

GP CPCS Q & A from Pharmacy & GP practice engagement events

Q: How long should a patient wait until phoning the pharmacy?

A: The patient can contact the pharmacy as soon as they wish. It will be important that when a patient contacts the pharmacy that all team members know that the patient could be a GP CPCS referral. The pharmacy will need to check their NHS mail for the referral details.

Q: Is PharmOutcomes just for pharmacies, in the surgery we will use the referral form and send with a read receipt?

A: GP practices will be emailing via NHS mail using the referral template. The pharmacies will complete the consultation information on PharmOutcomes. A notification message will be sent back to the practice following completion of the consultation. The message to the practice will arrive in the same way as messages about NHS111 CPCS consultations that patients have received.

Q: Will the referral form integrate in to SystemOne or be available via Ardens?

A: Currently this form is not integrated in to SystemOne, this may be possible in the future. For practices using Ardens, the referral template can be incorporated.

Q: Will the patient be advised there might be a wait to see the pharmacist? Or would they expect it to be an immediate consultation?

A: Consistent messaging is key for this service. As part of the training for practices there are discussions about providing patients with information and managing their expectations. Just as a patient may need to wait to see their GP, a patient may need to also wait to see the community pharmacist who could be dealing with prescriptions or other patients.

Q: Do we use the template that you've shown us, and will it be sent with the referral via the NHSmail address or PharmOutcomes?

A: The GP practice completes the referral template, this is emailed to the relevant community pharmacy via NHSmail. PharmOutcomes is used by the community pharmacist for recording the details of the consultation.

Q: Will the reception teams be advising patients that they may need to pay for a treatment/OTC items, if they are usually exempt from prescription fees?

A: At the time of the referral the reception team/practice staff will inform patients that if they are recommended an OTC medicine they will need to purchase it and it will not be available on prescription.

Q: Will the patient be advised to mention being referred via 'GP CPCS referral' or just generally being referred by a doctor so that we know if we should deal with the situation as per usual or via PharmOutcomes?

A: Whenever a patient informs the pharmacy they have been referred it would be sensible to try to ascertain the details. Checking NHSmail should provide details of the referral, but if there is no email the pharmacy team may wish to establish a process for contacting the practice. As part of the training practices are encouraged to tell the patient that they need to inform the pharmacy they have been

referred. They will not necessarily use the term GP CPCS, so pharmacy teams need to make sure they check their NHS mail regularly.

Q: Our practice is on the county border, can we refer to pharmacies outside Dorset?

A: This is a nationally commissioned service and patients can be referred to a pharmacy of their choice that is providing the service. Some patients may for example wish to be referred to a pharmacy near their place of work. Likewise pharmacies in Dorset may also receive referrals from GP practices that are not in Dorset. The service provided and the information shared is the same irrelevant of where the referral comes from or goes to.

Q: Can referrals from the GP be rolled over from one day to the next e.g. a referral sent at 6 in the evening that is appropriate to wait overnight?

A: Referrals can be “rolled over” to the next day, especially those made at the end of the day. Please remember these are referrals for minor ailments only.

Q: Can we transfer the referral to a different pharmacy if requested by patient over the phone?

A: This is not possible, the pharmacy would need to formally hand the patient back to the practice and ask them to make the referral to the pharmacy that the patient has requested.

Q: What can the pharmacies see with regards to patient medical records, just the Summary Care Record (SCR)?

A: Community pharmacists can access a patient’s SCR with their permission. Community pharmacies can also access the Dorset Care Record (DCR) if they have signed up to do so and completed the mandatory training. The DCR provides a “fuller” picture of the information about a patient and includes information from secondary care and social care. It is not a requirement for a pharmacist to access the SCR or DCR as part of this service, however it is important that the pharmacist uses their clinical judgement to decide what information they need to be able to complete the consultation.

Q: Does a consent to view SCR give an automatic consent to view the patients DCR?

A: No this does not apply. Health and social care staff accessing the DCR no longer need the person’s permission to view DCR. All DCR records (apart from Opt Outs) are accessible for health and social care staff providing direct care for an individual.

Q: Does the community pharmacist need any equipment for providing this service? And will they be examining patients?

A: There are no requirements for any equipment to provide this service. Community pharmacists see patients every day and provide advice for minor conditions without the need to examine patients. The service specification clearly sets out what is included in delivering this service to patients.

Q: Do surgeries have an emergency phone line if needed for referral back to GP if appropriate?

A: Surgeries do have by-pass telephone numbers available. As part of this service these numbers are being collated and they will be shared with pharmacies. Community pharmacy teams need to ensure that the by-pass telephone numbers are not used for any other purpose.

Q: How are referrals made back to the surgery, is this via PharmOutcomes, or does the pharmacy contact the practice by phone?

A: When the pharmacist completes the consultation, referral back to the surgery for a GP appointment is one of the possible outcomes. Information about the outcome of all referrals will automatically go back to the practice. However if a patient needs to be referred back to the practice, it is important that the patient is formally handed back to the practice. This could mean that if the patient has been seen at the pharmacy, the pharmacist will phone the surgery using the bypass number and arrange an appointment whilst the patient is still with them. It is important the pharmacist uses their professional judgement to inform the practice of how quickly the person needs to be seen e.g. the same day or within two days etc.

Q: What if the patient genuinely doesn't have money to pay for suggested items?

A: The pharmacist would feed this back to the practice as part of the outcome of the consultation. It is up to a GP practice to decide which patients are suitable to be referred to the service. There should not be assumptions made that patients will not pay for OTC medicines. The pilots showed that there were very few patients who could not/would not pay for medicines, but there may be a small cohort of patients for whom this service would not be appropriate. Practices will need to consider which patients may not be suitable for this service.

Q: How do we transfer the referral from email to PharmOutcomes?

A: The basic data included on the referral form received via email will need to be copied and pasted in to the PharmOutcomes template. The data sent via email is very small and includes name, address, contact telephone number, DoB, NHS number & minor condition being referred.

Q: How does a practice receive details of the outcome of a consultation?

A: Feedback to the practices with details of the outcome of a consultation will be via PharmOutcomes as it is for NHS 111 CPCS referrals. You may also need/want to speak to a practice for any specific issues.

Q: We have concerns about the go live date and having time to set up and implement.

A: Practices are determining the most appropriate go live date. Experience shows going live as soon as possible after completing training is the best option. Some are opting for a "soft" go live, to start thinking about the process and which patients could be referred.

Q: How do we know which pharmacies are included?

A: There are 147 pharmacies in Dorset of which a small number are unable to provide this service. There will be contact details provided to practices of all pharmacies in Dorset, with those not currently providing the service clearly marked as such.

Q: Do the pharmacies inform the GP practice if any OTC medicine is provided to the patient?

A: As part of "closing the loop" the practices will receive information back about the outcome of the consultation e.g. advice given, advice given & OTC purchased.

Q: For our Care Navigators in the practice, how long is the process expected to take from receiving the call to completing the referral?

A: As with any new process this may be a little slower to begin with, but evidence from the pilots suggests that once established this takes a few minutes, approximately the same amount of time as it would take to agree a consultation with a HCP in the practice.

Q: It would help the practices to know direct from the pharmacies as to what has been suggested as the GP will not have an idea of the recommendation.

A: This information will be provided within the outcome feedback that the practice receives after a consultation.

Q: What happens if the patient is not seen that day and the pharmacy has closed, the patient may come back to the practice?

A: When a patient is referred to the pharmacy they should be informed about the process for the patient to contact the pharmacy in the first instance. If it is at the end of a day and the pharmacy may be closing it is perfectly acceptable for the patient to be seen the next day. Remember these referrals are for minor conditions only.

Q: How quickly does the GP practice get the feedback, is it instant?

A: Once the pharmacist completes the information on PharmOutcomes, this will be returned to practice, so this can be straight after the consultation has finished.

Q: We are concerned about the workload for reception teams?

A: It will be for a GP practice to decide the best way to manage the process. Where the service is well established, the workload is not seen as onerous and the service supports patients accessing the most appropriate care in the most appropriate way.

Q: Patients will already have been in a queuing system before their call is answered by the practice. Surely this patient is going to be unwilling to be asked further questions to establish if a GP CPCS referral is appropriate for them?

A: The pilots identified that there are many patients who currently request an appointment to see a GP and have a suitable minor condition that can be supported by a consultation with a pharmacist. The current pandemic has 'educated' patients that they will be asked more questions when contacting the practice in order to establish how they can best be supported.

During the pilots, 48% of referred patients needed advice only. Referring these patients freed up time for clinicians at the practice to see those with a more urgent need.

Q: The pharmacy the patient has chosen is always very busy, how will the pharmacist have time to have a consultation with the patient I have referred?

A: Pharmacists already undertake consultations from NHS111 and they are experienced in having consultations with patients. It is important that the patients choose the pharmacy and again the pilots have shown that both patients and pharmacies are happy with the way the service works.

Q: What if a pharmacy is unable to provide the service due to unforeseen circumstances?

A: We have asked the pharmacies to inform their local practices if they are temporarily unable to receive referrals so that patients can choose an alternative on that occasion.

Q: If a pharmacist has to refer a patient back to the practice, how do we fit them in for an appointment?

A: If a referred patient needs to be handed back to the care of the practice, the pharmacist will contact the practice to explain the reason for the patient needing an appointment with a clinician at the practice. The pharmacist will discuss how urgently the patient needs to be seen (same day, next day

or other timescale) and will relay the information to the patient before completing the consultation. This information will also be recorded on the consultation outcome notification.

Q: Can a practice use AccuRx to explain and help link up the patient?

A: If a practice has access to AccuRx and would like to send a text to a patient to confirm the details of the referral then that is fine for them to do so as long as the rest of the referral process steps have been fully completed.

Q: Does the community pharmacy GP CPCS “Champion” need to be a pharmacist?

A: No, they do not need to be a pharmacist, and we would suggest that there are more appropriate team members who should be the GP CPCS Champion. This could be a member of the dispensary team or a medicines counter assistant. The pharmacy should identify the most appropriate member of the team, and make sure all team members know who they are and what their role is.

Q: Is the Care Navigator/Receptionist training face to face or is it virtual?

A: The training for the practice staff is done virtually at time agreed by the practice. There are some resources shared before the training. At the training there is a presentation which goes through the process step by step and there is plenty of opportunity to ask questions.