Community Pharmacy Intervention Scheme

Aim

- To utilise community pharmacy to support cost-effective prescribing and achievement of the HSCB Medicines Management Strategy through identification of specific interventions.

- To have community pharmacy contribute and complement the workstreams that support the HSCB Medicines Management Strategy.
Interventions

- The interventions cover 4 main areas:
  - Generic switches
  - Formulation changes
  - Dose optimisation
  - Other

- This list of interventions will be updated on a regular basis with interventions being added/removed as necessary.
- It is envisaged that the current list will remain in place until 31st March 2013.
- The payment for each patient is £10.
Current intervention form
## Interventions

<table>
<thead>
<tr>
<th>Intervention Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulation changes</td>
<td>Prednisolone e/c tabs → Prednisolone tabs</td>
</tr>
<tr>
<td></td>
<td>Olanzapine orodispersible → Olanzapine tabs</td>
</tr>
<tr>
<td>Generic Switches</td>
<td>Lipitor® → atorvastatin</td>
</tr>
<tr>
<td></td>
<td>Nexium® → esomeprazole</td>
</tr>
<tr>
<td></td>
<td>Arimidex® → anastrozole</td>
</tr>
<tr>
<td>Dose Optimization</td>
<td>e.g. Pregabalin:</td>
</tr>
<tr>
<td></td>
<td>25mg 2 BD → 50mg BD</td>
</tr>
<tr>
<td>Other</td>
<td>e.g. Venlafaxine MR 75mg → Vensir XL 75mg. Etc.</td>
</tr>
</tbody>
</table>

Note: SOPs will be available on the HSCB website for Metformin Solution and Prednisolone E/C formulation changes.
Note

Generic Switches:

– These relate to conversion of branded products to their generic equivalents (where these exist).

– Because of a need to keep the form simple the switches have only stated the brand and the generic names.

– Where there is not a generic equivalent available – no intervention should be made. e.g. Imigran® nasal spray etc.

– These generic interventions should mainly relate to tablets/capsule formulations and should not be applied to injections/sprays etc.
Note

Other Interventions:

– This allows local interventions to be adopted by individual LCGs

– Examples of these include:
  
  ● Identification of unwanted medicines
  
  ● Product Standardisation e.g. Venlafaxine SR → Vensir XL
Estimated Volume of Interventions

Estimated Number of Potential Interventions per Pharmacy

Average = 44

Northern Ireland Pharmacies

Estimated Number of Potential Interventions
### Estimated activity (Oct 12 to March 13)

<table>
<thead>
<tr>
<th>Area</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formulation changes</td>
<td>19,376</td>
</tr>
<tr>
<td>Generic Switches</td>
<td>11,287</td>
</tr>
<tr>
<td>Dose Changes</td>
<td>Not known</td>
</tr>
<tr>
<td>Other</td>
<td>Not known</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30,663</strong></td>
</tr>
</tbody>
</table>

- Average 1.5 interventions per patient
- Total anticipated for NI = 20,000 patients
- Average pharmacy could identify around 40 patients for the target list of intervention but depends on pharmacy capacity and prescribing patterns locally
Making the intervention

- Pharmacist identifies an intervention(s)
- The intervention relates to changing long term ‘repeat’ medications. It is therefore **NOT** appropriate to complete an intervention for an acute ‘one off’ prescription. e.g. isolated course of erythromycin capsules.
- The proposed intervention(s) is discussed by the pharmacist with the patient and their agreement sought (face to face consultation) for a recommendation to be forwarded to their GP.
- It is expected that if there is the opportunity for multiple interventions with an individual patient that these will occur at the same time and be documented on one form.
Working with the GP practice

• Discuss with practice and agree point of contact
• Intervention form to be sent to the GP practice to be actioned.
• GP actions/does not action change and returns form(s) to the pharmacy
• Pharmacists will be reimbursed on seeking agreement to the change and making the recommendation to the GP. The fee is not linked to the actions of the GP, although it is hoped that GPs will action these changes as they have been agreed with the patient.
Collating activity

• Seek to have all intervention forms returned from individual GP practices by the end of the month.
• Follow up on non-returns prior to submission of activity levels (before 10th of month).
• Document on monthly activity form any ‘non-returns’ in the ‘unknown’ column of the GP action section.
• Following the monthly submission, any information on GP actions subsequently received should be documented locally (it does not need to be documented in future monthly submissions as it has already been classified as ‘unknown’).
Getting started

- Identify number of potential patients for whom interventions could be delivered (between Oct to 31st March)
- Sign pro-forma and specify estimated numbers of interventions
- Submit to local HSCB office
- Local office will confirm contract
- Develop and implement SOP and ensure all staff have been trained
- Notify GP practice
Community Pharmacy Intervention Scheme
Standard Operating Procedure

Patient presents with a prescription for a medicine – medicine open to intervention

\[\downarrow\]

Prescription dispensed as normal

\[\downarrow\]

HMR checked to ensure item is a repeat? \(\text{No}\) Dispense as normal
\(\text{Yes}\)

Suggested change explained to patient

\[\downarrow\]

Patient agrees with proposed change? \(\text{No}\) Dispense as normal
\(\text{Yes}\)

Top copy of intervention form sent to GP

\[\downarrow\]

Bottom copy of intervention form retained in the pharmacy.

\[\downarrow\]

Entry made in PMR

\[\downarrow\]

Interventions form(s) forwarded to GP practice.

\[\downarrow\]

GP practice action/decline recommendation and returns form(s) to Pharmacy

\[\downarrow\]

Numbers and types of intervention are collated and monthly activity summary sheet completed and submitted to Local HSCB Office by 10th working day of the following month.
Submission of information to HSCB

- Pharmacies will be asked to submit monthly returns on activity.
- Pharmacies will get monthly payments of equal value (Nov - April) with final month payment being adjusted to account for any under/over payment.
- It is envisaged that these forms will be able to be submitted either electronically (in MS Excel format) or in hard copy.
- BSO will make payments to pharmacies on approval by local offices.
In Summary...

- Face to face discussion to gain agreement before recommending to GP
- Interventions are for ‘Repeat’ medicines
- Don’t advise patient to make an appointment to discuss change with GP – only if clinical intervention needed
- Relationships with patients and GP are key
- All interventions for a patient should be done together unless further opportunity arises due to changes in clinical circumstances