



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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Introduction

The NHS Urgent Medicine Supply Advanced Service (NUMSAS) Pilot is a service that manages a referral from NHS 111 or an Integrated Urgent Care Clinical Assessment Service (IUC CAS) centre to a community pharmacy, where a patient needs urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription.

The service enables appropriate Out of Hours (OOH) access to medicines or appliances 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.

The NUMSAS pilot has been running since December 2016 and has been extended until 30th September 2018. At the time of publication, over 3,800 pharmacies were registered to provide the service. Evaluation of this pilot is essential, as well as noting the impact on other services; a significant reduction in the number of GP OOH appointments for urgent medicines requests has already been noted.

Feedback from pharmacies and patients is also crucial in the development of the service. Comments received on the cumbersome returns process of tokens to the NHS Business Services Authority (NHSBSA) has led to a change in the process, as highlighted in the updated service specification¹. Another notable change is that referrals can now be sent from NHS 111 or an IUC CAS.

This toolkit is a practical guide on how to deliver the service, covering a step-by-step process on how to provide the service, record service delivery and claim service payments. For the purpose of this document, NHS 111 or the IUC CAS will be referred to as the 'referring service'. As an overview, Figure 1 maps out the patient pathway and Figure 2 provides a quick guide to providing NUMSAS, highlighting key action points.

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 provided by NHS England, the Directions² published by the Department of Health and Social Care, and within professional practice, guidance and other legislation.

¹ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

² The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2018, is published in Part VIC of the Drug Tariff.

Figure 1: Patient pathway

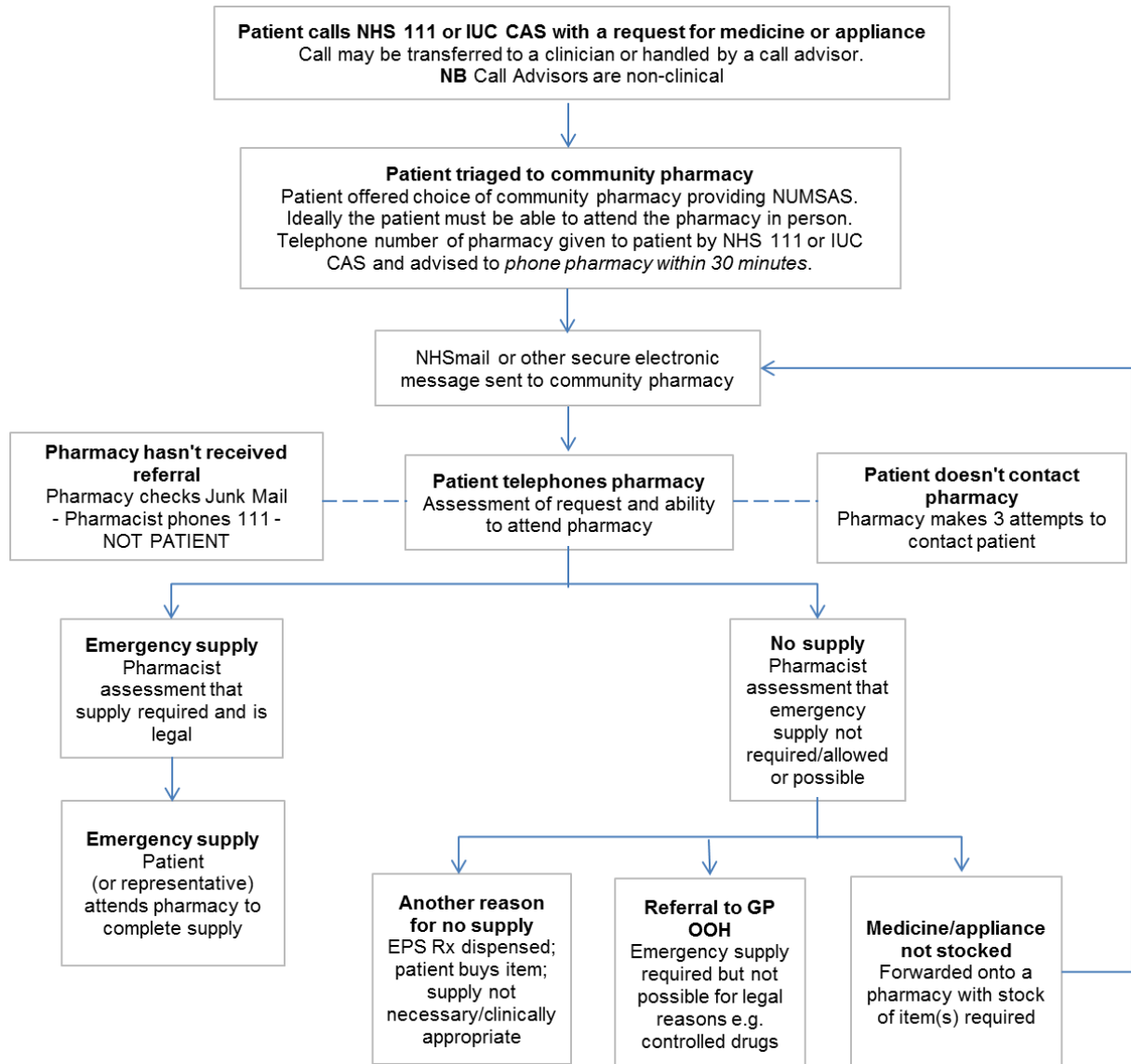


Figure 2: NUMSAS quick guide

NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot	
NHS 111/IUC CAS	Receives call from patient
Identify and consent	Identify if patient is suitable for NUMSAS and obtain consent for referral.
Explain and confirm	NUMSAS is an NHS service for which the usual prescription charges or exemptions apply. The service requires pharmacists to be satisfied that the patient is receiving ongoing treatment. The patient's 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 send referral to pharmacy (via NHSmail or another secure electronic message). Patient to call pharmacy within 30 minutes.
Pharmacy – Step 1	Patient calls pharmacy
Action	Check NHSmail shared email account or check agreed secure messaging system for referral details.
Identify	Confirm patient identity using information provided in the referral. If no information is received, contact the referring service to confirm a referral has been made and take details by telephone.
Explain and confirm	NUMSAS is an NHS service, for which the usual prescription charges or exemptions apply. There may be restrictions on the supply of certain medications (e.g. benzodiazepines, dihydrocodeine, codeine, etc.) and HMR criteria regarding an emergency supply need to be followed. The pharmacist must be satisfied that the patient requires the emergency supply as part of ongoing treatment. 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/appliance is out of stock, with the patient's consent, telephone another NUMSAS pharmacy in their locality and if appropriate make a referral. Send email (via NHSmail) with referral data to the receiving pharmacy.
Action (if patient does NOT make contact with pharmacy)	Make 3 attempts to contact patient using referral details. After 3 rd 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'.
Pharmacy - Step 2	Patient attends pharmacy
Identify	Confirm patient's identity.
Explain and confirm	Review information provided so far. Confirm if a supply is appropriate.
Check	Evidence of previous supply – including accessing patient's Summary Care Record or Patient Medication 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 (eRD) 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.
Pharmacy - Step 3	Administration
Record and submit for payment	Complete and send the GP a notification form (if a supply has been made, including any special notes). Check that all necessary information has been recorded on an FP10DT EPS dispensing token, including a No Supply Code (if relevant) and the patient or representative has completed any relevant exemption claims. Make a record of any supply made in accordance with the HMR. Follow the required process to submit the completed FP10DT EPS dispensing token by the 5 th day of the following month, along with a completed NUMSAS claim form, to the NHSBSA.

1 Requirements to provide the service

Several pre-requisites must be in place before you can apply to provide the NUMSAS service. Further information can be found in Section 4 of the service specification³.

You must:

- Have a consultation room which meets the requirements detailed in sections 4.1 and 4.2 of the service specification
- Comply with all obligations of the Pharmaceutical Services Regulations⁴ in respect to the provision of Essential services and have an acceptable system of clinical governance in place
- Be enabled to dispense using the Electronic Prescription Service (EPS).

If you comply with the above then:

1. The pharmacy must have a premises specific shared NHSmail account. This email address will be used by the referring service to send referrals for NUMSAS to your pharmacy⁵
2. Once you have a shared NHSmail address, apply to the NHSBSA to provide NUMSAS by completing the registration form⁶
3. Once your NHSBSA registration is in place, your local Directory of Service (DoS) team will contact you to test live access to ensure referrals can be sent and received. This includes NHSmail testing and Interoperability Toolkit (ITK) system functionality, if appropriate. You need to be able to contact NHS 111, the IUC CAS or the GP OOH service if you receive a referral that you are unable to complete. You should receive details about how to do this during set up; if you don't, please contact your NHS England pharmacy contracting team
4. Create and put a standard operating procedure (SOP) in place covering the provision of the service
5. Update your pharmacy business continuity plan to include the provision of NUMSAS
6. Train all pharmacy staff, including locums, in the service
7. Ensure all pharmacy professionals involved in the service have an up to date understanding of the Human Medicines Regulations (HMR)⁷ in relation to the emergency supply of Prescription Only Medicines (POM)
8. It is often helpful to be able to refer to the NHS Summary Care Records (SCRs) for patients requesting NUMSAS. Check all pharmacy professionals at your premises can access and use SCRs.

Once all these steps are complete you are ready to start providing the service.

³ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

⁴ <http://www.legislation.gov.uk/ukxi/2013/349/contents/made>

⁵ Note that the premises specific shared NHSmail account will initially be configured to be accessed by up to three linked personal NHSmail accounts – more linked accounts can be added by contacting NHS Digital (pharmacyadmin@nhs.net).

⁶ <https://www.snapsurveys.com/wh/s.asp?k=147810384073>

⁷ <http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

Key Points	
i)	Check that you are able to provide the service by complying with the requirements in Section 4 of the service specification.
ii)	Brief and train relevant pharmacy team members on how to access and use the shared NHS mailbox.
iii)	Ensure that all staff employed by the pharmacy, including locums, are aware of the service and are trained to provide NUMSAS, so it is available to patients in a continuous manner during the opening hours of the pharmacy.

2 Providing the Service

2.1 Referral sent from NHS 111 or IUC CAS

The referring service will either send an email to the pharmacy's premises specific shared NHSmail account, or use another agreed secure messaging system⁸, stating the details of the patient requesting an urgent supply of medicine or an appliance. Please note the referral will not contain medication details as the call handlers are not clinicians so do not ask for that information. This means that call handlers have not identified if the request is for a Schedule 1, 2 or 3 controlled drug.

Patients will be given the pharmacy's telephone number by the referring service and asked to call the pharmacy within 30 minutes. When contact has not been made by the patient within 30 minutes, 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.

The DoS will automatically identify when a pharmacy is due to close, and will not select a pharmacy that is due to close within 30 minutes of sending a referral. However, if a patient can wait for their prescription until your pharmacy is open, the referral may be sent when your pharmacy is closed for you to process once the pharmacy is open.

Pharmacies may also receive a NUMSAS referral when the patient's GP practice 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, so NUMSAS could be appropriate.

When the patient contacts the pharmacy, the pharmacist should immediately check for a referral email or message. If there is not one, check with the patient the name of the pharmacy that they were referred to. If the patient has been referred to the correct pharmacy, the pharmacist should re-check (check the junk mail folder) for a

⁸ Interoperability Tool Kit (ITK) messaging can be used with an accredited host system to recognise the message and send on a post event message to the GP.

referral message. If no email or message is found, then the pharmacist should contact the referring service. This should be recorded in the pharmacy and reported to both the local NHS England pharmacy contracting team and the referring service provider as an incident.

Key Points

- i. The referral will not contain medication details as call handlers are non-clinical. If a call has been processed through an IUC CAS, there may be input from a pharmacist, in which case, there may be more details. In either case, pharmacists must use their professional judgement through the interaction with the patient over the phone or at the pharmacy to decide whether it is appropriate to provide an emergency supply or not.

2.2 Receiving a referral in the Pharmacy

The pharmacy must regularly check the premises specific shared NHSmail account or other agreed secured messaging system for referral emails during opening hours. How each contractor manages this will differ, but when setting up the system the pharmacy must consider:

- The process requires members of staff to be available who can access the account for the pharmacist to view the referral information to make the supply
- NUMSAS must operate during all the pharmacy’s opening hours (i.e. no breaks for staff holidays or because a locum in on duty)
- The demand for NUMSAS is highest at evenings and weekends, especially on Saturday mornings
- The account must be checked just before the pharmacy closes, allowing for the referring service to make the last referral up to 30 minutes before the closing time of the pharmacy
- The account must be checked as soon as possible after the pharmacy has opened as a referral may have been sent in anticipation of the pharmacy opening.

Key Points

- i. Pharmacy teams must have a system in place to regularly check their premises specific shared NHSmail account, or other agreed secured messaging system, for referrals throughout the day.
- ii. Check for referrals upon opening, particularly on a Saturday, Sunday, Monday or any day following a bank or public holiday. If a referral from the previous day is found, the patient should be contacted immediately to discuss their current medicine or appliance needs.
- iii. The NUMSAS **must** be available during **all** pharmacy opening hours throughout the day, with **no** break in service for holidays, staff sickness, locum cover etc.

2.3 Phone consultation with patient

Patients are advised to call the pharmacy within 30 minutes to discuss their requirements. Note that patients sometimes call the pharmacy immediately or sometimes come directly to the pharmacy without calling; the pharmacist should adapt to the situation accordingly. The phone consultation between the pharmacist and the patient should include the following points:

- a) Introduce yourself and explain you are a pharmacist
- b) Check you are speaking to the patient by asking them to validate details (e.g. date of birth and full address)⁹
- c) Interview the patient on the call to assess the suitability of an emergency supply and their 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
 - The medicine(s) or appliance(s) being requested (check that the drug is not excluded under the HMR, e.g. 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 appliance¹⁰ 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, (where SCR is available this should be used to check current medicines or appliances, after 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
- d) Whether the pharmacy has the medicine or appliance in stock.

The pharmacist should take the following into consideration when deciding whether or not to make a supply:

- a) Are the requirements of the HMR met?
- b) Is the medicine or appliance in stock?
- c) Is there an EPS prescription on the NHS Spine available to download?
- d) Are you satisfied that the patient is requesting an item that has previously been prescribed on an NHS prescription?
 - Verification by using the SCR (with consent) is the preferred option
 - Verification can also be through examining physical evidence such as a repeat medication slip or current labelled medication or by other appropriate means
- e) Is the medicine liable to misuse?

⁹ Data protection must be considered.

¹⁰ The pharmacist should use their professional judgement as to whether there is an urgent need for each medication or appliance supplied.

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At the end of the telephone consultation the pharmacist should decide whether:

- a) A supply can be made
- b) They want to ask the patient further questions face-to-face before deciding whether a supply can be made
- c) A supply cannot be made.

In the case of a) and b) the patient (or representative) should be asked to attend the pharmacy premises.

In the case of c), if the patient requires support from another healthcare professional, the pharmacist must organise this for the patient. If the request is for a Schedule 1, 2 or 3 controlled drug, the pharmacist should contact an appropriate service (this would normally be either the patient's GP, or if the GP practice is closed then it would be the GP OOH service) and request that the service contacts the patient.

Key Points

- i. The pharmacist will need to use their professional judgement as to whether there is an immediate need for the medicine or appliance, as they are professionally accountable for their actions and decisions. Each request should be considered on a case-by-case basis, using all information available e.g. SCR or EPS tracker.
- ii. The Royal Pharmaceutical Society has published guidance¹¹ 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 or 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 a medicine or using an 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 or not use the appliance, and the possible impact this may have on future adherence.

Local Clinical Commissioning Group (CCG) prescribing guidelines for OOH providers should be followed where they are in place to ensure consistency and to avoid potentially inappropriate supplies of medicines or appliances.

2.4 Face-to-face consultation with patient (or representative)

When the patient attends the pharmacy, the pharmacist may need a further discussion to ascertain whether a supply is appropriate. This conversation and subsequent completion of the service should take place in the consultation room.

¹¹ <https://www.rpharms.com/resources/quick-reference-guides/emergency-supply>

2.5 Decision to supply

Supply the necessary medicines in accordance with the requirements of the HMR and the service specification¹² (section 3.4 and Annex A).

Quantity

The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply. 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. Care should also be taken when deciding to supply any medicine that has a potential for misuse.

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).

Pharmacists are reminded that medicines such as benzodiazepines (apart from temazepam, which is Schedule 3), zopiclone, and zolpidem are Schedule 4 controlled drugs, and medicines such as dihydrocodeine tablets and codeine containing products (including co-codamol 30mg/500mg) are Schedule 5 controlled drugs.

Labelling

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

Medicines or appliances that are not POMs

Prescription items 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 it is an item previously provided on an NHS prescription to the patient). If a medicine or appliance which is not a POM is cheaper than a current NHS prescription 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.

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 website¹³.

¹² <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

¹³ <http://www.nhsbsa.nhs.uk/UMS>

Prescription charges

A fee equivalent to the NHS 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 2015.

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.

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.

If patients refuse to complete the relevant parts of the FP10DT EPS dispensing token, they are not eligible to use the service.

2.6 Decision to not supply

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

If no items are supplied to the patient, then it is important that the reasons are captured as part of the overall service evaluation. A FP10DT EPS dispensing token must therefore be completed for every referral, including the name, strength and form of the item requested, even if a supply is not made. It must also be endorsed with the relevant No Supply Code(s). This also enables payment to be claimed by the pharmacy.

Other reasons for not supplying include:

- The required item is out of stock – refer to another NUMSAS pharmacy
- The required item is available as an OTC product so can be sold
- The item is a Schedule 1, 2 or 3 Controlled Drug – the pharmacist must contact an appropriate service (e.g. the patient's GP or the GP OOH service) to arrange further assistance for the patient
- It is deemed that an urgent supply is not necessary or appropriate – give the patient an explanation and additional advice where appropriate, such as contacting their GP practice when next open.

2.7 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 electronic Repeat Dispensing (eRD) service.

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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 Points

- i. 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.
- ii. It is hoped that this discussion and advice will change future behaviours of patients and reduce the future need for emergency supplies.

2.8 Patient questionnaire

Regardless of whether a supply was made or not, all patients or 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. Pharmacies can access the questionnaire and supporting information at:

<http://pharmacy-numsas.nhsdatacollection.org>

Patients can directly access the questionnaire at:

<Http://numsas.nhsdatacollection.org>

2.9 Evaluation

As part of the requirements of the service, pharmacists providing NUMSAS must support evaluation of the service by:

- Providing feedback proactively or when asked
- Encouraging patient questionnaire completion
- Accurately providing all information on forms, including details of medicines requested and not supplied.

Pharmacy staff can send feedback to england.pharmacyintegration@nhs.net

2.10 Troubleshooting

2.10.1 Onward referral to another pharmacy when an item is out of stock

Where a pharmacy does not have the medicine or appliance in stock, a referral to another pharmacy should be suggested to the patient, and agreement obtained. Before the referral is made, the pharmacist should be confident that an emergency supply is both possible and in the best interest 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 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) Use available resources (such as mobile DoS, miDoS or information provided locally) to identify a pharmacy in the area the patient wishes to travel to, that provides NUMSAS
- 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's 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 the referring service to the premises specific shared NHSmail address of the pharmacy accepting the referral. **N.B. If the referral is initially received through an IT platform, in the absence of a system to refer onwards from within that platform, the referral information will need to be copied and pasted into a NHSmail message to be forwarded onwards**
- i) Contact the patient to inform them which pharmacy they have been referred to
- j) Complete an FP10DT EPS dispensing token and endorse with the code 'NoSupp D'. Where this is submitted to the NHSBSA, the contractor will get paid a Consultation and Administration fee.

Key Points
<ul style="list-style-type: none"> i. Patient details must only be transferred between pharmacies using secure communication channels, such as NHSmail, to ensure information governance requirements are met. ii. Under no circumstances must data be transferred to a non-NHSmail address. iii. If the medicine is out of stock, the patient should NOT be asked to call back NHS 111 or to call the GP OOH service; the pharmacist must find another pharmacy with stock, or otherwise resolve the medicines supply issue by contacting the GP OOH service.

2.10.2 Referral to the 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 an appropriate service. This will normally be the patient's GP, or if the GP practice is closed then it should be 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.

Before a pharmacy starts to receive referrals from as part of NUMSAS, the contractor should confirm how to contact their local GP OOH service.

If this information has not been received, then the pharmacist should phone the referring service and advise the call handler they are a health professional and need to speak directly to another health professional regarding a referral that has already been received. 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.

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 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.

2.10.3 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. 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.

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 guidance¹⁴ on missed and delayed doses may assist pharmacists in determining critical medicines or conditions where delays or omissions are more likely to cause harm.

Key Points

- i. At no point should the patient be asked to contact NHS 111 or the GP OOH service to resolve a medicines supply issue.
- ii. Where a pharmacy has been given the details of a Health Professional line, this should only be used for the purpose that it was shared for. It should not be passed onto patients, or shared with other community pharmacies without permission.

2.10.4 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 and gabapentin. Some requests may be genuinely needed whilst others may be from a patient using NUMSAS to inappropriately 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 guidelines before it started to

¹⁴ <http://www.nrls.npsa.nhs.uk/alerts/?entryid45=66720>

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receive referrals and this should be included in the pharmacy's SOP. 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 up to 5 days treatment, until the GP practice reopens, can be considered. It is particularly important to check the SCR for such requests as part of the assurance that the patient has been prescribed it before.

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 or usual pharmacy rather than referring them to the GP OOH service.

The referring service is unable to include in the NUMSAS referral how many times a patient has used NUMSAS. It is important that the pharmacy ensures that the GP is notified of any supplies – this is a requirement of NUMSAS. NHS 111 and IUC CAS providers also undertake audits to identify frequent users and these are flagged to their 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 inappropriate supplies.

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

2.10.5 Service availability

The service must be available during the full opening hours of the pharmacy. This includes Christmas Day and Easter Sunday if the pharmacy chooses to open.

Any changes in pharmacy opening hours must be notified to or agreed with NHS England in the usual way. NHS England will notify the 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.

If a pharmacy is unable to provide the service at short notice, e.g. if the pharmacy has been unable to open, the contractor must inform the NHS 111 provider and local IUC CAS of the temporary withdrawal from provision of the service by calling the NHS Directory of Services Provider and Commissioner Helpline (0300 0200 363). 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.

The local NHS England pharmacy contracting team should be informed in the usual way 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 provide the service, they must inform the local NHS England pharmacy contracting team in the usual way.

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

2.10.6 Governance

NHS England is the commissioner of NUMSAS and will monitor the service alongside other pharmacy Advanced Services and work with 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.

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.

Governance of the NUMSAS service in relation to regular repeat users of the service will be reviewed at a local level, and systems will be agreed that may require the pharmacy to take specific action.

The Local Pharmaceutical Committee (LPC) can also be contacted to share any governance concerns you may have, and they will be able to collate and share these with the local NHS England team, and feed into local governance systems that will include NUMSAS.

3 Records and documentation

3.1 Record Keeping

Where to record

Where a supply is made under NUMSAS, this must be recorded in three places:

1. POM Register – the legal record
If a POM is supplied, record the emergency supply as you would any other emergency supply, in accordance with the HMR.
2. 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.¹⁵

¹⁵ Printing on the FP10DT EPS dispensing token can be enabled by pharmacy systems using the required NHS Digital specification.

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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 has been made. See the 'Submit a claim for payment' section on the NHSBSA website¹⁶ for further details on the documentation required for payment.

Key Points

- i) The FP10DT EPS token should include the following information, which may be printed or recorded in legible handwriting (illegible handwriting or missing information may lead to a delay in payment):
 - Full name, address and date of birth of patient (from referral)
 - Patient's NHS number (from referral or from interview with patient)
 - Name, strength and form of medicines requested (using dm+d name or shortened dm+d name) or name of appliance requested (using dm+d name or shortened dm+d name)
 - Either the quantity supplied or the reason for not supplying (using the standard code set out on page 21 of this document)
 - Date and time of supply
 - Name and address of patient's GP (from referral)
 - Referral ID number.
- ii) The patient (or representative) must complete the relevant sections of the reverse of the FP10DT EPS dispensing token to claim any exemptions from NHS prescription charges.

3. Patient Medication Record (PMR)

If a medicine or appliance is supplied an entry should be made in the PMR as the medicine or appliance is labelled. If no supply is made PMR systems usually allow notes to be added to record that NUMSAS was requested but no supply was made.

FP10DT EPS dispensing token record

The medicines or appliances **supplied or not supplied** must be documented on the FP10DT EPS dispensing token using the NHS dm+d dictionary naming convention¹⁷.

Pharmacists can refer to the medicine or appliance label to confirm dm+d format as this is used by all pharmacy system suppliers.

¹⁶ <http://www.nhsbsa.nhs.uk/UMS>

¹⁷ <http://www.dmd.nhs.uk/index.html>

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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:

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 quantities recorded on the FP10DT EPS dispensing token will lead to incorrect payments – please be careful to enter the quantities correctly. Examples of completed FP10DT EPS dispensing tokens are available on the NHSBSA website.¹⁸

Accurate documentation of the ‘no supply’ reason is an essential part of evaluating the pilot, which will inform decisions on commissioning the service in the future. To record ‘no supply’ please note the following reasons and corresponding codes:

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

***Please check carefully that the No Supply codes A to F are not appropriate, before selecting G Other.**

¹⁸ <http://www.nhsbsa.nhs.uk/UMS>

Key Points

- i. A FP10DT EPS dispensing token must be fully and accurately completed (including details of what was not supplied) for every referral, **even if a supply is not made**. This enables payment to be claimed by the pharmacy and provides an important audit record when no supplies are made.
- ii. Pharmacists can refer to the medicine or appliance label to confirm dm+d format as this is used by all pharmacy system suppliers.

3.2 GP Notification

The GP Notification Form (Annex B of the service specification¹⁹) must be completed 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 a NUMSAS 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 request/make the addition of 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 the referring service about the referral made to the pharmacy.

4 Payment arrangements

4.1 Breakdown of fees paid

In summary, the following fees will be paid for provision of the service:

- i. For ANY referral received from NHS 111 or IUC CAS for a request for an urgent medicine or appliance supply, whether or not a supply is made and irrespective of the reason for any non-supply;
 - i. a Consultation fee of £10; AND
 - ii. an Administration fee of £2.50 per consultation to reflect the additional work/documentation required to support evaluation of the service;
- ii. Where a medicine or appliance has been supplied, a supply fee of £1.50 will be made for the first item and an additional £0.50 will be paid for each additional item supplied.

¹⁹ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

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The cost of medicines or appliances supplied under the service will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine or appliance.

Full details of the payments and when they can be claimed are set out in Section 9 of the service specification²⁰.

Experience from locally commissioned services is that usually 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 are charged back to CCGs as an average cost for the service across all CCGs in England. The NHSBSA report 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.

4.2 Procedure for dispatching the claim

In order to claim for NUMSAS, contractors must do the following each month:


- Complete the NHS Urgent Medicines Supply Advanced Service Pilot claim form (see Figure 4). A PDF copy of the claim form can be downloaded from the NHSBSA website²¹
- Place the completed NUMSAS claim form along with the completed FP10DT EPS dispensing tokens (completed as part of the NUMSAS) in an envelope clearly marked 'NUMSAS'
- Send the NUMSAS envelope to the NHSBSA with the normal monthly submission bundle.

Please ensure that FP10DT EPS tokens (completed as part of NUMSAS) are separated from other tokens, **or there is a risk that claims will not be reimbursed** if the NUMSAS tokens are scanned and stored with the other tokens.

²⁰ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

²¹ <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-urgent>

Figure 4: Copy of the NHS Urgent Medicines Supply Advanced Service Claim submission form



NHS Prescription Services
NHS Urgent Medicine Supply Advanced Service Claim submission form

You must register first before starting to provide the service.
 You can register online at: www.nhsbsa.nhs.uk/UMS

Pharmacy organisation code (begins with F): Pharmacy name:

Telephone number (in case of queries): Pharmacy stamp:

Pharmacy address (including postcode):

Service provided (month / year)*:

Claim submission

Total number of FP10DT forms	Total number of consultations (Items not supplied)	Total number of consultations (Items supplied)	Total number of items supplied	Total number of prescription charges collected
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration: I am claiming payment in accordance with the terms of the Urgent Medicine Supply Advanced Service, as set out in the service specification and the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2016.

I confirm that the pharmacy named above has been registered with the NHS Business Services Authority as a provider of this service and understand that this payment claim will not be approved if the pharmacy has not been registered.

I declare that the information on this submission form is correct and complete. Any drugs and scheduled appliances supplied on the enclosed FP10DT forms submitted/declared were supplied by the contractor in the period and from the premises stated above. If not, I understand that further action may be taken.

Name: Date:

Signature** : On behalf of:

To claim payment, place the completed NUMSAS Claim Form along with the completed FP10DT EPS dispensing tokens in an envelope clearly marked with 'NUMSAS' and your Pharmacy F Code. Send the NUMSAS envelope to the NHS BSA with the normal monthly submission bundle not later than the 5th day of the month following that in which the service was provided. Please ensure that FP10DT EPS tokens are separated from other tokens, or there is a risk that claims will not be reimbursed if the NUMSAS tokens are scanned and stored with the other tokens.
 * Each month must be claimed separately. ** This claim form will not be accepted without a signature.

Urgent Medicine Supply Advanced Service Claim submission form (V2.0) 02/2018

5 General Service Troubleshooting

5.1 NHSmail failure/Unable to access NHSmail account

In the case of an NHSmail message being sent, but failing to reach the intended mailbox, the 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 access to the premises specific shared NHSmail account is not possible by the pharmacy staff, they should contact the NHS Directory of Services Provider and Commissioner Helpline (0300 0200 363) 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 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 (developed locally) should be completed by the pharmacy staff to document what has happened and the steps taken to resolve the issue. If you do not have access to an incident form template, contact your local NHS England pharmacy contracts manager.

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

5.2 Frequent users of NUMSAS

There may be patients who frequently use NUMSAS as a means of obtaining their repeat medication. NUMSAS is intended to be used as an emergency service, not as a regular method for obtaining repeat prescriptions. There may also be a concern about patients requesting medications liable to misuse and Section 2.10.4 (page 18 of this document) covers this aspect.

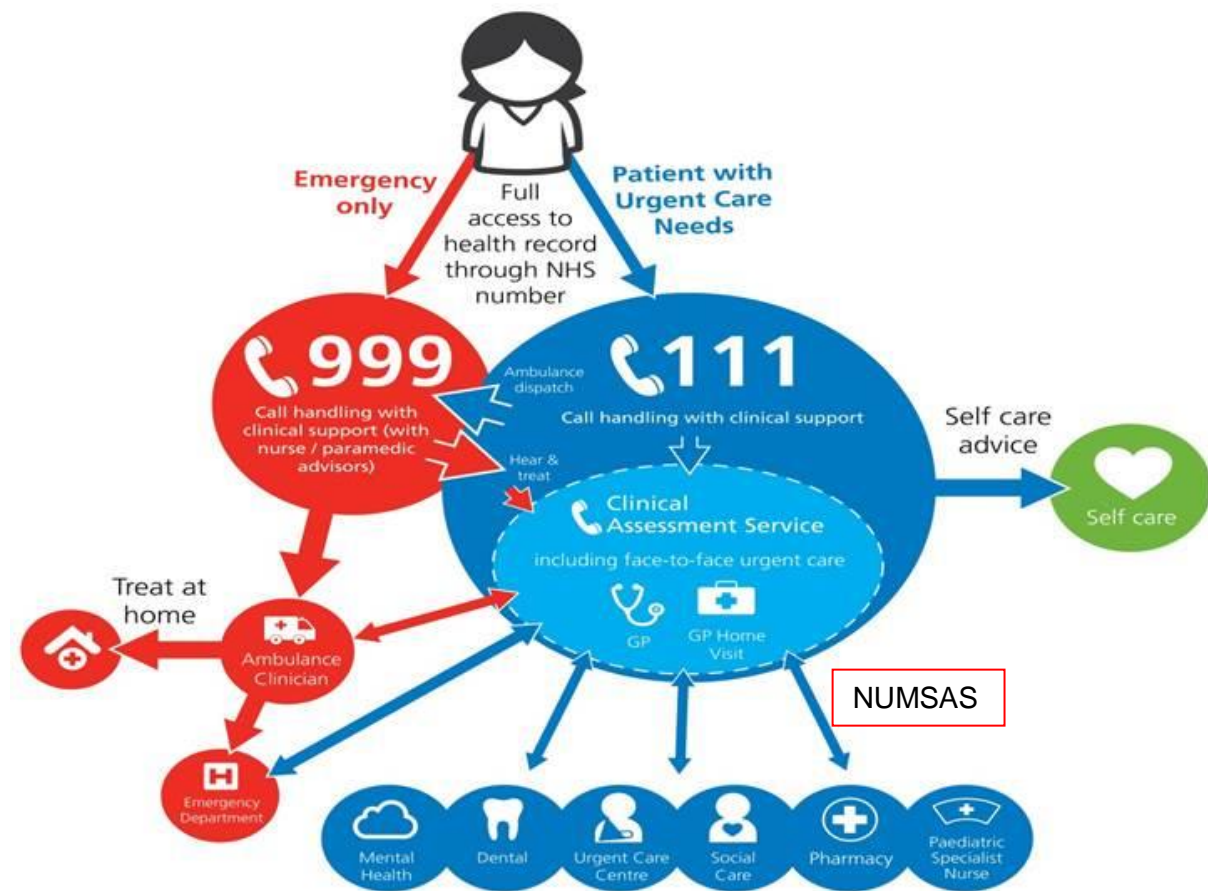
The number of frequent users, particularly those requesting Controlled Drugs, is low. However, pharmacists must be aware that this occurs, and use their professional judgement to not supply an urgent request for medications if it is not clinically appropriate. The pharmacist must discuss the reasons for no supply with the patient, notify the appropriate people connected with the patient's care, and raise an issue if required. Further guidance on this topic is being prepared.

6 Appendices

Appendix A: NHS 111 Information

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

The aim is to integrate urgent care across the 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 111²². The NHS 111 Clinical Governance Toolkit²³ 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 NHS 111 call advisors that initially take a call are not clinicians²⁴. The call advisors carry out an initial assessment using a clinical assessment tool, NHS

²² <https://www.england.nhs.uk/ourwork/pe/nhs-111/resources/>

²³ <http://webarchive.nationalarchives.gov.uk/20161103214538/https://www.england.nhs.uk/wp-content/uploads/2015/03/nhs111-clincl-govrnce-tool-kit.pdf>

²⁴ 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.

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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.

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.

Key Points

- i. Pharmacists should assume that there has been **no clinical input** into the NUMSAS referral.

Appendix B: NHS 111 Directory of Services

The NHS 111 Directory of Services (DoS) is a database that can be used as a standalone reference source or integrated with NHS Pathways used by call advisors for services such as NHS 111. NHS Pathways is the clinical assessment system used by NHS 111 to triage and assess patients with urgent healthcare needs and enable signposting and referral 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 call advisor, in a nationally consistent format.

Appendix C: Length of supply for prescription items

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 the 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.

Appendix D: Service promotion

Patients must have a NUMSAS referral to be eligible for the NUMSAS service. Patients who do not have a NUMSAS referral will follow the usual emergency supply procedure under the HMR.

The service must not be promoted to the general public or to patients. Pharmacists must use their professional judgment about the urgency of the clinical need and access to services that best support the individual patient.

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

Appendix E: Useful information

1. NUMSAS Service Specification²⁵
2. NHSmail – there are a number of resources available to provide assistance with the NHSmail account including:
 - a. A Guide for Community Pharmacies using NHSmail²⁶
 - b. NHSmail Portal Learning Series Website²⁷
 - c. NHSmail Portal Local Administrator Guide²⁸
 - d. NHSmail Portal User Guide²⁹
 - e. Useful contact information:
 - i. National Administration Service for email support at pharmacyadmin@nhs.net (staffed Monday - Friday between 9am and 5pm).
 - ii. National Helpdesk via helpdesk@nhs.net or call 0333 200 1133. The NHSmail service provides a national helpdesk 24 hours a day, 365 days a year.
3. FAQs on PSNC website³⁰
4. Information on the Electronic Prescription Service (EPS) Prescription Tracker³¹
5. Information on the Summary Care Record (SCR)³²

²⁵ <https://www.england.nhs.uk/publication/nhs-urgent-medicine-supply-advanced-service-pilot-community-pharmacy-service-specification-november-2016/>

²⁶ <https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/Guide+for+Pharmacies.pdf>

²⁷ <https://portal.nhs.net/Help/portalindex>

²⁸ <https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/portaladminguide.pdf>

²⁹ <https://s3-eu-west-1.amazonaws.com/comms-mat/Comms-Archive/portaluserguide.pdf>

³⁰ <http://psnc.org.uk/services-commissioning/advanced-services/nhs-urgent-medicine-supply-advanced-service-numsas-faqs/>

³¹ <https://digital.nhs.uk/electronic-prescription-service/rx-tracker>

³² <https://digital.nhs.uk/summary-care-records/community-pharmacy>