

# GP Community Pharmacist Consultation Service

NHS England and Improvement, Humber Coast & Vale Area Team

## Step by step guide for implementation

*Please note, whilst this is largely complete, it remains a working draft which is still being developed and written. There are some gaps and editing to be undertaken. Further comment and input would be welcome to [f.pedlingham@nhs.net](mailto:f.pedlingham@nhs.net)*

This guide summarises the key steps and existing resources to consider when adopting GP CPCS.

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NHS England and NHS Improvement





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## HC&V Team

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# GP CPCS



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As a starter for ten, familiarise yourself with what GP CPCS is. A recent [briefing note](#) has been published to explain and support the implementation of GP CPCS.

There are lots of resources in an array of formats to help with this including:

- [GP CPCS engagement video](#) This 30 minute youtube video introduces the service and provides background, evidence, overview of the service including digital resources
- The [GP/PCN toolkit](#) provides a practical guide on implementing the minor illness referral pathway from general practice to GP CPCS
- The full service specification is available here: [Advanced Service Specification](#)
- A new [briefing note](#) and [case study](#) has been produced in conjunction with the Royal College of General Practitioners, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and Primary Care Pharmacy Association, which outlines how GP practices and PCNs can start referring into the service as soon as the [secure electronic referral process has been agreed with local community pharmacies](#).

Webinars have taken place including:

- A Humber, Coast & Vale webinar introduced GP CPCS drawing upon local experiences and top tips. Unfortunately there was a problem with this recording and we are unable to share this, but we will be holding future events.
- A [recording of joint webinar](#) on the pathway held with the RCGP on 27<sup>th</sup> May 2021.

There is a dedicated GP CPCS page on [Future NHS](#) that hosts lots of resources and templates to support practice staff and PCNs to implement the service including a recently updated [FAQs](#) document.





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# Engage with your PCN and stakeholders

- A collaborative, integrated approach to GP CPCS is essential. This could include meetings with PCN stakeholders (in conjunction with LMCs, LPCs, and CCGs) to determine how to implement the referral pathway.
- There may be practices in your area already actively referring to a community pharmacist, lessons learnt and top tips could be shared.
- Community pharmacists will be ready to open a conversation about GP CPCS. Community pharmacists have been successfully delivering CPCS since 2019, accepting referrals from NHS 111 for face to face or remote consultation providing more convenient treatment closer to patients' homes. This is not a new service.
- Community pharmacists have been briefed by both LPCs.
- You could start by looking at where the majority of your practice prescriptions are sent and start conversations with those pharmacies first.
- At the moment, there are over 90% of community pharmacies participating in the service in Humber, Coast & Vale, however if you would like more information about your local area please contact [f.pedlingham@nhs.net](mailto:f.pedlingham@nhs.net)

**A strong relationship between the community pharmacy and general practice is a catalyst for success.**





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# Agree local protocols and systems

Governance is important with clear protocols and systems in place.

Within your PCN/practice area, agree with participating pharmacies the referral process, for example:

- Which symptom groups will be referred? There is a list [detailed in appendix b, page 21](#), but to begin, you could start with a top 5 minor ailments, or seasonal ailments such as hay fever
- What is the timeframe for responding to referrals (e.g. if a pharmacist receives a referral after 2:30 will this be dealt with within 2 hours?)
- What is the protocol if the pharmacy is closed (e.g. picked up the next day)
- Is the patient told to attend the pharmacy/contact the pharmacy within a specified amount of time, or does the pharmacy contact the patient within an agreed amount of time?
- **A process to refer patients back to practice where clinically necessary (from the pilot evaluation, this equates to approximately 1 in 10 patients).**

There are some suggested timeframes and protocols included in the [Next Steps for Pharmacies](#) document

*Remember this is a referral for a minor ailment*

This [governance document](#) builds on the learnings from the pilot sites and early adopters to support the implementation of the referral pathway and establishment of a consistent PCN approach.





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# Digital support available

Although referrals can be made via an NHS.net: NHS.net email account, there are digital solutions available that support the referral route from GP practices to a community pharmacist.

The benefits of using digital support includes:

- A live list of pharmacies signed up to provide CPCS closest to the postcode inserted (e.g. pts home, work, location preference)
- Pulling in PDS data to streamline the process
- Provides a tracker of the patient journey and outcome with full audit trail
- System reports on referral activity.

Regionally, NHS E&I have secured funding to enable an integrated solution for practices across North East and Yorkshire. The licenses for these tools will be for a fixed period of 12 months in the first instance (starting from when the practice goes live). To activate your licence, contact [f.pedlingham@nhs.net](mailto:f.pedlingham@nhs.net)





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# Patient Access

Patient Access is an integrated EmisWeb tool that allows joined up referrals to a community pharmacist

- This [video](#) provides a really useful walk through guide
- There is also a pdf ['how to'](#) guide available





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# PharmRefer

PharmRefer is a stand alone system that can be used by appropriate members of the GP practice team to refer patients securely to their chosen community pharmacy for follow up care

- This [video](#) provides a really useful walk through guide
- There is also a pdf '[how to](#)' guide.

PharmRefer

The text 'PharmRefer' is displayed in a light blue font. The word 'Pharm' is in blue and 'Refer' is in orange. A blue arrow points from the 'R' in 'Refer' back to the 'P' in 'Pharm', and an orange arrow points from the 'R' in 'Refer' forward to the 'e' in 'Refer'.





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# Practice team

- This link will take you to a [30 minute free reception team training video on GP CPCS](#) provided by Virtual Outcomes.
  - The objectives include:
    - To understand the background to GP CPCS and the difference it can make
    - To understand how the service works
    - Following the patient journey through the service
    - Understanding the words and phrases that could be used when talking to patients with minor illness who should be referred to the community pharmacist
- There is also a really useful [suggested script for reception teams/ care navigators](#) to use on initial phone calls with patients.
- Consider how you can use team meetings to work through the referral process.
- Watch some of the video resources together to check and challenge ensuring you understand the process
- Support each other
- Test out the links, do they work?

It is important that practice teams are confident in the referral process and positive leadership is paramount.





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# Patient expectations

There are some useful resources to help manage patient expectations including:

- [Reception Poster](#)
- [Suggested Q&A for patients for use on your website](#)

Some of the text messages from the links could be lifted onto digital screens and where appropriate answer phone messages.

Celebrate that you will soon be making referrals using social media platforms.

Here are some [draft tweets that you might want to consider](#).





# What can be referred



NHS Community Pharmacist Consultation Service (CPCS)

**Service suitability**

The service is only for patients aged over 1 year.

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| CONDITIONS             | What conditions are <b>SUITABLE</b> for referral to pharmacists?   |  |   | Do <b>NOT</b> refer in these circumstances  |   |
|------------------------|--|--|---|---|---|
| <b>BITES / STINGS</b>  | •Bee sting<br>•Wasp sting  | •Stings with minor redness   | •Stings with minor swelling   | •Drowsy / fever<br>•Fast heart rate   | •Severe swellings or cramps   |
| <b>COLDS</b>           | •Cold sores<br>•Coughs   | •Flu-like symptoms   | •Sore throat  | •Lasted +3 weeks<br>•Shortness of breath  | •Chest pain<br>•Unable to swallow   |
| <b>CONGESTION</b>      | •Blocked or runny nose   | •Constant need to clear their throat   | •Excess mucus<br>•Hay fever   | •Lasted +3 weeks<br>•Shortness of breath  | •1 side obstruction<br>•Facial swelling   |
| <b>EAR</b>             | •Earache   | •Ear wax<br>•Blocked ear   | •Hearing problems   | •Something may be in the ear canal<br>•Discharge  | •Severe pain.<br>•Deafness<br>•Vertigo  |
| <b>EYE</b>             | •Conjunctivitis<br>•Dry/sore tired eyes<br>•Eye, red or Irritable  | •Eye, sticky<br>•Eyelid problems   | •Watery / runny eyes  | •Severe pain<br>•Pain 1 side only   | •Light sensitivity<br>•Reduced vision   |
| <b>GASTRIC / BOWEL</b> | •Constipation<br>•Diarrhoea<br>•Infant colic   | •Heartburn<br>•Indigestion   | •Haemorrhoids<br>•Rectal pain,<br>•Vomiting or nausea                           | •Severe / on-going<br>•Lasted +6 weeks  | •Patient +55 years<br>•Blood / Weight loss  |
| <b>GENERAL</b>         | •Hay fever   | •Sleep difficulties  | •Tiredness  | •Severe / on-going  |   |
| <b>GYNAE / THRUSH</b>  | •Cystitis<br>•Vaginal discharge  | •Vaginal itch or soreness  |   | •Diabetic / Pregnant<br>•Under 16 / over 60<br>•Unexplained bleeding                    | •Pharmacy treatment not worked<br>•Had thrush 2x in last 6 months                                 |
| <b>PAIN</b>            | •Acute pain<br>•Ankle or foot pain<br>•Headache<br>•Hip pain or swelling<br>•Knee or leg pain            | •Lower back pain<br>•Lower limb pain<br>•Migraine<br>•Shoulder pain                  | •Sprains and strains<br>•Thigh or buttock pain<br>•Wrist, hand or finger pain   | •Condition described as severe or urgent<br>•Conditions have been on-going for +3 weeks | •Chest pain / pain radiating into the shoulder<br>•Pharmacy treatment not worked<br>•Sudden onset |
| <b>SKIN</b>            | •Acne, spots and pimples<br>•Athlete's foot<br>•Blisters on foot<br>•Dermatitis / dry skin<br>•Hair loss | •Hay fever<br>•Nappy rash<br>•Oral thrush<br>•Rash - allergy<br>•Ringworm/threadworm | •Scabies<br>•Skin dressings<br>•Skin rash<br>•Warts/verrucae<br>•Wound problems | •Condition described as severe or urgent<br>•Conditions have been on-going for +3 weeks | •Pharmacy treatment not worked<br>•Skin lesions / blisters with discharge<br>•Diabetes related?   |
| <b>MOUTH / THROAT</b>  | •Cold sore blisters<br>•Flu-like symptoms<br>•Hoarseness   | •Mouth ulcers<br>•Sore mouth<br>•Sore throat   | •Oral thrush<br>•Teething<br>•Toothache   | •Lasted +10 days<br>•Swollen painful gums<br>•Sores inside mouth                        | •Unable to swallow<br>•Patient has poor immune system<br>•Voice change                            |
| <b>SWELLING</b>        | •Ankle or foot swelling<br>•Lower limb swelling  | •Thigh or buttock swelling<br>•Toe pain or swelling                                  | •Wrist, hand or finger swelling   | •Condition described as severe or urgent<br>•Condition ongoing for +3 weeks             | •Discolouration to skin<br>•Pharmacy treatment not worked<br>•Recent travel abroad                |





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# Go live!

Agree a 'go live' date when your practice or PCN is ready to start making referrals and communicate this via [f.pedlingham@nhs.net](mailto:f.pedlingham@nhs.net) If you are using one of the digital platforms to make referrals, the HC&V team will respond with an email link to activate your licence via a service level agreement. You will be 'live' within 5 days.

The LPCs will liaise with local pharmacies to inform them that your practice/PCN is going live, and to start expecting referrals.

As part of the service governance, data should be monitored, so there is visibility of the number of referrals being made, and the amount of practice appointment time being used more appropriately.

Doing this will encourage staff to continue making referrals to the CPCS. Referral numbers (per registered patient population) can be compared across different practices within a PCN to see where referrals are working well and why.

Referral volumes can be monitored by identifying how many patients were referred through from the practice, and/or how many the pharmacy recorded as received in their system.

Missed opportunities (when patients could have been referred into NHS CPCS but were not) should be identified and the reasons for this understood. This can be monitored and discussed.

Qualitative feedback is equally important. Consider discussing at Patient Reference Groups or asking for feedback through other platforms such as social media, feedback boxes etc, discussion with community pharmacists.

For further information please contact [f.pedlingham@nhs.net](mailto:f.pedlingham@nhs.net)

