



Community Pharmacy Waste Reduction Service

An NHS National Additional service for Community Pharmacy

Authors

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Key dates

NESMB Approval	14/12/2023
Approved for use	14/12/2023

Date activated:	01/04/2024
Date to be reviewed:	01/04/2026

Version history

Version	Changes from previous version	Date
0a	Draft for consultation	April 2021
V1	Updated to national specification and to reflect 2022 Directions and Electronic Prescription Service (EPS).	November 2023

This document describes the specification and standards pertaining to the provision of the above service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of the service.

Part A of this document describes the specification and standards pertaining to the provision of the community pharmacy waste reduction service in a Local Health Board.

Part B of this document contains the agreement form for the community pharmacy waste reduction service in a local Health Board.

Part A

1. Interpretation

- 1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.
- 1.2. *Contractor* means a person lawfully conducting a retail pharmacy business.
- 1.3. *Health Board* means the Local Health Board that the pharmacy in which the service is being provided is located.
- 1.4. *Patient* means any person in receipt of this service.
- 1.5. *Pharmacist* means a person who is listed in Part 1 of the Register of Pharmacists held by the General Pharmaceutical Council under the Pharmacists and Pharmacy Technicians Order 2007.
- 1.6. *Pharmacy* means any premises included on a health board pharmaceutical list where a pharmacist provides drugs or services as part of pharmaceutical services.
- 1.7. *Pharmacy Staff* means any person or persons employed or engaged by a Contractor, who provides, or has an ancillary role in respect of, any part of the service.

2. Service Aim

- 2.1. This additional service aims to reduce prescribing waste and over-ordering of repeat medication by utilising community pharmacists and their support staff to ascertain directly from patients whether or not each item presented for dispensing is actually required.

3. Service Outline

This additional service should be provided as follows:

- 3.1. The contractor will ensure that all relevant members of staff are aware of the service and their role within it.
- 3.2. The pharmacy should develop a Standard Operating Procedure (SOP) for the service which should be adhered to and reviewed regularly.
- 3.3. Discussions regarding this service will be initiated directly with the patient where possible. Where this is not possible, pharmacy staff will consider patient confidentially and the authority of any patient representative or carer to make decisions regarding medication requirements when making any interventions.

- 3.4. Patients presenting or collecting repeat prescriptions will be asked if they require all items as ordered on the prescription.
- 3.5. Prescriptions containing “when required” or variable use items will be actively targeted by pharmacy staff for intervention.
- 3.6. Where the patient indicates that one or more items are not required, a pharmacist will undertake a discussion with the patient to determine the reasons why these items are not required, and to provide information on any associated consequences of not supplying.
- 3.7. The patient will be informed that where one or more items are not dispensed as a result of an intervention under this scheme a prescription for the item will need to be re-ordered should the patient require a future supply.
- 3.8. A prescription for an item that is not required will be clearly endorsed “WR” in addition to any endorsements required by the Drug Tariff. Pharmacy staff will not cross out or amend the item on the body of the prescription.
- 3.9. If the prescription is in the Electronic Prescription Service (EPS) format, for electronic prescriptions where **all** prescribed items on the electronic prescription are endorsed “WR”, a claim notification must be sent within 30 days of handing out (sending the dispense notification). If an electronic prescription includes a combination of dispensed and “WR” endorsed items, a claim notification must be sent within 180 days of the dispense notification.
- 3.10. Prescriptions containing items endorsed “WR” will be bundled into Group 1a before submission for pricing.
- 3.11. The contractor will ensure that robust communication systems are adopted by the pharmacy. With patient consent, the prescriber will normally be informed of all interventions which result in one or more items not being supplied to a patient **where this is likely to be of clinical significance**. A template GP Communication Form (Appendix 1) has been produced to facilitate such communication, but the contractor may use an alternative method where this is deemed appropriate. Where a patient does not give consent for the prescriber to be informed, they should be made aware of the possible implications of this, and the pharmacist should use their professional judgement in deciding whether to inform the GP.

4. Exclusions

- 4.1. A Waste Reduction Scheme intervention will **not** be initiated in the following circumstances:
 - 4.1.1. Patients utilising the Repeat Dispensing Essential Service.
 - 4.1.2. Patients utilising the community pharmacy’s “Managed Repeat” service unless the patient explicitly confirms each item required within the 7 days preceding the prescription request being sent to the GP surgery.

- 4.1.3. Patients prescribed medication for the treatment of substance misuse (excluding medication prescribed for smoking cessation).
- 4.1.4. Where a patient, their representative or their GP has identified an item as not required prior to a pharmacy intervention being initiated.
- 4.1.5. Where a pharmacist has decided not to dispense an item as a result of a clinical prescription intervention.
- 4.1.6. Where it is apparent that a prescription contains one or more items which have been duplicated in error by the prescriber.

5. Contractor responsibilities

- 5.1. Contractors wishing to provide the service shall apply to the Local Health Board in the agreed way.
- 5.2. The contractor shall ensure that appropriate indemnity arrangements are in place for registered pharmacists, registered pharmacy technicians and support staff providing the service.
- 5.3. The pharmacy contractor will develop a Standard Operating Procedure for the service which should be in place at the pharmacy, adhered to and reviewed regularly.
- 5.4. The contractor will ensure that neither the standard operating procedure nor any guidance or instruction issued to pharmacists working at the pharmacy in anyway contradicts the pharmacists' professional responsibility to determine whether on any occasion to supply a medicine.
- 5.5. The contractor will not give, promise, or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to provide this service.
- 5.6. All support staff will be fully informed and suitably trained in relation to their involvement in the service which may include the provision of any part of the service provided on behalf of a pharmacist if they are competent and it is legal for them to do so.
- 5.7. The contractor will have awareness of, and ensure the service is provided in accordance with any relevant nationally or locally agreed standards.
- 5.8. The contractor will ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met.
- 5.9. The contractor will ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with his or her obligation under Schedule 5 of The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 to provide pharmaceutical essential services and have a system of clinical governance that is acceptable.

- 5.10. The contractor will participate in any reasonable review of the service required by the Local Health Board including the reporting of any incidents to the Medical Director of the relevant Local Health Board.
- 5.11. The contractor will ensure that any decision to not supply a prescribed medicine is reviewed by a pharmacist to assess clinical impact. If clinically significant, the pharmacist will follow up as appropriate.

6. Health Board Responsibilities

- 6.1. The Health Board will manage the scheme in accordance with the service level agreement.
- 6.2. The Health Board will ensure that contractors are paid monthly in arrears, in line with the normal schedule for prescription reimbursement. Payments will be made as detailed in section 7.
- 6.3. The Health Board will use dispensing and remuneration information for the purposes of audit and service evaluation.

7. Terms and Fees

- 7.1. Each valid “WR” intervention will attract a payment of £3.40 plus 10% of the basic price of the prescription item not dispensed. The basic price of the item will be determined by the normal pricing mechanism for remunerating dispensing.
- 7.2. Contractors will be paid monthly in line with the current prescription pricing schedule. Details of any payments will be included on the monthly statement provided to contractors by the appropriate NHS Wales Shared Services Partnership
- 7.3. Payments will be reviewed in line with any nationally agreed uplift.
- 7.4. Post payment verification - As part of NWSSP (NHS Wales Shared Services Partnership) normal procedures, samples of prescriptions (including those endorsed “WR”) will be made available to NHS Counter Fraud Services upon request.

8. Review & Termination

- 8.1. Health Boards may, in consultation with Community Pharmacy Wales, review this agreement and make reasonable changes to the service agreement where appropriate.
- 8.2. Contractor, or Health Board, may terminate this agreement by giving 90 days’ notice in writing to the other party.

Part B

Service Level Agreement for a National Additional Clinical Service

This SLA is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor wishing to provide the Additional Clinical Service below.

COMMUNITY PHARMACY WASTE REDUCTION SERVICE

Agreement Period:

The agreement will commence on the date on which this agreement is authorised by the Local Health Board.

The agreement will continue unless terminated by one or both parties. The agreement may be terminated without penalty if either party gives the other party 90 days’ notice in writing.

The provision of the waste reduction service to eligible patients in accordance with the BCU Waste Reduction Service Specification.

Pharmacy details:

Name of pharmacy contractor	
Correspondence address	
Postcode	
Branch e-mail address <small>(this should not be person specific, and should be accessible to pharmacy staff)</small>	
Pharmacy address	

OR

(On behalf of multiple branches)

Name of pharmacy contractor	
I confirm on behalf of the attached spreadsheet of branches (all information as requested above included) <input type="checkbox"/>	

Declaration on behalf of the contractor:

I / We agree to participate in the Service described above, under the Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 Additional Services Part 8 (2)(v) for the specified agreement period and in accordance with the service specification.

I / We confirm that the pharmacy contractor has an acceptable system of clinical governance and is compliant with their obligations under the Pharmaceutical Services Regulations to provide pharmaceutical essential services.

I / We confirm that the pharmacy contractor will comply with any relevant service specification relating to the provision of this Additional Clinical Service.

I / We confirm that I / We shall notify the Medical Director of the relevant LHB of any significant adverse incident that arises due to, or related to, provision of this Additional Clinical Service.


I / we declare to the best of my/our belief that the information on this form is correct and request that the contractor named herein be included in the list of contractors who may provide this Additional Clinical Service.

Signed for and on behalf of the contractor	
Signature:	Date:
Name:	
Position:	

Please submit this form to xxx

Commissioned date: ___/___/20___

Appendix 1: GP Communication Form - template

 Community Pharmacy Waste Reduction Scheme			
<p>The below prescribed item(s) has not been dispensed as the patient has informed the pharmacist that it is not required, and the pharmacist believes that it is clinically appropriate not to make a supply on this occasion for the reasons outlined below.</p>			
GP Practice			
Patient Name		Date of birth	
Prescription date			
Name of drug	Reason for not dispensing: <i>Tick as appropriate</i>		
	No Longer taking	Adequate supply	Other reason (see below)
Additional information as to why the item was not required:			
Patient consent to share this information obtained	Yes		No
Pharmacist name			
Pharmacy			
Please contact me if you have any queries regarding this communication			