

Supply of Medicines Following Specialist Review

Additional Guidance for Mental Health

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 5.10: Supply of medicines following specialist service review or clinic appointments¹. It applies to all adult mental health, older adult mental health, learning disability, forensic and child and adolescent mental health services in NHS GG&C.

Please note: the processes described below relating to access to urgently required medicines are different from those followed by acute services and reflect the different environment in which mental health out-patient care is undertaken.

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 for medication 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 Routine or Urgent, with the majority likely to be routine.

Category	Response Time
Routine	As per local Practice policy
Urgent	Within 24 hours (1 working day)

1. Routine

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

In these circumstances a written communication 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.

These documents will be created using the document management system, Winvoice Pro, and will be delivered electronically to GP practices.² Services that do not use Winvoice products, use of the template in appendix 1 should be considered for written requests. Appendix 2 gives details of GG&C GP practice secure email addresses.

It is important to make the patient and/or their carer aware that the recommendation is not urgent and that their prescription will be processed by their GP Practice to their usual deadlines

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 practice to discuss the urgency of the situation and the likely timescale for the prescription to be available. A direct contact number for the mental health prescriber must be given in the event the GP wishes to discuss the request. ***In addition an electronic letter will be created within Winvoice Pro (document management system) and delivered electronically to GP Practice.***

It is important to make the patient or their carer aware that the prescription may take *up to 24 hours (1 working day)* 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

otherwise require admission to hospital. In most instances this will involve requests for short term supplies of anxiolytics or hypnotics, until they can be seen by their GP.

- 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. Do they have a sufficient supply until they can access the GP service? If so, ask them to contact the GP service within normal working hours.
2. If the patient does not have a sufficient supply, will the lack of medication cause excessive difficulties for them? If no excessive difficulties are predicted:
 - Advise the patient to order a repeat supply from their GP as soon as possible.
 - DO NOT ask GP out of hours services to supply medicines in this circumstance.

If difficulties with a lack of medication are likely and clozapine is not involved, consider access of medication via agreed routes within operational policies.

Note; some community pharmacies operate extended opening hours. If the patient's regular community pharmacy is open at the time of the request, they can be contacted to request an emergency supply of medication.

Clozapine

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

References:

1. NHS Greater Glasgow & Clyde Policies Relating to the Management of Medicines. Section 5.10: Supply of Medicines Following Specialist Service Review or Clinic Appointments. Accessible at www.ggcprescribing.org.uk
2. NHS Greater Glasgow & Clyde. Faxing Policy. Dec 2016.
<http://www.staffnet.ggc.scot.nhs.uk/Corporate%20Services/eHealth/PoliciesandProcedures/Non%20Clinical%20Policies/Documents/2016%20December%20Faxing%20Policy%20V2.2.pdf>
3. NHS Greater Glasgow & Clyde. Email Usage Policy. Sep 2015
<http://www.staffnet.ggc.scot.nhs.uk/Acute/Hospital%20at%20Night/Documents/15%20September%20Email%20Policy.pdf>

REQUEST TO PRESCRIBE MEDICATION

Enter relevant location
Health and Social Care Partnership

Address
Tel:



Dear Dr

Date:

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

Would you please prescribe:

<input type="checkbox"/> Urgent (within 24 hours, 1 working day) (*phone practice prior to emailing confirmation)	<input type="checkbox"/> Routine

☐ 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 (*Sign & print*)

Contact telephone number:

Secure email addresses for sending patient identifiable information

All GP practices within NHS GG&C have access to **secure nhs.scot addresses** used to send **patient identifiable information**.

[GG-UHB.gp\[5-digit practice code\]scotclinical@nhs.scot](mailto:GG-UHB.gp[5-digit practice code]scotclinical@nhs.scot)

e.g. GG-UHB.gp41111clinical@nhs.net

FOR PATIENT IDENTIFIABLE INFORMATION

There is varying practice with regards to how each service uses their secure nhs.scot address and how often it is accessed. In order to ensure the GP practice is aware of incoming patient identifiable information to the secure clinical nhs.scot address, it is advisable to phone the practice in advance or send a follow-up email to the practice's general email address.

[GG-UHB.gp\[5-digit practice code\]@nhs.scot](mailto:GG-UHB.gp[5-digit practice code]@nhs.scot)

e.g. scotGG-UHB.gp41111@nhs.scot

FOR NON-PATIENT IDENTIFIABLE INFORMATION

Communication from @ggc.scot.nhs.uk email address to @nhs.scot email address and vice versa is secure and permissible as per NHS GG&C Email Usage Policy. ³