Proposal to increase the period of supply – October 2024

Thank you for the opportunity to comment on The Ministry of Health – Manatū Hauora proposal to increase the period of supply limit from 3 months to 12 months.

Background

The College of Nurses Aotearoa (NZ) Inc. The College is a leading national professional nursing organisation. We are fully committed to te Tiriti o Waitangi. We are a leading voice for support, advancement, and valuing of the nursing profession.

Nurse Practitioners New Zealand (NPNZ) is a division of the College of Nurses Aotearoa representing Nurse Practitioners professional and practice issues. **Nurse practitioners| Mātanga Tapuhi** work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

The College and NPNZ represent a substantial and increasing number of authorized nurse practitioners (NPs) - (there are now approximately 800 nationally) and designated registered nurse (RN) prescribers. To support and inform this submission the College Board, Fellows, and wider membership have been consulted and have provided feedback.

There has been a range of responses - some being supportive of the increase to 12 month prescriptions for patients with stable conditions. However there have also been some strong reservations expressed by members who are concerned that this legislative change may not be in patients' best interests or align with clinicians being able to make informed and responsible decisions in regard to patient management.

One lever clinicians have for ensuring appropriate safe prescribing is blood tests and when these are not done by patients, clinicians can require them to be done before prescribing the next prescription. Concerns have been expressed in regard to ongoing monitoring for safe practice if a patient already has the medication – which may need to be adjusted or managed based on regular blood tests. It is imperative that clinicians are able to use discretion in regard to patients who are appropriate for a longer interval for prescriptions. More information is required in regard to this proposed change.

Background

Reservations to the increase to 12 month prescribing centre mainly around a clinician needing to engage regularly with patients. Twelve months may be too long to monitor efficacy and more importantly, compliance. There was some support for a 6 month time frame - but that this must be tailored to patient needs.

For patients with diabetes, established practice is to monitor HbA1c at least six monthly for those with stable glycaemia meeting target, or three monthly for those not meeting target. If the change is put in place, there is a concern that some patients with diabetes may be inappropriately dispensed 12 months of medications, thus reducing assessment and evaluation by a prescribing clinician. Particularly, when re-prescribing hypoglycaemic agents, it is an opportunity to assess for potentially harmful hypoglycaemia, medication side effects, and safety with driving. I would support a shift to six monthly dispensing to reduce this risk. It would be good to have option of 12 month prescriptions but maintain the ability to tailor the dispensing timeframes.

The decision should not be “blanket and must be tailored to the population group. There are major concerns for older adults. We strongly oppose the plan to increase the supply of long-term medications from 3 months to 12 months, particularly for this population.

Medications are frequently the root cause of multiple problems for older adults, in particularly, those with multiple medical co-morbidities. The current three monthly re-prescribing of medications is most certainly not foolproof; however, it does mean that patients need to have some contact with their primary care provider (NP or GP) for review.

Members working with an older adult population strongly advocate for maintaining the current situation, and indeed extending the expectations that every 6 months, there is a medication review with the GP/clinical pharmacist to determine whether medications need to be reduced/discontinued/adjusted.

From clinical experience, patients will frequently not be taking medications correctly (time of day/doses). They frequently do not have a good understanding of what the medication is for, particularly after many years of taking the same thing. The aging process affects the ability to absorb, distribute and eliminate medications, which further adds to the risks of taking multiple medications, without regular review.

Clinicians need to be able to review medications, de-prescribe, increase, or decrease doses as indicated. Concerns have also been expressed about ensuring adequate reminders are built into patient management systems – there will need to be changes to reflect the significantly increased period of prescription.
Member feedback also expressed concerns about the risk of having large quantities of medication in patient homes and the wastage if medications are changed.

We support:

Reduced medicine co-payment charges - however there will be a revenue loss for businesses including the general practices and pharmacies that may affect business sustainability and ultimately affect patient access if this business are unable to continue.

We recommend:

A counter proposal of extension to 6 months for most medications with the exception of immune compromising medications which should remain at 3 months. Increasing to 6 months is safer than increasing to 12 months.

That the clinician must have the flexibility to prescribe for a shorter duration based on their knowledge of the patient and their diagnosis.

Aside from changing duration of prescribing, the underlying issue to improve access to medicines would be to increase funding and resourcing to primary health care to enable appropriate care provision for patients with long-term health conditions.
For further information please contact Chelsea Willmott or Kate Weston.

Ngā mihi

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Appendix One - Key questions

- Do you think this proposal will have the intended benefits, particularly to increasing access to medicines?

  We have other options to increase access, such as SIA/Enhanced capitation/High user health cards. People who have trouble accessing prescriptions or paying the prescription fee already use Chemist Warehouse/Bargain Chemist/Zoom Pharmacy

- What risks do you see with giving prescribers the ability to prescribe for up to 12 months?

  Increased pressure from patients to prescribe inappropriately, reduced quality of relationships/rapport with patients, poor compliance with medication not being detected early leading to patients presenting acutely unwell or with worsening health, increased risk to prescribers who take responsibility for prescriptions with less oversight of patients.

- What financial impacts do you think this proposal may have on your business?

  Reduced income from repeat prescriptions.

- Would an increase to 6 months, instead of 12 months, mitigate any financial impacts on your business?

  6 months feels clinically safer, a lot of patients have 6 monthly reviews with repeats in between.

- What barriers are there to successfully implementing this proposal?

  Clinician reluctance to increase clinical risk, reduced income in an already stretched economic climate.

- Are there any other risks or unintended consequences that may arise from this proposal?

  Worsening co-morbidities/patient outcomes, increased pressure on acute care/ED as opportunities for screening/preventative care will be lost.