Part 1: Introduction to study

- Introduce yourself – placing emphasis on role today as pharmacist researcher.
- **Session Aim:** the purpose of today is to get your views about emergency supplies and loans, as well as to present a selection of the interim findings to you
- Hand out aim of session sheet +Check all have signed consent forms (explain about recording)

- The study has collected data from across the Cheshire and Merseyside region and the findings I'll discuss today have been drawn from the whole data set **– so although some data will be local to here, there are many other patients, pharmacies and surgeries involved.**
- Data on emergency supply requests were collected in 22 pharmacies, over two x 4 week periods, incl over Easter Bank Holiday period. During this time, there were 525 requests.
- We've interviewed 26 community pharmacists about their experience of providing emergency supplies/ loans and done follow-up interviews with 25 patients who have had ES/loans in the past few months.
- The final stage of this part of the study is to present the findings from this work to you and to get some feedback from the practice teams – we're doing this in around 10 surgeries across the study region.

- I'd like to give you some definitions to help clarify things: (refer to BNF excerpt)
- **Emergency Supply** CP satisfied that: Previously prescribed, Not practical to get Rx, Not schedule 1/2/3 CD (excl epilepsy), Immediate need *but note:* variability in decisions down to professional judgement of CP (satisfied)
- **Loans** – medicines are supplied under the emergency supply regulations but no charge is made and the supply is subsequently reconciled against an NHS prescription (Loans constitute the vast majority of cases – Phase 1 data: 488/525 cases recorded; 93%).
- The RPS have also issued guidance that pharmacists should consider the clinical consequences of not making a supply when deciding whether to issue a medicine as an emergency supply.
- For purposes of this study – formal emergency supplies and loans considered together.

Initial discussions:

At this stage, I'd like to find out a little about what your current experiences and thoughts are in relation to emergency supplies and loans: **Allow any discussion then use** *Prompts:*

- *Do you recall an occasion where a patient has been given a supply of medication without an NHS prescription?*
- *Can you think of a patient/situation where a problem may have been averted by an emergency supply or loan?*
- *What are your initial thoughts on Emergency supplies and loans made by pharmacies? (good/bad)*

Tip: focus on their patients' experiences and the views that they already had before you arrived
When the conversation/comments from the introductory discussion slow down (remember to give them time to talk), move on

Part 2: Characteristics of emergency supplies made

Right, now, I'd like to talk about some of the data we've collected on emergency supplies that have taken place over the study period.

- Hand out charts: days of week distribution + patient age distribution

Tip: Take care not to over-discuss the charts – just point out some headline facts

Days of week distribution: Looking at this chart, you can see the spread of the requests across the week highlighting that in those pharmacies open on Saturdays, nearly one request is made per hour of opening. Mondays and Fridays are also peak periods across all 22 pharmacies, in comparison to other weekdays.

Age distribution chart: Looking at this chart showing the age distribution of the 452 patients who made emergency supply requests, you can see a trend towards more requests from the elderly; but significant numbers of young and middle aged people.

Most common types of medicines requested:

- Vast majority of requests are for treatments used in long term health conditions, which broadly mirror the range of medicines prescribed.

Reasons for requests:

Tip: Place emphasis on process difficulties (no blame)

- Patient difficulties in renewing repeat medication
  - Forgetfulness and not ordering in sufficient time (48 hours) (most common – 363/525 cases; 69%)
  - Pharmacy errors in ordering (8 cases; 1%)
  - Items missed off prescriptions (in error) or insufficient quantities prescribed (38 cases; 7%)
  - Multiple items out of sync with different repeat dates (31 cases; 6%)
- Lost or misplaced medication (26 cases; 5%)
- Prescribed dose had been increased, but quantities had not been increased correspondingly, or patient had required more 'as needed' medication than anticipated when prescription issued (unusual: very small percentage of cases – 7/525; 1%)
- In the case of supplies where charges were made (as opposed to loans; 17 cases; 3%), this was largely because the patient was on holiday and had forgotten their medicines; or it was the Bank Holiday period and surgeries were closed.

Further discussion:

- I'd like to ask for your views again at this point, do you have any additional thoughts?
- Is there anything that you said earlier that you would like to add to or discuss further?

Prompts:

- *Does any of that surprise you?*
- *How does the clinical indication or medicine type matter?*
- *What do you think about the reasons that supplies are requested?*

Tip: Use charts to prompt discussion.

Part 3: Community pharmacists' experiences and thoughts

Concerns/dilemmas:

When we talked to community pharmacists about requests that they receive for emergency supplies, they raised a few issues that make it difficult to decide whether to make a supply and how this might affect the welfare of the patient including clinical implications of a break in supply. Issues included:

- **Repeated requests from the same patients**
- **Dosage queries and uncertainty regarding clinical particulars of the supply** – unsure of correct dosage eg. differed from dose last dispensed (shown on PMR), instances where dose changed/patient newly commenced medicine > contact with prescribing GP to verify imperative.

In some cases, pharmacists will refuse to make supplies. I'm just going to read out some of the reasons the pharmacists we interviewed gave for refusal:

- **Request for Controlled Drugs or other medicines with potential for abuse** – opiod and compound analgesics; benzodiazepines.
- **Insufficient evidence/record of previous prescription available** – CPs go to some lengths to find prescription information with refusal if all avenues exhausted: initial checking of PMR to see if supplied medicines to this individual in the past > possibility to verify with GP surgery during

opening hours > or from prescription information obtained from repeat slip, empty box or as in one case identified in this study from a hospital discharge letter.

- **Medication review required** – either GP has requested one (on repeat order slip) or CP has identified a clinical issue for review
- **Not considered an emergency by the pharmacist** – examples given: items which could be bought as OTC item and prescribed medicines like statins, where missing a couple of doses would not have any important clinical implications. Distinction also made between supplies requested by someone in genuine need vs. for patient's convenience.

Signposting: Where refusing a supply CPs would generally advise the patient which might be the most appropriate service where they could obtain more support (not possible to refer via any formal pathway) – including during opening hours directed to prescribers, particularly apparent where pharmacy situated at/close to health centre.

Further discussion:

- I'd like to ask for your views again at this point, do you have any additional thoughts?
- Is there anything that you said earlier that you would like to add to or discuss further?

Prompts:

- *What do you think about those concerns that the pharmacists are raising?*
- *What do you think about the reasons they are giving for refusal/supply? Robust enough?*
- *Are there any other circumstances in which you'd like to see refusals? Or are they being over-cautious?*

Part 4: Patients' views and experiences

I'd just like to remind you that the patients were recruited from pharmacies across Cheshire and Merseyside and the following comments and quotes are drawn from all of these – not specifically your patients.

We asked the patients about why they had obtained an emergency supply:

- All patients had received loans (no charges had been made; NHS prescription followed)
- Most supplies related to being unable to obtain a prescription
    - Ordering timeframes
    - Multiple medications (out of sync)
    - Forgetfulness
    - Also other unforeseen circumstances, such as: a lady who discussed her carer role providing 24 hour care to her husband therefore getting behind with her own prescription; lost/misplaced medicines – a working male left medication at his holiday home.
- More than half of those interviewed mentioned that they had used it on a previous occasion
- Others were either offered a supply in response to a problem (pharmacy staff informing of service) or had been directed to the pharmacy by the GP surgery reception staff

Some further comments/findings:

- All patients were happy with the service received and found pharmacy staff helpful
- Most supplies were from the patient's regular pharmacy
    - Reported advantages: established rapport with pharmacy staff and records of their previously dispensed medicines making it easy to confirm that medicines had been previously prescribed

We also asked patients what they would have done if an emergency supply hadn't been available:

- In about 50% of cases (12/25 interviewed) they would revisit the GP surgery (where available)
- In other cases (4/25; 16%) patients reported they would access OOH GPs/walk-in centres/A & E

- Around a quarter of patients interviewed (7/25; 28%) said they would manage without their medicines until their prescription was ready, although the type of medicine required affected this decision: ok to do so if medication considered non-urgent (eg. aspirin); ***but*** others felt interruption would have adverse impact: eg, one lady considered going without med to treat anxiety would affect her mood; another thought being without pain relief for osteoporosis would cause increased discomfort.
- Others (4/25; 16%) said they would purchase alternative OTC medicines – as a possible temporary replacement for those requiring pain relief and relief of constipation, though these were considered less effective than prescribed meds.
- One service user reported having previously borrowed medicines from friends taking the same medication (Warfarin – see case study quote A).

Further discussion

- I'd like to ask for your views again at this point, do you have any additional thoughts?
- Is there anything that you said earlier that you would like to add to or discuss further?

Prompts:

- *What are your thoughts about the patient experiences/views?*
- *What do you think about the alternative actions described by patients?*

Adherence/impact on health condition case studies – Hand out sheet with quotes

Following on from that, we've got a few example quotes from those interviews which provide specific cases to consider. I'll give you a chance to read them… NB: Didn't ask patients name of medicine they requested.

Discussion: case studies

Does anyone have any comments??

Part 5: Closing discussion

That takes us to the end of our brief rundown of the findings in the study so far. Thank you for your feedback so far – that's been very helpful.

Now, thinking about the future and the discussions we've had today, how would you like to see emergency supplies and loans evolve over time?

Prompts:

- *Are there any features you would add?*
- *Do you think that emergency supplies and/or loans are a good thing?*
- *Do you think there are changes that need to be made*
  - *Patient safety?*
  - *To fit better with NHS?*
- *Are there any changes you think should be made to the process?*
  - *Flow of information eg access to patient records in the pharmacy; GP informed that emergency supply been made (if they would like to see this, ask how they would handle this information – consider MUR feedback, would it just be 'more unnecessary information'?)*
- *Would you like to be able to stop ES for their patients (e.g. by agreement with local pharmacies)?*
- *How do you see things changing with introduction of electronic prescribing systems?*

Has anyone got any other comments before we finish?

Thank you very much for your time -

inform that Executive Summary of the final report will be sent to the GP practice team by Liz, RA.