

# A new approach to the provision of emergency supplies in Scotland

Under a new patient group direction to be introduced in time for Christmas, pharmacists in Scotland will be able to provide patients with much more than the usual five-day emergency supplies. **Clare Bellingham** reports

Ask a community pharmacist what is the worst thing about GPs' surgeries closing on Saturdays and the answer will invariably be the increased demand for emergency supplies. Bank holidays exacerbate the problem. The example (*PJ*, 16 April, p441) of a pharmacist who received 143 requests for emergency supplies over the Easter bank holiday may be extreme but there is little doubt that such supplies have increased since the start of the new GP contract.

The current emergency supply regulations allow pharmacists to provide patients with up to five days' supply of their regular medicines. This is a useful tool but one which is fraught with difficulties. Many pharmacists resort to snipping a few days' worth of tablets from a patient pack and supplying that in advance of the prescription, dispensing the remainder when the patient returns prescription in hand. Legalities aside, this double-dispensing is time-consuming with no financial reward.

NHS Scotland has decided to tackle the problem. Its solution is a national patient group direction (PGD) that allows pharmacists to provide patients with the quantity of medicines they would normally get on a repeat prescription.

Bill Scott, chief pharmaceutical officer in Scotland, says: "This initiative will allow pharmacists to provide continuing care, working in partnership with their GP colleagues and help patients to get access to the medicines they require during GMS out-of-hours periods. This is yet another step towards closer working between GPs and community pharmacists."

NHS24 will have overall responsibility for the PGD. Its national pharmaceutical adviser, Harry McQuillan, comments: "Pharmacists will now have the opportunity fully to utilise their professional skills in providing continuity of pharmaceutical care to their patients who receive repeat medicines under the auspices of the NHS in Scotland through participation in this initiative."

## What the PGD involves

The PGD allows pharmacists to supply almost any medicine to a patient who normally obtains repeat prescriptions for it. There are some exclusions: mainly injectable drugs and medicines that are used only in acute situations, plus most Controlled Drugs. But overall, the PGD includes nearly everything in the BNF and the BNF for Children.

There are restrictions to how and when the PGD can be used. First, it is only an option when a patient's GP is unavailable, the

## A step-wise guide to urgent supply under the new PGD

The following steps to using the urgent provision patient group direction are adapted from a more detailed version produced by NHS Scotland:

- Pharmacist interviews patient or representative to determine eligibility for supply using PGD
- Pharmacist fills out CP(US) form with details of the patient, pharmacist and patient's GP
- Pharmacist adds details of medicines supplied, including drug name, form, quantity and dosage instructions
- Medicine is labelled and supplied, and patient medication record is annotated to indicate an urgent supply
- Patient or representative signs CP(US) form — normal NHS prescription charges and exemptions apply
- Pharmacist explains that a second successive supply of medicine is not allowed using the PGD
- Pharmacist stamps and endorses prescription
- Copy of CP(US) form is sent to patient's doctor so that patient's medical record can be annotated
- CP(US) form is sent to Practitioner Services with normal prescription bundle for processing

surgery is closed or an out-of-hours system is operating. Since it was developed for NHS Scotland, the PGD can only be used for patients registered with an NHS GP in Scotland. And the patient must have had the medicines before on a repeat prescription. If his or her clinical condition has changed since the most recent dispensing, then an urgent supply via the PGD would be inappropriate. Patients cannot have two successive supplies using the PGD: they must have a regular prescription from their GP in between.

Patients can be referred to a pharmacist for a supply using the PGD, perhaps by NHS24, an out-of-hours service, a GP or an accident and emergency department. But it will be the pharmacist's responsibility to ensure that it is an appropriate situation in which to use the PGD. As such, it is important to remember that pharmacists are not obliged to make a supply: it is down to an individual pharmacist's professional judgement. However, the consequences of not making a supply need to be considered. Furthermore, having the ur-

gent provision PGD in place does not mean that the existing emergency supply route is no longer an option. In some cases, it might be more appropriate. The PGD recognises this, stating that if a pharmacist decides that use of the PGD is inappropriate, then he or she should either make an emergency supply, recommend an over-the-counter medicine or refer the patient to an out-of-hours service.

If the pharmacist decides to make a supply, the details will need to be recorded on a new prescription form — a community pharmacy urgent supply form, or CP(US). This form has multiple purposes. It provides a standard way in which to communicate urgent supplies to the GP, is submitted to Practitioner Services for payment and forms part of the audit trail. The pharmacist will record the patient's details, community health index (CHI) number, the medicines dispensed (including form, strength, dose and quantity) and details of the patient's GP on the CP(US) form.

Although overall responsibility for the urgent provision PGD lies with NHS24, local implementation falls to NHS boards. Pharmacists will only be allowed to use the PGD if they have been authorised to do so by their local NHS boards.

## Making use of the PGD

Pharmacists have long called for access to patients' medical records. The decision to make an emergency supply is complicated by the fact that pharmacists do not have this access: records provide proof that a patient really is taking a particular medicine.

The PGD does not solve this problem. But most requests for "emergency supplies" are from patients whom pharmacists know: those who visit the pharmacy on Saturdays with tales of forgetting to order their repeat or to collect the prescription from the surgery. The situation is so common that many pharmacists think of these situations not as emergency supplies but as "advances" on prescriptions. For these patients, for whom a record of their regular medicines exists on the pharmacy computer, the PGD comes into its own. A full supply can be given, the double-dispensing of "advances" can be avoided, and pharmacists can gain recognition for a professional out-of-hours service. If the patient is unknown then some pharmacists will prefer to stick to a more limited emergency supply. But there is little doubt that having the option of the urgent provision PGD is a significant step forward for the practice of pharmacy in the out-of-hours period.