

GP-CPCS Referrals for Practice Teams

15th March 2023

12:30-1:30pm

Eva Cardall

Engagement and Support Officer - CPAHW

Content



What is GP-CPCS?



Why should we use it?



What does the patient journey look like?



Using EMIS integrated referral



Local protocols



Extended Care Services



Evidence for Benefit



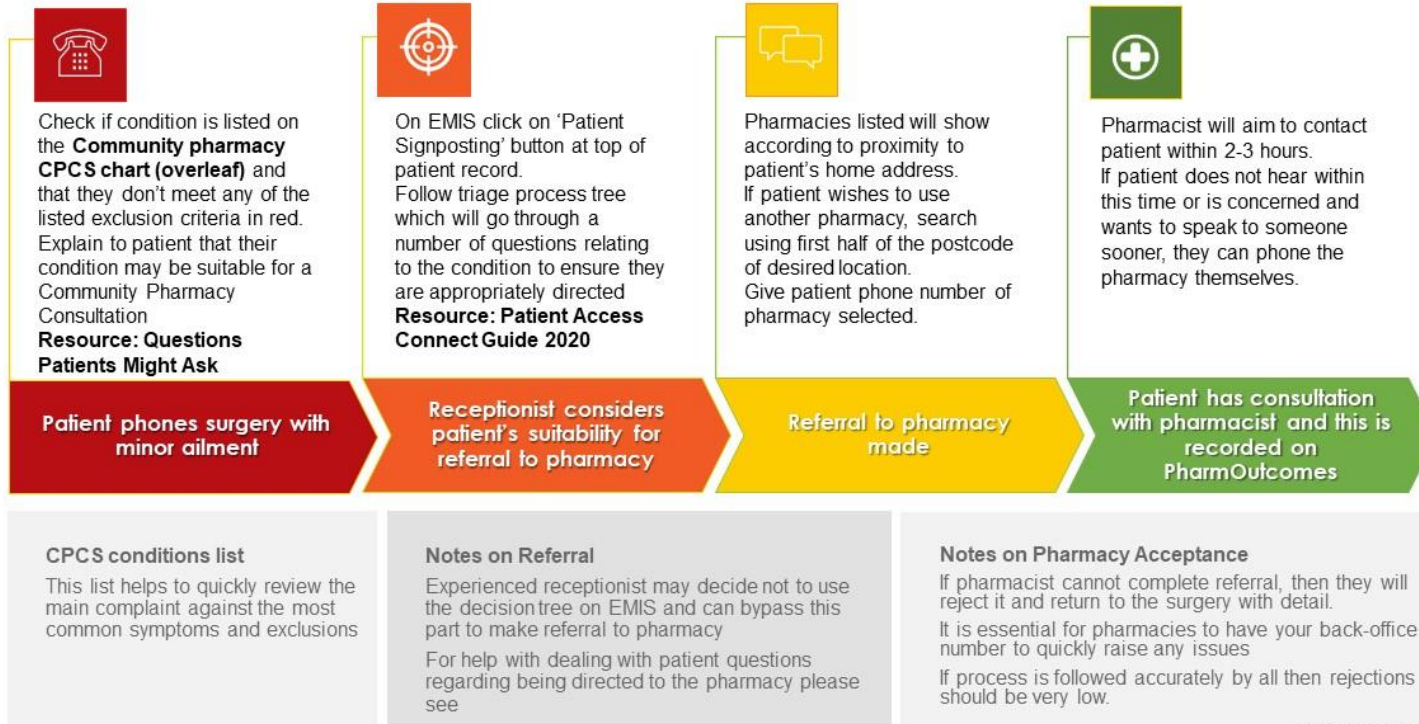
Resources

What is GP-CPCS?

- The service is intended to be a high quality and effective clinical urgent care service provided by community pharmacy through a referral from a GP practice.
- The purpose of the GP CPCS is to reduce the burden on general practices by referring patients needing advice and treatment for certain low acuity conditions from a GP practice to a community pharmacist.
- Its aim is to make sure that patients have access to the same levels of care, close to home and with a self-care emphasis.

➔ What is GP-CPCS?

GP-CPCS Process Outline



What is GP-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

? Why should we use it?

- It is sometimes difficult for patients to know when it might be more appropriate to access GP advice
- It's estimated that 6% of all GP consultations, which is 20.4 million appointments per year, could be safely transferred to a community pharmacy ¹
- This will help to create some additional capacity for the practice to book patients into appointments that might, otherwise, have been filled that day, or in a few days' time depending on the nature of the symptoms the patient reports.
- Surgeries are expected to make 0.65 referrals per 1000 patients per week to reach target. This works out to 6-7 referrals per week for an average surgery with patient list of 10,000.²

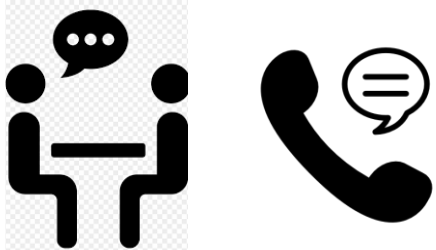


What does the patient journey look like?

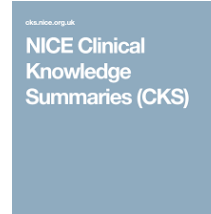
- Patient contacts GP surgery
- Care navigator determines Patient is GP-CPCS referral is appropriate
- Patient consent obtained
- Referral sent through EMIS integrated referral.
- Patient told they will be contacted by pharmacist in the next 2-3 hours but that they can call the pharmacy themselves if they wish to speak to someone sooner or have not heard in given time frame.
- Pharmacist contacts patient and consultation done in person or over the phone
- Notification sent back to GP surgery

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**

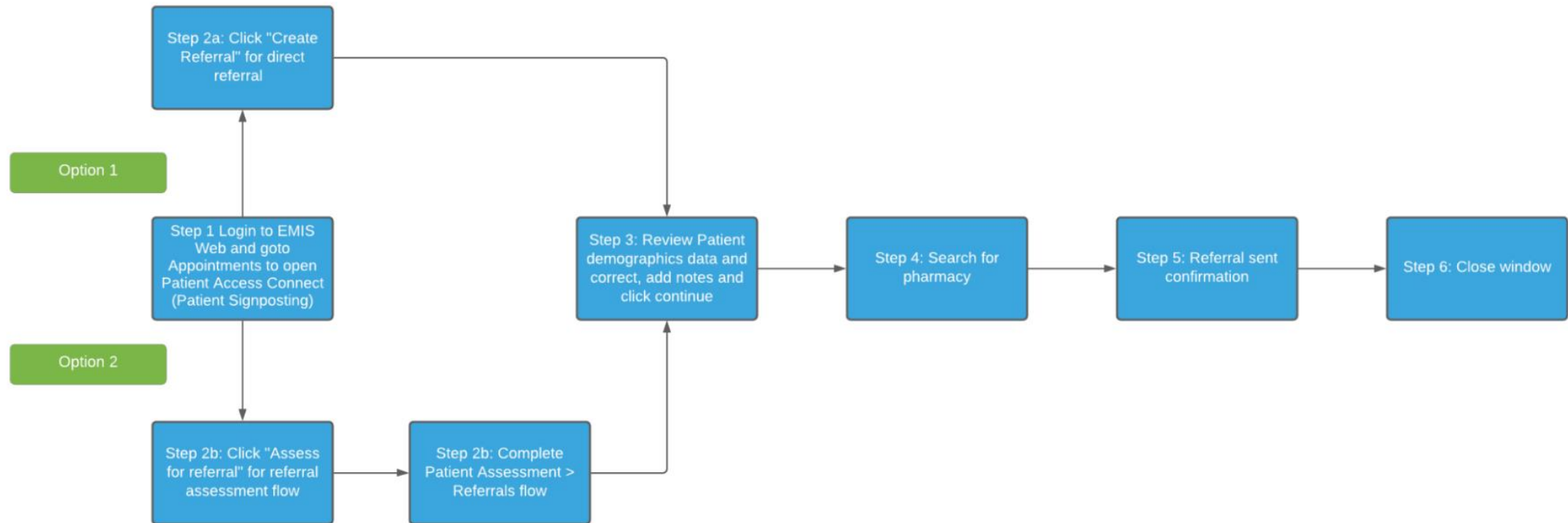


Using EMIS integrated referral

- All surgeries have an integrated referral system
- Accessed directly from EMIS system
- The snomed codes for recording GP CPCS referrals
 - 1362511000000107 | Referral to Community Pharmacist Consultation Service (procedure)
 - 1362521000000101 | Referral to Community Pharmacist Consultation Service refused (situation)

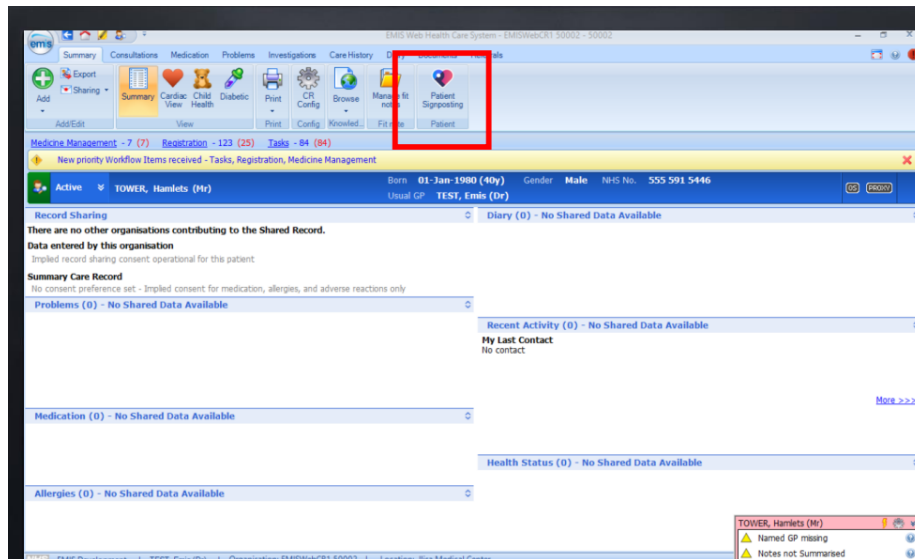


Using EMIS integrated referral



Using EMIS integrated referral

Option 1 Free format referral

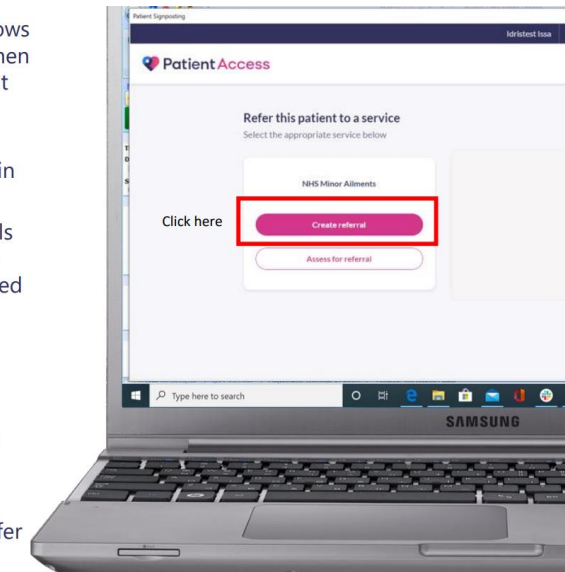


The integration with EMIS-Web allows two important things to happen when the user is transferred to the Patient Access Connect window:

- The user is automatically authenticated – no need to login again to another system
- Both the user and patient details are passed across – so the user stays in context and isn't required to look-up or retrieve the information again

From the Patient Access Connect homepage, the user has 2 options:

1. Directly create a referral
2. Perform an assessment then refer the patient





Using EMIS integrated referral

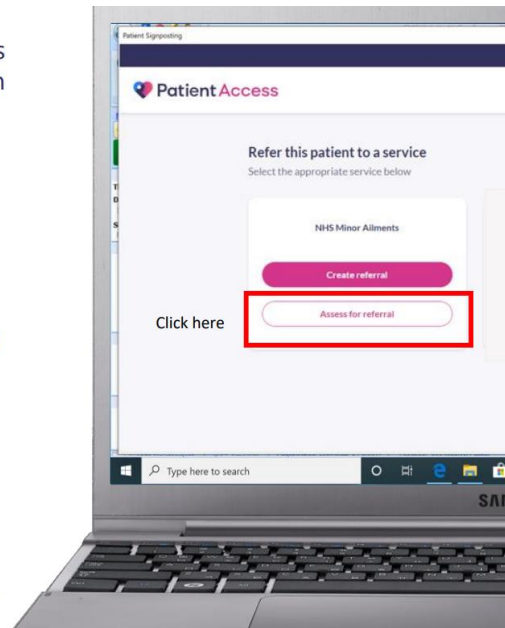
Option 2 Using triage system

The integration with EMIS-Web allows two important things to happen when the user is transferred to the Patient Signposting window:

- The user is automatically authenticated – no need to login again to another system
- Both the user and patient details are passed across – so the user stays in context and isn't required to look-up or retrieve the information again

From the Patient Signposting homepage, the user has 2 options:

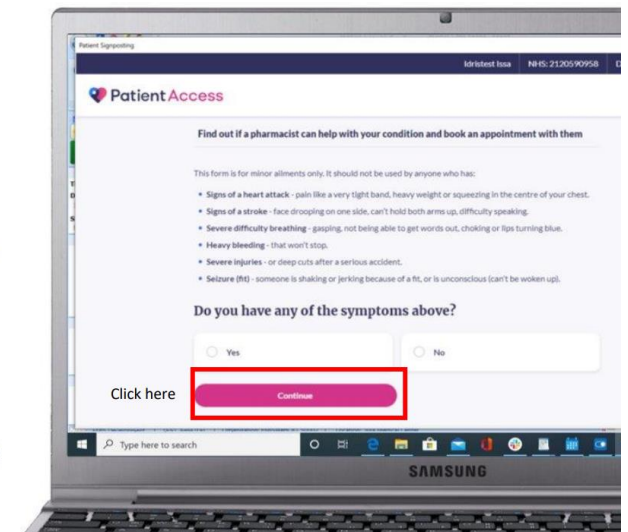
1. Directly create a referral
2. Perform an assessment then refer the patient



If the receptionist or health care professional selects to 'Assess for referral', the user is taken down the pre-defined decision tree asking the patient a series of questions.

Based on the responses, the system will look for red flags and signpost the patient away if their responses deem them to require urgent medical attention*.

The user does not need to be medically trained to interact with the tool and simply needs to follow the prompts and enter the responses from the patient.



✓ Local protocols

- Pharmacy information is provided and updated as a full ICS list and details name, address, hours, contact number, services and lead pharmacist /manager name
- For service to be a success pharmacies need to be provided with
 - Name of surgery lead for service
 - Healthcare professional phone line
 - Secure email address
 - Surgery cut-off time for referral back
- Any issues arising from referrals should be fed-back directly, if further support is needed our contact details are at the end of this presentation
- If a surgery is restarting their referrals, it is good practice to alert local pharmacies of the intended date.

Extended Care Services

- **GP-CPCS is not the same as Extended Care Services**
- **The services are:**
 - **Conjunctivitis in 3 months to 2 years**
 - **UTI infections in females 16-64**
 - **Skin conditions/infections – Tier 2**
 - **Middle ear infection 3 months -16 years – Tier 3**
- Pharmacist can signpost patient into an extended Care Service through GP-CPCS referral but they are not the same service.
- If a surgery are intending for a patient to access Extended Care Services through a GP-CPCS referral, local knowledge is key.
- Pharmacies who offer some or all of the Extended Care Services should be updating their local practices if availability changes.
- It is a good idea to phone ahead of making a referral if unsure.
- Pharmacies can also refer to alternative provider if they are unable to provide the service



Extended Care Services

Extended Care Services

Referring patients into pharmacy from surgery

In addition to conditions routinely referred to pharmacy through GP-CPCS, some pharmacies offer this suite of extended care services across the midlands until 31/03/2023. These can be directed to a pharmacy through the usual GP-CPCS pathway. While most pharmacies offer GP-CPCS, Extended Care Services are offered by a smaller number and its important to know which of your local pharmacies are offering these services. Tier 3 is the newest service and number of providers is expected to rise to 2-3 per PCN. You can find the most up to date list here [Community Pharmacy Extended Care Suite of Services](#). Please phone the pharmacy to confirm before referring patients, as some locums are not able to provide the service. The pharmacy will endeavour to let you know when they cannot offer the service.

Extended Care Service PGDs Tier 1

Conjunctivitis treatment for 3 months to 2 years olds



Treatment: advice and chloramphenicol drops/ointment if required
Main exclusions: aged 2 or over (can purchase product) and more severe presentations or ocular complications

UTI for females 16-64



Treatment: nitrofurantoin
Main exclusions: age, gender, pregnant or breastfeeding, flu like symptoms, renal impairment, immunocompromised patients or those with complex multiple morbidities.

Otitis Media Treatment for 3 months to 16 years old



Treatment: Pharmacist uses otoscope to look into affected ear(s). 1st line treatment is pain relief. 2nd line treatment is Otigo.
Main exclusions: age, glue ear, discharge from ear, constant pain, tenderness behind ear, fever over 39°C, hearing loss in one ear, recurrent ear infections over past 6 months, evidence of foreign body in ear, hypersensitivity to active ingredients or excipients in Otigo™

Extended Care Service PGD Tier 3



Impetigo



Treatment: 1st line hydrogen peroxide cream, 2nd line flucloxacillin or clarithromycin
Main exclusions: under 1 year old, signs of sepsis, immunocompromised, recurrent infection, severe inflammation, painful lesions, bullous impetigo

Infected Insect Bites



Treatment: flucloxacillin or clarithromycin
Main exclusions: under 1 year old, signs of sepsis or systemic illness, immunocompromised, pregnant or breastfeeding, already taking oral antibiotics, blackening of skin, numbness of skin, facial cellulitis, renal and/or hepatic impairment.

Infected Eczema



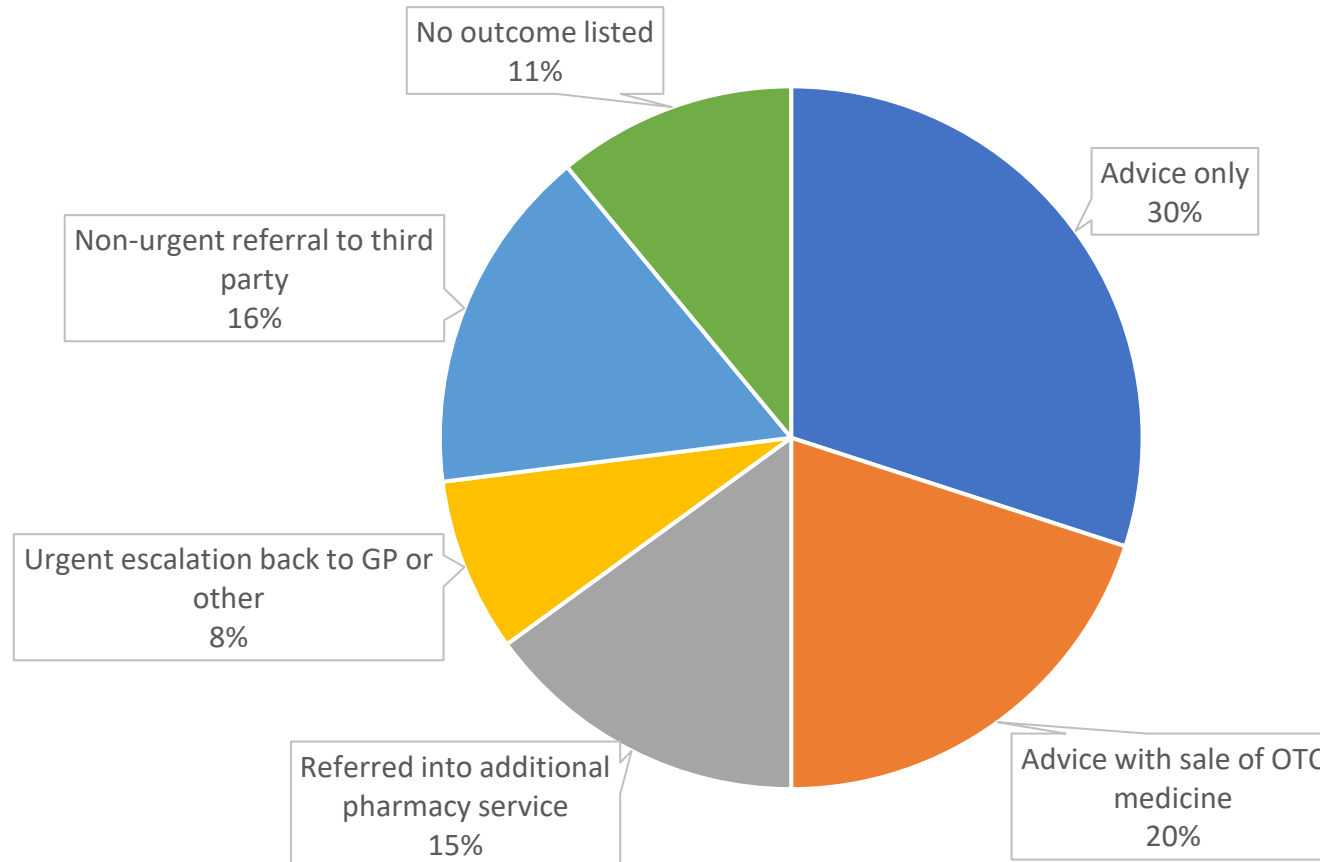
Treatment: flucloxacillin or clarithromycin
Main exclusions: under 1 year old, signs of sepsis or systemic illness, severe eczema, immunocompromised, pregnant or breastfeeding, already taking oral antibiotics, significantly inflamed or painful lesions, renal and/or hepatic impairment.

Extended Care Service PGDs Tier 2a

🔍 Evidence for Benefit

- In the first five months of being a national advanced service Nov 2020-April 2021 NHS England reported that almost 7,000 patients were referred into pharmacy through GP-CPCS.³

GP-CPCS Referral Outcome Nov 2020 to April 2021



Resources

- [GP CPCS – A fully integrated solution | EMIS Live Pharmacy – YouTube](#)
- <https://www.emishealth.com/products/emis-web/emis-web-for-primary-care/gp-cpcs/>
- [LPC Guidance on National Services – Arden LPC \(communitypharmacy.org.uk\)](#)
- [FutureNHS Home - FutureNHS Collaboration Platform](#)

Summary and Contact Details

GP-CPCS is a great way to increase capacity in your system and work with your local pharmacies to improve patient access and outcomes.

Always happy to support so do contact us if you need any help

Eva Cardall

eva.ahwlpc@gmail.com

07927181456

Engagement and Support Officer

CPAHW

References

1. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/general-practice-community-pharmacist-consultation-service-gp-cpcs>
2. <https://lincolnshire-pacef.nhs.uk/resources/general-practice-community-pharmacy-consultation-service-gp-cpcs>
3. <https://pharmaceutical-journal.com/article/news/one-in-five-patients-referred-to-pharmacies-from-gps-were-sold-medicines-nhs-data-show>