

Medicines Waste Reduction and Optimisation Scheme – Schedule 2A, Service Specifications

1. Service Description

It is estimated that across West Yorkshire waste medicine is estimated to cost more than £10m annually. Excess medicine in the home is a safety risk to both patient and other household members and there is a high environmental impact both in the waste and the disposal of unused medicines.

West Yorkshire ICB is exploring multiple methods to reduce the estimated £300 million of NHS prescribed medicines that are wasted each year.

<https://www.england.nhs.uk/wp-content/uploads/2015/06/pharmaceutical-waste-reduction.pdf>

Community Pharmacy is remunerated by the NHS on the number of prescription items dispensed so currently the system creates a financial disincentive for Community Pharmacy to proactively intervene to reduce the number of prescription items being dispensed.

The NHS Essential Service, Repeat Dispensing, does include an obligation that before issuing the repeat dispensing prescription, the pharmacy team needs to establish that the patient is taking or using their medication appropriately and that there are no reasons why the medication in question should not be supplied. This obligation does not apply to non-repeat dispensing prescriptions issued.

A Collaborative Medicines Waste Reduction and Repeat Prescription Optimisation scheme has been commissioned to maximise the benefits of the high number of patient contacts made by community pharmacy teams.

The service will involve:

- The community pharmacy teams speaking to the patients or their representatives to check if any items were being ordered and/or dispensed that the patient had stopped taking or did not need for clinical reasons.
- The community pharmacist or pharmacy technician informing the GP practice to update on the conversation with the patient and any associated recommendations.
These may include
 - o a change needs to be made to the patient's repeat medication record to
 - remove the item as it is no longer required
 - lengthen the prescription interval so that it can be ordered less frequently (particularly for "when required" or non-oral preparations such as creams or inhalers e.g., changing salbutamol inhaler duration from 28 to 180 day repeat interval)
 - synchronise prescription duration (i.e. all items on 28 or 56 days).
- The practice making the appropriate amendments after checking clinical suitability, then alerting the pharmacy and the project manager.
- The provision of the service will be supported by an IT platform, PharmOutcomes. This will allow the secure communication between the community pharmacy, general practice and pseudonymised service data for the ICB.

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The service will run for a fixed period until the 31/03/2026 when the service will be reviewed and a decision made by the ICB as to whether to continue the service for a period of up to 12 months or to close the service.

2. Aims and objectives

2.1 Aim

To utilise community pharmacy to proactively identify prescription interventions that aim to reduce medicines waste and deliver savings to the prescribing budget while collaboratively supporting patients with their medication.

2.2 Objectives

1. Reduce medicines waste across West Yorkshire
2. Reduce excess medication in patient's homes and improve safety
3. Positively impact the ICB prescribing budget
4. Environmental benefits to reducing unnecessary medication
5. Support collaborative working between community pharmacy and general practice

3. Eligibility and Recruitment of Participating Community Pharmacies

3.1 Eligibility

This service is limited to community pharmacies in Leeds and Bradford and Craven Place and only where the Place has commissioned the service. The service is only applicable to patients that are registered with a Leeds and Bradford and Craven Place GP Practice.

The ICB recognises that there will be exceptions where community pharmacies that fall outside of the Leeds and Bradford and Craven Place geographical boundary will dispense to patients that are registered with a GP Practice in Leeds and Bradford and Craven Place. The ICB will work collaboratively with Community Pharmacy West Yorkshire to agree those community pharmacies that are eligible to participate in this service that are geographically located outside of Leeds and Bradford and Craven Place.

The community pharmacy must satisfy the following criteria to demonstrate their ability to take part in the service:

- Fully compliant with the essential services and clinical governance requirements of the Community Pharmacy Contractual Framework (CPCF).
- In good standing with the commissioner and regulator.
- Can comply with all the elements described in the service specification.

Pharmacies entering the NHS England pharmaceutical list under a distance-selling exemption (DSPs) can provide this service but must make necessary arrangements for this service to be provided remotely, i.e. not face-to-face, as this service is linked to dispensing, an essential service. DSP contractors in Leeds and Bradford and Craven Place will be invited to take part in the service.

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1. Patient Eligibility

4.1 Patient Eligibility

Community pharmacies need to ensure that the associated activity and claims under this service are for patients registered with a GP Practice in Leeds and Bradford and Craven. It is the patient's registered GP practice which determines eligibility.

4.2 Patients Eligibility Exclusion Criteria

Patients registered with a GP practices outside of Leeds and Bradford and Craven Place are not eligible for an intervention or associated claim. If additional places within West Yorkshire implement a scheme within their place a variation will be issued to this agreement.

For those patients who have their repeat medicines managed through electronic repeat dispensing (eRD) it is recognised that the review of medicines forms part of eRD and are therefore not eligible for this service.

2. Requirements for Service Provision – Premises, Training and Other Requirements

5.1 Requirements for participating community pharmacies

The pharmacy must review and amend its standard operating procedure for assembly of prescriptions to reflect the service requirements. This will be made available to the commissioner if requested.

The pharmacy will complete all relevant fields in PharmOutcomes to allow full audit and to claim for the activity

5.2 Requirements for pharmacists and pharmacy technicians employed within participating community pharmacies

All members of the dispensing team can identify items which are potentially unnecessary medicines. The community pharmacy is responsible for ensuring that all sessional and locum support staff that are engaged to work in the pharmacy are aware of the service and are able to fulfil the requirements of the service specification.

Pharmacists and pharmacy technicians must then carry out the consultation with the patient and take accountability for making the recommended change via PharmOutcomes to the GP practice.

There are no specific training requirements for this service, all involved should operate within their level of competence and address any learning requirements via CPD.

Care records should be reviewed in conjunction with Pharmacy PMR for each recommendation, once patient consent is obtained for access to records.

Interventions may be made even if the prescription item is required to be dispensed on that occasion. If the patient states they do not need the item at the time of the intervention then it must be marked as not dispensed on the FP10.

Each intervention needs to be 'actioned and completed' by the practice pharmacist or equivalent via PharmOutcomes. Where an intervention is 'not actioned' by the practice pharmacist or equivalent, an explanation should be recorded on PharmOutcomes and feedback made available to the community pharmacy team for learning.

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Where recommendations have been sent to a GP practice which have not been actioned and feedback not received, community pharmacies are not eligible to claim for more than 10 recommendations from that GP practice. Community pharmacies are expected, as part of this service specification to escalate this to the ICB commissioning representative named in Schedule 1.

5.3 Requirements for the West Yorkshire ICB Medicines Optimisation team

Members of the ICB Medicines Optimisation team will support with engagement at GP practice level and support to ensure recommendations are actioned by the patient's registered GP practice within 21 days of the recommendation is made.

The ICB will be supporting with audit and evaluation and will require all parties involved in the service to work collaboratively to achieve this.

6. Consent

Informed verbal consent to receive the service must be sought from the patient, or their representative and recorded in the pharmacy's record. Consent must be obtained for the following purposes:

- To participate in the service
- To share details of their information and medicine recommendations with the person's registered general practice.

If the person does not consent with sharing information with their registered general practice they are not eligible for the service.

7. Records and Data Collection

All data required will be gathered via PharmOutcomes, a record of the intervention should also be recorded on the patient medication record.

8. Governance

- This service will adhere to the principle of data governance as outlined in the Community Pharmacy Contractual Framework
- All patient records will be managed in a manner which is consistent with the code of practice for health and social care services
- In line with Community Pharmacy Contractual Framework Safeguarding requirements where the pharmacist is concerned about a potential safeguarding issue, then appropriate action should be taken, where necessary, in line with local safeguarding processes.
- The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.
- The pharmacy should deal with any complaints using the pharmacy's own standard complaints procedure.
- The pharmacy will also report any incidents or complaints related to this service to the service commissioner.

9. Confidentiality

All parties shall adhere to applicable data protection legislation, including the [Data Protection Act 2018](#), and to the [Freedom of Information Act 2000](#).

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Registered pharmacy professionals are expected to follow the most recent GPhC guidance on confidentiality.

10. Indemnity

The community pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise from the delivery of the service and terms and conditions of this agreement. Any litigation resulting from an accident or negligence on the part of the community pharmacy delivering the service is the responsibility of the community pharmacy and/or pharmacist independent prescriber who will meet the costs and any claims for compensation, at no cost to the commissioner.

11. Payment

11.1 Service Payment

- Participating community pharmacies will be remunerated £5 for each recommended intervention that is sent through PharmOutcomes to the GP practice.
- A further £25 will be paid when a recommendation has been actioned by the practice.
- Where recommendations have been sent to a GP practice and feedback not received, community pharmacies are not eligible to claim for more than 10 recommendations from that GP practice. Community pharmacies are expected, as part of this service specification to escalate this to the ICB commissioning representative named in Schedule 1.
- Participating community pharmacies will be remunerated for one intervention per drug prescribed for example if a community pharmacy recommends a change to dose and frequency under the terms of this contract the community pharmacy will be paid for one intervention.

11.2 Submission of Payment Claims

- Payments for participating community pharmacies will be based on activity recorded on the PharmOutcomes system. Provision of payment will be managed by Community Pharmacy West Yorkshire on behalf of the West Yorkshire ICB in line with the Service Agreement between CPWY and the ICB.
- Claims will be processed on a monthly basis.
- Community Pharmacies must record the information onto PharmOutcomes within 24 hours of the consultation. Consultations and any identified interventions recorded outside of this timeframe may not be considered eligible for remuneration.

11.3 Post Payment Verification

Where required by the ICB, the community pharmacy is expected to cooperate with any post payment verification assurance processes.

12. Equipment

Community pharmacies will be expected to have access to PharmOutcomes platform in order to participate in this service.

13. Duration and termination

The service will run for a 04-month period. With the option to extend for up to a further 12 months if agreed.

Termination and notice period

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- One month's notice of termination must be given in writing to the commissioner if the community pharmacy wishes to terminate this agreement before the end of the service agreement.
- The commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence, or fraud on the part of the community pharmacy.

14. Evaluation

As part of the ongoing review and evaluation of the impact of this service, community pharmacies may be expected to provide information that supports service review. This will be agreed with Community Pharmacy West Yorkshire.