



PSNE Ltd

# CPCS emergency medicines walk-in service – NENC ICS

Valid from 1st December 2021

## **CPCS emergency medicines walk-in service**

### **Background to the service**

The Community Pharmacist Consultation Service has been commissioned since October 2019 with the referrals to community pharmacies being made by NHS 111 or Integrated Urgent Care Clinical Assessment Services (IUC CAS). In line with the ambitions set out in the NHS Long Term Plan, this service is expected to relieve pressure on urgent and emergency care, by referring patients to a consultation with a community pharmacist where otherwise they would have attended a GP out of hours appointment or A+E having run out of regular medicines or requiring support with low acuity/ minor illness. The service also helps to tackle elements of existing health inequalities by providing urgent access to patients who are not registered with a GP.

To reduce pressure on NHS 111 over the peak winter pressure period, the service is being expanded to allow emergency supply of medicines by community pharmacists to patients who walk-in to the pharmacy and have not contacted NHS 111 or used NHS 111 online prior to accessing the service.

### **Aims and intended outcomes**

The service is being commissioned:

- To reduce demand on integrated urgent care services, urgent treatment centres, Emergency Departments, walk in centres, other primary care urgent care services and GP Out of Hours (OOH) services.
- To appropriately manage patient requests for urgent supply of medicines and appliances.
- To ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine or appliance requested.
- To increase patient awareness of the role of community pharmacy as the 'first port of call' for medicines access and advice.

### **Requirements for service provision - premises, training and other requirements**

Prior to provision of the service, the pharmacy contractor must:

- a. be satisfactorily complying with their obligations under Schedule 4 of the Pharmaceutical Services Regulations (Terms of Service of NHS pharmacists) in respect of the provision of Essential services and an acceptable system of clinical governance;
- b. be satisfied that all pharmacy staff involved in the provision of the service are competent to do so, including any locum staff.

Pharmacists providing the service must have access to the NHS Summary Care Record (SCR).

PharmOutcomes will be used by the contractor to maintain records of service provision and to send post-event messages to patients' general practices.

To provide the service, pharmacies must have a consultation room, which complies with the following minimum requirements:

- a. the consultation room must be clearly designated as an area for confidential consultations;
- b. it must be distinct from the general public areas of the pharmacy premises;
- c. it must be a room where both the person receiving services and the pharmacist providing those services are able to sit down together and talk at normal speaking volumes without being overheard by any other person (including pharmacy staff), other than a person whose presence the patient requests or consents to (such as a carer or chaperone); and
- d. it must have IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made within PharmOutcomes.

The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service. This should be reviewed regularly and following any significant incident or change to the service.

Prior to providing the service, the pharmacy contractor should review and make any necessary amendments to their business continuity plan in order to incorporate appropriate content on the service within the plan. This should be reviewed regularly and following any significant incident or change to the service.

The necessary knowledge and skills to provide the service are core competencies for all pharmacists, but pharmacists will want to ensure that they:

- a. have an up to date understanding of the Human Medicines Regulations (HMR) in relation to the emergency supply of Prescription Only Medicines (POM);
- b. are able to explain the service to patients and carers.

The pharmacy contractor must ensure that all pharmacy staff involved in provision of the service are appropriately trained on the operation of the service, including relevant sections of the SOP for the service. It is of particular importance that locum pharmacists are made aware of the service and understand the SOP so that they are able to provide the service.

The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised the local urgent care commissioner.

The CPCS must not be used to divert or attempt to change the patient's use of their usual pharmacy.

### **Service availability / de-registration**

The pharmacy contractor must ensure that the service is available throughout the pharmacy's full opening hours (i.e. core and supplementary).

The pharmacy contractor must ensure the service is accessible, appropriate and sensitive to the needs of all service users. No eligible patient shall be excluded or experience difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

If the service must be temporarily withdrawn by the pharmacy contractor due to unforeseen circumstances, they must ensure the elements of their business continuity plan related to the service are activated. The pharmacy contractor must inform the commissioner.

If the pharmacy contractor wishes to stop providing the CPCS emergency medicine walk-in service, they must notify the commissioner that they are no longer going to provide the service via email, giving at least one month's notice prior to cessation of the service, to ensure that accurate payments can be made and referrals closed.

### **Service promotion**

The service will be promoted to the public by the NHS. Pharmacy staff can also make patients aware of the service but the service is not to be used as a replacement for the normal repeat prescription ordering and repeat dispensing processes.

### **General information**

In an emergency and at the request of a patient, a pharmacist can supply a POM without a prescription to a patient who has previously been prescribed the requested POM; these 'emergency supplies' are made under the provisions and requirements of Regulations 225, 253 and Schedules 18 and 23 of the Human Medicines Regulations 2012. They include a requirement that the pharmacist has interviewed the person requesting the POM and is satisfied that there is an immediate need for it to be supplied and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay.

For the purposes of this service, any medicine or appliance that has previously been prescribed to the patient on an NHS prescription can be supplied, if the requirements of the HMR are met. Requirements in the HMR referring to emergency supplies of POMs, also apply to other medicines and appliances that are supplied as part of this service.

### **Pharmacist consultation**

The pharmacy's consultation room will be used for the patient consultation.

The EPS tracker must be checked to see if a prescription for the patients is able to be dispensed. If there is no prescription, the SCR must be checked at this stage unless there is a good reason not to. In this circumstance, the reason for not checking the SCR should be recorded.

### **Supply**

If no prescription is available for the patient on the NHS Spine, then a supply can be provided in accordance with the requirements of the HMR, maintaining a record of the supply and labelling

the product appropriately. The pharmacist should apply their professional judgement to determine the most appropriate quantity of medicine or appliance to supply, in line with the provisions of the HMR.

An NHS prescription charge per item should be collected, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any NHS prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

If the patient (or representative) is unable to get to the premises, then the pharmacist must ensure the patient is able to obtain the supply in a timely manner by discussing with the patient (or representative) all reasonable options for accessing their medicines, e.g. the pharmacy referring the patient to the GP OOH service.

### **Advice and information**

The pharmacist will advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their GP practice and the benefits of electronic repeat dispensing (eRD). The aim of providing this advice is to support patients in understanding the importance of not running out of a medicine or appliance in order that they may change future behaviours and prevent the future need for emergency supplies.

### **Records and documentation**

Details of the consultation must be recorded on PharmOutcomes. This information will be used to generate the month end payment claim for each pharmacy.

Anonymised data may be accessed by the commissioner for service evaluation and it is therefore important that clear information is completed by the contractor as to the outcome of the consultation.

The patient or their representative should be asked for evidence of entitlement to exemption from NHS prescription charges, as per the process applied by pharmacies to NHS prescriptions.

The pharmacy contractor will ensure that a notification ('Post Event Message') of any supply made as part of the service is sent to the patient's GP practice on the same day the supply is made or as soon as possible after the pharmacy opens on the following working day. This notification should ideally be sent electronically, either by secure email or secure electronic data interchange, using PharmOutcomes. If necessary, the pharmacy contractor should contact the GP practice for details of their secure NHSmail email address. Where electronic notification is not possible, the pharmacy contractor should send the notification via post or hand delivery.

### **Governance**

All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.

The pharmacy will report any incidents or operational issues with respect to this service to the commissioner. This feedback may be shared via the local Integrated Urgent Care governance group as part of an overview of the service and its performance and managing its integration with other local urgent care services (including handling patients who use the service inappropriately and dealing with them on a system wide basis).

The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

### **Payment**

A Consultation fee of £14 will be paid for each completed consultation.

Claims for payments for this service should be made monthly, via PharmOutcomes. Invoices will be generated and submitted for payment to the commissioner automatically.

The cost of medicines or appliances supplied under the CPCS emergency medicines walk-in provision will be reimbursed using the basic price specified in Drug Tariff Part II Clause 8 – Basic Price. No other elements of the Drug Tariff in relation to reimbursement of medicines or appliances apply to this service. An allowance at the applicable VAT rate will be paid to cover the VAT incurred when purchasing the supplied medicine or appliance.