

AMMENDED PROCEDURE FOR THE EMERGENCY SUPPLY OF MEDICINES IN THE OUT OF HOURS PERIOD, DURING THE FLU PANDEMIC.

Background.

During the early stages of the current influenza pandemic the out of hours GP's have experienced an increased number of enquiries from anxious members of the public seeking reassurance and advice regarding swine flu. This has resulted in GP's issuing Flu notes for patients that have in turn resulted in capacity issues affecting the normal out of hour's service.

During the out of hour's period, Community Pharmacists routinely request emergency prescription items for "registered" patients. Historically this has been by means of a faxed request by the Pharmacy, detailing the medicines required, followed by the generation of a ten day FP.10 by the out of hours team that is faxed back to the Pharmacy. The original FP.10 is then posted to the Pharmacy.

Over the last two weekends, the increased demand on the out of hours GP service, caused by the Flu pandemic, has impacted upon this service.

Proposed Solution.

For the duration of the pandemic, Community Pharmacists could make emergency supplies to patients requiring this service and obtain a prescription from the patient's GP the following week.

Procedure to Follow. (Procedure for Island Residents only)

1. Patient(s) requiring an emergency supply of medicine(s) presents at Community Pharmacy during the out of hours period
2. In order to make a supply, the Pharmacist must hold a complete patient medication record (PMR) for the patient making the request, or the patient must present the most recent Right Hand Side (RHS) of their prescription, detailing all repeat medicines.
3. The Pharmacist can, once satisfied, make a supply of **28 days** worth of the required medicines to the patient.
4. At the point of supply the Pharmacist must emphasize that such supplies are for emergencies only, and that the patient should put procedure in place to ensure that their medicines should not run out during the out of hours period again (*possible synchronisation MUR*). Repeat offenders will be identified and there is a possibility of some form of penalty.
5. The 28 day supply must be labelled and annotated emergency supply, and a record of the supply must be entered in the PMR and the private prescription register as per the current legislation requirements
6. A retrospective prescription request must be made by the Pharmacy, on the next GP surgery working day, to cover the emergency supply made during the out of hours period.

7. An agreed fee will be paid by the PCT for each register line entry made by the Pharmacist.
8. The Pharmacist will claim this fee using the monthly LES claim form (pandemic version), available for download from the LPC website.
9. The PCT will check probity of the claims on a monthly basis by randomly selecting a Pharmacy to ask for details of the supplies made and checking this with the patient's surgery. This service will run on a high trust low tolerance basis.

Considerations

The Pharmacist can only make emergency supplies to patients that:

1. Regularly use that Pharmacy and have a complete PMR.
2. Or are able to present their most recent RHS as evidence of therapy.
3. Are resident on the Isle of Wight.
4. Do not require controlled drugs.

Where points 1 to 4 are observed, the PCT will guarantee the Pharmacy receipt of a retrospective FP.10 that will be generated by the patient's GP. This FP.10 will be supplied to the Pharmacy following the submission (by the Pharmacy) of a completed request form. This request will be submitted to the GP practice on the next available surgery working day.

This will eliminate the risk of financial loss to Pharmacies that could potentially arise due to the non-receipt of a retrospective FP.10 intended to cover such emergency supplies, for whatever reason.

The Pharmacists will be aware of their increased professional liability and responsibility by providing this service. The "promise" of a prescription is no defence against inappropriate supply.

Provided points 1 to 4 are observed, the supply will be deemed as appropriate.

Conclusion.

The above process, if adopted, will increase capacity for patient interaction during the Flu pandemic, enabling the out of hours team to effectively treat patients presenting at their clinics. The integration of community Pharmacists into this service will be an effective way of dealing with emergency requests during the out of hour's period. This will provide the extra time resource required by the OOH service.