

Requesting Medicines for Out-Patients

Additional Guidance

Introduction & Scope

This document provides additional guidance for mental health clinicians to support the procedures described in NHS Greater Glasgow and Clyde (NHS GG&C) Policies Relating to the Management of Medicines -Section 12.1: Supply of medicines following specialist service review or clinic appointments¹. It applies for all adult mental health, older adult mental health, learning disability, forensic and child and adolescent mental health services in NHS GG&C.

Background

Mental Health out-patient clinics are held within a variety of community based locations. These are remote from specialist mental health dispensaries and therefore that source of supply is unsuitable. NHS Greater Glasgow & Clyde (NHS GG&C) introduced a revised policy¹ outlining how medicines for patients treated in such locations should be accessed. This document provides some additional guidance for mental health clinicians to support better communication between their services and general practice to improve the processes for requesting medicines. The use of HBP pads is not widespread in Mental Health Services, although pads can be made available to a clinical area if, after taking into account governance and safety, clinical staff and senior management agree that their use would be beneficial and appropriate.

The document is in two Sections. The first describes scenarios for accessing medicines for patients attending appointments during standard office hours. The second describes scenarios for accessing medicines outwith normal hours.

Section 1:

Accessing Prescriptions Following Routine Mental Health Appointments

Medicine use is reviewed as a routine part of most if not all mental health out-patient appointments. Many will not result in any change being made. The policy¹ referred to above has applied three categories to any medication requests that may result from such appointments. Within mental health settings these can be combined into either Non-urgent or Urgent, with the majority likely to be non-urgent.

1. Non urgent - medicines to be accessed > 48 hours (>2 working days)

The types of request that may fall into this category include;

- Starting a new medicine where an urgent response is not required or indeed likely. E.g. an antidepressant
- Non urgent alternations in dose – in many cases the patient will be able to achieve this with their existing medicine supply e.g. a change in antipsychotic dose

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In these circumstances a written communication (by email or fax) will be sent to the patient's GP requesting a prescription be written for the required medicines. It is good practice to give a rationale for the request. The template in appendix 1 should be considered for use for written requests.

It is important to make the patient and/or their carer aware that the recommendation is not urgent and that their prescription will not be available from their GP until **at least** 48 hours later. See table below;

Category	Response Time
Non-Urgent	48 to 72 hours
Urgent	Within a few hours, if possible same day

2. Urgent prescriptions

Few requests for prescriptions will be truly urgent in mental health. Indeed many of the treatments that are used take time to produce a response and therefore there is no pharmacological requirement to start treatment urgently. However, some patients may be in significant distress and the psychological benefits of initiating treatment as early as possible for them may be important. The following situations may fall into this category;

- Short term prescription of anxiolytics or hypnotics to manage a crisis situation that might otherwise lead to a hospital admission.
- To provide urgent treatment of side effects e.g. laxatives for clozapine induced constipation as this may have fatal consequences if not treated urgently.
- Where a delay in treatment may significantly compound distress suffered by the patient.

In all such instances there must be a direct communication (phone call) between the recommending clinician and the GP to discuss the urgency of the situation and the likely timescale for the prescription to be available.

It is important to make the patient or their carer aware that the prescription may take several hours to be available.

Section 2: Access to Medicines From Out Of Hours Mental Health Services.

There are a number of mental health services which operate outwith the normal routine working hours in NHS GG&C including Crisis Teams, Intensive Home Treatment Teams and the Glasgow Mental Health Out of Hours Service. Each has its own operational policy that describes the systems they should use to access medicines should they need to. These services must continue to follow their local policies.

Patients In Need Of Urgent Treatment

This would be patients who without urgent treatment will continue to suffer distress and may require admission otherwise. In most instances this will involve requests for short term supplies of

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anxiolytics or hypnotics, until they can be seen by their GP. Using antipsychotics in such circumstances relies solely on their sedative properties and is inappropriate.

- Access medicines by your agreed local policy.
- Teams should consult with the duty doctor at their associated mental health hospital and consider if the patient can manage the issue by adjusting their existing supply of medicine and where appropriate advise them to do so.
- **Do not refer patients to GP out of hours service without making contact with them first as they have very limited access to medicines and may not be able to help.**

Patients Looking For Routine Medicine Supplies

By their very nature out of hours services are not intended to support the routine care of patients. **Under no circumstances should GP out of hours services be contacted regarding routine supply of medicines.** If patients contact the MH Teams looking for their regular supply of medicines, consider the following;

1. Consider/Ask if they have a sufficient supply until they can access the GP service? If they do ask them to contact the GP service within normal working hours.
2. If the person does not have sufficient supply, will the lack of medication cause excessive difficulties for the person? If NO excessive difficulties are involved please do the following:
 - Advise the person to order a repeat supply from their GP as soon as possible.
 - Ask them to contact their regular community pharmacy to request an emergency supply.
 - DO NOT ask GP out of hours services to supply medicines in this circumstance.

If Yes, if Clozapine is not involved consider access of medication via agreed routes within operational policies.

Clozapine

All out of hours requests for clozapine should be referred to mental health pharmacy on call service.

1. NHS Greater Glasgow & Clyde Policies Relating to the Management of Medicines. Section 12.1: Supply of Medicines Following Specialist Service Review or Clinic Appointments. Accessible at www.ggcprescribing.org.uk

MEDICATION HAND-WRITTEN NOTE

Enter relevant location
Health and Social Care Partnership

Address
Tel:
Fax:



Date:

Fax To:

Dear Dr

Re: **DoB/CHI:**

Your above named patient has been seen at the duty/outpatient clinic today.

Would you please prescribe:

- Urgent (within 48 hours) Routine No. of Change Items
(phoned practice & faxed confirmation) (Prescription available 48 hours following request)

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.....

- This medication is in addition to/is an amendment to the patient's current regime.
- This medication replaces:

.....
.....

Which the patient is currently taking and which should now be stopped.

A detailed letter will follow.

Yours sincerely