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By email

To all GP practices *for cascade to all staff involved in management of prescription requests*

Glynis McMurtry *for cascade to GPPs*

Community pharmacists

Trust Medical Directors; Directors of Nursing; Head of Pharmacy; AHP Leads
for cascade to NMPs working in primary care (including MDT staff)

Date: 28th October 2024

Dear Colleagues

FOR ACTION - MAINTAINING SUPPLY OF MEDICINES TO PATIENTS; REDUCING WASTE AND MANAGING IMPACT OF SHORTAGES

Background and context

As you will be aware, there continue to be unprecedented demands on both GP and Community Pharmacy services, especially with regards to prescription management. Increasing prescription volume, medication waste and medicine shortages continue to present challenges to healthcare professionals, and the wider HSC.

- In 23/24 there were 45.4 million items dispensed which is a 1.7% increase on 22/23 (44.6m)[1]
- 165K tonnes of medicines are returned to community pharmacies for disposal each year and 30% of these are unopened; the estimated cost of the wasted medicines is £18million *plus* £650K for disposing of them[2]
- Medicines shortages remain an ongoing issue; the SPS Medicines Supply Tool is the key resource for up-to-date information in relation to medicines shortages Medicines Supply Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice.

[1] General Pharmaceutical Services and Prescribing Statistics - Business Services Organisation (BSO) Website (hscni.net)

[2] https://www.health-ni.gov.uk/news/unused-medicines-cost-northern-ireland-health-system-ps18m-year

- To access the Tool, you will be required to register with the SPS website using your "*hscni.net"* email. You can then choose either "Community Pharmacist" or "General Medical Practitioner" under Role, and then "Other" under Organisation Type.
- All Medicines Supply Notifications which have been issued to primary care are available on the BSO website at the link Shortages Information - Business Services Organisation (BSO) Website (hscni.net)

In order to optimise prescribing and minimise supply and waste issues, all primary healthcare professionals are asked to consider options for improvement to current systems and the following points should be considered.

Prescription Interval

The British Medical Association notes that, "*Prescribing intervals should be in line with the medically appropriate needs of the patient, taking into account the need to safeguard NHS resources, patient convenience, and the dangers of excess drugs in the home*."[3]

Prescribers are asked to ensure that medicines are prescribed and supplied in quantities appropriate to individual patient clinical need. For the majority of patients, SPPG guidance is that repeat prescriptions should ideally be issued for 28 days, and for a maximum of 56 days. Certain exceptions apply e.g. HRT, oral contraceptive pill. This list is not exhaustive and it is the prescriber's responsibility to consider each patient on an individual basis. Quantities should not be increased in response to external pressures.

Specific patient groups for consideration

1. **Care home patients**

Practices should ensure prescriptions for care home patients are for 28 days' supply to facilitate safe storage and reduce potential wastage. Occasionally, however, it may be necessary to prescribe quantities of greater or less than 28 days' supply as a one-off to allow medication to be synchronized into the home's 28-day cycle.

2. **Patients requiring medicines supply via a monitored dosage system**

This may be of particular relevance for patients who have their medicines supplied in an alternative format to support adherence. To minimise waste from mid-cycle changes and for pharmaceutical stability reasons a maximum of 28 days should be supplied. Instalment dispensing endorsement must not be added for the sole purpose of medicines adherence. Letter SPPG

3. **Patients prescribed controlled drugs**

Prescriptions for schedule 2, 3 or 4 controlled drugs are limited to the quantity necessary for up to 30 days of treatment Letter MRG 2008

[3] www.bma.org.uk/media/1563/bma-prescribing-in-general-practice-april-2018.pdf

4. **Temporary residents and patients travelling overseas** or patients who are resident outside their usual practice area for up to 3 months, for example for 'respite' care or on holiday

Practices should provide quantities as advised in the guidance letter available at: Prescribing For Temporary Residents and Patients Travelling Overseas – Primary Care Intranet (hscni.net)

If a person is going to be abroad for more than three months then only a sufficient supply of his/her regular medication should be provided to enable them to get to the destination and find an alternative supply.

Prescription Ordering

SPPG recommends that in the majority of cases patients should order their own prescriptions. In exceptional circumstances, the community pharmacist may be the most suitable person to provide support for patients with ordering their repeat medications e.g. for the very elderly, those with serious mental health illness or learning disabilities who do not have a representative such as a family member to do this.

Following a number of adverse incidents, advice was provided on best practice in these circumstances. Standards issued by the Pharmaceutical Society of NI state, *"Pharmacists should establish, at the time of each request, which items the patient or carer considers are required and ensure that unnecessary supplies are not made"*[4].

Actions for GP practices

- Share this letter and guidance with all practice staff involved with management of prescription requests, including non-medical prescribers, locums and reception staff.
- Review and audit current prescription management processes on a regular basis to ensure they are robust and identify where improvements can be made.
- Ensure any required changes are included in written repeat prescribing protocols/SOPs and that revised documentation is shared with, and signed by, **all relevant staff**.
- Patients should be prompted, at time of ordering, to confirm which specific medicines are required, to ensure only medications that are due, are issued.
- Liaise with local community pharmacy colleagues to discuss any planned changes to practice in advance.
- Review patient information on display on practice website and social media pages and identify opportunities to educate patients on responsible ordering and prevention of waste e.g. consider adding the following link to animation related to medicines waste https://vimeo.com/149623414
- Identify medicines to deprescribe at medication review, reauthorisation of repeats and transitions in care e.g. referral to and discharge from hospital.

[4] https://www.psni.org.uk/wp-content/uploads/2012/09/standards_on_sale_and_supply_of_medicines-revised1mAR2016.pdf

- Communicate any changes to existing arrangements to patients, carers. pharmacies and care homes staff where necessary.

Actions for community pharmacies

- Share this letter and guidance with all relevant staff, including locums.
- Review and audit current prescription management processes to identify where improvements can be made.
- Ensure robust processes are in place for supply of outstanding prescription items; Inform patient if prescription cannot be dispensed in its entirety and ensure an owing slip is issued to facilitate collecting the outstanding medication.
- Review patient information on display on practice website and social media pages and identify opportunities to educate patients on responsible ordering and prevention of waste e.g. consider adding the following link to animation related to medicines waste https://vimeo.com/149623414
- Ensure prescription ordering processes and waste management processes comply with professional standards and best practice guidance.

Local working is encouraged between community pharmacy and GP practices to ensure effective communication in advance of any changes. Thank you for your continued co-operation. If you have any queries please contact a Pharmacy Adviser in your local office.

Yours sincerely

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cc
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