and rounding down while paying for the amount dispensed could lead to a temptation to only round down while not rounding up at all. This would not result in a cost neutral change as anticipated in the consultation, and would not benefit patients.

We do not believe that there is evidence that a system of rounding up and rounding down of prescriptions while being paid for the quantity prescribed is cost neutral to either pharmacists or to the government. It could have unforeseen consequences for patient safety and does not address the causes of this problem.

Recommendation

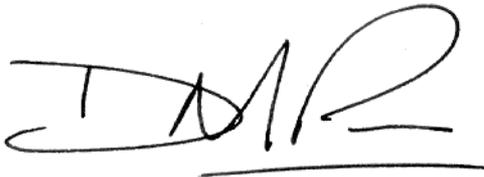
1. We propose that all prescriptions should normally be written in multiples of one month unless they are for a discrete amount of time such as a course of antibiotics. This would allow the pharmacist to dispense original patient packs for the majority of prescriptions. There will always be some exceptions and prescribers should be able specify these exceptions when writing a prescription.

This would bring all the patient benefits envisaged in the consultation without causing the potential conflict between pharmacists and patients/prescribers.

2. We further recommend that the Department of Health broker an agreement with the Pharmaceutical Industry over whether a month is 28 days or 30 days. Currently manufacturers either produce patient packs in 28 day quantities or in 30 day quantities. Patients on multiple therapy are, therefore, likely to receive patient packs some which are in 28 day quantities and some of which are in 30 day quantities. This is confusing for patients and inevitably leads to waste of some medicines. It seems ridiculous that there is no standardisation on the length of a month.

We would be happy to expand on any of these points if it would help or to comment on any further drafts.

With best wishes,

A handwritten signature in black ink, appearing to read 'D. Pruce', with a horizontal line underneath.

David Pruce
Director of Practice & Quality Improvement