

Coventry and
Warwickshire Team

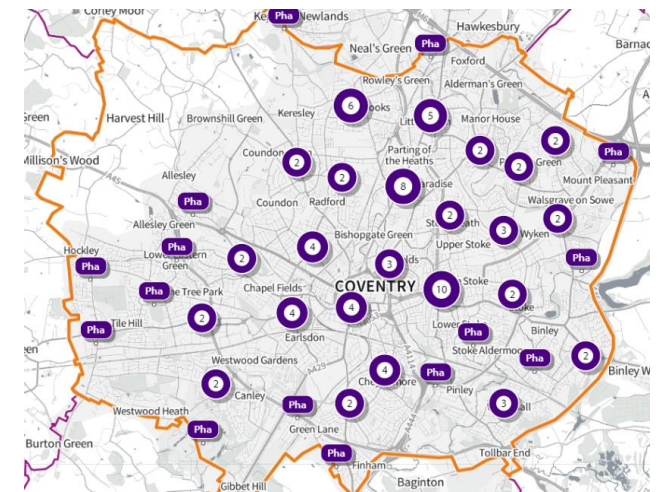
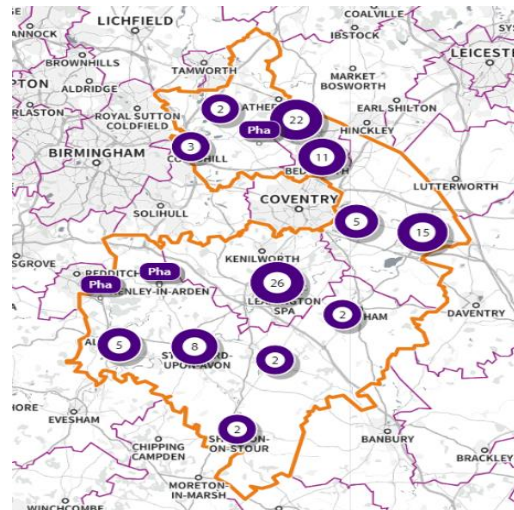
GPCPCS –
collaborative
working



COMMUNITY PHARMACY

ARDEN

Representing Community Pharmacies
in Coventry and Warwickshire



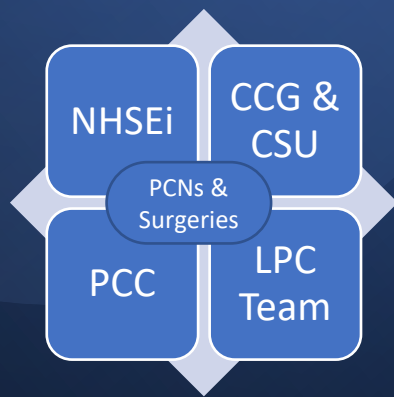
Welcome and Introductions



- Welcome
- Domestic
- Introductions
 - CCG & CSU
 - GP Federation
 - LPC Team
- Plan for the evening

GP CPCS - planning for success

Agenda



- 7.00 pm Welcome and introductions
- 7.10 pm Introductions on tables
- 7.15 pm GPCPCS setting the scene
- 7.30 pm EMIS – patient access integrated option
- 7.45 pm Comfort break with refreshments (*ensure mix on your tables with community and practice representation*)
- 8.00 pm Clinical Knowledge Summaries
- 8.15 pm Scenarios for table discussion
- 8.45 pm Feedback from discussions
- 9.00 pm Next steps – getting over the line
- 9.15 pm Q&A & feedback



Table introductions

GP CPCS

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.

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

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

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.



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

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

Community pharmacists are experts in medicines and managing minor illnesses

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

Successful implementation is underpinned by great collaboration and clear communication between all parties

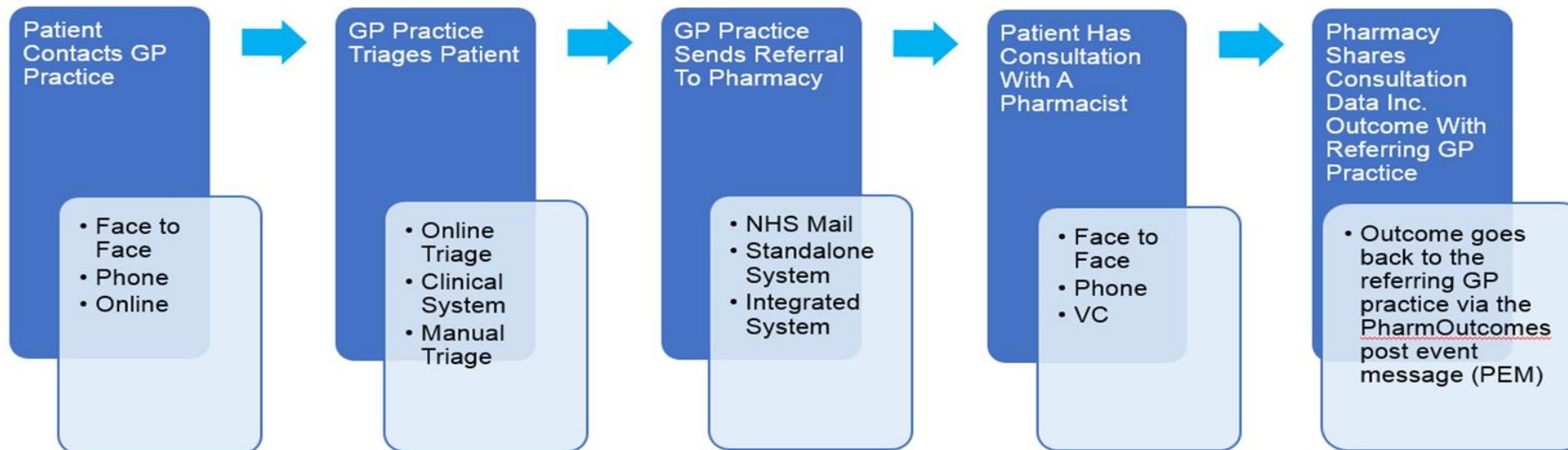
It is estimated that 6-8% of all GP consultations could be safely transferred to a community pharmacy for management of minor illness

Practice staff were positive about the GP referral pathway to NHS CPCS, with **91% of respondents indicating they would recommend this service to other GP practices** and 95% that they would recommend the service to friends and family.

How does the referral process work?



General Practice Referral to Community Pharmacist Consultation Service (CPCS) Referral Journey



5 | Patients contacting the surgery with potential minor acuity conditions can be referred for an appointment with a local pharmacist (usually the same day). The pharmacist will undertake a consultation with the patient to assess their needs and offer appropriate management options.

NHS 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	<ul style="list-style-type: none"> •Bee sting •Wasp sting 	<ul style="list-style-type: none"> •Stings with minor redness 	<ul style="list-style-type: none"> •Stings with minor swelling 	<ul style="list-style-type: none"> •Drowsy / fever •Fast heart rate 	<ul style="list-style-type: none"> •Severe swellings or cramps
COLDS	<ul style="list-style-type: none"> •Cold sores •Coughs 	<ul style="list-style-type: none"> •Flu-like symptoms 	<ul style="list-style-type: none"> •Sore throat 	<ul style="list-style-type: none"> •Lasted +3 weeks •Shortness of breath 	<ul style="list-style-type: none"> •Chest pain •Unable to swallow
CONGESTION	<ul style="list-style-type: none"> •Blocked or runny nose 	<ul style="list-style-type: none"> •Constant need to clear their throat 	<ul style="list-style-type: none"> •Excess mucus •Hay fever 	<ul style="list-style-type: none"> •Lasted +3 weeks •Shortness of breath 	<ul style="list-style-type: none"> •1 side obstruction •Facial swelling
EAR	<ul style="list-style-type: none"> •Earache 	<ul style="list-style-type: none"> •Ear wax •Blocked ear 	<ul style="list-style-type: none"> •Hearing problems 	<ul style="list-style-type: none"> •Something may be in the ear canal •Discharge 	<ul style="list-style-type: none"> •Severe pain. •Deafness •Vertigo
EYE	<ul style="list-style-type: none"> •Conjunctivitis •Dry/sore tired eyes •Eye, red or Irritable 	<ul style="list-style-type: none"> •Eye, sticky •Eyelid problems 	<ul style="list-style-type: none"> •Watery / runny eyes 	<ul style="list-style-type: none"> •Severe pain •Pain 1 side only 	<ul style="list-style-type: none"> •Light sensitivity •Reduced vision
GASTRIC / BOWEL	<ul style="list-style-type: none"> •Constipation •Diarrhoea •Infant colic 	<ul style="list-style-type: none"> •Heartburn •Indigestion 	<ul style="list-style-type: none"> •Haemorrhoids •Rectal pain, •Vomiting or nausea 	<ul style="list-style-type: none"> •Severe / on-going •Lasted +6 weeks 	<ul style="list-style-type: none"> •Patient +55 years •Blood / Weight loss
GENERAL	<ul style="list-style-type: none"> •Hay fever 	<ul style="list-style-type: none"> •Sleep difficulties 	<ul style="list-style-type: none"> •Tiredness 	<ul style="list-style-type: none"> •Severe / on-going 	
GYNAE / THRUSH	<ul style="list-style-type: none"> •Cystitis •Vaginal discharge 	<ul style="list-style-type: none"> •Vaginal itch or soreness 		<ul style="list-style-type: none"> •Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding 	<ul style="list-style-type: none"> •Pharmacy treatment not worked •Had thrush 2x in last 6 months
PAIN	<ul style="list-style-type: none"> •Acute pain •Ankle or foot pain •Headache •Hip pain or swelling •Knee or leg pain 	<ul style="list-style-type: none"> •Lower back pain •Lower limb pain •Migraine •Shoulder pain 	<ul style="list-style-type: none"> •Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain 	<ul style="list-style-type: none"> •Condition described as severe or urgent •Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> •Chest pain / pain radiating into the shoulder •Pharmacy treatment not worked •Sudden onset
SKIN	<ul style="list-style-type: none"> •Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss 	<ul style="list-style-type: none"> •Hay fever •Nappy rash •Oral thrush •Rash - allergy •Ringworm/threadworm 	<ul style="list-style-type: none"> •Scabies •Skin dressings •Skin rash •Warts/verrucae •Wound problems 	<ul style="list-style-type: none"> •Condition described as severe or urgent •Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> •Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?
MOUTH / THROAT	<ul style="list-style-type: none"> •Cold sore blisters •Flu-like symptoms •Hoarseness 	<ul style="list-style-type: none"> •Mouth ulcers •Sore mouth •Sore throat 	<ul style="list-style-type: none"> •Oral thrush •Teething •Toothache 	<ul style="list-style-type: none"> •Lasted +10 days •Swollen painful gums •Sores inside mouth 	<ul style="list-style-type: none"> •Unable to swallow •Patient has poor immune system •Voice change
SWELLING	<ul style="list-style-type: none"> •Ankle or foot swelling •Lower limb swelling 	<ul style="list-style-type: none"> •Thigh or buttock swelling •Toe pain or swelling 	<ul style="list-style-type: none"> •Wrist, hand or finger swelling 	<ul style="list-style-type: none"> •Condition described as severe or urgent •Condition ongoing for +3 weeks 	<ul style="list-style-type: none"> •Discolouration to skin •Pharmacy treatment not worked •Recent travel abroad

The Patient / Pharmacist Consultation

The Consultation



Structured consultation
Information recorded on
PharmOutcomes

Summary
Care
Records

NICE Clinical
Knowledge
Summaries (CKS)

Clinical assessment using
SCR (with patient consent)
& NICE CKS

The Outcome



ESCALATION

Red flags &/or urgent will
require escalation, usually
back to GP practice or
NHS111 / A&E (10% of cases
in pilot)



Advice Only (verbal, printed,
links or websites, self care,
homely remedies) (40% of
consultations in pilot)



Advice & OTC
product purchase
recommended



Community Pharmacy
Extended Care Service (Tier1)
(Midlands Region)

Advice & Referral to
Extended Care
Service



Advice & signpost to
another healthcare
professional



ALARM

Advice if symptoms get
worse or no better
after X days

Implementation preparation – General Practice

PCN / surgery agree go live date and share with pharmacies and ICS lead

Before go live:

- Share HCP telephone and email details with pharmacies and ICS Lead coordinator
- Confirm using integrated EMIS – Patient Access approach
- Confirm cut off time for taking escalations back for same day appointment
- Ensure all in practice know about the referrals and reception team trained on which minor illnesses suitable, how to put message across and handling any patients escalated back
- Plan short period of testing with buddy pharmacy and then extend as pharmacy selection is the patient's choice
- Decide whether opening to all minor illness or if having a phased approach
- Confirm approach that patients will be informed that pharmacy will contact same day and usually within 3 hours (depends on number referrals) but patient can contact pharmacy if worried or not heard within 3 hours
- If sending referrals after 4pm then the patient may be contacted the next day

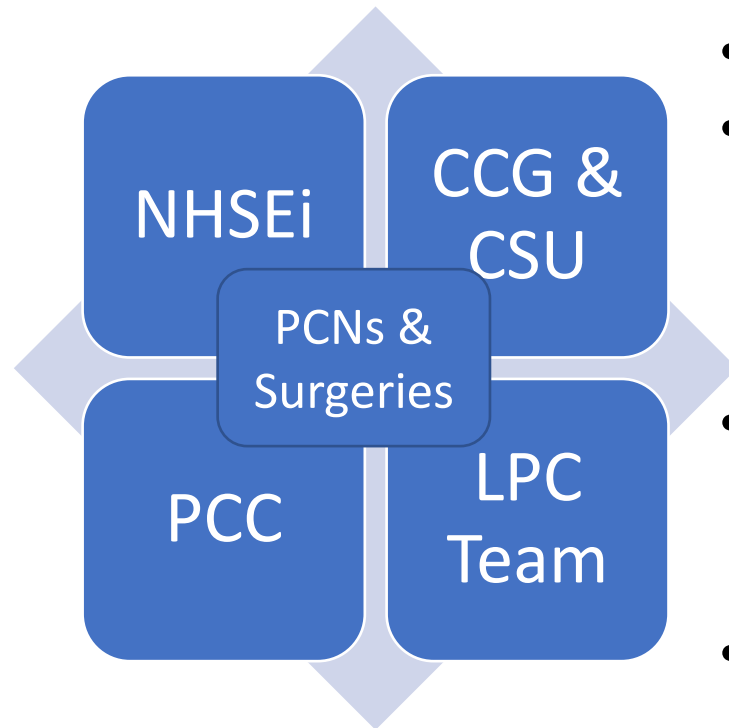
Implementation preparation – Pharmacy

When PCN / surgery go live dates confirmed

Before go live:

- Make sure surgery has your information (this should have been supplied previously by the ICS Lead)
- Check you have the HCP telephone and email details for the surgery
- Confirm using integrated EMIS – Patient Access approach
- Ensure know cut off times for escalations and timeframe for contacting patient
- Be prepared for testing if you are a buddy pharmacy
- Make sure whole team knows service starting and that the PharmOutcomes workflow is checked regularly during the day (NHSmail if using alternative process)
- If you have had a lot of referrals and you cannot manage any more that day – inform surgeries so no more sent – agree how this will be communicated – frequently checked email is likely option
- Ensure locum pack available fully explaining local protocols and onward referral options, local services and escalation process

Local Plans and Support



- Reporting and Midlands wide support through NHSEi
- EMIS – Patient Access – training and videos
- CCG & CSU drop in sessions, collating surgery information and follow up support for practices – multiple sessions for all practice teams agreeing start dates
agcsu.medicines@nhs.net
- PCC will be offering up to 3 virtual visits per practice (planning, training, follow up go live) – starting with South Warwickshire
- LPC Team – supporting practices, GP Federations, PCN teams and pharmacy teams prior to, during and post go live (virtual, phone and f2f) – Nuneaton PCNs discussions underway. cwservices.lpc@gmail.com

[GP CPCS Service Launch – YouTube](#)

EMIS Patient Access

- <https://www.youtube.com/watch?v=pyQUfUR2Iz0>

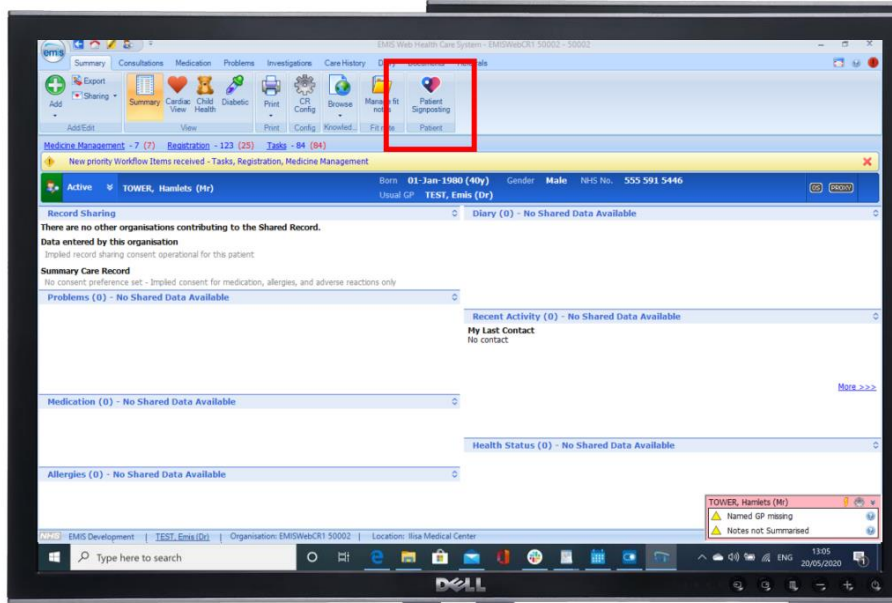


Patient Signposting

Step 1: Login to EMIS Web and go to appointments screen you will see Patient Access Connect button

A new menu option will be available in both the Appointments and Consultations modules in EMIS-Web:

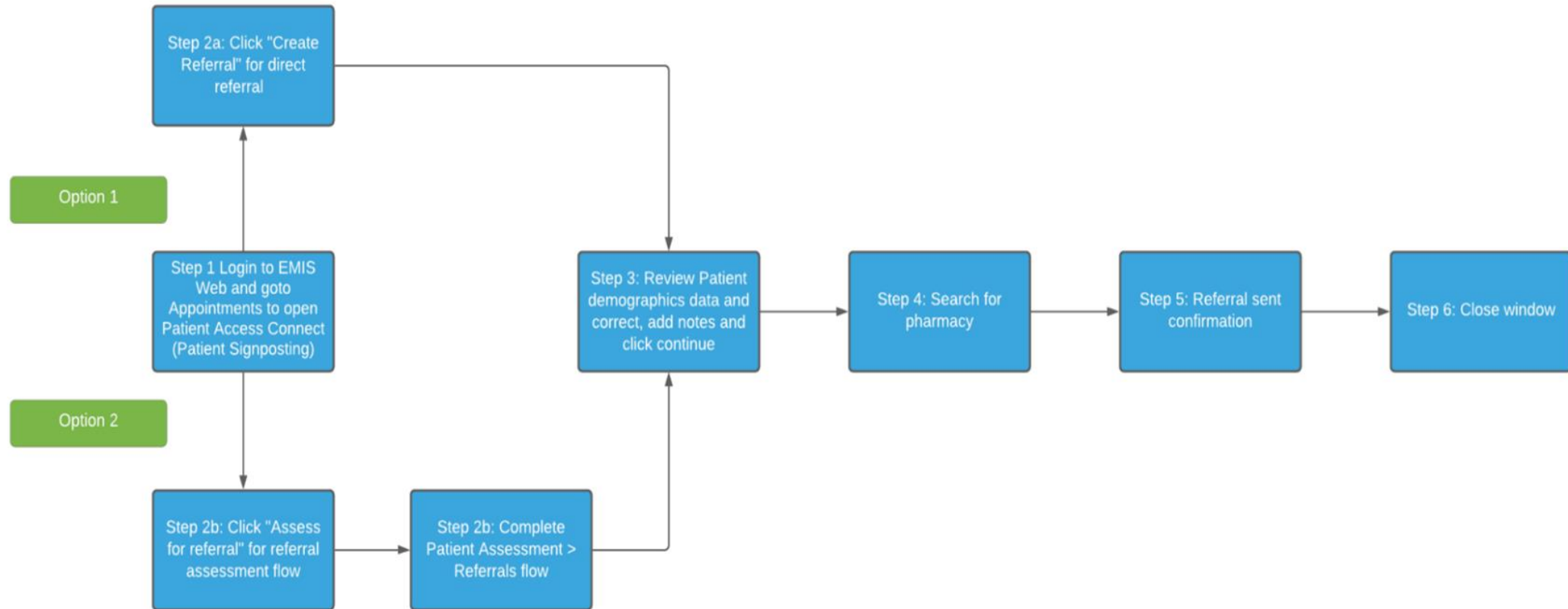
'Patient Signposting'



CPCS – the Patient Access Connect solution

- Accessed direct from EMIS system
- Patient data pre-populated, saving time
- 2 minute triage form developed and peer reviewed by GPs
- Red and amber flags directed with appropriate urgency to GP/urgent care
- Patient information leaflets/videos from Patient.info with links provided throughout (can be sent direct to patient)
- If appropriate, ability to generate CPCS referral directly

EMIS Integrated Approach



Scenarios - Clinical Knowledge Summaries Links

- [Scenario: Management | Management | Sore throat - acute | CKS | NICE](#)
- [Scenario: Management | Management | Sore throat - acute | CKS | NICE](#)
- [Scenario: Management | Management | Cough | CKS | NICE](#)
- [Management | Urinary tract infection \(lower\) - women | CKS | NICE](#)
- [Scenario: UTI with visible or non-visible haematuria | Management | Urinary tract infection \(lower\) - women | CKS | NICE](#)
- [Scenario: Recurrent UTI \(no visible haematuria, not pregnant or catheterized\) | Management | Urinary tract infection \(lower\) - women | CKS | NICE](#)

[Scenario: UTI in pregnancy no visible haematuria | Management | Urinary tract infection \(lower\) - women | CKS | NICE](#)

[Scenario: Management | Management | Earwax | CKS | NICE](#)

[Scenario: Acute otitis media - initial presentation | Management | Otitis media - acute | CKS | NICE](#)

[Scenario: Persistent acute otitis media - treatment failure | Management | Otitis media - acute | CKS | NICE](#)

[Scenario: Recurrent acute otitis media | Management | Otitis media - acute | CKS | NICE](#)

[Scenario: Herpes labialis and gingivostomatitis | Management | Herpes simplex - oral | CKS | NICE](#)

Scenario 1

- Mrs Jones contacts her GP practice with a sore throat. She has had it all week and it is not getting any better. She asks for an appointment with Dr Potter as she always see him. The receptionist/care navigator explains that it would be best if she is seen by her local pharmacy and refers her via the GP-CPCS using EMIS. She is asked which pharmacy would suit her best and she chooses her regular pharmacy.
- Mrs Jones receives a call from her local pharmacy in under an hour and after a consultation with the pharmacist, receives advice and they agree for her to use a homely remedy.
- What do you identify as the positives/potential issues in this scenario:-
 - For the patient? For the practice? For the pharmacy?
 - What red flags would you be looking out for?

Scenario 2

- Mr Khan contacts his GP practice with a cough that he has had for a week or so. He asks for an appointment that day with any available doctor. The receptionist/care navigator explains that it would be best if he is seen by his local pharmacy and refers him via the GP-CPCS using EMIS. He is asked which pharmacy would suit him best and he chooses a pharmacy close to his home.
- Mr Khan receives a call from his local pharmacy a few hours later and agrees to attend the pharmacy . After a consultation with the pharmacist they agree for Mr Khan to purchase an over the counter medicine to relief his cough.
- What do you identify as the positives/potential issues in this scenario:-
 - For the patient? For the practice? For the pharmacy?
 - What red flags would you be looking out for?

Scenario 3

- Miss Reilly, a 21 year old, contacts her GP practice with a burning sensation when she goes to the toilet that she has had for 10 days. She asks for an appointment ASAP with a female doctor. The receptionist/care navigator explains that it would be best if she is seen by her local pharmacy and refers her via the GP-CPCS using EMIS. She is asked which pharmacy would suit her best and she chooses a pharmacy in her village.
- Miss Reilly receives a call from her local pharmacy a few hours later and agrees to attend the pharmacy . After a consultation with the pharmacist concerns are raised and this case needs to be escalated back to the practice. The pharmacist uses the back office telephone number he has for the practice. The clinician at the practice discusses the case with the pharmacist and they agree a course of anti biotics is required. The clinician agrees to issue a prescription and the pharmacist informs Miss Reilly that he will be giving her a course of antibiotics
- What do you identify as the positives/potential issues in this scenario:-
 - For the patient? For the practice? For the pharmacy?
 - What red flags would you be looking out for?

Scenario 4

- Mrs Mohammed, Mother to 8 year old Asha, contacts her GP practice concerned about her daughter who has a painful ear. She asks for an appointment that day with her regular doctor. The receptionist/care navigator explains that it would be best if she is seen by her local pharmacy and refers her via the GP-CPCS using EMIS. She is asked which pharmacy would suit her best and she chooses the pharmacy next to the practice.
- Mrs Mohammed receives a call from her local pharmacy within an hour. After a telephone consultation with the pharmacist it becomes clear that there is also a discharge from the ear and this raises concerns for the pharmacist. She feels that Asha needs to be escalated back to the practice. The pharmacist uses the back office telephone number she has for the practice and discusses the case with a clinician. They agree that Asha needs to be seen by the GP. The pharmacist refers the case back to the practice and rings Mrs Mohammed back to inform her. The practice contacts Mrs Mohammed to arrange to see Asha.
- What do you identify as the positives/potential issues in this scenario:-
 - For the patient? For the practice? For the pharmacy?
 - What red flags would you be looking out for?

Scenario – managing expectations

Mrs Smith contacts her GP practice on a Monday morning and after waiting in a queue has her call answered. She starts to explain that she has a cold sore and needs to see GP or an acute prescription to her pharmacy.

The receptionist is quite busy and has no GP appointments available but is aware cold sore is on the CPCS list of conditions for referral. She tells the patient that would be best if she is seen by local community pharmacist and refers using the GP-CPCS NHSmail (or integrated option). She is asked which pharmacy wishes to attend and choose her usual pharmacy and is told that pharmacy will call her that morning.

Mrs Smith waits until 12.15 and then calls the pharmacy who checks NHSmail (or PharmOutcomes if integrated option). The Pharmacist starts the consultation over the telephone. It is clear that the patient is unhappy and expected that a prescription would be waiting for her. She expands on the fact that she has recurrent cold sores and requires oral acyclovir, this is an ongoing condition under a hospital consultant's care.

The Pharmacist explains that they can't give her the medication as ongoing condition and they will refer her back to GP. The pharmacist contacts practice and explains situation. In the meantime Mrs Smith calls the surgery to complain. It is escalated to a senior partner who decides to stop CPCS as 4th issue raised.

What went wrong? How can we improve?

From view point of the Patient, Pharmacy, Surgery

Next steps

Making it a success



Any
Questions?



Thank you for
coming

Safe Journey Home

Don't forget your
packs!



Thank You!



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in Coventry and Warwickshire