

# NHS ICB in Leeds

## Community Pharmacy ENT Assessment Service

### 1. Service Description

The Community Pharmacy ENT Assessment Service aims to provide eligible patients with access to self-care advice for the treatment of minor ear, nose and throat (ENT) conditions. Patients will be examined by a suitably trained community pharmacist, (additional training is required to provide this service - refer to pharmacist training requirements), who will undertake a clinical history and perform a physical examination on the patient using appropriate equipment provided for the service, e.g. use of an otoscope to see inside the ear.

Patients can be referred into the ENT Assessment Service through the Community Pharmacist Consultation Service (CPCS) or can attend a participating pharmacy to request the service.

Patients will be provided with self-care advice to manage the condition, (including what to do if symptoms persist or get worse), and/or recommended to purchase an OTC treatment.

Where the condition is assessed as requiring antibiotics, the pharmacist will escalate the patient accordingly<sup>1</sup>

Patients will receive a follow-up call from the pharmacist 3-5 days after the initial consultation to check how the patient is getting on and answer any questions the patient may have.

***The service is initially only open to pharmacies located in specific areas of Leeds (as determined by NHS ICB in Leeds). Therefore, for this first phase of the service, only those pharmacies invited to apply are eligible to provide the service.***

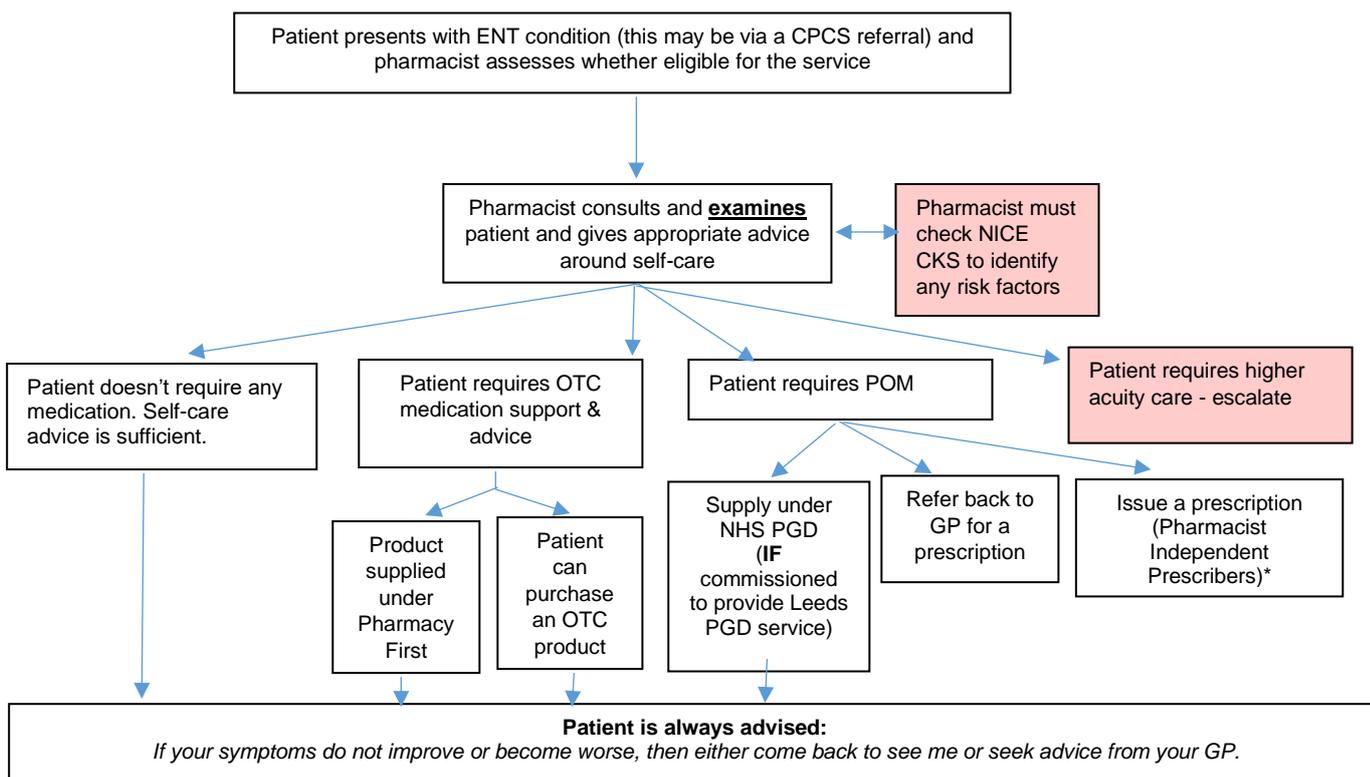
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<sup>1</sup> A PGD service is planned in Leeds, which **if** commissioned will provide an alternative mechanism for the supply of POM medicines and thus increase the scope of treatments that can be provided by community pharmacists providing this service.

## Aims of the Scheme

The overall aim of the service is to ensure that patients can access an ENT examination in community pharmacy to guide self-care advice for the treatment of ENT conditions which may include the purchase or supply of an OTC treatment.

Where the condition is assessed as requiring antibiotics or other POM treatment, these will be supplied either under an NHS PGD<sup>2</sup>, (where these are available and the pharmacy is commissioned by the NHS ICB in Leeds to provide the PGD service), by issuing a prescription (where the pharmacist is an Independent Prescriber and this route has been enabled by the ICB in Leeds), or by referral back to the patient's GP practice:



This provides an alternative location from which patients can seek advice and treatment, rather than seeking treatment via a prescription from their GP or out of hours (OOH) provider, walk in centre or accident and emergency.

Through the service we aim to:

- Educate patients to seek advice and treatment from the most appropriate healthcare setting.
- Improve patient's access to advice and appropriate treatment for these ailments via Community Pharmacy.
- Reduce GP workload for these ailments allowing greater focus on more complex and urgent medical conditions.
- Educate patients with the aim of reducing requests for inappropriate supplies of antibiotics.

<sup>2</sup> Only PGDs that have been developed and authorised for use by the commissioning organisation can be used.

\* A prescription can only be issued under this service if the pharmacist is an Independent Prescriber AND has both a prescribing code and agreement to prescribe for this service for the commissioning organisation.

- Promote the role of the pharmacist and self-care.
- Support a more integrated approach to care between community pharmacies, general practice and urgent care services.

The Community Pharmacy ENT Assessment service is not intended to replace the NHS England commissioned Community Pharmacist Consultation Service (CPCS), but it is expected to enhance CPCS by providing an alternative or additional option where clinically appropriate.

## 2. Patient Eligibility

2.1 The service can be provided to patients either referred through CPCS or presenting at the pharmacy with a relevant ENT condition – see 2.5 for inclusion/exclusion criteria.

2.2 The patient must be in attendance for a consultation under this service; for children under 16 years, a parent or guardian must also be in attendance.

2.3 Children under 1 year are not eligible for this service.

2.4 The patient (or relevant parent or guardian) must give consent for details of the consultation to be shared with their GP (note; the service may still be provided for a patient who is not registered with a GP. It should be recommended to the patient that they register with a GP as soon as possible. When entering the patient's details on PharmOutcomes, use the "unknown" option for their GP).

2.5 The following inclusion criteria must apply for patients to be eligible for the service:

### **Patients Presenting to the Pharmacy (Walk-Ins)**

Patients must meet any of the following criteria:

- Earache **for longer than 3 days** and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Discharge from the ear and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Blocked ear and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Hearing loss, (where patient reports hearing loss is gradually getting worse OR has had treatment for an ear infection or wax and hearing has not returned), and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Nasal blockage, (where patient has had symptoms for longer than 3 days OR reports symptoms to be affecting their quality of life), and the pharmacist assesses that an ENT examination is required to aid diagnosis.

- Sore throat **AND** one or more of the following:

- Where symptoms have not improved after a week (most patients should be advised self-management for up to 7 days).
- Patient gets frequent sore throats.
- Patient is worried about their sore throat.
- Patient has a very high temperature, or they feel hot and shivery

**Note – patients with a weakened immune system, e.g. because of diabetes or chemotherapy, should be escalated to the GP for an urgent appointment. The pharmacist is expected to secure the appointment as per the process described under section 5.**

- Any ENT type condition where the pharmacist makes an assessment that an ENT examination is required to aid diagnosis and treatment.

### **For Patients Referred via CPCS**

- Any ENT type condition where the pharmacist assesses that an ENT examination is required to aid diagnosis and treatment.

## **3. Requirements for Service Provision - Premises, Training and Other Requirements**

3.1 The service can only be provided from community pharmacies that have been commissioned to deliver the Community Pharmacy ENT Assessment Service.

3.2 To provide the service, pharmacy contractors must also be providing the CPCS.

3.3 To provide the service, pharmacy contractors must be able to provide face-to-face walk-in essential services.

3.4 Pharmacy Contractors commissioned to provide this service should ensure that all pharmacists employed to work within the pharmacy, have the appropriate training to provide the service during all hours that the pharmacy is open. This includes all locums.

### **Pharmacist Training Requirements**

3.5 Pharmacists can only provide this service once they have completed all the mandatory training requirements.

3.6 The service can only be provided by a pharmacist who has undertaken the CPPE ENT Advanced Clinical Assessment Skills workshop. This is a half day, (3.5 hours), face-to-face workshop that includes a medic, clinical demonstrator, and simulated patients. This is a bespoke workshop and will only be available on fixed dates (there is no equivalent training available via the CPPE website).<sup>3</sup>

3.7 In addition to the CPPE training (see above), the pharmacist must attend, (or watch), the local online training event for this service which will provide a practical overview of the service e.g. how the service works, managing patient expectation, referrals back,

<sup>3</sup> The contractor can claim backfill allowance for each pharmacist attending this training. See 8.2

Antimicrobial Stewardship. This event will be recorded and available online via the Community Pharmacy West Yorkshire website - <http://www.cpyw.org/>

- 3.8 Pharmacists who deliver this service must demonstrate they are competent to provide a minor ailment service by completion of the CPPE Declaration of Competence (DoC) for Minor Ailments. This should include evidence that the pharmacist has undertaken the CPPE e-learning on Sepsis <https://www.cppe.ac.uk/gateway/sepsis>.
- 3.9 The pharmacist must have satisfactorily completed the Health Education England Antimicrobial Stewardship for Community Pharmacy e-learning and e-assessment at <https://www.e-lfh.org.uk/programmes/antimicrobial-resistance-and-infections/>
- 3.10 Pharmacists are expected to reflect on their knowledge, skills and competences before making the declarations, and to address any learning and development before starting to deliver the service. It is expected that pharmacists providing the service are familiar with and have worked through the NICE Clinical Knowledge Summaries (CKS) on ENT conditions.
- 3.11 Pharmacists providing the service must read and ensure that they fully understand the service specification for the service.
- 3.12 The responsible pharmacist on each given day has overall responsibility for ensuring the service is delivered in accordance with this service specification.

### **Duty of Pharmacy Contractors**

- 3.13 Contractors are responsible for ensuring that only appropriately trained pharmacists, as specified above provide this service.
- 3.14 Contractors must hold evidence of competency to provide the service for each pharmacist providing the Community Pharmacy ENT Assessment service. These should be made available to the commissioner on request.
- 3.15 The pharmacy will have a Standard Operating Procedure (SOP) that specifically details the operational delivery of this service in accordance with this specification.
- 3.16 The pharmacy contractor must ensure that all staff working in the pharmacy have relevant knowledge, are appropriately trained and operate within SOPs; this includes understanding when to recommend the service to patients.
- 3.17 The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit – see section 6, Records and Documentation.

### **Active Referral When the Service is Not Available**

- 3.18 If the service must be temporarily withdrawn by the pharmacy contractor for whatever reason (e.g. staff sickness), the pharmacy has a duty to actively refer patients to another provider of the service, convenient to the patient, who are able to provide the service to the patient. This should be another pharmacy wherever possible.
- 3.19 The pharmacy who is unable to provide the service must ensure that the pharmacy to which the patient is referred to is able to provide the service. This should include phoning

the pharmacy to check the opening times and that there is a pharmacist available who can provide the ENT assessment service.

3.20 These checks must be made before the patient leaves the referring pharmacy. Patients should not just be told to try another pharmacy.

3.21 Only when an alternative pharmacy cannot be found the patient should be referred to their GP practice.

## **Consent**

3.22 The pharmacist will gain consent for details of the consultation to be shared with the patient's GP.

3.23 Patient consent should be captured electronically on PharmOutcomes at the time of the consultation. A paper patient consent form is also available which may be used in exceptional circumstances.

3.24 The consent process also clarifies that the patient is consenting not only to the service but also that the pharmacist will contact them in 3-5 days for a short follow-up conversation. The patient's preferred contact details should be recorded on PharmOutcomes (or the paper patient consent form).

3.25 Children under the age of 16 must be accompanied by a parent or guardian for this service. The parent/guardian can consent on behalf of the child to receive the service.

## **4. Consultation & Follow-Up**

### **The Consultation**

4.1 Patients can be referred into the service through CPCS or can attend directly to request the service.

4.2 The consultation can only be carried out by an appropriately trained pharmacist – see pharmacist training requirements under section 3.

4.3 The consultation must be undertaken face to face in a consultation room which meets the requirements for a consultation room included in the service specifications of most NHS Advanced services.

4.4 The pharmacist must carry out a professional consultation which will cover:

- Patient assessment and physical examination using a structured approach to respond to symptoms.
- Review of the patient's Summary Care Record if appropriate to check medication and possible interactions (unless consent is refused).
- The pharmacist will ensure that any relevant 'Red Flags' are recognised and responded to as part of the consultation service ('Red flags are detailed at <http://cks.nice.org.uk/>)

- If it is identified that the patient needs to be referred to higher acuity services, the procedure as set out in 5.7, (urgent referrals to GP or other healthcare professionals), must be followed.
- Provision of advice. As part of this advice, the pharmacist must explain that many conditions resolve without antibiotic treatment, this will help reinforce the message on the need to reduce antibiotic usage. (Refer to 4.7 - antimicrobial stewardship).
- If appropriate, the patient may be supplied with an OTC product. Either a supply can be made under Pharmacy First or other Minor Ailment Service, where the **patient is eligible** for that service, or the sale of an OTC product can be made.
- As well as the provision of verbal advice, patients should, if required, be provided with printed information relevant to their condition. These should support the message that antibiotics are not always needed and should include self-care advice, expected symptoms, the probable duration of symptoms, and when and where to go for further advice or treatment if needed. The TARGET [Treating Your Infection - Respiratory Tract Infection](#) and [Managing Your Common Infection \(Self-Care\)](#) leaflets are recommended as they provide self-care advice, information on symptom duration and safety-netting advice. Printed or online information can also be sourced from [www.nhs.uk](http://www.nhs.uk).
- Access to antibiotic medication if clinically appropriate. Where the condition is assessed as requiring antibiotics, (or other POM treatment), these may be supplied by one of 3 routes:
  1. Under a PGD (where a PGD service is available).
  2. Referral back to the patient's GP practice (pharmacists should not give patients an expectation of a specific treatment).<sup>4</sup>
  3. Issuing a prescription (if the pharmacist is an Independent Prescriber AND has both a prescribing code and agreement to prescribe for this service for the relevant ICB).
- At the end of every consultation, the pharmacist should give a 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. You can call NHS 111 or 999 if the matter is urgent and a pharmacist or GP is not available."*

4.5 The service aims to manage ENT type conditions that often lead to GP practice attendance, but which could be dealt with at a community pharmacy. The focus of the consultation is the examination and to appropriately provide reassurance that an antibiotic may not be needed.

4.6 Pharmacists should highlight patients repeatedly accessing the service to their GP for review.

## 4.7 Antimicrobial Stewardship

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<sup>4</sup> Where the patient is not registered with a GP Practice the patient should register with a practice as a temporary patient for immediate and necessary treatment in order to obtain a prescription.

It is important that pharmacists delivering this service are aware of the principles of antimicrobial stewardship. When providing this service pharmacists should:

- Counsel patients about when minor conditions do not require an antibiotic and will resolve without treatment. Patients should be provided with a leaflet to support such discussions such as the TARGET [Treating Your Infection - Respiratory Tract Infection](#) and [Managing Your Common Infection \(Self-Care\)](#) leaflets which provide self-care advice, information on symptom duration and safety-netting advice about when to reconsult.
- Be able to discuss the issue of antimicrobial resistance and raise awareness that using antibiotics when they are not needed can increase the risk of antibiotics not working in the future for both the individual and population at large.
- Discuss supportive measures that will relieve symptoms without antibiotics (e.g. painkillers) and make over the counter sales of these as required
- Counsel patients to take any antibiotics supplied according to the directions
- Counsel patients to complete the course of antibiotics supplied
- Inform patients that if a course of antibiotics is not completed (e.g. because of a side effect or because cultures suggest a change to a different medicine) then the remainder should be returned to the pharmacy for safe disposal
- Advise patients that they should never use antibiotics prescribed for anyone else.
- Follow local treatment/antimicrobial guidelines. The following [NICE antimicrobial guidelines](#) have been adopted for use across Leeds: [Otitis media \(acute\): antimicrobial prescribing for children under 18 years](#), [Sore throat \(acute\): antimicrobial prescribing](#), [Sinusitis \(acute\): antimicrobial prescribing](#). Leeds has also produced guidance for the treatment of Acute Otitis Media in Adults

## Follow-Up

- 4.8 The patient/carer must be made aware that in order to access the service they must agree to having a follow up conversation with a pharmacist 3- 5 days after the initial consultation.
- 4.9 The follow up will consist of a small number of questions and will usually take place remotely (e.g. telephone/video call), although if the patient prefers it could be face to face in the pharmacy.
- 4.10 The follow up should be recorded onto PharmOutcomes as soon as possible after the conversation has taken place and in all cases before the end of the next working day.
- 4.11 It is completion of the 3- 5 day follow up which generates the service claim for that patient. It is understood that some patients may not be contactable, but because the pharmacist should have explained to the patient that this is a requirement of the service and also confirmed the appropriate contact number and best time to call, this should be the exception rather than the rule.
- 4.12 The pharmacy should attempt to try to contact the patient on 2 separate occasions. If after 2 attempts they have been unable to contact the patient, they are able to record this as "Lost to follow up" within the PharmOutcomes follow-up module and this will then generate payment of the consultation fee.

## 5. Escalation Process

### Referrals Back to the GP Practice – Non-Urgent

- 5.1 If the pharmacist deems that the signs and symptoms of the patient's presenting illness suggest that an antibiotic or other POM may be required, and they are not able to supply the medication themselves, the pharmacist must make a referral to the patient's GP.
- 5.2 When referring patients, pharmacists should not give patients the expectation of any specific treatment.
- 5.3 The pharmacist must complete the 'Referral from Community Pharmacy' form, (appendix 2), with the patient's details, summary of their findings from the examination, recommendation, (whether signs and symptoms suggest bacterial infection or warrants further investigation), and an assessment of urgency. This should ideally be sent electronically, either by NHSmail or using PharmOutcomes. (If necessary, the pharmacist should contact the GP practice for details of their NHSmail address). The pharmacist may also wish to print a copy of the referral form for the patient to take with them to the practice.
- 5.4 The pharmacist or other relevant member of the pharmacy team should contact the patient's practice and arrange an appointment for the patient which should be within an appropriate timeframe for their condition.
- 5.5 If the GP practice is closed the pharmacist must print off the referral note for the patient and advise the patient to contact the surgery (as part of the follow up requirement for this service, the pharmacist can check that the patient saw a GP and take appropriate action if required). If the pharmacist deems that the patient needs to see a GP more urgently and the practice is closed, then the pharmacist may need to contact the GP Out-of-Hours Service or Urgent Treatment Centre on behalf of the patient (refer to urgent referrals below).
- 5.6 The pharmacist should use their clinical judgement to decide the urgency of the referral as ultimately the pharmacist is professionally accountable for their actions.

### Urgent Referrals to GP or other Healthcare Professional (this process should be used when the referral is deemed urgent, e.g. a red flag symptom)

- 5.7 If the patient presents with symptoms indicating the need for an urgent referral, there are 4 options in this circumstance. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral (note; when referring patients to a GP or other health provider, pharmacists should not set any patient expectations of any specific treatment or outcomes).
- Option 1 – refer the patient for an urgent in-hours appointment. After agreeing this course of action with the patient, the pharmacist (or relevant pharmacy team member) must telephone the patient's practice to secure them an urgent appointment.
  - Option 2 – Call the GP Out-of-Hours Service if the patient's own practice is not available.

- Option 3 – advise patient to attend the Urgent Treatment Centre (UTC) at St Georges Centre, Middleton. Use [NHS Service Finder](#) to check opening hours and contact details. Note; there is also a Walk-in-Centre in Leeds (Shakespeare Medical Practice, located at Burmantofts Health Centre) but this has more limited opening hours than the UTC.
- Option 4 - refer 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.

5.8 The 'Referral from Community Pharmacy' form should still be completed in these cases, unless symptoms appear life-threatening, in which case the pharmacist must dial 999 and provide the attending Paramedics with any relevant information.

## 6. Records & Documentation

6.1 Pharmacists must record the consultation onto PharmOutcomes ideally at the time of the consultation or as soon as possible afterwards, and by the following working day at the latest.

6.2 Details of the consultation will be sent to the patient's GP via the notification function within PharmOutcomes. In most cases the notification will be sent automatically but if a problem occurs with this notification platform, the pharmacy contractor can either send via NHSmail or they can print out the notification and send via post or hand deliver.

6.3 The record on PharmOutcomes will be the enduring record of the consultation.

## 7. Governance

7.1 All relevant records must be managed in line with Records Management Code of Practice for Health and Social Care.

7.2 The pharmacy is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

7.3 The pharmacy will also report any incidents related to this service to the service commissioner.

## 8 Payments

### 8.1 Submission of Claims

Details of the consultation and outcome of the service provided must be recorded on PharmOutcomes. This information will be used to generate the month end payment claim.

### 8.2 Set-Up Payments

An initial set-up fee of £200 will be paid to each contractor once they are ready to deliver the service. The £200 payment covers initial start-up costs, including creating an SOP for the service and staff training. This payment will be triggered on completion of the practitioner

enrolment for the service on PharmOutcomes which confirms that the pharmacy is ready to start the service.<sup>5</sup>

An additional £125 backfill allowance will be paid to the contractor for each pharmacist attending the CPPE ENT Advanced Clinical Assessment Skills half-day workshop (see 3.6). Details of how to claim the backfill allowance will be provided separately.

### 8.3 Service Payments

Remuneration will be made at the following rates for each **completed**, (consultation + follow up), ENT assessment service provided:

- £15 for walk-in ENT assessments
- £10 for each ENT assessment following a CPCS referral (the CPCS referral fee can also be claimed).

## 9 Equipment & Consumables

Pharmacies taking part in the service will be provided with the following equipment:

- Otoscope
- Disposable covers
- Electronic ear thermometer and covers
- Tongue depressors.

The Pharmacy will fund all subsequent purchases of any equipment required to support the provision of the service and associated with maintenance of the equipment as per MHRA guidance 'Managing Medical Devices' 2021.

## 10 Contractual Period

This agreement is for a period of 12 months, commencing 1<sup>st</sup> July 2022.

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<sup>5</sup> The £200 set-up fee is a one-off payment for each pharmacy contractor. If the pharmacy employs more than one pharmacist, the payment will be triggered once the first pharmacist completes the practitioner enrolment.

**PATIENT CONSENT FORM**

Pharmacy Stamp
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**Consent to participate in the: NHS ICB in Leeds Community Pharmacy ENT Assessment Service**

I agree to take part in a short follow up conversation which can be in person at the pharmacy or undertaken remotely – this will be approximately 3-5 days after this consultation.

I agree that the pharmacist may access my SCR to help in the delivery of this service

Patient name and address	Bag label
<b>Patient's telephone No for follow up</b>	

I agree that the information obtained during the service can be shared with:

- my GP to help them provide care to me
- the commissioner of the service (NHS ICB in Leeds) to allow them to make sure that the service is being provided properly by the pharmacy.

Signature	
Date	

## Referral from Community Pharmacy

Patient's name:.....

Patient's D.O.B:.....

Patient's address:.....

The patient named above has accessed the Community Pharmacy ENT Assessment Service and following assessment by the pharmacist a referral has been recommended based on the following information:

<b>Situation</b> (Provide a concise statement of the problem)	
<b>Background</b> (Provide pertinent & brief information)	
<b>Assessment</b>	
<b>Recommendation</b>	

Indication of urgency (please tick):

- Contact GP practice immediately
- Contact GP practice within 24 hours
- Contact GP practice within ..... days (if symptoms do not resolve)

Pharmacist's name (PRINT).....

Pharmacy telephone number.....

Pharmacy name & address.....

Date and time.....

Pharmacist signature.....

**Please ensure that this form is given to your GP**