

Myth-busting – GP referrals to the NHS Community Pharmacist Consultation Service (CPCS) (England)

From 1 November 2020, GPs have been able to make patient referrals to community pharmacies under the NHS Community Pharmacist Consultation Service (CPCS) for minor illnesses. All GP surgeries are encouraged to use this service to ensure patients are able to access the right care, in the right place, with the right person, at the right time. The service aims to reduce the pressure on general practices and A&E departments whilst also offering increased convenience and choice for patients.

This resource aims to address some of the common myths surrounding the GP referral pathway to CPCS. This will help to improve understanding of this service including the benefits to patients and general practices.

	Common myth	Myth-busting
Health inequalities	This service leads to health inequalities as low income patients are having to pay for over-the-counter (OTC) medicines.	<p>Many NHS CPCS consultations for minor illnesses undertaken by pharmacists often result in advice and self-care for the patient. The majority of OTC items are relatively inexpensive and are often cheaper than prescriptions costs (where the patient is not exempt from prescription charges). There are also many OTC items that GPs no longer prescribe on the NHS, in-line with national NHS policy, in order to reduce financial burden on the NHS.</p> <p>Some pharmacies provide additional NHS services to eligible patients, such as locally commissioned NHS minor ailment services or Patient Group Direction (PGD) based services, allowing pharmacists to supply certain OTC items and prescription-only medicines (under a PGD) free of charge to patients who are exempt from prescription charges.</p>
	Patients are not receiving the same quality of care from pharmacists.	Pharmacists are highly qualified healthcare professionals who are experienced in recognising and managing a wide range of conditions and minor illnesses. Pharmacists have expert knowledge of medicines and are able to determine when to refer patients to seek additional medical help.
	Patients are being passed around the system.	This is not the case. By working together, GP surgeries and local pharmacies can ensure that patients are receiving the most appropriate care by a suitable healthcare professional at the right time. By referring patients to pharmacies via this service, patients are able to get the clinical advice and support they need on the same day, and pharmacists have processes in place to signpost patients to higher acuity services if needed. This also frees up capacity at GP surgeries to help patients with more complex needs.
	Patients do not want to attend a pharmacy for treatment, or don't have a pharmacy close by.	<p>Pharmacies are often the first port of call for patients with minor illnesses and many patients are happy to receive advice from their local community pharmacist for a number of reasons, such as:</p> <ul style="list-style-type: none"> • Pharmacies are highly accessible • Longer opening hours • No appointment is needed • They have private consultation rooms • Pharmacists are trusted healthcare professionals • Informal environment

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		95 per cent of the population are within 20 minutes of their local pharmacy and there are a higher number of pharmacies in deprived communities. Where patients are not able to attend the pharmacy, the pharmacist may be able to consult with patients via phone or video call.
	Only a small number of patients are eligible for this service.	All patients are eligible to be referred into the service, including children over the age of 1 year. A list of possible minor illnesses for referral can be found in the NHS CPCS Service Specification . Around 90 per cent of patients who have been referred by their GP practice have been successfully helped by the pharmacist for minor illnesses.
	Patients won't be able to get other health advice at the same time.	Community pharmacists are at the forefront of the NHS and understand their local community and patients' needs. Pharmacists have extensive knowledge on health conditions and medicines and are able to provide appropriate advice on a range health topics and therefore, where a patient requires health advice not related to their referral a pharmacist is well placed to provide this advice. If necessary, patients can be referred back to their GP, for example if further clinical examination is required or red flag symptoms have been identified.
Increased workload	Setting up, registering and training staff to provide the service can be time consuming.	GP practice staff can be easily trained on how to implement this service. Investing time in staff training and implementing this service will actually help to reduce GP practice workload and free up capacity to see patients with more complex clinical needs. Many procedures and systems are already in place at GP surgeries, for example, referrals can be made from GPs to community pharmacies via NHSmail or EMIS web. The GP/PCN Toolkit Appendix C outlines the minimum dataset that needs to be included when referrals are sent. Surgeries may also have referral templates in place if they have previously signposted patients. Local health system support agencies (such as Clinical Commissioning Groups and NHS England) are able to provide advice on set up and support the training involved. There are a number of resources and materials available on the FutureNHS website to support training.
	Only a GP can make a referral through the service.	Referrals can be made by anyone in the GP Surgery team who has been appropriately trained. This can include receptionists, care navigators and clinicians (such as nurse practitioners, practice pharmacists and GPs). This can help spread the workload within the team. Local commissioning groups and primary care networks are able to provide guidance and support the training involved.
	There is an increased workload for the GP surgery team.	Implementing this service will actually help to reduce GP practice workload and free up capacity to see patients with more complex clinical needs. Many care navigators/GP support staff are already triaging and signposting patients, so this service should not increase workload. By referring patients to this service, there will be fewer patients with minor ailments booked in for appointments at the surgery, allowing patients with high acuity illnesses/symptoms to be seen by a GP to get the necessary treatment. If the correct processes are in place, implementing this service should be straightforward and efficient.
	We have other practice priorities and Investment and Impact Fund (IIF) incentives to enable.	Enabling GP CPCS ties-in with practice priorities and IIF incentive. NHSE&I have agreed, as part of the national development of reactive/PCN contract, to drive an initiative supporting improved patient access to primary care services by leveraging the take-up of GP CPCS. There are two IIF indicators which relate to CPCS to encourage engagement with the service: <ul style="list-style-type: none"> • In 2021/22, to work collaboratively with local community pharmacy colleagues to develop and commence delivery of a plan to increase referrals via GP CPCS, with referral levels increasing by no later than 31 March 2022; and

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	<ul style="list-style-type: none">In 2022/23, to make at least 34 referrals via GP CPCS. Indicator ACC-09 within Annex b of “Primary Care Networks – plans for 2021/22 and 2022/23” states “Number of referrals to the Community Pharmacist Consultation Service per 1000 registered patients” = “34 (0.65 per 1000 per week) (single threshold)” <p>As well as adopting GP CPCS for the prime operational and patient care capacity reasons, there is now an added financial payback for implementing. Further information is also available from the Pharmaceutical Services Negotiating Committee.</p>
This is the same as the patient calling NHS 111.	The NHS referral pathways involve patients calling NHS 111 and being triaged via clinical assessment algorithms. The GP CPCS involves patients being referred to a community pharmacy for minor illnesses via the surgery. This provides a more immediate, local and accessible route for patients to receive the most appropriate care at the right time.

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