

PSI Submission to the public consultation on the Draft Contract for the Provision of Free GP Care to all Children under the age of 6.

February 2014

The Pharmaceutical Society of Ireland (PSI) is an independent statutory body, established by the Pharmacy Act 2007. It is charged with, and is accountable for, the effective regulation of pharmacy services in Ireland, including responsibility for supervising compliance with the Act. It works for the public interest to protect the health and safety of the public by regulating the pharmacy profession and pharmacies. The PSI welcomes this opportunity to make a submission on the Draft Contract for the Provision of Free GP Care to all Children under the age of 6 and have the following comments on the draft contract:

General Comments:

The PSI welcomes the draft contract's focus on prevention and health promotion in line with Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025. The PSI also welcomes reference to ensuring that services are organised and delivered in accordance with the HIQA National Standards for Safer Better Healthcare (2012) and that provision of care is in adherence to applicable clinical guidelines including those guidelines issued by National Clinical Effectiveness Committee and the HSE's Medicines Management Programme.

Multidisciplinary Collaboration:

The PSI welcomes the focus on collaboration between healthcare practitioners and considers that such a multidisciplinary approach and collaboration provides the patient with higher quality, safer, and more comprehensive health care and is in line with patient-centred care as envisaged in the HIQA National Standards for Safer Better Healthcare (2012). The PSI therefore welcomes clause 14.4 of the draft contract which ensures that General Practitioners' practice protocols will incorporate any structured services which have been developed by the HSE with Community Pharmacy Contractors and the emphasis, throughout the contract, on GP participation in the provision of integrated multidisciplinary primary care services through Primary Care Teams is also welcomed. However, the expansion of this participation to those healthcare practitioners such as pharmacists working in the wider primary care network is suggested.

Clause 14.5:

The PSI welcomes the inclusion of the concept of an annual “medication usage review” in clause 14.5 but queries the terminology used in this clause. Medication Usage Reviews can be defined as a structured review of all of the patient's medication usage in a face-to-face consultation with the patient. Such reviews seek to establish a picture of how the patient actually uses their medication. These are often done by pharmacists who have information on patient compliance from dispensing records and include a review of medication use techniques (e.g. inhaler techniques). It is unclear if the contract requires a review of this nature or instead it may be that the contract seeks GPs to undertake a ‘prescribing review’ where the GP undertakes a review of medication prescribing as part of the patient’s overall therapeutic care plan.

Under the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended), any medical prescription is only valid for a maximum of six months as it is considered that following this time period a medical review of the patient and ongoing medication is required. For consistency with legislation it may be desirable that a ‘prescribing review’ is undertaken by the prescriber at least every six months. Also of note is that Standard 15 (Medication Monitoring and Review) of the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland states that each resident on long-term medication is reviewed by his/her medical practitioner (in conjunction with the pharmacist) at least on a three-monthly basis; it may therefore be appropriate for this standard to be applied to all patients on long-term medication, including children and a multidisciplinary collaborative approach to medicines review encouraged.

Regardless of the nature of the review, the PSI would advocate a structured and multidisciplinary approach to medication reviews in collaboration with the patients nominated community pharmacist which will allow a full picture of the patient’s medication history including medication usage and compliance to be reviewed as the pharmacist and the GP will have different but complimentary information available from their individual patient records.

Clause 14.6:

The requirement to report adverse drug reactions (ADRs) to the Irish Medicines Board, as outlined in clause 14.6, is welcomed by the PSI. It is considered that in the interests of patient safety, practitioners should also inform the patient’s nominated community pharmacist, where possible,

about any adverse drug reactions relevant to the patients' ongoing medical history e.g. a drug allergy.

Clause 14.8:

It is considered that clause 14.8 should make explicit that it is an essential requirement that prescriptions are written in accordance with the Misuse of Drugs Regulations 1988 (S.I. No. 328 of 1988) (as amended) and the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (S.I. No. 540 of 2003) (as amended). In addition, it may be appropriate to include the requirement that medical practitioners state their Medical Council registration number on all prescriptions, in line with the requirements of the Medical Practitioners Act 2007. Furthermore the importance of prescribing using the INN could be reinforced in this clause.

The necessity of the requirement for "medically urgent" to be written on prescription forms, where a medicine is urgently required, is unclear. It is considered that by their nature all prescription medicines are essential to a patient's health and wellbeing and are therefore are all required to be supplied to a patient in a timely manner. Following engagement with the patient, as part of routine dispensing by the pharmacist the urgency of the supply of a medicine is assessed and supplied accordingly. Often, if prior notice is required to accommodate an urgent or unusual medicine, a GP will contact the pharmacist directly to alert the pharmacist to the urgency of the required medicine to allow for the medicine to be ordered and available for the patient

The PSI appreciates the opportunity to participate in this important consultation process and hope the above comments are helpful.

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