

# Urgent Repeat Medication Requests

## Guide for NHS 111 Services

How to refer directly to pharmacy  
and optimise use of GP out of hours services

October 2015



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**when it's less  
urgent than 999**

## Document control

### Summary

<b>Sponsor</b>	Dr Ossie Rawstone, NHS111 National Medical Advisor
<b>SRO</b>	Rob Bacon, National Programme Lead for Integrated Urgent Care
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<b>Prepared By</b>	Anne Joshua, Head of Community Pharmacy Strategy

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## 1. Summary

At peak times for NHS 111 services there are significant numbers of calls for urgent repeat medication. This results in booking patients into GP out of hours (GPOOHs) appointments to obtain a prescription and for the out of hours services to then arrange for that prescription to be collected by a patient or carer or faxed to a pharmacy that is open near to the patient. All of this takes up time for the NHS 111 provider and GPOOHs service which could be used for patients with higher acuity need.

This guide provides details on how NHS 111 services can establish a direct referral to a pharmacy that is commissioned to provide urgent repeat medication as a local NHS service. The patient journey ensures the patient is directed to the nearest pharmacy providing that service without the need of a GPOOHs assessment and the pharmacist ensures the governance of the process, informing the patient's GP of any repeat supply.

## 2. Background

Up to 30% of all calls to NHS 111 services on a Saturday are for urgent requests for repeat medication. Not only does this block GPOOHs appointments for symptomatic patients who have a greater clinical need, but it leads to a disruption in the usual repeat prescribing and dispensing cycle with the potential for medicines waste. In addition, many patients have to visit two locations – GPOOHs base, followed by a community pharmacy to arrange a supply. Finally, outside of NHS 111, patients are known to attend the local Emergency Department (ED) with a repeat prescription request. This can be very time consuming to deal with in a busy A&E involving clinical and support staff.

NHS 111 services have identified that certain symptomatic calls usually referred to ED can be referred to GP OOHs services<sup>1</sup>. In order to release capacity in GPOOHs to receive these cases it will be necessary to divert other calls to alternative services. Referral of repeat medication requests to community pharmacy would not only diverts calls away from GPOOHs but potentially provide a better patient experience by removing the necessity to wait for a prescription to be written.

Cornwall has offered a walk-in repeat medication service from community pharmacies since 2011 using the 'Patient Group Direction' legislation to deliver a NHS service during the summer periods. This ensures that patients do not have to pay for the cost of their medicines as they would normally need to do if accessing an emergency supply through a private transaction. This has demonstrated that community pharmacies can successfully deliver a safe service whilst also containing the costs of urgent repeat medication.

Regulations that came in to effect in February 2014 now allow for an emergency supply to be made directly from a pharmacy for repeat medication as an NHS

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<sup>1</sup> Pan London NHS 111 Winter Resilience programme - personal communication

commissioned service<sup>2</sup>. In West Yorkshire a pharmacy repeat medication supply service has been commissioned from designated pharmacies so that the NHS 111 provider, Yorkshire Ambulance Service, can refer urgent repeat medication requests directly to local pharmacies. This has run successfully using NHS Mail to make the referral with the facility for the pharmacist to refer directly to GPOOHs any patients where a supply cannot be made without a prescription e.g. controlled drugs. A pan London pharmacy repeat medication supply service has been commissioned since December 2014 adopting the West Yorkshire model. It is estimated that up to 20,000 urgent prescription items are requested via NHS 111 each year in the London area. Over 70% of the patients making requests are working age with a high proportion of requests for items such as insulin and steroid inhalers<sup>3</sup>.

A pharmacy emergency supply repeat medication service was also launched December 2014 operating across the 12 northern CCGs in the North East of England. The service handled just over 400 referrals from NHS 111 per month. The NHS 111 call handlers/health advisors enter referral details in to an IT platform that can be accessed directly by the participating pharmacies when they receive notice of a referral. The system also supports the invoicing and reporting required by pharmacy commissioners to inform the uptake of the service and identify where there may be gaps in pharmacy service provision.

Guidance issued by NHS England in 2014 describes how an emergency repeat medication supply service can be commissioned from community pharmacy.

<http://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-better-quality-resilient-urgent-care.pdf>

<http://www.england.nhs.uk/wp-content/uploads/2014/11/comm-pharm-app-1.pdf>

## Learning points

Feedback from the pharmacy urgent repeat medication services commissioned since 2014 indicates that there is still work to be done to reduce the burden on GPOOHs and the urgent care system. The following points highlight the important elements for any service:

- Providing focused training/communication materials for NHS 111 call handlers/health advisors to ensure they fully understand the nature of the service and the criteria for referral
- Resources as part of a briefing pack for locum pharmacists to describe the service and ensure their understanding about referral routes and remind them of the Emergency Supply Regulations
- A designated point of contact for NHS 111 providers and community pharmacists to feedback any process issues, e.g. monitored email address
- Implementing the service across a wide geography requires a good spread of pharmacy locations but should not require all pharmacies in a location to participate to achieve optimum service delivery for patients. Limiting the

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<sup>2</sup> <http://www.legislation.gov.uk/uksi/2012/1916/regulation/225/made>

<sup>3</sup> Healthy London Partnerships UEC Transformation programme – personal communication

number of participating pharmacies can support more efficient project management and activity monitoring costs. The out of hours opening times, i.e. those hours that match the GPOOHs opening times, can be used as key criteria for selecting participating pharmacies and reducing the impact on in-hours GP services as they move to 7 day service provision.

- Include a patient exit survey as part of the service specification in the pharmacy to monitor where the patient may have presented if they had not used the service.

The following guide is intended as a resource that can be used to develop a referral to pharmacy for NHS 111 urgent repeat medication calls. Local commissioning decisions will determine the scope of the pharmacy repeat medication supply service but how the referral is made and how NHS 111 providers work with local pharmacy and GPOOHs providers are important key elements to ensure patients receive their medicines in time and are supported.

### **3. Purpose**

To describe a referral process for NHS 111 to direct repeat medication calls to a community pharmacy to ensure patients receive appropriate urgent repeat medication according to clinical need.

### **4. Audience**

The primary audience is CCG and NHS England sub-regional teams with responsibility for commissioning NHS 111 as well as NHS 111 providers and for sub-regional teams commissioning local pharmacy services.

Stakeholders with an interest in developing the service include local community pharmacy commissioners, CSU staff involved in managing the Directory of Services, Pharmacy Local Professional Networks and Local Pharmaceutical Committees.

### **5. Existing Pharmacy Repeat Medication Services**

#### **a. National Pharmacy Contract**

The NHS national community pharmacy contract stipulates repeat dispensing against an FP10, i.e. dispensing against a series of batch prescriptions issued by the patient's GP, as an essential service. However, this does not allow emergency supply of medicines without an FP10 as an NHS service. Whilst this is still possible under medicines regulations it is a private transaction between the patient and the pharmacist. This can be costly for the patient as they pay a fee to the pharmacist plus the full cost of the medicines.

When a patient uses a regular pharmacy for dispensing repeat prescriptions the usual pharmacist is best placed to support an emergency supply. Some pharmacists may reimburse the costs of an emergency supply if an FP10 is produced soon after the supply is made but there is no obligation for the pharmacy to do this.

## **b. Electronic Prescription Service**

The electronic prescription service (EPS) has been introduced across a third of all GP practices. When a patient has been enrolled in the process a patient can go to a regular 'nominated' pharmacy and request a repeat prescription to be dispensed without the need for a paper FP10 prescription. If the patient is away from home and needs a repeat prescription dispensing they can go to another pharmacy that is set up with EPS in England and request that pharmacy accesses the electronic prescription on the spine<sup>4</sup>. The EPS tracker device<sup>5</sup> can be used by pharmacies to identify where repeat prescriptions are in the process and if a repeat has recently been dispensed and is awaiting collection.

## **c. Locally Commissioned Services**

A commissioned emergency supply service has been identified by NHS England as the community pharmacy service that will provide better quality and resilient urgent care given the low uptake of EPS and the impact urgent repeat prescription requests have on local urgent and emergency care systems. Example commissioning documents and implementation templates are available via the Pharmaceutical Services Negotiating Committee website<sup>6</sup>. It is important to note that there are two costs involved: the cost of the medicines and the cost of the service both of which need to be funded. This is separate to any prescribing budget allocated to GP OOHs or GP in-hours prescribing budget.

## **6. Pharmacy Stakeholders**

Local Professional Network Pharmacy (LPN) leads and Local Pharmaceutical Committees (LPC) are key stakeholder groups to inform the best process for referral to local pharmacies. They are also important groups to facilitate the ongoing monitoring of DoS entries and establish feedback processes. The commissioners of the pharmacy urgent repeat medication service will be essential stakeholders to monitor quality and safety.

## **7. Identifying repeat medication requests by NHS 111 services**

The NHS 111 call handler/health advisor is able to use the NHS Pathways system to support the early identification of a non-symptomatic caller who is just calling to request repeat prescription medication for themselves or as a carer. It is important for the NHS 111 operator to find out when the next dose of the medicine is required as this will determine the urgency with which the repeat medication supply is needed.

The following disposition codes are possible end points for the call:

- Dx85 Repeat prescription required within 2 hours
- Dx87 Repeat prescription required within 6 hours
- Dx80 Repeat prescription required within 12 hours

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<sup>4</sup> <http://systems.hscic.gov.uk/eps/library/fags/repdispensing>

<sup>5</sup> <http://systems.hscic.gov.uk/eps/library/rxtracker>

<sup>6</sup> <http://psnc.org.uk/services-commissioning/locally-commissioned-services/winter/>

- Dx86 Repeat prescription required within 24 hours
- Dx81 Repeat prescription required: contact own GP practice next working day. (NHS Pathways classifies this as 'routine' rather than 'urgent' so this would not be appropriate for an emergency supply service.)

The majority of repeat prescription requests result in a 2 hour disposition:

Dx85	Dx87	Dx80	Dx86	Dx81
75%	4%	13%	7%	1%

[Data from Kent, Surrey and Sussex February and March 2014]

Local commissioning decisions will determine how the Directory of Services will be interrogated to locate the nearest available service. As most of these calls come to NHS 111 on Saturdays and Sundays they are usually referred to GP OOHs services to obtain a prescription. The implications for the carer/patient are that they will need to visit the GPOOHs to collect the prescription or the GPOOHs organises the prescription to be faxed to a local pharmacy with the original posted on afterwards to be received by the pharmacy within 72 hours.

If a locally commissioned pharmacy urgent repeat medication supply service is available the patient can be referred directly to a participating pharmacy and obtain a supply as an NHS patient without paying for the cost of the medicines. (Note: usual NHS prescription charges and exemptions still apply).

## 8. Directory of Services entries

The Dx codes for repeat prescriptions can be mapped against pharmacy services to match the opening hours of the pharmacy.

Most NHS 111 calls for repeat medication result in a Dx85 disposition, which will readily map to pharmacy opening times in the majority of cases. Where the longer 12 and 24 hour dispositions are reached, call handlers will need to be aware that pharmacies that are currently closed at the time of the call may still return on the DoS as they will be available within the timescale of the disposition. This may impact on the appropriateness of selecting them, notably where the urgent repeat medicines service commissioned requires contact with the patient within a defined time from the referral. As a result call handlers may need to negotiate with the patient that they use a different pharmacy, which could be further away, that is open at the time of the call.

Local commissioning decisions may determine that all requests for urgent repeat medication are directed to a pharmacy regardless of time of day if they come via NHS 111 to reduce the burden on in-hours GP services. Most general practices will only provide repeat prescriptions with a 48 hour turn around and so any urgent requests require additional workload for the practice

The existing standard pharmacy DoS template does not include these dispositions (as this is not a universal core service) and will therefore need editing for each pharmacy providing the service. To identify the service the nomenclature 'Repeat Prescriptions' could be used next to the name of the pharmacy to assist the call



handler recognising the DoS service return. An example of the template text with disposition instructions is as follows:

### Example of DoS text.

#### Attributes Selected

sgsdid	health and social information --> PC pharmacy, location information repeat prescription --> PC repeat prescription, urgent
dispositioncode	Service Location Information Repeat prescription required within 6 hours Repeat prescription required within 2 hours Repeat prescription required within 12 hours Repeat prescription required within 24 hours
dispositioninstructions	This pharmacist has been approved to receive urgent repeat prescription referrals direct from NHS 111. Once you select this service, an email referral will be sent automatically to the pharmacist. >>> FIRST - tell the patient to telephone the pharmacy within the next 30 minutes – advise them to speak to the pharmacist as they have been referred by NHS 111 to obtain urgent repeat prescription medication. Then end the conversation. >>>

## 9. Agreeing referral with the caller

Simply signposting a caller to a pharmacy to obtain repeat medication has been found to result in a low attendance rate with patients returning to NHS 111 and asking for a GP OOHs appointment.<sup>7</sup> Importantly call handler/health advisor training has been shown to increase referral rates to community pharmacy as a result of their improved understanding about the pharmacy urgent repeat medication supply service and the clinical role of the community pharmacist<sup>8</sup>.

The patient will need to be aware that the pharmacy to which they are being referred may not be their regular pharmacy but is available to make a supply if they can go to the pharmacy to collect the medicines. The pharmacy may agree to a local delivery but it is up to the pharmacy and not generally part of a commissioned NHS service. The caller needs to be advised:

- To take suitable evidence of a recent medication supply to the pharmacy to confirm medicine dose and product. This may be empty cartons or the tear off section of an FP10 prescription form.
- That the pharmacist may be unable to make a supply in some circumstances. These may include:
  - Where the medicines are not allowed under the regulations without a prescription, e.g. controlled drugs. The call handler/ health advisor

<sup>7</sup> Bristol CCG - Personal communication

<sup>8</sup> Yorkshire Ambulance Service – Personal communication

does not need to document the name of the medicines that are required urgently. The type of medicine and decision to supply is the responsibility of the pharmacist and can be determined when the patient speaks to the pharmacist on the telephone before they go to the pharmacy.

- Where they determine that a further assessment by a doctor is required before a suitable supply can be made
- The pharmacist will inform the patient's GP that a supply has been made

*See Annex 1 for Referral Flow*

## **10. Referral process**

Experience from locally commissioned services<sup>9</sup> has shown that the method of referral to a community pharmacy is important to support the patient with access to their medicines and provide a robust audit trail for the supply. Referral using NHS Mail provides a secure referral with all the call data transferring to the pharmacy to support the process. This requires proactive monitoring of the designated NHS Mail account which is something that is not part of the usual business process for community pharmacies. The pharmacist can then use this information to make contact with the patient and ultimately send a message to the patient's GP confirming the supply has been made. It is recognised that faxing the details to the GP may be the only available electronic process but it is anticipated that electronic messaging is best practice.

NHS Mail presents some challenges for the large chain pharmacies that have to abide by company regulations with respect to email headers and footers. However, where there are clearly identified NHS services that require access to NHS Mail then the organisations have been working hard to set up NHS Mail accounts for the individual staff and allow group email accounts for these services so that all the pharmacists who may be on duty in a pharmacy will have access. There are long term plans in place to resolve this with NHS Mail Release 2.

Alternative methods of referral are being used to support referral when NHS Mail access is not set up initially, or when pharmacists need to contact patients in a timely manner and are not actively monitoring NHS Mail. In London the agreed process for the service up to August 2015 was for the pharmacist to telephone the patient within 30 minutes of referral to organise the supply and confirm the medicines required; to alert the pharmacist, NHS 111 services were calling them with the patient's name and number, in addition to sending an automated referral via NHS Mail. This practice was changed following feedback from patients, NHS 111 providers and pharmacy teams that the telephone call could be undertaken by the patient themselves as a more pragmatic approach reducing call handler/health advisor workload and empowering patients to proactively agree a convenient time to collect the medicines at the pharmacy. In other areas, consideration is being given to using a web based

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<sup>9</sup> West Yorkshire Community Pharmacy scheme <http://www.cpw.org/pharmacy-contracts-services/local-services-enhanced-/pharmacy-urgent-repeat-medicine-purm-service.shtml>

service to act as a referral route similar to the referral from hospital to local pharmacies operating in East Lancashire.<sup>10</sup>

Using a pharmacist in the call centre to stream repeat prescription request calls at peak times has been shown to be effective at encouraging patients to attend a pharmacy rather than a GPOOHs service and identify the medicines that will legally need to be prescribed using an FP10. This helps identify when patients need to be referred directly to a GPOOHs rather than a community pharmacy and also determine if some prescription items can in fact be obtained as part of a routine in-hours repeat prescription supply.<sup>11</sup>

111 providers are encouraged to monitor the referral process and improve it where required. For example, some providers use a 'runner' to call the pharmacy to advise them of the referral and release 111 call handler/health adviser capacity. In addition, where initial pharmacy referrals are rejected, these should be followed up with individual call handlers to understand the reasons and change behaviours. Another idea is to invite local pharmacists into 111 call centres to explain their role with staff and improve the referral process together.

In some circumstances, e.g. supply of controlled drugs, the pharmacist may have to refer the patient to the GPOOHs and, to support this, 'back door' telephone numbers may be provided to pharmacists to enable a direct referral on to the GPOOHs service.

*See Annex 2 for example of process in pharmacy and Annex 4 for example of NHS 111 and pharmacy staff briefing.*

## **11. Feedback and reporting**

To support the ongoing referral to pharmacy, a direct feedback mechanism between the pharmacies and NHS 111 providers will help resolve operational issues and identify any incidents. It will be helpful to involve the NHS England sub-regional team and/or CCG who have commissioned the repeat medication pharmacy service to support the process. The process can be used to identify issues such as how consistently call handlers are making referrals to the service, the proportion of callers that need to be referred on to GPOOHs by the pharmacists, and any inappropriate referrals made.

*See Annex 3 for example templates of feedback forms for pharmacies and NHS 111 providers*

Activity reporting to monitor the number of referrals going to pharmacies versus GPOOHs is an important indicator of how well the service is being accepted by patients and NHS 111 services. Telephony data will indicate the time of day when most calls are coming through to NHS 111 for repeat prescriptions. Call data will be able to provide details of the proportion that were referred to the pharmacy service and on to GPOOHs from NHS 111.

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<sup>10</sup> <http://www.elht.nhs.uk/refer>

<sup>11</sup> Yorkshire Ambulance Service- Personal communication

A standardised report can be agreed for use for the duration of the service and shared between NHS 111 commissioners and pharmacy repeat medication service commissioners.

## **12. Examples of services**

Areas where specific referral services have been implemented with NHS 111 providers:

London: London Ambulance Service, PELC, LCW and Care UK

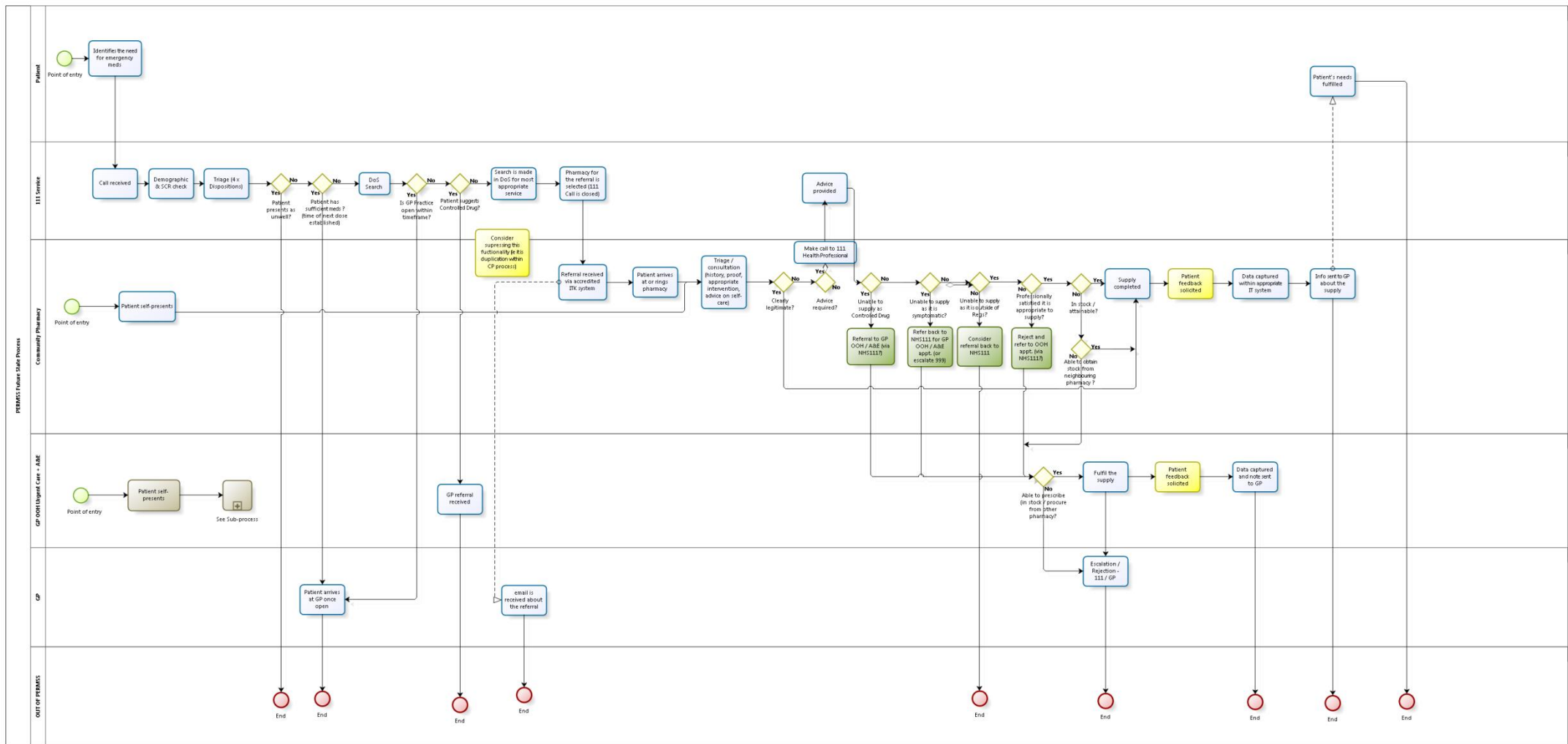
West Yorkshire: Yorkshire Ambulance Service

Nottingham: Derbyshire Health United

Bristol: Care UK

Northern Region: North East Ambulance Service

# Annex 1: Referral to Pharmacy Flow [Source: Durham, Darlington and Tees Pharmacy Local Professional Network]



## Annex 2: Example Pharmacy Service process

- 1.0 The pharmacist will:
  - a. Routinely check the NHS.net email to pick up the notification of the referral in a timely manner
  - b. If the referral is made via telephone the pharmacist will note the patient's /carer's contact details from the NHS 111 call handler.
  - c. Contact the patient by phone to interview the patient to assess suitability/eligibility to use the service, identify the medicines needed and to establish the nature of the emergency. Advise the patient's representative to bring suitable identification if they are collecting the medication on the patient's behalf.
  - d. Arrange for the patient to come to the pharmacy for a face-to-face consultation.
  - e. Complete the face-to-face consultation, where possible confirming the previous treatment ensuring that the emergency supply regulations and good practice guidance are met.
  - f. The pharmacist can use their professional judgment and, where it is deemed appropriate, interview the patient over the phone to ensure that the emergency supply regulations and good practice guidance are met. The patient's representative can then collect the medication from the pharmacy on their behalf. It is expected that the majority of emergency supplies will be made to the patient, not their representative. Where a representative collects the medication the rationale for a telephone interview and the representative collecting the supply will be recorded.
  - g. The patient (or representative) or pharmacist must complete the relevant sections of a declaration form to identify any prescription charges/exemptions that apply.
  - h. The pharmacist will advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their usual pharmacy to support patients in understanding of the importance of not running out of medication with the aim of changing behaviours and preventing the future need for emergency supplies. The pharmacy will be responsible for providing suitable literature to remind patients. The emergency supply service must not be used to attempt to change the patient's use of their usual pharmacy.
- 1.2 The pharmacist will, at their discretion, make the supply in accordance with the requirements of the Human Medicines Regulations 2012. The pharmacist will supply a maximum of X days<sup>12</sup> of medication except where it is not possible to dispense this volume (e.g. inhalers, creams etc.); the smallest pack size should be dispensed in this instance.
- 1.3 The pharmacy will maintain a record:
  - a. 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.

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<sup>12</sup> Number of days' supply up to local commissioning arrangements but can be up to 30 days under the legislation

- b. of the consultation and any medicine that is supplied in the pharmacy held patient medication record.
  - c. of the consultation and any medicine that is supplied on any other locally determined systems used for invoicing or service monitoring
- 1.4 Patient consent is assumed from when the NHS 111 service agrees the referral with the patient. It is good practice to inform the patient that the details of their emergency supply will be sent to their GP
  - 1.5. Unless the patient is usually exempt from prescription charges a fee equivalent to a prescription charge per item should be collected in accordance with the NHS Charges for Drugs and Appliances Regulations. Any fees collected from patients will be deducted from the sum payable to the pharmacy.
  - 1.6 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 patient is unable to provide evidence of exemption the pharmacist will record this on the appropriate pharmacy service record form. The commissioner may make additional checks and where evidence of exemption is not substantiated charges may be recovered from the patient by the commissioner. Visitors from Scotland and Wales will be charged for the supply as for a usual FP10 supply.
  - 1.7 The pharmacy contractor must have a standard operating procedure in place for this service.
  - 1.8 The pharmacy will refer patients requiring urgent supplies of medication not allowable under the emergency supply regulations into the designated direct referral route.

[Adapted from West Yorkshire Pharmacy Urgent Repeat Medication service]



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

### Feedback Form for Pharmacy Urgent Repeat Medication (PURM) 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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 e.g. PURM commissioner] 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>
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Incident Reference Number:	
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**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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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: Example of Call Handler and pharmacy staff 'one page' briefing

<b>NHS England Pharmacy Urgent Repeat Medication Service</b> <b>1<sup>st</sup> August to 31<sup>st</sup> March 2016</b> <b>LONDON REGION</b>	
<b>NHS 111</b>	Receives call from patient
<b>Identify and consent</b>	Identifies patient suitable for PURM service and takes consent for referral.
<b>Explain and confirm</b>	PURM is an NHS service, is free of charge and that usual prescriptions charges apply, up to 28 days supply equivalent can be made, requires patient to provide evidence. GP will be informed of supply. Patient should call pharmacy within 30 minutes to discuss their requirements.
<b>Action</b>	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>
<b>Action</b>	Check nhs.net email for referral details from NHS111
<b>Identify and consent</b>	Confirm patient identity using information provided by NHS111. Confirm patient wishes to proceed.
<b>Explain and confirm</b>	PURM is an NHS service, is free of charge and that usual prescriptions charges apply, up to 28 days supply can be made, requires patient to provide evidence. GP will be informed of supply.
<b>Check</b>	Identify medicine required. Emergency supply criteria are met (see checklist). Patient / carer can attend the pharmacy. Medication available in pharmacy.
<b>Action (if supply can be made)</b>	Ask patient to attend pharmacy to obtain supply. Record information from referral and telephone call on PURM record form.
<b>Action (if supply cannot be made)</b>	Provide advice and / or refer patient to GP OOH using access number. Record information from consultation on PURM record form.
<b>Action (if patient does NOT make contact)</b>	Make 3 attempts to contact patient using referral details. After 3 <sup>rd</sup> attempt close the referral and leave message to the same effect for patient
<b>Pharmacy – Step 2</b>	<b>Patient attends pharmacy</b>
<b>Identify and consent</b>	Confirms patient identity. Confirms patient wishes to proceed.
<b>Explain and confirm</b>	Review information provided so far. Confirm emergency supply appropriate.
<b>Check</b>	Evidence of previous supply (if provided). Emergency supply criteria are met (see checklist).
<b>Action (if supply can be made)</b>	Make supply and / or provide advice. Make referral to usual pharmacy if appropriate. Take prescription charge (if applicable). Ask patient to sign and complete declaration / consent to follow up.
<b>Action (if supply cannot be made)</b>	Provide advice and / or refer patient to GP OOH using access number. Record information from consultation on PURM record form. Complete and send GP notification form.
<b>Pharmacy – Step 3</b>	<b>Administration</b>
<b>Record</b>	Enter record into IT system provided by NHS England ( <a href="https://salus.anenta.com/users/sien_in">https://salus.anenta.com/users/sien_in</a> )
<b>NHS England Pharmacy Urgent Repeat Medication Service</b> <b>1<sup>st</sup> August to 31<sup>st</sup> March 2016</b> <b>LONDON REGION</b>	