

Remote Prescribing for non-EPS enabled settings

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We are receiving a significant number of requests from a range of care settings about faxing or emailing copies of paper NHS prescriptions to community pharmacies. The purpose of this note is to understand the issues and explore viable options, recognising that there might not be a universal solution.

Background

Clinicians in most care settings e.g acute trust outpatients, primary care dental services and others, are moving to full remote (non F2F) ways of working during the Covid-19 pandemic. Many of these settings are not enabled to prescribe using the functionality of the NHS Electronic Prescription Service (EPS).

A legal prescription is one which is written and signed in indelible ink by an appropriate practitioner. Electronic prescriptions via the Electronic Prescription Service (only) are also recognised in Human Medicines Regulations 2012.

A faxed or email copy of a paper prescription does not fall within the definition of a legally valid prescription. Supplying medicines in this way is associated with very poor governance and considerable risks, including, but not limited to the following problems:

- Uncertainty that the supply has been made in accordance with a legally valid prescription
- Non-receipt of the original prescription and therefore inability to demonstrate that a supply had been made in accordance with a prescription
- The original prescription is subsequently amended by the prescriber in which case the supply would not have been made in accordance with the prescription
- Risks that the prescription is not genuine
- For fax, or unsecured email , risks that the system of sending and receiving does not meet information governance requirements
- Risks of poor reproduction of the original prescription depending on the system used
- That the alert to dispense will be missed as this is not a conventional channel to receive prescriptions
- Falls outside of contractual arrangements

In addition, community pharmacies are experiencing very high levels of demand. Capacity to deal with prescriptions via new channels like email, which are unsupported by regulations, governance frameworks or funding is problematic and unsustainable.

Remote prescribers should use alternative existing mechanisms for the supply of medicines, which meet the necessary legal requirements and are associated with a better risk profile. We know NHS Digital is working with EMIS and TPP to make EPS, including Phase 4, available in care settings beyond GP practices, such as extended access hubs, community and urgent care. More information about how and when providers will be able to use EPS will be available soon from [NHS Digital](#) and suppliers.

This may include provisions for community pharmacy to support in an emergency; these would need to be facilitated by commissioning, or sub-contract arrangements, as no provisions exist as an essential service in the Community Pharmacy Contractual Framework

Options by care setting for illustration

We understand that current NHS England and NHS Improvement recommendations are that, where a patient has an immediate/urgent clinical need for medication as a result of attending an outpatient clinic, the provider must supply medication sufficient to last at least until the point at which the outpatient clinic's letter can reasonably be expected to have reached the patient's GP, when the GP can therefore accept responsibility for subsequent prescribing. There is no such guidance for dentists working in primary care at present.

Acute Trusts	<ul style="list-style-type: none"> Post non-urgent original paper prescriptions to the patient home address Emailed to internal Trust or OPD dispensaries for collection by patients – drive through pickup, delivery by next day delivery (in house/third party courier, track and trace postal service, use of volunteers to collect or deliver
Care Trusts	<ul style="list-style-type: none"> Post non-urgent original paper prescriptions to the patient home address Emailed to internal Trust or OPD dispensaries for collection by patients – drive through pickup, delivery by next day delivery (in house/third party courier, track and trace postal service, use of volunteers to collect or deliver Due to large regional footprint, in an emergency or more urgent situations consider <ul style="list-style-type: none"> Requesting EPS prescriptions via GP to send to community pharmacies Community pharmacy emergency supply arrangements, at the request of the prescriber – <i>if facilitated by a service level agreement / subcontract arrangement</i>
Dentists in Primary Care	<ul style="list-style-type: none"> Post non-urgent original paper prescriptions to patients home address In more urgent situations: <ul style="list-style-type: none"> Use of pre-packs and re-deployed practice staff or volunteers Requesting EPS prescriptions via GP to send to community pharmacies Community pharmacy emergency supply arrangements, at the request of the prescriber* – <i>if facilitated by local or national commissioning by NHS England</i> <p><i>There are few other options for dentists in primary care and in the absence of a commissioned community pharmacy to support, we encourage pharmacists to consider each request on a case by case basis, using professional judgement to decide which course of action will be in the best interest of the patient. This is at the discretion of the pharmacist and is private service – a fee could be charged to the patient to cover the cost of the emergency supply</i></p>
Covid-19 Hot Hubs	<p>We would encourage early dialog with the LPC about the local requirements for prescription and pharmacy requirements</p> <p>Chosen sites of hot (red/amber) must not be premises co-located with community pharmacies, as this creates significant issues for the pharmacy contractor and may disrupt the normal operational services offered by them.</p> <ul style="list-style-type: none"> Wherever possible use of EPS For non-EPS sites, use of pre-packed TTA medication or community pharmacy emergency supply arrangements, at the request of the prescriber – <i>if facilitated by a CCG locally commissioned service</i> Collection by carers, NHS staff or volunteers or consider funded delivery service only. Under no circumstance should the patient or someone from their household or close contact visit the pharmacy

Community Pharmacy – Emergency Provisions

Pharmacists can supply prescription only medicines (POMs) to a patient without a prescription in an emergency at the request of a prescriber – this could be triggered by a phone call from a prescriber or another notification, such as an email copy of the prescription.

The following prescribers are able to request emergency supplies:

An EEA or Swiss doctor or dentist

The following prescribers registered in the UK: a doctor, dentist, supplementary prescriber, community practitioner nurse prescriber, nurse independent prescriber, optometrist independent prescriber, pharmacist independent prescriber.

Conditions that apply Nature of emergency:

Be satisfied that the request is from one of the prescribers stated above and the prescriber is unable to provide a prescription immediately due to an emergency (e.g. patient cannot collect the prescription from the prescriber, the prescriber is unable to drop off prescription at the pharmacy and patient urgently needs the medicine(s), etc).

Prescription: Prescriber will provide you with a prescription within 72 hours.

Directions: The POM is supplied in accordance with the direction given by the requesting prescriber.

Controlled drugs: Cannot supply controlled drug Schedule 1, 2 and 3 (except phenobarbitone or phenobarbitone sodium for epilepsy). Note: an EEA or Swiss doctor/dentist cannot request a Schedule 1, 2 and 3 controlled drug or medicines that do not have a UK marketing authorisation.

Record Keeping: An entry needs to be made in the POM register with the following information on the day of supply (or if impractical the next day following): the date the POM was supplied, the name (including strength and form where appropriate) and quantity of medicine, the name and address of the prescriber requesting the emergency supply, the name and address of the patient for whom the POM was prescribed, the date on the prescription (can be added to the entry when the prescription is received in the pharm, the date on which the prescription is received (this should be added to the entry when the prescription is received in the pharmacy)

Labelling: Usual labelling requirements apply

Reconciliation: The pharmacy should have a process to reconcile original prescriptions

What do we need from commissioners?

For this to this service to be facilitated we need support from commissioners as there are no provisions exist as an essential service in the Community Pharmacy Contractual Framework to support emergency supplies at the request of the prescriber.

Funding would need to support set up, mobilisation and ongoing additional workload. Pharmacies would need comfort about liabilities of signing prescriptions on behalf of patients when working remotely

For more information

- Royal Pharmaceutical Society of Great Britain, Medicines Ethics and Practice (MEP) 2019
<https://www.rpharms.com/publications/the-mep>
- BNF, Prescribing Guidance
<https://bnf.nice.org.uk/guidance/prescription-writing.html>

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