Advanced Service Specification - NHS Community Pharmacist Consultation Service

NHS England and NHS Improvement

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0.1	July 2019	NHS England	Draft	New service document (amalgamation of NUMSAS and DMIRS services)
0.2	August 2019	NHS England	Final draft	Agreed final draft for use during service sign up
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1.1	August 2020	NHS England and NHS Improvement	Draft	Amendments to referral routes and minor updates
2.0	November 2020	NHS England and NHS Improvement	Final	Agreed final version following updates

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Background to the service

Since 2016, the Pharmacy Integration Fund has funded and tested several operational service models throughout England that can be used to enhance community pharmacy's role in urgent care provision.

Using the evidence from these pilots, the Community Pharmacist Consultation Service (CPCS) was commissioned as an Advanced Service from 29 October 2019, with the expectation that additional strands to the service would continue to be tested and developed in the future. At the time of service commencement, the referrals to community pharmacies were made by NHS 111 or Integrated Urgent Care Clinical Assessment Services (IUC CAS). Further referral routes were piloted for inclusion in the service and will continue to be developed.

In line with the ambitions set out in the NHS Long Term Plan[1], this service is expected to relieve pressure on urgent and emergency care, by referring patients to a consultation with a community pharmacist where otherwise they would have attended a GP appointment, GP out of hours appointment or A+E having run out of regular medicines or requiring support with low acuity/ minor illness. The service will also help to tackle elements of existing health inequalities by providing urgent access to patients who are not registered with a GP.

1 Aims and intended outcomes

1.1 The CPCS was introduced as an Advanced Service:

i. To support the integration of community pharmacy into the urgent care system, and to divert patients with lower acuity conditions or who require urgent prescriptions, releasing capacity in other areas of the urgent care system.

ii. To offer patients who contact NHS 111 the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting on referral from an NHS 111 call advisor and via the NHS 111 Online service.

iii. To reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services, and free up capacity for the treatment of patients with higher acuity conditions within these settings.

iv. To appropriately manage patient requests for urgent supply of medicines and appliances.

v. To enable convenient and easy access for patients to community pharmacist advice for the management of minor illness.

vi. To reduce the use of primary medical services for the referral of low acuity conditions from NHS 111 and the need to generate urgent prescriptions.

vii. Following amendments to this service in autumn 2020, to free up further capacity in general practice by allowing referral from General Practice and diverting appropriate minor illness consultations to trained community pharmacists.

viii. 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 services in the

[1] https://www.longtermplan.nhs.uk/

future. Following amendments to this service in autumn 2020, to reduce the pressure on Urgent and Emergency Care services to allow them to refer patients onwards to trained community pharmacists able to deal effectively with low acuity conditions.

ix. To ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested.

x. To increase patient awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions and for medicines access and advice.

xi. To be cost effective for the NHS when supporting patients with low acuity conditions.

2 Requirements for service provision - premises, training and other requirements

2.1 Prior to provision of the service, the pharmacy contractor must:

a. be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance;

b. notify NHS England that they intend to provide the service by completion of an electronic registration declaration through the NHSBSA Manage Your Service (MYS) platform; and

c. be satisfied that all pharmacy staff involved in the provision of the service are competent to do so, including any locum staff.

2.2 Pharmacists providing the service must have access to the NHS Summary Care Record (SCR), the pharmacy's shared NHSmail mailbox (the email address of which must be in the following format: pharmacy.ODScode @nhs.net) and the local secure electronic messaging system that NHS 111 (telephony and online) or the IUC CAS use to send referrals. This system ('the CPCS IT system'), provided by NHS England, will also be used by the contractor to maintain records of service provision and to send post-event messages to patients' general practices. The contractor should acknowledge any electronic test messages received in a timely manner.

2.3 To provide the service, pharmacies must have a consultation room, which complies 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); and

d. it must have IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made within the CPCS IT system.

2.4 The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service, including key contact details for the service (as per the template at Annex C). This should be reviewed regularly and following any significant incident or change to the service.

2.5 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. This should be reviewed regularly and following any significant incident or change to the service.

2.6 The necessary knowledge and skills to provide the service are core competencies for all pharmacists, but pharmacists will want to ensure that they:

a. have an up to date understanding of the Human Medicines Regulations (HMR) in relation to the emergency supply of Prescription Only Medicines (POM);

b. are able to communicate with and advise patients appropriately and effectively on low acuity conditions;

c. are able to assess the clinical needs of patients, including the identification of Red Flags (which are detailed in NICE Clinical Knowledge Summaries);

d. are able to act on the referrals received and make appropriate referrals to other NHS services and healthcare professionals; and

e. are able to explain the service to patients and carers.

2.7 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.

2.8 The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care commissioner.

2.9 The CPCS must not be used to divert or attempt to change the patient's use of their usual pharmacy.

3 Service sign up / registration

3.1 To register to provide this service, the contractor must complete the CPCS registration declaration within the MYS portal.

3.2 Once registered for the service, contractors must be able to receive and complete any referrals made to them under this service, as referrals could commence at any time following registration. A pharmacy's registration on the MYS portal will be notified to the local Directory of Service lead and a profile for the CPCS service will be set up for the pharmacy. Only at that point will patients be referred to the contractor by NHS 111 under CPCS, usually within 10 working days of registration on the MYS portal.

4 Service availability / de-registration

4.1 The pharmacy contractor must ensure that the service is available throughout the pharmacy's full opening hours (i.e. core and supplementary).

4.2 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.

4.3 If the service must be temporarily withdrawn by the pharmacy contractor due to unforeseen circumstances, they must ensure the elements of their business continuity plan related to the service are activated. The pharmacy contractor must inform the NHS 111 provider and local IUC CAS of the temporary withdrawal by calling the NHS Directory of Services Provider and Commissioner Helpline (0300 0200 363) as soon as possible to stop referrals being made to the pharmacy. GP practices within your Primary Care Network should also be contacted to prevent them making further direct referrals. The local NHS England team must also be informed by the pharmacy contractor.

4.4 In the event of NHS 111, IUC CAS or another referrer under this service not being able to make a referral through to the pharmacy, or patients reporting that they have been unable to speak to the pharmacist, NHS England will investigate this issue and action may be taken in line with the local dispute resolution policy.

4.5 In the event of problems with service provision by a pharmacy contractor, the local NHS England team will assess the ongoing ability of the pharmacy to provide the service. In the intervening period, the NHS 111 Directory of Services (DoS) will be amended to stop referrals to the pharmacy until the issue is resolved. Other local providers who may also refer into the pharmacy through this service will also be notified.

4.6 If the pharmacy contractor wishes to stop providing the CPCS advanced service, they must notify NHS England that they are no longer going to provide the service via the MYS platform, giving at least one month's notice prior to cessation of the service, to ensure that accurate payments can be made, and referrals closed.

5 Service promotion

5.1 Patient access to the CPCS is via NHS 111 / IUC CAS, or by referral from general practice or other authorised healthcare provider (e.g. 999 providers). It is therefore important that contractors ensure their data is up to date on the DoS, to ensure that patients receive accurate information as to which pharmacies are available to provide the service.

5.2 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 for cases which otherwise would have led to a referral to a less appropriate patient pathway and, in the case of medicines supply referrals, is not used as a replacement for the normal repeat prescription ordering and repeat dispensing processes.

6 Referrals for urgent medicines supply

6.1 General information

6.1.1 In an emergency and at the request of a patient, a pharmacist can supply a POM without a prescription to a patient who has previously been prescribed the requested POM; these 'emergency supplies' are made under the provisions and requirements of Regulations 225, 253 and Schedules 18 and 23 of the Human Medicines Regulations 2012[2]. They include a requirement that the pharmacist has interviewed the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay.

6.1.2 Referrals may be made into this element of the service from NHS 111, IUC CAS, urgent care settings and 999 providers.

6.1.3 Patients contacting NHS 111, an IUC CAS, or 999 provider to request access to urgently needed medicines or appliances will be referred to a pharmacy that is providing this service for assessment and potentially the supply of a medicine or appliance previously prescribed for that patient on an NHS prescription, where the pharmacist deems that the requirements of the HMR are met. A call to NHS 111 or IUC CAS may or may not include a discussion with a clinician prior to the referral to the pharmacy, subject to local commissioning arrangements.

6.1.4 For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied, if the requirements of the HMR are met. Requirements in the HMR referring to emergency supplies of POMs, also apply to other medicines and appliances that are supplied as part of this service.

6.2 Receipt of referral

6.2.1 NHS 111 an IUC CAS, or 999 provider will use the DoS to offer patients a choice of pharmacies which are participating in the CPCS, based on location and availability at the time of the call. The service provider will refer appropriate patients to pharmacies using electronic messaging via the CPCS IT system using the Interoperability Toolkit (ITK), as the default process, with NHSmail[3] as a backup messaging process.

6.2.2 NHS 111, the IUC CAS or 999 provider will provide the telephone number of the selected pharmacy to the patient, advising them to call the pharmacy in the following 30 minutes so that the pharmacist can assess their need for an urgent supply of a medicine or appliance and arrange a convenient time to attend the pharmacy.

6.2.3 If no electronic referral message has been received, the pharmacist will contact the local NHS 111, IUC CAS or 999 health professionals telephone line 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 message is re-sent.

[2] http://www.legislation.gov.uk/uksi/2012/1916/contents/made. This link reflects the HMR as originally enacted and does not include any subsequent insertions, deletions or amendments which may have been incorporated into the HMR. The extracted provisions available on the PSNC website at https://psnc.org.uk/cpcs contain subsequent amendments.

[3] http://systems.digital.nhs.uk/nhsmail

6.2.4 If a referral has not been made, as the patient has not contacted a referring organisation (e.g. NHS 111, the IUC CAS or 999 provider) and has self-presented at the pharmacy, any emergency supply required by the patient is outside the scope of this service, but the pharmacy may choose to make a supply via an alternative method, e.g. an emergency supply at the expense of the patient or via a locally commissioned service, if one exists.

6.2.5 During the pharmacy's opening hours, the CPCS IT system must be checked with appropriate regularity, to pick up referrals in a timely manner. This includes checking the pharmacy's shared NHSmail mailbox when a pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed.

6.2.6 Where a pharmacy has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacy must make a reasonable attempt to contact the patient using the contact details set out in the referral message as soon as possible. If the patient has not made contact before the next working day, then the pharmacist can close the referral as 'no supply made'. No payment is due where there is no consultation (telephone or face-to-face) with the patient (see 6.3).

6.3 Telephone call between the patient and pharmacist

6.3.1 During the telephone call, the pharmacist will interview the patient to assess the suitability and legality of making an emergency supply in accordance with the HMR and to confirm that they have the medicine or appliance requested in stock.

6.3.2 If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, the pharmacist will ensure the patient is able to speak to another appropriate healthcare professional. The pharmacist will either:

a. refer the patient to their own general practice; or

b. contact the local GP OOH provider to discuss a solution, and if necessary, request that the patient be contacted by an appropriate healthcare professional.

Pharmacists must not refer a patient back to NHS 111 or the IUC CAS by asking the patient to call back directly. Pharmacies will be provided with access to the contact details for GP OOH services and the NHS 111 service in their area to help the patient to access the appropriate service.

6.3.3 Patient consent for receiving the service and for the pharmacy sharing information with the patient's GP practice, NHS England and the NHSBSA will be obtained by NHS 111 or the IUC CAS before a referral is made.

6.3.4 With the patient's consent, their SCR[4] must be checked by the pharmacist unless there is a good reason not to do so. In this circumstance, the reason for not checking the SCR should be recorded. Checking the SCR will help to confirm the previous prescription history and whether a prescription for the requested medicine or appliance has recently been issued by the patient's general practice. Where the requested medicine or appliance has recently been issued by the patient's general practice, the prescription may still be available via the Electronic Prescription Service (EPS).

[4] If the pharmacist has access to a Local Health and Care Record, this record could be consulted instead of the SCR.

6.3.5 The pharmacist can use the EPS tracker to see if a prescription for the patient is available to dispense. If a prescription is available, then this should be downloaded and used to fulfil the urgent supply need and complete the consultation.

6.3.6 Where it is appropriate for an emergency supply to be made, and the medicine or appliance is in stock at the pharmacy, the pharmacist will arrange for the patient or their representative to come to the pharmacy to collect the medicine or appliance.

6.3.7 Where it is appropriate for an emergency supply to be made, but the medicine or appliance is not in stock at the pharmacy, with the agreement of the patient, the pharmacist will identify another pharmacy (Pharmacy 2) that provides the service, and which is convenient for the patient, by searching the DoS tool, which is used in the area.

The pharmacist (Pharmacy 1) will contact the pharmacist at Pharmacy 2 to check whether they have the item in stock. If Pharmacy 2 confirms they have, then Pharmacy 1 will forward the electronic referral received from NHS 111 to Pharmacy 2 via NHSmail or the CPCS IT system (where this functionality exists), and the pharmacist at Pharmacy 2 should contact the patient and follow the process from 6.3.4. In this instance, **both** pharmacies are eligible for the service completion fee.

If, however, the pharmacist at Pharmacy 2 advises that they do not have any stock, then the pharmacist at Pharmacy 1 should contact the GP OOH service to discuss a solution, and if necessary, arrange for the patient to be contacted by an appropriate healthcare professional. Only Pharmacy 1 is eligible for the service completion fee in this instance, completing their records to confirm that no supply was made.

6.4 Pharmacist consultation

6.4.1 Where the pharmacist has undertaken a telephone consultation but is unable to collect all of the information they require from the patient to comply with the requirements of HMR, **or** they feel that it is clinically appropriate to see the patient before making a decision on making an emergency supply, the pharmacist may conduct a face-to-face consultation. The pharmacy's consultation room can be used for this discussion or the consultation may take place remotely (e.g. video calling) where the patient consents to this.

6.4.2 If the pharmacist did not check the SCR during the telephone call with the patient, as per 6.3.4, it must be checked at this stage unless there is a good reason not to. In this circumstance, the reason for not checking the SCR should be recorded. Likewise, if the EPS tracker was not checked during the telephone call, as per 6.3.5, the pharmacist can use it at this stage to see if a prescription for the patient is available to dispense.

6.4.3 If at this stage it is identified that a supply cannot be made, then the procedure set out in 6.3.2 should be followed. Documentation of any repeat medicines or appliances not supplied should be recorded in the pharmacy's clinical records.

6.5 Supply

6.5.1 If no prescription is available for the patient on the NHS Spine, then a supply can be provided in accordance with the requirements of the HMR, maintaining a record of the supply and labelling the product appropriately. The pharmacist should apply their professional judgement to determine the most appropriate quantity of medicine or appliance to supply, in line with the provisions of the HMR.

6.5.2 An NHS prescription charge per item should be collected, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any NHS prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

6.5.3 If the patient (or representative) is unable to get to the premises, then the pharmacist must ensure the patient is able to obtain the supply in a timely manner by discussing with the patient (or representative) all reasonable options for accessing their medicines, e.g. the pharmacy referring the patient to the GP OOH service.

6.6 Advice and information

6.6.1 The pharmacist will advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their GP practice and the benefits of electronic repeat dispensing (eRD). The aim of providing this advice is to support patients in understanding the importance of not running out of a medicine or appliance in order that they may change future behaviours and prevent the future need for emergency supplies.

6.7 Records and documentation

6.7.1 Details of the referral and the outcome of that referral must be recorded on the CPCS IT system. This information will be used to generate the month end payment claim for each pharmacy.

6.7.2 Anonymised data from the CPCS IT system may be accessed by NHS England for service evaluation, and it is therefore important that clear information is completed by the contractor as to the referral reason and the outcome of the consultation.

6.7.3 A blank FP10DT EPS dispensing token must be used to record any medicines or appliances provided to the patient, where they are claiming exemption from prescription charges. This dispensing token must include the following information:

a. Full name, address and date of birth of the patient (from the original referral)

b. Patient's NHS Number (from the original referral or from interview with patient)

c. Name, strength and form of medicines requested (using DM+D name or shortened DM+D name) or name of appliance requested (using DM+D name or shortened DM+D name)

d. The quantity supplied

e. Date of supply

f. Name and address of patient's GP (from NHS 111 referral)

g. NHS 111 referral ID number (from NHS 111 referral).

6.7.4 The patient or their representative must complete the relevant sections of the reverse of the FP10DT EPS dispensing token to claim exemption from NHS prescription charge payment.

6.7.5 The patient or their representative should be asked for evidence of entitlement to exemption from NHS prescription charges, as per the process applied by pharmacies to NHS prescriptions. Where a patient is unable to provide evidence of their exemption from NHS prescription charges, the pharmacy contractor will record this on the reverse of the FP10DT EPS dispensing token.

6.7.6 The FP10DT EPS dispensing tokens should be sent to the NHSBSA as part of the month end submission (clearly separated within the batch and marked 'CPCS'). They will be retained by the NHSBSA to allow evaluation and verification of payments/ exemption claim accuracy.

6.7.7 The pharmacy contractor will ensure that a notification ('Post Event Message') of any supply made as part of the service is sent to the patient's GP practice on the same day the supply is made or as soon as possible after the pharmacy opens on the following working day, using the information supplied in the electronic referral message. This notification should ideally be sent electronically, either by secure email or secure electronic data interchange, using the CPCS IT system. If necessary, the pharmacy contractor should contact the GP practice for details of their secure NHSmail email address. Where electronic notification is not possible, the pharmacy contractor should send the notification via post or hand delivery.

6.7.8 Where the notification to the GP practice is undertaken via hardcopy, the national GP Practice Notification Form should be used (see Annex A).

7 Referrals for low acuity / minor illness

7.1 General information

7.1.1 The pharmacy will provide patients with self-care advice and support, including access to printed information, on the management of low acuity / minor illness conditions (a sample list of conditions is provided at Annex D).

7.1.2 Referrals may be made into this element of the service from NHS 111, IUC CAS, general practice, urgent care settings and 999 providers.

7.1.3 The outcome of referrals received in relation to low acuity / minor illness may include giving advice, the sale of over the counter (OTC) medicines, referral to locally commissioned pharmacy services, referral to the patient's GP or relevant GP OOH service, or general signposting to other appropriate services (including other health professionals).

7.1.4 Only patients who have been referred by NHS 111 / IUC CAS, by a General Practice, or other urgent and emergency care providers (e.g. 999 services) are eligible to receive advice and treatment under this service. Patients presenting in the pharmacy with a low acuity condition / minor illness cannot be diverted into the service. Those who usually manage their own conditions through self-care and the purchase of OTC medicines should continue to self-manage and treat their conditions.

7.2 Receipt of referral

7.2.1 NHS 111, IUC CAS or general practices will refer appropriate patients, who are apparently presenting with low acuity conditions, to community pharmacies. The referral will be made via the CPCS IT system and/or other secure electronic communication systems, with NHSmail as a backup messaging process.

7.2.2 NHS 111 or the IUC CAS will use the DoS to offer patients a choice of pharmacies which are participating in the CPCS based on location and availability at the time of the call. NHS 111 or the IUC CAS will provide the details of the selected pharmacy to the patient, advising them to attend within a set time period.

7.2.3 If no electronic referral message has been received and the patient has made contact, the pharmacist will contact the referrer (e.g. local NHS 111 or IUC CAS health professionals telephone line or general practice) 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 message is re-sent.

7.2.4 If a referral has not been made, as the patient has not contacted a referring organisation (e.g. NHS 111, the IUC CAS, General Practice or 999 provider) and has self-presented at the pharmacy, 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 OTC product or via a locally commissioned minor ailments service.

7.2.5 During the pharmacy's opening hours, the CPCS IT system must be checked at appropriately regular intervals, to pick up referrals in a timely manner. This includes checking the pharmacy's shared NHSmail mailbox when a pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed.

7.2.6 Where a pharmacy has received a referral but has not been contacted by the patient within 12 hours of the referral, the pharmacy must make an attempt to contact the patient using the contact details set out in the referral message. If the patient has not made contact during the next working day, the pharmacist can close the referral, via the CPCS IT system, as 'no intervention made'. No payment is due where there is no consultation (remotely or face-to-face) with the patient (see section 7.3).

7.3 Pharmacist consultation

7.3.1 The pharmacist will conduct a consultation. This will usually be face-to-face but may be conducted remotely if appropriate and the patient consents to this. The pharmacist must, using the CPCS IT system, collect information on the patient's condition and make appropriate records, during the consultation. The pharmacist will assess the patient's condition using a structured approach to respond to symptoms.

7.3.2 Where the pharmacist undertakes a remote consultation (for example via telephone or video) but is unable to collect all of the information they require from the patient **or** they feel that it is clinically appropriate to see the patient in the pharmacy before making a decision on their condition, the pharmacist may conduct a face-to-face consultation.

7.3.3 The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process[5].

7.3.4 If at this stage, it is identified that the patient needs to be referred to access higher acuity services, the procedure set out in section 7.4 should be followed.

7.3.5 The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This should involve access to the patient's SCR[6], where appropriate and with patient consent.

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

7.3.7 At the end of 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. You can call NHS 111 or 999 if the matter is urgent and a pharmacist or GP is not available."

7.3.8 The focus of the service is the consultation and provision of key messages regarding self-care and patient education. Should medication be required for the presenting condition, then either: a supply should be made under a Minor Ailments Service (MAS) service (where available); the sale of an OTC product can be made; or referral to an appropriate prescriber should be used.

7.3.9 As well as the provision of verbal advice, patients should, if required, be provided with printed information relevant to their condition, or where this consultation is conducted remotely, the pharmacist should signpost to relevant online resources, if required. This 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. Printed or online information can be sourced from www.nhs.uk. Verbal and written advice can also be used to reinforce the message that community pharmacies are an ideal first port of call when seeking advice on the management of low acuity conditions.

7.4 Escalation Process

7.4.1 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. a GP OOH service, Urgent Treatment Centre or A&E).

7.4.2 There are three options in this circumstance. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral:

Option A - **Refer the patient for an urgent in-hours appointment** (Monday to Friday 08:00-18:30). After agreeing this course of action with the patient, the pharmacist should telephone the patient's general practice to secure them an appointment. When referring patients to a GP, pharmacists should not set any patient expectations of any specific treatment or outcome. Direct numbers for practices will be available by searching the DoS, using the DoS search tool which is used in the area. The pharmacist may wish to print a copy of the consultation record for the patient to take with them to the consultation at their general practice.

[5] 'Red flags' are detailed at https://cks.nice.org.uk/

[6] If the pharmacist has access to a Local Health and Care Record, this record could be consulted instead of the SCR.

Option B - **Call the NHS 111 service when the patient's own general practice is not available**. After agreeing this course of action with the patient, the pharmacist should call NHS 111 using the healthcare professionals' line for fast access to a clinician, if this is required. 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.

Option C - **Refer the patient to A&E or call 999**. If the patient presents with severe symptoms indicating the need for an immediate medical consultation, the pharmacist should tell the patient to attend A&E immediately or call an ambulance. The pharmacist must report any such cases to the local NHS England team on the same day the consultation occurs or as soon as possible after the pharmacy opens on the following working day.

7.4.3 If it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their general practice.

7.4.4 In all circumstances, if the patient presents with symptoms outside the scope of the service, the patient should be managed in line with the pharmacist's best clinical judgement.

7.5 Records and Documentation

7.5.1 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 information should be included in the record of the consultation on the CPCS IT system.

7.5.2 Details of the referral and the outcome of that referral must be recorded on the CPCS IT system. This information will be used to generate the month end payment claim for each pharmacy.

7.5.3 Anonymised data from the CPCS IT system may be accessed by NHS England for service evaluation, and it is therefore important that clear information is completed by the contractor as to the referral reason and the outcome of the consultation.

7.5.4 Where it is considered clinically important to inform the patient's GP or to ensure the patient's GP based record is updated, the pharmacy contractor will ensure that a notification of the service provision is sent to the patient's general practice on the same day the consultation occurs or as soon as possible after the pharmacy opens on the following working day. This notification should ideally be sent electronically, either by NHSmail or secure electronic data interchange, using the CPCS IT system. If necessary, the pharmacy should contact the GP practice for details of their NHSmail address. Where electronic notification is not possible, the pharmacy contractor should send the notification via post or hand delivery.

7.5.5 Where the notification to the GP practice is undertaken via hardcopy, the national GP Practice Notification Form should be used (see Annex B). The information sent to the GP practice should include the following details as a minimum:

a. the patient's name, address, date of birth and NHS number;

b. the condition diagnosed and treated; and

c. the date of the consultation.

8 Governance

8.1 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care[7].

8.2 The pharmacy will report any incidents related to the NHS 111 or IUC CAS referral process or operational issues to the NHS 111 provider and any local IUC CAS via the local health professionals' line. Any issues with referrals from General Practice will be reported via local governance arrangements. This feedback may be shared via the local Integrated Urgent Care governance group as part of an overview of the service and its performance and managing its integration with other local urgent care services (including handling patients who use the service inappropriately and dealing with them on a system wide basis).

8.3 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

9 Payment

9.1 A Consultation fee of £14 will be paid for each completed referral (urgent medicines supply or low acuity/minor illness).

9.2 For urgent medicines supply, a referral is completed when the pharmacist has a consultation with the patient (remotely or face-to-face) and confirms no supply is required, the patient is given advice, the patient purchases the required product, an emergency supply is made, the patient is referred on to another healthcare provider, an EPS prescription is downloaded and dispensed, or an item is not available and the patient is referred to a second pharmacy (both pharmacies can claim a consultation fee in this scenario).

9.3 For low acuity/minor illness, a referral is completed when the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is given self-care advice, the patient purchases an OTC item, the patient is referred to a Minor Ailments Scheme locally (where one exists), is referred to an appropriate prescriber, or the pharmacist makes the decision that the presenting condition is not minor in nature and the patient is referred in to higher acuity services (as described in section 7.4).

9.4 No Consultation fee can be claimed where the pharmacist cannot make any contact with the referred patient.

9.5 Claims for payments for this service should be made monthly, via the MYS portal and/or the CPCS IT system (where this functionality is available). Contractors should confirm with their CPCS IT system provider whether they will need to submit a manual payment claim via the MYS portal, or whether the CPCS IT system will create a month end collated activity report/payment claim for their approval prior to it being submitted to the NHSBSA. Claims will be accepted by the NHSBSA within six months of completion of a referral, in accordance with the usual Drug Tariff claims process. Later claims will not be processed.

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

9.6 The NHSBSA will make appropriate payments claimed by the pharmacy contractor as described above, in the same payment month as other payments for NHS Pharmaceutical Services and the payments will be separately itemised on the FP34 Schedule of Payments.

9.7 The cost of medicines or appliances supplied under the CPCS urgent medicines provision will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine or appliance.

9.8 The cost of medicines or appliances supplied via the service will be recharged to Clinical Commissioning Group budgets.

9.9 **ONLY APPLICABLE FROM 1 NOVEMBER 2020 TO 31 MARCH 2021.** In order to facilitate initial engagement with Primary Care Networks (PCNs) and general practices in discussions on the rollout of GP referrals to this service, contractors may claim an engagement and set up fee, as defined within the Drug Tariff. To be eligible to claim and receive such a fee, contractors must comply with the requirements set out at Annex F.

10. Reporting and Monitoring

10.1 Pharmacies may be required to provide reports for service evaluation and monitoring purposes. These criteria and evaluation periods will be agreed nationally with the Pharmaceutical Services Negotiating Committee (PSNC) and communicated to contractors when any submission is required. Examples of core datasets that may be reviewed under this section are detailed at Annex E.

ANNEXES

Annex A – GP notification form – urgent medicines supply

NHS Community Pharmacist Consultation Service - Notification of supply to patient's general practice

To (GP practice name)	

Patient's details:			
Name			
Address			
Date of birth	/ /	NHS number	
This patient was provided with an emergency supply at this pharmacy on: / /			
Details of medicines or appliances supplied:			Quantity:
Additional comments (e.g. patient's reason for requesting an emergency supply)			

Medication or appliances have 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	
NHSmail address			
Address			

CONFIDENTIAL

Copies of this form can be downloaded from https://psnc.org.uk/cpcs

Annex B – GP notification form – referrals for low acuity / minor illness

NHS Community Pharmacist Consultation Service - Notification of low acuity/minor illness consultation to patient's general practice

To (GP practice name)	

Patient's details:			
Name			
Address			
Date of birth	/ /	NHS number	
Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at this pharmacy on: / /			
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time. Details of support or advice provided and any additional information for the general practice:			

Details of any medicines or appliances supplied:	Quantity:

Pharmacy name		Telephone	
NHSmail address			
Address			

CONFIDENTIAL

Copies of this form can be downloaded from https://psnc.org.uk/cpcs

Annex C – Key Contact Details

NHS 111 provider	
Name of organisation	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Integrated Urgent Care Clinical Assessment Service (IUC CAS)	
Name of organisation	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Local GP Out of Hours provider	
Name of organisation	
Address	
Postcode	
Public telephone number	
Health professionals telephone number	(Note – this number must NOT be shared with the public)
Key contact	
Directory of Services (DoS) search tool	
Local DoS search tool	☐ NHS Service Finder (https://finder.directoryofservices.nhs.uk) ☐ MiDoS ☐ Direct access via CPCS IT system
Login details	Username: Password: (These details are specific to this pharmacy and should not be shared)
Local DoS lead	
Name	

Telephone	
Email address	
NHS DoS provider and commissioner helpline	
0300 0200 363 Call this number to notify NHS 111 or IUC CAS of temporary withdrawal of the service	
Local NHS England team contact	
Key contact	
Telephone	
Email address	

Copies of this contact sheet can be downloaded from https://psnc.org.uk/cpcs

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
Bites or Stings, Insect or Spider
Blisters
Constipation
Cough
Cold and ‘Flu
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

Annex E – Core dataset to be captured in the CPCS Pharmacy IT system

Examples of core data sets that may be extracted from the CPCS IT system for evaluation purposes are:

- Unique reference ID number related to the episode of care
- Pharmacy ODS code
- Route of referral eg. via NHS 111, GP Practice
- Date and time of consultation
- Patient age (years)
- Patient sex
- Reason for referral (as recorded by pharmacist or from referral system or both)
- Outcome of consultation, to include any onward referral and non-attendance
- Method of consultation completion (telephone only or by face-to-face consultation)
- Medicines or items supplied, either as part of an urgent supply request or as part of a minor illness consultation
- Medicines or items requested and not supplied as part of an urgent supply request
- Reason for no supply of a requested prescription item as part of urgent supply

Where possible this data will be obtained using a direct data feed from any CPCS IT system in operation at the time of the extract. Any manual data provision will be agreed in line with the requirements of section 10.1. Additional data sets will also be agreed in line with the requirements of section 10.1 and may be requested as the service develops to ensure safe service delivery and to support further monitoring and evaluation.

Annex F – GP referral pathway engagement activity

The initial engagement of Primary Care Networks (PCNs) and general practices in discussions on the rollout of GP referrals to the CPCS will often be facilitated by a range of 'delivery partners', including 'Time for Care' in some PCNs and regionally identified implementation leads in other areas, eg. CCG medicines optimisation teams, NHSE&I project leads and LPCs.

For contractors[8] to be able to claim the engagement and setup payment, the following activity will need to be completed by 31st March 2021 and documented so it can be evidenced at a later date:

a. The contractor has participated in discussions with a delivery partner/LPC lead to explore how they might promote uptake of CPCS locally. This could include early exploration of options, through to discussing the planning process for rollout of the referral pathway;
b. The contractor has participated in meetings, which may be web-based and organised by others, to brief pharmacies and potentially general practices on the referral process which will be implemented, including how pharmacies will be involved in the pathway. Where a contractor has no representative available to attend a meeting at the time set, they should instead seek a briefing from the delivery partner/LPC lead on the matters discussed to ensure that they remain fully engaged with local plans;
c. The contractor must ensure that relevant members of the pharmacy team have read and understood any briefing materials prepared locally by the PCN or delivery partners on the referral pathway and any rollout plans, to ensure the relevant details are understood;
d. The contractor should create an action plan for implementing the new referral pathway in the pharmacy, including ensuring their NHS CPCS standard operating procedure is updated to include the GP referral pathway and the associated record keeping and data capture requirements;
e. The contractor must ensure that relevant members of the pharmacy team are fully briefed and have read and understood information within the updated NHS CPCS service specification and associated toolkit which is pertinent to their role.

[8] Contractors who participated in the GP CPCS referrals pilot will also be eligible to claim the engagement and setup payment. Some of the activity may already have been undertaken for the purposes of the pilot and so there will be no requirement to repeat this.