

GP CPCS – Briefing for Community Pharmacy

CPCS Background & Evidence

The NHS Community Pharmacist Consultation Service (CPCS) is a nationally commissioned & funded advanced service that was launched in community pharmacies in 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 was agreed from 1st November 2020.

It is estimated that 6% of all general practice consultations could be safely transferred to a community pharmacy (the equivalent of 1 million appointments per year in Greater Manchester) and managed via a clinical consultation with a community pharmacist. It is also estimated that there are 2.85 million general practice consultations per year in GM for minor ailments, at a total cost to the NHS in GM of £100 million. This takes up an average of an hour a day for every general practice.

The benefits to the system of developing a general practice referral pathway into CPCS are to:

- Support patients to see the right healthcare professional at the right time
- Re-educate patients to go to the most appropriate healthcare professional in the future and encourage self-care
- Alleviate pressure on general practice by enabling the referral of minor illnesses or low acuity conditions to community pharmacy
- Free up capacity in general practice to enable them to support the GM system response to COVID-19 pressures in secondary care, developing a system-wide approach to managing urgent care referrals and access
- Enhancing relationships within primary care, providing a valuable tool in the management of patient flow across urgent care, secondary care, and primary care services

GP CPCS Referral Pathway

1. Patient calls or attends their GP surgery with a minor illness or low acuity condition

Patient contacts the general practice via telephone or online triage system. Usual processes of patient assessment e.g., care navigation is followed to determine if an appointment is required.

2. Patient is triaged or referred to a nominated community pharmacy

The reception staff or care navigator assesses the patient's issue using an agreed list of presenting symptoms* and, where appropriate, makes an electronic referral to the community pharmacy of the patient's choice.

*A sample list of conditions (Annex D) is included in the [service specification](#).

3. Message sent to community pharmacy electronically

The appointment details are sent through to the pharmacy as an electronic message using the patient access connect template:

Patient Access Connect Template (EMIS)

This is a 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.

[Please note patients are not required to sign up to the Patient Access app to utilise this referral mechanism.]

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 is a helpful [4-minute video](#) for general practice teams to see the tool in practice
- Further information about PharmRefer can be found [here](#)

4. The patient is told to wait for the pharmacy to contact them

The pharmacy contacts the patient within 2-3 hours of the referral being sent. The Pharmacist needs to proactively contact the patient. If the patient has not been contacted after 3 hours the patient is advised to contact the pharmacy but this should not happen routinely.

5. Any referrals sent by 2.30pm will be actioned the same day

This is to ensure that patients receive a similar service to that which they would receive if they had walked into the pharmacy for a minor ailment consultation or received a same day appointment with their GP.

6. Any referrals sent after 2.30pm may be picked up the same day, or will be picked up the next working day

Pharmacists should use their professional judgement to assess if a patient requires urgent support after 2:30pm or if the day following the referral is a non-working day.

GP CPCS Pharmacy Consultation Process

1. Pharmacy contacts the patient by telephone

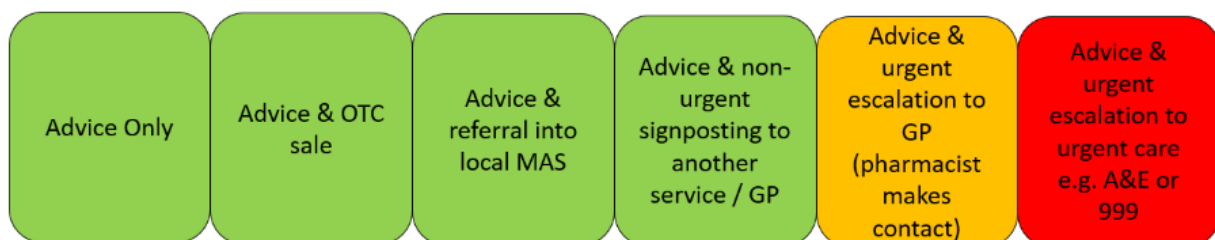
All team members need to be aware of how to spot a CPCS referral in the event of a patient contacting/attending the pharmacy before being phoned.

2. Pharmacist consults with patient either as a remote consultation or face-to-face (which may involve inviting them into the pharmacy)

The Pharmacist undertakes clinical assessment and completes the episode of care, including making the appropriate electronic health record and checking NICE CKS/SCR if appropriate. The Pharmacist may supply any relevant patient information leaflets, including information from www.patient.co.uk.

3. Patient Outcomes

Following the clinical consultation, if the pharmacist considers the patient should be seen by their GP, they will contact the general practice using a locally agreed escalation process and agree next steps e.g., patient is booked into an emergency appointment at the practice that day, other outcomes include:



4. Pharmacist completes the NHS CPCS IT System consultation on PharmOutcomes

Supplies any relevant information leaflets and advice.

5. Post-event message is sent to GP via IT system

Post-event notification is sent electronically to the general practice the same day the consultation occurs to inform of the outcome of the consultation and provide any relevant notes.

GM Implementation

Community Pharmacy Provider Board (CPPB) have set up a GP CPCS working group which will include wider stakeholders from the Greater Manchester Health and Social Care Partnership (GMHSCP), Primary Care Board (PCB), North West NHSE&I region and LPCs across the North West.

The Greater Manchester Health & Social Care Partnership (GMHSCP) Pharmacy Team will work with a task and finish group comprising of general practice and pharmacy representatives to support the commencement of a phased implementation of the service and identify adopter PCNs. We are also working with colleagues across the North West to share best practice and implement learnings from the pilot.

These groups were formed in early 2021 to agree priorities and process and prepare a high-level plan. A communications and engagement plan is being prepared and regular communications will be shared through relevant forums with all key stakeholders within GM.

Next Steps for Pharmacy Teams

- Complete the actions outlined in Annex F of the [Service Specification](#)
- Use the webinar slides attached to brief your teams
- Record team briefings on the [PSNC Action Plan Template](#)
- Refer to the [NHS CPCS Toolkit for pharmacy teams](#)
- Contact your LPC if you have any updates on local conversations in your PCN

For further support and updates regarding the roll-out of GP CPCS, please refer to check your LPC website, or contact your LPC on the following email address:

Bolton LPC – louise@boltonlpc.org.uk

GMLPC – enquiries@gmlpc.org.uk