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| **Top tips for Community Pharmacy to effectively implement and deliver GP-CPCS referrals** |  |

From 1st November 2020, the Community Pharmacy Consultation Service (CPCS) was extended across England to include referrals from general practices (GP CPCS). Work continues across Derbyshire City and County to implement the service and GP practices can refer patients to community pharmacies to receive a CPCS consultation with a pharmacist for minor illnesses.

GP practices in Derbyshire City and County are currently utilising NHS mail or the integrated EMIS/PharmRefer route to send GP CPCS referrals to pharmacies. Referrals sent by NHS mail arrive into the pharmacy’s NHS shared mailbox. Referrals sent by the integrated EMIS/PharmRefer route arrive into PharmOutcomes, in the same way as CPCS referrals from NHS111.

### **Building trust with GP staff and patients**

This service is based on trust across the clinician pathway. It is important that when a GP refers a patient to the pharmacy, they receive a consultation with a pharmacist and their minor illness is dealt with in a timely and professional manner.

All pharmacy staff must be briefed to facilitate these GP referrals to the pharmacist i.e., clinician to clinician. Pharmacy advisors are well trained in dealing with OTC and minor ailments queries, however, all CPCS referrals must be conducted by the pharmacist.

When a patient is referred back to their GP, it is important to reassure them that this is part of the formal referral pathway. We don’t want patients to feel as if they are being inappropriately passed from one healthcare professional to another.

### **Agree the patient journey and when to escalate with the GP practice**

When the practice advises that they are planning to start sending referrals, arrange to talk with them ahead of the first referral being sent.

During the pharmacy’s opening hours, the GP CPCS IT system must be checked regularly for referrals, the advantage for practices referring patients to community pharmacies is so the consultation happens the same day. As a minimum, you should check the pharmacy’s shared NHSmail mailbox and PharmOutcomes between 10:00 – 11:00 and action any referrals by early afternoon and around 16:00 and action any further referrals the same day.

Ensure you and the GP practice are on the same page about the patient journey, including when you will be contacting them, so the referral method from practice to pharmacy (and back again if this is required) is simple and quick – and both parties know when patients may be escalated back to the GP. This will help to smooth the process for everyone involved. Practices are able to send test referrals to you so you can both practice the pathway.

We know that on average 1 in 10 patients will need to be escalated back to the practice, due to an inappropriate referral or red flags that are uncovered during the consultation. It is important that the route to send the patient back to the practice is decided beforehand and is clear for all parties to maximise the patient's experience.

After a couple of referrals have been sent, talk with the practice again to discuss what went well and what could have gone better. Keep in regular contact with your local practice to discuss how referrals are going. Work with the reception team to build their confidence as they are the ones sending the referrals to you.

If any patients are sent inappropriately, use these as a learning experience. Similarly, find out what happened to those you referred back to the practice to improve your own knowledge.

Do ensure that consultations resulting in signposting the patient back to their GP practice for a *non-urgent /routine appointment advised* are marked as such on PharmOutcomes.

### **Nurture your relationship with general practice staff**

It is important to develop good relationships with the staff at your local GP practice, including the practice manager, lead GPs, practice nurses, CPCS leads, reception teams and care navigators.

As part of this service, some practices will make their backdoor/ bypass (private) telephone number or practice email available to the pharmacy for the escalations (return referrals), so please ensure you keep it where pharmacists, including locums, can easily access it.

Getting the support of the GP’s is vital, as they will then need to pick up these referrals back to the surgery, and consistency of communication with the patient is key to the future success of this service.

Please note that pharmacies do not advertise CPCS to patients, these referrals do have to come from the GP practices.

Another way to build good relationships with your local GP practices is to get to know the practice pharmacists working in the practice and the PCN lead pharmacists.

For a helping hand, you may wish to talk to Chris Kerry, GP Referral to CPCS Implementation and Support Manager at Derbyshire LPC. Chris can be contacted by email/telephone: [chriskerry@derbyshirelpc.co.uk,](mailto:chriskerry@derbyshirelpc.co.uk) mobile 07594 483364.

### **CPCS workshops and training**

The Royal Pharmaceutical Society and the Royal College of General Practitioners have worked together to provide free [CPCS workshops](http://www.rpharms.com/events/cpcs-events) to help pharmacists build confidence and practice the skills needed to provide the service. Please register for this training if you haven’t already done so.

CPPE provides consultation skills and minor ailments modules, which are a good way of refreshing your knowledge as well as providing some material for GPhC revalidation.

Offering an invitation to practice managers to send new members of staff to spend time in your pharmacy as part of their induction is helpful. Also, encouraging those practice managers already making CPCS referrals to speak to other practices builds confidence.

This service is an electronic enabler for the integration of community pharmacy into the primary care MDT. Those practices who would have triaged patients to the pharmacy verbally, can now utilise this electronic pathway thus providing a feedback loop on PharmOutcomes that details the outcome of the consultation.

From a clinical patient safety point of view, this service completes the patient audit trail, thus providing reassurance to GP’s, as well as better utilising the clinical skills of pharmacists, for whom minor illness consultations are a core competency.

### **Locum engagement and Standard Operating Procedures**

It is important that locum and relief pharmacists are able to offer all the services that are routinely available when the regular pharmacist is not there.

**NHS mail and PharmOutcomes access:** Ensure that when the regular pharmacist is not on duty, there is a mechanism for other regular staff to be able to access NHS mail and PharmOutcomes and that they know how to do so and are familiar with the process. Make sure that locums know who has access to these platforms and that these are checked regularly during the day to see if any referrals have been received and actioned.

The below list should be readily available in the pharmacy:

* Mechanism for referral
* GP practice opening hours and contacts
* Cut off time to arrange a same day urgent appointment at the practice
* Phone numbers for urgent escalations / urgent red flags (backdoor/bypass number)

### **Temporary withdrawal from the service**

Any temporary withdrawals from the service, for exceptional and unforeseen circumstances e.g., sudden illness of the sole pharmacist when a locum cannot be found should be for less than 24 hours. Several actions will need to be taken in this situation:

* The pharmacy should refer to their Standard Operating Procedure
* NHS CPCS Directory of Services (DoS) profile should be temporarily withdrawn using the agreed local processes (Tel: 0300 0200 363)
* Notify the local NHS England and NHS Improvement team of the temporary withdrawal ([england.eastmidspharmacy@nhs.net](mailto:england.eastmidspharmacy@nhs.net))
* Notify the GP practices in the PCN and any GP practices outside the PCN which regularly send prescriptions or GP-CPCS referrals. (Include their contact details in the GP-CPCS SOP should such an eventuality occur).
* Contact the helpdesk at Pinnacle ([helpdesk@phpartnership.com)](mailto:helpdesk@phpartnership.com) so that they can update the electronic referral pathway on the practice clinical systems, because they are not advised of emergency closures by any other means
* Re-instate CPCS once normal pharmaceutical services resume

Below is a link to a PSNC Briefing which provides further information on temporary closures of community pharmacies due to illness or other reasonable cause – beyond the control of the contractor – from 1st April 2022.

<https://psnc.org.uk/contract-it/psnc-briefings-pharmacy-contract-and-it/psnc-briefing-011-22-temporary-closures-of-community-pharmacies/>

### **Do’s and Don’ts**

* Do ensure all pharmacy team members are aware of the service and know what to do if a patient with a GP CPCS referral attends the pharmacy.
* When escalating a patient back to their GP don’t mention to the patient that they may need antibiotics or that they will get a same day GP appointment. The practice will determine their next actions.
* Do feedback on good news stories about GP CPCS to Derbyshire LPC.
* Do keep your eye on Derbyshire LPCs website for GP CPCS updates.

### **Links to CPCS Resources**

[NHS England » Advanced Service Specification – NHS Community Pharmacist Consultation Service](https://www.england.nhs.uk/publication/advanced-service-specification-nhs-community-pharmacist-consultation-service/)

[NHS England » NHS Community Pharmacist Consultation Service: Toolkit for Pharmacy Staff](https://www.england.nhs.uk/publication/nhs-community-pharmacist-consultation-service-toolkit-for-pharmacy-staff/)

Here are links to referral training videos, depending on which clinical system is used by the practice:

<https://media.pharmoutcomes.org/video.php?name=PharmRefer-2021_Update>  - for practices using SystmOne

<https://www.youtube.com/watch?v=pyQUfUR2lz0&feature=youtu.be> - for practices using EMIS web

(Remember practices can also send referrals by NHSmail as well as the two systems above)

Here is a link to an animated patient facing information video for CPCS, its free to download and use: <https://youtu.be/YwVZqgSwAH0>

### **NHS Community Pharmacy Extended Care Service**

There may be an occasion when the pharmacist undertaking the GP CPCS consultation needs to refer the patient to a locally commissioned pharmacy service e.g., the NHS Community Pharmacy Extended Care Service. If the pharmacy is not commissioned to provide the Extended Care Service or the pharmacist is not accredited to provide this service, they may refer the patient to a pharmacy where the pharmacist can provide the service.

More information about the NHS Community Pharmacy Extended Care Service is available by clicking the below link (South Staffs kindly host the information for the Midlands Region)

[Community Pharmacy Extended Care Suite of Services : South Staffordshire (southstaffslpc.co.uk).](https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/)

Details of pharmacies commissioned to provide the service can be found here. Please do contact the pharmacy before referring the patient on.

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Derbyshire LPC thanks Northamptonshire & Milton Keynes LPC for sharing their top tips.