

Decommissioning of NMSS – FAQ for suppliers

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

How are patients going to know about this change?	NMSS patients received a letter about the end of the service in March 2026. They were 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.
I made a referral but haven't yet heard anything about this?	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.
Will I continue to get paid for supplies up to 31 March?	All Q4 claims needed to be submitted to NMSS by 14-4-2026. Claims have now been processed and paid. We are not able to pay any late claims. A limited number of pharmacies are being contacted to be set up as suppliers to allow payment by the ICB.
Will we receive any more stock?	MDS stocks were supplied in Feb / March 2026 to cover April – June 2026. Due to contracting requirements, we are unable to supply any further stocks.
Where can I order stock from?	NMSS used 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. Stock has been provided to cover supply for April – June to allow for time to set up new accounts where necessary. Omnicell - https://www.omnicell.co.uk/contact-us/ Venalink - https://www.venalink.co.uk/contact-us/ Pivotell - https://www.pivotell.co.uk/
Seven-day prescriptions	Guidance on the use of seven-day prescriptions has not changed and should only be to support clinical need. Further guidance on this will be published in due course.
Where has the information regarding NMSS changes been communicated to?	The information regarding the service decommissioning has been communicated widely across the system. Due to the number of partner agencies across the system, it may take a while for the messages to be fully disseminated.
What is the resource pack going to include?	The resource pack gives guidance on how to manage requests for compliance aids. There are several supporting documents to support discussions with patients, record

	<p>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 is further guidance, 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 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>

	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.
We have a patient who is no longer using the service.	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.
How will I know why an MCA was recommended originally?	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. The decision has been taken on two years – as information longer than this is likely to be significantly outdated. Dispensing practices will be able to access assessment forms sent from NMSS to the practice through the medical record.
Can a patient supply us with reusable dosette for us to fill?	No, this would not be appropriate.
Would we be expected to continue a carousel if an existing patient has a faulty machine?	No, if the carousel is broken, then the patient would need to consider purchase of an alternative device or spare parts to continue. Within the resources documentation, we have listed Pivotell devices. Various spare parts and different types of devices are available to purchase.
Are there any specific arrangements for patients using Pivotell?	No they should be considered in line with the review process for other MDS users.
Can we get a list of our patients as a GP practice?	GP practices could submit a request for their patient lists. This process has now closed.
Will hospital staff receive this training? (QEH, the NNUH and the JPUH) They used to start MDS in hospital if required liaising with the local chemist. If so it might stop the inappropriate additional telephone calls to community pharmacy.	These resources haven't been specifically rolled out to hospital colleagues yet; however, the recordings will be available, and we will be writing to them to let them know what is available. Some of the supporting documentation would also be very useful for our hospital colleagues to reference in practice. Unless there is a very specific clinical need, we would advise against initiating compliance aids in hospital. Starting compliance aids during an inpatient stay can create challenges with continuity on discharge and make ongoing provision in the community more difficult.
If the patient is still indicated for a MDS will the community pharmacy still receive a payment?	Suppliers are currently receiving interim payments to enable them to undertake a review with the patient. As part of that review, the pharmacy needs to determine whether the provision of an MDS is required under the Equality Act. Where the Equality Act applies, pharmacies should continue to supply the compliance aid. In these

	<p>circumstances, funding for auxiliary aids is already included within the single activity fee in the Drug Tariff.</p> <p>If the Equality Act does not apply, the route would then be for the pharmacy to charge the patient for the service.</p> <p>In those cases, pharmacies may still choose to provide an MDS, but it would be as a private service rather than one funded through the NHS contract.</p>
<p>Does a medication supplier have to do an Equality Act assessment?</p>	<p>Providers should ensure that they actively consider and document their approach to Equality Act assessments, rather than simply declining without evidence of that consideration.</p>
<p>If the Equality Act does apply, are we legally obligated to supply a compliance aid? What if we have no capacity to safely take on more patients, but it is decided this is something that the patient needs?</p>	<p>If the Equality Act applies, there is a duty to <i>consider</i> reasonable adjustments, but not to automatically supply a compliance aid in every case. The decision must balance the patient's needs with the ability to provide the service safely.</p> <p>If the pharmacy does not have the capacity to safely take on more patients, it would not be reasonable to do so. However, the patient's needs must be discussed and documented, and where the service cannot be provided, appropriate signposting to alternatives are given.</p>
<p>Where patients have complaints regarding the closure of this service do we forward to the ICB?</p>	<p>Please email the details to nwicb.contactus@nhs.net.</p>