GP CPCS Frequently Asked Questions (FAQs) for General Practice

1. Understanding the GP CPCS Service

Q. Why should practices refer patients to NHS CPCS?
A. GP referral into NHS CPCS is one of several improvement measures available to improve access for patients to more rapid and convenient consultations. NHS CPCS helps to free up practice capacity to see higher acuity patients, as well as from secondary care and 111 first.

Q Are any of the areas where this is running successfully in any deprived areas? Are there issues with people being resistant to buying medicines recommended by the pharmacist?
A. Yes - in fact in the pilots it was found that in areas of high deprivation, the ability to pay for medicines was not a problem. In a lot of cases, the pharmacist recommended medicines that the patient already had for example paracetamol or ibuprofen or recommended homely remedies such as honey and lemon for sore throat.

Q. Practices have reported concerns that this potentially will create more administrative work, has this been found?
A. The referral process should only take less than a minute and saves a whole GP appointment. 95% of practice teams who took part in the evaluation said the process was quick and easy and fitted in with their everyday processes.

Q. Are all pharmacies delivering this service?
A. Nearly all pharmacies across England (10,000) are already providing the service for referrals from NHS 111. As part of the implementation of the GP referral pathway, pharmacies in Greater Manchester are being supported to ensure they are ready to receive referrals when a practice goes live.

Q. Why can we not just signpost the patient the pharmacy?
A. The feedback and evaluation from pilots has shown that traditional signposting can result in poorer patient experience. Patients don't value this as much and are more likely to go back to the practice for the same episode of care. Also the practice does not get any feedback as to whether the patient presented at the pharmacy if signposted, whereas if they are referred through GP CPCS, the practice will receive the consultation notes.

Q. Is the service only available for GP practices that use the EMIS system?
A. There are other IT solutions for practices who use System One and Vision.

Q. To be useful in helping deal with low acuity conditions will there be NHS funded PGDs for conditions other than those already covered by minor ailments?
A. There are not currently any NHS-funded PGDs in place to supplement this service. However, local discussions are currently taking place with commissioners and LPCs who will update contractors in due course.

Q. Will all pharmacies be offering MAS (Minor Ailments Service) that offer CPCS?
A. Where pharmacies are accredited to deliver the Minor Ailment Service then we would expect them to be delivering the service as per the requirements within the service specification.

Q. Have pharmacies currently got the capacity to deal with referrals?
A. With over 94% of Community Pharmacies already delivering the CPCS we understand that most will be ready and able to accept and deal with referrals. Locally agreed processes within the GP CPCS also allows pharmacies to manage their workload more efficiently.

Q. How will be assured that Community Pharmacies will check and complete GP CPCS consultations? How will locums and relief pharmacists be engaged with the service?
A. A series of webinars are being delivered regularly to ensure Community Pharmacies are supported to deliver the service. Pharmacies are contacted as the service goes live and referrals will be monitored to ensure they are actioned. If there is an issue with resource or capacity, the working group will work closely with practices to resolve them and ensure they are informed of any issues to stop referrals being sent until the issue is resolved.
In addition, a locum checklist has been produced which is available on LPC websites, shared with all pharmacies in GM and sent to locum agencies also.

Q. What happens if the pharmacist cannot contact the patient?
A. There is not an electronic message back to the GP in this case, nor is there a requirement in the service specification for the pharmacy to inform the GP. As referrals are for patients with minor illnesses or low acuity conditions and if the patient is not contactable and has not attempted to contact the pharmacy themselves, nor presented elsewhere, then an assumption is made that the issue is no longer problematic for the patient.

Q. If we opt in, can we opt out?
A. Yes, it is up to the practice to make referrals. Once you have been set up you refer patients as appropriate. However, a significant investment into the IT referral tools has been made in GM, as we know that creating capacity in general practice is important and so it is requested that practices engage with the referral pathway and do continue to refer appropriate patients once they have been set up.

Q. Are there materials available to promote this service to our patients?
A. No, the specification states that this service should not be promoted directly to patients as referrals to CPCS are considered part of a standard internal triage process in the same way as general practice teams would refer patients to a physiotherapist, paramedic or other specialist service. Appendix d of the PCN toolkit provides some information which practices can use in their messaging to patients. [Report template - NHSI website (england.nhs.uk)]

2. Deployment in Greater Manchester

Q. How is the roll out being managed in Greater Manchester practices?
A. The working group is managing the roll out which will take place between 2021 and 2023. 61% of practices were live at the end of 21/22.

Q. When will the electronic pathway from surgery to pharmacy be available?
A. Funding has been secured for the IT solution. We are working through a phased deployment of General Practices across Greater Manchester. The working group will arrange for the IT solution to be switched on in line with the practice staff accessing training and the preferred go live dates indicated by each practice.

Q. How will the GP practice staff be trained & supported?
A. All practice staff that will be making referrals to the Community Pharmacy will have all received training prior to go live. The GP CPCS lead for each practice can be contacted with any queries not covered in this FAQ document.
A series of post-deployment drop in sessions are also available for practices once weekly via MS Teams – further details available from the GP CPCS lead for your practice.

3. Making Referrals

Q. What patients / conditions can I refer?

A. There is a list of minor illness conditions in the NHS CPCS service specification, so referrals should primarily be for those presentations listed. See the GM Referral Protocol for more information. Children aged over 1 years are eligible for this service and can be seen by the pharmacist when accompanied by a parent/carer. Children who are competent in decision making about their health may be seen unaccompanied. There is no upper age limit for referrals.

Q. Could you please explain how the referral pathway works, and how it gets recorded into a patient record.

A. The patient contacts the practice and when identified as having a minor illness symptom and suitable for referral a secure digital referral message is sent from the practice to the pharmacist (with patient consent). The practice needs to make a note in the patient's clinical record that a referral to pharmacy has been made and add a read code if appropriate. The pharmacist will let the practice team the outcome of the consultation by sending a pdf by email which can then be attached to the patient's record.

Snomed codes for the service are:

- Referral to CPCS 1362511000000107
- Declined referral to CPCS 1362521000000101

Q. Does it have to be a GP that makes the referral could it be a care navigator or reception staff?

A. The service is designed for the receptionist or care navigator to make the referral using the list of minor illness symptoms suitable for this service.

Q. How does this integrate with e-consult or similar electronic solutions? In many practices, patients do not come into the premises anymore.

A. We have produced an overview for General Practice teams to show how the referral process can be embedded into practice workflows whether they receive patient requests for an appointment via telephone or via an online solution. This process will be shared with practices during implementation.

Q. Will the GP practice staff refer patients to their EPS nominated pharmacy?

A. No, the patient must give consent for the referral and must select which pharmacy they wish to be referred to for this issue. Patients may wish to be referred to a different pharmacy which is more convenient to them, and they should be asked at the point of referral.

Q. Who will be making the referrals at the practice?

A. Receptionists, Care Navigators, Active Sign Posters, 'Sorters' and other active support staff will be making the referrals. GP's are not expected to make referrals.

Q. How does the practice decide which pharmacy to send the referral to?

A. The Patient Access button and PharmRefer web-based solution will generate nearby pharmacies to where the patient is e.g., home or work based on the post code. The option of which pharmacy the referral will be made to will is patient's choice and the practice should ensure they confirm with a patient which pharmacy they wish to be referred to.

Q. Have surgery staff been briefed as part of their training, that where possible they should refer patients to their regular nominated pharmacy to avoid any consistency and remove the possibility of re-nomination or prescription direction?

A. GP practice staff will be advised to send referrals to the patient's chosen pharmacy. There must be no attempts to change patients nominated pharmacy in this service.

Q. What needs to be included as part of the referral?
A. An appropriate referral must be sent via a formal process, not just verbal signposting. The GP/PCN Toolkit Appendix C describes the standard information set to be included when the referral is sent. Practices who have previously been involved in 'active signposting' may need to consider if their referral templates need updating if these are already in place. When pharmacies sign up to provide NHS CPCS, they commit to ensuring they can accept electronic referrals, and that inappropriate incidents are reported so that these referrals can be investigated locally.
In GM we have agreed to use the EMIS Patient Access Connect template for EMIS practices and PharmRefer for non-EMIS practices – both referral tools contain all the data fields which are mandatory to include in the referral.

Q. Do patients have to pay to use the service?
A. There is no charge for this NHS service. If the supply of an over the counter (OTC) medicine is required, the patient will be asked to purchase it. They may need a referral back to the GP if they need an NHS prescription for a medicine that cannot be purchased OTC. There are a number of possible outcomes of a GP CPCS consultation. If a MAS service is commissioned in the locality and the patient is eligible to receive a MAS service, then they will receive medicines free of charge. The Pharmacist will assess the patient and provide the most appropriate intervention. Where OTC medicines are required, they are usually inexpensive, and CCGs already have policies in place to reduce the prescribing of OTC medicines where possible in line with national policy.

Q. What about people who get free prescriptions?
A. If there is a locally commissioned Minor Ailments Scheme (MAS - all GM localities except Bolton & Oldham), if the patient fits the eligibility criteria for the MAS (HC2 / Income Support / Universal credit / dependent under 20 years of someone on benefits) and if their symptoms are covered by the MAS formulary, then they can be treated under the MAS and receive a medicine supply free of charge. If the patient is not eligible for MAS, or there is no commissioned MAS service and if the supply of an over the counter (OTC) medicine is required, the patient will be asked to purchase it.

Q. Does a smart card need to be in place to make a referral in EMIS using Patient Access Connect?
A. Yes, you must log in to the clinical system in order that the person who sent the referral is recorded for the purposes of an appropriate audit trail.

Q. The staff in reception have got used to signposting patients to the pharmacy to buy OTC medications for example head lice solution, verruca treatments, ringworm, threadworm etc. - would this continue, or should these patients be referred under CPCS?
A. If the reception staff are comfortable that the patient's symptoms have been correctly diagnosed and that the patient does not need a clinical consultation with the pharmacist to exclude any red flags or to give additional support/information/advice, then they can continue to signpost and not use GP CPCS to make a referral. However, if there is a chance that the patient's issue would be something other than what they think it is, if the reception staff are not confident in the diagnosis or if they feel that the patient would benefit from a clinical consultation with the pharmacist then they should refer under GP CPCS.

Q. When a referral is made in EMIS using Patient Access Connect, is a record saved anywhere in EMIS so that it is visible that a referral was made after the event?

A. Yes, there is an audit log which can be accessed through Patient Access Connect. In addition, we recommend that practices record in the patient's clinical record that a referral to community pharmacy was made.
Snomed codes for the service are:

- Referral to CPCS 1362511000000107
- Declined referral to CPCS 1362521000000101

Q. Can patients self-refer into CPCS?
A. No. a pharmacist can only conduct a CPCS consultation with a patient who has been referred from NHS 111 or general practice.

Q. What should we do with patients who potentially have symptoms of COVID-19? Should they be referred for assessment through GP CPCS?
A. NHS guidance for anyone with suspected symptoms of COVID-19 is to stay at home and not have visitors. As such, it would not be appropriate to refer such patients to community pharmacy through GP CPCS, unless there is a potential that the patient may have a different condition, in which case the pharmacist would assess them. Any patient with symptoms similar to COVID-19 would receive a telephone consultation in order to protect the pharmacy team and minimise any potential exposure.

Q. Can we send photos with a referral?
A. Unfortunately the Patient Access Connect and PharmRefer tools do not allow an attachment to be added to the referral message. We do see the value in this and would encourage practices who can support this option to send photos via NHS mail to the pharmacy's shared mailbox. Pharmacy email addresses follow the pattern: pharmacy.Fcode@nhs.net If you are sending an additional message, please indicate this in the freetype box in the referral tool, so the pharmacist knows to check for an associated email before conducting the consultation with the patient.

Q. Can I pull back a referral that has been sent?
A. You may wish to retract or pull back a referral that has been sent, if for example you notice the telephone number is incorrect.
Whether your practice uses EMIS or PharmRefer to make referrals, the system that is used to record all data is called PharmOutcomes. Every practice should have a login to PharmOutcomes which has been set up as part of the deployment process in GM.
For PharmRefer practices, the username and password for PharmOutcomes is the same as the username and password for PharmRefer.
For EMIS practices, if you have not received confirmation of your PharmOutcomes username and email address, please email helpdesk@phpartnership.com to request this.
To retract a referral, you need to log in to PharmOutcomes.

- Go to the Services screen
- Tick the box to 'show patient identifiable details'
- Scroll down to 'recent provisions'
- Identify the referral you wish to retract
- NB only referrals showing as 'pending' can be retracted – this means the pharmacy has not yet taken action. You cannot retract a referral which the pharmacy has actioned
- Click on the referral you wish to retract; you will see an orange 'retract' button – click this
- If the 'retract' button is not available, it means the pharmacy has taken action on the referral and it cannot be retracted – if there is an issue please phone the pharmacy to explain

Q. How will I be notified if the referral system is down, or undergoing maintenance?

A. The IT company will minimise system down time and schedule maintenance outside of peak times. Where the system is down, a message will be posted on the PharmOutcomes system. If you experience any issues with Patient Access Connect or PharmRefer, you should contact helpdesk@phpartnership.com

Q. Where do I get help with the referral system e.g. if it is not working?
A. If you experience any issues with Patient Access Connect or PharmRefer, you should contact helpdesk@phpartnership.com
In times when you are unable to refer patients using Patient Access Connect or PharmRefer then you can make referrals to community pharmacy using NHSmail, but you must ensure you include all relevant data see PCN toolkit Appendix C p22 and also phone the pharmacy to ensure they know the referral is being sent manually.

4. Patient Consultation with the Pharmacist

Q. How would we know what specific individual skills pharmacists have? They do different things, particularly prescribing.
A. All pharmacists are qualified healthcare professionals who train for 5 years to Masters 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 can give treatment advice about a range of common conditions and minor health concerns as well as advising patients how to optimise the medicines they are taking for long term conditions and when to seek medical advice if there are any serious concerns. Escalation processes will be in place for pharmacists to signpost or refer patients to higher acuity services if needed.
As part of the set-up process with the practice, local implementation teams identify any local enhanced services available e.g., Minor Ailments Service, (also known as Care at the Chemist or Pharmacy First) which may complement the CPCS service. There are no requirements for pharmacists to prescribe as part of the CPCS service. Some areas in the NW have commissioned a PGD service to enable a supply of a medicine and this is currently being discussed at a GM level.

Q. Are the pharmacists seeing patients face to face or on the phone?
A. The consultation can be delivered face-to-face, over the phone or via video as appropriate and convenient for the patient and at the discretion of the pharmacist. The pharmacist may decide that some patients need to be seen in the pharmacy given the nature of their presenting complaint.

Q. Do pharmacists have access to patients GP clinical record?
A. They have access to the Summary Care Record (SCR), if the patient has consented, which shows a summary of the clinical record.

Q. What equipment are Community Pharmacies expected to use as part of the clinical assessment? E.g., BP monitor, pulse oximeter etc.
A. There is not currently any requirement to have any specific equipment to provide the service. However, if pharmacies do have equipment available and have undergone specific training regarding how to use the equipment, then it can be used as part of the service delivery.

Q. Does a pharmacist conduct clinical observations such as bp, breathing rate, pulse oximetry as part of a CPCS consultation?
A. Training for pharmacists around clinical observations such as this has been widely available for some time, although attendance at such training is not mandatory for pharmacists to provide the service. All pharmacists must complete a self-assessment framework to highlight any gaps in competence; the framework includes clinical history taking skills and clinical

examination/assessment skills to inform clinical decision-making in the consultation. Equipment has not been provided to pharmacies as part of the service specification.

Q. How regularly should pharmacies be checking for referrals?
A. Pharmacies should check PharmOutcomes regularly throughout the day. As a minimum we recommend 3 times a day. In practice, we are seeing that pharmacies are routinely picking up referrals and completing consultations with patients promptly and usually the same day the referral was sent.

Q. Can the pharmacist consultation be conducted remotely?
A. Yes. The consultation can be conducted either face-to-face or remotely. The pharmacist must exercise their clinical, professional judgement to determine which option is most appropriate.

5. After the Consultation is completed

Q. What is the referral rate back to General Practices?
A. The data from the pilot showed that 9 out of 10 people referred to the pharmacist were successfully treated or advised without onward referral. Ensuring that the right patients are referred by the general practice team will help to ensure that the non-urgent escalations back into General Practice are minimised. It is anticipated there will always be some patients referred who do need escalation to their GP or to another healthcare professional as the patient will share information in the consultation with the pharmacist which they would not share with the receptionist or care navigator when requesting a GP appointment.

Q. How many appointments will we need to hold back each day for escalations?
A. In the pilot, 88% of patients referred had their issue addressed by the pharmacist. Therefore, at most, 1 in 10 patients may need to be referred back to the GP. The pharmacist will make it clear whether the escalation is urgent or non-urgent. The number of appointments needed will therefore depend on the number of patients referred. Getting the right patients to refer in the first place from the practice will reduce the number of escalations back.

Q. Does the post event message back to the practice have to be entered into the patient records, or is it transferred directly?
A. It is emailed back to the practice as a PDF attached to an email currently. There is work ongoing to improve this transfer of information, so this may change in due course.

Q. Does the Pharmacy send a notification back to the practice if the patient DNAs?
A. Unfortunately the system is not set up for referral rejections to be notified back to the GP. If a referral is rejected by the pharmacy, it should be done in line with the service specification. The general practice is not notified.

Q. When the pharmacy needs to refer patients back to the surgery, should the pharmacy use the generic practice phone number?
A. As part of implementation with the practice, we are requesting direct telephone numbers and email addresses where available. It is important that these contact details are only used for referrals for this service and are not shared with patients.

Q. Is it being worked on to integrate the post event message for GP CPCS directly into EMIS, in the same way the flu messages work?
A. Flu, COVID and CPCS urgent supply all currently feedback to GP practice via MESH. Then rate determining factor to allow this for minor ailments is a workflow ID that must be created by NHS

Digital. Work has started at NHSD to support MESH notifications for the minor illness element (July 2021) and this will be in place in due course.

Q. How do I raise a concern or issue about this service?

A. General practices should summarise the concern or issue concisely and send it by email to england.gmtop@nhs.net with 'GP CPCS Issue' in the subject field of the email.

All such emails should include the following minimum data:

- GP Practice Name and Practice code
- Date referral was sent
- Pharmacy the referral was sent to
- Name & role of the person raising the issue
- Brief description of the issue
- Summary of any conversations which have taken place with the patient and/or the pharmacist or pharmacy team, with dates if appropriate
- Summary of any actions taken by the general practice team

The GMHSCP Primary Care team will review all issues raised and assess and take action as appropriate. Depending on the nature of the issue, the general practice may or may not receive a response.

Q. How can I access more data about the referrals my practice has made?

A. Whether your practice uses EMIS or PharmRefer to make referrals, the system that is used to record all data is called PharmOutcomes. Every practice should have a login to PharmOutcomes which has been set up as part of the deployment process in GM.
For PharmRefer practices, the username and password for PharmOutcomes is the same as the username and password for PharmRefer.
For EMIS practices, if you have not received confirmation of your PharmOutcomes username and email address, please email helpdesk@phpartnership.com to request this.
Once you have logged in to PharmOutcomes:

- On to the Reports tab, scroll to the bottom of the page to find the 'Provider Individual Performance and Audit Reports'
- Select 'GP CPCS – Referral tracker report'
- Select reporting period from the drop-down menu
- Tick 'download as CSV' if required
- Click 'examine audit'
- The report will then run and be available to view or download on the top left of the screen
- When downloaded as CSV file, the status of the referral appears in column N and the outcome of the consultation can be found in column AW

See the 'Accessing GP CPCS reports (surgery guide) for more information and screenshots.