

# **GP and PCN Governance arrangements to support the GP referral pathway to NHS CPCS**

NHS England and NHS Improvement



Prepared by: Primary Care, Community Services and Strategy Team

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the Primary Care, Community Services and Strategy Team (NHS England and NHS improvement) [england.primarycaregroup@nhs.net](mailto:england.primarycaregroup@nhs.net)

## Table of Contents

1. Governance arrangements to support the GP referral pathway to NHS CPCS....	3
2. Community Pharmacy Governance .....	4
3. Incidents and escalations .....	4
4. Confidentiality.....	4
5. Liability .....	5

# Governance arrangements to support the GP referral pathway to NHS CPCS

It is important to establish robust local clinical governance arrangements for GP referrals into NHS CPCS and particularly that those arrangements are integrated with existing governance arrangements across all stakeholders and settings. This document builds on the learnings from the pilot sites and early adopters to support the implementation of the referral pathway and establishment of a consistent PCN approach.

The [Update to the GP Contract Agreement 2020/21 – 2023/24](#) published in February 2016 highlighted the ambition to take forward a new refreshed and updated Access Improvement Programme. The [Access Improvement Programme](#) will be the important vehicle for supporting local implementation across Primary Care Networks (PCNs) working within their constituent Integrated Care Systems (ICSs) supported by Regional teams and any associated governance arrangements.

## 1. GP and Primary Care Network Governance Arrangements

- 1.1 PCNs are at different stages of maturity and the accompanying governance is similarly in different states of development supported through the [PCN Development Support Programme](#).
- 1.2 When considering the local governance process within PCNs it is important to engage all relevant stakeholders to enable them to build trust and confidence in each other's ability to deliver a high-quality service. Each individual GP Practice is responsible for the referral process to NHS CPCS and sharing the learning, establishing patient feedback and ensuring quality improvement may be best supported through the PCN working with local community pharmacists and their teams.
- 1.3 PCNs and General Practice in some cases have already formed stakeholder groups and maintain regular contact with them. Where such pre-existing meetings are in place, the implementation of GP referrals into NHS CPCS should be incorporated into such structures and terms of reference updated as appropriate to support the governance of this referral pathway. It is recommended that the PCN Clinical Director or a nominated clinician provides oversight for the implementation supported by a PCN identified lead e.g. PCN clinical pharmacist, Practice Manager or Community Pharmacy lead.
- 1.4 Members of the PCN CPCS Governance Group could include, but are not limited to, local Community Pharmacists through a Community Pharmacy PCN Lead, PCN/GP Practice Clinical Pharmacists, Local Pharmaceutical Committee (LPC), Clinical Commissioning Group (CCG) with support from regional teams. As the service develops and confidence builds the need to meet with local stakeholders may be less frequent.
- 1.5 The PCN Governance Group will need to consider local clinical governance processes within the PCN to establish:
- 1.6 A primary contact for NHS England and Improvement to support implementation.
- 1.7 Mechanism of identifying participating Community Pharmacies and GP Practices and ensuring this information is current, i.e. reflects any temporary withdrawals, and is shared with relevant stakeholders.

- 1.8 Plan for engaging with delivery teams, i.e. GP Practice staff and Community Pharmacists, when implementing the GP referral pathway. Appropriate support will ensure a robust understanding of NHS CPCS, including appropriate symptom groups and exclusions, lowering the incidence of inappropriate referrals and cases requiring escalation, and improve the patient journey
- 1.9 Process that Community Pharmacy is required to follow should a patient present with a need for higher acuity care. This should include how urgent, same-day GP appointments will be booked and reporting requirements for any clinical incidents.
- 1.10 Process to discuss outcomes and share learning of any investigations into incidents or referrals that have required escalation to urgent care settings.
- 1.11 Opportunities to join up existing or new locally commissioned services, such as the use of Patient Group Directions (PGDs) to support the NHS supply of medicines linked to an NHS CPCS consultation.

## 2. Community Pharmacy Governance

- 2.1 The [NHS CPCS Service Specification](#) sets out the requirements for Community Pharmacists to report any incidents related to the referral process or operational issues with respect to this service to the GP Practice. To support implementation, it may be considered appropriate for incidents to be reviewed by the PCN Governance Group.
- 2.2 The pharmacy is required to report any patient safety incidents to NHS England and Improvement in line with the Clinical Governance Approved Particulars for pharmacies.

## 3. Incidents and escalations

- 3.1 The term “incident” in this context is either:
  - a) a potential clinical incident warranting further investigation (e.g. a referral which is deemed to have been inappropriately referred to Community Pharmacy under the NHS CPCS); or
  - b) a potential problem relating to the operation of the service (e.g. the failure of the NHS CPCS IT system to send a timely referral)
- 3.2 An “escalation” is where the patient, having been referred to the Community Pharmacy and clinically assessed by the pharmacist, is referred onwards to another more clinically appropriate clinician for a consultation and/ or treatment (e.g. GP in-hours appointment, A&E, or urgent treatment centre clinician).

## 4. Confidentiality

- 4.1 Both parties, the GP Practice and Community Pharmacy, shall adhere to applicable data protection legislation including the General Data Protection Regulation 2018 and to the Freedom of Information Act 2000.
- 4.2 Both parties, the GP Practice and Community Pharmacy, must have in place a whistleblowing policy, in line with the NHS England and Improvement guidance for primary care<sup>1</sup>. The aim of which is to allow an employee or locum to raise at the earliest opportunity,

---

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

any general concern that they might have about a risk, malpractice or wrongdoing at work, which might affect patients, the public, other staff, or the organisation itself.

## 5. Liability

- 5.1 The usual activity of a General Practice includes making referrals and signposting according to agreed governance arrangements under the responsibility of the practice.
- 5.2 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).<sup>2</sup>
- 5.3 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.

---

<sup>2</sup> <https://resolution.nhs.uk/wp-content/uploads/2019/09/CNSGP-Scheme-scope-table-1.pdf>