

**Service Level Agreement for an NHS Community Pharmacy Emergency Repeat Medication Supply Service (PERMSS): pilot scheme**



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**1. This agreement is between**

**NHS England Cumbria, Northumberland and Tyne and Wear and Durham, Darlington and Tees Area Teams** (the Commissioner)

The Old Exchange, Barnard Street, Darlington, DL3 7DR

Waterfront 4, Goldcrest Way, Newcastle upon Tyne, NE15 8NY

**And the Provider:** (“the pharmacy”)

Trading name and address of pharmacy

.....  
.....  
.....

Contractor ODS code: F.....

For the provision of an NHS Community Pharmacy Emergency Repeat Medication Supply Service as outlined in this enhanced service level agreement and underpinning service specification at schedule 1.

By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS Pharmaceutical Services Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification.

Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

**Signature on behalf of the Pharmacy:**

Signature..... Name.....

Date.....

**Signature on behalf of NHS England:**

Signature..... Name.....

Date.....

Please return completed SLA to *name and email address tbc*

## 2. Purpose

The purpose of the Community Pharmacy Emergency Repeat Medication Supply Service (PERMSS) is to ensure that 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 general practitioner Out of Hours appointments over the winter period.

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 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 during the defined out of hours periods.

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

## 3. Period

This agreement is for the scheme to be available

- during all existing pharmacy opening hours that fall within traditional out of hours periods, defined as 18.30-08.00 during weekdays and from 18.30 on Fridays - 08.00 Monday, over weekends
  
- during all existing pharmacy opening hours that fall on a bank holiday

Service delivery will cover the period from 15 December, 2014 – 31 March, 2015. This agreement will run from 15 December, 2014-30 June, 2015 to enable participation in post-delivery monitoring and evaluation.

## 4. Termination

One months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

NHS England's Cumbria, Northumberland and Tyne and Wear and/or Durham, Darlington and Tees Area Teams 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.

## 5. Obligations

The pharmacy will provide the service in accordance with the specification (Schedule 1) and ensure that all substantive and locum pharmacists are aware of it.

NHS England's Cumbria, Northumberland and Tyne and Wear and/or Durham, Darlington and Tees Area Team will manage the service in accordance with the specification (Schedule 1).

## 6. Payments

NHS England's Cumbria, Northumberland and Tyne and Wear and Durham, Darlington and Tees Area Teams will pay the following:

A professional fee of **£10** will be paid for each emergency supply consultation referred from 111 and every consultation for self-presenting patients during out of hours periods, where a genuine need can be evidenced. If more than one medicine is supplied to an individual patient, an additional fee of £2 will be paid for each item supplied over and above the urgent medication supply.

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.

The pharmacy will enter the service delivery information onto PharmOutcomes which will generate an invoice to be accessed by the commissioner or their client.

## **7. Standards**

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

## **8. Eligibility criteria**

Service providers will need to satisfy the following to demonstrate ability to take part in the pilot scheme:

- Extended opening hours covering some or all of traditional out of hours periods from 18.30-08.00 during weekdays and 18.30 on a Friday to 08.00 Monday, during weekends and Bank Holidays that fall in the pilot period
- Located within Cumbria, Northumberland, Tyne and Wear and Durham, Darlington and Tees Area Team geographical boundaries
- Be in good standing with GPhC and NHS England Area Team

Due to the face to face element/collection of medications from the pharmacy this service is not available to distance-selling pharmacies

## **9. Confidentiality**

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England's Cumbria, Northumberland and Tyne and Wear and/or Durham, Darlington and Tees Area Team.

## **10. Indemnity**

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England.

## Schedule 1

# Service Specification – NHS Community Pharmacy Emergency Repeat Medication Supply Service (pilot scheme)

### 1.0 Introduction, purpose and aims

1.1 The Community Pharmacy Emergency Repeat Medication Supply Service (PERMSS) allows the emergency supply of a patient's medicine at NHS expense to patients referred to community pharmacies by 111 during out of hours' periods. It will also allow emergency supplies to be made to patients self-presenting at a providing pharmacy during the defined out of hours periods. This may include both prescription only medicines (POMs) and other medicines usually obtained on prescription by the patient from their GP. The PERMSS permits the supply of up to 7 days' of medication, except where it is not possible to dispense such volumes (inhalers, creams and special containers etc.) and the smallest 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. Quantities of other medicines should be in line with this.

1.2 During a pandemic situation or where another clinical /social need can be evidenced, a pharmacist may make an emergency supply to a patient's representative; at all other times the request must be made directly by the patient.

1.3 The service aims to:

- Ensure patients have appropriate, timely and convenient access to an urgent supply of repeat medication with no additional cost to the patient
- To ensure equity of access to the emergency supply provision irrespective of the patient's ability to pay
- Free up capacity in GP OOH services at peak times of service demand
- Give feedback to the patient's GP on the nature of the emergency supply to ensure any relevant action to minimise future need can be taken
- Begin the integration of community pharmacy services with 111, testing a new referral pathway and infrastructure to support future community pharmacy referral

### 2.0 Service description

2.1 The pharmacist will at the request of a patient following referral from 111 (or at the request of a patient self-presenting within the pharmacy during an out of hours period), 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.

2.2 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.

2.3 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.

### 3.0 Service scope and outline

This service applies to:

- patients referred to community pharmacy by NHS 111
- patients-self presenting at community pharmacy during traditional out of hours periods as defined previously, however, this service must be reactive and not proactive

Exclusions are:

- patients self-presenting with an emergency supply request during in-hours when the previous non-NHS service provisions for an emergency medication supply will continue to apply
- in-hours referrals for emergency medication supplies
- requests for medication supplies outwith emergency supply regulations, such as schedule 1, 2 and 3 controlled drugs as per section 1.1

#### 3.1 Referral from 111

3.1.1 The pharmacy will receive referrals from NHS 111 through PharmOutcomes.

3.1.2 The pharmacy will check electronic notifications from PharmOutcomes every 30 minutes during all pharmacy opening hours within out of hours periods (18.30-08.00 during weekdays and from 18.30 on Fridays - 08.00 Monday over weekends and Bank Holidays).

#### 3.2 Patient contact and consultation

3.2.1 The pharmacist will:

- (a) Interview the patient on the telephone initially (or face to face if the patient presents in pharmacy first or a face to face consultation is deemed to be the most appropriate way to assess eligibility) to:
  - assess suitability/eligibility to use the service
  - determine if there is an urgent need for the medicine
  - identify the medicines needed,
  - establish the nature of the emergency
  - establish that is impracticable for the patient to obtain a prescription from their GP before the next dose is due
  - assess suitability/legality of making an emergency supply in accordance with the Human Medicines Regulations 2012
  - advise the patient or representative to bring an empty medication pack or repeat prescription request slip to the pharmacy
  - obtain patient consent to receive an emergency medication supply service, including consent to share information with the patient's own GP, NHS 111 and GP OOH services, as appropriate
- (b) Make every effort to establish a genuine emergency supply need and ability to supply, prior to a patient presenting at the pharmacy, to minimise unnecessary visits
- (c) Ensure that the majority of emergency supplies are made directly to the patient, rather than a patient representative, except in instances of a pandemic, or where a genuine health and/or social care need for collection by a representative can be evidenced

- (d) Where appropriate, advise the patient or his representative on the importance of ordering prescriptions in a timely manner and suggest any other action to avoid need for future emergency supply
- (e) Where it is not appropriate to make an emergency supply, clearly communicate the reasons to the patient and record these
- (f) Ensure any requests for an emergency supply of schedule 1, 2, 3 controlled drugs are referred back to NHS 111, using the call reference number supplied at initial referral and/or NHS number
- (g) Seek further clinical advice via NHS 111 to ensure an effective patient outcome, including electing to speak to a GP or nurse practitioner, requesting the patient be referred by an OOH GP over the telephone or requesting an appointment with an OOH GP
- (h) In cases where the pharmacist feels unable to make an emergency supply due to lack of evidence or surety around the medication or in the case of repeat requests for emergency supplies, ensure that the patient is referred back to NHS 111 using the call reference number supplied at initial referral and/or NHS number
- (i) Not attempt to change the patient's usual pharmacy or nominated pharmacy for the purpose of electronic prescribing service

### 3.3 Medication supply and records

3.3.1 The pharmacist will at his/her discretion, make the supply in accordance with the requirements of the Human Medicines Regulations 2012.

3.3.2 A maximum seven-day medication supply will be dispensed, except in the case of medicines where it is not possible to dispense such volumes (inhalers, creams, special containers etc.) in which case the smallest pack size should be dispensed.

3.3.3 The pharmacy will, in accordance with the Human Medicines Regulations 2012, maintain a record of:

- a) the name and address of the patient, the prescription only medicine supplied, the date of the supply and the nature of the emergency on PharmOutcomes and in the private prescription register
- b) the consultation and any medicine supplied in the patient's hand-held medication record, where one is in use
- c) the patient's declaration, including patient consent for information sharing, using the record form at appendix B
- d) (in the case of patients self-presenting during OOH periods), the patient's intended course of action, had the PERMSS services not been available

3.3.4 The PharmOutcomes record will be used for service monitoring, review and payment, with invoices automatically generated and extracted by the commissioner or their client

3.3.5 Written patient consent for the sharing of patient information with the patient's GP, GP OOH services and service commissioner, as required, should be obtained from the patient (or their representative on their behalf) on the patient declaration form

3.3.6 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 a patient must sign a declaration. 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.

- 3.3.7 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 patient must make a declaration of entitlement. Where a claim to exemption has been made but is not substantiated, this should be recorded by the pharmacist; additional checks may be made by and a charge may be recovered from the patient by the commissioner.
- 3.3.8 The pharmacy will retain a record of the consultation and any medicine that is supplied for three months afterwards to allow for post-verification checks.
- 3.3.8 The pharmacy contractor must have a standard operating procedure in place for this service, based on the flowchart at appendix 1.

#### **4. Training and Premises Requirements**

- 4.1 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
- 4.2 The use of a consultation room will be offered to patients for the purposes of face to face pharmacy consultations to ensure privacy and dignity throughout

#### **5. Service availability**

The pharmacy contractor will seek to ensure that the service is available during all pharmacy opening hours (both core and supplementary) within the traditional out of hours period i.e. during 18.30-08.00 during weekdays and from 18.30 on Fridays - 08.00 Monday, over weekends and Bank Holidays.

#### **6. Quality Standards and Service Review**

- 6.1 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis or in response to an incident.
- 6.2 The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) and are aware of the most up to date guidance and legislation regarding emergency medication supply.
- 6.3 The pharmacy participates in any NHS England Area Team/CCG-led audit of service provision during the service delivery period and up to three months after the service end date.
- 6.4 The pharmacy co-operates with any NHS England Area Team/CCG-led assessment of professional and/or service user experience during the service delivery period and up to three months after the service end date.

#### **7. Safeguarding**

- 7.1 Pharmacies and their staff must continue to comply with local and national guidance relating to child protection and vulnerable adult procedures
- 7.2 When dealing with all patients and their medication, pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.
- 7.3 If the pharmacy becomes aware of a potential safeguarding or child protection issue this should be dealt with using the pharmacy's Safeguarding Policy and discussed with the Duty Team at the relevant Safeguarding Children / Vulnerable Adults Board.

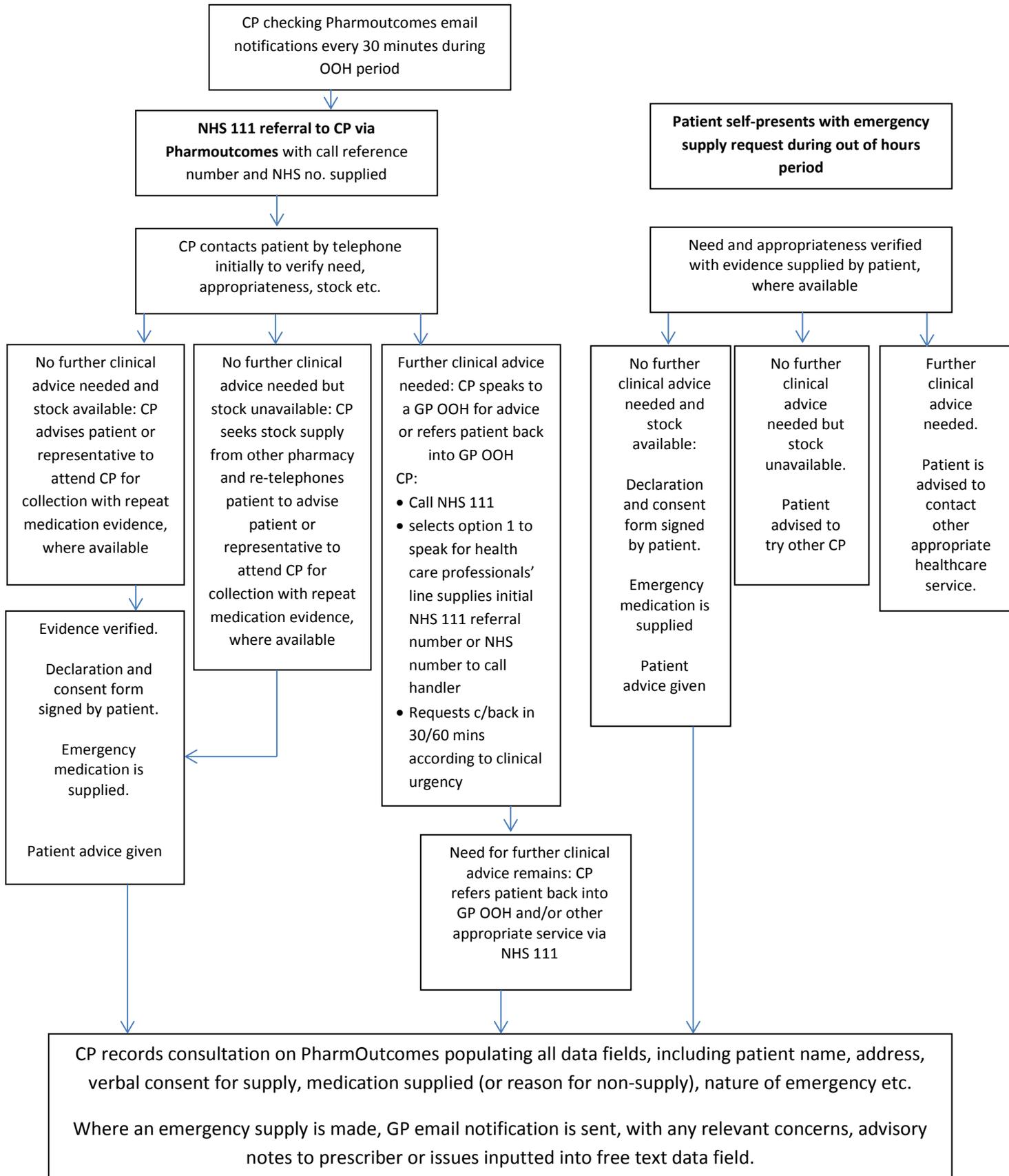
## 8. Governance

- 8.1 The Pharmacy will effectively manage any complaints using the Pharmacy own internal complaints procedures which must be consistent with the NHS' and Local Authority Social Services and National Health Service Complaints (England) Regulations. Additionally the pharmacy will inform the commissioner of any complaint relating to the Service.
- 8.2 The Pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy. Additionally, the Pharmacy will directly report any incidents relating to the service to NHS England. In response to incidents or near-misses the pharmacy must will reflect on current practice and, if appropriate, implement changes to reduce the risk of a similar event and improving the quality of care provided. The Pharmacy will consider and respond to the recommendations arising from any audit, serious untoward incident or patient safety incident report relating to both its own practice and that of others, highlighted through the wider collation, review and dissemination of incidents by the commissioner to ensure lessons are shared and learned.

## 9. Claiming payment

The contractor will use PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment. Payment processes will work as per section six of the Service Level Agreement.

## Appendix A: Community Pharmacy Emergency Medication Supply Service process





Patients who don't have to pay must fill in parts 1 and 3. Those who pay must fill in parts 2 and 3.

<b>Part 1</b>		The patient doesn't have to pay because he/she:	
<input type="checkbox"/>	is under <b>16 years</b> of age		Pharmacy use only
<input type="checkbox"/>	is <b>16, 17 or 18 and</b> in full-time education		Evidence not seen
<input type="checkbox"/>	is <b>60</b> years of age or over		
<input type="checkbox"/>	has a valid maternity exemption certificate		
<input type="checkbox"/>	has a valid medical exemption certificate		
<input type="checkbox"/>	has a valid prescription pre-payment certificate		
<input type="checkbox"/>	is named on a current HC2 charges certificate		
<input type="checkbox"/>	is entitled to, or named on, a valid NHS Tax Credit Exemption Certificate		
<input type="checkbox"/>	or his/her partner gets Income Support		
<input type="checkbox"/>	gets income-based Jobseeker's Allowance		
<input type="checkbox"/>	gets Universal Credit		
<input type="checkbox"/>	gets income-related Employment and Support Allowance		
<input type="checkbox"/>	or his/her partner gets Pension Credit Guarantee Credit		
<input type="checkbox"/>	gets Employment and Support Allowance		

I declare that the information I have given on this form is correct and complete.

I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption from prescription charges.

To enable the NHS to check I have a valid exemption and to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information from this form to NHS England, the NHS Business Services Authority, the Department of Work and Pensions and Local Authorities.

<b>Part 2</b>	I have paid	£	Now sign and fill in Part 3.
<b>Part 3</b>	I am the patient <input type="checkbox"/> the patient's guardian <input type="checkbox"/> (Cross ONE box)		

I agree that the information on this form can be shared with:

- My/the patient's GP practice and/or GP out of hours services to help them provide care to me/the patient
- NHS England (the national NHS body that manages pharmacy and other health services) to allow them to make sure the service is being provided properly by the pharmacy

Signature		Date			
If different from overleaf, add your name and address below					
Name					
Address					
				Postcode	

