

Where will patients go out of hours for help and advice about medicines?

New guidance on provision of medicines out of hours forms part of a substantial change to out-of-hours services. **Clare Bellingham** reports

Out-of-hours services are in the process of substantial change. The days of the local GP being the sole provider of care in the community setting throughout the night are numbered. The introduction of the new GP contract has resulted in doctors opting out of providing out-of-hours care. Instead, the responsibility for these services falls to primary care trusts. On one hand, this means that there are new opportunities for other health professionals to become involved in out-of-hours care. But on the other, it represents new challenges in terms of service organisation, resources and finding professionals who are willing to work overnight or at weekends.

The process of change has its roots in 2000, when a review of out-of-hours services was commissioned by the Department of Health. Known as the Carson review, it set new standards for out-of-hours care. Since then, a team at the DoH has been charged with implementing the standards. The Carson review identified a particular problem with access to medicines. It recommended that: "Other than in exceptional circumstances, patients should be able to receive the medication they need at the same time and in the same place as the out-of-hours consultation." A medicines sub-group of the DoH team, led by Helen Allanson, head of medicines management at Cumbria and Lancashire Strategic Health Authority, was set up to find solutions to meet this objective. Last week, a conference in London was held to mark the publication of guidance produced by the sub-group (see p135).

In order to understand how this guidance fits into the out-of-hours agenda, it is worth bearing in mind the general recommendations of the Carson review. Nicholas Reeves, a member of the DoH implementation team, says there are three critical elements. "They are prompt easy access to clinical assessment, prompt referral to the appropriate person and a requirement to meet national quality standards," he explains.

The model the DoH came up with is this: when a patient telephones a GP out of surgery hours, the call is automatically rerouted to an out-of-hours service provider. By the end of 2006, all calls will be answered by NHS Direct. A call manager makes an initial clinical assessment and then refers the patient to one of a number of services — for example, ambulance, nursing, pharmacy, dental or social services — or for a face-to-face appointment with a GP.

In fact, 40 per cent of patients who call out-of-hours services do not need an immediate

consultation and these patients can be reassured that their symptoms can wait. But for the remainder, appropriate services must be provided to meet their needs. "It is important to bear in mind that these are patients with urgent needs. This has implications for what kinds of medicines are required out-of-hours," says Dr Reeves.

Medicines provision

The traditional approach to the provision of medicines out-of-hours was for the on-call GP visiting the patient to give a "starter pack" and a prescription for the remainder of the course. But starter packs were problematic. Dr Reeves explains: "They were often provided by the pharmaceutical industry so were used as a form of promotion for new or expensive drugs. And they were inconvenient for patients, many of whom did not cash in their prescriptions so did not complete the course." This is why the guidance recommends that patients should be able to receive the full course of the appropriate medicine at the same time as the out-of-hours consultation.

What does the guidance mean for pharmacists? Opportunities and implications exist throughout. A major point is its recommendation that, ideally, out-of-hours medicines should be accessed through a one-stop pri-



mary care centre in which the pharmacy service is co-located with other services. "However, primary care organisations will have to be realistic and make the best possible use of existing available resources and may need to use a nearby pharmacy," it adds. "Supply of medicines via a pharmacy (or dispensing doctor) remains the preferred approach, even during the out-of-hours period.

Panel 1: Good practice

A range of models of pharmacist involvement in out-of-hours services have been developed at a local level. Some examples of good practice include:

Co-location of pharmacy service with out-of-hours service provider In Warrington Primary Care Trust, local pharmaceutical services (LPS) funding has been used to co-locate a pharmacy with an out-of-hours service provider. The pharmacy is open from 6.30–10.30pm on weekdays and 10.30am–10.30pm at weekends and on bank holidays. The service involves both dispensing and over-the-counter sales. A bank of 12 pharmacists work in the pharmacy, which is expected to dispense 18,000 items this year. A similar service is offered at Hope Hospital in Salford where an out-of-hours pharmacy operates via an LPS scheme. The hospital is planning to develop the services further so that an "emergency village" is created consisting of an initial triage point through which patients are referred to accident and emergency (A&E) major, A&E minor, an NHS walk-in centre, the GP out-of-hours service and the out-of-hours pharmacy. Fylde Coast Medical Services has been running an integrated out-of-hours service in Blackpool since 1994. Its pharmacists and nurses deal with 20 per cent of consultations. The service has found that involving pharmacists in the consulting team is essential since the pharmacy would not be cost-viable on dispensing alone.

Pharmacy on-call scheme In Newcastle and North Tyneside, a group of community pharmacists provide an on-call service for dispensing urgent prescriptions. They are on-call through the night and can be contacted via a dedicated mobile telephone held by the pharmacist on duty. The prescriber contacts the pharmacist to give details of the prescription and then the patient's representative and a police escort meet the pharmacist at the pharmacy to collect the prescription.

Palliative care scheme In Chorley and South Ribble PCT, five pharmacies hold sealed boxes of palliative care drugs. The specialist palliative care team can call on the service out-of-hours in order to access these drugs.

Panel 2: Out-of-hours formulary

The new DoH out-of-hours formulary contains the minimum list of drugs that should be available. They are:

- **Analgesia:** codeine or equivalent, diamorphine, a non-steroidal anti-inflammatory drug and paracetamol
- **Asthma:** inhaled ipratropium, inhaled salbutamol or equivalent, prednisolone and spacer devices
- **Cardiac emergencies:** adrenaline/epinephrine, aspirin, atropine, diamorphine, furosemide, sublingual glyceryl trinitrate
- **Allergy or anaphylaxis:** adrenaline/epinephrine, hydrocortisone, chlorphenamine, a non-sedating antihistamine
- **Diabetic emergencies:** glucagon injection, glucose
- **Opioid overdose:** naloxone
- **Gastrointestinal:** an antacid, domperidone, glycerol suppositories, an antispasmodic agent, loperamide, metoclopramide, oral rehydration sachets, phosphate enema, prochlorperazine
- **Psychiatric emergencies:** diazepam, haloperidol, procyclidine
- **Obstetrics and gynaecology:** levonorgestrel 750, syntometrine injection
- **Palliative care drugs:** diamorphine, cyclizine, dexamethasone, hyoscine butylbromide, ketorolac/diclofenac, methotrimeprazine/levomepromazine, midazolam
- **Antibiotics:** local choice for cellulitis and other skin infections, respiratory infections, upper respiratory infections, urinary tract infections
- **Infection:** local choice for bacterial conjunctivitis, candidiasis and *Herpes zoster*, plus benzylpenicillin for meningitis/septicaemia
- **Miscellaneous:** sodium chloride for injection/infusion, water for injections, testing sticks
- **Oxygen** (appropriate for some organisations)

But, where this is not practical, PCTs may need to make alternative arrangements."

The preferred options are setting up a new pharmacy or extending the opening hours and services of existing pharmacies using local pharmaceutical schemes or using the new pharmacy contract. If these are not feasible, then the guidance says that other options are supply via NHS walk-in centres, hospital pharmacies or by the out-of-hours service itself as part of primary medical services. Another recommendation is that systems need to be in place to call out a pharmacist. There are examples of good practice in Panel 1.

A new guide to safe practice in providing medicines out-of-hours will be published soon. Its development is being led by the National Pharmaceutical Association, in collaboration with the other main pharmacy organisations. Karen Homan, head of NHS service development at the NPA, says: "It is a practical guide written in user-friendly language." It contains three sections: the first looks at safe and secure systems (such as buying and supplying medicines, and dealing with errors), the second is Controlled Drugs and the third is palliative care.

"The guidance has been delayed because it is had to be revised following the Shipman Inquiry. However, it will be available on the NPA website by the end of March," explains Ms Homan.

Out-of-hours formulary

Part of the medicines sub-group guidance is a national out-of-hours formulary (see Panel 2). Having a national formulary is about consistency: it means that NHS Direct is able to provide advice about what medicines are available out-of-hours regardless of where a caller lives.

Ms Allanson explains: "We had to make the formulary practical so went for the minimum list of drugs needed. There are two groups of medicines: those that have to be started out-of-hours because evidence sug-

gests that it is better to start them immediately and those that provide immediate symptom relief such as in palliative care." Drugs in the first category include emergency hormonal contraception and shingles therapy. Those that fall into the second are analgesics and antiemetics.

Alex Yeates, a GP and member of the out-of-hours medicines sub-group, points out: "Prescribing out of hours is different: long-term management is best done in daytime." To illustrate this, he suggests considering depressed patients needing antidepressants. "It is far better to send them to their GP the next day. If the depression is so severe that they need immediate treatment then they should be in hospital because of the suicide risk and, in any case, antidepressants take 10 to 14 days to work," he explains.

New GP contract

The closure of GP surgeries on Saturdays that has occurred since GPs have been able to opt out of providing out-of-hours care has had a knock-on effect on community pharmacy. Although NHS Direct is to become the single point of access to out-of-hours services next year, in Scotland, nearly all calls made to GPs out of surgery hours are already answered by NHS24. Harry McQuillan, national pharmacy director, says that since GPs opted out of out-of-hours care, the volume of calls to NHS24 has risen. "The call volume on Saturday mornings is greater than anticipated," he says. "A high proportion of all calls relate to pharmacy — data from last March indicate 34.6 per cent and we expect that figure to be significantly higher now. The vast majority of these calls are about running out of repeat medicines." The problem is that since surgeries have closed on Saturdays, pharmacies suffer reduced prescription business and so are forced to consider closure, putting additional pressure on out-of-hours services.

In Scotland, Mr McQuillan hopes that the problem will be overcome by the removal of

dependence on prescription volume in the new contract. The Scottish Pharmaceutical General Council is also negotiating funding outside the global sum to help contractors meet the demand resulting from new GP working hours. Meanwhile, the new pharmacy contract in England and Wales allows contractors to tell their PCT, within 30 days of the contract starting, what hours they intend to open. If a pharmacy's business has been made unsustainable through the closure of local surgeries on Saturdays then it should come as little surprise that pharmacies will also close.

Steve Lutener, head of regulation at the Pharmaceutical Services Negotiating Committee, says that if a PCT finds it has insufficient cover then it could negotiate with pharmacies to open for additional hours. "Pharmacies may require payment or the contractors may be willing to open if the PCT commissions a minor ailments scheme or some other service that is going to make opening worthwhile," he says. "If the PCT cannot agree with one or more pharmacies then they will have the long stop position, as now, of being able to direct the pharmacy to open. Unlike now, however, the PCT would be required to pay an appropriate amount."

In addition to opening hours, emergency supply of medicines has presented a particular problem to NHS24. "Pharmacists are the only profession who can make an emergency supply but it is an individual pharmacist's professional decision to make that supply: it is a private, not an NHS, transaction," Mr McQuillan says. "We have run into some difficulties when we have suggested a patient goes to a pharmacy and then the pharmacist doesn't make a supply." He suggests that pharmacists need to ensure that they understand what the current emergency supply regulations are, as stated in "Medicines, Ethics and Practice", particularly the removal of the requirement for patients to have had the medicine in the past six months. "Pharmacists should also think about the consequences of not making a supply," he adds.

The PSNC is discussing changes to the emergency supply provisions with the DoH and the Royal Pharmaceutical Society. "Our proposal is to remove the five-day limit so that the pharmacist could, in the exercise of his discretion, supply up to a complete patient pack," says Mr Lutener.

The proposal also suggested that the NHS should pay for the service.

Further information

Further information is available at two websites:

- www.mmnetwork.nhs.uk includes examples of good practice, a frequently asked questions section and a discussion group
- www.out-of-hours.info provides information about out-of-hours care, including the medicines sub-group's guidance