

25 June 2020

## General Practices

Dear Colleagues

### Patient Choice of Pharmacy

We are writing to remind you as clinicians of your patients right to choose their own pharmacy.

We continue to receive complaints from patients and pharmacies that on some occasions, patients are not offered the choice of where or how they can pick up medications that are prescribed to them. These complaints have increased with the adoption of electronic prescribing via the NZePS for signature exempt prescriptions that are electronically sent to pharmacies.

While this may not be widespread, it is still concerning as the right to choose their pharmacy is a fundamental right enshrined in the Code of Health and Disability Services Consumers' Rights.

Please take all necessary steps to ensure you do not unduly influence a patient's choice of pharmacy including:

- Asking your patient if they have decided on their preferred pharmacy or if they would like to take away a copy of the prescription
- Ensure a patient understands all options they have including that a pharmacy of their choice can deliver medication, but avoid promoting a particular pharmacy
- Ensuring that the IT solutions you use enable you to send prescriptions to any pharmacy.

Appendix 1 contains relevant excerpts from the New Zealand Medical Association's and Medical Council's guidance and standards on patient choice and avoiding conflict of interests. Appendix 2 contains guidance from the British Medical Association on prescription direction with very good guidance on prescription practices that should be followed.

If you have any questions, please contact the Ministry's Online Helpdesk ([onlinehelpdesk@health.govt.nz](mailto:onlinehelpdesk@health.govt.nz)).

Yours sincerely

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## **Appendix 1 – Relevant Guidance from the NZ Medical Association and Medical Council of NZ**

### **The New Zealand Medical Association Code of Ethics – Principles on Patient Choice**

*2. Respect the rights, autonomy and freedom of choice of the patient*

*11. Accept a responsibility to advocate for adequate resourcing of medical services and assist in maximising equitable access to them across the community*

[https://global-uploads.webflow.com/5db268b46d028bbc0fc0b537/5e20cf2e84fda6324f82d2d6\\_NZ-MA-Code-of-Ethics-2014-A4.pdf](https://global-uploads.webflow.com/5db268b46d028bbc0fc0b537/5e20cf2e84fda6324f82d2d6_NZ-MA-Code-of-Ethics-2014-A4.pdf)

### **The New Zealand Medical Association Code of Ethics – Recommendations on Commercial Interests**

*61. Commercial interests of an employer, health provider or doctor must not interfere with the free exercise of clinical judgement in determining the best ways of meeting the needs of individual patients or the community, nor with the capacities of individual doctors to co-operate with other health providers in the interests of their patients, nor compromise standards of care or autonomy of patients in order to meet financial or commercial targets.*

[https://global-uploads.webflow.com/5db268b46d028bbc0fc0b537/5e20cf2e84fda6324f82d2d6\\_NZ-MA-Code-of-Ethics-2014-A4.pdf](https://global-uploads.webflow.com/5db268b46d028bbc0fc0b537/5e20cf2e84fda6324f82d2d6_NZ-MA-Code-of-Ethics-2014-A4.pdf)

### **Medical Council of NZ Standard on Doctors and Health Related Commercial Organisations**

*19. Some doctors, or members of their immediate family, own or have a financial interest in retirement homes, surgical facilities, pharmacies or other institutions where care or treatment is provided. If you are in this situation you should avoid conflicts of interest wherever possible. For example, if you are a general practitioner with an interest in a nursing home, you should not usually provide primary care services to patients in that home. If a conflict of interest is unavoidable, you must advise the patient of the conflict and ensure that it does not adversely affect your clinical judgement. For example, if a family member has an interest in a pharmacy you must not allow that interest to influence your prescribing practice or the advice you give to patients and should advise patients of this conflict when, because of geographic proximity, they are likely to use that pharmacy to fulfil a prescription you have provided. Similarly, if you have an interest in a private surgical facility you should ensure that this does not affect your judgement when arranging treatment at the facility and advise patients you intend to refer of the conflict.*

<https://www.mcnz.org.nz/assets/standards/e77cce6f24/Doctors-and-health-related-organisations.pdf>

### **Medical Council of NZ Statement on Good Prescribing Practice**

*48. You must not pressurise patients to use a particular pharmacy, personally or through an agent, nor should you disparage or otherwise undermine patients' trust in a pharmacy or pharmacist. You must ensure your staff and colleagues comply with this advice*

<https://www.mcnz.org.nz/assets/standards/ceae513c85/Statement-on-good-prescribing-practice.pdf>

## **Appendix 2: Statement on Prescription Direction from the British Medical Association**

‘Prescription direction’ occurs where a patient is being directed by their GP practice to a certain pharmacy to have their prescription dispensed. Patients have a free choice between any community pharmacy and in some cases, a GP dispensary. Actions by practices seeking to influence a patient’s choice of pharmacy can undermine relationships with patients, as well as damaging trust and cooperation between healthcare professionals. Financial arrangements between community pharmacies and GP practices should be transparent.

The British Medical Association, the Pharmaceutical Service Negotiating Committee and Pharmacy Voice agree that guidelines to ensure proper prescription practices should be followed. Providing advice that can be seen as prescription direction is against good practice. Whilst most of the following activities would be initiated by the practice, it is recognised that a pharmacy may often be involved. Pharmacy owners and pharmacists are also strongly advised not to request or become complicit in such activities.

The following list illustrates activities to avoid in order to maintain good practice:

- Providing a practice endorsement for a pharmacy
- Allowing a practice database to be used to facilitate the promotion of a pharmacy, or any other promotional activity
- Suggesting that the practice/GP/member of staff would like a patient to use a particular pharmacy
- Allowing a patient to believe that the level of care they receive from their medical practice could be influenced by their choice of pharmacy
- Recommending that the patient collects a prescription from a certain pharmacy which is not the pharmacy that the patient had chosen
- Manipulating the prescription management process in favour of a particular pharmacy, including, but not limited to, offering a pharmacy privileged access to prescriptions generated by the practice
- Failing to be equitable when liaising with pharmacies, by offering differing levels of cooperation such as for repeat prescriptions
- Ignoring a patient’s freely stated choice of pharmacy
- Misrepresenting a practice’s relationship with a pharmacy
- Showing a lack of candour when providing information about dispensing and pharmacies (including, for example, making unsubstantiated or misleading claims about a particular pharmacy)
- Failing to be transparent about a financial relationship between a practice and a pharmacy
- Any other practice, which is designed to unduly influence a patient’s choice of pharmacy

Where there is a financial link between a pharmacy and a medical practice, it is particularly important to ensure that appropriate procedures are in place to prevent prescription direction. A nominated partner and the superintendent pharmacist

should oversee this and ensure that everyone working in the pharmacy and medical practice is aware of their responsibilities.

If GP practices or pharmacies become aware of cases of prescription direction, there may be a role for LMCs and LPCs to intercede in the first instance to resolve a problem at a local level. They should be consulted prior to referral to regulators or contractual bodies, to establish whether the local contractor representatives could bring about a more swift resolution. If unable to resolve the issue on a local level, the relevant professional regulator and NHS contractual body should be informed.