

NATIONAL PGD AND DIRECT REFERRAL FREQUENTLY ASKED QUESTIONS (FAQs)

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

Registration to use the PGD is done by signing the individual authorisation form and sending to the relevant health board by email, post or as instructed by the board. Note that the PGD can be used immediately after signing, and there is no requirement to await authorisation before you can use it.

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 a 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?

There are no GP's working frontline in NHS 24. The GP's the patient might see during the out of hours (OOH) period are all employed, and work, for the territorial health boards.

Note that the local board GP OOH service should only deal with patients that are ill and cannot wait until their own GP surgery is next open. It would not be appropriate to refer someone to the GP OOH service when a pharmacist has the ability to assess, treat and supply a medicine where appropriate. If a prescription is required, then you should contact your local GP OOH service directly using the direct referral/prof to prof process. Please see "Guide to Direct Referral to the Out of Hours (OOH) Services" section for further details.

4. What is Direct Referral?

Direct Referral/Prof to Prof allows community pharmacists to contact the local board OOH service during the OOH period. You can query a prescription written (or sent electronically) 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/Prof to Prof instead of calling NHS 24?

Community pharmacy is a valued partner and using Direct Referral/Prof to Prof results in a more efficient and positive patient experience and outcome. It often results in less face-to-face contact with the OOH services and reduces resources required in the OOH period and by 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 can often be 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.

There have been a number of occasions that medicines suitable for supplying under this section of this PGD have not been made, especially related to medicines covered by Schedule 4 of the PGD. You should refer to Schedule 4 to see which medicines are appropriate for supply, as they include certain medicines used for treating pain, a range of mental health disorders (such as depression) and a number of other clinical conditions.

If a prescription has been generated by the GP (or other prescriber) which has not yet reached the pharmacy when the person presents, but the item is visible within the person's ECS, you are also allowed to make a supply of that medicine under this PGD. If there is a need to switch the formulation of a medicine e.g. tablets to liquid, to support them in taking the medicine as prescribed, this is allowed under this PGD.

7. Do you have to interview the patient?

The person (or appropriate representative) requesting the supply should be interviewed 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?

Yes, the patient does not have to be on your PMR or have brought evidence. You should be able to verify they are taking a particular medicine through access to the relevant information stored within that person's Emergency Care Summary (ECS).

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, the ECS will provide you with the information.

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 or temporarily registered as a patient with an NHS GP practice in Scotland. Patients from other parts of the UK, EEA or Switzerland requesting supply of medicines should be dealt with under the existing emergency supply regulations.

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 each time you make a supply via the PGD, and highlight 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 make a supply of that medicine which will be based on clinical requirement of that person at that moment in time. The Emergency Care Summary can also verify whether or not a prescription has been generated

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 that it is not clinically appropriate to make a supply using this PGD or the existing emergency supply regulations, supply an OTC product or give self-care advice then the pharmacist can contact their local GP OOH service, by using the Direct Referral/Prof to Prof process. **The patient should not be instructed to phone NHS24 under these circumstances.** Please see section "Guide to Direct Referral to the Out of Hours (OOH) Services" for individual Health Board policies and further guidance 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 NHS 24 nor your local GP 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, except midazolam oromucosal solution for the emergency treatment of status epilepticus. Morphine 10mg/5ml is not a CD schedule 2 or 3, it is however **excluded** and is in part B of the PGD. Patients requiring these drugs should be referred onto the local GP OOH

service if the supply is felt necessary in the OOH period however excludes opiate replacement therapy (see above).

Schedule 4, part 1 CD's e.g., benzodiazepines may be supplied. The pharmacist should use their professional judgement and may also choose to limit the quantity supplied in this situation especially if it is an unfamiliar patient. **Please see section “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 at the time 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 UCF/CP4 form and template letter should be forwarded to the prescriber via secure means as soon as practicable after the supply has been made. Many practices now have secure email boxes instead of fax machines, please check with the GP practice how they prefer to receive such communications.

The UCF/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.