Community Pharmacy Consultation Service
NHS 111 - Managing referrals for urgent supply

Recording a referral follow-up for urgent medicines supply

Referral receipt is described in the “CPCS – Introduction” guide. To open a referral click the link in the top part of the “Services” screen. This will reveal the referred information and allow the follow up to be recorded. The first-time information is entered, the practitioner will be required to enrol (see enrolment guide). This involves making a simple declaration confirming that the service is being offered at a site that has signed up to deliver the service and that the practitioner has read and fully understands the service specification detailing how the service must be offered and managed. See PSNC website for access to service specification at https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/

Note the secure email confirmation at the bottom of the enrolment page. Details of the pharmacy secure nhs.net shared inbox must be held in PharmOutcomes to ensure certain functionality (GP notification). The first practitioner to enrol at a pharmacy will be prompted to enter the pharmacy secure email address into PharmOutcomes. At the point of enrolment, you will either see the image on the left below when this information has been provided, or the information on the right where it is missing. Click the link to enter the shared inbox secure email address for the pharmacy and save. You can now enrol.

Practitioners should enrol once only.

The enrolment declaration is service specific so is picked up at whatever site the pharmacist is working at.

Once enrolled the practitioner name will appear for selection in the drop-down list of approved practitioners. Simply click on your name to continue to record the service provision.
Once the practitioner name has been selected the referral information table will be displayed.

The top part of the table, below left, shows the referral centre information, patient demographics and patient contact number. The lower part of the table, below right, shows the patients GP information and the reason for referral.

The pharmacist can now do one of three things:

1. **Accept** the referral by clicking the middle orange button, see above – This simply changes the referral status to “Accepted” in the service screen

2. **Close** the referral – If the patient does not arrive and no contact can be made, the referral can be closed as described below

   Click on the drop-down box and select the option “No Supply E – Patient Not Contactable” then click the orange “Close” button. This will close the consultation and remove the referral from the pharmacy screen. Referrals should only be closed after an appropriate time lapse, as once closed they cannot be retrieved.

3. **Complete Now** – Clicking the orange “Complete Now” button will reveal the pharmacy follow up template to record the urgent supply.
Urgent Supply - Completing the Follow up

The first data entry field captures consent for service and data sharing. Because the service requires the pharmacy to submit FP10.EPS tokens there is also a static alert field to remind the practitioner that only 4 items per service completion can be entered. This is to ensure correct token printing to support the claim process.

The light blue field under this alert will allow patient validation against the Personal Demographic Service (PDS). Clicking the blue “Lookup via PDS” button will validate the patient details.

Once validated please note the “Summary Care Record” link in the right-hand part of the screen turns orange indicating it is now active.

Access to Summary Care Record

Provided the pharmacist has an active smart card (with appropriate permission settings) in a smart card reader attached to the computer they are working on, clicking the orange “Summary Care Record” button will take the pharmacist to the SCR consent page for the patient. Please note the link to the SCR - 1 Click video that can be clicked to show how this functionality works.
Eligibility criteria and patient contact
This section captures consent for third party attendance if the patient is accompanied and the consultation type – Telephone or face to face

EPS and Summary Care Record check
The pharmacist must check to see if an EPS prescription has been issued before making an emergency supply. An embedded hyperlink allows quick access to the EPS tracker. If an EPS prescription can be accessed, then that should be used to make the supply. The urgent supply consultation should be completed recording a “No Supply” under reason “No Supply B” – see section on recording supply/no supply. A claim can be made for this intervention – see claims section

The Summary Care Record (SCR) should be accessed as part of this service to ensure that a supply is appropriate. If the answer to question “SCR Accessed” is “No” then a section will appear to record the reason why this has not been used.

The last part of this section records the reason for the request and if an urgent supply is appropriate under the Human Medicines Regulations (HMR). Select the most appropriate reason and confirm if a supply is appropriate. For patients that are not eligible under HMR, answering this question “No” will reveal procedure to follow to contact the out of hours team if necessary. This is area specific and details of out of hours contacts for pharmacists are shown in “Annex C” that will have been provided for your region by NHS England regional offices as detailed in the service specification. Referring to this information resource will allow for efficient direction of the patient or for the pharmacist to signpost appropriately if required.

Complete all remaining fields. This involves recording the outcome, confirming the advice to patient regarding good medicines management and the benefits of eRD and recording any additional comments e.g. clinical notes.

The nhs.net address for the pharmacy is required for the post event message (GP Notification), this must be populated before saving data. Clicking the orange “Save” button at the bottom of the page will save the record.

This intervention type will count as a valid service claim for the pharmacy.
Confirming an emergency medicine supply is appropriate will reveal the medicine supply/no supply section of the service template. To record a medicine supply, confirm that this is possible by answering the “Able to supply” question “Yes”. This reveals the medicine/appliance supply field.

The supply field is linked to the dictionary of medicines and devices (dm+d). Starting to type the name of the medicine into the field will reveal a list of medicines and appliances. The more information entered, the narrower the choice becomes. In this example entry of Ventolin reveals a range of medicines, adding the word “Evohaler” narrows the search down to that product only.

Please note the quantity field that is also linked to dm+d. You must enter the number of unit doses for each medicine, for tablets/capsules this is the number of tablets/capsules, for creams it is the number of grams, for liquid the number of ml and for inhalers, as in this example, it is the number of unit doses e.g. For Ventolin Evohaler, one inhaler = 200 doses. A confirmation that a quantity equivalent to one pack is displayed on the screen. If a quantity is entered that is not equivalent to a full pack a warning is displayed. If you see this warning please check to see the quantity entered is correct as this will affect your claim. **NB: It might well be that you are supplying a split pack or smaller quantity, if so ignore the pack warning.**

The template allows up to 4 medicines to be recorded as supplied or not supplied.

**NB: The medicine supply fields will not allow selection of excluded medicines e.g. Schedule 2 CD’s.**
Recording a No-Supply

There are many reasons why an NHS supply might not be made. Any item requested that cannot or is not supplied should also be recorded. There are 7 reasons that can be recorded as “No Supply” reasons

In the example below the patient is not exempt but requires *Aspirin Dispersible 75mg tablets*. “No supply F - Patient bought the item” has been recorded and the medicine information is again entered into the “No Supply” fields that is made available. **NB: The “No Supply” fields are not restricted and will allow the entry of any drug tariff item e.g. Schedule 2 CD’s**

There are 7 reasons for no supply:

- **No Supply E** – “Patient not contactable” – This can only be entered at the point of referral receipt as a reason for closing the referral

- **No Supply A** – “Item not able to be supplied under emergency supply regulations e.g. a Schedule 1, 2 or 3 CD”

- **No Supply B** - EPS prescription dispensed for patient

- **No Supply C** - Pharmacist determined that supply not necessary (e.g. not clinically appropriate or concern about abuse of the service)

- **No Supply D** - Item not in stock

- **No Supply F** - Patient bought the item

- **No Supply G** - Other

**Up to 4 supply/No supply items can be recorded per service intervention** as the information recorded will prepopulate a CPCS token for submission to the NHS BSA. – See section on “Making Your Monthly Submission”.
Managing an onward referral when an Item is not in stock – No Supply D

PharmOutcomes will support contractors wishing to make onward referrals when an item is not in stock.

When “No Supply D – Item not in stock” is recorded, an information box is made available to the pharmacist. This box displays the out of hours contact information but additionally has 2 embedded buttons within the box. The orange “CPCS Providers” button, when clicked, will show all CPCS Pharmacies within a 40-mile radius. The information displayed includes distance, address, telephone contact number and opening hours.

Before making an onward referral, the originator Pharmacy must contact the second pharmacy site to confirm that the medicine required is in stock. A mandatory question appears to record that contact has been made when an onward referral has been agreed. Recording “Yes” here will reveal an information box detailing the onward referral process and a consent question to record the patient has agreed to information sharing with a second pharmacy.
When consent has been recorded a pharmacy selection field appears. Select the pharmacy that has been contacted and agreed to make the supply. The “Onward Referral” must be sent to that pharmacy using the pharmacy nhs.net account.

When data is saved, a link to the onward referral form will be visible. Click the link to open the form, see below- Service confirmation screen.

If the pharmacy entered for onward referral appears in bold for selection this means that an nhs.net email address for that site is held in PharmOutcomes and this will auto populate into the onward referral form, if it appears as light grey, non-selectable, then the pharmacist should confirm the nhs.net address for the onward provider and enter this into the field. When data is saved a service confirmation screen appears. From that screen

Click the link in the service confirmation screen to generate the form

The onward referral form MUST be sent from originator site to onward referral site via nhs.net
When data has been saved successfully a confirmation screen appears as shown below. From here, there are quick links to several service forms. For all records you will see links that allow the printing of:

1. **A Basic Provision Record** – This is just a record of service provision and does not need to be printed other than when the patient requests a copy of the service record.

2. **A CPCS Token** – This should be printed from a computer connected to a token printer. The token generated will be NHS BSA compliant and show all required supply/no supply information. Details of tokens to be submitted with the monthly prescription bundles can be found in section 6.7.3 of the service specification. Declarations of exemption should be recorded in line with standard prescription arrangements.

3. **GP Notification confirmation** – This will show the status of the GP practice for receiving electronic service notifications. If a GP practice has not provided a secure email address or not verified one given as correct, the pharmacist will be prompted to send a hard copy of the service notification by other secure means. Click the link to print a copy of the notification.

4. **Onward Referral Information** – If applicable this will automatically send when data is saved. The “Onward Referral Information” document will be available to view or print when data is saved if applicable. A confirmation will be displayed that it has been sent by nhs.net.

   **NB**: If you resend this manually for any reason, this message MUST be nhs.net to nhs.net as patient data is being transferred.

5. **CPCS Urgent Supply – More than 4 items** - A link to allow access to a second screen to be used when more than 4 items need to be recorded.
If the pharmacist recording the intervention progresses past this confirmation stage, the required forms can also be accessed from the saved patient record. To do this find the saved record in PharmOutcomes. The most recently saved records will appear at the top of the “Recent Provisions” list but to find an older record you can search by entry of patient name into the search field.

Managing Onward Referrals
When the patient arrives at the second pharmacy (referred to site), the pharmacist can make an entry using information sent by the first pharmacy.

Onward referrals should be recorded using the dedicated template (Manual Entry) that can be accessed from the left-hand side bar of the “Services” screen.

This template is the same as the one described above apart from an initial question asking what type of referral is being managed? i.e. an “Onward Referral” or an “NHS 111 nhs.net referral” and a requirement to enter the NHS 111 referral ID. You will find this in the onward referral message and it is required to validate the claim.
Recording more than 4 items

To record more than 4 items simply click the “CPCS Urgent Supply – More than 4 medicines” link either from the confirmation screen as shown above or if the pharmacist has gone past that stage, the link can be accessed from the record. Find the record as described above and open it. The link to the “More than 4 medicines” service is clearly visible at the top of the record.

Clicking the link will take the pharmacist to the service template to record more than 4 items for this patient.

This template is a repeat of the supply/no supply section of the main service follow up only i.e. the screening questions are not repeated. Confirmation of patient via PDS will make the SCR 1 click functionality available as described earlier.

The same service links will be available on saving the record to allow confirmation of GP notification status, Token printing and onward referral if necessary along with a link to a further “More than 4 medicines” template if more than 8 medicines/appliances are being supplied.
Templates to use in the event of ITK failure

Very rarely there are interruptions to ITK messaging. If this happens call centres might need to revert to sending CPCS referrals via nhs.net. Your nhs.net address is held in DOS as what is called a secondary end point. If ITK fails, pharmacies will receive referrals into the shared nhs.net in box. These referrals should be recorded using the nhs.net templates that are available in the left-hand side bar of the PharmOutcomes “Services” screen. These have been described in the section “Managing Onward Referrals”

Service notifications

When data is saved a GP notification is sent via nhs.net to notify the GP of the urgent supply. If the GP practice has not set a secure email address for this purpose the provider will be prompted to send a hard copy on the service confirmation screen – see page 8.

Making Your Monthly Submission

Service claims will be managed via the “Manage Your Service” (MYS) portal. The records you save in PharmOutcomes will prepopulate the required information in MYS for you to confirm prior to submission – See separate claims guide. You will still be required to log in to MYS to confirm and submit the claim information that has been prepopulated.

For urgent medicine(s) supply the claim will also include the cost of medicines supplied when recorded in PharmOutcomes.

All CPCS Tokens that show a declaration of exemption must be submitted with your prescription bundle and be clearly separated.

Further information

Further information on the Community Pharmacy Consultation Service including how to register, service funding, service specification and much more can be found on the PSNC website at https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/