

Not Dispensed Scheme

To be reviewed after 3 months after feedback from GPs, pharmacists and patients

1.0 How will the scheme work?

Some prescription items will not be required by patients because they may have been ordered in error, are no longer required, prescribed by mistake by the surgery or not required because the patient has built up supplies at home.

As part of the dispensed services the pharmacy staff should ensure that “patients are able to use their medicines and appliances effectively by:

- Pharmacy staff providing information and advice to the patients on the safe use of their medicine or appliance
- Pharmacy staff providing when appropriate broader advice to the patient on the medicines, for example, its possible side effects and significant interactions with other substances.

The pharmacist or competent staff member to whom the task has been delegated by the pharmacist will check with the patient whether they “require all of the items on the prescription at this time” (or if the patient has plenty at home).

If the patient does not need a particular item, it is “Not Dispensed” and the prescription endorsed “*ND*” to advise the Prescription Pricing Authority so that the pharmacist is not reimbursed for the cost of supplying the item.

On receipt of information from community pharmacists (see below) members of the medicines management team will follow this up with practices. The MMT will look to work with practices to help reduce the numbers of prescriptions generated that are not needed. Alternatively by local agreement this can be managed by community pharmacists liaising with their local GP practices.

2.0 Target Areas

The scheme is intended to focus on all repeat prescribing items particularly “prn” and variable use prescription items such as topical creams, analgesics and blood glucose testing strips. Also asynchronous prescribing of regular repeat medications. The scheme will pay out when the PCT is informed of items that are not needed due to:

Ordered in error

Prescribed by the surgery by mistake

No longer required but still appear on the patients prescription

Hoarded - patient has built up supplies at home

Other – Details must be included to ensure payment and allow MMT to follow up in practice.

The scheme does not apply to the following:

- Acute one-off prescriptions
- Repeat dispensing items
- Prescriptions where the patient has given permission for that pharmacy to order on their behalf.
- Items where it is cheaper for the patient to buy
- Items where the prescription would not otherwise be dispensed eg the stock is unavailable, the patient cannot collect it, prescription is incorrectly written or is out of date.

3.0 Remuneration

Each item claimed as “Not Dispensed” qualifies for a fee of £2.50. This will increase to £3.00 per item when more than 75% of Cambridgeshire community pharmacies are involved. Involvement is defined as submitting an initial signed contractor engagement form and submission of monthly appropriately completed and signed record forms including at least three non-dispensed items.

This is paid at the end of the month on receipt by the PCT, and verification of the claim form. The claim form must be the most up to date form specified by the PCT (the current Claim for is version 2) to enable the PCT to gather the data required to ensure that the scheme makes the necessary savings. Patient consent needs to be recorded on the form to allow data to be shared with GP practices.

4.0 Benefits

- The scheme aims to reduce unnecessary prescribing of medicines, which will be dispensed and then stored at home, unused. Money released can therefore be available for other healthcare interventions or investments in service delivery.
- The scheme provides the opportunity for the community pharmacist/staff to engage more closely with patients, which may lead to other appropriate clinical interventions or opportunities for public health initiatives.
- No changes are proposed to the choice or dose of medicine and as such there are no clinical risks with this scheme. Interventions may help to improve patient understanding of compliance with their medication thus reducing risk. If a patient suggests not dispensing an item that you feel they need then they should be counselled in the normal way.
- The scheme creates an opportunity for closer working with general practice.

5.0 Monitoring and Audit

Claim forms will be used to audit number and types of unwanted items, reasons for not dispensing and validity of claims.

Checks will be carried out on returns via the PPA to ensure that items have not been dispensed. To that end each entry must display the prescription number found at the bottom of each form. Up to 5% of total claims received will be checked. Claim forms

will be randomly selected for checking however selection may on occasion include review of high volume claims. Suspected fraud will be referred for further investigation in accordance with PCT procedures.

The medicines management team will provide a report on the scheme highlighting how pharmacies are performing in the scheme, the fees generated and the potential savings that have been identified.

The PCT will not pay more than once for any specific item for the same patient. However an exception could be when an item has not been dispensed but the patient subsequently builds up more stock, at home, at a later date, for whatever reason. Pharmacists should review "ND items on a monthly basis with a view to advising the prescriber in order to prevent the "ND" item being prescribed again.

Agreeing with the patient that a supply is unnecessary does not in itself constitute an MUR and therefore an additional claim for MUR payment should not be made. However there may be some occasions where a "ND" situation prompts a review of all medicines the patient is taking.

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