

GP Community Pharmacist Consultation Service in Dorset



This evening will cover:

- **What is GP-CPCS? A brief overview of the service**
- **Update on Rollout of GP-CPCS in Dorset**
- **Claiming “Annex F” payment:**
 - Discussion around the actions required to meet the Annex F criteria
 - Discussion around collecting evidence that you are meeting the criteria
 - Information on the resources available to support both your set up fee and service roll out

What IS GP-CPCS?

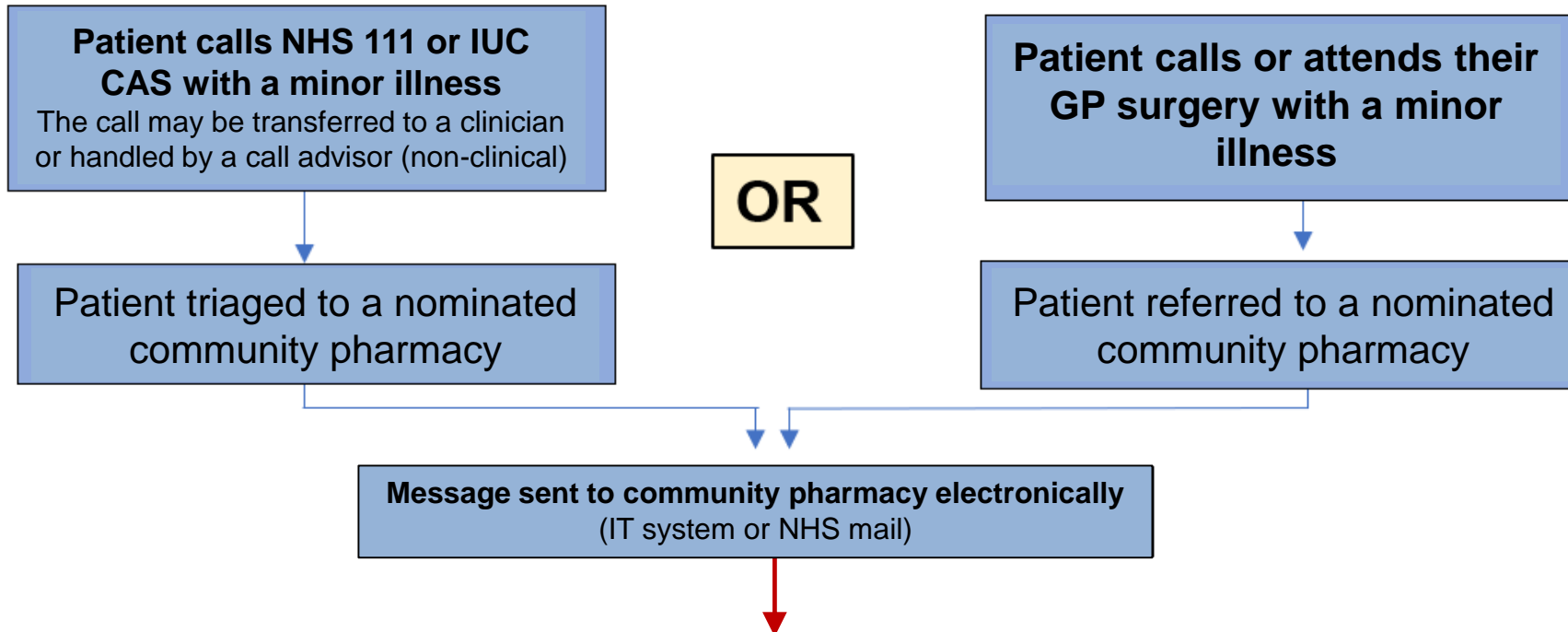
- An extension of existing CPCS
- No need to sign up if you're already providing NHS 111 CPCS
- Direct referral from GP practice of patients with Low Acuity Conditions
- **NO** GP referral for urgent supply, unlike NHS111 CPCS
- Formalises current variable care navigation pathways and provides an audit of the value of community pharmacist led interventions

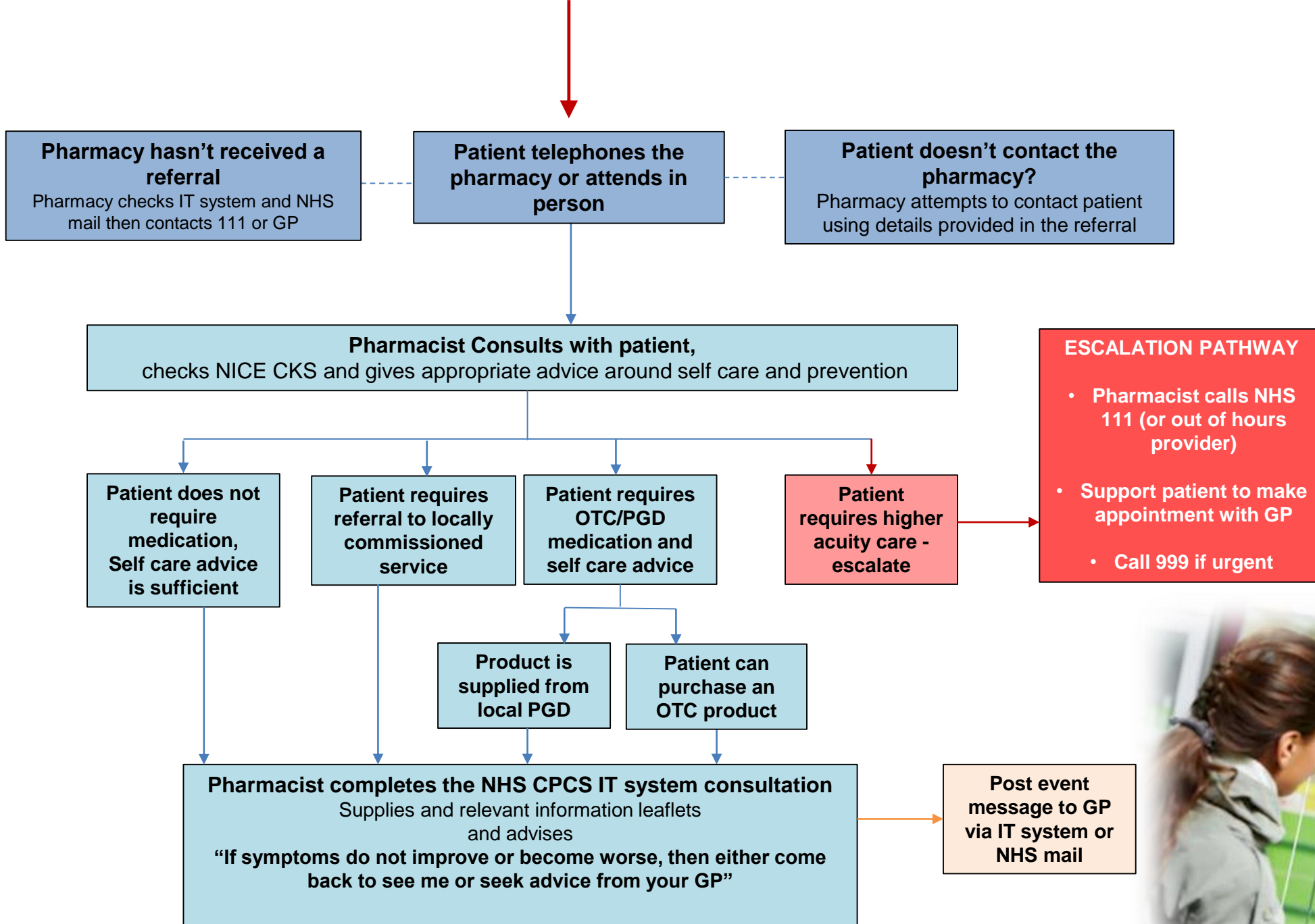
Crucially it requires:

- 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)



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





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

Where are we in Dorset?

- Weymouth & Portland PCN one of the pilot sites
- National service started 1st November 2020
- Regional NHSE&I teams are working with local systems to determine rollout and use of limited support
- PCN engagement event on 10th March
- EOIs from PCNs submitted by 17th March
- Looking for early adopter sites across PCNs
- Covid pressures, and the necessary focus on vaccination, are significantly affecting progress - but after tonight you are still able to claim “Annex F” payment!

Where are we in Dorset?

- CCG, PCN & LMC engagement
- Referral will be via NHS mail
- Patient will ring pharmacy first. If patient doesn't ring, then pharmacy to attempt to contact patient
- PharmOutcomes platform use in pharmacies for data recording and feedback to practice if required, *escalation pathway* back to practice will be via practice “professionals” tel number
- “VirtualOutcomes” training for practices approved

- **Next steps:**
 - Agree order of PCN roll out
 - Agree “Go Live” dates
 - Communicate with pharmacies
 - Practice training
 - Communications will be key



Engagement and Set Up Payment

- £300 “engagement and set up payment” can be claimed up to 30th June 2021- see [“Annex F”](#)
- Claim via MYS
- All contractors are asked to attend one of two LPC webinars to ensure they 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.

✓Tonight's webinar provides this

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

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.

- Tonight covers this for now
- We have discussed the agreed pathways: **NHS mail for referral, patient to ring first, PharmOutcomes for data capture and feedback, surgery “professionals” number for escalation pathway back for urgent appointment.** These may change by the time your area goes live, but this initial agreement is enough for Annex F.
- Presentation will be on LPC websites, which will then act as the above “briefing” for anyone not attending.
- 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;

- Record of staff briefing based on tonight's update (see Plan on a Page and template Staff Briefing Record on the LPC website)

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** (see links at the bottom of the NHSBSA website accessed below)

<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/>



Summary

- Following this evening you should have all you need to complete the requirements of “Annex F” and claim your engagement and setup payment by 30th June via MYS
- Dorset LPC is working hard on progressing GP-CPCS within the ICS
- Widespread coverage will take some time in this climate
- GP practice “buy-in” is crucial, and requires a measured approach
- Please liaise with your LPC if discussing with practices
- Keep an eye on LPC monthly briefing and website pages
- We will be in contact with individual pharmacies in a PCN as your local practice(s) are due to go live

Questions?

Thank You For Attending This Webinar

If you have any further queries after the session ends
please email Dorset LPC

admin@dorsetlpc.org.uk

