**FAQs**

**Q: What type of service is CPRS?**

A: This is a project testing referral from NHS 111 to community pharmacy as part of the workplan of the Local Professional Network and NHS England – the service is available to all pharmacies in the area that meet the eligibility criteria to sign up to participate. It is running initially from Dec 2017 to March 2018 with a service evaluation. A key part of the evaluation is patient feedback, so encouraging completion of the patient questionnaire after a patient has received a CPRS Consultation is important.

**Q. Once I have my shared NHSmail account, how do I register to provide CPRS?**

Once you have your new pharmacy shared NHSmail account, you can proceed to registering to provide CPRS on the [NHS BSA website](https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-minor) in the same way you do for NUMSAS. You must register using your pharmacy’s shared NHSmail account (including the NHSPharmacy prefix at the beginning of your email address) NOT your personal NHSmail account; if a personal NHSmail account is used to register to provide the service, your application will not be processed.

**Q: How does CPRS work as there is no product provision?**

A: CPRS is a referral service for a consultation with a community pharmacist, leading to the provision of selfcare advice regarding the symptoms the patient presents. If treatment is appropriate, a product can be sold over the counter.

In some areas, local commissioners may decide to permit a referral into a local commissioned service for product provision for minor ailments and, consequently, contractors may decide to provide the local service and CPRS as a referral from NHS 111. This is possible but there will be a requirement to complete the national CPRS consultation form as well as any local product provision/minor ailments scheme, failure to complete both templates will result in no payment for the absent data.

Patient feedback about lack of product availability can be captured in the patient evaluation section of the PharmOutcomes consultation form. There are tick boxes and free text boxes available.

**Q: What happens if the patient contacts NHS 111 but there are no local (or convenient) pharmacies offering CPRS to refer the patient to at the end of the call?**

A: The patient will be referred to the GP OOH service as they would have been before CPRS was available. Patients offered the opportunity to be referred to a pharmacy that offers CPRS are not obliged to use this service and may still choose to use the GP OOH service.

**Q: How does the NHS 111 call handler choose a pharmacy for the referral?**

A: This will work in the same way as NUMSAS based on the patient’s postcode to identify the pharmacies which are closest to them, which provide CPRS.

**Q: What happens if I receive a referral in the final few minutes before I close, particularly prior to my weekend closure or bank holiday closure?**

A: Call handlers have been trained to make referrals in line with the Directory of Services (DOS) but will take into account the opening hours of the closest pharmacies. All referrals are for low acuity conditions which would have previously been sent to a GP within 24 hours or longer. It may be appropriate for the patent to wait until the pharmacy reopens or if there is no local pharmacy, the call handler can revert to the GP OOH service. Please report any inappropriate referrals or incidents to the project manager, Andre Yeung.

**Q: How long will it take a patient to present after being referred to the pharmacy by NHS 111?**

A: Community pharmacy referrals are being made where the outcome is a minimum referral to primary care within 24 hours. Patients can therefore attend the pharmacy the following day. This is not an Out of Hours service. Please give the patient sufficient time to attend the pharmacy before rejecting the referral on PharmOutcomes. Patients will not be asked to telephone the pharmacy before attending, as for NUMSAS. Please monitor PharmOutcomes and if you have referred patients who have not attended, please telephone them. The NHS 111 call handler script will tell patients that they have been referred to your pharmacy and the pharmacist is expecting them. This is different to a general recommendation to visit a pharmacy.

**Q: What do I do if the patient, during the Consultation, is identified as having any ‘red flag symptoms?’**

A: The pharmacist should follow the CPRS escalation pathway to ensure the patient is able to access an appointment at an appropriate outlet either by direct contact via the locally agreed number or contact NHS 111 whilst the patient remains in the pharmacy.

**Q: How do I record the GP practice if the patient is not registered?**

A: You can enter ‘Not registered’ in the box used to record GP practice. The patient must still consent to sharing of data, although this will not be to a specific GP practice.

**Q: How will claims be made for payment?**

A: This will be done by automatically via PharmOutcomes. An invoice will be generated each month and emailed to NHS England to be paid via SBS.

**Q: Do I have to follow local OOH prescribing guidelines for CPRS?**

A: CPRS is a Consultation only service. Should a patient require a product then this would be either via an Over the Counter Sale or referral to a local product provision/minor ailments scheme.

It is important to note that any additional service provided which is outside the scope of the CPRS Specification must follow the relevant local guidance/Specification linked to the service provided. It is not the responsibility of NHS England to pay, complete documentation or give advice linked to any service other than CPRS.

**Q: How do pharmacies who are offering CPRS provide feedback on the service?**

A: During the evaluation, pharmacy contractors and NHS teams will have the opportunity to give feedback on CPRS. The process is under development and further guidance will be issued in due course.

**Q: Will the Consultation through CPRS, show on a patient’s Summary Care Record (SCR)?**

A: The pharmacist is required to ensure that a notification (‘Post Event Message’) is made as part of the service and is sent to the patient’s GP practice on the same day the consultation takes place or as soon as possible after the pharmacy opens on the following working day, so they are aware a consultation has taken place. If this information has been received and added to the GP held patient record at the GP practice then it will be visible on the patient’s SCR.

**Q: How do I give feedback to the NHS 111 provider about the referral process?**

A: All NHS 111 providers have a local feedback process established as part of their service. Contact the Project Manager should you have any problems in the first instance with the referral process or patient safety incidents.

**Q: Will re-asking NICE clinical care summary questions be a barrier if NHS111 have already gone through the questions with the patient?**

A: All NHS 111 call handlers have a process of questions to ask. The information provided to the to the pharmacy in the referral will be limited. It is the pharmacist’s clinical decision on what advice to give the patient and as such need to be fully conversant with the NICE clinical knowledge summaries in order to ensure the practice is safe and evidence based.

**Q: How will we know we have a referral from NHS 111?**

A: All NHS 111 referrals will come through PharmOutcomes. This will appear within the referral section of PharmOutcomes in the same way NUMSAS or Transfer of Care referrals are received. You will receive an email if you have a management email address set up on PharmOutcomes.

**Q: Is a computer necessary in the consultation room?**

A: Yes there needs to be access to IT within the consultation room, this is to ensure that Summary Care Records and NICE clinical knowledge summaries are accessed at the time the patient is in the consultation.

**Q: Will patients be sent to the local pharmacy?**

A: All NHS 111 referrals will be made as far as possible to the most local pharmacy for the patient. This is done via the DoS system.

**Q: If the patient turns up at the wrong pharmacy can you draw the referral down to that pharmacy?**

A: No referrals will be sent to a specific pharmacy.

**Q: Can we send a referral to the patients GP/other professional regarding the consultation if there are red flags?**

A: The best route of referral is to telephone the professional organisation whilst the patient is with you to ensure they are referred within an appropriate period of time. A notification will be sent to the GP at the end of the consultation but this should not be the route of referral for urgent symptoms. Follow the escalation process within the service specification.

**Q: Can I re-enter a consultation after saving on PharmOutcomes?**

A: Yes. If you need to amend anything or want to save and print at a later time, you can re-enter the consultation and make any necessary changes.