

Enabling pharmacist flexibilities when dispensing medicines

Healthwatch Birmingham and Solihull responded to this online survey consultation regarding enabling pharmacists flexibility when dispensing medicines. Our key role is to make sure that patients, the public, service users, and carers, are at the heart of service improvement in health and social care. As such we have focused our response on areas which are likely to make the most difference to patients.

Survey Responses

We propose to enable pharmacist flexibilities, allowing pharmacists to use their professional judgement to supply an alternative strength or formulation (which may mean a different quantity) of the same medicine originally prescribed, without getting another prescription from the prescriber, but only under restricted circumstances.

To what extent do you agree or disagree with this proposal?

Agree

To what extent do you agree or disagree that increasing pharmacist flexibilities would offer better patient-centred care?

Agree



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We propose to increase pharmacist flexibilities, but only under restricted circumstances where the pharmacist considers that:

- **there is an 'urgent need'**
- **it would be impracticable to obtain the product to meet the patient's needs without undue delay**
- **any alternative will enable the patient to have the same medicine at the same dose, dosage regimen and treatment cycle as prescribed**

To what extent do you agree or disagree with our proposal that increased pharmacist flexibilities should have these restrictions in place?

Strongly Agree

If there are any other factors you think we should consider, please include them here. (250 words)

Healthwatch Birmingham and Solihull feel that more clarity is required as to how an urgent case for a substitution is determined. We are concerned that subjective judgements made by pharmacists may cause disagreements which may harm the patient-pharmacist relationship.

Given that data is not available regarding the current volume of unfulfilled prescriptions versus post-policy implementation, we are concerned impact will not be reportable. Increased monitoring to ensure consistency in the implementation of this system is needed. This includes the rationale behind a substitution to ensure that resulting issues can be addressed effectively. We would like to see how consistency will be ensured in the information provided to patients at the point of substitution. This may result in an administrative burden and we would therefore like to understand how the balance will be kept. Implementation also needs to be monitored geographically to ensure all localities receive equitable services.



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There should be a requirement to notify the initial prescriber of a substitution. This additional record enables issues to be followed up more easily in cases where a pharmacy's record keeping is insufficient. This is important as patients may choose to follow up on issues with the prescriber directly. Prescribers should therefore have sufficient information to properly address patient concerns. We are aware that this may present challenges, due to issues with relationships between GPs and pharmacies locally ([Access and barriers to NHS Community Pharmacies in Solihull – Healthwatch Birmingham & Solihull](#)). We are interested to see how this process may be implemented.

We propose that pharmacist flexibilities would not apply for controlled drugs in schedules 2 to 4.

To what extent do you agree or disagree with this proposal?

Don't know

What impact, if any, would introducing pharmacist flexibilities have on patient health? (250 words)

We understand that substitutions may reduce the risk of medication attrition, and we would welcome improvement in patient outcomes specifically in relation to regime adherence. Experiencing a pause in medication may have detrimental effects on patient health. Being able to source an alternative would avoid this risk and help to ensure long-term consistency with prescribed pharmaceuticals. We would also like to know whether there is a protocol in place for a long-term change following a substitution. If a substitution reduces side effects or helps a patient adhere better to their regime, would they be expected to return to the less-preferred option once their original medication is available?

Patient health may be put at risk if differences are not discussed when substituting formulations. This could also occur if pharmacists do not have proper access to patient records. Several patient groups, including those with additional needs and older people, may collect their medication themselves but not be able to properly understand the specifics of a substitution. This could lead to risks for their health,



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including patients taking incorrect dosages. Consideration needs to be given to these groups to ensure that substitution is only used when patients can properly understand any changes. This may include an opt out system which enables patients or their carers to not accept substituted medications. These issues highlight the clear need for the details of substitutions to be communicated clearly and accessibly to patients before they begin the course of a substituted medication.

To what extent do you agree or disagree with our assessment that the impact of the proposal around pharmacist flexibilities on NHS medicine costs will either be cost-neutral or marginal?

Don't know

Where a pharmacist has utilised flexibility to supply an alternative medicine, to what extent do you agree or disagree that the pharmacy should notify the prescriber?

Strongly Agree

Do you expect pharmacists would need specific training if pharmacist flexibilities were enabled?

Yes

Please provide details about the training that would be required. (250 words)

Though we cannot explicitly comment on the specific training that a pharmacist would need to provide these substitutions, we do have several considerations.

Our primary suggestion is maintaining an awareness of the language being used to discuss substitutions. An operational definition of 'alternative' would enable patients to clearly understand why a different medication can be dispensed. We anticipate there to be initial confusion regarding these substitutions, and we feel clarity for the public would be required when discussing alternative formulations, strength, and quantity of medication.



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We also suggest that training should focus on supporting vulnerable populations to understand what these changes could mean for them. Individuals with complex care needs or learning disabilities should receive tailored discussions around why an alternate medication is being used, and the implications this has on their adherence to a medication regime. These people may require additional support in understanding why the medication has been changed, particularly if distress is likely to be caused. They therefore must be identified by a pharmacy service before this protocol is delivered.

We propose that if pharmacist flexibilities were enabled, they would not be supervised by pharmacy technicians.

To what extent do you agree or disagree with this?

Agree

Do you agree or disagree with DHSC and the Department of Health in Northern Ireland, who do not consider that these policy proposals will create inequalities or adversely impact individuals with protected characteristics?

Don't know

The Department of Health in Northern Ireland does not consider that these policy proposals will impact people differently with regard to where they live geographically in Northern Ireland.

Do you agree or disagree with this assessment?

Don't know



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