

PLYMOUTH CITY COUNCIL

Subject: Primary Care Prescriptions

Committee: Health and Adult Social Care Overview and Scrutiny Committee

Date: 20 March 2019

Cabinet Member: Councillor Tuffin (Cabinet Member for Health and Adult Social Care)

CMT Member: Craig McArdle (Strategic Director for People)

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Ref:

Key Decision: No

Part: I

Purpose of the report:

This report is provided to OSC to update members on ways in which people can (a) request and receive prescriptions from their GP practice and (b) request and receive medicines dispensed against these prescriptions.

The report is purposefully brief. Whilst there is a significant amount of regulation in relation to these areas, the paper focuses on prescribing and dispensing of medicines in primary care (general practice and community pharmacy) from the perspective of the user (the patient). It is recommended that the information in the paper is noted by OSC and used to inform questions to raise and discuss at the meeting in order to gain further clarity on specifics as required.

Corporate Plan

N/A

**Implications for Medium Term Financial Plan and Resource Implications:
Including finance, human, IT and land**

This paper does not contain a proposal requiring with resource implications; rather it is a paper for information and to prompt questions and discussion.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:

None

Equality and Diversity

Has an Equality Impact Assessment been undertaken? Not for this paper

Recommendations and Reasons for recommended action:

It is recommended that OSC note the content of this paper and raise questions for further clarification.

Alternative options considered and rejected:

Published work / information:

- National legislation
- NHS England contracts with general practice and community pharmacy
- GP practice and community pharmacy policies and standard operating procedures

Background papers:

None

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7

Sign off: N/A

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Originating SMT Member													
Has the Cabinet Member(s) agreed the contents of the report? Yes / No* please delete as necessary													

Introduction

- 1.0 This paper uses common terminology surrounding prescriptions, for ease this is a brief glossary:
- Acute prescription = one off or initial prescription, usually from a GP practice, although could be from other providers such as dentists. Common examples would be an antibiotic prescription.
 - Repeat prescription = a medicine which has been agreed for longer term use between the prescriber and patient, common examples are medicines for long term conditions.
 - Primary care prescriptions = medicines prescribed by GP practices or dental practices.
 - Secondary Care prescriptions = medicines prescribed by hospitals
 - Repeat dispensing = different to repeat prescriptions: a batch of repeat prescriptions are given to the patient and their chosen pharmacy to allow for a specified number of months of prescriptions to be collected at regular intervals.
 - Electronic prescriptions = can be acute or repeat prescriptions, the prescription is sent electronically to the dispenser, there is no paper form required.
 - Medicines optimisation = medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'.

Medicines are a vital part of modern health care, the NHS in England spends around £18 billion on medicines, 410 million repeat prescriptions are generated each year, this represents 66% of all primary care prescriptions. Given the scale of medicines use it is important that patients can easily request and receive medicines.

- 1.1 Prescribing and medicines optimisation is integrated into primary and secondary care and, although medicines use is only one aspect of health care, prescribing is a huge subject in its own regard. This paper does not pertain to the full scope of medicines optimisation by any means, but rather seeks to set out key points from the perspective of people (patients) in requesting and receiving prescriptions and dispensed medicines.

Much of this subject is driven by national regulation and policy; some specifics are driven by local developments including the specific ways in which each GP practice and community pharmacy deliver their services.

Prescribing in general practice

- 1.2 Prescriptions are supplied to patients by general practice for either acute or repeat use. Historically prescriptions were printed on paper forms, however, increasingly electronic prescriptions are used and this step change is driven by national policy and legislation changes.
- 1.3 The process for a patient to obtain an acute prescription from a general practice is generally: GP or other prescriber (prescribing nurse, prescribing pharmacist etc) issues a one-off prescription following a consultation. Occasionally, acute prescriptions may be issued by GP practices following advice from other prescribers (e.g. outpatient hospital letters etc).
- 1.4 The process for a patient to obtain a repeat prescription from a general practice is either:
- Patient ticks their prescription counter foil and returns it to the GP surgery. The surgery will then process a prescription in due course (normally 2-3 working days from request).

- Patient returns their prescription counter foil to their pharmacy; the pharmacy then sends on to the GP surgery.
- Patient leaves a prescription counterfoil with their regular pharmacy and liaises with their pharmacy to indicate what they want next time; many pharmacies refer to this as 'managed repeats'.
- A batch of repeat dispensing prescriptions is supplied to the patient by the prescriber for dispensing at the patient's chosen pharmacy at stipulated intervals.
- A repeat prescription is ordered from the GP practice via an online log in i.e. patients are provided with username and password by the GP practice to order repeat medicines.

1.5 Considerations for patients may include the following:

- How they prefer to order their medicines: One patient's preference for online ordering may be entirely different to another patient's preference for ordering using a paper counterfoil.
- Ensuring they order and receive only the medicines they need. Nationally and locally medicines waste is a huge issue; excess medication in the home may present patient safety risks and financial waste.
- Whether they consent to using the electronic prescription service, or whether they want to use paper prescriptions.

Dispensing of medicines by community pharmacy

1.6 NHS prescriptions can be dispensed by community pharmacies or dispensing practices, there are no dispensing GP practices within Plymouth, however there are dispensing GP practices within NEW Devon CCG (for example in more rural areas such as Wembury and Yealmpton). The choice of pharmacy where a prescription is dispensed rests entirely with patients and/or their carers or family; prescribers do not 'direct' prescriptions to a particular pharmacy. Patients do not have to use the same pharmacy each month (although many do use a 'regular' pharmacy) and patients can change their 'nominated' pharmacy either by asking the GP practice or a pharmacy.

1.7 Prescriptions can be sent to dispensers either as a paper prescription, signed in ink by a prescriber, or an electronic prescription sent once a prescriber's electronic signature has been added.

1.8 Dispensers (usually community pharmacies) supply medicines in accordance with the prescribed directions (drug, daily dose, quantity etc) and most commonly patients collect their medicines from the dispenser. However, there are a range of other options.

- The dispenser has the prescription in advance, prepares the medicines, keeps the medicines until the patient comes to collect.
- The dispenser is provided with the prescription and the patient waits while the medicine is dispensed.
- The prescription is delivered, either by the dispenser's own delivery driver, or by post or courier. Delivery services are not funded by national or NHS contracts and are entirely private arrangements between patient and dispenser.
- Many patients will use other dispensers such as an "appliance contractor". Appliance contractors dispense items such as colostomy appliances, catheter appliances, tracheostomy appliances. Appliance contractors generally deliver appliances using mail or couriers.

1.9 Considerations for patients may include the following:

- Which pharmacy they choose to use, for example do they choose a local pharmacy they can walk in to, or do they prefer a pharmacy that operates a 'mail order' delivery system.
- What time of day they want to access pharmacy services, e.g. some pharmacies are open until 11pm, others 6pm, some open Sundays, others do not.
- Have the patient's own needs changed, e.g. working hours or have new prescriptions such as colostomy appliances started?
- Does the patient wish to change their pharmacy? Patients can change pharmacy at any time, this choice rests entirely with the patient.

Recent initiatives to improve prescribing and medicines optimisation for patients

1.10 All those responsible for prescribing and dispensing are concerned with providing high quality services that are accessible and represent good value for money. Initiatives to improve recently include:

- Reducing waste to ensure only those items needed are dispensed.
- Supporting practices with 'best practice' advice on repeat prescriptions.

Recommendations

1.11 It is recommended that OSC:

- Notes the content of this paper
- Raises any questions in relation to the content of this paper to be answered and/or discussed at the meeting.