

Emergency Supply Service

Service Specification

Service Specification No.	Ai
Service	Community Pharmacy Emergency Supply Service
Commissioner Lead	Alison Mundell Community Pharmacy Clinical Lead Bristol, North Somerset & South Gloucestershire Integrated Care Board Alison.Mundell@nhs.net / bnssg.pc.contracts@nhs.net
Provider Lead	Community Pharmacy
Period	1 st April 2023 – 31 st March 2025
Date of Review	31 st March 2025

1. Population Needs		
1.1 National/local context and evidence base	<p>It is estimated that 10-15% of OOH GP consultations are taken up dealing with requests for emergency supplies of <u>repeat</u> medication, because patients had not ordered sufficient supplies.</p> <p>Anecdotally, despite OOH call handlers suggesting that patients visit a community pharmacy to obtain an emergency supply of their medicine, most patients insist on a prescription from the OOH GP. NHS 111 Online is also available to request an emergency supply of a medicine and patients should be directed to use this where possible.</p> <p>The service is not intended to supplant either the NHS Community Pharmacy Consultation Service (CPCS), or the current legal supply of POMs that all Community Pharmacists can offer but offers an alternative option.</p> <p>All legal and ethical decisions on the part of the pharmacist remain as outlined in current legislation and in Royal Pharmaceutical Society and General Pharmaceutical Council guidance.</p>	
2. Outcomes		
2.1	<u>NHS Outcomes Framework Domains & Indicators</u>	
	Domain 1	Preventing people from dying prematurely X
	Domain 2	Enhancing quality of life for people with long-term conditions X
	Domain 3	Helping people to recover from episodes of ill-health or following injury X
	Domain 4	Ensuring people have a positive experience of care X
	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm X

3. Scope

3.1 Aims and Intended Service Outcomes

3.1.1 To improve patient experience when an emergency supply of a prescription-only medicine is required, ensuring prompt access and continuity of supply where the patient is unable to access [NHS 111 Online](#)

3.1.2 To reduce pressure on urgent care services by delegating emergency medication supplies to pharmacists where possible.

3.2 This service should benefit patients when:

3.2.1 The patient meets all the legal criteria for an emergency supply.

3.2.2 The patient is unwilling or unable to pay for this supply, and intends to otherwise seek a prescription.

3.3 Scope of Service

3.3.1 This Service facilitates the appropriate emergency supply of medication by enabling the pharmacy contractor to charge BNSSG ICB for the drug tariff cost of the POM supplied, plus a consultation fee.

3.3.2 All legal and ethical decisions on the part of the pharmacist remain as outlined in current legislation and in RPS and GPhC guidance, including current advice on quantity of medicine to be supplied. Under this service pharmacists should supply the minimum required amount until the patient can obtain a prescription for their treatment

3.3.3 Note that usually only POMs may be supplied under this scheme. Other items such as appliances, borderline substances, and medicines classified as General Sales List (GSL) or Pharmacy-only (P) should usually be supplied privately and bought over the counter by the patient (although pharmacist discretion applies in order to avoid unnecessary onwards referrals to GP practices, NHS111 or Out of Hours services for OTC/P medicines on prescription) **Using this scheme should not contradict national and local self-care guidelines.**

Controlled drugs in schedules 1 to 3 may not be provided under the scheme, with the exception of phenobarbital for epilepsy. While schedules 4 & 5 may be provided, pharmacists are reminded to exercise caution when agreeing to such supplies and to highlight any concerns to the GP practice.

3.3.4 If a pharmacy contractor agrees to provide this service, they must ensure that all staff working in the pharmacy are aware that they will be participating, and how to participate.

3.3.5 This is an open access scheme and will be made available to all patients presenting for emergency supply at those pharmacies commissioned to provide this service by BNSSG ICB. **It is intended that this scheme is used when GP Practices are closed and it is therefore not possible to obtain a prescription,** although legislation does not prevent a supply when a doctor's surgery is open. If a pharmacy is having issues with obtaining usual repeat prescriptions in a timely manner from their local GP practice and feel that this is driving a high number of emergency supplies under this service, please make the ICB aware.

3.3.9 Any patient that is not exempt from prescription charges must be charged for

each medicine that is supplied in an emergency at the same rate as the current NHS prescription charge

3.3.10 Any patient that is exempt from NHS prescription charges must be asked for proof of their exemption. Proof of exemption is not mandatory, but it must be requested

3.3.11 Pharmacy staff will keep a record of all supplies in the POM register and Patient Medication Record as usual. They will additionally keep a record of the patient's declaration of exemption from prescription charges in PharmOutcomes

3.3.12 Pharmacy staff will submit a claim to BNSSG ICB via PharmOutcomes so that medication costs are reimbursed, and remuneration is provided for the service

3.3.13 All patients using the scheme should be given advice about the benefits of the NHS repeat dispensing service, especially those making repeated emergency supply requests.

3.3.14 Pharmacists should highlight patients repeatedly requesting emergency supplies, and in particular supplies of potentially abusable medicines, to the prescriber.

3.3.15 Pharmacists should exercise caution when dispensing emergency supplies of high risk medicines such as Lithium, DMARDS and Anticoagulants and take steps to assure themselves that the necessary monitoring has been undertaken and that a supply is safe and appropriate. With high risk medicines, the minimum supply quantity should be provided until the patient can obtain a prescription.

3.3.16 Pharmacists are reminded that they can access the **Summary Care Record** in order to confirm the current prescription, allergies etc for a patient.

3.3.17 A notification of all emergency supplies made through the service will be sent to the patient's GP via PharmOutcomes.

3.4 Population covered

3.4.1 This is an open access scheme open to all patients (see 3.3.5)

3.5 Any acceptance and exclusion criteria and thresholds

3.5.1 Only Prescription Only Medicines should be usually supplied under this scheme (see 3.3.3)

3.6 Interdependence with other services/providers

3.6.1 The service is not intended to supplant either the NHS Community Pharmacy Consultation Service, [NHS 111 Online](#) or the current legal supply of POMs that all Community Pharmacists can offer, but offers an alternative option for patients presenting at the pharmacy directly.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The Human Medicines Regulations 2012
<http://www.legislation.gov.uk/ukxi/2012/1916/contents/made>

Emergency Supply of Medicines

<https://bnf.nice.org.uk/guidance/emergency-supply-of-medicines.html>

[NHS 111 Online](#) -Emergency Prescriptions

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Royal Pharmaceutical Society

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

5. Applicable quality requirements

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.1.1 The pharmacy reviews its standard operating procedures for emergency supply of medicines and signposting information on an annual basis. Review up to date guidance from RPS (link above)

5.1.2 The pharmacy is happy to liaise with BNSSG ICB to audit the service so that informed decisions can be made about how to improve it.

5.1.3 BNSSG ICB will monitor supplies made through the service on a monthly basis and may raise queries with the supplying pharmacy. Pharmacies may receive queries for example, where there are multiple 'in hours' supplies, routine supplies of high quantities (e.g. 28/30 days), supplies of high risk or potentially abusable items, or antibiotics or repeated supplies of items which could be purchased over-the-counter.

5.2 Clinical Incident Reporting

5.2.1 Contractors must feedback any adverse incidents that occur to the commissioner via PharmOutcomes, the BNSSG Datix system or directly via bnssg.pc.contracts@nhs.net

<https://bnssg-datix.scwcsu.nhs.uk/>

5.2.2 Any serious incidents will be dealt with in accordance with the relevant provider/commissioner policies

5.2.3 Any incidents involving controlled drugs are legally required to be reported to the CD Accountable Officer in NHS England—england.southwestcontrolleddrugs@nhs.net

5.3 Complaints Procedure

5.3.1 Any complaints from patients should be dealt with via the pharmacy's own standard complaints procedure in the first instance. If the complaint is not resolved, the patient should direct their complaint to the BNSSG ICB Customer Services Team:

Tel: 0117 900 2655 or 0800 073 0907

Email: bnssg.customerservice@nhs.net

Write to:
Customer Services Team
NHS Bristol, North Somerset, and South Gloucestershire ICB
360,
Marlborough Street,
Bristol,
BS1 3NX

6. Location of Provider Premises

The Provider's Premises are located at:

Other local policies to note:

BNSSG ICB Adults and Children Safeguarding Policy <https://bnssg.icb.nhs.uk/library/adults-and-childrens-safeguarding-policy/>

BNSSG ICB Mental Capacity Act and Deprivation of Liberty Safeguards Policy <https://bnssg.icb.nhs.uk/library/mental-capacity-act-and-deprivation-liberty-safeguards-policy/>

Payment Schedule

1. For patients that are normally exempt from prescription charges, BNSSG ICB will pay the pharmacy
 - a. £10 per consultation plus
 - b. £1 for dispensing each item over and above the first item plus
 - c. The cost of the medicines (using dm+d) + VAT (where applicable)

2. For patients who are normally not exempt from prescription charges, the pharmacist would normally make a private supply (not as part of this agreement) unless the patient is unable to pay, in which case the pharmacy staff will take a fee equivalent to the NHS prescription charge and BNSSG ICB will pay the pharmacy
 - a. £10 per consultation plus
 - b. £1 for dispensing each item over and above the first item plus
 - c. The cost of the medicines (using dm+d) and VAT (where applicable) less
 - d. Minus any charge(s) collected

Invoicing

Pharmacies must complete a PharmOutcomes Emergency Supply Service template for each supply. A monthly invoice will be generated automatically and sent to BNSSG ICB each calendar month (in arrears), checked and then submitted for payment. Claims for payment should only be processed through PharmOutcomes unless otherwise advised.

Quality Requirements

<u>Quality Requirement</u>	<u>Threshold</u>	<u>Method of Measurement</u>	<u>Consequence of Breach</u>	<u>Timing of application of consequence</u>
All patients presenting to pharmacy staff who believe they urgently require a POM when it is impractical for them to obtain a prescription should be seen by a pharmacist	100%	Patient feedback Provider feedback	Discussion with pharmacy manager Escalation to area manager or other contractor representative if necessary	Within one week Within two weeks
All patients that in the opinion of the pharmacist do need a POM and who satisfy the requirements for an emergency supply at the request of the patient should either: <ul style="list-style-type: none"> • Be provided with the service outlined in this contract • Be offered an alternative service that meets their needs e.g. <ul style="list-style-type: none"> ○ Emergency supply at the request of a prescriber ○ Private emergency supply • Signposted to an alternative service e.g. <ul style="list-style-type: none"> ○ NHS 111, CPCS 			Escalated to superintendent pharmacist if necessary Contract terminated if necessary (in the case of repeated breaches)	Within one month Within three months
Additional data may be captured via PharmOutcomes				