

Top Tips - GP referrals to the NHS Community Pharmacist Consultation Service (CPCS) (England)

From 1st November 2020, GP's have been able to make patient referrals to community pharmacists using the CPCS for minor illnesses. All GP surgeries are encouraged to use this service to ensure that patients are able to access the right care, in the right place, with the right person, at the right time. The service aims to reduce the pressure on general practitioners and A&E departments whilst offering increased convenience and choice for patients.

These top tips are aimed at pharmacists that want to support the implementation of this service and have been developed from existing pharmacist offering the service.

When	Top tip	Reason
Pre-implementation	Agree the patient pathway with the GP surgery and how patients will be referred back to the surgery if appropriate	Agreeing the details of how the referral pathway will work minimises frustration later on in the process
	Make contact with the PCN community pharmacy lead	This will help understand the local learning already available
	Pharmacy team engaged in the process to ensure patients have a seamless experience of the service	When a patient arrives at the pharmacy this will minimise confusion for the reason the patient wants to see the pharmacist
	Have a clear protocol in place to check NHS.net three times a day	Ensures that all referrals are completed
	Consider offering the UTI extended service	This will increase the number of potential referrals available from the local surgeries
	Agree the feedback mechanism with the surgery both ways	This will minimise the chance of any mis-communication and increase the confidence in the service
Implementation	Plan in regular reviews with the surgery and pay particular attention to the process of informing the surgery if the service cannot be offered	This is important to improve the service offered to patients and build confidence in the process
	Always accept the referrals that are sent to the pharmacy	This builds confidence from the practice in using the service and leaving them pending will reduce confidence in the service
	Add as much detail as possible to the referral document that is sent back to the surgery	This document will be filed on the patient PMR and will form part of their ongoing treatment plan. Clearly state the actions that have been taken including the advice given to the patient and any signposting made.

Service development	Phone the patients when the referral is received	You don't need to wait for the patient to present. This will help you manage your workload through the day with the patient coming to the pharmacy at a mutually convenient time
	If a patient will not wait in the pharmacy and you cannot contact the surgery send a separate email to the surgery informing them the practice of the time you tried to contact them and the reason for escalation bac	This means there will be a record of when the pharmacist tried to escalate the patient back to the surgery and the reason for the escalation back. Just sending a patient back to the surgery without a reason does damage confidence in the system
	Ensure that every referral is closed	This builds confidence in the service and allows the service claim to be made and minimises ambiguity with the care of the patient
	Are there other services that can be developed in consultation with the surgery	This will further develop the relationship with the surgery and increase the number of referrals
	Keep learning from other pharmacists	Collectively helps develop the service across the PCN for more pharmacists and surgeries
	If a surgery suddenly stops referring patients make contact to understand the reasons	This may happen for a number of reasons and working with the practice to resolve the issues means the service is back up and running sooner