



London Pharmacy Commissioning Team – on behalf of All London Integrated Care Boards (ICBs) – May 2024

Welcome to May 2024 Issue of all things Community Pharmacy related for London!

In this edition we will be providing updates about:

- ❖ Pharmacy First Referrals
 - Updating your NHS Profile Manager
 - Referral of patients back to NHS 111 / IUC CAS
- ❖ Electronic Prescription Service (EPS) - Patient Nominations
- ❖ FAO - Distance Selling Pharmacies (DSPs)
- ❖ Data Security & Protection (DSP) Toolkit 2023/24
 - Completion Deadline: Sunday 30th June 2024
- ❖ Improving Patient Safety
- ❖ Discharge Medicine Service



We are continuously grateful for your continued support in providing general pharmaceutical services to patients across the London Community, as we continue to work together to tackle new challenges ahead.

Don't forget to share this newsletter with your team.

As usual, we welcome your feedback or comments on anything raised in this newsletter and any future articles, email england.lon-pharmacy@nhs.net

Kind regards

London Pharmacy Team

Useful Contacts

General Pharmacy Queries – England.lon-pharmacy@nhs.net

- For general enquires, payments, contractual queries, etc

Market Entry Application Queries – England.lon-marketentry@nhs.net

- For new application queries, including changes to hours and changes of ownership)



Pharmacy First - Referrals

1. Updating your NHS Profile Manager is crucial to Pharmacy First Referrals

It is a requirement under the Terms of Service, to regularly update NHS Profile Manager to ensure the correct information is displayed on NHS.UK and Directory of Service (DoS) regarding the opening times and services provided at your pharmacy. This reduces any confusion for patients accessing your pharmacy and referrals being sent accordingly.

Updating Services on NHS Profile Manager

If you have registered for any advanced services i.e. Pharmacy First, via MYS, this is not automatically populated into your profile; therefore, you will need to log onto your NHS Profile Manager to add Pharmacy First and other services like these.

This is becoming increasingly important as search tools, such as [Find a pharmacy service on nhs.uk website](#) and [NHS Service Finder](#) are based on the information in Profile Manager. **If you have not updated your profile to indicate it provides these services, it will not appear in the search results.** The "Find a pharmacy tool" is now being promoted directly to the public to find a pharmacy providing the BP Check service, the Contraception Service and the LFD service.

Instructions on how to update Profile Manager

Please note that both your DOS profile and NHS.UK profile can now be updated simultaneously, by logging onto your NHS Profile Manager Account here:

<https://organisation.nhswebsite.nhs.uk/profile-editor-manage-organisations/>

NHS Profile Manager allows pharmacy staff to check (*simultaneously at any given time, as and when necessary*); and update information about their services, so patients keep receiving the best care. The service information includes location and contact details, opening times, holiday closures and the range of services being offered. If you have not already done so, or you are still having difficulties navigating the portal, you may find this demonstration link helpful: [NHS Profile Manager Features Full video - YouTube](#)

Contractors are reminded that before they make any permanent changes to their DoS Profile account, they must notify the ICB Community Pharmacy Contracting Team of any changes made to their supplementary hours and obtain permission to amend any core hours. Notifications should be sent to: england.lon-marketentry@nhs.net

2. Referral of patients back to NHS 111 / IUC CAS



Local NHS 111/IUC CAS teams have reported that a significant number of patients have been told to ring NHS 111 after they have already been referred from NHS 111/IUC CAS to a Pharmacy First service (including an emergency supply of medicine).

This is causing additional pressure on NHS 111/IUC CAS, as well as frustration from patients who have already called NHS 111.

Pharmacy providers are reminded of the process for the onward referral of patients (where appropriate); please ensure **all pharmacy staff** (including locum pharmacists) are aware of the requirements, as outlined in the Community Pharmacy Advanced Service specification.

Key sections of the specification that relate to NHS 111/IUC CAS have been highlighted below:

Emergency Supplies

4.23. If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, the pharmacist will ensure the patient is able to speak to another appropriate healthcare professional by either:

- referring the patient to their own general practice; or
- by contacting a local out of hours provider.

N.B. Pharmacists must not refer a patient back to NHS 111 or the IUC CAS by asking the patient to call back directly.

Onward referral for an urgent appointment

4.30. There will be times when the pharmacist will need additional advice or will need to escalate the patient to a higher acuity care location (e.g., a GP, UTC or ED).

4.31. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral and then choose one of the options below:

- **Option A – Refer the patient for an urgent in-hours appointment with their own GP.** After agreeing this course of action with the patient, the pharmacist should contact the patient's general practice to secure them an appointment.
- **Option B – Call the NHS 111 service when the patient's own general practice is not available.** The pharmacist should call NHS 111 using the healthcare professionals' line for access to a clinician, to seek advice; this can be accessed by dialling 111, then *7 (see attached poster).
- **Option C – Signpost the patient to A&E or call 999.** If the patient presents with severe symptoms indicating the need for an immediate medical consultation, the pharmacist should tell the patient to attend A&E immediately or call an ambulance on behalf of the patient.

This will continue to be monitored and where this behaviour continues, the Commissioner may consider a suspension on the delivery of service by the pharmacy.



NHS Service Finder

Pharmacies can also utilise the NHS Service Finder tool to support access to other services such as patient GP practice bypass numbers. If you have not registered for NHS Service Finder, you can do so here: [Create an account - NHS Service Finder](#). Please remember to use your NHS.NET email.

Where the pharmacy is unable to deliver the service for any unforeseen reason, you are reminded to update your NHS Profile Manager to temporarily pause any referrals to the pharmacy.

Pharmacy First
Accessing 111 as a Health Care Professional (HCP)

London Directory of Services Team

Dial 111

Press 9

Press 1

Press 1 (Under 5)

Press 2 (All other ages)

Press *7 (During message)

Hold

Press 7

Press *7 (During message)

Press 2

Press *7 (During message)

Press 7

Press 7

Connect with 111 Health Advisor

111 Messaging –
Thank you for calling NHS 111. Please press 9 to continue [Press 9]

If your call is about physical health press 1 or if you are in a mental health crisis, please press 2 [Press 1]

If the person you are calling about is under 5, please press 1, for all other age groups press 2 [Press the relevant number]

If you pressed 1 – Under 5	If you pressed 2 – All other ages
<ul style="list-style-type: none"> There may be a short pause while we connect you to your local NHS 111 provider [Press *7 during this message] Did you know you can now select * and access the HCP menu at any point. Where you are offered the press 1 for a text option. Please continue to hold for the HCP menu [Hold] Please press 5 if you are an ambulance crew. Press 6 if you are calling from a care home. Press 7 if you are any other Health Care Professional [Press 7] This service is for health care professionals only please hold while your call is transferred [Hold] <p>**Connect with 111 Health Advisor**</p>	<ul style="list-style-type: none"> If you are calling about Coronavirus, please press 1 or press 2 to continue [Press 2] You can get help from 111 online including how to request an emergency supply of regularly prescribed medicines at 111.NHS.UK. Press 1 to get this link in a text or press 2 to continue on the phone [Press *7 during this message] Please press 5 if you are an ambulance crew. Press 6 if you are calling from a care home. Press 7 if you are any other Health Care Professional [Press 7] This service is for health care professionals only please hold while your call is transferred [Hold] <p>**Connect with 111 Health Advisor**</p>

NHS 111 will have '111 HCP' on their display to indicate the call has been received from a Health Care Professional.

EPS - Patient Nominations

There have been an increased number of patient complaints related to EPS patient nominations.

Pharmacies are reminded of the guidance for setting patient nominations. These nominations can be set by the Community Pharmacy (CP) or a GP practice.

Whilst it is not a requirement to have a signed consent form from patients, it is recommended that CPs obtain this, to evidence against any queries or concerns. A template form can be accessed from the [CPE website](#)

If signed consent is not taken, then consent must be explicit, i.e. the patient has been provided with details that they are requesting for their prescription to be sent to your pharmacy electronically. They must also be made aware that they may request a change in their nomination to a different pharmacy at any time.



If a patient has a nomination changed to a different pharmacy which you believe to be incorrect, CP contractors should NOT change the nomination back without first taking renewed consent from the patient.

FAO - Distance Selling Pharmacies (DSPs)

It has come to our attention that a large number of DSPs have used external companies to develop their websites.

Some of these companies use standard templates which are more relevant for high street pharmacies. This is leading to discrepancies in the information displayed on the website for DSPs, in particular to the information on providing Pharmacy First.

For any DSP providing Pharmacy First you are asked to check and review the content, to ensure the following:

1. You are not advertising any Essential Service that are face to face, including Pharmacy First
2. If you are providing Pharmacy First, ensure you are not advertising any provision for Otitis Media (Ear Infection) clinical pathway – **This not permitted under the service specification**
3. Your website is clear about which services are NHS and which are Private
4. Ensure you have arrangements in place for the collection of unwanted medicines and that you are not allowing patients to drop them off at the pharmacy or sign posting patients to other pharmacies.

Accepting Unwanted Medicines is an Essential Service which must be provided by all pharmacies.

It is the responsibility of the Pharmacy Provider and not the website developer to ensure the accuracy of the information displayed on the website.

Data Security & Protection (DSP) Toolkit 2023/24

Please note that the deadline for completion of the DSP Toolkit is approaching and the portal for this year **will close at the end of the day on 30th June 2024.**

Those pharmacies who have not yet completed the toolkit will receive an email reminder to complete the toolkit and submit by 30th June 2024. Support for pharmacy contractors including multiple guidance documents and an on-demand webinar, can be found [here](#).

Please note pharmacies who have not completed the toolkit will be in breach of their Terms of Service (ToS) Schedule 4(4)(28)(f)(ii) and the ICB may consider issuing a Breach Notice; this may also exclude the pharmacy from providing Enhanced Services.



Learn from Patient Safety Events platform: Improving patient safety shared learning, quality, and experience

The Learn from Patient Safety Events ([LFPSE](#)) platform has been developed to significantly improve the way the NHS supports healthcare professionals to record and learn from patient safety incidents, near misses and good care (**patient safety events**).

Recording patient safety events is vital to help the London NHS to identify new patient safety risks, enhance safe practice and embed continuous improvement to optimise patient experience.

NHS provider organisations don't need to have a local risk management system to connect and record patient safety events on LfPSE as this can be done through the [online portal](#). NHS providers can also access and download their own data for local analysis.

GP practices have had access to the LfPSE since 2021.

The NHS England London Quality and Patient Safety team are working with Dental, Optometry and Community Pharmacy clinical and commissioning leads, and London Integrated Care Board (ICB) patient safety experts, to develop a tailored resource for primary care Dentists, Optometrists and Community Pharmacies. This resource will support you to register for an online account and to start recording patient safety events onto the platform.

We want to test the resource in Dental, Optometry and Community Pharmacy practices, and if you would be willing to help us, please email england.londonpatientsafety@nhs.net

If you have already connected to the LfPSE platform we would be very interested in hearing your feedback – please click [here](#) to complete a short survey.

Discharge Medicine Service

The [NHS Discharge Medicines Service \(NHS DMS\)](#) is an essential service requirement under the Community Contractual Framework; the aim of the service is to reduce the risk of avoidable medication related harm following discharge from hospital. *The Department of Health and Social Care (DHSC) states there is a strong evidence base for NHS DMS, with one 30-day readmission avoided for every 10-23 admissions*" ([Department of Health and Social Care \(APE0039\)](#)); even if readmitted it reduces the length of stay by six days.

London Region Acute Trusts are reporting significant discrepancies in the number of NHS DMS hospital referrals compared to NHSBSA claims. In some cases, over 50% of hospital referrals are not resulting in claims being made by community pharmacies. The data suggests that the majority of referrals which have not been claimed for, are awaiting actioning or have been rejected by the community pharmacy provider.

The [NHS DMS toolkit](#), stipulates that a community pharmacist, as part of Stage 1 of the service, **must undertake a clinical check within 72 hours of receipt** of a referral (excluding hours of



days on which the pharmacy premises are not open for business). As part of Stage 1, community pharmacy contractors must compare the medicines the patient has been discharged on with those they were taking at admission. This will include reference to the patient's medication record and may include reference to the patient's Summary Care Record (SCR). Viewing the patient's SCR may be necessary where the patient has not used the pharmacy for some time or has never used the pharmacy before. If access to SCR is necessary, consent would be required from the patient.

On the rare occasion that a pharmacy contractor might not be able to complete the NHS DMS in full, the contractor will be able to claim for Stage 1, and, where provided Stage 2. A claim for part-completion of the NHS DMS may only be made where one of the reasons set out within [Part VIA of the Drug Tariff](#) applies.

Where a referral is received for a patient who has not accessed services at the pharmacy before, the pharmacist or pharmacy technician may wish to contact the patient directly to ensure they intended for the referral to be sent to that pharmacy. In a case where the patient or NHS trust confirms the referral has been sent to the pharmacy in error, the community pharmacy contractor should contact the hospital and ask that the referral is amended and sent to the correct community pharmacy.

Pharmacy contractors are reminded that the payment must be claimed via the Manage Your Service (MYS) portal no later than the 5th day of the month following that in which the NHS DMS was completed, or part completed.

Please ensure all of your pharmacy team (including locums) are aware of the requirement under this service and SOP's related to this service have been read and understood. The pharmacy contracting team, will continue to monitor the referrals from Acute Trusts and follow up directly with pharmacy providers where referrals are not being actioned; failure to comply may result in the pharmacy not being eligible to deliver local pharmacy enhanced services.