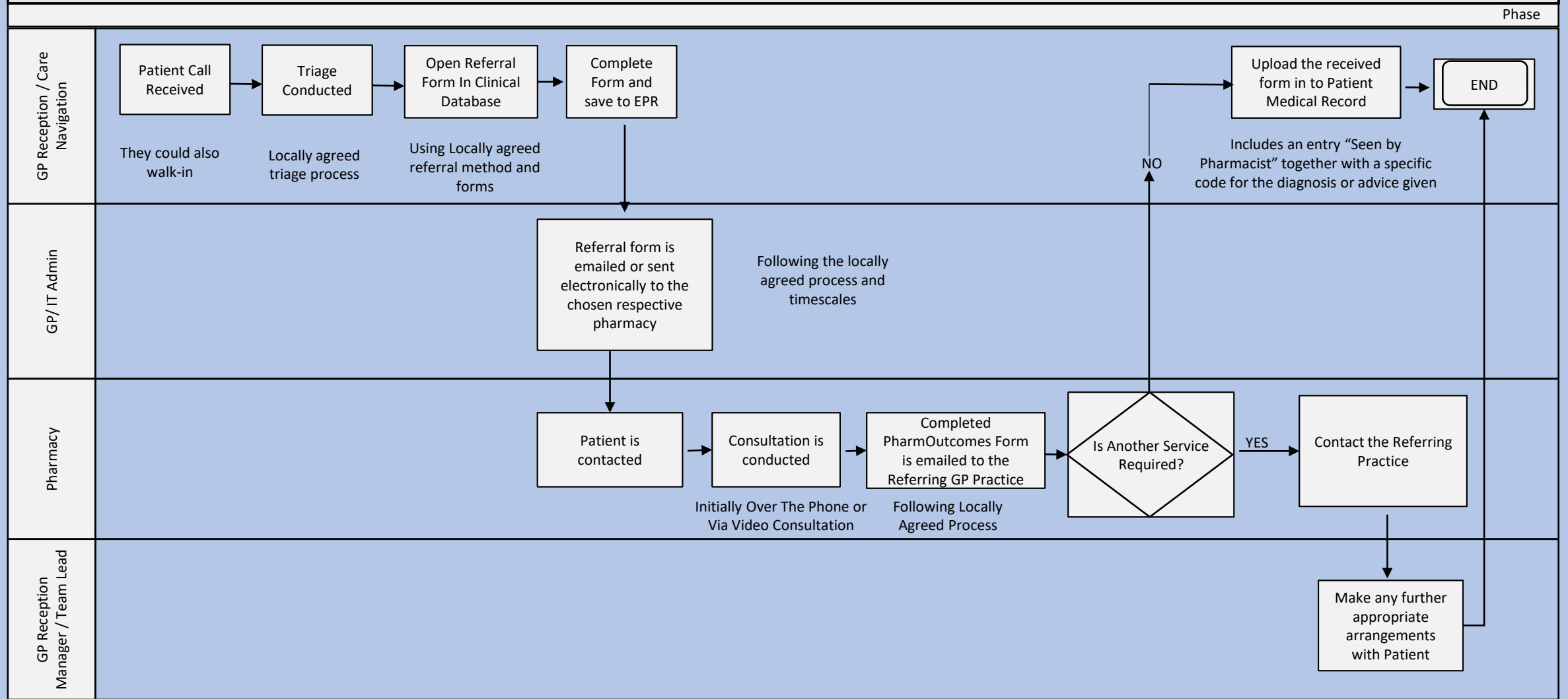


General Practice Referral to CPCS – Process



Local Protocols for Coventry & Warwickshire

- 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 minor eye under 2, 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.
- 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.

Pharmacy Information

Pharmacy name	Pharmacy Address	NHS Shared email	Phone Number	Opening Hours	Lead Pharmacist / manager	Notes