



NHS Urgent Medicine Supply Advanced Service

NUMSAS

Health Advisor Training Module

Out with the old, in with NUMSAS

That is short for NHS Urgent Medicine Supply Advanced Service.

NUMSAS is a service that manages a referral from NHS 111 to a community pharmacy. It refers patients who have contacted NHS 111 because they need urgent access to a medicine or appliance that they have been previously prescribed on an NHS prescription.

This resource explains how NUMSAS works.



Life before NUMSAS

For a long time, patients and pharmacists have faced very limited options in urgent situations where patients have run out of their repeat medication or appliances.

Patients previously had to try to see a GP or other prescriber in order to get an NHS prescription. This might have been via NHS 111 to access the out-of-hours GP service, a walk-in centre or even A&E.

Patients could also have obtained an emergency supply of medication from a pharmacist, but they may have been charged a dispensing fee and a cost for the drug.

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To show you what life was like before NUMSAS, we've enlisted Dom

Dom has asthma and has accidentally run out of his regular medication.

His asthma inhaler is empty. He does not have an NHS prescription with him. He may be able to get his medicine from a pharmacy without an NHS prescription in an emergency, but he might have to pay the full private prescription costs. He is exempt from paying NHS prescription charges and so is reluctant to pay a high cost to obtain his regular medication. The alternative outside of GP opening hours is for him to see an out-of-hours GP to get an NHS prescription.



Watch the video to see Dom's dilemma

Introducing a better way – NUMSAS

NHS England commissioned NUMSAS to reduce the burden on urgent and emergency care services of handling urgent medication requests, whilst ensuring patients have access to medicines or appliances if there is an urgent need.

NUMSAS allows patients who contact NHS 111 to get their urgent repeat prescription medication from a pharmacy. If it is determined there is an urgent need for the medication, the usual NHS cost would apply. If they are usually exempt from prescription charges, they would not pay anything. The pharmacist may decide there is not an immediate need and can reassure the patient that they can safely miss a few doses until they can get a prescription in the usual way.

The supply of medicines will only be made at the professional discretion of the pharmacist.

NUMSAS is only available to patients who contact NHS 111 for a repeat prescription enquiry. Patients cannot just turn up at their nearest pharmacy to get their medication – unless they are willing to pay privately.

All community pharmacists are experts in medicines, regardless of whether they deliver the NUMSAS service or not. They can also provide advice and support to help patients avoid the need for urgent medicines in the future.

In summary:

- Medication direct from a pharmacy, when appropriate
- Normal prescription costs and exemptions apply
- Only available by calling NHS 111
- Pharmacists are experts in medicines
- Helps prevent the future need for urgent medication

Diverting referrals

NUMSAS has been created to reduce demand on urgent and emergency care services.

Up to 30% of all calls to NHS 111 services at peak times are for urgent requests for repeat medication.

Referring repeat medication requests to community pharmacies not only diverts calls away from the out-of-hours GP service and other urgent care services, freeing up appointments for patients who have a greater clinical need, it also provides a better patient experience by removing the need to wait for a prescription.

In summary:

- At peak times, up to 30% of calls to NHS 111 are for urgent medicine requests
- NUMSAS frees up appointments for patients with greater clinical need
- Better patient experience by removing the need to wait for a prescription

CALL
111

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See how Dom's life has changed with NUMSAS



Watch the video to see how things are now

How NUMSAS works, in detail

On receiving Dom's call, the NHS 111 Health Advisor carries out an initial assessment using NHS Pathways to identify his clinical needs and make an appropriate referral.

Health Advisors don't need to know what medicines the patient is requesting at this stage, as the community pharmacy receiving the referral will check this with the patient.

Some NHS 111 providers employ pharmacists during out-of-hours periods when most of the referrals may be made. Where this is the case, and a pharmacist is on duty, the call may be transferred to them initially.

Straightforward requests for medicines and other prescription items (i.e. where the caller has no urgent symptoms that need attention) should be referred on to a NUMSAS pharmacy where one is presented at the top of the Directory of Services (DoS) list.

Health Advisors should always offer the service at the top of the list first, then move down the list if the patient indicates another preference.

If there are no local (or convenient) pharmacies offering NUMSAS the patient should be referred to the out-of-hours GP service.

If a patient refuses the NUMSAS service, the correct reason for the rejection should be selected.

If a service presented further down the list is chosen then it is useful to understand the reason why the NUMSAS pharmacy has been rejected, as this helps to identify any issues.

Health Advisors should use the 'Referral Information' displayed on the DoS entry to accurately instruct the patient.

The patient will need to be aware that the pharmacy to which they are being referred may not be their regular pharmacy but one that is available to provide the NUMSAS service at that time.

If a patient is unable to visit the pharmacy, the pharmacist will use their professional judgement as to whether it is appropriate for a representative to collect the medication on the patient's behalf.

Health Advisors should advise the patient to telephone the pharmacy within 30 minutes to discuss the medication they require.

NUMSAS referrals may be made to a pharmacy when the pharmacy is closed if the patient declares that their next dose is due within the next 2, 6, 12 or 24 hours. In such instances, the patient should be advised to call the pharmacy when it is open.

Normal NHS prescription charges and exemptions apply.

If the pharmacist decides that the medication is urgently needed but is unable to dispense it, they will arrange for the patient to receive medication from another pharmacy or refer them on to the out-of-hours GP service.

Supply will be given only at the professional discretion of the pharmacist as the law states that the pharmacist can only provide an emergency supply if they are satisfied that there is an urgent need for the medication or appliance.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. Examples include morphine, pethidine and methadone.

Pharmacists are prohibited from providing an emergency supply of certain controlled drugs without a prescription, but they can still handle the NUMSAS referral. If the pharmacist believes that there is a genuine patient need to obtain a supply of their medicine, the pharmacist must contact the local out-of-hours GP service to ensure the patient is contacted by another appropriate healthcare professional.



A referral is automatically sent by email to the pharmacy's NHSmail account, or another secure messaging system, using the DoS, stating the details of the patient requesting a supply of medicine.

The pharmacy must regularly check their NHS shared mailbox or messaging system during the pharmacy's opening hours to pick up referrals from NHS 111 in a timely manner.

Where a pharmacy has received a referral from NHS 111 but has not been contacted by the patient within 30 minutes of the referral, the pharmacy will make every reasonable attempt to contact the patient using the contact details set out in the electronic referral message as soon as possible, before the pharmacy closes for the day.

An initial telephone conversation takes place to allow the pharmacist to determine further information about the patient and assess their need for an urgent supply of medicine.

The pharmacist may then decide to invite the patient to the pharmacy for a face-to-face consultation.

If a medicine supply cannot be made, the pharmacist will provide advice and/or refer the patient to another NUMSAS pharmacy (if the items are out of stock) or the out-of-hours GP service (if the items need GP authorisation, such as controlled drugs) to organise assessment and/or a prescription.

No patient should be referred back to NHS 111.

As part of the face-to-face consultation the pharmacist advises the patient on the importance of ordering prescriptions in a timely manner from their GP practice.

The pharmacist provides suggestions for how they might do this by marking their calendar or setting up an email alert.

The pharmacist also tells Dom about the benefits of the electronic Repeat Dispensing (eRD) service, which you can read more about in the next section.

To ensure that NUMSAS is only used for urgent cases, it should not be promoted to the public. NUMSAS is not a replacement for the normal repeat prescription ordering and repeat dispensing processes.

The discussion and advice provided in the consultation is intended to change the future behaviours of patients and reduce the need for urgent medicine requests.

NHS Electronic Repeat Dispensing (eRD)

Like NUMSAS, eRD helps patients to avoid running out of medicines and appliances.

The eRD service allows medicines to be prescribed in batches of up to a year using the Electronic Prescription Service (EPS).

The prescriptions are delivered electronically to a patient's nominated pharmacy at regular intervals.

In Dom's case, he didn't know about eRD and that it removes the need to remember to contact his GP for another repeat prescription.

Fortunately eRD will save him time in the future.

The patient pays the prescription fee, or not, as they normally would.

Then a message is sent to their GP to update the patient record with the medication supply details.

In summary:

- Prescriptions delivered electronically from GP to pharmacy
- Avoids unnecessary trips to GP
- Reduces burden of work for GP
- No paper repeat prescription



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