

# GP referral pathway to the NHS Community Pharmacist Consultation Service

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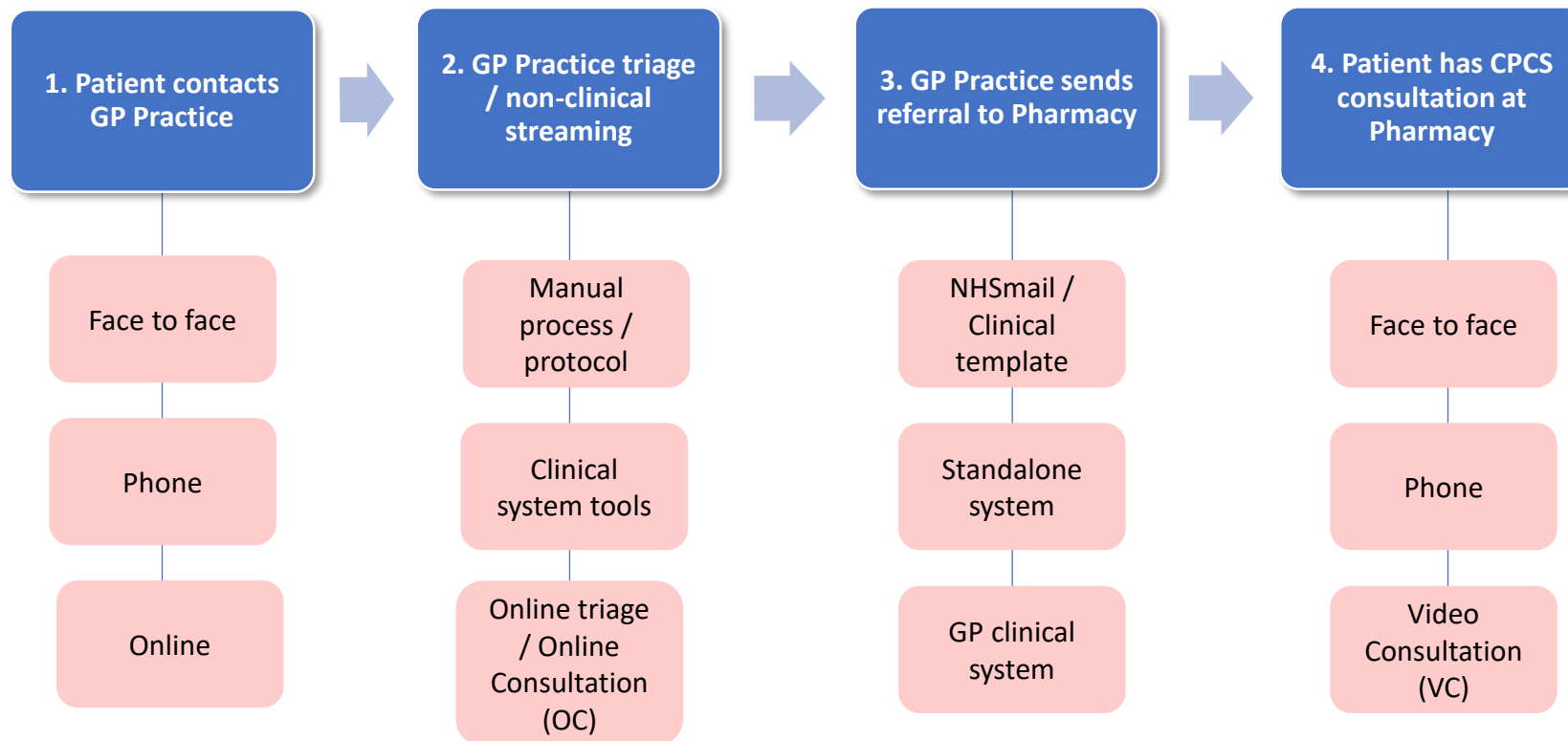
# Overview



- Patients contacting a practice with a minor illness for a GP appointment are offered **a same day consultation with a pharmacist** and with the patient's consent, **a secure electronic referral is sent from the practice to the community pharmacy** of the patient's choice. The pharmacist will contact the patient to arrange the consultation with reference to **NICE Clinical Knowledge Summaries** tools embedded in the care record. A **post event message is sent to the practice** after completion.
- The Community Pharmacist Consultation Service was initially launched October 2019 as a referral pathway from NHS 111 and since 1<sup>st</sup> November 2020, GP practices are able to refer into it. The service being offered to patients **remains the same as referrals from NHS 111**.
- The pathway was successfully piloted in five areas around the country. **88% of referrals were completed by the pharmacist** and **97% of patients who used the service said they would do so again**. The South West region found that the referral pathway has the potential for **5-10% of practice appointment capacity to be effectively directed into community pharmacy**.
- **91% of practices** said they would **recommend using the pathway** to other practices. Additionally **91% said the pathway supports the triage process already used in their practice**. **95% said the referral process was 'easy' or 'very easy'**.
- Over **10,000 community pharmacies** are registered to deliver the service.
- The GP referral pathway will **grow over time**, as a local process for referral needs to be agreed before practices can start using it. The integration of community pharmacy within a PCN will be further cemented, as the pathway is focused at PCN geographies.
- RPS and RCGP CPD clinical skills sessions are providing ongoing support for up to **16,000 community pharmacists**  
<https://www.rpharms.com/events/cpcs-events/cpcs-information>

# How the GP referral pathway works

The model enables General Practice to triage patients in a safe and consistent manner using tools that are readily available. The triage process enables the identification of those patients who may be suitable for a minor illness referral to NHS CPCS.



# 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, high 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
- Urinary tract infections
- Vaginal discharge
- Vaginal itch or soreness
- Vomiting
- Wrist, hand or finger pain or swelling

# Minor illness consultations

NHS 111 has referred 340,000 patients (October 2019 – May 2021).

GP practices have referred 13,000 patients (October 2020 – May 2021) from 280 practices.

20% of practices are engaged “getting ready” to make referrals in the next 2 months as part of [Access Improvement](#) plans.

NHS 111	GP Practices
Sore throat and/or hoarse voice	Skin rash
Skin problems	Earache
Cough	Sore throat and/or hoarse voice
Cold and flu	Ear discharge or ear wax
Eye or eyelid problems	Eye sticky or watery
Hip, thigh or buttock pain or swelling	Cough
Headache	Eye, red or irritable
Diarrhoea	Constipation
Ankle or foot pain or swelling	Headache
Wrist, hand or finger pain or swelling	Lower back pain

# 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. All consultations end with "if".

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.

18 month child with a sticky eye - during consultation the pharmacist uses the Extended Care PGD.

Patient with lower back pain - during consultation pharmacist eliminates red flags and provides self-care advice to patient. Patient advised 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.

# Implementation



1. **Governance approach:** responsibilities, feedback and escalations
2. **Referral process:** clinical triage tools used by practice staff, electronic messaging pathway, access to local enhanced service ( supported by patient group directions)
3. **Staff training and awareness:** care navigators, reception teams, clinical staff, useful scripts to facilitate referral with the patients to facilitate understanding of the service
4. **Communications:** Contact details (including healthcare professional telephone numbers) are shared between the practice and pharmacy. Processes are in place for notifying the practice of changes in pharmacist availability. Reception staff will be able to manage Post-Event Messages (PEMs) received from community pharmacy
5. **PCN monitoring:** Supports service improvement e.g. incidents, feedback, patient satisfaction, shared learning
6. **Patient facing communications:** Public answerphone message, website information, digital screens, leaflets



- **Produced in conjunction with various stakeholders** involved in piloting the referral pathway
- It is a **practical guide on how to implement the pathway**
- It **can be used by practice and pharmacy staff** to help consider what arrangements need to be put in place that will work for them in their local area

## Key elements included in the toolkit:

- A foreword by Dr. Nikki Kanani MBE (Medical Director of Primary Care, NHS England and NHS Improvement)
- Aims and intended outcomes of the referral pathway
- A description of the GP Referral Pathway (patient journey)
- Process for making referrals including how the digital elements may work and what information needs to be included in the referral
- Pharmacy availability and appointments which is an option that could be considered by the PCN

- Pharmacy and practice communications (escalating patient and post-event messages (PEMs))
- Tips for liaising with patients (prior to and at point of referral)
- Communications materials to help support practices in their messaging to patients
- Reporting and monitoring
- Suggestions on who would be available to support with the implementation

# Resources to support implementation of GP referral into CPCS



The following online resources, are all found on our dedicated Future NHS **'Primary Care Networks Development Support/ GP referral pathway to CPCS for minor illness'** page: [www.future.nhs.uk/P\\_C\\_N/view?objectId=23803280](http://www.future.nhs.uk/P_C_N/view?objectId=23803280)

1. **GP/PCN Implementation toolkit:** A practical guide for practice/PCN staff on how to implement and deliver the GP referral pathway to NHS CPCS
2. **Implementation checklist:** One page reference guide to help support implementation
3. **FAQs:** Useful answers to frequently asked questions
4. **Webinars/events listings:** Free events to learn more about the pathway and help and tips on implementation
5. **Animation (PSNC):** Animation explaining how GP practices can refer into NHS CPCS

The following resources are available via the NHS England website **CPCS page:** [www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service](http://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service)

1. **NHS CPCS Service Specification:** Advises how the service operates in Community Pharmacy
2. **Pharmacy Toolkit:** A practical guide for pharmacy staff on how to deliver NHS CPCS. This has been updated (March 2021) to reflect the additional (general practice) referral pathway
3. **Case studies:** Explaining how the pilots worked

- **Good access** is not just about patients being booked to into see a healthcare professional, but about ensuring patients are gaining access to the **right person or service, at the right time, in the right place and providing the right care**. In achieving this, the focus must be equally on supporting patients to access services quickly when they are acutely ill, as well as providing continuity of care.
- Access models should seek to **address health inequalities**, specifically those that may be exacerbated by new ways of operating and delivering primary care. While COVID-19 changes may have improved access for some, they **will have made access worse** for other groups.
- **Implementation of the GP referral pathway is being locally led but nationally supported**, regional integration leads will be your first port of call for this support and will share national learning and insight from our pilots to help support implementation.
- PCN/Clinical Pharmacists are **ideally placed to support the GP referral pathway** into CPCS.
- PCN led **governance arrangements** should be reviewed and amended where appropriate to accommodate the GP referral pathway in line with local discussions.

# Digital referral approaches and options for the NHS Community Pharmacist Consultation Service

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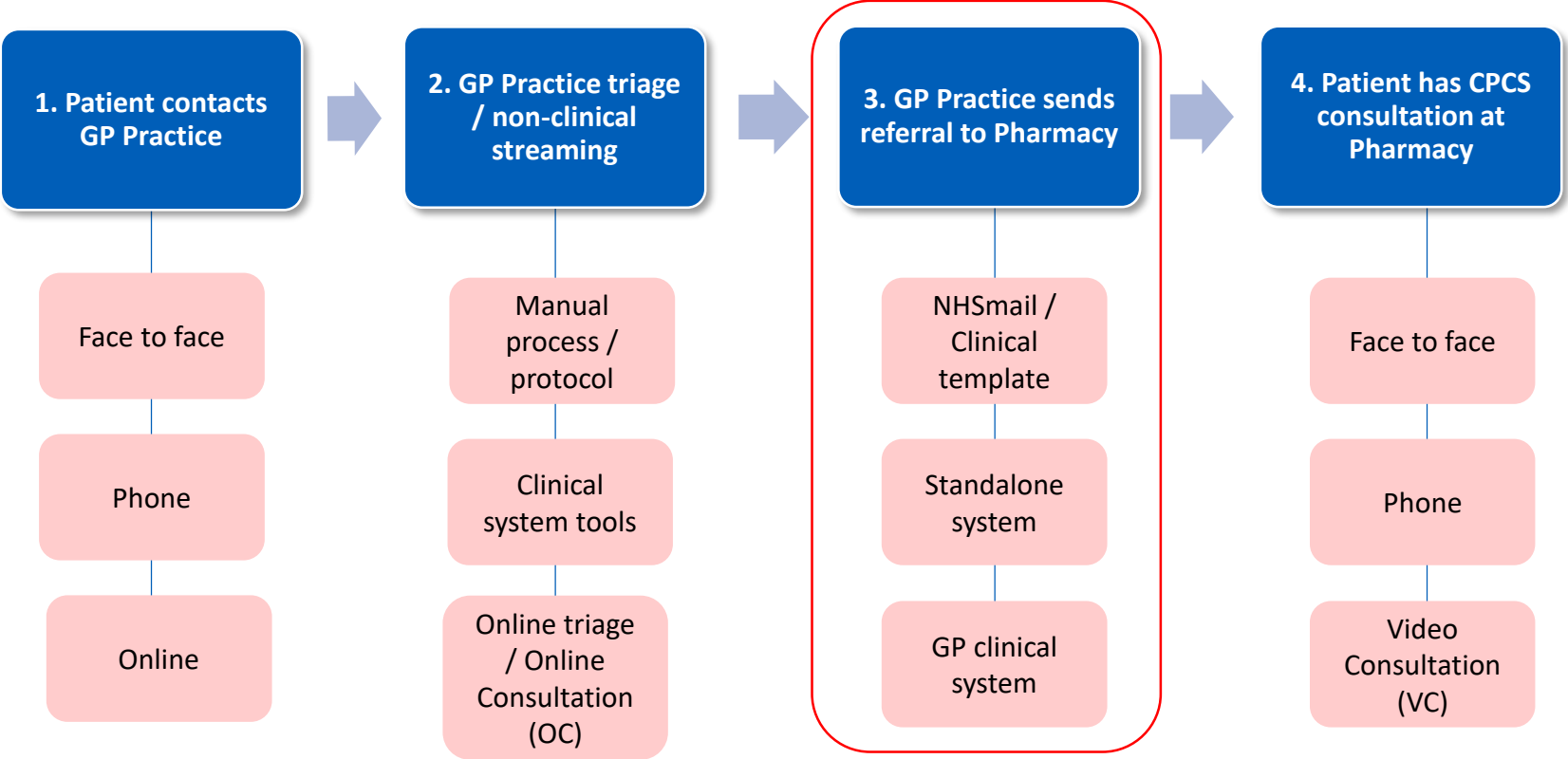


# Referral routes to Pharmacy



- Patients contacting a practice with a minor illness for a GP appointment are offered a **same day consultation** with a pharmacist and with the patient's consent, their information is sent from the practice to the community pharmacy of the patient's choice.
- This referral information **must** be sent through a **secure electronic route**, decided as part of locally agreed processes - verbal/telephone referrals are not in scope for the NHS Community Pharmacist Consultation Service (CPCS).
- **NHSmail** is the 'minimum viable product' option required to send a referral, however local solutions can be used to send referral information to the pharmacy.
- Referral information **must** consist of **a minimum core set of information**; patient demographic information, contact details and the reason for the referral – the GP/PCN toolkit, hosted on the **FutureNHS workspace**, provides an example template showing what information to include.

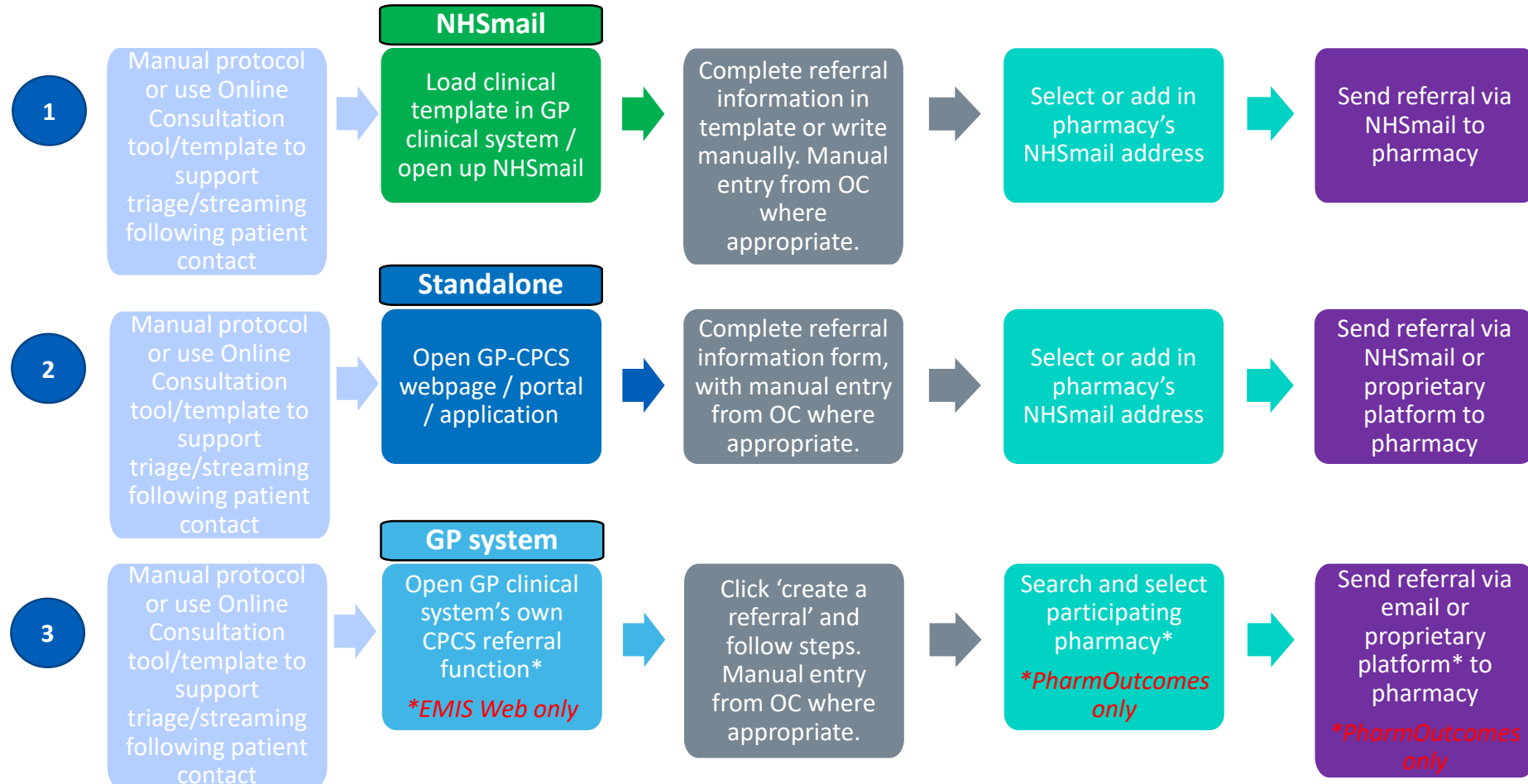
# How does the pathway work?



# Current GP CPCS referral routes



- Practices are encouraged to discuss the various referral options which may exist locally at a PCN level.



\*Currently only available for EMIS Web practices and where the pharmacy uses PharmOutcomes

Note – the commissioned pharmacy CPCS IT system in London currently is Sonar

From October 2021 other pharmacy systems are likely to be in place within the pharmacy

# Choosing the 'right' option



- The pathway has been designed to preserve flexibility and autonomy for practices and PCNs to choose the referral route that best suits their needs and existing IT infrastructure.
- The decision to apply a more consistent approach across for example an STP/ICS footprint is also appropriate and may be valuable in supporting stakeholders engage with this pathway.
- Advice can be sought from local Digital Primary Care Leads, as well as the GP CPCS Regional Implementation Team in your area. Contact details are listed on the [FutureNHS workspace](#).



# Myth 1: Practices must have/procure a new/dedicated IT solution to send referrals

- NO!
- Whilst new or existing solutions available locally can be used to send referral information to the pharmacy, NHSmail can be used quite effectively.
- Referrals via NHSmail, particularly in conjunction with a clinical template, has been thoroughly tested during the pilots and is still being actively used across England.
- **77% of practices who have engaged and/or making referrals so far are using NHSmail in conjunction with a clinical template.**

## Myth 2: Sending a formal referral will take too much time

- Evaluation of our pilots found that **95% of practices said the referral process was quick and easy, fitting into everyday processes and took just a few minutes.** Time invested on the front end can **save** a 10-min appointment further down the line.
- The pathway offers a more **robust audit trail** and the opportunity to ‘close the loop’ with a post-event message containing the outcome of the consultation.
- Practice reception / care navigation staff have significant experience identifying patients appropriate for referral to community pharmacy.
- Good access is not just about patients being booked into see a healthcare professional, but about ensuring patients are gaining access to the **right person or service, at the right time, in the right place and providing the right care.**
- PCN/Clinical Pharmacists are ideally placed to support practice staff with referring to CPCS, and more widely what community pharmacy can offer.

# Myth 3: Community Pharmacists cannot document referrals sent via NHSmail

- NO!
- The referral information received by NHSmail will be **manually entered** into the pharmacy CPCS IT system (PharmOutcomes or SONAR) at the pharmacy once this information is received from the practice, even if the patient does not attend (DNA). This is to ensure 'safety netting' and good governance. This also ensures consistent messaging back to the practice and efficient reimbursement for the pharmacy.
- Process for manual entry in PharmOutcomes can be found in the user guide hosted here: <https://pharmoutcomes.org/pharmoutcomes/help/home?cpcs>
- Process for manual entry in SONAR can be found in the user guide hosted here: <https://www.sonarhealth.org/london-dmirs.aspx>

# Future Developments



## Online Consultations (OC)

- Currently, all available referral options do not automatically integrate information received via the Online Consultation platform a practice may be using.
- The ability for practices to refer to CPCS directly from their OC platform is currently under development by the Digital First Accelerator programme and is planned to undergo an alpha/first of type pilot in select London practices during late Summer 2021.
- Further scaling is contingent on success of the pilot and therefore timescales are currently undetermined.

## Post-event Message (PEM) integration

- Development work is ongoing to better integrate the post-event message received by the practice from the respective pharmacy following a CPCS consultation.
- This will allow GP clinical IT systems to subsume the post-event message in the same way as urgent medicines supply and flu notifications.