Service Level Agreement and Service Specification for the General Practice Digital Minor Illness Referral Enhanced Service (GP DMIRS)

NHS England and NHS Improvement

Service Level Agreement and Service Specification for the General Practice Digital Minor Illness Referral Enhanced Service (GP DMIRS)

GP Practice Referred Patients with low acuity conditions

Version number: 1.0

First published: 6th June 2019

Prepared by: Pharmacy Integration

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Document Management

This document has been reviewed and approved by the following people within the Primary Care Strategy and NHS Contracts Group in the Strategy and Innovation Directorate at NHS England:

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Reviewer name	Title/responsibility	Date
Fiona Davenport	GPFV Transformation Lead	06/06/19
Fiona Davenport	GPFV Transformation Lead	18/06/19

Service Level Agreement

1. This agreement is between

NHS England (the Commissioner) – **South West, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester, GL3 4FE**

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 General Practice Digital Minor Illness Referral Service (GP 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 SLA may result in suspension of the pharmacy from providing 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 General Practice Digital Minor Illness Referral Service (GP DMIRS) is to reduce the burden on General Practice by referring patients requiring advice and treatment for certain low acuity conditions from a GP practice to a community pharmacist. Its aim is to ensure that patients have access to the same levels of care, close 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 1st July 2019 to 31st March 2020**.

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, patient safety concerns or issues identified through monitoring and evaluation.

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 are 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 GP DMIRS:

- The pharmacy is satisfactorily complying with its obligations under Schedule 4 to the Pharmaceutical Services Regulations[1] (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 GP DMIRS service delivery.

- Availability of a consultation room in which to provide the service that meets the requirements set out in Schedule 1, Section 10.1 on page 10 of the service specification.

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.

Registered pharmacy professionals are expected to follow the most recent General Pharmaceutical Guidance on Confidentiality (May 2017).

Any approaches by the media for comments or interviews about the GP 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.

[1] http://www.legislation.gov.uk/uksi/2013/349/contents/made

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

Schedule 1

Service Specification

NHS General Practice Digital Minor Illness Referral Service (GP DMIRS)

Pharmacy Local Enhanced Service

NHS General Practice Digital Minor Illness Referral Service (GP DMIRS)

Version number: 1.0

Adapted from the NHS 111 Referral Service Specification for the London Region

Classification: OFFICIAL

Any questions or queries should be directed to:

Fiona Davenport, GPFV Transformation Lead – f.davenport@nhs.net

Or

Pharmacy Contracting Team – pharmacysoutwest@england.nhs.net

or

The NHS England Pharmacy Integration Team on
england.pharmacyintegration@nhs.net

1. Service description and background

1.1. Patients and the general public access community pharmacies for self-care advice and to purchase over the counter medicines. It is however difficult sometimes for patients to know when it might be more appropriate to access GP advice. It is estimated that 6% of all GP consultations could be safely transferred to a community pharmacy[2] (20.4 million appointments per year) and there is good evidence that the advice provided by community pharmacists as part of a consultation about symptoms of minor illness will result in the same outcome as if the patient went to see their GP or attended an Emergency Department.[3]

1.2. As part of the Pharmacy Integration Fund programme of work to integrate community pharmacy into local NHS urgent care pathways, a new approach is being taken to create a digital process for sending a "referral" to a community pharmacist instead of booking a GP appointment for a low acuity minor illness assessment.

1.3. The term "referral" is used to describe the process where practice staff advise patients that they can attend a local community pharmacy for a consultation with a pharmacist and that personal data about them will be transferred to the pharmacy. The GP practice may use a streaming process or other local protocol to identify patients to be referred dependent on the symptoms declared by the patient. In some instances, this may make use of clinical triage or a referral following an online assessment process. The GP practice is responsible for ensuring the robustness of their chosen method of "referral" to the pharmacy (See Annex A for definitions).

1.4. Patients need to be supported and feel confident that they are being provided the right care for them at the right time. The GP to pharmacy referral pathway builds on the knowledge gained through the four NHS 111 to pharmacy DMIRS regions that have been running in North East England (since December 2017) and in the East Midlands, Devon and London (since November 2018).

1.5. The GP Digital Minor Illness Referral Service (GP DMIRS) will be commissioned as a Local Enhanced Service under the terms of the Community Pharmacy Contractual Framework, with the aim of ensuring that patients have access to care close to home and with a self-care emphasis.

1.6. An electronic transfer of data to support the referral will be sent from the General Practice to a local community pharmacy. Across practices in England there are now GP reception teams that work with care navigators

[2] https://www.england.nhs.uk/gp/gpfv/workload/releasing-pressure/
[3] https://bmjopen.bmj.com/content/5/2/e006261

to support the process of booking patients to see the most appropriate member of the multidisciplinary team. Only patients who have been referred from their GP practice are eligible to receive advice and treatment under this service. Patients will still be able to access advice and support for self-care from any local pharmacy as a walk-in service as usual.

1.7. On presentation, the pharmacist will assess the patient, looking for any red flags with reference to the NICE Clinical Knowledge Summaries (CKS), provide relevant self-care advice and support (as detailed in point 1.8) and will refer the patient to another service or healthcare professional, where it is appropriate.

1.8. The pharmacist will provide self-care advice and support, including access to printed information and /or electronic resources,[4] to all individuals, if appropriate, on the management of low acuity conditions specified in Annex E**.**

1.9. 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 a pharmacy local Minor Ailments Service (MAS) (dependent on local commissioning arrangements)
- Advice and referral into a local Patient Group Direction service (dependent on local commissioning arrangements)
- Advice and referral back to the patient's GP (pharmacist to arrange appointment for the patient at the patient's own GP – as part of this service)
- Advice and signpost on to another service.

1.10. A GP notification may be required about the consultation depending on outcome to ensure the patient's primary care record held by their GP is updated. Pharmacists will use their clinical judgement to determine when this is appropriate. The notification may be made using the DMIRS IT system or the paper form in Annex C, however digital transmission is preferred.

1.11. Local clinical governance processes will need to be established to ensure the quality of referrals from GP practices to pharmacies. These will need to be reviewed locally and take into account any lessons learned from the outcomes of the consultation with the pharmacist, including cases that have been closed or cases that have required an escalation.

1.12. The patient must be in attendance otherwise the consultation will not qualify as part of the GP DMIRS scheme. For patients under the age of 16, pharmacists should use their professional judgement to determine whether

[4] www.patient.co.uk or www.nhs.uk

the patient needs to be accompanied or not, taking into account the principles of Gillick competence where required.

1.13. Pharmacists are not able to divert patients who self-present 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.

1.14. The NHS England GP DMIRS will commence from 1st July 2019 and run until 31st March 2020.

1.15. An evaluation of the service will be undertaken, and the required data must be submitted to the NHS BSA to facilitate a robust review and financial appraisal for NHS commissioners. An independent academic review of the service will evaluate patient satisfaction and experience of community pharmacy and GP staff. Pharmacy staff will be required to participate in the evaluation and submit additional data as required.

2. Aims and intended outcomes of DMIRS

2.1. The aims of this GP DMIRs service are:

- To improve access to GPs by diverting appropriate consultations to appropriately trained community pharmacists in a way that is convenient, safe and effective for patients.

- To relieve pressure on GP appointments and create some additional capacity for the practice to book patients into appointments that might otherwise have been filled that day or in a few days' time depending on the nature of the symptoms the patient reports.

- To establish the quality and effectiveness of clinical urgent care services provided by community pharmacy through a referral from a GP practice.

- To enable convenient and easy access to a healthcare professional for patients.

- 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 encourage self-care and/or the use of pharmacy as a first point of contact for minor illness symptoms in the future.

- 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 (NHSBSA) website through the page for GP DMIRS. N.B. Only pharmacies in specific Primary Care Network areas will be able to register.

4. Service Sign-up – Individual Pharmacists

4.1. Pharmacist sign up and the declaration of competence is via the pharmacy DMIRS IT System. Individual Pharmacists will be required to declare that they meet the requirements of the service before a referral can be accepted.

4.2. This self-declaration will require that the pharmacist can 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,
3) I am aware of the escalation process should this be required,
4) I will only provide this service from the pharmacy's consultation room unless the patient prefers the face to face consultation outside the consultation room,
5) I will have access to appropriate IT capability in the consultation room so that the DMIRS IT System can be used as part of the consultation,
6) I can access Summary Care Records (SCR) within the pharmacy,
7) I can access the shared NHSmail account specific to the pharmacy premises which facilitates onwards communication to the patient's GP and provides essential backup for electronic transfer of data.
8) I will feedback to the GP surgery the outcome of the consultation where appropriate
9) I will provide data for evaluation as requested
10) I am aware of 'red flag' symptoms indicating that a patient may need referral back to the GP or an urgent care service.

5. Service Extension

In the event that the service is extended, it will be assumed that pharmacy contractors are continuing to provide GP DMIRS unless they opt-out by following the process detailed in the run-up to the extension. This does not prevent pharmacists from terminating earlier, as set out in Section 4 of the SLA.

6. Receipt of referral from the GP practice

6.1. An electronic message will be sent by the GP practice to the pharmacy once patient has consented to the service.

6.2. The GP practice 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 from their GP practice.

6.3. If a patient attends the pharmacy and declares they have been referred by the GP practice and no electronic referral/email has been received, the pharmacist will contact the GP practice to confirm whether a referral has been made.

6.4. If a referral has not been made by the GP practice, 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 as part of essential services, e.g. advice, the sale of an over the counter medicine or a supply via a locally commissioned minor ailments service.

6.5. During the pharmacy's opening hours, the pharmacy IT System used to receive DMIRS referrals should be regularly checked, especially within the opening hours of the local GP practices including any enhanced hours they are open, to pick up referrals in a timely manner. This should include when a pharmacy opens and before the pharmacy closes each day.

6.6. Where a pharmacy has received a referral from the GP practice and the patient has not attended or contacted the pharmacy on the day the referral was made, 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 as 'no intervention made'.

6.7. The service will be provided by the pharmacy for all the opening hours of the pharmacy (core and supplementary) including extended hours and any public or bank holidays they are open. It is essential that pharmacist locums are fully briefed and should be able to deliver the service.

6.8. See Annex B for a patient flow diagram.

7. Pharmacist consultation

7.1. The pharmacist will conduct a face-to-face consultation in the pharmacy consultation room. Chaperone or translation arrangements should be offered where appropriate to the needs of the patient. The DMIRS IT System must be used (via an electronic device) during that consultation so that the pharmacist can record any information relevant to the clinical consultation. Referral information provided by the GP practice may need to be manually inputted on the DMIRS IT System by the pharmacist. The pharmacist will assess the patient's symptoms using a structured approach and their own observations, using any locally held patient record and SCR where appropriate.

7.2. The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process with particular attention given to symptoms that might indicate sepsis or meningitis.[5] Pharmacists should be able to access the latest information directly from NICE Clinical Knowledge Summaries whilst still with the patient during the consultation.

7.3. 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 9 should be followed.

7.4. 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 and locally held records where available and where appropriate.

7.5. The pharmacist will consider past medical history and current medication to assess appropriateness of any advice given and medicines supplied.

7.6. The pharmacist will provide self-care advice on the management of the low acuity condition.

7.7. 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 111 or 999 if the matter is urgent and the pharmacist or GP is not available.

7.8. 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 local Minor Ailments Service (MAS) or a local Patient Group Direction (PGD) service (depending on locally commissioned services), the sale of an OTC or Pharmacy Only product, or referral to an appropriate prescriber should be considered. The pharmacist is professionally accountable for the clinical judgement and treatment decisions they make.

[5] https://cks.nice.org.uk/

7.9. The patient must not be charged for the consultation that occurs as part of the DMIRS referral from a GP practice.

Advice and Information

7.10. Every patient who accesses the service will be provided with verbal advice, and printed information sheet(s) relevant to their condition if required. In some cases it may be appropriate to provide electronic information if the patient provides an email address. This information should include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice or treatment if needed as part of signposting to other local services.

7.11. Every effort should be made to ensure the patient understands the advice provided or is referred onwards if necessary.

7.12. Patients should also be informed that community pharmacy is a first port of call for many low acuity conditions.

Core Pharmacist Competencies

7.13. Able to communicate with, counsel and advise patients appropriately and effectively on low acuity conditions.

7.14. Is highly aware of Red Flag symptoms such as those for sepsis and meningitis.

7.15. Able to assess the clinical needs of patients including relevant physical assessment where appropriate and the identification of Red Flags (ref. NICE Clinical Knowledge Summaries).

7.16. Able to escalate patients in line with the options described in section 9.

7.17. Able to act on referrals from, and make referrals to, other healthcare professionals.

7.18. Able to explain the provision of the service and give appropriate self-care advice.

8. Records and Documentation

8.1. The pharmacy will maintain a record of the consultation including advice about medicines they already taking or available at home for self-care. In addition, a record of any medicine that is supplied, whether it is suggested for purchase or as part of a locally commissioned MAS, should be kept. This will

be recorded via the DMIRS IT System with anonymised data submitted as part of the evaluation.

8.2. Patients will be invited to complete a patient survey. The process to access the patient survey will be detailed in a supporting guidance document. If the patient refuses to take part in the survey, this does not stop them from receiving the service.

8.3. All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.[6]

8.4. A record of any notifications to GPs or other health care professionals will need to be retained by the pharmacy (e.g. Annex C).

9. Escalation Process

9.1. 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. back to their GP or an Urgent Treatment Centre or A&E).

9.2. **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 contact 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. As part of the GP DMIRS programme, it is anticipated that GP practices will make appointments available for when the pharmacist decides that the patient needs to be seen by their GP.

9.3. **Option B)**
Refer patient to A&E or call 999: If the patient presents after referral from GP with severe symptoms indicating the need for an immediate emergency consultation, the pharmacist should refer the patient to attend A&E immediately or call an ambulance. **The pharmacist must report any such cases to the local NHS England DMIRS commissioning team pharamcysouthwest@england.nhs.net on the same day as they occur**.

9.4. 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.

[6] https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care

9.5. 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 E for scope of symptom groups).

9.6. If the pharmacist suspects that the service is being used inappropriately by patients or carers, they should alert the local NHS England pharmacy commissioning team at the earliest opportunity.

9.7. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.

9.8. When referring patients to a GP, pharmacists should not set any patient expectations of any specific treatment/outcome.

10. Training, premises and other requirements

10.1. 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:

a) the consultation room must be clearly designated as an area for confidential consultations
b) it must be distinct from the general public areas of the pharmacy premises
c) 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).

10.2. The consultation room must also meet the General Pharmaceutical Council (GPhC) Standards for Registered Premises.[7]

10.3. 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 111 Referral video for background knowledge.[8]

10.4. Pharmacists must have access to the SCR within the pharmacy. Ideally this will be accessible in the consultation room.

10.5. The pharmacy contractor should have a standard operating procedure (SOP) in place covering the provision of the service. This should include key contact details that are set out in Annex D.

[7] http://www.pharmacyregulation.org/standards/standards-registered-pharmacies
[8] https://www.england.nhs.uk/commissioning/primary-care/digital-minor-illness-referral-service-dmirs/

10.6. Prior to providing the service, the pharmacy contractor should review and make any necessary amendments to their business continuity plan to incorporate appropriate content on the service within the plan.

10.7. Pharmacies must have a shared NHSmail mailbox for each pharmacy premises, as a back-up. Pharmacists providing the service must understand how to access both the DMIRS IT System and the shared NHSmail mailbox so that they can access all referrals.

10.8. 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 important 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, Bank and Public Holidays.

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

11. Service availability

11.1. The pharmacy contractor should ensure that the service is available throughout the pharmacy's core and supplementary opening hours.

11.2. 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 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.

11.3. If the service must 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 GP practice(s) directly to temporarily stop referrals.

11.4. In the event of the GP practice not getting through to the pharmacy via electronic messaging, 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 dispute resolution procedures.

11.5. In the event of problems with service provision by a pharmacy, the local NHS England team will assess the ongoing ability of the pharmacy to deliver the service. In the intervening period, the GP practice will be advised not to send referrals to that pharmacy until the issue is resolved.

11.6. If the pharmacy contractor wishes to cease to provide this service, they must notify NHS England via email pharmacy pharmacysouthwest@england.nhs.net least one month's notice must be provided prior to the cessation of service provision.

12. Governance

12.1. The pharmacy will report any incidents related to patient safety, the referral process or operational issues via the incident reporting form located within the DMIRS IT System.

12.2. The service will be subject to assurance, contract monitoring against the service specification and post payment verification by the Commissioner (or the NHSBSA acting on behalf of the Commissioner).

12.3. The pharmacist should report any patient safety incidents to the National Reporting and Learning System (NRLS) using usual procedures.

13. Service promotion

13.1. Patient access to the service is via referral from their GP practice.

13.2. 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 that have been referred from a GP practice. Communication material that can be used to inform patients about the service will be agreed with the national NHS England Pharmacy Integration programme.

14. Evaluation

14.1. The service will be evaluated independently to inform service design and future commissioning decisions. Aspects of the service to be examined will include, but not necessarily be limited to:

a) Referral rates to community pharmacy
b) Patient experience and satisfaction
c) Impact on GP in-hours appointments or referrals
d) Identification of a clinical pathway for referral to community pharmacy
e) Experiences of pharmacy staff and GP practice staff
f) Consultation outcome

g) Operational aspects and issues with running the service.

14.2. All participating pharmacies must participate in the evaluation.

15. Payment

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

15.2. Payments for DMIRS will be made based on the information recorded on the DMIRS IT System that will be transferred to the NHS England pharmacy contract team. Pharmacies may be required to undertake an audit for post-payment verification.

15.3. Payment will be made to pharmacies on a monthly basis within two months of end of month by NHS England via the NHSBSA. Any payment queries not resolved with NHSBSA will need to be referred to the NHS England commissioning team and will be dealt with in a timely manner.

15.4. Pharmacists must record information onto the DMIRS IT System during the consultation with the patient present to ensure a full electronic health record is completed appropriate to the consultation.

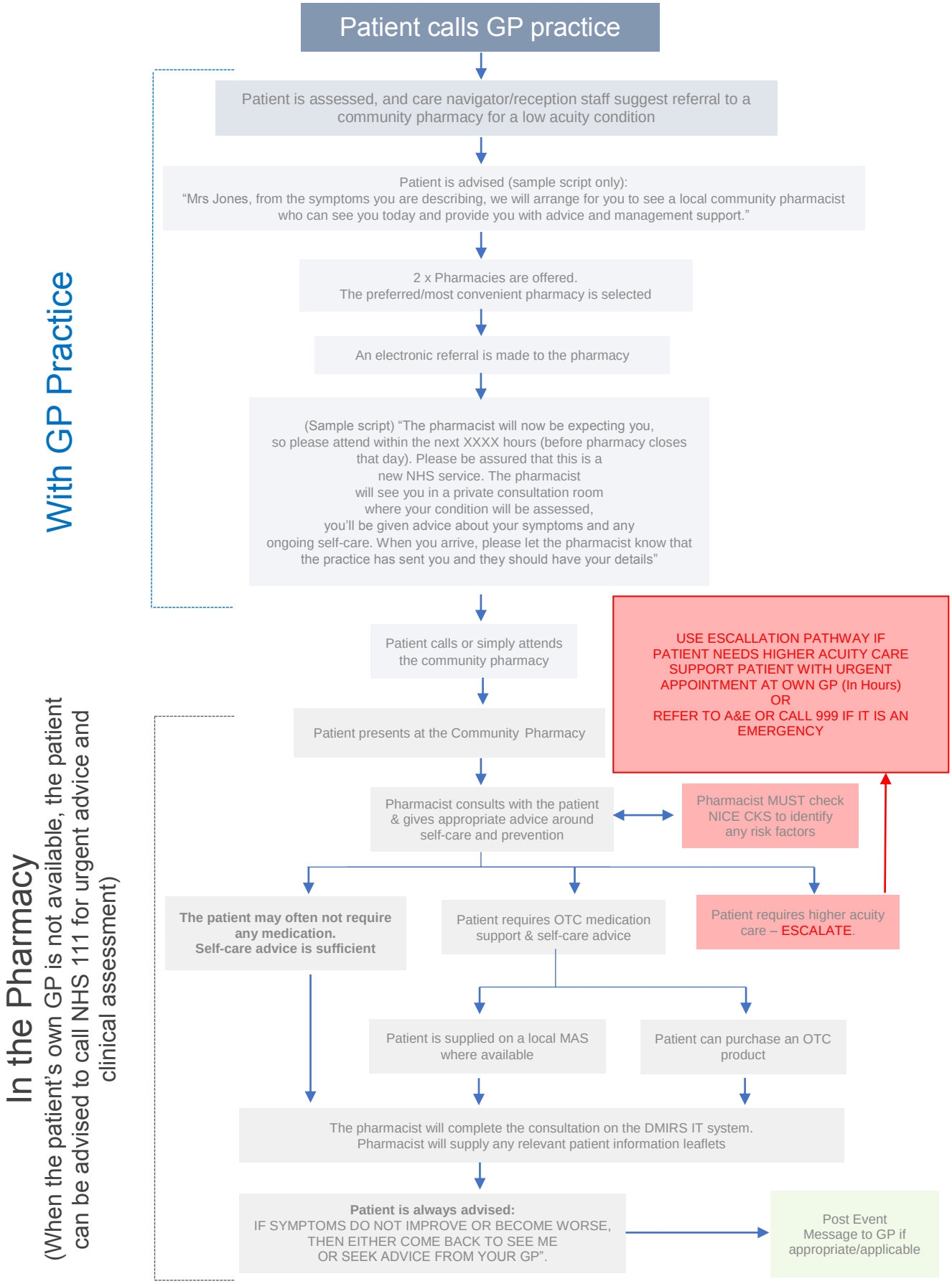
15.5. Claims submitted which relate to consultations over three calendar months old (non-closed referrals) will not be paid.

15.6. Any information that has not been recorded on the DMIRS IT System and subsequently supplied to NHS England must be anonymised and not contain any patient identifiable information.

Annex A – Glossary

Term	Definition
DMIRS IT system	Pharmacy IT suppliers currently able to provide the DMIRS IT system are PharmOutcomes and Sonar. The supplier will be agreed by the NHS England local area dependent on local arrangements
Low acuity	Low medical need
Low acuity conditions	Annex E; list of possible symptom groups
MAS	Minor Ailment Scheme. This may include the use of patient group directions to provide a supply of Prescription Only Medicines (POM) according to a locally agreed protocol
Referral from GP practice	The term “referral” is used to describe the process where practice staff advise patients that they can attend a local community pharmacy for a consultation with a pharmacist and that personal data about them will be transferred to the pharmacy. The GP practice may use a streaming process or other local protocol to identify patients to be referred dependent on the symptoms declared by the patient. In some instances, this may make use of clinical triage or a referral following an online assessment process. The GP practice is responsible for ensuring the robustness of their chosen method of “referral” to the pharmacy
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
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. The NHS currently 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)

Annex B – GP DMIRS Patient Flow



Annex C – GP Notification Form

PAPER VERSION - IF REQUIRED i.e. this is within the DMIRS IT System and will be sent to the GP at the end of the consultation if this is set up within the IT System (local variations may apply)

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			
NHSmail Address			
Address			

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

DMIRS Project Management and NHS England Commissioning Team contact details:

Name	Organisation	Email address
Pharmacy Contracting Team	NHS England (South West)	pharmacysouthwest@england.nhs.net
Fiona Davenport	NHS England (South West)	f.davenport@nhs.net
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Annex E – List of possible symptoms groups identified for referral to a community pharmacist

NOTE: Individual GP practices will determine which symptom groups they will refer to pharmacy. This service will inform a national approach to symptom groups to include for referral from General Practice to a pharmacy. General principles are to exclude:

- Under 1 years
- Anyone presenting with high temperature unresponsive to antipyretic medicines (self-declared)

This list is not exhaustive but reflects the case mix based on current NHS 111 referrals:

Acne, Spots and Pimples
Allergic Reaction
Ankle or Foot Pain or Swelling
Athlete's Foot
Athlete's Foot Bites or Stings, Insect or Spider
Blisters
Constipation
Cough
Diarrhoea
Ear Discharge or Ear Wax
Earache
Eye, Red or Irritable
Eye, Sticky or Watery
Eyelid Problems
Hair loss
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