

CPCS referrals: Urgent medicines supply trouble-shooter

The **pharmacist** interviews the person requesting the POM and makes the decision.

NHS 111 do not make the decision whether any, all or none of the patient's medicines are needed immediately. It is OK to refuse a supply.

Patients will be directed to nearest open pharmacy.

Make sure you are familiar with **maximum** quantities that can be supplied, and always consider issuing **smaller quantities** where appropriate

<i>Prescription only medicine</i>	Maximum quantity
A prescription only medicine that is a preparation of insulin, an aerosol for the relief of asthma, an ointment or cream, and has been made up for sale in a package elsewhere than at the place of sale or supply.	The smallest pack that the pharmacist has available for sale or supply.
An oral contraceptive.	A quantity sufficient for a full treatment cycle.
An antibiotic for oral administration in liquid form.	The smallest quantity that will provide a full course of treatment.
A controlled drug within the meaning of Schedule 4 or 5 of the Misuse of Drugs Regulations 2001 or Schedule 4 or 5 of the Misuse of Drugs Regulations (Northern Ireland) 2002.	Five days' treatment maximum
Any other prescription only medicine.	30 days' treatment.

- Consider whether a prescription may have been stopped or changed **intentionally** as part of local guidance, eg baby milks, bath products, over-the-counter medicines in line with NHSE policy.
- The most frequently requested/supplied item is **salbutamol inhalers**. Check preventer use/issue on PMR and/or SCR, **check inhaler technique**, patient understanding of inhalers and notify GP accordingly.

CPCS referrals Minor Illness troubleshooter

The **patient** is supposed to contact the **pharmacy**, but if they haven't you must attempt to contact them after 12 hours.

Remember to check **NHS mailbox** regularly for referrals : consider adding more personal nhs mail accounts to this if you use regular locums, part time staff or extended hours.

Referrals are not made for **antibiotics**, referrals are made for conditions! However:

- Patients often contact NHS111 **thinking** they want **antibiotics** and get referred for a consultation, which they **assume** is for **antibiotics**.
- They tell you they have been **referred for antibiotics** because that is what they think they need.
- Try opening the consultation with “**why do you think you need antibiotics?**”
- Sometimes they will need an onward referral for antibiotics, but very often they won't.

Biggest complaint is referrals back to GP, although this accounts for <15% of outcomes.

- Does the patient actively need referring to the GP, or is this to cover your safety netting? Remember each consultation should conclude with

“If your symptoms do not improve or become worse, then either come back to see me or seek advice from your GP. You can call NHS111 or 999 if the matter is urgent and a pharmacist or GP is not available”

So a referral may not be necessary.

- Are you referring a patient because they are dissatisfied with the outcome of the consultation, even though it might be clinically appropriate?
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- For example “they want **antibiotics**” (they always do), they “don't want to **pay** for a medicine” (they never do).

Remember the focus of the service is **consultation** and **provision of key messages** regarding **self-care** and **patient education**. If you have provided this then you have completed the consultation

And a referral may not be necessary.