

FAQs – NHS COMMUNITY PHARMACY EMERGENCY REPEAT MEDICATION SUPPLY SERVICE (PERMSS)

1 Why has this service been commissioned?

The service has been commissioned to ensure that patients can access an URGENT supply of ESSENTIAL regular medication where it would not be possible to obtain a prescription before 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.

This service will allow the supply of a prescription only medicine (POM) at NHS expense to patients referred to community pharmacy by NHS 111 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. It will also allow emergency supplies to be made to patients self-presenting at a providing pharmacy. Referrals from NHS 111 will be via PharmOutcomes and pharmacists should check for a referral when a patient presents at the pharmacy.

The service must be reactive and not proactive and the pharmacist should make every effort to establish a genuine emergency supply need and ability to supply.

2 Can all pharmacies participate?

Yes. This service is commissioned for both in-hours and out-of-hours supply so that ALL pharmacies can participate. The commissioners have recognised that over the holiday period GPs and other services may not be able to quickly provide emergency prescriptions for patients. In-hours pharmacies can dispense POMs without needing to contact the GP practice for an urgent prescription.

3 When can the service be provided?

The service will operate during **all pharmacy opening hours** in the period from 21st December 2016 to 11 January 2017.

4 What medication can be provided?

The pharmacy can supply both prescription only medicines (POMs) and other medicines usually obtained on prescription by the patient from their GP. The service permits the **supply of up to 30 days' of each medication** however the amount supplied should only be enough to reasonably allow the patient to re-establish their usual supply of medicine, except where it is not possible to dispense such volumes (inhalers, creams and special containers etc.) and the smallest available pack size should be dispensed.

Schedule 1, 2 or 3 controlled drugs (except phenobarbitone or phenobarbitone sodium for epilepsy) cannot be supplied in an emergency.

5 What are the fees payable?

The Commissioner will pay the following:

- A consultation fee of £14.00 will be paid for each emergency supply consultation where a genuine need can be evidenced. This includes the first supplied item.
- Where more than one medicine or appliance has been supplied, a supply fee of £0.50p 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 National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

The pharmacy will enter the service delivery information onto PharmOutcomes which will generate an invoice to be accessed by the LPCs on behalf of the Commissioner.

6 Why is only 50p per item paid when more than one item is supplied?

The LPCs recognise that this in no way reflects the true cost of dispensing an item. However, this service is only intended for urgent supply of essential medication. It is not intended as an alternative for a regular repeat prescription. When a similar service ran in 2014/15 about 75% of supplies were for only one item and around 87% were for one or two items.

7 Does the pharmacy require a NHS mail account?

No. All aspects of the service including NHS 111 referrals will be managed via PharmOutcomes. Referrals from NHS 111 will be via PharmOutcomes and pharmacists should check for a referral when a patient presents at the pharmacy.

8 What records are needed?

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 using PharmOutcomes. A copy of the record will be sent to the patient's general practitioner using the email notification facility in PharmOutcomes.