NHS Community Pharmacist Consultation Service

Referral processes for NHS 111/IUC CAS & general practice referrals to community pharmacy

Toolkit for Pharmacy Staff

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Version control tracker

Version Number	Date	Author Title	Status	Reason for Issue
0.1	August 2019	NHS England	Draft	New service document (amalgamation of NUMSAS & DMIRS pilot services)
0.2	October 2019	NHS England	Final Draft	Agreed final draft for use during service sign-up
1.0	November 2019	NHS England	Final Version	Final signed-off Document
1.1	August 2020	NHS England and NHS Improvement	Draft	Amendments to Referral routes (GP pathway) and minor updates.
1.4	October 2020	NHS England and NHS Improvement	Final Draft	Final draft to support service delivery for GP referral

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1. Introduction

1.1 This toolkit is a practical guide on how to provide the NHS Community Pharmacist Consultation Service (CPCS). The Toolkit does not replace the service specification published by NHS England, which must be read by all pharmacists providing the service. Pharmacy staff must make sure that they have understood the service specification and work within the requirements of relevant professional guidance and legislation.

1.2 If you are a pharmacist intending to provide the service, please read the service specification before reading this toolkit. For the rest of the pharmacy team, this toolkit provides practical guidance that should help you in the successful provision of the NHS CPCS.

PART A - To be read by the whole pharmacy team

The following sections cover:

- An overview of the service
- Getting started
- How to provide the service and
- How to claim payment for the service

It is important that all staff involved in providing the service have read and are familiar with the content of Part A.

2. Aims and intended outcomes

2.1 The NHS CPCS was commissioned as an Advanced service from 29 October 2019 where patients contacting NHS 111/ IUC CAS are referred to a community pharmacist for a consultation regarding lower acuity conditions or urgent prescriptions, releasing capacity in other areas of the urgent care system such as accident and emergency (A&E) and General Practice.

2.2 Following a period of successful piloting, from November 2020 the service was extended to include referrals to community pharmacists from general practice for lower acuity, minor illness conditions. (NB referrals for urgent prescriptions from general practice are not covered by this service).

2.3 This additional referral route into the NHS CPCS will free up further capacity in general practice diverting appropriate minor illness consultations to trained community pharmacists.

2.4 The service will also support the integration of community pharmacy into the urgent care system and primary care, whilst also improving access for patients.

2.5 Full details of the aims and intended outcomes are provided in the service specification.

3. Service description

3.1 Referrals from NHS 111/ IUC CAS to Community Pharmacy - 'NHS111 referral pathway'

3.1.1 Patients who call NHS 111 for urgent medicines or for advice on the treatment of minor illnesses have their call answered by a call advisor who asks them a series of questions. Access to the NHS CPCS occurs when the NHS 111 decision support system (NHS Pathways) suggests to the Call Advisor that referral to a community pharmacist for a consultation is an appropriate outcome.

3.1.2 The patient is offered the service by the call advisor and provided with the details of two pharmacies closest to the patient's location, from where they are calling, to provide the service. The patient selects which pharmacy they wish to attend. A referral will not be made within 30 minutes of the pharmacy's closing time. Sometimes a referral may be made when a pharmacy is closed, if treatment the next day is suitable for the need of the individual patient, and the pharmacy opens within the following 12 hours.

3.1.3 The patient chooses which pharmacy they wish to attend. It is standard practice that the 111 call advisors do not overrule the choice with a specific pharmacy request except in exceptional circumstances.

3.1.4 The call advisor sends a referral to the pharmacy using a secure electronic technical message. This message will be received by the NHS CPCS IT system in the community pharmacy; The referral contains the information about why the patient is being referred, for the pharmacist to review ahead of or during the patient's consultation.

3.1.5 Patients can also access the urgent medicines pathway via 111Online where they will be referred after completing an online form to their choice of pharmacy using their post-code. The pharmacy will receive the referral in the same way as a telephone call referral.

3.1.5 There are some differences between the two elements of the 111-referral pathway:

- Patients who are referred for an urgent medicine or appliance supply are asked to ring the pharmacy before attending (Note: not all patients will do so). If a patient does call the pharmacy, it is worth checking which prescription item they require to ensure:
  a) you have the item in stock (you will still need to ascertain that it is appropriate to make a supply) or
  b) that the item is not a controlled drug.

- Patients who are referred for a minor illness consultation will be advised to contact the pharmacy before attending; they will be advised to tell the pharmacy staff that they have been referred by NHS 111/ IUC CAS when they arrive.

3.1.6 A patient being referred for a minor illness consultation can be offered advice, onward referral or escalation to alternative healthcare providers (such as A&E, Urgent Treatment Centre or their own GP) or sold an over the counter product. If the patient wishes to make a purchase, the pharmacy's own charges for the item will apply (it is not charged to the NHS or provided free).

3.2 Referrals from General Practice to Community Pharmacy - 'GP referral pathway'

3.2.1 The patient contacts their general practice (either in-person or remotely) seeking an appointment or advice/ treatment from their GP.

3.2.2 The patient is assessed to determine if their reason for presenting is suitable for a referral to NHS CPCS (i.e. a low acuity, minor illness condition as listed in Annex D of the service specification). The GP practice may use a streaming process or other locally agreed protocol to identify appropriate 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.

3.2.3 The transfer of referral data from the GP practice to community pharmacy must be through a secure digital route (such as via NHS mail). If NHSmail is used as the secure route of transfer, the pharmacy must manually transfer the referral data into the NHS CPCS IT system to both record the referral and enable the processing of payment for the service.

3.2.4 The GP practice will provide details of the available community pharmacies to the patient for them to choose their preferred pharmacy and advise them of the locally agreed process of referral. For example, this may include advising them to attend or contact within a set time-period, booking an appointment slot at the community pharmacy or that the community pharmacist will initiate contact with the patient.

3.2.5 The GP practice may wish to provide the patient with printed information and/or electronic resources outlining the service and why they have been referred. When the patient attends or contact is made, the community pharmacist should confirm that the digital referral has been received from their GP Practice. To do this, the pharmacy should check the NHSmail inbox or the NHS CPCS IT system for the referral details.

3.2.6 Only patients who have been referred by their GP Practice 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.

3.2.7 The pharmacist will assess the patient, considering any red flags, with reference to the NICE clinical knowledge summaries (CKS), provide relevant self-care advice and support and may signpost the patient to another service or healthcare professional, where it is appropriate.

3.2.8 The end points of the consultation are the same as for the NHS 111 referral pathway, namely:

- 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 an appropriate locally commissioned NHS service, such as a patient group direction (dependent on local commissioning arrangements)
- Advice and urgent escalation back to the patient's GP practice (community pharmacist to facilitate urgent appointment for the patient as part of this service)
- Advice and urgent escalation to appropriate urgent care setting including A&E or 999
- Advice and non-urgent signposting to another service and/or primary care healthcare professional including patient's GP Practice.

3.2.9 A post-event notification, preferably through the NHS CPCS IT system or NHSmail, may be required for the consultation, depending on the outcome, to ensure the patient's clinical record held by their GP practice is updated. Pharmacists will use their clinical judgement to determine when this is appropriate.

3.2.10 The community pharmacist should use their clinical judgement to decide the urgency, route and need for onward referral if they determine the patient requires higher acuity care, e.g. back to their GP (same day or non-urgent appointment) or an urgent care setting.

3.2.11 If a referral back to the GP practice is required, the community pharmacist should support a patient to make an appointment with their GP, in line with the locally agreed process.

3.2.12 If the patient presents with severe symptoms indicating the need for an immediate emergency consultation, the community pharmacist should refer the patient to attend A&E immediately or call an ambulance via 999. If a GP referral into NHS CPCS referral requires escalation to an urgent care setting, the pharmacist must report any such cases through the locally agreed reporting process.

4. Getting started with the service

4.1 What do I need to do to get ready to provide the NHS CPCS?

4.1.1 It is important that you start by reading the service specification as this will provide you with a complete overview of what is entailed in providing the service.

4.1.2 Although the necessary knowledge and skills to provide the service are core competencies for all pharmacists, pharmacists (including locum and relief 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 POMs.
b) Can communicate with and advise patients appropriately and effectively on minor illnesses and are able to apply good shared decision-making consultation skills.
c) Are familiar with the treatment of the minor conditions listed in the service specification and have reflected on whether they feel they have enough knowledge to handle

consultations related to these.

d) Can assess the clinical needs of patients, including the identification of red flags (guidance on red flags can be found in NICE Clinical Knowledge Summaries).
e) Can access the NHS summary care record (SCR) of patients using their personal smartcard to access the SCR systems.
f) Can act on the referrals received and make appropriate referrals to other healthcare professionals.
g) Can explain the service and give appropriate self-care advice.

4.1.3 Training and development materials to support pharmacists with the service's minor illness pathway is available from several providers, including CPPE at https://www.cppe.ac.uk/gateway/cpcs. Whilst undertaking specific training courses is not mandatory to be able to provide the service, pharmacists must be satisfied that they are competent to provide the service. CPPE have developed training materials in association with the Royal College of General Practitioners (RCGP) including a self-assessment framework (available on the CPPE website) which pharmacists can use to identify gaps in their knowledge. It is recommended that pharmacists use this framework to plan their learning ahead of providing the service.

4.2 How do I sign up for NHS CPCS?

4.2.1 Once they have reviewed the service specification, all pharmacy contractors wanting to provide the service must register via the NHSBSA Manage Your Service (MYS) portal. If you register for the NHS CPCS service, this covers both the NHS 111 and GP referral pathways (i.e. there is no separate registration required for the GP referral route).

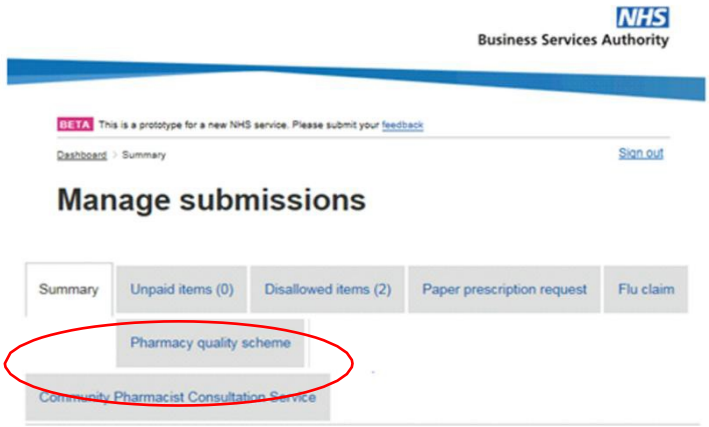
4.2.2 If you work for a multiple pharmacy group, you should check with your management team how they want pharmacies to register to provide the service BEFORE you go ahead with registration. Your head office is likely to have already provided guidance on this matter.

4.2.3 To register, the contractor must complete the NHS CPCS registration declaration within the MYS portal. Pharmacies not currently using MYS will need the business owner, a director or an individual previously verified by the NHSBSA to authorise access to MYS for individual pharmacy team members. Pharmacies already using MYS can access the NHS CPCS registration module straightaway.

4.2.4 The process for registering for the service is outlined below:

- Logon to the MYS portal at https://services.nhsbsa.nhs.uk/nhs- prescription-services-submissions/login
  Once you are on the "Manage Submissions" dashboard, select the "*NHS Community Pharmacist Consultation Service*" tab.

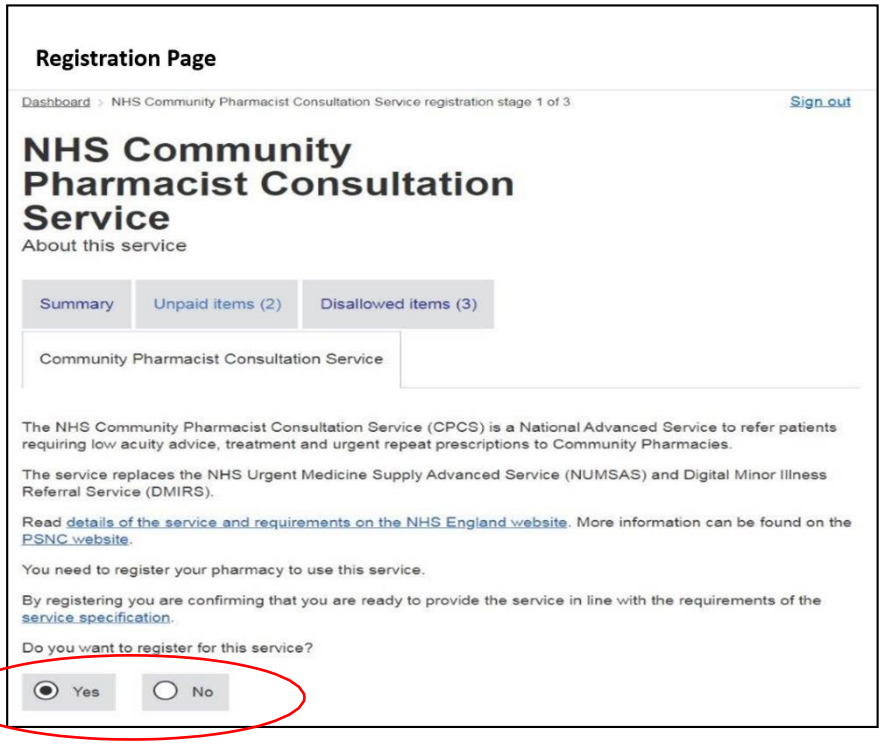
Dashboard



- Once on the Registration page, it is recommended that you follow the links to the NHS England and Pharmaceutical Services Negotiating Committee (PSNC) websites to read the requirements for providing the service and the service specification, if you haven't already done so.

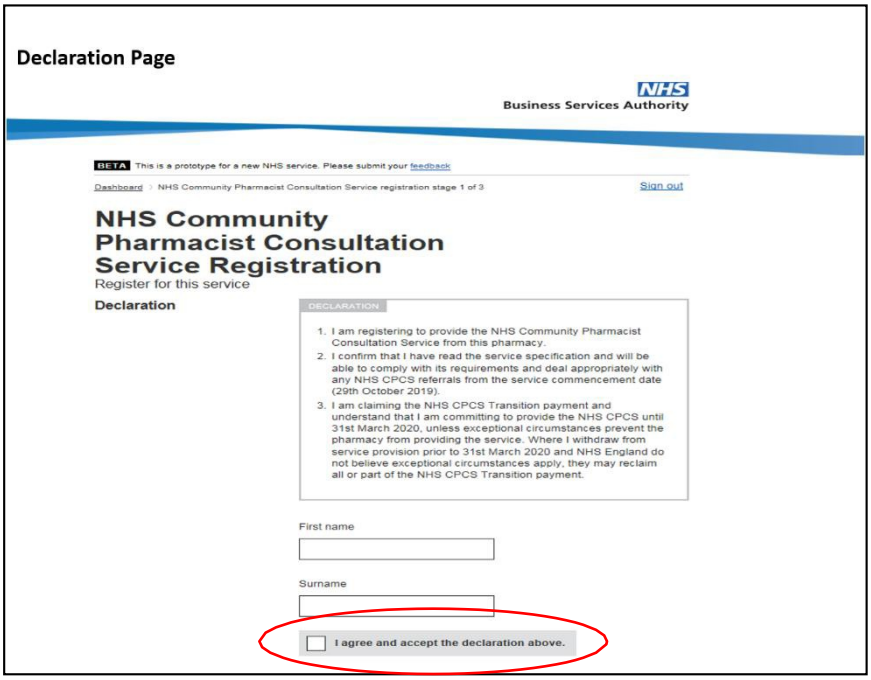
- Once satisfied that you wish to register to provide the service, select "Yes" at the bottom of the page and click on the "Next" button.

Registration Page



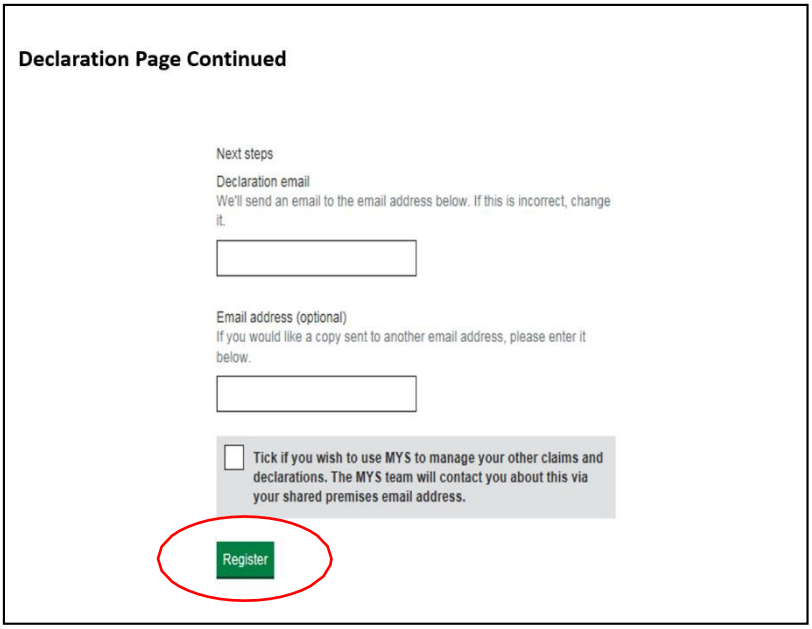
- Once on the Declaration page, review the declaration and type your First Name and Surname in boxes.

- Tick the box marked "I agree and accept the declaration above ".



- On the next page, you are asked to confirm that the email shown in the box is the correct shared NHSMail email address. **This email is the back-up to the NHS CPCS IT system, and it is important that this is checked and that it is correct.**

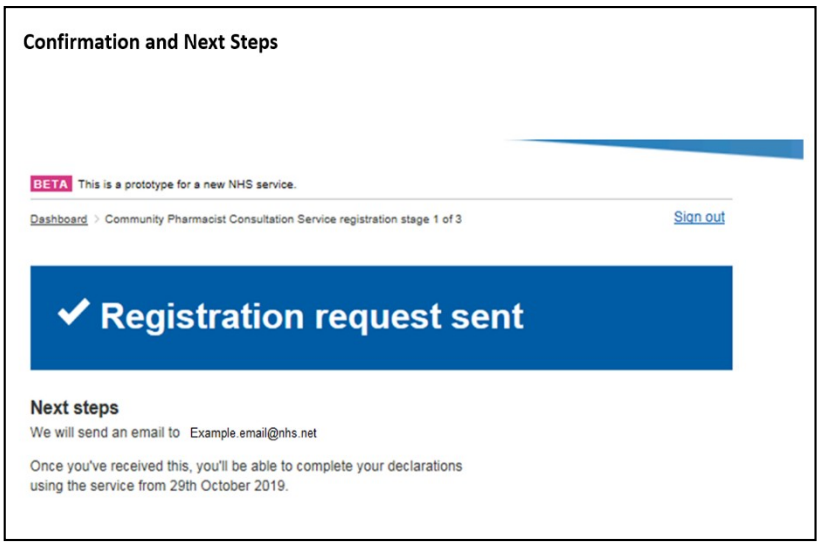
- In addition to the shared NHSmail email address, there is an option to send the confirmation of the declaration made on MYS to another email address. If you would like to use this option, type your second e- mail address



in the box highlighted below.

- If you wish to find out more about using MYS to manage other claims and declarations, tick the box (this is voluntary). The MYS team will send you further information on use of MYS to your shared NHSmail account.

- Finally, click the “Register” button. The message below will then appear t



- o confirm that your registration request has been sent and received at the NHSBSA.
- A confirmation email will be sent to your shared NHSmail account. Once this is received, you are registered to provide the service.

4.2.5 The PSNC website has information on MYS, including FAQs. Further information on MYS is also available on the NHSBSA website.

4.2.6 In relation to the GP referral pathway, there are no additional actions required to register for this element of the service, by community pharmacy contractors.

- If pharmacies register to provide the NHS CPCS service, the registration on MYS covers both referrals from the NHS 111referral pathway and the GP referral pathway.
- For those pharmacies who have already registered to deliver the NHS CPCS via the NHS 111pathway, they are also registered to receive referrals via the GP referral pathway and there are no additional registration actions required by the pharmacies.

4.3 How should I engage with my primary care network (PCN) and general practices?

4.3.1 Community pharmacies will need to work collaboratively with general practices within a PCN to provide the GP referral pathway-element of the NHS CPCS.

4.3.2 To set the service up-and-running within a PCN will require the community pharmacy to conduct engagement activity with general practices across the PCN and those general practices outside the PCN, from whom the pharmacy will receive referrals. The engagement activities are outlined with the Service Specification (Annex F- GP referral pathway engagement activity)

4.4 How should I involve my pharmacy team?

4.4.1 It is always easier to provide any new pharmacy service if the full team are aware of what is being introduced and know how the service will operate. You may want to consider:

- Holding a briefing session for your team.
- Providing them with the one-page overview on how the service will work (Annex A).
- Discussing as a team how you can work collectively to make the service a success.
- Making sure team members and locums are clear on the daily activity required, such as checking for referrals.
- Making sure team members and locums know how to identify a walk-in patient who may have been referred to the pharmacy via the NHS 111 and GP pathway referral routes.

4.5 How do I know if patients are referred to the pharmacy?

4.5.1 The referral for NHS CPCS is made via the NHS CPCS IT system or NHS mail. You will need to login to both systems regularly to check if you have any referrals, particularly at the start and end of each day.

4.5.2 You may want to assign responsibility for checking for referrals to appropriate members of your team.

4.5.3 Patients wanting an emergency supply will usually ring you directly, whilst patients wanting advice about a minor condition may come into the pharmacy without prior notice. If patients request advice on management of a minor condition, your team may first want to ask if they have been referred to the pharmacy by NHS 111 or their general practice.

4.6 What to do if a patient presents but you haven't received a referral

4.6.1 If a patient phones or presents in the pharmacy and you haven't received a referral:

a) Double check the patient was referred by NHS 111 or via the GP referral pathway.

b) Check with the patient the name of the pharmacy that they were referred to.

c) If the patient has been referred to the correct pharmacy, re-check the NHS CPCS IT system for a referral message and the shared NHSmail account.

d) If no referral message is found, then the pharmacist should contact the referring service (NHS 111 or general practice) and ask for the referral to be re-sent. This should be recorded in the pharmacy and reported to both the local NHS England pharmacy contracting team and the referring service provider as an incident. You can find all the contact details in the Standard Operating Procedure (SOP) for the service.

e) Additionally, if no referral message is found, the pharmacist will have a duty of care for that patient and should ensure they make an assessment to determine next steps, looking for any red flags.

5. Requirements for service provision

5.1 The full details of the requirements that pharmacies must meet before and while they provide the NHS CPCS are provided in the service specification

5.2 Several of the important points include:

- The service must not be used to divert or attempt to change the patient's use of their usual pharmacy.
- Pharmacy contractors must ensure relevant members of the pharmacy team, including locums and relief pharmacists, have access to and know how to use the NHS CPCS IT system, NHSmail and the NHS Summary Care Record (SCR) and can provide the service competently.
- During the pharmacy's opening hours, the NHS CPCS IT system must be checked with an appropriate regularity, to pick up referrals in a timely manner. This includes checking the pharmacy's shared NHSmail account when a pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed that may have been sent to the NHSmail mailbox during any period of outage within the NHS CPCS IT system. Pharmacy contractors should determine the regularity of checking for referrals and make sure relevant pharmacy team members are aware of when this should be undertaken.

6. Service availability

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

6.2 Ensure all pharmacy team members, including locums and relief pharmacists, are aware of the procedures to be followed in the event of a temporary suspension of the service and have easy access to the key contact numbers for the service (they should be recorded in the SOP for the service).

6.3 Ensure all pharmacy team members, including locums and relief pharmacists, are aware of how to contact the support team for the NHS CPCS IT system if there is a problem with the system. Include the contact details in the SOP for the service.

6.4 When locums are being booked to work at the pharmacy, make sure the locum is made aware that the NHS CPCS is being provided and ensure they can provide the service.

7. Service promotion

7.1 The service must not be actively promoted directly to the public by either the pharmacy or the NHS. The service is not to be used in the case of medicines requests as an alternative to the normal repeat prescription process.

7.2 The service only applies to referrals from NHS111 and general practice; patients presenting at the pharmacy without a referral are not eligible for the service and should be treated in the same way as other patients who present directly at the pharmacy.

8. How to claim payment

8.1 A £14 fee will be payable for each completed NHS CPCS consultation, whether it is for an urgent prescription item supply or a referral for a minor illness consultation.

8.2 If no patient contact is made following a referral then no payment can be claimed.

8.3 In addition to the £14 fee, contractors will be reimbursed for the costs of any medicines or appliances supplied to patients as an urgent supply. **No costs of products supplied in relation to referrals for a minor illness will be reimbursed; patients should instead be asked to purchase a medicine.** Where a locally-commissioned minor ailment service is available, this can also be used as an option to supply a medicine to the patient.

8.4 Claims for payments should be made monthly, via the MYS portal and the NHS CPCS IT system (where this functionality is available). Contractors should confirm with their NHS CPCS IT system provider whether they will need to submit a manual payment claim via the MYS portal, or whether the NHS CPCS IT system will create a month end collated activity report/payment claim for their approval prior to it being submitted to the NHSBSA via the MYS portal. There is no paper-based claim process for the service.

8.5 For urgent medicines supplies, 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.

8.6 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. 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.

8.7 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 'NHS CPCS').

8.8 For urgent medicines supplies, a consultation is completed by telephone or face-to-face, when the pharmacist confirms no supply is required; the patient is given advice; the patient purchases the required product; 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 the last scenario).

8.9 For low acuity minor illness referrals, the service is completed when the pharmacist has a consultation with the patient (either remotely or face-to-face) and has provided advice to the patient.

9. How do I withdraw from providing the service? (either temporarily or permanently)

9.1 Temporary withdrawal from the service

9.1.1 During the time of a notified pandemic such as COVID-19 or other major incident, community pharmacies may be unable to deliver the NHS CPCS and may have to consider temporarily withdrawing from delivering the service. Such a withdrawal would initially be for a short period (up to 24 hours) after which the situation would be reviewed. Several actions will need to be taken because of such a temporary withdrawal.

9.1.2 For Referrals to community pharmacy from the NHS 111 referral pathway, the pharmacy must ensure that the NHS CPCS Directory of Services (DoS) profiles are temporarily withdrawn using the agreed local processes. The contractor should also notify the local NHS England and NHS Improvement team of the temporary withdrawal.

9.1.3 For referrals to community pharmacy from the GP referral pathway, in addition to the actions outlined in 9.1.2 above, the contractor should also notify the general practices in the PCN within which the pharmacy is located plus any general practices outside the PCN which regularly send GP pathway referrals to the community pharmacy. Each pharmacy should identify the relevant general practices to be contacted and establish the processes to notify them in case of a temporary withdrawal from the service. Pharmacies should refer to local PCN guidelines and the Pharmacy COVID-19 SOP on temporary withdrawal from the service.

9.2 Permanent withdrawal from the Service

9.2.1 If the pharmacy contractor wishes to stop providing the service permanently, they must notify NHS England that they are no longer going to provide the service via the MYS portal, giving at least one month's notice prior to cessation of the service, to ensure that accurate payments can be made and all referrals are closed. Permanent withdrawal will cover both NHS 111 and GP referral routes.

PART B – To be read by pharmacists providing the service and others that need more detailed information

This part of the toolkit provides more detail to help with the provision of each element of the service.

10. NHS CPCS Urgent Medicines referrals

N.B. This section relates to urgent medicines supplies referrals to community pharmacy via the NHS 111 referral pathway only (referrals for urgent prescriptions from general practice are not covered by this Service).

10.1 Urgent Medicine Supply – referral and consultation with the patient

10.1.1 Patients who have contacted NHS 111 by telephone or via NHS 111Online, because they have insufficient prescription items before they can access a prescription from their own GP, will be given the pharmacy's telephone number and advised to call the pharmacy that same day before their next dose is due.

10.1.2 Referrals from NHS 111/ IUC CAS will not contain medication details, as the call advisors are not clinically trained, so they do not ask for that information. This means that call advisors will not identify if the request is for a Controlled Drug. The referral may come from the integrated urgent care clinical assessment service (IUC CAS) that is integrated with NHS 111 as a clinical call centre service using the same technical messaging as NHS 111 or directly from 111Online with the information the patient entered into the referral form.

10.1.3 The Directory of Services (DoS) will automatically identify when a pharmacy is due to close and will not select a pharmacy that is due to close within 30 minutes of sending a referral. However, if a patient can wait for their prescription until your pharmacy is open, the referral may be sent when your pharmacy is closed for you to process once the pharmacy is open.

10.1.4 Pharmacies may receive an urgent medicine referral when the patient's GP practice is open or due to be open that day. If this occurs the patient should be advised to contact the general practice if this is practically the most appropriate option to obtain their medicine or appliance. However, if that is not practicable, including when patients are away from home, a supply via NHS CPCS may be appropriate.

10.1.5 When the patient contacts the pharmacy, the pharmacist should check for a referral message within the NHS CPCS IT system. Note that patients sometimes call the pharmacy immediately or sometimes come directly to the pharmacy without calling; the pharmacist should adapt to the situation accordingly.

10.1.6 The consultation between the pharmacist and the patient should include the following points. Most information should be obtained over the phone if a call is made by the patient in advance of attending. If not, then the information required should be obtained during the face to face consultation.

a) Introduce yourself and explain you are a pharmacist.

b) Check you are speaking to the patient by asking them to validate details contained in the referral, e.g. date of birth and full address, but ensure you do not proactively offer any confidential information about the patient, in case the person you are speaking to is not actually the patient.

c) Interview the patient either on the call or when face to face to assess the suitability of an emergency supply and their

eligibility to use the service by ascertaining the following:

- The nature of the emergency and the reason for the request.
- The name of the GP practice the patient is registered with – this information should be on the referral message.
- The medicines or appliances being requested (check that the drug is not excluded under the requirements of the HMR, e.g. Schedule 1, 2 or 3 controlled drugs – except phenobarbital or phenobarbital sodium for the purpose of treating epilepsy).
- Whether there is an urgent need for the medicine or appliance and that it is impracticable in the circumstances to obtain a prescription without undue delay. The pharmacist should use their professional judgement to determine whether there is an urgent need for each medication or appliance requested.
- Whether the medicine or appliance has been previously prescribed on an NHS prescription. Where consent to access the patient's SCR is given, this should be used to check current medicines or appliances[5]. Verification can also be through examining physical evidence such as a repeat medication slip or current labelled medication or by other appropriate means
- Whether the supply can be legally made within the provisions of the HMR. Consideration should also be given to whether the medicine is liable to abuse.
- Whether there is an existing EPS prescription on the NHS Spine available to download, which may be used to make the provision.

d) Whether the pharmacy has the medicine or appliance in stock.

e) If there is an initial phone call with the patient, whether the patient or their representative can visit the pharmacy in person to collect the medicine or appliance.

10.1.7 At the end of the initial telephone consultation, the pharmacist should decide whether, based on the information they have obtained:

a) It appears appropriate for a supply to be made.

b) They want to ask the patient further questions face-to-face before they can decide whether to make a supply.

c) That a supply cannot be made.

10.1.8 In the case of 10.1.7 a) and b) above, the patient or their representative should be asked to attend the pharmacy premises. In the case of 10.1.7 c) above, if the patient requires support from another healthcare professional, the pharmacist must organise this for the patient. If the request is for a Schedule 1, 2 or 3 controlled drug, **the pharmacist should contact an appropriate service** (this would normally be either the patient's GP, or if the GP practice is closed then it would be the GP out of

hours (OOHs) service or to follow other local guidance for "enhanced access" GP services in primary care) and request that the service contacts the patient.

10.1.9 Pharmacists must not refer a patient back to NHS 111 / IUC CAS by asking the patient to call back directly.

10.2 Decision to supply

10.2.1 Following the phone consultation and/or face to face consultation, the pharmacist should use their professional judgement to determine whether they may supply the requested items in accordance with the requirements of the HMR and the service specification.

10.3 Quantity to supply

10.3.1 The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply. Professional judgement should be used to supply a reasonable quantity that is clinically appropriate and that will last until the patient is able to see a prescriber to obtain a further supply. Where local clinical commissioning group (CCG) prescribing guidelines for the OOH period exist, these should be noted and should act as a guide. Care should also be taken when deciding to supply any medicine that has a potential for misuse.

10.3.2 The HMR covers circumstances such as when it is not possible to split a pack (e.g. inhalers, creams, etc) as well as when there are additional limits to the quantity that can be supplied (e.g. the legislation limits the supply to five days for controlled drugs, such as phenobarbitone or phenobarbital sodium for the treatment of epilepsy, Schedule 4 and 5 controlled drugs).

10.3.3 Pharmacists are reminded that medicines such as benzodiazepines (apart from temazepam, which is Schedule 3), zopiclone, and zolpidem are Schedule 4 controlled drugs, and medicines such as dihydrocodeine and codeine containing products (including co-codamol 30mg/500mg) are Schedule 5 controlled drugs. Gabapentin and pregabalin were reclassified as Schedule 3 controlled drugs from 1 April 2019 and therefore cannot be supplied via the service.

10.4 Labelling

10.4.1 The usual HMR labelling requirements apply, with the addition of the wording 'Emergency Supply' to the label.

10.5 Medicines or appliances that are not POMs

10.5.1 Prescription items that are not Prescription Only Medicines (POMs) can be supplied under this service if the criteria of the service are met (i.e. the supply is urgently needed, and it is an item previously provided on an NHS prescription to the patient). If a medicine or appliance which is not a POM is cheaper than a current NHS prescription charge and the patient is not exempt from prescription charges, the item can be purchased if the supply is within the product licence.

10.6 Prescription charges, exemptions and FP10DT EPS dispensing token

10.6.1 A fee equivalent to the NHS prescription charge should be collected for each item supplied, unless the patient is exempt, in accordance with the NHS (Charges for Drugs and Appliances) Regulations 2015.

10.6.2 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. The printing of the dispensing token should be completed via the NHS CPCS IT system. 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.

10.7 Decision to not supply

10.7.1 In the case where a pharmacist has decided not to supply, if the patient requires support from another healthcare professional, the pharmacist must organise this for the patient. If the request is for a Schedule 1, 2 or 3 controlled drug, **the pharmacist should contact an appropriate service** (this would normally be either the patient's GP, or if the GP practice is closed then it would be the GP OOH service or to follow other local guidance) and request that the service contacts the patient.

10.7.2 Pharmacists must NOT ask the patient to call back to NHS 111 themselves if they are unable to make a supply.

10.7.3 Not supplying a medicine or appliance is an option for the pharmacist. When considering not making a supply, the pharmacist must also consider the possible impact on the patient's future adherence to their regimen and should advise the patient accordingly. If the pharmacist decides it is not appropriate to make a supply, it must be clearly explained and the patient should ideally agree with this decision.

10.7.4 If no items are supplied to the patient, it is important that the reasons are captured within the NHS CPCS IT system to support the evaluation of the service.

10.7.5 Other reasons for not supplying an item include:

- The required item is out of stock – refer to another NHS CPCS pharmacy.
- The required item is available as an over the counter (OTC) product, so it can be sold.
- The item is a Schedule 1, 2 or 3 Controlled Drug – the pharmacist must contact an appropriate service to arrange further assistance for the patient.
- An urgent supply is not necessary or appropriate – give the patient an explanation and additional advice where appropriate, such as contacting their GP practice when next open.

10.8 Advice and information

10.8.1 The pharmacist will provide advice to every patient about the importance of ordering prescriptions in a timely manner and the

benefits of the electronic Repeat Dispensing (eRD) service. It is important to reduce the future need for emergency supplies.

10.8.2 The following information should be discussed:

- The importance of avoiding running out of their medicine or appliance.
- Planning for weekends / public holidays.
- How the patient's usual community pharmacy would be able to support the patient, e.g. patient should ask their usual pharmacy about their repeat dispensing service.
- Ordering medicines in a timely manner from the patient's usual pharmacy.
- The benefits of the eRD Service.

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

10.9 Onward referral to another pharmacy when an item is out of stock

10.9.1 Where a pharmacy does not have the medicine or appliance in stock, a referral to another pharmacy should be suggested to the patient and agreement for this obtained. Before the referral is made, the pharmacist

should be confident that an emergency supply is both possible and in the best interest of the patient, bearing in mind the receiving pharmacist will have to use their own professional judgement as to whether the requirements of the HMR are met.

10.9.2 The following should be explained to the patient:

- That the pharmacy does not hold the medicine or appliance in stock and that a referral to another pharmacy will be necessary.
- That a pharmacy with the medicine or appliance in stock needs to be identified.
- That consent is required from the patient for sharing their details with another pharmacy.
- That the patient may need to travel to an alternative pharmacy but bear in mind that it will depend on where the medicine or appliance is stocked, and which pharmacies are open.

10.9.3 The following process should be followed when identifying and contacting an alternative pharmacy:

- Use the DoS search tool (details should be contained in the SOP for the service) to identify a pharmacy in the area the patient wishes to travel to, that provides NHS CPCS.
- Contact the identified NHS CPCS pharmacy and check that it has the medicine or appliance in stock and is willing to accept a referral (bear in mind the time between the referral, patient travel time and the pharmacy's closing time).
- If the pharmacy that has been contacted does not have the items in stock, then the pharmacist can try another NHS CPCS pharmacy. The pharmacist should use their own professional judgement as to

the number of NHS CPCS pharmacies that should be tried before considering contacting the GP OOH service to discuss an alternative.

- Once a pharmacy with the required medicine or appliance that can take the referral is found, transfer the patient's details by forwarding the referral details to the 'new' pharmacy via the NHS CPCS IT system (where this functionality exists) or via NHSmail.
- Provide the patient with the details of the pharmacy to which they have been referred.

10.10 Referral to the GP OOH service

10.10.1 If it is not possible to make an emergency supply, the pharmacist must contact an appropriate service. This will normally be the patient's GP. If the GP practice is closed, then it should be the local GP OOH service. The contact details for the GP OOH service should be included in the SOP for the service. Contacting the GP OOH service must not be delegated to the patient. Examples of when a referral to the GP OOH service or may be appropriate include:

- The patient is unwell and needs medical assessment.
- Controlled Drugs are requested and cannot be supplied under the HMR.
- Local care pathways determine other referral routes, e.g. palliative care patients (check CCG prescribing guidelines where these have been made available to you).
- Out of stock items are required where other local NHS CPCS pharmacies do not have the item in stock and an alternative medicine or appliance may be required until stocks are available.

10.10.2 If you do not know where to refer the patient, then the pharmacist should phone the referring NHS 111 service and advise the call advisor they are a health professional and need to speak directly to another health professional regarding a referral that has already been received. In some areas the pharmacist will then be put through to a clinician; in other areas the call advisor will take relevant details and advise that a clinician will phone the pharmacy back.

At no point should the patient be asked to contact NHS 111 to resolve the medicines supply issue (there may be a need for the patient to contact NHS 111 if they become symptomatic).

10.11 Patients unable to travel to the pharmacy

10.11.1 Patients without transport or who live some distance from the pharmacy may state they are unable to travel to the pharmacy; this is more likely to happen late at night or during a public holiday when fewer NHS CPCS pharmacies are open near to the patient's location.

10.11.2 If the patient is unable to travel to the pharmacy, the patient should be asked if there is someone, they can ask to collect

the medicine or appliance on their behalf. Pharmacies are not expected to deliver medicines or appliances to patients as part of NHS CPCS but should follow usual practice.

10.11.3 If no-one can collect a medicine or appliance on behalf of the patient, the pharmacist will need to consider the impact of the patient missing doses or not using their appliance and the alternative options. GP OOH services do not routinely stock medicines or appliances and they are not able to deliver medicines or appliances to patients. The pharmacist should explore all options with the patient to avoid any harm.

10.11.4 Where advice is given to miss doses, patients should be advised to contact NHS 111 should they become unwell or if their condition deteriorates. The National Patient Safety Agency guidance on missed and delayed doses may assist pharmacists in determining critical medicines or conditions where delays or omissions are more likely to cause harm.

10.12 Medicines liable to misuse

10.12.1 Patients occasionally request a medicine which is liable to misuse, such as a benzodiazepine, or a hypnotic. Some requests may genuinely be needed, whilst others may be from a patient using the NHS CPCS to inappropriately gain additional supplies.

10.12.2 Some CCGs have issued guidelines to local GP OOH services on the supply of medicines liable to misuse. While it is for the pharmacist to determine whether a supply is appropriate, they should check if any such local guidelines are in place. The pharmacist needs to balance the potential for misuse versus the need and the impact on the patient of not supplying a medicine or appliance. A limited supply of up to 5 days treatment, until the GP practice reopens, may be appropriate. It is particularly important to check the SCR for such requests, as part of the assurance that the patient has been prescribed it before and that there has not been a recent supply made.

10.12.3 A GP OOH service will only prescribe medicines liable to misuse in limited circumstances and will not usually prescribe medicines such as methadone or buprenorphine. If the pharmacist decides not to make a supply for a medicine liable to misuse, they should consider advising the patient to wait until they can collect their usual prescription from their GP practice or usual pharmacy, rather than referring them to the GP OOH service.

10.12.4 The referring NHS 111 service is unable to include in the NHS CPCS referral how many times a patient has previously been referred to NHS CPCS. It is important that the pharmacy ensures that the GP is notified of any supplies using the template in the NHS CPCS IT system – this is a requirement of the service. NHS 111 and IUC CAS providers also undertake audits to identify frequent users and these are flagged to their clinical staff for further investigation. Pharmacists must be vigilant and bear in mind that some patients may try to use the NHS CPCS to gain inappropriate supplies.

10.12.5 The pharmacist should consider sending an incident form using the template in the NHS CPCS IT system to the NHS

111 provider or IUC CAS if they feel the NHS CPCS request is inappropriate.

10.13 Frequent users of NHS CPCS for urgent medicines supply

10.13.1 NHS CPCS is intended to be used as an emergency service, not as a regular method for obtaining repeat prescriptions. There may also be a concern about patients requesting medications liable to misuse (see section 10.13).

10.13.2 Experience from the service is that the number of frequent users, particularly those requesting controlled drugs, is very low. However, pharmacists must be aware that this occurs, and use their professional judgement to not supply an urgent request for medications if it is not clinically appropriate. The pharmacist must discuss the reasons for no supply with the patient, notify the appropriate providers connected with the patient's care, and raise an issue with NHS England local pharmacy contracting team if required.

10.14 Record Keeping

10.14.1 Where an urgent supply is made, this must be recorded in three places:

1. **POM Register – the legal record**

   If a POM is supplied, record the emergency supply as you would any other emergency supply, in accordance with the HMR.

2. **NHS CPCS IT system**

3. **Patient Medication Record (PMR)**

   When a medicine or appliance is supplied, an entry should be made in the PMR as the medicine or appliance is labelled.

10.14.2 Records in the NHS CPCS IT system must be fully completed to ensure an accurate clinical record is maintained of the consultation, correct payments for provision of the service are claimed and accurate information is available to support the management and evaluation of the service.

10.14.3 Via the NHS CPCS IT system, pharmacy contractors 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 data that may be requested are given in Annex E of the service specification.

10.14.4 The medicines or appliances **supplied or not supplied** must be documented on the FP10DT EPS dispensing token using the NHS dm+d dictionary naming convention.

Pharmacists can refer to the medicine or appliance label to confirm dm+d format as this is used by all pharmacy system suppliers.

10.14.5 The dm+d quantities are based upon the doses, for example, a salbutamol inhaler should be recorded on the FP10DT EPS dispensing token as 200 for 200 doses, not 1 for an original pack. When recording quantities for supplies made, please note:

Form	Record on dm+d	Example
Creams	Per gram supplied	Betnovate cream 30g Record quantity as 30
Tablets and capsules	Per tablet /capsule	Bisoprolol 10mg tablets x 7 Record quantity as 7
Liquids Including eye drops	Per ml	Epilim liquid 200mg/5ml 70ml Record quantity as 70
Form	**Record on dm+d**	**Example**
Devices	Per device	Aero chamber Plus with infant face mask Record quantity as 1
Inhalers	Per dose	1 x op Salbutamol inhaler (200 doses) Record as 200.

10.14.6 Incorrect quantities recorded on the FP10DT EPS dispensing token will lead to incorrect payments – please be careful to enter the quantities correctly. Examples of completed FP10DT EPS dispensing tokens are available on the NHSBSA website.

10.14.7 Accurate documentation of the 'no supply' reason is an essential part of evaluating the pilot, which will inform decisions on commissioning the service in the future. To record 'no supply' please note the following reasons and corresponding codes:

Reason supply was not made	Standard No-Supply Code to be endorsed on FP10DT
Item not able to be supplied under emergency supply regulations (e.g. Schedule 1, 2 or 3 Controlled Drug)	NoSupp A
EPS prescription dispensed for patient	NoSupp B
Pharmacist determined that supply not necessary (e.g. not clinically appropriate; concern about abuse of service)	NoSupp C
Item not in stock	NoSupp D
Patient /Patient's representative did not make contact and pharmacy unable to make contact	NoSupp E
Patient bought the item	NoSupp F
Other*	NoSupp G

***Please check carefully that the No Supply codes A to F are not appropriate, before selecting G Other.**

11. NHS CPCS - Minor illness referrals

NB This section relates to minor illness referrals to community pharmacy via the NHS 111 and GP referral pathways.

11.1 Patients who have called NHS 111 or contacted their general practice because they have a minor condition are referred to the pharmacy. When the patient contacts the pharmacy either in-person or remotely (e.g. by telephone), they should let the pharmacy team know they have been referred from NHS 111 or their general practice.

11.2 Ensure your team are aware that patients will be presenting in-person or remotely for this service. Patients may not remember to say they have been referred, but if you process as a normal over the counter sale you will not be able to claim payment for a completed consultation.

11.3 Comments you may hear from patients could include:

- *"Someone told me to come to the pharmacy?"*
- *"I rang NHS 111 and they told me to come here"*
- *"I rang NHS 111 and they told me to come to a pharmacy"*
- *"The Surgery team have told me to come here"*
- *"I've been sent here by the surgery receptionist"*
- *"I contacted the doctor and they told me to come here"*

If the patient refers to NHS, NHS 111 referral or GP, you must check if a referral has been made on either the NHS CPCS IT system or via NHSmail. If you are unsure, ask the patient what led them to attend the pharmacy today.

11.4 Only patients who have been referred by NHS 111/IUC CAS, by general practice, or other urgent and emergency care provider (e.g. 999 service) are eligible to receive advice and treatment under this service. Patients spontaneously 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.

11.5 The pharmacist accesses the referral on either the NHS CPCS IT system or NHSmail and consults with the patient either in the consultation room or remotely (e.g. by telephone with the patient). During the consultation, the pharmacist will provide advice on the management of the minor illness. Printed information on their condition or recommended treatment should be offered to patients.

11.6 Contemporaneous notes must be taken during the consultation and recorded on the NHS CPCS IT system. Alternatively, handwritten notes may be used, but must be transcribed into the NHS CPCS IT system immediately after the consultation.

11.7 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).

11.8 If the patient does not attend the pharmacy, the pharmacist must telephone the patient. In most cases, this should be the same day

as the referral is received before closing the pharmacy at the end of the day. If a referral is received overnight, then it would be appropriate for the pharmacist to telephone the patient the next day if they haven't attended the pharmacy. The service can be completed over the telephone if that is clinically appropriate for the individual and their presenting condition.

11.9 Where it is considered clinically important to inform the patient's own GP or to ensure the patient's GP based record is updated (for example if the pharmacist has cause to escalate the patient to Accident and Emergency), 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 NHS 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.

12. Governance

12.1 For referrals made to community pharmacy via the NHS 111 referral pathway, the pharmacy will report any incidents related to the referral process or operational issues with respect to this service to the NHS 111 provider and any local IUC CAS via the local health professional's helpline.

12.2 For referrals made to community pharmacy via the GP referral pathway, the pharmacy will report any incidents related to the referral process or operational issues with respect to this service in accordance with the locally-agreed arrangements set up for the PCN within which the pharmacy is located (please note that arrangements may differ between PCNs and pharmacy teams should familiarise themselves with the agreed PCN local arrangements).

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

12.4 The pharmacy is required to report any incidents related to patient safety, near misses, the referral process or operational issues to the local NHS England primary care commissioning team. An incident reporting form is included within the NHS CPCS IT system.

12.5 NHS England, as the commissioner of the service, will monitor the service alongside other community pharmacy contractual framework services and will work with local urgent care system providers to ensure the service is integrated. Issues such as patients who use the service inappropriately and how to deal with them will be handled on a system-wide basis.

12.6 For the NHS 111 referral pathway, NHS 111 is commissioned by a lead CCG commissioner for an area that may result in one NHS 111 provider covering a large geographical area, e.g. North West England, or in multiple providers covering smaller geographies, e.g. East of England. Each NHS 111 provider has a clinical lead and each commissioner has a lead clinician responsible for overseeing the commissioning and assurance of the service. To support

integration and sharing of best clinical practice, there are regional clinical governance leads that work across regional areas and coordinate the learning from safety incidents and national initiatives. NHS England will work with the aligned integrated urgent care system to share best practice and learn from incidents.

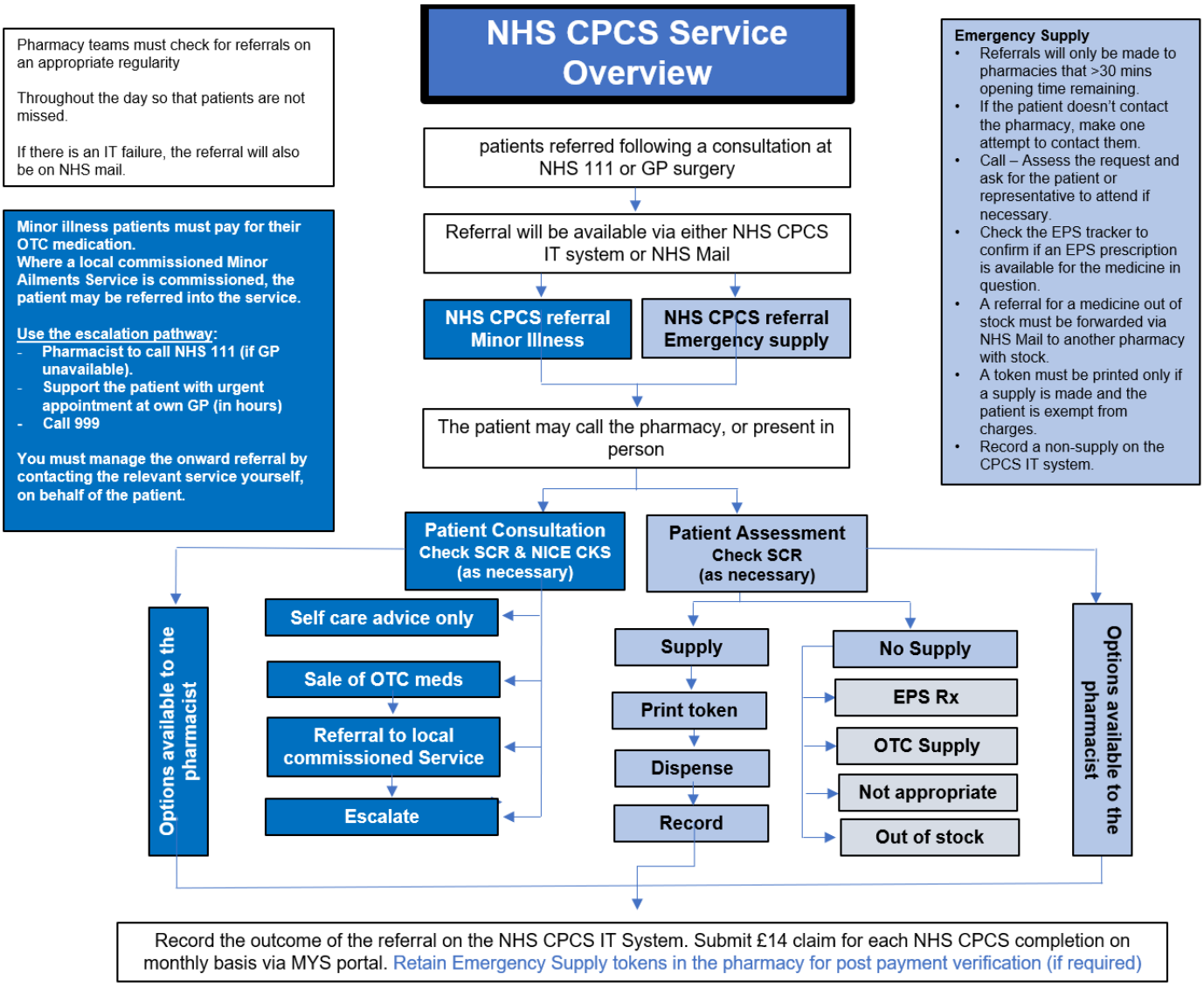
12.7 For the GP referral pathway, each PCN will establish its own clinical governance arrangements and community pharmacies should familiarise themselves with the clinical governance arrangements established for the PCN within which the pharmacy is located.

12.8 The Local Pharmaceutical Committee (LPC) can also be contacted to share any governance concerns contractors may have, and they will be able to collate and share these with the local NHS England pharmacy contracting team, and feed into local governance systems.

Appendices

Appendix A: NHS CPCS One-page Service Summary

A standalone copy of this summary can be downloaded from https://psnc.org.uk/cpcs



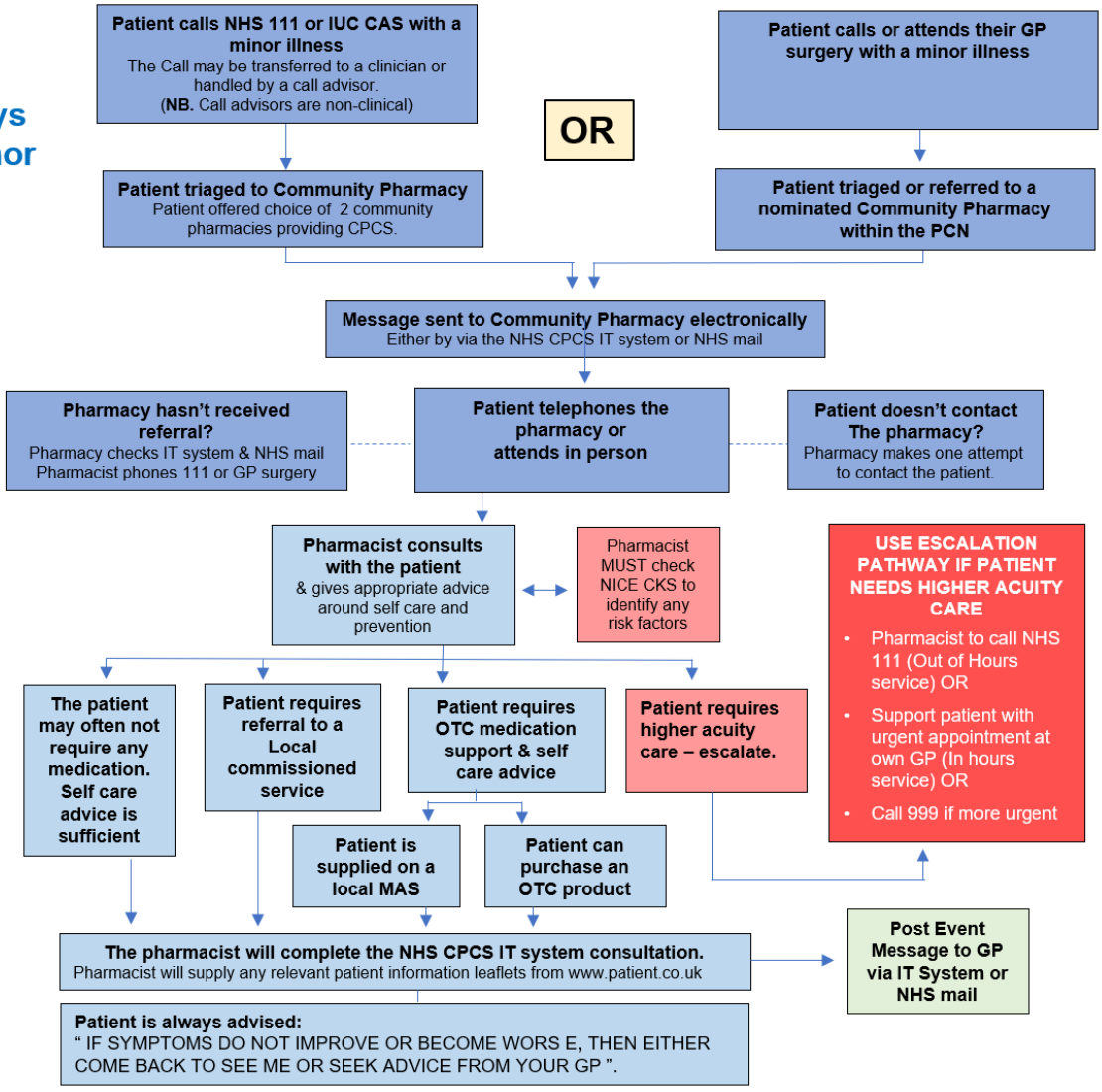
Appendix B: NHS CPCS Implementation checklist

A standalone copy of this checklist can be downloaded from https://psnc.org.uk/cpcs

Action	Complete
The pharmacy is registered with NHSBSA (via MYS) to provide the service. *Note: some multiple pharmacy groups may complete this process centrally, please check your internal communications where appropriate to confirm the process to follow for your pharmacy to register for NHS CPCS.*	☐
All pharmacists have read the NHS CPCS service specification and SOP.	☐
All pharmacists are aware of the information within the NHS CPCS toolkit and know where to access this when needed.	☐
Pharmacists are familiar with and feel competent to provide care for patients presenting with referral conditions listed in Annex D of the service specification.	☐
The pharmacy team have a process in place to check for referrals from NHS 111 and general practice at appropriate intervals.	☐
The pharmacy team have logon credentials to access the NHS CPCS IT system.	☐
The pharmacy team have access to the pharmacy's NHSmail shared mailbox on every day the pharmacy is open.	☐
Pharmacists and pharmacy technicians can access the NHS Summary Care Record (SCR).	☐
Locums or relief pharmacists can readily access the NHS CPCS service specification, SOP and toolkit and have the required logon credentials for the NHS CPCS IT system and NHSmail shared mailbox for the pharmacy.	☐
The Pharmacy has the contact details of the local GP surgeries within the PCN who are likely to make referrals to enable feedback and managing any local implementation issues	☐
The DOS helpline number 0300 0200 363 has been added to the pharmacies business continuity plan processes in case of an emergency closure where the service needs to be temporarily disabled.	☐
Pharmacists and locums who will be delivering the service have been signposted to the CPPE self-assessment tool for the NHS CPCS to inform their training needs.	☐

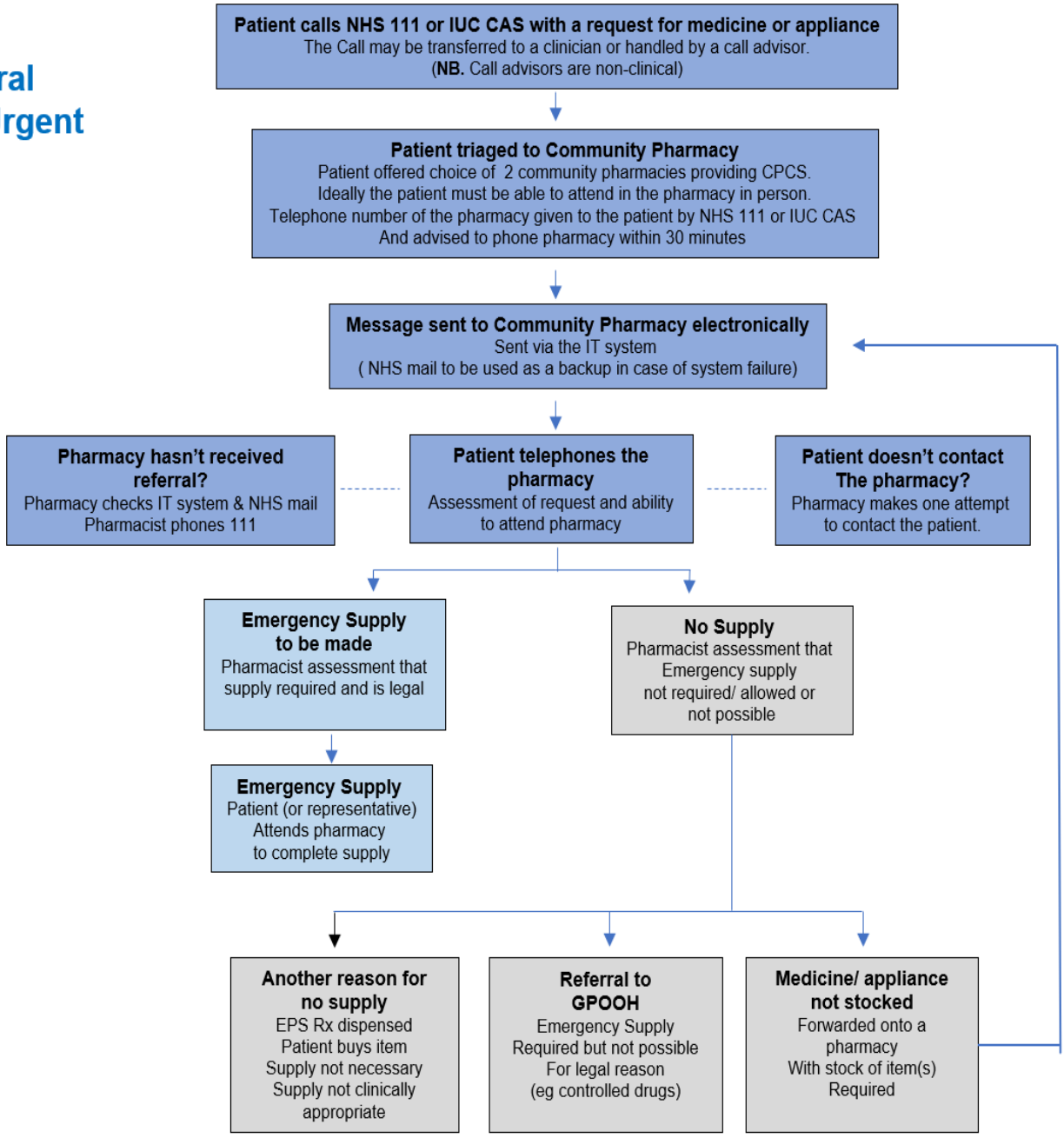
Appendix C: NHS CPCS (Minor Illness) Patient Flow

CPCS
NHS 111 &
GP referral Pathways for Low acuity, minor illnesses



Appendix D: NHS CPCS (Urgent Medicines Supply) Patient Flow

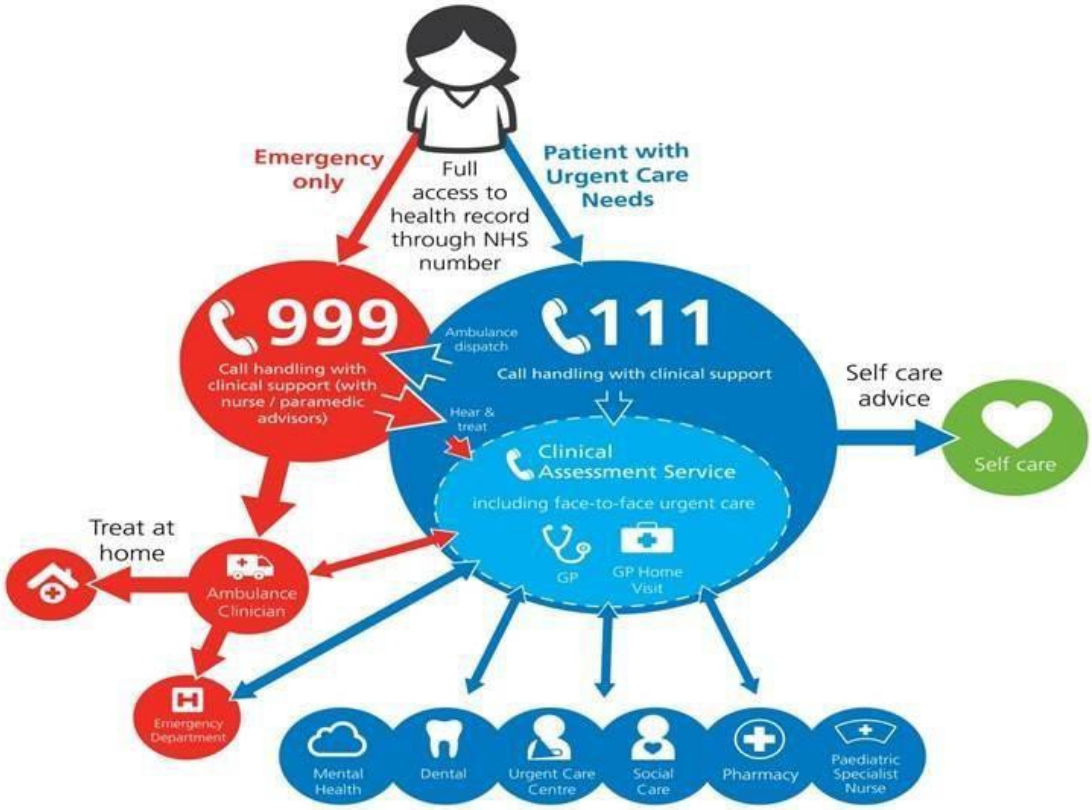
CPCS NHS 111 referral Pathway for Urgent medicines



Appendix E: NHS 111 and the NHS 111 Directory of Services

NHS 111 is provided across England by several organisations such as ambulance trusts, GP OOH providers and urgent care social enterprise organisations.

The aim is to integrate urgent care across the health care system to ensure the patient is directed to the most appropriate service according to their clinical need:



Across a geographical footprint, a lead CCG commissions the NHS 111 service for a population against the Commissioning Standards for NHS 111[9]. The NHS 111 Clinical Governance Toolkit[10] underpins the delivery of NHS 111 and supports local commissioners in assuring the quality of the service and to share learning across the country.

The NHS 111 call advisors that initially take a call are not clinicians; in exceptional circumstances clinicians may be involved in initial triage of calls, but generally NHS CPCS calls will be referred by non-clinical staff.

The call advisors carry out an initial assessment using a clinical assessment tool - NHS Pathways, to identify the clinical needs of the patient and make appropriate referrals according to the clinical priority.

NHS Pathways is the clinical assessment system used by NHS 111 to triage and assess patients with urgent healthcare needs and enable signposting and referral to healthcare services where they can appropriately respond to a patient's care needs.

The NHS 111 Directory of Services (DoS) is a database that can be used as a standalone reference source or integrated with NHS Pathways. It has pharmacy service information, structured using templates of data, which are applied to pharmacy 'profiles' in such a way that it can present information to the call advisor, in a nationally consistent format.[9]

https://www.england.nhs.uk/ourwork/pe/nhs-111/resources/

[10] http://webarchive.nationalarchives.gov.uk/20161103214538/https://www.england.nhs.uk/wpcontent/uploads/2015/03/nhs111-clincl-govrnce-tool-kit.pdf