

GP CPCS: Training for General Practice Teams



**Greater Manchester
Community Pharmacy
Provider Board**

Objectives of the session

By the end of this session, you will be able to:

- Understand the GP referral pathway:
 - Which patients can be referred
 - Which team members can make referrals
 - Understand the GM referral protocol and escalation process
- Understand how to embed GP CPCS:
 - Into your practice's usual ways of working
 - Ensure you know when your practice is going live
 - Understand how general practice and community pharmacy will work together

Overview

What is GP CPCS?

Background

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

What is GP CPCS?

- GP CPCS is a pathway that general practices use to refer patients with minor illness or low acuity conditions to a community pharmacist
- A patient referred electronically through GP CPCS will receive a consultation with a pharmacist (in the consultation room or remotely) where the pharmacist will clinically assess the patient, referring to SCR and NICE CKS as appropriate – this is not a conversation over the counter (e.g., Minor Ailments Service)
- Only patients electronically referred from general practice or NHS 111 can be included in this service

NHS 111 CPCS:

10,500 patients referred per week in England

NHS 111 CPCS:

332,000 patients referred in first 9 months of service from October 2019

GP CPCS:

88% of patients referred had their concern resolved by the pharmacist

GP CPCS:

£20 million potential savings if 6% appointments which could be safely referred to community pharmacy, were

GP referral pathway introduced following pilot success and evaluation

Benefits

- As general practices continue to be extremely busy post pandemic, this greater use of pharmacists' expertise can help ensure patients are provided with the right care by the right person at a time most convenient to them. This will increase capacity within general practice for the treatment of patients with higher acuity needs, both now and post pandemic
- This service aims to support the local NHS system and improve access to primary care through more effective use of existing resource, capacity, and expertise within the system

Patients	<ul style="list-style-type: none">• Accessible & professional clinical service from the pharmacist of their choice• Re-educate patients to go to the most appropriate healthcare professional for their needs
General Practice	<ul style="list-style-type: none">• Create capacity – more GP appointments available as those with minor illnesses/low acuity conditions have been referred to pharmacy• Patients seen by the right healthcare professional at the right time• Build on and enhance local relationships between primary care providers
Pharmacy	<ul style="list-style-type: none">• Allows community pharmacy to demonstrate its place within the NHS to manage patients with minor illnesses/low acuity conditions• Build on and enhance local relationships between primary care providers
NHS	<ul style="list-style-type: none">• Cost-effective use of NHS resources to support patients with minor illnesses/low acuity conditions

PCN Investment & Impact Fund (IIF)

- PCN IIF detail was published in August and updated in October 2021
- Includes incentives to engage with the GP CPCS service:

III. Support improved patient access to primary care services			
Indicator	Thresholds	Valuation	Data source
ACC-04: Work collaboratively with local community pharmacy colleagues to develop and commence delivery of a plan to increase referrals to the Community Pharmacist Consultation Service, with referral levels increasing by no later than 31 March 2022.	n/a Binary indicator	£12.6m / 56 pts	CQRS manual entry
ACC-09: Number of referrals to the Community Pharmacist Consultation Service per 1000 registered patients	34 (0.65 per 1000 per week) (single threshold)	£6.1m / 27 pts	GPES

ACC-04
 To 31st March 2022

ACC-09
 From 1st April 2022 to 31st March 2023

- NHS has clearly demonstrated support for the GP CPCS referral pathway by way of including this financial incentive in the IIF for PCNs
- Referring patients to community pharmacy through the GP CPCS pathway benefits general practice not only operationally, in terms of creating capacity in GP appointments, but also financially by ensuring these incentives are received

Target Referrals per week

IIF requires the following targets to be met to trigger the incentive payment:

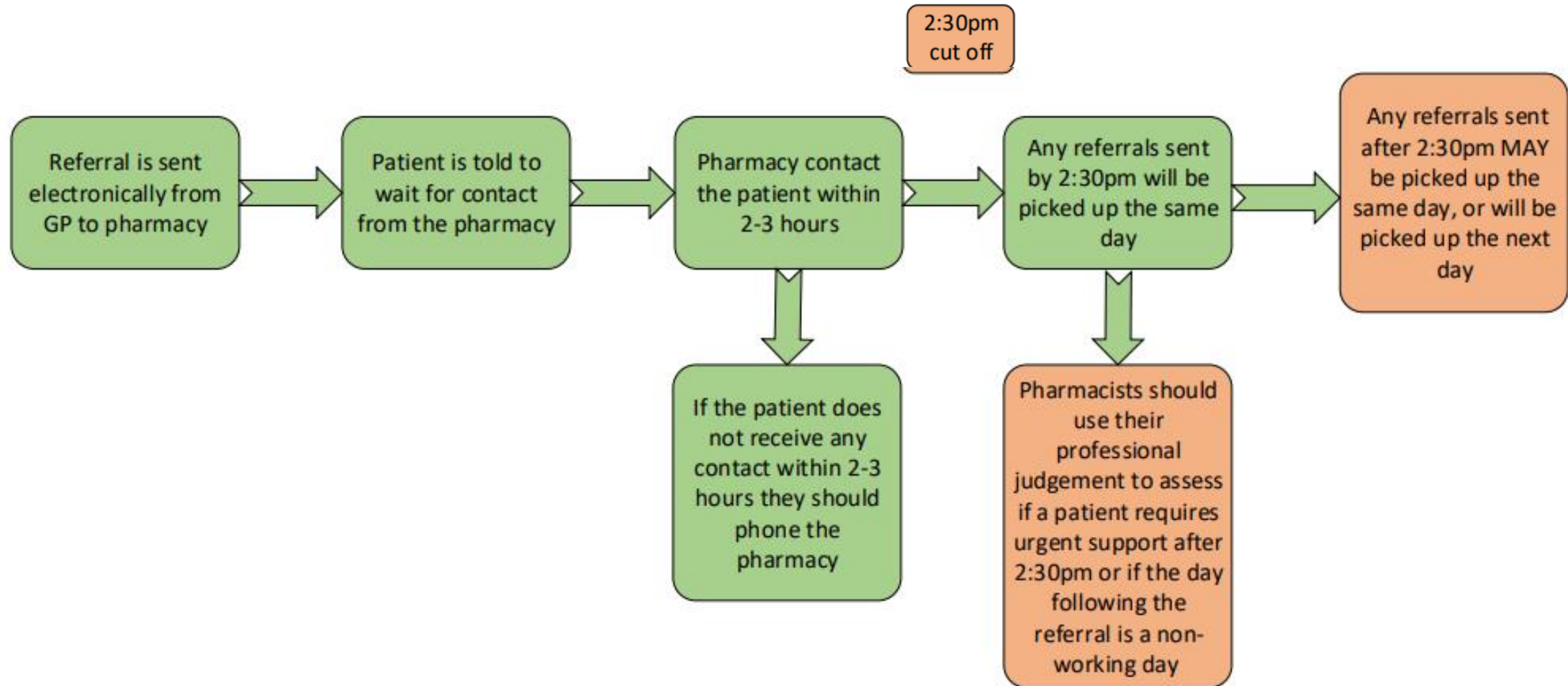
- 0.65 referrals per 1000 patient list size per week
- 34 patients per 1000 patient list size in total in 22/23

A PCN must meet the targets, the information shared here indicates each practices' contribution to the PCN target

Practice list size min	Practice list size max	Number of referrals per week to trigger IIF incentive (22/23)	Total referrals in the year to trigger IIF incentive	Number of GM practices
0	2304	1	47 to 78	17
2305	3844	2	79 to 130	72
3845	5378	3	131 to 183	87
5379	6887	4	184 to 236	58
6888	8428	5	237 to 287	52
8429	9975	6	288 to 339	43
9976	11535	7	340 to 392	38
11536	13013	8	393 to 442	21
13014	14512	9	443 to 493	21
14513	15996	10	494 to 543	11
15997	16956	11	544 to 576	2
16957	20080	13	671 to 683	5
20081	21172	14	710 to 720	3
21173	22380	15	761	1
23993		16	816	1
30829		20	1048	1
42217		27	1435	1

Referral Pathway

GM Referral Process



1. Identifying a Referral: Receptionist or Care Navigator

The process begins in the general practice and should be considered as part of the total triage process

- The patient contacts the general practice via telephone or online triage system
- Care navigator or receptionist assesses the patient's issue against a list of conditions which are suitable for referral under 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

1. Identifying a Referral: Top Tips

GM data: the symptoms for which the majority of referrals are resolved by the pharmacist

Cold/cough/flu/nasal congestion/sore throat

18% of all referrals
80% referrals were resolved by the pharmacist

Skin/rash

6% of all referrals
75% referrals were resolved by the pharmacist

Eye problems

5% of all referrals
82% referrals were resolved by the pharmacist

Diarrhoea/Constipation

3.5% of all referrals
81.5% referrals were resolved by the pharmacist

Mouth ulcers
Rectal pain
Athlete's foot
Allergic reaction
Blisters

Ear discharge or ear wax
Vomiting
Itch
Bites or stings
Lower back pain

1. Identifying a Referral: Top Tips

If you can, always ask: How long has the patient had the symptoms
Have they tried any medicines OTC

Cystitis:

If the lady has tried OTC sachets, there are no other treatment options for the pharmacist – do not refer

Pain in the ear or eye:

Any patient with pain in the ear or eye can only be treated OTC with painkillers – eye pain suggests a more serious condition which needs a GP to assess – do not refer

Conjunctivitis 1 year old:

Although the referral protocol states >1 year, OTC treatments for conjunctivitis are not licenced for use in under 2 years – do not refer

Discharge (not wax) from the ear:

Suggests an infection, which cannot be treated OTC, other than with painkillers – do not refer

Symptoms over 72 hours:

Consider the type of symptoms, many symptoms lasting over 72 hours are not minor, only refer if no OTC product has been tried

Pain / swelling in lower limb:

Although included in the referral protocol, this is unlikely to be a minor illness unless related to an injury e.g. sprain– do not refer

2. Making a Referral: Receptionist or Care Navigator

Care navigator or receptionist makes an electronic referral to the community pharmacy of the patient's choice.

The referral details are sent through to the pharmacy as an electronic message using the electronic tool.

Local Services Dashboard (EMIS)

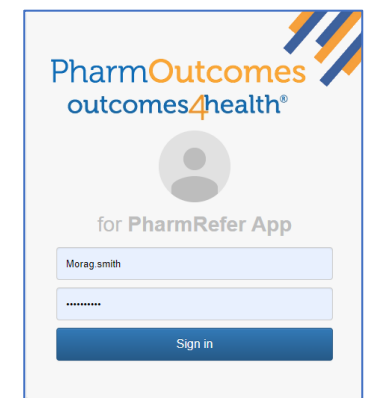
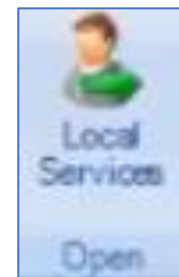
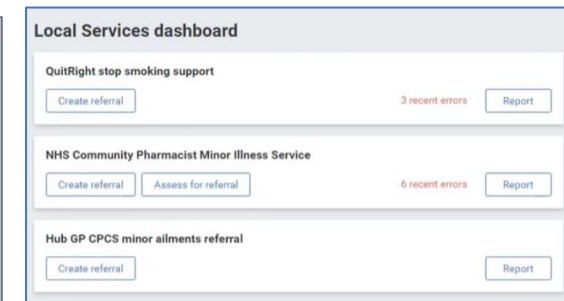
[formerly Patient Signposting or Patient Access Connect App]

This is a referral 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.

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 are currently no integrated tools on the market for non-EMIS practices.]



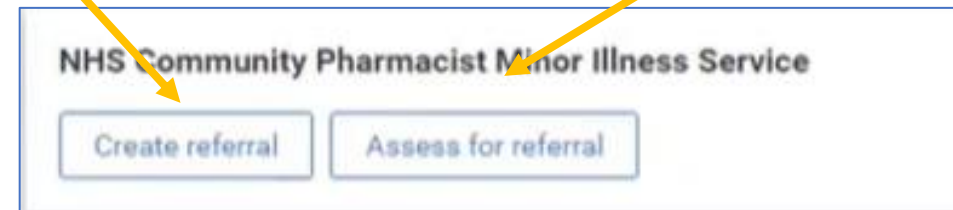
Please see Appendix C in the [GP CPCS Toolkit for GP and PCN Teams](#) for further information. Funding for the IT referral mechanism has been sourced by GMHSCP.

2. Making a Referral: Receptionist or Care Navigator

When sending a referral, the care navigator/receptionist can choose from 'create referral' or 'assess for referral'. Both pathways will pre-populate the patient demographic information sending directly from EMIS to the community pharmacy system (PharmOutcomes) via ITK link.

Create referral:

- Used when the receptionist or care navigator is confident that the patient is suitable to be referred to community pharmacy
- Patient does not require further triage support
- Free type box only questions



Assess for referral:

- Additional triage questions to support the receptionist or care navigator to identify an appropriate referral
- Condition list visible to prompt further questions when the relevant condition is selected
- Red flags highlighted based on responses

Referral tool videos

Local services (formerly Patient Access Connect or Patient Signposting) for EMIS practices:

[Local Services Demo.mp4 \(sproutvideo.com\)](#)

PharmRefer for Vision and SystemOne practices:

https://media.pharmoutcomes.org/video.php?name=PharmRefer-2021_Update

To see the pharmacy side of the service:

<https://media.pharmoutcomes.org/video.php?name=cpcs-template>

3. Pharmacist Conducts the Consultation

Pharmacy contacts the patient

- Within 2-3 hours
- Consultation to be completed within 12 hours pending patient circumstances
- Patient should only contact the pharmacy themselves if they have not had contact within 3 hours

Consultation

- Pharmacist
- Remote or face to face
- Clinical assessment
- Presenting symptoms, relevant medical history & medication taken
- NICE CKS
- SCR
- Red flags

Outcome

- Safety Netting advice
- Managed in the pharmacy or escalated
- If escalated, Pharmacist makes the call
- Consultation notes sent as pdf by NHS mail to the referring general practice

4. Consultation Outcomes

Advice Only

Patient reassurance. May also include provision of written information, or recommendation to use products the patient has at home

Advice & OTC sale

Patient is encouraged to purchase a medicine OTC. Pilot feedback shows this was not a barrier for patients even in deprived areas

Advice & referral into local MAS

Where the MAS is commissioned and where the presenting symptoms and patient are included in the service eligibility criteria

Advice & non-urgent signposting to another service / GP

To another hcp e.g. optometrist Or to the GP for a routine appt. e.g. dermatitis / eczema which was previously treated with OTC steroid cream but is no longer effective

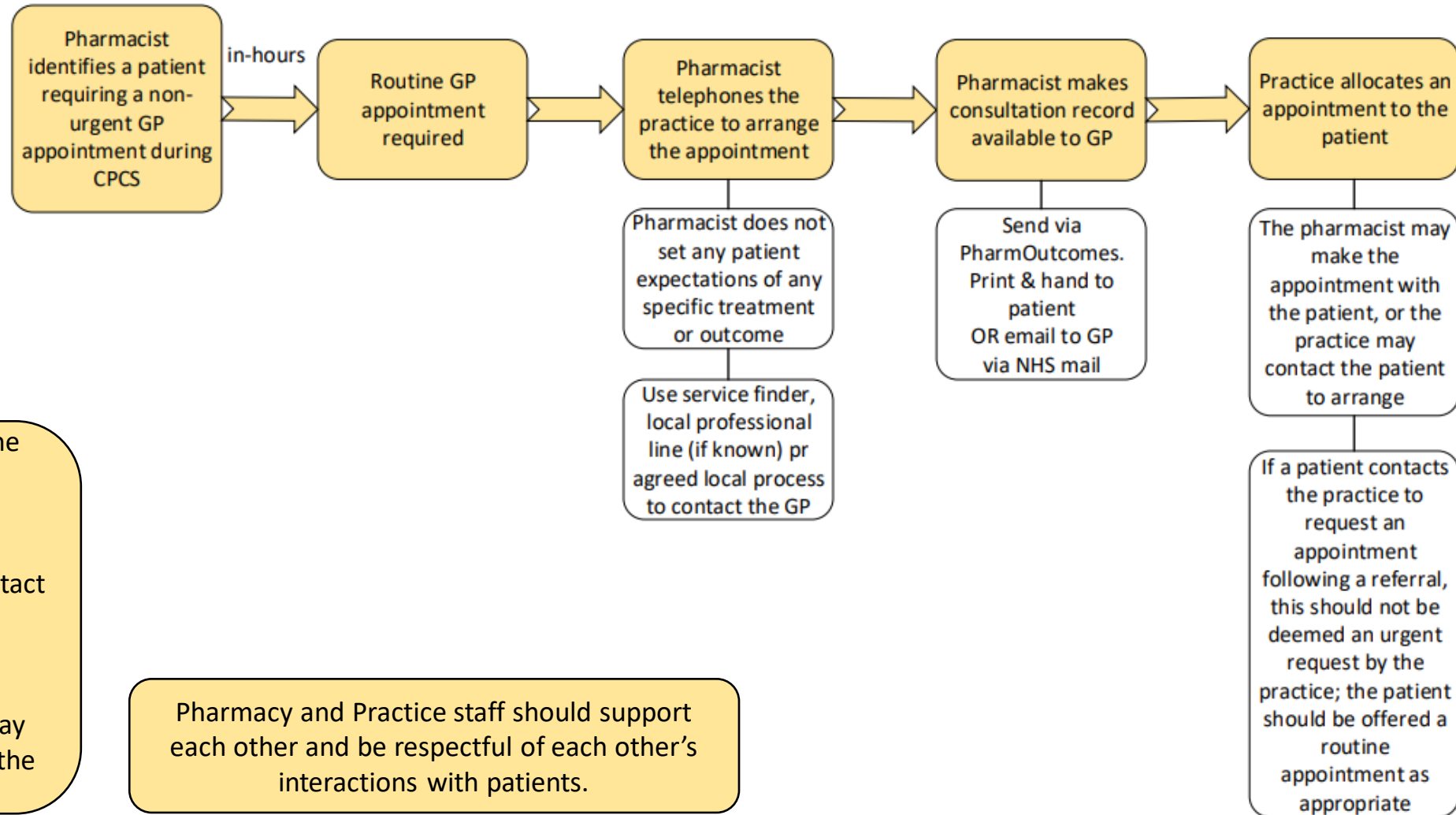
Advice & urgent escalation to GP (pharmacist makes contact)

Where the pharmacist considers the patient should be seen by their GP the same day – Pharmacist will contact the practice themselves

Advice & urgent escalation to urgent care e.g. A&E or 999

A minority of cases where a patient is urgently escalated to A&E

4. Non-Urgent Escalation



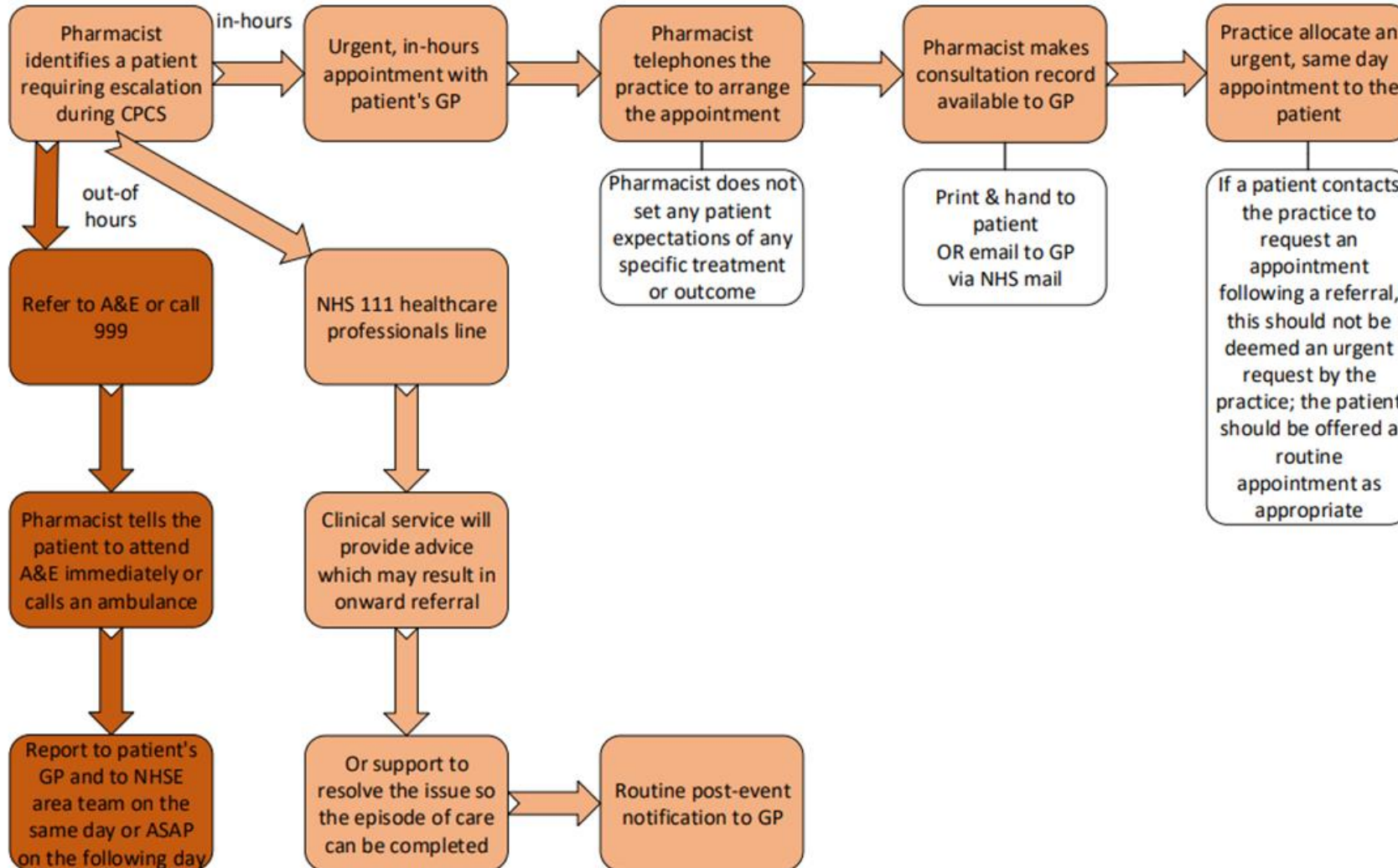
Pharmacists will make contact with the practice themselves for non-urgent escalations.

Pharmacists will ask patients not to contact the practice themselves.

If a patient does contact a practice following a referral, the pharmacist may not be aware, and will not have asked the patient to do this.

Pharmacy and Practice staff should support each other and be respectful of each other's interactions with patients.

4. Urgent Escalation



Pharmacists will phone the practice themselves for urgent escalations.

Pharmacists will ask patients not to contact the practice themselves.

If a patient does contact a practice following a referral, the pharmacist may not be aware, and will not have asked the patient to do this.

Pharmacy and Practice staff should support each other and be respectful of each other's interactions with patients.

Embedding GP CPCS into the practice ways of working

Answers in your back pocket

We will now watch a short section of the Virtual Outcomes e-learning content (links have been shared so you can review the full 30-minute content) to bring everything together, and to reinforce some of the messages you may find beneficial when talking to patients about the referral pathway.

[Online Event \(workcast.com\)](https://www.workcast.com)

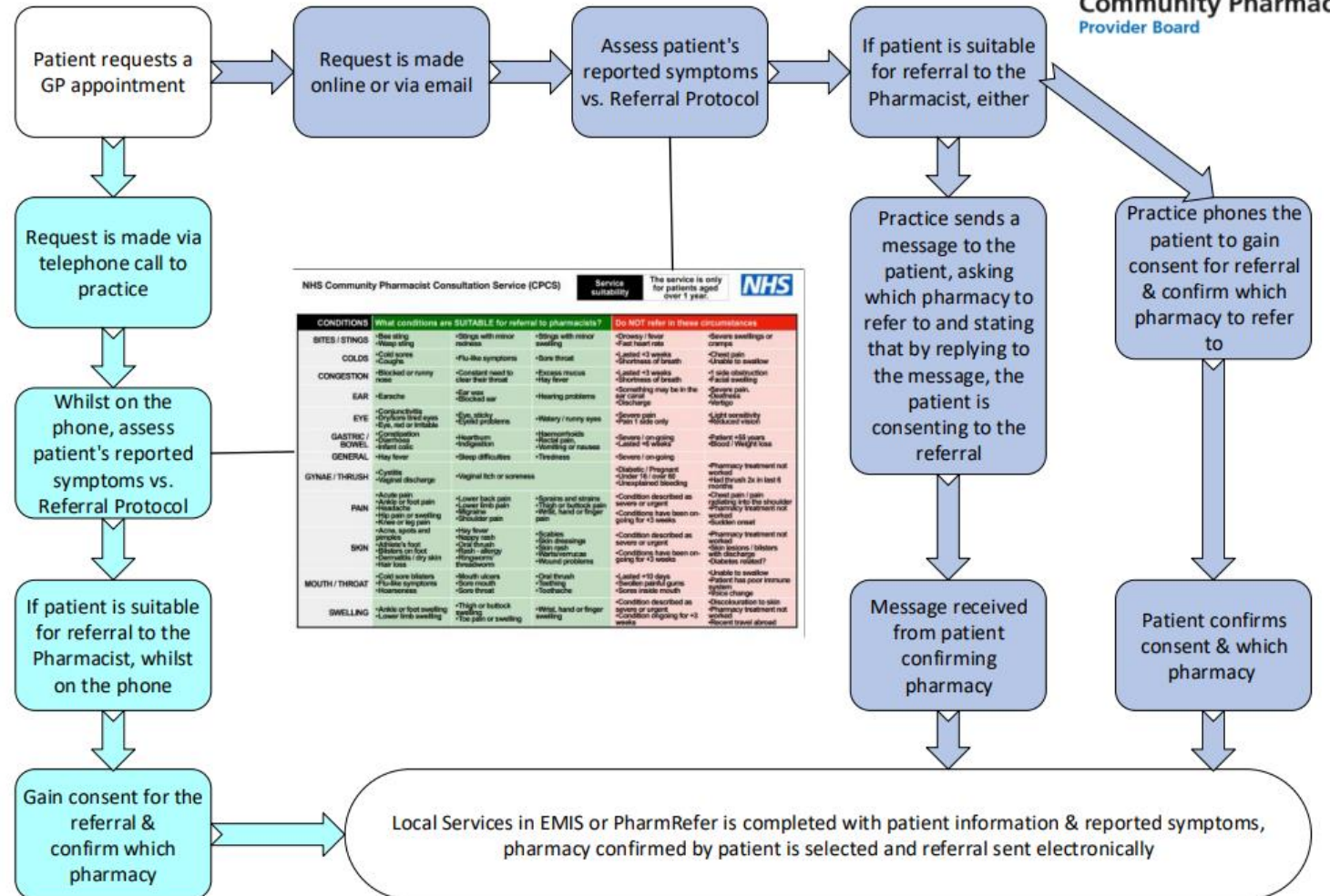
GP CPCS: one of your triage options

Now you understand the referral process and what to do, let's think about how you can fit this into your 'BAU'.

Referring patients to community pharmacy through GP CPCS should be seen as one of the options a practice has when receiving an appointment request from a patient – not as something extra they have to remember to do.

Whether your patient queries come into the practice on the phone, or online, GP CPCS will work as a potential outcome:

GM GP CPCS: Embedding Referrals into GP Triage
280422 V02



How general practice and community pharmacy will work together

- Whilst GP CPCS is being implemented and deployed at GM level, by a team of community pharmacy and general practice representatives, the success of the delivery of the referral pathway and the service on the ground relies on the local relationships between general practice teams and community pharmacy teams
- We strongly encourage you to talk to the pharmacies in your area about this service, to gauge their capacity for referrals before going live and to understand their current workplace pressures
- We are encouraging pharmacies to make contact with practices too!

GP to pharmacy:
How can we support with making regular & consistent referrals?

GP to pharmacy:
Lets talk about patients who don't pay for their scripts

















GP to pharmacy:
Any feedback on the type of referrals my practice has sent?
Anything we need to do differently?

Pharmacy to GP:
Lets talk about the referrals from the last week

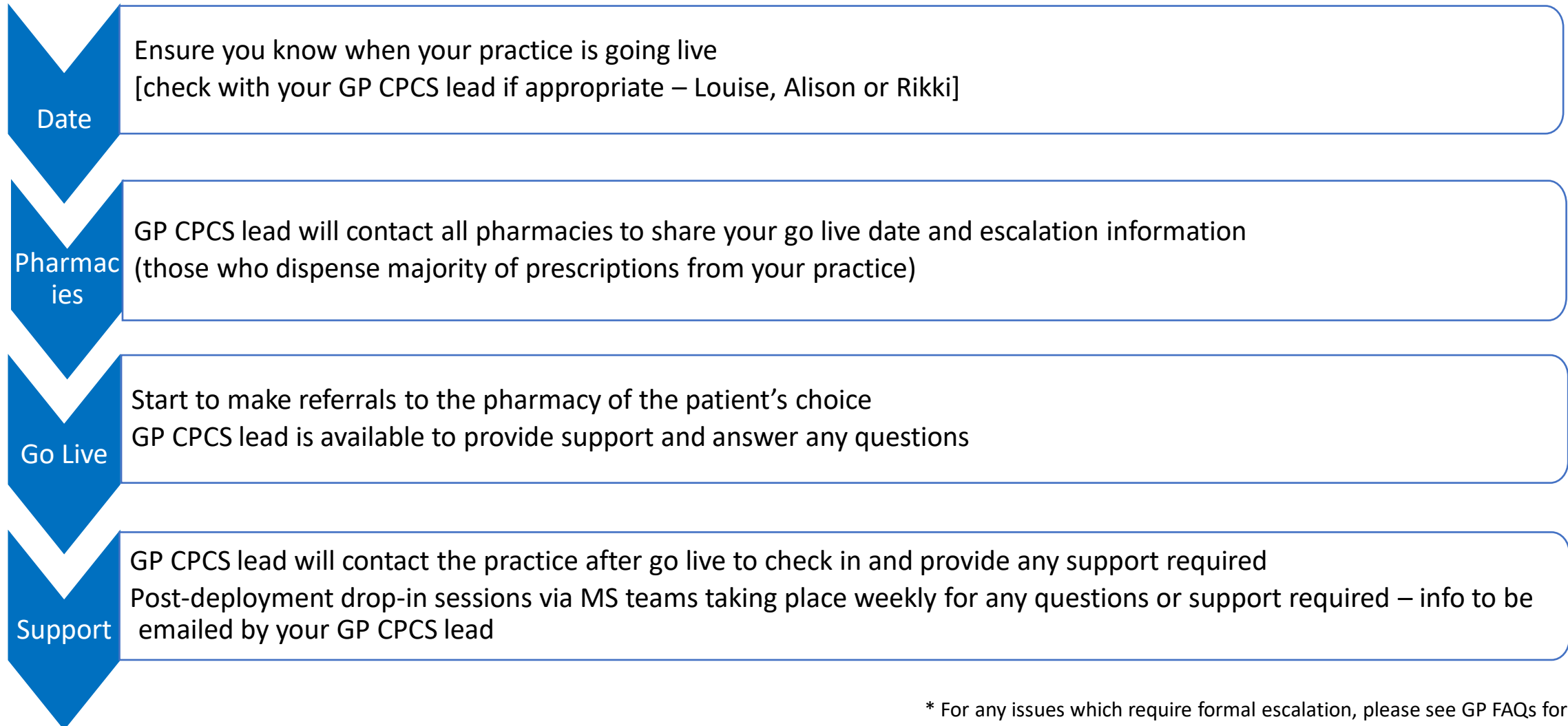
Pharmacy to GP:
How did that patient get on who was an urgent referral last week?

Pharmacy to GP:
Any feedback from patients on the service so far?

Suggested Do's and Don'ts

Do:	Do Not:
 Ensure all practice staff who receive patient queries understand who can be referred and how to make a referral	 Do not refer patients with symptoms lasting longer than 2-3 weeks or those in the red section of the Referral Protocol
 Talk to the pharmacies in your area to assess how many referrals per day/week are acceptable	 Do not refer patients who need an emergency supply of medication
 Refer patients to the pharmacy of their choice	 Do not refer patients who you know may have issues with buying medicines over the counter
 Gain consent from the patient for the referral	 Do not refer patients aged under 2 with conjunctivitis
 Use Patient Signposting (Patient Access Connect in EMIS) or PharmRefer to make all referrals	 Do not refer patients for contraception, pill checks, or emergency hormonal contraception (morning after pill)
 Ask the patient to wait for contact from the pharmacy within 2-3 hours (consider the time the referral is sent and the opening time of the pharmacy e.g. for referrals sent at 8am)	 Do not be inconsistent with making referrals if you can possibly help it – referring consistently to regular pharmacies will help the pharmacies to embed completing the consultations into their ways of working
 Save the consultation notes in the patient's clinical record when received by email	 Do not ask the patient to contact the pharmacy to follow up the referral, unless 3 hours has passed
 Keep in touch with the pharmacies in your area to update them on any changes which may impact on referral numbers	 Do not refer a patient to the EPS-nominated pharmacy as default – always check with the patient

Next Steps



* For any issues which require formal escalation, please see GP FAQs for process

If you have any questions after watching this recorded training session, check the resources on the next slide, or check the [GP FAQs v8](#) to see if your question can be answered.

Otherwise, please drop in to one of our informal training Q&A sessions which are running weekly. Contact your GP CPCS lead for more information:

louise@boltonlpc.org.uk for Bolton

alison@cpgmhealthcare.co.uk for Oldham, Bury & Tameside, Wigan

Rikki.smeeton@gmlpc.org.uk for HMR, Salford & Stockport, Manchester & Trafford

Resources

GP CPCS Tools	Link
NHS CPCS Toolkit for GP and PCN teams	Report template - NHSI website (england.nhs.uk)
NHS GP Briefing Note	https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/referring-minor-illness-patients-to-a-community-pharmacist/
Advanced Service Specification NHS CPCS	https://www.england.nhs.uk/wp-content/uploads/2019/10/CPCS-Advanced-Service-Specification.pdf
Local services referral tool for EMIS Video	https://videos.sproutvideo.com/embed/a79edeb11d1fe4c62e/6837ce0383f2896d?bigPlayButton=false&playerTheme=dark&playerColor=2f3437&autoplay=true
PharmRefer Video	https://media.pharmoutcomes.org/video.php?name=PharmRefer-2021_Update
NHSBSA GP CPCS Page	General Practice Community Pharmacist Consultation Service (GP CPCS) NHSBSA
PSNC GP CPCS Page including GP CPCS Animation	CPCS – GP referral pathway : PSNC Main site
GP CPCS Pilot - Bristol, North Somerset and South Gloucestershire pilot	NHS England » GP Referral to NHS Community Pharmacist Consultation Service – Bristol, North Somerset and South Gloucestershire pilot
Frequently Asked Questions (FAQ's)	Frequently Asked Questions (primarily for general practice teams)