A digital solution for NHS Urgent Medicines Supply: NUMSAS

Introduction
The NHS Urgent Medicine Supply Advanced Service (NUMSAS) pilot was launched in December 2016 across England. The pilot was established to test an electronic messaging system using NHSmail or ITK [standard interoperability message] to manage referrals from NHS 111 to a community pharmacy where a patient needs an urgent repeat prescription of a medicine or appliance. This service is commissioned by NHS England as an Advanced Service from community pharmacy funded by the Pharmacy Integration Fund.

Aims
The ultimate aim of the NUMSAS is to relieve pressure on General Practitioner (GP) appointments, particularly during the Out of Hours period (OOHs). The aim of the pilot is to evaluate the impact of the digital solution that has been put in place to achieve this.

Methods
A rapid-cycle mixed-methods approach was used for this evaluation using multiple data sources including a patient survey. Linking the various data sources has required a number of assumptions to be made.

Flowchart
The flow chart shows how the system works. In blue is the original plan, with proportions added from evaluation; in green are elements where there is evidence of it working well; and in orange, some of the ways that the system works differently in practice.

Benefits
a. Pharmacies are digitally linked to NHS 111. This provides the basic infrastructure for future digital developments.
b. Over 86,000 cases have been triaged to NUMSAS; which is equivalent to 10,230 hours of General Practitioner time.
c. Cost description per NUMSAS case is £36.50 ~ £74, which is less than alternatives of GPOOH (£68.30) and A&E (£59 to £129).
d. Patients are satisfied with the service (92.1%) and trust advice of pharmacists (95.7%)

Issues
e. A small minority of patients frequently use the service when it is designed as an emergency service.
f. Some 20% of patients do not phone the pharmacy before attending, causing delay for themselves.
g. Some pharmacies see the NUMSAS pilot as being administratively burdensome.

Conclusion
Overall, the NUMSAS pilot demonstrates that use of a simple messaging system can be used to create a service that users are satisfied with, releases GP time and at a cost is likely to be lower than alternative options.

Once the NUMSAS service moves from pilot phase to fully embedded within existing pharmacy and urgent care systems, it is likely concerns with administration will be resolved.