

GP Referral to the Community Pharmacist Consultation Service

The NHS Community Pharmacist Consultation Service (CPCS) has been supporting patients since its launch by NHSE&I in October 2019. The first phase of the CPCS offered patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor for management of minor acuity conditions or for the supply of urgent medicines.

From November 2020, this service has been gradually extended to include referrals for **lower acuity conditions from general practice** as well as from NHS 111

Benefits and Feedback

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



https://www.youtube.com/watch?v=yvEz8YkQph4&feature=emb_logo

How were the pilot schemes received¹?

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

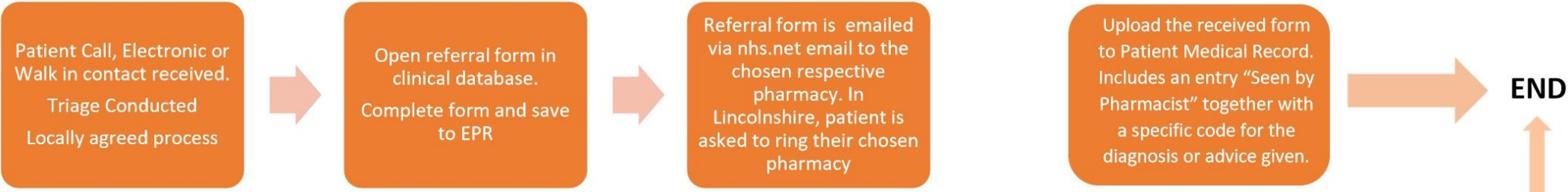
89% of patients were 'definitely satisfied' with the consultation with the pharmacist

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

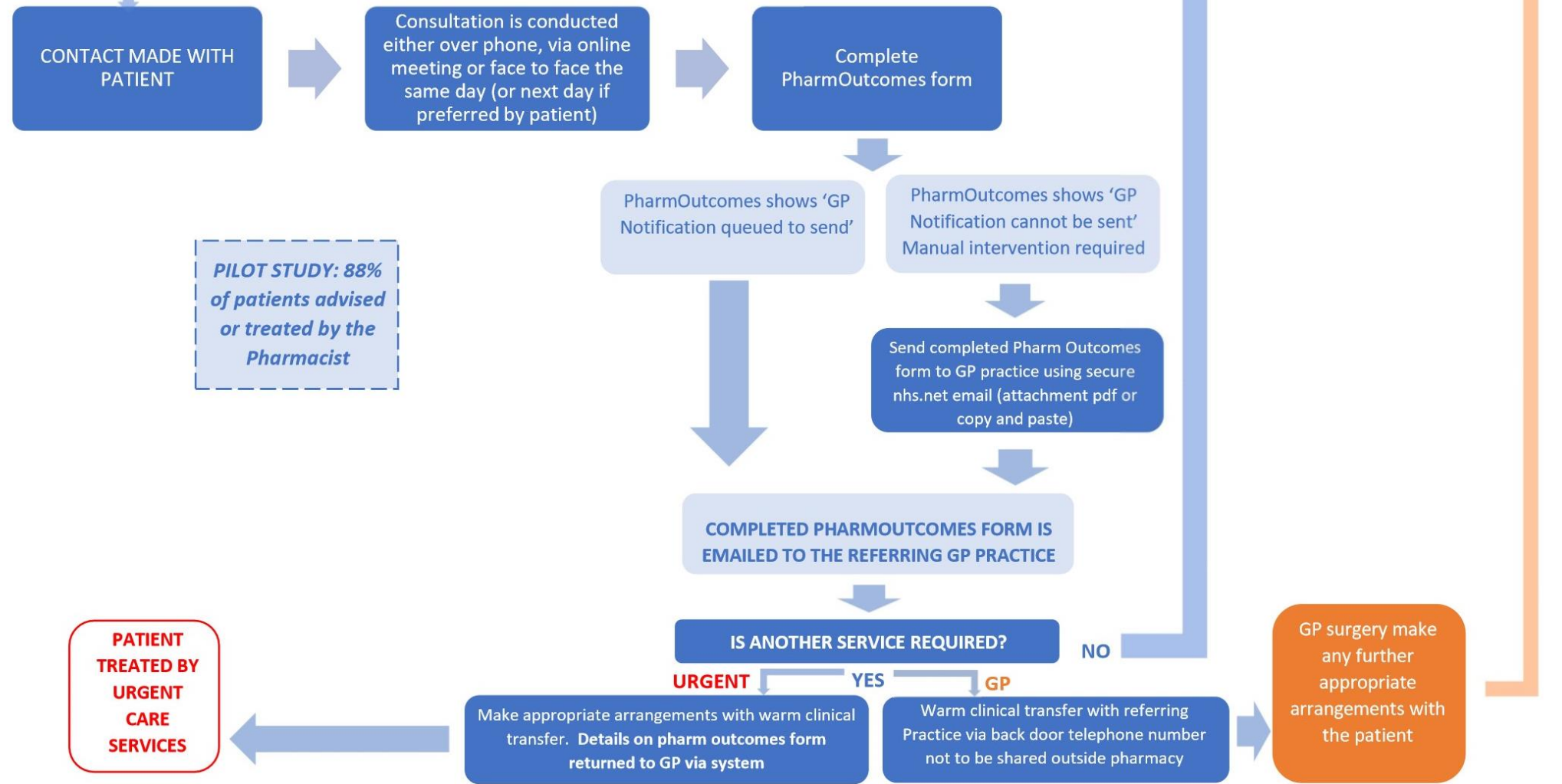
¹ Feedback obtained from evaluation of pilot sites for GP referral to the Community Pharmacist Consultation Service

² This compared favourably with findings for the NHS 111 referral pathway that showed a 61% attendance rate at the time of the evaluation.

GP PRACTICE



PHARMACY



PILOT STUDY: 88% of patients advised or treated by the Pharmacist

The Lincolnshire Process

The GP Toolkit – Designed in conjunction with Lincs LMC

INITIAL SET-UP TOOLKIT

- FAQ document (Circulated to contractors for information in 17th June Newsletter)
- Introduction and important steps to roll out:
 - setting up referral paperwork
 - ensuring emails are set up correctly
 - testing the IT process with a local pharmacy

FRONTLINE 'TRIAGE TOOLKIT'

- A contact list for pharmacies in Lincolnshire (cross border participating pharmacies can be found on the NHS Directory)
- A simple step by step guide with sample 'scripts'
- A list of conditions which are suitable for referral and those that are not, colour coded for ease of use (these are taken from the national service specification).

GP Practice - Initial Set-up Requirements

CHECK YOUR EMAIL ON THE SYSTEM BETWEEN PHARMACIES AND GP PRACTICES IS CORRECT: Ensure that you have an up-to-date email address recorded on the Pinnacle system (the system used during flu vaccination season) The pilot sites revealed that if the wrong practice email address is recorded on the system, or if this is missing then you will not receive the confirmation and summary back from the pharmacy once the consultation has been completed. We at CPL cannot assist further with this but NHSE/I Team have advised practices having difficulties should contact Pinnacle support - helpdesk@phpartnership.com

1. SET UP YOUR REFERRAL DOCUMENTATION ON PRACTICE IT SYSTEMS: Download the referral form onto your clinical system as detailed in the initial set up document provided with the GP toolkit.
2. TEST A FAKE PATIENT REFERRAL: Once you have set up the administrative part of the service as per 1 and 2 above in your practice, contact a pharmacy with whom you work with locally to send a 'test' patient through the system to ensure the technology is working.
3. PREPARE YOUR TRIAGE STAFF: Once you are satisfied that the system is functioning, share the toolkit with your staff who will be triaging patients and ensure they understand what is needed

GP Practice Triage Toolkit: Conditions List

NHS Community Pharmacist Consultation Service (CPCS)

Service suitability

The service is only for patients aged over 1 year.



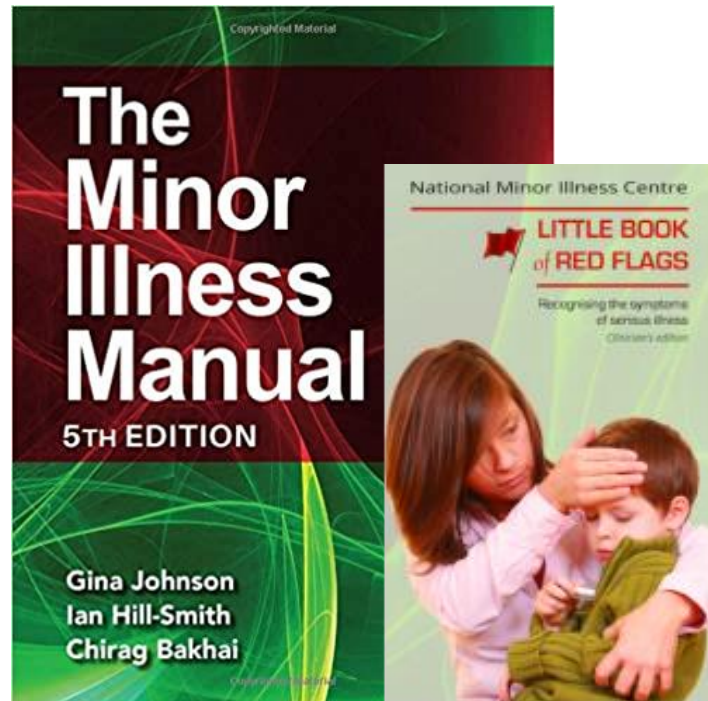
Minor illnesses – NHS Conditions sheet

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

Maintaining Clinical Skills

It is important that pharmacists maintain their clinical knowledge and consultation skills, and apply these to the service:

- Clinical Knowledge Summaries (CKS)
- NICE Guidance
- Your pharmacy's training resources
- CPL provided books
- CPPE & RPS
- eLFH



Save the Date:

We are hoping to secure a speaker on 'Red Flag' symptoms for the CPL AGM on the evening of Thursday 23rd September – we do hope you can attend.

GP Practice Triage Toolkit: Extract from FAQ Document

If a patient is referred and needs a medicine to treat their condition, will they be supplied with this from the pharmacy free of charge?

No. This aspect of CPCS does not include medicines supply. Following a consultation, if the pharmacist determines that the patient can be managed in the pharmacy, they may be offered advice alone, or given advice and a recommendation to purchase an appropriate OTC medicine.

This aligns with national and local policies regarding the management of minor conditions.

If a patient requires a medicine to treat their condition for which an OTC medicine is *not* available, or for which it is not permitted for sale under its licence as an OTC medicine (for example hydrocortisone cream in children under 10 years), the patient may be referred back to the practice for either a non-urgent appointment, or if more urgent, via warm clinical transfer through the appropriate telephone line provided. Patients should not be sent back to the practice to simply 'request a prescription'.

In the pilot for this service, around **nine in ten patients** were managed entirely within the pharmacy.

GP Practice Triage Toolkit: Extract from FAQ Document

My surgery is based in an area of high deprivation with most households having low income. How will patients have equitable access to medicines that may be recommended by the pharmacists following the consultation?

As mentioned in question 1, there is no funded aspect of medicines supply with this element of CPCS. However, many medicines which may be used to manage symptoms of minor acuity conditions are available at relatively low cost. Many consultations may be managed through the provision of advice alone, or the patient may have appropriate medicines such as analgesics at home. Several sites within the pilot were in areas of high deprivation, and this did not negatively affect patient acceptance, outcomes or feedback.

Can I refer patients for routine tests such as blood pressure or blood tests?

No. This service is for the minor acuity conditions listed in the service specification only (and those in the Extended Care services is agreed locally). Referrals for diagnostic or monitoring purposes will not be dealt with in the pharmacy as part of this service.

GP Practice Triage Toolkit: Extract from FAQ Document

What if the patient is assessed and needs further tests? Will the pharmacist perform these?

The minor acuity conditions agreed by the NHS as part of this service at this stage are unlikely to require diagnostic testing or detailed patient examination. Pharmacists are trained to assess and deal with conditions of this type and may use some basic examination skills in addition to history taking to exclude 'red flags' and provide appropriate management. Some pharmacists may have additional skills which they choose to apply as part of their clinical assessment, but these are not part of the core NHS service offer.

If a patient requires further diagnostic testing or a more detailed physical examination, they are likely to be referred onwards appropriately. This could be to the GP practice via warm clinical transfer, or to an emergency care setting (for example if an x-ray may be warranted).

GP Practice Triage Toolkit: Extract from FAQ Document

Will the pharmacists providing the service follow current guidelines and base any recommendations for OTC medicines on these?

Pharmacists are experts in medicines, and routinely use guidance and evidence-based practice when responding to symptoms and suggesting over-the-counter medicines, balancing these with patient choice. In addition, the service specification requires the use of **Clinical Knowledge Summaries**, where these are available for the conditions being managed. However, many of the conditions for which patients can be referred as part of CPCS are minor acuity conditions for which national and local guidance recommend self-care or purchase of OTC medicines.

Many patients simply need advice or reassurance; in the pilot from Avon, around third of patients were managed with advice alone and only 41% of patients were offered medicines (but the choice to purchase remains that of the patient).

GP Practice Triage Toolkit: Extract from FAQ Document

We're aware of some regionally commissioned NHS services which allow pharmacies to treat some additional conditions such as UTIs and infected eczema or insect bites. Is this part of CPCS, and can I refer patients for these?

These are the Extended Care services which have been commissioned by the NHSE&I Midlands Team. Several pharmacies in Lincolnshire are offering these services, but these are not officially part of CPCS. Not all pharmacies offering CPCS are offering the Extended Care service.

Patients with those conditions covered by the Extended Care services *may* be referred via CPCS to the pharmacies which offer these, but this should be agreed locally, in advance; patients referred though CPCS for these services to pharmacies which do not offer them are likely to be referred back to the practice for an appointment.

You can find more information about the Extended Care services pharmacies [here](#).

Summary and Next Steps

GP practices will begin rolling out on the following dates but it is a marathon not a sprint

w/c Monday 14th June:

Boston PCN and the Lincoln 'group' Early individual PCN roll outs:

BOSTON

LINCOLN: IMP, MARINA, APEX, SOUTH LINCOLN AND TRENT

w/c Monday 28th June:

Wider roll-out remaining PCNs

FIRST COASTAL, SOLAS AND EAST LINDSEY

FOUR COUNTIES, SOUTH LINGS AND RURAL, MARKET DEEPING AND SPALDING, GRANTHAM AND

RURAL AND K2

FULL ROLL-OUT ENVISAGED END OF SUMMER 2021

Summary and Next Steps

As pharmacies are already offering the CPCS service via 111 there are only a few things you need to do:

1. Claim your £300 set up payment by 30th June if you have not already done so. Watching this webinar counts as the engagement requirement. More details can be found on the PSNC website: <https://psnc.org.uk/our-events/virtual-lhcrs-event-shared-care-records-meeting-for-lpcs-and-it-group/>
2. GPs may ask you to try a test patient out to ensure the IT systems are functioning correctly.
3. Brief your pharmacy staff and make sure you are regularly checking your nhs.net store email
4. You're ready to start offering CPCPs via GP referral 😊
5. Make sure you keep your clinical skills up to date using any available resources
6. Work with local GP practices to ensure that appropriate capacity is used - there are not too many referrals (or too few)