



IP Pathfinder - Clinical Protocol - Model 5 – Safe and Quality Deprescribing, Review and Optimisation of Medicines (SQuADROM): Unavailable Medicines

Background

The service aims to allow IP community pharmacists to prescribe alternative medication when their originally prescribed medication is unavailable.

Patients can be identified as suitable for inclusion in the service as follows:

- Patients identified through a prescription for an unavailable medicine arriving at the pharmacy delivering unavailable medicines service (either sent electronically or brought in by a patient or their representative).

This model will improve access for patients, increasing the number who complete their episode of care within community pharmacy, assisting them with the management of unavailable medicines in a timely manner and reduce burden on GP practice.

This model will work in partnership with general practice(s) with the management of unavailable medicines. Community pharmacies and general practices will work collaboratively together to address medicines shortages to appropriately manage patients' health and expectations.

Clinical Protocol	
Clinical condition or situation to which this protocol applies	To allow IP community pharmacists to prescribe alternative medication when their originally prescribed medication is unavailable.
Inclusion	The inclusion criteria will be patients identified or referred to the community pharmacy with a prescription for an unavailable medicine(s).
Exclusion	Patients unable to consent to treatment or who are under 16 and not Gillick competent. Patients who are under 16 who are unaccompanied by an appropriate adult (parent / guardian) unless they are aged 13 – 15 and assessed as Gillick competent. Conditions outside the prescribers' current competencies are also excluded.
Formulary and Guidance to be followed	The IPs will be expected to follow relevant guidance. This includes: <ul style="list-style-type: none"> • local formularies: <ul style="list-style-type: none"> ○ Humber ○ North Yorkshire <ul style="list-style-type: none"> ▪ Harrogate ▪ York and Scarborough • NHSE Items which should not routinely be prescribed in primary care • If there is a Serious Shortage Protocol (SSP) in place, then that should be used first before a Pathfinder site making an intervention to prescribing an alternative medicine
Patient route(s) into the service	Patients will be able enter the IP Pathfinder service by being identified through a prescription for an unavailable medicine(s) arriving at the Pathfinder site delivering unavailable medicines service.
Patient Pathway	<ul style="list-style-type: none"> • Patients will be identified in the community pharmacy who have had a prescription issued for an item that is currently unavailable.



	<ul style="list-style-type: none"> • Best efforts from the community pharmacy team will be made to source the prescribed item (as they would normally do to procure and supply the item 'with reasonable promptness'). • When the patient is in need of the medicine, and it has been established that the prescribed item is not readily available, then the patient can be invited to have a discussion with the IP Pathfinder Pharmacist about an alternative. • If the item is prescribed to treat or manage a condition that is outside the competence of the IP then the patient must be referred back to their general practice. • Patient will be invited to attend an IP Pathfinder site for a consultation regarding their prescribed item that is unavailable e.g. via AccuRx message/telephone call. • Pharmacy contacts patient to gain consent for review and books appointment in IP Pathfinder site. • Patient attends appointment (remote or face to face) at Pathfinder site. IP conducts holistic consultation (including capturing lifestyle parameters and provision of lifestyle advice). • Community Pharmacist IP to refer to GP practice for peer support / advice if any patient factors / issues arise that fall outside of the current competency or experience of the IP. • All prescribing and/or medication changes should be line with NICE Guidance and local formulary guidance (see Formulary & Guidance section above). • Medication changes that require monitoring, need to follow NICE Guidance. • Patients' care is transferred back to GP at patients' request at any point in the pathway or once the initially prescribed medicine is available again. • The patient may receive the service for an alternative for up to three consecutive prescriptions for the same item for a maximum of six months. If a medicine is unavailable for longer than six months then they should be referred back to the prescriber for a permanent change to their medication. A consultation should occur on each consecutive occasion the patient needs an alternative medicine. • All consultations must be recorded on the clinical consultation record (PharmOutcomes). • An automated Post Event Notification (PEN) will be sent via NHS mail as a PDF attachment to a patients' general practice upon completion of the PharmOutcomes platform. • Prescribing will be permissible via GP IT systems until Cleo Solo EPS is in place in IP Pathfinder sites. • Once Cleo Solo EPS is available at an IP Pathfinder site, Cleo Solo EPS must be used to issue any prescription.
<p>Consultation requirements</p>	<p>The consultation will consist of:</p> <ul style="list-style-type: none"> • Clinical history including prescribed medications, OTC, illicit substances, and herbal/homeopathic remedies. Lifestyle information e.g., smoking status, alcohol consumption and diet.



	<ul style="list-style-type: none"> • Patient assessment including clinical history and where necessary physical examination. • Provision of advice, which may include signposting to relevant NHS website information or written information. • Clinical management will be in accordance with Clinical Knowledge Summaries http://cks.nice.org.uk • Consideration of drug interactions for any medication including contraindications, sensitivities/allergies • Safety netting information to the patient <p>Where clinically appropriate the consultation can be provided remotely e.g. by phone or video consultation. The IP must determine if is clinically appropriate / a requirement for the patient to be seen face-to-face or whether the consultation can be safely carried out remotely without impacting on the quality of the service received.</p> <p>Considerations in relation to appropriateness for remote consultation (not exhaustive)</p> <ul style="list-style-type: none"> • requirement for a physical examination • barriers to communication created by remote consultations that would be addressed by a face-to-face consultation
Session provision	The number of sessions provided and the number of unavailable medicines consultations per session (4 hours) will be locally discussed and agreed.
Onward referral of patients	This unavailable medicines IP activity is discrete to General Practice. There will be occasions that the IP needs to refer the patient to their GP (or relevant OOH provider) for further assessment or management. These referrals will be made via locally discussed and agreed routes.
Access to blood tests and pathology	It is not anticipated that access to blood tests or pathology tests is required for this model.
Records	Records are to be kept in line with the IP Pathfinder Service Specification.
Notification	<p>Post event notification to be sent to the patients registered GP digitally e.g. by either NHS Mail or another predetermined and agreed digital system.</p> <p>This may include:</p> <ul style="list-style-type: none"> • System ID • Person full name • Date of birth • Person address • Postcode • NHS number • GP name • GP Practice details • GP practice identifier • Organisation identifier • Organisation name • Organisation address • Organisation contact details • Date • Service i.e., unavailable medicines • Clinician name • Medicine prescribed • Quantity of medication prescribed



	<ul style="list-style-type: none">• Days prescribed• Dose directions instructions• Presenting reason e.g. identified or referred to the community pharmacy with a prescription for an unavailable medicine(s)• Consultation outcome• Clinical narrative• Referral Date• Urgency of referral• Referral to (organisation name)• Referral to (organisation identifier)• Reason for referral.
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