



**Royal
Pharmaceutical
Society
of Great Britain**

Law and Ethics Bulletin

Emergency Supplies

There are provisions within the Prescription Only Medicines (Human Use) Order 1997, as amended, for a pharmacist within a registered retail pharmacy premises to make supplies of Prescription Only Medicines without a legally valid prescription in an emergency. Requests for emergency supplies can be made by either a patient or a prescriber. Further information on the legislative conditions that apply to emergency supplies can be found on page 13 of the Medicines, Ethics and Practice guide (MEP, July 2006).

When a request for an emergency supply is received, pharmacists should consider the individual circumstances of the request and use their professional judgment to determine which course of action they believe to be in the patient's best interests. Pharmacists should not be pressurised into making an emergency supply by their employer, colleagues or patients, but should act in accordance with their own assessment of the situation. Consideration must be given to making an emergency supply whenever a patient has an urgent need for a medicine and the medical consequences, if any, of not making the supply must be taken into account. Pharmacists must be satisfied that their decision will not lead to patient care being compromised and should be able to justify their reasons for making or, indeed, refusing to make an emergency supply. Where an emergency supply is made, the appropriate records must be maintained. (See page 13 of the MEP). An emergency supply is a private transaction which pharmacists may charge for. The amount charged is at the pharmacist's discretion and company procedures may be in place for this.

Legislation does not prevent a pharmacist from making an emergency supply when a doctor's surgery is open. As with any request for an emergency supply, pharmacists must consider the best interests of the patient. Where a pharmacist believes that it would be impracticable in the circumstances for a patient to obtain a prescription without undue delay they may decide that an emergency supply is necessary. Automatically referring patients who are away from home and have forgotten or run out of their medication to the nearest local surgery to register as a temporary resident may not always be the most appropriate course of action. The Society would be concerned if pharmacists were not meeting genuine patient needs due to lack of appreciation of the legal position.

Where a request for an emergency supply is made by a patient, there is a requirement for the pharmacist to interview the patient. This should usually be a face-to-face interview. However, if this is not possible pharmacists should explore

alternative means of interviewing the patient e.g. a telephone interview. Regardless of the method used to interview the patient, pharmacists should satisfy themselves that the request is genuine and should take all necessary steps to ensure that a supply is made where appropriate. Pharmacists should be alert to the potential for abuse of the emergency supply provisions. Repeated requests for an emergency supply may indicate underlying problems that need to be addressed. However, when repeated requests for an emergency supply are made pharmacists should still use their professional judgment to decide on the most appropriate course of action at the time of the request.

There are no provisions for a pharmacist to make an emergency supply of a Schedule 2 or 3 Controlled Drug, except phenobarbitone for the treatment of epilepsy.

Where a pharmacist is not able to make an emergency supply, they should do everything possible to advise the patient on how to obtain essential medical care.

Introduction of the 'Urgent Supply of Repeat Medication' scheme in Scotland complements these arrangements and permits community pharmacists in Scotland to maintain continuity of supply of repeat medication on the NHS when GP surgeries are closed. Established in December 2005, the facility allows community pharmacists in Scotland who have signed the relevant patient group direction to provide a full cycle of a patient's repeat medication in prescribed circumstances. Full details of this scheme can be obtained from local NHS Boards and the Scottish Executive Health Department.