

NHMC Briefing: Prescription Management Process within Clinical Homecare Services

Background

Following the detailed *National Clinical Homecare Association (NCHA) Prescription Management Process in Clinical Homecare Services during COVID-19* guidance document (available [HERE](#) on the NCHA website), the National Homecare Medicines Committee (NHMC) has produced this briefing document to support NHS staff to;

- take a consistent approach to business as usual prescription management within Clinical Homecare Services
- determine the need to vary existing prescription management processes during the Covid-19 response,
- know when and how to apply Regulation 226 of the Human Medicines Regulations (HMR) 2012¹ whilst maintaining good clinical governance.

Definitions

For the purpose of this document please see below definitions.

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| Patient Specific Supply Order | For the purposes of this briefing, any written instruction that holds sufficient information for the homecare pharmacy to safely supply the homecare medicine but does not meet the requirement of a homecare prescription is termed a Patient Specific Supply Order |
| Homecare prescription | A paper document or e-prescription which meets the full prescription requirements as set in HMR 2012 |
| Regulation 226 | Regulation 226 of the Human Medicines Regulations (HMR) 2012 |

Introduction

An agreement to supply the homecare medicine either without, or before receiving a homecare prescription, must be obtained by the responsible persons at both the clinical referring centre and the homecare pharmacy. Each healthcare professional involved in the implementation of deviations must understand their responsibilities and be accountable for their own actions. The Chief Pharmacist (or equivalent) retains overall responsibility for all homecare services. The clinical referring centre and homecare pharmacy must document and agree deviations to normal prescription management processes to ensure compliance and reduce the risk of duplicate dispensing. Each organisation is responsible for performing its own risk assessment relating to the implementation of deviations to normal prescription management processes and/or homecare medicines supply under Regulation 226.

An overarching COVID risk assessment is available here.



Covid 19 homecare prescriptions risk asse

Good clinical governance processes must be maintained in all organisations implementing this guidance in order to mitigate any patient safety risks. Please refer to *NCHA Prescription Management Process in Clinical Homecare Services during COVID-19* for further information on the governance requirements and the process.

Legal Bases for Supply of Medicines by a Homecare Pharmacy

There are three legal bases by which a homecare pharmacy can supply medicine to a patient;

1. Homecare prescription received by the homecare pharmacy prior to supply.

This process should be followed unless following standard prescription management processes would delay patient access to their medicines and care.

¹ <https://www.legislation.gov.uk/uksi/2012/1916/regulation/226>

2. Emergency supply of medicine at the request of a prescriber where dispensing is prior to receipt of homecare prescription and the homecare prescription is supplied to the homecare pharmacy within 72 hrs of the request.

The NHMC recognises that copies of some homecare prescriptions are frequently being faxed or scanned and emailed to the homecare pharmacy when the supplies of medicines are needed urgently. The use of scanned copies of homecare prescriptions via fax and e-mail that do not meet the HMR requirements for e-prescriptions should be used where shorter than standard lead time for supply is needed to prevent a patient safety incident and is not appropriate for the routine transmission of repeat homecare prescriptions. The expectation is that copies of homecare prescriptions will only be scanned and emailed or faxed when the transmission of the homecare prescription is time critical. It is expected that the majority of supplies can be made safely using existing prescription management or emergency supply procedures. Where a homecare prescription exists or will exist but cannot be supplied to the homecare pharmacy within 72hrs of the request, the medicine supply should be via an approved deviation from existing emergency supply procedures as dispensing under Regulation 226 in such cases will not apply.

3. Dispensing under Regulation 226 via a Patient Specific Supply Order

Only used in circumstances where the other methods are not viable, with agreement from both clinical referring centre and the homecare pharmacy. When dispensing under Regulation 226, no homecare prescription is ever supplied to the homecare pharmacy. It is expected that only a small minority of circumstances shall necessitate the use of the Regulation 226.

Further Briefing

Homecare prescription received by the homecare pharmacy prior to supply (Point 1);

By agreement between the homecare pharmacy and clinical referring centre, GPhC have confirmed that clinical referring centres may hold the original prescriptions on behalf of the homecare pharmacy. The legislation does not stipulate where the prescriptions must be kept and preserved; only that it is the pharmacy owner's responsibility that they are kept for the necessary time.

The homecare pharmacy remains responsible for the storage of the original prescription so must ensure

- timely retrieval and delivery of original prescriptions to the homecare pharmacy on request
- prescriptions are securely retained for the agreed period
- homecare pharmacy right to audit the clinical referring centres prescription retention and management process.

As a minimum it is expected that the clinical referring centre Chief Pharmacist or authorised Deputy acknowledges the clinical referring centre's roles and responsibilities in writing.

Emergency supply of medicine at the request of a prescriber prior to receipt of prescription by the dispensing homecare pharmacy (Point 2);

When dispensing an emergency supply at the request of a prescriber² using a faxed or scanned homecare prescription, the original homecare prescription must always be transferred to the homecare pharmacy within 72 hours of the request.

- Each clinical referring centre is responsible for approving their own Standard Operating Procedure for managing urgent homecare prescription requests, including faxing or emailing copies of original homecare prescriptions to the homecare pharmacy.
- A homecare prescription must NOT be amended after it has been faxed, emailed, posted, or otherwise sent to the homecare pharmacy.
- If patient medication changes both the clinical referring centre and the homecare pharmacy must agree corrective actions and those agreed corrective actions documented on the original and all copies of the

² RPS guidance for emergency supply <https://www.rpharms.com/resources/pharmacy-guides/emergency-supply#checklist>.

homecare prescription. Superseded original paper homecare prescriptions that are still with the clinical referring centre must not be posted to the homecare pharmacy.

- Only pre-authorised NHSmail³ email addresses for individual clinical referring centres and homecare pharmacies must be used to ensure security, appropriate checks around authenticity and audit trail.
- Audit trails of original and copy homecare prescriptions as well as prescription queries sent and received must be maintained by both sending and receiving organisations.
- Copy homecare prescriptions which require urgent attention or immediate action must be clearly identified to the homecare pharmacy and differentiated from other copy homecare prescriptions that should follow normal dispensing lead-times. This should be done by the endorsement '**Urgent deliver by xxx date**' on the copy homecare prescription.
- If under the service contract there is same day or additional cost "emergency" service, then this needs additional communications between both parties to agree the costs.
- When posting the original homecare prescription to the homecare pharmacy, the original homecare prescription must clearly state if a copy has already been sent to the homecare pharmacy to minimise the risk of duplicate dispensing. This should be done by the endorsement '**emailed/faxed on xxx date**' on the original homecare prescription. Where an original homecare prescription is made available to the homecare pharmacy later than 72 hours after the supply has been made, this should be treated as a deviation from emergency supply process and not a dispensing under Regulation 226.

Dispensing under Regulation 226 Human Medicines Regulations (HMR) 2012 via a Patient Specific Supply Order (Point 3);

Regulation 226 of the Human Medicine Regulations (HMR) 2012 is only to be used when there is no homecare prescription and there never will be a homecare prescription to support that supply of the homecare medicine. Under all circumstances every effort must be made to provide a homecare prescription to the homecare pharmacy. If it is possible to obtain a homecare prescription either immediately or in the future, then Regulation 226 does not apply.

Regulation 226 of the HMR 2012 gives significant flexibility for a homecare pharmacy to make an appropriate supply of prescription only medicines without a homecare prescription. An agreement to supply the homecare medicine without a homecare prescription must be obtained by the responsible persons at both the clinical referring centre and the homecare pharmacy. Regulation 226 only applies in exceptional circumstances relating to the current Covid-19 pandemic.

Wherever possible, to maintain good clinical and financial governance, a written instruction to supply the homecare medicines (Patient Specific Supply Order) must be provided to the homecare pharmacy. The Patient Specific Supply Order must be authorised by an appropriate, named healthcare professional before sending to the homecare pharmacy for dispensing. Authorisation may include email, text or other written (fax) confirmation from the prescriber to the homecare pharmacy. Please note if indelible ink or advanced electronic signatures are available, they must be used to generate a homecare prescription, in which case Regulation 226 does not apply.

For billing purposes, it is advised that all Patient Specific Supply Orders have purchase orders raised and the purchase order numbers supplied to the homecare pharmacy in accordance with normal homecare ordering processes. Following the NCHA guidance ensures clinical and financial governance is maintained via the provision of an appropriate Patient Specific Supply Order to the homecare pharmacy.

Regulation 226 is only applicable if the medicines have been prescribed for the patient on a previous occasion. Any Patient Specific Supply Orders dispensed under Regulation 226 especially for any new homecare patients need to be clinically validated at the clinical referring centre. Dispensing using the Regulation 226 for new homecare patients should only be considered in very exceptional circumstances.

³ Other secure modes of e-mail transmission may be specified by NHS Wales, NHS Scotland and NHS Northern Ireland or by exception in England where NHSmail is not available.

Version Control

| <u>Version</u> | <u>Date</u> | <u>Rationale</u> |
|-----------------|-------------|--|
| draft Version 8 | 12/03/2021 | Final Draft from project group for NHMC full consultation |
| Final Version 1 | 08/06/2021 | Comments received from NHMC, NCHA and GPhC, document updated |