

GP CPCS Frequently Asked Questions (FAQ)

For General Practice

Pharmacy teams are required to provide advice and support for self-care as part of the Community Pharmacy Contractual Framework. Why is this service needed?

Community pharmacy teams provide self-care advice and signposting opportunistically as part of the essential services set out in the Community Pharmacy Contractual Framework, and these include helping with the treatment of minor illness and providing advice on the appropriate use of the wide range of non-prescription medicines which can be used in the self-care of such conditions. This advice and support can be provided by the pharmacists or their trained team members, and this continues to be a critical part of the role of community pharmacy in healthcare systems.

CPCS provides a further, robust framework for referral to a pharmacist-led service, for which an appointment will be arranged. The service is delivered to a national service specification, which includes notification of the outcomes of the consultation to the referring GP practice, and the pharmacist takes clinical accountability for the patient while they are managing them as part of the service. Signposting to a pharmacy (i.e., simply telling the patient to speak to a pharmacist) carries no reassurance for the practice that the patient has seen a professional and with that a risk that potentially sinister symptoms may be missed.

How is this funded?

Pharmacies receive a referral fee for offering providing the service after completion of the required

processes, and this comes from the pharmacy transition payments. There is no additional funding for GP practices, as the service is designed to assist GP practices in managing patient demand and improving access. It allows triaging of suitable patients to pharmacy in a way that they can monitor, thereby freeing up appointment time in the practice, at no cost to the GP practice or CCG.

What happens if pharmacies do not wish to participate and how will patients who access pharmacies outside of Cambridgeshire & Peterborough but are registered with a Cambridgeshire & Peterborough practice be managed?

Almost all pharmacies offer CPCS and have been supporting referrals from NHS111 since October 2019. Practices may wish to discuss this with pharmacies to which they are most likely to refer, to ensure that they work collaboratively.

The choice of pharmacy must be that of the patient, and they should be asked for their preference when being offered the referral. If the patient has no preference, you should offer two or three pharmacies which are near to the patient's location and allow them to choose.

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/email provided (agreed in prior with GP practice). 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.

Will the reception teams be advising patients that they may need to pay for a treatment/OTC item, if they are usually exempt from prescription fees?

At the time of the referral the reception team/practice staff will inform patients that if they are recommended an OTC medicine, they will need to purchase it and it will not be available on prescription.

What if the patient genuinely doesn't have money to pay for suggested items?

The pharmacist would feed this back to the practice as part of the outcome of the consultation. It is up to a GP practice to decide which patients are suitable to be referred to the service. There should not be assumptions made that patient will not pay for OTC medicines. The pilots showed that there were very few patients who could not/would not pay for medicines, but there may be a small cohort of patients for whom this service would not be appropriate. Practices will need to consider which patients may not be suitable for this service

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.

We're a dispensing practice. Can the service be offered to our dispensing patients?

The service is not linked to prescription supply and so can be successfully offered to dispensing patients. However, there may be practicalities to consider, such as the distance the patient may need to travel to a pharmacy.

The service cannot be offered by dispensing practices themselves; it is only available through community Pharmacies.

How do I find a list of the local pharmacies participating in the scheme?

MOT in conjunction with LPC can provide surgeries/PCNs with a list of the pharmacies that are participating and receiving referrals. From the list provided please check your contact details on your clinical system and update your records especially the email address (referrals from the surgery will be received by the pharmacy in their NHS mail inboxes)

Are pharmacists qualified to see patients in this way?

All pharmacists are qualified healthcare professionals who train for 5 years to master's level, encompassing the clinical use of medicines, the assessment and management of minor illnesses, recognising red flag symptoms and providing health and well-being advice. They routinely provide treatment advice about a range of common conditions and minor health concerns, as well as advising patients on the safe and effective use of medicines, and when to seek medical advice if there are any serious concerns. ***They have been providing the CPCS, taking NHS111 referrals since October 2019.***

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.

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).

Will the pharmacists providing the service follow current guidelines and base any recommendations or 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).

How long should a patient wait until phoning the pharmacy?

The patient can contact the pharmacy as soon as they wish. It will be important that when a patient contacts the pharmacy that all team members know that the patient could be a GP CPCS referral. The pharmacy will need to check their NHS mail for the referral details **and arrange a suitable time for a consultation with the pharmacist.**

Is PharmOutcomes just for pharmacies, in the surgery we will use the referral form and send with a read receipt?

GP practices will be emailing via NHS mail using the referral template. The pharmacies will complete the consultation information on PharmOutcomes. A notification message will be sent back to the practice following completion of the consultation. The message to the practice will arrive in the same way as messages about NHS111 CPCS consultations that patients have received

How do you send a CPCS referral on System1?

A1. The referral video and instructions are available in the toolkit provided. For reference the YouTube video link showing you how to send a GP CPCS referral on S1 can be found here - <https://www.youtube.com/watch?v=15tAtoVj1wI&list=WL&index=7>

How do you send a CPCS referral on EMIS?

The link is provided in the toolkit. Link can also be found here - <https://support-ew.ardens.org.uk/support/solutions/articles/31000159192-community-pharmacist-consultation-service>

Will the referral form be integrated into SystmOne/EMIS or be available via Ardens?

Currently this form is not integrated in to SystmOne or EMIS, this may be possible in the future. At the moment the Ardens referral template is being used on both SystmOne and EMIS.

Will the patient be advised there might be a wait to see the pharmacist? Or would they expect it to be an immediate consultation?

Consistent messaging is key for this service. As part of the training for practices there are discussions about providing patients with information and managing their expectations. Just as a patient may need to wait to see their GP, a patient may need to also wait to see the community pharmacist who could be dealing with prescriptions or other patients.

Do we use the template that you've shown us, and will it be sent with the referral via the NHSmail address or PharmOutcomes?

The GP practice completes the referral template, this is emailed to the relevant community pharmacy via NHSmail. PharmOutcomes is used by the community pharmacist for recording the details of the consultation.

Will the patient be advised to mention being referred via 'GP CPCS referral' or just generally being referred by a doctor so that we know if we should deal with the situation as per usual or via PharmOutcomes?

Whenever a patient informs the pharmacy, they have been referred it would be sensible to try to ascertain the details. Checking NHSmail should provide details of the referral, but if there is no email the pharmacy team may wish to establish a process for contacting the practice. As part of the training practices are encouraged to tell the patient that they need to inform the pharmacy they have been referred. They will not necessarily use the term GP CPCS, **so pharmacy teams need to make sure they check their NHS mail regularly**

Can referrals from the GP be rolled over from one day to the next e.g., a referral sent at 6 in the evening that is appropriate to wait overnight?

Referrals can be “rolled over” to the next day, especially those made at the end of the day. Please remember these are referrals for minor ailments only.

Can we transfer the referral to a different pharmacy if requested by patient over the phone?

This is not possible; the pharmacy would need to formally hand the patient back to the practice and ask them to make the referral to the pharmacy that the patient has requested.

Does the community pharmacist need any equipment for providing this service? And will they be examining patients?

There are no requirements for any equipment to provide this service. **Community pharmacists see patients every day and provide advice for minor conditions without the need to examine patients.** The service specification clearly sets out what is included in delivering this service to patients

How are referrals made back to the surgery, is this via PharmOutcomes, or does the pharmacy contact the practice by phone?

When the pharmacist completes the consultation, referral back to the surgery for a GP appointment is one of the possible outcomes. Information about the outcome of all referrals will automatically go back to the practice. However, if a patient needs to be referred back to the practice, it is important that the patient is formally handed back to the practice. This could mean that if the patient has been seen at the pharmacy, the pharmacist will phone the surgery using the bypass number or an email address that is checked frequently by multiple members of staff. It is important the pharmacist uses their professional judgement to inform the practice of how quickly the person needs to be seen e.g., the same day or within two days etc.

How does a practice receive details of the outcome of a consultation?

Feedback to the practices with details of the outcome of a consultation will be via PharmOutcomes as it is for NHS 111 CPCS referrals.

We have concerns about the go live date and having time to set up and implement.

Practices are determining the most appropriate go live date. Experience shows going live as soon as possible after completing training is the best option. Some are opting for a “soft” go live, to start thinking about the process and which patients could be referred.

Do the pharmacies inform the GP practice if any OTC medicine is provided to the patient?

As part of “closing the loop” the practices will receive information back about the outcome of the consultation e.g., advice given, advice given & OTC purchased.

For our Care Navigators in the practice, how long is the process expected to take from receiving the call to completing the referral?

As with any new process this may be a little slower to begin with, but evidence from the pilots suggests that once established this takes a few minutes, approximately the same amount of time as it would take to agree a consultation with an HCP in the practice.

We are concerned about the workload for reception teams

It will be for a GP practice to decide the best way to manage the process. Where the service is well established, the workload is not seen as onerous, and the service supports patients accessing the most appropriate care in the most appropriate way

It would help the practices to know direct from the pharmacies as to what has been suggested as the GP will not have an idea of the recommendation.

This information will be provided within the outcome feedback that the practice receives after a consultation.

What happens if the patient is not seen that day and the pharmacy has closed, the patient may come back to the practice?

When a patient is referred to the pharmacy, they should be informed about the process for the patient to contact the pharmacy in the first instance. If it is at the end of a day and the pharmacy may be closing it is perfectly acceptable for the patient to be seen the next day. Remember these referrals are for minor conditions only.

How quickly does the GP practice get the feedback, is it instant?

Once the pharmacist completes the information on PharmOutcomes, this will be returned to practice, so this can be straight after the consultation has finished.

Patients will already have been in a queuing system before their call is answered by the practice. Surely this patient is going to be unwilling to be asked further questions to establish if a GP CPCS referral is appropriate for them?

The pilots identified that there are many patients who currently request an appointment to see a GP and have a suitable minor condition that can be supported by a consultation with a pharmacist. The current pandemic has 'educated' patients that they will be asked more questions when contacting the practice in order to establish how they can best be supported. During the pilots, 48% of referred patients needed advice only. Referring these patients freed up time for clinicians at the practice to see those with a more urgent need.

The pharmacy the patient has chosen is always very busy, how will the pharmacist have time to have a consultation with the patient I have referred?

Pharmacists already undertake consultations from NHS111, and they are experienced in having consultations with patients. It is important that the patients choose the pharmacy and again the pilots have shown that both patients and pharmacies are happy with the way the service works.

What if a pharmacy is unable to provide the service due to unforeseen circumstances?

We have asked the pharmacies to inform their local practices if they are temporarily unable to receive referrals so that patients can choose an alternative on that occasion.

If a pharmacist has to refer a patient back to the practice, how do we fit them in for an appointment?

If a referred patient needs to be handed back to the care of the practice, the pharmacist will contact the practice to explain the reason for the patient needing an appointment with a clinician at the practice. The pharmacist will discuss how urgently the patient needs to be seen (same day, next day or other timescale) and will relay the information to the patient before completing the consultation. This information will also be recorded on the consultation outcome notification.

Can a practice use AccuRx to explain and help link up the patient?

If a practice has access to AccuRx and would like to send a text to a patient to confirm the details of the referral then that is fine for them to do so as long as the rest of the referral process steps have been fully completed.

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For Community Pharmacy

Does the community pharmacy GP CPCS “Champion” need to be a pharmacist?

No, they do not need to be a pharmacist, and we would suggest that there are more appropriate team members who should be the GP CPCS Champion. This could be a member of the dispensary team or a medicines counter assistant. The pharmacy should identify the most appropriate member of the team, and make sure all teams members know who they are and what their role is.

How do we transfer the referral from email to PharmOutcomes?

The basic data included on the referral form received via email will need to be copied and pasted in to the PharmOutcomes template. The data sent via email is very small and includes name, address, contact telephone number, DoB, NHS number & minor condition being referred.

What can the pharmacies see with regards to patient medical records, just the Summary Care Record (SCR)?

Community pharmacists can access a patient’s SCR with their permission. It is not a requirement for a pharmacist to access the SCR as part of this service, however it is important that the pharmacist uses their clinical judgement to decide what information they need to be able to complete the consultation.

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