

<b>Date:</b>	21 <sup>st</sup> December 2017
<b>Meeting:</b>	Primary Care Commissioning Committee
<b>Item Number:</b>	
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> <i>(Name, Title)</i>	Erica Ellerington
<b>GB Lead:</b> <i>(Name, Title)</i>	Primary Care Contract Manager NHS England

<b>Report Title:</b>
<b>Point of Dispensing Counselling and Interventions Service</b>
<b>Decisions to be made:</b>
<ul style="list-style-type: none"> <li>To support the development of a Point of Dispensing Scheme in North Lincolnshire</li> </ul>

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input type="checkbox"/>
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input checked="" type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
This report is to seek approval for the development of a Single Point of Dispensing Scheme in North Lincolnshire from 1 <sup>st</sup> April 2018 – 31 <sup>st</sup> March 2019.

<b>Equality Impact</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>Patient, Public, Clinical and Stakeholder Engagement to date</b>									
	<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>		<b>N/A</b>	<b>Y</b>	<b>N</b>	<b>Date</b>
<b>Patient:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



## **Point of Dispensing Counselling and Interventions Service**

Prepared by Erica Ellerington  
Primary Care Contract Manager  
NHS ENGLAND – North (Yorkshire & the Humber)

14<sup>th</sup> December 2017

# POINT OF DISPENSING COUNSELLING AND INTERVENTIONS SERVICE

## 1. INTRODUCTION

The purpose of the report is to set out proposals to commission a Point of Dispensing Counselling and Interventions Service within Community Pharmacies aimed at improving concordance with medication and reducing medicines wastage and to gain approval for the service to commence 1<sup>st</sup> March 2018.

## 2. BACKGROUND

The National Audit Office stated in 2007 that the NHS in England could save more than £300m a year by more efficient prescribing<sup>1</sup>. It also estimated that at least £100m of drugs were returned to the NHS unused. The Department of Health estimates that £85M could be saved by more systematic prescribing of lower cost generic drugs. Many of the medicine management collaboratives set up through the National Prescribing Centre developed schemes to tackle the issue of waste medicines<sup>2, 3</sup>. In 2005 the Government released statistics to show that 614.8 tonnes of waste medicines were incinerated in 2004-2005<sup>4</sup>.

When a national audit was carried out in 2013-14 across 3,100 pharmacies analysing 651,897 items<sup>5</sup> for 152,140 patients, five out of every two hundred prescription items (n=15,650; 2.40%) that were prescribed were not supplied to the patient because they were not needed.

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

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

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

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

<sup>5</sup> Repeat medication ordering and interventions - Practice-based Audit 2013/14, Pharmacy Voice, July 2014  
(<http://www.pharmacyvoice.com> )

### **3. INFORMATION**

The proposal set out in this paper is to commission a Point of Dispensing Counselling and Interventions Service within Community Pharmacies across North Lincolnshire.

#### **Service Description**

The service will support patients' adherence to repeat medication and reduce waste through an intervention prior to the pharmacist dispensing all medications ordered. The pharmacist will review each prescription (not including those in a repeat dispensing scheme) and will discuss the prescribed medicine with the patient, or their authorised representatives to identify any item that is not required.

The aim of this scheme is to reduce the burden of waste medicines within North Lincolnshire, which has far reaching implications both financially and in terms of harm and health outcomes for patients in the area:

- To reduce the number of unwanted medicines dispensed and therefore wasted, by not dispensing items not required by the patient
- To notify the prescriber when an item prescribed has not been dispensed
- To promote, support and encourage good repeat/ prescribing practices with patients and GP practices
- To highlight over or under usage of medicines to the prescriber
- To inform the prescriber whether the continued supply or non-supply of items would be considered clinically significant
- To highlight prescribing inefficiencies to the prescriber
- To reduce unnecessary prescribing costs

During provision of the service the pharmacist will:-

- Identify patients where there may be a clinical risk from not taking their medication and the pharmacist would perform an Intervention MUR
- Where the medication is for a long term condition such as a respiratory condition it may result in an MUR to support inhaler technique
- Notify the prescribers about the level of 'not required' medication that is not dispensed in the scheme as agreed
- Collate and feedback general trends to GP practices and CCG as agreed
- Build read codes into feedback so will identify high risk medication and other medication ' not dispensed'
- Identify patients suitable for repeat dispensing
- Record all interventions on the PharmOutcomes web-based platform

The service will reimburse pharmacies for spending additional time with patients at the point of collecting their medication to check whether all their medicines are still required. This level of intervention is above the level

currently required and funded by the core national contract and pay for a small % of the profit lost on non dispensed drugs based on the national average.

## Local Audit

In June 2016, a joint Community Pharmacy Humber / NHS England audit of local NHS pharmacy contractors aimed to establish the amount of medication that was issued on prescription but not actually required by the patient. Over the two week audit period, over 2300 interventions were carried out between pharmacy staff and patients or their representatives. The average pharmacy identified in excess of 2 interventions per day (13 over the audit period), and the NHS cost savings identified in that two week period was in excess of £28,000.

Pharmacies carried out bag checks at the point of prescription collection where patients or their representatives were asked to confirm that each item in the bag was required. Where an item was found to not be required for the current period of treatment, the patient or representative was asked to identify the cause of the item appearing on the prescription. A summary of the causes of not required items is displayed in Table 1 below and Table 2 breaks this down by CCG across the Humber region.

*Table 1- Patient Reported Cause*

Patient reported cause		
Patient or representative ordered in error	34.7%	820
Item stopped or changed since patient ordered it	30.6%	724
General Practice added to prescription in error	25.4%	601
Pharmacy ordered in error	9.3%	221
Total interventions (items)		2366

*Table 2 - Breakdown by CCG*

CCG	East Riding	Hull	North East Lincolnshire	North Lincolnshire
Patient or representative ordered in error	41.8%	33.6%	24.6%	33.2%
Item stopped or changed since patient ordered it	31.9%	29.4%	37.7%	24.8%
General Practice added to prescription in error	17.4%	25.5%	27.3%	36.0%
Pharmacy ordered in error	8.9%	11.4%	10.3%	6.0%

## Potential savings identified

The audit demonstrates the value of a point of dispensing intervention by community pharmacies. Conservatively, the level of interventions in the audit would scale to annualised value of £770,000 across the Community Pharmacy Humber area.

However, a short two week intervention cannot properly describe how an intervention may sustain over months or years. One of the pharmacies completing the audit (Weldricks, Ironstone Centre, Scunthorpe) is commissioned under a Local Pharmaceutical Services contract which has embedded this type of intervention into their normal operations. This pharmacy has been operating this model for several years and delivered 68 interventions over the two week period (equivalent to 1 intervention per 84 items), giving an insight in to the sustainable savings that can be achieved should a point of dispensing intervention service be commissioned on a long term basis. When normalised for items volume, the potential savings by CCG can be found in Table 3 below:

*Table 3 – Potential Savings for CCGs*

CCG	Potential annual savings	Potential annual savings at 1 intervention per 84 items
East Riding of Yorkshire	£161,615	£844,607
Hull	£225,567	£950,434
North East Lincolnshire	£110,354	£533,001
<b>North Lincolnshire</b>	<b>£133,186</b>	<b>£480,263</b>
<b>Total*</b>	<b>£772,404</b>	<b>£2,808,306</b>

## Contractual Framework

Under the terms of the NHS Act 2006, as amended by the Health and Social Care Act 2012, pharmaceutical services (Essential, Advanced or Enhanced) may only be commissioned by NHS England. Pharmacies may also be commissioned to provide any other services for which they are qualified, by Local Authorities (e.g. public health services) and Clinical Commissioning Groups (CCGs).

In agreement with NHS England, the CCG can use the Local Enhanced Service option under that Community Pharmacy Contractual Framework. This regulatory framework allows pharmacies that are successfully meeting their contractual requirements to be commissioned to provide additional services under the regulations.

The scheme will be commissioned by NHS England as an additional service on behalf of the CCG. The scheme will be administered and managed by Community Pharmacy Humber using the PharmOutcomes software. The costs of implementation and on-going software licences are built into the

overall scheme and the CCG will receive a detailed report on the actual savings generated based on the NHS cost of drugs not dispensed.

## PharmOutcomes

PharmOutcomes is a web-based system which helps community pharmacies provide services more effectively and makes it easier for commissioners to audit and manage these services. By collating information on pharmacy services it allows local and national level analysis and reporting on the effectiveness of commissioned services, helping to improve the evidence base for community pharmacy services.

## Financial Implications

The objective of this scheme is for it to be an invest to save scheme, the savings will be realised through the CCG prescribing budget as the tariff cost of drugs not dispensed are not charged against the prescribing budget.

The financial model shown below is conservative in its approach and uses the national average ingredient value (£10) as the figure from which savings are calculated. From April 2017 pharmacies earn in the region of £1.24 per item dispensed plus an element of profit (the actual profit is the difference between the BNF Tariff price and the amount the pharmacist paid their wholesaler for the item) The model reimburses £5 for every intervention where an item is not dispensed and calculates savings based on the average of £10 per item.

	17/18	18/19	19/20
Administration Costs	£4,510	£3,280	£3,280
Intervention Fee cost	161517	80758	40379
NIC Cost share (DISP PROFIT)	44417	22209	11104
Additional MURs	5600	5600	5600
Total Cost to the CCG	<u>£216,044</u>	<u>£111,847</u>	<u>£60,363</u>
Gross Savings	£444,171	£222,085	£111,043
Net Saving to CCG	£228,127	£110,238	£50,680
recurrent	£136,876	£55,119	£20,272
non recurrent	£91,251	£55,119	£30,408

The scheme is not just about reducing waste and saving money. There are real benefits to patients in ensuring that they are only taking the medication that they need and through improved concordance with prescribed medication gain the outcomes that is anticipated they should.

***RECOMMENDATIONS:***

It is recommended:

(a) That the committee consider the content of the report and approve the commissioning of this service subject to approval by the appropriate CCG committee