

Preparation for GP CPCS

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Webinar Process

- This webinar will be recorded, so it can be used as an online resource for anyone unable to attend tonight. Access to the recording and slides will be available on the CPSS website next week.
- Could everyone go on mute with the video off to minimise background noise and distraction.
- Any questions please type them in the chat box. At the end of the presentation questions will be answered. Any that are not answered will be added to the CPSS website with the slides and webinar recording as FAQ. The FAQ will be updated to include questions asked last night and at tonight's webinar.

This evening will cover:

- What is GP-CPCS?- a brief overview of the service.
- Update on Rollout of GP-CPCS in the three Integrated Care System (ICS) areas – Surrey Heartlands, Frimley and Sussex Health and Care Partnership.
- Claiming “Annex F” payment:
 - The actions required to meet the Annex F criteria
 - Collecting evidence that you are meeting the criteria
 - Information on the resources available to support both your set up fee and service roll out.

What is the GP CPCS service?

- A well-established Community Pharmacist led clinical service that has been managing referrals from NHS111 for minor illnesses since Oct 2019.
- A number of pilots across the country involving referrals from General Practice have been in operation over the last 12 months.
- GP referral into CPCS became part of the national service on 1st November 2020.
- In principle GP referral to CPCS is no different to 111 CPCS.
- Referral from GP Practice of patients with Low Acuity Conditions only. No GP referral for urgent supply, unlike 111 CPCS.
- No need to sign up if you're already providing 111-CPCS.
- GP-CPCS has had a 'Soft launch' and phased implementation supported by NHSE&I.
- Formalises current variable care navigation pathways and provides an audit of the value of Community Pharmacist led interventions.

General Practice referral pathway to the NHS Community Pharmacist Consultation Service (CPCS)



Up to 6% of all GP consultations could be safely transferred to a community pharmacy, saving up to 20 million GP appointments per year.



Since November 2019, over 10,500 patients a week have been referred by NHS 111 for a CPCS consultation

Quotes taken from patients referred to the service in the pilot area

"Same day or appointments that suit our needs"

"Time saving"

"Convenient"

88% of patients in the pilot of the service in GP practices were advised or treated by the pharmacist



10% of patients in the pilot of the service in GP practices required escalation to another service



94% of pharmacies are offering the service

GPs can save time and free up appointments for patients with serious conditions and improve access for patients with minor illnesses.

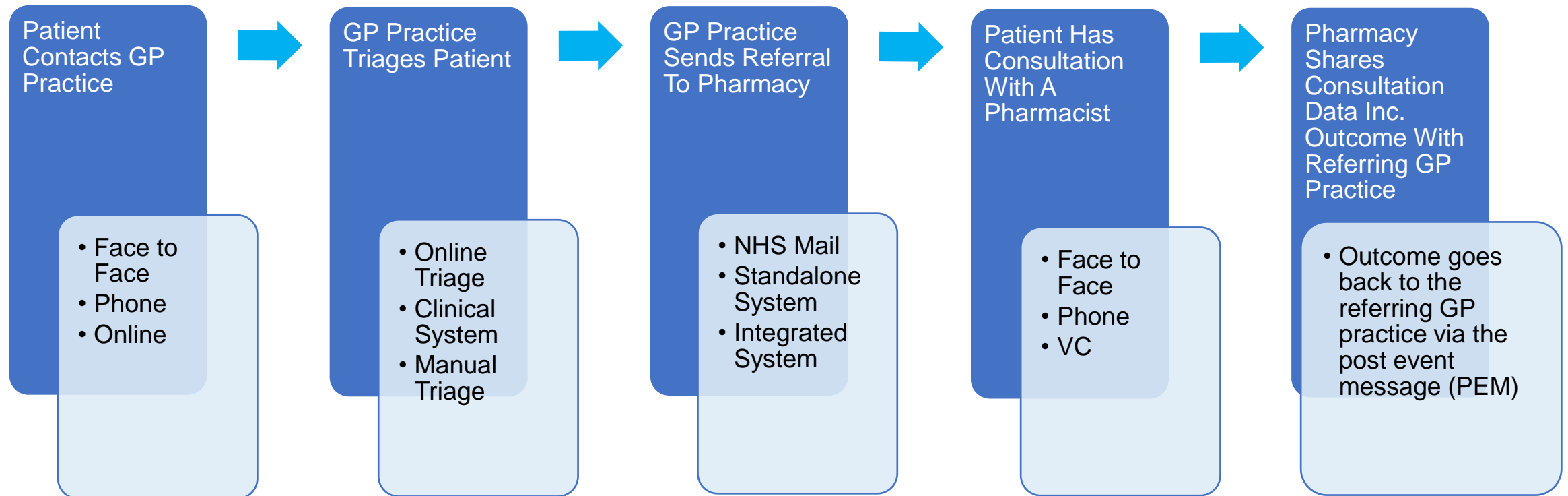
GPs can now refer to CPCS subject to agreed local pathways.

The CPCS aims to free up GP appointments for patients with complex needs

Community pharmacists are experts in medicines and managing minor illnesses

Practice teams can determine which minor illness condition and patient groups are appropriate for referral to a community pharmacist.

General Practice Referral to Community Pharmacist Consultation Service (CPCS) Referral Journey



Potential outcomes from the consultation with the Pharmacist



Advice only

Advice + Sale of an Over The Counter (OTC) Product

Advice + Referred on to Another NHS service

Advice + Signpost

Advice + Refer



Adult with Sleep Difficulties - during consultation patient explains recently started working shifts or new mother and discussion with pharmacist leads to appropriate advice.

Adult with Headache - during consultation pharmacist eliminates red flags and identifies it as a tension headache. Pharmacist provides self care advice and suggests the patient buys paracetamol.

Adult with a cough who also wants to Stop Smoking referred into the pharmacy enhanced service.

Patient with lower back pain - during consultation pharmacist eliminates red flags and provides self-care advice to the patient. They advise the patient that if it doesn't resolve then they may need to see a physiotherapist and explain how to access physio services in their local area.

Young adult male with headache but during consultation explains they received a blow to the head during boxing training the day before. Pharmacist contacts GP practice using the agreed number to refer the patient back to them.

What conditions can be referred?

This list is not exhaustive but reflects the expected case mix based on current NHS 111 calls.

- Acne, spots and pimples
- Allergic reaction
- Ankle or foot Pain or swelling
- Athlete's foot
- Bites or stings, insect or spider
- Blisters
- Constipation
- Diarrhoea
- Dressing problems
- Ear discharge or ear wax / earache
- Eye, red or irritable
- Eye, sticky or watery
- Eyelid problems
- Failed contraception
- Headache
- Hearing problems or blocked ear
- Hip, thigh or buttock pain or swelling

- Knee or lower leg pain
- Lower back pain
- Lower limb pain or swelling
- Mouth ulcers
- Nasal congestion
- Rectal pain
- Scabies
- Shoulder pain
- Skin, rash
- Sleep difficulties
- Sore throat
- Tiredness
- Toe pain or swelling
- Vaginal discharge
- Vaginal itch or soreness
- Vomiting
- Wrist, hand or finger pain or swelling

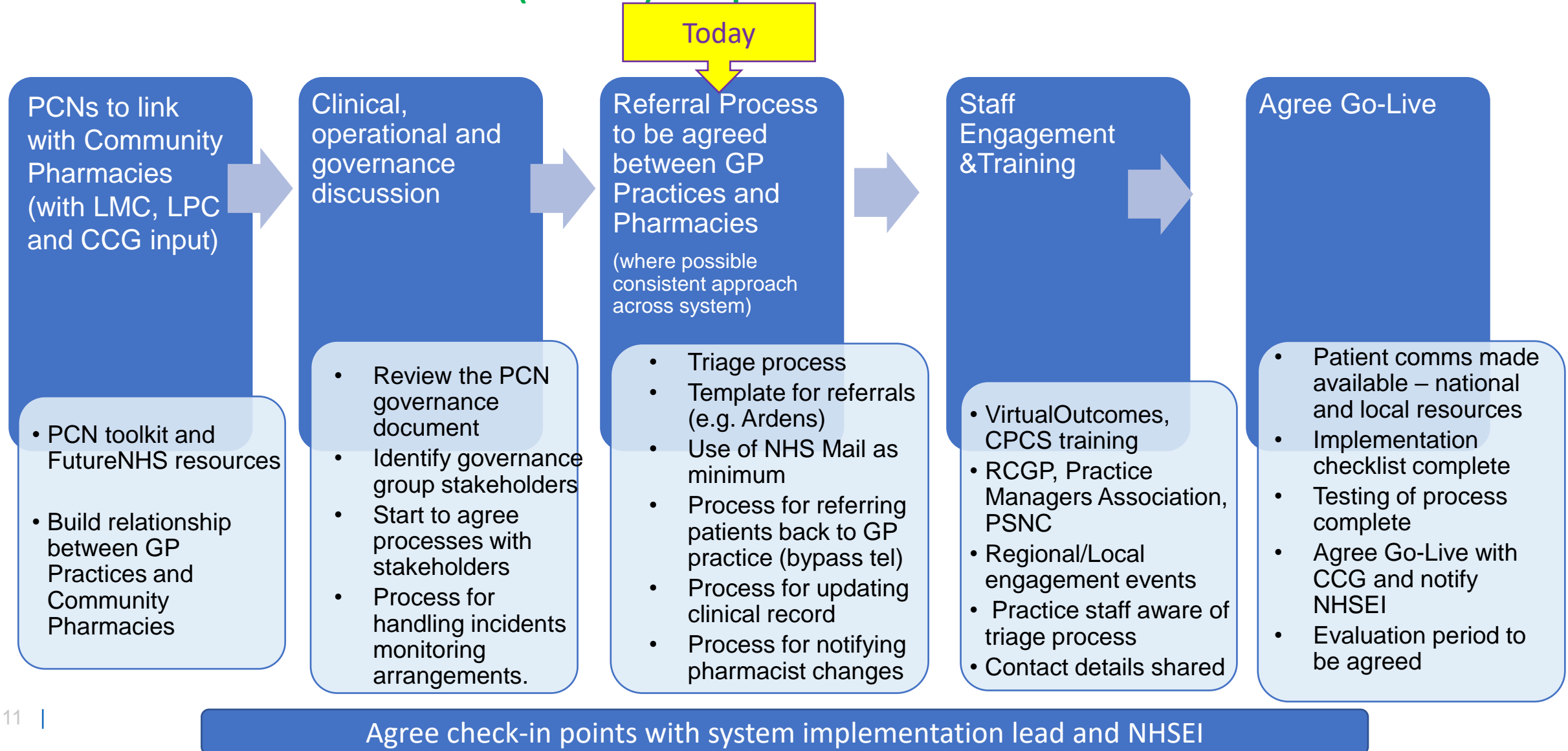
What are the benefits of the service?

- Increase general practice capacity to deal with patients with higher acuity needs (estimate **6% of GP appointments** can be dealt with by a Community Pharmacist....20 million GP appointments a year)
- Community Pharmacists are experts in medicines and managing minor illnesses (around **90% of patients** during the pilots had their issues successfully dealt with by a Community Pharmacist)
- Increase patient awareness of the role of Community Pharmacy – ‘first port of call’ for minor illnesses
- Encourages self-care
- Greater collaborative working between General Practice and Community Pharmacy across a PCN
- Improved same-day access for patients – high satisfaction ratings. **86% of patients agreed to the pharmacy referral during the pilots.**

Implementation principles

- Locally led via PCNs (with System, LPC and NHSE&I Regional support)
 - Not for individual practices and pharmacies to implement independently, although PCNs can phase Go-Live by practice.
- PCN practices and pharmacies across ICS should work to common and consistent processes wherever possible
 - Symptoms in scope - as per national [CPCS Advanced Service Specification](#)
 - Same referral form
 - Same IT process to create and send the CPCS referral
 - Same process for escalating patients back to a practice
 - Same process for community pharmacy returning Post Event Messages

General Practice Referral to Community Pharmacist Consultation Service (CPCS) Implementation Process



Electronic Referral Process

System	Benefits	Limitations
NHSMail without any additional template	<ul style="list-style-type: none"> • Universally available • Easy to use • No cost 	<ul style="list-style-type: none"> • Manual inputting • Manual lookup of local CPCS required
NHSMail with simple (Ardens) template SystmOne / EMIS	<ul style="list-style-type: none"> • Ardens templates available for both EMIS and SystmOne • Template is integrated into the GP system so auto-populates with patient details 	<ul style="list-style-type: none"> • Potentially still requires manual lookup of local CPCS • Still requires manual inputting of data in the pharmacy • Only possible using SystmOne / EMIS
Standalone system e.g. PharmRefer	<ul style="list-style-type: none"> • Integrated and robust 	<ul style="list-style-type: none"> • Licensing costs – 3p per patients/year Or £300 – to £400 per practice • Implementation timeframe – IT integration project to be initiated • Practice system may need to be updated in addition to sending the referral
Integrated practice system Currently in EMIS, with SystmOne in development	<ul style="list-style-type: none"> • Seamless • Integrated and robust • Patient data directly into both clinical systems • Quickest method • Can support with triage 	<ul style="list-style-type: none"> • Licensing cost = 5p per patient, per year at GP end Implementation timeframe – IT integration project to be initiated • SystmOne and Vision practices would not be able to avail these features

Post Event Messaging

Template within CPCS Service Specification

16.04.21 – MESH – ‘Message Exchange for Social Care & Health’ – method by which PEMs will go directly into EMIS Workflow – awaiting accreditation from NHSD. At the moment CPCS PEMs will be received by NHS email until accreditation agreed.

NHS Community Pharmacist Consultation Service - Notification of low acuity/minor illness consultation to patient's general practice											
To (GP practice name)											
Patient's details:											
Name											
Address											
Date of birth		/ /		NHS number							
Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at this pharmacy on: / /											
Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.											
Details of support or advice provided and any additional information for the general practice:											
Details of any medicines or appliances supplied:										Quantity:	
Pharmacy name								Telephone			
NHSmal address											
Address											

CONFIDENTIAL

CPCS - National : Preview Notes

Service: GP CPCS - Minor illness (137314)

Notification: GP Notification Form - Referrals for low acuity/minor illness (53299)

To go to the service preview, [click here](#).

To go to the service design, [click here](#).

To go to the service notification design page, [click here](#).

Emails:

Answer to GP Practice

31 Mar 2021

Violet Patch Pharmacy
678 A Street in a Town
Narrow
EF45 6GH
0789 123456

NHS Community Pharmacy Consultation Service -

Notification of low acuity/minor illness consultation to patients general practice.

GP Practice Name POS GP Practice Name of Patient Name e.g. Violet Patch Pharmacy [From GP CPCS - Referral]

Following a low acuity/minor illness referral to the pharmacy, this patient had a consultation with a pharmacist at the above pharmacy on the date shown.

Support has been given to the patient following an assessment of their needs with the information available to the pharmacist at the time.

Details of the support or advice provided and any additional information for the general practice is given below:

Patient Details	
Patient Name	Patient Name e.g. Mickey Mouse [From GP CPCS - Referral]
Patient Address	POS Patient Address of Patient Name e.g. 123 Alphabet Road, Broad way [From GP CPCS - Referral]
Patient Postcode	POS Patient Postcode of Patient Name e.g. AB12 3CD [From GP CPCS - Referral]
Date of Birth	Date of Birth of Patient Name e.g. 01-Feb-2003 [From GP CPCS - Referral]
NHS Number	NHS Number of Patient Name e.g. 1111111111 [From GP CPCS - Referral]
Consultation Details	
Presenting condition	Presenting complaint: One of: Acne, Spots and Pimples; Allergic Reaction; Ankle or Foot Pain or Swelling; Athlete's foot; Bites or stings, insect or spider; Blisters; Cold or Flu; ...
Presenting condition if other	Answer to Please give details single line input
Consultation Outcome	

Consultation Outcome	Consultation outcome: One of: Appropriate advice given only; Appropriate advice given and sale of a medicine; Appropriate advice given and referral made to MAS; Appropriate advice given and referral made to a local PGD service; Patient sign-posted; Patient escalated; Reason not listed
If signposted or escalated details will appear below, if these are blank there has been no escalation	
Details if signposted	Sign-posted where?: One of: Non-urgent: GP; Non-urgent: NHS 111; Non-urgent: non-GP (nurse, dentist, physio etc.)
Details if escalated	Escalated where?: One of: Urgent appointment with GP; Urgent NHS111 Clinical Hub on 111*7; Urgent to 999; Urgent NHS walk-in; Urgent A&E
Any red flag symptoms?	Red flag symptoms/escalation required?: One of: Yes; No
If red flag, action taken	Answer to Please give details including any action taken text box
Medicine Supplied	
Medicine supplied	Selection of Medicine supplied
Quantity	Selection of Medicine supplied
Dose	Answer to Dose recommended single line input
2nd medicine necessary	2nd Medicine supply necessary?: One of: Yes; No
Medicine 2 supplied if supplied	Selection of Medicine supplied
Quantity	Selection of Medicine supplied
Dose	Answer to Dose recommended single line input
Further information	
Notes	Answer to Notes text box

Pharmacist name The Practitioner

GP and Pharmacist information to share

- Escalation points for queries / issues in relation to process – for the PCN, LPC for pharmacies.
- Cut off time for surgery same day consultation.
- Agreement that will support the DHSC guidelines that patients should purchase OTC medicines for minor / self-limiting conditions themselves and not rely on a prescription for them other than in exceptional circumstances.
- Agreement that if pharmacist picks up a Red Flag and considers that the patient needs to see a GP or any action is required from the practice this must be confirmed directly to the surgery immediately in addition to be included in the report sent through electronically via PharmOutcomes on completion of the service.

Surrey and Sussex GP CPCS Progress

- Fortunate in “System Ownership” of GP-CPCS.
- ICS Working Group meeting regularly, comprised of: CCG/ICS MO Lead, LPC, CCG IT and NHS England.
- A number of PCN’s expressed interest for early adoption.
- Referral pathways at varying stages of agreement across the ICS’s.
- Escalation pathway back to practice will be via practice back office number.

Next steps:

- Agree ‘Go-Live’ dates, communicate with affected pharmacies, practice training, CPSS facilitated communications. Small delay due to initial C-19 vaccination pressures.
- Despite all the above, extensive rollout will take time.

ICS Progress

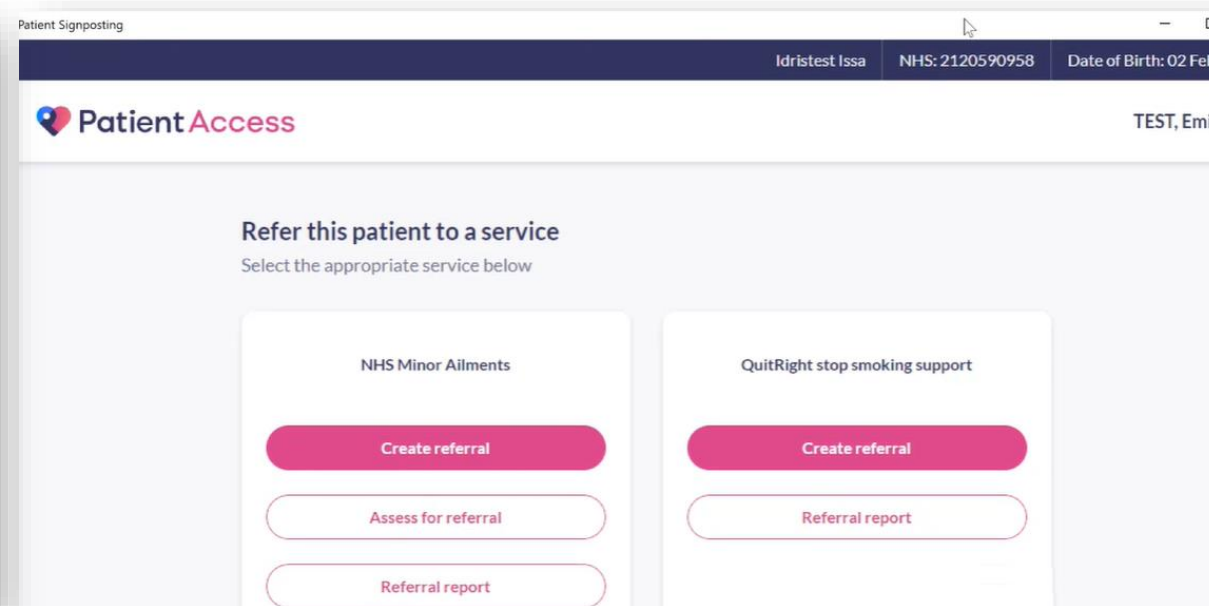
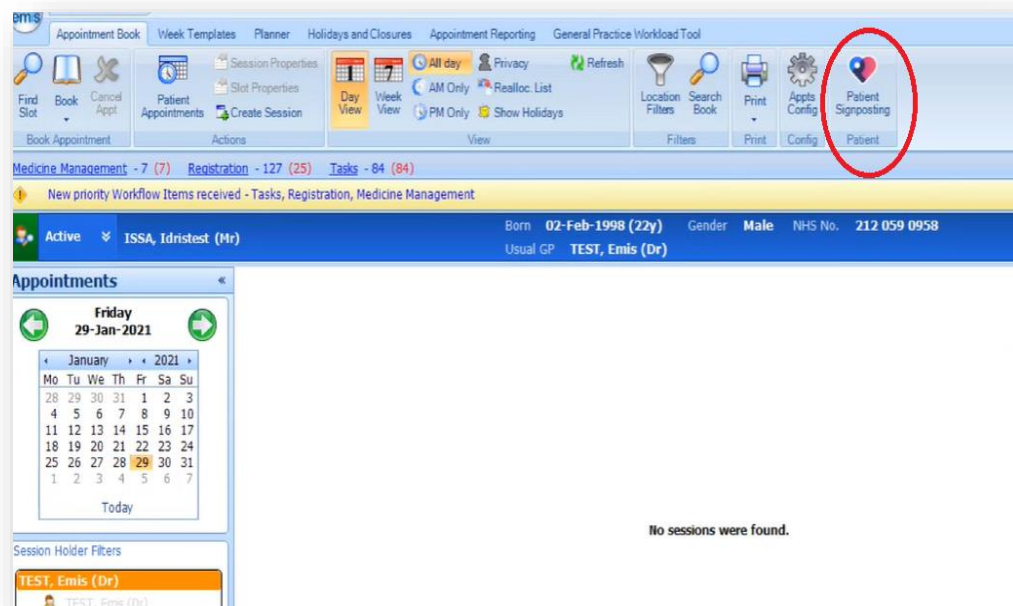
Surrey Heartlands ICS

- Surrey ICS working group for GP CPCS set up including Interim Director of Pharmacy and Medicines Optimisation, Digital Leads and NHSE&I.
- LMC webinar 24th March 2021 and EMIS/PharmOutcomes webinar 14th April 2021.
- Referral system and financing nearly agreed.
- One pilot PCN site agreed to start in May.
- Following training and learns from the pilot site rollout across a further 10 PCN's will occur, prior to the remaining onboarding.

ICS Progress

Integrated EMIS patients signposting option

Video: <https://www.youtube.com/watch?v=pyQUfUR2Iz0>



ICS Progress

Frimley ICS

- Meeting every 4 weeks as a GP CPCS working group including the PCN early adopter sites.
- Expressions of interest – first pilot PCN's identified.
- Decision referral pathway to be confirmed as Referral Template via NHS mail.

Sussex Health and Care Partnership ICS

- Meeting every fortnight as a GP CPCS working group.
- New support manager now in place.
- Final expressions of interest from PCN's due back by the end of this week.
- Decision on referral pathway to be made. Not all practices are EMIS across Sussex, likely to be Referral Template via NHS mail.

Engagement and set up payment

- £300 “engagement and set up payment” can be claimed up to 5th July 2021- see [“Annex F”](#)
- The rest of this webinar supports you to collect the evidence you will need.
- Claim via MYS.
- All contractors are asked to attend one of the webinars to ensure they meet the discussion element of the Annex F requirement. However, it is understood that this will not be possible for some contractors so briefing materials will be available via the CPSS website and CPSS can be contacted for further discussion.

Annex F in detail

a) The contractor has ***participated in discussions with a delivery partner/LPC lead*** to explore how they might promote uptake of CPCS locally. This could include early exploration of options, through to discussing the planning process for rollout of the referral pathway.

- ✓ Tonight's webinar provides this
- ✓ Slides and a recording will be available after the event on your LPC website

Q: Could/should Pharmacies be discussing GP-CPCS with their practices?

A: Not mandated, but by all means if an opportunity arises. However, please:

- Bear in mind current pressures/priorities
- Avoid multiple approaches to same practice
- LPC/System team must be informed to ensure adequate support
- Cannot just be an “arrangement” between a practice and a pharmacy that excludes others - patient free choice must prevail
- Suggest if there's any interest just pass information to LPC for inclusion in planning.

Annex F in detail

b) The contractor has ***participated in meetings***, which may be web-based and organised by others, to brief pharmacies and potentially general practices on the referral process which will be implemented, including how pharmacies will be involved in the pathway. Where a contractor has no representative available to attend a meeting at the time set, they should instead ***seek a briefing from the delivery partner/LPC lead*** on the matters discussed to ensure that they remain fully engaged with local plans.

Tonight covers this for now.

- We have discussed the agreed pathways: **NHS mail (Sussex and Frimley) or Integrated EMIS (Surrey) for referral, PharmOutcomes for data capture and feedback, surgery “back office” number for escalation pathway back for urgent appointment.** These may change by the time your area goes live, but this initial agreement is enough for Annex F.
- Presentation will be on CPSS website, which will then act as the above “briefing” for anyone not attending.
- Monitor LPC website for developments as local roll out progresses.

Annex F in detail

c) The contractor must ensure that ***relevant members of the pharmacy team have read and understood any briefing materials*** prepared locally by the PCN or delivery partners on the referral pathway and any rollout plans, to ensure the relevant details are understood;

- Use the slides and recording of the webinar on the CPSS website to brief your teams.
- Keep a record of staff who have been briefed. Action plan template available at PSNC 'GP referral pathway to the CPCS' - Action plan template for pharmacy teams.

d) The contractor should ***create an action plan for implementing the new referral pathway*** in the pharmacy, including ensuring their NHS CPCS ***standard operating procedure is updated*** to include the GP referral pathway and the associated record keeping and data capture requirements.

- Create a pharmacy specific **brief** action plan based on tonight's update which includes the need to update your SOP before implementation. Template available at PSNC 'GP referral pathway to the CPCS' - Action plan template for pharmacy teams.

Annex F in detail

e) The contractor must ***ensure that relevant members of the pharmacy team are fully briefed*** and have read and understood information within the updated NHS CPCS service specification and associated toolkit which is pertinent to their role.

- Use the slides and recording of the webinar on the CPSS website to brief your teams.
- Keep a record of staff who have been briefed. Action plan template available at PSNC 'GP referral pathway to the CPCS' - Action plan template for pharmacy teams.
- **Service Specification & Toolkit** (see links at the bottom of the NHSBSA website accessed below)

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-community-pharmacist-consultation-service-minor-illness-and-urgent-repeat-medicines-supply>

Other Resources

Materials to promote GP-CPCS include infographic and animation:

<https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-gp-referral-pathway/>



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QUICK LINKS

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 - Community Pharmacist Consultation Service (CPCS)
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 - Hepatitis C testing service
 - Medicines Use Review (MUR)
 - New Medicine Service (NMS)
 - Stoma Appliance Customisation (SAC)

Home > Services and Commissioning > CPCS – GP referral pathway

CPCS – GP referral pathway

From 1st November 2020, the CPCS was extended across England to include referrals from general practices as well as from NHS 111.

GPs can refer patients to community pharmacies to receive a CPCS consultation for minor illness (unlike NHS 111, GPs cannot refer patients for an urgent supply of a medicine or appliance).



Click on a heading below for further information.

Key points for pharmacy contractors

How pharmacies can prepare



Getting ready next steps

- Complete PSNC 'GP referral pathway to the CPCS' - Action plan template for pharmacy teams.
- Ensure relevant members of the pharmacy team, including locums and relief pharmacists, have access to and know how to use the NHS CPCS IT system, NHSmail and the NHS Summary Care Record (SCR) and can provide the service competently.
- Remember to review and update your SOP.
- Following this evening you should have all you need to complete the requirements of "Annex F" by 30th June and claim your engagement and setup payment by 5th July 2021 via MYS.
- Look out for information from your LPC in the newsletter.
- Ensure you have a robust procedure for checking for referrals in your pharmacy (remember to include in your locum pack).
- Look out for information specific to your area in your NHS Shared Mailbox.
- Contact your LPC if conversations start to happen locally.

Summary

- Your LPCs are working hard on progressing GP-CPCS within our systems.
- Widespread coverage will take some time in this climate.
- GP Practice “buy-in” is crucial and requires a measured approach.
- Please liaise with your LPC if discussing with practices.
- Keep an eye on LPC newsletters, e-mails and website pages.
- We will be in contact with individual pharmacies as your local practice(s) are due to go live.

Questions

Thank You For Attending This Webinar

If you have any further queries please email CPSS at lpc@communitypharmacyss.co.uk