

GP CPCS: Refresher Stockport

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Agenda

- Introduction to GP CPCS and data overview
- Benefits to the system
- Overview of the referral process
- GP CPCS vs MAS
- Embedding GP CPCS into BAU
- Best Practice and Resources

What is GP CPCS?

Background

- The NHS CPCS (Community Pharmacist Consultation Service) is a nationally commissioned & funded service that was launched in community pharmacies across England in October 2019
- Electronic referrals from NHS 111 were made to community pharmacies for patients with a minor illness or those needing an urgent supply of a medicine
- A pathway to expand this to general practice patients with a minor illness was piloted by NHSE&I in 2019-20 and the decision to expand the service to include referrals from general practice to community pharmacy was agreed from 1st November 2020

What is GP CPCS?

- GP CPCS is a pathway that general practices use to refer patients with minor illness or low acuity conditions to a community pharmacist
- A patient referred electronically through GP CPCS will receive a consultation with a pharmacist (in the consultation room or remotely) where the pharmacist will clinically assess the patient, referring to SCR and NICE CKS as appropriate – this is not a conversation over the counter (e.g., Minor Ailments Service)
- Only patients electronically referred from general practice or NHS 111 can be included in this service

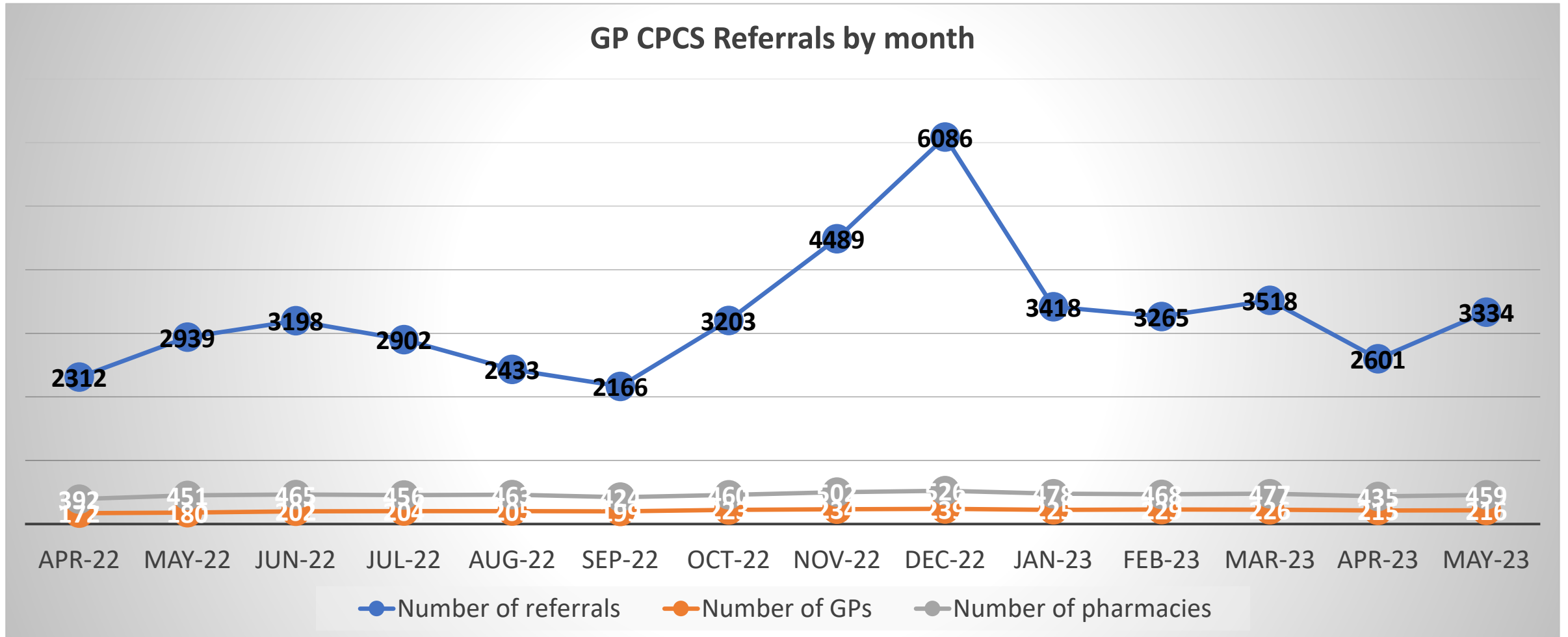
Benefits

- As general practices continue to be extremely busy post pandemic, this greater use of pharmacists' expertise can help ensure patients are provided with the right care by the right person at a time most convenient to them. This will increase capacity within general practice for the treatment of patients with higher acuity needs, both now and post pandemic
- This service aims to support the local NHS system and improve access to primary care through more effective use of existing resource, capacity, and expertise within the system

Patients	<ul style="list-style-type: none">• Accessible & professional clinical service from the pharmacist of their choice• Re-educate patients to go to the most appropriate healthcare professional for their needs
General Practice	<ul style="list-style-type: none">• Create capacity – more GP appointments available as those with minor illnesses/low acuity conditions have been referred to pharmacy• Patients seen by the right healthcare professional at the right time• Build on and enhance local relationships between primary care providers
Pharmacy	<ul style="list-style-type: none">• Allows community pharmacy to demonstrate its place within the NHS to manage patients with minor illnesses/low acuity conditions• Build on and enhance local relationships between primary care providers
NHS	<ul style="list-style-type: none">• Cost-effective use of NHS resources to support patients with minor illnesses/low acuity conditions

Referral Activity Trend

3334 referrals in May
57184 referrals to date



20/34 practices have sent 1-3 referrals in the last few months in Stockport

Primary Care Access Recovery Plan

- The Government and NHS have [promised a £645m investment in community pharmacies over the next two years](#) to support a pharmacy common conditions service, along with the NHS Pharmacy Contraception and NHS Hypertension Case-Finding services.
- **Expand pharmacy oral contraception (OC) and blood pressure (BP) services** this year, to increase access and convenience for millions of patients, subject to consultation.
- **Launch Pharmacy First so that by end of 2023** community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation. Opportunities to support wider primary care integration via System Development Fund and new technologies funding.

**£645
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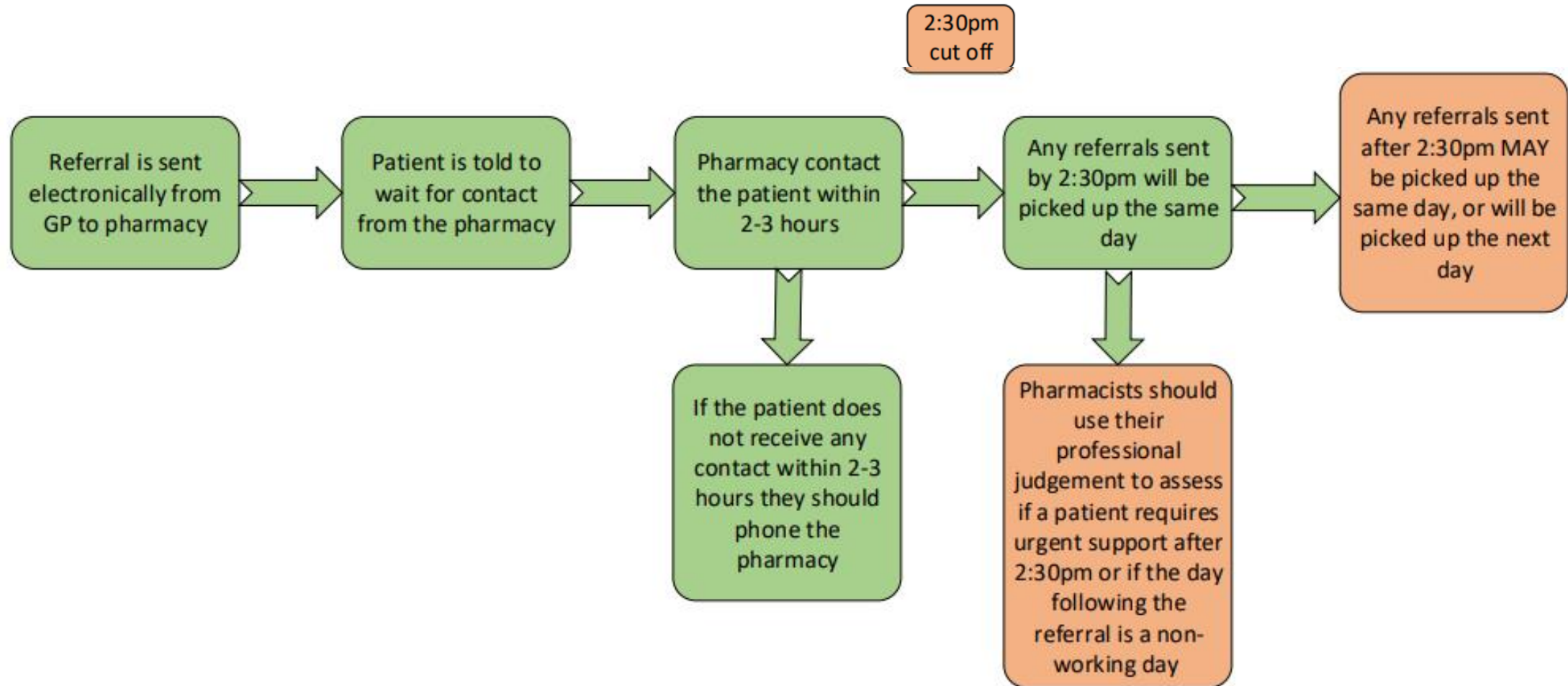
Key opportunities

Collaboration with PCNs and General Practice to support implementation and access

Building effective communication channels and collaboration in the PCN/neighbourhood

Educating care navigators and linking PC

GM Referral Process



1. Identifying a Referral: Receptionist or Care Navigator

The process begins in the general practice and should be considered as part of the total triage process

- The patient contacts the general practice via telephone or online triage system
- Care navigator or receptionist assesses the patient's issue against a list of conditions which are suitable for referral under CPCS

NHS Community Pharmacist Consultation Service (CPCS)

Service suitability

The service is only for patients aged over 1 year.



CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	•Bee sting •Wasp sting	•Stings with minor redness	•Stings with minor swelling	•Drowsy / fever •Fast heart rate	•Severe swellings or cramps
COLDS	•Cold sores •Coughs	•Flu-like symptoms	•Sore throat	•Lasted +3 weeks •Shortness of breath	•Chest pain •Unable to swallow
CONGESTION	•Blocked or runny nose	•Constant need to clear their throat	•Excess mucus •Hay fever	•Lasted +3 weeks •Shortness of breath	•1 side obstruction •Facial swelling
EAR	•Earache	•Ear wax •Blocked ear	•Hearing problems	•Something may be in the ear canal •Discharge	•Severe pain. •Deafness •Vertigo
EYE	•Conjunctivitis •Dry/sore tired eyes •Eye, red or Irritable	•Eye sticky •Eyelid problems	•Watery / runny eyes	•Severe pain •Pain 1 side only	•Light sensitivity •Reduced vision
GASTRIC / BOWEL	•Constipation •Diarrhoea •Infant colic	•Heartburn •Indigestion	•Haemorrhoids •Rectal pain, •Vomiting or nausea	•Severe / on-going •Lasted +6 weeks	•Patient +55 years •Blood / Weight loss
GENERAL	•Hay fever	•Sleep difficulties	•Tiredness	•Severe / on-going	
GYNAE / THRUSH	•Cystitis •Vaginal discharge	•Vaginal itch or soreness		•Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding	•Pharmacy treatment not worked •Had thrush 2x in last 6 months
PAIN	•Acute pain •Ankle or foot pain •Headache •Hip pain or swelling •Knee or leg pain	•Lower back pain •Lower limb pain •Migraine •Shoulder pain	•Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Chest pain / pain radiating into the shoulder •Pharmacy treatment not worked •Sudden onset
SKIN	•Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss	•Hay fever •Nappy rash •Oral thrush •Rash - allergy •Ringworm/threadworm	•Scabies •Skin dressings •Skin rash •Warts/verrucae •Wound problems	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?
MOUTH / THROAT	•Cold sore blisters •Flu-like symptoms •Hoarseness	•Mouth ulcers •Sore mouth •Sore throat	•Oral thrush •Teething •Toothache	•Lasted +10 days •Swollen painful gums •Sores inside mouth	•Unable to swallow •Patient has poor immune system •Voice change
SWELLING	•Ankle or foot swelling •Lower limb swelling	•Thigh or buttock swelling •Toe pain or swelling	•Wrist, hand or finger swelling	•Condition described as severe or urgent •Condition ongoing for +3 weeks	•Discolouration to skin •Pharmacy treatment not worked •Recent travel abroad

Please see Appendix B in the [GP CPCS Toolkit for GP and PCN Teams](#) for the full list of NHS CPCS symptom groups for determination by general practice.

2. Making a Referral: Receptionist or Care Navigator

Care navigator or receptionist makes an electronic referral to the community pharmacy of the patient's choice.

The referral details are sent through to the pharmacy as an electronic message using the electronic tool.

Please see Appendix C in the [GP CPCS Toolkit for GP and PCN Teams](#) for further information. Funding for the IT referral mechanism has been sourced by GMHSCP.

Local Services Dashboard (EMIS)

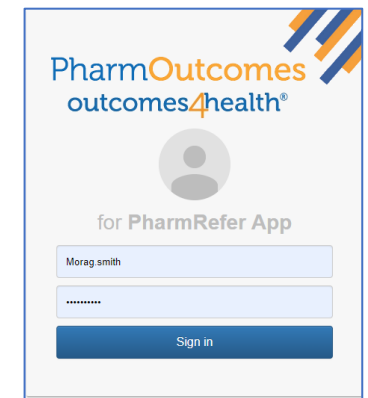
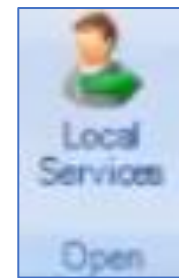
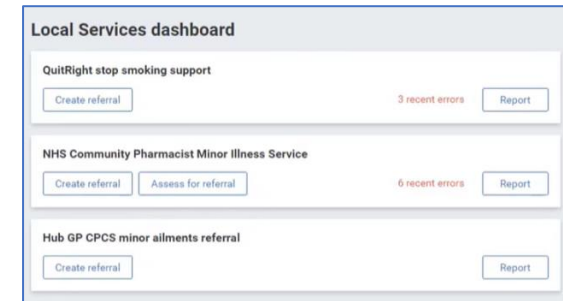
[formerly Patient Signposting or Patient Access Connect App]

This is a referral tool integrated into EMIS-web which includes the condition list and some triage questions to help to identify appropriate referrals. The tool pre-populates with patient demographic information and sends it directly from the EMIS to the community pharmacy system (PharmOutcomes) via ITK link.

PharmRefer (non-EMIS)

For non-EMIS practices, there is a web-based referral tool called PharmRefer, for which practices will have a login and which captures the same patient demographic information and sends it directly to the community pharmacy system (PharmOutcomes.)

[There are currently no integrated tools on the market for non-EMIS practices.]



3. Pharmacist Conducts the Consultation

Pharmacy contacts the patient

- Within 2-3 hours
- Consultation to be completed within 12 hours pending patient circumstances
- Patient should only contact the pharmacy themselves if they have not had contact within 3 hours

Consultation

- Pharmacist
- Remote or face to face
- Clinical assessment
- Presenting symptoms, relevant medical history & medication taken
- NICE CKS
- SCR
- Red flags

Outcome

- Safety Netting advice
- Managed in the pharmacy or escalated
- If escalated, Pharmacist makes the call
- Consultation notes sent as pdf by NHS mail to the referring general practice

4. Consultation Outcomes

Advice Only

Patient reassurance. May also include provision of written information, or recommendation to use products the patient has at home

Advice & OTC sale

Patient is encouraged to purchase a medicine OTC. Pilot feedback shows this was not a barrier for patients even in deprived areas

Advice & referral into local MAS

Where the MAS is commissioned and where the presenting symptoms and patient are included in the service eligibility criteria

Advice & non-urgent signposting to another service / GP

To another hcp e.g. optometrist Or to the GP for a routine appt. e.g. dermatitis / eczema which was previously treated with OTC steroid cream but is no longer effective

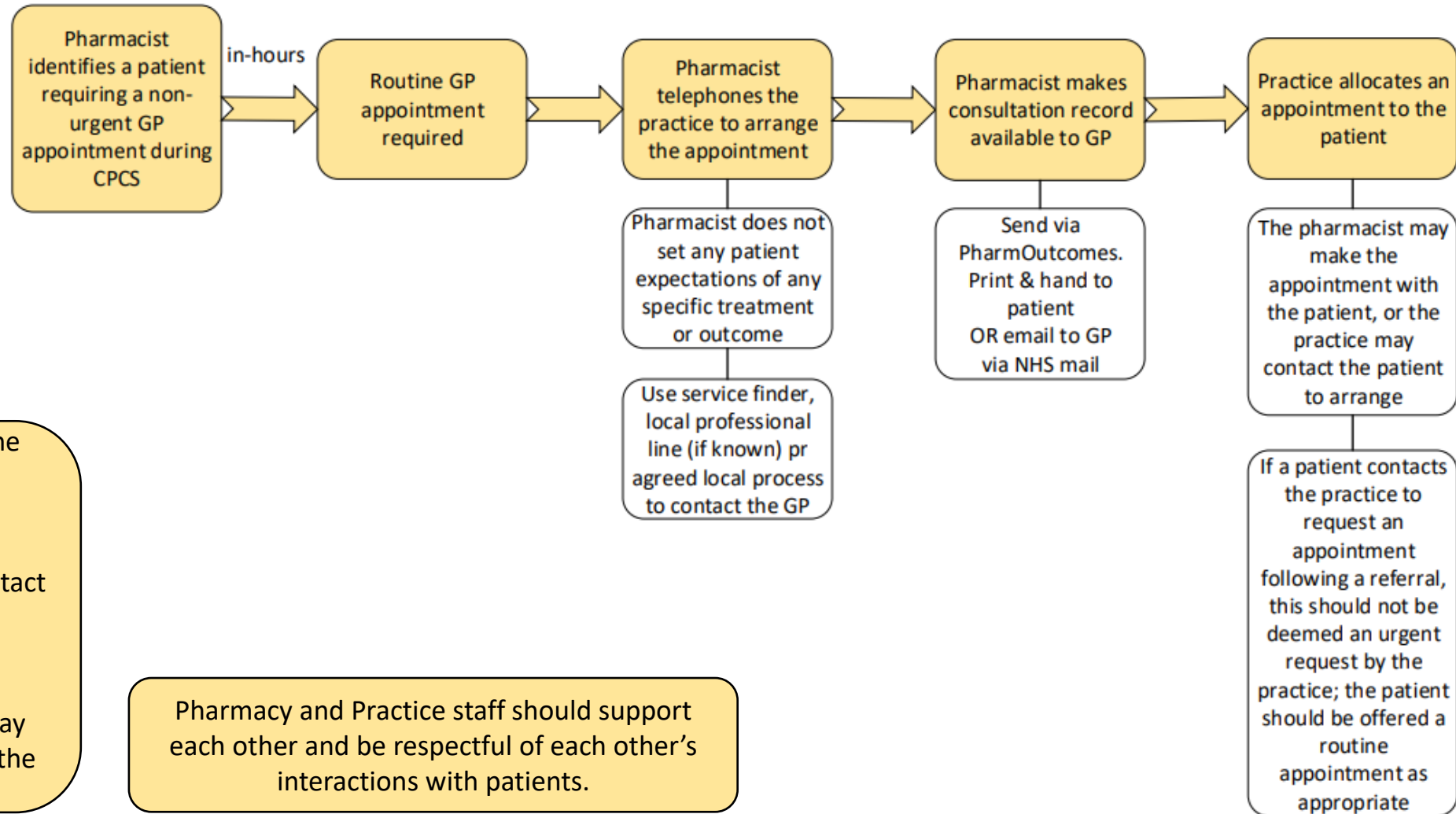
Advice & urgent escalation to GP (pharmacist makes contact)

Where the pharmacist considers the patient should be seen by their GP the same day – Pharmacist will contact the practice themselves

Advice & urgent escalation to urgent care e.g. A&E or 999

A minority of cases where a patient is urgently escalated to A&E

4. Non-Urgent Escalation



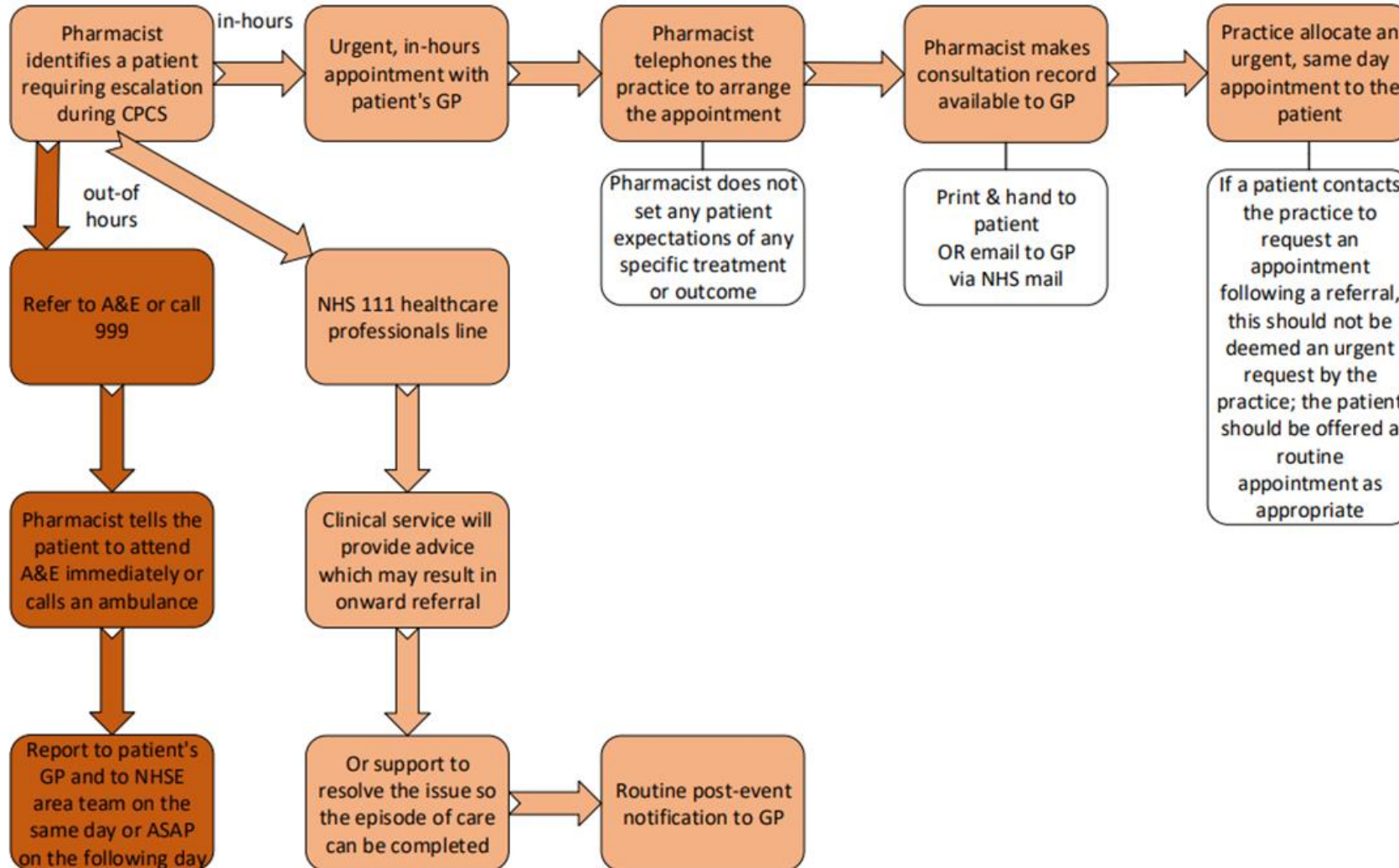
Pharmacists will make contact with the practice themselves for non-urgent escalations.

Pharmacists will ask patients not to contact the practice themselves.

If a patient does contact a practice following a referral, the pharmacist may not be aware, and will not have asked the patient to do this.

Pharmacy and Practice staff should support each other and be respectful of each other's interactions with patients.

4. Urgent Escalation



Pharmacists will phone the practice themselves for urgent escalations.

Pharmacists will ask patients not to contact the practice themselves.

If a patient does contact a practice following a referral, the pharmacist may not be aware, and will not have asked the patient to do this.

Pharmacy and Practice staff should support each other and be respectful of each other's interactions with patients.

GP CPCS vs. Minor Ailments Scheme (MAS)

MAS

If the reception staff are:

- confident in patient's self-diagnosis
- AND do not feel there is need for a clinical consultation with the pharmacist to exclude red flags e.g. sepsis

then they can continue to signpost and NOT use GP CPCS to make a referral.

Key points:

- MAS patient assessment is carried out by any member of the healthcare team under the supervision of a responsible pharmacist
- Only patients who fit the eligibility criteria for the MAS then they can be treated under the MAS and receive a medicine supply free of charge
- Details of the interaction will not be shared with the GP

GP CPCS

If the reception staff are :

















- not confident in the patient's self-diagnosis
- OR feel that the patient would benefit from a clinical consultation with the pharmacist
- OR feel that a red flag discussion and a review of patient's medicines and relevant medical history is appropriate

then they should refer under GP CPCS.

Key points:

- An electronic referral ensures that the patient is assessed by the pharmacist and that the pharmacy will get paid for the consultation
- Patients referred via GP CPCS will receive a personal consultation with the pharmacist either remotely or in person
- Consultation outcomes and any product supplied will be sent back to practice
- If patient requires a referral back to the practice this will be formally handled by the pharmacist ensuring that risk is managed across primary care

Suggested Do's and Don'ts

Do:	Do Not:
 Ensure all practice staff who receive patient queries understand who can be referred and how to make a referral	 Do not refer patients with symptoms lasting longer than 2-3 weeks or those in the red section of the Referral Protocol
 Talk to the pharmacies in your area to assess how many referrals per day/week are acceptable	 Do not refer patients who need an emergency supply of medication
 Refer patients to the pharmacy of their choice	 Do not refer patients who you know may have issues with buying medicines over the counter
 Gain consent from the patient for the referral	 Do not refer patients aged under 2 with conjunctivitis
 Use Patient Signposting (Patient Access Connect in EMIS) or PharmRefer to make all referrals	 Do not refer patients for contraception, pill checks, or emergency hormonal contraception (morning after pill)
 Ask the patient to wait for contact from the pharmacy within 2-3 hours (consider the time the referral is sent and the opening time of the pharmacy e.g. for referrals sent at 8am)	 Do not be inconsistent with making referrals if you can possibly help it – referring consistently to regular pharmacies will help the pharmacies to embed completing the consultations into their ways of working
 Save the consultation notes in the patient's clinical record when received by email	 Do not ask the patient to contact the pharmacy to follow up the referral, unless 3 hours has passed
 Keep in touch with the pharmacies in your area to update them on any changes which may impact on referral numbers	 Do not refer a patient to the EPS-nominated pharmacy as default – always check with the patient

Next steps and Resources

1. Gather Feedback from Practices and PCNs to identify support requirements
2. Engage practices and signpost resources available to promote engagement via localities
3. Monitoring and progress reporting
4. Ensure that EMIS module is live and active or ensure username and password is available for non emis practices for PharmRefer module
5. Critical to engage reception, admin and frontline staff

All resources available on the GP excellence website including:

- training slides
- List of conditions to refer
- EMIS demo video – 7 minutes
- FAQs and podcast amongst other resources

<https://gpexcellencegm.org.uk/support/gp-community-pharmacist-consultation-service/>

On demand training for practices is also available here including a demo of PharmRefer and EMIS

<https://www.youtube.com/watch?v=TpcmlJ1UYLM>

Top tips for Practices and Pharmacies

- Ensure red flag symptoms are identified before referrals sending referrals the guidance
- Identified lack of understanding re; Minor illness disposition and time to process referrals
- Using the correct referral module i.e. use GP CPCS referral module
- Ensuring there is open communication and liaison between pharmacies and practices for local resolution before escalation – this is critical
- Issues need to be flagged with clear information such as pharmacy name, practice name. incident outline and proposed solutions so cases can be resolved on escalation. More specifics needed to address and resolve issues
- We receive feedback from pharmacies which we don't flag and escalate as this is “work in progress”
- **Implement GP/Pharmacy principles to free up pharmacy capacity to focus on what we are contracted and assigned to do given the pressures**
- **Plans being put together by Locality in Tameside**

Overall this is dependent on effective communication and relationships between pharmacies and General Practice

Any Questions?

Resources

GP CPCS Tools	Link
NHS CPCS Toolkit for GP and PCN teams	Report template - NHSI website (england.nhs.uk)
NHS GP Briefing Note	https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/referring-minor-illness-patients-to-a-community-pharmacist/
Advanced Service Specification NHS CPCS	https://www.england.nhs.uk/wp-content/uploads/2019/10/CPCS-Advanced-Service-Specification.pdf
Local services referral tool for EMIS Video	https://videos.sproutvideo.com/embed/a79edeb11d1fe4c62e/6837ce0383f2896d?bigPlayButton=false&playerTheme=dark&playerColor=2f3437&autoplay=true
PharmRefer Video	https://media.pharmoutcomes.org/video.php?name=PharmRefer-2021_Update
NHSBSA GP CPCS Page	General Practice Community Pharmacist Consultation Service (GP CPCS) NHSBSA
PSNC GP CPCS Page including GP CPCS Animation	CPCS – GP referral pathway : PSNC Main site
GP CPCS Pilot - Bristol, North Somerset and South Gloucestershire pilot	NHS England » GP Referral to NHS Community Pharmacist Consultation Service – Bristol, North Somerset and South Gloucestershire pilot
Frequently Asked Questions (FAQ's)	Frequently Asked Questions (primarily for general practice teams)