

# FAQs - Implementing the General Practice Referral Pathway (NHS CPCS)

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## 1. What is the NHS Community Pharmacist Consultation Service?

The NHS Community Pharmacist Consultation Service (NHS CPCS) is a community pharmacist led clinical service which is well established in community pharmacy across England and has been managing referrals for minor illness conditions since October 2019. NHS CPCS receives referrals from NHS 111 for both minor illness and urgent repeat medication requests, although the GP referral pathway is exclusively for minor illness presentations.

NHS CPCS relieves pressure on the wider NHS by connecting (via a secure electronic referral) patients with a community pharmacist. This provides quick and convenient access to primary care for patients, who can either speak to the pharmacist remotely, or if attending the pharmacy, the discussion will happen in confidence in the private consultation room.

During the consultation, pharmacists access the Summary Care Record (SCR) which may detail the patient's current medications, allergies and any previous bad reactions to medicines. The patient is provided with advice and treatment for a range of minor illness conditions. If following the consultation, the patient needs to be escalated or referred on to another healthcare setting, then the pharmacist can arrange this. A consultation summary is sent to the patient's registered general practice when it is considered clinically important to inform the patient's GP, or to ensure the patient's GP based record is updated.

## 2. How does the referral from General Practice to NHS CPCS work?

Practices can triage patients using any existing triage capability or streaming protocols they have in place, in a way that works for them. This may be a locally designed triage method or using system capability such as online consultations. Referrals are to be sent to community pharmacists digitally, with the information being transferred in a secure electronic format.

Once the information is received by the community pharmacist, they will contact the patient to carry out the consultation remotely or invite the patient to present at the pharmacy for a face-to-face consultation. If the pharmacist determines that the consultation cannot be completed and that the patient requires further advice/treatment, the pharmacist will either signpost to another service, or contact the GP practice directly to book the patient in for an appointment.

The four-step process shows the patient journey for a general practice referral to a CPCS consultation:



## 3. Why should practices refer patients to NHS CPCS?

GP referral into NHS CPCS is one of several improvement measures available to improve access for patients to more rapid and convenient consultations. NHS CPCS helps to free up practice capacity to see higher acuity patients, as well as from secondary care and [111 First](#).

#### **4. How is NHS CPCS able to help the work of care navigators and receptionists?**

In many PCNs, receptionists and other staff may have been trained to provide care navigation and active signposting in addition to their existing roles. Active signposting is a light-touch approach, where existing staff provide information and support choice to signpost people to services, using local resource directories and local knowledge. Active signposting works best for people who are confident and skilled enough to find their own way to community groups and services, after a brief intervention.

The general practice referral pathway to NHS CPCS allows care navigators and receptionists to send an electronic message and 'refer' patients to community pharmacy for a confidential consultation with a qualified pharmacist, who can deal with low acuity conditions safely and effectively. We recommend that this route will give practice patients the added confidence that they are remaining within the NHS family and that the primary care system is taking their concerns seriously and making sure they get the care and support they need from a qualified healthcare professional.

#### **5. Are pharmacists qualified to see patients?**

All pharmacists are qualified healthcare professionals who train for 5 years to Masters level encompassing the clinical use of medicines, the assessment and management of minor illnesses, recognising red flag symptoms, and providing health and well-being advice. They can give treatment advice about a range of common conditions and minor health concerns as well as advising patients how to optimise the medicines they are taking for long term conditions and when to seek medical advice if there are any serious concerns. Escalation processes will be in place for pharmacists to signpost or refer patients to higher acuity services if needed.

#### **6. Why is this good for patients?**

The service has proved very popular with patients, who are positive about its convenience and speed of access. Around 90% of patients referred by their GP surgery are helped successfully by the pharmacist they see.

Community Pharmacy has long been the first port of call for many people seeking advice and information about health concerns. For some patients, NHS CPCS will improve awareness of how pharmacists can meet their needs. Pharmacists are experts in the use of medicines and can provide advice for a wide range of conditions. NHS CPCS offers accessible and trustworthy advice from a Community Pharmacist, empowering people to self-care in relation to a minor illness condition.

Patients can choose the pharmacy that the referral is sent to and consent to their information being shared. In the consultation with the pharmacist, patients are asked about their medical history, symptoms and current medication in the same way they would be asked by a GP. This will free up practice capacity and make it easier for those with more complex illnesses to see their GP when they need to.

#### **7. When can practices start to refer patients to NHS CPCS?**

Practices will be able to refer patients into NHS CPCS from the 1<sup>st</sup> November 2020 when the pathway is nationally included in the service specification. Discussions will need to take place at PCN level as to how best to implement the pathway and referrals can start once the arrangements have been locally agreed.

## **8. Who should initiate the conversations and how will we ensure the message is heard across PCNs?**

Each region will have a nominated implementation lead who will co-ordinate this locally. Several discussions will likely need to take place about how the pathway will be implemented and not all regions will implement the pathway in the same way. It is suggested that local stakeholders (i.e. PCN, CCGs, LMCs, LPCs) work together on their approach. Practices or pharmacies could initiate the contact as required.

There will be existing relationships between practices and pharmacies, however this is not just one-to-one working to support patient access, so there will need to be wider engagement across all pharmacies and practices in the PCN. Implementation should consider what these existing relationships are like. Community pharmacy PCN leads and the LPC have a role to bring pharmacies and practices together, to drive this collaborative working.

The national programme team (NHSEI) will describe the support package available for use locally and will collate materials which may be of use across all areas but work by local stakeholders can start now.

## **9. Who are 'Time for Care'?**

This is an NHS England and NHS Improvement development programme which is supporting general practices to engage with the pathway. The team are comprised of clinicians and managers from general practice, with PCN leaders and improvement experts. The Time for Care programme supports leaders and teams in practices / PCNs to plan, implement and embed service changes.

Time for Care provide expert coaching and facilitation using improvement science and change leadership skills to rapidly implement changes safely, smoothly and sustainably whatever stage your practice is at. They draw on proven improvement methods and lessons about successful change leadership, to provide practical resources and support for making changes that stick.

Since 2017, over 55% of practices in England have used Time for Care's support, to release time for care with the 10 High Impact Actions and to strengthen collaboration in the PCN. More information is available [here](#).

## **10. Do patients have to pay to use the service?**

There is no charge for this NHS service. If the supply of an over the counter (OTC) medicine is required, the patient will be asked to purchase it. They may need a referral back to the GP if they need an NHS prescription for a medicine that cannot be purchased OTC. There may be 'Patient Group Directions' (PGDs) or NHS commissioned minor ailments services in place locally to supply some prescription only medicines.

Where OTC medicines are required, they are usually inexpensive, and CCGs already have policies in place to reduce the prescribing of OTC medicines where possible in line with [national policy](#).

## **11. Do pharmacies need to sign-up/ register for the GP referral pathway into NHS CPCS?**

Pharmacies will only be required to register if they have not already done so to provide NHS CPCS for NHS 111 referrals.

## **12. Are pharmacies given additional funding for this?**

No. NHS CPCS is already live as a clinically led pharmacist service taking referrals from NHS 111. Extending the scope of NHS CPCS over time to take referrals from other care settings was already agreed as part of the Community Pharmacy Contractual Framework (CPCF). General Practice is not diverting any additional funding to community pharmacy to support the implementation of the pathway.

## **13. How can I explain what this is to a patient?**

At the point of referral, the patient needs to be given information about the NHS CPCS service and what they can expect from the pharmacist consultation, which clearly explains the service (without jargon). If the patient consents to the referral then they must be advised of next steps for accessing their selected pharmacy.

The 'clinical consultation with the pharmacist' may take place remotely or face to face in the consultation room. The patient should be advised that as part of this consultation, the pharmacist will discuss their symptoms, take a brief medical history and run through any concerns associated with the presenting condition. The pharmacist will then make a clinical decision as to what is the best course of action for the patient.

Staff conversing with patients should have information available to support consistent and accurate information being provided. More on this is covered in the GP/PCN toolkit.

## **14. What patients/ conditions can I refer?**

There is a list of minor illness conditions in the [NHS CPCS service specification](#), so referrals should primarily be for those presentations listed.

Children aged over 1 years are eligible for this service and can be seen by the pharmacist when accompanied by a parent/carer. Children who are competent in decision making about their health may be seen unaccompanied.

## **15. What happens if a patient refuses the referral or does not want to disclose their concern?**

Some patients may choose not to be referred to a community pharmacist. If this happens then the practice should offer patients an appointment with the most appropriate qualified health care professional based on the symptoms presented.

## **16. Can queries about medicines and potential side-effects be referred to this service?**

This service is for low acuity symptoms and minor illness conditions. For specific medicines queries, the patient should be advised to contact the pharmacy directly and ask to speak to the pharmacist, who can help with any questions about medicines usage and potential side effects. These patient queries could also be directed to the PCN/GP clinical pharmacist.

## **17. Aren't we just moving patients around the system?**

No. This is about ensuring that patients receive the right care, in the right place, with the right person and at the right time. We know that pharmacists are clinically skilled healthcare professionals who can deal with lower acuity conditions. Freeing up capacity in general practice to focus on those patients who have more complex needs helps support the wider healthcare needs of a locality in a more efficient way. Practices and local community pharmacy colleagues should work together to ensure any barriers to

referral are overcome and to ensure as many patients as possible are referred through the scheme.

The practice receptionist is not expected to diagnose or clinically triage the patient, so there will always be some patients referred-back to the practice. There are several reasons why this could happen, for instance if during the consultation with the pharmacist the patient has disclosed a 'red flag' (clinically concerning) symptom, or has stated they have already tried the OTC options which are available to treat the condition with no success. There should be rapid 'refer-back' processes in place to allow the community pharmacy to fast-track the patient back into the GP practice if they observe any red-flag symptoms, or other concerns leading them to feel rapid review by a GP is necessary.

### **18. What needs to be included as part of the referral?**

An appropriate referral must be sent via a formal process, not just verbal signposting. The GP/PCN Toolkit Appendix C describes the standard information set to be included when the referral is sent. Practices who have previously been involved in 'active signposting' may need to consider if their referral templates need updating, if these are already in place.

When pharmacies sign up to provide NHS CPCS, they commit to ensuring they can accept electronic referrals, and that inappropriate incidents are reported so that these referrals can be investigated locally.

### **19. How do we identify the I.T. systems to use?**

The GP/PCN Toolkit provides guidance on triage and referral systems and the referral can be delivered in several ways. Pharmacy systems are commissioned nationally but licenses are currently held at a regional level. As a minimum viable product (MVP), NHSmail can be used to facilitate referrals.

### **20. Does the pharmacy share the consultation information with the GP Practice?**

Yes, it is good practice to share this information where it is clinically appropriate. This is detailed in the NHS CPCS service specification.

### **21. What is the difference between the NHS 111 and GP referral pathways?**

The NHS 111 referral pathway went live nationally in October 2019. The service journey is the same in that the patient contacts NHS 111, is triaged, the electronic referral is sent, and has the same pharmacist consultation.

However, all NHS 111 providers follow the same NHS Pathways (NHS Digital) triage and clinical assessment algorithms. The GP pathway does not replicate this, so pilots have innovated and developed their own triage process, to send the same basic information from the practice to the community pharmacy. There are different processes that have been adopted depending on clinical I.T. systems and governance. NHSmail is the minimal viable product (MVP) for sending the electronic message that is an essential part of the service. If an electronic message is not sent then the community pharmacist will not be able to complete a CPCS consultation.

The NHS 111 referral pathway includes referrals to access urgent medicines supplies whereas this is excluded in the GP referral pathway. Urgent prescription requests to the Practice should be dealt with in the usual way.

## **22. How will a practice know which pharmacies are registered to provide this service?**

Practices and PCNs will need to collaborate with pharmacies within their PCN to determine whether they are providing NHS CPCS and to make the arrangements to establish the referral pathway from general practice. 94% of pharmacies in England are already registered to provide NHS CPCS.

## **23. How would practices make referrals to pharmacies that are not locally established with GP referral pathways?**

Patients can decide which pharmacy they wish to have the consultation at, and this is not affected by the pharmacy nominated for their prescriptions. They might decide that they would like the consultation at a pharmacy which has not had the GP referral pathway established and, in this instance, will need to be asked to choose an alternative. This is a longer-term consideration about how system solutions will facilitate referrals in the same way as any NHS 111 provider, using the national NHS Directory of Services (DoS).

## **24. What are the liability implications if a patient is referred to a pharmacy and this is not picked up, or if the patient does not attend as directed?**

The usual activity of a General Practice includes making referrals and signposting according to agreed governance arrangements under the responsibility of the practice. Referrals made under the GP referral into NHS CPCS carried out by Reception teams and other practice clinicians, is covered by the [Clinical Negligence Scheme for General Practice \(CNSGP\)](#)

The GP Practice will ensure the referral is suitable and appropriate. The term “referral” is used to describe the process where practice staff advise patients to attend or contact a participating NHS CPCS Community Pharmacy for a consultation with a pharmacist and that personal data about them will be transferred to the pharmacy.

The GP Practice may use a streaming process or other locally agreed protocol to identify appropriate patients to be referred dependent on the symptoms declared by the patient. In some instances, this may make use of clinical triage or a referral following an online assessment process. The GP Practice is responsible for ensuring the robustness of their chosen method of referral to the Community Pharmacy.

## **25. What resources are available?**

The following documents have been updated to reference the GP referral pathway and until they are formally approved the revised versions are available on the BSA website [here](#).

- NHS CPCS Service Specification
- NHS CPCS Pharmacy Toolkit

The following are available on [NHS Futures](#):

- NHS CPCS GP/PCN Toolkit
- Governance Guidance for practices and PCNs
- NHS CPCS implementation checklist

The following are available on [NHS England website](#):

- NHS 111 referral to NHS CPCS resources
- GP referral to NHS CPCS Bristol case study