

## Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Community Pharmacy Emergency Supply Service
<b>Commissioner Lead</b>	Helen Wilkinson Community Pharmacy Integration Lead, Bath and North East Somerset, Swindon and Wiltshire ICB (BSW ICB)
<b>Provider Lead</b>	Community Pharmacy
<b>Period</b>	1 April 2025 to 31 March 2028
<b>Date of Review</b>	31 <sup>st</sup> March 2026 31 <sup>st</sup> March 2027 The service specification, including financial remuneration, will be reviewed annually. Reviews will also take place at the time of any national Community Pharmacy Contractual Framework announcements.

### 1. Population Needs

#### 1.1 National/local context and evidence base

Out-of-Hours (OOH) services have historically experienced very high levels of demand which leads to lengthy waits for GP consultations. It is estimated that 10-15% of OOH consultations are taken up dealing with requests for emergency supplies of repeat medication, because patients had not ordered sufficient supplies to cover the holiday period.

The national Pharmacy First Service now allows patients who have contacted NHS111 to be referred for an Emergency Supply at NHS Expense.

If a patient attends a community pharmacy directly, they cannot be offered a supply at NHS Expense. The “loaning” of medicines against the expectation of a NHS prescription at a future date is not an NHS service, and when it does happen will often cause disruption to future supplies for the patient as the GP Practice record shows the next supply as not yet due when ordered before the patient runs out again the next month.

This service therefore provides an additional route to access emergency supplies and reduces pressure on urgent care services.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
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	

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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

**2.2 Aims and objectives:**

To improve access for patients to POMs when an emergency supply is required, ensuring prompt access and continuity of supply.

To reduce pressure on OOH services by delegating emergency medication supplies to pharmacists where possible, thus reducing waiting times for other visits that specifically require a prescriber, and the avoidance of unnecessary calls to NHS111.

This service should benefit patients when:

- The patient meets all the legal criteria for an emergency supply
- The patient is unwilling/unable to pay for this supply

**3. Scope**

**3.1 Service outline**

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

All legal and ethical decisions on the part of the pharmacist remain as outlined in current RPS and GPhC guidance, including the current advice on quantity of medicine to be supplied (currently no more than 30 days unless in specific circumstances as set out in guidance).

Legislation can be found at:

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

For the purposes of this service, any POM medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied, if the requirements of the Human Medicines Regulations are met.

*Note that General Sales List (GSL) and Pharmacy-only (P) medicines are not included in this service and should be supplied privately.*

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.

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.

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

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.

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This is an open access scheme and will be made available to all patients (or representatives) presenting for emergency supply directly to the pharmacy, and an emergency supply is lawful and clinically appropriate, but where the cost of Private Emergency Supply exceeds a single prescription charge, or the patient is exempt on income grounds.

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 NHS prescription charge.

Any patient that is exempt from NHS prescription charges must be asked for proof of their exemption, and sign the relevant form to state that they are exempt from charges. Proof of exemption is not mandatory, but it must be requested as would be business as usual processes within the pharmacy for NHS prescriptions.

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.

Pharmacy staff will submit a claim to BSW ICB so that we can reimburse medication costs, and provide remuneration for the service, via PharmOutcomes.

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

**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>

**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 Quality Indicators**

The pharmacy reviews its standard operating procedures for emergency supply of medicines and signposting information on at least a biennial basis.

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

The ICB will monitor supplies made through the service and may raise queries with the supplying pharmacy. Pharmacies may receive queries for example, 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**

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Contractors must feedback any adverse incidents that occur to the commissioner via [bswicb.prescribing@nhs.net](mailto:bswicb.prescribing@nhs.net)

Any serious incidents will be dealt with in accordance with the relevant provider/commissioner policies. In the event of a clinical incident/adverse event, the patient's GP should be informed.

Any incidents involving controlled drugs are legally required to be reported to the CD Accountable Officer in NHS England who is responsible for BSW ICB.

Please raise any concerns relating to the service with the Community Pharmacy Clinical Lead for BSW

### 5.3 Complaints procedure

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 PALS team at BSW ICB, who can be contacted by the following means: Email: [scwcsu.palscomplaints@nhs.net](mailto:scwcsu.palscomplaints@nhs.net) or by phone **0300 561 0250**

## 6. Notice Period

### 6.1 Notice periods & termination

One month's notice of termination must be given in writing to the commissioner if the pharmacy contractor wishes to terminate this agreement before the end of the SLA period. The pharmacy contractor may be asked for a reason for terminating this agreement.

Three months' notice of termination will be given in writing by the commissioner to the pharmacy contractor to inform the pharmacy contractor of any cessation of the service prior to March 2028.

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

## 7. Payment Schedule

For patients that are normally exempt from prescription charges, BSW ICB will reimburse the pharmacy at the drug tariff or trade price for brands of the medicine (incl.VAT) PLUS a consultation fee of £15 per consultation with an additional £2 dispensing fee for each item over and above the first item.

For patients who normally are 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 pharmacy staff will take a fee equivalent to the NHS prescription charge and BSW ICB will reimburse the pharmacy at the trade price of the medicine (inc. VAT) plus a consultation fee of £15.

The ICB will honour any price concessions on the medications.

Claims for payment should be sent via PharmOutcomes.

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**8. Quality Schedule**

Quality Requirement	Threshold	Method of Measurement	Consequence of Breach	Timing of application of consequence
<p>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</p>	<p>100%</p>	<p>Patient feedback</p>	<p>Discussion with pharmacy manager</p>	<p>Within one week</p>
<p>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:</p> <ul style="list-style-type: none"> <li>• Be provided with the service outlined in this contract</li> <li>• Be offered an alternative service that meets their needs e.g.                             <ul style="list-style-type: none"> <li>o Emergency supply at the request of a prescriber</li> <li>o Private emergency supply</li> </ul> </li> <li>• Signposted to an alternative service e.g.                             <ul style="list-style-type: none"> <li>o NHS 111, CPCS</li> </ul> </li> </ul>		<p>Provider feedback</p>	<p>Escalation to area manager or other contractor representative if necessary</p>	<p>Within two weeks</p>
			<p>Escalated to superintendent pharmacist if necessary</p>	<p>Within one month</p>
			<p>Contract terminated if necessary (in the case of repeated breaches)</p>	<p>Within three months</p>

Additional data may be captured via PharmOutcomes