

Service Specification No.	ESS2
Service	Locally Commissioned Service: Community Pharmacy Emergency Supply Service (ESS)
Commissioner Lead	Kirsty Lewis Acting Director of Primary Care
Provider Lead	XXX
Period	1 April 2024 to 31 March 2027
Date of Review	December 2026

1. Population Needs															
1.1 The Community Pharmacy Emergency Supply Service allows the emergency supply of a patient's medicine out of hours at NHS expense in order to reduce the number of patients contacting urgent and emergency care providers															
2. Outcomes															
2.1 <u>NHS Outcomes Framework Domains & Indicators</u>															
<table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td></td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td>✓</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td></td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>✓</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>✓</td> </tr> </table>	Domain 1	Preventing people from dying prematurely		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	✓
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Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓													
2.2 Local defined outcomes															
The pharmacy will provide urgent medicines under the ESS to suitable patients															
3. Scope															
3.1 Aims and objectives of service															

The purpose of the Community Pharmacy Emergency Supply Service (formerly the Urgent Repeat Medicines Scheme) is to ensure that out of hours, patients can access an urgent supply of their regular prescription medicines where they are unable to obtain a prescription before they need to take their next dose. The service may be needed because the patient has run out of a medicine, or because they have lost or damaged their medicines, or because they have left home without them. The aim of this service is to relieve pressure on the out-of-hours provider, and general practitioner appointments at times of high demand, e.g during in-hours extensions.

In an emergency, a pharmacist can supply prescription only medicines (POMs) to a patient (who has previously been prescribed the requested POM) without a prescription at the request of the patient. This emergency supply is not an NHS service and patients may therefore be asked to pay the cost of the medicine. This can lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers. This service will allow the supply of a medicine out of hours at NHS expense where the pharmacist deems that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay.

This service is commissioned using the provisions within the Human Medicines Regulations 2012 which allow pharmacists to make emergency supplies, subject to certain conditions.

3.2 Service description/care pathway

The Community Pharmacy Emergency Supply Service allows the emergency supply of a patient's medicine out of hours at NHS expense in order to reduce the number of patients contacting urgent and emergency care providers. This may include both prescription-only and other medicines usually obtained on prescription by the patient from their GP (see exclusions and additional limits below). The emergency medicine provisions scheme permits the supply of sufficient quantities of most prescription only medicines. The scheme permits supplies for up to 5 day for residents and 2 weeks for visitors. Exceptions apply for inhalers, creams/ointments and oral contraceptives where manufacturers' packaging dictates a minimum supply. Schedule 1, 2 or 3 Controlled Drugs (except phenobarbitone or phenobarbitone sodium for epilepsy) cannot be supplied in an emergency.

Medicines excluded from the Emergency Supply Service

- All Schedule 1, 2 or 3 Controlled Drugs including temazepam and tramadol (except phenobarbitone for epilepsy)
- Unlicensed Specials
- Drugs designated as Hospital-Only on either the Cornwall Area Joint Formulary or South and West Devon Joint Formulary. These drugs are routinely prescribed by secondary care and can often be specialist and high-cost.
- All injections and infusions (except adrenaline auto-injectors such as EpiPen and preparations for the treatment of diabetes such as insulins)
- Immunological products and vaccines
- We would not expect GSL medicines to be supplied as an emergency supply

Medicines subject to additional limits on quantity under the Emergency Supply Service

- No more than 5 days' supply of Schedule 4 and 5 controlled drugs (such as co-codamol) as per the Human Medicines Regulations 2012
- No more than 100 mls Oramorph 10 mg/5ml (or generic equivalent) for break through pain

Joint Formularies

<https://www.eclipsesolutions.org/CORNWALL/>

<http://southwest.devonformularyguidance.nhs.uk/>

Service description

The pharmacist will at the request of a patient (or in pandemic situations, a representative of a patient), assess whether there is an urgent need for their medicine, in circumstances where it is impracticable for the patient 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 appropriately.

A record of the supply will additionally be made by the PharmOutcomes IT system provided by NHS Cornwall and Isles of Scilly Integrated Care Board' (CIOSICB). A copy of the record will be sent to the patient's general practitioner either by automatic email, or paper copy if that fails to send.

Aims and intended service outcomes

- To ensure timely access to medicines for all patients out of hours in emergency situations, where it is not practicable to obtain a prescription.
- To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay.

Service outline

The pharmacist will:

- Interview the patient (or, in a pandemic only, the patient's representative) to identify the medicines needed and to establish the nature of the emergency;
- Examine the patient medication record to establish whether the patient's last course of the medicine was obtained from that pharmacy against a prescription;
- If the patient's last supply of the medicine was not supplied from that pharmacy, make reasonable attempts to contact the last supplying pharmacy or the prescriber, to ensure that successive supplies are not made under the emergency supply provisions; and
- Where appropriate, advise the patient or his representative on the importance of ordering prescriptions in a timely manner;
- Access to summary care record (SCR) may provide relevant information.

The pharmacist will at his/her discretion, make the supply in accordance with the requirements of the Human Medicines Regulations 2012. The pharmacy will provide a supply, of up to 5 days for local residents and up to 2 weeks for visitors, of medicines that the patient routinely has on an NHS repeat prescription from their GP.

The pharmacy will maintain a record:

- of the emergency supply, setting out the name and address of the patient, the prescription only medicine supplied, the date of the supply and the nature of the emergency in accordance with the Human Medicines Regulations 2012;
- of the consultation and any medicine that is supplied in the patient medication record;
- of the consultation and any medicine that is supplied via PharmOutcomes IT system provided by CIOSICB. PharmOutcomes will be used for the recording of relevant service information for the purposes of audit and the claiming of payment;
- of the electronic copy of the record that will be sent to the patient's general practitioner for information. Patient consent will need to be given for this data sharing.

Entry of service on PharmOutcomes will automatically generate the monthly invoice.

A prescription charge should be collected unless the patient is exempt in accordance with the NHS Charges for Drugs and Appliances Regulations. where a prescription charge is paid this should be recorded on the service entry page on PharmOutcomes. A prescription refund and receipt form as approved by the Secretary of State must be provided if the patient requests it. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

If a patient is exempt from paying a prescription charge in accordance with the NHS Charges for Drugs and Appliances Regulations, evidence of entitlement to exemption should be provided by the patient for the pharmacy to check and the exemption recorded on the service entry page on PharmOutcomes. Where a claim to exemption has been made but is not substantiated, the charge should be recovered from the patient by the pharmacy.

The pharmacy contractor must have a standard operating procedure in place for this service.

Locally agreed referral pathways should be followed where the pharmacy is not able to make an urgently required supply of a prescription only medicine.

Training and Premises Requirements

The pharmacy contractor has a duty to ensure that pharmacists involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

Service availability

This service, as with other locally commissioned services, should be available at least 5 days per week at the accredited community pharmacy. Where the pharmacy is open over the weekend or for rota duties the service must be provided during these periods. 100-hour pharmacies would be expected to operate this service in particular due to their extended opening hours.

Over busy holiday periods the service may be extended to include provision of repeat medicines in-hours (this will be done in liaison with both the Local Medical Committee (LMC) and Community Pharmacy Cornwall (CPC))

In emergency situations which may cover smaller local areas or the whole ICB the service may be extended to include provision of repeat

medicines in-hours (this will be done in liaison with both LMC and CPC)

The service may be extended to increase the number of days' treatment that can be supplied (this will be done in liaison with both LMC and CPC)

In any of the above situations those pharmacies operating the service will be notified in writing or by email prior to the extension(s) coming into effect and this notification will contain the relevant areas and dates.

Quality Standards

The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service.

The pharmacy participates in any CIOSICB-led audit of service provision.

The pharmacy co-operates with any CIOSICB-led assessment of service user experience.

Claiming payment

The PharmOutcomes system will generate electronic invoices forwarded to CIOSICB for monthly payment - see Schedule 3.

3.3 Population covered

All eligible patients requiring urgent medicines presenting to a participating community pharmacy

3.4 Any acceptance and exclusion criteria and thresholds

Refer to Section 3.2 above

3.5 Interdependence with other services/providers

GP Practices, Out of Hours Service, Other local providers

3.6 Days/hours of operation

This service, as with other locally accredited services, should be available at least five days per week at the accredited community

pharmacy. Where the pharmacy is open over the weekend or for rota duties the service must be provided during these out of hours periods.

Over busy holiday periods the service may be extended to include provision of repeat medicines in-hours (this will be done in liaison with both LMC and CPC)

In emergency situations which may cover smaller local areas or the whole CCG the service may be extended to include provision of repeat medicines in-hours (this will be done in liaison with both LMC and CPC)

The service may be extended to increase the number of days' treatment that can be supplied (this will be done in liaison with both LMC and CPC)

In any of the above situations those pharmacies providing this service will be notified in writing prior to the extension(s).

3.7 Referral criteria and sources and outline of referral processes

Refer to Section 3.2 above

3.8 Discharge processes

Not applicable

3.9 Response time and prioritisation

Refer to Section 3.2 above

3.10 Fees

CIOSICB will pay the following:

A professional fee of £9.50 will be paid for each emergency supply at the request of the patient. If more than one medicine is supplied to an individual patient, an additional fee of £0.95 will be paid for each additional item supplied.

The cost of the medicine supplied (guided by Drug Tariff prices) plus VAT will be reimbursed by the commissioner.

A prescription charge should be collected unless the patient is exempt in accordance with the NHS charges for Drugs and Appliances Regulations. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

Pharmacists must enter the supply of the patient's medication and must complete all relevant fields on the system. This will generate the payment. All details of dispenses on the system by the end of the month will be included in the next export of invoices from PharmOutcomes. It is expected that claims should be entered whilst with the patient as the system guides the dispensing and claim. Where this is not possible the claim should be made as soon as possible within 7 days as information about supplies made will then reach GPs in the appropriate timescales and help prevent duplicate supplies made by another

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

NICE Guideline NG5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

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

General Pharmaceutical Council (GPhC) Standards for Conduct, Ethics and Performance

4.3 Applicable local standards

Refer to Section 3.2 above

5. Applicable quality requirements and CQUIN goals

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Consequence of Breach</i>
Supply of appropriate medicines	Forms	N/A	Review of submitted forms via reports from PharmOutcomes	Non-payment – see Schedule 3

5.3 Applicable CQUIN goals (See Schedule 3E) N/A

6. Location of Provider Premises

6.1 The Provider's Premises are located at:

7. Individual Service User Placement
Version: 1.0
Agreed by Commissioner and date: Marco Motta
Agreed by Provider and date: