

Schedule 2 Part A Service Specification

Service Specification No.	02
Service	Not Dispensed Scheme
Commissioner Lead	Peter Magirr
Provider Lead	
Period	1 April 2017 – 31 March 2019
Date of Review	January 2018

1. Population Needs

1.1 National/local context and evidence base

1.1.1 The National Audit Office stated in 2007 that the NHS in England could save more than £300m a year by more efficient prescribing¹. It also stated estimated that at least £100m of drugs were returned to the NHS unused¹. Much of this wastage was due to over prescribing, in Sheffield alone it is estimated that £1 - £2m of waste medicines are returned to community pharmacies. The Department of Health¹ estimates that £85M could be saved by more systematic prescribing of lower costs generic drugs. Many of the medicine management collaboratives set up through the National Prescribing Centre^{2 3} developed schemes to tackle the issue of waste medicines. In 2005 the Government released statistics to show that 614.8 tonnes of waste medicines were incinerated in 2004-2005⁴. One objective, easily measurable, marker of wasteful prescribing is the production of prescriptions bearing items that the patient does not require. This may be caused by a misunderstanding on the part of any or all of the parties involved in the ordering and production of the repeat prescription. This scheme will highlight items that are not required by the patient and inform their GP's. Currently GPs do not get any feedback on medicines which haven't been dispensed or are returned to the pharmacy unused.⁵

¹ National Audit Office- Prescribing costs in primary care. The Stationery Office. London. May 2007 (<http://www.nao.org.uk/pn/06-07/0607454.htm>)

² Eastbourne PCT launches campaign to reduce repeat prescribing waste. Pharmaceutical Journal Vol 270, No 7236 p 218. February 2003

³ Tombs, O. Collaborative awards presented at Gala. Pharmaceutical Journal. Prescribing and Medicines Management page 4 December 2006

⁴ 615 tonnes of medicines incinerated in 2004-05. Pharmaceutical Journal, Vol276 No. 7388 February 2006

⁵ Macridge A, Marriott J. When medicines are wasted so much is lost: to society as well as patients. Pharmaceutical Journal Vol 272 p12 January 2004

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	Y
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

2.2.1 To ensure efficient use of local NHS resources.

3. Scope

3.1 Aims and objectives of service

- 3.1.1 To reduce the number of unwanted medicines dispensed by 'not dispensing' items not required by the patient, thereby reducing medicines waste, risk to patients through hoarding and reduce the impact on the environment (waste medicines are incinerated).
- 3.1.2 To notify the prescriber when an item prescribed has not been dispensed.
- 3.1.3 To promote, support and encourage good prescribing practices including the targeting of items with the potential to be over prescribed.
- 3.1.4 To highlight over usage of medicines to GPs.
- 3.1.5 To reduce unnecessary prescribing costs.
- 3.1.6 To note whether the non-supply would be clinically significant.

3.2 Service description/care pathway

- 3.2.1 The pharmacist will review each prescription **not** under the Essential Service 'Repeat Dispensing'.
- 3.2.2 The scheme applies to the Electronic Prescription Service (EPS) in the same way as it applies to paper based prescriptions. In both cases this involves a discussion with the patient prior to handing over the dispensed item(s).
- 3.2.3 The pharmacy staff will ensure that the service is explained to the patient at the outset. They must re-assure any patient anxious about having an item not dispensed this time that it does not mean it has been removed from any future repeat prescription.

- 3.2.3 The pharmacist will discuss the prescribed medicine with the patient, or their authorised representative to identify any item that is not required. If a medication is not required, the item will not be dispensed.
- 3.2.4 The pharmacist will clearly cross out the item(s) **within the body of the prescription** and endorse them in a manner agreed with the NHS Business Service Authority ie 'ND' or 'Not Dispensed' (see Appendix 1).
- 3.2.5 Any item 'not dispensed' **must** be reported to the prescriber. For convenience this may be done via the Not Dispensed Intervention Form (printable from PharmOutcomes), within two working days.
- 3.2.6 The pharmacist will notify the prescriber by fax of any item which is a Special on the same day, using the Information to Prescriber Form (printable from PharmOutcomes).
- 3.2.7 All participating pharmacies will provide a professional consultation service for patients who request it e.g. within the privacy of a consultation room.
- 3.2.8 Pharmacists should ensure full patient confidentiality and compliance with data protection requirements.
- 3.2.9 The pharmacist and support staff must ensure they are familiar with all aspects of the scheme before commencing the service.
- 3.2.10 Where the pharmacist has identified that not supplying the medication could potentially have a clinical impact on the patient this should be recorded on PharmOutcomes.
- 3.2.11 There may be an opportunity for an MUR which should also be identified on PharmOutcomes.
- 3.2.12 The following groups of prescribed medicines are significant contributors to medicines waste through over prescribing and therefore should form the basis of a targeted group:

Prescribing of Sip Feeds

The pharmacist will confirm all prescriptions for sip feeds with the prescriber who may decide on an alternative regime to the supply. In such cases the pharmacist may claim via the Not Dispensed Scheme. This will be explained to the patient, where appropriate.

Excessive Quantities of Steroid Inhalers

The pharmacist will refer back, to the prescriber, prescriptions for steroid inhalers where more than ONE inhaler has been prescribed. The GP will be requested to re-issue a prescription for one steroid inhaler. This will be explained to the patient, where appropriate. In such cases the pharmacist may claim via the Not Dispensed Scheme.

Red Traffic Light Drug

Where a pharmacist identifies that a prescribed drug is listed in the Red Section of the Red Traffic Light List they will inform the prescriber within two working days. In such cases the pharmacist may claim via the Not Dispensed Scheme.

Records of 'not dispensed' interventions will be kept by the pharmacy for a minimum period of 2 years.

3.3 Population covered

3.3.1 Patients registered with a Sheffield GP practice are eligible for inclusion in the scheme.

3.4 Acceptance and exclusion criteria and thresholds

3.4.1 This service may be carried out on all prescriptions from a Sheffield GP practice either downloaded from the Spine or presented by the patient or their authorised representative, **except** those in the repeat dispensing scheme.

3.4.2 Repeat dispensing (Essential Service) prescriptions are excluded.

3.4.3 Items that have been requested by the pharmacy e.g. Express Prescription services or similar are excluded.

3.3.4 A single item 'not dispensed' to the same patient for more than 2 consecutive months is excluded.

3.35 Any claim must be submitted through PharmOutcomes not later than the 36th day following the date on the prescription.

3.5 Interdependence with other services/providers

3.5.1 Clinical significant interventions under the scheme should be discussed with the prescriber and documented appropriately.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

N/A

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

N/A

4.3 Applicable local standards

N/A

5. Location of Provider Premises

The Provider's premises are located at: