Prescription Issues – November 2021

Prescribing during Telephone/Virtual Consultation

It is clear that GP Practices remain under considerable pressure and with the continued need to observe social distancing means that face to face consultations are still limited. The Community Pharmacy network also continues to experience high demand/workload. Most practices have tried and tested processes to work with their local Community Pharmacies, which should continue, however some patients have unrealistic expectations of how quickly a prescription will be available to collect from the pharmacy.

Therefore - as a reminder - if you are consulting remotely and a prescription is required, please only email (or phone) **urgent** prescriptions to the pharmacy. Arrange any non-urgent prescription in the normal way and advise the patient it should be ready for collection at the pharmacy within 48 hours.

Please use the NHS.Scot email address for the Community Pharmacy. **Urgent** requests should also be accompanied by a phone call from GP receptionist asking to speak to the pharmacist. If the pharmacist is not immediately available, the phone number of the practice should be left. Pharmacist to phone back and agree urgent request (or not). Pharmacies will endeavour to have urgent prescriptions ready within 3 hours of the request being received/accepted.

A copy of the prescription should be attached to the email and the original needs to be given to the pharmacy within 72hours as per the emergency supply at request of a prescriber regulations.

Serial Prescribing

Due to the increased numbers of serial prescriptions created during the summer of 2020 we are now – as expected – seeing serial prescriptions needing to be reviewed and re-started (unless inappropriate).

Community Pharmacies have been asked to electronically send the Treatment Summary Reports (TSRs) to the patient’s GP practice rather than repeat slips. TSRs are the trigger to have a serial prescription reviewed and renewed. These should be sent just after the patient receives the last supply which should be up to **8 weeks** before the patient needs the renewed serial prescription.

If the patient requires monitoring before a serial script is re-issued then this should be done within the 8 week window. However, we know a lack of capacity in treatment rooms may impact ability to renew the prescriptions in time. If this is likely to happen, please:

* **Communicate** with the Community Pharmacy about any problems so that they can help manage patient expectations (e.g. via email to their NHS.Scot clinical mailbox)
* Issue new serial scripts for 56 weeks with a note on EMIS/VISION (other call/recall system) that they are amended or cancelled (if necessary) following the review

**or**

* Issue acute prescriptions until any review is complete.

This should stop the additional workload caused by need for urgent communication between the pharmacy and the practice due to either patient presenting for medicine or use of the unscheduled care PGD facility to provide a cycle of “repeat” medicines in an emergency.

# NHS PHARMACY FIRST SCOTLAND

**What is it?**

NHS Pharmacy First Scotland (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions. It is available in every Community Pharmacy in Scotland and replaces the Minor Ailments Service.

**Who is eligible?**

Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents).

People who live in Scotland (including gypsy or travellers / asylum seeker or dependant of an asylum seeker).

***Visitors to Scotland are excluded.***

**The narrative around the service nationally is intentionally designed not to set the expectation that a consultation will result in supply of medication, and this messaging**

**should be carried through locally as well.**

**What are the possible outcomes?**

The patient (or patient representative) will consult with a member of the pharmacy team, this can be in person or over the phone. The pharmacy team will assess their symptoms resulting in one or more of the following outcomes:

* Providing self-care advice to allow patient to manage their symptoms themselves
* Supply treatment for symptoms either via NHS or for the patient to purchase
* Refer the patient to another appropriate healthcare professional

There are some medicines available via PGD for the treatment of UTI, skin infections, impetigo and shingles as below.

* **NB there are strict exclusion criteria so please do not refer patients who will be excluded (see Table 1 below)**

Unlike the Minor Ailments Scheme only those medicines that appear on the [Pharmacy First Approved List](https://www.nss.nhs.scot/pharmacy-services/pharmacy-services/nhs-pharmacy-first-scotland-pfs/) are available to be supplied as part of the patient’s treatment (see Table 2 for the conditions included).

**Table 1 – Conditions where a PGD exists for treatment**

|  |  |
| --- | --- |
| **Condition** | **Patients potentially suitable for referral to NHS Pharmacy First Scotland** |
| Cystitis **(UTI)** | Women ages 16 – 65 **except**:* Pregnant or breastfeeding women
* Diabetes
* Catheterised patients
* Immunocompromised patients
* Vaginal itch/discharge
* Blood in the urine
* Confused patients
* Symptoms for > 7 days
* Had antibiotic treatment for UTI in last month
* 2 or more UTI episodes in last 6 months
* 3 or more UTI episodes in last 12 months
* Taking a regular antibiotic to prevent UTIs
* Symptoms suggesting an upper urinary tract infection such as:

Fever, chills, nausea, vomiting, acute onset back pain, loin pain, flank tenderness or systemically unwell |
| **Impetigo** | All patients over 2 years old **except**:* Impetigo in last 3 months
* Multiple sites of skin infection
* Underlying skin condition at same site as impetigo
* Systemically unwell
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| **Shingles** | All patients over 18 years **except:*** Rash affecting head, neck, arms or legs (only rash on torso can be treated on NHS PFS)
* Rash involving multiple adjacent or non-adjacent dermatomes or where the rash spreads across both sides of the body
* Rash present for more than 72 hours
* Pregnant or breastfeeding women
* Systemically unwell including symptoms of headache or fever
* Recurrent shingles (2 or more episodes in patient’s lifetime)
* Severe pain not responding to OTC analgesics

There are additional PGD exclusions for aciclovir but are relatively rare. Community pharmacists will refer a patient presenting with these back to the practice for assessment. |
| **Skin Infections**- Infected insect bite- Cellulitis (patient afebrile andhealthy other than cellulitis)- Acuteparonychia with signs of cellulitis | All patients over 18 years **except:** * Cellulitis where patient has features suggestive of systemic infection e.g. febrile/feeling unwell
* Cellulitis related to animal or human bite
* Cellulitis related to surgical wound or chronic wound/leg ulcer/burns
* Any sign of cellulitis on the face / around the eye (periorbital/ pre-septal/orbital cellulitis)
* Cellulitis on arms or torso **NOT** linked to an insect bite
* Recurrent cellulitis (more than one episode in 12 months)
* Acute paronychia with signs of cellulitis AND a collection of pus requiring drainage AND/OR in severe pain
* Diabetic foot infection
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**Table 2 – General Conditions**

|  |  |  |
| --- | --- | --- |
|  | **Condition** | **Patients potentially suitable for referral to NHS Pharmacy First Scotland** |
| A | AcneAllergiesAthletes Foot | All patients unless severeAll patients over 1 year All patients (caution if diabetic) |
| B | Bacterial Conjunctivitis | **Refer to optometry as first option if available** All patients over 2 years old without pain or visual disturbance |
| D | Dry EyesDry Skin | **Refer to optometry as first option if available** All patients over 18 years old without pain or visual disturbance or chronic symptomsAll patients except those who have failed to respond to treatment or have symptoms indicative of infection |
| E | Earache | All patients except:* Systemically unwell
* Fluid leaking from ear
* Swelling around ear
* Hearing loss/change in hearing
* Something stuck in the ear
* Children under 2 with pain in both ears
 |
| H | Haemorrhoids (piles)HayfeverHeadlice | All patients over 18 years old except:• Duration longer than 7 days despite treatment from pharmacy • Blood mixed in stool rather than on surfaceAll patients over 1 year oldAll patients unless inflammation of scalp is present |
| M | Mouth Ulcers | All patients except:* Ulcer present for >3 weeks
* Systemically unwell
* Significant symptoms (multiple/large lesions)
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| N | Nappy Rash | All patients except:* Standard treatment fails or symptoms persist
* Signs of infection or eczema
 |
| R | Ringworm | All patients except:* Symptoms persist despite treatment
 |
| S | ScabiesSore Throat | All patients over 2 years oldAll patients except:* Systemically unwell
* No improvement in symptoms for >7 days
* Difficulty swallowing liquids or associated breathing problems
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| T | ThreadwormsThrushOral Thrush | All patients over 2 years old except:* Pregnant & breastfeeding women

Women between 16 – 60 years old except:* Pregnant women
* >2 episodes in 6 months
* Symptoms still present 7-14 days after treatment
* Immunocompromised patients
* Other symptoms eg frequent urination/vaginal bleeding etc

All patients over 4 months |
| W/V | Warts & Verrucae | All patients except:* Warts on face or anogenital region
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