

## “GP CPCS getting ready” Q & A sessions from contractor webinars March 2021:

Q. From a pharmacy perspective who should we liaise with, our PCN lead or PCN Pharmacist?

A. Both will be instrumental in moving the service forward, we would suggest to start with have a conversation with the Community Pharmacy PCN Lead. The LPC will be communicating with the PCN Leads as we are made aware of PCNs wishing to get involved with the service.

Q. Will it be the PCN who will contact us in the first instance when our local practice goes live?

A. Dorset LPC will be contacting the pharmacies to advise them that their PCN will be going live. We will also host an event to bring everyone from the PCN together, dates will be confirmed. We will also make sure that we notify all contractors when a practice/PCN goes live as a patient may choose to use a pharmacy in a different PCN to the GP practice.

Q. Is there resource/guidance available?

A. <https://psnc.org.uk/dorset-lpc/gp-community-pharmacist-consultation-service-gp-cpcs/>

Q. How do we claim for the £300.00 engagement fee?

A. Claims should be made via MYS. This is a claim for engaging and preparing to go live with GP CPCS. You do not have to have received any referrals to be able to make a claim.

Q. Are there any dates for GP training yet?

A. We are pending the training dates and have some potential dates in mind throughout April, May and June. We will share them as soon as the rollout schedule has been decided.

Q. Is there any specific training available for the minor acuity conditions for pharmacists?

A. Please remember this is what you do every day! If you are already providing the NHS111 CPCS then this is the same. The referrals will be for minor conditions only.

If you would like to have a refresher please do the VirtualOutcomes module [HERE](#), CPPE [HERE](#) and RPS [HERE](#)

Q. In the Weymouth & Portland pilot scheme, what was the maximum number of referrals per day in a pharmacy?

A. For the majority of Weymouth & Portland pharmacies it was a couple per day, some had more. We are not expecting huge numbers per day in each pharmacy.

Q. What is the payment structure?

A. £14 for a consultation.

Q. Has this service been introduced to Christchurch surgeries or not yet?

A. No PCNs have gone live other than Weymouth & Portland as of yet. We did have great attendance at the PCN event on the 10<sup>th</sup> March, with many keen to go live as soon as possible.

Q. Was the Weymouth & Portland rollout done sequentially or in one go?

A. In Weymouth & Portland PCN the rollout for the six practices was completed sequentially, but over a very short period of two weeks.

Q. Do you need to have a consultation room to deliver this service?

A. Yes, your pharmacy must have a consultation room. Please refer to the Service Specification.

Q. Can the consultation be done fully over the phone if you don't need to see the patient?

A. Yes, it is completely acceptable to complete the consultation over the phone, if that is appropriate.

Q. If the referral comes via NHS mail how do we add to PharmOutcomes?

A. You will need to copy and paste the information from NHS Mail into PharmOutcomes and then complete the consultation on the template, as you are doing with the NHS111 referrals.

Q. Will the referral include the patient's NHS number?

A. Not necessarily, but we are trying to work with the practices to put in place a template to use which will include the NHS number.

Q. Who will be referring patients? GPs or the practice staff?

A. It will be the practice staff who handle the calls for patients wanting to make appointments with a GP who make the referral. Patients who are suitable for this service are offered a consultation with the community pharmacist rather than a consultation with their GP.

Q. Will the patient be told the practice has referred them and they have sent an email to the pharmacy?

A. The care navigators or the person who is manning the appointments telephone will inform the patient they have sent a formal referral to the community pharmacy. It is important for community pharmacies to regularly check their NHS mail for referrals so they are not missed.

Q. What training will the practice staff have who will be making the referrals?

A. They will be having training on what can be referred, and how to refer using NHS mail. Please note the care navigators at the practices will not be triaging the patient.

Q. Will there be an escalation route for informal or inappropriate referrals?

A. If you have concerns around a referral firstly, have a conversation with the practice and try to resolve why this happened. If this continues, then without breaking patient confidentiality, please feedback any inappropriate or informal referrals to the LPC.

Q. At the end of the consultation with the patient, the same as with the current NHS 111 CPCS, we say to the patient to contact us if there is no improvement or symptoms get worse. With GP CPCS, should we send back the patient to the GP if no improvement or tell them to come back to the pharmacy?

A. Patients should be asked to attend the pharmacy on the first instance. If the symptoms have not improved the pharmacist would then formally hand back the patient to the practice via the professionals only telephone number.

Q. What do we do if a practice just sends a patient to the pharmacy without a formal referral via NHS Mail?

A. Please contact the practice to discuss why the person has been referred informally. We would also ask that you report this to the LPC. You will not be able to claim for the consultation payment if the referral is not formerly made as part of the service and sent via NHS Mail.

Q. Who pays for the OTC medication if this has been recommended to the patient as part of their consultation?

A. When a patient is referred to the pharmacy by their practice, as part of that conversation they will be advised they will be required to purchase any OTC medication that is recommended to them. Items will not be available free of charge. If a patient declines to purchase what has been recommended, this will need to be fed back to the practice. GP's will then be able to have the conversation with the patient if they present again, that this medication will not be prescribed.

Q. Can we accept referrals from over the border?

A. Yes, you can accept a referral from any practice in England.

Q. Do we still have to check NICE CKS to complete the consultation?

A. Yes, you still need to tick the box to confirm you have checked.

Q. Due to Covid restrictions, can we hold conversations in a quiet part of the pharmacy?

A. It must be a private conversation, preferably in your consultation room so the consultation is not overheard by other staff members and you have access to PharmOutcomes and NHS mail. You can hold the first consultation over the telephone. If you can complete the consultation over the telephone without having to see the patients face to face that is acceptable.

Q. Are the service specifications the same in Dorset, Hampshire and Wiltshire?

A. Yes, this is a nationally commissioned service so the service specification is exactly the same throughout the country. The only variation you may see is the set-up of how a referral is sent, which will be decided at CCG/PCN level.

Q. If the patient returns after initial referral, can you claim for consultation again?

A. No, this would fall under the first consultation and initial payment.

Q. Will contractors have to pay the PharmOutcomes license fee for the service whilst referrals are being received via NHS Mail?

A. The requirement for contractors to pay a fee for using an IT platform such as PharmOutcomes has been delayed until September 2021. The fee that will be paid is for using the IT platform to record the consultation information it is not for receiving the referral via the platform. So even if referrals are received by NHS mail the fee still applies.