**GP CPCS – Briefing for GP Practices and Community Pharmacies**

**CPCS Background and Evidence**

The NHS Community Pharmacist Consultation Service (CPCS) is a nationally commissioned and funded advanced service that was launched in community pharmacies in England in October 2019. Electronic referrals from NHS 111 were made to community pharmacies for patients with a minor illness or those needing an urgent supply of a medicine. A pathway to expand this to general practice patients with a minor illness was piloted by NHSE&I in 2019-20 and the decision to expand the service to include referrals from general practice was agreed from 1st November 2020.

It is estimated that 6% of all general practice consultations could be safely transferred to a community pharmacy (the equivalent of 128,000 appointments per year in North Yorkshire) and managed via a clinical consultation with a community pharmacist. It is also estimated that there are 500,000 general practice consultations per year in North Yorkshire for minor ailments, at a total cost to the NHS in North Yorkshire of £20 million. This takes up an average of an hour a day for every general practice.

**The benefits to the system of developing a general practice referral pathway into CPCS are to:**

* Support patients to see the right healthcare professional at the right time
* Re-educate patients to go to the most appropriate healthcare professional in the future and encourage self-care
* Alleviate pressure on general practice by enabling the referral of minor illnesses or low acuity conditions to community pharmacy
* Enhancing relationships within primary care, providing a valuable tool in the management of patient flow across urgent care, secondary care, and primary care services

**GP CPCS Referral Pathway**

**1. Patient calls or attends their GP surgery with a minor illness or low acuity condition**

Patient contacts the general practice via telephone or online triage system. Usual process of patient assessment, e.g. care navigation is followed to determine if an appointment is required.

**2. Patient is triaged or referred to a nominated community pharmacy**

The reception staff or care navigator assesses the patient's issue using an agreed list of presenting symptoms\* and, where appropriate, makes an electronic referral to the community pharmacy of the patient's choice.

\*A sample list of conditions (Annex D) is included in the [service specification](https://www.england.nhs.uk/wp-content/uploads/2019/10/CPCS-Advanced-Service-Specification.pdf).

**3. Message sent to community pharmacy electronically**

The appointment details are sent through to the pharmacy as an electronic message using the patient access connect template:

Patient Access Connect Template (EMIS)

This is a tool integrated into EMIS-web, which includes the condition list and some triage questions to help to identify appropriate referrals. The tool pre-populates with patient demographic information and sends it directly from EMIS to the community pharmacy system (PharmOutcomes) via ITK link.

Please note, patients are not required to sign up to the Patient Access app to utilise this referral mechanism.

There is a helpful [4-minute video](https://www.youtube.com/watch?v=pyQUfUR2lz0) for general practice teams to see the tool in practice and also a pdf ['how to'](https://www.wypartnership.co.uk/application/files/6416/1848/5585/Patient_Access_Connect_Guide.pdf) guide available.

PharmRefer (SystmOne)

For SystmOne practices, there is a web-based referral tool called PharmRefer, for which practices will have a login. This captures the same patient demographic and sends it directly to the community pharmacy system (PharmOutcomes).

There is a helpful [5-minute video](https://media.pharmoutcomes.org/video.php?name=PharmRefer-2021_Update) for general practice teams to see the tool in practice and also a pdf ['how to'](https://www.wypartnership.co.uk/application/files/9416/1848/5565/PharmRefer_-_Surgery_guide.pdf) guide available.

**4. The patient is told to contact the pharmacy by phone within the next 12 hours**

If the patient does not contact the pharmacy, the pharmacist will contact the patient the same working day and within 12 hours of receipt of the referral. If a referral is sent through to the pharmacy of choice after it has closed, the patient will need to contact the pharmacy the next working day. The pharmacist will also attempt to contact the patient the next working day.

**GP CPCS Pharmacy Consultation Process**

**1. Patient contacts the pharmacy by telephone**

Pharmacy team members need to be aware of how to access a CPCS referral

**2. Pharmacist consults with patient either as a remote consultation or face-to-face (which may involve inviting the patient into the pharmacy)**

The Pharmacist undertakes clinical assessment and completes the episode of care, including making the appropriate electronic health record and checking NICE Clinical Knowledge Summaries/Summary Care Record if appropriate. The Pharmacist may supply any relevant patient information leaflets.

**3. Patient Outcomes**

**Advice Only**

**Advice & OTC Sale**

**Advice & non-urgent signposting to service/GP**

**Advice & urgent escalation to urgent care e.g. A&E or 999**

**Advice & urgent escalation to GP (pharmacist makes contact)**

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Following the clinical consultation, if the pharmacist considers the patient should be seen by their GP, they will contact their practice using a locally agreed escalation process and agree next steps.

**4. Pharmacist completes the NHS CPCS IT System consultation on PharmOutcomes**

Supplies any relevant information leaflets and advice.

**5. Post-event message is sent to GP via IT system**

Post-event notification is sent electronically to the general practice the same day the consultation occurs to inform of the outcome of the consultation and provide relevant notes.