



Community  
Pharmacy Wales  
Fferylliaeth  
Gymunedol Cymru

### Periods of Treatment – Checklist for meetings

- GP practice and local Community Pharmacies to arrange a collaborative meeting to discuss changes to PoT
  - Ensure the right people are involved – possibly to include: Practice pharmacists/pharmacy technicians, practice managers, GP partners, Rx clerks etc
- Prior to meeting: Ensure all have copy of and have read guidance  
[http://www.cpwales.org.uk/Dispensing-and-supply/Dispensing-Volume-Review/Changes-to-Periods-of-Treatment-\(9\).aspx](http://www.cpwales.org.uk/Dispensing-and-supply/Dispensing-Volume-Review/Changes-to-Periods-of-Treatment-(9).aspx)

### Key issues to discuss:

- Reason for changes, benefits to all parties including patients– as per guidance document. NB -56 day advised – extending beyond this provides challenges for supply chain and income
- When is GP practice looking to start review**

Date review planned to start:

- Preferred method for changing periods of treatment by GP practice :**
  - at review

or

- in batches

More info: **How will the process be managed** – consider any specific challenges in overall strategy (e.g those who live together with different surnames if doing in batches by surname, or how to align those living together if done at annual review)

When do GP practice envisage all appropriate patients being switched?

- Exclusion criteria** - How will CP and GP identify patients **not suitable for change** in PoT (as identified in guidance – e.g MDS, patients on controlled drugs)

How do we identify unsuitable patients?

- Are there any key **groups of patients not identified directly** in guidance that will not have their PoT changed?

Other groups not suitable for PoT change:

- Considering start date of changes, **by when will CP's provide surgery with their identified list of patients who are not suitable for change (eg MDS)?**

Community pharmacy to provide lists of unsuitable patients (MDS etc) by:

- **How will GP and CP identify and manage patients who are suitable for changing but will need to be switched within the same month?**
  - Patients living together (consider they may have different surnames for search purposes)
  - Patients who collect their own medication and that of other family members or people they care for
  - Any other patients who would benefit from collecting or having delivery at the same time

How do we ensure “grouped” patients are switched at same time?

- **How will current repeat ordering systems be affected for GP, Pharmacy and Patients – are there any alterations that need to be considered and how will this be communicated?**
  - Would use of Repeat Dispensing be helpful – if so how can this be implemented?

Will we need to amend current Rx arrangements? Can we take this opportunity to make improvements in how repeat ordering is managed for the benefit of all parties?

- **How will the change be communicated to all staff and patients and how do all parties ensure a strong and consistent message from GP and community pharmacy**

How to ensure all staff are aware of change:

Communication to patients (suggested comms in guidance):

**Will there be a main point of contact for each CP/GP practice for the change?**

Useful contacts:

**If patients circumstances change going forward, how can a consistent approach to appropriate changes of periods of treatment be adopted:**

- When a patient moves onto/off MDS
- When a patient's clinical state alters requiring a change in PoT

- For patients started on new medication which subsequently moves onto repeat—how will their prescriptions be aligned to ensure the minimum number of collections

Continued communication of changes in future:

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**To note**

Pharmacies may wish to consider ordering larger baskets and increasing numbers of large bags, or reconfiguring storage space etc ahead of the changes.

**Controlled Drugs (to remain at 28 days)**

<b>Schedule 2</b>	<b>Schedule 3</b>	<b>Schedule 4 pt 1</b>	<b>Schedule 4 pt 2</b>
Codeine injection Dexamfetamine Diamorphine Fentanyl Ketamine Lisdexamfetamine Methylphenidate Morphine Oxycodone Sodium oxybate	Buprenorphine Gabapentin Midazolam Phenobarbital Pregabalin Temazepam Tramadol	Chlordiazepoxide Clonazepam Diazepam Lorazepam Nitrazepam Sativex® Zaleplon Zolpidem Zopiclone	Somatropin Testosterone