

## Service Level Agreement for an NHS Community Pharmacy Referral Service (CPRS)

### NHS111 Referred Patients with low acuity conditions

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#### 1. This agreement is between

**NHS England North (Cumbria and North East)** (the Commissioner)

Waterfront 4, Goldcrest Way, Newburn, Newcastle upon Tyne, NE15 8NY

**And the Provider:** (“the pharmacy”)

Trading name and address of pharmacy

.....  
.....  
.....

Contractor ODS code: F.....

For the provision of an NHS Community Pharmacy Referral Service (CPRS) as outlined in this local enhanced service level agreement and underpinning service specification at **Schedule 1**.

By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and service specification.

Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

**Please Sign Up to this service through the BSA Website – link below**

[www.nhsbsa.nhs.uk/CPRSpilot](http://www.nhsbsa.nhs.uk/CPRSpilot)

Any queries please contact Linda Boshier – [linda.boshier@nhs.net](mailto:linda.boshier@nhs.net)

## 2. Purpose

The purpose of the Community Pharmacy Referral Service (CPRS) is to reduce the burden on urgent and emergency care services by referring patients requiring low acuity advice and treatment from NHS 111 to community pharmacy. Its aim is to ensure that patients have access to the same if not better levels of care, closer to home and with a self-care emphasis.

The agreement is for the pharmacy to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of specified low acuity conditions.

## 3. Period

This agreement is for the scheme to be available

- **during all pharmacy opening hours**

The agreement and service delivery will cover the period **from 4<sup>th</sup> December 2017 to 31<sup>st</sup> March 2018**.

## 4. Termination

One months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

The Commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

## 5. Obligations

The pharmacy will provide the service in accordance with the specification (**Schedule 1**) and ensure that all substantive and locum pharmacists are aware of it.

The Commissioner will manage the service in accordance with the specification (**Schedule 1**).

## 6. Payments

The Commissioner will pay the following:

Remuneration will be made to the pharmacy at £14.00 per consultation to include:

- Set up (SOP development, staff training etc.) and support staffing costs
- Pharmacist time to provide the service including onward referral and follow up
- Completing PharmOutcomes
- Input into iterative service improvement activity
- Reporting issues and incidents as appropriate in line with the service level agreement
- Checking NICE Clinical Knowledge Summaries for every consultation and providing written patient information

Payments will be made by the BSA based on PharmOutcomes data..

Payment will be made to pharmacies on a monthly basis within 2 months of the end of month by the BSA.

**Pharmacists must record information onto PharmOutcomes during the consultation with the patient present.**

## 7. Standards

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

## 8. Eligibility criteria

Service providers will need to satisfy the following to demonstrate ability to take part in the project:

- Located within Northumberland, Tyne and Wear and Durham, Darlington and Tees geographical boundaries
- Be in good standing with NHS England

Due to the face to face consultation requirements, this service is not available to distance-selling pharmacies.

## 9. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to the Commissioner.

## 10. Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

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

# **NHS COMMUNITY PHARMACY REFERRAL SERVICE**

## **NORTH EAST LOCAL ENHANCED SERVICE - a digital minor illness referral service**

### Service Specification

# **NHS Community Pharmacy Referral Service - CPRS**

NHS Community Pharmacy Service Specification commissioned by NHS England (North East)

Version number: 1.1

First published: **November 2017**

Prepared by: Andre Yeung, CPRS Project Manager, on behalf of NHS England North – Cumbria and North East (with significant contributions from Sandie Hall & Ann Gunning, LPC representatives)

Classification: FINAL

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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## 1. Service description and background

- 1.1. Currently, less than 1% of all NHS111 referrals result in a direction to a community pharmacy. Calls are normally referred to other primary care locations such as GP (in hours and out of hours), walk-in centres and sometimes A&E. These appointments block access to GP appointments for patients with greater clinical need.
- 1.2. The NHS England Hospital to Home Pharmacy Reference Group and Pharmacy Integration Fund Oversight Group have overseen the development and design of this service that aims to address these challenges through testing making more use of the substantial skills and knowledge within the community pharmacy network.
- 1.3. NHS England Cumbria and North East is commissioning this NHS Community Pharmacy Referral Service ('CPRS') as a Local Enhanced Service under the terms of the Community Pharmacy Contractual Framework via referral from NHS 111, in order to reduce the burden on urgent and emergency care services for patients requiring low acuity advice and treatment. The service will be commissioned across the North East of England. Its aim is to ensure that patients have better access to care, closer to home and with a self-care emphasis.
- 1.4. The pharmacy will provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of low acuity conditions specified in **Annex D**.
- 1.5. The end points of the consultation may include:
  - Advice given only
  - Advice and the sale of an Over the Counter medicine
  - Advice and referral into the pharmacy local Minor Ailments Service (MAS) (dependent on local commissioning arrangements - please see each service specification)
  - Advice and pharmacist to call GP to set up appointment (each pharmacy will use a local arrangement for this)
  - Advice and signpost on to another service
- 1.6. Only patients who have called NHS111 and been referred are eligible to receive advice and treatment under this service. Any patient, even those registered with a GP from outside the North East area, can access CPRS as they would likely still have attended another care location in the area.
- 1.7. On presentation, the pharmacist will assess the patient and will refer to other health and social care professionals, where appropriate to do so.



- 1.8. The patient must be in attendance (for child under 16, the parent or guardian must also be in attendance). In all other cases a consultation under CPRS cannot be carried out.
- 1.9. Pharmacists are not able to divert patients presenting in the pharmacy with a low acuity condition into CPRS. Those who usually manage their own conditions through self-care and purchase of Over the Counter (OTC) or Pharmacy Only medicines should continue to self-manage and treat their conditions as per essential service 6, self-care, of the Community Pharmacy Contractual Framework.
- 1.10. CPRS is an opt-in service for patients and those who wish to consult their GP or other health care provider for their condition are free to do so.
- 1.11. The NHS CPRS will commence from 4th December 2017 and run until 31 March 2018.
- 1.12. An evaluation of the service will be undertaken; - data will facilitate robust academic review and financial appraisal for NHS commissioners. Independent academic review of the service will evaluate measures of quality, financial outcomes and patient satisfaction.

## **2. Aims and intended outcomes of CPRS**

- 2.1. To test full integration of community pharmacy into the urgent care system as a provider of care for patients currently referred to other parts of the urgent care system.
- 2.2. To relieve pressure and create capacity in other parts of the urgent care system, particularly for higher acuity clinical conditions.
- 2.3. To test the quality and effectiveness of clinical urgent care services provided by community pharmacy.
- 2.4. To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers and Walk In Centres.
- 2.5. To enable convenient and easy access for patients and for NHS111 call-handler referral
- 2.6. To reduce the use of primary medical care services for the referral of minor illness from NHS 111.

- 2.7. To identify ways that individual patients can self-manage their health more effectively and to recommend solutions that could prevent use of Urgent and Emergency Care in the future.
- 2.8. To increase patients' awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions.
- 2.9. To be cost effective for the NHS when supporting patients with low acuity conditions.

### **3. Service Sign Up – Pharmacy contractors**

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

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/community-1>

This sign up is for pharmacies within the North East only - Northumberland, Tyne and Wear, Durham, Darlington and Tees.

### **4. Service Sign Up - Pharmacists**

- 4.1. Sign up and the declaration of competence is via PharmOutcomes<sup>1</sup>. Pharmacists will ONLY be able to do this once a referral has been received.
- 4.2. This self-declaration will require that you confirm the following:
  - 1) I have read the service specification,
  - 2) I am aware of how to access NICE Clinical Knowledge Summaries, (link provided on PharmOutcomes)
  - 3) I am aware of the escalation process should this be required (see Service Spec)
  - 4) I will only provide this service from a registered consultation room
  - 5) I will have access to web enabled IT in the consultation room so that PharmOutcomes can be used within the consultation,
  - 6) I can access Summary Care Records (SCR) within the pharmacy
  - 7) I have access to the shared NHS Mail account specific to the pharmacy premises

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<sup>1</sup> PharmOutcomes is a web based system that is enabled to receive an electronic message directly from NHS 111 DoS  
<https://pharmoutcomes.org/pharmoutcomes/>

## Service specification

### 5. Receipt of referral from NHS 111

- 5.1 NHS 111 will refer appropriate patients to pharmacies using electronic messaging via PharmOutcomes and if required NHS Mail. NHS 111 will ask patients to select from a choice of pharmacies<sup>2</sup> which are participating in the service and are located close to the patient's preferred location. NHS 111 will advise patients that the pharmacy is 'operating a new NHS service that is closer to them, has shorter waiting times and is open longer hours'. They will be alerted to the fact that all clinical decisions after referral are at the professional discretion of the community pharmacist.
- 5.2 NHS 111 will provide the details of the selected pharmacy to the patient, advising them to attend within a set time period. When the patient attends or contacts the pharmacy the pharmacist should confirm the pharmacy has received an email/electronic message referral from NHS 111 by accessing PharmOutcomes (or NHS Mail).
- 5.3 If no email/electronic message referral has been received, the pharmacist will contact the local NHS 111 to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the email/electronic message referral is resent.
- 5.4 If a referral has not been made by NHS 111, any request by the patient is out of the scope of this service, but the pharmacy may choose to make an intervention via an alternative method, e.g. advice, education and then the supply of an over the counter product or via a locally commissioned minor ailments service. During the pharmacy's opening hours PharmOutcomes (or NHS Mail) should be regularly checked, especially within traditional out of hours periods such as weekday evenings, weekends and bank holidays, to pick up referrals from NHS 111 in a timely manner. This should include when a pharmacy opens and before the pharmacy closes each day.
- 5.5 Where a pharmacy has received a referral from NHS 111 and the patient has not attended or contacted the pharmacy within 12 hours of the referral, the pharmacy should make a reasonable effort (i.e. **three call attempts**) to contact the patient using the contact details set out in the referral message e.g. before the pharmacy closes for the day. If no contact is then made during the next working day, then the pharmacist should close the referral as 'no intervention made'.
- 5.6 The service will be provided by the pharmacy for all the opening hours of the pharmacy including extended hours and any bank holidays they are open. It is essential that pharmacist locums are fully briefed and able to deliver the service

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<sup>2</sup> Currently the NHS 111 Directory of Services (DoS) will provide the 2 nearest pharmacies to the patient's location. This will increase to 4 in the near future.

## 6. Pharmacist consultation

- 6.1 The pharmacist will conduct a face-to-face consultation in the pharmacy consultation room and MUST use PharmOutcomes during that consultation. The PharmOutcomes platform MUST be used to collect any additional information from the patient that was not obtained during the telephone conversation with the patient. The pharmacist will assess the patient's condition using a structured approach to responding to symptoms and using Summary Care Record where appropriate.
- 6.2 The pharmacist will gain patient consent (tick box) to share the details of the consultation with the patient's GP. Patients who do not consent to sharing details with their GP cannot access CPRS and will be transferred to usual care.
- 6.3 The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process<sup>3</sup>. The red flags link will be included as a reminder within the IT platform so that pharmacists are able to click on the link and get the latest information directly from NICE Clinical Knowledge Summary whilst still with the patient during the consultation.
- 6.4 If at this stage it is identified that the patient needs to be referred to access higher acuity services, then the procedure set out in section 8 should be followed.
- 6.5 The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient. This can be done through access to Summary Care Record (SCR), where appropriate.
- 6.6 The pharmacist will consider past medication supplied for the low acuity condition to assess appropriateness of any advice given.
- 6.7 The pharmacist will provide self-care advice on the management of the condition.
- 6.8 The pharmacist will provide a relevant information leaflet about the low acuity condition from a reputable source (an example of which would be NHS Choices or NICE Clinical Knowledge Summaries guides or from patient.co.uk) as required. See **Annex A** for the consultation process.
- 6.9 Closing statement. For every consultation the pharmacist should give a standard closing statement to the patient:

**“IF YOUR SYMPTOMS DO NOT IMPROVE OR BECOME WORSE, THEN  
EITHER COME BACK TO SEE ME OR SEEK ADVICE FROM YOUR GP”**

Patients may wish to call NHS111 or 999 if the matter is urgent and the pharmacist or GP is not available.

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<sup>3</sup> <https://cks.nice.org.uk/>

- 6.10 The pharmacist who carried out the consultation will complete some simple data collection questions and will request permission for participation in evaluation. (email/phone). If the patient refuses to take part in data collection, this does not stop them from receiving the service.
- 6.11 The pharmacist will record the consultation on PharmOutcomes during the consultation in the consultation room. The pharmacy must have an internet enabled IT (e.g. computer / iPad) in the consultation room to take part in this service.
- 6.12 The emphasis of the service is on the consultation and delivery of key messages regarding self-care and patient education but should minor illness medication be required for the presenting condition, then referral to a MAS or to purchase an OTC or Pharmacy Only product should be used. The pharmacist is professionally accountable for the clinical judgement and treatment decisions made.
- 6.13 The patient must not be charged for the consultation that occurs as a consequence of being referred by NHS 111.

### **Advice and Information**

- 6.14 Every patient who accesses the service will be provided with verbal advice and printed information sheet relevant to their condition. This information will be supplied whether treatment is supplied or not.
- 6.15 Patients with limited literacy skills in English should be supplied with either an easy read version or a version of the leaflet in an alternative language (if available). If an easy read version or printed information is not available in a language suitable for the patient the usual patient leaflet should be provided (to back up the verbal information given). Every effort should be made to ensure the patient understands the advice provided or is referred onwards if necessary.
- 6.16 The verbal advice will include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.
- 6.17 Patients should also be informed that pharmacy is an ideal first port of call for many minor illnesses.

### **Core Competencies**

- 6.18 Able to communicate with, counsel and advise patients appropriately and effectively on low acuity conditions.
- 6.19 Able to assess the clinical needs of patients including the identification of Red Flags (ref. NICE Clinical Knowledge Summaries).

- 6.20 **Able to escalate patients in line with the options described in section 8 below.**
- 6.21 Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care appropriate to the needs of the patient.
- 6.22 Able to explain the provision of the service and give appropriate self-care advice

## 7. Records and Documentation

- 7.1 The pharmacy will maintain a record of the consultation and any medicine that is supplied whether it is suggested for purchase or as part of a locally commissioned Minor Ailments Service (MAS). This will be recorded on PharmOutcomes.
- 7.2 A short patient survey is included as part of the consultation within PharmOutcomes and (for those patients who consent) the patients responses will be entered by the pharmacist during the consultation.
- 7.3 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care<sup>4</sup>.

## 8 Escalation Process

- 8.1 There will be times when the pharmacist will need additional advice or will need to escalate the patient to another higher acuity care location e.g. an Out of Hours GP or Walk In Centre or A&E.
- 8.2 **Option a) call the NHS111 clinical hub (out of hours - Monday to Friday 18:00-23:59 and weekends/Bank Holidays 08:00-23:59):** To escalate a patient out-of-hours, Pharmacists are able to call the Clinical Hub direct to speak to a clinician if this is required. The Healthcare professional direct dial line is:

Call 111 and press \*7

The Clinical Hub will then call back within 30mins (at busy times this may be longer)

**It is important to note that prescriptions cannot be obtained via this route.** The clinical hub 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.

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<sup>4</sup> <https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

- 8.3 **Option b) refer the patient for an urgent in hours' appointment (Monday to Friday 8:00-18:00):** To escalate a patient during the day, Pharmacists should support a patient to make an urgent in-hours appointment with their GP. After agreeing with the patient, the pharmacist should telephone the patients GP to secure this appointment. The pharmacist may wish to print a copy of the consultation for the patient to take with them to the consultation with their GP.
- 8.4 **Option c) refer patient to A&E or call 999:** If the patient presents after referral from NHS 111 with severe symptoms indicating the need for an immediate consultation, the pharmacist should refer the patient to attend A & E immediately or indeed call an ambulance. **The pharmacist must report any such cases to the CPRS project manager on the same day as they occur.**
- 8.5 If it is known that a patient has attended CPRS more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.
- 8.6 In all circumstances, if the patient presents with symptoms outside the scope of CPRS the patient should be managed in line with the best clinical judgement of the pharmacist.( See **Annex D** for scope of symptom groups)
- 8.7 If the pharmacist suspects that the service is being used inappropriately by patients or carers they should alert the CPRS Project Manager at the earliest opportunity (see front cover for contact details).
- 8.8 The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.
- 8.9 When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment e.g. antibiotics or length of time until patients can expect a GP appointment.

## **9 Training, premises and other requirements**

- 9.1 The necessary knowledge and skills to provide the service will already be a core competency for all pharmacists, but pharmacists will want to ensure they have an up to date understanding of the service specification and it is recommended that they watch the CPRS video which can be found on the LPC website and PharmOutcomes.
- 9.2 In order to provide the service, pharmacies must have a consultation room with IT access to PharmOutcomes i.e. **have a connection to the internet.**
- 9.3 Pharmacists must have access to the Summary Care Record (SCR) and NHS Mail within the pharmacy. Ideally this will be in the consultation room.

- 9.4 The pharmacy contractor should have a standard operating procedure (SOP) in place covering the provision of the service (or services generally). This should include key contact details that are set out in **Annex B**. Your LPC may be able to support with this task.
- 9.5 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.
- 9.6 The pharmacy contractor should review the SOP for the service, the content of the pharmacy's business continuity plan related to the service and the referral pathways for the service on an annual basis or following significant incidents or changes that may affect the service.
- 9.7 Prior to provision of the service, the pharmacy contractor must 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 ; and have signed up for service delivery.
- 9.8 Pharmacies must have a shared NHS mail mailbox<sup>5</sup> for each pharmacy premises, as a back-up to PharmOutcomes. Pharmacists providing the service must have access to the shared NHS mail mailbox and PharmOutcomes that NHS 111 will use to send referrals.
- 9.9 The pharmacy contractor must ensure that all pharmacy staff involved in provision of the service are appropriately trained on the operation of the service, including relevant sections of the SOP for the service. It is of particular importance that locum pharmacists are made aware of the service and understand the SOP so that they are able to provide the service, including at weekends and Bank Holidays when most referrals from NHS 111 will be made.
- 9.10 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, such as end to end reviews of the patient journey.

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

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<sup>5</sup> Even pharmacies that will be using a secure electronic messaging system to receive referrals from NHS 111, will still need to have a shared NHSmail mailbox for purposes of onward referrals to other pharmacies and sending information for the purposes of evaluation.



## **10 Service availability**

- 10.1 **The pharmacy contractor must ensure that the service is available throughout the pharmacy's core and supplementary opening hours.**
- 10.2 The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience particular difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.
- 10.3 If the service has to be temporarily withdrawn by the pharmacy due to unforeseen circumstances, the pharmacy contractor will ensure the elements of their business continuity plan related to the service are activated. The pharmacy must inform the NHS 111 Directory of Services (DoS) Team ([necsu.northeastdos@nhs.net](mailto:necsu.northeastdos@nhs.net)) of the temporary withdrawal directly in order to temporarily stop referrals.
- 10.4 In the event of NHS 111 not getting through to the pharmacy by email or PharmOutcomes or patients reporting that they have been unable to speak to the pharmacist on two consecutive patient referrals, NHS England may investigate this issue and action may be taken in line with existing local dispute resolution procedures.
- 10.5 In the event of problems with service provision by a particular pharmacy, the local NHS England team will assess the ongoing ability of the pharmacy to deliver the service. In the intervening period the NHS 111 DoS will be amended to remove the mapping to this service until the issue is resolved.
- 10.6 If the pharmacy contractor wishes to cease to provide this service, they must notify NHS England via the Project Manager that they are no longer going to provide the service via email. At least one month's notice must be provided prior to the cessation of service provision.

## **11 Governance**

- 11.1 The pharmacy governance lead (nominated individual) will provide feedback to NHS 111 providers about any incidents related to patient safety, the referral process or operational issues with respect to the NHS 111 service via the CPRS Project Manager. An incident reporting form is located within the PharmOutcomes CPRS module.
- 11.2 The overall assurance of local contract monitoring against the service specification will be by way of the Project Manager presenting weekly project update reports to the local CNE Project group chaired by the Primary Care Commissioning Manager and the local CNE Pharmacy commissioning team providing contract monitoring,

using CNE existing mechanisms of escalation; with serious cases of contract default being considered by CNE PCOG ( Primary Care Commissioning Group).

- 11.3 Local governance/escalation relating to overall delivery of the service specification will be taken through the project manager reporting back to a Director of Commissioning ( or equivalent) and Deputy Medical Director, as well as reporting through CNE Local Professional Network structures.
- 11.4 **Incident Reporting System.** Within the PharmOutcomes CPRS module there is an incident reporting area where pharmacists can report any issues / complaints directly to the CPRS Project Manager. There is also an incident report form in **Annex E** of this document.
- 11.5 NHS111 call handlers will be able to report directly to their team leaders who will have a direct link back to the CPRS Project Manager. OOH GPs will also have the ability to report incidents via their established governance structures. All issues / complaints will be collated using a standard template for action and review at management meetings.
- 11.6 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies - i.e. follow your existing incident reporting mechanisms.

## **12 Service promotion**

- 12.1 Patient access to the service is via NHS 111. It is important that patients receive accurate information about pharmacies that provide the service and so pharmacies must ensure any changes in their information are updated on the DoS by contacting the local NHS England team as per usual processes
- 12.2 This service must not be actively promoted directly to the public by either the pharmacy contractor or the NHS to ensure that it is only used by patients for cases which otherwise would have led to a referral to a less appropriate patient pathway.

## **13 Evaluation**

- 13.1 The service will be evaluated independently by Newcastle University. Aspects of the service to be examined will include:
  - a. Referral rates to community pharmacy
  - b. Patient experience / satisfaction
  - c. Impact on OOHs appointments / referrals
  - d. Identification of a clinical pathway for referral to community pharmacy
  - e. Pharmacy staff, OOH staff and call handler experience

f. A collation of operational issues with the running of the service, which may prompt changes to its design in due course

13.2 All participating pharmacies and pharmacy staff must participate in the evaluation.

## **14 Payment**

14.1 Remuneration will be made to the pharmacy at £14.00 per consultation to include:

- Set up (including SOP development and staff training.) and support staffing costs
- Pharmacist time to provide the service including onward referral and follow up
- Completing PharmOutcomes
- Input into iterative service improvement activity
- Reporting of issues and incidents as appropriate in line with the service specification
- Checking NICE Clinical Knowledge Summaries for every consultation and providing written patient information

14.2 Payments for CPRS will be made based on the information recorded on PharmOutcomes that will AUTOMATICALLY be transferred to the NHS England CNE pharmacy contract team. Pharmacies do not need to do anything to secure payment except in exceptional circumstances or for audit or post payment verification purposes.

14.3 Payment will be made to pharmacies on a monthly basis within 2 months of end of month by NHS England via the local payments application process.

**14.4 Pharmacists must record information onto PharmOutcomes during the consultation with the patient present.**

14.5 Claims submitted which relate to provisions over 3 calendar months old will not be paid.

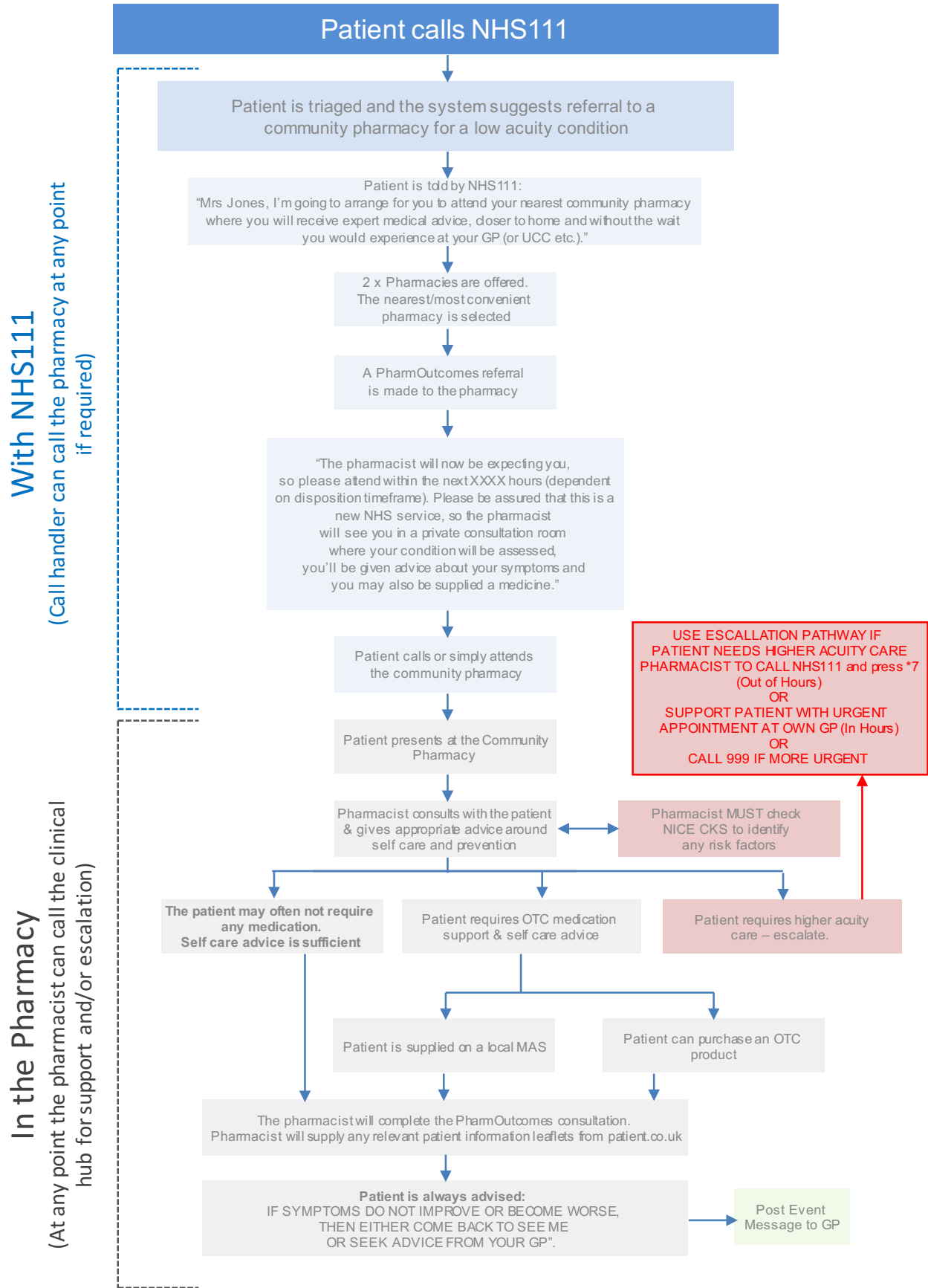
14.6 Any information supplied to NHS England must be anonymised and not contain any patient identifiable information.

## **15 Termination**

15.1 Either party may terminate the agreement subject to providing at least one months' notice in writing.

15.2 NHS England shall be entitled (without prejudice to our rights and remedies for any breach of this agreement and without prejudice to any continuing obligations you have under this agreement) to terminate this agreement immediately if the provider seriously breaches the terms of this agreement including by any act or omission which prejudicially affects or is likely so to affect the interests of NHS England.

Annex A – CPRS Patient Flow



**Annex B – GP Notification Form (PAPER VERSION - IF REQUIRED i.e. this is on PharmOutcomes normally and will be sent to the GP at the end of the consultation)**

NHS Community Pharmacy Referral Service - Notification of patient attendance to general practice.

GP Notification Form			
To (GP Practice Name)			
Address (Including Postcode)			
Patient Name			
Date Of Birth		NHS Number	
Address (Including Postcode)			
This patient was provided with a supply of :			
Medicine			Quantity
at this pharmacy on DD /MM /YYYY			
Additional comments			

To GP Practice: - Medication has been supplied to this patient following an assessment of their needs with the information available to the pharmacist at the time. If you wish to flag to urgent and emergency care providers that it is inappropriate for a patient to be referred for urgent supplies of medicines, please consider the use of a Special Patient Note (SPN).

Pharmacy Name		Telephone	
Pharmacist Name			

NHSmial Address	
Address	

**Confidential**

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

### **NHS 111 Provider**

Name of Organisation - North East Ambulance Service

Health Professional's telephone number - Pharmacist Only - call 111 and press \*7

**(Note – this number must NOT be shared with the public)**

### **Local GP Out of Hours Provider (Details to be completed by the pharmacist - research locally)**

Name of Organisation -

Address of Organisation -

Public Telephone Number -

Non-Public Telephone Phone Number -

**(Note – this number must NOT be shared with the public)**

### **CPRS Project Manager Contact Details:**

Andre Yeung - 07476228778 (andre.yeung@nhs.net)

### **Mobile Directory of Service**

**Which Mobile DoS is used in the area? (Complete the below if available)**

NHS Mobile Directory of Services ([www.pathwaysdos.nhs.uk](http://www.pathwaysdos.nhs.uk))  or MiDoS

**Log-in details: - USERNAME:**

PASSWORD HINT:

**(Note – these details are specific to this pharmacy and should not be shared)**

### **Key NHS England contacts:**

Local commissioning team (Linda Bosher) - 0113 824 7233.

## **Annex D – List of possible symptoms groups identified for referral to a community pharmacist**

[This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls]

Acne, Spots and Pimples  
Allergic Reaction  
Ankle or Foot Pain or Swelling  
Athlete's Foot PC assessment and management capability, minor condition  
Athlete's Foot Bites or Stings, Insect or Spider  
Blisters  
Constipation  
Diarrhoea  
Ear Discharge or Ear Wax  
Earache  
Eye, Red or Irritable  
Eye, Sticky or Watery  
Eyelid Problems  
Failed Contraception  
Hair loss PC assessment and management capability, minor condition  
Headache  
Hearing Problems or Blocked Ear  
Hip, Thigh or Buttock Pain or Swelling Itch  
Knee or Lower Leg Pain  
Lower Back Pain  
Lower Limb Pain or Swelling  
Mouth Ulcers  
Nasal Congestion  
Rectal Pain,  
Scabies  
Shoulder Pain  
Skin, Rash  
Sleep Difficulties  
Sore Throat  
Tiredness  
Toe Pain or Swelling  
Toothache After Dental Injury  
Toothache Without Dental Injury  
Vaginal Discharge  
Vaginal Itch or Soreness  
Vomiting  
Wound Problems - management of dressings  
Wrist, Hand or Finger Pain or Swelling

## **Annex E – Incident Report Form**

### **Feedback Form for Community Pharmacy Referral Service (CPRS)**



Please find below feedback from [NAME OF PHARMACY] relating to a patient who had contact with 111 and was referred to the CPRS service.

We look forward to your response.

## IN CONFIDENCE Pharmacies

Patient's Name:		Patient's DOB:	
Patient's Address:		Patient's Telephone:	
		NHS Number (If known)	
Date & Time of call / contact with NHS 111 Service:			NHS 111 Call ID:
Is the patient aware you are giving feedback on their behalf and did they give			Yes/No

Your Name:		Date of Feedback:	
Your Job/Role (if applicable):		Email Address:	
Address:		Telephone:	
Name of pharmacy:			

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)	
Pharmacy staff instructions:	<p><b>The completed form sent to [andre.yeung@nhs.net]</b></p> <p><b>The incident must be recorded in the pharmacy incident log and reference number entered below.</b></p>
Incident Reference Number:	