

## Community Pharmacy Emergency Supply during a Pandemic Service Learning Letter

The community pharmacy emergency supply during a pandemic service commenced on Monday 6<sup>th</sup> April 2020. The aims of this service are to:

- Ensure that at this time of unprecedented demand, patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription
- Ensure equity of access to medicines irrespective of the patient's ability to pay

### Benefits of the service to patients

This service has been beneficial to many patients where they have been unable to obtain a prescription for a repeat medicine they required. A number of case studies demonstrating this are outlined below, thank you to the community pharmacists who shared this information.

#### *Case Study 1:*

An 86 year old man requested a prescription for a salbutamol inhaler from his GP practice. He had a repeat prescription for a salbutamol inhaler 10 days previously. A note from the GP practice was sent to the community pharmacy to inform the patient that his prescription was "not due" and a prescription was not issued by the practice.

Upon questioning by the community pharmacist, the patient explained he had been using his reliever inhaler more frequently at present. The pharmacist made an emergency supply of a salbutamol inhaler, to ensure the patient was not out of his inhaler over the weekend. The pharmacist sent a communication to the GP practice accompanying a copy of the pharmacy voucher (PV) to explain their rationale for making this emergency supply. Aware that GP practices are reviewing patients who are potentially overusing SABA inhalers, the pharmacist highlighted this patient to the GP practice as a priority for review.

The practice nurse reviewed the patient the same day and the pharmacy subsequently dispensed a prescription for a course of steroids and antibiotics for this patient.

#### **Note:**

This emergency supply was deemed to be in the patient's best interests; it allowed the patient to receive a supply of medicine whilst also providing an opportunity for the pharmacist to highlight any potential for overuse to the prescriber and appropriate action to be taken.

### *Case Study 2:*

A 68 year old man receiving treatment for cancer was prescribed metoclopramide 10mg TID for nausea. The quantity of medication on the repeat prescription was 28 tablets. The patient's wife is his main carer and as such orders his prescriptions. As 28 tablets lasts just over a week the next prescription was ordered in time to ensure the patient did not run out of medication. When the patient's wife called to the pharmacy to collect the medication there was no prescription to collect but a note from the GP practice informing the patient that the medication had been requested 'too early'. The patient's wife was anxious to get back home to her husband and was concerned that he would run out of his tablets. The pharmacist dispensed 6 tablets as an emergency supply and requested further supply from the GP practice highlighting the correct duration of treatment 28 tablets provides.

#### **Note:**

The emergency supply was deemed to be in the patient's best interest; the pharmacist's intervention:

- Ensured the patient was not without his treatment and helped alleviate his wife's anxiety
- Highlighted to the GP practice the need to review quantity/duration of treatment

### *Case Study 3:*

A 65 year old patient left a written request for all of his repeat medicines into the community pharmacy to be delivered to the GP practice on his behalf. However, he explained to pharmacist that he had completely run out of his metformin tablets (2 x 500mg with breakfast and evening meal). The pharmacist dispensed 14 tablets as an emergency supply and the request for all repeat medicines was brought to the GP practice on his behalf. GP practice issued the patient's full prescription and it was ready for collection 48 hours later, but he was not without his diabetes medication during that time. The pharmacist advised the patient on time lines for ordering repeat prescriptions, to avoid running out of medicines again in future.

#### **Note:**

The emergency supply was deemed to be in the patient's best interest; the pharmacist's intervention:

- Prevented the patient going without his medication
- Eased the pressure on the GP practice to generate a prescription, have it reviewed, signed and available for collection within a matter of hours.
- Avoided the need for the patient to contact out-of-hours for a supply of medicine
- Provided advice to the patient about timely ordering of repeat medicines

## Learning themes emerging

The service has been in operation for approximately 8 weeks. General Practice Pharmacists and Community Pharmacists have provided some feedback on the service. A number of learning themes have emerged for both GP practices and community pharmacists; these are summarised below:

### Information for GP practices:

- **Quantity to supply** - the service is provided under Regulation 226 of Human Medicines Regulations (HMR) 2012. This legislation does not state a maximum number of days treatment that may be supplied to a patient, however the guidance suggests up to a maximum of 30 days treatment where appropriate. The community pharmacist should determine the most appropriate quantity to supply to a patient in a given situation. GP practices cannot specify a maximum quantity that local community pharmacists can supply in an emergency. In cases where a repeat prescription has already been requested from the GP practice but has not yet reached the community pharmacy, it would be reasonable to make an emergency supply of a small number of days' treatment; this is at the discretion of the community pharmacist. In addition, practices cannot advise community pharmacists to subtract the emergency supply from a prescription when it becomes available and to dispense the balance.
- **Service provision** – the service is intended to be provided by contracted community pharmacies during all of a pharmacy's opening hours. GP practices cannot advise local pharmacies to only provide this service when the practice is closed, or advise community pharmacists not to provide this service to patients registered with their practice.
- **Appropriateness of supply** – community pharmacists have been asked to use their professional judgement and to consider a patient's best interests in the provision of this service. A pharmacist's decision to provide an emergency supply will be based on the best information that is available to them at the time of supply. It is unhelpful for a practice to challenge a pharmacist's professional judgement in the provision of this pharmaceutical service, where a practice with access to the patient's complete medical record, may determine that a missed dose(s) is unlikely to result in patient harm.

### Information for Community Pharmacists:

- **Delivery of PV to GP practice** – guidance recommends that the duplicate copy of the PV is delivered to the GP practice as soon as practicably possible. However, the sooner a practice receives this information, the easier it is to follow up any issues in practice that may have contributed to the patient requiring an emergency supply. Delays in providing this information to the practice may result in a prescription being issued when it may not be necessary.
- **PVs not dated by the community pharmacist** – this makes it difficult for the practice to accurately annotate the patient's medical notes to record when a patient received an emergency supply.
- **Minor ailments service** – this service should not be used as an alternative to the minor ailments service. Medicines supplied via the emergency supply service should be for repeat medicines the patient has previously received via prescription from their GP practice. In addition, a small number of PVs have been forwarded to the GP practice with the right side of the PV still attached. This has caused some confusion in GP practices since this information relates to the minor ailments service.
- **Phoned / Faxed prescriptions** – PVs should not be written as an alternative to practice delivering / pharmacy collecting a prescription that has been phoned or faxed through to a pharmacy.
- **Reason why emergency supply is required** – although this is not a requirement of the service, practices have found it helpful whenever a community pharmacist has provided details of why the patient required an emergency supply written in the body of the PV. This allows the practice pharmacist to follow up any issues in the practice that contributed to the patient requiring an emergency supply.
- **Out-of-stock medicines** – the emergency supply service should not be used to provide a substitute for a medicine the pharmacy does not have in stock. Patients must have previously received a supply of the requested medicine via a prescription from their own GP practice.
- **Acute items** – an emergency supply of an acute item (e.g. a new request for painkiller, antibiotic, steroid cream etc.) should not be supplied via the service, patients should be referred to GP practice or out-of-hours medical service.

## Reminders:

### 1. Medicines Liable to Abuse/Misuse

Fraudulent medication report (FMR) is a phrase used by Counter Fraud and Probity Services (CFPS) to refer to a group of fraud offences that are committed; typically these involve a person practising some form of deception or forgery, in order to obtain medication in greater quantities than originally prescribed, or to obtain medication that was not prescribed to them at all.

Pharmacists are reminded to be vigilant for persons seeking access to medicines liable to abuse or misuse via this service. A fraudulent medication report has recently been submitted to the Counter Fraud and Probity Service and Police Service NI in relation to this service.

A person presented to a pharmacy seeking an emergency supply of medicines for a friend. The pharmacist contacted out-of-hours medical services to confirm that the medicines requested were repeat medicines for the patient. The pharmacist issued an emergency supply for 7 days of medication. Duplicate copy of the PV was shared with the patient's GP practice. However, the practice was aware that this patient was currently an in-patient in hospital and that this had not been a genuine request for an emergency supply.

It is recognised that a patient who requires an emergency supply, may be adhering the Public Health Agency's COVID-19 guidance to self-isolate. Therefore in some situations it may be a representative of the patient who is requesting an emergency supply. Pharmacists are asked to use their professional judgement and to consider the best interests of the patient, whilst being mindful that the request may not be genuine. Where practical the pharmacist may wish to speak directly to the patient / patient's carer via telephone conversation to confirm the request.

Where the person requesting the supply is not known to pharmacy staff, steps should be taken to confirm the validity of the request for an emergency supply and if possible, to check the identification of the requestor. Pharmacists may find it helpful to record the name and contact details of the requestor in the patient's PMR. In some instances, it may be advisable to get the patient / person requesting the emergency supply to sign and record their contact details on the front of the PV:

- Patient representative e.g. a community volunteer requesting / collecting the emergency supply, should sign the front of the PV and record their contact details, where possible
- Patient / patient's carer is not known to the pharmacy staff / pharmacy does not hold the patient's PMR, requestor should sign the front of the PV and record their contact details, where possible

If you suspect that a person is attempting to, or has obtained medication fraudulently via the emergency supply service, then contact the Police on 101 (or 999 in an emergency) or CFPS on 028 9536 3852 or email [cfps@hscni.net](mailto:cfps@hscni.net) or submit a report online at [www.cfps.hscni.net/reportfmr](http://www.cfps.hscni.net/reportfmr)

## 2. Controlled Drugs:

Reminder that due to legislative restrictions, under the terms of HMR 2012, the emergency supply of Schedule 2, Schedule 3 and Schedule 4 part 1 medicines is not permitted via the community pharmacy emergency supply during a pandemic service, with the exception of phenobarbital or phenobarbital sodium for treatment of epilepsy.

The most frequently encountered Schedule 2, Schedule 3 or Schedule 4 part 1 CDs are listed in the table below. Please note that this list is not exhaustive, additional information can be accessed at:

[Gov UK CDs](#)

Schedule 2 CD	Schedule 3 CD	Schedule 4 part 1 CD
Alfentanil	Buprenorphine	Alprazolam
Amphetamine	Gabapentin	Chlordiazepoxide
Diamorphine	Meprobamate	Clobazam
Dipipanone	Midazolam	Clonazepam
Dronabinol	Pentazocine	Diazepam
Fentanyl	Pregabalin	Flurazepam
Hydromorphone	Temazepam	Loprazolam
Ketamine	Tramadol	Lorazepam
Lisdexamphetamine		Lormetazepam
Methadone		Nitrazepam
Methylphenidate		Oxazepam
Morphine		Sativex
Nabilone		Zaleplon
Oxycodone		Zolpidem
Pethidine		Zopiclone
Remifentanil		
Sufentanil		
Tapentadol		