

**Service Level Agreement and Service Specification**

**for the Digital Minor Illness Referral Service (DMIRS)**

**NHS England London Region**

**September 2018**

**NHS 111 Referred Patients with low acuity conditions**

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1. This agreement is between

**NHS England London (**the Commissioner)

1st Floor, Skipton House, 80 London Road, London, SE1 6LH

**And the Provider:** (“the pharmacy”) identified by the Organisation Data Service (ODS) code entered on the NHSBSA portal which acts as the formal sign-up to the service.

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 (SLA), 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 SLA 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 Pharmacy from the service. Before any suspension the pharmacy and Commissioner will discuss the reason for the suspension to identify a possible resolution.

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 a community pharmacist. 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.

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 30th October 2018 to 30 September 2019**. NHS England London may choose to extend the scheme for any period up to 31st March 2020; subject to any changes in national commissioning.

4. **Termination**

One months’ 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 and should be able to deliver the service.

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 the London Boroughs (listed in Annex C)
* The pharmacy is satisfactorily complying with its obligations under Schedule 4 to 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 DMIRS service delivery
* A consultation room that meets the requirements set out in Schedule 1

8. **Confidentiality**

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews about the London DMIRS service must be referred to the Commissioner.

The service provider must have in place a whistleblowing policy. The aim of which is to allow an employee (or locum) to raise at the earliest opportunity, any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.

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.

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**Schedule 1**



Service Specification

NHS Digital Minor Illness Referral Service (DMIRS)

Pharmacy Local Enhanced Service

**NHS Digital Minor Illness Referral Service (DMIRS)**

Version number: 3.0

Adapted from the North East England version published: November 2017

Prepared by: NHS England London Region (with input from the London DMIRS Steering Group)

Classification: FINAL

Any questions or queries should be directed to:

**england.lon-DMIRS@nhs.net**

**or**

**england.pharmacyintegration@nhs.net**

**NHS Digital Minor Illness Referral Service (DMIRS) Service Level Agreement Addendum**

This document provides an addendum to the Digital Minor Illness Referral Service Level Agreement and Service Specification September 2018 v1.0 and should be read in conjunction with that document. A revised document will be published shortly on the NHSBSA website.

Valid from **19th November 2018** to 31st March 2019.

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of amendments** | **Page number(s)** | **Paragraph** | **Comments** |
| \*7 changed to \*8 | 8 and 13 | 8.3 and Annex A -DMIRS Patient Flow |  |
| Clarification of the requirement for a summary of all consultations to be sent to the patient’s GP | 8 | 7.4 | The Sonar system already has details of the NHSmail account that the majority of GPs in London use to receive information from pharmacies. In these cases the notification will be sent automatically. In some cases the pharmacist may need to contact the GP practice for these details – additional search tools are available. Where a patient is not registered there is no GP to send the notification to and the pharmacist keeps a record in the pharmacy system.  |
| Local Scheme 15 has changed to Local Scheme 9. | 12 | 14.3 | This clarifies where the pharmacy can identify the payment for the scheme on their BSA statement |
| Change of GP summary report with watermarked “for information only”, | 14 | Annex B – GP Notification Form | This form is for information only. All notifications to a GP must be sent electronically. |
| How to access MiDoS has been updated | 17 | Annex C | Clarifies that MiDoS can be accessed via a link on Sonar. |
| 3 symptom groups removed from list of conditions that are to referred: - Toothache After Dental Injury, Toothache Without Dental Injury and Failed Contraception | 18 | Annex D | These were within the initial list provided by N. E. England but it has been confirmed that they were never approved. |
|  |  |  |  |

The addendum has been approved by the NHS England London Region (with input from the London DMIRS Steering Group).

19 November 2018

# Service description and background

* 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.
	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.
	3. NHS England London Region 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 NHS England London Region with the aim of ensuring that patients have better access to care, closer to home and with a self-care emphasis.
	4. The pharmacy will provide self-care advice and support, including access to printed information,[[1]](#footnote-1)to all individuals if appropriate on the management of low acuity conditions specified in **Annex D.**
	5. The end points of the consultation may include:
* Advice given only
* Advice and the sale of an Over the Counter (OTC) medicine
* Advice and referral into the pharmacy local Minor Ailments Service (MAS) (dependent on local commissioning arrangements - please see each service specification separately)
* Advice and pharmacist to call an appropriate GP (each pharmacy will use a local arrangement for this)
* Advice and signpost on to another service
	1. 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 NHS England London Region Area, can access DMIRS as they would likely still have attended another care location in the area.
	2. On presentation, the pharmacist will assess the patient and will refer them to other health professionals, where it is appropriate to do so. (See p.13, ‘Annex A - DMIRS Patient Flow’ for escalation options.)
	3. The patient must be in attendance; otherwise a consultation under DMIRS cannot be carried out.
	4. 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 the purchase of 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.
	5. The NHS England DMIRS will commence across the London Region from 30th October 2018 and run until 31st March 2019. Implementation will be phased across two weeks with different NHS 111 provider footprints commencing on different dates. Further updates on ‘Go live’ dates will be communicated.
	6. 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.

# Aims and intended outcomes of DMIRS

* 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. To relieve pressure and create capacity in other parts of the urgent care system, particularly for higher acuity clinical conditions.
	3. To test the quality and effectiveness of clinical urgent care services provided by community pharmacy.
	4. To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers and Urgent Treatment Centres (previously known as ‘Walk-in Centres’).
	5. To enable convenient and easy access for patients and for NHS111 health advisor referral.
	6. To reduce the use of primary medical care services for the referral of low acuity conditions from NHS 111.
	7. To identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent use of Urgent and Emergency Care in the future.
	8. To increase patient awareness of the role of community pharmacy as the ‘first port of call’ for low acuity conditions.
	9. To be cost effective for the NHS when supporting patients with low acuity conditions.

# Service Sign-up – Pharmacy contractors

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

This sign-up is for pharmacies within the NHS England London Region only.

# Service Sign-up – Individual Pharmacists

* 1. Pharmacist sign up and the declaration of competence is via Sonar (further details of this will be communicated). Individual Pharmacists will be required to confirm that they meet the requirements of the service before a referral can be accepted.
	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 National Centre for Health and Clinical Excellence (NICE) Clinical Knowledge Summaries (link provided on Sonar),

3) I am aware of the escalation process should this be required (see Service Specification),

4) I will only provide this service from the pharmacy’s consultation room,

5) I will have access to web enabled IT in the consultation room so that Sonar can be used within the consultation,

6) I can access Summary Care Records (SCR) within the pharmacy,

7) I know how to access the shared NHSmail account specific to the pharmacy premises (which acts as a back-up if the Interoperability Toolkit (ITK) referral fails).

#

# Service specification

# Receipt of referral from NHS 111

* 1. NHS 111 will refer appropriate patients to pharmacies using ITK electronic messaging via Sonar and if required NHS Mail (which acts as a back-up if the ITK referral fails). 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.
	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 electronic referral/email from NHS 111.
	3. If a patient attends the pharmacy and no electronic referral/email 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 electronic referral/email is resent. To do this the pharmacist will ring NHS 111 (using the process mentioned in section 8.2) to ask for a shift manager to resend the referral.
	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.
	5. During the pharmacy’s opening hours, Sonar 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.
	6. 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 at least 10 minutes apart**) 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, via Sonar, as ‘no intervention made’.
	7. 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 should be able to deliver the service.
	8. See Annex A for a patient flow diagram.

# Pharmacist consultation

* 1. The pharmacist will conduct a face-to-face consultation in the pharmacy consultation room and MUST use Sonar (via an electronic device) during that consultation, recording any additional information not previously collected. The pharmacist will assess the patient’s condition using a structured approach to responding to symptoms and using SCR where appropriate.
	2. The pharmacist will ensure that any relevant ‘Red Flags’ are recognised and responded to as part of the consultation process[[2]](#footnote-2). The red flags link will be included as a reminder within Sonar 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.
	3. 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.
	4. 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 SCR, where appropriate.
	5. The pharmacist will consider past medication supplied for the low acuity condition to assess appropriateness of any advice given.
	6. The pharmacist will provide self-care advice on the management of the low acuity condition.
	7. Closing statement. For every consultation the pharmacist should give a closing statement to the patient:

**“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.**

* 1. The emphasis of the service is on the consultation and delivery of key messages regarding self-care and patient education. Should medication be required for the presenting condition, then either: a supply under a Minor Ailments Service (MAS) service, sale of an OTC or Pharmacy only product, or referral to an appropriate prescriber should be used. The pharmacist is professionally accountable for the clinical judgement and treatment decisions made.
	2. The patient must not be charged for the consultation that occurs as a consequence of being referred by NHS 111.

# Advice and Information

* 1. Every patient who accesses the service will be provided with verbal advice, and printed information sheet(s) relevant to their condition if required. This should include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.
	2. Every effort should be made to ensure the patient understands the advice provided or is referred onwards if necessary.
	3. Patients should also be informed that pharmacy is an ideal first port of call for many low acuity conditions.

#

# Core Competencies

* 1. Able to communicate with, counsel and advise patients appropriately and effectively on low acuity conditions.
	2. Able to assess the clinical needs of patients including the identification of Red Flags (ref. NICE Clinical Knowledge Summaries).
	3. Able to escalate patients in line with the options described in section 8.
	4. Able to act on referrals from, and make referrals to, other healthcare professionals.
	5. Able to explain the provision of the service and give appropriate self-care advice.

# 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 MAS. This will be recorded via Sonar.

* 1. Patients will be asked to complete a patient survey. Further information on the patient survey will be communicated. If the patient refuses to take part in the survey, this does not stop them from receiving the service.
	2. All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care[[3]](#footnote-3).
	3. To include information shared with the patient’s registered GP (see Annex B), how often reports would be submitted and reporting on the escalation of referrals.

# Escalation Process

* 1. There will be times when the pharmacist will need additional advice or will need to escalate the patient to a higher acuity care location (e.g. an OOHs GP or Urgent Treatment Centre or A&E).
	2. **Option A)**

**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 this with the patient, the pharmacist should telephone the patient’s 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.

Before mobilisation you will be given details of how to access MiDoS©, to support you in contacting the patient's registered GP and searching for other services that might help the patient.

* 1. **Option B)**

**Call the NHS111 service when the patient’s own GP is not available:** To escalate a patient when their own GP is not available,Pharmacists are able to call the NHS 111 service using the \*8 facility for fast access to a clinician if this is required.

Before mobilisation you will be given easy-to-follow instructions to dial 111 and access a GP at your local NHS 111/Integrated Urgent Care provider, for use when the patient's registered GP is unavailable.

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.

* 1. **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 commissioning team (****england.lon-DMIRS@nhs.net** **) on the same day as they occur**.

* 1. 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.
	2. 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)
	3. If the pharmacist suspects that the service is being used inappropriately by patients or carers they should alert the DMIRS commissioning team at the earliest opportunity.
	4. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.
	5. When referring patients to a GP, pharmacists should not set any patient expectations of any specific treatment/outcome.

# Training, premises and other requirements

* 1. In order to provide the service, pharmacies must have a consultation room. The consultation room, which can be used to consult with the patient or patient’s representative, must comply with the following minimum requirements:
1. the consultation room must be clearly designated as an area for confidential consultations
2. it must be distinct from the general public areas of the pharmacy premises
3. it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone).
	1. The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises[[4]](#footnote-4).
	2. 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. (A link to this video can found on the Sonar).
	3. Pharmacists must have access to the SCR and NHSmail and Sonar within the pharmacy. Ideally this will be in the consultation room.
	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 C**. Your LPC may be able to support with this task.
	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. (See ‘Service Specification’ section 10.3 for further information).
	6. Pharmacies must have a shared NHSmail mailbox[[5]](#footnote-5) for each pharmacy premises, as a back-up to Sonar. Pharmacists providing the service must understand how to access both Sonar and the shared NHSmail mailbox so that they can access all NHS 111 referrals.
	7. 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.
	8. The pharmacy contractor may be required to support in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care commissioner, such as end to end reviews of the patient journey. This will be in agreement with their LPCs.
	9. Pharmacy owners and pharmacists should make their insurers aware of the provision of the new service.

# Service availability

* 1. The pharmacy contractor should ensure that the service is available throughout the pharmacy’s core and supplementary opening hours.
	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.
	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 local Directory of Services (DoS) Team of the temporary withdrawal directly in order to temporarily stop referrals:
* 0300 0200 363 (24-hour DoS enquiry line)
	1. In the event of NHS 111 not getting through to the pharmacy via Sonar or NHS mail, or patients reporting that they have been unable to speak to the pharmacist on two consecutive patient referrals, NHS England London Region may investigate this issue and action may be taken in line with existing local dispute resolution procedures.
	2. In the event of problems with service provision by a particular pharmacy, the local NHS England London Region 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.
	3. If the pharmacy contractor wishes to cease to provide this service, they must notify NHS England London Region via email (england.lon-DMIRS@nhs.net); at least one month’s notice must be provided prior to the cessation of service provision.

# Governance

* 1. The pharmacy will report any incidents related to patient safety, the referral process or operational issues via england.lon-DMIRS@nhs.net . An incident reporting form is located within Sonar.
	2. The overall assurance of local contract monitoring against the service specification will be by way of NHS England London Region’s primary care commissioning team
	3. Local governance/escalation relating to overall delivery of the service specification will be reported, this will include any concerns raised by NHS 111 via the Integrated Urgent Care Clinical Commissioning Group
	4. The pharmacist should consider if any patient safety incidents also need to be reported to National Reporting and Learning System (NRLS).

# Service promotion

* 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 DoS as per usual processes
	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.

# Evaluation

* 1. The service will be evaluated independently. Aspects of the service to be examined will include, but not necessarily be limited to:

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 must participate in the evaluation.

# Payment

* 1. Remuneration will be made to the pharmacy at £14.00 per consultation, for participating in the pilot and delivery of the service.

* 1. Payments for DMIRS will be made based on the information recorded on Sonar that will automatically be transferred to the NHS England London Region pharmacy contract team. Pharmacies do not need to do anything to secure payment except in exceptional circumstances (e.g. failure of IT systems). Pharmacies may be required to undertake an audit for post-payment verification.
	2. Payment will be made to pharmacies on a monthly basis within two months of end of month by NHS England London Region via the NHSBSA (Local scheme 9). Any payment queries not resolved with NHSBSA will need to be referred to the NHS England London Region commissioning team, and will be dealt with in a timely manner.
	3. Pharmacists must record information onto Sonar during the consultation with the patient present.
	4. Claims submitted which relate to provisions over three calendar months old (non-closed referrals) will not be paid.
	5. Any information that has not been recorded on Sonar and subsequently supplied to NHS England London Region must be anonymised and not contain any patient identifiable information.

# Annex A – DMIRS Patient Flow

Patient calls NHS111

Patient requires higher acuity

care – ESCALATE.

With NHS111

Patient can purchase an OTC

product

Patient requires OTC medication

support & self-care advice

Patient presents at the Community

Pharmacy

Patient calls or simply attends

the community pharmacy

Patient is triaged and the NHS Pathways algorithm suggests referral to a

community pharmacy for a low acuity condition

Patient is told by NHS111 call handler (sample script only):

“Mrs Jones, I’m going to arrange for you to attend your nearest community pharmacy

where you will receive expert advice, closer to home and without the wait

you would experience at your GP (or UCC etc.).”

**Annex B – GP Notification Form**

In the Pharmacy

(When the patient’s own GP is not available, the pharmacist can call their local IUC Clinical Assessment Service for support and/or escalation)

(Sample script) “The pharmacist will now be expecting you,

so please attend within the next XXXX hours (dependent

on disposition timeframe). Please be assured that this is a

new NHS service, so the pharmacist

will see you in a private consultation room

where your condition will be assessed,

you’ll be given advice about your symptoms and

you may also be supplied a medicine. When you arrive, please let the pharmacist know that 111 sent you and they should have your details”

An ITK referral

is made to the pharmacy

2 x Pharmacies are offered.

The nearest/most convenient pharmacy is selected

Post Event

Message to GP

Patient is supplied on a local MAS where available

USE ESCALLATION PATHWAY IF

PATIENT NEEDS HIGHER ACUITY CARE

PHARMACIST TO CALL NHS111 and press \*8

(when patient’s own GP not available)

OR

SUPPORT PATIENT WITH URGENT

APPOINTMENT AT OWN GP (In Hours)

OR

CALL 999 IF MORE URGENT

The pharmacist will complete the consultation on Sonar.

Pharmacist will supply any relevant patient information leaflets from patient.co.uk

**Patient is always advised:**

IF SYMPTOMS DO NOT IMPROVE OR BECOME WORSE,

THEN EITHER COME BACK TO SEE ME

OR SEEK ADVICE FROM YOUR GP”.

**The patient may often not require**

**any medication.**

**Self-care advice is sufficient**

Pharmacist MUST check

NICE CKS to identify

any risk factors

Pharmacist consults with the patient

& gives appropriate advice around

Self-care and prevention

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

**Confidential**

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

**NHS 111 Provider**

Before mobilisation you will be given easy-to-follow instructions to dial 111 and access a GP at your local NHS 111/Integrated Urgent Care provider, for use when the patient's registered GP is unavailable.

Your local NHS 111/Integrated Urgent Care provider varies depending on the CCG where you are located:



|  |  |
| --- | --- |
| **NHS 111 Provider** | **London Boroughs** |
| **Care UK**  | Outer NWL (Brent, Ealing, Harrow, Hillingdon, Hounslow) |
| **LCW** | NCL (Barnet, Camden, Enfield, Haringey, Islington)Inner NWL (Central London, Hammersmith & Fulham, West London) |
| **LAS** | NEL (Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest) |
| **Vocare**  | SWL (Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth) |
| **LAS** | SEL (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark) |

**DMIRS Project Management and NHS England London Region Commissioning Team contact details:**

* england.lon-DMIRS@nhs.net
* 020 3182 4993

**Mobile Directory of Services**

To support you in contacting the patient's registered GP and searching for other services that might help the patient you will be able to access MiDoS© through a link on the Sonar platform.

# 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

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

Vaginal Discharge

Vaginal Itch or Soreness

Vomiting

Wound Problems - management of dressings

Wrist, Hand or Finger Pain or Swelling

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**Annex E – Glossary**

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| --- | --- |
| **Term** | **Definition** |
| Go Live | Service commencement |
| ITK | Interoperability Toolkit, a set of common specifications, frameworks and implementation guides that support interoperability. For DMIRS, IT platform products are required to be developed to, and tested against, ITK specifications |
| Low acuity | Low medical need |
| Low acuity conditions | Annex D; list of possible symptom groups  |
| MAS | Minor Ailment Scheme |
| NHS 111 Providers | LAS – London Ambulance ServiceLCW – London Central & West Vocare Care UK |
| NHS 111 Provider footprint | Geographical areas covered: North West London, North Central London, North East London, South East London and South West London |
| Self-Care | Self-care is a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system, such as community pharmacies |
| Sonar | Commissioned IT platform |
| Urgent Treatment Centres | Urgent treatment centres are a facility you can go to if you need urgent medical attention but it's not a life-threatening situation.At the moment, the NHS offers a mix of walk-in centres, urgent care centres, minor injury units and urgent treatment centres, all with different levels of service.By the end of 2019, these will all be called urgent treatment centres (previously known as Walk in Centres). |
| Urgent care system | Services for urgent medical attention that is not a life-threatening situation; such as Urgent Care Hubs (previously known as walk-in centres), GP Out of Hours, NHS 111 |

1. [www.patient.co.uk](http://www.patient.co.uk) or [www.nhs.uk](http://www.nhs.uk) [↑](#footnote-ref-1)
2. https://cks.nice.org.uk/ [↑](#footnote-ref-2)
3. <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care> [↑](#footnote-ref-3)
4. <http://www.pharmacyregulation.org/standards/standards-registered-pharmacies> [↑](#footnote-ref-4)
5. Even though 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. This will be the same shared NHSmail mailbox that was set up for NUMSAS. [↑](#footnote-ref-5)