General Practice Community Pharmacist Consultation Service (GP CPCS)

Do:		Do N	lot:
\checkmark	Ensure all practice staff who receive patient queries understand who can be referred and how to make a referral	X	Do not refer patients with symptoms lasting longer than 2-3 weeks or those in the red section of the Referral Protocol
\checkmark	Talk to the pharmacies in your area to assess how many referrals per day/week are acceptable	X	Do not refer patients who need an emergency supply of medication
\checkmark	Refer patients to the pharmacy of their choice	X	Do not refer patients who you know may have issues with buying medicines over the counter
\checkmark	Gain consent from the patient for the referral	X	Do not refer patients aged under 2 with conjunctivitis
\checkmark	Use Patient Signposting (Patient Access Connect in EMIS) or PharmRefer to make all referrals	X	Do not refer patients for contraception, pill checks, or emergency hormonal contraception (morning after pill)
\checkmark	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
\checkmark	Add a SNOMED code to the patient's clinical record when making a referral: Referral to CPCS 1362511000000107 Declined referral to CPCS 1362521000000101	X	Do not ask the patient to contact the pharmacy to follow up the referral, unless 3 hours has passed
\checkmark	Save the consultation notes in the patient's clinical record when received by email	X	Do not refer a patient to the EPS-nominated pharmacy as default – always check with the patient
\checkmark	Keep in touch with the pharmacies in your area to update them on any changes which may impact on referral numbers	X	