SOP \_\_ Community Pharmacist Consultation Service (CPCS)

This SOP should be read by anyone assisting or delivering the CPCS service.

It contains the following sections:

1. **Preparation**
2. **Process**
3. **Problem Solving**
4. **Contact Details**
5. **Publicity**
6. **Equipment Validation**
7. **Continual improvement**
8. Preparation
9. Check that your pharmacy can provide the service:
	1. You are providing all Essential services and meeting Clinical Governance requirements.
	2. The pharmacy has a consultation room that meets the requirements, including equipment to allow the pharmacist to record notes electronically during the consultation.
	3. Pharmacists can access the NHS Summary Care Record (SCR).
	4. (If applicable) Approval has been obtained from Head Office.
	5. Service provision must be available throughout the opening times of the pharmacy.
10. Prepare the team for providing the service:
	1. All pharmacists have read the Service Specification. <link to>
	2. All relevant staff have read and signed this SOP.
	3. Pharmacists have considered any gaps in their knowledge or confidence and undertaken Continuing Professional Development (CPD) to support them in providing the service.
	4. All team members have been briefed about the service and are confident in guiding new members of the team and locum pharmacists through the process, including any new starters as part of their induction
	5. You have access to the CPCS IT system (e.g. PharmOutcomes / Sonar Informatics) that will be used to send referrals and record consultations, and access to the shared NHSmail mailbox.
	6. All relevant staff are aware of the CPCS Key Contact details (Appendix 1).
	7. Update the pharmacy business continuity plan, including details from Appendix 1 in case of an emergency closure.
	8. Confirm that the pharmacy’s details are up to date on the Directory of Services (DoS) [https://dos-profile.service.nhs.uk/](https://dos-profile.service.nhs.uk/#/index)
11. Register your pharmacy for the service
	1. If you have a Head Office, check if they have (or will) enrol the pharmacy.
	2. If not, complete the form on the NHSBSA Manage Your Service (MYS) portal.

<https://services.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login>

1. At the start of each day, check that you can provide the service:
	1. A Responsible Pharmacist has signed in.
	2. The pharmacist has or will read the service specification and is aware that this service must be available throughout the pharmacy’s full opening hours.
	3. The pharmacy team can log onto the CPCS IT system and NHSmail.
	4. The pharmacist has access to the SCR.
	5. All appropriate action must be taken to ensure that the service can be provided continuously, however if the service cannot be provided then refer to the ‘Problem solving’ section in this SOP.
2. Process

You may be notified about a referral by a message on the CPCS IT system, by an email sent to NHSmail, by a patient telephoning the pharmacy or by a patient calling into the pharmacy.

1. Check for referrals at a minimum when the pharmacy opens and before it closes. When you get a referral:
	1. If the referral message is on the CPCS IT system, but you have not heard from the patient, call them using the contact details in the referral message. You must call any patients who have not contacted you before the pharmacy closes, and/or within 12 hours if the patient has been referred for a low acuity / minor illness.
	2. If the patient telephones the pharmacy or calls into the pharmacy, then open the CPCS IT system (or NHSmail if the CPCS IT system is unavailable) to view the referral message.
	3. If there is no message, then refer to the ‘Problem solving’ section in this SOP.
2. If you speak to the patient on the telephone, determine patient’s need and, if appropriate, arrange a time for them to come to the pharmacy.
	1. Introduce yourself, and if you’re calling them, explain that you’ve been given their contact details in an NHS 111 or general practice referral.
	2. Confirm that you are speaking to the correct person (for example by asking them to confirm their address and/or date of birth).
	3. Speak to the patient if possible but use your professional judgement if the patient is not able to represent themselves on the telephone.
	4. If the patient needs a previously prescribed medicine or appliance (only for referrals from NHS 111), determine whether you can make a supply:
		1. Ask for verbal consent, then access patient records such as the EPS prescription tracker, patient medication record (PMR) and/or SCR as appropriate, to enable you to determine whether you can download a prescription from the spine or provide an emergency supply.
		2. If there is a prescription available on the EPS prescription tracker then download it for dispensing.
		3. If there is no prescription, determine whether you will be able to make an Emergency Supply and that the medicine or appliance has been prescribed previously on an NHS prescription.

More information on Emergency Supplies can be found here: [www.rpharms.com/resources/quick-reference-guides/emergency-supply](https://www.rpharms.com/resources/quick-reference-guides/emergency-supply)

* + 1. Determine an appropriate duration of supply.
		2. Ensure that you have the stock or can obtain it before the patient needs it.
		3. Ask the patient to come into the pharmacy and to bring ID and/or any other information that you require. If the patient cannot attend the pharmacy, use your professional judgement to determine if you can make a supply to their representative.
		4. If you’re not able to make a supply, then refer to the ‘Problem solving’ section in this SOP.
1. Agree a mutually convenient time for the patient to call into the pharmacy, advising on any relevant closing times.
2. Check if the patient knows how to find your pharmacy and if not, give them directions.
3. If the patient needs advice about or treatment for a low acuity or minor illness, then on some occasions it may not be necessary for the patient to come into the pharmacy and the consultation can be carried out over the telephone. Ensure that all relevant information can be gathered, that physical examination of the patient is not clinically appropriate and that the patient has complete understanding of the messages being delivered. In these circumstances you can still complete the service remotely and make an appropriate claim as below from B7 – Assess the patient’s needs.



**When the patient comes to the pharmacy:**

1. When the patient comes to the pharmacy, take them into the consultation room
	1. Offer the patient the opportunity to have a chaperone in the consultation room with them.
	2. Check the patient consents to any extra persons attending the consultation.
	3. Introduce yourself and explain the service process, including any payments and obtain consent before providing the service.
	4. Make records during the consultation on the CPCS IT system.
2. Assess the patient’s needs

**If the patient requires advice on a low acuity condition**

* 1. Establish the patient’s history and duration of symptoms, examining the patient as appropriate.
	2. Be alert to any red flag symptoms that may require referral to another health provider. Pay attention to symptoms that may indicate that the patient could require investigation for sepsis or meningitis.
	3. Access patient records such as the SCR or PMR as appropriate to inform the consultation.
	4. Give advice and/or recommend product(s) for sale or through a relevant locally commissioned service to manage symptoms in line with the relevant Clinical Knowledge Summary (CKS). <https://cks.nice.org.uk/>
	5. Give the patient relevant printed information if required to support self-care messages, expected symptoms, probable duration of symptoms and when and where to get further advice and/or treatment.
	6. Agree any actions and summarise key information given, any expected outcomes and symptoms requiring escalation or any potential side effects of medication.
	7. Advise the patient,

“**If symptoms do not improve, or become worse, then either come back to see me or seek further advice from your GP. You can call NHS 111 or 999 if the matter is urgent and a pharmacist or GP is not available.”**

* 1. If the patient requires a product, this must be charged as an over-the-counter medicine or supplied as part of a relevant locally commissioned service.
	2. If the medicine is supplied as part of a locally commissioned service, then requirements for that service must be met in addition to the requirements for the CPCS. This may include a requirement that the patient must be present in the pharmacy depending on the specification for that service.
	3. If you need additional advice or to escalate the patient to another provider (for example because they have red flag symptoms) then follow the advice in the ‘Problem solving’ section of this SOP.



**If the patient requires an urgent supply of a previously prescribed medication or appliance**

* 1. Confirm any details required to enable you to make a supply as described in section B2d of this SOP that were not gathered during any previous telephone calls.
	2. Dispense the product according to relevant SOPs and complete appropriate records.
	3. Advise the patient on the importance of ordering medicines in time, and the benefits of the NHS electronic Repeat Dispensing service (eRD).
	4. Make appropriate records within the CPCS IT system. Where a patient is exempt from paying the NHS prescription charge, use the CPCS IT system to print the details defined in the service specification on an FP10 DT EPS dispensing token.
	5. Ask exempt patients or their representative to complete the back of the dispensing token and make exemption checks or take the NHS prescription charge as appropriate.
1. Make appropriate records:
	1. Ensure that password management follows the GDPR/information governance policy.
	2. Consultation records must be made on the CPCS IT system during the consultation.
	3. Make records on the CPCS IT system whether a supply or consultation has been made/undertaken or not.
	4. Appropriate emergency supply records must also be maintained.
	5. Send a message to the GP on the same or next working day if there has been an emergency supply, or (in the case of management of a low acuity condition) there is a need to update the primary care records. This message will be sent through the CPCS IT system, or to the general practice NHSmail account, or as a last resort by printed copy.
2. Claim for the consultation.
	1. On a monthly basis, claim payment via the MYS portal.
	2. If the process has been correctly followed, you have had a consultation with the patient in person or over the telephone, and appropriate records made, then a claim should be made even if the patient was referred elsewhere.
	3. If emergency supplies were made and the patients were exempt from prescription charges, submit completed FP10 DT forms to the NHSBSA as part of the month end submission not later than the 5th day of the month following the consultation. These should be clearly separated from the main prescription bundle and marked ‘CPCS’.
3. Problem Solving

The CPCS Toolkit may help you to resolve problems encountered when providing the service. <insert link>

1. All problems preventing completion of referrals in the pharmacy must be dealt with fully by the pharmacy team and in a way to minimise inconvenience to the patient or other providers. Patients should not be told to re-call NHS 111 or their general practice.
	1. The patient should not be given instructions to contact another provider unless the other provider has previously been contacted by the pharmacy team and agreed for this to happen.
	2. Keep the patient informed of any actions you are taking to resolve the problem to relieve any anxiety they may have about the service and/or availability of their medicine.
	3. Record the information gathered or actions taken onto the CPCS IT system.
2. If the pharmacy is not able to provide the service on a specific day:
	1. Refer to the pharmacy Business Continuity Plan.
	2. Use the details in Appendix A to contact the 24-hour NHS DoS provider and commissioner helpline and ask them to suspend referrals for a specified period.
	3. Use the details in Appendix A to inform your NHS England regional team contact.
3. If there is no referral on the CPCS IT system and you are contacted by the patient:
	1. Use the details in Appendix A to contact the NHS 111 provider’s health professionals’ telephone number or the patient’s general practice, as appropriate. For referrals from NHS 111, confirm the patient’s NHS number and GP with the call handler and ask for them to re-send the referral.
4. If the patient does not contact the pharmacy and cannot be contacted following an electronic referral:
	1. Make a record of the time and date of attempted contact on the CPCS IT system. Consider patient confidentiality if leaving a message on an answer-machine reminding the patient of your contact details.
	2. If the referral has been made for a low acuity or minor illness and no contact has been made by the following working day, the referral should be closed as ‘no intervention made’.

1. If the pharmacy does not have stock of a required medicine or appliance, consider all appropriate options, including:
	1. Determine whether stock can be ordered and delivered to the pharmacy before it is needed.
	2. Determine whether stock is available at another CPCS pharmacy. Details of nearby pharmacies who are participating in the service may be available on the CPCS IT system, or on the local Directory of Service tool if available.
		1. Contact the pharmacy and ask if they have stock, and if so, ask for verbal patient consent to share the information.
		2. Check that the patient is able to go to the other pharmacy, then send the electronic referral by NHSmail or through the CPCS pharmacy IT system if possible.
	3. If no stock is available at either pharmacy then the pharmacist should call the GP OOH service to discuss a solution, which may be an alternative product or another solution.
2. If the pharmacist is not able to make an emergency supply, for example because the medicine required is a controlled drug, or because the request is not urgent (more than a few days away), consider all available options, including:
	1. Contacting the patient’s regular GP for an emergency electronic prescription.
	2. Using the details in Appendix A to contact the local GP Out of Hours provider for advice, or to arrange a prescription for the relevant product.
	3. Make appropriate records in the CPCS IT system and print onto an FP10 DT EPS dispensing token.
3. If the patient’s needs cannot be met, then refer to another provider:
	1. Tell the patient to go to A&E or call 999 if the patient has severe symptoms requiring an immediate medical consultation. Report this to the regional NHS England team contact using the details in Appendix 1.
	2. Obtain verbal consent from the patient to contact another provider.
	3. Consider the urgency of the referral. The patient’s own GP may be the most appropriate provider if they are able to see the patient within appropriate timelines.
	4. The pharmacist should contact the general practice or use the details in Appendix 1 to contact NHS 111 or the GP out of hours service using the dedicated health professionals’ number. Up to date contact information may also be available in the CPCS IT system or on a local DoS tool.
	5. The patient should not be instructed to contact other providers themselves.
	6. Explain clearly to the patient what the next steps will be. If the patient is waiting for a call from another provider, advise them what to do if they do not hear from them. This will usually be to contact yourself.
4. Key Contact Details
5. Key contact details must be available to staff, including locums working in the pharmacy, for all of the hours that it is open.
6. Appendix 1 – Key contact details must be completed at the start of the service, then reviewed annually, and following any significant incidents or changes to the service.
7. The local NHS 111 / IUC CAS or referring general practice, as appropriate, should be contacted if you need to discuss a solution and, if appropriate, request that the patient is contacted by a different health professional.
8. Publicity
9. The service must not be directly marketed to patients.
10. Equipment validation
11. You may wish to use appropriate equipment to diagnose low acuity conditions. If so, these must be maintained and calibrated as appropriate. Store records in a secure place.
12. Continual Improvement
13. A team review should be scheduled at appropriate intervals to identify potential improvements in the service, handling of initial referrals, record keeping or CPD opportunities.

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| **Team member** |  |
| Name: | Signature: |
| GPhC Number if appropriate:Role: | Date: |
|  |  |
| **Written by:** |  |
| Name: | Signature: |
| GPhC Number: | Date: |
| Role:  |  |
|  |  |
| **Approved by:** |  |
| Name: | Signature: |
| GPhC Number: | Date: |
| Role:  |  |
|  |  |
| **Authorised by:** |  |
| Name: | Signature: |
| GPhC Number: | Date: |
| Role:  |  |

Appendix 1 - CPCS - Key Contact Details

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| --- |
| **NHS 111 provider** |
| Name of organisation |  |
| Health professionals’ telephone number  | (Note – this number must NOT be shared with the public)  |
| Key contact |  |
| **Integrated Urgent Care Clinical Assessment Service (IUC CAS)** |
| Name of organisation |  |
| Health professionals’ telephone number  | (Note – this number must NOT be shared with the public)  |
| Key contact  |  |
| **Local GP Out of Hours provider** |
| Name of organisation |  |
| Address |  |
| Postcode |  |
| Public telephone number  |  |
| Health professionals’ telephone number  | (Note – this number must NOT be shared with the public)  |
| Key contact  |  |
| **Directory of Services (DoS) search tool** |
| Local DoS search tool | [ ]  NHS Service Finder (https://finder.directoryofservices.nhs.uk/)[ ]  MiDoS[ ]  Direct access via pharmacy clinical system |
| Login details(These details are specific to this pharmacy and should not be shared) | Username: Password:  |
| **Local DoS lead** |
| Name |  |
| Telephone |  |
| Email address |  |
| **NHS DoS provider and commissioner helpline** |
| 0300 0200 363Call this number to notify NHS 111 or IUC CAS of temporary withdrawal of the service  |
| **Local NHS England team contact** |
| Key contact |  |
| Telephone |  |
| Email address |  |