

Service Level Agreement for the NHS Digital Minor Illness Referral Service (DMIRS)

NHS 111 Referred Patients with low acuity conditions

Contents:

- 1) Agreement and signature sheet
- 2) Purpose
- 3) Period
- 4) Termination
- 5) Obligations
- 6) Standards
- 7) Eligibility Criteria
- 8) Confidentiality
- 9) Indemnity
- Schedule 1: Service Specification

1. This agreement is between

NHS England Midlands and East (the Commissioner)

Fosse House, 6 Smith Way, Enderby, Leicestershire, LE19 1SX

And the Provider: (“the Pharmacy”)

Trading name and address of pharmacy

.....
.....
.....

Contractor ODS code: F.....

For the provision of an NHS Digital Minor Illness Referral Service (DMIRS), the service is an Enhanced Service as defined by Part 4 paragraph 14(1)(j) - of the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (as amended) and as further detailed in Schedule 1.

By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification.

Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the pharmacy and Commissioner will discuss the reason for the suspension to identify a possible resolution.

Signature on behalf of the pharmacy:

Signature..... Name.....
Date.....

Please Sign Up to this service through the BSA Website – link below

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-0>

Please contact the local area team of the pharmacy should there be any questions:

- Leicester, Leicestershire and Rutland - **england.llrprimarycare@nhs.net**
- Lincoln - **england.primarycarelincoln@nhs.net**
- Milton Keynes - **england.pharmacy-athsm@nhs.net**
- Nottingham and Derby - **e.derbyshirenottinghamshire-pharmacynotts@nhs.net** and **e.derbyshirenottinghamshire-pharmacyderbys@nhs.net**
- Northamptonshire - **england.ph-northants@nhs.net**

2. Purpose

The purpose of the Digital Minor Illness Referral Service (DMIRS) is to reduce the burden on urgent and emergency care services by referring patients requiring low acuity advice and treatment from NHS 111 to community pharmacy. Its aim is to ensure that patients have access to the same if not better levels of care, closer to home and with a self-care emphasis.

The agreement is for the pharmacy to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111

on the management of specified low acuity conditions.

3. **Period**

This agreement is for the scheme to be available

- **During all pharmacy opening hours**

The agreement and service delivery will cover the period **from 3rd September 2018 to 31st March 2019.**

4. **Termination**

One month's notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

The Commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

5. **Obligations**

The pharmacy will provide the service in accordance with the specification (**Schedule 1**) and ensure that all substantive and locum pharmacists are aware of it.

The Commissioner will manage the service in accordance with the specification (**Schedule 1**).

6. **Standards**

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

7. **Eligibility criteria**

Service providers will need to satisfy the following to demonstrate ability to take part in the project:

- Located within – Nottinghamshire, Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Milton Keynes - geographical boundaries
- Be in good standing with NHS England

8. **Confidentiality**

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2016/679 and to the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to the Commissioner.

9. **Indemnity**

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the Commissioner.

Service Specification

NHS Digital Minor Illness Referral Service (DMIRS)

Pharmacy Local Enhanced Service

NHS Digital Minor Illness Referral Service (DMIRS)

Version number: 1.1

First published: November 2017

Updated: May 2018

Prepared by: Pharmacy Integration, NHS England

Classification: FINAL

Any questions or queries should be directed to:

- **england.pharmacyintegration@nhs.net**
- **Pallavi Dawda (Project Manager – DMIRS) / p.dawda@nhs.net**

1. Service description and background

- 1.1. Currently, less than 1% of all NHS111 referrals result in a direction to a community pharmacy. Calls are normally referred to other primary care locations such as GP (in hours and out of hours), walk-in centres and sometimes A&E. These appointments block access to GP appointments for patients with greater clinical need.
- 1.2. The NHS England Hospital to Home Pharmacy Reference Group and Pharmacy Integration Fund Oversight Group have overseen the development and design of this service that aims to address these challenges through testing making more use of the substantial skills and knowledge within the community pharmacy network.
- 1.3. NHS England Midlands and East is commissioning this Digital Minor Illness Referral Service (DMIRS) as a Local Enhanced Service under the terms of the Community Pharmacy Contractual Framework via referral from NHS 111, in order to reduce the burden on urgent and emergency care services for patients requiring low acuity advice and treatment. The service will be commissioned across the Midlands and East Its aim is to ensure that patients have better access to care, closer to home and with a self-care emphasis.
- 1.4. The pharmacy will provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of low acuity conditions specified in **Annex D**.
- 1.5. The end points of the consultation may include:
 - Advice given only
 - Advice and the sale of an Over the Counter medicine
 - Advice and referral into the pharmacy local Minor Ailments Service (MAS) (dependent on local commissioning arrangements - please see each service specification)
 - Advice and pharmacist to call GP to set up appointment (each pharmacy will use a local arrangement for this)
 - Advice and signpost on to another service
- 1.6. Only patients who have called NHS111 and been referred are eligible to receive advice and treatment under this service. Any patient, even those registered with a GP from outside the Midlands and East area, can access DMIRS as they would likely still have attended another care location in the area.
- 1.7. On presentation, the pharmacist will assess the patient and will refer to other health professionals, where appropriate to do so.

- 1.8. The patient must be in attendance (for child under 16, the parent or guardian must also be in attendance). In all other cases a consultation under DMIRS cannot be carried out.
- 1.9. Pharmacists are not able to divert patients presenting in the pharmacy with a low acuity condition into DMIRS. Those who usually manage their own conditions through self-care and purchase of Over the Counter (OTC) or Pharmacy Only medicines should continue to self-manage and treat their conditions as per essential service 6, self-care, of the Community Pharmacy Contractual Framework.
- 1.10. DMIRS is an opt-in service for patients and those who wish to consult their GP or other health care provider for their condition are free to do so.
- 1.11. The NHS DMIRS will commence on 3rd September 2018 and run until 31st March 2019.
- 1.12. An evaluation of the service will be undertaken; data will facilitate robust academic review and financial appraisal for NHS commissioners. An independent academic review of the service will evaluate measures of quality, financial outcomes and patient satisfaction.

2. Aims and intended outcomes of DMIRS

- 2.1. To test full integration of community pharmacy into the urgent care system as a provider of care for patients currently referred to other parts of the urgent care system.
- 2.2. To relieve pressure and create capacity in other parts of the urgent care system, particularly for higher acuity clinical conditions.
- 2.3. To test the quality and effectiveness of clinical urgent care services provided by community pharmacy.
- 2.4. To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers and Walk-in Centres.
- 2.5. To enable convenient and easy access for patients and for NHS111 health advisor referral.
- 2.6. To reduce the use of primary medical care services for the referral of minor illness from NHS 111.

- 2.7. To identify ways that individual patients can self-manage their health more effectively and to recommend solutions that could prevent use of Urgent and Emergency Care in the future.
- 2.8. To increase patients' awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions.
- 2.9. To be cost effective for the NHS when supporting patients with low acuity conditions.

3. Service Sign-up – Pharmacy contractors

Registration is via the NHS Business Services Authority (BSA) website and the page for DMIRS.

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-0>.

This sign up is for pharmacies within the –Nottinghamshire, Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Milton Keynes area only.

4. Service Sign-up – Pharmacists

- 4.1. Sign up and the declaration of competence is via PharmOutcomes¹. Pharmacists will ONLY be able to do this once a referral has been received.
- 4.2. This self-declaration will require that you confirm the following:
 - 1) I have read the service specification;
 - 2) I am aware of how to access NICE Clinical Knowledge Summaries (link provided on PharmOutcomes);
 - 3) I am aware of the escalation process should this be required (see Service Specification);
 - 4) I will only provide this service from a consultation room;
 - 5) I will have access to the internet in the consultation room so that PharmOutcomes can be used within the consultation;
 - 6) I can access Summary Care Records (SCR) within the pharmacy with patient consent;

¹ PharmOutcomes is a web based system that is enabled to receive an electronic message directly from NHS 111 DoS <https://pharmoutcomes.org/pharmoutcomes/>

7) I have access to the shared NHS Mail account specific to the pharmacy premises.

Service specification

5. Receipt of referral from NHS 111

- 5.1. NHS 111 will refer appropriate patients to pharmacies using electronic messaging via PharmOutcomes and if required NHS Mail. NHS 111 will ask patients to select from a choice of pharmacies which are participating in the service and are located close to the patient's preferred location. NHS 111 will advise patients that the pharmacy is 'operating a new NHS service that is closer to them, has shorter waiting times and is open longer hours'. They will be alerted to the fact that all clinical decisions after referral are at the professional discretion of the community pharmacist.
- 5.2. NHS 111 will provide the details of the selected pharmacy to the patient, advising them to attend within a set time period. When the patient attends or contacts the pharmacy the pharmacist should confirm the pharmacy has received an email/electronic message referral from NHS 111 by accessing PharmOutcomes.
- 5.3. If no email/electronic message referral has been received, the pharmacist will contact the local NHS 111 to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the email/electronic message referral is resent. To do this the pharmacist will ring 111 *7. The process can then get passed to a shift manager to resend the referral.
- 5.4. If a referral has not been made by NHS 111, any request by the patient is out of the scope of this service, but the pharmacy may choose to make an intervention via an alternative method, e.g. advice, education and then the supply of an over the counter product or via a locally commissioned minor ailments service. During the pharmacy's opening hours PharmOutcomes should be regularly checked, especially within traditional out of hours periods such as weekday evenings, weekends and bank holidays, to pick up referrals from NHS 111 in a timely manner. This should include when a pharmacy opens and before the pharmacy closes each day.
- 5.5. Where a pharmacy has received a referral from NHS 111 and the patient has not attended or contacted the pharmacy within 12 hours of the referral, the pharmacy should make a reasonable effort (i.e. **three call attempts**) to contact the patient using the contact details set out in the referral message e.g. before the pharmacy closes for the day. If no contact is then made during the next working day, then the pharmacist should close the referral as 'no intervention made'.

- 5.6. The service will be provided by the pharmacy for all the opening hours of the pharmacy including extended hours and any bank holidays they are open. It is essential that pharmacist locums are fully briefed and able to deliver the service.

6. Pharmacist consultation

- 6.1. The pharmacist will conduct a face-to-face consultation in the pharmacy consultation room and MUST use PharmOutcomes during that consultation. The PharmOutcomes platform MUST be used to collect any additional information from the patient that was not obtained during the telephone conversation with the patient. The pharmacist will assess the patient's condition using a structured approach to responding to symptoms and using Summary Care Record where appropriate.
- 6.2. The pharmacist will gain patient consent (tick box) to share the details of the consultation with the patients GP. Patients who do not consent to sharing details with their GP cannot access DMIRS and will be transferred to usual care.
- 6.3. The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process². The red flags link will be included as a reminder within the IT platform so that pharmacists are able to click on the link and get the latest information directly from NICE Clinical Knowledge Summary whilst still with the patient during the consultation.
- 6.4. If at this stage it is identified that the patient needs to be referred to access higher acuity services, the procedure set out in section 8 should be followed.
- 6.5. The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This can be done through access to Summary Care Record (SCR), where appropriate.
- 6.6. The pharmacist will consider past medication supplied for the low acuity condition to assess appropriateness of any advice given.
- 6.7. The pharmacist will provide self-care advice on the management of the condition.
- 6.8. The pharmacist will provide a relevant information leaflet about the low acuity condition from a reputable source (an example of which would be NHS Choices or NICE Clinical Knowledge Summaries guides or from patient.co.uk) as required. See **Annex A** for the consultation process.
- 6.9. Closing statement. For every consultation the pharmacist should give a standard closing statement to the patient:

² <https://cks.nice.org.uk/>

“IF YOUR SYMPTOMS DO NOT IMPROVE OR BECOME WORSE, THEN EITHER COME BACK TO SEE ME OR SEEK ADVICE FROM YOUR GP”

Patients may wish to call NHS111 or 999 if the matter is urgent and the pharmacist or GP is not available.

- 6.10. The pharmacist who carried out the consultation will complete some simple data collection questions and will request permission for participation in evaluation (by email or phone). If the patient refuses to take part in data collection, this does not stop them from receiving the service.
- 6.11. The pharmacist will record the consultation on PharmOutcomes during the consultation in the consultation room. The pharmacy must have an internet enabled IT (e.g. computer / iPad) in the consultation room to take part in this service.
- 6.12. The emphasis of the service is on the consultation and delivery of key messages regarding self-care and patient education but should minor illness medication be required for the presenting condition, then referral to a MAS or to purchase an OTC or Pharmacy Only product should be used. The pharmacist is professionally accountable for the clinical judgement and treatment decisions made.
- 6.13. The patient must not be charged for the consultation that occurs as a consequence of being referred by NHS 111.

Advice and Information

- 6.14. Every patient who accesses the service will be provided with verbal advice and printed information sheet(s) relevant to their condition. This information will be supplied whether treatment is supplied or not.
- 6.15. Patients with limited literacy skills in English should be supplied with either an easy read version or a version of the leaflet in an alternative language (if available). If an easy read version or printed information is not available in a language suitable for the patient the usual patient leaflet should be provided (to back up the verbal information given). Every effort should be made to ensure the patient understands the advice provided or is referred onwards if necessary.
- 6.16. The verbal advice will include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.
- 6.17. Patients should also be informed that pharmacy is an ideal first port of call for many minor illnesses.

Core Competencies

- 6.18. Able to communicate with, counsel and advise patients appropriately and effectively on low acuity conditions.
- 6.19. Able to assess the clinical needs of patients including the identification of Red Flags (ref. NICE Clinical Knowledge Summaries).
- 6.20. **Able to escalate patients in line with the options described in section 8 below.**
- 6.21. Able to act on referrals from, and make referrals to, other professions in healthcare appropriate to the needs of the patient.
- 6.22. Able to explain the provision of the service and give appropriate self-care advice.

7. Records and Documentation

- 7.1 The pharmacy will maintain a record of the consultation and any medicine that is supplied whether it is suggested for purchase or as part of a locally commissioned Minor Ailments Service (MAS). This will be recorded on PharmOutcomes.
- 7.2 Patients will be asked to complete a patient survey.
- 7.3 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care³.

8. Escalation Process

- 8.1. There will be times when the pharmacist will need additional advice or will need to escalate the patient to another higher acuity care location e.g. an Out of Hours GP or Walk-in Centre or A&E.
- 8.2. **Option a) call the NHS111 service (out of hours - Monday to Friday 18:30-23:59 and weekends/Bank Holidays 08:00-23:59):** To escalate a patient out-of-hours, Pharmacists are able to call the NHS 111 service direct to speak to a clinician if this is required. The Healthcare professional direct dial line is:

Call 111 and press *9 the operator will state “there might be a short pause while we connect you “at this point immediately dial 7

The details needed for ring back include Patients name, current address and Home address, DOB, GP Practice, Pharmacists telephone number and Patients telephone number.

³ <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

The clinical service will then call back within 30mins (at busy times this may be longer).

The clinical service will provide advice which may result in onward referral of the patient, or support to resolve the issue so that the episode of care can be completed.

- 8.3. **Option b) refer the patient for an urgent in hours' appointment (Monday to Friday 8:00-18:30):** To escalate a patient during the day, Pharmacists should support a patient to make an urgent in-hours appointment with their GP. After agreeing with the patient, the pharmacist should telephone the patients GP to secure this appointment. The pharmacist may wish to print a copy of the consultation for the patient to take with them to the consultation with their GP.
- 8.4. **Option c) refer patient to A&E or call 999:** If the patient presents after referral from NHS 111 with severe symptoms indicating the need for an immediate consultation, the pharmacist should refer the patient to attend A & E immediately or indeed call an ambulance. **The pharmacist must report any such cases to the DMIRS project manager on the same day as they occur.**
- 8.5. If it is known that a patient has attended DMIRS more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.
- 8.6. In all circumstances, if the patient presents with symptoms outside the scope of DMIRS the patient should be managed in line with the best clinical judgement of the pharmacist.(See **Annex D** for scope of symptom groups)
- 8.7. If the pharmacist suspects that the service is being used inappropriately by patients or carers they should alert the DMIRS Project Manager at the earliest opportunity.
- 8.8. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.
- 8.9. When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment e.g. antibiotics or length of time until patients can expect a GP appointment.

9. Training, premises and other requirements

- 9.1. The necessary knowledge and skills to provide the service will already be a core competency for all pharmacists, but pharmacists will want to ensure they have an up to date understanding of the service specification and it is recommended that they watch the DMIRS video which can be found on the LPC website and PharmOutcomes.

- 9.2. In order to provide the service, pharmacies must have a consultation room with IT access to PharmOutcomes i.e. **have a connection to the internet.**
- 9.3. Pharmacists must have access to the Summary Care Record (SCR) and NHS Mail within the pharmacy. Ideally this will be in the consultation room.
- 9.4. The pharmacy contractor should have a standard operating procedure (SOP) in place covering the provision of the service (or services generally). This should include key contact details that are set out in **Annex B**. Your LPC may be able to support with this task.
- 9.5. Prior to providing the service, the pharmacy contractor should review and make any necessary amendments to their business continuity plan in order to incorporate appropriate content on the service within the plan.
- 9.6. The pharmacy contractor should review the SOP for the service, the content of the pharmacy's business continuity plan related to the service and the referral pathways for the service on an annual basis or following significant incidents or changes that may affect the service.
- 9.7. Prior to provision of the service, the pharmacy contractor must be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (terms of service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance; and have signed up for service delivery.
- 9.8. Pharmacies must have a shared NHS mail mailbox⁴ for each pharmacy premises, as a back-up to PharmOutcomes. Pharmacists providing the service must have access to the shared NHS mail mailbox and PharmOutcomes that NHS 111 will use to send referrals.
- 9.9. The pharmacy contractor must ensure that all pharmacy staff involved in provision of the service are appropriately trained on the operation of the service, including relevant sections of the SOP for the service. It is of particular importance that locum pharmacists are made aware of the service and understand the SOP so that they are able to provide the service, including at weekends and Bank Holidays when most referrals from NHS 111 will be made.
- 9.10. The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care

⁴ Even pharmacies that will be using a secure electronic messaging system to receive referrals from NHS 111, will still need to have a shared NHSmail mailbox for purposes of onward referrals to other pharmacies and sending information for the purposes of evaluation.

commissioner, such as end to end reviews of the patient journey.

- 9.11. Pharmacy owners and pharmacists should make their insurers aware of the provision of the new service.

10. Service availability

- 10.1. **The pharmacy contractor must ensure that the service is available throughout the pharmacy's core and supplementary opening hours.**
- 10.2. The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.
- 10.3. If the service has to be temporarily withdrawn by the pharmacy due to unforeseen circumstances, the pharmacy contractor will ensure the elements of their business continuity plan related to the service are activated. The pharmacy must inform the NHS 111 Directory of Services (DoS) Team of the temporary withdrawal by emailing England.eastmidlandsdos@nhs.net during office hours. Out of hours the pharmacy must call 0300 0200 363 to temporarily stop referrals.
- 10.4. In the event of NHS 111 not getting through to the pharmacy by email or PharmOutcomes or patients reporting that they have been unable to speak to the pharmacist on two consecutive patient referrals, NHS England may investigate this issue and action may be taken in line with existing local dispute resolution procedures.
- 10.5. In the event of problems with service provision by a particular pharmacy, the local NHS England team will assess the ongoing ability of the pharmacy to deliver the service. In the intervening period the NHS 111 DoS will be amended to remove the mapping to this service until the issue is resolved.
- 10.6. If the pharmacy contractor wishes to cease to provide this service, they must notify NHS England via the Project Manager that they are no longer going to provide the service via email. At least one month's notice must be provided prior to the cessation of service provision.

11. Governance

- 11.1. The pharmacy governance lead (nominated individual) will provide feedback to NHS 111 providers about any incidents related to patient safety, the referral process or operational issues with respect to the NHS 111 service via the DMIRS Project Manager. An incident reporting form is located within the PharmOutcomes DMIRS module.

- 11.2. The overall assurance of local contract monitoring against the service specification will be by way of the Project Manager updating Primary Care Commissioning Panel on a monthly basis and the local Pharmacy commissioning team providing contract monitoring, using existing mechanisms of escalation; with serious cases of contract default being considered by PCCP (Primary Care Commissioning Panel). The project manager will update the CDAO/Head of Pharmacy/Associate Medical Director on a fortnightly basis and will have monthly meetings with the Pharmacist Integration Lead and the CDAO/Head of Pharmacy/Associate Medical Director.
- 11.3. Local governance/escalation relating to overall delivery of the service specification will be taken through the project manager reporting back to the CDAO/Head of Pharmacy/Associate Medical Director and the Head of Primary Care, as well as reporting through CNE Local Professional Network structures and to the Pharmacist Integration Leads.
- 11.4. **Incident and Complaint Reporting System.** Within the PharmOutcomes DMIRS module there is an incident reporting area where pharmacists can report any issues / complaints directly to the DMIRS Project Manager. There is also an incident report form in **Annex E** of this document.
- 11.5. NHS111 call handlers will be able to report directly to their team leaders who will have a direct link back to the DMIRS Project Manager. OOH GPs will also have the ability to report incidents via their established governance structures. All issues / complaints will be collated using a standard template for action and review at management meetings.
- 11.6. The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies - i.e. follow your existing incident reporting mechanisms.

12. Service promotion

- 12.1. Patient access to the service is via NHS 111. It is important that patients receive accurate information about pharmacies that provide the service and so pharmacies must ensure any changes in their information are updated on the DoS by contacting the local NHS England team as per usual processes
- 12.2. This service must not be actively promoted directly to the public by either the pharmacy contractor or the NHS to ensure that it is only used by patients for cases which otherwise would have led to a referral to a less appropriate patient pathway.

13. Evaluation

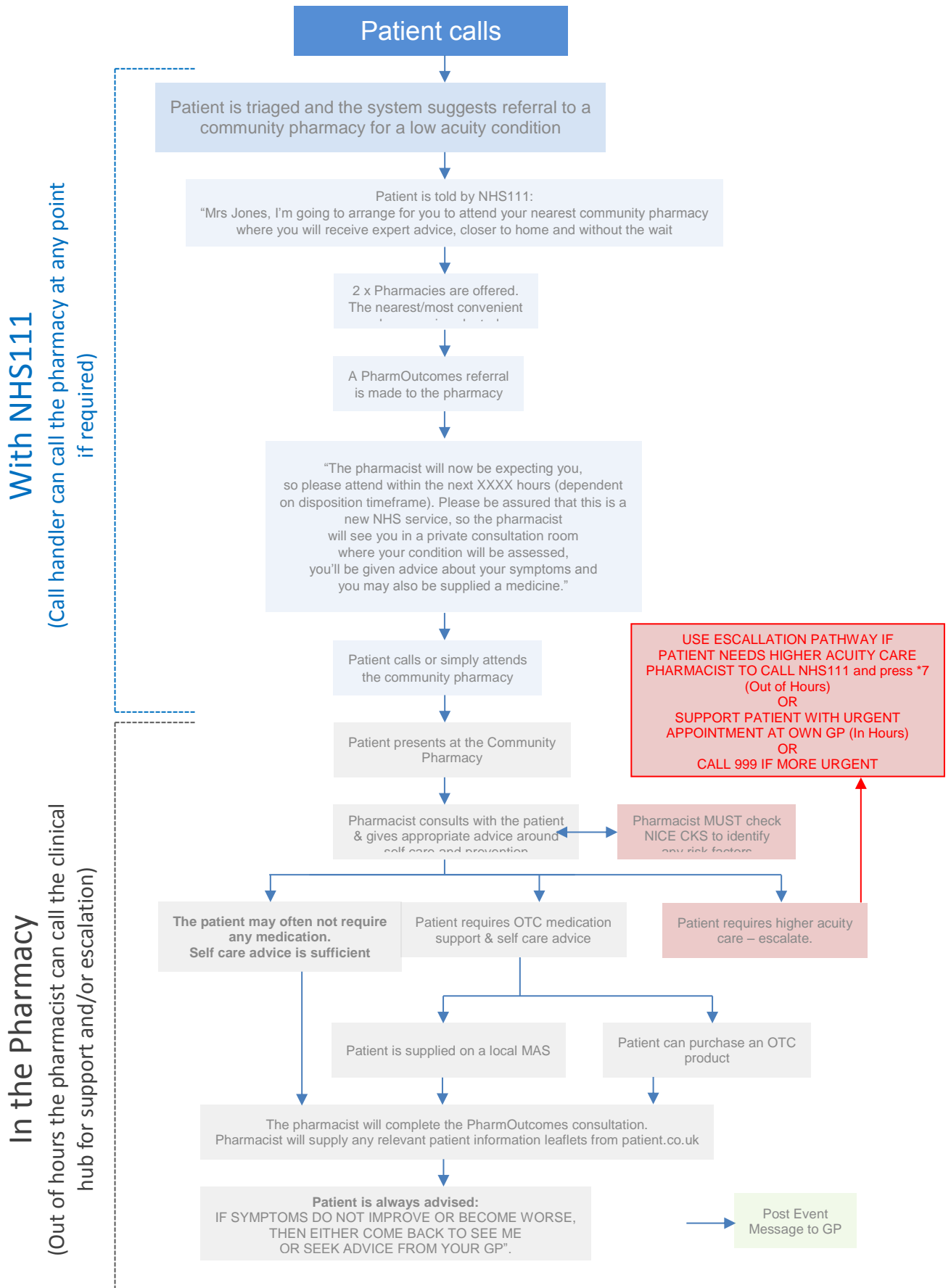
- 13.1. The service will be evaluated independently. Aspects of the service to be examined will include:
- a. Referral rates to community pharmacy
 - b. Patient experience / satisfaction
 - c. Impact on OOHs appointments / referrals
 - d. Identification of a clinical pathway for referral to community pharmacy
 - e. Pharmacy staff, OOH staff and call handler experience
 - f. A collation of operational issues with the running of the service, which may prompt changes to its design in due course
- 13.2 All participating pharmacies and pharmacy staff must participate in the evaluation.

14. Payment

- 14.1. Remuneration will be made to the pharmacy at £14.00 per consultation to include:
- Set up (including SOP development and staff training) and support staffing costs
 - Pharmacist time to provide the service including onward referral and follow up
 - Completing PharmOutcomes
 - Input into iterative service improvement activity
 - Reporting of issues and incidents as appropriate in line with the service specification
 - Checking NICE Clinical Knowledge Summaries for every consultation and providing written patient information
- 14.2. Payments for DMIRS will be made based on the information recorded on PharmOutcomes that will AUTOMATICALLY be transferred to the NHS England DCO pharmacy contract team. Pharmacies do not need to do anything to secure payment except in exceptional circumstances or for audit or post payment verification purposes.
- 14.3. Payment will be made to pharmacies on a monthly basis within 2 months of end of month by NHS England via the local payments application process.
- 14.4. **Pharmacists must record information onto PharmOutcomes during the consultation with the patient present.**

- 14.5. Claims submitted which relate to provisions over 3 calendar months old will not be paid.
- 14.6. Any information supplied to NHS England must be anonymised and not contain any patient identifiable information.

Annex A – DMIRS Patient Flow



Annex B – GP Notification Form

(PAPER VERSION - IF REQUIRED i.e. this is on PharmOutcomes normally and will be sent to the GP at the end of the consultation)

NHS Digital Minor Illness Referral Service - Notification of patient attendance to general practice.

GP Notification Form	
To (GP Practice Name)	
Address (Including Postcode)	
Patient Name	
Date Of Birth	NHS Number
Address (Including Postcode)	
This patient was provided with a supply of :	
Medicine	Quantity
at this pharmacy on DD /MM /YYYY	
Additional comments	

To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy Name		Telephone	
Pharmacist Name			
NHSmial Address			
Address			

Confidential

Annex C – Key Contacts to be included in a Standard Operating Procedure

NHS 111 Provider

Name of Organisation – DHU Healthcare

Health Professional's telephone number – Call 111 and press *9 the operator will state "there might be a short pause while we connect you "at this point immediately dial 7

(Note – this number must NOT be shared with the public)

DMIRS Project Manager Contact Details:

Pallavi Dawda – 07702 405155 (p.dawda@nhs.net)

Key NHS England contacts:

Local Commissioning Team

Nottinghamshire and Derbyshire

- Lorna Densham, - 01138 255464
- Email: e.derbyshirenottinghamshire-pharmacynotts@nhs.net & e.derbyshirenottinghamshire-pharmacyderbys@nhs.net

Lincolnshire

- Mark Hall – 0113 824 8639
- Email: england.primarycarelincoln@nhs.net

Leicester, Leicestershire and Rutland

- Salim Isaak - 0113 8249509
- Email: england.llrprimarycare@nhs.net

Northamptonshire

- Salim Isaak – 0113 8249509
- Email: england.ph-northants@nhs.net

Milton Keynes

- Jane Bray - 0113 824 8830
- Email: england.pharmacy-athsm@nhs.net

Annex D – List of possible symptoms groups identified for referral to a community pharmacist

[This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls]

Acne, Spots and Pimples
Allergic Reaction
Ankle or Foot Pain or Swelling
Athlete's Foot PC assessment and management capability, minor condition
Athlete's Foot Bites or Stings, Insect or Spider
Blisters
Constipation
Diarrhoea
Ear Discharge or Ear Wax
Earache
Eye, Red or Irritable
Eye, Sticky or Watery
Eyelid Problems
Failed Contraception
Hair loss PC assessment and management capability, minor condition
Headache
Hearing Problems or Blocked Ear
Hip, Thigh or Buttock Pain or Swelling Itch
Knee or Lower Leg Pain
Lower Back Pain
Lower Limb Pain or Swelling
Mouth Ulcers
Nasal Congestion
Rectal Pain,
Scabies
Shoulder Pain
Skin, Rash
Sleep Difficulties
Sore Throat
Tiredness
Toe Pain or Swelling
Toothache After Dental Injury
Toothache Without Dental Injury
Vaginal Discharge
Vaginal Itch or Soreness
Vomiting
Wound Problems - management of dressings
Wrist, Hand or Finger Pain or Swelling

Annex E – Incident/Complaint Report Form

Feedback Form for Digital Minor Illness Referral Service (DMIRS)

Please find below feedback from [NAME OF PHARMACY] relating to a patient who had contact with 111 and was referred to the DMIRS service.

We look forward to your response.

IN CONFIDENCE Pharmacies

Patient's		Patient's DOB:	
Patient's Address:		Patient's Telephon	
		NHS Number (If	
Date & Time of call / contact with NHS 111 Service:			NHS 111 Call ID:
Is the patient aware you are giving feedback on their behalf and did they give			Yes/No

Your Name:		Date of Feedback:	
Your Job/Role (if applicable):		Email Address:	
Address:		Telephone:	
Name of pharmacy:			

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)

Pharmacy staff instructions:	<p>The completed form sent to p.dawda@nhs.net</p> <p>The incident must be recorded in the pharmacy incident log and reference number entered below.</p>
Incident Reference Number:	