



Community Pharmacy  
Cheshire and Wirral



## Cheshire and Merseyside (C&M) GP Community Pharmacist Consultation service (CPCS) Implementation Process

Following on from successful pilots across England, which included the C&M area, GP CPCS referrals are now being rolled out across GP practices in England, with the service officially going live on November 2020. GP CPCS is an extension of the existing CPCS referrals which are currently being sent to community pharmacies.

Your LPC is working with local GP practices and NHSE&I around the implementation plan. We will ensure someone is in touch with pharmacies at the relevant time.

Bruce Prentice, Clinical lead for CPCS at NHSE&I is delighted with the CPCS implementation so far “C&M received the highest levels of referrals per head of population in 2019/20 and we want to ensure that the launch of the GP element of the service is equally as successful”.

### Annex F – GP CPCS referral pathway £300 engagement and setup payment

Contractors registered to provide the CPCS can claim a £300 engagement and setup payment if they undertake a range of actions to get ready for rolling out the referral pathway in their area **by 30 June 2021**. The requirements are detailed in Annex F of the updated service specification and claims need to be made via the NHSBSA's Manage Your Service portal by 5 July 2021.

Whilst not all GP practices will be operating this service by 30 June 2021 contractors can still claim the £300 setup fee if they complete the checklist found in Annex F.

If you did not attend the C&M LPC webinar then this briefing, reading the webinar slides and/or watching the webinar <https://youtu.be/9xdJoXaxRO0> will be sufficient for contractors to be able to achieve points a) and b) of Annex F.

The webinar slides and recording will be made available on LPC websites and via the LPC newsletters. The local protocol to be used for referrals to and from the GP practice has been standardised across C&M to make it as straight forward for pharmacies and locums. The processes detailed below has been agreed across C&M.

### GP CPCS Referral Process

#### **1. Patient calls or attends their GP surgery with a minor illness**

- The patient contacts the surgery which identifies that the condition is one that is suitable for treatment by a Community Pharmacist under CPCS. (A sample list of conditions is included in Annex D of the service specification).

#### **2. Patient is triaged or referred to a nominated community pharmacy**

- The surgery confirms with the patient that they are happy to be referred, and checks which pharmacy the patient wishes to use.

#### **3. Message sent to community pharmacy electronically**

- Referral is sent electronically from GP to pharmacy. Those practices using EMIS can send a referral using an app in EMIS which will transfer the referral to the pharmacy via PharmOutcomes in the same manner as for NHS111 referrals. PharmRefer may also be available through NHS E&I that similarly funnels referrals via PharmOutcomes. If the GP practice does not use EMIS, or there is a PharmOutcomes outage, they will send referrals via the NHS shared Mailbox.
- The pharmacy should have a process in place to ensure PharmOutcomes and the NHS Shared Mailbox are checked regularly during the day. We recommend a minimum of every 2 hours for PharmOutcomes and first thing in the morning and last thing at night for NHSmail.

#### **4. The patient is told to wait for the pharmacy to contact them by the GP practice**

- The pharmacy contacts the patient within 2-3 hours of the referral being sent. The Pharmacist needs to proactively contact the patient. If the patient has not been contacted after 3 hours the patient is advised to contact the pharmacy but this should not happen routinely.

#### **5. Any referrals sent by 2.30pm will be actioned the same day**

- This is to ensure that patients receive a similar service to that which they would receive if they had walked into the pharmacy for a minor ailment consultation, or received a same day appointment with their GP.
- 6. Any referrals sent after 2.30pm may be picked up the same day, or will be picked up the next working day**
- Pharmacists should use their professional judgement if the pharmacy is closed the next day, to ensure that patients receive a clinical consultation as soon as appropriate.

### **GP CPCS Consultation**

#### **1. Pharmacy contacts the patient by telephone**

- or the patient contacts the pharmacy or attends in person (all team members need to be aware and able to spot a CPCS)

#### **2. Pharmacist consults with patient either as a remote consultation or face to face (which may involve inviting them into the pharmacy)**

- Checks NICE CKS / SCR and gives appropriate advice around self-care. Pharmacist will supply any relevant patient information leaflets from [www.patient.co.uk](http://www.patient.co.uk)

#### **3. Patient Outcomes**

- Advice. Patient does not require medication, self-care advice is sufficient
- Advice and purchase of product or homely remedy
- Advice and supply of an OTC product under local Minor Ailments Scheme
- Advice and supply of POM under PGD for local PGD service conditions.
  - If your pharmacy holds a contract for a minor ailments scheme, this service needs to be offered by all pharmacists, including reliefs and locums.
  - Medication supply under a local minor ailments scheme requires an additional record to be made on the local service template
- Patient requires higher acuity care escalate. Community pharmacist refers the patient, as clinically appropriate, to GP, Out of Hours, A&E etc. If the patient needs to be seen by the GP, the pharmacist should contact the surgery using an agreed method to obtain a patient appointment. It is essential to the success of the service that “warm transfers” of the patient are managed effectively, with high levels of patient satisfaction.

#### **4. Pharmacist completes the NHS CPCS IT System consultation on PharmOutcomes**

- Supplies any relevant information leaflets and advises ““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.”

#### **5. Post event message is sent to GP via IT system or NHS Mail**

- Ensure that a notification of the service provision is sent to the patient’s general practice on the same day the consultation occurs or as soon as possible after the pharmacy opens on the following working day.

Refer to the LPC webinar training slides and GP CPCS Toolkit for more information regarding the referral and escalation processes.

### **Next Steps**

- Complete your actions for Annex F and record your staff training /briefings.
- **Use the slides / recording available from your LPC website to brief your teams.**
- Use the VirtualOutcomes module to supplement learning and provide evidence of team engagement. The GP CPCS module can be accessed at: <https://www.virtualoutcomes.co.uk>
- Look out for information from your LPC / PCN lead regarding GP CPCS launch plans in your PCN.
- Contact your LPC if conversations start to happen locally.

### **GP CPCS Resources**

**PSNC website:** <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-gp-referral-pathway/>

**GP CPCS Toolkit:** <https://www.england.nhs.uk/publication/nhs-community-pharmacist-consultation-service-toolkit-for-pharmacy-staff/>

**GP CPCS Service Specification:** <https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacist-consultation-service/>