

Digital Minor Illness Referral Service (DMIRS)

Frequently Asked Questions

Background

Q1. What type of service is DMIRS?

A: DMIRS is a service that enables patients who phone NHS 111 with a range of minor conditions to be referred by an electronic message to a community pharmacy rather than being referred to be seen by a GP. It is commissioned by a number of NHS England areas as a local enhanced service. It started as a pilot in the North East of England in December 2017 and has been extended to 3 further areas (Devon, parts of the East Midlands and London) from November 2018. The pilot in all areas will run until the end of March 2019. In each area the service has been developed with a number of key stakeholders, including the NHS 111 provider(s), the Directory of Service (DoS) leads, the Local Pharmaceutical Committees (LPCs), the pharmacy Local Professional Networks (LPNs) and the urgent and emergency care networks. The service is available to all pharmacies in the area that meet the eligibility criteria to sign up to participate.

Q2. What is the rationale for not having extended training for Community Pharmacist for the DMIRS service?

A: DMIRS will refer patients with an agreed list of minor conditions, and these conditions are no different from the sort that pharmacists see every day and are able to manage appropriately. The evaluation of the North East of England pilot showed that the top 10 referred symptoms were: Cough, Acute pain, High temperature, Allergic rash, Colds, Sore throat, 'Flu', Headache/migraine, Diarrhoea and Sprains or strains. Pharmacists are already well trained to manage these symptoms safely.

Q3. How can I update my DOS Profile opening hours?

A: The [Directory of Services \(DoS\) Profile Updater](#) is now available at:

https://dos-profile.service.nhs.uk/?utm_source=PSNC+Newsletter&utm_campaign=7af859f791-EMAIL_CAMPAIGN_2018_11_05_09_43&utm_medium=email&utm_term=0_b5ca69e1d1-7af859f791-48569029#/index

Community pharmacy contractors will need to use this version of Profile Updater to meet the DoS quality criterion of the second Quality Payments Scheme 2018/19. They are required to edit or confirm the information about their pharmacy is correct on the DoS Profile Updater between 10am on 5th November 2018 and 11:59pm on

15th February 2019. Contractors with pharmacies registered to provide DMIRS are encouraged to do this as soon as possible, and are reminded to ensure that information for Christmas and New Year 2018/19 is correct.

Q4. What will happen to the service after the pilot?

A: Nationally the evaluation of the service will inform future commissioning intentions, and the national team cannot currently give any indication of what may happen after March 2019.

A key part of the evaluation is patient feedback, so encouraging completion of the patient questionnaire after a patient has received a DMIRS Consultation is important.

Registration to provide the service

Q5. Once I have my shared NHSmail account, how do I register to provide DMIRS?

A: Once you have your new pharmacy shared NHSmail account, you can proceed to registering to provide DMIRS on the [NHS BSA website](#) at:

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

The process is similar to registering for the National Urgent Medicine Supply Advanced Service (NUMSAS). You must register using your pharmacy's premises specific shared NHSmail account (including the NHSParmacy prefix at the beginning of your email address). The system will not allow you to register with a personal NHSmail address or any other email address. However, you need to take care to avoid making errors when typing the appropriate email address, as only the basic format is checked via the website.

Registration via the BSA website in itself does not mean that your pharmacy is automatically set up to provide DMIRS, as testing needs to occur via the local Directory of Service (DoS) team before sign up is complete. The local NHS England team will inform you of local arrangements.

Service provision

Q6. How does DMIRS work as there is no product provision?

A: DMIRS is a referral service for a consultation with a community pharmacist, leading to the provision of self-care advice regarding the symptoms the patient presents. If treatment is appropriate, a product can be sold over the counter.

In addition in areas where a local Minor Ailments service is commissioned and referral into it from DMNIRS has been approved, contractors may decide to provide both the local Minor Ailments Service and DMIRS as a referral from NHS 111. There will be a requirement to complete the national DMIRS consultation form as well as any local product provision/minor ailments scheme, failure to complete both templates will result in no payment for the absent data.

Q7. Will re-asking NICE clinical care summary questions be a barrier if NHS 111 have already gone through the questions with the patient?

A: All NHS 111 call handlers have a process of questions to ask. The information provided to the pharmacy in the referral will be limited. It is the pharmacist's clinical decision on what advice to give the patient and as such need to be fully conversant with the NICE clinical knowledge summaries in order to ensure the practice is safe and evidence based. There may also be cases where the patient presents with a different condition from the symptoms recorded as part of the NHS 111, where the assessment focus is on the main symptom presenting at that particular time.

Q8. Is a computer necessary in the consultation room?

A: Yes, the service specification states that the pharmacy must have an internet enabled IT device (e.g. computer or tablet) in the consultation room to take part in this service.

Q9. Can any patient even those registered with a GP outside of the specified pilot areas access DMIRS?

A: Yes, if the patient is referred to DMIRS following contact with NHS 111, they are eligible to receive the service even if their registered GP is out of that area.

Q10. What is the process when due to unforeseen circumstances the DMIRS service must be withdrawn temporarily by the Pharmacy?

A: 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 inform the local Directory of Services (DoS) Team of the temporary withdrawal directly in order to temporarily stop referrals: 0300 0200 363 (24-hour DoS enquiry line).

Q11. If for whatever reason I am not able to provide the service at the time of receiving a referral, can I send the referral on to another pharmacy that provides DMIRS?

A: A DMIRS referral is not transferrable between pharmacies. If you are unable to provide the DMIRS service, you are responsible for contacting the patient's GP practice to arrange for an emergency appointment or phoning the NHS 111 professional line (e.g. *7 or *8, depending on the region) to refer the patient to an appropriate service.

Q12. How will NHS England know the service is working?

A: The service will be evaluated and the NHS England team will be monitoring all the information that comes from the IT platforms and from the NHS 111 Provider.

A patient survey will also be done after the patient leaves the pharmacy to capture patient experiences. All of this information will be fed into an evaluation.

The Referral Process

Q13. How does the NHS 111 call handler select a pharmacy to send the referral to, or do they send the patient to their local pharmacy?

A: This will work in the same way as NUMSAS i.e. following an NHS Pathways assessment and based on the patient's postcode to identify the 2 pharmacies which are closest to them, which provide DMIRS. The call handler offers both pharmacies to the patient and the patient is able to choose.

Q14. What happens if the patient contacts NHS 111 but there are no local (or convenient) pharmacies offering DMIRS to refer the patient to?

A: The patient would be referred to another service as they would have been before DMIRS was available. Patients offered the opportunity to be referred to a pharmacy that offers DMIRS are not obliged to use this service and may still choose to use another service.

Q15. Can patients be referred from any care setting?

A: No, at this time only patients who have called NHS 111 and have been referred will be eligible to receive advice and treatment under this service.

Q16. How long will it take a patient to present after being referred to the pharmacy by NHS 111?

A: Community pharmacy referrals are being made where the outcome is a referral to primary care within 12 hours or longer – the majority are within 24 hours. It is then up to the patient as to when they present to the pharmacy, including the following day. Patients will not be asked to telephone the pharmacy before attending as they do for NUMSAS, although some may phone ahead of visiting. Please monitor your IT platform and premises shared NHSmail address at the end of each day, and if you have received referrals for patients who have not attended or contacted the pharmacy by phone, please telephone them. The NHS 111 call handler script will tell patients that they have been referred to a particular pharmacy and the pharmacist is expecting them. This is different to a general recommendation (i.e. signposting by NHS 111) to visit a pharmacy.

It should be noted that some referrals (e.g. those under disposition Dx16 and Dx75) are for the patient to be seen within 3 days, and it is possible that these patients may not present until 2-3 days after the referral.

Q17. What happened if a referral is made but the patient has not attended or contacted the pharmacy within 12 hours?

A: The pharmacy should make reasonable effort i.e. 3 call attempts at least 10 minutes apart to contact the patient using the details in the referral. The pharmacist should check the disposition code to confirm the period that the patient has been advised to see a healthcare professional. If no contact is made after that period has elapsed the pharmacist must close the referral with no intervention made.

Q18. What happens if I receive a referral in the final few minutes before I close, particularly prior to my weekend closure or bank holiday closure?

A: Call handlers have been trained to make referrals in line with the Directory of Services (DoS) but will take into account the opening hours of the closest pharmacies. All referrals are for low acuity conditions most of which would have previously been sent to a GP within 24 hours or longer. It may be appropriate for the patient to wait until the pharmacy reopens or if there is no local pharmacy, the call handler can revert to another service.

Q19. How will we know we have a referral from NHS 111?

A: A referral is sent at the time of the patient's call to NHS 111, and will appear within the IT platform at the pharmacy. In the event of the messaging system used by the IT platform failing then the referral will be sent to the premises specific shared NHSmail address used to register with. For this reason, it is important that the email account is monitored.

Q20. Does the patient need to make an appointment?

A: No, patients will be advised to attend the pharmacy for a consultation within a broad timeframe and this could be the following day when the pharmacy opens. They do not need to phone the pharmacy first or make an appointment.

Q21. What happens if a patient attends and no referral is on the system?

A: If an email/electronic message referral has not been received, the pharmacist should phone the local NHS 111 provider 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 by a shift manager. The pharmacist should document this as an issue and send feedback.

If a referral has not been made by NHS 111, the patient should manage the patient as they would a routine walk-in patient, outside the scope of DMIRS, and provide advice, treatment or referral to another service as appropriate.

Q22. If the patient turns up at the wrong pharmacy can you draw the referral down to that pharmacy?

A: No, referrals are pharmacy specific so there is no ability to draw down or transfer referrals.

The consultation

Q23. What do I do if the patient, during the Consultation, is identified as having any 'red flag symptoms'?

A: The pharmacist should follow the DMIRS escalation pathway to ensure the patient is able to access an appointment at an appropriate service.

Q24. How do I record the GP practice if the patient is not registered?

A: You can enter 'Not registered' in the box used to record GP practice. The patient must still consent to sharing of data, although this will not be to a specific GP practice.

Q25. How long does an average consultation take to complete?

A: The evaluation of the service in the North East of England showed that where there was no need to escalate the patient to another service the average time to complete the consultation was 10 minutes. It recognised that where the patient did need to be referred then this took longer – on average it took 20 to 30 minutes. As a result of this the access route to NHS 111 for GP advice (when the patient's own GP is not available) has been made more streamlined and 'back door' numbers for local GP practices will be provided where available.

Q26. If the IT platform is down can you do a paper based consultation and at a later stage upload on to the IT platform?

A: No, a key element of the service is that it is Digital. A full DMIRS consultation requires the ability not just to receive the referral electronically, but to also have access to a range of electronic based resources such as the NICE Clinical Knowledge Summaries, the Summary Care Record, etc. If the pharmacy's IT platform is down and a patient presents saying they have received a referral then the pharmacist should manage the patient as they would if the patient had not been referred. When the system is up the pharmacist should complete the referral as no intervention possible and click on the 'Technical Issues' option. The pharmacist is also encouraged to complete an Incident Form on the IT platform and this will be forwarded onto the appropriate NHS England Region team.

Q27. Does the patient need to attend the pharmacy in person for a DMIRS referral?

A: Yes, the patient needs to be able to attend the selected pharmacy in person for a DMIRS consultation.

Q28. Do children under the age of 16 need to attend the pharmacy in person for a DMIRS referral?

A: Yes, patients regardless of age need to be able to attend the selected pharmacy in person for a DMIRS consultation. For children under 16, the patient or guardian must also be in attendance.

Q29. Do I have to follow local OOH prescribing guidelines for DMIRS?

A: DMIRS is a consultation only service. Should a patient require a product then this would be either via an over-the-counter sale or referral to a local product provision / minor ailments scheme or a referral onto a prescriber for a prescription if you believe a POM may be required.

It is important to note that any additional service provided which is outside the scope of the DMIRS specification must follow the relevant local guidance/specification linked to the service provided.

Remuneration

Q30. How will claims be made to the BSA for payment?

A: This will be done by automatically by the IT platform at the pharmacy sending reports to the local NHS England teams who will then authorise the NHSBSA to make payments through the Local Payment system.

Q31. How much will a pharmacy be paid for the service?

A: Remuneration will be made to the pharmacy at £14.00 per consultation, for participating in the pilot and delivery of the service.

Q32. If a patient does not come into the pharmacy but there is a phone consultation, does that allow a claim for payment?

A: No, payment is only for the completion of a DMIRS consultation, which includes the pharmacist seeing the patient in person and not for consultations on the phone. The vast majority of referrals are where the algorithm used by the call handler has come to the disposition where the patient is likely to benefit from being physically seen by a healthcare professional.

Escalation Process

Q33. What is the escalation process?

A: 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. an OOHs GP or Urgent Treatment Centre or A&E).

Option A)

Refer the patient for an urgent in-hours appointment (Monday to Friday 8:00-18:30): To escalate a patient during the day, Pharmacists should support a patient to make an urgent in-hours appointment with their GP. After agreeing this with the patient, the pharmacist should telephone the patient's 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.

Option B)

Call the NHS 111 service when the patient's own GP is not available: To escalate a patient when their own GP is not available, Pharmacists are able to call the NHS 111 service using *7 or *8 (depending on the region) for fast access to a clinician if this is required.

The clinical 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.

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 local DMIRS commissioning team on the same day as they occur.**

Q34. Can the service tie in with independent prescriber pharmacists to prescribe an appropriate medication once the patient has been assessed at the pharmacy?

A: If the outcome of the DMIRS consultation is that the pharmacist believes that the patient needs to be escalated to a prescriber for a POM, then that could be to an independent pharmacist prescriber if it is part of an NHS commissioned service and the commissioner of the service agrees. DMIRS should not be referring a patient on to a non-NHS prescribing service.

Q35. Can we send a referral to the patients GP/other professional regarding the consultation if there are red flags?

A: Yes. The best route of referral is to telephone the professional organisation whilst the patient is with you to ensure they are referred within an appropriate period of time. The notification which is sent to the GP at the end of the DMIRS consultation should not be the route of referral for urgent symptoms. The escalation process within the service specification should be followed.

Miscellaneous

Q36. Is there a requirement for extra indemnity to provide the DMIRS service?

A: NHS England's understanding is that the main provider of indemnity for community pharmacy contractors – the NPA – has confirmed that there is no need for additional indemnity. All contractors should however check with their own insurers.

Q37. Will the Consultation through DMIRS, show on a patient's Summary Care Record (SCR)?

A: The pharmacist is required to ensure that a notification ('Post Event Message') is made as part of the service and is sent to the patient's GP practice on the same day the Consultation takes place or as soon as possible after the pharmacy opens on the following working day, so they are aware a Consultation has taken place. The GP will review the information and then decide what is added to the practice held patient record. The DMIRS consultation is unlikely to be included in SCR data as the data fields only cover prescription data and allergies.

Q38. How do pharmacies who are offering DMIRS provide feedback on the services?

A: There is a section towards the end of the consultation on the IT platform that can be used to give feedback to the NHS England team. During the evaluation, pharmacy contractors and NHS teams will also have the opportunity to give feedback on DMIRS.

Q39. Where can I find the link to the North East of England video that explains the service to pharmacists?

A: The link to North East England [YouTube video](#) is:

<https://www.youtube.com/watch?v=qSu4qEwIUZA&feature=youtu.be>

Please note that the video makes frequent reference to the term CPRS or Community Pharmacy Referral Service, which is what the service was called when launched in the North East. The name has since changed to the Digital Minor Illness Referral Service (DMIRS) to reflect that there are referral services to community pharmacy already in existence, and also to better reflect this service. It also makes reference to some North East of England specific elements, such as the NHS 111 provider in that area being the North East Ambulance Service (NEAS). However overall it is an excellent overview for community pharmacists and their staff of the service.