Urgent Medicines Service

Service specification for the national additional clinical service “Urgent Medicines Service” in Wales

Authors

Name	Role
Jason Carroll	Community Pharmacy Lead (CTMUHB)

Key Dates

Community Pharmacy Working Group agreed	20/03/2025
Community Pharmacy Wales comments received	30/05/2025
National Enhanced Services Management Board approved	26/06/2025

Active from:	01/11/2025
Date to be reviewed:	31/10/2030

Version History

Version	Changes from previous version	Date
0	• Initial draft	16 Aug 2022
1	• Minor amendments re CPW comments and NECAF development	23 Nov 2022
2	• Clarification of service aims • Inclusion of requirement to replenish expired stock	21 Mar 2025

	• Clarification re process for reimbursement of initial purchase costs • Inclusion of locally agreed reporting mechanisms • Inclusion of requirement for LHBs to review stock lists a minimum of 3 yearly. • Removal of requirement for LHBs to inform target population	

URGENT MEDICINES SERVICE

This document describes the specification and standards pertaining to the urgent medicines additional pharmaceutical service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of this service.

INTERPRETATION

The definitions set out in The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 (or subsequent iterations of this document) apply to this specification.

“Data protection and confidentiality legislation and regulations” includes the DPA 2018 legislation and GDPR regulations

“Local Health Board” (LHB) means the Local Health Board that the pharmacy in which the service is being provided is located.

“Patient” means any person in receipt of the service;

“Pharmacist” means a person who is listed in Part 1 of the Register of Pharmacists held by the general Pharmaceutical Council held under the Pharmacy Order 2010;

“Pharmacy” means any premises included on a health board pharmaceutical list where a pharmacist provides drugs or services as part of pharmaceutical services;

“Pharmacy contractor” (or “contractor”) means a person lawfully conducting a retail pharmacy business.

“Pharmacy Staff” (or “Staff”) means any person or persons employed or engaged by a contractor, who provides, or has an ancillary role in respect of, any part of the service.

1. SCOPE

1.1. This service specification relates to provision of the Urgent Medicines Additional Pharmaceutical Service, the underlying purpose of which is to facilitate access to an agreed list of medicines from a community pharmacy during its contracted opening hours (including any opening hours specified in an out of hours pharmaceutical services agreement between the Local Health Board and pharmacy contractor).

2. SERVICE AIMS

2.1. To support timely “in-hours” access to medicines which might otherwise not routinely be immediately available, in sufficient quantities, at a community pharmacy;

3. SERVICE OUTCOMES

3.1. Increase in the number of prescriptions for medicines on the agreed list dispensed by a participating pharmacy promptly and without undue delay;

3.2. Decrease in the number of prescriptions for urgently required medicines on the agreed list presented “in-hours” at a hospital pharmacy or urgent care provider.

4. PATIENT ELIGIBILITY

4.1. The service will be available to all patients presenting a valid prescription for, or requesting an emergency supply of one or more medicines on the agreed list;

4.2. Patients requiring non-urgent or readily available medication may do so via their usual pharmacy or dispensing GP practice.

5. SERVICE OUTLINE

5.1. The pharmacy will offer a user-friendly, non-judgmental, patient-centred and confidential service;

5.2. Prior to provision of the service by the contractor, the Local Health Board shall provide funding equivalent to the total cost of the medicines specified on the agreed list, in line with the current Drug Tariff;

5.3. The pharmacy shall maintain stocks of at least the minimum quantity of each medicine specified on the agreed list;

5.4. Medicines procured for the purpose of providing this service should, whenever possible, have a minimum expiry of 1 year;

5.5. The pharmacy will utilise stocked medication to promptly dispense NHS prescriptions;

5.6. The pharmacy will utilise stocked medication (excluding Schedule 1, 2 or 3 CDs) to make emergency supplies in accordance with the Human Medicines Regulations 2012, where in the opinion of the pharmacist there is an immediate need and it is not practical to obtain a prescription without undue delay. Such a supply may be facilitated via the Emergency Medicines Service where appropriate;

5.7. Where medication is required urgently, the pharmacy will prioritise supply over other and less urgent requests for pharmacy services;

5.8. In the event that a pharmacy has insufficient stock to promptly supply the required medication, the pharmacy will proactively support the patient, carer and/or healthcare professional to access a supply at an alternative pharmacy, or to access an alternative medicine;

5.9. Following the supply or expiry of medication on the agreed stock list, the pharmacy will, as soon as is practicable, obtain replacement stocks in line with 5.4 and sufficient to maintain at least the specified minimum quantity;

5.10. In accordance with the requirements of the health board, the pharmacy will routinely review stocks of the medicines on the agreed stock list and ensure that at least the minimum quantities are being maintained;

5.11. The Local Health Board will, in line with the current Drug Tariff, reimburse the cost of any medicines procured by the pharmacy specifically for the purpose of providing this service and expiring prior to supply;

5.12. The pharmacy will notify the Local Health Board via an agreed mechanism of all stock availability issues of greater than 7 days duration and which prevent the minimum quantities on the agreed stock list(s) being maintained;

5.13. The pharmacy will support patients, carers and healthcare professionals by providing appropriate information and advice, including the safe storage, use and disposal of dispensed medicines;

5.14. Where agreed with the Local Health Board, the pharmacy shall, during contracted opening hours, maintain access to a dedicated healthcare professional telephone line funded by the Local Health Board;

5.15. The pharmacy shall, when requested by the Local Health Board, record data relevant to the provision of this service and share this data with the health board;

Level 1 – Standard Agreed Stock List *(Maximum of 25 Medicines)*

5.16. The pharmacy shall maintain stocks of at least the minimum quantity of each medicine specified on the locally agreed standard stock list

Level 2 – Enhanced Agreed Stock List *(Maximum of 40 Medicines)*

5.17. The pharmacy shall maintain stocks of at least the minimum quantity of each medicine specified on the locally agreed enhanced stock list;

6. PROVIDER RESPONSIBILITIES

Contractors

6.1. Contractors wishing to provide the service shall apply to their Local Health Board in the locally agreed format;

6.2. The contractor shall have a Standard Operating Procedure (SOP) in place covering the service;

6.3. The contractor will ensure that all staff shall be fully informed and suitably trained in relation to their involvement in the service, which may

include the provision of any part of the service provided on behalf of an accredited pharmacist, provided that they are competent and it is legal for them to do so;

6.4. The contractor will submit via NECAF a one-off claim for any medication procured specifically for the purpose of providing this service;

6.5. The contractor shall ensure that stocks of medication are maintained in accordance with the agreed list;

6.6. The contractor shall ensure that supplies of medication are made promptly and in accordance with relevant legislation;

6.7. Where established prior to the commissioning of this service, the contractor shall ensure that stocks of all medication on the agreed list are reported to the Local Health Board via a locally agreed mechanism;

6.8. The contractor will ensure that any telephone equipment supplied and/or funded by the Local Health Board is maintained in working order and returned to the Local Health Board at the end of the agreement;

6.9. The contractor shall take appropriate action to support prompt access to medication, where the pharmacy is unable to make a supply;

6.10. The contractor will submit via NECAF claims for medication procured for the purpose of providing this service and expiring before use;

6.11. The contractor shall ensure that adequate indemnity arrangements are in place, covering all aspects of provision of the service;

6.12. The contractor shall have awareness of, and ensure the service is provided in accordance with any relevant nationally agreed standards;

6.13. The contractor shall ensure that all standards required by the General Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met;

6.14. The contractor shall ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with his or her obligation under Schedule 5 to the NHS (Pharmaceutical Services) (Wales) Regulations 2020 to provide pharmaceutical essential services and have a system of clinical governance that is acceptable;

6.15. The contractor shall ensure that appropriate arrangements to maintain service continuity are in place and, in the event of unforeseen disruption, will take all reasonable action to support patients to access this or equivalent services from another provider;

6.16. The contractor shall notify the relevant Local Health Board, of circumstances which result in the temporary unavailability of the

service for any period which would preclude patients from access to any supply due to them in that period;

6.17. The contractor shall participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall not publicise the availability other than by the use of materials agreed nationally by Welsh Government or locally by the Local Health Board;

6.18. The contractor shall participate in any reasonable review of the service required by the Local Health Board.

7. LOCAL HEALTH BOARD RESPONSIBILITIES

7.1. Local Health Boards, or their authorised officers, shall determine the fees and allowances payable in respect of the service;

7.2. The Local Health Board shall enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service. The format of the SLA may be determined locally but its content shall not contain additional requirements over and above the provisions of this specification;

7.3. The Local Health Board will determine and update the agreed stock lists at least every 3 years, or sooner where required.;

7.4. Where required, the Local Health Board will support the contractor to establish and/or maintain a dedicated healthcare professional telephone line;

7.5. The Local Health Board, or its authorised officer, shall provide details of services, this will include any relevant telephone numbers, to which providers can signpost patients requiring further assistance. The Local Health Board will also have in place reasonable measures to ensure that pharmacies and other stakeholders are aware of local service provision;

7.6. The Local Health Board, or its authorised officer, shall support the resolution of difficulties so far as they relate to issues within the control of the Local Health Board;

7.7. The Local Health Board, or its authorised officer, shall support the handling of any complaints or issues relating to the service so far as they relate to issues within the control of the Local Health Board.

8. CONFIDENTIALITY AND DATA PROTECTION

8.1. The contractor will ensure that any named person shall not disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the contractor or any named person in the course of carrying out their duties under this agreement, except as may be required by law.

8.2. The contractor must protect personal data in accordance with the provisions and principles of all extant data protection and confidentiality legislation and regulations and the Confidentiality: NHS Wales Code of Practice. The contractor must ensure that all staff that have access to such data are informed of, and comply with this requirement.

8.3. The contractor shall at all times ensure that appropriate technical and organizational security measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

8.4. The contractor must be aware that the any information held by the Welsh Government, Local Health Boards or their authorised officers may be subject to disclosure under the Freedom of Information Act.

9. AUTHORISED OFFICERS

9.1. For the purpose of the service the Local Health Board shall inform the contractor immediately, in writing, of the details of any officer authorised to act on its behalf. Any notice, information or communication given by the authorised officer shall be deemed to have been given by the Welsh Government or Local Health Board as the case may be

10. REVIEW VARIATION AND TERMINATION

10.1. Variation to the service specification will only be made following consultation with Community Pharmacy Wales;

10.2. Contractors will be notified of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received;

10.3. Contractors, as signatories to the SLA, may cease to provide the service by giving notice in writing to the Local Health Board. In the event of such notice the service will be terminated 90 days after that notice is received;

10.4. Where the agreement is ended by the contractor within the first 12 months, the contractor will repay to the Local Health Board any funding provided in accordance with 6.4;

10.5. Where the agreement is ended by the Local Health Board within the first 12 months by reason of repeated breach of the agreement by the contractor, the contractor will repay to the Local Health Board funding provided in accordance with 6.4;

10.6. The Local Health Board, as a signatory to the SLA, may end the agreement by giving notice in writing to the contractor. In the event of such notice the service will be terminated 90 days after that notice is received;

11. FEES AND ALLOWANCES

11.1. Details of all fees payable under this service are given in the current Drug Tariff;

11.2. Contractors not providing this, or a comparable service within the 18 months prior to commencing service provision will receive a one-off setup fee;

11.3. Contractors shall submit all claims using NECAF,

11.4. Claims must be submitted by the 5th day of the month following that to which the claim relates (e.g. claims for provision in April must be submitted by the 5th of May). Claims made after this date will not normally be paid;

11.5. Contractors shall submit claims for the initial purchase and reimbursement of expired stock using NECAF;

11.6. Claims shall be submitted no later than the 5th May at the end of the relevant financial year. Claims made after this date will not normally be paid;

11.7. Fees and allowances shall be paid monthly in arrears;

11.8. Fees for the dispensing of medication on the agreed stock list will be paid in line with the Drug Tariff via the standard prescription pricing mechanism;

11.9. Claims for payment and reimbursement shall be subject to Local Health Board arrangements for Post Payment Verification.