



WARWICKSHIRE LPC
the local voice for pharmacy



COVENTRY
LOCAL PHARMACEUTICAL COMMITTEE



General Practice Referral into Community Pharmacy Consultation Service GP - CPCS

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What is GP referral into CPCS?

- <https://psnc.org.uk/our-news/psnc-launches-gp-cpcs-animation/>
- CPCS launched in October 2019 and is now well established for managing referrals for minor illnesses for NHS 111
- A number of pilots across the country involving referrals from General Practice have been in operation over last 12+ months
- GP referral into CPCS became part of the national service on 1st November 2020
- In principle GP referral to CPCS is no different to CPCS
- 'Soft launch' & phased implementation supported by NHSE&I
- No sign up required if pharmacy is already delivering CPCS (>96%)



Since starting in October 2019, the **NHS Community Pharmacy Consultation Service (CPCS)** has supported thousands of patients referred from NHS111 with medicine needs and management of minor acute conditions.

The service has now been extended to **include referrals from General Practice** for minor illnesses and conditions such as constipation, cough, sore throat and joint pain*

How does it work?



What are the benefits?

Referring patients to CPCS this way:

- Gives the pharmacist all the information needed to provide the service safely and effectively
- Usually allows the patient to be seen the same day
- Frees up practice appointment time
- Allows information captured during the consultation to be shared with the practice

91% of GP Staff indicated they would recommend this service to other GP practices*

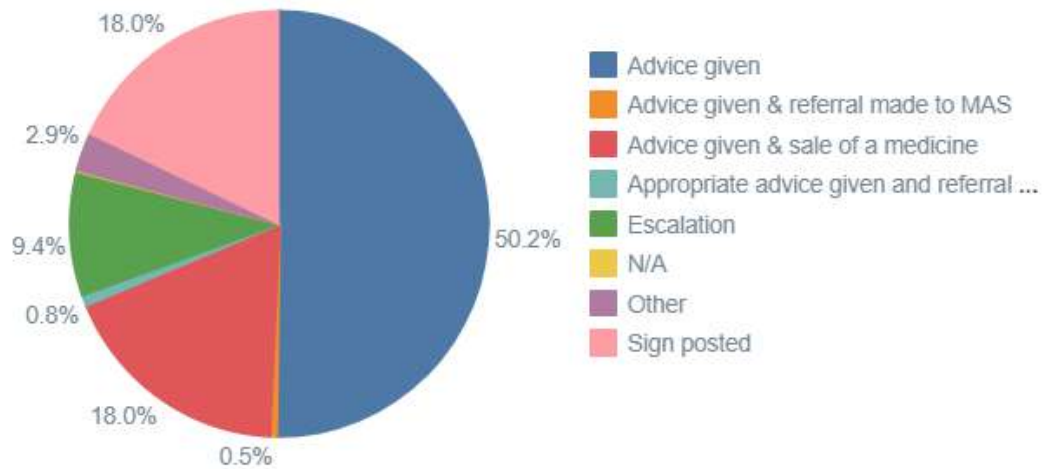
89% of patients were 'definitely satisfied' with the consultation with the pharmacist**

Patients cited convenience, time-saving, & being able to fit appointments around work as reasons to use the service again**

NHS111 to CPCS

CPCS Dashboard Minor Illnesses

Referrals by Outcome



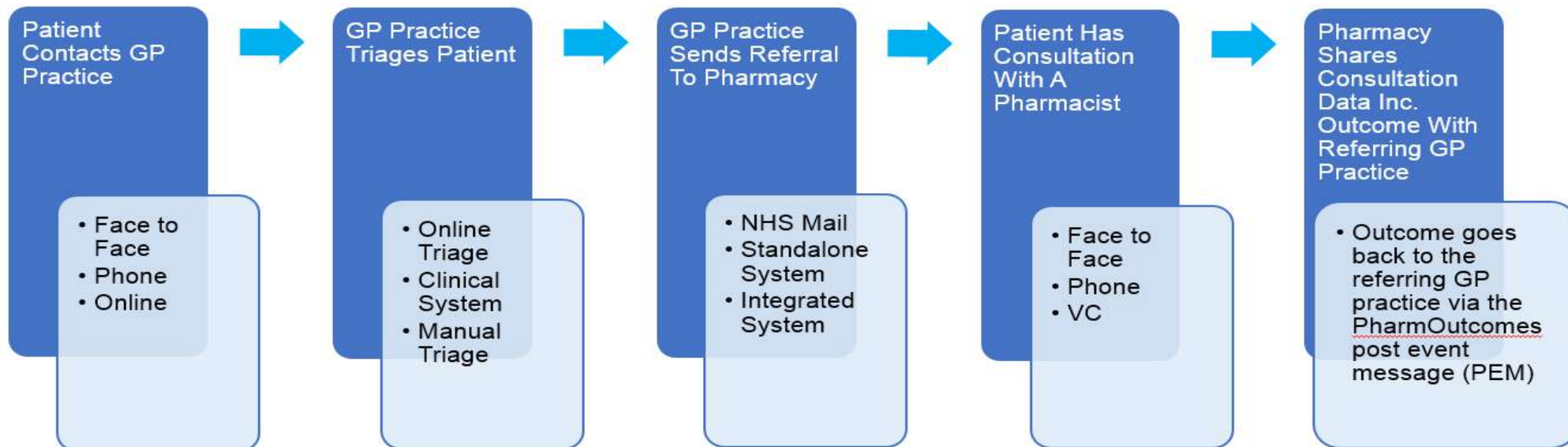
Top 10 Symptom Groups



How does the referral process work?



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



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.

Care Navigation – Patient Minor Illness

Community Pharmacists




highly trained medical professionals

General Pharmaceutical Council

Compliance
Regulations

4 years
5 years


Mrs. Jones' journey through the service



HELLO Monday

Schedule your appointment today.

three MONTHS



Conversation with Mrs. Jones



Mrs Jones I have listened to your symptoms today and I suggest we send you to a community pharmacy

what are other words for 'fab off'?



Conversation with Mrs. Jones

Mrs Jones having listened to your symptoms I am sending you for a personal consultation today with an NHS community pharmacist. If you can just let me know which pharmacy you would like to talk to I can make the official referral now.

Answers in your back pocket



If I go to the pharmacist I won't get an appointment today

Mrs Jones if the pharmacist believes you need an urgent appointment they will contact us



REASONS

Answers in your back pocket



I am not going to pay for anything as I get my prescriptions free

Clinically assess you. May or may not require a product.



REASONS



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

EMIS Template

NHS GP Practice to Community Pharmacy Services

Content	Description
Referrer name and position	Current User Position:
Patient name	Full Name
Date of birth (DOB)	Date of Birth
Gender	Gender
Contact telephone number	Patient Home Telephone Patient Mobile Telephone
GP Practice name	Organisation Name
Referral to	Name of the pharmacy that the referral is being sent to.
Presenting complaint or issue (see tick list below)	The description of the health problem/ issue experienced by the patient precipitating referral.
Date / time of referral	Short date letter merged / Time letter merged
NHS number	NHS Number
Comments	Free text box for receptionist to add any notes from their conversation.

	Please Tick		Please Tick
Acne, Spots and Pimples	<input type="checkbox"/>	Knee or Lower Leg Pain or Swelling	<input type="checkbox"/>
Allergic Reaction	<input type="checkbox"/>	Lower Back Pain	<input type="checkbox"/>
Ankle or Foot Pain or Swelling	<input type="checkbox"/>	Lower Limb Pain or Swelling	<input type="checkbox"/>
Arm Pain or Swelling	<input type="checkbox"/>	Mouth Ulcers	<input type="checkbox"/>
Athlete's Foot	<input type="checkbox"/>	Rectal Pain, Swelling, Lump or Itch	<input type="checkbox"/>
Bites or Stings, Insect or Spider	<input type="checkbox"/>	Shoulder Pain	<input type="checkbox"/>
Blisters	<input type="checkbox"/>	Skin, Rash	<input type="checkbox"/>
Cold or Flu	<input type="checkbox"/>	Sleep Difficulties	<input type="checkbox"/>
Constipation	<input type="checkbox"/>	Sore Throat and Hoarse Voice	<input type="checkbox"/>
Cough	<input type="checkbox"/>	Tiredness (Fatigue)	<input type="checkbox"/>
Diarrhoea	<input type="checkbox"/>	Toe Pain or Swelling	<input type="checkbox"/>
Earache, Ear Discharge or Ear Wax	<input type="checkbox"/>	Vaginal Discharge	<input type="checkbox"/>
Eye, Red or Irritable	<input type="checkbox"/>	Vaginal Itch or Soreness	<input type="checkbox"/>
Eye, Sticky or Watery	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Hair Loss	<input type="checkbox"/>	Wound Problems -management of Dressings	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Wrist, Hand or Finger Pain/Swelling	<input type="checkbox"/>
Hip, Thigh or Buttock Pain or Swelling	<input type="checkbox"/>	Other (please state what):	<input type="checkbox"/>

Care Navigation

The screenshot shows the 'Pharmacy Criteria' section of the template runner. The patient information at the top is: DUCK, Donald (Mr), Born: 02-May-1973 (47y), Gender: Male, NHS No: Unknown, Usual GP: TAURUS, (Dr).

Pharmacy Criteria

- [Conditions: A-Z List of Pharmacy Services](#)
- [Community pharmacy based services and dispositions](#)
- [Pharmacy Conditions Information](#)
- [Herefordshire Local Pharmacies](#)

General Exclusion Principles

- Under 2 Years old**
- Acute illness (Sudden onset of feeling poorly)**
- Pregnancy**
- Frailty (Vulnerable Elderly)**

Red Flags

Red flags are signs or symptoms that indicate something could be seriously wrong. If a Pharmacist identifies a red flag, they may ring the surgery requesting a patient be seen by the GP Surgery Team, urgently on the day or in a routine appointment and indicate how quickly.

Access Criteria

Condition:

Service:

Exclusion:

- Acne - Mild
- Over the counter medication hasn't worked, patient very unhappy about symptoms.
- Allergic Rhinitis (including hay fever)
- Under 2 years, temperature, headache, eye pain, short of breath, severe cough, breastfeeding.
- Athlete's Foot
- Diabetes, rash on other part of body.
- Burns and Scalds (minor)
- Under 5 years, details on hyperlink (Top or Bottom) on how to manage.
- Cold and Flu Symptoms
- Severe symptoms, lasted more than 10 days.
- Cold Sores (lips only)
- Under 2 years.
- Colds

Navigation menu on the left includes: Internal Referrals, External Referrals, Social Prescribing, First Contact Physiotherapist, Carers Trust 4all - CarerLink, District Nursing, Community Therapy, Falls Response Service, School Nursing, Health Visitor, Adult Referral Team, Herefordshire Healthy Minds, Healthy Lifestyle, PEARS, Pharmacy First (highlighted), WISH, WMA5 DOS, Resources for Practices.

The screenshot shows the 'External Referrals' section of the template runner. The patient information at the top is: DUCK, Donald (Mr), Born: 02-May-1973 (47y), Gender: Male, NHS No: Unknown, Usual GP: TAURUS, (Dr).

External Referrals

Referral Type	Signposted to	Date	Action
Internal Referrals	Signposted to Carers Support	No previous entry	
External Referrals	Signposted to District Nurse	No previous entry	
Social Prescribing	Signposted to Community Therapy	No previous entry	
First Contact Physiotherapist	Signposted to Falls Responders	No previous entry	
Carers Trust 4all - CarerLink	Signposted to School Nurse	No previous entry	
District Nursing	Signposted to Health Visitor	No previous entry	
Community Therapy	Signposted to the Adult Referral Team	31-Oct-2017	✕
Falls Response Service	Signposted to Let's Talk	31-Oct-2017	✕
School Nursing	Signposted to Healthy Lifestyles	31-Oct-2017	Referral to s... ✕
Health Visitor	Signposted to PEARS	31-Oct-2017	✕
Adult Referral Team	Signposted to Pharmacy First	No previous entry	
Herefordshire Healthy Minds	Signposted to WISH	31-Oct-2017	✕
Healthy Lifestyle	Signposted to a Service Finder	No previous entry	
PEARS			
Pharmacy First			
WISH			
WMA5 DOS			
Resources for Practices			

Navigation menu on the left includes: Internal Referrals, External Referrals (highlighted), Social Prescribing, First Contact Physiotherapist, Carers Trust 4all - CarerLink, District Nursing, Community Therapy, Falls Response Service, School Nursing, Health Visitor, Adult Referral Team, Herefordshire Healthy Minds, Healthy Lifestyle, PEARS, Pharmacy First, WISH, WMA5 DOS, Resources for Practices.

Bottom right corner shows a legend: DUCK, Dona, Pnum, Flu cod, 1st MM.

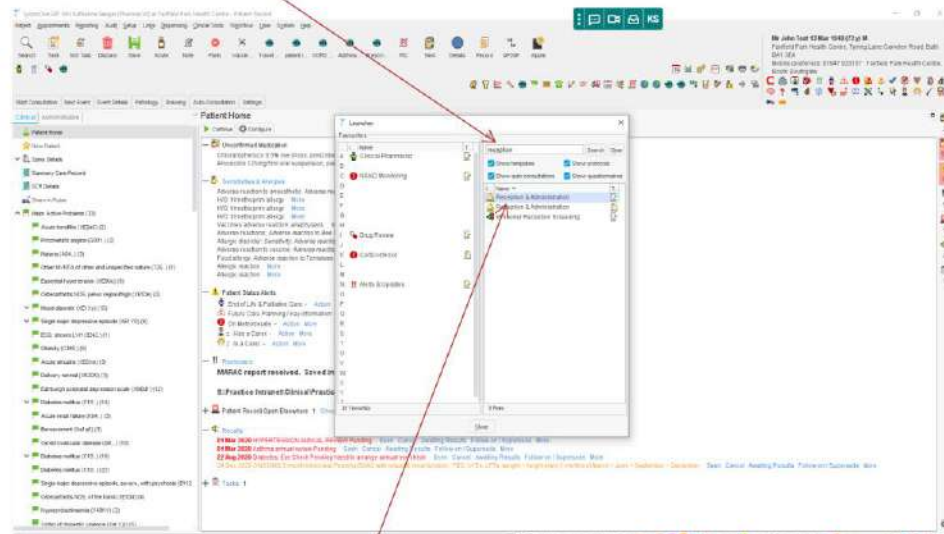
Ardens Template

- [GP CPCS referral - YouTube](#)

How to make a referral to the Community Pharmacy Consultation Service (CPCS)

The referral form can be found in the Ardens 'Reception + Administration' template.

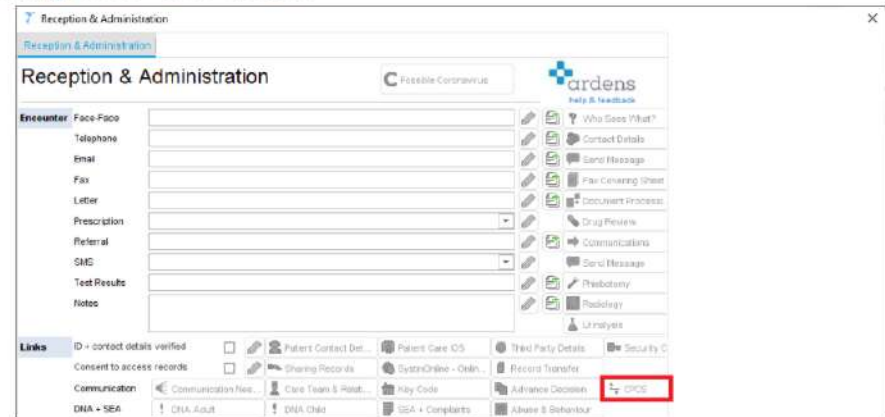
1. Press F12
2. Put the word 'reception' into the search box



Support Desk / All Solutions / Administration / Receptionists

Community Pharmacist Consultation Service - CPCS

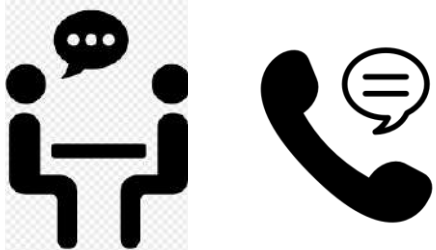
The CPCS template can be found on the **Reception and Administration** template by clicking on the "CPCS" button.



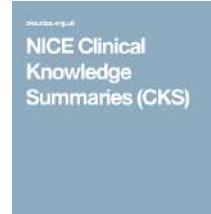
The **Reception and Administration** template can be found either under **Auto-Consultations - ardens OTHER PROFESSIONALS**, or by clicking on the

The Patient / Pharmacist Consultation

The Consultation



Structured consultation
Information recorded
on PharmOutcomes



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

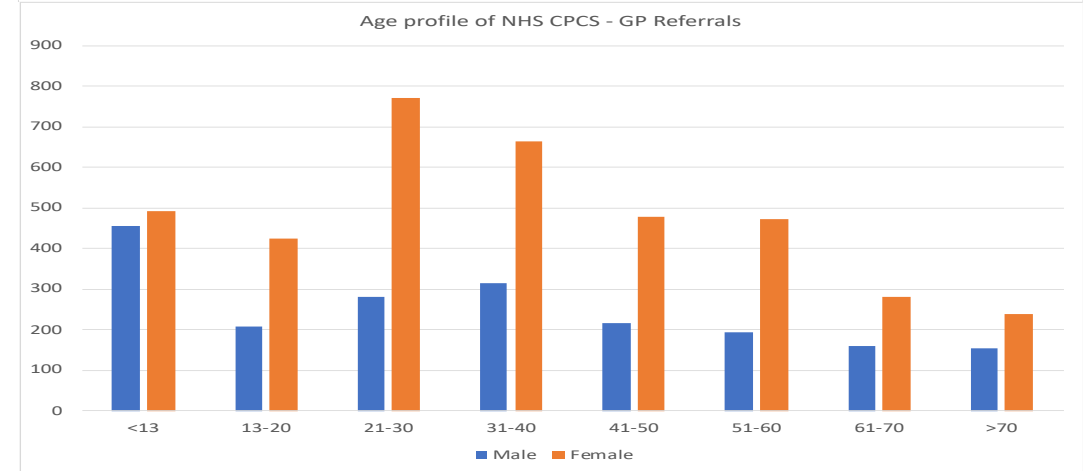
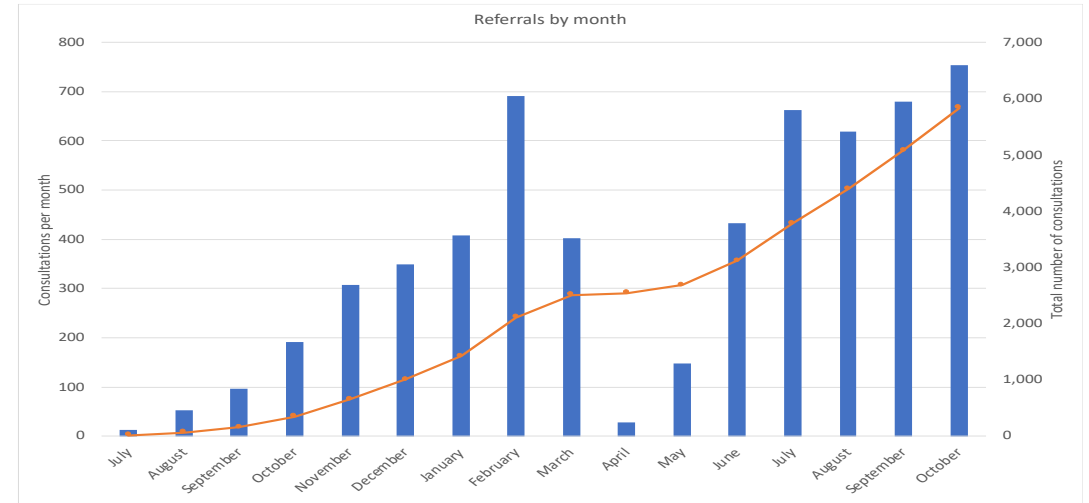
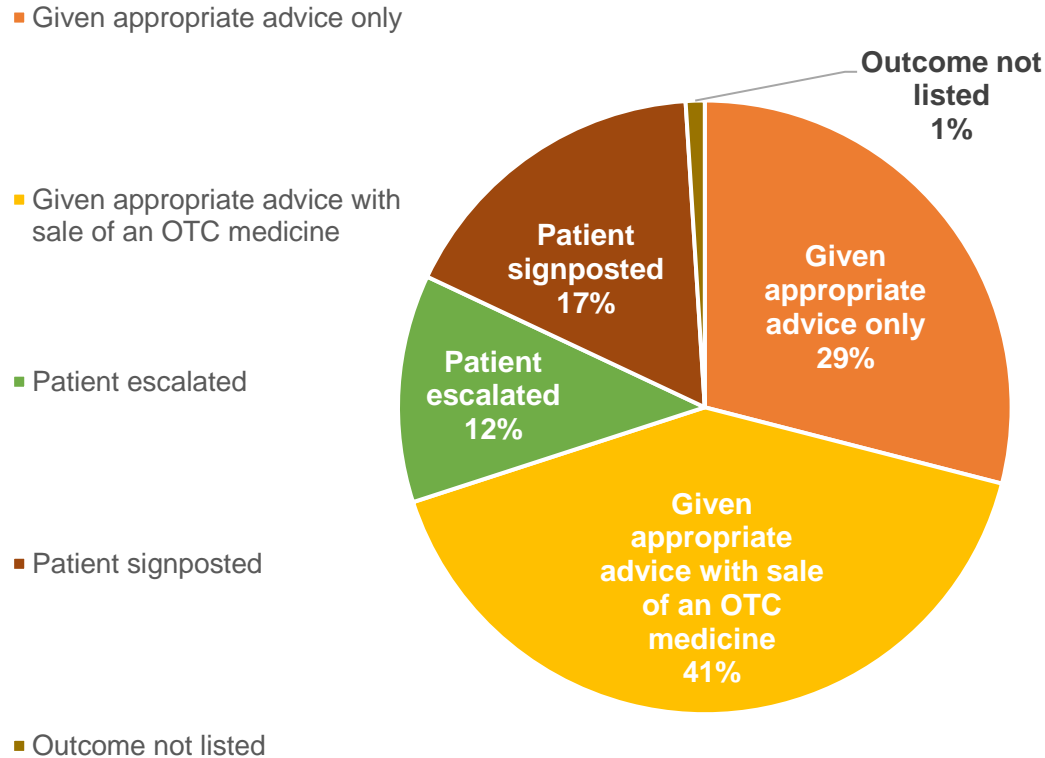


Advice & signpost to
another healthcare
professional



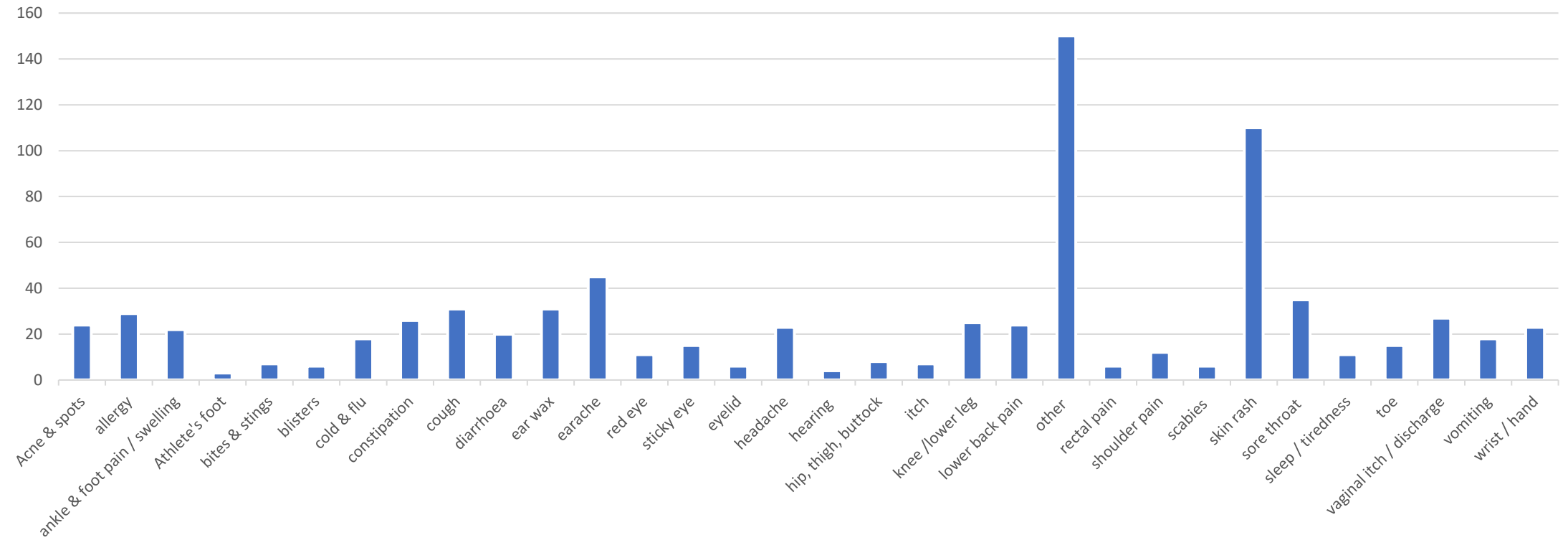
**Advice if symptoms
get worse or no
better after X days**

Patient Outcomes from Avon



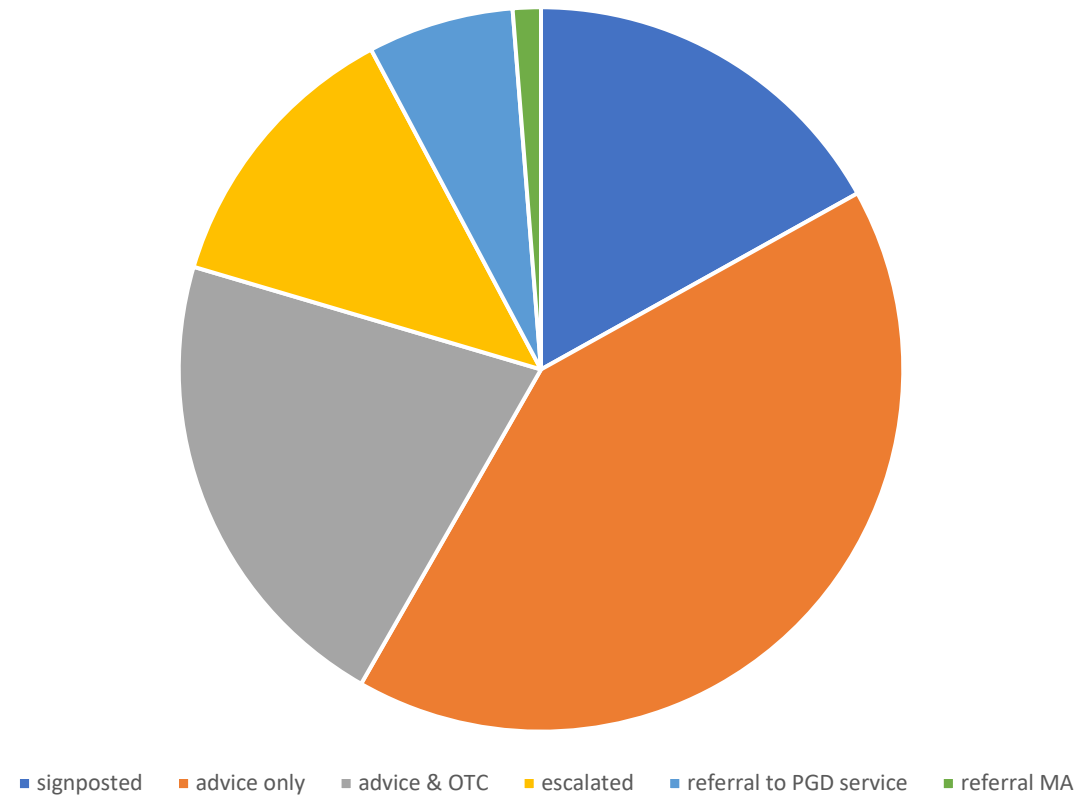
Data from sites in **Avon** shows that most patients referred from GP practice to CPCS are successfully managed in the pharmacy, with only around 1 in 10 requiring further escalation, such as referral for further assessment by a GP or to A&E.

First 800 referrals in Midlands - conditions



Midlands first 800 referrals - outcomes

GP into CPCS Consultation Outcomes



How does this differ from just asking a patient to visit their pharmacy?

Formalising the referral **using the CPCS process** ensures that:

- ✓ The pharmacist has the key information needed to provide the patient with appropriate support and advice
- ✓ Information regarding the consultation is captured and can be shared with the GP practice
- ✓ Patients receive care to a national service specification, with associated governance and standards
- ✓ The pharmacy receives payment for providing the service from national funding at no cost to the GP practice
- ✓ Patients value the formalised referral approach

Click on the image or link below to see a video of GP, pharmacist and practice manager talking about GP referral to Community Pharmacist Consultation Service

91% of GP Staff indicated they would recommend this service to other GP practices

95% of GP Staff indicated they would recommend this service to friends and family

86% of people referred attended the pharmacy for a consultation²

89% of patients were 'definitely satisfied' with the consultation with the pharmacist

Patients cited convenience, time-saving, and being able to fit appointments around working hours as reasons to use the service again

Key Points for pharmacy teams

If you are signed up for the CPCS service and >97% are – the Pharmacist must be able to provide the service all normal opening hours. Locums need to be aware and able to provide the service and someone able to access the shared NHSmail must be on duty at all times. *(In an emergency where this is not possible you must inform the surgeries that temporarily suspending service and confirm when back up and running – plus update DoS for the NHS111 referrals)*

Pharmacy teams will need to check NHSmail regularly and at least first thing, mid-morning, lunchtime, mid-afternoon and before close - MOST referrals will be by 2.00pm and ideally then contact the patient as they come through / within 3 hours depending on the number of referrals received

The support staff could contact the patient for you to arrange a suitable time for the consultation, but the pharmacist must undertake the consultation using the PharmOutcomes template which has links to SCR and Clinical Knowledge Summaries to help identify any red flags

Pharmacist – will need to follow the protocol to send a patient back, if the ailment/condition is something you cannot manage (although the majority will be), you must contact the GP through the agreed telephone number / email and agree on the way forward and then tell the patient. **Urgent – phone, non-urgent - email**

The only time the pharmacist would just tell a patient ‘to go back to the GP’ or return to the pharmacy would be after completing the consultation – when the catch all statement has to be given --- *if the ailment gets worse or no better following this advice / treatment within xxx days then please come back to me or contact your GP.*

The Pharmacist will complete the consultation on the CPCS template on PharmOutcomes and a copy will be sent automatically to GP record. *(If for any reason the automatic link is broken the screen will advise and the pharmacist will email a copy NHSmail to NHSmail)*

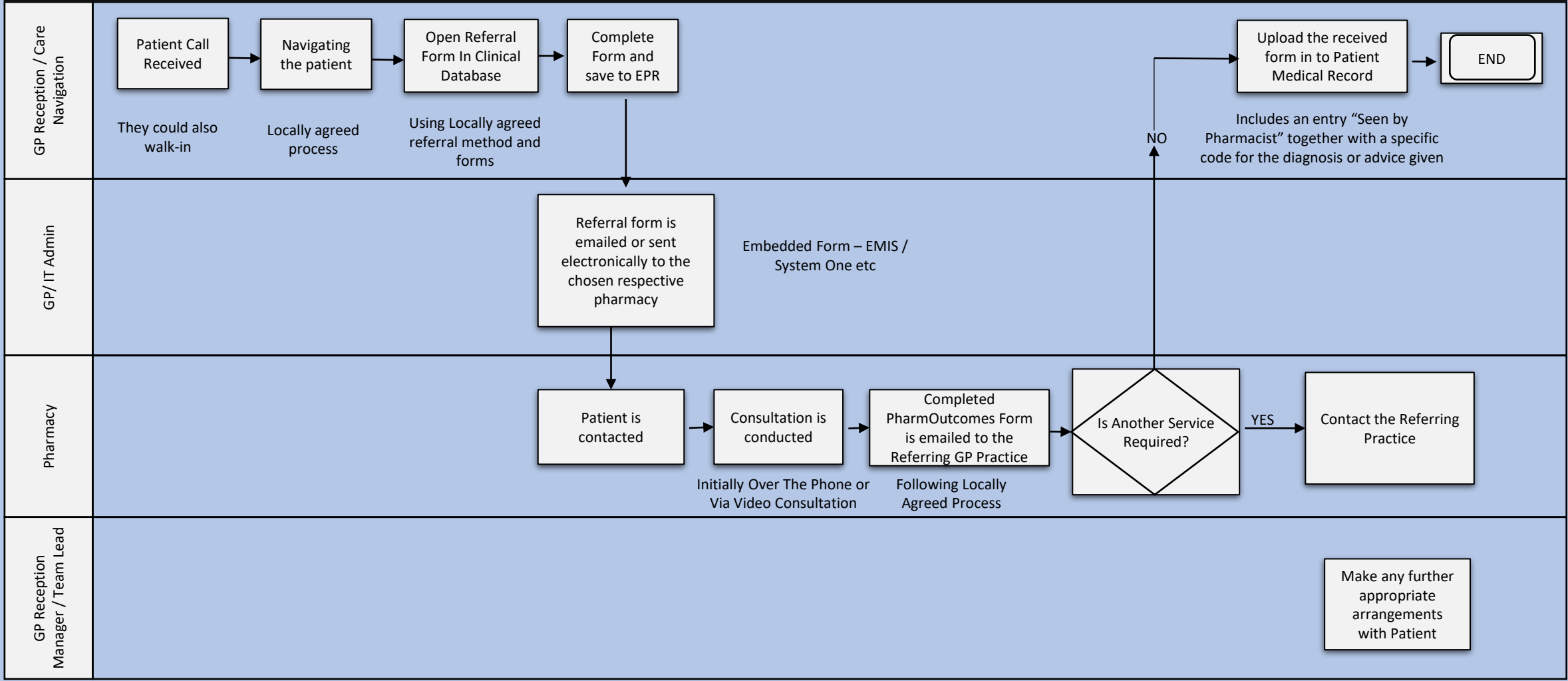
Local Protocols

- The local implementation team will agree a number of local arrangements before a GP practice 'goes live'
 - The referral method used by the GP practice
 - Once the referral is received by the pharmacy, how the pharmacy & patient conduct the initial intervention & response time
 - Method of escalating patients back to GP practice
 - Delivering patient messages re OTC purchase resistance
 - Incident reporting
- Local protocols will be communicated before your GP practices go live

Success of the service relies on robust & timely patient-pharmacy-GP practice communication

General Practice Referral to CPCS – Process

Phase



Local Protocols

- Patient contacts surgery for a minor illness and suitable for GPCPCS (Patients should not be directed to the surgery to instigate a referral by any HCP including pharmacy teams)
- Usual triage / care navigation apply, and patient informed that referral to Community Pharmacist is appropriate for them
- Patient confirms which pharmacy wants to use (can be outside of PCN if their preference but ideally within PCN)
- Patient informed that pharmacy will contact them that day unless after 4.30 pm when it might be the next morning
- Patient given pharmacy contact details
- Surgery emails the EMIS completed template form to NHS shared email address of the pharmacy selected asap
- Pharmacists check their NHS shared email several times during the day including when open in morning, mid-morning, lunchtime, mid afternoon and an hour before closing
- Pharmacists undertake the referral following PharmOutcomes process and referring to CKS generally within 3-4 hours of receiving the referral. They may choose to text with a time for the call etc.
- Pharmoutcomes once completed will send automated message to the surgery detailing outcome of the referral. This closes the referral, and it is not expected that the surgery needs to follow up the patient – it is for information only **UNLESS** the pharmacist has contacted the surgery in advance.
- The pharmacist may refer the patient to another NHS Service as part of the consultation (in or outside of their pharmacy) – e.g.: extended care minor infection PGDs service – Tier 1 and Tier 2a now live, simple UTI 18-64 women, skin infections – impetigo, bites, infected eczema
- If the pharmacist considers that the patient needs further support, that the pharmacy does not provide, they will escalate appropriately – this is on average < 10% of cases. If it is determined that they need to see their GP, the pharmacist will contact the surgery and following discussion agree the next course of action – which may be a prescription without the patient needing to be seen or an appointment with a GP or AMP. It will be agreed who will contact the patient wrt any appointment date / time. The Pharmacist will confirm back to the patient the outcome of the conversation so that they are clear what is happening next. The referral will then be closed. For urgent this will usually be by phone but for non urgent appointments – the pharmacist might email a list each day of those needing non urgent appointment and agree whether patient contacts surgery or surgery the patient.
- In order to facilitate speedy escalation, the pharmacy team would benefit from HCP phone line / email or other contact point which is not open to the public and is manned during surgery hours. Plus confirm the cut off time for arranging a same day consultation with GP or AMP

GP and Pharmacy Information to share

- Name, address, NHS shared email, phone number, opening hours of the pharmacies in the PCN providing the services (approx. 96%) – ideally name of lead pharmacist / manager
- Name, address, NHS shared email (or secure email regularly checked), HCP phone number, surgery hours, name of lead / practice manager/ key contact
- Escalation points for queries / issues in relation to process – for the PCN, LPC for pharmacies
- Cut off time for surgery same day consultation
- Agreement wrt to black -listed lines / formulary considerations – e.g.: medicines of ‘limited value’ - should they be recommended or excluded
- Agreement that will support the DHSC guidelines that patients should purchase OTC medicines for minor / self-limiting conditions themselves and not rely on a prescription for them other than in exceptional circumstances.
- Agreement that if pharmacist picks up a Red Flag and considers that the patient needs to see a GP or any action is required from the practice this must be confirmed directly to the surgery asap in addition to be included in the report sent through electronically via PharmOutcomes on completion of the service.

Surgery Information

Surgery & address	Lead contact	Regularly checked secure email	HCP Phone Line	Opening Hours	Cut off time for same day consultations	IT System	Notes

Pharmacy Information

Pharmacy name	Pharmacy Address	NHS Shared email	Phone Number	Opening Hours	Lead Pharmacist / manager	Notes (CPCS and Extended Care status)

Implementation preparation

GP Surgery

- Agree timelines for testing and go live
- Agree principles in the local protocols
- Complete the information sheet with HCP line / email, cut off times etc
- Embed EMIS template – liaise with IT lead / Conor Price / CSU - incorporate the pharmacy information
- Train care navigators / triage / reception team
 - Minor illness inclusions and how to send to Pharmacy NHSmail
 - Managing feedback loop for red flags
 - Link into current processes
- Testing with buddy pharmacy then expand to whole PCN
- Go live – confirm with CP PCN Lead and LPC in advance the date that going live so that the pharmacies all know

Community Pharmacy

- Agree timelines for testing and go live
- Agree principles in the local protocols
- Confirm the information on the pharmacy sheet – re opening hours, CPCS sign up and extended care etc
- Read the specification and details on PSNC / LPC website – also VirtualOutcomes training
- Complete Annex F and claim set up
- Ensure that already providing CPCS – no need to register separately
- Make sure all dispensary and counter staff trained including locums – service must be available all hours open
- Check NHSmail at start and end of day as well as several times during the day (including mid morning lunchtime and mid afternoon)

Extended Care Service

Re: Community Pharmacy Extended Care Services

NHS England and Improvement are pleased to announce the launch of the Community Pharmacy Extended Care Services across the Midlands Region. This service has been offered to all pharmacies across the Midlands from 1st December 2020.

Presently we have rolled out Tier 1 services with a view to rolling out Tier 2a from 1st March 2021 with Tier 2b services commissioned from selected pharmacies in a PCN area during the next financial year.

Tier 1 Service	Tier 2(a) Service	Tier 2(b) Service
Simple UTI (Females only)	Infected insect bites	Acute otitis externa
	Infected eczema	Acute otitis media
	Impetigo	Acute bacterial sinusitis
		Sore throat

Community pharmacy contractors have been advised to contact practices within their PCN area to notify them of their intention to provide these services.

A list of pharmacies across the Midlands can be found at the following link on the South Staffordshire LPC website: <https://www.southstaffsipc.co.uk/services/community-pharmacy-extended-care-suite-of-services/extended-care-fags/>

There is also a suite of information on their website pertaining to the service, including PGD's and FAQ's which you may find of use.

As you will be aware the national GP-CPCS service launched in November with roll out to commence in January 2021. Therefore, discussions at a PCN level with your Community Pharmacy colleagues on how to manage patient referrals for those presenting with these and other minor conditions will be key to the successful delivery of these services.

Service Information and Training

- + GP receptionists to be able to refer patients for pharmacy consultation - Pulse Today
- + Scheme for GP referral to community pharmacy frees up appointments -Management In Practice
- + NHS England » GP Referral to NHS Community Pharmacist Consultation Service – Bristol, North Somerset and South Gloucestershire pilot
- GP CPCS Surgery Training pack to support the practice in understanding how it works
 - This can be access by the LPC and pharmacies if they wish
 - Please can you use the L Code - **L1234** and then make up a surgery name
 - To access use <https://www.workcast.com/register?cpak=1067528372077994>

Questions?

Contact ahwlpc@gmail.com for
more information or
fionalowe@nhs.net

