### Webinar title: NHS Community Pharmacist Consultation Service (formerly known as DMIRS): a golden opportunity for your pharmacy?

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**On do pharmacists need any extra training before they start delivering the service?**

The national service specification for this service has not yet been published by NHS England and NHS Improvement, therefore it is not known at this stage what the training requirements are if any. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

In the North East of England pilot, in preparation to deliver the service, pharmacists found it useful to reflect on their practice, skills and knowledge in order to identify any gaps or areas of improvement. It is important to be able to provide the service effectively within an integrated primary care system.

**Is there an age restriction on the patients that we see?**

The national service specification for this service has not yet been published by NHS England and NHS Improvement, therefore it is not known at this stage what the age restriction is if any. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

In the North East of England pilot the service is for patients 2 years of age and above.

**Are MURs being phased out and replaced with CPCS? Aren’t you just giving a CPCS with one hand and taking a MUR service away with the other?**

It is our understanding that MURs are not being replaced with the CPCS as they are different services. The CPCS positions community pharmacy formally in an NHS pathway for urgent care and therefore provides a great opportunity for community pharmacy to play a bigger role in managing minor ailments and to become an important part of the NHS urgent care system. Community pharmacists already provide advice and support for minor ailments every day however they do not get paid for this. The CPCS not only directs patients to community pharmacies but also pays a fee per completed consultation, plus the consultation may result in a sale of an OTC product.

**Is my prescription workload becoming unmanageable, I won’t have time to do an extra six consultations per day with patients sent from the GP. How do you expect me to cope with the extra workload?**

The fee per completed consultation is £14, which has been negotiated by the PSNC. In the North East of England pilot, consultations took an average around 30 minutes to complete.

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**Do patients cannot afford to buy OTC medicines. Will the NHS provide funding?**

This will depend on local commissioning arrangements. Some areas have a Minor Ailments Service which has been commissioned locally. The NPA’s position is for a national Minor Ailments Service in England.

**When are referrals from the pharmacy to the GP, e.g., a ‘fast track’ referral (helping the patient see the doctor sooner than they would if they had tried to get a GP appointment via the GP practice manager)?**

The principle of this service is to ensure that patients get to see the right healthcare professional for their needs. This will depend on local relationships that pharmacists have with their GP practices to ensure that referrals from the pharmacy to the GP practice happen promptly and smoothly, therefore it is important to build and maintain great relationships with your local GP practice.

**Just seeking clarity on 2 things to remember, if a patient calls 111 are they automatically referring to CPCS without actually recommending an outcome i.e. antibiotics?**

That is correct. There is no recommendation whatsoever from the NHS 111 call handler. The community pharmacist as the healthcare professional will assess and advise the patient during the consultation.

**This managing patients I’m assuming when they come back again, there’s no further referral fee?**

That is correct. If the patient comes back to see you then you will not receive another referral fee. The patient would then be treated as any other walk-in patient.

**If CPCS is supposed to save time/capacity for GPs, aren’t we just transferring the problem to GP and then reducing their time/capacity? Just being devil’s advocate.**

We know that general practice is very difficult to access for patients right now. This service is about seeing the patients with minor ailments and acute self-limiting conditions on behalf of our GP colleagues therefore creating additional capacity for general practice to see the many patients that truly need help from a GP. Community pharmacies already see many patients every day for minor ailments without extra remuneration. Additional service generated from services like the CPCS could potentially be used to fund extra staff or additional staff training in order to help mitigate any time/capacity issues.

**How did the engagement process between general practice and community pharmacies develop in the north?**

As part of the NHS 111 referral service pilot in the North East, there was no formal engagement of GPs. This relied upon local relationships between pharmacies and general practices. It is important to build and maintain great relationships with your local GP practices. If you currently do not have good relationships, then the CPCS is a good way and great opportunity to start having conversations and to build relationships as the service develops.

**Use of Community Pharmacist prescribers will be a game changer if community pharmacies had access to a drugs budget and RPs had any thoughts?**

Yes this is something that would be extremely useful and would be a significant development not only for this service but for the community pharmacy sector. However for the moment the focus must be firmly set on providing high-quality clinical assessments and delivering a successful CPCS.

**How much are we going to be paid per consultation? £14.00**

**Is this service replacing SNUMSAS?**

The CPCS will replace the local pilots of the Digital Minor Illness Referral Service (DMIRS) and the current NHS Urgent Medicine Supply Advanced Service (NUMSAS). This webinar focuses on just the DMIRS part of the service. The national service specification for this service has not yet been published by NHS England and NHS Improvement, therefore exact details of the NUMSAS part of the service are not known at this stage. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

**Is the IT platform pharmacies?**

There are currently two IT platforms used in the current pilot areas, PharmOutcomes and Sonar. The IT platform used in your area will depend on local and/or national arrangements. The national service specification for this service has not yet been published by NHS England and NHS Improvement, therefore details of the IT platform(s) for this service are not known at this stage. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

**After listening to you both, I’m sure the NC DMRAS worked so well because you were the backbone to it and the ‘Medicated project management’ that such a service needs. What does HSE need to be doing to ensure the same level of dedication and project management to ensure the same success?**

Robust planning, collaboration, coordination and effective engagement are key to a successful rollout of this service across England. If this service is not implemented effectively then this could impact the success of this service.

**In the cost of the service coming from the global sum or is additional funding going to be available?**

Please refer to information on the PSNC website (www.psnc.org.uk).
In the North East of England, without referrals from general practice, the service operates successfully without an appointment system being in place. One of the unique attractive features of the community pharmacy model is that patients can see a pharmacist without an appointment. However, if the next phase of this service (GP practices referring patients to community pharmacies) becomes a reality across England, then having an appointment system would need to be given careful consideration.

How many consultations per pharmacy per day are expected on average?

This depends upon a number of factors, for example local demand. In the North East of England most referrals from NHS 111 happen outside ‘normal’ working hours, however sometimes patients attend the pharmacy the next morning if the pharmacy was closed at the time of the referral, so consultations are not necessarily always provided out of hours.

Are there demo's of Pharmoutcomes interface for the service that we can have a look at?

For more information please refer to the PharmOutcomes website (www.pharmoutcomes.org/pharmoutcomes).

What implications will this have on professional indemnity insurance?

The professional indemnity insurance cover that NPA Insurance Ltd provide to our members and customers is designed to cover them (and their staff) for breach of professional duty when they are acting in the capacity of an owner of a community pharmacy business. Unlike most ‘commercial’ policies the cover is very wide to accommodate such activities and includes dispensing and other NHS services which they are contracted to provide. In particular the new NHS Community Pharmacist Consultation Service (CPCS) is of particular interest which is to take effect from October 2019 as an advanced service is included within the scope of cover. It is understood that the intention behind the new CPCS is that it will develop over the next five years but that initially in 2019/20 community pharmacies will take referrals from NHS 111 for minor illness and urgent medicine supply. As an indemnity insurer we will continue to assess and evaluate the risks of the CPCS as it develops and monitor claims (and the potential for claims) which may ultimately impact on the premiums that members and customers pay. However, members and customers can participate in the provision of this service with effect from October 2019 secure in the knowledge that they, the pharmacists and staff they employ or assist in service facilitation, will be fully indemnified against liability to pay damages and costs should the need arise providing they have exercised the appropriate level of care through the execution of their duties.

Just to clarify - the service is still initiated by NHS 111? Can the community pharmacy not initiate the service themselves?

This is for patients referred by NHS 111 only. The purpose is to prevent inappropriate referrals to other urgent care settings and to send patients to the right place according to their symptoms/condition, in this case community pharmacy. In effect, we will be paid for supporting those patients who don't currently think of using community pharmacy, so pharmacies will potentially be gaining new patients.

How would it work for a distance selling pharmacy with a consultation room?

Please refer to information on the PSNC website (www.psrc.org.uk).

We have done CHMRS consultations in the last 3 months and have made a good return. This is not cost effective. Further, whilst doing the consultation we are losing counter sales and patients engaged with our pharmacy for their medicines.

The experience in the North East of England pilot is that consultations took on average around 10 minutes to complete. If your consultations are taking on average 30 minutes then something is not right. Please discuss this with your local NHS DMIRS project manager who can provide support and guidance.

What's the benefit for patients (over and above them coming into the pharmacy for self care without a CPCS referral)?

As part of the service pilot, patients can either purchase OTC medicines or obtain them via a Minor Ailments Service if this has been commissioned locally. The NPA's position is for a national Minor Ailments Service in England.

Could you go through the actual process of the service? Who are the referrers? Can our receptionist refer?

The national service specification for this service has not yet been published by NHS England and NHS Improvement. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

Are most of the referrals outside 'normal' hours?

In the North East of England most referrals from NHS 111 happen outside ‘normal’ working hours, however sometimes patients attend the pharmacy the next morning if the pharmacy was closed at the time of the referral, so consultations are not necessarily always provided out of hours.

When do you think it will be launched - I'm in the North West?

The new CPCS will be commissioned nationally from October 2019. This doesn't necessarily mean that the service will go live in all areas of England from that time. With regards to specific areas, this will depend on a national implementation plan and local readiness to go live.

Will it only be 121 making the referrals? Not GP surgery? It seems like this service is tailored for 100 hour pharmacies if it's being pushed out of hours?

NHS 111 will refer patients to community pharmacy. However, future phases of the national service may include GP practices referring patients to community pharmacies. Demand for NHS 111 usually increases out of hours, therefore in the North East of England pilot most referrals from NHS 111 happen outside ‘normal’ working hours. Sometimes patients attend the pharmacy the next morning if the pharmacy was closed at the time of the referral, so consultations are not necessarily always provided out of hours. The purpose of this service is to prevent inappropriate referrals from NHS 111 to other urgent care settings and to connect patients with community pharmacy in order to receive the most appropriate care/treatment for their symptoms. This service was not designed just for 100 hour pharmacies; many non-100 hour pharmacies are open during evenings and weekends. If the GP referrals phase is rolled out nationally, then pharmacies will see more referrals during ‘normal’ working hours.

NHS pharmacists be formally trained to examine patients? For e.g. we had a patient being referred to us and it was very difficult to determine if there was ear wax build up or it was just congestion following a cold. The patient was referred to the doctor as non urgent.

The national service specification for this service has not yet been published by NHS England and NHS Improvement, therefore it is not known at this stage what the training requirements are if any. A publication date has not been confirmed yet, however the NPA will notify members once it is available through our usual member communication channels.

In the North East of England pilot, in preparation to deliver the service, pharmacists found it useful to reflect on their practice, skills and knowledge in order to identify any gaps or areas of improvement. Pharmacists are responsible for their own learning and CPD to ensure they have the right skills and knowledge.

The fees for this service will be drawn from the Global Sum. Is there a danger that some pharmacies (such as those opening late) will be remunerated at the expense of the wider sector?

In the short term pharmacies will extend opening hours will potentially receive more referrals, however it if the GP referrals pilot phase (GP practices referring patients to community pharmacies) is rolled out nationally, then there will be more referrals during ‘normal’ working hours.

What prospects are there of moving funding away from GPs towards CP to provide this service... that is, the money follows the patient?

The purpose of the service is not to move funding from general practice to community pharmacy, but to relieve pressure on other parts of the NHS by connecting patients with community pharmacy and utilising the skills of community pharmacists. The CPCS provides a great opportunity for community pharmacy to play a bigger role in managing minor ailments and to become an important part of the NHS urgent care system. Community pharmacies already provide advice and support for minor ailments every day however they do not get paid for this. The CPCS not only directs patients to community pharmacies but also pays a fee per completed consultation, plus the consultation may result in a sale of an OTC product.

Can CPCS be integrated into Minor Ailments so patients do not have to pay and we will be paid for both services?

If you have a locally commissioned Minor Ailments Service then it’s envisaged that you should potentially be able to use that in conjunction with the national CPCS (please refer to the national service specification when available).

The NPA's position is for a national Minor Ailments Service in England.

Which type of person comes in for the service? Is it mostly concerned parents of young children?

In the North East of England pilot there are a range of different age groups referred into the service, including young children, therefore it’s difficult to say whether one age group uses the service more than others.