

SWL Medicines Optimisation Programme – Tackling Waste

Objective:

To reduce medicine waste by improving the quality of repeat prescribing/ordering systems by empowering patients and carers to manage their own repeat prescription items according to need

Background

Audit work carried out in SWL CCGs has shown that there is a significant amount of medicines waste in primary care (£20m). It is recognised that this is multifactorial and only a proportion of this waste will be avoidable (£4m) and potentially due to over-ordering. The following waste may be unavoidable (York 2010):

- The patient recovered before all the medication was taken
- Therapies were stopped or changed, e.g. they were ineffective or produced unwanted side effects.
- The patient's condition(s) progressed, which required new treatments.
- A patient's death. This often reveals medication that had not been taken and/or changing medication used during end of life care.
- Factors in the prescribing and dispensing process that resulted in excessive quantities being supplied
- Care system failures to adequately support vulnerable individuals who cannot independently adhere to their treatment regimens.

Patients and carers are central to the process and it is important to recognise that non-adherence is an important issue. The project seeks to empower patients with the emphasis on using digital systems i.e. patient online systems for reordering repeat prescriptions to reduce avoidable waste.

Advantages of online systems include:

- ✓ Reduced administrative burden for GP practice staff and pharmacy staff, where they are involved in reordering
- ✓ Increasing patients' capability, self-sufficiency and understanding of their medicines, reducing reliance on practice &/or pharmacy staff
- ✓ Reduced prescription waste through encouraging patients to only order what they need at the time
- ✓ Improved patient satisfaction by provision of a more convenient and seamless way to order prescriptions
- ✓ Less confusion-some requests over the phone or in writing may not be clear and could lead to medication error.

Whilst the aim is to encourage patients to take on responsibility for their medicines, it is important that we do not disadvantage the vulnerable or less able. As such there is still a need for an agreed process in order to ensure that where a pharmacy or third party do order on behalf of patients that only those medicines that are required are ordered, that any recent changes to medication are accurately reflected and any messages from the GP to the patient are passed on.

Dealing with repeat prescriptions is a huge workload for both community pharmacy and the GP practice and it is important that there is a joint agreement about how repeat prescribing/ordering should be managed and how to raise concerns.

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Principles

- ✓ **Patients should be encouraged, wherever possible, to take responsibility for their own medicines.**
- ✓ **Patient safety must be central to all systems with improved patient outcomes**
- ✓ **The systems are flexible enough to adapt to local need and to the need of individual patients.**
- ✓ **Governance is integral to each part of the process.**
- ✓ **No medicines are ordered which are not required and all medicines that are required are ordered.**
- ✓ **There are effective communication systems between community pharmacy, GP practice and patient.**

‘The able patient’

- Many patients use community pharmacists/third party ordering as a convenience to reduce the time and effort required to manage the medicines they require to manage their long term condition. These patients should be directed to the patient online service. Registering for online services is quick and enables the patient to order at a time convenient to them. Patients are best placed to know what they need at the time of reordering and are less likely to order unnecessary medicines.
- Promote GP Online Services - Signpost the patient to these services

‘The more vulnerable patient’

Community pharmacists and local GP practices should liaise closely to identify those patients who are unable to safely manage their own reordering of medicines. Pharmacists and GPs should agree communication systems and whether there are any particular concerns that either should be aware of. These patients may have their medicines delivered by the pharmacy or have their medicines collected by someone else and could be at high risk if the repeat ordering system is not sufficiently robust.

Vulnerable patients may include: housebound; patients with impaired capacity; patients with multiple co-morbidities; patients who are frequently hospitalised – patients can be assessed for suitability using “Assessing patients’ suitability for community pharmacy repeat prescription management system”.

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(1) Management of Repeat Prescription Ordering in Community Pharmacy

This process replaces and is based on the first protocol for managing repeat prescription ordering in community pharmacists, which was agreed with Croydon LPC in 2013.

- Staff should identify where medicines have recently been dispensed and discuss with patients if they are still required. The following are likely to result in wasted medicines:
 - Medicines on repeat prescriptions are dispensed without checking if required
 - Patients habitually order every line on a repeat prescription regardless of need due to fear of loss of drug through non-use
- Staff should inform a GP practice where prescription items have not been collected so that practice records can be amended as patients can intentionally, or non-intentionally fail to adhere to instructions

‘The able patient’

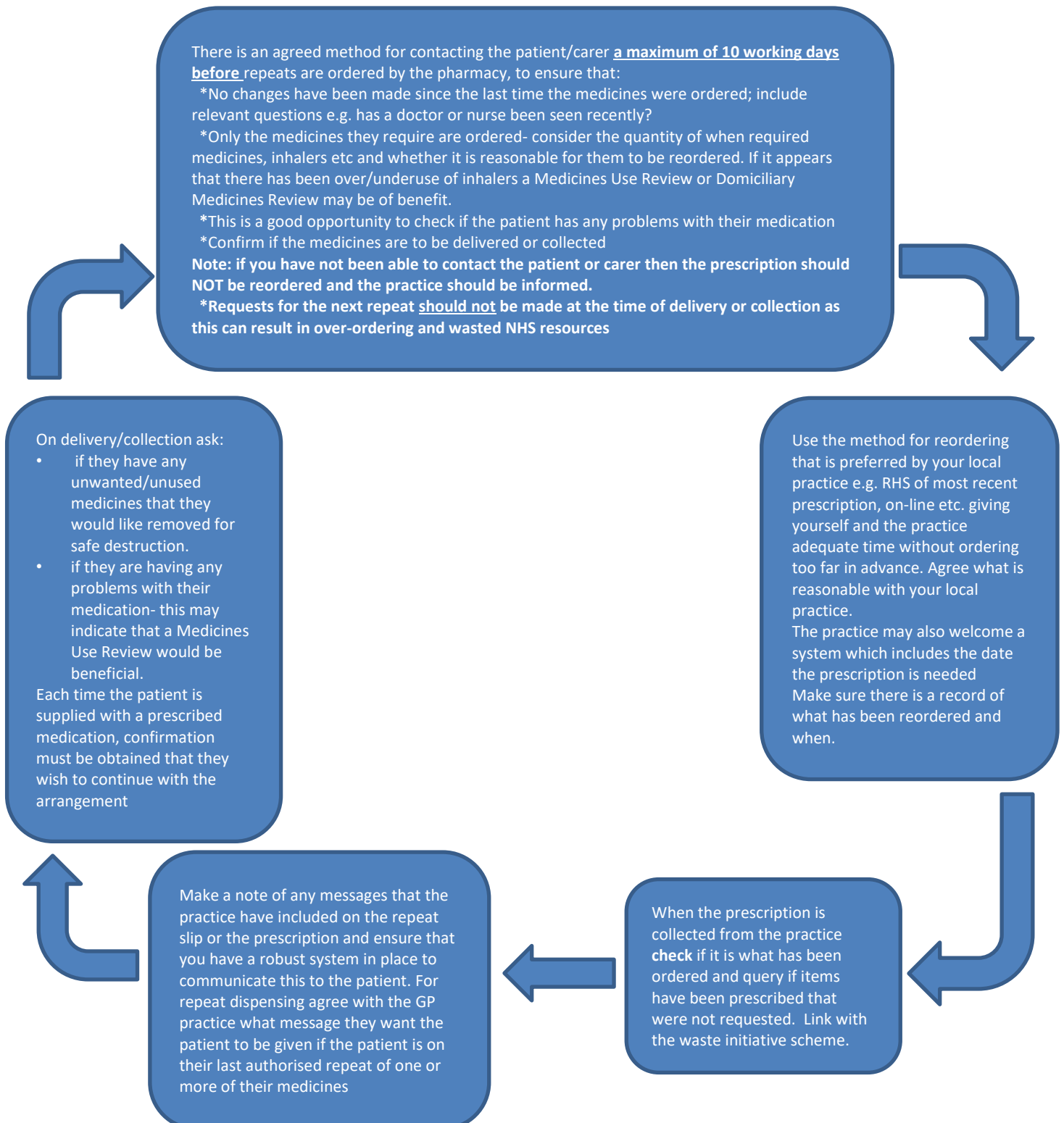
- Identify “the able patient” and signpost to the GP to access online services for ordering repeat medicines
- Repeat dispensing may also be appropriate for some patients-see link below:
<https://www.england.nhs.uk/digitaltechnology/wp-content/uploads/sites/31/2015/06/electronic-repeat-dispensing-guidance.pdf>
- A minority of patients may manage their repeat prescriptions by contacting their community pharmacist when they need more supplies. This is currently acceptable provided the contact is made **within 10 working days** of the prescription being required, that pharmacy staff positively identify, together with the patient, each item that is needed, paying particular attention to when required and/or medicines that do not come in calendar packs e.g. inhalers, insulin etc. It is important to recognise that there is a need to move this cohort towards online services and community pharmacists are expected to discuss with the patient the potential for further supplies via online services

‘The more vulnerable patient’

- Liaise with local GP practice to identify and record vulnerable patients who are unable to safely manage their own reordering of medicines:
- **Ensure** that there is a signed, dated consent form from the vulnerable patient or their representative to confirm they wish the pharmacy to order and collect prescriptions from the surgery on their behalf *(include reason and copy to GP/code patient on GP system?)*
- **Ensure** there is an up to date Standard Operating Procedure (SOP) and only trained staff deal with requests for repeat prescriptions for this group of patients.
- **Before reordering** contact the patient /carer **a maximum of 10 working days** before the new supply is due to confirm what items are required.
- **Ensure** the SOP distinguishes between regular and when required medicines or non-calendar pack medicines e.g. inhalers, insulin etc. to avoid routine reordering regardless of need.
- **Consider** if the patient would benefit from other pharmaceutical services or support

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Basic Process -Reordering for vulnerable patients by community pharmacists



References

Croydon Medicines Optimisation Team: Prescribing processes for GP practices. Oct 2017

General Pharmaceutical Council: Standards for Pharmacy Professionals May 2017

General Pharmaceutical Council: Standards for Registered Pharmacies September 2012

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(2) Management of Repeat Prescription Ordering in GP Practice

Reinforcing dissemination of best practice guidance for repeat prescribing to ensure standards of safety and quality are maintained.

Refer to Prescribing Processes for GP Practices –

- see 'Top tips for Prescribing Processes'
 - see 'Top tips for Stoma Prescribing'
 - see 'Top tips for Incontinence Prescribing'
 - see 'Top tips for Care Home prescribing'
- Staff should check that a supply of the medicine is due by looking at previous issues. Early requests for antidepressants, benzodiazepines, controlled drugs, and analgesics should be highlighted to prescribers
 - In order to minimise the risk of over-prescribing, prescribers may consider putting flags/alerts on individual patient notes where patients make early requests for supplies. *Consider telephone patient to confirm*
 - Medication requests should be synchronised, where possible, to minimise the risk of non-adherence or over-use of medicines. Practice staff should highlight any discrepancies in ordering to the prescriber
 - Participation in annual repeat prescribing process training

'The able patient'

- Identify "the able patient" and signpost to access online services for ordering repeat medicines

'The more vulnerable patient'

Liaise with local community pharmacy to identify and record vulnerable patients who are unable to safely manage their own reordering of medicines:

- **Ensure** that there is a signed, dated consent form from the vulnerable patient or their representative to confirm they wish the pharmacy to order and collect prescriptions from the surgery on their behalf (*include reason and copy to GP/code patient on GP system?*)
- **Before reordering** practices should be confident that the community pharmacist has contacted the patient **a maximum of 10 working days** before the new supply is due to confirm what items are required.
- Inform the Medicines Optimisation Team if practices cannot resolve issues locally regarding community pharmacists ordering prescriptions without contacting the patient to confirm a supply is needed

Liaise with Third Party providers (Home Care Companies / DAC) to identify and record vulnerable patients who are unable to safely manage their own reordering of medicines. See 'Top tips for Stoma Prescribing'

- **Ensure** that there is a signed, dated consent form from the vulnerable patient or their representative to confirm they wish the third party provider (Home Care Companies) to order and collect prescriptions from the surgery on their behalf (*include reason? Do we want copy in GP surgery?*)

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- **Before reordering** practices should be confident that the third party provider has contacted the patient a **maximum of 10 working days** before the new supply is due to confirm what items are required.
- The Medicines Optimisation Team should be informed of any companies repeatedly requesting prescriptions for large quantities or retrospectively ordering items or quantities that may not be required by the patient

(3) Patient Requests for Repeat Prescriptions

Improving patient understanding of what to expect when they are prescribed regular medication will raise awareness of services offered by pharmacies and GPs, support medicines adherence and ultimately improve patient outcomes. A patient’s guide to repeat medicines will support patient understanding of how to order, use and dispose of medicines safely and promote NHS commissioned services offered by community pharmacies. This can assist with mitigating any over-ordering being generated directly from patients.

Improving the uptake of digital systems i.e. patient online systems for reordering repeat prescriptions will empower patients to manage their own medicines and reduce avoidable waste. A targeted approach in recommending to all practices that **‘The able patient’** should order repeat medications directly from their surgery to practices.

Recording patients’ feedback, queries and complaints via PALS will ensure that issues are identified and resolved by Medicines Optimisation Teams.

(4) Monitoring

Outcome Measures	Data Source	Note/ Comments
Total item dispensed per month (CCG, SWL and individual practice)	ePACT2	
Average cost per item on ePACT2 per month (CCG, SWL and individual practice)	ePACT2	
Repeat quantity of drugs (28, 56 days)	ePACT2	Unlikely to be achieved due to data limitation on ePACT2
Over-order (%) in clinical systems	Clinical systems, e.g. EMIS and Vision	According to a PSP’s finding, it is not yet possible to search ‘over-ordering’ population within EMIS. Discuss search criteria with clinical system providers for future development and monitoring.
Repeat audit	Audit	

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Process Measures	Data source	Note/ Comments
% of patient using GP online services	GP online, NHSE	Contact Shona Ash (Empower the Person Implementation Leads via s.ash@nhs.net for data)
% of repeat Rx items requested online	GP online, NHSE	
No. of staff trained in GP practices	Training log	