

EMERGENCY SUPPLY OF MEDICINES

Your health challenge

- Patients on regular medicines sometime run out of them, leading to requests for urgent prescriptions from urgent care services
- Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication¹
- 3-4% of bank holiday out-of-hours appointments with a doctor are taken up by repeat medicine requests²

How can community pharmacies help?

A community pharmacy emergency supply of medicines (emergency supply) service can help relieve pressure on local health services as it allows pharmacists to make a supply without charging patients for the medicines. This can reduce demand on urgent care providers.

Evaluations of community pharmacy emergency supply services have shown:

- the provision of an out-of-hours service from community pharmacies was less costly when compared with the alternate emergency care providers which patients may have accessed to obtain an emergency supply of their medicines if this service had been unavailable;³
- 44% of patients who accessed the service said they would have accessed GP out-of-hours (OOH) services or A&E/Urgent care centres and 49% said they would have gone without their medication if the service had not been available; and
- that the service diverted over 800 patients away from GP OOH services or A&E/Urgent care centres and enabled over 900 patients to access medication they would not have sourced elsewhere.⁴

1. NHS England, *Urgent Repeat Medication Requests: Guide for NHS 111 Services*, March 2015

2. NHS England, *Community Pharmacy – helping provide better quality and resilient urgent care*, November 2014



CHOOSEPHARMACY

What the experts say

“You don’t need an appointment – just drop in and you can be out again in just a few minutes with the medicines and advice you need. We’ve got consultation rooms, so it can all be done in complete privacy.”

David Bearman, Chair of Devon LPC

“One of the GPs I spoke to [about the pharmacy emergency supply service] said ‘Great, that’s 10 people a day off my sit and wait clinic.’”

Gareth Smith of Alphington Pharmacy

3. Nazar H et al, *Summative service and stakeholder evaluation of an NHS-funded community Pharmacy Emergency Repeat Medication Supply Service (PERMSS)*, *BMJ Open*, January 2016

4. NHS England, *North Midlands Emergency Supply Service Report 2014/15*

THINKPHARMACY

Potential benefits of a community pharmacy emergency supply of medicines service

1. Improving access to medicines

Pharmacy-based emergency supply services mean all patients can go straight to a pharmacy to get their urgently needed and regular used medicines* rather than needing to see a doctor first. Those who cannot afford to pay for an emergency supply of medicines (a private transaction which all pharmacies can offer) and are exempt from prescription charges will get them free of charge, thereby reducing health inequalities. Many pharmacies have longer opening hours than GP surgeries and are located at the heart of local communities, making them a convenient option for many people.

2. Reduce pressure on GPs, A&E departments and other providers

By providing an alternative to using out of hours services or going to A&E, pressure on these resources can be reduced leaving them available for genuine emergencies. Additionally, diverting patients away from GP surgeries will free staff up for other patient appointments.

3. Patients are kept and are able to manage their conditions at home

If the pharmacist deems that a patient has immediate need for a medicine*, they can provide it without delay, keeping the patient safe and well. The easier it is for patients to obtain their medicines when required, the more likely it is that they can continue to manage their condition at home without deteriorating.

How might your local service work?

An emergency supply service allows patients to access urgent supplies of their regular prescription medicines* from a community pharmacist when they are unable to obtain a prescription before they need to take their next dose.

Community pharmacists can already offer this service but it is offered as a private rather than an NHS service. This means patients may be charged for obtaining their medicines in this way, which can put them off using it. They may then choose to contact NHS 111/GP OOHs or visit A&E to obtain their medicines, which puts more pressure on those parts of the health system.

With a locally commissioned service, patients who are exempt from prescription charges would be able to obtain their medicines free of charge from the pharmacy. Those who are not exempt from prescription charges would pay the required charge; the same as if they presented at the pharmacy with a prescription.

*Excluding Schedule 1, 2 or 3 Controlled Drugs except phenobarbitone or phenobarbitone sodium when being used to treat epilepsy.

CHOOSEPHARMACY

Patients could be referred into the service by NHS 111, OOH GP services or they could self-refer into the service. However, it would be the pharmacist who would need to decide if the supply is lawful and clinically appropriate.

The service could be 'open access' or limited, for example, to patients who are registered with a general practice who is a member of the local Clinical Commissioning Group.

There is also the option to operate the service at certain times, for example, the service could be available during the OOH period in the week and on weekends, it could be available over bank holiday weekends or it could be available for the full opening hours of the pharmacy.

The amount of medicine that the pharmacist could supply can also be decided by the Commissioner. Current commissioned services vary in the amount of medication that can be supplied ranging from five days of medication to 30 days of medication.

Pharmacists would require little or no additional training to provide this service as they are already providing this service as a private service.

For contact details of your LPC please visit lpc-online.org.uk