



# **NHS Urgent Medicine Supply Advanced Service Pilot: Toolkit for Pharmacy Staff**

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# **NHS Urgent Medicine Supply Advanced Service Pilot: Toolkit for Pharmacy Staff**

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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## Executive summary

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot is fundamentally a service that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription (see patient pathway diagram on page 8). The service enables appropriate access to medicines or appliances Out-of-Hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

This toolkit is a practical guide on how to deliver the service, including a step-by-step guide on how to provide the service, record service delivery and claim service payments.

The toolkit does not replace the formal contractual arrangement between the pharmacy and NHS England to provide the service. Pharmacy staff must make sure that they work within the service specification<sup>1</sup> provided by NHS England, the Directions<sup>2</sup> published by the Department of Health and within professional practice, guidance and other legislation.

Prior to provision of the service, contractors must ensure that both their premises and all pharmacists and pharmacy staff providing the service meet the requirements outlined in the Directions and service specification. They must also notify NHS England that they intend to provide the service by completing the electronic form on the NHS Business Services Authority website<sup>3</sup>.

Key points to consider when delivering the service:

- 1 Premises specific shared NHSmail accounts are required for each pharmacy providing NUMSAS with linked personal email accounts.
- 2 The NUMSAS must be available during all pharmacy opening hours throughout the day, with no break in service for holidays, staff sickness etc.
- 3 The pharmacy must have a system in place to regularly check their premises specific shared NHSmail account or other local secure system, if in use for referrals, especially within traditional OOH periods such as weekday evenings, weekends, bank and public holidays whilst the pharmacy is open.
- 4 If a referral from the previous day/evening is found, the patient should be contacted to discuss their current medicine or appliance needs.

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<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf>

<sup>2</sup> The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, is published in Part VIC of the Drug Tariff.

<sup>3</sup> [www.nhsbsa.nhs.uk/UMS](http://www.nhsbsa.nhs.uk/UMS)

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- 5 The pharmacist will use their professional judgement to determine the most appropriate course of action for each patient. The Royal Pharmaceutical Society has published guidance<sup>4</sup> to support pharmacists in using their judgement.
- 6 Pharmacists are professionally accountable for their actions and the decisions they make.
- 7 All supplies made must meet the requirements of the HMR, the Directions and be within the terms of the service specification.
- 8 Patient details must only be transferred between pharmacies using secure communication channels such as NHSmail, to ensure information governance requirements are met. Under no circumstances must data be transferred to a non NHSmail address.
- 9 At no point should the patient be asked to contact NHS 111 or the GP OOH service to resolve a medicines supply issue.
- 10 The pharmacy should be provided with details on how to contact their local GP OOH service before they start to receive referrals and this should be recorded in the pharmacy's standard operating procedure.
- 11 Where contact is via a Health Professional line then this number must not be used for any purpose other than a NUMSAS referral. This number must not be passed onto patients or other community pharmacies that do not provide NUMSAS.
- 12 If a patient or a representative of the patient is not able to travel to the pharmacy then the pharmacist should explore all options with the patient to avoid any harm.
- 13 NUMSAS is not purely a supply function but should also include a discussion with the patient regarding how to avoid running out of their medicine or appliance in the future. It is hoped that this discussion and advice will change future behaviours of patients and reduce the future need for emergency supplies.
- 14 NUMSAS supplies should be promptly recorded on FP10DT EPS dispensing tokens to ensure correct information is recorded at the time of supply.

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<sup>4</sup> <https://www.rpharms.com/resources/quick-reference-guides/emergency-supply>

## 1 Introduction

This toolkit is a practical guide on how to deliver the service, including a step-by-step guide on how to provide the service, record service delivery and claim service payments.

The toolkit does not replace the formal contractual arrangement between the pharmacy and NHS England to provide the service. Pharmacy staff must make sure that they work within the service specification<sup>5</sup> provided by NHS England, the Directions<sup>6</sup> published by the Department of Health and within professional practice, guidance and other legislation.

Prior to provision of the service, contractors must ensure that both their premises and all pharmacists and pharmacy staff providing the service meet the requirements outlined in the Directions and service specification. They must also notify NHS England that they intend to provide the service by completing the electronic form on the NHS Business Services Authority (NHS BSA) website<sup>7</sup>.

## 2 Service summary

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot is fundamentally a service that manages a referral from NHS 111 to a community pharmacy where a patient has contacted NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription. The service therefore enables appropriate access to medicines or appliances Out-of-Hours (OOH) via community pharmacy, relieving pressure on urgent and emergency care services by shifting demand from GP OOH providers to community pharmacy.

The Directions set out that NUMSAS enables contractors to supply to a patient referred to them by the NHS 111 service who has previously been prescribed a medicine or appliance on an NHS prescription that medicine or appliance. There must be an urgent need for the medicine or appliance and it must be impractical for the patient to obtain an NHS prescription for it without undue delay.

The legal basis for being able to supply a prescription only medicine without a prescription is set out in Regulations 225, 253 and Schedules 18 and 23 of the Human Medicines Regulations 2012 (HMR)<sup>8</sup>, which are set out in Annex A of the service specification. 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 in this service for items that are not a POM.

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<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/11/numsas-service-specification.pdf>

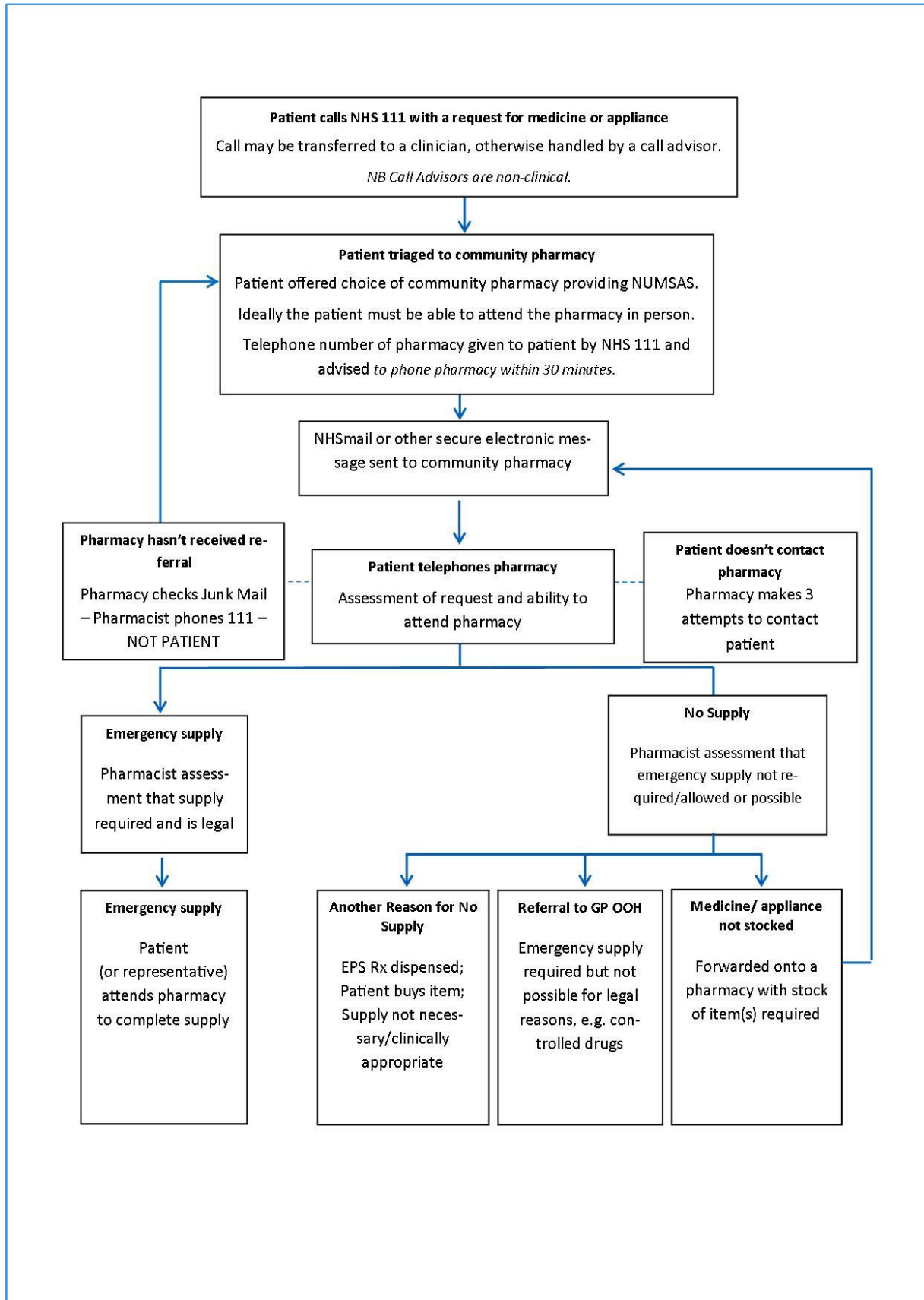
<sup>6</sup> The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, is published in Part VIC of the Drug Tariff.

<sup>7</sup> [www.nhsbsa.nhs.uk/UMS](http://www.nhsbsa.nhs.uk/UMS)

<sup>8</sup> <http://www.legislation.gov.uk/uksi/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.



Diagram 1 Patient Pathway



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The diagram above sets out the pathway that a patient will follow after contacting NHS 111 to request access to urgently needed medicines or appliances. A summary of the service is set out in a chart in Annex 1 entitled “NUMSAS Quick Guide”.

As part of the service the pharmacist will provide advice to all patients about the importance of ordering prescriptions in a timely manner, including the importance of avoiding running out of their medicines or appliances, and planning ahead for weekends / bank and public holidays, to prevent the future need for emergency supplies. This advice will specifically include increasing patients’ awareness of the electronic Repeat Dispensing (eRD) Service.

Medicines and appliances will be supplied at NHS expense. Patients not exempt from prescription charges will be levied a fee equivalent to a prescription charge for each medicine or appliance supplied<sup>9</sup> (unless the item can be purchased over-the-counter at a cost to the patient of less than a prescription charge).

Contractors will be paid a consultation fee of £10.00 and an administration fee of £2.50 for each referral received from NHS 111 irrespective of whether or not an emergency supply is made. Where a medicine or appliance is 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.

The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply. For this service the pharmacist should consider whether it is appropriate to supply less than the maximum quantity allowed in legislation. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate and that will last until the patient is able to see a prescriber to obtain a further supply. Where local Clinical Commissioning Group (CCG) prescribing guidelines for the OOH period exist, these should be noted and should act as a guide.

The contractor must provide the service throughout the pharmacy’s opening hours, with the expectation that the highest demand will be on Saturdays. This means the contractor must ensure that all pharmacy staff involved in the provision of the service are appropriately trained on its operation, including relevant sections of the standard operating procedure (SOP). 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 NUMSAS, including at weekends, bank and public holidays.

### Key elements

The NUMSAS **must** be available during **all** pharmacy opening hours throughout the day, with **no** break in service for holidays, staff sickness etc.

The pharmacist will use their professional judgement to determine the most appropriate course of action for each patient.  
Each request should be considered on a case by case basis.  
Pharmacists are professionally accountable for their actions and the decisions they make.

<sup>9</sup> Regulation 3 of the NHS (Charges for Drugs and Appliances) Regulations 2015 amended by regulation 26 of SI 2016 No. 1077.

Key elements
All supplies made must meet the requirements of the HMR, the Directions and be within the terms of the service specification.

### 3 Requirements to provide the service

To be eligible to provide the service a contractor must:

- a) Notify NHS England of its intention to provide the service for each premises by registering on the NHS BSA website at <http://www.nhsbsa.nhs.uk/UMS>, using a premises specific shared NHSmail account.
- b) Be satisfactorily complying with its obligations under Schedule 4 to the Pharmaceutical Services Regulations (Terms of service of NHS pharmacists) in respect of the provision of essential services and having an acceptable system of clinical governance.
- c) Have in place at the pharmacy premises a business continuity plan and SOPs, both of which are to cover provision of NUMSAS (having been amended to do so) as appropriate, having regard to the requirements of section 4 of the NUMSAS service specification.
- d) Ensure that pharmacy staff at the pharmacy premises, if there is any role that they have been asked to perform as part of the service, have been appropriately trained and have appropriate knowledge (this includes the relevant provisions of the business continuity plan and the SOPs) and skills, having regard to the requirements of the NUMSAS service specification.
- e) Be able to provide services which are part of the NUMSAS in a room for confidential consultations at the pharmacy premises which meets the requirements set out in section 4.1 and 4.2 of the NUMSAS service specification.
- f) Ensure that pharmacy professionals at the pharmacy premises have access to and are able to use:
  - the Electronic Prescription Service (EPS), including the EPS tracker;
  - NHSmail to send and receive emails containing confidential patient information to and from GPs; and
  - the designated electronic messaging system to receive referrals from the NHS 111 service within their locality as part of the NUMSAS. NHSmail is the default option for sending referrals within the pilot, but other systems may be used locally that meet the required interoperability standards<sup>10</sup>.

Pharmacy professionals at the pharmacy premises should also have access to and be able to use the NHS Summary Care Record (SCR) service if this is available in their pharmacy (access to SCR is not required for the contractor to be able to offer the service, but it is recommended).

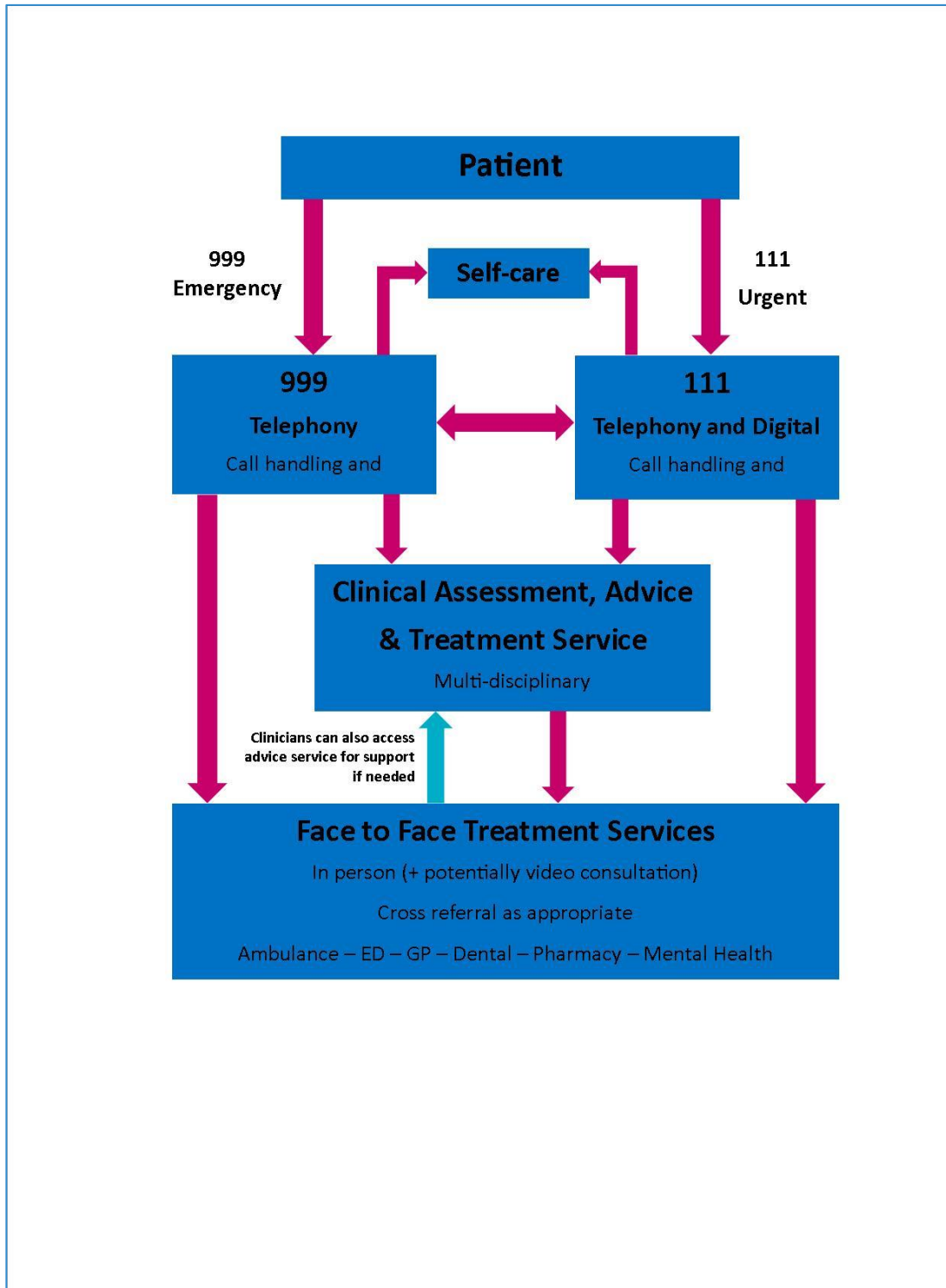
Further information on getting started to provide the service, including on how to obtain NHSmail and how to register on the NHS BSA website to provide the service, can be found in Annex 2 – “Getting started”.

<sup>10</sup> Seek advice from the local integrated urgent care/NHS 111 commissioner on these requirements.

## 4 NHS 111 Providers and NHS 111 Directory of Services

NHS 111 is provided across England by a number of organisations such as ambulance trusts, GP OOH providers, urgent care social enterprise organisations.

The aim is to integrate urgent care across a health care system to ensure the patient is directed to the most appropriate service according to their clinical need:



Across a geographical footprint a lead CCG commissions the NHS 111 service for a population against the Commissioning Standards for NHS 111<sup>11</sup>. The NHS 111 Clinical Governance Toolkit<sup>12</sup>, March 2015, underpins the delivery of NHS 111 and supports local commissioners in assuring the quality of the service and to share learning across the country.

The commissioners of the NHS 111 service are also responsible for commissioning the resource to support the development and maintenance of the NHS 111 Directory of Services (DoS) information for the services in their area. Regional and local DoS leads are essential stakeholders in supporting the mobilisation of NUMSAS across an area.

Experience from local Pharmacy Urgent Repeat Medicines (PURM) services has shown that an urgent medicines supply service mobilisation is best achieved when a service covers the same footprint as the NHS 111 geography. As a result, call advisors are better able to then make referrals consistently and the NHS 111 DoS can be optimised to ensure the end points are mapped to return a pharmacy for each urgent repeat prescription request.

#### **4.1 NHS 111 DoS**

The NHS 111 DoS is a database that can be used as a standalone reference source or integrated with NHS Pathways used by call operators for services such as NHS 111. NHS Pathways is the clinical assessment system used by NHS 111 to direct patients to healthcare services where they can appropriately respond to a patient's care needs.

The NHS 111 DoS has pharmacy service information, structured using templates of data, which are applied to pharmacy "profiles" in such a way that it can present information to the user, usually a call advisor, in a nationally consistent format. Within the DoS, profiles are designated to different service types, depending on the template which has been applied and/or their opening hours.

There is a "standard" core template that is used to support a service search for the call advisors in NHS 111. This may be applied to pharmacy profiles in the "pharmacy" service type, as well as those in the "extended hours pharmacy" service type (including 100 hours opening).

Additional templates have been developed to support referral to locally enhanced services such as minor ailments services and there is a national template for NUMSAS. These templates are only set in place for those pharmacies that are contracted to deliver a local enhanced service or have registered to provide NUMSAS. They are applied to a separate profile in its own service type.

All of these profiles (up to 3 per pharmacy) should contain the pharmacy's full opening hours (core and supplementary) for the services they pertain to, including any changes for bank holidays and public holidays.

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<sup>11</sup> <https://www.england.nhs.uk/ourwork/pe/nhs-111/resources/>

<sup>12</sup> <http://webarchive.nationalarchives.gov.uk/20161103214538/https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs111-clinical-governance-tool-kit.pdf>

Regional DoS Leads will be responsible for ensuring each pharmacy has live access to the relevant sections of the DoS, either via Mobile Directory, MiDoS or Application Programming Interface (API) access via their pharmacy system supplier. (See Section 3.2.2 of NUMSAS service specification). Local arrangements will be put in place to provide information about local GP OOH providers and other NUMSAS pharmacies if live access to DoS is not possible at the start of mobilisation.

## 5 Referral from NHS 111

### 5.1 Overview

Patients will be referred to the pharmacy by NHS 111.

NHS 111 will either send an email to the pharmacy's premises specific shared NHSmail account, or use another agreed secure messaging system<sup>13</sup>, stating the details of the patient requesting a supply of medicine or an appliance.

Patients will be given the pharmacy's telephone number by NHS 111 and asked to call the pharmacy within 30 minutes. This MUST NOT be relied upon as the mechanism for making contact with a patient accessing the service. Where a pharmacy has received a referral from NHS 111, 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 in the referral, as soon as possible and before the pharmacy closes for the day. Reasonable would be at least three attempts, with at least 10 minutes between each attempt.

Note that the DoS will automatically identify when a pharmacy is due to close, and will not select a pharmacy that is due to close within 60 minutes of sending a referral.

This service only applies to patients referred by NHS 111 and does not apply to patients requesting emergency supplies from the pharmacy directly. If a patient presents directly at the pharmacy for an emergency supply, this should be dealt with in the manner that the pharmacy would normally do so.

If a patient contacts the pharmacy stating they have been given the pharmacy's telephone number by NHS 111 the pharmacist should immediately check for a referral email or message. If there is not one, the pharmacy should initially check with the patient the name of the pharmacy that their NHS 111 query was passed onto. If the patient has been referred to the correct pharmacy, the pharmacist should re-check for an email (check the junk mail folder) or message. If no email or message is found, then NHS 111 should be contacted on the Health Professional telephone number that was provided to the pharmacy when it started to provide the service (this should be included in the SOP). This should be recorded in the pharmacy and reported to both the local NHS England pharmacy contracting team and the NHS 111 provider as an incident (See Annex 3 for an example form).

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<sup>13</sup> At the time of publication, PharmOutcomes had received accreditation as one such system. It is likely that other secure messaging systems may also achieve accreditation during the life of the pilot, and contractors will be advised by local NHS England teams and the local NHS 111 provider if such a system is to be used.

### Key elements

The pharmacy must have a system in place to regularly check their premises specific shared NHSmail account or other local secure system, if in use for referrals, especially within traditional OOH periods such as weekday evenings, weekends, bank and public holidays whilst the pharmacy is open. This should include when a pharmacy opens and just before closing to ensure that there are no patient referrals in the inbox.

## 5.2 Management of calls by NHS 111 call advisors

The NHS 111 call advisors that initially take a call are not clinicians<sup>14</sup>. The call advisors carry out an initial assessment using a clinical assessment tool, NHS Pathways, to identify the clinical needs of the patient and make appropriate referrals according to the clinical priority. The NUMSAS pathway is set up so that all requests for medicines and other prescription items should be referred onto a NUMSAS pharmacy where one is available. Some NHS 111 providers employ pharmacists during OOH periods when most of the referrals may be made, and where this is the case and a pharmacist is on duty, the call may be transferred to them initially.

NHS England has requested the use of the following script for call advisors making the referral; this has been agreed with pharmacy stakeholders and to meet the DoS Quality Review to be 50 words or less:

*Patient to phone pharmacy within 30 minutes (or when next open) to discuss medication required.*

*NHS Prescription charges/exemptions apply. Patient's information will be shared with other NHS organisations – consent must be given.*

*If pharmacist is unable to dispense they will arrange for the patient to receive medication from another provider.*

Additional text may be added by local DoS leads by local agreement, e.g. *“Supply will be made only at the professional discretion of the pharmacist”*.

The call advisors deal with high volumes of calls requesting medicines and appliances. It is not possible for them to ring ahead to the pharmacy or check specific medicines or appliances are in stock as part of the handling of the call.

## 5.3 NHSmail messaging from NHS 111

The pharmacy must set up a process / system to regularly check the premises specific shared NHSmail account for referral emails during the hours when the pharmacy is open. How each contractor manages this will differ but when setting up the system the pharmacy must consider:

- a) The premises specific shared NHSmail account should be checked regularly.

<sup>14</sup> In exceptional circumstances clinicians, may be involved in initial triage of calls, but it is anticipated that the NUMSAS calls will be referred by non-clinical staff.

- b) The process requires members of staff to be available who can access the premises specific shared NHSmail account for the on duty pharmacist to be able to view the referral information to make the supply.
- c) NUMSAS must operate during all the pharmacy's opening hours (i.e. no breaks for staff holidays or because a locum in on duty).
- d) The demand for NUMSAS is likely to be highest on Saturday mornings and Sunday mornings.
- e) The premises specific shared NHSmail account must be checked just before the pharmacy closes, allowing for NHS 111 to make the last referral up to 60 minutes before the closing time of the pharmacy.
- f) The premises specific shared NHSmail account must be checked and as soon as possible after the pharmacy has opened as a referral may have already been sent in anticipation of the pharmacy opening.

The process / system used by the pharmacy for checking emails must be robust. If patients are not contacted promptly by the pharmacy or a pharmacy does not respond to a referral, then the pharmacy may not be able to continue to provide NUMSAS.

#### **5.4 NHSmail failure/Unable to access NHSmail account**

In the case of an NHSmail message being sent, but failing to reach the intended mailbox, the NHS 111 call advisor will notify their on duty operational team to investigate. This will result in the pharmacy NUMSAS DoS profile being suspended whilst this is investigated. The pharmacy will be contacted by telephone to inform them that this has happened and an incident has been raised.

If a failure in messaging occurs or access to the premises specific shared NHSmail account is not possible by the pharmacy staff, then they should contact the national DoS team via the 0300 number to notify them and for them to take appropriate action. This will result in the pharmacy NUMSAS DoS profile being suspended whilst this is investigated. This number should be communicated to the pharmacy by the local DoS lead before the pharmacy goes live and is specifically for use when a pharmacy needs their profile on DoS amended because they cannot provide the service.

In all cases an incident form should be completed by the pharmacy staff to document that this has happened and the steps taken to resolve the issue.

The pharmacy staff must contact the NHSmail Helpdesk (see Annex 2) to seek resolution of any NHSmail problems that cannot be resolved by the Pharmacy Shared Mailbox Owner.

## **6 Key tools available to pharmacies to support NUMSAS**

### **6.1 Summary Care Record**

The patient's SCR will be a useful record of recently prescribed medicines or appliances to help establish the need for an emergency supply. Consent to view the patient's SCR will need to be obtained in the usual way.



Further information on the use of SCR in community pharmacies can be obtained on the “Summary Care Record (SCR) in community pharmacy” page on the NHS Digital website.<sup>15</sup>

## 6.2 EPS tracker

The EPS tracker is a system that allows pharmacy staff to check the status of an electronic (EPS) prescription. The tracker is intended for use by staff handling prescriptions, to provide a live status of an EPS prescription. It currently does not make available any clinical or sensitive information about a patient's prescription, although it is likely that in the near future details of the items on the prescription will be identified on the tracker.

The application is designed to be used when there is a legitimate need to verify that a prescription exists or to identify a prescription status during the prescribing and dispensing process, e.g. when the dispenser has downloaded it, when was it dispensed or has it been claimed.

It allows users to search for a prescription by a prescription ID (prescription barcode number) or by a patient's NHS number and a date range, to find out where a prescription is in the process. It also identifies the nominated dispenser.

It can be accessed using a computer and Smartcard. If the Smartcard does not have prescribing or dispensing roles, then role B0570 needs to be added to the user role profile.

It is accessed via the following link (it can also be copied and pasted into a web browser): <https://portal2.national.ncrs.nhs.uk/prescriptionsadmin>

On the EPS tracker, you can see Applied and Pending cancellation requests, see if a cancellation applies to the whole prescription or one of the items on it, as well as the cancellation reason. Details on how to use the EPS tracker can be found in the NHS Digital December 2016 factsheet.<sup>16</sup>

A number of scenarios that set out how the SCR and the EPS tracker can be used are set out in Annex 4.

## 7 Telephone call between pharmacist and patient

### 7.1 Summary of key elements of the telephone call

Either the patient will call the pharmacy or the pharmacy should contact the patient using the details provided on the email from NHS 111. The telephone consultation must be carried out by a pharmacist.

The initial conversation should include:

- a) Introduce yourself and explain you are a pharmacist.

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<sup>15</sup> <https://digital.nhs.uk/summary-care-records/community-pharmacy>

<sup>16</sup> [https://digital.nhs.uk/media/844/EPS-tracker-factsheet/pdf/Prescription\\_tracker\\_factsheet\\_Dec\\_16\\_v0-8\\_NHS\\_Digital](https://digital.nhs.uk/media/844/EPS-tracker-factsheet/pdf/Prescription_tracker_factsheet_Dec_16_v0-8_NHS_Digital)

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- b) Check you are speaking to the patient<sup>17</sup> by asking them to validate details (e.g. date of birth and full address).
- c) Where the pharmacist is contacting the patient, explain that you are calling following a referral from NHS 111 and that you understand the patient has requested an urgent supply of a medicine or appliance that has previously been prescribed.
- d) Interview the patient on the call to assess the suitability of an emergency supply / eligibility to use the service by ascertaining the following:
  - The name of general practice the patient is registered with – this information should be on the referral from NHS 111.
  - The medicine or appliance being requested (check not a drug excluded under the HMR such as Schedule 1, 2 or 3 controlled drugs – except phenobarbital or phenobarbital sodium for the purpose of treating epilepsy).
  - The nature of the emergency and the reason for the request.
  - Whether there is an urgent need for the medicine or appliance<sup>18</sup> and that it is impracticable in the circumstances to obtain a prescription without undue delay.
  - Whether the medicine or appliance has been previously prescribed on an NHS prescription, as outlined in the HMR, on an NHS prescription (where SCR is available this should be used to check current medicines or appliances (following obtaining consent from the patient to access)).
  - Whether the patient (or only if this is not possible, their representative) is able to visit the pharmacy in person to collect the medicine or appliance.
  - Whether the supply can be legally made within the provisions of the HMR.
  - That there is not an EPS prescription on the NHS spine that the pharmacist can download.
- e) Whether the pharmacy has the medicine or appliance in stock.

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<sup>17</sup> Data protection must be considered.

<sup>18</sup> The pharmacist should make a judgement if there is an urgent need for each medication supplied. This is the decision of the pharmacist.

### Key elements

The pharmacist will need to use their professional judgement as to whether there is an immediate need for the medicine or appliance. The Royal Pharmaceutical Society has published guidance<sup>19</sup> to support pharmacists in using their judgement. They should consider:

- When is the medicine or appliance next due?
- What condition is the medicine or appliance being taken/used for?
- The time interval from when the medicine or appliance was last prescribed to when it is now being requested.
- The potential impact of not taking/using a medicine or appliance until it can be accessed via the routine route (i.e. a prescription from their GP).
- The patient's perception of the medicine or appliance if they are told that they can miss a few doses/not use the appliance and the possible impact this may have on future adherence.
- Local CCG prescribing guidelines for OOH providers – these should be followed where they are in place to ensure consistency and to avoid inappropriate supplies of medicines or appliances.

## 7.2 Decision not to supply

Not supplying a medicine or appliance is an option for the pharmacist; especially if the medicine is one where a few missed doses has minimal impact. When considering not making a supply, the pharmacist must also consider the possible impact of future non-adherence and should advise the patient accordingly. If the pharmacist decides it is not appropriate to make a supply, the patient should also agree with this decision as otherwise there is a risk they will go back in to the system / attend A&E.

## 7.3 Decision to supply

If the pharmacist determines that a supply is in the patient's best interest and is possible under the HMR, they should inform the patient that they or a representative must come to the pharmacy so that the pharmacist can complete the consultation and make the supply. The patient should be informed of the pharmacy opening hours. If the pharmacist has not been able to access the SCR or the SCR does not appear to be up to date or accurate, then the pharmacist should ask the patient or representative, if possible, to bring with them:

- A repeat medication slip (Right-hand side of a prescription)
- Current boxes/ containers for their medicine or appliance

Although this is good practice, pharmacists are reminded that this evidence is not a requirement of the HMR.

Where a pharmacist has not been able to access the SCR or the SCR does not appear to be up to date, and the patient is unable to produce such evidence, then a supply can still be made if through the conversation with the patient, the pharmacist is satisfied that the medicine or appliance that the patient is requesting has been

<sup>19</sup> <https://www.rpharms.com/resources/quick-reference-guides/emergency-supply>

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previously prescribed on an NHS prescription. This may need to be done at the pharmacy premises.

The patient should also be asked if possible and available to bring along proof of prescription exemption (evidence of entitlement to exemption) if they do not pay for their prescriptions. Where proof of exemption is not available the pharmacy will be able to indicate this in the relevant section of the FP10DT EPS dispensing token.

### 7.4 Onward referral to another pharmacy when out of stock

Where a pharmacy does not have the medicine or appliance in stock, a referral to another pharmacy should be considered. Before the referral is made, the pharmacist should be confident that an emergency supply is both possible and in the best interests of the patient, bearing in mind that the receiving pharmacist will have to use their own professional judgement as to whether or not the requirements of the HMR are met.

The following process should be followed:

- a) Explain to the patient that the pharmacy does not hold that medicine or appliance in stock and that a referral to another pharmacy will be necessary.
- b) Explain to the patient that a pharmacy with the medicine or appliance in stock needs to be identified and to expect a call back when a pharmacy with the medicine in stock is found.
- c) Gain consent from the patient for sharing their details with another pharmacy.
- d) Check which area the patient would prefer to travel to, but bear in mind that it will depend on where the medicine or appliance is stocked and which pharmacies are open.
- e) Check either the NHS 111 Mobile DoS or MiDoS to identify a pharmacy in the area the patient wishes to travel to that provides NUMSAS. Where the pharmacy does not have access to either of these, then refer to the list of NUMSAS providers sent by the local NHS England pharmacy contracting team. (Note – some IT platforms such as PharmOutcomes do allow for searching of the NHS 111 DoS).
- f) Contact the identified NUMSAS pharmacy and check that it has the medicine or appliance in stock and is willing to accept a referral (bear in mind the time between the referral, patient travel time and the pharmacy closing time).
- g) If the pharmacy that has been contacted does not have the item(s) in stock then the pharmacist can try another NUMSAS pharmacy. The pharmacist should use their own professional judgement as to the number of NUMSAS pharmacies that should be tried before considering contacting the GP OOH service to discuss an alternative.
- h) Once a pharmacy with the required medicine or appliance that can take the referral is found, transfer the patient's details by forwarding the email received from NHS 111 to the premises specific shared NHSmail address of the pharmacy accepting the referral.
- i) Contact the patient and inform them to which pharmacy they have been referred.

- j) Complete an FP10DT EPS dispensing token and endorse with the code NoSupp D. Where this is submitted to the NHS BSA the contractor will get paid an administration and consultation fee.

#### Key elements

Patient details must only be transferred between pharmacies using secure communication channels such as NHSmail, to ensure information governance requirements are met.  
Under no circumstances must data be transferred to a non NHSmail address.

## 7.5 Referral to the GP OOH service

### 7.5.1 When to contact GP OOH service

If it is not possible to make an emergency supply due to prohibitions within the HMR or other factors, the pharmacist must contact the local GP OOH service to ensure the patient is contacted by another appropriate healthcare professional. Contacting the GP OOH service must not be delegated to the patient. Examples of when a referral to the GP OOH service may be appropriate include:

- a) The patient is unwell and needs medical assessment.
- b) Controlled drugs are requested and cannot be supplied under the HMR.
- c) Local care pathways determine other referral routes, e.g. palliative care patients (check CCG prescribing guidelines where these have been made available).
- d) Out of stock items are required where other local NUMSAS pharmacies do not have the item in stock and an alternative medicine or appliance may be required until stocks are available.

### 7.5.2 How to contact GP OOH services

Before a pharmacy starts to receive referrals from NHS 111 as part of NUMSAS the contractor should have been informed of how to contact their local GP OOH service. If they have not received this information they should contact their local NHS England pharmacy contracting team in the usual way.

Most GP OOH services have a Health Professional telephone number, which is a non-public number (also known as a back door number), that a pharmacist can use to speak to a clinician in the service. Where this exists pharmacies providing NUMSAS will be provided with the details, and this should be recorded in the pharmacy's SOP.

Some GP OOH services do not have a Health Professionals telephone line but rather contact is via NHS 111. Where this is the case and a pharmacist needs to contact the GP OOH service, the pharmacist should phone NHS 111 and advise the call advisor that they are a health professional and need to speak directly to another health professional regarding a referral that has already been received from NHS 111. In some areas the pharmacist will then be put through to a clinician; in other areas the call advisor will take relevant details and advise that a clinician will phone the pharmacy back.

If the pharmacy does not have the number and has access to either the NHS 111 Mobile DoS or MiDoS, then the phone number can be found by a simple search for local GP OOH services.

If none of the above options are available, then the pharmacist can phone NHS 111, explain the situation to the call advisor (it may be necessary to provide the NHS 111 reference number on the referral) and request the telephone number of the Health Professionals telephone line.

**At no point should the patient be asked to contact NHS 111 to resolve the medicines supply issue (there may be a need for the patient to contact NHS 111 if they become symptomatic).** The referral the pharmacist has received from NHS 111 can be forwarded onto the GP OOH service by a secure route (the pharmacist should confirm the NHSmail address of the GP OOH service when they speak to them or if no NHSmail address is available a verbal referral can be made). If the referral is transferred to the GP OOH service it is likely that a clinician will need to contact the patient.

## 7.6 Patients unable to travel to the pharmacy

Patients without transport or who live some distance from the pharmacy may state they are unable to travel to the pharmacy (this is more likely to happen late at night or during a bank or public holiday when fewer NUMSAS pharmacies are open near to the patient's location).

If the patient is unable to travel to the pharmacy, the patient should be asked if there is someone they can ask to collect the medicine or appliance on their behalf. Pharmacies are not expected to deliver medicines or appliances to patients as part of NUMSAS, but should follow usual practice.

If no-one is able to collect a medicine or appliance on behalf of the patient, the pharmacist will need to consider the impact of the patient missing doses or not using their appliance and the alternative options. GP OOH services do not routinely stock repeat medicines or appliances and they are not able to deliver medicines or appliances to patients. Dependent on the medicine or appliance requested, options include:

- a) Consider the impact of the patient missing a dose or not being able to use their appliance and if appropriate advise the patient to miss a dose(s) or not use their appliance. If the GP practice is not open the following day, refer the patient to another NUMSAS pharmacy open the following day which is closer to the patient for assessment and possible supply, if the patient indicates they can travel to that pharmacy.
- b) Use NHS 111 Mobile DoS, MiDoS or NHS Choices to see if a local pharmacy is open and the patient can travel to it. Contact the pharmacy to discuss the option of an emergency supply (N.B. as supply would not be part of NUMSAS, all patients would need to pay for medicines or appliances supplied through this route).

Where advice is given to miss dose(s), patients should be advised to contact NHS 111 should they become unwell or if their condition deteriorates. The National Patient Safety Agency guidance<sup>20</sup> on missed and delayed doses may assist pharmacists in determining critical medicines or conditions where delays or omissions are more likely to cause harm.

<b>Key elements</b>
<b>At no point should the patient be asked to contact NHS 111 or the GP OOH service to resolve a medicines supply issue.</b>
The pharmacy should be provided with details on how to contact their local GP OOH service before they start to receive referrals and this should be recorded in the pharmacy's SOP.
Where contact is via a Health Professional line then this number must not be used for any purpose other than a NUMSAS referral. This number must not be passed onto patients or other community pharmacies that do not provide NUMSAS.
If the pharmacy does not have the number and has access to either the NHS 111 Mobile DoS or MiDoS, then the phone number can be found by a simple search for local GP OOH services. If neither of these options are available, then the pharmacist can phone NHS 111, explain the situation to the call advisor (it may be necessary to provide the NHS 111 reference number on the referral) and request the telephone number of the Health Professionals telephone line.
If a patient or a representative of the patient is not able to travel to the pharmacy then the pharmacist should explore all options with the patient to avoid any harm.

## 8 Consultation in the pharmacy premises

It is assumed that when a patient or patient representative presents in the pharmacy premises the pharmacist will have already spoken to the patient on a telephone call, as outlined in section 8. If this is not the case the pharmacist should check that they have received a referral from NHS 111. If there does not appear to be a referral the pharmacist should follow the procedure set out in at the end of section 6.1.

### 8.1 Summary of key elements of the consultation in the pharmacy

#### 8.1.1 Pharmacist satisfied that supply can be made during telephone call

Where the pharmacist has been satisfied during the telephone conversation that the requirements of the HMR are met, the medicine or appliance requested is in stock and the patient or patient's representative subsequently presents at the pharmacy, then the pharmacist should proceed to making the supply, subject to confirming the patient/patient representative's identify and taking into account issues highlighted in 9.2 and 9.3.

#### 8.1.2 Pharmacist not satisfied that supply can be made during the telephone call and has asked the patient to attend

Where the pharmacist has not been able to be satisfied that a supply can be made and has asked the patient to attend the pharmacy premises, depending on what

<sup>20</sup> <http://www.nrls.npsa.nhs.uk/alerts/?entryid45=66720>

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actions were able to be carried out during the telephone call the pharmacist can consider the following:

- a) Checking the SCR (if available), with patient consent.
- b) Checking the EPS tracker and downloading a prescription, if available
- c) Examining any physical evidence provided by the patient, such as
  - A repeat medication slip (Right-hand side of a prescription)
  - Current boxes/ containers for their medicine or appliance.
- d) Further questioning of the patient.

As a result the pharmacist should come to a decision to either:

- e) Make an urgent supply, or
- f) Not make an urgent supply and,
  - Refer to another NUMSAS pharmacy for an out of stock item, or
  - Refer to GP OOH service, or
  - Sell an over-the-counter (OTC) product, or
  - Refer the patient back to their own GP, or
  - Advise the patient that an urgent supply is not necessary or appropriate and give additional advice where appropriate.

## 8.2 Medicines liable to misuse

Patients occasionally request a medicine which is liable to misuse, such as a benzodiazepine, a hypnotic or more recently, medicines such as pregabalin. Some requests may be genuinely needed whilst others may be from a patient using NUMSAS to gain additional supplies.

Some CCGs have issued guidelines to local GP OOH services on the supply of medicines liable to misuse. While it is for the pharmacist to determine whether a supply is appropriate, they should check if any such guidelines have been issued (the pharmacy should have been informed of these before it started to receive referrals from NHS 111; this should be included in the pharmacy's SOP) and they should take these into consideration. The pharmacist needs to balance the potential for misuse versus the need and the impact on the patient of not supplying a medicine or appliance. A limited supply of 1 or 2 days, until the next working day for GP practices, can be considered.

A GP OOH service will only prescribe medicines liable to misuse in limited circumstances and will not usually prescribe medicines such as methadone or buprenorphine. If the pharmacist decides not to make a supply for a medicine liable to misuse, then they should consider advising the patient to wait until they can collect their usual prescription from their general practice / usual pharmacy rather than referring them to the GP OOH service.

NHS 111 cannot include in the NUMSAS referral how many times a patient has used NUMSAS. While the patient's GP practice will be notified by NHS 111 of the referral, it is still important that the pharmacy ensures that the GP is notified of any supplies (this is a requirement of NUMSAS). NHS 111 providers also undertake audits to identify frequent users and these are flagged to NHS 111 clinical staff for further



investigation. Pharmacists must continue to be vigilant and bear in mind that some patients may try to use NUMSAS to gain additional supplies.

The pharmacist should consider sending an incident form to the local NHS 111 provider if they feel the NUMSAS request is inappropriate.

### **8.3 Length of supply**

The HMR sets out the maximum quantities that a pharmacist can supply when making a supply of a POM at the request of a patient. Where a supply of a medicine or appliance that is not a POM is being made as part of NUMSAS, the pharmacist should not exceed the maximum quantities stated in the HMR.

It is, however, important that NUMSAS does not encourage patients to by-pass their normal method for obtaining repeat medicines or appliances, and therefore the pharmacist should apply their professional judgement to determine the most appropriate quantity of medicine or appliance to supply. In general, this should be the smallest quantity that will ensure the patient has enough medicine or appliance until the patient can obtain a supply through their GP or pick up a supply that may already have been dispensed and is awaiting collection at their regular pharmacy.

### **8.4 Referrals when the pharmacy is closed**

NUMSAS referrals may be made to a pharmacy when the pharmacy is closed if the patient declares they do not need a dose of their medicine or to use their appliance within the next 2 hours.

NUMSAS referrals when the pharmacy is closed will occur when a patient reports that their next dose is due within the next 6, 12 or 24 hours. The NHS 111 system will then select any NUMSAS pharmacy that is open within the next 6, 12 or 24 hours and list these in proximity to the patient's current location. NHS 111 call advisors may select pharmacies that are currently closed, but will open before the patient is due their next dose of medicine or due to use their appliance. A referral when the pharmacy is closed may also be made by another NUMSAS pharmacy referring a patient – see "Patients unable to travel to the pharmacy" section 8.6. The patient will be advised that they need to call the pharmacy when it is next open.

Pharmacies may also receive a NUMSAS referral when the patient's GP is open (or due to open that day). If this occurs the patient should be advised to contact the GP practice if this is practically the most appropriate option to obtain their medicine or appliance. However, when patients are away from home they may not be able to access their own GP practice.

A NUMSAS referral that results in a no supply because the patient no longer has an urgent need for the medicine or appliance or the supply will be dealt with by the GP practice should still be recorded onto an FP10DT EPS dispensing token and endorsed with the appropriate no supply code and submitted to the NHS BSA. Where this is done, the contractor will be paid a consultation and administration fee.

**Key elements**

Pharmacies should routinely check their premises specific shared NHSmail account for referrals upon opening on a Saturday, Sunday, Monday and any day immediately following a bank or public holiday.

If a referral from the previous day / evening is found, the patient should be contacted to discuss their current medicine or appliance needs.

**9 Advice and information**

The pharmacist will provide advice to every NUMSAS patient about the importance of ordering prescriptions in a timely manner and the benefits of the eRD Service.

The following information should be discussed:

- The importance of avoiding running out of their medicine or appliance.
- Planning ahead for weekends / bank and public holidays.
- How the patient's usual community pharmacy would be able to support the patient (e.g. patient should ask their usual pharmacy about their repeat dispensing service).
- Ordering medicines in a timely manner from the patient's usual pharmacy.
- The benefits of the eRD Service.

The NUMSAS must not be used to attempt to change the patient's use of their usual pharmacy.

**Key elements**

NUMSAS is not purely a supply function but should also include a discussion with the patient regarding how to avoid running out of their medicine or appliance in the future. It is hoped that this discussion and advice will change future behaviours of patients and reduce the future need for emergency supplies.

**10 Supply**

Supply the necessary medicines in accordance with the requirements of the HMR and the service specification.

**10.1 Quantity**

The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply. For this service the pharmacist should consider whether it is appropriate to supply less than the maximum quantity allowed in legislation. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate and that will last until the patient is able to see a prescriber to obtain a further supply. Where local CCG prescribing guidelines for the OOH period exist, these should be noted and should act as a guide.

The HMR includes issues such as when it is not possible to split a pack (e.g. inhalers, creams etc.) as well as when there are additional limits to the quantity that can be supplied (e.g. the legislation limits the supply to 5 days for controlled drugs, such as phenobarbitone or phenobarbital sodium for the treatment of epilepsy, Schedule 4 and 5 controlled drugs).

## 10.2 Labelling

The usual labelling requirements apply, with the addition of the wording “Emergency Supply” on the label.

## 10.3 Medicines or appliances that are not POMs

Medicines or appliances that are not POMs can be supplied under this service as long as the criteria of the service are met (i.e. the supply is urgently needed and is a medicine or appliance previously provided on an NHS prescription to the patient). If a medicine or appliance which is not a POM is cheaper than a current FP10 charge and the patient is not exempt from prescription charges, the item can be purchased as long as the supply is within the product licence. An FP10DT EPS dispensing token should still be completed with the code NoSupp F being endorsed on the token.

## 10.4 FP10DT EPS dispensing token

Complete all the required documentation for the supply (front page) of the FP10DT EPS dispensing token and ensure the patient (or representative) completes the patient section (back of form). Examples of completed tokens are published on the NHSBSA website<sup>21</sup>.

## 10.5 Prescription charges

A fee equivalent to a prescription charge should be collected for each item supplied, unless the patient is exempt, in accordance with the NHS Charges for Drugs and Appliances Regulations.

Patients (or their representative) must complete the relevant parts of the FP10DT EPS dispensing token to show if charges have been paid or if an exemption has been claimed, and they must sign the declaration and consent to share information box.

Where the date of birth is printed onto the FP10DT EPS dispensing token by a computer and a patient is 16 or under or 60 or over then a patient is exempt from the need to complete and sign the declaration.

In-line with usual prescription checks, patients must be asked for evidence of entitlement to exemption from prescription charges. Where evidence cannot be provided, the pharmacy should cross the “Evidence not seen” box on the reverse of the FP10DT EPS dispensing token.

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<sup>21</sup> <http://www.nhsbsa.nhs.uk/UMS>

If patients refuse to sign the declaration and consent to share information box, they are not eligible to use the service.

## 10.6 No supply

If no items are supplied to the patient, then it is important that the reasons why are captured as part of the overall service evaluation. A FP10DT EPS dispensing token must therefore be completed for every referral, even if a supply is not made.

## 11 Patient survey

### The patient questionnaire

If no items are supplied to the patient, then it is important that the reasons why are captured as part of the overall service evaluation. A FP10DT EPS dispensing token must therefore be completed for every referral, even if a supply is not made.

All patient's and patient representatives must be invited to complete a patient survey in the format that is best suited to their needs e.g. online, by interview, on paper.

The patient survey will inform the evaluation of the patient experience. The survey can be accessed via the following link:

URL: <https://numsas.nhsdatacollection.org>

The supporting information for a contractor (the Pharmacy Toolkit) can be found via the following link:

URL: <https://pharmacy-numsas.nhsdatacollection.org>

## 12 Records and documentation

### 12.1 Where to record

Where there is a supply made under NUMSAS, this must be recorded in three places, which are outlined below:

- **Prescription Only Medicine Register – the legal record**  
If POM medication is supplied, record the emergency supply in your usual way, setting out the name and address of the patient, the prescription only medicine supplied (name, quantity, strength and form), the date of the supply and the nature of the emergency in accordance with the HMR.
- **FP10DT EPS dispensing token**  
Ensure both pharmacy and patient sections of the FP10DT EPS dispensing token are completed. The details of the medicines or appliances supplied may be handwritten or printed.<sup>22</sup>

Ensure the appropriate declarations have been made by the patient/patient's representative if a supply has been made. No declaration is required if no supply

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<sup>22</sup> Printing on the FP10DT EPS dispensing token can be enabled by pharmacy systems using the required NHS Digital specification.

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has been made. See section “Submit a claim for payment” on the NHS BSA website<sup>23</sup> for further details on the documentation required for payment.

- **Patient Medication Record**

If a medicine or appliance is supplied an entry should be made in the PMR as the medicine or appliance is labelled.

### 12.1.1 Recording medicines or appliances supplied or not supplied on the FP10DT EPS dispensing token

The medicines or appliances supplied or not supplied must be documented on the FP10DT EPS dispensing token using the NHS dm+d dictionary naming convention<sup>24</sup>. dm+d is a dictionary containing unique identifiers (codes) and associated textual descriptions for representing medicines and medical devices in information systems and electronic communications. Pharmacists can refer to the medicine or appliance label to confirm dm+d format as this is used by all pharmacy system suppliers.

The dm+d quantities are based upon the doses, for example, a salbutamol inhaler should be recorded on the FP10DT EPS dispensing token as 200 for 200 doses, not 1 for an original pack.

When recording quantities for supplies made, please note the following:

Form	Record on dm+d	Example
Creams	Per gram supplied	Betnovate cream 30g Record quantity as 30
Tablets and capsules	Per tablet /capsule	Bisoprolol 10mg tablets x 7 Record quantity as 7
Liquids Including eye drops	Per ml	Epilim liquid 200mg/5ml 70ml Record quantity as 70
Devices	Per device	Aerochamber Plus with infant face mask Record quantity as 1
Inhalers	Per dose	1 x op Salbutamol inhaler (200 doses) Record as 200.

Incorrect entries will lead to incorrect payments - please be careful to enter the quantities correctly. See examples published on the NHS BSA website<sup>25</sup> of completed FP10 EPS dispensing tokens.

Accurate documentation of the reasons for “no supply” is an essential part of the pilot evaluation to inform the future commissioning intentions after March 2018.

<sup>23</sup> <http://www.nhsbsa.nhs.uk/UMS>

<sup>24</sup> <http://www.dmd.nhs.uk/index.html>

<sup>25</sup> <http://www.nhsbsa.nhs.uk/UMS>

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The reasons for no supply are 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

### Key Elements

NUMSAS supplies should be promptly recorded on FP10DT EPS dispensing tokens to ensure correct information is recorded at the time of supply.

## 12.2 GP notification

The GP Notification Form (available in Annex B of the service specification) must be completed, with appropriate consent from the patient, to inform the patient's GP about any supply of medicine or appliance made. No notification is required if a supply is not made, but in some cases, it may be considered clinically appropriate to inform the GP about the outcome of an NHS 111 referral. For example, if a patient has been referred for a medicine that is liable to misuse and the pharmacist has assessed it inappropriate to supply, it could be considered important for the GP to be informed. GP practices are able to use Special Patient Notes (SPNs) to provide access to information to urgent and emergency care providers when they do not have routine access to the GP patient primary care record.

The GP Notification Form must be sent by an appropriate secure route such as NHSmail, if the general practice has access to NHSmail. Where electronic notification is not possible, the 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").

Local governance arrangements will determine if a message will also be sent to the GP from NHS 111 about the referral made to the pharmacy after contact with NHS 111.

## 13 Service availability

The service must be available for the full opening times of the pharmacy as agreed with NHS England. This also includes Christmas Day and Easter Sunday if the pharmacy chooses to open.

Any changes in pharmacy opening times must be made in agreement with NHS England in the usual way. NHS England will notify the NHS 111 DoS lead.

The contractor must ensure that someone who has access to the premises specific shared NHSmail account is on duty when the pharmacy is open. This does not need to be a pharmacist.

Before going live with the service a pharmacy should be provided with an emergency 0300 for use to notify the NHS111 DoS lead when it is unable to provide the service at short notice – e.g. if the pharmacy has been unable to open. This will enable the pharmacy to be temporarily suspended from the service and ensure no referrals are made to it. This number should be recorded in the pharmacy's SOP. If the pharmacy has not received it the contractor should contact the local NHS England pharmacy contracting team.

The local NHS England pharmacy contracting team should be informed in the usual way by the contractor of any temporary suspension of service.

There must be no breaks in service delivery, including if regular staff are off sick, on holiday etc. If the pharmacy is unable to meet this level of service delivery then they must inform the local NHS England pharmacy contracting team in the usual way.

When organising relief / locum cover, it is important that the pharmacy ensures that the relief / locum pharmacist is aware that the pharmacy provides this service and is familiar with and able to provide NUMSAS.

## 14 Governance

NHS England is the commissioner of NUMSAS and will monitor the service alongside other pharmacy advanced services and work with the local urgent care system providers to ensure the service is integrated.

Any safety incidents or near misses must be reported to local NHS England pharmacy contracting teams in the usual way (see Annex 3 for template incident reporting form).

NHS 111 is commissioned by a lead CCG commissioner for an area that may result in one NHS 111 provider covering a large geographical area, e.g. North West England, or in multiple providers covering smaller geographies, e.g. East of England. Each NHS 111 provider has a clinical lead and each commissioner has a lead clinician responsible for overseeing the commissioning and assurance of the service. To support integration and sharing of best clinical practice, there are regional clinical governance leads that work across regional areas and coordinate the learning from safety incidents and national initiatives.

As each area mobilises NUMSAS, the various clinical leads will be part of the implementation discussions and take part in the decisions about when an area is ready to go live. Each NHS 111 provider is expected to report any safety incidents or near misses to their lead commissioner clinical governance lead. NUMSAS pharmacies will be informed if this involves any calls referred to their pharmacy.

## 15 Service promotion

As all referrals must come from NHS 111, pharmacies should not advertise that they offer NUMSAS.

Patients who present for an emergency supply without NHS 111 referral should be dealt with in the usual manner, i.e. under the HMR and charged for their supply of medicine or appliance. However, if in this circumstance patient states that they are unable to pay for the cost of the emergency supply they can be signposted to NHS 111. Patients must be warned that this will delay the supply and that the process of contacting NHS 111 will lead to a delay in the supply of medicine or appliance (i.e. they can't just call up and have a free supply immediately authorised).

Any approaches by the media for comments or interviews relating to NUMSAS must be referred to the local NHS England pharmacy contracts team.

## 16 Payment arrangements

### 16.1 Prior to provision of the service

To be eligible to claim payment for providing NUMSAS contractors must have successfully registered the pharmacy premises on the NHS BSA website.

Contractors must ensure processes are in place to enable documentation on the FP10DT EPS dispensing token. Pharmacy systems may be enabled to print directly onto the FP10DT EPS dispensing token to support documentation, so that text may be read clearly by the NHS BSA when payment claims are made.

Staff training to understand the scope of information to be collected as part of claiming payment is important to ensure the full completion of the form and to avoid delays in payment.

### 16.2 Claiming payments

Once a pharmacy has registered on the NHS BSA website for the service, a member of the NHS Prescription Services team will contact the pharmacy to go through how to claim payment.

Details on how to submit the completed FP10DT EPS tokens and make claims are on the NHSBSA website at <http://www.nhsbsa.nhs.uk/UMS>.



### 16.3 Fees paid

The fees are set out in the service specification: Section 9.

Experience from locally commissioned services is that usually only one item is supplied as an “Emergency Supply” but sometimes it may be necessary to supply more than one item depending on the clinical needs of the patient.

The medicine or appliance costs will be charged back to CCGs as an average cost for the service across all CCGs in England. The NHS BSA will be reporting the medicines or appliances supplied by CCG area to the local NHS England pharmacy contracting team and information will be made available (to CCGs and LPCs) upon request to be used as part of audit and service monitoring.

## 17 Evaluation

An evaluation of the pilot service will be undertaken to inform future commissioning intentions encompassing the following elements:

- Referral rates to community pharmacy.
- Patient experience.
- Impact on GP OOH appointments for urgent repeat prescription requests.
- Identification of a clinical pathway for referral to community pharmacy.
- 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.
- Increased patient awareness of eRD and any potential links to urgent repeat supply requests.
- Volume and range of prescription items not supplied but requested by the patient.
- Types of items requested and volume of items supplied.
- Reasons for requests.

Contractors’ participation in the evaluation is part of the commissioned service. The patient survey (see section 11) will form an important part of the evaluation. Further information will be made available about the evaluation after initial mobilisation of the service.

## Annex 1: NUMSAS quick guide

NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot	
<b>NHS 111</b>	<b>Receives call from patient</b>
Identify and consent	Identify if patient is suitable for NUMSAS and obtain consent for referral.
Explain and confirm	NUMSAS is an NHS service, is free of charge and the usual prescription charges apply. The service requires patients to provide evidence of ongoing treatment. Patients' GPs will be informed of supply and information will be shared with NHS organisations in line with the usual prescription process. Patients should call the pharmacy within 30 minutes to discuss requirements.
Action	Provide patient with pharmacy telephone number and email referral to pharmacy. Patient to call pharmacy within 30 minutes.
<b>Pharmacy – Step 1</b>	<b>Patient calls pharmacy</b>
Action	Check NHSmail shared email account or check agreed secure messaging system for referral details from NHS 111.
Identify	Confirm patient identity using information provided by NHS 111. If no information is received from NHS 111, contact the local NHS 111 service to confirm a referral has been made and take details by telephone.
Explain and confirm	NUMSAS is an NHS service, is free of charge and that usual prescription charges apply, (NOTE: any local restrictions for certain medicines, e.g. benzodiazepines, pregabalin), up to 30 days' supply can be made or up to 5 days' supply for certain medicines, requires patients to provide evidence of previous supply. The patient's GP will be informed of the supply.
Check	Identify medicine or appliance required. HMR criteria are met (see service specification) Patient/representative can attend pharmacy. Medicine/appliances are available in the pharmacy.
Action (if supply can be made)	Ask patient or representative to attend the pharmacy to obtain supply.
Action (if supply cannot be made)	Provide advice and/or refer to GP out of hours using access telephone number to organise an assessment and /or prescription. If medicine/item is out of stock, telephone another NUMSAS pharmacy in their locality and if appropriate make a referral. Send email NHS 111 referral data to the pharmacy receiving the referral.
Action (if patient does NOT make contact with pharmacy)	Make 3 attempts to contact patient using referral details. After 3 <sup>rd</sup> attempt close referral and leave a message to the same effect for the patient. Record all required information on an FP10DT EPS dispensing token, including the No Supply Code NoSupp E.
<b>Pharmacy - Step 2</b>	<b>Patient attends pharmacy</b>
Identify	Confirm patient's identity.
Explain and confirm	Review information provided so far. Confirm if a supply is appropriate.
Check	Evidence of previous supply (if provided) – may include access to patient's PMR and Summary Care Record. If appropriate access the EPS tracker, and download any available prescriptions. HMR regulations are met (see service specification).
Action (if supply can be made)	Make supply and/or provide advice. Record all required information on an FP10DT EPS dispensing token. Collect prescription charge (if applicable). Ask patient/representative to sign declaration on back of FP10DT EPS dispensing token. Advise patient about electronic repeat dispensing services from a local pharmacy. Ask patient/representative to complete survey for feedback.
Action (if supply cannot be made)	Provide advice and/or refer patient to GP out of hours using access telephone number to organise an assessment and/or a prescription. Record all required information on an FP10DT EPS dispensing token, including the appropriate No Supply Code.
<b>Pharmacy - Step 3</b>	<b>Administration</b>
Record and submit for payment	Complete and send the GP notification form (if a supply has been made). Check that all necessary information has been recorded on an FP10DT EPS dispensing token, including where relevant a No Supply Code and the patient or representative has completed any relevant exemption claims. Make a record of any supply made in accordance with the HMR. Submit the completed FP10DT EPS dispensing token by the 5 <sup>th</sup> day of the following month, along with a completed NUMSAS claim form, to the NHS BSA – this is separate to the submission of other FP10 forms.

## Annex 2: Getting started

### 1. NHSmail

#### Requirement for a premises specific shared NHSmail account

A premises specific shared NHSmail account must be used to register for the service via the NHS BSA website. This email account will be shared with the DoS lead in your area and will be added to your pharmacy DoS profile. This email address will be used by NHS 111 to send referrals for NUMSAS to your pharmacy.

This email account is unique to a pharmacy premises and can only be accessed through a personal NHSmail account that is linked to it. This allows multiple people to access the account without each person using the same log-in details.

The information in this guidance relates solely to the use of NHSmail for NUMSAS. For information on the requirements within the Quality Payments (QP) Scheme for NHSmail as a gateway criteria please refer to the Quality Payments guidance<sup>26</sup>.

#### Principles for use of NHSmail to provide NUMSAS

- a) A premises specific shared NHSmail account with up to three personal staff NHSmail accounts that are linked to the premises account will be provided by NHS Digital upon request. If a pharmacy is not providing NUMSAS and the primary reason for the request for NHSmail is to satisfy the QP gateway criterion, then the pharmacy may only need the minimum of two personal NHSmail accounts.
- b) A “Pharmacy Shared Mailbox Owner” will be required for each pharmacy premises. They will be responsible for managing the premises specific shared NHSmail account, authenticating personal NHSmail accounts and linking them to or unlinking them from the shared NHSmail account. The role of the Pharmacy Shared Mailbox Owner may be allocated to more than one member of staff (so cover can be provided). Also, a member of staff can be a Pharmacy Shared Mailbox Owner for more than one premises, which is useful for multiples.
- c) A national nomenclature will be used for all the premises specific shared NHSmail accounts that have been issued since December 2016:  
[nhspharmacy.location.nameofpharmacyodscod@nhs.net](mailto:nhspharmacy.location.nameofpharmacyodscod@nhs.net).
- d) Community pharmacy premises NHSmail accounts provided before 1 December 2016 can still be used to register for NUMSAS. NHS Digital can check if the old account is a “shared” one and will provide a new NHSmail account if required in the new format.
- e) Additional personal NHSmail accounts to the standard allocation of three per pharmacy will be considered on an individual basis against agreed criteria (i.e. priority will be given to those pharmacies providing NUMSAS). NHS England local pharmacy contracting teams will consider each request for more personal NHSmail accounts.

<sup>26</sup> <https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/framework-1618/pgp/>

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- f) Locum pharmacy staff NHSmail accounts can be allocated by a sponsoring organisation, e.g. local CCG, hospital, community pharmacy, NHS England office. Ideally locum pharmacy staff that work predominantly within community pharmacy will be allocated an account via a sponsoring community pharmacy.
- g) To operate NUMSAS, the pharmacy needs to be able to access the referrals sent by NHS 111 to the shared premises NHSmail mailbox. A member of staff with access to the shared premises NHSmail mailbox needs to be available during opening hours; this does not need to be a pharmacist, but this will enable the pharmacist managing the referral to be able to view the information within the referral.
- h) To obtain new NHSmail accounts visit the NHSmail website<sup>27</sup> and follow the process set out in the section headed “Registering Community Pharmacies and Pharmacists”.
- i) Existing premises specific shared NHSmail accounts issued to community pharmacies before December 2016 will be transferred to the new national nomenclature and transferred into the NHSmail Central Pharmacy support model during 2017. Further information on this will be provided.

### Help available to users

- a) **A Guide for Community Pharmacies using NHSmail**<sup>28</sup> was published by NHS Digital in March 2017 and should be the first reference for any help required.
- b) If additional help is required, NHS Pharmacy email users (those with NHS Pharmacy as their organisation display name after their email address and had their NHSmail account set up after 1 December 2016) should contact the National Administration Service for email support at [pharmacyadmin@nhs.net](mailto:pharmacyadmin@nhs.net) (this is staffed Monday – Friday between 9am and 5pm). At other times, or if it is necessary to speak to a person, telephone 0333 200 1133.
- c) If your NHSmail account is hosted by a local organisation (CCG/CSU) please contact that organisation’s IT helpdesk for Local Administration support.
- d) All NHSmail users can also contact the National Helpdesk via [helpdesk@nhs.net](mailto:helpdesk@nhs.net) or call 0333 200 1133. The NHSmail service provides a national helpdesk 24 hours a day, 365 days a year.
- e) Further useful information can be obtained at the NHSmail support website.<sup>29</sup>

Key elements
Premises specific shared NHSmail accounts are required for each pharmacy providing NUMSAS with linked personal email accounts.
Pharmacy Shared Mailbox Owners are required for each premises specific shared NHSmail account to manage the premises specific shared NHSmail mailbox.

<sup>27</sup> <http://support.nhs.net/joiningnhsmail>

<sup>28</sup> <https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/Guide+for+Pharmacies.pdf>

<sup>29</sup> <http://support.nhs.net/>

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At least one member of pharmacy staff who has an NHSmail account linked to the premises specific shared NHSmail account must be available at all times the service is provided, in order to be able to access the NHS 111 referral information.

Pharmacy Shared Mailbox Owners are required for each pharmacy to manage the premises specific shared NHSmail mailbox.

### 2. Registration with the NHS BSA

The following describes the process for registration on the NHS BSA website:

- a) Go to <http://www.nhsbsa.nhs.uk/UMS>
- b) Scroll down the page to **Register to provide the service** and click on the link ► [Register your pharmacy as a provider of the service](#)
- c) Follow the instructions on the screen, ensuring that when you are asked to enter the NHSmail address, that you enter the **shared NHSmail address specific to that pharmacy premises.**
- d) A confirmation email will be sent to the premises specific shared NHSmail email address given within 2 hours of submitting the form. If you do not receive this confirmation please check your junk mailbox folder. If it is not there please email [nhsbsa.nhsurgentmedicinesupply@nhs.net](mailto:nhsbsa.nhsurgentmedicinesupply@nhs.net) You may want to retain a copy of the confirmation email for your records.
- e) The confirmation email will state the date that the pharmacy has registered to provide the service from and a member of the NHS Prescription Services team will call the pharmacy within the next 7 days to explain some further details of the service, including how to claim for payments.
- f) The local DoS (see Section 5 for further details of the DoS) lead will be informed of new registrations on the NHS BSA website on a regular basis, and will update the DoS to reflect this, including the premises specific shared NHSmail email address that was used to register the pharmacy.

#### Key elements

Premises specific shared NHSmail accounts must be used to register the pharmacy even if an alternative local messaging solution is being used to provide NUMSAS. NHSmail acts as a backup messaging tool for all local solutions.

Personal NHSmail accounts must not be used to register for NUMSAS and contractors will be asked to de-register if they use a personal NHSmail account.

The NHS BSA will contact pharmacies once registration is complete to confirm the claims process.

### Annex 3: Examples of feedback forms between NHS 111 and pharmacies (Adapted from London service)



#### Feedback Form for NHS Urgent Medicine Supply Advanced Service Pilot (NUMSAS) service

#### IN CONFIDENCE Pharmacies

Please find below feedback from [NAME OF PHARMACY] relating to a patient who had contact with 111 and was referred to the PURM service.

We look forward to your response.

Patient's Name:		Patient's DOB:	
Patient's Address:		Patient's Telephone:	
		NHS Number (If known)	
Date & Time of call / contact with NHS 111 Service:			NHS 111 Call ID:
Is the patient aware you are giving feedback on their behalf and did they give consent?			Yes / No

Your Name:		Date of Feedback:	
Your Job/Role (if applicable):		Email Address:	
Address:		Telephone:	
Name of pharmacy:			

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)	
Pharmacy staff instructions:	<p><b>The completed form sent to [email address of local NHS England pharmacy contracting team] where it will be forwarded on your behalf.</b></p> <p><b>The incident must be recorded in the pharmacy incident log and reference number entered below.</b></p>
Incident Reference Number:	



**Feedback Form for Pharmacy Urgent Repeat Medication (PURM) service**

**IN CONFIDENCE NHS 111 providers**

Please find below feedback from [NAME OF NHS 111 Provider] relating to a patient who had contact with 111 and was referred to the PURM service.

**We look forward to your response.**

Patient's Name:		Patient's DOB:	
Patient's Address:		Patient's Telephone:	
		NHS Number (If known)	
Date & Time of call / contact with NHS 111 Service:			NHS 111 Call ID:
Is the patient aware you are giving feedback on their behalf and did they give consent?			Yes / No

Your Name:		Date of Feedback:	
Your Job/Role (if applicable):		Email Address:	
Address:		Telephone:	
Name of pharmacy:		Email of pharmacy:	
Address of pharmacy:			

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)	
NHS 111 staff instructions:	<p><b>The completed form sent to [email address e.g. PURM commissioner] where it will be forwarded on your behalf.</b></p> <p><b>The incident must be recorded in the NHS 111 incident log and reference number entered below.</b></p>
Incident Reference Number: e.g. Datix no.	

## **Annex 4: Scenarios that set out how the SCR and the EPS tracker can be used**

### **Scenario 1**

On a Saturday morning, your pharmacy receives a referral from NHS 111 regarding Beryl. She has contacted NHS 111 because she forgot to collect her repeat prescription from her GP practice the day before. The GP practice is not open at the weekend and she has run out of her tablets.

You check your Patient Medication Record (PMR) and confirm that Beryl is not listed as a patient. You access the EPS tracker using Beryl's NHS number that is in the referral received from NHS 111 to check if a prescription has been prepared in the last few days. The EPS tracker shows that a prescription was prepared yesterday but has not yet been dispensed.

Beryl phones your pharmacy and confirms her details to you. You are satisfied that she has run out of her medication and ask her for consent to view her SCR, which confirms her current medication.

Having checked that you have the medication in stock, you explain to Beryl that if she or a representative is able to get to your pharmacy you can download and dispense the prescription.

Note: in this scenario, even though the pharmacy has downloaded and dispensed a prescription, the pharmacy can still claim for a consultation and administration fee as part of NUMSAS by completing all of the required information on an FP10DT EPS dispensing token and endorsing each medication with the code NoSupp B.

### **Scenario 2**

On a Saturday afternoon, your pharmacy receives a call from Atul who has been advised to phone you by NHS 111. You check the premises specific shared NHSmail account and find the referral email from NHS 111 and you confirm Atul's details. He explains that he is on a walking holiday locally and contacted NHS 111 because he has realised that he has left his regular medication at home and wanted to know if he could get some replacement medication without cancelling his holiday and going home.

You ask Atul for consent to check his SCR, and confirm his medication. You check the EPS tracker and see that he is on eRD and that a prescription is available for dispensing. Having checked that you have the medication in stock you agree with Atul that you can download the prescription and confirm that he is able to come into the pharmacy before you close that day and collect the medication.

Note in this scenario even though the pharmacy has downloaded and dispensed a prescription, the pharmacy can still claim for a consultation and administration fee as part of NUMSAS by completing all of the required information on an FP10DT EPS dispensing token and endorsing each medication supplied with the code NoSupp B.



**Scenario 3**

On a bank holiday morning your pharmacy receives a referral from NHS 111 regarding Bob who has run out of his insulin. Shortly afterwards you receive a call from Bob. He does not usually use your pharmacy, but his regular pharmacy is closed. Having confirmed Bob's details with the information on the NHS 111 referral email, Bob consents to your request to check his SCR. This confirms that Bob is prescribed the insulin and that a prescription for it had been issued over a week ago.

You check the EPS tracker which confirms that a prescription has been downloaded and dispensed by his regular pharmacy. Bob remembers that he had received a text reminder from his regular pharmacy to collect his insulin, but he thought that he had another box in his fridge. On further questioning Bob explains that he does not have enough insulin left for his lunchtime injection and you agree that you can make an emergency supply. Bob comes to your pharmacy and you make the supply and complete the required information onto an FP10DT EPS dispensing token. Bob confirms that he has a medical exemption certificate, although he has not got it with him and he completes and signs the declaration on the back of the token.