



Community Pharmacy Consultation Service (CPCS) Top Tips – Urgent Supply

The LPC has prepared this briefing to help you to start your preparations for the Urgent Supply element of the CPCS service, which was previously called NUMSAS.

The NUMSAS pilot, which ended on 28 October, operated across Cheshire and Merseyside (C&M) for approximately 2 years and during that time became a well-established service. During its implementation we identified that whilst pharmacies were familiar with supplying urgent medicines, they initially found it tricky to get to grips with the process they needed to follow. Therefore, the LPC is sharing some key learning to help you to prepare and launch CPCS - Urgent supply in your pharmacy.

This guide does not replace the requirement to fully read and understand the service specification before delivering the service.

CPCS service delivery across full opening hours:

Your pharmacy is required to provide CPCS across its full opening hours. NHSE will not accept pharmacies saying that they can't provide the service on certain days or weekends due to staff or a locum pharmacist not being able to provide the service.

Start your preparation now with your team and also locums. Inform regular locums that you have signed up to deliver CPCS and share PSNC's locum guide with them. It can be found at <https://psnc.org.uk/wp-content/uploads/2019/09/CPCS-comms-for-locum-pharmacists.docx>

CPCS referral is via PharmOutcomes: Within C&M referrals will be sent via an integrated PharmOutcomes solution. This means that when you click on the referral all of the patient's information will be available.

The system will also print the token with the medication supplied. When printing tokens make sure you select the correct printer to print your tokens. Previously the system would only accommodate a maximum of 4 items but within the new template **more than 4 items can be supplied**. To do this you record the first four items on the first template and have the option when you save this template to add additional items using the "4 or more items template"

PharmOutcomes Training guides and videos: PharmOutcomes training materials have been developed to support contractors to understand the process of entering data onto the service template; access them at <https://pharmoutcomes.org/pharmoutcomes/help/home?cpcs>

Referral via NHS 111 call handler or NHS 111 on-line: There are 3 ways that referrals may come through to your pharmacy.

- Via NHS 111 call handler when the GP practice is closed
- Via NHS 111 call handler within GP opening hours (the patient may have been directed in-hours by their GP to contact NHS 111). The emergency supply regulations allow for in-hours urgent supplies. Patients should not be refused on the grounds of their surgery being open and a supply via CPCS should be made as long as it is legally and clinically appropriate.
- Via NHS 111 on-line portal referral after the person has entered information onto the NHS111 on-line portal.

NHS 111 on-line referrals are being piloted in C&M

- When the referral arrives in PharmOutcomes, within the referral information, "referred from" will state NHS111 online followed by a unique reference number. This allows you to differentiate between on-line and telephony referrals.
- The referral won't state the medicine required by the patient and therefore it will not screen out requests for

CDs.

- For on-line referrals *it is essential that you ask for proof of ID* to ensure you are talking to the person that the referral has been generated for because there has been no call handler involvement to confirm the patient's name and address.
- Be mindful that some patients may try to use this service inappropriately and there is no alert within the on-line system, as there is for NHS 111 call handler referrals.
- NHSE produced a letter for contractors about the 111 on-line NUMSAS service which can be accessed here: <https://www.cpcw.org.uk/wp-content/uploads/sites/19/2019/10/NHSE-Pharmacy-Guidance-for-CPCS-pilot-111-Online-referrals-v1.0-FINALBPPS.pdf>

NHS Summary Care Record (SCR) access:

It is a requirement of the CPCS specification that **the pharmacist must check the SCR** unless there is a good reason not to do so. Remind all pharmacists including locums of the need to have a working smartcard with access to SCR. This will ensure you can deliver the service 100% of the time. SCR can now be accessed direct from PharmOutcomes.

NHS 111 call handlers are not clinicians:

When the medication request call is handled (or data entered during an on-line referral), there is no check as to whether the medication the patient requires can be legally supplied via the Human Medicines Regulations (HMR), this is up to the pharmacist to establish.

Medication Requests:

How many days' worth of treatment can be supplied?

The pharmacist should apply their professional judgement to determine the most appropriate length of treatment to supply and take into consideration the time it will take for the patient to obtain a further supply from their GP practice; *whilst ensuring the quantity supplied is in line with the provisions of the Human Medicines Regulations.*

- **Requests for schedule 1, 2 or 3 CDs is not allowed.**
Urgent supplies of Schedule 2 or 3 CDs **cannot be supplied in an emergency without a valid prescription**, except for phenobarbital or phenobarbital sodium for the purpose of treating epilepsy. This legal requirement also applies to CPCS.
- With the re-classification of Pregabalin and Gabapentin you may notice an increase in requests for medication you are unable to supply. In this instance the pharmacist must organise onward referral.
- **Supply of schedule 4 and 5 CDs**
The quantity of medication that can be supplied has caused confusion for some contractors. For schedule 4 and 5 CDs the HMR apply and therefore a **maximum of 5 days' supply** may be made.

Action if medication is not allowed under the Human Medicines Regulations (HMR) (Sch 1/2/3 CDs)

The pharmacist **MUST** organise the onwards referral for the patient to ensure they are contacted by another appropriate healthcare professional.

- Within GP opening hours – Contact the GP
- Out of Hours - Contact GP out of hours

Contact information for the pharmacy to ring, including GP OOH, is available in the "Annex C" document which has been e-mailed to you by NHSE&I. **Patients MUST not be referred directly back to NHS111 / IUC CAS**

Inappropriate Requests

There will always be a cohort of individuals who will try to obtain 'extra' supplies of prescribed medication.

- Use your experience and that of your staff to identify known 'suspects'
- Use SCR to find out when the last supply was made
- Be extra vigilant with schedule 4/5 controlled drugs, benzodiazepines, opiate pain killers 'z' drugs etc.
- Watch out for 'frequent flyers'

If necessary, you can refer them to 'out of hours'

What is the appropriate action to take if the CPCS referral is for a medicine liable to misuse?

The pharmacist needs to balance the potential for misuse versus the need and the impact on the patient of not

supplying a medicine or appliance. A limited supply of 1 or 2 days of the medication, until the next working day for GP practices, could be considered *providing it is allowable under the Human Medicines Regulations*.

Out of stock medication:

It is essential that staff have access to the nhs.net shared mailbox so that you can refer and receive out of stock referrals.

Some pharmacies find this part of the process more difficult to navigate. We recommend you watch the CPCS urgent supply video to see how this process works.

• If your pharmacy is out of stock:

- Ticking the “No supply D – Item not in stock” box on the PharmOutcomes template will display all CPCS pharmacies within 40 miles.
- Ring the receiving pharmacy, check they can accept the patient and gain patient consent for onward referral.
- Follow the instructions on PharmOutcomes to generate the onward referral form which can be saved as a pdf or printed.
- The onward referral form must then be e-mailed from the pharmacies shared NHSmail mailbox to the referral sites shared NHSmail mailbox

• If you are the receiving pharmacy:

- The receiving pharmacy must process the request manually, using the CPCS Urgent Supply – nhs.net (Manual Entry) template. Entering the NHS 111 referral ID code will automatically populate some of the information.

Both the transferring and receiving pharmacy can claim a full fee which covers the costs of time and effort spent making the referral.

Supply has been made:

- Print the tokens and if the patient is exempt from prescription charges get them to sign the back of the token.
- A prescription charge per item should be collected, unless the patient is exempt.
- Record the Urgent supply in the POM register.
- All tokens showing a declaration of exemption must be submitted as part of the month end submissions (clearly separated within the batch and marked “NHS CPCS”)

Patient doesn't contact the pharmacy:

The pharmacy is required to contact the patient at least once. If the patient has not made contact before the next working day then the referral can be closed and a reason must be entered. No consultation fee can be claimed.

Claims for Payment:

No paper-based claims process is available for the service.

All claims must be made via the MYS portal. PharmOutcomes will pre-populate claim information in MYS each month. You will need to login to MYS at the start of the following month to confirm that the information is correct and to submit the claim. You will be able to make your first claim from 1st Dec 2019. Claims for referrals received from October 29th – 31st 2019 will be incorporated into the November 2019 submission claim.

Claims can be made for up to a 6-month period. So, for example, you will be able to submit a declaration for March up to the following September. A guide for the claims process can be accessed at

<https://pharmoutcomes.org/pharmoutcomes/help/home?cpcs>

The pharmacy can claim the £14 fee providing a consultation has been completed, even if no supply resulted. A consultation fee can't be claimed if the pharmacy has been unable to contact the patient.

PSNC CPCS webinar:

PSNC ran a CPCS webinar which can be accessed on demand from: <https://psnc.org.uk/our-news/cpcs-webinar-now-on-demand/>

CPCS – Urgent Supply Checklist

Action	Complete
1. Read the CPCS service specification which can be found at https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacist-consultation-service/	
2. Develop your SOP. A sample SOP can be accessed from the CPCS page on PSNCs website. https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/	
3. Read the PharmOutcomes CPCS guides and watch the videos which can be found at https://pharmoutcomes.org/pharmoutcomes/help/home?cpcs	
4. Ensure all pharmacy staff can access PharmOutcomes and information MUST be available to enable locums to log in.	
5. Annex C, onward referral information is available, and all staff know where to find this information.	
6. Read the CPCS Toolkit which can be found at https://www.nhsbsa.nhs.uk/sites/default/files/2019-09/NHS%20CPCS%20TOOLKIT%20v2.pdf	
7. Training: All staff (in particular weekend staff) are trained in the CPCS SOP, understand the Urgent supply element and where to find key documentation to support locums.	
8. Review the process flow diagrams for each service and include in locum packs. https://psnc.org.uk/wp-content/uploads/2019/09/CPCS-patient-flow-diagrams.pdf	
9. Pharmacy has a process to check PharmOutcomes for referrals from NHS111 at appropriate intervals.	
10. SCR access: Pharmacists (including locums) and pharmacy technicians have working smart cards and can access SCR.	
11. The pharmacy team have access to the pharmacy shared NHSmail mailbox on every day the pharmacy is open.	
12. Pharmacists should refresh their knowledge of the Human Medicines Regulations for Emergency supply of medication.	
13. CPCS locum pack available. Locums or relief pharmacists can access the NHS CPCS service specification, Annex C, SOP and Toolkit, PharmOutcomes and shared NHSmail mailbox for the pharmacy.	
14. The DOS helpline number 0300 0200 363 has been added to the pharmacy's business continuity plan in case of an emergency closure where the service needs to be temporarily disabled.	
15. Add a link to the RPS Emergency Supply Quick Reference Guide to your desktop https://www.rpharms.com/resources/quick-reference-guides/emergency-supply	