



# An evaluation of the role of community pharmacists in optimising safe and appropriate medicines use in response to patient requests for emergency supplies

Emergency Supply of Prescription-only Medicines (ESoPoMs)

## Executive summary

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## EXECUTIVE SUMMARY

In this study, the term 'emergency supply' refers to the supply of medicines made by community pharmacists without a prescription, including situations where a charge is paid by the patient, as well as those where medicines are loaned prior to an NHS prescription being obtained.

The overarching purpose of this study was to explore and inform best practice regarding the delivery of an emergency supply service of prescription-only medicines in community pharmacies. The study was also designed to explore the support required by pharmacists in providing this service, and to identify how it may be integrated into established health and social care provision to help maximise adherence. The study's primary aim was to explore the operation of the emergency supply service undertaken by community pharmacists (CPs), whilst the secondary aim was to engage community pharmacists and enhance their involvement in, and experience of, pharmacy practice research.

### METHODS

This study used a mixed methods approach, with data collection being undertaken by practising community pharmacists who were trained in research techniques as part of the study (known as Pharmacist Researchers – PRs). The evaluation was based on data from four phases:

1. Prospective audit of emergency supply requests for prescribed medicines;
2. Interviews with community pharmacist service providers;
3. Follow-up interviews with service users who received emergency supplies;
4. Interactive feedback sessions with medical practice teams.

Triangulation of the data from all study phases provides an understanding of the service from multiple perspectives, enhancing the validity and reliability of the study outcomes. A regional pharmacy stakeholder workshop took place towards the end of the study to invite comment on our preliminary findings and to help us to formulate our recommendations.

### SUMMARY FINDINGS

Emergency supplies were a routine aspect of community pharmacy practice and arose for multiple reasons, including problems relating to patients obtaining supplies of repeat-prescribed medicines. These supplies created additional, hidden, workload for pharmacists, which was neither currently recognised nor remunerated as the majority of these supplies were made as a loan, in anticipation of an NHS prescription. Supplies made in this way helped to maintain access to medicines and supported patients in adhering with prescribed treatment plans. Pharmacists faced some challenging situations in responding to requests, but good relationships with local medical practices and robust policies and procedures helped to alleviate problems. Pharmacists recognized the potential for problems arising from inappropriate supplies being made and exercised caution when making the decision to supply. There was no formal mechanism for reporting emergency supplies back to the patient's GP and this was something that was widely considered to be necessary to reduce risk of misuse or further clinical problems arising. In some cases, emergency supplies triggered interventions by pharmacists, from provision of advice around adherence through to full Medicines Use Reviews. Many participants felt that provision of emergency supplies helped to reduce unnecessary burden on out-of-hours and urgent care services including walk in centres, Out-of-Hours GP services and Accident and Emergency departments.

Pharmacist researchers were effective members of the research team and contributed to the collection of high quality, robust evidence from their practice, their peers, their patients and fellow health professionals. Incorporating PRs into research is potentially a highly useful mechanism to building the evidence base for primary care practice in community pharmacy.

### **RECOMMENDATIONS FOR PRACTICE**

The recommendations below reflect the study data and comments on our preliminary findings from a pharmacy stakeholder workshop. They relate to the safe and effective provision of emergency supplies of prescription-only medicines made through community pharmacies and arise directly from the key findings of the study. Recommendations outline how such supplies could be better integrated and form a more coordinated component of health and social care pathways, thus ensuring that patients benefit from being able to maintain adherence to their prescribed medicines regime.

Key recommendations for practice are as follows:

1. An NHS-funded service should be commissioned nationally that will allow pharmacists to supply regularly prescribed medicines to NHS patients under the existing criteria as laid out in the Medicines Act and subsequent Regulations. Such a service should include additional features around supporting patients in managing their medicines effectively and might include a facility to enable pharmacists to synchronise supplies of multiple medications or address other technical issues around the supply of repeat medication. Furthermore, incorporating Medicines Use Reviews into the service would also allow further review of patients with more complex issues. This approach would help to reduce the hidden workload of emergency supplies arising from multiple loaned supplies and allow the community pharmacy team to continue to reduce unnecessary burden on the wider NHS.
2. Pharmacists should have read-only access to electronic patient medical records to inform their decision-making regarding emergency supplies. In addition, having write access to add information regarding emergency supplies made would also ensure that the patient's medical practitioner was fully informed regarding adherence to treatment.
3. Continued rollout of, and improvements to, the Electronic Transfer of Prescriptions (ETP) service may help to reduce the turnaround time of prescriptions and provide further mechanisms for handling emergency situations. In addition, better use of technology by community pharmacies, such as automatic reminders to patients to order their prescription in sufficient time, could further alleviate problems. Some pharmacy software providers are already developing such systems and these reminders could be via text, email or telephone.
4. A review of the current systems for ordering and supply of prescribed medicines should be undertaken locally by medical practice teams, in consultation with local community pharmacies and patient representatives to help streamline the process for patient benefit and to reduce unnecessary burden on out-of-hours and urgent care services. Such a review might involve considering wider use of the existing Repeat Dispensing Service for medicines for long term conditions, which has potential to quickly reduce the current burden on medical practices. Medium term, a review may look towards a more multidisciplinary approach to the ordering and authorisation process once electronic transfer of prescriptions and the sharing of medical records becomes more widespread

**RECOMMENDATIONS FOR RESEARCH**

Further research, including economic modelling to estimate the cost-effectiveness of a funded NHS emergency supply service, is required to assess its feasibility and its potential to be a cost effective mechanism to reduce demand on out-of-hours services