GP Referral Pathway to NHS Community Pharmacist Consultation Service (CPCS)

NHS England and NHS Improvement

Overview

This slide pack aims to help support the implementation of the NHS CPCS referral pathway from general practice and gives useful information about how the pathway works, key learnings from the pilots and information to help support wider implementation

- Following on from the **success of NHS CPCS** taking referrals from NHS 111 for minor illness and urgent medicines supply, extending the scope of NHS CPCS to take referrals from **General Practice for minor illness only** has been agreed as part of the year 2 Community Pharmacy Contractual Framework (CPCF) deal.
- There is increasing potential for primary care providers to **inter-refer if they triage a patient who would be better seen elsewhere,** the best current example of this, is enabling practices to consistently refer to community pharmacy through the CPCS, as NHS 111 can currently do.
- The service being offered to patients **will remain the same** and consultations can be undertaken via telephone and VC with the patient staying at home if appropriate.
- Pharmacies **do not have to additionally register** to take referrals from General Practice, the current registration for NHS CPCS will still be valid.
- The gp referral pathway will **grow over time**, as not all GPs will be referring from 1st November, The service being offered to patients will remain the same and the integration of community pharmacy within a PCN will be further cemented as the pathway is focussed at PCN geographies.
- **Implementation will be regionally led** and aligned with the Primary Care Improving Access programme working with Time for Care as part of the PCN development priorities for 19/20 and 20/21
- A **comms and engagement plan** has been developed by NHSE/I to support the rollout of the pathway.
- The RPS and RCGP CPD clinical skills sessions will provide ongoing support for up to **16,000 pharmacists** https://www.rpharms.com/events/cpcs-events/cpcs-information

Our approach to piloting the GP referral pathway

A number of pilots were run across the country to test the gp referral pathway. Pilots areas were able to refer for a defined list of symptom groups as part of NHS CPCS and utilise a mixture of digital tools to deliver the service.

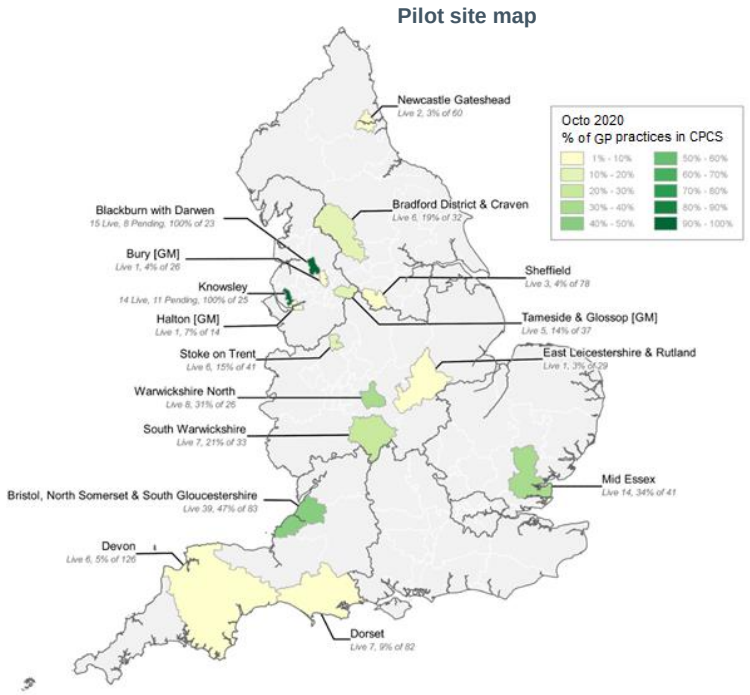
Triage and referral mechanisms have varied across the pilots with locally led clinical governance and oversight on the local approach undertaken.

The pilot sites

Pilot sites were on boarded in three waves (tranches).

Following demand from individual practices, tranche 3 sites proactively signed up to the pilot post Covid wave 1 (summer 2020)

Pilots areas have been able to refer for a defined list of symptom groups as listed in the NHS CPCS service specification



The pilot in numbers

5 regions piloted the referral pathway across **19** CCGs and **47** PCNs

10 pilots areas made up of **126** gp practices, **262** pharmacies and **1** hub

9,551 referrals made, with **88%** of referrals completed with the pharmacist

2 evaluations undertaken focusing on patient experience, gp practice staff/pharmacy feedback with **84** feedback interviews and over **250** surveys

97% of patients cited that they would use the service again

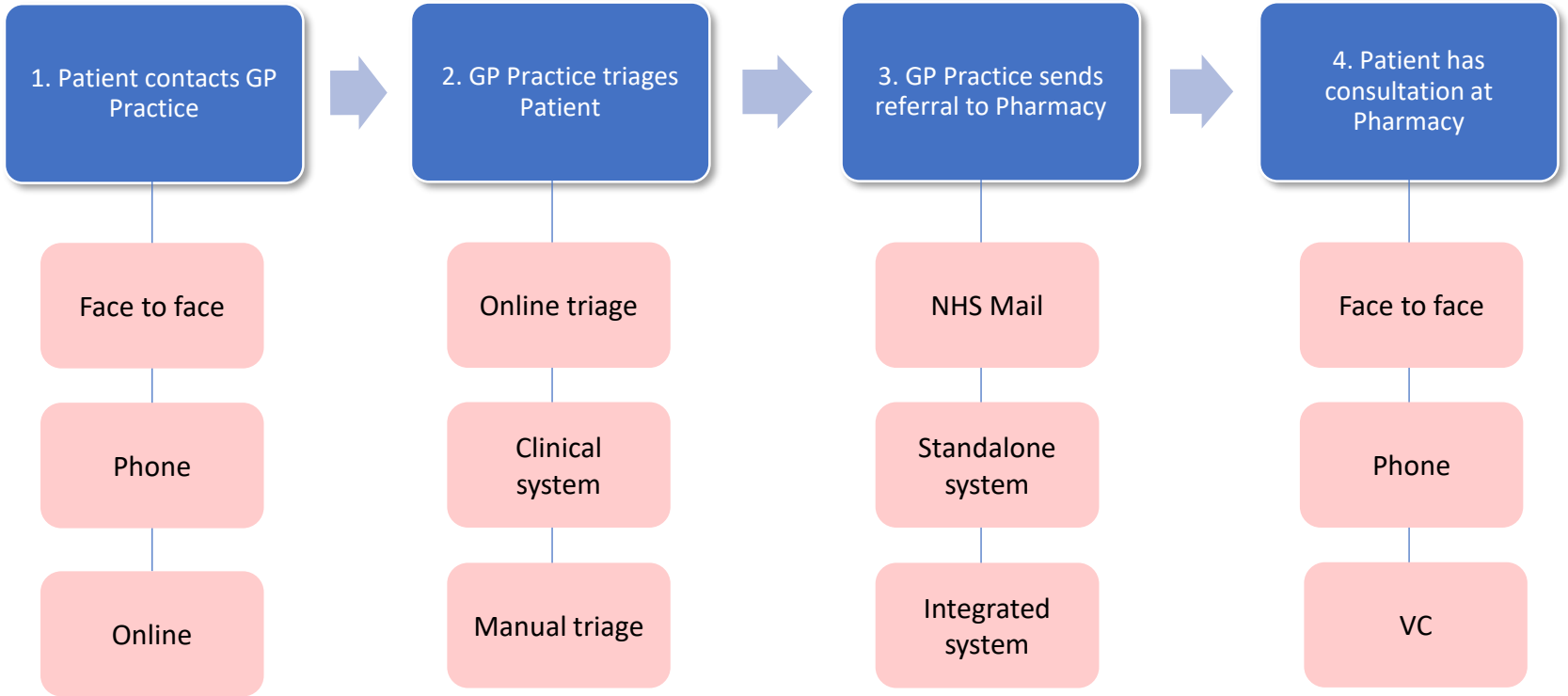
Key findings from our evaluations

GP practice staff	The role of the reception staff "care navigator" **was seen as key** in ensuring the adoption of the pathway through the use of steaming and simple protocols to identify patients for referral.	Understanding the **value of the pathway to the practice** as a whole was important to reinforce why reception teams choose NHS CPCS over an appointment with a member of the clinical practice staff.	Practice staff were positive about the GP referral pathway to NHS CPCS, with **91% of respondents indicating they would recommend this service** to other GP practices and 95% that they would recommend the service to friends and family	Regular updates, refresher training, additional support materials and training on any new processes were suggested as **key processes** for any implementation;	Respondents highlighted that **good communication between GP practices and community pharmacies is very important** to support a streamlined service to ensure pharmacists are regularly reporting back any issues with the referral process and practice staff to work closely with pharmacy staff to ensure patients are supported
Pharmacist feedback	Data from pharmacies shows that **86% of people referred attended the pharmacy for a consultation**. This was compared with findings for the NHS 111 referral pathway that showed a 61% attendance rate at the time of the evaluation.	The need to **increase patient awareness of the services** that pharmacies can provide was highlighted	73% of respondents indicated that the **process of arranging appointments** with referred patients fitted in with daily process very or fairly well.	**Pathway is working well** and has been received well by patients and staff – this is down to good communication	Pharmacy is run **efficiently**, so the process fits in well **Time is allocated** to deal with these patients. Service is **convenient** for patients and pharmacy
Patient experience	Reassurance about the service, the clinical skills of the pharmacist and the escalation routes were **identified as important** to patients.	Patients cited **convenience**, **time-saving,** and being able to fit appointments around working hours as reasons to use the service again.	Patients had **varying expectations of the pharmacist**, primarily because they were using the service for the first time and so were unsure.	Patients expressed that they were mostly satisfied with the amount of time given for discussion with the pharmacist 99%, 89% were definitely satisfied with the consultation and discussion with the pharmacist and **88% had confidence in the pharmacist they spoke to**.	Overall the findings suggest that **patients' needs are being met by the service** as the majority did not have to subsequently use an NHS or non-NHS service for the same ailment and were positive about the pilot.

How the gp referral pathway works

The “total triage” model will enable General Practice to triage patients in a safe and consistent manner using tools that are readily available. The triage process will enable the identification of those patients who may be suitable for a minor illness referral to NHS CPCS

Referral information will be sent safely through a secure digital route allowing local solutions to provide this capability whilst a national standard is developed in partnership with Professional Records Standards Body (PRSB) and further national digital capabilities come to fruition.



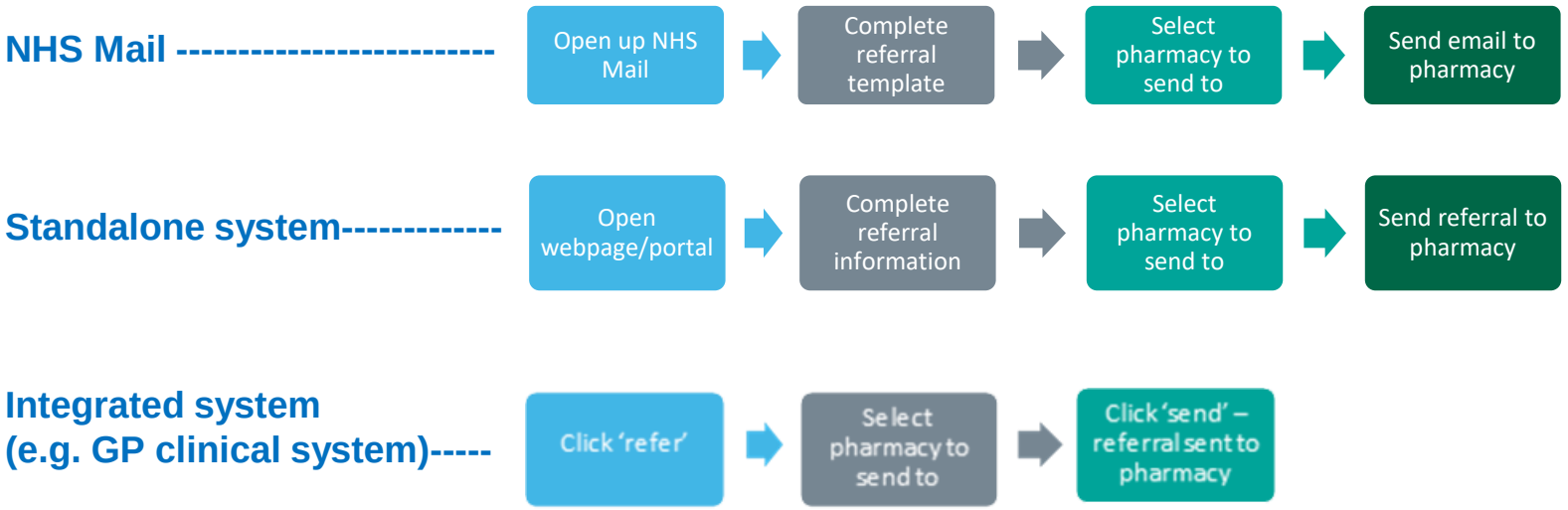
Referral routes to pharmacy

Referral information **MUST** be sent via a secure digital route – verbal/telephone referrals are not in scope for this service

Referral information consists of patient demographic information, patient contact details and the reason for the referral – the GP/PCN toolkit & implementation checklist provide an **example template** which can be used

Local solutions can be used to send the referral information to pharmacy with **NHS Mail being the minimum viable product (MVP)** required to send referral information to pharmacy

Once a patient has been triaged for an NHS CPCS consultation the referral may be sent in **one of three** ways:



Resources and materials

We will provide additional guidance on the pathway and how this will work for PCNs/practices. These will be shared through a mixture of online resources, toolkits, FAQs and webinars hosted by NHS E&I in conjunction with RCGP and PSNC

The GP/ PCN toolkit:

- Aims and intended outcomes
- A description of the GP Referral Pathway how it works and the patient journey
- Process for making referrals including how the digital elements may work
- Information included in the referral
- PCN engagement and governance arrangements
- Communications materials to help support practices in their messaging to patients
- Tips for liaising with patients
- Who is available to support

Key service elements noted in toolkit:

- Pharmacist consultation delivered face to face or remotely same day as referral
- PCN agreed escalation routes
- GP post-event message
- Under 1 years of age usually excluded in the pilots
- PCN engagement and governance arrangements
- Anyone presenting with high temperature unresponsive to antipyretic medicines (self-declared) usually excluded in the pilots
- GP practices are responsible for the referral process and any clinical triage/streaming of patients

FAQs: Useful answers to common questions, drawing on learning from pilots

Reference guide for Primary Care Networks and General Practice (co-badged with partner organisations)

Case studies: https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service/

NHS CPCS Service Specification and Pharmacy Toolkit – updated to reflect the additional referral route in

Implementation Checklist: one pager reference guide to help support implementation

Implementation

- Regional Directors of Public Health and Primary Care (RDPCPH) are committed to taking forward the implementation of this pathway **but have been clear that they need to take ownership** of how plans will be developed and delivered.
- **Each region will have autonomy** to determine how best to implement the GP referral pathway based on local considerations.
- The Pharmacy Integration Fund (PhIF) programme is **providing implementation support** which may be used across each region to create a network of SME's/project support and to build resilience across the region to ensure that as much **implementation coverage as is reasonably possible** can be provided at a regional level; to **support and engage stakeholders** across local systems to coordinate a consistent referral to community pharmacy, as they prepare for winter and beyond.
- PhIF regional integration leads will work closely with nominated implementation lead(s) **to develop a plan** as to how the GP referral pathway will be implemented in local systems over the next 6 months to achieve this. Implementation plans will be created at regional level with **engagement activity being the focus of phase one** of the plan.
- A **locally led approach** will enable facilitation and growth of the service over time. This approach should consist of rebranding **existing pilots as exemplars** to facilitate local spread from pilots to create a 'halo' effect, **allowing early adopters** who require minimal implementation support to access the pathway without any national constraint but with PCN governance and oversight
- A **pull approach model** for those PCNs who require implementation support to register their request should be considered – with a swift targeted support package being created and delivered
- Implementation plans should be **developed over the next month** and shared with PhIF regional integration leads to support national conversations
- A **three stage mapping process** has been defined and will be used to monitor implementation activity – **fortnightly updates** to the spreadsheet will be required to be submitted to the national team

Summary

- **Good access** is not just about patients being booked to into see a healthcare professional, but about ensuring patients are gaining access to the **right person or service, at the right time, in the right place and providing the right care.** In achieving this, the focus must be equally on supporting patients to access services quickly when they are acutely ill as well as providing continuity of care.

- Access models should seek to **address health inequalities**, specifically those that may be exacerbated by new ways of operating and delivering primary care. While COVID-19 changes may have improved access for some, they **will have made access worse** for other groups.

- **Implementation will be locally led but nationally supported,** regional integration leads will be your first port of call for this support and will share national learning and insight from our pilots to help support implementation

- PCN led **governance arrangements** should be reviewed and amended where appropriate to accommodate the gp referral pathway in line with local discussions

- Time for Care will be **supporting 5-10% practices** per region in line with the Access agenda – the gp referral pathway is one of a number of measures that these practices may wish to implement, RDPCPH's are working closely with Time for Care to identify this cohort

- The national team is **working with PRSB** to develop a national standard for Minor Illness and a **digital exemplar** to facilitate suitable referrals from online consultation tools