Department of Health
An Roinn Sláinte
Männystrie O Poustie
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Strategic Planning and Performance Group

Community Pharmacy Emergency Supply Service

Service Specification & Guidance for Community Pharmacists

October 2022

Contents

1.0 Background

1.1 Community Pharmacy Emergency Supply during a Pandemic Service

On the 6th April 2020, in response to the COVID-19 pandemic, a temporary Community Pharmacy Emergency Supply during a Pandemic Service was introduced. This service was provided under **Regulation 226 of HMR[1] 2012** which relates to the emergency supply of medicines during a pandemic.

This service ensured that patients could access an urgent supply of their regular prescription medicines where they were unable to obtain a prescription and it ensured that there was equity of access to medicines, irrespective of that patient's ability to pay the costs of any medicine(s) received. Approximately 9,500 items have been supplied each month, via this service, to patients in Northern Ireland.

1.2 Community Pharmacy Emergency Supply Service

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. This "routine" service is considered a core pharmaceutical service. Therefore, 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[2] of Human Medicines Regulations (HMR) 2012: Emergency Supply at the Request of a Patient.**

The legislation governing the emergency supply of medicines, specifically relates to the emergency supply of prescription only medicines (POMs). However it is within the scope of this service to supply, where appropriate, pharmacy only (P) medicines and general sales list (GSL) medicines, to patients who normally receive these medicines via a repeat prescription from their GP practice.

[1] The Human Medicines Regulations 2012 (legislation.gov.uk) 226
[2] The Human Medicines Regulations 2012 (legislation.gov.uk) 225

A summary of the key differences between the pandemic service and the routine service has been included at Appendix 1.

2.0 Service Implementation Date

The routine emergency supply service will commence on 1st October 2022. The service will be provided by **all** community pharmacies during all of the pharmacy's opening hours.

3.0 Patient Eligibility

- Patients must be registered, either permanently or on a temporary basis, with a GP practice in Northern Ireland.

- Patient is eligible to access the service from any community pharmacy in Northern Ireland. It is not a requirement of the service, that the pharmacy holds the patient's medication record (PMR).

- *Patients not registered with a GP practice in Northern Ireland, are not eligible for an emergency supply via this service. However, pharmacists are still permitted to make an emergency supply under the terms of Regulations 224[3] and 225.* However, such supplies are outside the scope of this service, therefore a prescriber or a patient should be expected to pay the costs of any medicines received via emergency supply.

- Patients must have received a previous supply of the requested medicine(s) via a prescription from their own GP practice. Repeat supplies via the service should not be routinely made; best practice would require a patient to have received their previous supply via a prescription.

4.0 Pharmacy Eligibility

- The service may only be provided by registered pharmacists.

[3] The Human Medicines Regulations 2012 (legislation.gov.uk) 224 Emergency sale etc. by pharmacist: prescriber unable to provide prescription

- The pharmacy contractor has a duty to ensure that all pharmacists involved in the provision of this service:
  - Have relevant knowledge of Regulation 225 of HMR 2012;
  - Are competent in the operation of the Community Pharmacy Emergency Supply Service;
  - Ensures a Standard Operating Procedure (SOP) is in place to support delivery of the service in line with the service specification and guidance.

- The pharmacy contractor must ensure that the service is available during all of the pharmacy's opening hours.

5.0 Service Outline

5.1 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:

a) 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;
b) That treatment with the prescription only medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
c) As to the dose which in the circumstances it would be appropriate for that person to take.

Interviewing a person requesting an emergency supply is not a requirement of Regulation 226, therefore this was not required in the delivery of the pandemic service, but is required in the delivery of this routine service.

Professional guidance recognises that in some circumstances interviewing the patient may not be possible e.g. if the patient is a child, or is being cared for. Therefore, in some situations it may be a representative of the patient who is presenting in the pharmacy and requesting an emergency supply. In this situation pharmacists are asked to use their professional judgement and to consider the best interests of the patient.

Consideration should be given to the area within the pharmacy that is used for this service. The area used for private consultations should be suitably located, within the professional area, separate from the dispensary, to ensure that all conversations, between the

pharmacist and the patient, can take place free from distraction and with sufficient privacy so that any conversation cannot be overheard.

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.

5.2 Patient Consultation

In order to meet the requirements of Regulation 225, the pharmacist must be satisfied that a supply is needed. A consultation, **undertaken by the pharmacist**, is required to ascertain the required information. During the consultation, the pharmacist must consider:

- **Patient eligibility**: confirm that the patient is eligible to use the service i.e. registered either permanently or on a temporary basis, with a GP practice in Northern Ireland.

- **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 PMR or Northern Ireland electronic care record (NIECR) (if available), contact patient's GP practice, view the dispensing label on empty packaging (i.e. is dispensing date appropriate, is label endorsed "Emergency Supply"), etc.

- **Patient consent:** if patient / patient's carer requests this service then consent will be assumed; therefore it is not necessary for pharmacist 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 possible, to check the identification of the requestor. **It is recommended to record the name and contact details of the requestor on the Pharmacy Voucher (PV1).** Pharmacists may find it helpful to also record this information in the patient's PMR.

- **Privacy notice**: ensure the patient is aware of the way in which their personal information will be processed. Advise patient / carer that the details of the medicines they have received via this service will be shared with their GP practice, the Business Services Organisation 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.

- **Access to patient's PMR:** where the pharmacy does not have access to the patient's PMR or NIECR, 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. For example, empty packaging with pharmacy label attached, patient reorder slip (i.e. right hand side of prescription), or information received upon discharge such as a medicines reminder chart.

5.3 Supply of medicines

Pharmacists should use their professional judgement to determine if a supply of medicines is appropriate. If an emergency supply is necessary and within the terms of both this service and Regulation 225, the pharmacist may make a supply:

- **Quantities that can be supplied via this service are:**
    - In the case of insulin, ointments, creams or inhalers the smallest pack size available should be supplied and a full cycle of an oral contraceptive may be supplied.
    - **For schedule 4 (part 2) and schedule 5 controlled drugs a maximum of up to 5 days' treatment may be supplied.**
    - For all other medicines, a maximum quantity of up to 30 days' supply may be issued.

Pharmacists must exercise caution in ensuring the requirements of regulation 225 (regarding quantity to supply) are adhered to, particularly if issuing an emergency supply of a schedule 5 controlled drug.

- **Controlled drugs:**

- Under the terms of HMR 2012 pharmacists cannot make emergency supplies of Schedule 2 or Schedule 3 Controlled Drugs (CDs) with the exception of phenobarbital or phenobarbital sodium for the treatment of epilepsy.
- 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.**
- Details of some of the most commonly encountered controlled drugs and their legal schedule in listed in Table 1 below:

  Table 1

Schedule 2 CD	Schedule 3 CD	Schedule 4 part 1 CD
Alfentanil	Buprenorphine	Alprazolam
Amphetamine	Meprobamate	Sativex
Dipipanone	Midazolam	Chlordiazepoxide
Dronabinol	Pentazocine	Clobazam
Fentanyl	Pregabalin	Clonazepam
Hydromorphone	Temazepam	Diazepam
Ketamine	Tramadol	Flurazepam
Lisdexamphetamine		Loprazolam
Methadone		Lorazepam
Methylphenidate		Lormetazepam
Morphine		Nitrazepam
Nabilone		Oxazepam
Oxycodone		Zolpidem
Pethidine		Zopiclone
Remifentanil		
Sufentanil		
Tapentadol		

- Further information on commonly encountered controlled drugs may be accessed at List of most commonly encountered drugs currently controlled under the misuse of drugs legislation - GOV.UK (www.gov.uk)
- If SPPG monitoring data indicates that a pharmacist has issued an emergency supply of a schedule 2, schedule 3 or schedule 4 part 1 CD, or if the data highlights a supply suggestive of greater than 5 days' treatment of a schedule 5 CD, the pharmacist will be contacted by a SPPG Pharmacy Adviser.
- The pharmacist will be advised that this supply was not within the scope of this service and is considered a CD adverse incident. CD adverse incidents should be followed up in line with advice from the Controlled Drugs

Accountable Officer . Any monies the pharmacy may have received for this supply may be recovered via a BSO adjustment.

- **Medicines liable to abuse or misuse:** pharmacists should be mindful of persons who may seek to access medicines liable to abuse or misuse via this service. Where a patient currently receives their medicine(s) **dispensed in instalments** e.g. weekly dispensing, then the quantity supplied should be in line with the normal quantity supplied via prescription e.g. one week or one days' supply.

- **Label:** all medicines supplied should be labelled accordingly and the words "Emergency Supply" must be printed on the label. Some clinical systems may have the facility to select an emergency supply default as part of the labelling process. This is a requirement of Regulation 225 *(this is not a requirement of Regulation 226).*

- **Medication not in stock:** Where a pharmacy does not have the medicine in stock a referral to another pharmacy should be considered. Before the onward referral 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 the pharmacist may determine that it is not appropriate to supply some or all of the medicines a patient requests. In such instances the patient or carer should be signposted to their GP practice or OOHs medical service as appropriate.

- **Successive supplies via emergency supply**: as described in section 5.2 above, the patient must have received a previous supply via a prescription from their own GP practice. A patient should not receive repeated supplies from this service and should be advised to avoid running out of their medicines (See section 5.4).

- **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 about whether an emergency supply is appropriate, during working hours, please make contact with the patient's GP practice (many GP practices have a direct telephone line available). In the evenings or at week-ends please contact OOHs medical

services who may be able to verify the request by consulting NIECR (if this is not available in the pharmacy).

- **High risk medicines requiring regular monitoring:** Pharmacists should use their clinical judgement when deciding to supply high risk medicines and the quantity to supply, for example; 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.

5.4 Advice & information

The recent survey of community pharmacists showed that a large proportion of emergency supply requests were due to patients not ordering their repeat prescription (42%). In addition, it was not evident whether those patients who had ordered their prescription (49%) had presented too early in the pharmacy to collect their prescription i.e. having unrealistic expectations of how long it takes for a surgery to produce a repeat prescription.

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.

Provision of this advice and information was not a requirement of the pandemic service; however it will be an important element of the routine emergency supply service. 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.

5.5 Record keeping

- It is a requirement of Regulation 225 that a record of the emergency supply of a POM is made in the prescription only medicine register (written or computerised version). This record must be preserved for a period of two years i.e. in practice this may mean

two years from the relevant date, which may be the last entry in the register. An entry in the POM register is not required for P or GSL medicines.

- Schedule 23 of HMR 2012[4] (paragraph 4) outlines the information that should be recorded in the prescription only medicine register:
    - 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).

- As labelling of any medicines supplied is a requirement of the service, a record will also be made of all medicines supplied in the patient's PMR. This will ensure a record of any supplies of P or GSL medicines is also maintained.

5.6 Completion of the non-carbon required (duplicate copy) pharmacy voucher (NCR PV1)

- The pharmacist must fully complete and sign the NCR PV1 at the time of the consultation, recording the patient's details along with the names and quantities of all of the medicines supplied. (Please note that there is no need to complete the consultation form on the right hand side of the NCR PV1).

- NCR PV1s are distinct from those used to deliver the Pharmacy First Service and Smoking Cessation Service. Further copies may be ordered using the online order form available at Prescription Request Form (hscni.net)

- Generally, pharmacists are not required to write the directions of the medicines supplied on the NCR PV1. In some instances however, it may be advisable for the pharmacist to include the directions, or endorse the NCR PV1 with the number of days' treatment that has been supplied. This will ensure that it can be easily confirmed, that the number of days treatment of the medicine supplied to the patient, is in line with the requirements of Regulation 225.

[4] The Human Medicines Regulations 2012 (legislation.gov.uk)

- If the patient / patient's carer / patient's representative requesting the emergency supply 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.

- **The NCR PV1 should be endorsed with the reason why a patient requested an emergency supply.** It is helpful for GP practices to understand why their patients request emergency supplies. For example a request may highlight an issue with the GP practice's process for generating repeat prescriptions. Alternatively it may be indicative of a patient specific issue such as overuse of their medicine or another compliance issue; or a patient accessing a medicine liable to abuse or misuse.

- The NCR PV1 should be accurately coded for the medicine(s) and quantities supplied using the relevant code(s) from the Northern Ireland Prescription Code Book[5].

- Prescription Code Book "special codes" CodeBook-SpecialCodes (e.g. multiple dispensing, additional full dispensing fees) should not be claimed on an NCR PV1 for a medicine supplied as part of this service. The Pharmacy First Service consultation fees and codes should not be used.

- Broken Bulk may be claimed, for medicines supplied as part of this service, in exceptional cases only e.g. where the pharmacy has supplied the item to a patient who is not a regular patient of the pharmacy.

- 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".

[5] http://www.hscbusiness.hscni.net/services/2046.htm

- The top copy of the NCR PV1 should be handled in the normal manner and forwarded to BSO with the pharmacy's submission for payment.

- The duplicate copy of the NCR PV1 should be delivered to the patient's GP practice, to provide details of the medicines supplied, 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 actual or suspected ICT/information breaches must be reported immediately, to the pharmacy's Strategic Planning and Performance Group's (SPPG) Practice Support Manager.

6.0 Information sharing

Information gathered during the patient consultation may be processed / shared with the following:

- Patient's GP practice
- Business Services Organisation (BSO)
- SPPG / Department of Health NI

Information sharing is required for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification.

7.0 Action for patient who is not eligible for service / supply cannot be validated

In instances where:

- A patient is not eligible for the service, or
- the pharmacist determined the supply was not appropriate, or
- the pharmacist determined the supply was not an emergency, or
- the patient's previous supply cannot be confirmed, patients should be referred to a GP practice or out-of-hours medical service.

If this is not possible or appropriate, then patients may still be dealt with in the usual manner under HMR Regulation 225. Pharmacists are advised to make a record of non-supply in the patient's PMR.

8.0 Monitoring of the service

- Routine monitoring of emergency supplies made via this service will be carried out by the SPPG Pharmacy & Medicines Management Team. Pharmacy Advisers will follow up with individual community pharmacists where an adverse incident, learning point or other relevant issue has been identified

- Pharmacists are reminded that the service is designed to enable a patient to access an urgent supply of their repeat medication (without a prescription). The service should not be used as an alternative to ordering and/or collecting a prescription. Examples of inappropriate use of the emergency supply service include using the service:
    - as an alternative to ordering a prescription for medicines to be dispensed in a monitored dosage system
    - for multiple dispensing - medicines dispensed at weekly or daily intervals
    - to synchronise or bring in line quantities on a prescription
    - to supply an alternative medicine due to a medicine being out-of-stock
    - to supply an alternative medicine when a generic medicine is out-of-stock and a concessionary price has not yet been set
    - as an alternative to collecting a prescription that has been faxed or phoned through, from a GP practice not located nearby.

9.0 Remuneration

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 month's available data e.g. October 2022 payment will be based on number of ESS consultations in July 2022.

10.0 Other Terms & Conditions

Pharmacies should not advertise or publicise the availability of the emergency supply service. Any approaches by media for comment or interview must be referred to the SPPG.

The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of their accessing the service.

The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service.

The pharmacy contractor shall ensure that service provision is in accordance with professional standards and the service specification and guidance.

11.0 Fraudulent Medication Report (FMR)

FMR is a phrase used by Counter Fraud and probity Services (CFPS)[6] to refer to a group of fraud offences. Typically these involve a person practising some form of deception or forgery, in order to obtain medication in greater quantities than originally prescribed, or to obtain medication that was not prescribed to them at all.

If you suspect that a patient is attempting to, or has obtained medication fraudulently via the emergency supply service, then contact the Police on 101 or CFPS during working hours to discuss your concerns and report the matter, if appropriate.

[6] https://cfps.hscni.net/reportfmr/

Appendix 1: Summary of key differences between the Community Pharmacy Emergency Supply Service and the Community Pharmacy Emergency Supply during a Pandemic Service

	Emergency Supply during a Pandemic Service	**Emergency Supply Service Core Service**
Service time-frame	6th April 2020 – 30th September 2022	Commencement date 1st October 2022
Legislation	This service was provided under Regulation 226 of HMR 2012: Emergency sale etc. by pharmacist: pandemic diseases.	The service will be provided under Regulation 225 of HMR 2012: Emergency Supply at the Request of a Patient.
Interview patient	Regulation 226 **does not require the pharmacist to interview the person** requesting an emergency supply.	In line with the conditions of Regulation 225 **the pharmacist will be required to interview the person** requesting the emergency supply to ensure the conditions of the legislation are fulfilled.
Duration of supply	• There is **no maximum supply quantity** associated with Regulation 226. • It was considered good practice to supply up to a maximum of 30 days treatment.	In line with the requirement of Regulation 225, the following quantities may be supplied via this service: • **A maximum quantity of up to 30 days'** treatment for a POM • Schedule 4 (part 2) or 5 controlled drugs – up to five days' treatment
Successive supplies	There **was no restriction to patients** receiving further supplies of their repeat medicines via this service.	Patients **must have received a previous supply via a prescription from their own GP practice**. Reasonable attempts should be made to confirm this e.g. from PMR or via NIECR (if available). Repeat supplies via the service should not be routinely made and best practice would require a patient to have received their previous supply via a prescription.
Reason why emergency supply is required	It was **considered good practice** to endorse the NCR PV1 with the reason why the patient requested an emergency supply.	The reason why a patient required an emergency supply should be endorsed on the NCR PV1.
Record keeping	Under the terms of Regulation 226, **a record of the supply does not have to be made in the pharmacy's prescription only medicines register.**	**A record (written or computerised) of the supply of POMs must be made in the prescription only medicine register** in line with

		Schedule 23, paragraph 4 of HMR 2012.
Labelling requirements	There are **no specific labelling requirements** associated with Regulation 226	As per Regulation 225, the usual labelling requirements will apply, **along with the addition of the wording "Emergency Supply" on the label**
Advice to patient	Discussion with the patient **not required** via this service.	Discussion with the patient in line with section 5.4 above **is required**.
Communication to GP practice	The duplicate copy of the NCR PV1 should be delivered, **as soon as practicably possible** to the GP practice.	The duplicate copy of the NCR PV1 should **be delivered at the first available opportunity (as soon as practicably possible, ideally within 48 hours)** to the GP practice.