Norfolk Local Pharmaceutical Committee

19th November 2019

To: Pharmacists Providing the Norfolk & Waveney Funded Emergency Supply Service

This service operates at all times when an emergency supply can be legally and ethically justified. Please bear in mind that all supplies may have to be justified to our regulators/commissioners.

The LOCAL service is to be used for patients who approach the pharmacy directly. Patients referred via 111 through the Community Pharmacy Consultation Service should be dealt with under that national service, and no claim under the local service can be made.

Clearly the circumstances in which an emergency supply is legal, ethical and appropriate are significantly more limited during the week. Pharmacists must make every reasonable effort to obtain a prescription if the surgery is open. This includes contacting a holidaymaker's home GP practice and requesting a script be sent by EPS to your pharmacy. You should log the efforts you make in this regard if you find yourself having to make an emergency supply under the service.

As below, this service in no way extends or alters your legal or ethical powers to make a supply, so you must be able to justify any supply to the CCG or, say, the GPhC Inspector. You should always consider the choice and implications of not supplying.

The funded emergency supply service should not normally be used for items which can be purchased OTC. The service remains, quite rightly, under scrutiny.

General Guidance. *NB. The final decision to supply (or not) rests with the Pharmacist.* This responsibility means that the pharmacist will need to be able to justify the supply decision made, taking into account the clinical need of the patient, the costs to the NHS of supply (or not) the potential for some medications to be abused and the information available to the pharmacist at the time of the patient consultation. Often there is no clear right or wrong answer of whether or not to make a supply and the pharmacist will have to rely on their clinical judgement having considered the information available.

The below are factors you may wish to consider alongside the legislation and existing guidance in Medicines, Ethics & Practice:
http://www.legislation.gov.uk/uksi/2012/1916/regulation/225/made

http://psnc.org.uk/norfolk-lpc/wp-content/uploads/sites/61/2015/03/emergency-supply-grg.pdf

- This scheme does NOT extend any new legal powers of supply.
- The existence of this scheme does not "normalise" emergency supplies, i.e. the same legal and professional requirements exist as above and must be fulfilled.
- Good contemporaneous record keeping will be essential for demonstrating the clinical assessment made at the time that the decision was made to supply (or not).
- We have agreed that this service should not be advertised to the public by pharmacies.

USE of Summary Care Records (SCR)

Pharmacies now commonly have access to SCRs. It is strongly advised that it is of clear benefit to check the patient's SCR BEFORE making an emergency supply (either under this service or privately). One would expect patients in genuine need to consent to the pharmacy access of their SCR in this regard. Should a patient requesting an emergency supply refuse, a pharmacist may wish to consider the possible reasons for refusal, and what that means for the potential legitimacy/appropriateness of an emergency supply. Clearly use of SCR could minimise the risk of misuse of the service.
If an SCR is accessed, it would be helpful if this was recorded at the time of supply e.g. in the PMR.

Items not to supply

The only items specifically excluded are those listed in legislation (i.e. controlled drugs schedules 1,2,3 and listed substances. There is specific advice/restriction in the legislation/guidance around phenobarbitone/phenobarbitone sodium (Sch. 4 and 5).

- You should consider very carefully before supplying *any* item with the potential for abuse. You may feel it is more appropriate to refer requests for such items to the OOH service via 111.
- If you have any doubts about the validity of the supply, you are able to request a consultation with an OOH GP by calling 111 and identifying yourself as a Pharmacist and requesting such a discussion. If in doubt, refer.
- The question of "immediate need" is always somewhat subjective. You will wish to consider the possible implications to patient's health resulting from not supplying. You may also wish to consider the distress/anxiety of the patient relating to them being without medication and their likely actions if you do refuse e.g. will they go to OOH/A&E? This does NOT mean you should

"give in" and always make a supply in such cases, but as above you may wish to take advice.

- If the patient is known to you and you hold a Patient Medication Record (PMR) for the patient, you should consider making full use of this information. For example, your PMR may indicate that the patient should have sufficient medication left (considering amount supplied, dose etc.) from their last supply. If this is the case you may wish to make additional enquiries as to the current need for the supply to ascertain if abuse/over-use is present. In such cases you may wish to refer or consult with an OOH GP. If you do not hold PMR details for the patient you may wish to make enquiries to address this possibility.

- Items to be supplied would normally be POMs. You should consider the OTC availability of medication and use this route wherever possible. You may wish to consider the cost of supply of an OTC item via the funded scheme in terms of fees and consider how a commissioner may view disproportionate costs. Again, though, the final decision lies with the Pharmacist. We would suggest that it is good practice to make a brief record of the factors you have considered if making a supply which may come under later scrutiny.

Duration of Treatment to Be Supplied:
Again, within the legislation and RPSGB guidance, this may be up to 30 days' supply for many items. It is understandable that many Pharmacists may not consider the full 30 days as necessary in most cases, but each case should be judged individually.

- You may wish to consider the local repeat prescription arrangements and how long it may take the patient to subsequently request and receive a supply of repeat medication. If you only supply a day or two's medication and the patient therefore still needs to circumvent normal surgery procedures and request an "urgent" prescription you may wish to consider if this demonstrates the value of the commissioned service. You may feel that 7 or 14 days' supply is more pragmatic, other factors considered.
- You may feel that a longer supply (up to the maximum) is justified for those away from home/on holiday, depending on planned dates of return etc.

Recording:
You must make all records required by legislation/guidance. The reporting via Pharmoutcomes is additional to this, but is required to facilitate the required GP notification (auto-notification may not be available to all surgeries, so please check and print and send separately if required) and to claim reimbursement for your service and costs.

PharmOutcomes Claims/Records:
Quantities
Please take care when entering quantities; these are set as number of doses, tablets, ml or grams as specified in the item description

i.e. a Ventolin inhaler would be 200 doses and a bottle of eye drops may be 3ml.Once you have entered a quantity the system will display how many packs this equals and the cost – it is essential that you pay attention to these figures as this is what you will be reimbursed for at the end of the month.

Prescription Levies
Prescription levies are specified as number of levies
i.e. one charge would be entered as 1

If you have any questions about this service or its operation, please do not hesitate to contact the LPC.

Yours faithfully
Tony Dean