

Decommissioning of NMSS – FAQ for suppliers

These FAQs will be hosted on Knowledge NoW and updated periodically.

<p>How are patients going to know about this change?</p>	<p>Patients will receive a letter within the next two weeks explaining that the NMSS service is finishing. They will be advised that they will be contacted for the review process, but that their supply of medicines will be continuing as now until the outcome of their review.</p>
<p>I made a referral but haven't yet heard anything about this?</p>	<p>All referrals made into NMSS that were accepted have now been assessed. Any referrals received after the cut-off date have been returned to the original referrer.</p>
<p>Will I continue to get paid for supplies up to 31 March?</p>	<p>Yes, you should submit your claims for Q4 (January – March) as soon as possible following 31/3/26 with a claim deadline of 14/4/26. No further claims can be accepted following this date.</p>
<p>Will we receive any more stock?</p>	<p>MDS stocks will be supplied to you automatically by NMSS and will be delivered within the next two weeks. This stock will cover the period from April – June. Due to contracting requirements, we are unable to supply any further stocks.</p>
<p>Where can I order stock from?</p>	<p>NMSS currently use the following suppliers. You are under no obligation to use these specific companies and alternatives are available – but you should take care not to swap the type of tray e.g. Nomad style to Venalink style without full consultation with the patient or their carer.</p> <p>Stock has been provided to cover supply for April – June to allow for time to set up new accounts where necessary.</p> <p>Omnicell - https://www.omnicell.co.uk/contact-us/ Venalink - https://www.venalink.co.uk/contact-us/ Pivotell - https://www.pivotell.co.uk/</p>
<p>Seven-day prescriptions</p>	<p>Guidance on the use of seven-day prescriptions has not changed and should only be to support clinical need.</p>
<p>Where has the information regarding NMSS changes been communicated to?</p>	<p>The information regarding the service decommissioning has or will be communicated widely across the system. Due to the number of partner</p>

	<p>agencies across the system, it may take a while for the messages to be fully disseminated.</p>
<p>What is the resource pack going to include?</p>	<p>The resource pack gives guidance on how to manage requests for compliance aids. There are several supporting documents to support discussions with patients, record discussions and gives advice on suggestions to support patients.</p> <p>All documents are or will be available on Knowledge NoW at the following link:</p> <p>https://nwknowledgenow.nhs.uk/content-category/prescribing-pharmacy-and-medicines-optimisation/medicines-compliance-resources/</p> <p>Within the resource pack document there are further guidance and reading suggestions and available training.</p>
<p>What should we be advising people who are wanting help?</p>	<p>We would always strongly recommend that a Structured Medication Review is undertaken initially if compliance issues are raised. This provides opportunity to deprescribe and enforce patient education on their medicines.</p> <p>There are many products available for purchase which can be used - and in addition ensuring medicines are factored into daily routines is more helpful than compliance packaging.</p> <p>The resource pack referred to above will support referrals for assistance.</p> <p>A request for an MCA does not mean that alternative solutions cannot be explored first.</p>
<p>What is an SMR? Is this different from a medication review?</p>	<p>An SMR (Structured Medication Review) is a comprehensive, patient-centred clinical review for people with complex needs or polypharmacy. It differs from routine medication reviews, which may be brief or administrative. SMRs consider all medicines together, use shared decision-making, support deprescribing, and require agreed changes, documentation, and follow-up monitoring and safety.</p>
<p>Are there other supply options?</p>	<p>There are online pharmacies who offer MDS services which patients could be signposted to. Details of</p>

	<p>these can be found here or through the KNoW link above, selecting appendix 6.</p>
<p>Will other providers be advised of this as we are still receiving lots of queries regarding requests for compliance aids?</p>	<p>The resource pack mentioned will be distributed across the system. Unfortunately, compliance aids still are seen as a single solution to what can be a complex problem, and they are often not appropriate.</p> <p>We recognise that there is some education to be done to reaffirm these messages, but this topic would provide an excellent professional discussion topic e.g. at team meetings, education events etc.</p>
<p>What will be the process with carers for MAR charts?</p>	<p>Care providers will need to source their own MAR charts - either paper versions or electronic systems. They have been advised on this via Norfolk County Council.</p> <p>Most clinical systems can print MAR charts, you may wish to discuss this with the care provider.</p>
<p>A care provider is asking for spare labels for a MAR chart, should I provide these?</p>	<p>It is not recommended to provide spare labels as there would be uncertainty by the medication supplier as to how these labels would be used. You may wish to discuss alternative MAR options with the care provider e.g. supply from the clinical system.</p>
<p>Do we have to continue to supply MCA to patients?</p>	<p>We are recommending that there is a discussion about MCA use with every patient. Some may wish to no longer use them, or their circumstances may have changed e.g. a carer now administers their medication.</p> <p>The medication supplier should consider whether the Equality Act may apply to the patient and if the MCA would be classed as a reasonable adjustment. If so, this should be supplied at no charge to the patient.</p> <p>You should be aware of this guidance published recently by the GPhC: Monitored dosage systems General Pharmaceutical Council</p>
<p>Our pharmacy / surgery only has a few patients, do I need to do any reviews?</p>	<p>Periodic review of the patient's MCA use is recommended for ongoing appropriateness. However, you may wish to continue the supply as is. This is the decision of each individual business.</p>

<p>I don't think the Equality Act does apply, or the MCA is being used for convenience</p>	<p>In this scenario, a patient may be referred to an individual pharmacy's private MDS service, where this exists, where charges may apply. A patient can also be signposted to an alternative pharmacy if the patient wishes to consider alternatives.</p> <p>Please note that under their contract, dispensing surgeries cannot make a charge for this service, but can consider signposting to alternative services where this may be appropriate for the patient.</p>
<p>What should I charge?</p>	<p>The ICB cannot provide any guidance on commercial decisions for private services.</p>
<p>Should we continue to order prescriptions?</p>	<p>Where this is necessary to support the supply of medicines to a patient, this would be an acceptable intervention. It should not be routine practice to order medicines for patients without an identified need.</p> <p>The NHS App is a simple way for patients to order their medicines. It is also possible to set up access for family to order medicines. See NHS App - NHS for more information.</p>
<p>We have a patient who is no longer using the service.</p>	<p>Please advise NMSS on nwicb.medsqueries@nhs.net by the end of March if applicable.</p> <p>After 1-4-26, you do not need to advise NMSS or the ICB of this. Depending on the circumstances, you may need to inform the patient's GP practice.</p>
<p>How will I know why an MCA was recommended originally?</p>	<p>For patients using MCAs who have been assessed within the last two years, their assessment forms will be emailed to pharmacies over the next few weeks.</p> <p>The decision has been taken on two years – as information longer than this is likely to be significantly outdated.</p> <p>Dispensing practices will be able to access assessment forms sent from NMSS to the practice through the medical record.</p>