Dear Colleague

MULTIPLE DISPENSING AND COMPLIANCE SUPPORT

I write to provide advice in relation to a number of issues that have arisen.

In previous correspondence, the expected requirements around orders for multiple (or instalment) dispensing as set out in the Drug Tariff have been highlighted (appended).

It has come to my attention that patients who are at risk of overdose have recently been denied the instalment dispensing facility by pharmacies despite it being ordered correctly on the prescription form. To ensure patient safety is not compromised when instalment dispensing is requested in these circumstances the Drug Tariff requirements should be followed at all times.

I have also been advised of a number of concerns being raised by patients/relatives in relation to the provision of medicines in an appropriate form where there has been a specific disability. In previous correspondence, it has been highlighted that HSCB is investing £4m recurrently in recognition of the requirement that community pharmacist must make reasonable adjustment to provide medicines in a suitable form in compliance with the Disability Discrimination Act. This is paid to contractors on a ‘shares’ basis each month.

I recognise that community pharmacies have been providing compliance support services to patients who are in receipt of domiciliary care. These patients have been formally assessed by Trusts as requiring compliance support. You will be aware that HSCB has made a commitment of investing an additional £3m this year and a further £3m in 19/20 in
recognition of the provision of medicines in a suitable format to support the delivery of domiciliary care services. Discussions are ongoing with CPNI in order to reach an agreement to invest this funding. I appreciate that contractors have been providing this service and am grateful that such commitments are maintained. In the expectation that we will shortly reach agreement, I would respectfully request that the small number of new patients that are assessed as requiring such support are accommodated.

In conclusion, I wish to recognise the professionalism and fortitude of the community pharmacy network during 2018. Recently, we have commissioned a new pharmacy service which I believe has the opportunity to be transformative. I look forward to 2019 with optimism in the knowledge that we as a profession have much to offer and contribute to the health system to benefit the health and well-being of the public. I commit to working with you and your representatives to move forward collectively and positively.

I wish you a Merry Christmas and a Happy New Year.

Yours sincerely,

Joe Brogan
Assistant Director of Integrated Care
Head of Pharmacy and Medicines Management

Cc CPNI
Appendix

20a. Multiple Dispensing is the supply, by a pharmacist, of part of the total quantity of a prescription-only-medicine, at set intervals (e.g. weekly or daily) as requested in writing by the GP or other authorised prescriber. Multiple Dispensing is an “exception” facility for use where the prescriber considers that it is essential to protect the well-being of the patient (to prevent abuse, misuse or life-threatening non-compliance) that instalments of the drug prescribed should be supplied to the patient at stated intervals. The prescriber may endorse the prescription to that effect in those circumstances.

It must be clearly indicated on the prescription which item(s) require Multiple Dispensing and which are for normal dispensing.

Prescribers should exercise caution with computer-generated and repeat prescriptions.

20.b Multiple Dispensing fees are not payable in respect of :-

(i) prescriptions for patients registered for review of medication under the Managing your Medicines scheme (for which separate payments apply); or
(ii) presentation of medication(s) in compartmentalised Monitored Dosage Systems trays (Managing your Medicines scheme payments may apply).