

Welcome to the April 2022 CPWY Committee Blog!

I won't forget 25th February 2022. It was a busy Friday afternoon, there hadn't been a GP at the surgery the previous day – 2 days of repeat prescriptions landed at once just as lunch breaks had begun. The dispenser who normally orders the stock told me we had received several complaints about outstanding Laxido scripts, but she couldn't source any. We had a stockroom full of the generic version. I'll try – 20 minutes later I was still on hold to wholesaler. An otherwise healthy man in his 70's walks in and calls for me. I'd known him for 12 years as the main carer for his wife. He came once a month and always cracked jokes with the staff to cheer them up, myself included. He wanted to talk; he wasn't well. I was on the phone and dealing with another query, so I asked a pharmacy team member to speak to him. His BP was low. We referred him to his GP. He died on the 28th February 2022. I went to the funeral on 1st March 2022, tried to comfort his sons and grandchildren who were distraught at the sudden loss. Every one of these interactions reminds me of the time I didn't speak to him because I was ordering Laxido. I am sure that my experience is repeated in pharmacies across West Yorkshire – time that could be spent with patients rather than being spent sourcing branded generics.

The CPWY team and committee continue to work hard on behalf of contractors to ensure that the various local NHS components have strong community pharmacy representation. Every [CPWY committee](#) meeting is attended by CCG Meds Optimisation Leads from across West Yorkshire. Branded generics are discussed repeatedly during our meetings. We have been clear that branded generics are having a tangible impact on community pharmacy and our patients.

At our March 2022 meeting all West Yorkshire CCGs confirmed that they now avoid branded-generic prescribing as much as possible, they did however acknowledge legacy branded generic prescribing continues.

What can my pharmacy do about branded generic prescribing?

Although CPWY has been given assurances that CCGs no longer actively implement branded generics, the use in practice remains high.

- *Do you have branded generic prescriptions for drugs you cannot easily source?*
- *Do you have examples where branded generic prescribing has impacted on patient care?*
- *Do you see prescriptions where the cost of the branded generic is more than Tariff?*
- *Do you have examples where prescribing by brand has led to a delay in a patient accessing their medicine?*

I would like every pharmacy to report every issue with respect branded generics prescriptions to your CCG Medicines Optimisation Team with a view to highlighting the issues so they can be reviewed and managed. Use the emails below to report branded generics issues to the relevant CCG.

- Bradford - Meds.opt@nhs.net
- Calderdale - Calccg.medicinesmanagement@nhs.net
- Kirklees - kirkccg.medicines@nhs.net
- Leeds - leedscg.prescribingteam@nhs.net
- Wakefield - wakccg.medsoptwakefield@nhs.net

Does your GP practice still use and start patients on branded generics?

I would like every pharmacy to discuss the impact of branded generics with their GP practice. CPWY has produced a [branded generics letter](#) for prescribers that outlines the negative impacts of prescribing branded generics, including time, patient safety and financial impacts. See the Dispensing page on the CPWY website [here](#).

Do you receive branded generic prescriptions for Cat M and Cat C items?

Most of the CCG policy documents state that Cat M and Cat C products shouldn't be on a Primary Care Prescribing Rebate Scheme (PCRS), nor should there be any impact on the pharmacy network or adversely affect local healthcare community. I would like every pharmacy to highlight where branded generic prescribing for Cat M or Cat C continues to their CCG. If you would like to see the PCRS policy for your CCG, please see the links below.

CCG	Policy	Link to Current Agreements
Wakefield	https://www.wakefieldccg.nhs.uk/fileadmin/site_setup/contentUploads/Documents/Primary_Care_Rebate_Policy_v5.0_updated_June_2021_FINAL.pdf	https://www.wakefieldccg.nhs.uk/fileadmin/site_setup/contentUploads/Corporate_documents/Current_Primary_Care_Prescribing_Rebate_Schemes_updated_01.02.2022.pdf
Calderdale	https://www.calderdaleccg.nhs.uk/download/approving-primary-care-prescribing-rebate-schemes-policy/	https://www.calderdaleccg.nhs.uk/medicines-optimisation/
Kirklees	https://www.kirkleesccg.nhs.uk/wp-content/uploads/2021/05/Rebate-Policy-v0.1.pdf	https://www.kirkleesccg.nhs.uk/resources/medicines-optimisation/rebates/
Bradford	https://www.bradfordcravenccg.nhs.uk/ccg-information/publication-scheme/policies-and-procedures/ https://www.bradfordcravenccg.nhs.uk/wp-content/uploads/2022/04/Bradford-district-Craven-Rebate-Scheme-Policy-v1.0-Final-Feb-2021-updated-format.pdf	https://www.bradfordcravenccg.nhs.uk/ccg-information/publication-scheme/lists-and-registers/ https://www.bradfordcravenccg.nhs.uk/wp-content/uploads/2022/04/Current-Primary-Care-Prescribing-Rebate-Schemes-website-info.pdf
Leeds	https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/03/2020March_Primary-Care-Rebate-Scheme-policy.pdf	Current-Primary-Care-Prescribing-Rebate-Schemes-21.22.pdf (rackcdn.com)

Important note:

There are situations where brand prescribing should occur, for example inhalers, contraceptives, insulin, emollients or where there are differences in the licensed indications between brands and generic. CPWY support branded prescribing where there is a clinical reason. A helpful resource is the SPS [Example medicines to prescribe by brand name in primary care](#) that provides guidance on prescribing certain medicines by brand to ensure supply of the same product. Please [see here](#) for further information.

BNF/NICE guidance is: *Where non-proprietary ('generic') titles are given, they should be used in prescribing. This will enable any suitable product to be dispensed, thereby saving delay to the patient and sometimes expense to the health service. The only exception is where there is a demonstrable difference in clinical effect between each manufacturer's version of the formulation, making it important that the patient should always receive the same brand; in such cases, the brand name or the manufacturer should be stated.*

What are the impacts of branded generic prescribing?

Loss of Contractor Income

I did a small audit at my pharmacy looking at the number of scripts issued in March 2022:

Macrogol Sachets	19 boxes prescribed @ £6.09 Cat M	
Laxido	67 boxes prescribed @ £4.29	= £120 loss in margin

Note- Cat M is not a reflection on the price of the product but the mechanism for ensuring community pharmacy receives the agreed margin

Fenbid 10% gel 100g x 30 tubes prescribed @£3.80	
Ibuprofen gel 10% x 15 tubes prescribed @ £5.79	= £29.85 loss in margin

There is a substantial volume of certain brands vs the generic. The loss in margin is exacerbated further as there are substantial discounts available on the purchase of generics and none on branded generics as per national contract.

Price Increases

Drug prices can change rapidly resulting increased cost to the NHS:

Metformin 500mg MR tabs 22 boxes dispensed in March @ £1.81	(Cat M)
Sukkarto 500mg MR tabs 20 boxes dispensed in March @ £2.38	
Metabet 500mg MR tabs 4 boxes dispensed in March @ £5.22	

Metformin 1000mg MR tabs x 46 boxes dispensed in March @ £3.74	(Cat M)
Sukkarto 1000mg MR tabs x 24 boxes dispensed in March @ £3.82	

Here the branded generics are more expensive than the Drug Tariff so the CCG spends more on the branded generic than the generic. The generic price has fallen further during April making the difference even greater.

Other Impacts

Some examples of other impacts of branded generic prescribing impacts:

- Obscure branded generic brand of levonorgestrel EHC prescribed – patient travelled to many different pharmacies to get time sensitive medication as the item was not routinely stocked.
- Patient and prescriber confusion – both generic and a Branded Generic for the same molecule prescribed on one Rx.
- Stock availability - causes delays to treatment, stress for pharmacy staff, impacts time for providing to patients and time for the GP practice if they need to re-prescribe as a generic.

Why is this important?

You will have noticed increased costs of operating your pharmacies. In 2014 funding for community pharmacy was £2.8 billion. In 2016 funding was reduced to £2.592bn (8% reduction). The current (2019-2024) contract has flat funding and remains at £2.592bn. In that time minimum wages have gone from £6.50 (2014) to £9.50 (2022) some 46% increase. NHS Agenda for Change Band 7 has gone from £30764 to £40057 (2014-2022) a 30% increase. Other overheads such as utility bills continue to rise. I am livid by the current funding situation (as you all should be too) and I need to challenge any unnecessary further erosion of my pharmacy funding.

The financial impact of both the cuts to the national pharmacy contract is exacerbated by loss of margin when branded generics are used and have created toxic working environments for most of us.

These arrangements cost the government more money and exacerbate financial stresses for community pharmacy. They also have wider stresses on our teams and our patients.

CPWY has produced a [document](#) explaining how pharmacies are funded and impacted by branded generics. Independents, multiples and the NHS ALL end up losing money.

There continues to be relentless pressures on workforce shortages, remuneration and concerns for the wellbeing of our teams who have made record breaking immunisations, successes highlighted by Vicki in last month's [blog](#). Last April, Ruth Buchan and Mohammed Ikhlaq wrote to you expressing gratitude for all your [Herculean efforts](#) and I repeat the message of appreciation.

Adeel Sarwar

[Committee Member of Community Pharmacy West Yorkshire](#)