

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 simple. Just sign the PGD then complete an individual Authorisation Form and send to the relevant health board by email, post or as instructed by the board. Note that you can use the PGD immediately after signing it, there is no requirement to await authorisation from the Board before you can use it. Also, a single Authorisation Form can be used for more than one Health Board.

Locum pharmacists do not have to sign the PGD for each individual Pharmacy they work in, they only need to sign it once. However, if you work across more than one Health Board then you must sign up for the PGD in each Health Board you work in by completing the Authorisation Form for that Board.

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?

NHS 24 does not have GPs working frontline. All GP's working in the out of hours (OOH) period are all employed, and work, for territorial health boards which provide a GP OOH service.

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 Patient Referral to other Services" section for further details.

4. What is Direct Referral / Professional to Professional line?

Direct Referral/Prof to Prof allows community pharmacists to contact the local board GP 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 unscheduled care 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 OOH services and reduces resources required in the OOH period and by NHS 24. Patients who are referred to NHS 24 would typically wait

up to 3 hours 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, appliances or ACBS products be supplied via the PGD?

The medicines look-up list will show if a medicine can or cannot be supplied under the PGD. The PGD covers supply of appliances and ACBS products, which are not included in the medicines look-up list, but authorised products can be found by referring to the appropriate section(s) of the Scottish Drug Tariff (see PGD schedules 17 and 18).

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 PGD 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 my 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) or by interviewing the patient.

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 to them. If the patient or carer is unsure about any details of the medication required, the ECS will provide you with this information.

9. What happens if the person requiring the medicine, appliance or ACBS product is from a UK country other than Scotland?

In order to access this PGD the patient must be registered as a patient with an NHS Scotland GP practice. Patients from other parts of the UK, EEA or Switzerland requesting supply of medicines should be dealt with under the existing emergency supply regulations as described in the Human Medicines Regulation (HMR) 2012.

10. What quantity of medicine, appliance or ACBS product should I supply?

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

If the patient is not known to you, we would suggest you supply a quantity with which you are comfortable with 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 and have it dispensed.

11. Are there a maximum number of times a patient can access medicines, appliances 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 a patient requests supplies from several pharmacies?

The GP surgery will be alerted to multiple requests provided pharmacists routinely inform the surgery when they have made a supply under the PGD. Communication is very important to ensure the patient's medical record is kept up to date, and the GP surgery should be able to detect multiple requests (taking action if required). The counter fraud service will also be monitoring the use of this PGD to ensure there is no patient or pharmacist abuse occurring.

13. 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 (HMR 2012), 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 Patient Referral to other Services" for individual Health Board policies and further guidance on direct referral.

14. 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. Also, if a prescription medicines not covered by the PGD is supplied e.g. schedule 2 controlled drugs, this could be subject to appropriate sanctions

15. How do I deal with a patient who is requesting Opiate Replacement Therapy (ORT) via this PGD?

Methadone and Buprenorphine **cannot** be supplied under this PGD. Also, NHS 24 and your local GP OOH service **will not** authorise or make a supply of ORT. Patients requesting a repeat supply of methadone or buprenorphine should be directed back to their own prescriber when they are next available.

16. 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** on 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).

Note that 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.

17. What if I do not know the CHI number and/or the Prescriber details

The CHI number and the GP practice details can both be found by accessing the person's Emergency Care Summary (ECS) or through the patient portal. Non-availability of this information at the time should not influence your decision to make a necessary supply.

18. 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. Practices will have secure email options to support forwarding the information, but you should check with the GP practice how they would prefer to receive such information.

The UCF/CP4 form should contain patient and prescriber details, the patients CHI number or date of birth, details of the medicine, appliance or ACBS product and quantities supplied.

19. How do I access the patients ECS?

When acting as the Responsible Pharmacist you must ensure you have access to the ECS when on duty, and your username and password should be known in advance of working in any pharmacy, particularly if you are a locum. If you are unable to access ECS for technical reasons, then please contact your Health Board to have this rectified. Details of individual Health Boards can be found on the NHS Community Pharmacy website via the following link [contact your Health Board](#). There is also guidance on accessing/troubleshooting ECS on the [Community Pharmacy Scotland](#) website.

20. Can I supply acutely prescribed medicines under the PGD?

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 allowed to make a supply of that medicine under this PGD. Also, 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.