

GP-CPCS

GP-Community Pharmacist Consultation Service

Making it a success in Nottinghamshire

Agenda

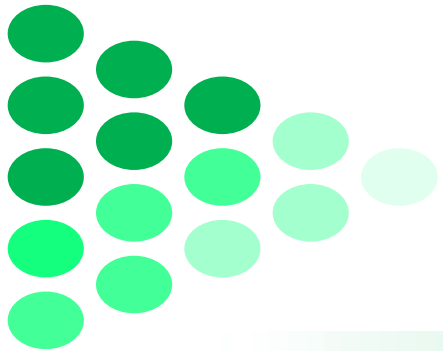


- Welcome and Intro
- How to be a good webinar participant
- Overview of extended care services
- Overview of GP-CPCS
- Rollout of GP-CPCS in Nottinghamshire
- PCN planning – PCN breakout group
- Questions and comments
- Close

What are you looking forward to when the Covid restrictions fully ease?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app



Extended care services

Community Pharmacy Extended Care Service



Tier 1

- Simple UTI
- *Acute bacterial conjunctivitis*

Tier 2(a)

- Infected insect bites
- Infected eczema
- Impetigo

Tier 2(b)

- Acute otitis externa
- Acute otitis media
- Acute bacterial sinusitis
- Sore throat

Tier 1 services



- Consultation and advice
- Possible to treat via PGD

Examples

- Simple UTI females 16-64 years
 - Nitrofurantoin 200mg in divided doses for 3 days
- *Acute Bacterial Conjunctivitis (ABC)*
children 3months – up to 2 years – service withdrawn

- Launched in Midlands Dec 1st 2020
- Available for all pharmacies to sign up
- Should be used as potential outcome for GP-CPCS referrals
- Fees
 - No supply/rapid referral £12
 - Supply (+ DM&D stock + VAT) £15

Providing Extended Care Services



Pharmacy Requirements:

- Sign and return SLA to NHSE&I
- Ensure all pharmacists (including locums) ready to deliver
- Brief all staff to ensure good understanding of service
- Talk to local GP practices – explain the service, use “briefing sheet”

Pharmacist Requirements:

- Familiar with SLA and PGDs for service
- Update clinical knowledge using NICE Clinical Knowledge Summaries
- Antimicrobial stewardship training, must be Antibiotic Guardian

CP Extended Care Service Overview

- Record live on PharmOutcomes.
- Patient consent required for service (includes sharing info with all pharmacies providing service to ensure don't attend multiple pharmacies / times)
- Consultation with pharmacist (face to face, telephone, video)
- If supplying medication – collect NHS levy or patient signs exemption form
- Treatment info sent to GP practice by PharmOutcomes.
- Ability to provide Tier 2 services dependent on providing Tier 1 services

CP Extended Care Services – Useful Links



NICE CKS

- <http://cks.nice.org.uk/urinary-tract-infection-lower-women>
- <https://cks.nice.org.uk/topics/conjunctivitis-infective/>

Antimicrobial Stewardship and Antibiotic Guardian

- <https://www.e-lfh.org.uk/antimicrobial-stewardship-for-community-pharmacy-staff/>
- <https://antibioticguardian.com/healthcare-professionals/>

Service Documentation and FAQs – sit on South Staffs LPC website - covers whole region - service is the same everywhere

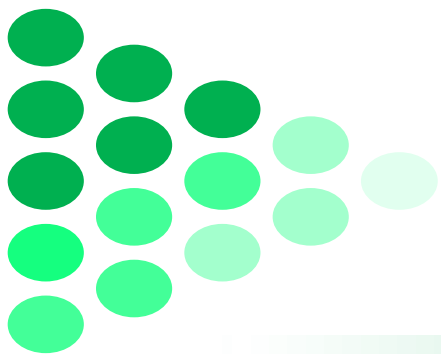
- How to record on PharmOutcomes <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/recording-extended-care-on-pharmoutcomes/>
- Service Documents <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/>
- FAQs <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/extended-care-faqs/>

Below are links to a suite of guides produced by Dr Gill Hall FRPharmS Services Support, South Staffs LPC.

- <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/extended-care-faqs/>
- "Recording extended care on PharmOutcomes" page <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/recording-extended-care-on-pharmoutcomes/>

The website also has a cover page for the extended care suite of services and a separate page for UTI and ABC

- <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/>
- <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/simple-uti-service/>
- <https://www.southstaffslpc.co.uk/services/community-pharmacy-extended-care-suite-of-services/acute-bacterial-conjunctivitis-tier-1-service/>



The GP-CPCS service



The NHS Community Pharmacist Consultation Service

Video available at

<https://psnc.org.uk/our-news/psnc-launches-gp-cpcs-animation/>

What IS GP-CPCS?

- An extension of existing CPCS
- No need to sign up if you're already providing 111-CPCS
- Referral from GP Practice of patients with Low Acuity Conditions
- **NO** GP referral for urgent supply, unlike 111 CPCS
- Formalises current variable care navigation pathways and provides an audit of the value of community pharmacist led interventions.

- **Crucially it requires:**
 - Agreed *escalation pathway* back to general practice
 - a *Post-event message* to be sent back to practice, “closing the loop” and **Improving Governance**.

- Payment to provide the service (£14 per consultation)

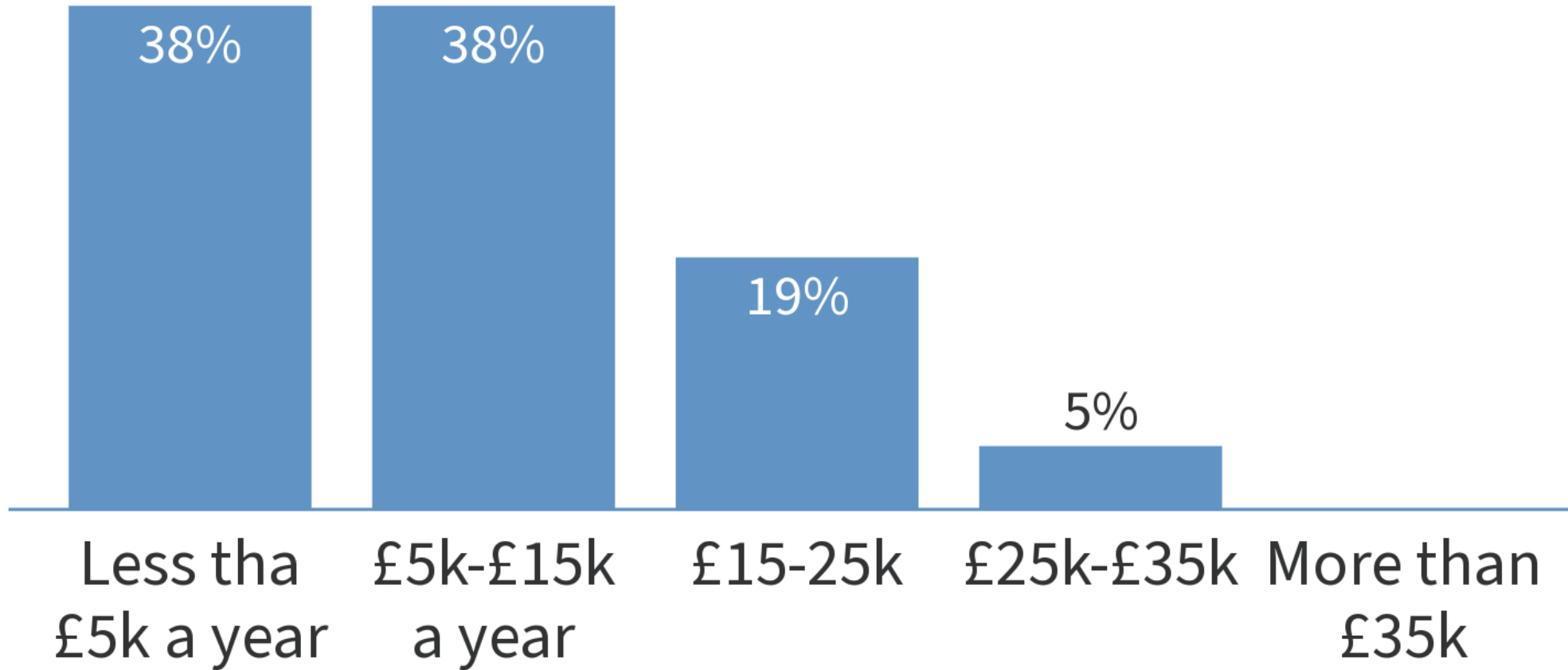
What do you think the benefits of the GP-CPCS will be?



Your responses

- Funding
- GP pharmacy collaboration
- Faster patient care
- As pharmacists we will get recognition for things we are doing already
- Improves patient-pharmacy relations
- Faster care for patients
- Formalisation of referrals
- Pharmacy-involvement
- Potentially a great convenient service to our patients
- Improved GP relationships

If successful, how much income do you think the CPCs will bring to the average community pharmacy?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

How valuable will GP-CPCS be?

- Anecdotal – 50-60 referrals per week
- £14 per referral
- 12.5 hrs per week @ 15 minutes per consultation

Potential
£36.5k p.a.

if launched and managed effectively

CPCS NHS 111 & GP referral pathways for low acuity, minor illness



Patient calls NHS 111 or IUC CAS with a minor illness

The call may be transferred to a clinician or handled by a call advisor (non-clinical)

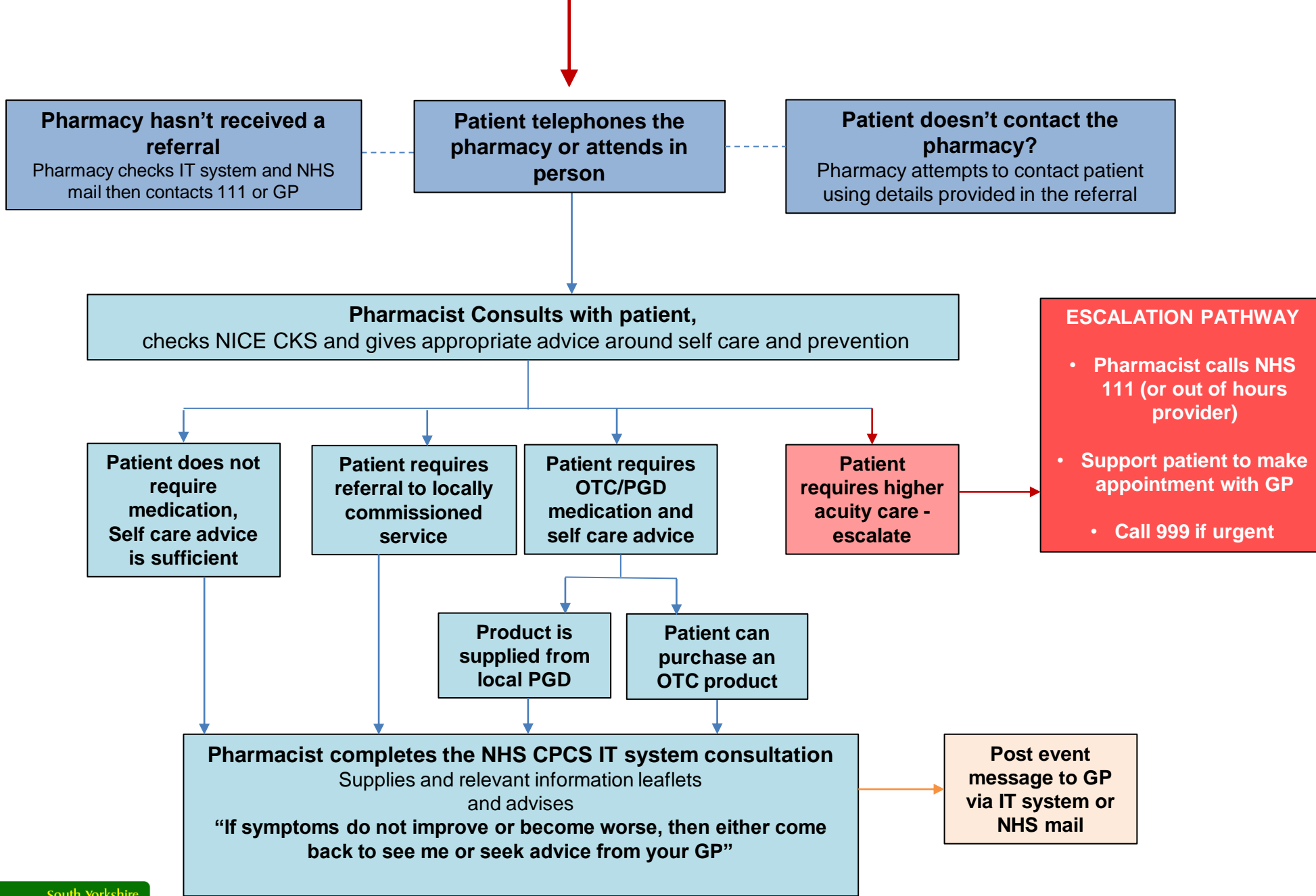
Patient triaged to a nominated community pharmacy



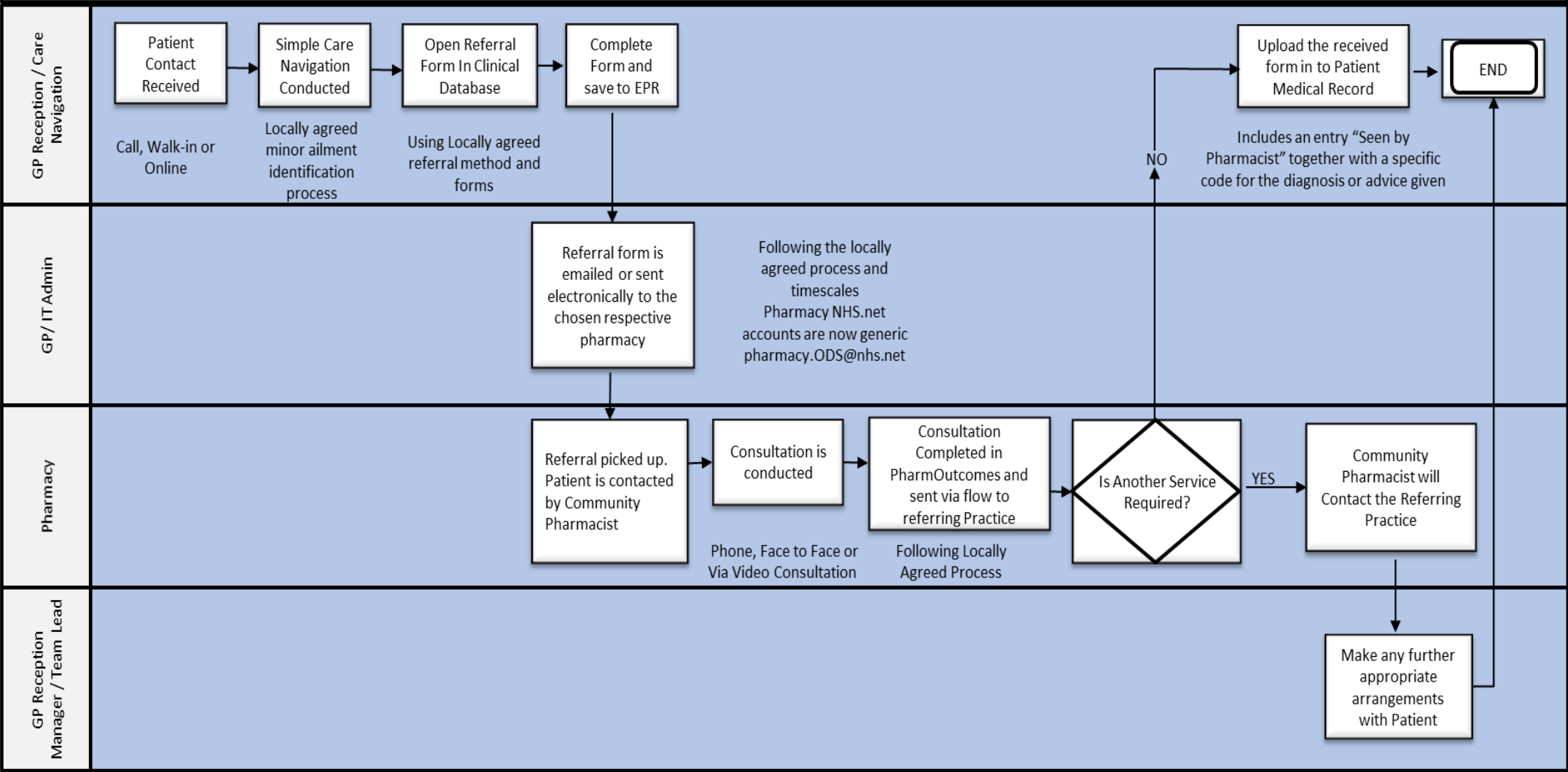
Patient calls or attends their GP surgery with a minor illness

Patient referred to a nominated community pharmacy

Message sent to community pharmacy electronically
(IT system or NHS mail)



General Practice Referral to CPCS – Process



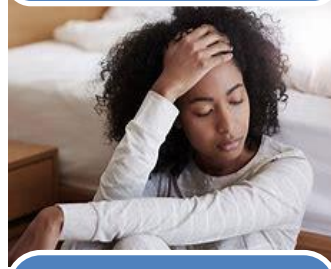
Potential outcomes from the consultation with the pharmacist

Advice only



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".

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



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.

Advice + Referred on to Another NHS service



Female between 16 and 65 with a simple urinary tract infection- during consultation the pharmacist uses the Extended Care PGD.

Advice + Signpost



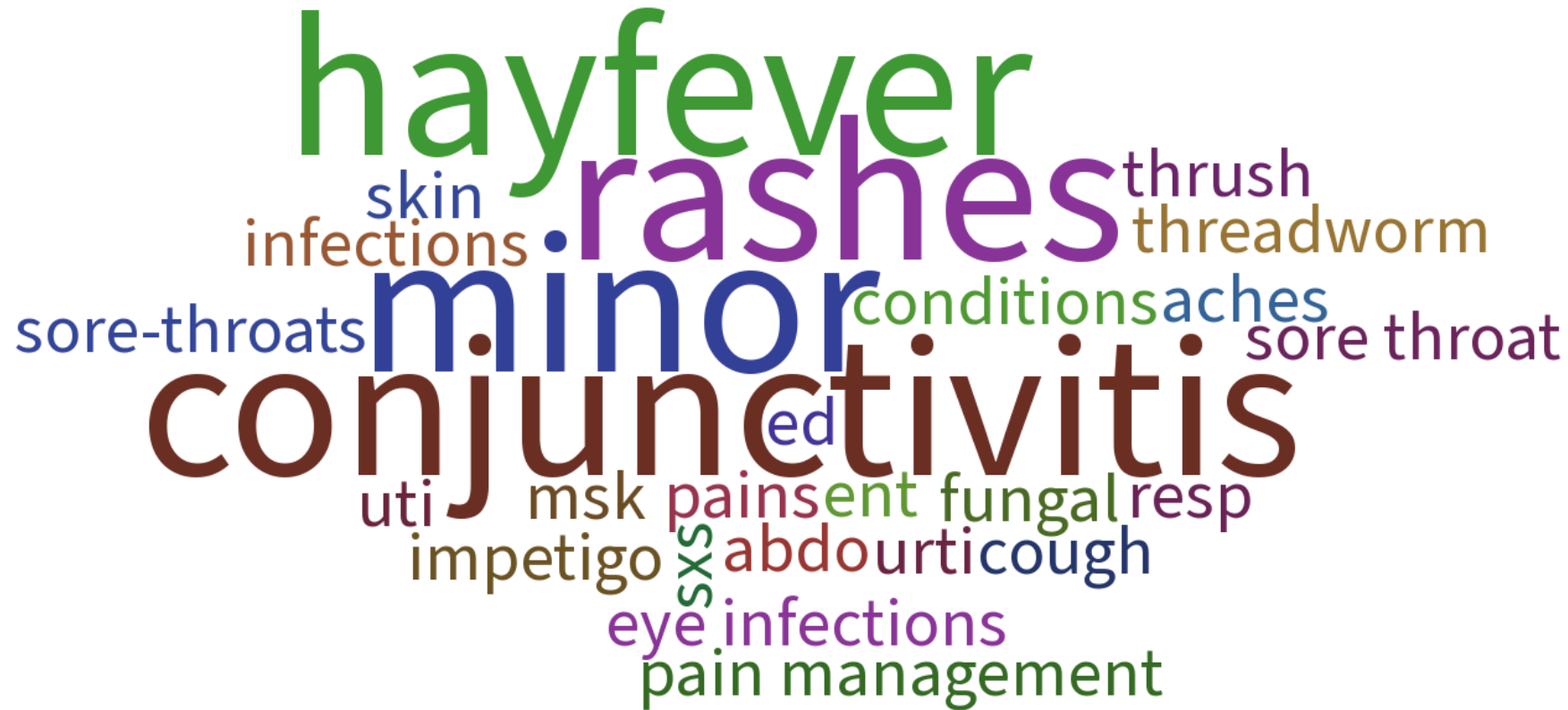
Patient with lower back pain - during consultation pharmacist eliminates red flags and provides self-care advice to patient. Patient advised that if it doesn't resolve then they may need to see a physiotherapist and explain how to access physio services in their local area.

Advice + Refer



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/symptoms do you think will/could be included in the GP-CPCS service?



Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

List of possible symptoms groups identified for referral to a community pharmacist

(from Annex D of [CPCS service specification](#))

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

Cough

Cold and 'Flu

Diarrhoea

Ear Discharge or Ear Wax

Earache

Eye, Red or Irritable

Eye, Sticky or Watery

Eyelid Problems

Hair loss

Headache

Hearing Problems or Blocked Ear

Hip, Thigh or Buttock Pain or Swelling/Itch

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

Wound Problems - management of dressings

Wrist, Hand or Finger Pain or Swelling



CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	•Bee sting •Wasp sting	•Stings with minor redness	•Stings with minor swelling	•Drowsy / fever •Fast heart rate	•Severe swellings or cramps
COLDS	•Cold sores •Coughs	•Flu-like symptoms	•Sore throat	•Lasted +3 weeks •Shortness of breath	•Chest pain •Unable to swallow
CONGESTION	•Blocked or runny nose	•Constant need to clear their throat	•Excess mucus •Hay fever	•Lasted +3 weeks •Shortness of breath	•1 side obstruction •Facial swelling
EAR	•Earache	•Ear wax •Blocked ear	•Hearing problems	•Something may be in the ear canal •Discharge	•Severe pain. •Deafness •Vertigo
EYE	•Conjunctivitis •Dry/sore tired eyes •Eye, red or Irritable	•Eye, sticky •Eyelid problems	•Watery / runny eyes	•Severe pain •Pain 1 side only	•Light sensitivity •Reduced vision
GASTRIC / BOWEL	•Constipation •Diarrhoea •Infant colic	•Heartburn •Indigestion	•Haemorrhoids •Rectal pain, •Vomiting or nausea	•Severe / on-going •Lasted +6 weeks	•Patient +55 years •Blood / Weight loss
GENERAL	•Hay fever	•Sleep difficulties	•Tiredness	•Severe / on-going	
GYNAE / THRUSH	•Cystitis •Vaginal discharge	•Vaginal itch or soreness		•Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding	•Pharmacy treatment not worked •Had thrush 2x in last 6 months
PAIN	•Acute pain •Ankle or foot pain •Headache •Hip pain or swelling •Knee or leg pain	•Lower back pain •Lower limb pain •Migraine •Shoulder pain	•Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Chest pain / pain radiating into the shoulder •Pharmacy treatment not worked •Sudden onset
SKIN	•Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss	•Hay fever •Nappy rash •Oral thrush •Rash - allergy •Ringworm/threadworm	•Scabies •Skin dressings •Skin rash •Warts/verrucae •Wound problems	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?
MOUTH / THROAT	•Cold sore blisters •Flu-like symptoms •Hoarseness	•Mouth ulcers •Sore mouth •Sore throat	•Oral thrush •Teething •Toothache	•Lasted +10 days •Swollen painful gums •Sores inside mouth	•Unable to swallow •Patient has poor immune system •Voice change
SWELLING	•Ankle or foot swelling •Lower limb swelling	•Thigh or buttock swelling •Toe pain or swelling	•Wrist, hand or finger swelling	•Condition described as severe or urgent •Condition ongoing for +3 weeks	•Discolouration to skin •Pharmacy treatment not worked •Recent travel abroad

Engagement and Set Up Payment



- £300 “engagement and set up payment” can be claimed up to 31st March 2021- see “Annex F”
- Claim via MYS
- This workshop will allow contractors to meet the discussion element of the Annex F requirement. Briefing materials will be available via the LPC websites.

Annex F in Detail (1)



- 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.

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.
- Please liaise with LPC on approaches esp. any social media

Annex F in Detail (2)



- 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.

Pathway

- NHS mail for referral,
- Patient to ring first,
- PharmOutcomes for data capture and feedback,
- Obtain surgery “back office” number for escalation pathway back for urgent appointment.
- Monitor LPC website for developments as local roll out progresses

Annex F in Detail (3)



- 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;
 - Brief staff and keep record of briefing

- 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.

Annex F in Detail (4)



- 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.
- Record of staff briefing (see template Staff Briefing Record on your LPC website)
 - Service Specification & Toolkit <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/>

Training for the pharmacy team



Registration details:

Email (Please ensure you use a unique email address for each delegate) *

First Name *

Last Name *

Implementation Area *

Job Title *

Do you give VirtualOutcomes permission to contact you by email for future webinars? *

Yes No

For more information please visit our [website](#)

Our registration process uses cookies, by submitting this registration form you agree to our [cookie policy](#).

(* denotes required form field(s))

NHS Community Pharmacist Consultation Service - GP Referral Local Implementation Training

Course Objectives

- To help implement a successful GP CPCS service
- To understand the key points that will help deliver the service
- To help the initial engagement with practices
- To understand what the potential pitfalls are and how to avoid them

Course length – 27 minutes

For support including help with certificates, visit our [FAQs](#)



Judith Poulton
Pharmacist

[View Biography](#)

Training for the GP surgery team



Registration details:

Email (Please ensure you use a unique email address for each delegate) *

First Name *

Last Name *

Surgery Code *

Surgery Name *

Post Code *

Job Title *

Do you give VirtualOutcomes permission to contact you by email for future webinars? *

NHS Community Pharmacist Consultation Service - GP Referral Surgery Training

Course Objectives

To understand the background of the GP CPCS and the difference it can make.

To understand how the service works

To follow the patient journey through the service

To understand the words and phrases that you should use when talking to patients with minor illnesses who should be referred to the community pharmacist

Course length – 29 minutes

For support including help with certificates, visit our [FAQs](#)



Judith Poulton
Pharmacist

GP-CPCS

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Chat comments



- Further details on the NHSE commissioned extended care services are on the LPC website at <https://psnc.org.uk/nottinghamshire-lpc/nhs-england/midlandseast/pharmacy-services/community-pharmacy-extended-care/>
- The extended care service documents are hosted on South Staffs LPC website - there is a link from the Notts LPC website on the page link above. This is to avoid duplication
- What is the proper way of getting referral from the surgery for this service? Currently, we are only getting patients informally!! *There is no definitive referral process, but need to be clear on the difference between referral and signposting*
- Will we still be restricted by product licensing (eg Thrush treatments not being allowed for ladies over 60, pregnancy etc?)
- Is the CPCS extended service part of the Gp CPCS ? ie can gp refer patients for UTI treatment to pharmacy via Gp CPCS ? Thanks
- Links for the videos are on the Notts LPC website at <https://psnc.org.uk/nottinghamshire-lpc/nhs-england/midlandseast/pharmacy-services/community-pharmacist-consultation-service-cpcs/gp-cpcs-community-pharmacist-consultation-service/>
- If the patients use the service once, then we get paid. In the future would the patient just not return to the pharmacy for future instances without getting a referral from GP, if so we won't get paid for future instances? *That is a recognised risk and is being monitored for*
- I am still not too sure how the surgery will make an official referral? They don't have access to PharmOutcomes for referral - Do they?
- Can they just e-mail us on the shared NHS mail?
- NHS mail is the simplest referral route to use. Most others require some IT investment or resource
- I have been asked by Gp practice on how to make the referrals via pharmoutcomes? Also can receptionists access and use these digital pharmoutcome referral service ?
- NHS Service Finder <https://psnc.org.uk/contract-it/pharmacy-it/databases-of-pharmacies-and-services/nhs-service-finder-nhs-sf/>
- back office tel numbers or specific email - Usually part of the implementation meetings with pharmacies and gp practices that is one of the things that are agreed between them during discussions
- we are in dialogue with the wider Rushcliffe group of PCNs about a roll out plan in Rushcliffe
- In regards to claims are we expected to send a token at the end of the month which is generated from pharmaoutcomes or is that not necessary?
- We are also working with the City group of PCNs about a City-wide roll out plan - we've started in BACHS, had lengthy discussions in PCN 4 and starting dialogue in Nottingham City East PCN
- Claims are via MYS <https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpca-funding-and-claiming-payment/>
- We would really like to make some traction with any of the Mansfield and surrounding areas so please let us know if you get any interest
- At the moment the only practices which are live in Notts is in BACHS PCN. As other areas go live we will facilitate go live meetings with NHSE in each area so pharmacies are kept informed
- Receptionists from Manor went around pharmacies
- LPC website CPCS link <https://psnc.org.uk/nottinghamshire-lpc/nhs-england/midlandseast/pharmacy-services/community-pharmacist-consultation-service-cpcs/gp-cpcs-community-pharmacist-consultation-service/>