
DIRECTIONS

THE NATIONAL HEALTH SERVICE ACT 2006

The Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 4) Directions 2019

The Secretary of State gives the following Directions in exercise of the powers conferred by sections 127, 128, 272(7) and (8) and 273(1) of the National Health Service Act 2006(a).

Citation, commencement, application and interpretation

1.—(1) These Directions may be cited as the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 4) Directions 2019 and come into force on 29th October 2019.

(2) These Directions apply in relation to England.

(3) In these Directions, “the 2013 Directions” means the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013(b).

Amendment of direction 2 of the 2013 Directions

2.—(1) Direction 2 of the 2013 Directions (interpretation) is amended as follows.

(2) At the appropriate places in the alphabetical order insert—

““CPCS” means the NHS Community Pharmacist Consultation Service described in direction 7BA(2);” and

“CPCS service specification” means the service specification for the CPCS, produced by the NHSCB, which has the publication date of October 2019(c);”.

(3) Omit the definitions of “NUMSAS” and “NUMSAS service specification”.

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- (a) 2006 c. 41. Section 127 has been amended by the Health and Social Care Act 2012 (c. 7) (“the 2012 Act”), Schedule 4, paragraph 64, and section 128 has been amended by the 2012 Act, Schedule 4, paragraph 65.
- (b) Signed on 12th March 2013, and amended by: the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2013, signed on 16th September 2013; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2013, signed on 6th December 2013, which also revoked the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2013; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2014, signed on 12th March 2014; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2014, signed on 5th December 2014; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2015, signed on 15th September 2015; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2016, signed on 30th August 2016; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, signed on 30th November 2016; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2017, signed on 29th August 2017; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2018, signed on 8th March 2018; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2018, signed on 31st August 2018; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2019, signed on 13th March 2019; the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2019, signed on 22nd August 2019; and the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 3) Directions 2019, signed on 11th September 2019.
- (c) NHS England and NHS Improvement Publications gateway reference 000782.

Amendment of direction 5 of the 2013 Directions

3.—(1) Direction 5 of the 2013 Directions (MUR services: ongoing conditions of arrangements) is amended as follows.

(2) In paragraph (1), in sub-paragraph (o), omit from “, which—” to the end of that sub-paragraph.

Amendment of direction 7 of the 2013 Directions

4.—(1) Direction 7 of the 2013 Directions (New Medicines Service: ongoing conditions of arrangements) is amended as follows.

(2) In paragraph (1)—

(a) for sub-paragraph (f) substitute—

“(f) the first stage services that P provides as part of the New Medicines Service (either with the patient at P’s pharmacy premises or, provided that the registered pharmacist is at P’s pharmacy premises and to the extent possible, by telephone) must comprise—

(i) agreeing with the patient who is being offered the service (whether as a consequence of prescriber referral or P’s own motion)—

(aa) when P dispenses the newly prescribed NMS medicine to the patient, or

(bb) in a case to which sub-paragraph (e)(ii) applies, when the patient contacts P about the service as a consequence of the referral mentioned in sub-paragraph (e)(ii)(bb),

a time and place for the second stage intervention services (which may be at a split location),

(ii) providing the patient with sufficient information about the New Medicines Service (for example, in a leaflet) to enable them to give their informed consent to receiving the service,

(iii) obtaining from the patient a signed consent form to receiving the service, and

(iv) as appropriate, providing the patient with information relevant to the objectives listed in direction 6(2) (where this is not already required under Part 2 of Schedule 4 to the Pharmaceutical Services Regulations (terms of service for NHS pharmacists – essential services);” and

(b) omit sub-paragraph (g).

New directions 7BA and 7BB of the 2013 Directions

5. After direction 7B (Community Pharmacy Seasonal Influenza Vaccination Advanced Service: ongoing conditions of arrangements), insert the following directions—

“NHS Community Pharmacist Consultation Service: general matters and preconditions to making arrangements

7BA.—(1) The NHSCB must make arrangements for the provision of a service as part of the CPCS with any pharmacy contractor (P) who—

(a) meets the requirements set out in paragraphs (3) to (8); and

(b) wishes to enter into such arrangements or is required to do so by virtue of regulation 66 of the Pharmaceutical Services Regulations (conditions relating to providing directed services).

(2) The underlying purposes of the CPCS are, for NHS patients referred via the NHS 111 service or an IUC CAS—

- (a) to offer NHS patients with low acuity conditions, or who require urgent prescriptions, access to appropriate urgent care services from pharmacy contractors, with a view to releasing capacity in other areas of the urgent care system;
 - (b) to support NHS patients in self-managing their health more effectively, with a view to reducing unnecessary use of the urgent care system; and
 - (c) to increase patient awareness and use of pharmacy contractors as the “first port of call” for low acuity conditions and for medicines access and advice.
- (3) P must register to provide the service in the manner provided for in the CPCS service specification.
- (4) P must be satisfactorily complying with P’s 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.
- (5) P must have in place at the pharmacy premises at or from which the service is to be provided a business continuity plan and standard operating procedures, both of which are to cover provision of the service, as appropriate, having regard to the requirements of the CPCS service specification.
- (6) Pharmacy staff, including locums, at pharmacy premises at or from which the service is to be provided must have been appropriately trained and must have appropriate knowledge and skills, having regard to the requirements of the CPCS service specification, if there is any role that they may be asked to perform as part of the service.
- (7) P must be able to provide the service in a room for confidential consultations at P’s pharmacy premises which meets the requirements for such a room in the CPCS service specification.
- (8) Pharmacy professionals at the pharmacy premises at or from which the service is to be provided must have access to, and be able to use—
- (a) the EPS;
 - (b) NHS summary care records;
 - (c) NHSmail (including the shared mailbox); and
 - (d) the CPCS IT system, as mentioned in the CPCS service specification, if it is used within their locality.

NHS Community Pharmacist Consultation Service: ongoing conditions of arrangements

- 7BB.**—(1) The NHSCB must ensure that arrangements pursuant to direction 7BA(1) with a pharmacy contractor (P) include terms equivalent to the requirements set out in this direction.
- (2) P must comply, and must ensure that their pharmacy staff including locums comply, with the requirements of the CPCS service specification, in particular in respect of—
- (a) the checking for, and handling of, referrals via the NHS 111 service or an IUC CAS, including, where the CPCS service specification so provides, contacting a patient who has not made contact with P;
 - (b) dealing with circumstances where a patient requests a service as part of the CPCS but no referral message has been received via the NHS 111 service or an IUC CAS, including where none has been sent;
 - (c) the conduct of the initial interview of the patient;
 - (d) making appropriate use of NHS summary care records and the EPS;
 - (e) documentation of referrals;
 - (f) in cases relating to referral via the NHS 111 service or an IUC CAS for the possible emergency supply of a drug or appliance—

- (i) conducting face to face consultations, where one is legally necessary or clinically appropriate,
 - (ii) dealing with the circumstances where it is not appropriate to make an emergency supply of a drug or appliance (for example, where the prescription is available via the EPS or the relevant requirements of the Human Medicines Regulations 2012(a) are not met),
 - (iii) dealing with emergency supplies of drugs and appliances, where it is appropriate for an emergency supply to be made,
 - (iv) onward referrals, if it is appropriate for an emergency supply of a drug or appliance to be made but P does not have the item in question,
 - (v) ensuring that the patient and, if there is contact with a representative of the patient, the patient's representative are given appropriate information and advice (in particular about ordering prescriptions in a timely manner and the benefits of electronic repeat dispensing),
 - (vi) ensuring that the patient, or a representative of the patient, duly completes the documentation required to ensure that NHS prescription charges are paid, or exemptions are claimed correctly, and that the required checks and records are made of evidence of entitlement to exemptions,
 - (vii) collecting NHS prescription charges, where these are payable,
 - (viii) maintaining and managing records of the emergency supply, and
 - (ix) post event messaging, including use of the national GP Practice Notification Form where such use is provided for by the CPCS service specification;
 - (g) in cases relating to referral via the NHS 111 service or an IUC CAS because of a possible low acuity condition—
 - (i) conducting face to face consultations, where one is clinically appropriate,
 - (ii) identifying where a patient needs to be referred to higher acuity services and the procedures to be followed in those circumstances (including the escalation process),
 - (iii) providing advice (verbal and printed) on self-care and the management of low acuity conditions, including advice in respect of symptoms not improving or becoming worse and when and where to go for further advice (including online resources) or treatment,
 - (iv) if medication is required for the presenting condition, responding as provided for in the CPCS service specification (which may mean offering another NHS service or a private sale),
 - (v) maintaining and managing records of the consultation, including of any medication offered or supplied (including supplies as part of another NHS service and private purchases), and
 - (vi) post event messaging, including use of the national GP Practice Notification Form where such use is provided for by the CPCS service specification;
 - (h) ensuring that the documentation that needs to be duly completed for P to be paid the due amount for the service is duly completed and submitted; and
 - (i) ensuring that the governance arrangements for the service are complied with, as provided for in the CPCS service specification.
- (3) P must ensure that pharmacy staff, including locums, at pharmacy premises at or from which the service is to be provided have been appropriately trained and have appropriate knowledge and skills, having regard to the requirements of the CPCS service specification, if there is any role that they may be asked to perform as part of the service.

(a) S.I. 2012/1916.

(4) P must have in place and keep under review at the pharmacy premises at or from which the service is to be provided a business continuity plan and standard operating procedures, both of which are to cover provision of such services, as appropriate, having regard to the requirements of the CPCS service specification.

(5) If the provision of the service has to be suspended for any reason, P must ensure that—

- (a) the relevant elements of its business continuity plan are activated; and
- (b) the NHS 111 service, any local IUC CAS and the NHSCB are informed, as provided for in the CPCS service specification.

(6) Where P holds face to face consultations at P's premises, these must be held in the room at P's premises for confidential consultations which meets the requirements for such a room in the CPCS service specification.

(7) P must ensure, in so far as is practicable, that the service is available and on offer at P's pharmacy premises at the times throughout its core opening hours and supplementary opening hours (as defined in the Pharmaceutical Services Regulations(a)).

(8) P must ensure that the service is accessible, appropriate and sensitive to the needs of all service users, and that no eligible patient is excluded, or experiences difficulty in accessing or using the service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

(9) P must not actively promote services which are part of the CPCS directly to the public.

(10) P must not use the provision of the service as an occasion for attempting to divert a patient from, or to change their use of, their usual pharmacy.

(11) P must participate in any local audit of integrated urgent care service provision provided for in the CPCS service specification.

(12) P must provide the reports for service evaluation and monitoring purposes provided for in the CPCS service specification.

(13) If P is to terminate P's participation in the CPCS, P must do so in the manner provided for in the CPCS service specification.”

Revocation of directions 7C and 7D of the 2013 Directions

6.—(1) Directions 7C and 7D of the 2013 Directions(b) (NHS Urgent Medicine Supply Advanced Service Pilot Scheme – general matters and preconditions to making arrangements, and ongoing conditions of arrangements) are revoked.

(2) Direction 3 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, signed on 30th November 2016, is revoked.

(3) Directions 3 and 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2018, signed on 8th March 2018, are revoked.

(4) Directions 4 and 5 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2018, signed on 31st August 2018, are revoked.

(5) Directions 3 and 4 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) Directions 2019, signed on 13th March 2019, are revoked.

(6) Direction 6 of the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 3) Directions 2019, signed on 11th September 2019, is revoked.

(a) See regulation 2(1) of those Regulations.

(b) Inserted by the Pharmaceutical Services (Advanced and Enhanced Services) (England) (Amendment) (No. 2) Directions 2016, signed on 30th November 2016.

Signed by authority of the Secretary of State for Health and Social Care

J Howe

25th October 2019

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