



NHS Urgent Medicine Supply Advanced Service Pilot – Community Pharmacy Service Specification

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NHS Urgent Medicine Supply Advanced Service Pilot

Community Pharmacy Service Specification

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SUMMARY OF CHANGES IN THIS VERSION AND NEXT STEPS FOR NUMSAS PROVIDERS

SUMMARY OF CHANGES IN THIS VERSION

- Service end date (extended to 31 March 2019)
- Requirement for the pharmacy to have access to Summary Care Records (SCR), to check SCR as part of the consultation with the patient, and if SCR is not checked to record the reason why

KEY NEXT STEPS FOR NUMSAS PROVIDERS

- **Ensure you are familiar with the contents of this updated service specification**
- **Review any SOPs that may relate to this service, and update them as appropriate**
- Ensure that any staff involved in the provision of this service are aware of the requirements in this updated service specification

Contents

Contents	5
1 Service description and background	6
2 Aims and intended outcomes of the service	7
3 Service Specification	7
3.1 Receipt of referral	7
3.2 Telephone call between the patient and pharmacist.....	9
3.3 Pharmacy Consultation	10
3.4 Supply	11
3.5 Advice and Information	11
3.6 Records and Documentation	12
4 Training, premises and other requirements	13
5 Service availability	14
6 Governance	15
7 Service promotion.....	15
8 Evaluation	16
9 Payment arrangements	16
Annex A – Regulations 225, 253 and Schedules 18 and 2	19
of the Human Medicines Regulations (HMR) as of 9 November 2016. The extracts below include any insertions, deletion and/or other amendments to the originally enacted HMR as of 9 November 2016	19
Regulation 225 Emergency sale by Pharmacist: at patient’s request	19
Regulation 253 Pharmacy records	20
Schedule 18 Substances that may not be sold or supplied by a pharmacist without a prescription in reliance on Regulation 225	21
Schedule 23 Particulars in pharmacy records	22
Annex B – GP Notification Form	24
Annex C – Key Contact Details to be included in a Standard Operating Procedure .	25
Key NHS England contacts:	
Annex D – NHS Urgent Medicine Supply Advanced Service Pilot Patient Questionnaire	27
Annex E – Standard “No Supply” codes to be endorsed on FP10DT	28

1 Service description and background

- 1.1. Requests for medicines needed urgently account for about 2% of all completed NHS 111 calls¹. These calls normally default to a GP appointment to arrange an urgent prescription and as a result block access to GP appointments for patients with greater clinical need.
- 1.2. Although requests for emergency repeat medication occur throughout the week, Saturdays generate the highest demand.
- 1.3. The national Emergency Supply Audit conducted by community pharmacies in 2015 has informed the development and design of this pilot service².
- 1.4. On 25 August 2017 NHS England published the 'Integrated Urgent Care Specification.' This document provides a national service specification for the provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service (incorporating NHS 111 and Out of Hours services), referred to as an Integrated Urgent Care Clinical Assessment Service (IUC CAS).
- 1.5. NHS England is commissioning this national NHS Urgent Medicine Supply Advanced Service pilot ('the service'), via referral from NHS 111 or IUC CAS, in order to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to the medicines or appliances they need.
- 1.6. In an emergency and at the request of a patient, a pharmacist can supply a prescription only medicine (POM) without a prescription to a patient who has previously been prescribed the requested POM; these 'emergency supplies' are made under the provisions and requirements of Regulations 225, 253 and Schedules 18 and 23 of the Human Medicines Regulations 2012 (HMR)³, which are set out in Annex A. They include a requirement that the pharmacist has interviewed the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay.
- 1.7. Patients contacting NHS 111 or an IUC CAS to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment and potentially the supply of a medicine or appliance previously prescribed for that patient on a NHS prescription, where the pharmacist deems that the requirements of HMR are met, e.g. the patient has immediate need for the medicine or appliance and that it is

¹ Based on NHS 111 data reported 2015/16.

² A report on the national Emergency Supply Audit is available at <https://www.england.nhs.uk/commissioning/primary-care-comm/resource-primary/>

³ <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made> . This link reflects the HMR as originally enacted and does not include any subsequent insertions, deletions or amendments which may have been incorporated into the HMR. The extracted provisions in Annex A contain subsequent insertions, deletions and/or amendments as of 9 November 2016

impractical to obtain a prescription without undue delay. For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied as long as the requirements of the HMR are met; where the HMR refers specifically to a POM the same requirements are made for medicines or appliances that are not a POM. The call to NHS 111 or IUC CAS may or may not include a discussion with a clinician prior to the referral to the pharmacy, subject to local commissioning arrangements.

- 1.8. The NHS Urgent Medicines Supply Advanced Service Pilot commenced from 1st December 2016 and has been extended until 31 March 2019. Evaluation of the service is being undertaken as part of the pilot.
- 1.9. This document sets out how the service is to be delivered and a number of requirements that a community pharmacy and their staff must meet to be able to deliver it. Community pharmacy owners should ensure that all staff who may be involved in delivering the service read this document. NHS England has also published a practical guide for community pharmacy staff on how to deliver the service, entitled NHS Urgent Medicine Supply Advanced Service Pilot: Toolkit for Pharmacy Staff⁴.

2 Aims and intended outcomes of the service

- 2.1. To appropriately manage patient requests for urgent supply of medicines and appliances.
- 2.2. To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers.
- 2.3. To identify problems that lead to individual patients running out of their regular medicines or appliances and to recommend potential solutions that could prevent this happening in the future.
- 2.4. To increase patients' awareness of the electronic Repeat Dispensing (eRD) Service.
- 2.5. To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay for the cost of the medicines or appliances supplied.

3 Service Specification

3.1 Receipt of referral

- 3.1.1. NHS 111 or the IUC CAS will use the integrated Directory of Services (DoS) to offer patients the most appropriate pharmacy which is participating in

⁴ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-toolkit-for-pharmacy-staff/>

NUMSAS, based on location and availability. If this pharmacy is not suitable, the next appropriate alternative will be offered. NHS 111 or IUC CAS will refer appropriate patients to pharmacies using electronic messaging via NHSmail⁵. Other local secure systems may be used if one is available and appropriately accredited⁶. NHS 111 or the IUC CAS will advise patients that the pharmacist may decide to make a supply of their medicine or appliance, but the supply will only be made at the professional discretion of the pharmacist.

- 3.1.2. NHS 111 or the IUC CAS will provide the telephone number of the selected pharmacy to the patient, advising them to call the pharmacy in the following 30 minutes so that the pharmacist can assess their need for an urgent supply of a medicine or appliance. When the patient contacts the pharmacy, the pharmacist should confirm the pharmacy has received an email/electronic message referral.
- 3.1.3. If no email/electronic message referral has been received, the pharmacist will contact the local NHS 111 or IUC CAS health professionals telephone line to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the email/electronic message referral is resent.
- 3.1.4. If a referral has not been made as a result of a patient contacting NHS 111 or the IUC CAS, any emergency supply required by the patient is out of the scope of this service, but the pharmacy may choose to make a supply via an alternative method, e.g. an emergency supply at the expense of the patient or via a locally commissioned service.
- 3.1.5. During the pharmacy's opening hours the shared NHSmail mailbox or other local secure system (if being used instead of NHSmail) must be regularly checked, especially within traditional OOHs periods such as weekday evenings, weekends and holidays, to pick up referrals in a timely manner. This includes checking the NHSmail mailbox when a pharmacy opens and before the pharmacy closes each day.
- 3.1.6. Where a pharmacy has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacy must make every reasonable attempt to contact the patient using the contact details set out in the referral message as soon as possible, before the pharmacy closes for the day. Reasonable would be at least three attempts, with at least 10 minutes between each attempt. If the patient has not made contact before the next working day, then the pharmacist can close the referral as 'no supply made'. If the referral is received by the pharmacy 30 minutes before closing for the day, the pharmacy must attempt to contact the patient before closing. If contact is not made before closing, the pharmacy must make a further attempt when the pharmacy re-opens.

⁵ <http://systems.digital.nhs.uk/nhsmail>

⁶ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/80-repeat-med-guide-nhs111.pdf>

3.2 Telephone call between the patient and pharmacist

3.2.1. During the telephone call the pharmacist will interview the patient to assess the suitability and legality of making an emergency supply in accordance with the HMR and to confirm that they have the medicine or appliance requested in stock. For the purposes of this service the requirements of the HMR will apply to all medicines and appliances and not just POMs. These are set out in Annex A.

3.2.2. If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, in order to ensure the patient is able to speak to another appropriate healthcare professional, the pharmacist will either:

- a. refer the patient to their own general practice, or
- b. contact the local GP OOHs provider to discuss a solution, and if necessary request that the patient be contacted by an appropriate healthcare professional.

Pharmacists should not refer a patient back to NHS 111 or the IUC CAS by asking them to call back directly. Pharmacies will be provided with access to the contact details for GP OOHs services and the NHS 111 in their area.

3.2.3. Patient consent for receiving the service and for the pharmacy sharing information with the patient's GP practice, NHS England and the NHS Business Services Authority (NHS BSA) will be obtained by NHS 111 or the IUC CAS before a referral is made.

3.2.4. With the patient's consent, the patient's NHS Summary Care Record (SCR) must be checked by the pharmacist unless there is a good reason not to. This reason should be recorded. Checking the SCR will help to confirm the previous prescription history and whether a prescription for the requested medicine or appliance has recently been issued by the patient's general practice. The pharmacist must also check the SCR for any additional information that may be relevant. Where the requested medicine or appliance has recently been issued by the patient's general practice, the prescription may still be available on the NHS Spine.

3.2.5. The pharmacist can use the Electronic Prescription Service (EPS) tracker to see if a prescription for the patient is available to dispense. If a prescription is available, then this should be used to fulfil the urgent supply need. In this scenario the pharmacy can claim for the Consultation and Administration fees set out in 9.3(a) but will not be eligible to claim for the Supply fee set out in 9.3(b) as the EPS prescription will be submitted for payment in the normal way.

3.2.6. Where it is appropriate for an emergency supply to be made, and the medicine or appliance is in stock at the pharmacy, the pharmacist will arrange for the patient to come to the pharmacy for a face-to-face consultation. If the patient indicates that they cannot visit the pharmacy, the pharmacist should use their professional judgement as to whether or not it is appropriate for a representative to collect the medicine or appliance.

3.2.7. Where it is appropriate for an emergency supply to be made, but the medicine or appliance is not in stock at the pharmacy, with the agreement of the patient, the pharmacist will identify another pharmacy (Pharmacy 2) that provides the service and which is convenient for the patient, from whichever of the methods described in 3.2.2 is being utilised by the pharmacy. The pharmacist (Pharmacy 1) will contact the pharmacist at Pharmacy 2 to check whether they have the item in stock. If the pharmacist confirms they have, then the pharmacist (Pharmacy 1) will forward the electronic referral received from NHS 111 to the pharmacist at Pharmacy 2 via NHSmail or a locally accredited system, and the pharmacist at Pharmacy 2 should contact the patient and follow the process from 3.2.1. The pharmacist at Pharmacy 1 will also inform NHS 111 or IUC CAS of the onward referral. If the pharmacist at Pharmacy 2 advises that they do not have any stock then the pharmacist at Pharmacy 1 should contact the GP OOHs service to discuss a solution, and if necessary arrange for the patient to be contacted by an appropriate healthcare professional.

3.3 Pharmacy Consultation

- 3.3.1. The pharmacist will conduct a face-to-face consultation, to collect any additional information from the patient that was not obtained during the telephone conversation with the patient, ensuring that the requirements of the HMR are met, referring where necessary to the Royal Pharmaceutical Society (RPS) guidance on emergency supply . For the purposes of this service where the HMR refers specifically to a POM the same requirements are made for medicines or appliances that are not a POM.
- 3.3.2. If the pharmacist did not check the SCR during the telephone call with the patient, then, with the patient's consent, it must be checked at this stage unless there is a good reason not to. This reason should be recorded. Checking the SCR will help to confirm the previous prescription history and whether a prescription for the requested item has recently been issued by the patient's general practice. The pharmacist must also check the SCR for any additional information that may be relevant. Where the requested item has recently been issued by the patient's general practice, the prescription may still be available on the NHS Spine.
- 3.3.3. If the EPS tracker was not checked during the telephone call the pharmacist can use it at this stage to see if a prescription for the patient is available to dispense. If a prescription is available, then this should be used to fulfil the urgent supply need. In this scenario the pharmacy can claim for the Consultation and Administration fees set out in 9.3(a) but will not be eligible to claim for the Dispensing fee set out in 9.3(b) as the EPS prescription will be submitted for payment in the normal way.
- 3.3.4. The service must not be used to divert or attempt to change the patient's use of their usual pharmacy.

- 3.3.5. If at this stage it is identified that a supply cannot be made, then the procedure set out in 3.2.2 should be followed. Documentation of any repeat medicines or appliances not supplied when requested by the patient is important evidence to be captured for the evaluation of the service.

3.4 Supply

- 3.4.1. If no prescription is available for the patient on the NHS Spine, then a supply can be provided in accordance with the requirements of the HMR, maintaining a record of the supply and labelling the container appropriately. The pharmacist should apply their professional judgement in order to determine the most appropriate quantity of medicine or appliance to supply, in line with the provisions of the HMR.
- 3.4.2. An NHS prescription charge per item should be collected, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any NHS prescription charges collected from patients will be deducted from the sum payable to the pharmacy.
- 3.4.3. If the patient (or representative) is unable to get to the premises, then the pharmacist must ensure the patient is able to obtain the supply in a timely manner by discussing with the patient (or representative) all reasonable options for accessing their medicines.

3.5 Advice and Information

- 3.5.1. The pharmacist will advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their GP practice and the benefits of eRD. The aim of providing this advice is to support patients in understanding the importance of not running out of a medicine or appliance in order that they may change future behaviours and prevent the future need for emergency supplies.
- 3.5.2. If appropriate, the pharmacist will also raise the patient's awareness of the Medicines Use Review or the Appliance Use Review services.
- 3.5.3. Annex D is a patient questionnaire that the patient or their representative should be asked to complete. An IT platform is available to enable patient questionnaires to be completed electronically either by the patient/patient's representative themselves or with help from the pharmacy team. Patients should be provided with the URL to access the questionnaire. Pharmacy staff should access the online toolkit to obtain further information and guidance. Where patients complete a paper version of the patient questionnaire, pharmacy contractors should utilise the functionality available on the IT platform to submit the patient's responses to the questionnaire so that these responses can be collated and analysed along with those submitted electronically. Information from these completed patient questionnaires will be used by NHS England to evaluate the service.

3.6 Records and Documentation

- 3.6.1. A blank FP10DT EPS dispensing token must be used to document ALL referrals received from NHS 111 or IUC CAS, irrespective of whether or not a supply has been made.
- 3.6.2. The following information must be printed or recorded in legible handwriting on the FP10DT EPS dispensing token (illegible handwriting or missing information may lead to a delay or loss in payment):
- a. Full name, address and date of birth of patient (from the original referral)
 - b. Patient's NHS Number (from the original referral or from interview with patient)
 - c. Name, strength and form of medicines requested (using DM+D name or shortened DM+D name) or name of appliance requested (using DM+D name or shortened DM+D name)
 - d. Either the quantity supplied or the reason for not supplying (using the standard code set out in guidance).
 - e. Date and time of supply
 - f. Name and address of patient's GP (from NHS 111 referral)
 - g. NHS 111 referral ID number (from NHS 111 referral).
- 3.6.3. The patient (or representative) must complete the relevant sections of the reverse of the FP10DT EPS dispensing token to claim any exemptions from NHS prescription charge payment and confirm supply when they receive the medicine or appliance at the pharmacy. It should be noted that as the date of birth will be handwritten and not computer generated, where patients are exempt from prescription charges on age grounds the relevant section of the form must be completed and the declaration signed. Evidence of any entitlement to exemption from NHS prescription charges should be provided by the patient for the pharmacy to check.
- 3.6.4. Where a patient is unable to provide evidence of their exemption from NHS prescription charges, the pharmacy contractor will record this on the FP10DT EPS dispensing token. NHS England may make checks on patients' claims to entitlement of exemption from NHS prescription charges; where evidence of exemption is not substantiated, NHS prescription charges may be recovered from the patient.
- 3.6.5. The pharmacy will maintain a record of the emergency supply in accordance with Regulation 253 and Schedule 23 of the HMR.
- 3.6.6. The pharmacy contractor will ensure that a notification ('Post Event Message') of any supply made as part of the service is sent to the patient's GP practice on the same day the supply is made or as soon as possible after the pharmacy opens on the following working day, using the information supplied in the referral email. This notification is to be made because the service is part of the overall urgent care pathway, and as such there is a need for consistency with the requirements of other urgent care providers within the NHS Standard Contract. This notification should ideally be sent electronically

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in line with current guidance for NHS Standard Contracts , either by secure email or secure electronic data interchange. If necessary the pharmacy should contact the GP practice for details of their secure email address. Where electronic notification is not possible, the pharmacy contractor should send the notification via post, hand delivery or “safe haven” fax (this should only happen where the pharmacy has confirmed with the GP practice the number of the fax and that it is a “safe haven”).

- 3.6.7. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used (see Annex B). The information sent to the GP practice should include the following details as a minimum:
- a. the patient’s name, address, date of birth and NHS number
 - b. the name and quantity of the POM (or any other medicine or appliance) supplied as printed on the dispensing label (i.e. the DM+D or shortened DM+D name of the product)
 - c. the date of the supply
 - d. the nature of the emergency.
- 3.6.8. All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.

4 Training, premises and other requirements

- 4.1. In order to provide the service, pharmacies must have a consultation room. The consultation room, which can be used to consult with the patient or patient’s representative, must comply with the following minimum requirements:
- a. the consultation room must be clearly designated as an area for confidential consultations
 - b. it must be distinct from the general public areas of the pharmacy premises
 - c. it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
- 4.2. The consultation room must also meet the General Pharmaceutical Council Standards for Registered Premises .
- 4.3. The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service. This should include key contact details that are set out in Annex C.
- 4.4. Prior to providing the service, the pharmacy contractor should review and make any necessary amendments to their business continuity plan in order to incorporate appropriate content on the service within the plan.

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- 4.5. The pharmacy contractor should review the SOP for the service, the content of the pharmacy's business continuity plan related to the service and the referral pathways for the service on an annual basis or following significant incidents or changes that may affect the service.
- 4.6. Prior to provision of the service, the pharmacy contractor must be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance and have signed up to service delivery through the NHS BSA website .
- 4.7. The pharmacy must be EPS enabled.
- 4.8. Pharmacies must have a shared NHSmail mailbox for each pharmacy premises. Pharmacists providing the service must have access to the shared NHSmail mailbox or local secure electronic messaging system that NHS 111 or the IUC CAS will use to email or send referrals. The contractor should acknowledge any electronic test messages received in a timely manner.
- 4.9. Pharmacists providing the service must have access to the SCR.
- 4.10. The necessary knowledge and skills to provide the service should be a core competency for all pharmacists, but pharmacists will want to ensure they have an up to date understanding of the HMR in relation to the emergency supply of POMs. RPS guidance on emergency supply and the Urgent care: a focus for pharmacy distance learning (CPPE, September 2016) may also provide useful knowledge to support provision of the service.
- 4.11. The pharmacy contractor must ensure that all pharmacy staff involved in provision of the service are appropriately trained on the operation of the service, including relevant sections of the SOP for the service. It is of particular importance that locum pharmacists are made aware of the service and understand the SOP so that they are able to provide the service, including at weekends and Bank Holidays when most referrals will be made.
- 4.12. The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care commissioner, such as end to end reviews of the patient journey.

5 Service availability

- 5.1. The pharmacy contractor must ensure that the service is available throughout the pharmacy's core and supplementary opening hours.
- 5.2. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or

belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

- 5.3. If the service has to be temporarily withdrawn by the pharmacy due to unforeseen circumstances, the pharmacy contractor will ensure the elements of their business continuity plan related to the service are activated. The pharmacy must inform the NHS 111 provider and local IUC CAS of the temporary withdrawal by calling the NHS Directory of Services Provider and Commissioner Helpline (0300 0200 363) as soon as possible to stop referrals. The local NHS England team must also be informed by the pharmacy.
- 5.4. The pharmacy contractor must work with the local NHS England team and Directory of Services team to ensure the service information contained on DoS is kept up-to-date.
- 5.5. In the event of NHS 111 or IUC CAS not getting through to the pharmacy by email or other electronic means or patients reporting that they have been unable to speak to the pharmacist on two consecutive patient referrals, NHS England may investigate this issue and action may be taken in line with existing dispute resolution policies.
- 5.6. In the event of problems with service provision by a particular pharmacy, the local NHS England team will assess the ongoing ability of the pharmacy to deliver the service. In the intervening period the Directory of Services will be amended to cease referrals to this service until the issue is resolved.
- 5.7. If the pharmacy contractor wishes to cease to provide this advanced service they must notify NHS England that they are no longer going to provide the service via completion of an electronic form on the NHS BSA website . At least one month's notice must be provided prior to the cessation of service provision.

6 Governance

- 6.1. The pharmacy will provide feedback to NHS 111 providers and any local IUC CAS about any incidents related to the referral process or operational issues with respect to the service via the local health professionals helpline.
- 6.2. The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

7 Service promotion

- 7.1. Patient access to the service is via NHS 111 or the local IUC CAS. It is important that patients receive accurate information about pharmacies that provide the service and so any changes in opening times need to meet the requirements of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

- 7.2. This service will not be actively promoted directly to the public by either the pharmacy contractor or the NHS to ensure that it is only used by patients for urgent cases and not as a replacement for the normal repeat prescription ordering and repeat dispensing processes.

8 Evaluation

The pilot service will be evaluated. Information from completed FP10DT EPS dispensing tokens will be used within the evaluation and the aspects of the service to be examined will include:

- a. Referral rates to community pharmacy
- b. Patient experience
- c. Impact on GP OOHs appointments for urgent repeat prescription requests
- d. Identification of a clinical pathway for referral to community pharmacy
- e. Pharmacy staff experience and the collation of operational issues with the running of the service, which may prompt changes to its design in due course
- f. Increased patient awareness of eRD and any potential links to urgent repeat supply requests
- g. Volume and range of prescription items not supplied but requested by the patient
- h. Types of items requested and volume of items supplied
- i. Reasons for requests.

9 Payment arrangements

- 9.1. Prior to provision of the service, the pharmacy contractor must ensure that both their premises and all pharmacists providing the service meet the requirements outlined in this service specification. They must also notify NHS England that they intend to provide the service by completion of an electronic form on the NHS BSA website . If this notification to NHS England, via the NHS BSA, is not received prior to commencing service provision and submitting claims for payment, fee claims for those consultations will not be processed or paid.
- 9.2. To claim payment for this service, the pharmacy contractor must complete the NHS Urgent Medicines Supply Advanced Service Pilot claim form, and submit it to the NHS BSA, along with the completed FP10DT EPS dispensing tokens, not later than the 5th day of the month following that in which the urgent supply was made. As part of the registration process the NHS BSA will contact the pharmacy and advise them of the submission process, and the process will be set out in the NUMSAS toolkit. As of January 2018, submission of these forms and tokens has been amended to allow pharmacy contractors to include them in a clearly marked envelope along with their normal monthly submission to the NHSBSA. Contractors should refer to the toolkit for specific information on how to submit claims.
- 9.3. Subject to the contractor having submitted FP10DT dispensing tokens containing all of the required information and a completed claim form, the following fees will be paid for provision of the service:

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- a. For ANY referral received from NHS 111 or IUC CAS for a request for an urgent medicine or appliance supply, whether or not a supply is made and irrespective of the reason for any non-supply:
 - I. A Consultation fee of £10, AND
 - II. An Administration fee of £2.50 per consultation to reflect the additional work/documentation required to support evaluation of the service.
 - b. Where a medicine or appliance has been supplied, a supply fee of £1.50 will be made for the first item and an additional £0.50 will be paid for each additional item supplied.
 - c. Where a pharmacy (Pharmacy 1) is out of stock of an item and is able to refer a patient to another pharmacy (Pharmacy 2) providing the service, which has the item(s) in stock and is able to accept the onward referral (as in 3.2.7), both pharmacies will be eligible to claim the Consultation fee and the Administration fee set out in 9.3 (a). In addition Pharmacy 2 will also be eligible to claim the Supply fee set out in 9.3 (b).
 - d. Where a pharmacy receives a referral from NHS 111 or IUC CAS and subsequently meets the patient's request for the urgent medicine or appliance by downloading and dispensing an existing EPS prescription, the pharmacy is eligible to claim the Consultation fee and Administration fee set out in 9.3 (a) as long as an FP10DT EPS dispensing token has been completed. The pharmacy will not be eligible to claim the Supply Dispensing fee set out in 9.3 (b) nor the reimbursement of the medicine or appliance as set out in 9.4. The pharmacy should submit for payment the EPS prescription in the normal way.
 - e. Where a pharmacy receives a referral from NHS 111 or IUC CAS but the patient has not made contact and the pharmacy has made at least 3 attempts to contact the patient without success (as in 3.1.6), the pharmacy will be eligible to claim the Consultation fee and Administration fee set out in 9.3 (a) as long as an FP10DT EPS dispensing token has been completed.
- 9.4. The cost of medicines or appliances supplied under the service will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. For clarity, no other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service. Contractors are reminded that regulation 225(3) of the HMR do allow in certain circumstances (e.g. insulin) a pharmacist to supply the smallest pack that they have available.
- 9.5. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine or appliance.
- 9.6. The NHS BSA will make appropriate payments claimed by the pharmacy contractor as described in section 9.3, in the same payment month as other payments for NHS Pharmaceutical Services and the payments will be separately itemised on the FP34 Schedule of Payments.

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- 9.7. The cost of medicines or appliances supplied via the service will be recharged to Clinical Commissioning Group budgets and all other costs will be paid by NHS England.
- 9.8. No payments will be made under this service, for medicines or appliances supplied to patients outside of the requirements of this service specification, e.g. walk-in patients who have not been referred to the pharmacy by NHS 111 or the IUC CAS.

Annex A – Regulations 225, 253 and Schedules 18 and 2 of the Human Medicines Regulations (HMR) as of 9 November 2016. The extracts below include any insertions, deletion and/or other amendments to the originally enacted HMR as of 9 November 2016

Regulation 225 Emergency sale by Pharmacist: at patient's request

1. Regulation [214\(1\)](#) does not apply to the sale or supply of a prescription only medicine by a person lawfully conducting a retail pharmacy business if conditions A to E are met.
2. Condition A is that the pharmacist by or under whose supervision the prescription only medicine is to be sold or supplied has interviewed the person requesting it and is satisfied—
 - a. that there is an immediate need for the prescription only medicine to be sold or supplied and that it is impracticable in the circumstances to obtain a prescription without undue delay;
 - b. that treatment with the prescription only medicine has on a previous occasion been prescribed by a relevant prescriber for the person requesting it; and
 - c. as to the dose which in the circumstances it would be appropriate for that person to take.
3. Condition B is that for a prescription only medicine shown in column 1 of the following table, the quantity of the product that is sold or supplied does not exceed that shown in column 2 for that prescription only medicine—

<i>Prescription only medicine</i>	<i>Maximum quantity</i>
A prescription only medicine that— (a) is a preparation of insulin, an aerosol for the relief of asthma, an ointment or cream, and (b) has been made up for sale in a package elsewhere than at the place of sale or supply.	The smallest pack that the pharmacist has available for sale or supply.
An oral contraceptive.	A quantity sufficient for a full treatment cycle.
An antibiotic for oral administration in liquid form.	The smallest quantity that will provide a full course of treatment.
A controlled drug within the meaning of Schedule 4 or 5 of the Misuse of Drugs Regulations 2001 or Schedule 4 or 5 of the Misuse of Drugs Regulations (Northern Ireland) 2002.	Five days' treatment.
Any other prescription only medicine.	30 days' treatment.

4. Condition C is that the prescription only medicine—
 - a. does not consist of or contain a substance specified in Schedule 18; and
 - b. is not a product subject to special medical prescription⁷, other than a prescription only medicine that—
 - i. consists of or contains phenobarbital or phenobarbital sodium, and
 - ii. is sold or supplied for use in the treatment of epilepsy.
5. Condition D is that an entry is made in the record kept under regulation [253](#) within the time specified in that regulation stating the particulars required under paragraph 4 of Schedule 23.
6. Condition E is that the inner or outer packaging of the prescription only medicine is labelled to show—
 - a. the date on which the prescription only medicine is sold or supplied;
 - b. the name, quantity and (unless apparent from the name) the pharmaceutical strength of the prescription only medicine;
 - c. the name of the person requesting the prescription only medicine;
 - d. the name and address of the registered pharmacy from which the prescription only medicine is sold or supplied; and
 - e. the words “Emergency Supply”.
7. In this regulation “aerosol” means a product that is dispersed from its container by a propellant gas or liquid.

Regulation 253 Pharmacy records

1. A person lawfully conducting a retail pharmacy business must, in respect of every sale or supply of a prescription only medicine, make or cause to be made an entry in a written or computerised record kept for that purpose.
2. An entry required by paragraph (1)—
 - a. must state the particulars specified in Schedule 23; and
 - b. subject to paragraph (3), must be made—
 - i. on the day of the sale or supply, or
 - ii. if that is not reasonably practicable, on the day following that day.
3. Where the sale or supply is made under regulation 224 (emergency sale etc by pharmacist: prescriber unable to provide prescription), the particulars specified in paragraph 2(e) and (f) of Schedule 23 may be entered on the day that the prescription is received.
4. Paragraphs (1) to (3) do not apply if any of the following apply—
 - a. the sale or supply is in pursuance of a health prescription or a prescription for oral contraceptives;

⁷ The HMR were amended by SI 2014 No. 490 where the term “Controlled Drug” was replaced with “product subject to a special medical prescription, with the explanation that any substance or product for the time being specified in Schedule 1, 2 or 3 to the Misuse of Drugs Regulations 2001(b) or in Schedule 1, 2 or 3 to the Misuse of Drugs Regulations (Northern Ireland) 2002(c) is designated as a product subject to special medical prescription.

- b. a separate record of the sale or supply is made in accordance with the Misuse of Drugs Regulations 2001 or the Misuse of Drugs Regulations (Northern Ireland) 2002;
 - c. the sale is by way of wholesale dealing and the order or invoice relating to the sale or a copy of the order or invoice is retained by the person lawfully conducting the retail pharmacy business who makes the sale;
 - d. in Scotland, the sale or supply is to a doctor for use in the circumstances referred to in paragraph 45 of Schedule 5 to the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(1) (provision of drugs, medicines and appliances for immediate treatment or personal administration);
 - e. in Northern Ireland, the sale or supply is to a doctor for use in the circumstances referred to in paragraph 47 of Schedule 5 to the Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004(2) (provision of drugs, medicines and appliances for immediate treatment or personal administration).
5. A person lawfully conducting a retail pharmacy business must preserve for a period of two years beginning immediately after the relevant date—
- a. the record kept under paragraphs (1) to (3);
 - b. a prescription in pursuance of which a prescription only medicine has been sold or supplied other than—
 - i. a health prescription, or
 - ii. a prescription for a product subject to special medical prescription;
 - c. an order or invoice referred to in paragraph (4)(c) or a copy of the order or invoice; and
 - d. orders referred to in column 3 of Parts 1 to 3 of Schedule 17, except orders referred to in paragraph 3 of Part 1 of that Schedule.
6. In paragraph (5) “the relevant date” means—
- a. in relation to sub-paragraph (a), the date on which the last entry is made in the record;
 - b. in relation to sub-paragraphs (b), (c) and (d)—
 - i. where the prescription only medicine was sold or supplied in accordance with a repeatable prescription, the date of the final sale or supply pursuant to that prescription, and
 - ii. otherwise, the date on which the prescription only medicine was sold or supplied.

Schedule 18 Substances that may not be sold or supplied by a pharmacist without a prescription in reliance on Regulation [225](#)

- Ammonium bromide
- Calcium bromide
- Calcium bromidolactobionate
- Embutramide
- Fencamfamin hydrochloride
- Fluanisone
- Hexobarbitone

- Hexobarbitone sodium
- Hydrobromic acid
- Meclofenoxate hydrochloride
- Methohexitone sodium
- Pemoline
- Piracetam
- Potassium bromide
- Prolintane hydrochloride
- Sodium bromide
- Strychnine hydrochloride
- Tacrine hydrochloride
- Thiopentone sodium

Schedule 23 Particulars in pharmacy records

1. Paragraph 2 applies, subject to paragraph 3, where the sale or supply of a prescription only medicine is—
 - a. in pursuance of a prescription given by—
 - i. a doctor or dentist,
 - ii. a supplementary prescriber,
 - iii. a community practitioner nurse prescriber,
 - iv. a nurse independent prescriber,
 - v. an optometrist independent prescriber,
 - vi. a pharmacist independent prescriber;
 - vii. a podiatrist independent prescriber,
 - viii. a physiotherapist independent prescriber, or
 - ix. a therapeutic radiographer independent prescriber
 - b. under regulation [224](#) (emergency sale etc by pharmacist: prescriber unable to provide prescription).
2. In such a case, the particulars referred to in regulation [253\(2\)\(a\)](#) are—
 - a. the date on which the prescription only medicine was sold or supplied;
 - b. the name, quantity and, except where it is apparent from the name, the pharmaceutical form and strength of the prescription only medicine sold or supplied;
 - c. the name and address of the person giving the prescription;
 - d. the name and address of the person for whom the prescription only medicine was prescribed;
 - e. the date on the prescription; and
 - f. in relation to the sale or supply of a prescription only medicine under regulation [224](#) the date on which the prescription relating to that sale or supply is received.
3. Where the sale or supply is in pursuance of a repeatable prescription and is not the first sale or supply in pursuance of that prescription, the particulars referred to in regulation [253\(2\)\(a\)](#) are either—
 - a. the date on which the prescription only medicine is sold or supplied and a reference to the entry in the record referred to in regulation [253\(1\)](#) which was

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- made in respect of the first sale or supply in pursuance of that prescription and which contains the particulars specified in paragraph 2; or
- b. the particulars specified in paragraph 2.
4. Where the sale or supply of a prescription only medicine is a sale or supply under regulation [225](#) (emergency sale etc. by pharmacist: at patient's request), the particulars referred to in regulation [253\(2\)\(a\)](#) are—
- the date on which the prescription only medicine was sold or supplied;
 - the name, quantity and, except where it is apparent from the name, the pharmaceutical form and strength of the prescription only medicine sold or supplied;
 - the name and address of the person requiring the prescription only medicine; and
 - the nature of the emergency.
5. Paragraph 6 applies where—
- the sale or supply of a prescription only medicine is by way of wholesale dealing and no order or invoice or copy of the order or invoice has been retained under regulation [224](#) or [225](#); or
 - the sale or supply is one to which regulation [214\(1\)](#) does not apply by reason of an exemption other than that in regulation [224](#) or [225](#).
6. In such a case, the particulars referred to in regulation [253\(2\)\(a\)](#) are—
- the date on which the prescription only medicine is sold or supplied;
 - the name, quantity and, except where it is apparent from the name, the pharmaceutical form and strength of the prescription only medicine sold or supplied;
 - the name and address and trade, business or profession of the person to whom the prescription only medicine is sold or supplied; and
 - the purpose for which the prescription only medicine is sold or supplied.

Annex B – GP Notification Form

NHS Urgent Medicines Supply Advanced Service Pilot - Notification of supply to patient's general practice.

GP Notification Form			
To (GP Practice Name)			
Address (Including Postcode)			
Patient Name			
Date Of Birth		NHS Number	
Address (Including Postcode)			
This patient was provided with an emergency supply of :			
Medicine or Appliance			Quantity
at this pharmacy on DD /MM /YYYY			
Additional comments (e.g. patient's reason for requesting an emergency supply)			

To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy Name		Telephone	
NHSmail Address			
Address			

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Annex C – Key Contact Details to be included in a Standard Operating Procedure

NHS 111 Provider

Name of Organisation

Health Professional's telephone number

.....

(Note – this number must NOT be shared with the public)

Key Contact

.....

IUC CAS details

Name of Organisation

Health Professional's telephone number

.....

(Note – this number must NOT be shared with the public)

Key Contact

.....

Local GP Out of Hours Provider

Name of Organisation

Address of Organisation

.....

.....

Postcode

Public Telephone Number

.....

Non-Public Telephone Phone Number

.....

(Note – this number must NOT be shared with the public)

Key Contact

.....

Directory of Services Search Tool

Which DoS search tool is used in the area?

NHS Service Finder (www.pathwaysdos.nhs.uk) or MiDoS

Direct access via pharmacy clinical system

Log-in details: USERNAME PASSWORD.....

(Note – these details are specific to this pharmacy and should not be shared)

Local Directory of Service Lead

Name

Telephone Number

Email address

NHS Directory of Services Provider and Commissioner Helpline: 0300 0200 363

(to notify NHS 111 or IUC CAS of temporary withdrawal of service)

Key NHS England contacts:

.....
.....

Annex D – NHS Urgent Medicine Supply Advanced Service Pilot Patient Questionnaire

The patient questionnaire is being updated; the links below will show the version that is currently in use.

Pharmacies can access the questionnaire and supporting information at:
<https://pharmacy-numsas.nhsdatacollection.org>

Patients can directly access the questionnaire at:
<https://numsas.nhsdatacollection.org>

Annex E – Standard “No Supply” codes to be endorsed on FP10DT

Where a pharmacy has received a referral but has not supplied one or more of the items requested by the patient, the pharmacist **must** record the name of the item requested as set out in 3.6.2 of the service specification and endorse the reason for no supply, using the standard codes set out below.

Reason supply was not made	Standard No-Supply Code to be endorsed on FP10DT
Item not able to be supplied under emergency supply regulations (e.g. Schedule 1,2 or 3 Controlled Drug)	NoSupp A
EPS prescription dispensed for patient	NoSupp B
Pharmacist determined that supply not necessary (e.g. not clinically appropriate; concern about abuse of service)	NoSupp C
Item not in stock.	NoSupp D
Patient /Patient’s representative did not make contact and pharmacy unable to make contact.	NoSupp E
Patient bought the item	NoSupp F
Other	NoSupp G