NATIONAL PGD – URGENT SUPPLY OF REPEAT MEDICATIONS AND APPLIANCES FREQUENTLY ASKED QUESTIONS

1. **How do I register to use the National PGD?**
   Pharmacists may only use the PGD if their local Health Board have authorised its use. The Pharmacist using the PGD must have read, agreed and signed the PGD and must have a personal copy of the clinical content of the PGD.
   Health Boards will keep an up to date list of all pharmacists within their area who are authorised to use the PGD.
   Locum pharmacists do not have to have signed up for the PGD in each individual Pharmacy they work in within a Health Board. They only need to be signed up once. However, if they work in more than one Health Board then they must sign up for the PGD in each Health Board they 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, the surgery is closed or an out-of-hours system in place.
   Pharmacists may wish to discuss with their local GP Practices what the definition of the "prescriber being unavailable" is at a local level.

3. **Can all of the patient's medicines and/or appliances 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 that are available on repeat prescription can be supplied via the PGD. For example this includes dressings, needles and stoma products.
   The medicines and/or appliances must be a regular repeat, which is being currently prescribed.

4. **How long will the PGD be in use?**
   The PGD will be authorised for use for an initial period of two years and will be subject to review and updated every six months to mirror current BNF/BNFC.

5. **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.

6. **What happens if the person requiring the medicines and/or appliances 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 requesting supply of medicines and /or appliances should be dealt with under the existing emergency supply regulations, or register temporarily as a patient with a Scottish GP, or sell an OTC product or give advice.

7. **What quantity of medicines and/or appliances should I supply?**
   If the patient requesting the medicines and/or appliances is known to you and you have PMR details to confirm previous supplies, a full prescribing cycle of their repeat medicines and/or appliances should be supplied.

If the patient is not known to you, we would suggest you supply a quantity of medicines and/or appliances with which you are comfortable up to a full prescribing cycle.

8. **Are there a maximum number of times a patient can access medicines and/or appliances via the PGD?**
   Patients cannot receive two successive supplies of the same medicines and/or appliances via this PGD, that apart there is no restriction on the number of times an individual can obtain via the PGD.

9. **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.

10. **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.

11. **What if a patient knows about the PGD and the pharmacist refuses to make a supply?**
    Pharmacists are not required to make a supply using this PGD. 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 they must make arrangements to have the person seen at the local Primary Care Emergency Centre. Attendance at the local Primary Care Emergency Centre should be arranged according to the local Health Boards direct referral procedure e.g. phone call to the hub using the professional to professional contact number or referring the patient directly to the OOH centre. Please see section 5, 6 & 7 for further details.

12. **What will happen if I supply a medicine and/or appliance which is not covered by the PGD?**
    You will not be reimbursed if you supply a medicine and/or appliance which is not covered by the PGD.

13. **How do I deal with a patient who is requesting methadone via this PGD?**
    Methadone **cannot** be supplied under this PGD and the local PCEC **will not** make a supply or authorise a supply. Patients requesting a repeat supply of methadone should be directed back to their own prescriber when the surgery is next open. If the patient is suffering from withdrawal symptoms, which can not be managed with OTC products or advice, it may be appropriate to refer them to NHS 24 to have these symptoms dealt with; however, pharmacists referring patients with these symptoms must make clear that methadone **will not be supplied in any situation.**

14. **Can controlled drugs be supplied via this PGD?**
    All schedule 2 and 3 controlled drugs (CD) are excluded under this PGD, even though Morphine 10mg/ml is not a CD schedule 2 or 3, it is excluded under PGD in schedule 4. Patients requiring these drugs should be referred onto the local PCEC 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.

15. 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.

Individual Health Boards may be able to supply a list of all prescriber contact details and reference numbers within their locality.

16. 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) form and template letter should be forwarded to the prescriber via fax or post as soon as practicable after the supply has been made.

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

17. 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. The pharmacist should obtain this fax number from their GP practice and fax the CP(US) along with the fax template in section 13 to this number to allow the Doctor to update the patient record.