

# Briefing 002/26: Pharmacy First – Urgent supply of medicines and appliances

This Briefing provides information on the **Urgent supply of medicines and appliances** strand of the Pharmacy First service.

To get the most value from reading this briefing, it should be read after you have read the [NHS England Pharmacy First service specification](#).

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## Referrals into the service

Electronic referrals into this strand of the Pharmacy First service can be made by:

- NHS 111, including telephony, online and integrated urgent care clinical assessment service (IUC CAS)
- 999 services
- Urgent and emergency care providers, e.g. urgent treatment centres and hospital emergency departments

General practices cannot refer patients to this strand of the service. Information on the NHS 111 referral process can be found in [Annex A](#).

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## Patients contacting the pharmacy for an urgent supply

All patients should be advised by the referring organisation to phone the pharmacy before attending the pharmacy for the service (although patients may choose to not follow this instruction).

If a patient does call the pharmacy, it is worth checking which prescription items they require to ensure:

- The pharmacy has the item in stock (and that it is appropriate for the pharmacist to make a supply – see below); or
- That the item is not a Controlled Drug (CD).



### What to do when the patient contacts the pharmacy

When the patient contacts the pharmacy, check for an electronic referral message within the Pharmacy First IT system.

If no electronic referral message has been received, contact the referring organisation to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the electronic referral message is re-sent.

You may receive a referral when the patient's GP practice is open or due to be open that day. If this occurs, the patient can be advised to contact the GP practice if obtaining a prescription from the practice in a timely manner is likely to be practicable. However, if that is not practicable, for example due to there being a short time before the patient should take their next dose of medicine or where patients are away from home, a supply via Pharmacy First may be appropriate.

### What to do if the patient does not contact the pharmacy

Where your pharmacy has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message. The decision to contact the patient or not is for the pharmacist to make based on their clinical judgement.

If the patient has not made contact before the next working day, the pharmacist can close the referral as 'no intervention or no supply made.' No payment is due where there is no consultation (remotely or face-to-face) with the patient.

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## Consultation with the patient

The consultation between the pharmacist and the patient should include the following points. Most information can be obtained over the phone if a call is made by the patient in advance of attending. If not, then the information required should be obtained during the face-to-face consultation:

- Introduce yourself and explain you are a pharmacist.
- Check you are speaking to the patient by asking them to confirm details contained in the referral, for example, date of birth and full address, but ensure you do not proactively

offer any confidential information about the patient in case the person you are speaking to is not the patient.

- Interview the patient either on the call or when face to face to assess the suitability of an emergency supply and their eligibility to use the service by ascertaining the following:
  - The nature of the emergency and the reason for the request.
  - The name of the GP practice the patient is registered with – this information should be in the referral message.
  - The medicines or appliances being requested (check that the drug is not excluded under the requirements of the Human Medicines Regulations (HMR), e.g. Schedule 2 or 3 CDs – except phenobarbital or phenobarbital sodium for the purpose of treating epilepsy).
  - Whether there is an urgent need for the medicine or appliance and that it is impracticable in the circumstances to obtain a prescription without undue delay.
  - The pharmacist should use their professional judgement to determine whether there is an urgent need for each medicine or appliance requested.
  - Whether the medicine or appliance has been previously prescribed on an NHS prescription. With the patient's consent, their GP record, using GP Connect Access Record, their National Care Record or an alternative clinical record must be consulted to check current medicines or appliances. Verification can also be through examining physical evidence such as a repeat medication slip or current labelled medicines or by other appropriate means.
- Whether the supply can be legally made within the provisions of the HMR. **Consideration should also be given to whether the medicine is liable to abuse (see section below).**
- Whether there is an existing EPS prescription on the NHS Spine, available to download, which may be used to supply the requested item.
- Whether the pharmacy has the medicine or appliance in stock.
- If there is an initial phone call with the patient, whether the patient or their representative is able to visit the pharmacy in person to collect the medicine or appliance.

## Medicines liable to misuse

Patients occasionally request a medicine which is liable to misuse, such as a benzodiazepine. Some requests may genuinely be needed, whilst others may be from a patient using the service to inappropriately gain additional supplies.

Some Integrated Care Boards (ICBs) have issued guidelines to their local out of hours GP providers on the supply of medicines liable to misuse. While it is for the pharmacist to determine whether a supply is appropriate, check if any such local guidelines are in place and if they are, you should be cognisant of the guidelines when deciding whether a supply is appropriate.

Pharmacists need to balance the potential for misuse versus the need and the impact on the patient of not supplying a medicine or appliance. **A limited supply of up to five days treatment, until the GP practice reopens, may be appropriate.**

It is particularly important to check, with the patient's consent, their GP record, using GP Connect Access Record, their National Care Record or an alternative clinical record, as part of the assurance that the patient has been prescribed it before and that there has not been a recent supply made.

Generally, out of hours GP providers will only prescribe medicines liable to misuse in limited circumstances and will not usually prescribe medicines such as methadone or buprenorphine.

If you decide not to make a supply of a medicine liable to misuse, you may want to consider advising the patient to wait until they can collect their usual prescription from their GP practice or usual pharmacy, rather than referring them to the local out of hours GP provider.

NHS 111 providers technically can't include in their referral how many times a patient has previously been referred to Pharmacy First for urgent supplies. However, the Pharmacy First IT system will send a message to the patient's GP practice to notify them of any urgent supply made, which will assist with monitoring of patient requests.

NHS 111 and IUC CAS providers also undertake audits to identify frequent users and these are flagged to their clinical staff for further investigation. Pharmacists must be vigilant and bear in mind that some patients may try to use the service to gain inappropriate supplies.

If you feel a patient request for a medicine liable to misuse is inappropriate, consider raising this concern with the referring organisation by completing the incident form within your Pharmacy First IT system.

### Frequent users of the service for urgent medicines supply

The service is intended to be used as an emergency service, not as a regular method for patients to obtain repeat prescriptions. There may also be a concern about patients requesting medicines liable to misuse (see above).

Pharmacists should be aware that this occurs and must use their professional judgement to not supply an urgent request for medicine if it is not clinically appropriate. In that circumstance, you must discuss the reasons for no supply with the patient, notify the appropriate providers connected with the patient's care (e.g. GP practice), and raise an issue with the local NHS contract management team, if required.

At the end of the initial telephone consultation, the pharmacist should decide whether, based on the information they have obtained:

1. It appears appropriate for a supply to be made;
2. They want to ask the patient further questions face-to-face before they can decide whether to make a supply; or
3. That a supply cannot be made.

In the cases of option 1 and 2 above, the patient or their representative should be asked to attend the pharmacy.

In the case of option 3 above, if the patient requires support from another healthcare professional, **the pharmacist must organise this for the patient.**

If the request is for a Schedule 1, 2 or 3 CD, the pharmacist should contact an appropriate service (this would normally be either the patient's GP practice, or if the GP practice is closed, any 'enhanced access' GP service covering that practice or the local out of hours GP provider) and request that the service contacts the patient.

**Pharmacists must not refer a patient back to NHS 111/IUC CAS by asking the patient to call back directly.**



## Outcome of the consultation

Following the phone consultation and/or face to face consultation, the pharmacist should use their professional judgement to determine whether they may supply the requested items in accordance with the requirements of the HMR and the service specification.

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## If making a supply

### Quantity of medicine/appliance to supply

The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply.

Professional judgement should be used to supply **a reasonable quantity** that is **clinically appropriate** and that will last until the patient is able to see a prescriber to obtain a further supply. Where local ICB prescribing guidelines for the out of hours period exist, these should be noted and should act as a guide. **Care should also be taken when deciding to supply any medicine that has a potential for misuse.**

The HMR covers circumstances such as when it is not possible to split a pack (e.g. inhalers, creams etc.) as well as when there are additional limits to the quantity that can be supplied, such as CDs.

### Controlled Drugs

- Medicines such as dihydrocodeine and codeine containing products (including co-codamol) are **Schedule 5 CDs**.
- Medicines such as benzodiazepines (apart from temazepam – see below), zopiclone and zolpidem are **Schedule 4 CDs**.
- Gabapentin, pregabalin and temazepam are **Schedule 3 CDs** and therefore **cannot be supplied** via the service.
- The HMR **limits the supply to five days for CDs**, such as phenobarbitone or phenobarbital sodium for the treatment of epilepsy, Schedule 4 and 5 CDs.

### Labelling

The usual HMR labelling requirements apply, with the addition of the wording 'Emergency Supply'



to the label.

### Medicines or appliances that are not POMs

Items that are not Prescription Only Medicines (POMs) can be supplied under this service if the criteria of the service are met (i.e. the supply is urgently needed, and it is an item previously prescribed on an NHS prescription to the patient).

If a medicine or appliance which is not a POM is cheaper than a current NHS prescription charge and the patient is not exempt from prescription charges, the item can be purchased if the supply is within the product licence.

### Advice and information

Where appropriate, the pharmacist should advise the patient or their representative of the importance of ordering repeat prescriptions in a timely manner from their GP practice, to prevent the future need for emergency supplies.

The Pharmacy First service must not be used to attempt to change the patient's use of their usual pharmacy.

### Prescription charges, exemptions and FP10DT EPS dispensing tokens

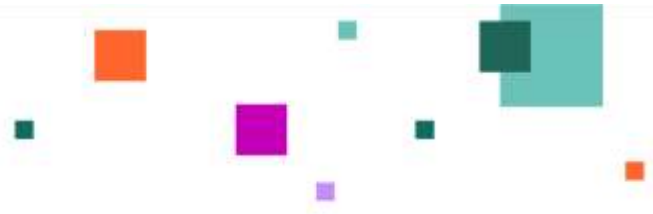
A fee equivalent to the NHS prescription charge should be collected for each item supplied, unless the patient is exempt, in accordance with the NHS (Charges for Drugs and Appliances) Regulations 2015.

A blank FP10DT EPS dispensing token must be used to record any medicines or appliances provided to the patient, where they are claiming exemption from prescription charges. The printing of the dispensing token should be completed via the Pharmacy First IT system. The patient or their representative must complete the relevant sections of the reverse of the FP10DT EPS dispensing token to claim exemption from the NHS prescription charge.

### Patients unable to travel to the pharmacy

Patients without transport or who live some distance from the pharmacy may state they are unable to travel to the pharmacy; this is more likely to happen late at night or during a public holiday when fewer pharmacies are open near to the patient's location.

If the patient is unable to travel to the pharmacy, the patient should be asked if there is someone they can ask to collect the medicine or appliance on their behalf. Pharmacies are not expected to deliver medicines or appliances to patients as part of the service.



If no-one can collect a medicine or appliance on behalf of the patient, you will need to consider the impact of the patient missing doses or not using their appliance and the alternative options. Local out of hours providers do not routinely stock medicines or appliances and they are not able to deliver medicines or appliances to patients. You should explore all options with the patient to avoid any harm.

Where advice is given to miss doses, patients should be advised to contact NHS 111 should they become unwell or if their condition deteriorates.

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## Decision to not supply

Not supplying a medicine or appliance is an option for the pharmacist.

If the pharmacist decides it is not appropriate to make a supply, the reason must be clearly explained and the patient should ideally agree with this decision. The reasons for no supply being made must be recorded in the Pharmacy First IT system.

Reasons for not supplying an item include:

- The required item is out of stock – refer to another pharmacy providing Pharmacy First that has the item in stock;
- The required item is available as an over the counter (OTC) product so can be sold;
- The item is a Schedule 1, 2 or 3 CD – the pharmacist must contact an appropriate service to arrange further assistance for the patient; or
- An urgent supply is not necessary or appropriate – give the patient an explanation and additional advice where appropriate, such as contacting their GP practice when next open.

In the case where you have decided not to supply, if the patient requires support from another healthcare professional, you must organise this for the patient. See the section below on Onward referral of patient for further support for further information.

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## Onward referral to another pharmacy when an item is out of stock

Where a pharmacy does not have the medicine or appliance in stock, a referral to another pharmacy should be suggested to the patient and agreement for this obtained.

Before the referral is made, you should be confident that an emergency supply is both possible





and in the best interest of the patient, bearing in mind the receiving pharmacist will have to use their own professional judgement as to whether the requirements of the HMR are met.

The following should be explained to the patient:

- That the pharmacy does not hold the medicine or appliance in stock and that a referral to another pharmacy will be necessary;
- That a pharmacy with the medicine or appliance in stock needs to be identified;
- That consent is required from the patient for sharing their details with another pharmacy; and
- That the patient may need to travel to an alternative pharmacy, but bear in mind that it will depend on where the medicine or appliance is stocked, and which pharmacies are open.

The following process should be followed when identifying and contacting an alternative pharmacy:

- Use the DoS search tool (details should be contained in the Standard Operating Procedure (SOP) for the service) to identify a pharmacy in the area the patient wishes to travel to, that provides Pharmacy First.
- Contact the identified pharmacy and check whether they have the medicine or appliance in stock and are willing to accept a referral (bear in mind the time between the referral, patient travel time and the pharmacy's closing time).
- If the pharmacy that has been contacted does not have the items in stock, then the pharmacist can try another pharmacy.
- The pharmacist should use their own professional judgement as to the number of pharmacies that should be tried before considering contacting the local out of hours GP provider to discuss an alternative.
- Once a pharmacy with the required medicine or appliance that can take the referral is found, transfer the patient's details by forwarding the referral details to the 'new' pharmacy via the Pharmacy First IT system (where this functionality exists) or via NHSmail.
- Provide the patient with the details of the pharmacy to which they have been referred.



## Onward referral of patient for further support

Where you have decided it is not possible or appropriate to make an emergency supply, e.g. the request is for a Schedule 1, 2 or 3 CD, you must contact an appropriate service to ensure the patient can receive further support. This would normally be either the patient's GP practice, or if the GP practice is closed, the local out of hours GP provider. Follow any local guidance regarding other providers, if appropriate.

**You must NOT refer a patient back to NHS 111 or the IUC CAS by asking the patient to call back directly.**

The contact details for the local out of hours GP provider should be included in the SOP for the service.

**Contacting the local out of hours provider must not be delegated to the patient.**

Examples of when a referral to the local out of hours GP provider may be appropriate include:

- The patient is unwell and needs medical assessment;
- CDs are requested and cannot be supplied under the HMR;
- Local care pathways determine other referral routes, e.g. palliative care patients (check ICB prescribing guidelines where these have been made available to you); or
- Out of stock items are required, where other local pharmacies offering the service do not have the item in stock and an alternative medicine or appliance may be required until stocks are available.

If you do not know where to refer the patient, then phone the local NHS 111 service and advise the call advisor you are a health professional and need to speak directly to another health professional regarding a referral that has been received.

In some areas you will then be put through to a clinician; in other areas the call advisor will take relevant details and advise that a clinician will phone the pharmacy back.

**At no point should the patient be asked to contact NHS 111 to resolve the medicines supply issue** (there may be a need for the patient to contact NHS 111 if they become symptomatic).

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## Record keeping

Where an urgent supply is made, this must be recorded in:

1. The POM Register – if a POM is supplied, record the emergency supply as you would any other emergency supply, in accordance with the HMR.
2. Pharmacy First IT system; and
3. Patient Medication Record (PMR) – when a medicine or appliance is supplied, an entry should be made in the PMR as the medicine or appliance is labelled.

The medicines or appliances supplied or not supplied must be documented in the Pharmacy First IT system using the [NHS dm+d dictionary](#) naming convention. You can refer to the medicine or appliance label to confirm dm+d format, as this is used by all pharmacy PMR system suppliers.

The following table explains about how to record quantities of medicines:

Form	Record on dm+d	Example
Creams	Per gram supplied	Betnovate cream 30g Record quantity as 30
Tablets and capsules	Per tablet/capsule	Bisoprolol 10mg tablets x 7 Record quantity as 7
Liquids including eye drops	Per ml	Epilim liquid 200mg/5ml 70ml Record quantity as 70
Devices	Per device	Aero chamber Plus with infant face mask Record quantity as 1
Inhalers	Per dose	1 x op Salbutamol inhaler (200 doses) Record quantity as 200

Incorrect quantities recorded in the Pharmacy First IT system will lead to incorrect payments – please be careful to enter the quantities correctly.

Accurate documentation of any 'no supply' reason is also essential for monitoring purposes; please ensure you select the correct reason in the Pharmacy First IT system when you do not make a supply and only use the 'other' option when none of the other options are appropriate.



## Annex A – Referrals from NHS 111

Patients who call NHS 111 due to having insufficient prescription items (medicines and/or appliances) will have their call answered by a call advisor who will ask them a series of questions.

Access to the Urgent medicines and appliances strand of Pharmacy First occurs when the NHS 111 decision support system (NHS pathways) suggests to the call advisor that referral to a community pharmacy for a consultation with a pharmacist is an appropriate outcome.

The patient is offered the service by the call advisor and provided with the details of a choice of pharmacies, based on location and availability at that time.

The patient will then choose which pharmacy they wish to use (it is standard practice that call advisors do not overrule the choice for a specific pharmacy except in exceptional circumstances).

In general, a referral will not be made within 30 minutes of the pharmacy's closing time (the Directory of Services (DoS) will automatically identify when a pharmacy is due to close and will not select a pharmacy that is due to close within 30 minutes of sending a referral). However, sometimes a referral may be made within this time or when a pharmacy is closed if treatment the next day is suitable for the patient and the pharmacy opens within the following 12 hours.

The call advisor will send the referral to the pharmacy using a secure electronic message and this will be received by the pharmacy's Pharmacy First IT system. The referral contains information about why the patient is being referred, for the pharmacist to review ahead of or during the patient's consultation.

Patients can also access the urgent medicines pathway via NHS 111 online where they will be similarly referred after completing an online assessment. The pharmacy will receive the referral in the same way as a telephony referral.

Patients who are referred for this part of the service will be asked by the call advisor to phone the pharmacy within 30 minutes.

Referrals from NHS 111 will not necessarily contain medication details, as the call advisors are not clinically trained. This means that call advisors will not identify if the request is for a Controlled Drug.