

# Hospital Outpatient Prescriptions

An examination of the prescribing and dispensing of hospital prescriptions

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# Overview



Healthwatch is the independent consumer champion for health and social care in England. Healthwatch's function is to engage with local people to seek

views about locally delivered services, signpost service users to relevant information and to influence the design of local health and social care provision.

Healthwatch Hampshire has received feedback about the dispensing of outpatient hospital prescriptions particularly at Queen Alexandra Hospital, Portsmouth. Queen Alexandra patients feel that much inconvenience is caused and time wasted by patients only being able to have the prescriptions dispensed at the hospital pharmacy. Patients report frequently having long waiting times or in cases where prescriptions cannot be fulfilled, which necessitates coming back the next day and can create transport problems and/or additional costs.

Healthwatch Hampshire decided to look into whether the situation is unique to QA and if anything can be done to make the service simpler for patients.

Healthwatch Hampshire investigation has found a lack of consistency and knowledge among community pharmacists around hospital prescriptions. The system is confusing and patients don't know that they have some discretion as to how and where they choose to have their hospital outpatient prescription dispensed but for those selecting to use their community pharmacy there are certain consequences to consider.

For the purposes of this project, we focussed on the dispensing of hospital outpatient prescriptions across the main hospitals in Hampshire and over a number of different Trusts.

Typical patient comments received: "There is also a delay with outpatient consultations as the prescription given then can only be filled at the hospital pharmacy. I would have thought they could give me the prescription and I could get it from an outside pharmacy."



## Background:

Prescribing is the most common patient-level intervention in the NHS and is the second highest spending area in the NHS after staffing costs<sup>1</sup>.

Latest data available for 2013/14 shows that<sup>2</sup>:

- Overall NHS expenditure on medicines was £14.4 billion
- Hospital use accounted for 40.1% of the total cost, up from 37.5% in 2012/13
- The cost of medicines rose by 7.6% overall but 15.1% in hospitals from 2012/13

## Out-patient Prescriptions

Following a hospital outpatient visit, patients are often given a white prescription for dispensing at the hospital pharmacy. Occasionally a green prescription, like those issued by GP's is used which can be taken to the patient's local community pharmacy. These are often referred to as an FP10 (HP) although this paper type is now obsolete.

Community pharmacies have long been able to dispense prescriptions issued on an FP10(HP), but the volume of such prescriptions is actually very small, accounting for just 1.4 per cent or £171.1m of total NHS medicine costs<sup>3</sup>.





# In which circumstances can an FP10(HP) be used and why isn't it used more frequently?

When prescribing is undertaken by a hospital prescriber, a hospital outpatient prescription form is used except in exceptional circumstances when an FP10(HP) form may be used. When an FP10(HP) is issued, the cost of the prescription dispensed at a community pharmacy is then charged back to the hospital from where it was issued **plus** a dispensing fee. The NHS Prescription Services calculates the reimbursement and remuneration fees due to dispensing contractors<sup>4</sup>.

Hospitals have preferential deals or sometimes are part of buying hubs with pharmaceutical companies securing reduced costs unlike community pharmacies who are independent contractors. Cheaper drug costs available to hospitals are a major driver in hospitals keeping

prescriptions within hospitals and within funding budgets.

Studies also suggest there may be more deep-seated “professional” difficulties for community pharmacies faced with hospital prescriptions, who maybe uncertain about their own competencies. For example, some community pharmacists may not be familiar with certain specialist medication and have difficulty obtaining a medicine<sup>3</sup>. In 2010, a study of primary care pharmacists concluded that “community pharmacists report frequent problems when dispensing hospital prescriptions and a higher risk of error in comparison to dispensing GP prescriptions. As a consequence, average dispensing time is more than doubled. Calls to hospital prescription prescribers are proportionally much more frequent”<sup>4</sup>. These issues are echoed in some of the feedback we have received about Queen Alexandra Hospital.



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# What can be prescribed on an FP10HP?

The list of readily available prescription medicines that are approved for prescribing is known as the formulary. Medicines are reviewed for inclusion on the formulary through the Area Prescribing Committee (APC). The main aim of the APC is to ensure that there is a consistent approach to prescribing the most effective, safest and cost effective medicines across the local healthcare community.

Hampshire has 3 Area Prescribing Committees (sometimes referred to as District Prescribing Committee):

- Basingstoke, Southampton and Winchester
- Portsmouth, South East Hampshire, Fareham & Gosport CCG's, Portsmouth Hospitals NHS Trust, Southern Health NHS Foundation Trust and Solent NHS Trust
- Surrey Area (including North East Hampshire and Farnham CCG)

The CCG Medicines Optimisation Clinical Steering Group discusses and endorses the recommendations

of the APC and these are then incorporated into the formulary.

All APC's maintain a 'traffic light' classification to advise on prescribing responsibility between specialists and primary care as detailed below:

- **Red** medicines suitable for use in specialist settings only, ie acute hospitals. Lists of medicines classed as red and also drugs not supported on the formulary are listed on CCG websites.
- **Amber** usually specialist initiated but suitable for continuation in primary care. Shared care\* agreements may exist
- **Green** regarded as suitable for prescribing by all

\* For some medicines that are specialist initiated but are suitable for continuation in primary care, there is written shared care guidance that describes the responsibilities of the specialist, the GP and the patient for managing the treatment.



## Our findings:

Healthwatch Hampshire investigation has found that patients do have some discretion as to how and where they choose to have their hospital outpatient prescription dispensed. However they don't know about it and at times it can be inconvenient to have to.

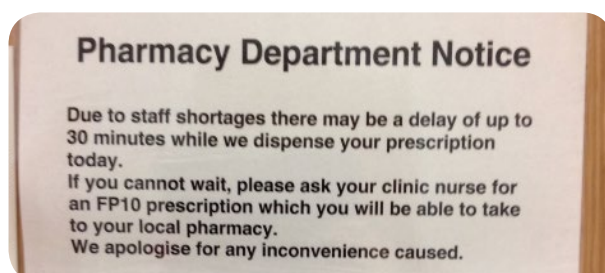


**Hospital prescriptions can be dispensed at a community pharmacy as a 'private prescription'. This means that rather than paying the NHS prescription charge (currently £8.20) the patient pays the full cost of the drugs/appliance which vary depending on the medicine. Private charging applies in all cases, even if a patient is usually exempt e.g. they're over 60 or under 16. This in some cases works in the patients favour as some medicines cost less than the NHS prescription charge, such as certain antibiotics.**



**Where the patient is unable to meet the private prescription charge, they can take their white hospital prescription to their GP and have it reissued on a FP10 for dispensing at a community pharmacy. This means that the patient is only required to pay the standard NHS charge but this practice may cause some GPs irritation.**

We would like to highlight an example of good practice we found at the satellite pharmacy in the Outpatients Department at Royal Hampshire County Hospital, Winchester. They have a sign clearly warning patients of a possible delay in dispensing their prescription and for those unable to wait suggests obtaining a FP10 which they can take to their local pharmacy instead.









# Recommendations

Rules and regulations relating to NHS contracts and dispensing of drugs are highly complex, as a result knowledge and practice varies between pharmacies. Understanding the restrictions and possible alternatives would help to improve the outpatient journey, making it more satisfying for patients.

Healthwatch Hampshire recommend:

-  Clearer, consistent information should be made available to patients, pharmacies and professionals on hospital outpatient prescribing to make dispensing more accessible and responsive for patients.
-  At the point of writing the script, the Doctor asks the patient where they would prefer to obtain their medication(s) and uses the appropriate form
-  CCG's or the GPC email pharmacies with guidance
-  Use of signage in waiting areas to advise patients of delays and alternative methods of obtaining their prescribed medicines.



# References

1. <http://www.hscic.gov.uk/catalogue/PUB12651/hosp-pres-eng-2012-rep.pdf>
2. <http://www.hscic.gov.uk/catalogue/PUB15883/hosp-pres-eng-201314-rep.pdf>
3. <http://www.pharmaceutical-journal.com/opinion/comment/why-hospital-pharmacy-appeals-to-the-multiples/11079754.article>
4. <http://adc.bmj.com/content/96/4/e1.17>
5. More information can be found at the NHS Business Services Authority website: <http://www.nhsbsa.nhs.uk/PrescriptionServices.aspx>

Most pictures are taken from NHS Photo Library: <http://www.photolibary.nhs.uk/07-UserHomePage.php>





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