

PATIENT GROUP DIRECTION (PGD)

Urgent Repeat Medicine Service (URMS)
For use when GP surgeries are closed (With the exception of visitors to Gloucestershire)

Documentation details


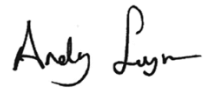

Reference no:	PGD URMS March 2021
Version no:	2021-23 v1
Valid from:	1/04/2021
Review date:	March 2023
Expiry date:	31/03/2023

Change history

Version number	Change details	Date
URMS 2021 v1	<ul style="list-style-type: none"> • Reformatted to be in line with National Template • Clarification around required quantities for supply • Information added around when patients cannot sign exemption declaration (due to Covid-19 pandemic) 	Feb 2021
URMS 2019 vs2.2	Addition of CD regulations for gabapentin and pregabalin Addition of consent to share information with other pharmacies	Feb 2019
URMS 2017 vs2.1	Addition of pharmacy sign off box	May 2017
URMS 2017.1	Clarity around duration of supply. Reference to the appropriate use of Summary Care Records and reporting via PharmOutcomes. List of pharmacies providing this service updated. Time frame added for informing the GP practice	April 2017
URMS 2015.1	New OOH number Inclusion of obligation to let OOH know details of patients who are considered to have inappropriately contacted the pharmacy for supply under URMS To phone another pharmacy before redirecting patients for supply under PGD to ensure stock required is available (obtain consent)	May 2015
URMS 2019 vs2.2	Addition of CD regulations for gabapentin and pregabalin Addition of consent to share information with other pharmacies	Feb 2019
URMS 2017 vs2.1	Addition of pharmacy sign off box	May 2017

1. PGD development

This PGD has been developed by the following health professionals on behalf of NHS Gloucestershire Clinical Commissioning Group (GCCG):

Developed by:	Name	Signature	Date
Pharmacist	NHS Gloucestershire CCG Deputy Director of Quality Teresa Middleton		03/03/2021
Doctor	NHS Gloucestershire CCG Clinical Chair Dr Andrew Seymour		04/03/2021
Nurse	NHS Gloucestershire CCG Executive Nurse and Quality Lead Dr Marian Andrews-Evans		03/03/2021

This document has been written and authorised on the understanding that it remains in its entirety with no additions, omissions or alterations.

All information contained within this document was correct at the time of going to press. It is acknowledged that systems and processes change over time and that new drugs may be introduced. As licences vary, if a new brand is introduced it will not necessarily be covered within its corresponding PGD. If there are changes to practice, or the need for more PGDs to be developed, please contact the Head of Medicine Management at NHS Gloucestershire Clinical Commissioning Group (CCG).

This PGD has been peer reviewed by the GCCG PGD Working Group

PGD Working Group Membership

Name	Designation
Teresa Middleton	NHS Gloucestershire CCG Deputy Director of Quality
Andrew Seymour	NHS Gloucestershire CCG Clinical Chair
Marion Andrews-Evans	NHS Gloucestershire CCG Executive Nurse and Quality Lead
Julie Symonds	NHS Gloucestershire Deputy Director of Nursing
Helen Acock	NHS Gloucestershire CCG Clinical Learning and Development Matron
Liz Ponting	NHS Gloucestershire CCG Senior Medicines Optimisation Pharmacist

2. Organisational authorisations

This PGD is not legally valid until it has had the relevant organisational authorisation.

It is the responsibility of the organisation that has legal authority to authorise the PGD, to ensure that all legal and governance requirements are met. The authorising body accepts governance responsibility for the appropriate use of the PGD.

Limitations to authorisation

This patient group direction (PGD) must only be used by the registered healthcare practitioners identified in Section 3 who have been named by their organisation to practice under it. The most recent in-date final version authorised by NHS Gloucestershire Clinical Commissioning Group must be used.

To Pharmacy Contractor

Please ensure the organisational approval section below is signed by the appropriate pharmacist

Organisational approval (legal requirement)

Pharmacy Name & Address (or stamp containing address)			
Role	Name (print)	Signature	Date
Clinical Governance Lead			

Pharmacy Contractors: Please ensure after the sections above and below are completed you:

- Retain a “fully signed copy” (which has both Clinical Governance Lead and pharmacists signatures completed) of the PGD, and the pharmacists working under it also retain a copy for their files as this is a legal document.
- This PGD must be used in conjunction with the Service Level Agreement

This page of the document once signed by the Clinical Governance Lead must be sent to the address below along with signed SLA and a completed copy of a list of pharmacists working under this PGD (the page below) to:

Cherri Webb, NHS Gloucestershire Clinical Commissioning Group, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE

Please also email a copy of the signature pages to glccg.medicines@nhs.net

Individual Pharmacist Agreement:

By signing this Patient Group Direction (PGD) you are indicating that you agree to its contents and that you will work within it.

Pharmacists working in several pharmacies need only sign one declaration but all pharmacy addresses should be listed below.

PGDs do not remove inherent professional obligation or accountability.

It is the responsibility of each professional to practice only within the bounds of their own competence.

You cannot delegate tasks under this PGD to anyone else.

If this is an update or replacement PGD please ensure that all older versions are withdrawn from use with immediate effect.

It is your responsibility to make sure you are using the current version.

- I have read and understood the Urgent Repeat Medication Service Patient Group Direction (URMS PGD) and agree to supply medication as detailed in the PGD within.

.....Pharmacy Address(s) if more than one please use table below.

- I agree that I fulfil the professional and additional criteria specified in the PGD and am competent to operate under this PGD

By agreeing to act as an authorised practitioner under this PGD I am extending my role but this extension has not been a compulsory requirement.

Name of Pharmacist	GPhC number	Signature	Date	Location(s)

Please Note: All pharmacists using this PGD should retain a “fully signed” copy for their personal use/files since it is a legal document

The signatures required to comply with a “fully signed copy” are:

- 1 The signature of the practitioner themselves (above)
- 2 The signature authorising this PGD for use by the Clinical Governance Lead for the Pharmacy which demonstrates the PGD has been approved for each location (this may be the same person in some pharmacies) (The Clinical Governance Lead is a role that is required with the Community Pharmacy Contractual Framework)

Any concerns regarding the content of this PGD should be addressed to: glccg.medicines@nhs.net

3. Characteristics of staff

Qualifications and professional registration	Pharmacist currently registered pharmacist with General Pharmaceutical Council of GB.
Initial training	<p>All pharmacists must have read and understood, and act in accordance with:</p> <ul style="list-style-type: none"> • Emergency Supply regulations <p>https://bnf.nice.org.uk/guidance/emergency-supply-of-medicines.html</p> <ul style="list-style-type: none"> • Signed the signature sheet for the PGD which also acts as a self-declaration of competence
Competency assessment	<ul style="list-style-type: none"> • Been assessed as competent by the pharmacy clinical governance lead. • Completed as competence assessment e.g. using the resource below. <p>https://www.nice.org.uk/guidance/mpg2 https://www.cppe.ac.uk/</p>
Ongoing training and competency	Keep up-to-date with changes to recommendations for medicines covered by this PGD.

4. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	<p>There are two patient groups covered by this PGD:</p> <ul style="list-style-type: none"> • Patients registered with a GP within Gloucestershire • Patients registered with a GP outside Gloucestershire <p>1. Patient registered with a GP within Gloucestershire (adult or child over the age of 5 years) Any current repeat medicines supplied under this PGD must have been prescribed by the patient's GP practice, not any other prescriber e.g. Change Grow Live (CGL), OOH or as a result of Outpatient appointment. The urgent repeat medicines may be supplied when the pharmacist is satisfied the request is genuine at times:</p> <ul style="list-style-type: none"> • When the patient's surgery is closed or an 'Out-of-Hours' (OOH) service is in operation and the supply cannot wait until the next surgery opening time. • At other times as necessary and as clearly specified by the commissioning body in a separate direction. <p>2. Patient registered with a GP outside Gloucestershire (adult or child over the age of 5 years) Patients visiting Gloucestershire who require an urgent supply of their repeat medicine (usually prescribed by their GP practice in their home county) may receive a supply at any time during pharmacy opening hours irrespective of Gloucestershire GP surgeries being open:</p> <p>Supplies of routine repeat medicines may be provided for this group of patients at any time of the day in order to avoid the patient having to register as a temporary resident with a local GP surgery providing the pharmacist is satisfied the request is genuine as specified within the PGD. (The patient's surgery may be contacted by the supplying pharmacy during opening hours to confirm the requested repeat medications.)</p> <p style="text-align: right;">Continued</p>
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Clinical condition or situation to which this PGD applies (continued)	Supplies may be provided for this group of patients when the 'Out-of-Hours' (OOH) service is in operation provided the pharmacist is satisfied the request is genuine as specified within the PGD.
Criteria for inclusion	<p>The pharmacist must satisfy themselves that the situation is appropriate for urgent medicines to be supplied under this PGD, and the request is genuine. In order to determine this, the patient or carer must be interviewed by the pharmacist, preferably face to face (if this is not possible consider using the telephone to contact the patient to gather the relevant information). In the case of children over the age of 5 years, where appropriate, the parent/guardian or carer should be interviewed.</p> <p>All of the following criteria are necessary for supply:</p> <ul style="list-style-type: none"> • Genuine reason ascertained • The patient must be registered with a NHS General Practitioner • The patient must have been previously prescribed the medicine(s) requested under this PGD by a medical or non-medical-independent prescriber within the GP practice. The patient must be able to provide information concerning the name, dose and strength of the item(s) needed. Ideally an empty medication pack(s) or GP 'repeat order form' should be available. Additional information concerning the condition being treated would help support the request. Pharmacists may also ask patients for consent to access their Summary Care Record (SCR) to confirm medication details. Pharmacists should follow their own SOPs for accessing SCR. • The patient must agree that relevant clinical information may be shared between their GP and the pharmacist • Patient is medically stable and there has been no recent deterioration in the clinical condition for which they are seeking the urgent supply of medication. Consideration should be given to whether it would be more appropriate for the patient to be referred to GP, Out-of-Hours Service doctor, or emergency services as indicated. • Information about allergies. <p>Where a pharmacist deems the supply of urgent repeat medication is appropriate but the required stock item is not available at that pharmacy, the patient must be referred to the nearest community pharmacy also providing this service under the URMS PGD. Ensure consent to share any patient information with another pharmacy is obtained prior to referral. See end of PGD for a list of pharmacies able to provide URMS service. Please phone them to ensure supply can be made before referring patients on.</p> <p>Where the community pharmacist is not satisfied that the situation is appropriate/genuine for supply under this PGD. The pharmacist must contact the Out-of-Hours Service using the referral process to alert them that the patient is seeking medication inappropriately and provide patient name and details of request. (Out of Hours phone number within Appendix 3)</p> <p>For a list of participating pharmacies CCG live has an up to date list. Relevant bank holiday pharmacy rota can be accessed on www.nhs.uk</p>

Criteria for exclusion	<ul style="list-style-type: none"> • Pharmacist is not satisfied that the situation is appropriate/genuine for supply under this PGD • Repeat supply is not considered to be urgent. • Child under the age of 5 years • The patient is not registered with a NHS GP. • The patient does not agree that relevant clinical information may be shared between their GP and the pharmacist. • The medicine is not allowed on a NHS prescription. • Any Schedule 1 or 2 controlled drug (CD) • Any Schedule 3 CD's with the exception of phenobarbital when used in the treatment of epilepsy. Please note: TRAMADOL, GABAPENTIN and PREGABALIN are now Sch. 3 CD's so supplies are <u>NOT</u> permitted under this URMS PGD • Any Schedule 4 CD with the exceptions of Diazepam or Lorazepam for the treatment of anxiety, and Clobazam for the treatment of epilepsy. (See Appendix 1 (pages 12-13) • Please note: Zopiclone and Zaleplon are Sch. 4 CDs and <u>cannot</u> be supplied under this URMS PGD. • Schedule 5 CDs may only be supplied under this URMS PGD where there is strict compliance to the restrictions outlined in Appendix 1 pages 12-13 of this document • Medicine is for 'specialist' or 'diagnostic' use or is not licensed for use in the UK • Patient is not stable and there has been recent deterioration in the clinical condition and it would be more appropriate to see a GP or Out-of-Hours Service doctor as appropriate Note: An exclusion from use under PGD does NOT mean the urgent supply cannot be obtained by other means. Refer to GP or Out-of-Hours doctor, or consider OTC preparations as appropriate. See Appendix 3 below (page 16) for referral template and contact telephone number for Out of Hours Service. The details will need to be phoned through.
Cautions including any relevant action to be taken	<p>General: Where further advice is required – refer to GP or Out-of-Hours doctor as appropriate. (Appendix 3 below page 16)</p> <p>Pregnancy and breastfeeding: Ensure item(s) requested are suitable for use during pregnancy or breastfeeding</p> <p>Drug interactions: Ensure item(s) requested have no drug interactions</p>
Action to be taken if the patient is excluded	<ul style="list-style-type: none"> • Seek further medical advice if appropriate
Action to be taken if the patient or carer declines treatment	<ul style="list-style-type: none"> • Patients who decline urgent supply should have the consequences or alternative means of obtaining a supply explained • Document/ record the reason for refusal or informed dissent, on PMR or in a log book kept solely for this purpose. • Seek further medical advice if appropriate
Arrangements for referral for medical advice	<p>Advise patient to visit GP or Out-of-Hours (Appendix 3 referral template. Please note: Health professionals number only NOT to be shared with patients)</p>

5. Description of treatment

Name, strength & formulation of drug	Any repeat medicine included in the scope of the PGD. (See Appendix 1 for medicines excluded under this PGD, see pages 12-13)
Legal category	The legal status can be Prescription Only Medicine (POM) Pharmacy only (P), General Sales List (GSL) and schedule 4 or 5 Controlled Drug (CD) depending on the specific medicines. NOTE: See Appendix 1 for medicines excluded under this PGD
Route / method of administration	Oral, topical or injectable (See Appendix 1 for medicines excluded under this PGD)
Indicate any off-label use (if relevant)	N/A
Dose and frequency of administration	As normally prescribed by the patient's GP or if not known then as recommended by the BNF or BNF for Children or in accordance with each product's Summary of Product Characteristics (SPC) available online at www.emc.medicines.org.uk The pharmacist should use their professional judgement on the course of action should a dose be unknown
Duration of treatment	Duration of treatment differs depending on indication and legal category (POM or CD) please see section below <i>Quantity to be supplied</i>
Quantity to be supplied	<p><u>Length of supply of Prescription Only Medicines (POMs)</u></p> <p>For any POM covered by this URMS PGD, the preferred option would be for 28 days' supply to be provided (but no more than 30 days treatment for any item).</p> <p>The only exceptions to this would be were the requested item is:</p> <ul style="list-style-type: none"> • Insulin, an ointment, a cream, or respiratory inhaler (i.e. the packs cannot be broken) the smallest pack available in the pharmacy should be supplied • An oral contraceptive, a full treatment cycle should be supplied • Methotrexate or other DMARD medications which require regular blood tests – maximum of one week's supply under this PGD • Antibiotics: <ul style="list-style-type: none"> • Antibiotics would not normally be considered to be repeat medicines. In exceptional circumstances where the pharmacist is satisfied that treatment is regular or appropriate, an urgent supply may be issued for the number of doses necessary to cover the patient until their surgery is open again. • Where the pharmacist is satisfied that is appropriate to supply an antibiotic under this PGD and it is required in liquid form for oral administration, the smallest quantity that will provide a full course of treatment should be supplied. These preparations are only likely to be required for long-term prophylactic treatment. <p><i>(NB: Although it will often be appropriate for 28 days' supply to be issued under this PGD, pharmacists should also consider whether it is appropriate to supply less than the maximum quantity allowed in legislation. Professional judgment should be used to supply a reasonable quantity that is clinically appropriate and lasts until the patient is able to see a prescriber to obtain a further supply. An example of when fewer doses may be more appropriate would be if</i></p>

	<p><i>the patient is due a medication review within the next 28 days)</i></p> <p><u>Length of supply of Controlled Drugs (CDs)</u></p> <ul style="list-style-type: none"> • Most CDs cannot be supplied under this PGD – Although morphine sulphate oral solution 10mg/5ml (Oramorph) is a POM, it CANNOT be supplied under this PGD (See Appendix 1 pages 12-13 below for complete list)
Quantity to be supplied (continued)	<ul style="list-style-type: none"> • The following CDs may be supplied under the PGD provided the restrictions covering clinical reason and short duration of supply outlined below apply: <ul style="list-style-type: none"> • Schedule 3 – Phenobarbital for epilepsy • Schedule 4 – Diazepam or Lorazepam, for anxiety and Clobazam for treatment of epilepsy • Schedule 5 – Codeine containing products, codeine alone, Dihydrocodeine or Co-codamol <p>The maximum quantity permitted for these CD items listed above under this URMS PGD is <u>five days</u> treatment only. Also, only TWO supplies of these medicines may be made under this PGD in a six month period; although a supply for two consecutive months is <u>not</u> permitted</p>
Storage	<ul style="list-style-type: none"> • In accordance with each product's (SPC) available online at www.emc.medicines.org.uk
Drug Interactions	<ul style="list-style-type: none"> • In accordance with each product's (SPC) available online at www.emc.medicines.org.uk
Potential adverse reactions	<ul style="list-style-type: none"> • See BNF for full list and manufacturers (SPC) available at www.emc.medicines.org.uk
Identification and management of adverse reactions	<p>It is unlikely that any new adverse reaction will occur since this PGD only provides medicines which have already been prescribed and administered.</p> <p>However if an adverse reaction occurs:</p> <ul style="list-style-type: none"> • Advise patient to stop treatment • For adults over the age of 18 years, any serious adverse reactions to prescribed medication not designated as ▼ should be reported to the MHRA* using the Yellow Card System. • For children under the age of 18 years, all adverse reactions must be reported. • For prescribed medication designated as ▼, all adverse reactions in adults and children must be reported. <p>*MHRA (Medicines & Healthcare Products Regulatory Agency). The preferred method of reporting is on-line via www.yellowcard.gov.uk</p>
Management of and reporting procedure for adverse reactions	As above report to MHRA
Written information to be given to patient or carer	<p><i>Give marketing authorisation holder's patient information leaflet (PIL) provided with the product.</i></p> <ul style="list-style-type: none"> • The equivalent of the normal NHS prescription charge per item and current NHS exemptions will be applicable to this scheme. All due charges must be collected by the pharmacy at the time of supply under this PGD, and recorded on the Medicine Supply record (Appendix 2) • The pharmacy must take steps to confirm the declaration of exemption if due to for example the Covid-19 pandemic a patient's signature is not appropriate as a declaration of exemption. Where a patient is not exempt payment of usual NHS fee per item is required. (Appendix 2 template pages 14-15)

Patient advice / follow up treatment	If appropriate advise patient to contact own GP in future in good time to avoid recurrence.
Records	<p>Entry must be made on the PGD URMS Medicine Supply Record Form in PharmOutcomes (Appendix 2). This form must be retained for a period of at least two years, but may be held either as a computerised record or a printed paper record. Details to be recorded are:</p> <ul style="list-style-type: none"> • Patient's name, • Patient's address, • Patient's date of birth, • Reason for supply, • Date of supply, • Time of supply • Name of medicine(s) that have been supplied including batch number and expiry date • Patient's doctor and address of surgery. • Record that consent has been obtained. <p>Record fees paid or reason for exemption. The patients are required to sign the declaration as per reverse of FP10. (Appendix 2 template pages 14-15)</p> <p>Standard labelling rules apply. The medication container or package must be labelled to show:</p> <ul style="list-style-type: none"> • Date of supply, • Dose • Name, quantity and, where appropriate, the pharmaceutical form and strength • Name of the patient, • Name & address of the pharmacy • The words “Urgent Supply under PGD” • The words “Keep out of the reach and sight of children” or similar warning. <p>Notification of the medicines supplied under this PGD must be sent to the patients GP practice. This can be done via PharmOutcomes, or by emailing or posting a copy of the medicine supply record (Appendix 2 below) to the patient's GP within 48 hours of the supply. This must be done by confirmed secure route. A copy should be kept at the pharmacy for a period of at least two years. This copy will be used for audit purposes and is proof of supply.</p> <p>The pharmacy copy may be a computer or manual record but must be the whole medicine supply record</p>

Consent	<p>There are consents under the administration criteria In the inclusion criteria it is stated that the patient or their representative must provide consent for relevant clinical information concerning the supply of urgent repeat medication to be shared with the patient's GP by the pharmacist For consent to be valid, the patient/representative must</p> <ul style="list-style-type: none"> • Be competent to take the particular decision • Have received sufficient information to take it • Not be acting under duress <p>Anyone aged 18 years of over is assumed to be capable of making decisions unless there is reasonable doubt that they lack capacity. Anyone aged 16 to 17 years (young person) is also assumed to be capable of making decisions unless there is reasonable doubt that they lack capacity. Children under the age of 16 can consent to their own treatment if they are believed to have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment. This is known as being 'Gillick Competent' (CQC, 2016).</p> <p>For further guidance please refer to the General Pharmaceutical Council (GPhC) guidelines for professional practice, the Department of Health and/or local consent policy (http://www.dh.gov.uk)</p>
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6. Key references

Key references	<p>https://bnf.nice.org.uk/guidance/emergency-supply-of-medicines.html https://www.nice.org.uk/guidance/mpg2 https://www.cppe.ac.uk/</p>
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APPENDIX 1

Medicines NOT to be supplied under the Urgent Repeat Medicines Service Patient Group Direction (URMS PGD) and any exceptions

- **Controlled Drugs**

- **All Schedule 1 or 2 CDs CANNOT be supplied under this URMS PGD.**
(Schedule 2 includes opiates (e.g. diamorphine, morphine, and methadone), major stimulants (e.g. amphetamines) and quinalbarbitone).
- **Morphine sulphate oral solution 10mg/5ml (oramorph) CANNOT be supplied under this URMS PGD.** (Although this is legally a POM).
- **All Schedule 3 CDs CANNOT be supplied under this URMS PGD, with the exception of Phenobarbital when prescribed for the treatment of epilepsy;** provided the preparation does not contain any of the other substances in Schedules 1, 2, or 3 to the Misuse of Drugs Regulations 2001. Any supply must also comply with the 'Conditions/Restrictions' below.

Please note: Tramadol, gabapentin and pregabalin are now Schedule 3 CD's and CANNOT be supplied under the URMS PGD

(Schedule 3 controlled drugs include minor stimulants and other drugs (such as buprenorphine, temazepam, midazolam and phenobarbital) that are less likely to be misused (and less harmful if misused) than those in Schedule 2.)

- **All Schedule 4 CDs CANNOT be supplied under this URMS PGD, with the exceptions of Diazepam or Lorazepam for the treatment of anxiety, and Clobazam for the treatment of epilepsy.** Any supply must also comply with the 'Conditions/Restrictions' below
*(Schedule 4 is split into two parts:
Part I (CD Benz POM) – contains most of the benzodiazepines and ketamine.
NOTE from Jun 10th 2014 Zopiclone and Zaleplon are Sch 4 CD part I drugs).
Part II (CD Anab POM) – contains most of the anabolic and androgenic steroids, together with clenbuterol (an adrenoceptor stimulant) and growth hormones)*
- **Schedule 5 CDs may be supplied under the URMS PGD provided the supply strictly complies with the 'Conditions/Restrictions' below.**
(Schedule 5 CDs include codeine, dihydrocodeine and pholcodine. Combinations or the analgesic with other analgesics such paracetamol are included here)

CONDITIONS/RESTRICTIONS:

Any CD (Schedules 3-5 as outlined above) permitted to be supplied under the URMS PGD must strictly comply with the following:

- **Only up to a maximum of five days treatment**
- **Only two supplies may be made under this PGD to a particular patient in any 6 month period.** More frequent requests will require referral to GP or Out-of-Hours (OOH) services as appropriate.

Where the pharmacist suspects that the 'spirit' of the is PGD being abused with regard to the requests for supplies of Schedule 3-5 CDs, following questioning of the patient, then over the counter (OTC) alternatives may be a more suitable option for the patient in the short term. (E.g. OTC co-codamol 8/500 instead of POM analgesics.)

Where the request cannot be fulfilled with an OTC preparation referral to the OOH service may be necessary see PGD for guidance.

For full list of each CD schedules see:

http://www.legislation.gov.uk/ukxi/2001/3998/pdfs/ukxi_20013998_en.pdf

- **Injectable preparations**

NO injectable medication may be supplied under this URMS PGD with the exception of:

- Insulin for the treatment of diabetes
- Emergency adrenaline for the treatment of allergies (e.g. Anapen)

- Methotrexate or other DMARD medications which require regular blood tests – maximum of one week's supply under this PGD

- **Diagnostic, specialist or unlicensed medication may not be supplied under this URMS PGD.**(e.g. melatonin, methysergide)

- **Antibiotics**

- These would not normally be considered as repeat medicines. In exceptional circumstances where the pharmacist is satisfied that treatment is regular, an urgent supply may be issued for the number of doses necessary to cover the patient until their surgery is open again.
- Where the pharmacist is satisfied that it is appropriate to supply an antibiotic in oral liquid form under this PGD, the smallest quantity that will provide a full course of treatment should be supplied. These preparations are only likely to be required for long-term prophylactic treatment.

- **Other substances NOT to be supplied under the URMS PGD**

(These are also exceptions to pharmacist 'Emergency Supply' arrangements)

- Ammonium bromide,
- Calcium bromide,
- Calcium bromidolactobionate,
- Embutramide,
- Fencamfamin hydrochloride,
- Fluanisone,
- Hexobarbitone or Hexobarbitone sodium,
- Hydrobromic acid,
- Meclofenoxate hydrochloride,
- Methohexitone sodium,
- Pemoline,
- Piracetam,
- Potassium bromide,
- Prolintane hydrochloride,
- Sodium bromide,
- Strychnine hydrochloride,
- Tacrine hydrochloride,
- Thiopentone sodium

Appendix 2 URMS Medicines Supply Record

Complete this form and email or post it to the patients GP surgery. See the separate list (Appendix 6) for GP addresses

An electronic or paper copy must be retained by the supplying pharmacy for a minimum period of two years.

Completed forms will be used for audit purposes.

Patient's details																		
First name																		
Surname																		
Address																		
Date of birth																		
GP practice																		
GP practice address																		
Medicines supplied																		
Medicine															Quantity			
Nature of the emergency that required an emergency supply to be made																		
Name of pharmacist authorising supply											Pharmacy stamp							
Date of supply																		
Time of supply											:							
Date GP practice notified																		
Pharmacy ODS code	F																	

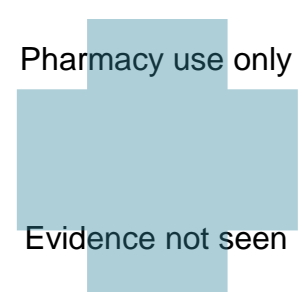
This form must be retained by the contractor issuing medicines under the PGD as proof of exemption or payment. Copies of this form may be requested by NHS Gloucestershire CCG (unless suspended re Covid)

Patient declaration overleaf to be completed

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

Part 1

The patient doesn't have to pay because he/she:

A	<input type="checkbox"/>	is under 16 years of age	
B	<input type="checkbox"/>	is 16, 17 or 18 and in full-time education	
C	<input type="checkbox"/>	is 60 years of age or over	
D	<input type="checkbox"/>	has a valid maternity exemption certificate	
E	<input type="checkbox"/>	has a valid medical exemption certificate	
F	<input type="checkbox"/>	has a valid prescription pre-payment certificate	
G	<input type="checkbox"/>	has a valid War Pension exemption certificate	
L	<input type="checkbox"/>	is named on a current HC2 charges certificate	
X	<input type="checkbox"/>	was prescribed free-of-charge contraceptives	
H	<input type="checkbox"/>	gets Income Support or income-related Employment and Support Allowance	
K	<input type="checkbox"/>	gets income-based Jobseeker's Allowance	
M	<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate	
S	<input type="checkbox"/>	has a partner who gets Pension Credit Guarantee Credit	

I declare that the information I have given on this form is correct and complete.
 I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.
 To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

Part 2

I have paid £

Now sign and fill in Part 3.

Part 3

I am the patient the patient's guardian (Cross ONE box)

I agree that the information on this form can be shared with:

- My/the patient's GP practice to help them provide care to me/the patient
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

Signature

Date

If different from overleaf, add your name and address below

Name

Address

Postcode

If you hadn't received a supply of your medicine from the pharmacy, what would you have done?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Gone without my medicine | <input type="checkbox"/> Contacted my GP practice | <input type="checkbox"/> Contacted the out of hours GP service | <input type="checkbox"/> Visited A&E or an urgent care centre |
|---|---|--|---|

Appendix 3

Direct Referral to Out-of-Hours Services

(Telephone: 01452 687001 **NOTE: Health professional's number only NOT to be shared with patients)**

DIRECT REFERRAL FORM TEMPLATE

Information required before referring patient to Out-of-Hours (OOH) Service

Patient's Name
Patient's Address
Patient's Date of Birth (DOB)
Patient's Doctor
Patient's Surgery
Brief description of symptoms/ Reason for referral
Current Location
Date

Information OOH will provide

Time of appointment
Location of care