

Service Level Agreement for an NHS Digital Minor Illness Referral Service (DMIRS)

NHS111 Referred Patients with low acuity conditions

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1. This agreement is between

NHS England South West (South) (the Commissioner)

Peninsula House, Kingsmill Way, Tamar View Business Park, Saltash, PL12 6LE

And the Provider: (“the pharmacy”)

Trading name and address of pharmacy

.....
.....
.....

Contractor ODS code: F.....

For the provision of an NHS Digital Minor Illness Referral Service (DMIRS) as outlined in this local enhanced Service Level Agreement and underpinning Service Specification at **Schedule 1**.

By signing up to this Service Level Agreement, you are agreeing that you fully comply with the Terms of Service as outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and agree to comply with the full terms and conditions as outlined in this Service Level Agreement and Service Specification.

Failure to comply with the full terms and conditions as outlined in this Service Level Agreement may result in suspension of the scheme. Before any suspension the provider and commissioner will discuss the reason for the suspension to identify a possible resolution.

Please Sign Up to this service through the BSA Website – link below

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-0>

Any queries please contact michele.toy@nhs.net

2. Purpose

The purpose of the Digital Minor Illness Referral Service (DMIRS) is to reduce the burden on urgent and emergency care services by referring patients requiring low acuity advice and treatment from NHS 111 to community pharmacy. Its aim is to ensure that patients have access to the same if not better levels of care, closer to home and with a self-care emphasis.

The agreement is for the pharmacy to provide self-care advice and support, including printed information, to all individuals referred to the pharmacy by NHS 111 on the management of specified low acuity conditions.

3. Period

This agreement is for the scheme to be available

- **during all pharmacy opening hours**

The agreement and service delivery will cover the period **from 8th October 2018 to 31st March 2019**.

4. Termination

One months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

The Commissioner may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

5. Obligations

The pharmacy will provide the service in accordance with the specification (**Schedule 1**) and ensure that all substantive and locum pharmacists are aware of it.

The Commissioner will manage the service in accordance with the specification (**Schedule 1**).

6. Payments

The Commissioner will pay the following:

Remuneration will be made to the pharmacy at £14.00 per consultation to include:

- Set up (SOP development, staff training etc.) and support staffing costs
- Pharmacist time to provide the service including onward referral and follow up
- Completing the template
- Input into iterative service improvement activity
- Reporting issues and incidents as appropriate in line with the Service Level Agreement
- Checking NICE Clinical Knowledge Summaries for every consultation and providing written patient information

Payments will be made by the BSA based on data submitted via locally commissioned IT provider.

Payment will be made to pharmacies on a monthly basis within 2 months of the end of the month by the BSA.

Pharmacists must record information onto the locally commissioned IT provider template during the consultation with the patient present.

7. Standards

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

8. Eligibility criteria

Service providers will need to satisfy the following to demonstrate ability to take part in the project:

- Located within the county of Devon
- Be in good standing with NHS England

9. Confidentiality

Both parties shall adhere to applicable data protection legislation including the General Data Protection Regulation 2016/679 and to the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to the Commissioner.

10. Indemnity

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to the Commissioner.



NHS DIGITAL MINOR ILLNESS REFERRAL SERVICE

DEVON LOCAL ENHANCED SERVICE

Service Specification

NHS Digital Minor Illness Referral Service - DMIRS

NHS Community Pharmacy Service Specification commissioned by NHS England South West (South)

Version number: 1.1

First published: November 2017

Updated: September 2018 (Michele Toy, DMIRS Project Manager, Devon)

Original Prepared by: Andre Yeung, CPRS Project Manager, on behalf of NHS England North – Cumbria and North East (with significant contributions from Sandie Hall & Ann Gunning, LPC representatives)

Classification: FINAL

Any questions or queries should be directed to:

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1. Service description and background

- 1.1. Currently, less than 1% of all NHS111 referrals for the included low acuity conditions result in a direction to a community pharmacy. Calls are normally referred to other primary care locations such as GP (in hours and out of hours), walk-in centres and sometimes A&E. These appointments block access to GP appointments for patients with greater clinical need.
- 1.2. The NHS England Hospital to Home Pharmacy Reference Group and Pharmacy Integration Fund Oversight Group have overseen the development and design of this service that aims to address these challenges through testing making more use of the substantial skills and knowledge within the community pharmacy network.
- 1.3. NHS England South West (South) is commissioning this NHS Digital Minor Illness Referral Service ('DMIRS') as a Local Enhanced Service under the terms of the Community Pharmacy Contractual Framework via referral from NHS 111, in order to reduce the burden on urgent and emergency care services for patients requiring low acuity advice and treatment. The service will be commissioned across Devon. Its aim is to ensure that patients have better access to care, closer to home and with a self-care emphasis.
- 1.4. The pharmacy will provide self-care advice and support, including printed information (see section 6.8), to all individuals referred to the pharmacy by NHS 111 on the management of low acuity conditions specified in **Annex D**.
- 1.5. The end points of the consultation may include:
 - Advice given only
 - Advice and the sale of an Over the Counter medicine
 - Advice and pharmacist to call GP to set up appointment (each pharmacy will use a local arrangement for this)
 - Advice and signpost on to another service
- 1.6. Only patients who have called NHS111 and been referred are eligible to receive advice and treatment under this service. Any patient, even those registered with a GP from outside the Devon area, can access DMIRS as they would likely still have attended another care location in the area.

- 1.7. The patient must be in attendance (for child under 16, the parent or guardian must also be in attendance). In all other cases a consultation under DMIRS cannot be carried out.
- 1.8. Pharmacists are not able to divert patients presenting in the pharmacy with a low acuity condition into DMIRS. Those who usually manage their own conditions through self-care and purchase of Over the Counter (OTC) or Pharmacy Only medicines should continue to self-manage and treat their conditions as per essential service 6, self-care, of the Community Pharmacy Contractual Framework.
- 1.9. DMIRS is an opt-in service for patients and those who wish to consult their GP or other health care provider for their condition are free to do so.
- 1.10. The NHS DMIRS will commence from 8th October 2018 and run until 31 March 2019.
- 1.11. An evaluation of the service will be undertaken; - data will facilitate robust academic review and financial appraisal for NHS commissioners. Independent academic review of the service will evaluate measures of quality, financial outcomes and patient satisfaction.

2. Aims and intended outcomes of DMIRS

- 2.1. To test full integration of community pharmacy into the urgent care system as a provider of care for patients currently referred to other parts of the urgent care system.
- 2.2. To relieve pressure and create capacity in other parts of the urgent care system, particularly for higher acuity clinical conditions.
- 2.3. To test the quality and effectiveness of clinical urgent care services provided by community pharmacy.
- 2.4. To reduce demand on the rest of the urgent care system, particularly GP Out of Hours (OOHs) providers Minor Injury Units and Walk In Centres.
- 2.5. To enable convenient and easy access for patients and for NHS111 call-handler referral
- 2.6. To reduce the use of primary medical care services for the referral of minor illness from NHS 111.

- 2.7. To identify ways that individual patients can self-manage their health more effectively and to recommend solutions that could prevent use of Urgent and Emergency Care in the future.
- 2.8. To increase patients' awareness of the role of community pharmacy as the 'first port of call' for low acuity conditions.
- 2.9. To be cost effective for the NHS when supporting patients with low acuity conditions.

3. Service Sign Up – Pharmacy contractors

Registration is via the NHS Business Services Authority (BSA) website and the page for DMIRS.

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/digital-0>

This sign up is for pharmacies within Devon only.

4. Service Sign Up - Pharmacists

- 4.1. Sign up and completion of the service assurance declaration is via the locally commissioned IT provider. Pharmacists will ONLY be able to do this once a referral has been received.
- 4.2. This self-declaration will require that you confirm the following:
 - 1) I have read the Service Specification,
 - 2) I am aware of how to access NICE Clinical Knowledge Summaries, (link provided on the locally commissioned IT provider template)
 - 3) I am aware of the escalation process should this be required (see section 8)
 - 4) I will only provide this service from a consultation room compliant with the requirements for MURs
 - 5) I will have access to web enabled IT in the consultation room so that the locally commissioned IT provider template can be used within the consultation,
 - 6) I can access Summary Care Records (SCR) within the pharmacy
 - 7) I or the pharmacy team have access to the shared NHS Mail account specific to the pharmacy premises

Service Specification

5. Receipt of referral from NHS 111

- 5.1 NHS 111 will refer appropriate patients to pharmacies using electronic messaging via the locally commissioned IT provider and if required NHS Mail. NHS 111 will ask patients to select from a choice of pharmacies¹ which are participating in the service and are located close to the patient's preferred location. NHS 111 will advise patients that the pharmacy is 'operating a new NHS service that is closer to them, has shorter waiting times and is open longer hours'. They will be alerted to the fact that all clinical decisions after referral are at the professional discretion of the community pharmacist.
- 5.2 NHS 111 will provide the details of the selected pharmacy to the patient, advising them to attend within a set time period. When the patient attends or contacts the pharmacy the pharmacist should confirm the pharmacy has received an email/electronic message referral from NHS 111 by accessing the locally commissioned IT provider (or NHS Mail).
- 5.3 If no email/electronic message referral has been received, the pharmacist will contact the local NHS 111 to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the email/electronic message referral is resent. To do this the pharmacist will ring 0191 2705269. The call would go through to a team leader to resend the referral.
- 5.4 If a referral has not been made by NHS 111, any request by the patient is out of the scope of this service, but the pharmacy may choose to make an intervention via an alternative method, e.g. advice, education and then the supply of an over the counter product. During the pharmacy's opening hours the locally commissioned IT provider (or NHS Mail) should be regularly checked, especially within traditional out of hours periods such as weekday evenings, weekends and bank holidays, to pick up referrals from NHS 111 in a timely manner. This should include when a pharmacy opens and before the pharmacy closes each day.
- 5.5 Where a pharmacy has received a referral from NHS 111 and the patient has not attended or contacted the pharmacy within 12 hours of the referral, the pharmacy should make a reasonable effort (i.e. **three call attempts**) to contact the patient using the contact details set out in the referral message e.g. before the pharmacy closes for the day. If no contact is then made during the next working day, then the pharmacist should close the referral as 'no intervention made'.
- 5.6 The service will be provided by the pharmacy for all the opening hours of the pharmacy including extended hours and any bank holidays they are open. It is essential that relief and locum pharmacists are fully briefed and able to deliver the service

¹ Currently the NHS 111 Directory of Services (DoS) will provide the 2 nearest pharmacies to the patient's location. This will increase to 4 in the near future.

6. Pharmacist consultation

- 6.1 The pharmacist will conduct a face-to-face consultation in the pharmacy consultation room and MUST use the locally commissioned IT provider template during that consultation. The locally commissioned IT provider platform MUST be used to collect any additional information from the patient that was not obtained during the telephone conversation with the patient. The pharmacist will assess the patient's condition using a structured approach to responding to symptoms and using Summary Care Record where appropriate.
- 6.2 The pharmacist will gain patient consent (tick box) to share the details of the consultation with the patient's GP. Patients who do not consent to sharing details with their GP cannot access DMIRS and will be transferred to usual care via referral back to NHS111.
- 6.3 The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation process². The red flags link will be included as a reminder within the IT platform so that pharmacists are able to click on the link and get the latest information directly from NICE Clinical Knowledge Summary whilst still with the patient during the consultation.
- 6.4 If at this stage it is identified that the patient needs to be referred to access higher acuity services, then the procedure set out in section 8 should be followed.
- 6.5 The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient. Summary Care Record (SCR) access may assist in providing this information.
- 6.6 The pharmacist will consider past medication supplied for the low acuity condition to assess appropriateness of any advice given.
- 6.7 The pharmacist will provide self-care advice on the management of the condition.
- 6.8 The pharmacist will provide a relevant information leaflet about the low acuity condition from a reputable source (an example of which would be NHS Choices or NICE Clinical Knowledge Summaries guides or from patient.co.uk) as required. See **Annex A** for the consultation process.
- 6.9 Closing statement. For every consultation the pharmacist should give a standard closing statement to the patient:

**“IF YOUR SYMPTOMS DO NOT IMPROVE OR BECOME WORSE, THEN
EITHER COME BACK TO SEE ME OR SEEK ADVICE FROM YOUR GP”**

Patients may wish to call NHS111 or 999 if the matter is urgent and the pharmacist or GP is not available.

² <https://cks.nice.org.uk/>

- 6.10 The pharmacist who carried out the consultation will complete some simple data collection questions and will request permission for participation in evaluation. (email/phone). If the patient refuses to take part in data collection, this does not stop them from receiving the service.
- 6.11 The pharmacist will record the consultation on the locally commissioned IT provider template during the consultation in the consultation room. The pharmacy must have an internet enabled IT (e.g. computer / iPad) in the consultation room to take part in this service.
- 6.12 The emphasis of the service is on the consultation and delivery of key messages regarding self-care and patient education but should minor illness medication be required for the presenting condition, then the patient should be advised to purchase an GSL or Pharmacy Only product. The pharmacist is professionally accountable for the clinical judgement and treatment decisions made.
- 6.13 The patient must not be charged for the consultation that occurs as a consequence of being referred by NHS 111.

Advice and Information

- 6.14 Every patient who accesses the service will be provided with verbal advice and printed information sheet relevant to their condition. This information will be supplied whether treatment is supplied or not.
- 6.15 Patients with limited literacy skills in English should be supplied with either an easy read version or a version of the leaflet in an alternative language (if available). If an easy read version or printed information is not available in a language suitable for the patient the usual patient leaflet should be provided (to back up the verbal information given). Every effort should be made to ensure the patient understands the advice provided or is referred onwards if necessary.
- 6.16 The verbal advice will include self-care messages, expected symptoms, the probable duration of symptoms, and when and where to go for further advice/ treatment if needed.
- 6.17 Patients should also be informed that pharmacy is an ideal first port of call for many minor illnesses.

Core Competencies

- 6.18 Able to communicate with, counsel and advise patients appropriately and effectively on low acuity conditions.
- 6.19 Able to assess the clinical needs of patients including the identification of Red Flags (ref. NICE Clinical Knowledge Summaries).

6.20 **Able to escalate patients in line with the options described in section 8 below.**

6.21 Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care appropriate to the needs of the patient.

6.22 Able to explain the provision of the service and give appropriate self-care advice

7. Records and Documentation

7.1 The pharmacy will maintain a record of the consultation and any medicine that is supplied or suggested for purchase. This will be recorded on the locally commissioned IT provider template.

7.2 Patients will receive a link to complete a patient satisfaction survey following their DMIRS consultation. The link will be sent via text message from the locally commissioned IT provider template where a mobile number is recorded. Alternatively the patient will need to be provided with a printed copy of the link by the pharmacy.

8. Escalation Process

8.1 There will be times when the pharmacist will need additional advice or will need to escalate the patient to another higher acuity care location e.g. an Out of Hours GP or Walk In Centre or A&E.

8.2 **Option a) call the NHS111 Clinical Assessment Service (out of hours - Monday to Friday 18:00-08:00 and weekends/Bank Holidays 00:00-23:59):** To escalate a patient out-of-hours, Pharmacists are able to call the Clinical Assessment Service direct to speak to a clinician if this is required. The Healthcare professional direct dial line is:

Call 111 and press 9 then *7
(This number is for healthcare professionals only and must not be shared with the general public)

This call will be answered by a Devon Doctors Ltd call handler who will take the patient details as per current processes. This case will then be sent for a 30 minute clinical callback

The details needed for ring back include Patients name, current address and Home address, DOB, GP Practice, Pharmacists telephone number and Patients telephone number.

It is important to note that prescriptions cannot be obtained via this route.

The Clinical Assessment Service will provide advice which may result in onward referral of the patient, or support to resolve the issue so that the episode of care can be completed.

- 8.3 **Option b) refer the patient for an urgent in hours' appointment (Monday to Friday 8:00-18:00):** To escalate a patient during the day, Pharmacists should support a patient to make an urgent in-hours appointment with their GP. After agreeing with the patient, the pharmacist should telephone the patients GP to secure this appointment. The pharmacist may wish to print a copy of the consultation for the patient to take with them to the consultation with their GP.
- 8.4 **Option c) refer patient to A&E or call 999:** If the patient presents after referral from NHS 111 with severe symptoms indicating the need for an immediate consultation, the pharmacist should refer the patient to attend A & E immediately or indeed call an ambulance. **The pharmacist must report any such cases to the DMIRS project manager on the same day as they occur.**
- 8.5 If it is known that a patient has attended DMIRS more than twice within any month with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their GP.
- 8.6 In all circumstances, if the patient presents with symptoms outside the scope of DMIRS the patient should be managed in line with the best clinical judgement of the pharmacist.(See **Annex D** for scope of symptom groups)
- 8.7 If the pharmacist suspects that the service is being used inappropriately by patients or careers they should alert the DMIRS Project Manager at the earliest opportunity (see front cover for contact details).
- 8.8 The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.
- 8.9 When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment e.g. antibiotics or length of time until patients can expect a GP appointment.

9. Training, premises and other requirements

- 9.1 The necessary knowledge and skills to provide the service will already be a core competency for all pharmacists, but pharmacists will want to ensure they have an up to date understanding of the Service Specification and it is recommended that they watch the DMIRS video which can be found on the LPC website and the locally commissioned IT provider platform.
- 9.2 In order to provide the service, pharmacies must have a consultation room with IT access to the locally commissioned IT provider platform **i.e. have a connection to the internet.**
- 9.3 Pharmacists must have access to the Summary Care Record (SCR) and NHS Mail within the pharmacy. Ideally this will be in the consultation room.

- 9.4 The pharmacy contractor should have a standard operating procedure (SOP) in place covering the provision of the service (or services generally). This should include key contact details that are set out in **Annex B**.
- 9.5 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.
- 9.6 The pharmacy contractor should review the SOP for the service, the content of the pharmacy's business continuity plan related to the service and the referral pathways for the service on an annual basis or following significant incidents or changes that may affect the service.
- 9.7 Prior to provision of the service, the pharmacy contractor must 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; and have signed up for service delivery.
- 9.8 Pharmacies must have a shared NHS mail mailbox² for each pharmacy premises, as a back-up to the locally commissioned IT provider platform. Pharmacists providing the service must have access to the shared NHS mail mailbox and the locally commissioned IT provider platform that NHS 111 will use to send referrals.
- 9.9 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 and relief pharmacists are made aware of the service and understand the SOP so that they are able to provide the service, including at weekends and Bank Holidays when most referrals from NHS 111 will be made.
- 9.10 The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care commissioner, such as end to end reviews of the patient journey.
- 9.11 Pharmacy owners and pharmacists should make their insurers aware of the provision of the new service.

² Even pharmacies that will be using a secure electronic messaging system to receive referrals from NHS 111, will still need to have a shared NHSmail mailbox for purposes sending secure information for the purposes of evaluation.

10. Service availability

- 10.1 The pharmacy contractor must ensure that the service is available throughout the pharmacy's core and supplementary opening hours.**
- 10.2 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 particular 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.
- 10.3 If the service has to be temporarily withdrawn by the pharmacy due to unforeseen circumstances, the pharmacy contractor will ensure the elements of their business continuity plan related to the service are activated. The pharmacy must update their DoS DMIRS profile to reflect their temporary unavailability to provide DMIRS. Log in details will be provided by the local DoS team. Instructions on how to access and amend the pharmacy DMIRS profile are included at annex F.
- 10.4 In the event of NHS 111 not getting through to the pharmacy by email or the locally commissioned IT provider platform or patients reporting that they have been unable to speak to the pharmacist on two consecutive patient referrals, NHS England may investigate this issue and action may be taken in line with existing local dispute resolution procedures.
- 10.5 In the event of problems with service provision by a particular pharmacy, the local NHS England team will assess the ongoing ability of the pharmacy to deliver the service. In the intervening period the NHS 111 DoS will be amended to remove the mapping to this service until the issue is resolved.
- 10.6 If the pharmacy contractor wishes to cease to provide this service, they must notify NHS England via the Project Manager that they are no longer going to provide the service via email. At least one month's notice must be provided prior to the cessation of service provision.

11. Governance

- 11.1 The pharmacy governance lead (nominated individual) will provide feedback to NHS 111 providers about any incidents related to patient safety, the referral process or operational issues with respect to the NHS 111 service via the DMIRS Project Manager. An incident reporting form is located within the PharmOutcomes DMIRS module.
- 11.2 The overall assurance of local contract monitoring against the Service Specification will be by way of the Project Manager presenting weekly project update reports to the local NHSE South West (South) Project group chaired by the Primary Care Commissioning Manager and the local NHSE South West (South) Pharmacy commissioning team providing contract monitoring, using NHSE South West (South) existing mechanisms of escalation; with serious cases of contract default being considered by NHSE South West (South) COG (Commissioning Oversight Group).

- 11.3 Local governance/escalation relating to overall delivery of the Service Specification will be taken through the project manager reporting back to the Head of Primary Care NHS England, South West (South – Devon Cornwall and Isles of Scilly), as well as reporting through NHSE South West (South) Local Professional Network structures.
- 11.4 **Incident Reporting System.** Within the locally commissioned IT provider DMIRS module there is an incident reporting area where pharmacists can report any issues / complaints directly to the DMIRS Project Manager. There is also an incident report form in **Annex E** of this document.
- 11.5 NHS111 call handlers will be able to report directly to their team leaders who will have a direct link back to the DMIRS Project Manager. OOH GPs will also have the ability to report incidents via their established governance structures. All issues / complaints will be collated using a standard template for action and review at management meetings.
- 11.6 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies - i.e. follow your existing incident reporting mechanisms.

12. Service promotion

- 12.1 Patient access to the service is via NHS 111. It is important that patients receive accurate information about pharmacies that provide the service and so pharmacies must ensure any changes in their information are updated on the DoS by contacting the local NHS England team as per usual processes
- 12.2 This service must not be actively promoted directly to the public by either the pharmacy contractor or the NHS to ensure that it is only used by patients for cases which otherwise would have led to a referral to a less appropriate patient pathway.

13. Evaluation

- 13.1 The service will be evaluated independently by Newcastle University. Aspects of the service to be examined will include:
- a. Referral rates to community pharmacy
 - b. Patient experience / satisfaction
 - c. Impact on OOHs appointments / referrals
 - d. Identification of a clinical pathway for referral to community pharmacy
 - e. Pharmacy staff, OOH staff and call handler experience

f. A collation of operational issues with the running of the service, which may prompt changes to its design in due course

13.2 All participating pharmacies and pharmacy staff must participate in the evaluation.

14. Payment

14.1 Remuneration will be made to the pharmacy at £14.00 per consultation to include:

- Set up (including SOP development and staff training.) and support staffing costs
- Pharmacist time to provide the service including onward referral and follow up
- Completing the locally commissioned IT provider template
- Input into iterative service improvement activity
- Reporting of issues and incidents as appropriate in line with the Service Specification
- Checking NICE Clinical Knowledge Summaries for every consultation and providing written patient information

14.2 Payments for DMIRS will be made based on the information recorded on the locally commissioned IT provider platform that will AUTOMATICALLY be transferred to the NHS England South West (South) pharmacy contract team. Pharmacies do not need to do anything to secure payment except in exceptional circumstances or for audit or post payment verification purposes.

14.3 Payment will be made to pharmacies on a monthly basis, within 2 months of the end of month in which the provision was made, by NHS England via the local payments application process.

14.4 **Pharmacists must record information onto the locally commissioned IT provider template during the consultation with the patient present.**

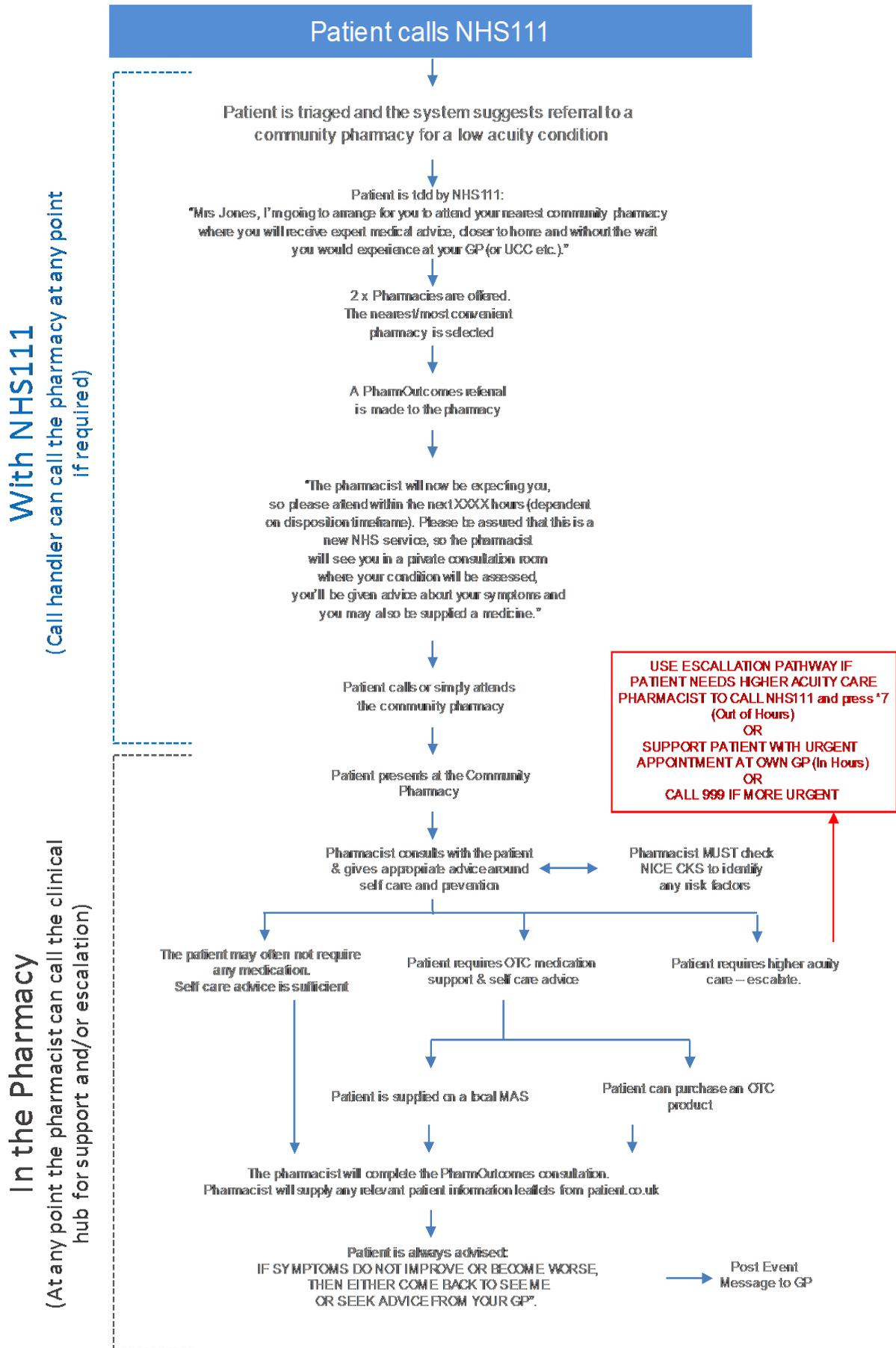
14.5 Any information supplied to NHS England must be anonymised and not contain any patient identifiable information.

15. Termination

15.1 Either party may terminate the agreement subject to providing at least one month's notice in writing.

15.2 NHS England shall be entitled (without prejudice to our rights and remedies for any breach of this agreement and without prejudice to any continuing obligations you have under this agreement) to terminate this agreement immediately if the provider seriously breaches the terms of this agreement including by any act or omission which prejudicially affects or is likely so to affect the interests of NHS England.

Annex A- DMIRS Patient Flow



Annex C – Key Contacts to be included in a Standard Operating Procedure

NHS 111 Provider

Name of Organisation –Vocare

Health Professional’s telephone number - Pharmacist Only -0191 2705269

(Note – this number must NOT be shared with the public)

Local GP Out of Hours Provider

Name of Organisation – Devon Doctors Ltd

Address of Organisation – Unit 10 Manaton Court, Manaton Close, Matford, Exeter, EX2 8PF

Public Telephone Number - 111

Non-Public Telephone Phone Number – 111- 9 - *7

(Note – this number must NOT be shared with the public)

DMIRS Project Manager Contact Details:

Michele Toy - 07568431890 (michele.toy@nhs.net)

Key NHS England contacts:

Local commissioning team (Hayley Morgan) - 0113 825 1479

Annex D – List of possible symptoms groups identified for referral to a community pharmacist

[This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls]

Acne, Spots and Pimples
Allergic Reaction
Ankle or Foot Pain or Swelling
Athlete's Foot PC assessment and management capability, minor condition
Athlete's Foot Bites or Stings, Insect or Spider
Blisters
Constipation
Diarrhoea
Ear Discharge or Ear Wax
Earache
Eye, Red or Irritable Eye,
Sticky or Watery Eyelid
Problems Failed
Contraception
Hair loss PC assessment and management capability, minor condition
Headache
Hearing Problems or Blocked Ear
Hip, Thigh or Buttock Pain or Swelling Itch
Knee or Lower Leg Pain
Lower Back Pain
Lower Limb Pain or Swelling
Mouth Ulcers
Nasal Congestion
Rectal Pain, Scabies
Shoulder Pain
Skin, Rash
Sleep Difficulties
Sore Throat
Tiredness
Toe Pain or Swelling
Toothache After Dental Injury
Toothache Without Dental Injury
Vaginal Discharge
Vaginal Itch or Soreness
Vomiting
Wound Problems - management of dressings
Wrist, Hand or Finger Pain or Swelling

Annex E – Incident Report Form

Feedback Form for Digital Minor Illness Referral Service (DMIRS)

Please find below feedback from [NAME OF PHARMACY] relating to a patient who had contact with 111 and was referred to the DMIRS service.

We look forward to your response.

IN CONFIDENCE Pharmacies

Patient's Name:		Patient's DOB:	
Patient's Address:		Patient's Telephone:	
		NHS Number (If known)	
Date & Time of call / contact with NHS 111 Service:			NHS 111 Call ID:
Is the patient aware you are giving feedback on their behalf and did they give			Yes/No

Your Name:		Date of Feedback:	
Your Job/Role (if applicable):		Email Address:	
Address:		Telephone:	
Name of pharmacy:			

Detail of Feedback/Concerns: (Please consider including any recommendations/desired outcomes)	
Pharmacy staff instructions:	<p>The completed form sent to [michele.toy@nhs.net]</p> <p>The incident must be recorded in the pharmacy incident log and reference number entered below.</p>
Incident Reference Number:	

Annex F – ‘How to’ guide to updating the DoS for emergency closures

The following instructions will give the Pharmacy the ability and authorisation to close their service on the DoS if in an emergency situation.

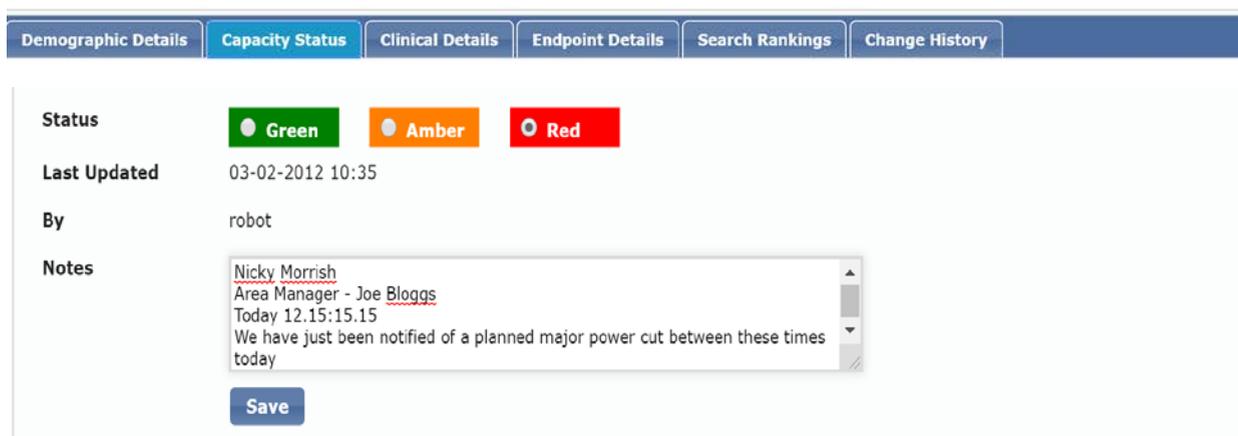
Initial steps to gain access to update the DoS

As and when each pharmacy signs up to operate the DMIRs scheme, the Pharmacy will also be agreeing to use the following instructions to manually update the DoS with the notification of an emergency closure, this ‘How to’ Guide will reflect the administration process.

- Pharmacy will need to nominate two staff members, whose responsibility will be to know what to do if an emergency closure occurs.
- The Pharmacy will be given a generic log-in **specifically for the individual pharmacy site**.
- The log-in username will reflect the pharmacy name and location; and with the use of the NHS.net email account, the DoS Team will arrange for access to the DoS.
- A validation request will appear in your NHS.net inbox, this will need verifying by one of the nominated staff members.

Now you have access, if needed, there are a few easy steps to follow:

- 1) Go to www.pathwaysdos.nhs.uk
[For easy and quick access keep this link in your internet favourites list](#)
- 2) Each Pharmacy will be given their own username and password by the DoS Team
username TBA by DoS Team
password TBA by DoS Team
- 3) Click on your pharmacy name to see the Capacity Tab appear



The screenshot shows a web interface with a navigation bar containing tabs: Demographic Details, Capacity Status (selected), Clinical Details, Endpoint Details, Search Rankings, and Change History. Below the tabs, there is a 'Status' section with three radio buttons: Green (selected), Amber, and Red. The 'Last Updated' field shows '03-02-2012 10:35' and the 'By' field shows 'robot'. The 'Notes' field contains the following text: 'Nicky Morrish', 'Area Manager - Joe Bloggs', 'Today 12.15:15.15', and 'We have just been notified of a planned major power cut between these times today'. A 'Save' button is located below the notes field.

- 4) Click on the Red Button (do not use AMBER)
- 5) Write in the notes field (in the same order as described)
 - I. Your name
 - II. Name of the service provider manager who is authorising this closure
 - III. Identify anticipated closure - start time to finish time (this is for audit proposes only and will not generate the actual closure time in the DoS)

IV. Please give full explanation for the emergency closure.

6) SAVE

Additional information and guidance

- The Pharmacy must understand that by turning the DoS to RED, means that their service will not show as an option for the patient during that time.
 - The DoS supplies data to 111, 111 on-line and NHS Choices (NHS.uk) as well as NHS Digital accredited 3rd Party Apps.
- The functionality will close the service for a set amount of time **(4 hours)**
- The system will revert automatically back to GREEN after this timescale.
 - Green means the service is live on the DoS and visible as an option.
- If the closure is longer than 4 hours
 - The service will have to redo the process above again, just before the end of the 4 hours timescale.
- If the closure is shorter than 4 hours
 - The service will have to re-enter the DoS to revert the service back to green, this can be done at any time during the 4 hours.
- The pharmacy must understand that a Devon wide Pharmacy Closure Report will be generated on a monthly basis, giving detail of all closures and this report will go to NHS England Local Primary Care Area Team for action, if required.

Make sure that you enter the right username and password, this is individual to each Pharmacy site. After 3 attempts you will lock the account and will have to wait 20 minutes before putting in your details again.