1. **Community Pharmacy Emergency Supply**

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| **Service Specification No.** |  |
| **Service** | Community Pharmacy Emergency Supply |
| **Commissioner Lead** | Helen Wilkinson, ICS Community Pharmacy Clinical Lead, Bath and North East Somerset, Swindon and Wiltshire ICB (BSW ICB) |
| **Provider Lead** | Community Pharmacy |
| **Period** | 1 April 2024 to 31 March 2025 |
| **Date of Review** |  |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**   GP 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 GP 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 |  | | 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:**  2.2.1 To improve access for patients to POMs when an emergency supply is required and their GP practice is closed, ensuring prompt access and continuity of supply.  2.2.2 To reduce pressure on GP OOH services by delegating emergency medication supplies to pharmacists where possible, thus reducing waiting times for other visits that specifically require a GP, and the avoidance of unnecessary calls to NHS111.  2.2.3 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**  3.1.1 This Service facilitates the appropriate emergency supply of medication by enabling the pharmacy contractor to charge BSW ICB for the trade cost of the POM supplied, plus a consultation fee.  3.1.2 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/uksi/2012/1916/contents/made>  *Note that General Sales List (GSL)and Pharmacy-only (P) medicines are not included in this service and should be supplied privately.*   * + 1. 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.      * + 1. 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.      * + 1. 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.     2. Pharmacy staff may receive telephone calls from Patients / GP practices referring patients who are requesting an emergency supply; this call should be handled by the pharmacist who should either agree to accept the referral or explain to the caller why this is not lawful, or clinically appropriate (e.g. in the case of controlled drugs).   3.1.6 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.  3.1.7 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.  3.1.8 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.  3.1.9 Pharmacy staff will submit a claim to BSW ICB so that we can reimburse medication costs, and provide remuneration for the service via PharmOutcomes.  **3.2 Quality Indicators**  3.2.1 The pharmacy reviews its standard operating procedures for emergency supply of medicines and signposting information on an annual basis.  3.2.2 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.  **3.3 Clinical incident reporting**  3.3.1 Contractors must feedback any adverse incidents that occur to the commissioner via [bswccg.prescribing@nhs.net](mailto:bswccg.prescribing@nhs.net)  3.3.2 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.  3.3.3 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.  3.3.4 Please raise any concerns relating to the service with the Community Pharmacy Clinical Lead for BSW  **3.4 Complaints procedure**  3.4.1 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 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**  **3.5 Financial details**  3.5.1 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 £10 per consultation with an additional £2 dispensing fee for each item over and above the first item.  3.5.2 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 £10  3.5.3 Claims for payment should be sent via PharmOutcomes. |
| **4. Applicable Service Standards** |
| **4.1 Monitoring Arrangements**  Not applicable |
| **5. Applicable quality requirements and CQUIN goals** |
| Not applicable. |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** |