

Community Pharmacy Service Specification

For

**Not Dispensed Scheme
(Enhanced Service)**

March 2011

1. Background

- 1.1 The National Audit Office stated in 2007 that the NHS in England could save more than £300m a year by more efficient prescribing¹. It also stated estimated that at least £100m of drugs were returned to the NHS unused¹. Much of this wastage was due to over prescribing, in Sheffield alone it is estimated that £1 - £2m of waste medicines are returned to community pharmacies. The Department of Health¹ estimates that £85M could be saved by more systematic prescribing of lower costs generic drugs. Many of the medicine management collaboratives set up through the National Prescribing Centre^{2 3} developed schemes to tackle the issue of waste medicines. In 2005 the Government released statistics to show that 614.8 tonnes of waste medicines were incinerated in 2004-2005⁴. One objective, easily measurable, marker of wasteful prescribing is the production of prescriptions bearing items that the patient does not require. This may be caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription. This scheme will highlight items that are not required by the patient and inform their GP's. Currently GPs do not get any feedback on medicines which haven't been dispensed or are returned to the pharmacy unused.⁵

Essential service 2 in the Pharmacy Contract is repeat dispensing. A GP can put a patient onto this scheme and issue batches of repeat prescriptions at one time. The pharmacist is obliged to check with the patient, before dispensing a batch prescription, if the medication is needed this time. Repeat dispensing was introduced and funded to reduce waste and to reduce the danger of excess medicines being stored at home. Prescriptions supplied outside the repeat dispensing scheme are not subject to such checks (but is considered best practice). Sheffield has been slow at implementing repeat dispensing 3.74% of all items dispensed in September, hence the need to commission the 'Not Dispensed' service.

2. Service Description

- 2.1 The service will support both NHS Sheffield and reduce waste.
- 2.2 The pharmacist will review each prescription **not** in a repeat dispensing scheme.
- 2.3 The pharmacist will discuss the prescribed medicine with the patient, or their authorised representatives to identify any item that is not required.
- 2.4 The pharmacist will either cross the item(s) through or clearly endorse them on the prescription 'ND' or 'Not Dispensed' in a manner agreed with the NHS Business Service Authority (see Appendix 3).
- 2.5 The pharmacist will notify the GP of any item(s) not dispensed within two working days using the Not Dispensed Intervention Form (Appendix 1).
- 2.6 The pharmacist will notify the prescriber by fax of any item which is a Special on the same day, using the Information to Prescriber Form (Appendix 2).

¹ National Audit Office- Prescribing costs in primary care. The Stationery Office. London. May 2007 (<http://www.nao.org.uk/pn/06-07/0607454.htm>)

² Eastbourne PCT launches campaign to reduce repeat prescribing waste. Pharmaceutical Journal Vol 270, No 7236 p 218. February 2003

³ Tombs, O. Collaborative awards presented at Gala. Pharmaceutical Journal. Prescribing and Medicines Management page 4 December 2006

⁴ 615 tonnes of medicines incinerated in 2004-05. Pharmaceutical Journal, Vol276 No. 7388 February 2006

⁵ Macridge A, Marriott J. When medicines are wasted so much is lost: to society as well as patients. Pharmaceutical Journal Vol 272 p12 January 2004

3. Aim and Intended Service Outcome

- 3.1 To reduce the number of unwanted medicines dispensed by not dispensing items not required by the patient.
- 3.2 To notify the prescriber when an item prescribed has not been dispensed.
- 3.3 To promote, support and encourage good prescribing practices.
- 3.4 To highlight over usage of medicines to GPs.
- 3.5 To reduce unnecessary prescribing costs.

4. Inclusion Criteria

- 4.1 This service may be carried out on all repeat prescriptions from a Sheffield GP practice presented for dispensing at the pharmacy, **except** those in the repeat dispensing scheme.

TARGET ITEMS

Prescribing of Sip Feeds

- 4.2 The pharmacist will confirm all prescriptions for sip feeds with the prescriber who may decide on an alternative regime to the supply. In such cases the pharmacist may claim via the Not Dispensed Scheme. This will be explained to the patient, where appropriate.

Excessive Quantities of Steroid Inhalers

- 4.3 The pharmacist will refer back, to the prescriber, prescriptions for steroid inhalers where more than ONE inhaler has been prescribed. The GP will be requested to re-issue a prescription for one steroid inhaler. This will be explained to the patient, where appropriate. In such cases the pharmacist may claim via the Not Dispensed Scheme.

Excessive Quantities of Drugs for Erectile Dysfunction

- 4.4 The pharmacist will refer back, to the prescriber, prescriptions for sildenafil (Viagra®), tadalafil (Cialis®) and vardenafil (Levitra®) where the prescribing quantity exceeds four tablets per month. The GP will be requested to re-issue a prescription for four tablets only. This will be explained to the patient, where appropriate. In such cases the pharmacist may claim via the Not Dispensed Scheme.

Red Traffic Light Drug

- 4.5 Where a pharmacist identifies that a prescribed drug is listed in the Red Section of the Red Traffic Light List they will inform the prescriber within two working days. In such cases the pharmacist may claim via the Not Dispensed Scheme.

5. Exclusions

- 5.1 Repeat dispensing prescriptions.

6. Duty of the Pharmacy

- 6.1 The prescription should only be reviewed through the service if the pharmacist is satisfied of its suitability.

- 6.2 All participating pharmacies will provide a professional consultation service for patients who request it.
- 6.3 Pharmacists should ensure full patient confidentiality and compliance with data protection requirements.
- 6.4 The pharmacist and support staff must ensure they are familiar with all aspects of the scheme before commencing the service.
- 6.5 The pharmacy staff will ensure that the service is explained to the patient at the outset. This explanation will include what the service is about. They must re-assure any patient anxious about having an item not dispensed this time, does not mean it has been removed from the repeat prescription.
- 6.6 If a medication isn't required, the item will not be dispensed. It will be endorsed 'ND' in a manner agreed with the NHS Business Services Authority (see Appendix 3).
- 6.7 Any item 'not dispensed' will be reported to the prescriber (Appendix 1), within two working day

7. Training

- 7.1 There are no specific training requirements for pharmacists however pharmacists should ensure that they are familiar with the scheme and any support staff be made aware of the scheme and signed off as competent to participate in the scheme.

8. Monitoring and Evaluation

- 8.1 The scheme shall be subject to ongoing evaluation conducted by NHS Sheffield.

9. Service Funding and Payment Mechanism

- 9.1 The pharmacy will be paid according to the following schedule:
- Fee: £4.00 per 'Not Dispensed' item (except Specials)
 - 10% of the cost of any medicines 'Not Dispensed' (except Specials)
 - Each Special not dispensed will attract a flat fee of £20
- 9.2 The pharmacy will be paid for a single item 'Not Dispensed' to the same patient up to a maximum of 2 consecutive months.
- 9.3 Payment is dependent on adherence with Clause 2.5.
- 9.4 A summary sheet (Appendix 4) and monthly sheet (Appendix 5) should be submitted to NHS Sheffield by the 5th of the month to enable prompt payment:
Jo Tsoneva – Medicines Management
NHS Sheffield
722 Prince of Wales Rd
Sheffield
S9 4EU
- 9.5 A copy of all 'Not Dispensed' intervention forms will be kept in a file by the pharmacy for a minimum period of two years.
- 9.6 A post payment verification check may be required.

10. Role of the Community Pharmacy Development Unit

- 10.1 Overall responsibility for co-ordinating and managing the project

10.2 Ensuring all claim forms are dispatched to PCT Finance promptly.

11. Clinical Governance

11.1 Pharmacies providing the service will comply with the national clinical governance requirements as described in the National Health Service Pharmacy Regulations 2005. This covers such areas as:

- Patient, public involvement
- Clinical audit; risk management
- Staffing and staff management; education
- Training and personal development
- The use of information to support healthcare delivery
- Critical incident reporting and risk reduction
- SOPs will be put in place to support this service

12. Confidentiality

12.1 Clients are entitled to expect that the information about themselves, which a pharmacist learns during the course of a consultation and treatment, will remain confidential.

12.2 Pharmacists and their staff must respect this duty of confidentiality and information must not be disclosed to a third party without client's consent.

Not Dispensed Intervention Form

Pharmacy stamp

Dear Dr _____

Today I reviewed a prescription for one of your patients and an item from their prescription was not dispensed

Patient's Name _____

Date of Birth ____ / ____ / ____

Prescription Dated ____ / ____ / ____

Item Not Dispensed (ND)	Reason	Times ND 1 st / 2 nd / #	Information for GP

Although prescribed, this Item for this patient has “not been dispensed” for the last 2 months.

Pharmacist's name _____ (please print)

Pharmacist's signature _____

Date ____ / ____ / ____

Important Note: The pharmacy should retain a copy of this Intervention Form

**Appendix 2 Specials Intervention Form
Information to Prescriber (by FAX)**

**Supply of unlicensed medicinal products
("specials") for individual patients**

The Medicines Control Agency has issued guidance on the use of "specials" — products made up by a licensed manufacturer for treatment of individual patients, on the order of a doctor or dentist.

The guidance suggests that specials should be used only where there is no suitable licensed product available and prescribers should be aware of the following factors associated with the supply of "Specials": -

- The increased professional liability
- The higher cost of the product
- The limited shelf life
- The time taken to obtain supplies

Good practice directs that pharmacists **should alert the prescriber to the unlicensed status of the product**, preferably before it is ordered, and in any event before the product is administered.

With this in mind we would like to point out that the item below falls into this category. Unless we hear from you, **by the end of today**, to the contrary we will supply the prescription, as written, to the patient. I have included a suggested alternative, where one is available.

Patient

Address

Prescription for

Dated

Approx cost £


Alternative, suitable product for consideration

Signed(Pharmacist)

Date

Please insert Pharmacy Label or Stamp

Appendix 3 Prescription Endorsement

Pharmacy Stamp		Age	Name (including forename) and address	
		D.o.B		
By not to stamp over age box				
Dispenser's endorsement	Number of days' treatment N.B. Ensure dose is stated		NP	Pricing Office
Pack & quantity				
<p>ND 1) Tab Paracetamol</p> <p>S Sig. 1-2 q.d.s. p.r.n.</p> <p>Mitte 100 tablets</p> <p>2) Salbutamol Inhaler x 1op</p> <p>Sig. Use 1 puff t.d.s. p.r.n.</p> <p>3) Beclomethasone 100 mcg Inhaler x 1 op</p> <p>Sig One puff b.d.</p>				
Signature of Doctor			Date	
<p>Note that the ND endorsement is level with the 'Not Dispensed' item (paracetamol) and is within the body of the prescription.</p> <p>Patient initials to confirm their agreement to the item not being dispensed on this occasion.</p>				
 PATIENTS – please read the notes overleaf				

Prescription Endorsement

The item(s) not being supplied should be crossed through. Alternatively they should be clearly endorsed as 'Not Dispensed' or 'ND'. Such endorsements must be on the same level as the item(s) and be in the main body of the prescription, NOT in the endorsement column.

Appendix 4

Not Dispensed Item (Summary Sheet)

Month.....

Pharmacy stamp

Total Number of Items Not Dispensed	
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Completed by _____
(please print)

Signature _____

Date ____ / ____ / ____

<p>Please send this form <u>and</u> all the relevant daily sheets to:</p> <p>Jo Tsoneva Medicines Management NHS Sheffield 722 Prince of Wales Rd Sheffield S9 4EU</p> <p>By the 10th of the month</p>
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Appendix 5 Not Dispensed Scheme (Monthly Sheet)

Month.....

When submitting a claim please include these Monthly Sheets with the relevant Summary Sheet

Pharmacy Stamp

Number of Items (A)	Date (Rx)	GP name and Practice	Patient PMR Number	Name, formulation and strength of drug not dispensed	Special	Quantity on Rx
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

