

GP practice and Community Pharmacy teams

The following information is topics that CPWY and local LMCs have discussed during the C19 pandemic. Information is included below to assist understanding and support local conversations.

Contents

GP practice and Community Pharmacy teams	1
Open, accessible communication route	1
Prescription readiness message.....	2
Time	2
Missing prescriptions	2
Prescription tracker.....	3
Out of stock items.....	3
Pharmacy Delivery Services – usual message.....	4
Note on Shielded Patients	5
Pharmacy Delivery Services – message for use only when the NHS Pandemic Delivery Service is currently active	5
Urgent Prescriptions	6
Using EPS Remotely	6
Electronic Repeat Dispensing (eRD).....	7
Walk In My Shoes.....	7
Pharmacist	7

Open, accessible communication route

We are all busy people. Making it easy and quick to communicate between community pharmacy and general practice helps reduce time wasted while waiting in a call queue or finding a phoneline repeatedly engaged.

- Community pharmacies should share any second phone line numbers with the GP practice.
- GP practices should share the dedicated HCP line with the community pharmacy.

If the practice has a dedicated prescribing admin team, they should ensure the local pharmacies know how to contact them to manage queries on repeat prescription orders.

If the practice has a GP practice / PCN pharmacist ensure they have made contact with the local community pharmacies to discuss how best to communicate and develop the professional relationship.

Discuss the use of NHSmail. Agree which email address is best to use, how often is the email checked for new messages and any requests for how emails are addressed / formatted to make it easy to identify which are for urgent attention.

See: <https://www.pulsetoday.co.uk/resource/pulse-intelligence/how-collaborating-with-local-pharmacies-saves-us-time/>

Prescription readiness message

Prescription ordering is a process that involves patient, GP practice and the community pharmacy and so the process needs to be considered as a whole, not in isolation in your role within the process.

A prescription is not done until it is signed and sent to the spine.

Message when Rx request is accepted by receptionist: Your request for repeat medicines has been queued on our system. These will now need signing by a prescriber before the prescription is released to your nominated pharmacy. The prescriber is expected to sign your prescription after Xpm this afternoon [change time to suit practice schedule for signing Rx's] *OR* Please allow 48 hours for the prescription to be signed.

Message when Rx signed by prescriber: Your electronic prescription has been signed and is available for your nominated pharmacy to download. If your pharmacy is busy they may require some additional time to get your medicines ready. Pharmacies usually request 24 hours before you collect your repeat medicines. Urgent medicines should be collected as soon as possible.

Time

GP practices inform patients that repeats take 48 hours. This is to allow the practice time to generate and sign the prescription.

Please remember that it takes the community pharmacy time to dispense the prescription as this includes ordering, assembling and clinically checking the medication. For repeat medication a pharmacy should ideally be given 24 hours to dispense the prescription ready for collection.

Missing prescriptions

Patient queries about items missing from a prescription take considerable time to resolve. To make resolving issues as timely as possible the following is suggested:

1. If a patient queries a missing prescription, check what item is required and when this was last issued. It may be that a prescription has been issued but the specific item was missed off / not authorised.
2. If a script is done on GP system check nomination, sip feeds regularly go to stoma suppliers.
3. Ensure any changes to medications on repeats are directly communicated to patients so that they know about a change or an item no longer on repeat. This is not the responsibility of the community pharmacy.
4. Suggest that patients order their medications 7-days before their next supply is needed to give time to sort out any missing items (or items with stock supply issues).
5. Repeat dispensing negates much of the issues with missing items and should be considered for all patients with repeat items.

Most pharmacies are no longer permitted to offer managed repeats where they order on behalf of the patient. This means that pharmacies are no longer in the position to check what the patient ordered with the prescription from the surgery. Pharmacies who are not able to be involved in the prescription ordering process cannot be expected to sort or manage when items are missing from a prescription. Helping patients with reordering repeat prescriptions and liaising with practices is not funded within the NHS contract for community pharmacy.

NB The Emergency Supply Regs are not an NHS service, so patients requesting an emergency supply are required to pay for the medication supplied and the associated professional fee. A request for a supply when the GP surgery is open is not routinely an emergency under the Emergency Supply regulations guidance.

Prescription tracker

EPS Prescription Tracker enables pharmacies and prescribers to check the status of a prescription.

Looking at the tracker sounds like a simple process but in community pharmacy this involves going into the patient record, highlighting the NHS number, copying it, opening up the internet page, clicking on the link to the tracker and waiting for that to download, pasting the NHS number and entering search dates, then waiting for results. This all takes time.

Here are some examples of common miscommunication:

NB you may wish to use your own examples to illustrate the time taken by managing 'missing' prescriptions.

Patient told "the prescription was done 2 days ago"

Patient ordered 5 items but only 4 were issued. The patient rings the surgery to query where the other item is. Surgery staff look on system and see a script was issued 2 days ago and tell the patient that. Patient comes back to pharmacy. Pharmacy checks prescription tracker. Only script issued is for items already dispensed. Patient now irate and pharmacy have to ring surgery. Eventually get through and get told the same message. Explain we have that script but are asking for an item that wasn't on it. Surgery staff confirm that item was not issued and put it through for processing.

Patient told "the prescription was done 2 days ago"

Patient has been chasing their repeat medication / script. The patient asked the pharmacy about the script so the pharmacy checked the prescription tracker but nothing had been issued since last month. Patient rings surgery who tell them script was issued 2 days ago and if the pharmacy can't find it we should ring them for the barcode. Patient comes to pharmacy and repeats this message. Pharmacy look on tracker again, still nothing. Pharmacy ring the surgery and need to wait in the patient queue for the call to be answered which on this occasion takes 10 minutes. Surgery repeated that it was issued 2 days ago. Pharmacy requested the barcode which they input to find that the script was issued last month (and supplied to the patient) which the patient has already had.

Out of stock items

Stock shortages continue to be a significant problem and effective communication is essential to reduce delays obtaining alternatives for patients. Proactive, well-planned communication also helps

to reduce the workload of pharmacy and surgery teams and to maintain positive relationships. Discuss with your pharmacy and encourage them share current stock available when referring a script back to the prescriber (or ask the prescriber to call the pharmacy for items where shortages are very volatile eg HRT). This reduces workload for the GP practice and also the pharmacy (as it avoids repeatedly having to return the script).

Information about effective communication along with forms to be used to suggest suitable alternatives for surgeries and for dealing with more general problems can be found below.

[Stock Shortages: SBAR Guide - July 2019](#)

Pharmacy Delivery Services – usual message

Patient message following request for prescription to be delivered

Pharmacies are not obliged to deliver medicines and delivery is at the discretion of the pharmacy.

You can:

- Ask a friend or relative to collect your medicines from the pharmacy.
- Contact the pharmacy directly to discuss if they are able to deliver to you and when this would be possible. Please note there may be a charge for the delivery.
- DURING C19 only: Call NHS Volunteer Responders on **0808 196 3646** (8am to 8pm) to arrange support

The NHS does not fund a home delivery service from community pharmacies. Those community pharmacies that currently deliver medicines to patients do so voluntarily and as a gesture of goodwill toward patients. Therefore, each community pharmacy can select which patients it chooses to deliver to, and to place a limit on the numbers, in order to contain the costs of this free and voluntary service. Community pharmacies can also choose to charge for a delivery if they wish. The COVID-19 pandemic has increased pressure, including financially, on many NHS pharmacies and we do not expect that many, if any, will be able to continue to provide free deliveries of medicines to patients' homes.

Where a voluntary delivery service is offered it is normally on a next working day basis. It is not an on-demand service akin to a food delivery service. This is because community pharmacies will usually employ one driver who will take that day's deliveries each morning and then not return again to the pharmacy until they are all delivered at the end of the day. Interrupting the driver's daily scheduled run to add more same-day delivery requests will significantly increase the cost of the delivery service and is avoided by pharmacies. Some community pharmacies can arrange for a chargeable on-demand same-day delivery service by using third party delivery agents. Patients are likely to be charged if they want an urgent same-day delivery.

Distance-selling pharmacies (or internet pharmacies) will always deliver prescription medicines to patients as this is part of their model. A distance-selling pharmacy is obliged to offer services to patients across England, so any distance-selling pharmacy in England can be used by a patient, and they will deliver their medicines to the patient free of charge. Patients are free to choose which pharmacy they use.

Note on Shielded Patients

Pharmacies are getting queries from patients who shielded earlier in the year, particularly around medicines delivery. The [Government has updated its guidance for Shielded Patients](#). This includes what additional guidance they should follow depending on what their local COVID alert level is. This includes that those who were previously shielding should consider going to the pharmacy at quieter times of the day and states "You might also want to ask friends, family or volunteers to collect medicines for you.". The national [Pandemic Delivery Service](#), which supported pharmacy contractors in delivering medicines to shielded patients is no longer available as a national service.

Pharmacy Delivery Services – message for use only when the NHS Pandemic Delivery Service is currently active

With the commencement of the second national lockdown in early November 2020, [the service was restarted across England](#) on 5th November 2020 and it will run until 3rd December 2020.

From Thursday 5 November 2020

Due to the new national restrictions across England, new advice has been issued to people who are clinically extremely vulnerable (CEV) from COVID-19 (those previously referred to as shielded patients). People who are clinically extremely vulnerable will be advised by the Government not to go to a pharmacy, and as a consequence of this new advice, the Secretary of State for Health and Social Care has decided to restart the Pandemic Delivery Service from 5 November 2020 until 3 December 2020. The service applies across the whole of England. This change to the service requirements was announced in a [letter published by NHS England and NHS Improvement](#). This changes the advice regarding delivery of medicines for patients who are identified as [clinically extremely vulnerable](#).

Patients who are identified as clinically extremely vulnerable

Patients in this group will receive a letter from the NHS telling them:

- They are advised not to go to a pharmacy.
- They are encouraged, in the first instance, to ask a friend, family member, carer or a volunteer (for example, one of the [NHS Volunteer Responders](#)) to collect their medicines for them. If none of these are available, contact the pharmacy to inform them they are clinically extremely vulnerable and need their medicines delivered. The pharmacy will arrange this free of charge.

This guidance applies to clinically extremely vulnerable individuals only. Others, including those living in a household with someone who is clinically extremely vulnerable, are not eligible for the delivery of medicines and this guidance does not alter the advice regarding delivery for other patients.

Patients who are NOT identified as clinically extremely vulnerable

Pharmacies are not obliged to deliver medicines and delivery is at the discretion of the pharmacy. Patients should:

- Ask a friend or relative to collect their medicines from the pharmacy.
- Contact the pharmacy directly to discuss if they are able to deliver to them and when this would be possible. Please note there may be a charge for the delivery.
- During COVID-19 only: Call [NHS Volunteer Responders](#) on **0808 196 646** (8am to 8pm) to arrange support.

Urgent Prescriptions

Due to the nature of prescriptions issued in urgent care, prescribers are advised to contact pharmacies to notify them that they are issuing an EPS prescription which needs to be dispensed promptly. There is no way of communicating clinical urgency between prescriber and pharmacy staff at the time the prescription is downloaded from the spine. It is the responsibility of the prescriber to verbally inform the pharmacy of urgent prescriptions to the pharmacy. This advice has been issued following previous serious incidents and this NHS Digital response:

<https://www.judiciary.uk/wp-content/uploads/2017/11/2017-0290-Response-by-NHS-Digital.pdf>

Using EPS Remotely

Using EPS during remote consultations is now routine within general practice. NHS Digital updated its [guidance for use of EPS within remote consultations](#).

The guidance is for EPS prescribers and pharmacy teams. The guidance notes that:

- Nominations should still continue to be used wherever possible.
- One-off nomination is an additional, and preferred, alternative to use instead of Phase 4.
- Phase 4 (non-nominated) prescriptions should only be used if other options are not suitable.

For [EPS Phase 4](#) prescribing, if the patient cannot be given the printed Phase 4 token, other information should be provided to them instead. Ideally the prescription barcode should be provided where possible. Some GP practices can copy this and send it by email or text message to the patient using their clinical system.

If no nominated pharmacy is recorded, you can still issue electronically and just give your patient the token number. To copy barcode – after issuing, go to Prescription History, click on the relevant FP10, highlight ETP barcode in the right hand pane.

TEXT MESSAGE TO PATIENT – INSERT TOKEN NUMBER (HOW TO ABOVE)

“Dear patient

Prescription code:

Your prescription has been issued electronically. To collect your medication please provide this code to any community pharmacy in England. To change an existing pharmacy nomination please download the NHS App.”

If pharmacy teams receive the prescription barcode from the patient, it can be used to pull down the prescription onto the pharmacy PMR system.

As a last resort, the EPS Tracker may be used within the pharmacy to locate an EPS prescription (e.g. via use of the NHS number) but it should be noted that this is not an efficient way for a pharmacy to locate a prescription.

For further information for pharmacy teams on EPS4 see: <https://psnc.org.uk/dispensing-supply/eps/deployment-status-and-future-plans/eps-future-plans/full-eps/>

Electronic Repeat Dispensing (eRD)

Primary care is being asked to increase the use of electronic Repeat Dispensing (eRD). eRD benefits patients, [general practice and community pharmacy](#) and so is an ideal topic for community pharmacy and general practice to collaborate on.

Key pointers:

- For practices new to eRD, liaise closely with your local pharmacies, and start with just a few patients at a time, building up over the next few weeks if it's working well.
- Ensure you have responded to the NHSBSA with your contact details so that they can send you your practice's report. If you haven't had the email contact them on nhsbsa.epssupport@nhs.net (NB the email should have gone to the practice manager).
- Do not increase the prescribing interval – this is vitally important in protecting the medicines supply chain. Check the interval is correct on your GP system.
- Telephone patients to explain the change and seek consent to the process. Record verbal consent, and read code repeat dispensing (XaJus) in the patient notes.
- Supply can be made for any duration up to 12 months. Bear in mind patients will be due their medication review at the time of re-authorisation so consider using staggered durations according to frequency of review required and next medication review date.
- If starting a new eRD prior to the next repeat being due, post-date the prescription to 7 days before the due date to allow time for the pharmacy to download and prepare the prescription. This can be done by amending the medication start date above the drug name.
- Make sure all practice staff know about eRD and how it works.

Useful Practice staff training resources:

[NECS eRD e-learning:](#)

[eRD Overview from NHS digital](#)

[An overview of eRD video](#)

[Wessex AHSN eRD overview video](#)

Walk In My Shoes

The Walk In My Shoes toolkit provides a guide, resources and ideas as to how GP practice and community pharmacy can develop a better understanding of each other.

<http://www.cpwv.org/pharmacy-contracts-services/walk-in-my-shoes-wims-.shtml>

Pharmacist

Pharmacists work in all NHS sectors. However, most patients will interpret pharmacist as their community pharmacist. To avoid confusion be clear which pharmacist you are speaking about.

E.g. Receptionist tells the patient they have done the script and sent it through to the pharmacist. The receptionist means they have sent it to the practice pharmacist for authorisation, but the patient thinks they mean the community pharmacist and goes straight to the pharmacy expecting their medication to be ready.

Use a descriptor to be clear that which pharmacist you are speaking about, community pharmacist or GP practice pharmacist or PCN pharmacist.
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