Changes to Periods of Treatment

The Welsh Government response to the Dispensing Volume Review was published on 11 January 2022 and is available **here.**

From April 2022 contractors are asked to look to move all suitable patients from 28 days to 56 day prescribing.

Reasons for the change:

- The Dispensing volume review concluded that there would be a benefit to pharmacies, GPs and patients if dispensing intervals were extended. Currently patients in Wales have to make more trips to pharmacies, GPs have to write more prescriptions and pharmacies have to dispense more prescriptions than elsewhere in the UK.

- A change to dispensing intervals would be valuable in Releasing Capacity for both GP practices and community pharmacies

- A new Community pharmacy contract has been agreed in Wales from April 2022 with a move to delivering more clinical services. A reduction in dispensing volume is an enabler to release capacity within community pharmacies releasing community pharmacist time to deliver Common ailments service, emergency contraception and Independent prescriber services allowing General Practice to shift some workload to community pharmacy.

- Evidence for 28 day prescribing as a mechanism to reduce medicine waste is limited.

The Dispensing Volume Review also proposed changes to non-medicine supply (reducing the dispensing of products, dressings and/ or appliances where community pharmacy provides no added clinical value or efficiency), those changes will be picked up later in 2022 and further information will be shared with contractors at this point.

The following guidance has been created jointly between GPC Wales and CPW in conjunction with Local Health Boards for contractors and for patients:

Guidance to General Practice

When:

- Patients can be changed at their annual medication review over the 12 months from April 2022. This will minimise additional practice workload.

Or:

- Alternatively practices could plan to do the change over a minimum of a 2 month (56 day) timeframe
  - Look at 1/8 of patients on regular prescribed medication in each of the 8 weeks
  - Creates maximum capacity release for both GP practices and community pharmacies. Moving all patients in the same month although creating capacity on alternate months, creates peaks and troughs of workload which is unhelpful for both contractors and does not create the capacity release aimed for.
  - This faster approach may well need additional cluster help

- **Exclusion Criteria:**
  - Patients on a compliance aid/ MAR chart –these patients may be confused or be more likely to need changes to their medication. Pharmacies are not required to dispense in instalments against prescriptions so if these patients were moved to 56 days these patients could receive 8 x 7 day "trays" which could cause significant confusion. These patients may need more support and having a once/ month check-in with the pharmacy team has additional benefits.
  - Patients on Controlled Drugs – strong recommendations were issued by DHSC/ WG that prescriptions for schedule 2, 3 or 4 CDs are limited to the quantity necessary for up to 30 days treatment. To prevent confusion and reduce risk patients with any routine schedule 2/3 or 4 Controlled drug should ideally be retained at 28 day prescribing for all of their medication.
  - Patients on "Specials" – some medications have limited shelf-life
  - Patients who are not yet on a stable medication regime
  - Patients who require more frequent monitoring
  - Patients where there are known compliance issues or safety concerns
  - Prescriptions for GF foods/ appliances/ dressings
  - Patients whom the GP in their opinion does not feel should be moved to a longer period of treatment.

Guidance to General Practice

- **Collaboration with Community Pharmacies:**
  - Agree local processes
  - Clear and consistent messaging to patients
  - Understanding patients not suitable to shift – MAR charts, compliance aids, “specials”, other concerns
  - Practice asking about compliance aids at annual review and community pharmacists setting up notifications when these are commenced

- **Other Considerations:**
  - Ideally consider changing those in the same household in the same month
  - Consider use of Repeat/ Batch prescriptions as well (increasing period of treatment), further reducing workload on prescription generation/ signing for a 12 month period

Dispensing patients.

- The new advice is supported by changes to the community pharmacy contract but where practices dispense a change would currently disadvantage the practice due to reduction of items. GPCW and Welsh government are looking to adjust the dispensing contract in Wales to allow for this. Until then, or if agreement is not reached, dispensing practices should maintain the status quo but can still make the changes for prescribing patients for patient convenience and reducing practice workload.

Guidance to Community Pharmacies

Not all GPs will be able to move to change periods of treatment at the same time for a variety of different reasons including capacity and workflow. Some GP practices may wish to move all their patients to at least 56 day prescribing over a 2 month timeframe, whereas most may prefer to change patients prescribing intervals as part of their annual review process over a 12 month period.

It is therefore vitally important that community pharmacies work with their local GP practices to discuss and agree the following:
The proposed plan/ timescales

- How community pharmacy contractors can support in respect of messaging to patients
- Identification of patients excluded from the move to longer periods of treatment e.g. patients on compliance aids
- Identification of patients where the community pharmacy would like to request that patients be moved together e.g. patients in the same household (especially those that the pharmacy may support with deliveries)
- Agreement of a future process to communicate patients moving to compliance aids that may require changes to dispensing intervals
- Supporting identification of patients for Repeat Dispensing

To reduce duplication ideally community pharmacies in the same locality should meet together with the General Practice rather than individually.

The responsibility for agreeing the period of treatment lies with the GP and may need to be other than 56 days for a variety of clinical decisions.

Guidance to Community Pharmacies

Community pharmacy teams are also advised to liaise with their cluster pharmacist, LHB medicines management pharmacists and technicians and practice-based pharmacists as all of them will also be working to support the changes.

The Primary Care Cluster Community Pharmacy Lead role will also be very useful for liaising between the community pharmacies and the GPs in the cluster– it is proposed that the PCCCPLs may wish to focus on this change as one of their main areas of focus in 2022/23, both for meetings with other community pharmacies and the wider cluster.

Community Pharmacy Wales will continue to have discussions at Local Health Board/ CPW forum meetings to discuss LHB support for implementation of this guidance.

Information for Patients

General Practice and Community Pharmacies are asked to work collaboratively to agree clear and consistent messages to communicate the change to patients, which could include:

- At your next annual review (or sooner) if you normally get your prescription every 28 days, your prescription will be reviewed to see if the number of days medication you are provided could be extended. This will help to:
  - Reduce the number of trips you need to make to a community pharmacy/ GP practice per year
  - Free up time for both GP practices and community pharmacies to provide services to patients

- Some patients will not be suitable to change because:
  - Of the types of medication you take (for example strong painkillers, new medication or medication that requires close monitoring)
  - You need additional support for your medication (for example you have your medication dispensed in a compliance aid or a carer administers your medication)

- Please continue to Help Us to Help You by ordering your prescriptions 7 days in advance of when they are due to allow time for both the GP and community pharmacy to deal with the request.

- Please continue to only order what you need and return any unused or unwanted medication to community pharmacies for safe disposal.

- Order your medication electronically (online or via apps) where possible

For Dispensing Practices:

- Some remote and rural practices served by dispensing doctors will see a delay in moving to 56 days whilst parallel contractual discussions take place to maintain the viability of their dispensing practice