



Community Pharmacy
Cheshire and Wirral



Community Pharmacy
Halton, St Helens & Knowsley



GP CPCS 24th March 2021

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Webinar Housekeeping: Using Zoom

All attendees are automatically muted

- Use the Q&A button in Zoom to ask the presenters questions
- Type in your message and a presenter will either respond during the webinar if they can or at the end in the Q&A session



Objectives

By the end of this webinar, you will be able to:

- Understand how the GP referral pathway fits into the CPCS service
- Understand the GP referral pathway
- Understand the local protocols and escalation process
- Understand how local engagement of the service in your area with key stakeholders will take place
- Have sufficient information to be able to claim setup fee by 30th June 2021

What's New

- An extension of existing CPCS
- No need to sign up if you're already providing 111-CPCS
- Referral from GP Practice of patients with Low Acuity Conditions
- No GP referral for urgent supply, unlike 111 CPCS
- Formalises current variable care navigation pathways and provides an audit of the value of community pharmacist led interventions
- Agreed *escalation pathway* back to general practice
- a *Post-event message* to be sent back to practice, “closing the loop” and improving governance
- Payment to provide the service (£14 per consultation)

General Practice referral pathway to the NHS Community Pharmacist Consultation Service (CPCS)



Up to 6% of all GP consultations could be safely transferred to a community pharmacy, saving up to 20 million GP appointments per year.

GPs can now refer to CPCS subject to agreed local pathways.

The CPCS aims to free up GP appointments for patients with complex needs

Since November 2019, over 10,500 patients a week have been referred by NHS 111 for a CPCS consultation

Community pharmacists are experts in medicines and managing minor illnesses

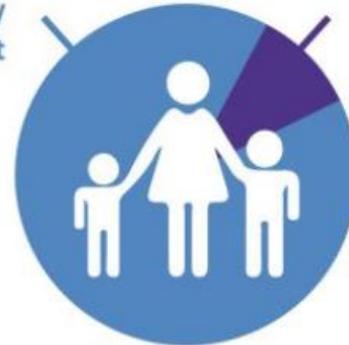
Quotes taken from patients referred to the service in the pilot area

"Same day or appointments that suit our needs"

"Time saving" "Convenient"

88% of patients in the pilot of the service in GP practices were advised or treated by the pharmacist

10% of patients in the pilot of the service in GP practices required escalation to another service



Practice teams can determine which minor illness condition and patient groups are appropriate for referral to a community pharmacist.



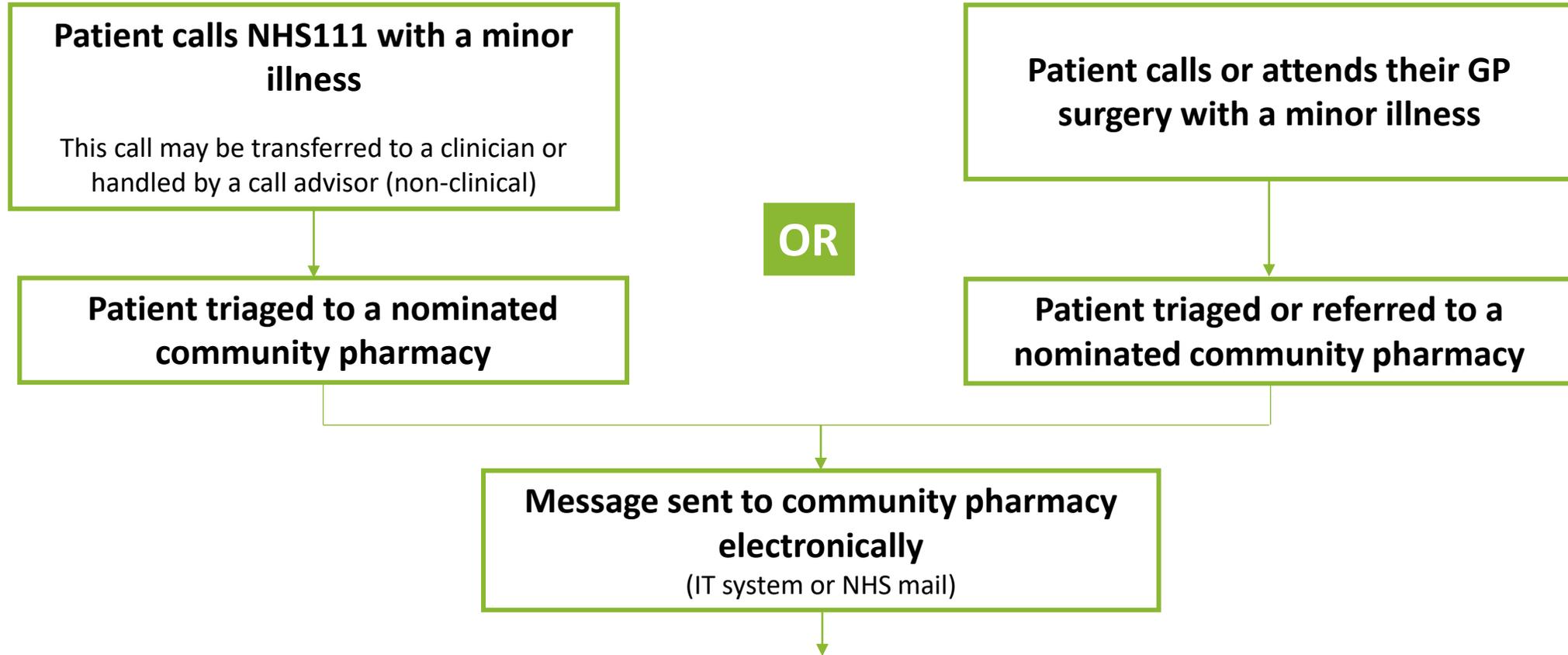
94% of pharmacies are offering the service

GPs can save time and free up appointments for patients with serious conditions and improve access for patients with minor illnesses.

Where are we in Cheshire & Mersey

- Pilot during 2019 in parts of HSHK
- Start of National service: 1st November 2020
- Small amount of activity in some areas (over 70 practices in C&M)
- IT solution secured – referrals via PharmOutcomes
- Regional NHSE&I teams to determine rollout in collaboration with LPCs & PCNs
- Political drive to “launch” but will be a gradual process
- Looking to secure practice engagement/planning/ownership
- Covid pressures, and the necessary focus on vaccination, are significantly affecting progress - you are still able to claim “Annex F” payment if you complete the action plan activities

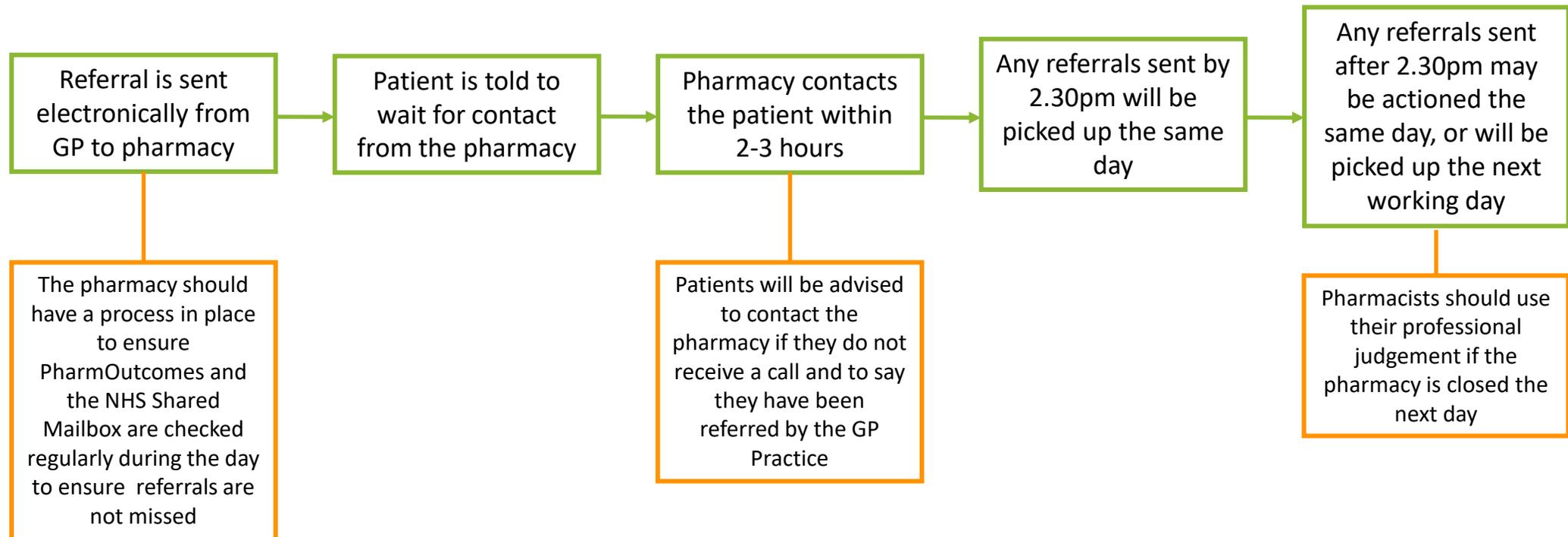
Pathway from GP Practice / NHS111



EMIS Referral – How does it work



GP Referral Pathway



What your patients might say

Patients will be told that the pharmacy will contact them within 2-3 hours, or the next working day if it is after 2.30pm

Some patient may choose to contact you directly:

- They should let the you know they have referred by the GP
- Ensure your team are aware that patients will be presenting in-person or remotely for this service.
- Patients may not remember to say they have been referred, but if you process as a normal OTC sale you will not be able to claim payment
- If the patient is unclear as to what led them to attending the pharmacy remember to check PharmOutcomes and the NHS Shared Mailbox for a referral

The Surgery team have told me to come here

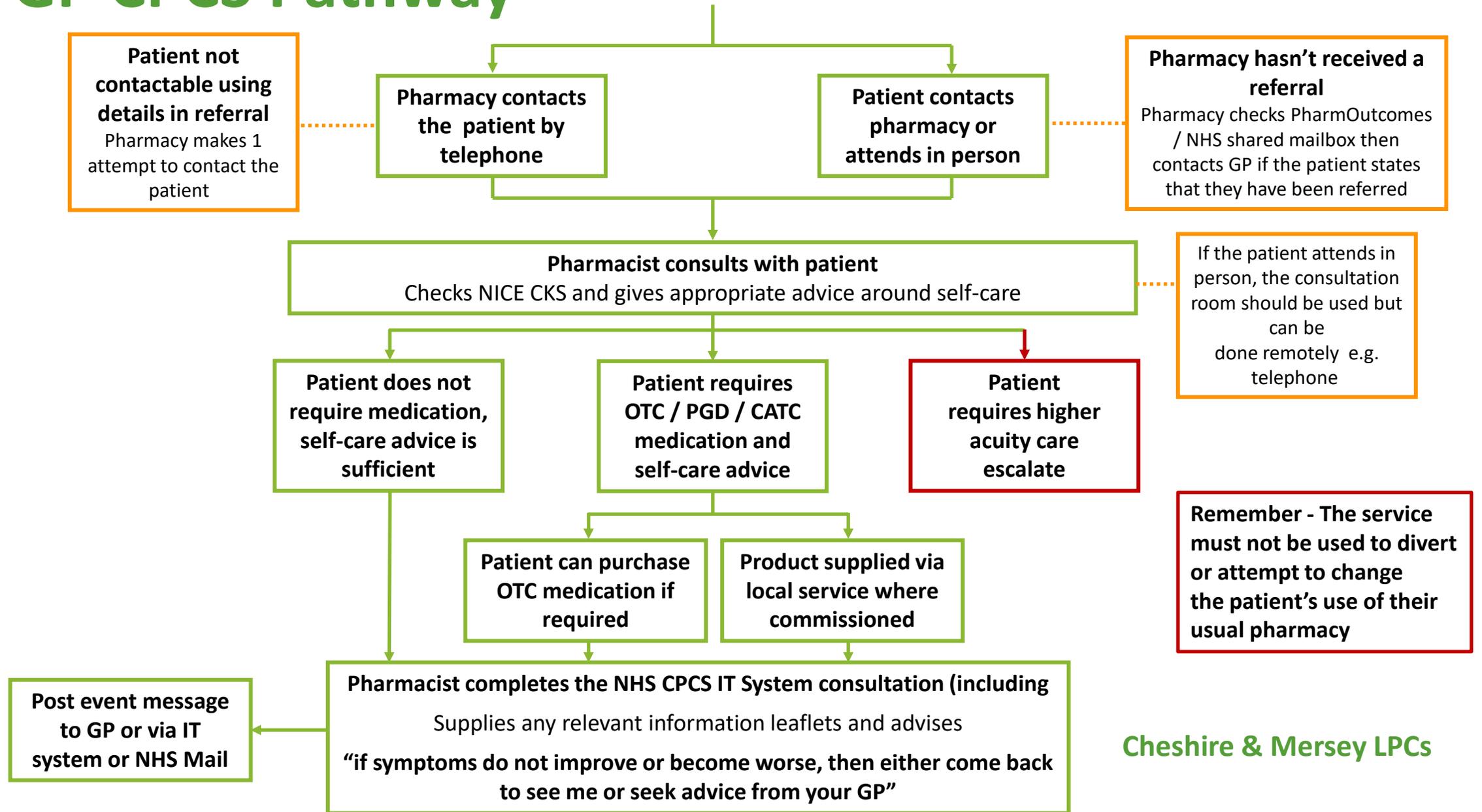
I've been sent here by the surgery receptionist

I contacted the doctor and they told me to come here

Someone told me to come to the pharmacy?

Cheshire & Mersey LPCs

GP CPCS Pathway



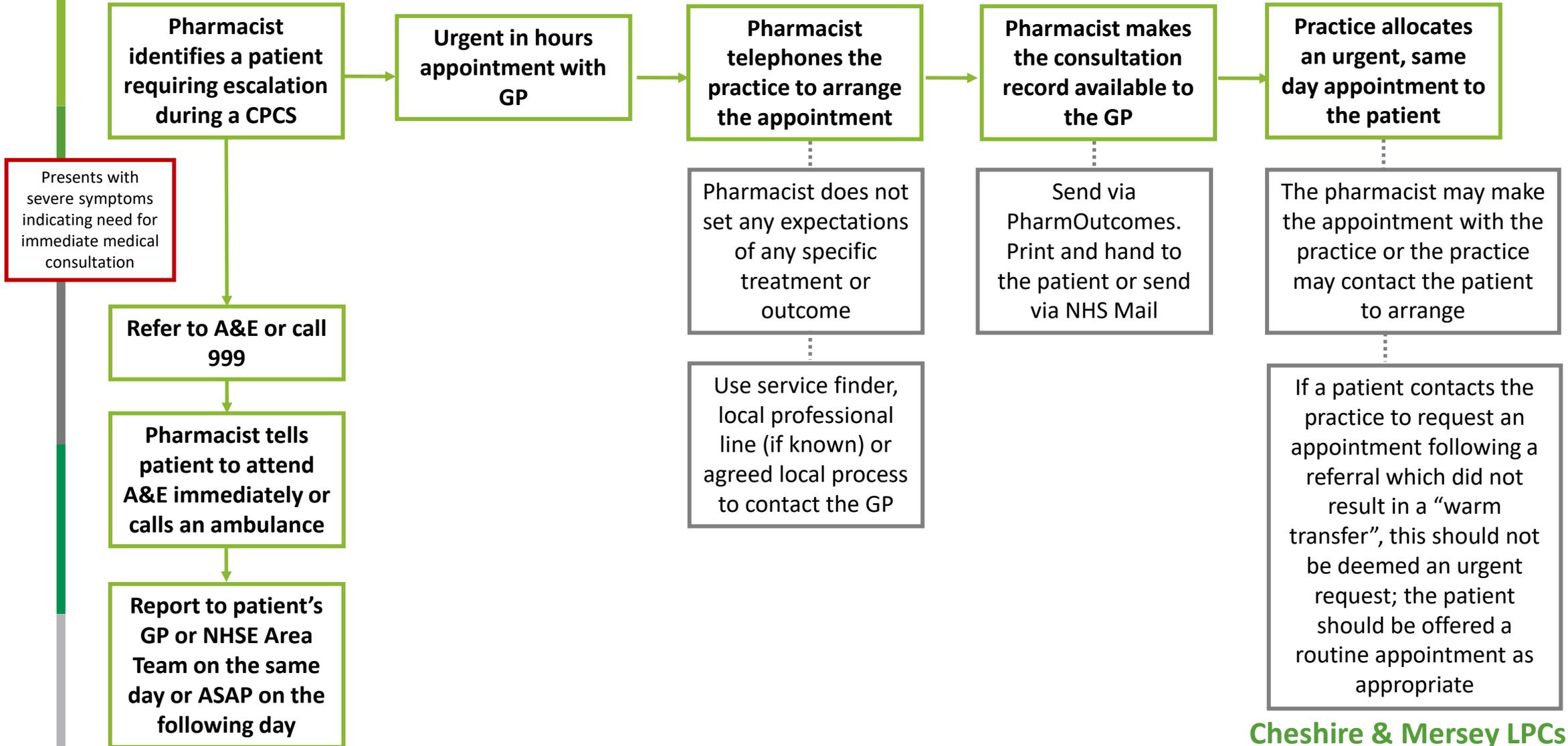
Escalation Processes

The community pharmacist should use their clinical judgement to decide the urgency, route and need for onward referral if they determine the patient requires higher acuity care, e.g. back to their GP (same day or non-urgent appointment) or an urgent care setting

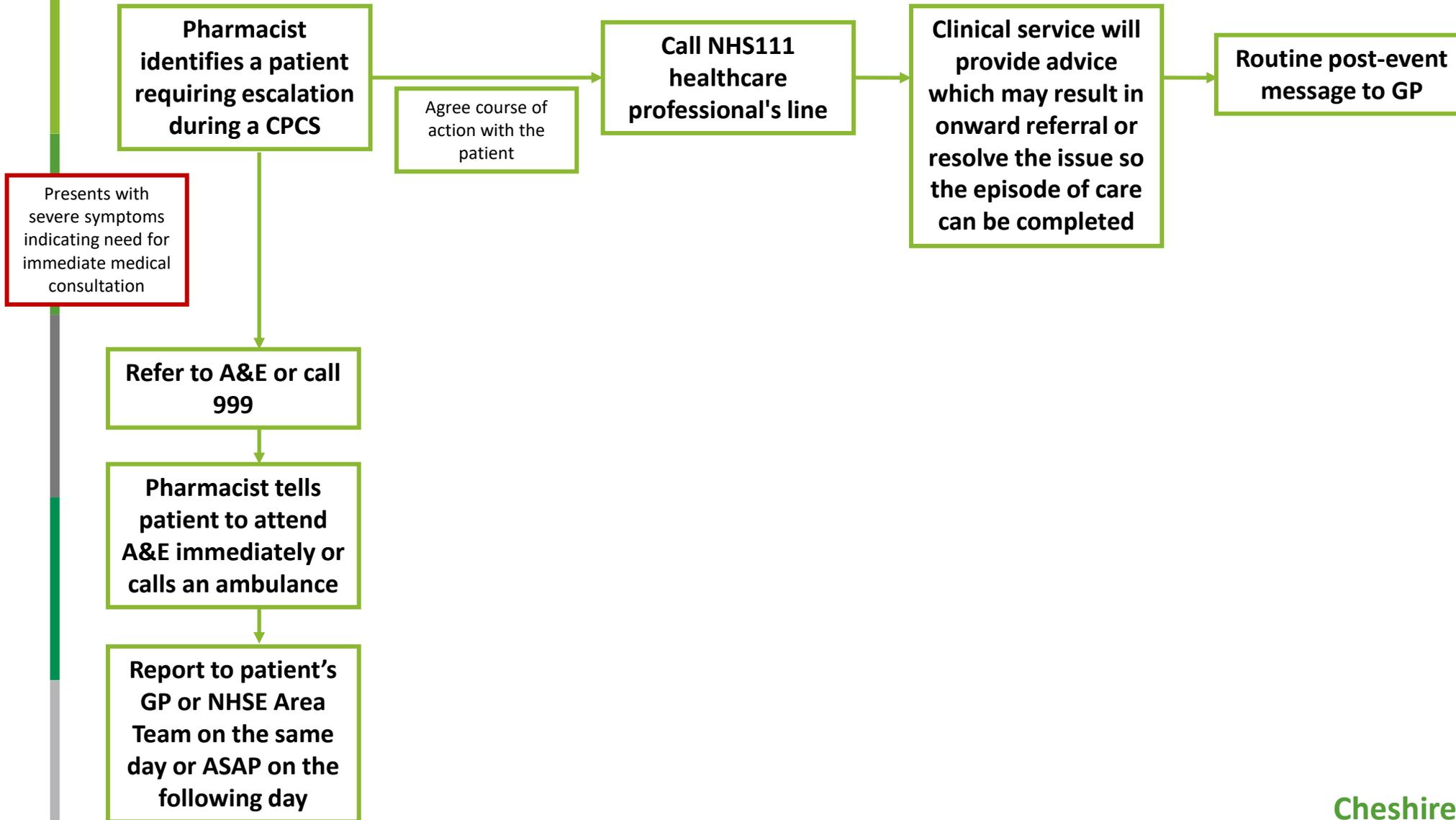
The end points of the consultation are the same as for the NHS 111 referral pathway:

- Advice given only
- Advice and the sale of an Over the Counter (OTC) medicine
- Advice and referral into a pharmacy local minor ailments service (MAS) (dependent on local commissioning arrangements)
- Advice and referral into an appropriate locally commissioned NHS service, such as a patient group direction (dependent on local commissioning arrangements)
- Advice and urgent escalation back to the patient's GP practice (community pharmacist to facilitate urgent appointment for the patient as part of this service)
- Advice and urgent escalation to appropriate urgent care setting including A&E or 999
- Advice and non-urgent signposting to another service and/or primary care healthcare professional including patient's GP Practice

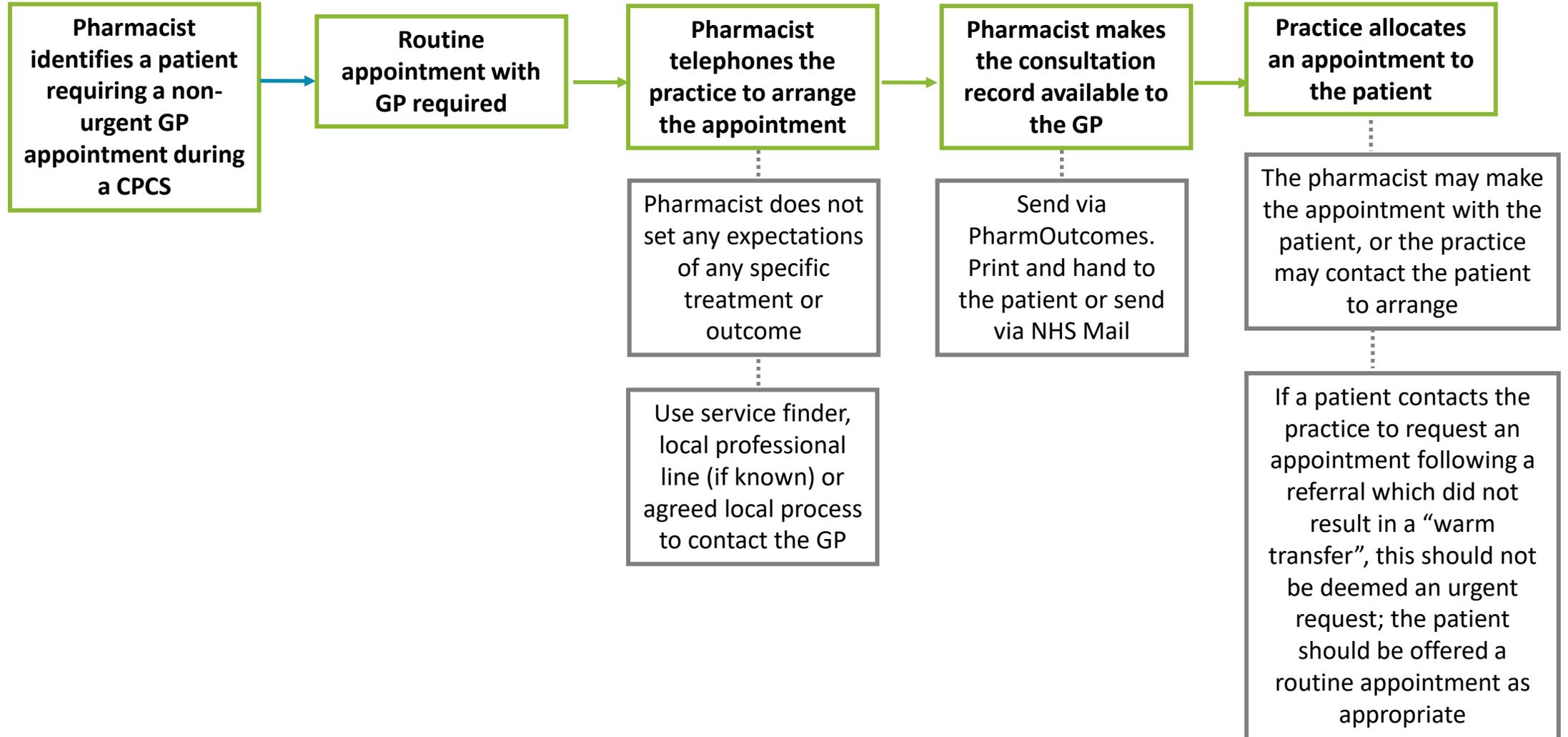
Urgent Escalation Process In Hours



Urgent Escalation Process Out of Hours



Non-Urgent Signposting Process In Hours



Service Availability

The pharmacy contractor must ensure that the service is available to patients throughout the pharmacy's full opening hours (i.e. core and supplementary). This includes checking the IT system regularly during the day and checking the NHSmail shared mailbox first thing in a morning and last thing before you close as a minimum



Ensure all pharmacy team members, including locums and relief pharmacists, are aware of the procedures to be followed in the event of a temporary suspension of the service and have easy access to the key contact numbers for the service (they should be recorded in the SOP for the service)



Ensure all pharmacy team members, including locums and relief pharmacists, are aware of how to contact the support team for the NHS CPCS IT system if there is a problem with the system. Include the contact details in the SOP for the service



When locums are being booked to work at the pharmacy, make sure the locum is made aware that the NHS CPCS is being provided and ensure they can provide the service

How to involve the whole pharmacy team

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- 1. Ensure the whole team understands how the service will operate
 - 2. Hold a briefing session for your team
 - 3. Provide the one-page overview on how the service will work (Annex A of the Toolkit)
 - 4. Allow time for staff to complete the VirtualOutcomes training
 - 5. Discuss as a team how you can work collectively to make the service a success
 - 6. Make sure team members and locums are clear on the daily activity required, such as checking for referrals
 - 7. Make sure team members and locums know how to identify a walk-in patient or telephone enquires who may have been referred to the pharmacy via the NHS 111 and GP pathway referral routes

List of possible symptoms groups identified for referral to a community pharmacist (from Annex D of [CPCS service specification](#))

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

Acne, Spots and Pimples	Knee or Lower Leg Pain
Allergic Reaction	Lower Back Pain
Ankle or Foot Pain or Swelling	Lower Limb Pain or Swelling
Athlete's Foot	Mouth Ulcers
Bites or Stings, Insect or Spider	Nasal Congestion
Blisters	Rectal Pain,
Constipation	Scabies
Cough	Shoulder Pain
Cold and 'Flu	Skin, Rash
Diarrhoea	Sleep Difficulties
Ear Discharge or Ear Wax	Sore Throat
Earache	Tiredness
Eye, Red or Irritable	Toe Pain or Swelling
Eye, Sticky or Watery	Vaginal Discharge
Eyelid Problems	Vaginal Itch or Soreness
Hair loss	Vomiting
Headache	Wound Problems - management of dressings
Hearing Problems or Blocked Ear	Wrist, Hand or Finger Pain or Swelling
Hip, Thigh or Buttock Pain or Swelling/Itch	

Claiming the set-up fee (Annex F)

- £300 'engagement & setup fee' can be claimed up to 30th June 2021 (work complete)
- Claim via MYS by 5th July 2021
- This webinar supports the evidence needed to claim
- Use the PSNC 'GP referral pathway to the CPCS - Action plan template for pharmacy teams' to record evidence to support the claim

Annex F – GP referral pathway engagement activity

The initial engagement of Primary Care Networks (PCNs) and general practices in discussions on the rollout of GP referrals to the CPCS will often be facilitated by a range of 'delivery partners', including 'Time for Care' in some PCNs and regionally identified implementation leads in other areas, eg. CCG medicines optimisation teams, NHSE&I project leads and LPCs.

For contractors⁸ to be able to claim the engagement and setup payment, the following activity will need to be completed by 31st March 2021 and documented so it can be evidenced at a later date:

- The contractor has participated in discussions with a delivery partner/LPC lead to explore how they might promote uptake of CPCS locally. This could include early exploration of options, through to discussing the planning process for rollout of the referral pathway;
- The contractor has participated in meetings, which may be web-based and organised by others, to brief pharmacies and potentially general practices on the referral process which involved in the pathway. The contractor must attend a meeting at delivery partner/LPC engaged with local pharmacy;
- The contractor must read and understand partners on the referral details are understood;
- The contractor should update the referral pathway in the pharmacy procedure is updated keeping and data capture;
- The contractor must be briefed and have read service specification and



GP referral pathway to the CPCS - Action Plan template for pharmacy teams

The implementation of the general practice referral pathway into the Community Pharmacist Consultation Service (CPCS) will be managed locally by the NHS (or their delivery partners), with support from LPCs. The aim is that rollout happens across a Primary Care Network (PCN) or larger area, and because general practices can choose whether they wish to make referrals to the CPCS, the service will be activated at different times across the country.

Community pharmacy contractors will therefore need to ensure they keep in contact with their LPC to find out how implementation is progressing in their area, but there are some tasks to support implementation of the referral pathway into the contractor's processes which can be undertaken ahead of the local rollout. Contractors can use this action plan template to guide their teams through the tasks necessary to implement the pathway in the pharmacy. Additional actions should be added, as necessary, to meet the needs of the pharmacy team and the local situation.

Topic	Action to be completed	Lead	Timescale	Completed
Guidance	Read the updated NHS CPCS Toolkit for pharmacy staff , so you understand more about how the pathway will operate.			<input type="checkbox"/>
	Read the updated service specification .			<input type="checkbox"/>
	Read any locally prepared briefing materials (these may be provided by NHS England and NHS Improvement (NHSE&I), the local delivery partner, the Primary Care Network (PCN) or the LPC).			<input type="checkbox"/>
Standard Operating Procedure (SOP)	Put an SOP in place or review any existing SOP for the service, to include the GP referral pathway.			<input type="checkbox"/>

C&M Implementation Plan

Where we are now

Planning

System engagement

Local protocols

Referral mechanism

Phase 1

Early adopter PCNs

Local engagement

Go live support

Phase 2

Planning for wider rollout

Resources & support TBC

Annex F – requirement a

The contractor has participated in discussion with a delivery partner / LPC lead to explore how they might promote uptake of CPCS locally. This could include early explorations of options, through to discussing the planning process for rollout of the referral pathway

This webinar / recording supports you to meet this requirement:

- Slides and a recording will be available after the event on your LPC website
- ensure anyone who cannot attend an event, reviews the slides

Annex F – requirement b

The contractor has participated in meetings, which may be web-based and organised by others, to brief pharmacies and potentially general practices on the referral process which will be implemented, including how pharmacies will be involved on the pathway. Where a contractor has no representative available to attend a meeting at the time set, they should instead seek a briefing from the delivery partner / LPC lead on the matters discussed to ensure that they remain fully engaged with local plans.

This webinar / recording supports you to meet this requirement:

- The C&M Processes detailed in this webinar have been agreed for all PCNs across C&M & are available from your LPC website

Annex F – requirement c

The contractor must ensure that relevant members of the pharmacy team have read and understood any briefing materials prepared locally by the PCN or delivery partners on the referral pathway and any rollout plans, to ensure the relevant details are understood.

- Use the slides / recording available on the LPC website to brief your teams
- The C&M Processes detailed in this webinar have been agreed for all PCNs across C&M
- Record the staff briefing on your PSNC 'GP referral pathway to the CPCS - Action plan template for pharmacy teams'
- Use the VirtualOutcomes module to supplement learning and provide evidence of team engagement

Annex F – requirement d

The contractor should create an action plan for implementing the new referral pathway in the pharmacy, including ensuring their NHS CPCS SOP is updated to include the GP referral pathway and associated recording keeping and data capture requirements.

Review & complete the PSNC 'GP referral pathway to the CPCS - Action plan template for pharmacy teams'

Annex F – requirement e

The contractor must ensure that relevant members of the pharmacy team are fully briefed and have read and understood the information within the update NHS CPCS service specification and associated toolkit which is pertinent to their role.

- Use the slides / recording available from your LPC website to brief your teams
- The C&M Processes detailed in this webinar have been agreed for all PCNs across C&M and are available from your LPC website
- Record the staff briefing on your PSNC 'GP referral pathway to the CPCS - Action plan template for pharmacy teams'
- See NHSBSA and PSNC websites for more info (links to resources at the end of the presentation)

Getting Ready – Next Steps

1. Complete PSNC 'GP referral pathway to the CPCS - Action plan template for pharmacy teams'
2. Ensure relevant members of the pharmacy team, including locums and relief pharmacists, have access to and know how to use the NHS CPCS IT system, NHSmail and the NHS Summary Care Record (SCR) and can provide the service competently
3. Remember to review and update your SOP
4. Submit claim to MYS for £300 setup fee
5. Look out for information from your LPC in the newsletter
6. Ensure you have a robust procedure for checking for referrals in your pharmacy (remember to include in your locum pack) – It only takes one missed referral to jeopardise a whole PCN!
7. Look out for information specific to your area in your NHS Shared Mailbox
8. Contact your LPC if conversations start to happen locally

GP Practice Engagement

- LPCs / NHSE Project Leads will be liaising with GP Practice to prepare them for go live
- GP Practice 'buy-in' is crucial
- Widespread coverage will take time in the current climate
- GPs will receive training on the service which will cover the GP IT system, conditions, escalation process
- The GP Practice may need to send test referrals – you will be advised if this is happening in your area
- Your LPC will be in contact with individual pharmacies as practices goes live (this will be via the Newsletter and NHS Shared Mailbox)
- When a practice go-live date has been agreed speak to the practice to ensure you all understand the agreed pathways



Questions & Answers

Resources

- VirtualOutcomes: <https://www.virtualoutcomes.co.uk>
- PSNC GPCPS: <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-gp-referral-pathway/>
- Action plan: <https://psnc.org.uk/wp-content/uploads/2020/12/GP-CPCS-Action-Plan-template.pdf>
- Toolkit: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-community-pharmacist-consultation-service-minor-illness-and-urgent-repeat-medicines-supply>
- Training via RPS: [https://www.rpharms.com/events/cpcs-events#utm_source=newsletter&utm_medium=newsletter&utm_campaign=PSNC Co mms](https://www.rpharms.com/events/cpcs-events#utm_source=newsletter&utm_medium=newsletter&utm_campaign=PSNC_Co_mms)
- Service Specification: <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-community-pharmacist-consultation-service-minor-illness-and-urgent-repeat-medicines-supply>

If you require support, please contact us:

Cheshire & Wirral: support@cpcw.org.uk

Halton, St Helens & Knowsley: Louise@hshk-lpc.org.uk / Helen@hshk-lpc.org.uk / David@hshk-lpc.org.uk

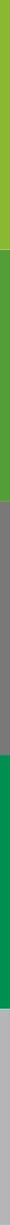
Liverpool: matt@liverpool-lpc.org.uk / David@liverpool-lpc.org.uk

Sefton: lisa@sefton-lpc.org.uk

Feedback

Please score the questions that appear on screen

Scale: marks out of 10 where 1 is poor, 10 is excellent



Discussion to promote uptake of CPCS locally

Summary

- Following this evening you should have all you need to complete the requirements of “Annex F” and claim your engagement and setup payment by 30th June via MYS
- Your LPCs are working hard on progressing GP-CPCS within our systems
- Widespread coverage will take some time in this climate
- GP Practice “buy-in” is crucial, and requires a measured approach
- Please liaise with your LPC
- Keep an eye on LPC News and website pages
- We will be in contact with individual pharmacies as your local practice(s) are due to go live

Adam Notes - Warrington

Potential outcomes from the consultation with the pharmacist

NHS Pallavi Dawda

Advice only	Advice + Sale of an Over The Counter (OTC) Product	Advice + Referred on to Another NHS service	Advice + Signpost	Advice + Refer
				
Adult with sleep difficulties - during consultation patient explains recently started working shifts or new mother and discussion with pharmacist leads to appropriate advice. All consultations end with "if".	Adult with headache - during consultation pharmacist eliminates red flags and identifies it as a tension headache. Pharmacist provides self care advice and suggests the patient buys paracetamol.	18 month child with a sticky eye - during consultation the pharmacist uses the Extended Care PGD.	Patient with lower back pain - during consultation pharmacist eliminates red flags and provides self-care advice to patient. Patient advised that if it doesn't resolve then they may need to see a physiotherapist and explain how to access physio services in their local area.	Young adult male with headache but during consultation explains they received a blow to the head during boxing training the day before. Pharmacist contacts GP practice using the agreed number to refer the patient back to them.

0:59 / 1:02:36

Adam Notes - Warrington

- Engage all staff. People coming in won't know the lingo to refer to a CPCS.
- Check NHS Mail regularly and build it into routine – especially where surgeries aren't EMIS. There's another system that can easily refer to NHS Mail.
- Tell your local surgery what services you're offering
- We'll be in touch as it launches from site to site.