



# Pharmacy First Emergency Supply Service

**2017/2018**

## **Service Specification for NHS England North Midlands Pharmacy First Emergency Supply Service 2017/18**

**This service can only be provided by those pharmacies that have signed the SLA and returned the signature page to NHS England North Midlands.**

### **Provision of Pharmacy First Emergency Supply Service vs NHS Urgent Medicine Supply Advanced Service (NUMSAS)**

If a pharmacy contractor has signed up to provide NUMSAS at any given premises, then a referral from NHS111 for a patient requiring an urgent supply of repeat medication to that premises must be dealt with under the NUMSAS service specification rather than this Pharmacy First Service Specification.

Only NHS111 will make referrals for the NUMSAS service. Referrals directly from any other providers such as GP practices or GP OOH providers, and including 'walk-in' patients to the pharmacy, must be dealt with under the terms of this Pharmacy First Specification.

### **1. Purpose**

The purpose of the Pharmacy First Emergency Supply Service is to ensure that patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them.

The aim of this service is to relieve pressure on urgent and emergency care services at times of high demand.

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of the patient. This emergency supply is not an NHS service and patients may therefore be asked to pay the cost of the medicine. This can lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers.

On December 6th 2013 Ministerial approval was given for an amendment to the National Health Service Act of 2006 which has enabled this Emergency Supply Service to be commissioned as an Enhanced Pharmaceutical Service.

This new Emergency Supply Service will allow the supply of a medicine at NHS expense where the pharmacist deems that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

## **2. Period**

This agreement is for the period **31.03.2017 to 31.03.2018**

The Emergency Supply Service must be provided at all times during the pharmacy's normal working hours, but it is at the professional discretion of the pharmacist on duty to consider the legality and suitability to supply for any requests made. It is anticipated that the majority of requests and supplies will be made during the 'out of hours' periods, but the specification allows for supplies to be made 'in-hours' where an immediate need is identified. The service is also available to temporary residents during these hours.

## **3. Termination**

One months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

NHS England North Midlands may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

## **4. Obligations**

The pharmacy will provide the service in accordance with the specification (Schedule 1).

NHS England North Midlands will manage the service in accordance with the specification (Schedule 1).

## 5. Payments

NHS England North Midlands will pay the following:

A professional fee of **£10** will be paid for each emergency supply at the request of the patient.

If more than one medicine is supplied to an individual patient, an additional fee of **£2** will be paid for each additional item supplied. A maximum of five separate medicines can be supplied per consultation. If more than five medicines need to be supplied a new consultation record will need to be completed, and additional professional fees will be paid as per the initial supply.

The cost of the medicine supplied (guided by Drug Tariff prices) plus VAT will be reimbursed by the commissioner.

A prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

The pharmacy will enter the service delivery information onto the web-based PharmOutcomes system and invoices will be generated automatically.

Payments will appear on the monthly FP34 statement as a Local Payment

## 6. Standards

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

## 7. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England North Midlands.

## **8. Indemnity**

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

## Schedule 1

### Service Specification – Pharmacy First Emergency Supply Service

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of a patient. This emergency supply is not an NHS service and patients may therefore be asked to pay the cost of the medicine. This can lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers or placing extra demand on GP appointments. When demand is high it may not be practical to obtain a prescription in a timely way to meet immediate need.

The Pharmacy First Emergency Supply Service allows the emergency supply of a patient's medicine at NHS expense in order to reduce the number of patients contacting urgent and emergency care providers. This may include both POMs and other medicines usually obtained on prescription by the patient from their GP. The NHS England North Midlands Pharmacy First Emergency Supply Service permits the supply of sufficient quantities of medicines available on prescription for up to 14 days treatment\* (see paragraph 3.2 for more detail). Pharmacists must use their professional judgment when considering how many days treatment to provide, and this may well be less than 14 days. This is of particular importance for requests for medication which are liable to abuse.

**On no more than TWO separate occasions can emergency supplies be made to the same patient during the 12 month period of the SLA.**

### Scope

The Pharmacy First Emergency Supply Service does not include the supply of

- Schedule 1, 2 or 3 Controlled Drugs (except phenobarbital or phenobarbital sodium for epilepsy).
- Specials or unlicensed medicines

The patient must obtain a prescription for these items and an emergency supply cannot be made under this service.

## **1. Service description**

1.1 The pharmacist will at the request of a patient (or in pandemic situations, a representative of a patient), assess whether there is an urgent need for their medicine, in circumstances where it is impracticable for the patient to obtain a prescription before the next dose is due.

1.2 If an emergency supply is necessary, the pharmacist shall make a supply, in accordance with the Human Medicines Regulations 2012 maintaining a record of the supply and labelling the container appropriately.

1.3 A record of the supply will additionally be made using PharmOutcomes system provided by the commissioner. A copy of the record will be sent to the patient's general practitioner.

## **2. Aims and intended service outcomes**

2.1 To ensure timely access to medicines for all patients in emergency situations, where it is not practicable to obtain a prescription.

2.2 To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay.

## **3. Service outline**

3.1 The pharmacist will:

(a) Interview the patient to identify the medicines needed and to establish the nature of the emergency. If the patient is housebound this interview may be conducted over the telephone. For children, a parent/ guardian may make the request and explain the nature of the emergency. During a pandemic the patient's representative may make the request and explain the nature of the emergency. In all other cases the pharmacist must use their professional judgement, for example when receiving a request from a carer/ representative of a patient with dementia or where the patient does not have a comprehensive understanding of their medication.

(b) Examine the patient medication record (PMR) to establish whether the patient's last course of the medicine was obtained from that pharmacy against a prescription. It is generally expected that the patient will visit their regular pharmacy for the supply to be made, but if the supplying pharmacy is not the patient's regular pharmacy (i.e. the regular pharmacy is closed or the patient is a temporary resident (resident in England only)), the patient would be expected to have with them some evidence of the medicine required either:

- a recent copy of the repeat slip with repeat medicines on it or
- a recent box of medicines which they are running out of or
- in the case of an MDS patient, an empty MDS package.

(c) Where access to the Summary Care Record is available in the pharmacy, and with the patient's consent, this should be used to confirm the previous prescription history, and to support the decision making process. If the pharmacist is unable to ascertain exactly what is required they must not supply.

(d) If the patient's last supply of the medicine was not supplied from that pharmacy, make reasonable attempts to contact the last supplying pharmacy or the prescriber, to ensure that successive supplies are not made under the emergency supply provisions.

(e) Where appropriate, advise the patient or his representative on the importance of ordering prescriptions in a timely manner and ensure they understand the re-ordering system used by the patients GP practice; and

(f) The pharmacist must ensure that the patient has a supply of all medication which they will run out of in the following 48 hours, and that medication which will run out shortly after that is ordered as a matter of urgency in the normal way.

3.2 The pharmacist will at their discretion, make the supply in accordance with the requirements of the Human Medicines Regulations 2012. The **maximum quantity to be supplied under this service is up to 14 days\* of treatment.**

\*Where a supply is made in a special container, the quantity may be rounded up to the nearest number of full packs. This may apply to inhalers, creams or ointments or special tablet containers (e.g. Nicorandil 10mg twice a day, it is acceptable to make a supply of 30 tablets.)

3.3 The pharmacy will maintain at the time of supply or as soon as possible after the supply:

(a) a record of the emergency supply, setting out the name and address of the patient, the prescription only medicine supplied, the date of the supply and the nature of the emergency in accordance with the Human Medicines Regulations 2012 and;

(b) a record of the consultation and any medicine that is supplied in the patient medication record and;

(c) a record of the consultation and any medicine that is supplied using PharmOutcomes web-based system provided by the commissioner. (This system will be used for the recording of relevant service information for the purposes of audit and the claiming of payment.)

3.4 The pharmacist must complete a consultation record for every patient. The consultation should be recorded on PharmOutcomes, either live during the consultation or the paper proforma (Appendix 1) can be used where no live connection is available. The details of the consultation should be entered onto PharmOutcomes as soon as possible after the consultation has taken place and in all cases by the end of the next working day. The PharmOutcomes system will send a secure email to the patient's GP to inform of the supply so that the information can be added to the patients' medical record. If an email failure notification is received, a copy of the consultation record should be printed from PharmOutcomes and sent to the patient's general practitioner for information. Patient consent will need to be given for this data sharing.

3.5 A copy of the PharmOutcomes Patient Record will be accessed electronically by the commissioner for payment verification purposes. Patient consent will need to be given for this data sharing.

3.6 A prescription charge should be collected unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. Where a prescription charge is paid a patient must sign a declaration. A prescription refund and receipt form as approved by the Secretary of State must be provided if the patient requests it. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

3.7 If a patient is exempt from paying a prescription charge in accordance with the NHS Charges for Drugs and Appliances Regulations, evidence of entitlement to exemption should be provided by the patient for the pharmacy to check and the patient must make a declaration of entitlement. Where a claim to exemption has been made but is not substantiated, the charge should be recovered from the patient by the commissioner.

3.8 The pharmacy contractor must have a standard operating procedure in place for this service.

3.9 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 that provides the service and which is convenient for the patient to attend.

#### **4. Training and Premises Requirements**

4.1 The pharmacy contractor has a duty to ensure that all pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. **Locums and relief pharmacists that are due to work in a branch that is commissioned to provide the service, must have access to a copy of this Service Specification, such that they are able to provide the service if required.**

4.2 Consultations should be undertaken in a private consultation area that meets the requirements as those set out for the provision of Advanced Pharmaceutical Services.

#### **5. Service availability**

5.1 The Emergency Supply Service **MUST** be provided at all times during the pharmacy's normal working hours. It is at the professional discretion of the pharmacist on duty to consider the legality and suitability to supply for any requests made. The specification does allow for supplies to be made 'in-hours' where an immediate need is identified, and it is impracticable in the circumstances for the patient to obtain a prescription without undue delay.

## **6. Quality Standards**

6.1 The pharmacy should be able to demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

6.2 The pharmacy must participate in any NHS England North Midlands-led audit of service provision.

6.3 The pharmacy must co-operate with any NHS England North Midlands-led assessment of service user experience.

## **7. Claiming payment**

7.1 The commissioner will provide access to PharmOutcomes, a web-based system for the recording of relevant service information for the purposes of audit and the claiming of payment.

### Appendix 1. Pharmacy First Emergency Supply Consultation ProForma

<b>Date of Supply</b>		<b>Date entered onto PharmOutcomes</b>	
<b>Time of Supply</b>		<b>Client Address</b>	
<b>Client name</b>			
<b>Postcode</b>		<b>GP surgery</b>	
<b>Date of birth</b>			
<b>NHS number (if known)</b>		<b>Patient consent?</b>	Yes      No
<b>Name of person making supply:</b>			
<b>Pharmacist</b>		<b>GPhC number</b>	
<b>If supply is being made while GP practice is open please explain why:</b>			
<i>Patient out of area</i>		<i>Patient unable to get to practice while it is open today</i>	
<i>GP open but unable to supply script</i>		<i>Other (explain)</i>	
<b>Medication supplied – Please make a note of drug, form and quantity.</b>			
<b>Medication 1 supplied</b>		<b>Medication 2 supplied</b>	
<b>Medication 3 supplied</b>		<b>Medication 4 supplied</b>	
<b>Medication 5 supplied</b>		<i>If more than 5 meds supplied - complete a second consultation form.</i>	
<b>NHS Levy Paid? Y/N</b>	<b>No of Levies?</b>	<b>Where patient exempt was evidence Seen? Y/N</b>	
<b>Where was patient referred from?</b>			
<i>NHS111</i>	<i>GP Practice</i>	<i>A&amp;E, WIC or OOH</i>	
<i>Pharmacy</i>	<i>Word of mouth</i>	<i>Other (explain)</i>	
<b>Without pharmacy service, where would you have attended?</b>			
<i>A&amp;E</i>	<i>GP Practice</i>	<i>Out Of Hours</i>	
<i>Walk in Centre (WIC)</i>	<i>Would have gone without meds</i>	<i>Other (explain)</i>	
<b>Nature of Emergency (why request made)</b>			
<i>Patient lost/misplaced meds</i>	<i>Patient ran out of meds</i>	<i>Patient away from home</i>	
<i>Rx not available from GP</i>	<i>Other (explain)</i>		
<b>How often has this happened in the last year?</b>			
<i>Not at all</i>	<i>Once or twice</i>	<i>3 – 6 times</i>	<i>More than 6 times</i>
<b>If patient ran out of meds, when was Rx ordered?</b>			
<i>Less than 2 days</i>	<i>2 – 4 days</i>	<i>5-7 days</i>	<i>More than 7 days</i>
<b>Who normally orders the repeat Rx for the patient?</b>			
<i>Patient</i>	<i>Carer (family/friend)</i>	<i>Carer (formal)</i>	
<i>Pharmacy</i>	<i>Other (explain)</i>		
<b>Do meds run out at different times?</b>	Yes / No	<b>Are any of meds requested new to you?</b>	Yes / No
<b>Is repeat ordering system understood?</b>			
<i>completely</i>	<i>Fairly well</i>	<i>partially</i>	<i>Not at all</i> <i>N/A</i>
<b>Does patient need support to manage meds better and if so, who from?</b>			
<i>None/ N/A</i>	<i>Carer (family/friend)</i>	<i>Carer (formal)</i>	
<i>Pharmacy</i>	<i>GP</i>	<i>Other (explain)</i>	

Please ensure this record is entered onto PharmOutcomes ASAP and MUST BE within 24 hrs of consult. System automatically notifies GP practice electronically where possible, otherwise you will be prompted by the system to manually inform GP. [www.pharmoutcomes.org](http://www.pharmoutcomes.org)

Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.			
<b>PART 1</b>	<i>The patient doesn't have to pay because he / she:</i>		
	is under <b>16</b> years of age		
	is <b>16, 17 or 18 and</b> in full-time education		
	is <b>60</b> years or over		
	has a valid maternity exemption certificate		
	has a valid medical exemption		
	has a valid pre-payment certificate		
	has a war pension exemption certificate		
	is named pm a current HC2 charges certificate		
	is named on a valid NHS Tax Credit Exemption Certificate		
	or his/her partner gets Income Support		
	or his/her partner gets income-related Employment and Support Allowance (ESA)		
	gets income-based Jobseeker's Allowance		
	or his/her partner gets Pension Credit Guarantee Credit		
	is receiving FOC contraceptive		
<p>I declare that the information I have given is correct and complete.            I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.            To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities</p>			
<b>Part 2</b>	I have paid	£	<b>Now sign and fill in Part 3</b>
<b>Part 3</b>	Please select one option	I am the patient	I am the patient's guardian
<p>I am patient's representative            (Patient's rep should only be collecting meds In the case of a pandemic or at the pharmacists professional discretion)</p>			
<p>I agree that the information on this form can be shared with:</p> <ul style="list-style-type: none"> <li>• My/the patient's GP practice to help them provide care to me/the patient</li> <li>• NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy</li> </ul>			
<b>Signature</b>			<b>Date</b>
<b>Where this form is not signed by the patient please add your name and address below:</b>			
Name			
Address and Postcode			

PHARMACY FIRST EMERGENCY SUPPLY SERVICE 2017/18

**SIGNED AGREEMENT**

**\*\*FOR BRANCHES OF MULTIPLE PHARMACY GROUPS, THIS AGREEMENT SHOULD BE COMPLETED BY AN AUTHORISED PERSON(S) AT HEAD OFFICE**

On behalf of (Pharmacy Name and Address)

.....  
**Contractor Code (F Code)**.....

I have read and understood the terms in this service specification and agree to provide the standard of service specified.

**Signature**.....

**Print name**.....

**Designation**.....

**Date**.....

\*If signing on behalf of several branches, please attach the list of branches to this form to confirm their participation in the service.

---

On behalf of NHS England North Midlands (Staffordshire and Shropshire Area), I commission the above pharmacy to provide the service detailed in this service specification for the Pharmacy First Emergency Supply Service.

**Signature (on behalf of NHS England) :** 

**Print name : Rebecca Woods**

**Designation: Head of Primary Care – NHSE North Midlands**

**Date 31<sup>st</sup> March 2017**

---

Please return a signed copy of this form by email to [a.pickard@nhs.net](mailto:a.pickard@nhs.net) or post to  
Andrew Pickard, NHSE North Midlands, Anglesey House, Wheelhouse Road, Rugeley, WS15