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| **Service Specification No.** | **002** |
| **Service** | **Urgent Supply of Prescription Medicines** |
| **Commissioner Lead** | **Tracy Savage**Locality Director and Head of Primary Care and Medicines Optimisation |
| **Provider Lead** |  |
| **Period** | 1 Oct 2020 – 31 March 2021 |
| **Date of Review** | Annually (or as determined by the Commissioner) |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

The Community Pharmacy Urgent Supply service is designed to complement the new NHS England commissioned Community Pharmacy (Out of Hours) Consultation Service (CPCS). The IOW Urgent Supply service for residents and visitors will allow the supply of a medicine, where the pharmacist determines that the person has an immediate need for the medicine and their health could be compromised if supply is delayed. The IOW CCG commissioned Pharmacy Urgent Supply service (orange box in the schematic) will be available for residents and visitors outside of normal working hours and after the pharmacy has looked for a NHS prescription using the prescription tracker, and the person cannot contact their regular GP/Pharmacy to obtain a prescription via EPS/ERD. The Community Pharmacy IOW Urgent Supply of Prescription Medicines Service is designed to enable an urgent supply of regular repeat prescription medicines for people who are unable to obtain a prescription from their GP/Pharmacy via EPS/ERD.The IOW residents and visitors urgent supply service is available out of hours (OOH) between 6pm on a normal working weekday preceding a weekend or Bank Holiday e.g. Friday evening, and the next normal weekday e.g. 8am on a Monday, or any day following a Bank Holiday. The service can be provided by both pharmacists and pharmacy technicians/dispensers working under the supervision of a pharmacist. People will either self-refer into the service or will be referred by their GP, 111 or the Urgent Treatment Centre (UTC) provider/ Emergency Department (ED). CPCS - people ring 111 who direct them to a community pharmacy and an urgent supply of a POM consultation. The pharmacies receive a payment from NHS England Wessex for £14.00 for a community pharmacy consultation and follow up. Prescription fees apply and the GP is charged for the cost of the medicine supplied. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

| **Domain 1** | **Preventing people from dying prematurely** |  |
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| **Domain 2** | **Enhancing quality of life for people with long-term conditions** |  |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  |
| **Domain 4** | **Ensuring people have a positive experience of care** | **🗸** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |

**2.2 Local defined outcomes*** An increase in people able to access repeat prescription medicines from the community pharmacy, when getting a prescription in time is impracticable.
* A reduction in demand for inappropriate requests for appointments for repeat prescriptions in other health care settings General Practice (GP), 111, Urgent Treatment Centre (UTC) and Emergency Department (ED).
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| **3. Scope** |
| **3.1 Aims and objectives of service**The urgent supply service aims to support people who may be away from home or who have forgotten or run out of their prescribed medicines, who have tried to contact their usual practice/pharmacy to obtain a prescription via for a medicine that they need urgently and cannot obtain from the pharmacy without a prescription.The service aims to reduce pressure on GP appointments and the emergency care services to manage urgent repeat prescription requests, outside of weekday normal hours.In an emergency, a pharmacist can legally supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of a patient. During a pandemic situation, a pharmacist may make an emergency supply against a request by a patient’s representative, if satisfied that the request is appropriate and genuine (e.g. Summary Care Record).**3.2 Service description/care pathway**A pharmacist may legally provide an emergency supply of prescription only medicines [POMs] and other medicines usually obtained on prescription by the person from a GP without a prescription at the request of the patient. The pharmacist will assess whether there is an urgent need for the prescribed medicine and if it is impracticable for the person to obtain a prescription before the next dose is due.If an emergency supply is necessary the pharmacist shall make a supply in accordance with the Human Medicines Regulations 2012 maintaining a record of the supply and labelling the container. A record of the supply will additionally be made using the PharmOutcomes® system. A copy of the record will be sent to the person’s general practitioner.The emergency supply legislation permits the supply of sufficient quantities of most prescription only medicines for up to 30 days treatment. Exceptions apply for inhalers and creams / ointments, where a manufacturer’s pack can be supplied. As with any request for an emergency supply, pharmacists must consider the best interests of the patient. Where a pharmacist believes that it would be impracticable in the circumstances for a patient to obtain a prescription without undue delay they may decide that an IOW urgent supply or an emergency supply is necessary. Treatment available under this service will be in line with normal NHS prescription levy and exemption rules.The pharmacist will provide the service in line with the current legislation requirements for emergency supply.**3.3 Population covered**Urgent Supply of Prescription Medicines is available:* The IOW residents and visitors urgent supply service is available out of hours (OOH) between 6pm on a normal weekday preceding a weekend or Bank Holiday e.g. Friday evening, and the next normal weekday e.g. 8am on a Monday, or any day following a Bank Holiday.
* The service user/pharmacy must have tried to contact their usual practice/pharmacy to obtain a prescription via EPS for a medicine that they need urgently (e.g. prescription tracker).
* The medicine cannot be bought from the pharmacy over the counter.
* The medicine is urgently required and their health could be compromised if supply is delayed.
* The medicine is not available without a prescription, and who would otherwise contact the GP for a prescription.

**3.4 Any acceptance and exclusion criteria and thresholds****3.4.1 Inclusion Criteria*** Registered with a UK GP.
* Patient self-refers or is referred by a GP (not CPCS).
* No repeat available electronically - Used NHS prescription tracker and tried to contact their usual practice/pharmacy to obtain a prescription via EPS/ERD.
* Currently prescribed a medicine on repeat prescription and require an urgent supply and agree to sharing details of the consultation with their registered GP - People must consent to sharing their details and the consultation with their registered GP.
* Present in the pharmacy - It is preferred that the person is present in the pharmacy to facilitate a comprehensive consultation. However, where the person is unable to attend the pharmacy, due to a pandemic the pharmacist can choose to supply a medicine under as long as they are confident that they have all the necessary information and that supplying is in the person’s best interests.
* Provides evidence that of exemption from prescription charges or is willing to pay the appropriate prescription charges (check prescription prepayment number or check on line via NHSBSA link: <https://services.nhsbsa.nhs.uk/check-my-nhs-exemption/start> ).
* The pharmacist must be satisfied of knowing the dose that the patient needs to take (e.g. refer to the PMR, electronic health record, prescription repeat slip, labelled medicine box, etc.).

**3.4.2 Exclusion Criteria*** Normal working days = Monday - Friday 8-6pm (excluding Bank Holidays) - order medicine via GP/pharmacy as usual e.g. use EPS/ERD
* Not registered with a UK GP
* CPCS referral
* Repeat prescription available electronically - Used NHS prescription tracker and/or contacted their usual practice/pharmacy to obtain a prescription via EPS
* If the repeat prescription medicine is available to buy from the pharmacy people should purchase it themselves e.g. 75mg Aspirin
* If the repeat prescription medicine is available through Pharmacy First and the cost is an issue Pharmacy First supply may be used.
* If the person is a visitor to the island and has a prescription at their usual GP/nominated pharmacy – contact the GP/pharmacy. Use EPS if available.
* People who have a “batch” or repeat dispensing prescription available to be dispensed at

another nominated pharmacy – contact pharmacy to have resent to the spine to enable dispensingby current pharmacy* Repeat prescription medicine cannot be verified – no evidence to validate request is genuine
* Repeat prescription is a schedule 1, 2 or 3 controlled drug and excluded from emergency supply except for phenobarbital for the treatment of epilepsy.
* Repeat prescription is a special or an unlicensed medicine.
* The person is a frequent user of the service for the same medicines.
* People who do not currently have the medicine requested on a repeat prescription.
* People unable to provide evidence that of exemption from prescription charges – Use emergency supply criteria and charge patient the cost as for an emergency supply.
* People not registered with a UK GP - Offer advice and option to purchase an appropriate medicine for self-management. If a GP appointment is required people can contact a GP/111 as a temporary resident

**3.5 Claiming Payment**Consultations need to be recorded on PharmOutcomes® at the time of the consultation for the details to be sent to the GP and for the pharmacy to claim payment. This may be completed by the pharmacist or a pharmacy technician/dispenser. The record on PharmOutcomes® will be the enduring record of the consultation.During normal working days - the pharmacy is required to check on the NHS prescription tracker if an electronic prescription is available, and/or the person is asked to contact their regular GP/Pharmacy to obtain a prescription via EPS themselves. The service is for residents and visitors who genuinely are unable to access a medicine that they need urgently and cannot obtain from the pharmacy without a prescription, and EPS/ERD is not available and the general practice is closed (i.e. Out of Hours - Friday 6pm – Monday 8am and including Bank Holidays).Fees:* An initial £15 consultation fee (and £2 for additional medicines) can be claimed from the IOW CCG.
* The IOW CCG will reimburse the cost of a medicine supplied from the Urgent Supply formulary.
* If the patient pays for their prescriptions, one or more NHS prescription fees will be charged to the patient.
* Payments will be made to pharmacies quarterly.

CPCS - If the referral has come via 111 and the CPCS service, the pharmacy will already have received a payment of £14.00 and the cost of the medicine will be charged to the GP. Prescription fees apply to the patient and the cost of the medicine is charged to the GP.**3.6 Interdependence with other services/providers**A record of the consultation should be made on PharmOutcomes®, which will automatically email the patient’s GP practice to notify them of the consultation.The pharmacist will discuss options to ensure continuity of supply in the future such as ordering support and using a nominated pharmacy, SystmOne On-Line or the NHS App, EPS/ERD, and the synchronisation of doses. |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (e.g. NICE)*** BNF Emergency supply requested by member of the public: <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 (e.g. Royal Colleges)****4.3 Applicable local standards**Pharmacists are required to make sure that they have read, understood and comply with the service specification. The pharmacy contract holder must satisfy themselves that any staff involved in the provision of the service has undertaken continuing professional development (CPD) relevant to the service. |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**

The pharmacists involved in the provision of the service complete the online declaration of competence via PharmOutcomes® that they have undertaken continuing professional development (CPD) relevant to the service.The pharmacist is responsible for keeping themselves aware of any changes to the recommendations for the medicine listed. It is the responsibility of the individual to keep up-to-date with continued professional development and to work within the limitations of their own individual scope of practice.The pharmacist is required to complete the required training and competency declaration every time a new contract is signed as this may change slightly in line with current evidence. **5.2 Applicable CQUIN goals** Reserved as not applicable under terms of the contract. |
| **6. Location of Provider Premises** |
| **The Provider’s Premises to confirm inclusion:****(please list each site if a multiple pharmacy chain)**

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**Premises Requirements**Consultation Rooms:* If a consultation room is available, consultations should take place in that room.
* If a consultation room is not available, or the patient does not wish to use the consultation room, then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.
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| **7. Individual Service User Placement** |
| Not applicable |