PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A summative service and stakeholder evaluation of an NHS-funded community pharmacy emergency repeat medication supply service (PERMSS)
AUTHORS	Nazar, Hamde; Nazar, Zachariah; Simpson, Jill; Yeung, Andre; Whittlesea, Cate

VERSION 1 - REVIEW

REVIEWER	Wasim Baqir Northumbria Healthcare NHS Foundation Trust United Kingdom School of Pharmacy Bradford University
REVIEW RETURNED	07-Sep-2015

GENERAL COMMENTS	Interesting evaluation and a useful addition to the evidence around emergency supply of medicines from community pharmacy. Introduction: In some areas NHS111 are directing calls to community pharmacy – this should be mentioned. Also worth referencing NHS Employers audit on emergency supply… http://www.nhsemployers.org/news/2015/03/national-community-pharmacy-audit-on-emergency-supply-of-medicines Aim/Objective – be clear what the aim of aims of this evaluation is. Methods: Assumption made that the reader is aware of 'pharmaoutcomes' – describe/reference this tool. Also, do 100% of pharmacies use pharmaoutcomes and do all pharmacists enter all emergency supplies? Was the patient feedback form validated? Costs for using OOH/hospital A&E need referencing. Results: Table 1 – where the reasons why they ran out documented? E.g. it may have been that they didn't get enough from the hospital following discharge. This information could be useful. Patient Feedback – off the 50% of would missed a dose, how many of these are clinically relevant?

REVIEWER	Jasmine Harvey University of Oxford Nuffield Department of Primary Care Health Sciences Oxford, UK
REVIEW RETURNED	21-Sep-2015

GENERAL COMMENTS	This is an interesting paper evaluating out-of-hours emergency repeat medication supply service to patients. It shows the service to be potentially cost-effective for the NHS and benefits patients. I found the methods used to evaluate the service to be comprehensive and inclusive of stakeholders involved. My main concern about the paper is the lack of detail on how the service was operationalized by pharmacists (page 4), perhaps you could shed light on what methods pharmacists used to assess the appropriateness of supplying the medication? I note that on Page 9 (last paragraph under 'community pharmacist feedback'), you discussed some pharmacists suggesting that training was required on emergency supply regulations, hence there must be some ambiguity around this. Good to read that some pharmacists took the chance to conduct Medicines Use Review (MUR) with the patient before supplying the emergency medication. Some community pharmacies have MUR targets they have to reach annually, and I wonder whether this emergency service could become another target reaching service that community pharmacists have to achieve. Perhaps you could highlight this in your discussion? It also appears that a majority of the patients to whom the emergency medication were supplied were 'customers' of the pharmacy, as the pharmacies had their patient medication records. Most community pharmacies offer repeat prescription ordering service as part of the patient's ongoing medicines management, where the pharmacist orders repeat medication on behalf of the patient; I wonder whether you could ascertain from your study that patients required emergency medication supply because there were issues around repeat prescription ordering services and discuss the implications of this in relation to PERMSS. Overall, this is a very interesting paper and would be of interest to professionals related to pharmacy and policy makers.

VERSION 1 – AUTHOR RESPONSE

Specifically to reviewer 1:
Introduction: In some areas NHS111 are directing calls to community pharmacy – this should be mentioned. Also worth referencing NHS Employers audit on emergency supply…
http://www.nhsemployers.org/news/2015/03/national-community-pharmacy-audit-on-emergency-supply-of-medicines
Aim/Objective – be clear what the aim of aims of this evaluation is.
Methods: Assumption made that the reader is aware of 'pharmaoutcomes' – describe/reference this tool. Also, do 100% of pharmacies use pharmaoutcomes and do all pharmacists enter all emergency supplies? Was the patient feedback form validated? Costs for using OOH/hospital A&E need referencing.
Results:
Table 1 – where the reasons why they ran out documented? E.g. it may have been that they didn't get enough from the hospital following discharge. This information could be useful.
Patient Feedback – off the 50% of would missed a dose, how many of these are clinically relevant?

The introduction has been amended to refer to NHS111 directing calls to community pharmacy in some localities and to the NHS Employers audit on emergency supply.
The aim/objective of the evaluation has been re clarified at the end of the introduction and also in the abstract.
PharmOutcomes is introduced in the introduction, where a brief description of it is given and a reference to further information (PSNC website).
All pharmacies in the North East currently use PharmOutcomes, However, there is not a national adoption of this platform. A comment about this has been added to the text.
In our discussion we do acknowledge that not all emergency supplies may have been recorded in PharmOutcomes as records are already made in private prescription records usually according to the pharmacy standard operating procedures. In our consideration for further work we acknowledge that a check of these records during the evaluative period may highlight further need for such an NHS-funded service.
The feedback form was evaluated by members of the HealthWatch group, Local Pharmacy Network to test for face validity. We were provided with feedback on format, comprehensiveness and appropriateness of questions. We have amended the text accordingly.
The costs for OOH/hospital A&E were all provided as locally derived information from the North of England Commissioning Support Unit. We have re-clarified this in the text.
A pharmacist may have investigated why a patient had ran out of medication, however, the data collection form did not specifically record why a patient had ran out. Information relating to this may have been given within the community pharmacist consultation but was not asked to be recorded. Unfortunately, as acknowledged in the discussion and further work, the patient feedback was not paired with the PharmOutcomes service activity. As a consequence we were not able to determine in what proportion of the patient population missing a dose may have been clinically relevant.

Specifically to reviewer 2:
My main concern about the paper is the lack of detail on how the service was operationalized by pharmacists (page 4), perhaps you could shed light on what methods pharmacists used to assess the appropriateness of supplying the medication? I note that on Page 9 (last paragraph under 'community pharmacist feedback'), you discussed some pharmacists suggesting that training was required on emergency supply regulations, hence there must be some ambiguity around this.
Good to read that some pharmacists took the chance to conduct Medicines Use Review (MUR) with the patient before supplying the emergency medication. Some community pharmacies have MUR targets they have to reach annually, and I wonder whether this emergency service could become another target reaching service that community pharmacists have to achieve. Perhaps you could highlight this in your discussion?
It also appears that a majority of the patients to whom the emergency medication were supplied were 'customers' of the pharmacy, as the pharmacies had their patient medication records. Most community pharmacies offer repeat prescription ordering service as part of the patient's ongoing medicines management, where the pharmacist orders repeat medication on behalf of the patient; I wonder whether you could ascertain from your study that patients required emergency medication supply because there were issues around repeat prescription ordering services and discuss the implications of this in relation to PERMSS.

In response to the request to include more details on how the service was operationalised by pharmacists; each patient would be considered on a case-by-case basis, which has been clarified within the text. The Human Medicines Regulations, as mentioned in the introduction, outlines when an emergency supply might be appropriate, but given the diversity in patient situations, the assessment would be dependent upon individual professional judgement of the pharmacist. There is not a level of ambiguity in regulations, instead ambiguity lies on the ethical dilemma that some emergency supply requests are associated with. This was mentioned in the discussion as a finding that was reported by

Morecroft et al.

In response to the possibility of associating emergency supplies with Medicines Use Reviews, it would be inappropriate to set a target for pharmacists to achieve a certain number of such targeted MURs. Emergency supplies should be an exception to how patients manage their medications and not be used routinely, therefore it would not send a coherent message that pharmacists would be reimbursed for MURs that are associated with emergency supplies.

Indeed the reviewer is correct in identifying that the majority of patients were regular customers of the community pharmacy. However, the data does not show whether the patients were registered for the repeat prescription service as this was not requested on the PharmOutcomes record form nor is it necessarily kept on a patient medication record, which has been noted now in the text. However, we do show that 10% of patients were provided with advice on the prescription request process and some (2.3%) agreed to discuss the repeat dispensing with their GP.

VERSION 2 – REVIEW

REVIEWER	Wasim Baqir Northumbria Healthcare NHS Foundation Trust
REVIEW RETURNED	31-Oct-2015

GENERAL COMMENTS	This is an interesting piece of work and as the authors have addressed the points raised in the previous review I now have no objections to it being published.

REVIEWER	Jasmine Harvey University of Oxford Nuffield Department of Primary Care Health Sciences. UK
REVIEW RETURNED	15-Nov-2015

GENERAL COMMENTS	I thank the authors for clarifying how pharmacists operationalized PERMSS in everyday practice. I also thank the authors for attempting to address my questions on the wider implications of PERMSS in relation to existing services provided by the pharmacy such as MUR and repeat ordering services.

Correction

Nazar H, Nazar Z, Simpson J, *et al*. Summative service and stakeholder evaluation of an NHS-funded community Pharmacy Emergency Repeat Medication Supply Service (PERMSS). *BMJ Open* 2016;6:e009736.

The calculation in the cost comparison paragraph on pages 5–6 is incorrect and should be:

Of the 1511 self-presenting patients who provided feedback, 695 stated that they would have accessed an alternative OOH service had the PERMSS not been available. Each patient received an average of 1.58 medications, and therefore the average PERMSS cost was £11.16. For the 695 patients, the cost in reimbursement to the community pharmacist for the consultation was estimated to be £7,756.20. The projected annual cost of PERMSS would be £23,268.60. The estimated cost of the alternative service access is shown in table 4.

During the evaluation period, if alternative OOH services had been accessed in place of PERMSS, this could have been associated with an estimated cost of £41 025, 5 times the cost for supplies made via PERMSS.

As a consequence of this error the results section of the abstract should also be changed to reflect this as follows:

The cost of National Health Service (NHS) service(s) for patients who would have accessed an alternative OOH service was estimated as 5 times that of the community pharmacy service provided.

BMJ Open 2016;**6**:009736corr1. doi:10.1136/bmjopen-2015-009736corr1