



Open pack dispensing

November 2021

Background:

Consultation on allowing pharmacists to supply +/- 10% of the prescribed quantity to increase original pack dispensing and support automation.

Why This is Insufficient

Only allowing a 10% increase in prescribing would not necessarily allow the quantity to be made up to a full pack, resulting in continued generation of split packs and items not being dispensed in original packs.

For example:

Diltiazem 60mg tablets pack size 100, prescribed in quantity of 84 – this is in the group of medicines that are 4th most prescribed medication in Primary Care.

Paracetamol 500mg tablets pack size 100, prescribed quantity of 112 or 224 – this is the 11th most prescribed medication in Primary Care.

Mebeverine 135mg tablets pack size 100, prescribed quantity of 84 - this is in the group of medicines that are 64th most prescribed medication in Primary Care

(Data from <https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bcp.13709>)

Proposed Solution

Pharmacists should be able to exercise their professional judgement to round up or down by **one weeks treatment**

This wider allowance would still allow the proposed 10% adjustments to include, for example, a pack of 30 Tamsulosin 400microgram capsules to be dispensed against a prescription requesting 28 but would further allow inclusion of the above examples and therefore **fully** support original pack dispensing.

Benefits

This would also bring the advantage of Pharmacists being able to align patient's medication, where a new medication is prescribed out of sync. with their existing repeat medication, the pharmacist could use their professional judgement to increase or decrease the prescribed quantity to provide the patient with sufficient of the new medication until their regular repeats are due to be ordered. This would allow all the patients items to be ordered together.

There are patients who have to re-order their medication up to 5 times a month, causing anxiety for them and a large work burden for GP's and the Pharmacy, making the above adjustment to the current law would support patients to keep their medication aligned.



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GPs are under too much pressure to spend time bringing patients in to line as this requires time communicating with patients and creating a bespoke prescription. Pharmacists working in GP practices may also do this but this requires further appointments and generation of a bespoke prescription.

This hard work can then be undone at the next medication review when new items can be started mid-cycle.

Pharmacists are in an ideal position to do this in consultation with the patient, during the dispensing process also providing adequate counselling, so reducing the work for GP practices, pharmacies and optimising patient care and reducing the patients own burden of managing their repeat medication.