



Your Community Pharmacist: the health professional you see most often

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Sharon Woollaston
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Policy
Ministry of Health

Sent via e-mail to: sharon_woollaston@moh.govt.nz

Dear Sharon

RE: OPTIONS TO EXTEND THE PERIOD OF SUPPLY FOR PRESCRIPTION MEDICINES

Thank you for the opportunity to provide feedback on the above proposal.

The Pharmacy Guild of New Zealand (Inc) (the Guild) is a national membership organisation representing community pharmacy owners. We provide leadership on all issues affecting the sector and advocate for the business interests of community pharmacy.

This submission contains a response to the proposed amendment put on hold in June 2011, followed by comment on the four specific options currently proposed concerning the period of supply for prescription medicines.

The Guild considers the proposal to allow prescribers to issue a 12 month prescription for oral contraceptives and a six month prescription for all other prescription medication acceptable subject to some safeguards detailed below. We agree that this amendment would remove some of the inconvenience and financial costs to patients who are prescribed medication on a long term basis and we believe that it creates an opportunity to make better use of both medical and pharmacy resources. The potential to ease the workload of medical practitioners is a serious benefit from any change that reduces the need for patients to see their general practitioner. We also welcome any move to make greater use of the skills, training and experience of pharmacists as medicines experts.

We also note that such a change would emphasise the importance of pharmacists continuing to have regular contact with patients regarding their medicines.

Pharmacists are the health professionals that patients see most often, generally available without an appointment. Pharmacy offers an economical and readily accessible way to ensure patient medication safety and it provides the opportunity to enquire into other potential medical problems which may need referral to a general practitioner or other prescriber.

We wish to emphasise that our comments are made under the expectation that implementation of this proposal does not lay the groundwork for six month STAT dispensing. This would be detrimental to patient medication safety, increase medication wastage and would not make maximum use of the valuable services and advice provided by pharmacists.

Option 1: Extend the period of supply with a patient co-payment at the first dispensing and no co-payment at subsequent dispensings.

While we note that PHARMAC estimates that District Health Board (DHB) pharmaceutical budgets would lose \$10-\$12 million per annum in patient co-payment revenue under this option, its implementation might have little direct effect on community pharmacy funding if either the period of supply remained the same or the model of pharmacy funding changed. The Guild assumes that the current dispensing fee system would still apply to both first and subsequent dispensings under all options, regardless of whether a patient co-payment was collected. Although this option would reduce patient costs, the supply of subsequent dispensings without a direct charge to the patient may set a precedent with the public which could impact future healthcare expectations. Software changes would also be required to implement this option.

Option 2: Extend the period of supply with a patient co-payment at the first initial dispensing and another co-payment at the second repeat dispensing.

This option would have no effect on community pharmacy reimbursement under the current funding model. Patient education would be required to increase understanding of prescription charges as patients currently do not pay a co-payment on repeats for fully subsidised medicines. Software changes would be necessary to implement these changes.

Option 3: Extend the period of supply with a patient co-payment at the first initial dispensing and then another co-payment on another initial dispensing three months later.

This option would be similar to the current model for patient co-payments and dispensings, and should not impact on community pharmacy reimbursement as the patient would still effectively have a three monthly prescription. There are some logistical concerns which would need greater consideration, such as the processing of differentiated lengths of prescriptions. The software currently allows for repeats but not for second initial dispensings, necessitating software changes as well as pharmacist and patient education.

Option 4: Retain the current six month period of supply for oral contraceptives and three month period of supply for all other prescription medicines (status quo).

This option is the same as the current model and would therefore have no impact on community pharmacy but it does appear to be a lost opportunity. Retention of the current model would not result in either optimal use of pharmacy skills or a decrease in medical practitioners' workloads.

If you have any questions about our feedback, please contact Guild Policy Advisor, Jasmine Freemantle, at jasmine.freemantle@pgnz.org.nz or 04 802 8205.

Yours sincerely,


Annabel Young
Chief Executive