

## NORTHERN IRELAND MEDICINES MANAGEMENT

# Medicines Adherence Supplement

Sep 2023

This supplement has been produced to provide an overview of changes to adherence support, and provides an example of how local working between community pharmacy and GP practices has worked well in ensuring effective communication in advance of changes to patients' prescriptions.

## Drug Tariff Changes

Changes to the Tariff were consulted on in 2019/2020. Agreement was reached that instalment dispensing (ID) will be an **exception facility only for use where the prescriber considers that it is essential to prevent abuse or misuse**. The NI Drug Tariff was amended on 1<sup>st</sup> May 2023 to reflect this change and correspondence sent to both [general practice](#) and [community pharmacy](#).

As per previous [correspondence](#), provision of adherence support is no longer, **in any way**, linked to the ID endorsement. Practices have been asked to review prescription endorsements and to remove these where patients do not meet the new Drug Tariff criteria.

Local working between community pharmacy and GP practices is encouraged to ensure effective communication in advance of changes to patients' prescriptions. An example where this has already worked well with one practice and community pharmacy is detailed below.

## An example where local collaboration has worked well

The GP practice uses Vision software and has a population of approx. 6,200 patients. The practice manager advised a search was created for:

- All permanent and applied patients
- Select acute and repeat therapy
- Select coded and free text and put in 'dispense weekly'

This was then copied into an excel spreadsheet with separate tabs for each pharmacy. The practice manager contacted the local community pharmacists and invited them to the practice to go through the patients and categorise them into:

1. Medicine Adherence (instalment dispensing (ID) to be removed). These patients were coded 8BIA with a note placed in the yellow reminder box to ensure medication changes were communicated to the pharmacy.
2. Misuse/Abuse (ID to remain for specific medicines)
3. Unsure

The GPs and GPPs met to discuss the patients that came under 'misuse/abuse' and 'unsure' categories. From this, patients either had ID removed or kept where GPs felt it was required to prevent misuse/abuse in line with the updated Drug Tariff. The practice manager reported this took around two days to complete.

These decisions were recorded on a spreadsheet and shared with the community pharmacist for their reference.

The practice manager said; **“Good communication with the pharmacy made the transition operate more smoothly. It is also key to keep all staff members within the health centre and the pharmacy aware of what is happening. The changes have now been in place for a few weeks and there does not seem to be any problems.”**

The community pharmacist spoke to patients who were to have their endorsements removed from their prescriptions to advise them that they would receive a month's supply of medication going forward and after the first month of this change, the pharmacy would no longer be ordering their prescription. 10 patients who were supplied medicines in weekly skillets are now administering from original packs.

Patients currently on a monitored dosage system (MDS) were reviewed for adherence need. 11 patients are no longer using MDS and are self-administering from original packs. 1 patient needed a medicine reminder card.

The community pharmacist said; **“It seemed a daunting task at the start but once we got started it seemed to go much better than we both expected.”**

The practice is now in line with requirements of Drug Tariff and the number of patients requiring instalment dispensing has reduced from 184 to 31 (an 83% reduction).

There have also been some unexpected benefits:

#### **Patient benefits:**

- The work detected patients who required medication reviews. Patients had their medications reduced and as a result of taking fewer medications were able to manage their own medicines.
- Patients who required mental health reviews were flagged to the practices' mental health worker. This engagement with the MDT helped patients with more complex needs access to a practitioner who was able to discuss their specific issues and, in some cases, put reduction plans in place for medications the patient felt they were able to reduce.

#### **Community Pharmacy benefits:**

- The community pharmacist reported that the engagement with the practice was helpful in bringing concerns to the fore.
- They also were fully aware of why changes to a patient's instalment dispensing had been made in each case.
- The pharmacy is now in line with SPPG guidance on prescription ordering and there is reduced workload in this area.
- There has been a reduction in the time spent on preparation of MDS and instalment dispensing due to reduced volume after review.

#### **GP Practice benefits:**

- The practice reported the work has strengthened relationships with the local community pharmacy.
- It has also reduced the need for instalment dispensing endorsements as the practice are in line with the Drug Tariff, and the time involved with that task.

If your practice has embarked on the process of removal of ID endorsements, please contact your local pharmacy adviser on what has worked well.

## **Information on medicines adherence**

FAQs have been produced for General Practice and can be found [here](#). Other correspondence and general medicines adherence information can be found [here](#). Information for community pharmacy on adherence can be found [here](#).

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisors](#)

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