



Clinical Community Pharmacy Service – Emergency Medicines Supply

Service specification for the Emergency Medicines Supply element of the Clinical Community Pharmacy Service in Wales

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1	First approved version	21 Feb 2022

1. INTERPRETATION

In this document:

- 1.1. The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.
- 1.2. “CCPS” means the Clinical Community Pharmacy Service, or one of the component services included within it.
- 1.3. “GP Practice” means a provider of GMS contract essential services.
- 1.4. “Local Health Board” (LHB) means the Local Health Board that the pharmacy in which the service is being provided is located.
- 1.5. “National Extended Services Management Board” (NESMB) means the Board established by LHBs to facilitate national discussion around community pharmacy extended services. In the event that the name of this board changes, this definition will be taken to mean the replacement board.
- 1.6. “Patient” means any person in receipt of the service.
- 1.7. “Pharmacist” means a person registered in Part 1 of the GPhC register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.
- 1.8. “Pharmacist Independent Prescriber” means a Pharmacist who is listed in the NHS Wales approved list of Pharmacist Independent Prescribers.
- 1.9. “Pharmacy” means any premises included on a health board pharmaceutical list where a pharmacist provides drugs or services as part of pharmaceutical services.
- 1.10. “Pharmacy Contractor” (or “Contractor”) means a person lawfully conducting a retail pharmacy business.
- 1.11. “Relevant prescriber” means - a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, pharmacist independent prescriber registered in the UK or an EEA or Swiss doctor or dentist.

2. SERVICE OUTLINE

- 2.1. To enable the supply of previously prescribed medication to patients, via the NHS, who may have run out of medication, or may have lost or damaged their

medication, or have left home without them and they are unable to obtain a further prescribed supply before the next dose is due.

3. SERVICE AIM

- 3.1. To enable patients to access an NHS funded supply of previously prescribed medication where there is an immediate need for the supply, and it is impracticable in the circumstances to obtain a prescription without undue delay.
- 3.2. To reduce demand for repeat medication requests made to other health care providers e.g. Out of Hours, NHS 111, A&E Departments and GMS.
- 3.3. To ensure equity of access to an emergency supply provision irrespective of the patient's ability to pay

4. ELIGIBILITY

- 4.1. The service can only be provided in a pharmacy commissioned to provide the Clinical Community Pharmacy Service.
- 4.2. The service can only be provided to a patient who consents to a consultation taking place, and to the pharmacist contacting the practice with who he or she is registered for the provision of GMS to provide details of previous supply, and consents to an electronic record of that consultation being maintained via the NHS Wales Informatics Service (NWIS) "Choose Pharmacy" platform.
- 4.3. The service may be provided to any patient where the pharmacist operating the service, and under whose supervision the medicine is to be supplied, has interviewed the patient and is satisfied:
 - 4.3.1. that there is an immediate need for the medicine supplied and that it is impracticable in the circumstances to obtain a prescription without undue delay;
 - 4.3.2. that treatment with the medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; **and**
 - 4.3.3. as to the dose which in the circumstances it would be appropriate for that person to take.

5. SERVICE DESCRIPTION

NOTE: The Human Medicines Act 2012 remains the primary legislation governing the emergency supply of prescription only medication at the request of a patient and all supplies of prescription only medication made must be made in accordance with these regulations

- 5.1. On presentation of a patient or their representative who requires a supply of their regularly prescribed medication, and where it is impracticable in the circumstances for that patient to obtain a prescription without delay, the pharmacist shall inform the patient or their representative of appropriate options, which may include the emergency medicines supply service.
- 5.2. When a supply is requested under the Emergency Medication Supply service, the pharmacist must interview the patient and establish, to their satisfaction:
 - 5.2.1. that there is an immediate need for the medicine(s) to be supplied and that it is impracticable in the circumstances to obtain a prescription without undue delay;
 - 5.2.2. that treatment with the medicine(s) has on a previous occasion been prescribed by a relevant prescriber for the person requesting it;
 - 5.2.3. the dose(s) which in the circumstances it would be appropriate for that person to take; and
 - 5.2.4. the nature of the emergency.
- 5.3. During periods when a disease is pandemic, or it's anticipated that a disease is imminently pandemic and there is a serious or potentially serious risk to human health, 4.2 does not apply and the pharmacist shall establish to their satisfaction:
 - 5.3.1. that treatment with the medicine(s) has on a previous occasion been prescribed by a relevant prescriber for the person to be treated with it; and
 - 5.3.2. the dose(s) which in the circumstances it would be appropriate for that person to take.
- 5.4. Where possible and appropriate, the pharmacists should utilise the access to the Welsh GP record afforded by the Emergency Medicines module of the Choose pharmacy platform as an aid to establishing the requirements of 4.2 and 4.3 above.
- 5.5. Where appropriate the pharmacist shall remind the patient of the importance of ordering medicines in a timely manner.
- 5.6. On establishing to their satisfaction the requirements of 4.2 and 4.3 above, the pharmacist may, at their discretion, make a supply of the medicines in accordance with regulation 225 (Emergency sale etc. by pharmacist: at patient's request) or 226 (Emergency sale etc. by pharmacist: pandemic diseases) of the Human Medicines Regulations 2012 as amended.

- 5.7. The pharmacist, having regard for the medicine being requested and its clinical indication, shall satisfy themselves that it is advisable to supply the medicine given the likely clinical consequences of the dose(s) being delayed or omitted.
- 5.8. The pharmacist must not supply:
- 5.8.1. Any prescription only medicine, drug or other substance specified in Schedule 1, 2 or 3 of the Misuse of Drugs Regulations 2001 as amended with the exception of phenobarbital or phenobarbital sodium supplied for use in the treatment of epilepsy; or
- 5.8.2. Any prescription only medicine that consists or contains a substance specified in Schedule 18 to the Human Medicines Regulations 2012 as amended.
- 5.9. Requests that do not comply with the emergency supply regulations e.g. patients requiring a controlled drug will be referred to the out of hours' service or to their GP.
- 5.10. The quantity of a medicine, detailed in column 1, to be supplied must not exceed that shown in column 2 for that medicine.

Column 1 - Medicine	Column 2 - Maximum quantity
A prescription only medicine that- (a) Is a preparation of insulin, an aerosol for the relief of asthma, an ointment or cream, and (b) Has been made up for sale in a package elsewhere than at the place of sale or supply	The smallest pack that the pharmacist has available for sale or supply. e.g. <i>For insulin cartridges the smallest pack constitutes 1 cartridge – not the outer of 5</i>
An oral contraceptive	A quantity sufficient for a single treatment cycle i.e. 21 days
An antibiotic for oral administration in liquid form	The smallest quantity that will provide a full course of treatment
A controlled drug within schedule 2 or 3 of the Misuse of Drugs Regulations 2001, except Phenobarbital or Phenobarbital sodium for the treatment of epilepsy	No supply can be made
A controlled drug within the meaning of Schedule 4 or 5 of the Misuse of Drugs Regulations 2001 or Schedule 4 or 5 of the Misuse of Drugs Regulations (Northern Ireland) 2002.	Five days' treatment.
Phenobarbital or Phenobarbital sodium for the treatment of epilepsy	Five days' supply
Any other medicine that the pharmacist establishes is prescribed regularly for the patient.	A maximum of 30 days' supply

- 5.11. The number of doses of prescription only medicine(s) supplied shall be determined by the pharmacist making the supply using their own professional judgement.

- 5.12. Pharmacists should take account of a range of factors in determining the number of doses supplied. These will include but not be limited to the benefits of supplying a medicine in its original pack, the cost of the medicine, the potential for the medicine to be misused or misdirected and any relevant national or local guidance. Pharmacists should not unduly limit supplies to quantities below those set out in column 2 of the above table.

Labelling

- 5.13. The pharmacist shall ensure that any medicine supplied is labelled with the following:
- 5.13.1. The date on which the medicine was supplied;
 - 5.13.2. The name, quantity and (unless apparent from the name) the pharmaceutical strength of the medicine;
 - 5.13.3. The name of the person requesting the medicine;
 - 5.13.4. The name and address of the registered pharmacy from which the medicines is supplied; and
 - 5.13.5. The words “Emergency Supply”.

Record keeping

- 5.14. The pharmacist will ensure that an entry in respect of the emergency supply is made in the record that each pharmacy is required to keep of the supply of prescription only medicines in respect of regulation 253 of the Human Medicines Regulations 2012.
- 5.15. The pharmacist shall ensure that an entry made under 5.17 is made on the day of supply or if that is not reasonably practicable, on the following day.
- 5.16. The pharmacist shall ensure that the entry made under 5.17 contains the following:
- 5.16.1. The date on which the prescription only medicine was supplied;
 - 5.16.2. The name, quantity and (unless apparent from the name) the pharmaceutical form and strength of the prescription only medicine;
 - 5.16.3. The name and address of the person requiring the prescription only medicine; and
 - 5.16.4. The nature of the emergency.

- 5.17. The pharmacist shall ensure that details of the supply are recorded in the pharmacy's Patient Medication Record system.
- 5.18. The pharmacist shall maintain a complete and contemporaneous electronic record of service provision utilising the Choose Pharmacy application to ensure effective ongoing service delivery and audit. Where the module is unavailable because of technical issues, a paper copy of the record may be used to ensure continued service provision, but must be added to the electronic record as soon as is practicable when the module is available.
- 5.19. The EMS module on Choose Pharmacy will transmit an eSummary of the supply via the Welsh Clinical Communications Gateway (WCCG). If Choose Pharmacy indicates that the eSummary has not been transmitted, a print must be made of the supply details and forwarded to the persons GP practice as soon as is practicable and within 5 working days of the supply being made. A copy must also be sent if a paper form has been filled in due to the Choose Pharmacy system not being available.

6. MONITORING & REVIEW

- 6.1. Monitoring and review of service delivery will be undertaken during the Contract Monitoring Visits. Post Payment Verification (PPV) will be undertaken by Health Board officers or its representatives as required to meet external audit requirements and ensure proper use of public funds.

7. PROVIDER RESPONSIBILITIES

Contractors

- 7.1. Contractors wishing to provide this service will indicate this through submission of a Premises Listing Form to the NHS Wales Shared Services Partnership
- 7.2. The contractor shall ensure that appropriate indemnity arrangements are in place for registered pharmacists, registered pharmacy technicians and support staff providing the service.
- 7.3. The pharmacy contractor shall ensure that a standard operating procedure is in place at the pharmacy for the provision of emergency supplies at the request of a patient.
- 7.4. The contractor shall ensure that neither the standard operating procedure nor any guidance or instruction issued to pharmacists working at the pharmacy in anyway contradicts the pharmacists' professional responsibility to determine:
 - 7.4.1. Whether on any occasion an emergency supply is made; or

- 7.4.2. The number of doses supplied to a patient in an emergency other than as set out in 5.10.
- 7.5. All support staff shall be fully informed and suitably trained in relation to their involvement in the service which may include the provision of any part of the service provided on behalf of a pharmacist, provided that they are competent and it is legal for them to do so. In this context, staff shall include any person or persons employed or engaged by the contractor, to provide any part of the service.
- 7.6. The contractor shall have awareness of, and ensure the service is provided in accordance with, any relevant nationally or locally agreed standards.
- 7.7. The contractor shall ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met.
- 7.8. The contractor shall have appropriate arrangements in place to maintain service continuity and take all reasonable steps to ensure that patients are able to access this service in the event of unforeseen closure of the pharmacy.
- 7.9. The contractor shall notify the relevant LHB, of circumstances which result in the temporary unavailability of the service.
- 7.10. The contractor shall participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall not publicise the availability of the service other than with the agreement of the Local Health Board.
- 7.11. The contractor shall participate in any reasonable review of the service required by the Local Health Board including the reporting of any incidents to the Medical Director of the relevant Local Health Board.

Pharmacists

- 7.12. Pharmacists shall have an awareness of relevant prescribing policies and guidance in use in the relevant LHB so far as they relate to the provision of medicines in an emergency.
- 7.13. Pharmacists shall ensure that their practice complies with all relevant standards required by the General Pharmaceutical Council.