

## GUIDE TO DIRECT REFERRAL TO THE OUT OF HOURS (OOH) SERVICES

NHS 24 is a confidential telephone health advice and referral service integrated with all 14 NHS boards and the Scottish Ambulance Service. It acts as the front end to local out of hours (OOH) services, which are provided by individual local NHS Boards during the OOH period when GP surgeries are closed. NHS 24 handles in the region of 30,000 calls each week, of which 25% result in the provision of self care advice. Much of this advice requires access to medication to treat symptoms and NHS 24 currently refers patients to community pharmacists who are ideally placed to assess and treat such patients. NHS 24 also regularly refers patients to community pharmacists for health advice and potential supply of their regular repeat medication – either under the PGD (preferred), or the established ‘emergency supply’ route.

### Local Out of Hours Services and Direct Referrals from Community Pharmacists

Community pharmacy is a valuable partner for both NHS 24 and the local OOH service. All OOH GPs are based in the local OOH centres in each of the territorial Boards; there are no GPs working within any of the NHS 24 contact centres. Therefore, if you decide that your patient does need to see a GP before the surgery re-opens, you should refer them directly to the OOH service for your Board area. The pharmacist (or the patient) does not need to contact NHS 24 at any stage, and using Direct Referral will improve the patient journey (page 4).

#### How to refer patients requiring treatment/support in the OOH period

Who you wish to refer to	How to refer the patient	Why you would refer the patient here
Local OOH Service  PCEC – Primary Care Emergency Centre MIU – Minor Injuries Unit CPN – Community Psychiatric Nurse DN – District Nurse	Professional to professional number  <b>See Section 6 for contact numbers</b>  Number can also be used to discuss referral options. Please do not advise the patient to contact NHS 24.  Special notes are written by the patient's GP and can often be useful for community pharmacist particularly in palliative care	To arrange a consultation at PCEC or MIU  To organise a prescription for medication not eligible for supply under PGD or emergency supply legislation  To query a prescription written in the OOH period  To arrange for patient to see CPN or DN  To access special notes
Accident and Emergency	Send patient direct (May require ambulance transport via 999)	Accidents eg: suspected fractures  Emergencies eg: anaphylaxis
Emergency Ambulance	Ambulance transport via 999	Serious symptoms presenting in Pharmacy
Dental treatment	Check local arrangements	NB: Dental patients not routinely referred to OOH service
Social Services	Check local arrangements	Child protection issues Community care

## What happens when I phone the OOH Service?

The call will typically be answered by a non clinician who will ask for the person's name, date of birth, address, postcode, name of their doctor and practice. Use the referral form in section 7 to collect this information and record the time and location of the appointment.

They will also ask for a brief description of their symptoms and how quickly they need to be seen. Most patients with minor ailments would usually need to be seen within a 4 hour time frame; however, this may vary according to the demands placed on the OOH service.

The OOH service will then give you an appointment time and location where the patient can best be seen. You then tell the patient. **Never** give anyone the OOH professional line number.

For patients in Greater Glasgow and Clyde (plus Helensburgh, Lochgoilhead, Arrochar, Garelochhead and Kilcreggan) - patients should be **sent directly** to the nearest Primary Care Emergency Centre (section 6) with the completed referral form (section 7).

For patients in Lothian and Borders - Pharmacists should ask to **speak to a doctor** rather than making an appointment. If no doctor is available immediately, you will be phoned back as soon as possible.

## Reasons for Contacting the OOH service

- Make an appointment for the patient who requires face to face consultation.
- Request a prescription for an item not covered by the PGD or emergency supply legislation (OOH will not prescribe substitution therapy).
- Discuss whether patient referral for an appointment is appropriate or a prescription is required for the patient's condition.
- Query a prescription written during the OOH period.
- Request an alternative product if the requested product is not available.
- Access information contained within special notes (with patient's consent).

## Patient's condition is not suitable for treatment under the Minor Ailments Service or with over the counter medication

OOH services encourage the use of the "assess and treat" model when dealing with patients presenting with minor ailments. This model means that when you can make a suitable differential diagnosis, then you should decide if there is a treatment available and either supply through MAS, if appropriate to do so, or make an OTC sale.

However if this is not possible you can refer the patient directly to your local OOH service instead. The pharmacist should consider if the patient needs to be seen immediately or if it can wait until they can be seen by their own GP practice.

Examples of appropriate referral would be:

- Tracking skin infection.
- UTI symptoms, where the patient has systemic symptoms, has already tried OTC treatment, or cannot be treated OTC due to product licence restriction.
- Bacterial conjunctivitis - used OTC treatment appropriately with no effect.
- Vaginal thrush not covered by product licence.

If a Minor Ailment can not be treated with OTC products and it can not wait until their GP is next open. Please use the Professional to Professional number to the OOH service either to arrange a telephoned prescription or to refer the patient to be seen. Please avoid raising patients' expectations. For example, do not tell the patient that you think they need

antibiotics or that they need to be seen urgently by a doctor. Instead, tell the patient that you think their symptoms need to be assessed.

Conditions such as minor skin infections (eg: boils), uncomplicated cystitis, earache, and cold symptoms should be managed with OTC treatments in the first instance. Clear instructions should be given to the patient on what to do if the condition significantly worsens or does not resolve with the OTC treatment you have recommended. You should also advise the patient regarding timescales and when they would need to see their own GP during the in-hours period if there is no improvement.

Please remember in all cases that the OOH GP service is solely for patients who require to be seen due to medical reasons (not personal) before their own surgery is open next.

When a patient has an ongoing chronic condition it is more appropriate to send them to their own GP who will have access to all the patient information rather than to a GP in the OOH who does not have the benefit of patient notes.

### **Request for a medicine not suitable for supply under the PGD or emergency supply**

If a patient has made a request for a medicine that cannot be supplied under the terms of the PGD or emergency supply and you are satisfied that a supply is urgently required, then you can phone the OOH to request a prescription. You must consider whether the medicine is urgently required before a prescription can be obtained in the usual way. Please remember if the patient has been prescribed a prescription only medicine on a previous occasion then an emergency supply can be made, for example recently discharged from hospital on new medication and has run out.

Examples of appropriate referral in such cases would be for a supply of a Controlled Drug for a palliative care patient or a woman requesting Emergency Hormonal Contraception (EHC) who is not eligible for supply under the appropriate EHC PGD. If the prescription is for a controlled drug, the OOH will inform you where the prescription can be collected from and you will need to discuss with the patient if they have transport or know someone who can collect the prescription for them.

**Please remember that the OOH GPs are unable to prescribe substitution therapy under any circumstances.** Please do not refer any patients requesting methadone or other medicines that are prescribed as substitution therapy. Diazepam may be supplied via the PGD if you are satisfied that it is not prescribed as substitution therapy but for muscle spasm, for example.

If you have received a request for a medicine and you are concerned about possible abuse of the medication, then please do not refer such patients to the OOH service for supply of that medication. One such example of this would be a request for cyclizine which you suspect the patient may be abusing. Consider offering the patient an OTC alternative in such cases and advising them that they should see their own GP in-hours for a further supply.

Please remember you do not have to issue a full cycle under the PGD. A few days' supply in some cases may be more appropriate, for instance, if you are unsure if medication is to be continued or have any other doubts.

## Patient Journey

