



Health and  
Social Care



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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# Community Pharmacy Emergency Supply Service

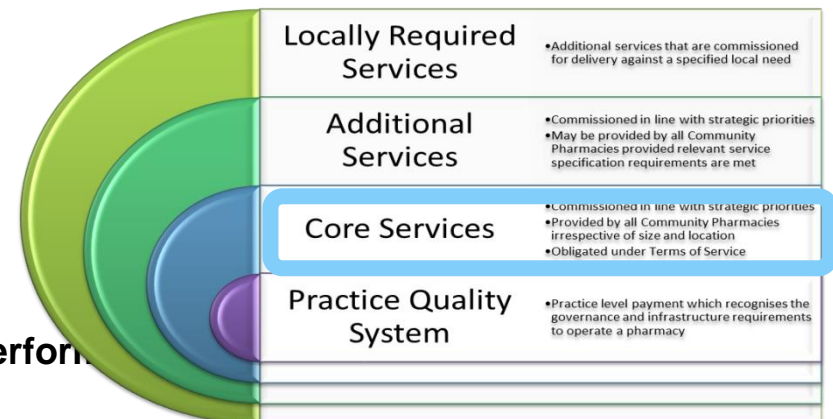
ECHO Training  
30<sup>th</sup> August 2022

Strategic Planning and Performance Group

# Introduction

- As we move out of the current phase of the COVID-19 pandemic, there is a requirement to commission a “routine” Community Pharmacy Emergency Supply Service.
- Every community pharmacy in Northern Ireland **must offer and participate in the service**, to ensure that all communities have equity of access to this important service.
- This core pharmaceutical service will be provided under **Regulation 225 of Human Medicines Regulations (HMR) 2012: Emergency Supply at the Request of a Patient** [The Human Medicines Regulations 2012 \(legislation.gov.uk\) 225](http://legislation.gov.uk/uk/2012/225)

Strategic Planning and Performance





## Aims of the ECHO training



- Background to *routine* Emergency Supply Service:
  - ❖ Northern LCG Emergency Supply Pilot service (March 2016 – December 2017)
  - ❖ Emergency Supply during a Pandemic Service (April 2020 – present)
  - ❖ Survey of community pharmacists 28<sup>th</sup> February – 6<sup>th</sup> March 2022
- Activity levels of *current* pandemic service
- Legislative requirements for pandemic vs *routine* service
- Delivery of routine service – overview
- Remuneration
- Access to resources & next steps



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# Background to Emergency Supply Service



# Northern LCG Pilot Service

## Pilot:

- Operated in the Northern LCG area (March 2016 – December 2017).
- Service was provided under **Regulation 225** of HMR 2012
- Service operated during OOHs period i.e. when GP practices were closed.

## Aims of the pilot service:

- Ensure patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription, before they need to take their next dose.
- **Relieve pressure on out-of-hours (OOHs) medical services and emergency care services at times of high demand.**
- Ensure equity of access to medicines irrespective of a patient's ability to pay.

## Evaluation:

- The recommendation from the evaluation of the pilot service was that the emergency supply service should be rolled out as a service available from all eligible community pharmacies.



# Current Pandemic Service

- Commenced Monday 6<sup>th</sup> April 2020
- The aims of the pandemic service are:
  - Ensure that 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.
- Service is provided under **Regulation 226 of the Human Medicines Regulations (HMR) 2012**



## Emergency Supply Service Survey

**Monday 28<sup>th</sup> February – Sunday 6<sup>th</sup> March 2022**

### **Summary:**

219 Pharmacies responded

15 Pharmacies had a null return

Before 6pm = 1,516 patients requested an emergency supply

After 6pm = 53

Lost or misplaced current supply of medicine(s) = 79

Patient ran out of medicine(s) and has not ordered their repeat prescription = 665

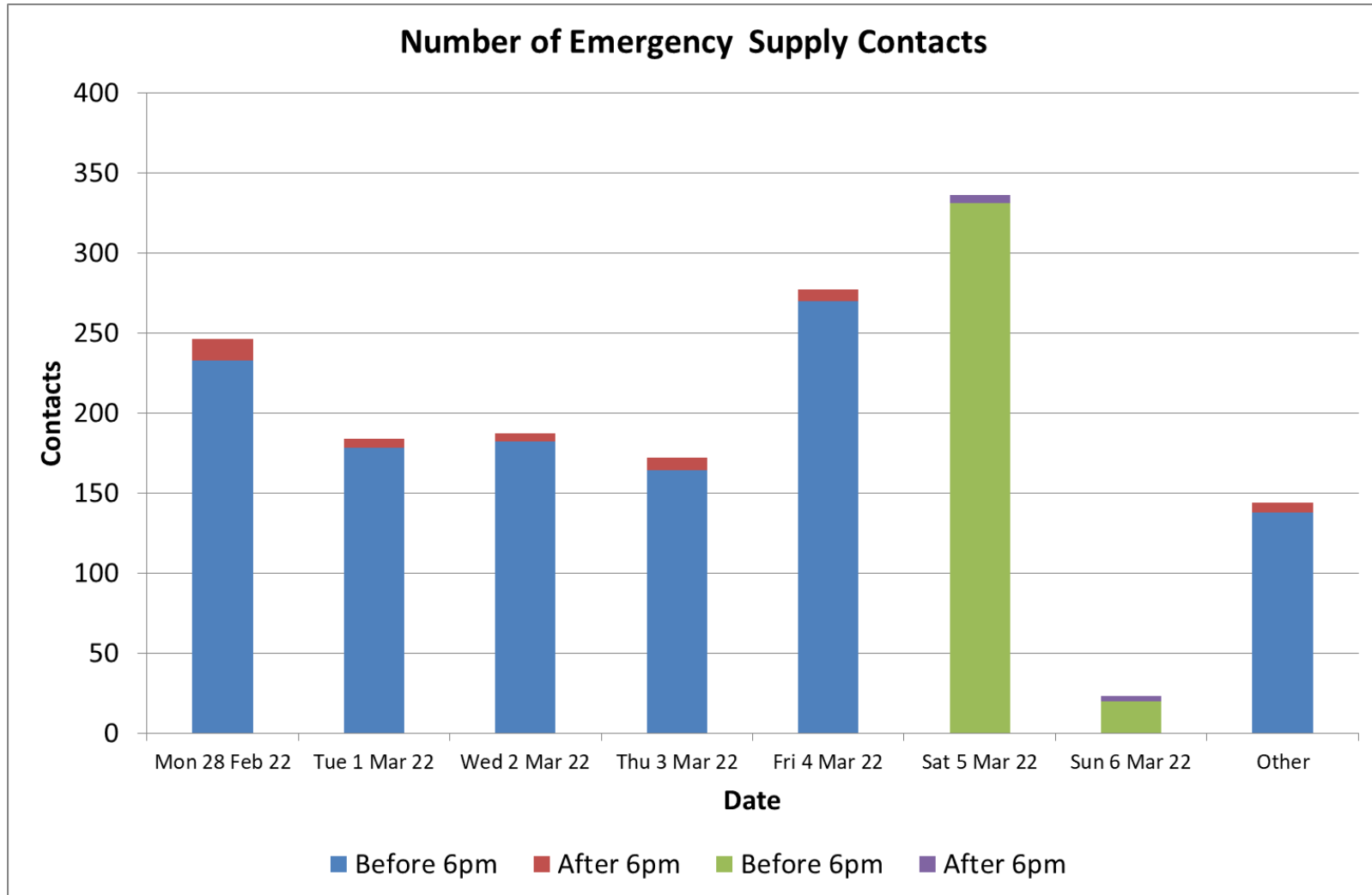
Patient was unable to collect prescription from GP / usual pharmacy = 55

Patient's prescription was ordered but was not available within expected time-frame = 775

Number of Items Requested = 2,308

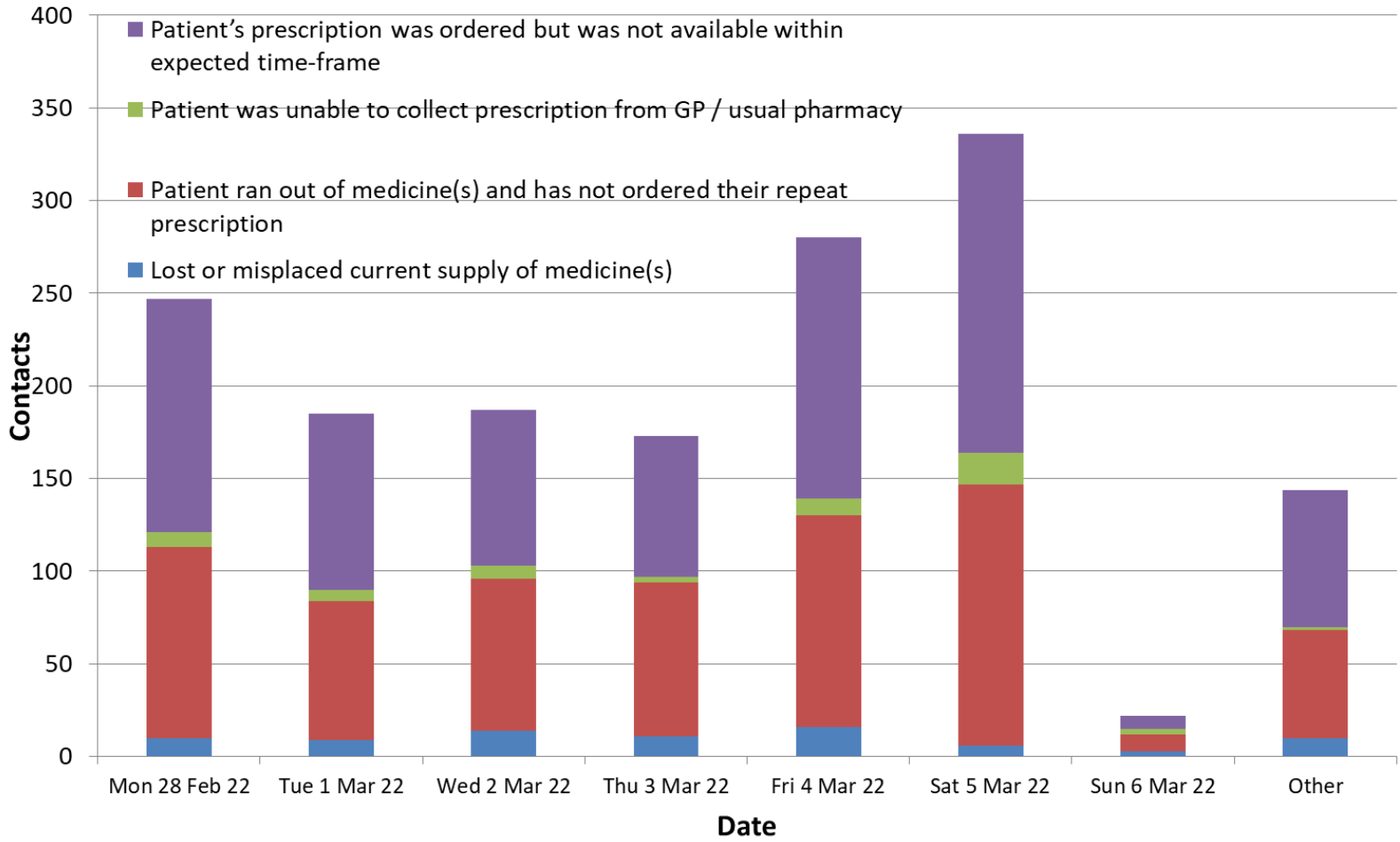
Patient was provided with an Emergency Supply = 1461

Patient referred to GP/ OOH to get prescription for repeat medicines = 106

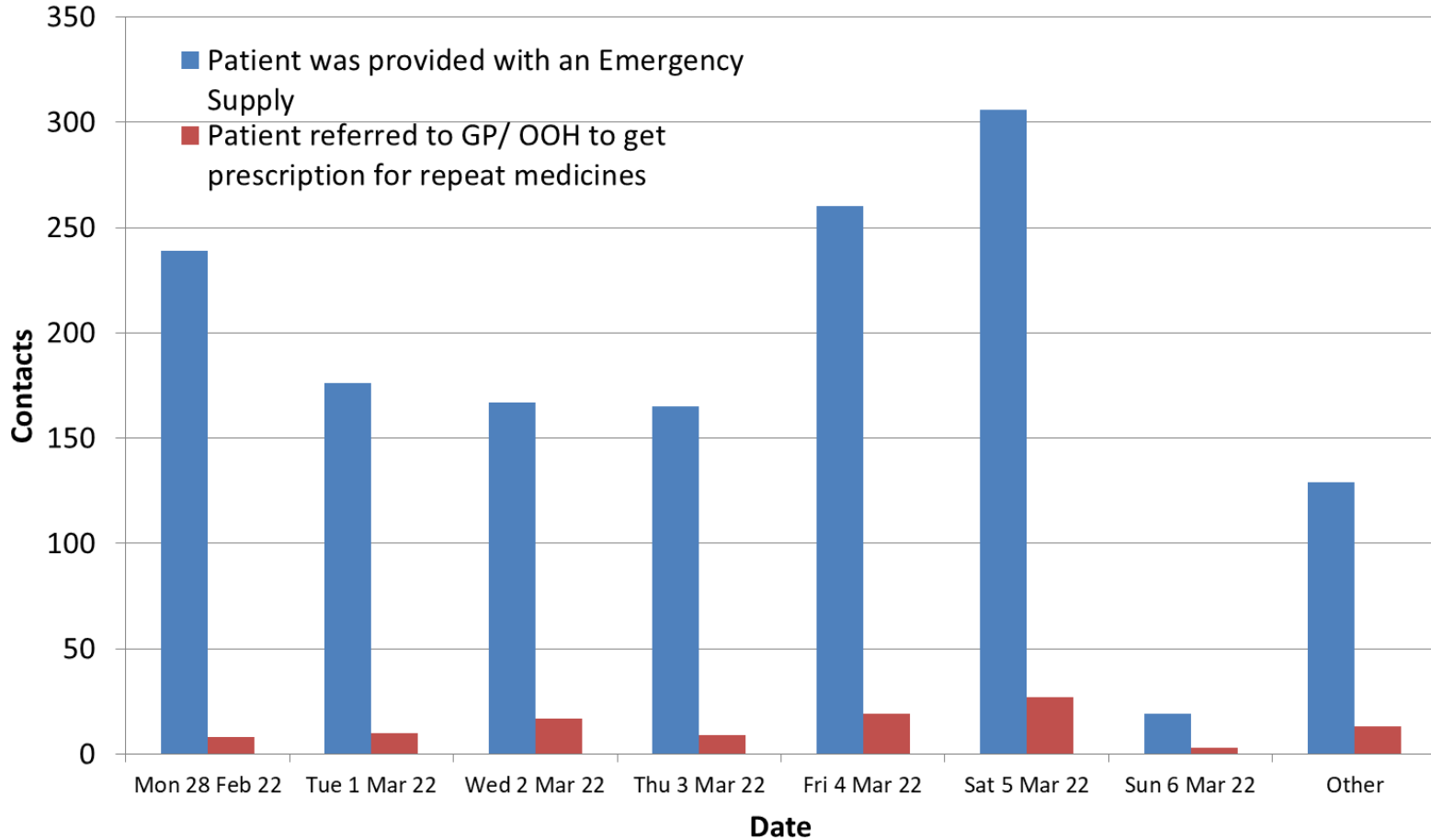




### Reasons for Repeat Medication Request



### Patient Outcome





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# Activity levels of current Pandemic Service



# Activity Levels 21/22

Month	Number of pharmacies who have made Emergency Supplies via the service	Number of items supplied	% of Total Items
April 2021	384	9,256	0.26%
May 2021	387	8,221	0.24%
June 2021	386	8,978	0.24%
July 2021	397	10,492	0.29%
August 2021	387	9,342	0.27%
September 2021	401	10,328	0.28%
October 2021	387	9,506	0.27%
November 2021	395	10,179	0.28%
December 2021	402	11,260	0.30%
January 2022	411	10,466	0.29%
February 2022	416	9,476	0.28%
March 2022	424	12,090	0.31%
Averages	398	9,966	0.28%



# Access to the service

LCG	No of pharmacies that did not provide ESS April 2021 – March 2022	Total	%
Belfast	14	128	11%
South East	4	89	4%
Northern	9	115	8%
Southern	5	95	5%
Western	9	99	9%
<b>Grand Total</b>	<b>41</b>	<b>526</b>	<b>8%</b>

## Monitoring of the pandemic service

Routine monitoring of the service is undertaken by SPPG Pharmacy Advisors; some issues identified:

- Issuing CDs
- Issuing acute items
- Forwarding NCR PV1s to appliance contractors
- Service being used incorrectly e.g. to synchronise medicines, alternative to collecting a script from the practice

### Safety:

- Ability to identify abuse or misuse of the service is limited, support from GPPs essential
- Only knowledge of one FMR report in last 2 years
- Northern LCG pilot (March 2016 – December 2017) did not highlight abuse or misuse of the service by service users



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# Legislative requirements

## Pandemic service vs Routine service



# Regulation 226 of the Human Medicines Regulations (HMR) 2012 - (*Pandemic Service*)

**Regulation 226** enables the “emergency sale” of prescription only medicines by a person lawfully conducting a retail pharmacy business if the following conditions A and B are met:

- Condition A is that the supply is made whilst a disease is, or in anticipation of a disease being imminently,
  - (a) Pandemic; and
  - (b) A serious risk, or potentially a serious risk, to human health.
- Condition B is that the pharmacist by or under whose supervision the prescription only medicine is to be sold or supplied is satisfied
  - (a) That treatment with the prescription only medicine has on a previous occasion been prescribed by a relevant prescriber for the person to be treated with it; and
  - (b) As to the dose which in the circumstances it would be appropriate for that person to take.





# Regulation 225 of HMR 2012: Emergency

## Supply at the Request of a Patient

### Key differences with Reg 225 (i.e. items not required under Reg 226)

- The pharmacist by or under whose supervision the prescription only medicine is to be sold or supplied has interviewed the person requesting it
- A separate record of the sale or supply is made in accordance with the Misuse of Drugs Regulations (Northern Ireland) 2002
- The medicine is labelled to show the words “Emergency Supply”
- The quantity of the product does not exceed the quantities shown in column 2 of the Reg for that POM:
  - A maximum of 30 days treatment
  - Oral contraceptive – a full treatment cycle
  - Insulin, inhaler, cream or ointment – smallest pack size available
  - Schedule 4 or 5 CD – five days treatment



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# Delivery of routine Emergency Supply Service

## Re quest for an emergency supply of repeat medicine(s)

- Who is making the request?
- Regulation 225 HMR 2012 requires the pharmacist to interview person requesting the supply
- Use professional judgement and consider the best interests of patient if they are a child or being cared for
- If patient cannot present to the pharmacy, arrange a telephone conversation or zoom call with patient, to satisfy requirements of the legislation
- Requestor to sign & record contact details on the front of the PV1 if not known to pharmacy staff

## Patient consultation - establish need

- Confirm patient eligibility for the service, registered with GP practice in NI
- Eligible patients can access service from any community pharmacy in NI
- Establish need for the medicines requested
- Confirm medicines have previously been prescribed for patient e.g. if PMR of NIECR not available: use prescription reorder form or empty packaging with labels
- Patient consent does not need recorded
- Inform patient how their data will be processed

## Supply of required medicine(s)

- Supply up to a maximum of 30 days' treatment
- Only up to a maximum of 5 days' treatment for CDs Schedule 4 part 2 & 5
- Schedule 2, 3 & 4 part 1 CDs **cannot** be supplied
- Exercise caution with medicines liable to abuse or misuse
- Use clinical judgement when supplying high risk medicines, consider the quantity to supply
- Endorse label "Emergency supply"
- Successive supplies via this service should not be made routinely

## Advice & information

- Discussion with patient may influence future patient behaviour and reduce need for further supplies
- Explain to patient that the service is for emergencies only; it is not a means to obtain regular supplies of medicines
- Discuss the importance of avoiding running out of medicines
- Remind patients to order medicines in a timely manner from the GP practice in advance of when medicines are next due
- Remind patient to plan ahead for weekends and bank holidays

## Record keeping & completion of NCR duplicate copy pharmacy voucher (PV1)

- Regulation 225 requires that a record of the supply of a POM is made in the prescription only register
- Labelling will maintain a record of P/GSL supplies
- Endorse PV1 "Emergency Supply" and accurately complete all sections
- Note on the PV1 reason why supply was required
- Accurately code the PV1
- Top copy of PV1 to BSO with normal submission
- Bottom copy of PV1 delivered to patient's GP

# 1. Patient requests an emergency supply

- It is a requirement of Regulation 225 that the pharmacist making the emergency supply of a POM has interviewed the person requesting it and is satisfied:
  - That there is an immediate need for the POM to be sold or supplied and that it is impracticable in the circumstances to obtain a prescription without undue delay;
  - That treatment with the prescription only medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
  - As to the dose which in the circumstances it would be appropriate for that person to take.
- *Interviewing the patient is not a requirement of Regulation 226 (pandemic service)*



## Patient requests an emergency supply (cont'd)

- In some situations it may be a representative of the patient who is presenting in the pharmacy and requesting an emergency supply e.g. the patient is a child, or is being cared for.
- In this situation pharmacists are asked to use their professional judgement and to consider the best interests of the patient.
- In all other circumstances, when a patient cannot present in the pharmacy, the pharmacist must contact the patient, either by telephone or via HSC secure zoom account, to interview the patient **to ensure the conditions of Regulation 225 are satisfied.**
- The area used for interviewing the patient should be located within the professional area, separate from the dispensary, with sufficient privacy so that any conversation between the pharmacist and the patient cannot be overheard.



## 2. Patient Consultation

During the consultation, the pharmacist must consider:

- **Patient eligibility:** confirm that the patient is registered either permanently or on a temporary basis, with a GP practice in NI
- **Patient access:** patient can access this service from any pharmacy
- **Establishing need:** obtain information on the medicines and the dose a patient requires. Ensure that the patient needs the medicines being requested.
- **Previous supply:** patients must have received a previous supply of the requested medicine(s) via a prescription from their own GP practice. Pharmacists must make reasonable steps to ensure this is indeed the case e.g. refer to the patient's PMR or NIECR (if available), contact patient's GP practice, view the dispensing label on empty packaging



# Patient Consultation (cont'd)

- **Patient consent:** if patient / carer requests this service then consent will be assumed; therefore it is not necessary to record patient consent.
- **Patient / Carer / Representative identification:**
  - 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 necessary, to check the identification of the requestor.
  - **It is recommended to get requestor to record the name and contact details on the front of the PV1.**



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# Patient Consultation (cont'd)



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- **Previous prescription for the requested medicines** - reasonable attempts must be made to ensure that the patient has received a previous supply of these medicines via a prescription from their GP practice.
- If PMR or NIECR not available use e.g. empty packaging with pharmacy label attached, patient reorder slip, or information received upon discharge such as a medicines reminder chart.





# Patient Consultation (cont'd)

- **Privacy notice:**

- Ensure patient is aware of how their personal information will be processed.
- Advise that details of the medicines they receive will be shared with their GP practice, the BSO and if necessary with the SPPG and Department of Health NI.
- It is not necessary for the pharmacy to provide each patient with a copy of the privacy notice, but a copy should be provided to the patient upon request.



## 3. Supply of Medication

### Quantities of POM that can be supplied are as per Regulation 225:

- Insulin, ointments, creams or inhalers – supply the smallest pack size available
- Oral contraceptive – supply a full cycle
- **Schedule 4 & schedule 5 Controlled Drugs – supply up to a maximum of up to 5 days' treatment.**
- For all other medicines, a maximum quantity of up to 30 days' supply may be issued.



# Supply of Medication (cont'd)

## **P & GSL medicines:**

- Regulation 225 applies to emergency supply of POM medicines
- It is within the scope of this service to supply P & GSL medicines where appropriate
- Quantity supplied should be up to a maximum of 30 days' supply.

## **Label:**

- All medicines supplied should be labelled accordingly and the words “Emergency Supply” must be printed on the label.



# Supply of Medication (cont'd)

## Controlled Drugs:

- Pharmacists cannot make emergency supplies of Schedule 2 or Schedule 3 CDs with the exception of phenobarbital or phenobarbital sodium for the treatment of epilepsy (HMR 2021).
- Whilst Regulation 225 may permit the emergency supply (of up to five days' treatment) of schedule 4 and 5 CDs, **schedule 4 part 1 CDs must not be supplied via this service.**
- **Exercise caution to ensure the requirements of Regulation 225 (regarding quantity to supply) are adhered to if issuing an emergency supply of a schedule 5 CD.**



# Supply of Medication (cont'd)

## Controlled Drugs Adverse Incidents:

- Routine SPPG monitoring is undertaken by Pharmacy Advisers
- If CD adverse incident is identified the pharmacist will be informed by the Pharmacy Adviser e.g.
  - *Pharmacist has issued an emergency supply of a schedule 2, schedule 3 or schedule 4 part 1 CD,*
  - *Data highlights a supply suggestive of greater than 5 days' treatment of a schedule 5 CD.*
- CD adverse incidents should be followed up in line with advice from the [Controlled Drugs Accountable Officer](#)
- Any monies the pharmacy received for this supply may be recovered via a BSO adjustment.



# Supply of Medication (cont'd)

- **Medicines liable to abuse or misuse:** be mindful of persons who may seek to access such medicines via this service.
- **Medication not in stock:** before onward referral to another pharmacy is made, you should be relatively positive that an emergency supply is both possible and in the interest of the patient.
- **Medicines not supplied:** in some cases a supply may be deemed inappropriate. The patient or carer should be signposted to their GP/OOHs as appropriate.
- **Successive supplies via emergency supply:** patient must have received a previous supply via a prescription from their own GP practice. Repeated supplies via the service should not be routinely made.

# Supply of Medication (cont'd)

- **Medication that has been stopped:**
  - Every effort should be made to ensure that the medicine requested is still appropriate for a patient.
  - If there is any doubt make contact with the patient's GP practice or OOHs
- **High risk medicines requiring regular monitoring:**
  - Use clinical judgement when deciding to supply high risk medicines and the quantity to supply,
  - It may be appropriate to supply only up to one week's supply of a high risk medicine such as methotrexate, to allow the GP practice time to recall the patient for blood tests if required.



## 4. Advice & information

As part of the routine service, the pharmacist must have a discussion with the patient; the following information should be discussed:

- The fact that this service is for emergencies only and should not be used routinely as a means of obtaining regular supplies of medicines
- The importance of avoiding running out of medicines
- Ordering medicines in a timely manner from the GP practice in advance of when medicines are next due
- Planning ahead for weekends and bank holidays

*It is anticipated that inclusion of this element in the routine service may change future behaviour of the patient and reduce the need for further emergency supplies.*



# 4. Advice & information (contd.)

## ORDERING YOUR REPEAT PRESCRIPTION



**PLAN AHEAD**

It is important that you order your repeat prescription in plenty of time e.g. 7 days before you run out of your medicines.

This is because it takes 5-7 working days for your GP practice to process your prescription requests and for your community pharmacist to prepare your medicines.

It is particularly important to plan ahead for weekend and holiday periods to avoid running out of your medicines.

**HOW TO ORDER YOUR REPEAT PRESCRIPTION**

There are a number of different ways you can order your repeat prescription. For example:

- Register for online services and order your repeat prescription online. Ask your GP practice for details on how to register.
- Return your prescription request slip (right hand side of prescription form) to your GP practice or community pharmacist. TICK only the items that you need.
- Order via the GP practice's repeat prescription telephone order line.

It is important to check what options are available in your GP practice or community pharmacy; choose the option that is most convenient for you.

**CHECK YOUR PRESCRIPTION**

Check all your items are there before leaving the pharmacy. Contact your GP practice if the pharmacy does not have a prescription for any of the items you ordered.

**EMERGENCY SUPPLY OF MEDICINES**

Your pharmacist may be able to provide you with an emergency supply of your medicines. This service is for emergencies only, where you have run out of your medicines and you do not have a prescription. It should not be used to obtain regular supplies of your medicines.

**BE PATIENT**

Please be understanding and considerate. Healthcare services are under considerable pressure.

Local GPs and pharmacists are working together to ensure you get the medicines you

## 5. Record keeping

- A record of the emergency supply of a POM must be made in the prescription only medicine register (written or computerised version).
- This is a requirement of Regulation 225 that this record is made & preserved for a period of two years.
- Schedule 23 of HMR 2012 (paragraph 4) outlines the information that should be recorded:
  - the name and address of the patient
  - the date of the supply
  - the POM supplied (name, quantity, strength and form)
  - the nature of the emergency (i.e. why the patient requires the POM and the reason why a prescription cannot be obtained).
- An entry in the POM register is not required for P or GSL medicines.
- Labelling of any medicines supplied is a requirement of the service, which will ensure a record of any supplies of P or GSL medicines is also maintained.



## 6. Completion of the NCR PV1

- Fully complete and sign the NCR PV1 at the time of the consultation
- In some cases, it may be advisable to include the directions, or endorse the NCR PV1 with the number of days' treatment that has been supplied
- If the patient / carer is not known to the pharmacy staff, or the pharmacy does not hold the patient's PMR, the requestor should sign the front of the NCR PV1 and record their contact details.
- A note of the GP practice the patient is registered with should be made on the top left hand corner of the NCR PV1.



## Completion of the NCR PV1 (cont'd)

- **The NCR PV1 should be endorsed with the reason why a patient requested an emergency supply.**
- The NCR PV1 should be accurately coded for the medicine(s) and quantities supplied
- Prescription Code Book “special codes” (e.g. multiple dispensing, additional full dispensing fees or Pharmacy First consultation fees and codes not to be claimed on an NCR PV1
- Appliance contractors are not contracted to provide this service. Pharmacists should not furnish an appliance contractor with NCR PV1s.
- PV1s are used in the delivery of a number of pharmacy services; to help differentiate between the services, the NCR PV1 should be endorsed “Emergency Supply”.



## Completion of the NCR PV1 (cont'd)

- Top copy of the NCR PV1 should be handled in the normal manner and forwarded to BSO for payment.
- The duplicate copy of the NCR PV1 should be delivered to the patient's GP practice at the first available opportunity (as soon as practicably possible, ideally within 48 hours).
- The GP practice is required to annotate the patient's medical notes to indicate that the patient has received an emergency supply.
- Care must be taken to ensure the correct patient's information is sent to the correct GP practice. Any breaches must be reported immediately, to the pharmacy's SPPG Practice Support Manager.

# Remuneration

- Same funding available as pandemic service
- Payment model:

Service funding will be allocated to pharmacies on the following basis:

- One third divided equally amongst contractors
- The remaining two thirds allocated on ESS activity volume, based on latest's month available data. E.g. October payment will be based on number of ESS consultations in July

## Next steps

- Pharmacies will receive written confirmation of start date for the service (pandemic service will continue until that point)
- Primary Care Intranet & BSO will be updated with all relevant documentation