

## NATIONAL PGD AND DIRECT REFERRAL FREQUENTLY ASKED QUESTIONS

### 1. How do I register to use the National PGD?

Registration and using the PGD can be done immediately by signing the individual authorisation form and faxing to the relevant board. The individual authorisation form can be used for up to 3 Health Boards.

Locum pharmacists do not have to sign the PGD for each individual Pharmacy they work in. Pharmacists only need to sign once, however, if you work in more than one Health Board then you must sign up for the PGD in each Health Board you work in.

Contractors must ensure for payment purposes that at least one pharmacist has named their pharmacy as the normal pharmacy location in the individual authorisation form.

### 2. When is it appropriate to use the National PGD?

The PGD can be used when the patient's prescriber is unavailable and there is an urgent clinical need to make a supply. The patient's prescriber will always be unavailable in the Out of Hours(OOH) period but there may be circumstances where they may also be unavailable "in hours". Pharmacists may wish to discuss with their local GP Practices what the definition of the "prescriber unavailable" means at a local level and when it is appropriate to use the PGD in the "in hours" period.

### 3. Why can't a GP at NHS 24 write a prescription?

NHS 24 does not have GP's. The local OOH service is dealing with patients that are ill and cannot wait until their GP is next open, and it would not be appropriate to take up valuable time that is dedicated to treating patients when a pharmacist has the facility to supply there and then. If you are unable to supply the patients' medication, please contact your local OOH service, by using the direct referral process. Please see section 5, 6 & 7 for further details.

### 4. What is direct referral?

Direct referral allows community pharmacists to contact the local OOH service for their board area during the OOH period. You can query a prescription written in the OOH period, request a prescription to be written, discuss treatment/referral options for your patients or make an appointment for your patient at the nearest OOH centre.

### 5. Why do I use direct referral instead of NHS 24?

Community pharmacy is a valued partner. Direct referral is a very positive patient experience and outcome. It often results in less face to face contact with the OOH service and reduces resources required in the OOH period and NHS 24. Patients who visit community pharmacists would typically wait up to 3 hours or longer at peak times for NHS 24 to call them back, by which time the community pharmacies are often closed.

### 6. Can all of the patient's medicines and/or appliances and/or ACBS products be supplied via the PGD?

All medicines listed in the BNF / BNFC can be supplied for the specific clinical conditions listed in the Schedules unless the medicine is listed in Part B of the relevant Schedule.

All appliances and ACBS products that are currently prescribed can be supplied via the PGD. For example this includes dressings, needles and stoma products.

All borderline substances can be supplied.

### 7. Do you have to interview the patient?

The person requesting the supply should be interviewed (this may be the patient's representative) to establish that there is a requirement to make a supply under the

auspices of this service. Pharmacists should always act in the best interest of the patient and consider the consequences of not making a supply.

**8. The patient has never been to the pharmacy before, can I supply?**

The patient does not have to be on your PMR, or have brought evidence. If the patient knows the name, strength and dosage of their medication and it is allowed on the PGD, is there ever a reason not to supply? Please remember as soon as they enter the pharmacy they are now your patient and you have a duty of care. If the patient or carer is unsure about any details of the medication required, then you can phone NHS 24 for access to the Emergency Care Summary (section 3). Please remember this is not a validation tool and NHS 24 requires patient consent before entering their record.

**9. What happens if the person requiring the medicines and/or appliances and/or ACBS products is from a UK country other than Scotland?**

In order to access this PGD the patient must be registered as an NHS patient with a Scottish GP. Patients from other parts of the UK, EEA or Switzerland requesting supply of medicines should be dealt with under the existing emergency supply regulations. Patients out with these countries can register temporarily as a patient with a Scottish GP for access to a prescription if necessary.

**10. What quantity of medicines and/or appliances and/or ACBS products should I supply?**

If the patient requesting the medicines and/or appliances and/or ACBS products is known to you and you have PMR details to confirm previous supplies, a full prescribing cycle or course of their medicines and/or appliances and/or ACBS products could be supplied.

If the patient is not known to you, we would suggest you supply a quantity of medicines and/or appliances and/or ACBS products with which you are comfortable up to a full prescribing cycle, ensuring you give at least enough until it is reasonably practical for the patient to obtain a prescription from their prescriber.

**11. Are there a maximum number of times a patient can access medicines and/or appliances and/or ACBS products via the PGD?**

There is no restriction on the number of times an individual can obtain medication via the PGD, however the patient should be advised to obtain their medication via their normal route once you have made a supply via the PGD and that this is an emergency route only. Supplying the patient's normal prescribing cycle or enough medication until it is reasonably practical for the patient to obtain a prescription from their prescriber should prevent the patient from having to access medicines from you through the PGD again.

**12. What if the patient's prescription is already in the surgery?**

This should not affect the pharmacist's decision to supply which will be based on clinical requirement. It will be the surgery's responsibility to deal with any prescriptions which have been produced, but not collected by the patient.

**13. What if a patient requests supplies from several pharmacies?**

The GP surgery will be made aware of this when pharmacists inform them that they have made a supply. The counter fraud service will also be monitoring the use of this PGD to ensure there is no patient or pharmacist abuse occurring.

**14. What if a patient knows about the PGD and the pharmacist refuses to make a supply?**

It is not mandatory to make a supply using this PGD, but the pharmacist should act in the best interest of the patient and consider the consequences of not making a supply. If the

pharmacist decides they do not wish to make a supply using this PGD or the existing emergency supply regulations or supply an OTC product or give advice then the pharmacist can contact their local OOH service, by using the direct referral process. Please see section 5, 6 & 7 for further details on direct referral.

**15. What will happen if I supply a medicine which is not covered by the PGD?**

You will not be reimbursed if you supply a medicine which is not covered by the PGD.

**16. How do I deal with a patient who is requesting Opiate replacement therapy via this PGD?**

Methadone and Buprenorphine **cannot** be supplied under this PGD and the local OOH service **will not** make a supply or authorise a supply. Patients requesting a repeat supply of methadone or buprenorphine should be directed back to their own prescriber when they are next available.

**17. Can controlled drugs be supplied via this PGD?**

All schedule 2 and 3 controlled drugs (CD) are excluded under this PGD. Morphine 10mg/ml is not a CD schedule 2 or 3, it is however still excluded in schedule 4 of the PGD. Patients requiring these drugs should be referred onto the local OOH service if the supply is felt necessary in the OOH period.

Schedule 4, part 1 CD's e.g. benzodiazepines may be supplied. The pharmacist can use her / his discretion and limit the quantity supplied in this situation especially if it is an unfamiliar patient. Please see section 15 "Medication liable to abuse" for further guidance.

**18. What if I do not know the CHI number and or the Prescriber Pad no?**

These can be obtained from the GP surgery retrospectively and their non-availability should not influence your decision to make a supply.

**19. How do I inform the Patient's Prescriber of a supply being made via the National PGD and what details should be passed on?**

A copy of the CP (US)/CP4 form and template letter should be forwarded to the prescriber via secure fax, email or post as soon as practicable after the supply has been made.

The CP(US)/CP4 form should contain patient and prescriber details, the patients CHI number or date of birth, details of the medicines and/or appliances and/or ACBS products and quantities supplied.

**20. Will there be a secure fax at the surgery for Pharmacists to fax supply details to?**

Yes. GP practices will have secure faxes to receive clinical information. GP fax numbers can be accessed securely from within the pharmacy on the Community Pharmacy SHOW website - [http://www.communitypharmacy.scot.nhs.uk/unscheduled\\_care.html](http://www.communitypharmacy.scot.nhs.uk/unscheduled_care.html)

The pharmacist should fax the CP(US)/CP4 along with the fax template in section 13 to this number to allow the Doctor to update the patient record. Many practices now have secure email boxes instead of fax machines, please check with your local practice if they wish you to communicate in this way instead.