Services and Commissioning

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PSNC Briefing 57/19: NHS CPCS – Early learnings and tips for contractors

This PSNC Briefing contains guidance for community pharmacy contractors and their teams on some elements of providing the NHS Community Pharmacist Consultation Service (CPCS). It contains suggestions on how to better manage service provision, and it is based on reports, learnings and questions from contractors and LPCs that we and NHS England and NHS Improvement (NHSE&I) have received during the first few weeks of the service going live.

Availability

Once you have registered to offer the CPCS, the service must be available during **the full opening hours** of the pharmacy. Evaluation of the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and Digital Minor Illness Referral Service (DMIRS) pilots showed that where NHS 111 handlers weren't confident in the availability of the service at local pharmacies, patients were increasingly referred to other services instead.

To make sure your pharmacy can successfully meet this requirement, please note:

- Locums are expected to be able to provide the service;
- A 'temporary withdrawal' from provision of the service should only be made as a last resort. These withdrawals should be rare occurrences and they should not be requested in advance;
- All reasonable steps should be taken to ensure the service can be provided for all the hours the pharmacy is open, including making sure any locums contracted to work in the pharmacy provide confirmation that they can and will provide the service, where a referral is received;
- If a temporary withdrawal is needed, the pharmacist on duty must call **0300 0200 363** to notify NHS 111 as soon as possible, stating the reason and the pharmacy details including ODS code;
- Following a temporary withdrawal, the contractor will need to assure the NHSE&I Pharmacy Contracts Manager that they have fully addressed the cause to avoid a reoccurrence and request that they are re-activated on the Directory of Services (DoS).

Managing referrals and identifying referred patients

It is advised that you check for referrals at regular intervals throughout the day, rather than waiting for patients to arrive at or call the pharmacy. Patients will not always inform you that they have been sent by NHS 111, despite being asked to by the NHS 111 call advisers.

To make sure your pharmacy can successfully meet this requirement, please note:

- Both your CPCS IT system and NHSmail should be checked for referrals. If the referral initially fails to send through the CPCS IT system, it will instead be sent by NHSmail;
- If the patient has not telephoned or arrived in the pharmacy within 2 hours (Urgent supply) or 12 hours (Minor Illness), the pharmacist should attempt to contact the patient.

Sometimes patients won't tell pharmacy staff that they have been referred by NHS 111; to address this, some pharmacies are now asking patients who ask for advice on the management of a minor illness (as opposed to those just asking to buy a specific OTC medicine) whether they have been referred by NHS 111:

"Can I just check whether you have been referred to us by NHS 111?"

Some pharmacies are also displaying a notice on or near to their medicines counter asking patients that have been referred by NHS 111 to mention this to pharmacy staff:

> Have you been referred to us from NHS 111?
> If so, please tell us.

"Unusual" referrals

In some cases, pharmacy teams have reported receiving referrals that they were surprised by.

For example, an urgent medicine supply request may be received, but where the patient is exhibiting symptoms, potentially due to not having taken their regular medicine, this may come through as a minor illness referral. This is the correct protocol within NHS 111, due to the patient being symptomatic and it should be managed by the pharmacist; there is no need to ask NHS 111 to send another referral through. Your CPCS IT system supplier will be able to advise you how to make an urgent supply record, when the referral has originally been sent through as a minor illness case.

Some contractors have also asked why some minor illness referrals say the patient needs to see a GP within 72 hours. While this may initially seem an unusual referral for NHS 111 to send to a pharmacy, it is unlikely to be an incorrect one. The disposition names used in DoS and the NHS Pathways system can sometimes look like they are not appropriate referrals to community pharmacy, but despite some of the names/descriptors, they have all been clinically assessed as being appropriate for referral to and management in community pharmacy. Pharmacists should therefore deal with these CPCS referrals as they would any others.

Use of consultation rooms

Some contractors have asked us whether the pharmacy's consultation room should be used for all CPCS consultations. The consultation room should be used for all minor illness referrals, as the service is an alternative to the patient seeing a doctor, which would happen in a consulting room. The consultation room should also be used in most cases for urgent supply consultations – where most of the consultation with the patient has already been conducted over the phone, there may not need to be a significant conversation with the patient and hence there may be less need to use the consultation room in that circumstance.

Making appropriate urgent supplies

Following the phone consultation and/or face to face consultation for an urgent supply referral, the pharmacist should use their professional judgement to determine whether they may supply the requested items in accordance with the requirements of the Human Medicines Regulations (HMR) and the service specification. That means a supply may not be appropriate in all circumstances and where that is the case, the patient may need to be escalated to the GP OOH service or signposted to their own GP practice. Particular care should be taken when deciding to supply any medicine that has a potential for misuse.

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; the legislation limits the supply to **5 days for controlled drugs**, such as phenobarbitone or phenobarbital sodium for the treatment of epilepsy, Schedule 4 and 5 controlled drugs.

Medicines such as benzodiazepines (apart from temazepam, which is Schedule 3, and cannot be supplied via the service), 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 1st April 2019 and therefore cannot be supplied via the service.
Further guidance on supplying appropriate quantities and managing requests for medicines that are liable to misuse can be found in the NHS CPCS Toolkit for Pharmacy Staff, which should be available in pharmacies to all pharmacists providing the service.

Escalation processes

Your pharmacy team needs to be aware of the local systems in place to escalate urgent medicine requests to GP OOH services and minor illness referrals to higher acuity care locations. To make sure your pharmacy can successfully meet this requirement, please note:

- The various escalation processes should be recorded on Annex C of the service specification. Your local NHSE&I team should have collated this information and shared it with contractors, but speak to them or your LPC if you need assistance;
- The completed Annex C should be kept somewhere that it can be easily located by staff, e.g. a copy could be located near the phone in the dispensary;
- The patient should never be told to call NHS 111 back – any onward signposting or referral should be managed by the pharmacist;
- In some areas, the GP OOH provider can only be contacted via NHS 111, not direct. In these circumstances, this should have been detailed on the completed Annex C provided to you by your local NHSE&I team. When a pharmacist needs to escalate a patient to the GP OOH service, but this needs to be done via NHS 111, the pharmacist should call the NHS 111 health professionals line (the number to dial should be included in Annex C).

Using the NHS Summary Care Record (SCR)

It is advised that the pharmacist uses the SCR to help to confirm the patient's previous prescription history and check whether a prescription for the requested medicine or appliance has recently been issued. Relying only on the pharmacy's PMR record or repeat slip may give incomplete information.

To make sure your pharmacy can successfully meet this requirement, please note:

- The SCR should be checked unless there is a good reason not to do so, which should be recorded in the CPCS IT system;
- Patient consent must be obtained before checking their SCR.

Raising concerns and highlighting good practice

Remember that the introduction of this new service is of course as much of a learning experience for the rest of the NHS as it is for community pharmacy teams. In the first instance, any concerns should be raised at a local level, with your LPC.

Where you have a clinical concern about a referral sent to your pharmacy by NHS 111, this can be reported by completing the incident report form within the CPCS IT system.

We also want to hear about good practice and case studies, where the service has made a real difference to a patient. PSNC and NHSE&I can use positive case studies with colleagues across the NHS and within community pharmacy to help raise the awareness of the service, motivate ongoing provision by pharmacy teams and spread good practice.

Please send any case studies you have to the PSNC Services Team.

Detailed guidance on the CPCS and answers to over eighty Frequently Asked Questions can be found at psnc.org.uk/cpcs
For questions not answered by the information on the PSNC website, please contact the PSNC Services Team.