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NHS community pharmacist consultation service (minor illness pathway)

Toolkit for general practice and primary care network teams

Version 1, March 2021

Contents

Foreword

I'm delighted to introduce the new general practice referral pathway to the NHS Community Pharmacist Consultation Service (NHS CPCS) for minor illness patients this winter. This enables practice teams to channel defined minor illness patients directly to a community pharmacist for their first contact, where they will receive clinical assessment and advice.

This toolkit provides resources and templates to help practices implement the new service from within their primary care networks (PCNs), alongside local medical committees, local pharmaceutical committees and community pharmacy colleagues. Practices will have the support of our (NHS England and NHS Improvement) regional implementation leads.

There is good evidence that advice provided by community pharmacists about minor illness results in the same outcome as if the patient went to see their GP or attended an emergency department.[1] The service will increase capacity within general practice for the treatment of patients with higher acuity conditions. It will make better use of the clinical skills of community pharmacists and offer great care from community pharmacy colleagues at a local level.

The NHS 111 Referral Pathway to the NHS CPCS was piloted and evaluated in stages over nearly three years, and successfully rolled out across England from October 2019. Currently 94% of all pharmacies are offering the NHS 111 service and therefore are available to work in a similar way with general practices.

Working with a national reference group which includes the British Medical Association (BMA) and Royal College of GPs (RCGP), we began piloting the GP referral pathway in July 2019. An evaluation of all pilot areas has shown the processes to be safe, with high patient satisfaction scores, and a significant reduction in the number of GP in-hours appointments.

Thank you for your support – we look forward to working with you to make it a success.

Dr Nikita Kanani MBE
Medical Director of Primary Care, NHS England and NHS Improvement

[1] https://bmjopen.bmj.com/content/5/2/e006261

1. Introduction

1.1 We launched the NHS CPCS on 29 October 2019, to progress the integration of community pharmacy into local NHS urgent care services, providing more convenient treatment closer to patients' homes.

1.2 The first phase of NHS CPCS offered patients the option of having a face-to-face or remote consultation with a pharmacist following an initial assessment by an NHS 111 call advisor. Following successful pilots, the service is being extended from November 2020 to include referrals for minor illness conditions from general practice, as well as from NHS 111.

1.3 This toolkit is a practical guide for GP practices and PCNs on how patients can be referred to community pharmacists from general practice for minor illness conditions. It follows a pilot scheme in several PCNs since June 2019.

1.4 Local providers are responsible for clinical governance. It is recommended that discussions regarding the implementation of the pathway take place at a local PCN footprint level. This will support consistency across geographies, and will open communications with the pharmacies usually accessed by patients local to PCN practices. Appendix E provides further information on GP and PCN governance arrangements.

1.5 If you are a community pharmacist intending to provide the NHS CPCS, please read the Service Specification and the Toolkit for Pharmacy Staff.

2. Aims and intended outcomes

The aim of NHS CPCS is to:

2.1 Improve access for patients with minor illnesses and for those with higher acuity illnesses or more complex health needs. This will be achieved by making it easier for patients to access quick and convenient consultations with the right healthcare professional in a way that is safe and effective.

2.2 Increase patient awareness of the role of community pharmacy as the 'first port of call' for minor illnesses and medicines advice, and support the integration of community pharmacy into the PCN team.

2.3 Identify ways that patients can self-manage their health more effectively with the support of community pharmacists.

2.4 Build and promote shared working within PCNs, creating improved relationships between practices and community pharmacies to deliver high quality and joined up care to patients.

2.5 Be cost effective for the NHS when supporting patients with minor illnesses.

3. Bristol, North Somerset and South Gloucestershire pilot

3.1 The Bristol, North Somerset and South Gloucestershire (BNSSG) sustainability and transformation partnership (STP) started piloting GP referral to CPCS in July 2019, as part of our Pharmacy Integration Fund (PhIF) programme.

3.2 Key benefits and outcomes from the pilot showed:

- 4,028 consultations have been completed in the BNSSG area: 71% of patients received advice – or advice alongside an over-the-counter product – to manage their concern. In 12% of cases, the pharmacist identified that the patient required an urgent GP appointment which they were able to help arrange; 17% of patients that consulted with the pharmacist were signposted to another healthcare professional, or the GP for a non-urgent appointment.

- Patient feedback for those who have had a consultation with a pharmacist has been very positive.

- There has been an excellent response from practices willing to participate in the pilot and this interest is continuing to grow. This has been supported by having strong advocates of the service in GP practices.

- The pilot has strengthened relationships between community pharmacists and GP practices. Patients in the local community are cared for jointly and practice teams better understand the role of the community pharmacist.

– Community pharmacists alert GP practices when they direct a patient back to the practice or on to other care settings, or where they believe there are other underlying issues that the practice should be aware of. This builds trust and understanding that both have responsibility for the care of patients.

3.3 Overview of the BNSSG pilot

3.3.1 Where a patient requests a GP appointment to discuss a minor illness, the practice reception team advises the patient to attend a local community pharmacy for a consultation with a pharmacist.

3.3.2 If they agree, the patient is asked which community pharmacy they would like to attend. Personal data to support the referral – including a short description of the patient's presenting condition – is then sent via secure electronic transfer from the practice to the community pharmacist.

3.3.3 All GP practices in BNSSG use the same clinical system, and referrals are currently being made by several different methods – including the use of a form embedded within the system that pre-populates patient and referral data. The record is then saved in the patient notes, and the template is copied and pasted into an nhs.net email account and sent to the patient's choice of pharmacy.

3.3.4 When the patient arrives at the pharmacy, the pharmacist carries out a clinical consultation. This will include viewing their summary care records and using NICE clinical knowledge summaries to identify any red flags, e.g. sepsis. The pharmacist will then either provide relevant clinical advice and support if there are no red flags; or will refer/escalate the patient to another service or healthcare professional, where appropriate.

3.3.5 Pre COVID-19, GP practices provided the details of the selected pharmacy to the patient, advising them to attend the pharmacy within 12 hours. If the patient did not attend after 12 hours, the pharmacist would attempt to contact the patient a number of times and this data would be captured. Post COVID-19, the process has been changed slightly: practices now inform the patient that the pharmacist will contact them once they have received the referral. The pharmacist will

decide whether to conduct the consultation over the phone or to invite the patient to attend the pharmacy.

3.4 BNSSG pilot results and feedback

3.4.1 The BNSSG pilot has shown that diverting those with minor illnesses to community pharmacists – in a way that is convenient, safe and effective – enables those patients to be seen by an appropriate healthcare professional on the same day. Further, it has improved access to GPs for patients who do need a GP consultation. It has also helped relieve pressure on GP appointments and create additional capacity for practices.

Dr James Case, GP at Concord Medical Centre, Bristol:

"We see constant requests throughout the week from patients wanting to see their GP, many with minor illnesses, which are more suitably addressed by a community pharmacist. We estimated between 5-10% of those patients would be better signposted to a community pharmacy for help instead.

"With training, our reception team was able to pick up on the sorts of illnesses that can more suitably be dealt with by a community pharmacist. We have a good process in place for referring patients to see the pharmacist and 70-80% of the issues are resolved by them. If during the consultation, the pharmacist identifies that the patient has a more complex problem, we will arrange to see them at the practice.

"The CPCS [is] a real opportunity to help GP practices reduce our daily demand and manage our more complex patients, which is very valuable for us."

Tom Gregory, Clinical Pharmacist with 168 Medical Group Practice, Weston-super-Mare:

"It's been beneficial to have a formal referral route to community pharmacists and it's really helped the work I've been doing within the practice to promote self-care. I hope that patients will consider visiting a pharmacy first in future – many patients don't realise the range of conditions that pharmacies can manage, whether they need just need advice, or an over-the-counter medicine."

Debra Spencer, Practice Manager at Birchwood Medical Practice:

"When we refer our patients to a pharmacist, we provide as much information as possible to help them and we find that we get just as much information back from the pharmacist after they have seen the patient. The pharmacist can also pick up on emergency situations and arrange the appropriate care.

"The pilot is working really well for us and means a great deal to our surgery team, freeing up appointments to enable our GPs to focus on more complex cases. It is also great that the patient has had the education of right healthcare professional at the right time and that self-care and their local pharmacist is where they look first, before they come to their general practice."

3.4.2 Care navigation training has been provided to practice staff across the BNSSG pilot area, so they fully understand the benefits of the service to their practice and to patients. Prior contact with pharmacies before 'going live' with the pilot has built confidence and understanding in the service among reception teams and pharmacists alike. This ensures the service they deliver is of the highest standards. Training for receptionists also includes advice on how they can explain the service to patients who do not understand that a community pharmacist can clinically assess their minor illnesses.

Greg Dziedzicki, Pharmacist at Boots, Bristol Brislington:

"We are seeing about 3-4 patients daily on average being signposted from their surgery. Patients are really enjoying interacting with a pharmacist, they treat us seriously and can see how professional the service is that we are providing. Patients are very grateful for the advice they are receiving and are relieved they can be seen on the same day and don't have to wait for a GP appointment."

4. GP referral to the NHS CPCS

4.1 A diagram of the patient journey is included in Appendix A.

4.2 Patients who contact their GP practice for advice on the treatment of minor illnesses are assessed by the practice team to determine whether they are suitable for referral to the NHS CPCS. The NHS CPCS case mix of symptoms and minor conditions is set out in Appendix B and applies to all age groups. The GP referral to the NHS CPCS is not used for repeat prescription referrals as the expectation is that the practice will use the Electronic Prescription Service (EPS) as usual.

4.3 Sometimes a referral may be made when the pharmacy is closed or when a patient is able to wait until the next day for a consultation. This will depend upon the need of the individual patient and whether the pharmacy will be open again within the following 12 hours.

4.4 The patient is offered the referral and provided with details of pharmacies that provide the service, which are close to the patient's location. The patient selects which pharmacy they wish to attend. The patient's choice of pharmacy is paramount and should not be over-ruled by the practice.

4.5 A referral is sent to the pharmacy using a secure electronic message (eg NHS mail, or a practice IT system which has the NHS CPCS referral capability). The referral contains information (see list in Appendix C) about why the patient is being referred, for the pharmacist to review ahead of or during the patient's consultation.

4.6 The standard process is that once the referral is made, the patient initiates contact with the pharmacy. Alternatively, the patient can be advised to await contact from the pharmacist (if this approach has been formally agreed between the practice and the pharmacy). The consultation may also take place remotely (ie telephone or video) with the patient at home. A clear narrative should be given to the patient, such as: 'Please wait to get a telephone call from the pharmacy to discuss your treatment. If they do not contact you within the next [x] hours, please ring the pharmacy.'

4.7 It may be possible for the practice to book into pharmacy appointment slots, if this can be agreed at PCN level. See section 6 for considerations in approaching this locally.

4.8 If the pharmacist determines that the patient needs to be seen face-to-face, they will be asked to attend the pharmacy. This is so the consultation can take place in a consultation room within the pharmacy, according to infection prevention and control guidelines.

4.9 A patient being referred for a minor illness consultation can be offered clinical advice and treatment or, if necessary, onward referral; eg to A&E, a GP or an urgent treatment centre.

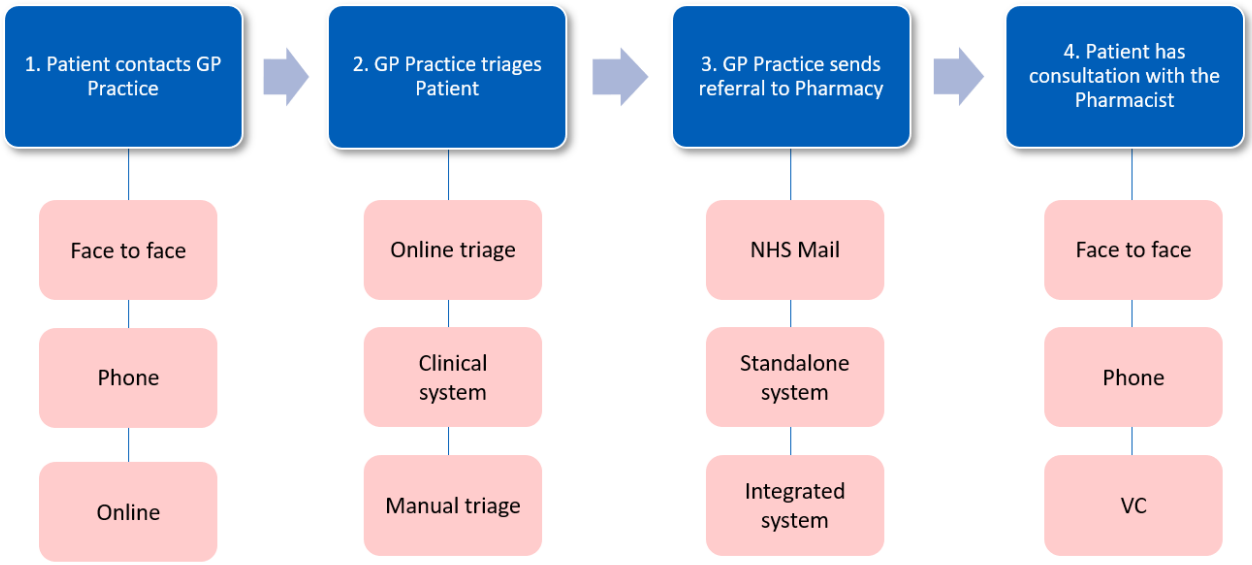
5. Making referrals

5.1 Process for making referrals

5.1.1 Only patients who have been referred by their GP practice are eligible to receive advice and treatment under this service, so an electronic referral must be made from the practice to the pharmacy.

5.1.2 Figure 1 below illustrates the range of ways the referral pathway from general practice to the NHS CPCS works. The specific way this will operate can differ depending on the local operational approach:

Figure 1: Referral pathway



5.2 General practice triaging patients

5.2.1 Patients are already triaged by general practice teams to identify the reason for the contact. As part of this triage process and any other processes which may be in place, practice teams are able to determine whether the patient has a minor illness condition that is appropriate for referral to a community pharmacist.

5.2.2 Triage in the context of the GP referral pathway into the NHS CPCS can happen in two ways:

- **Streaming** – this is carried out by non-clinicians using tools such as a protocol or an online assessment. To support the triage process, the referrer will need to be clear on the conditions that are suitable, and circumstances when it would not be appropriate to refer. Appendix B includes a list of possible symptom groups that can be referred to a community pharmacist; along with presentations that would generally not be referred for pharmacist consultation.

- **Clinical triage** – this involves a clinician directly assessing a patient. However the 'streaming' method (above) is encouraged, so that the first contact the patient has with a clinician is with the pharmacist, rather than using the practice's clinical resource.

5.3 General practice sending the referral to the pharmacy

5.3.1 A secure digital referral of information must be made, rather than simply signposting the patient to attend the pharmacy. As part of the NHS CPCS service specification, the pharmacist is expected to contact the patient on the same day the referral is received. If no data is transferred across to the pharmacy, the patient is not included in the NHS CPCS service.

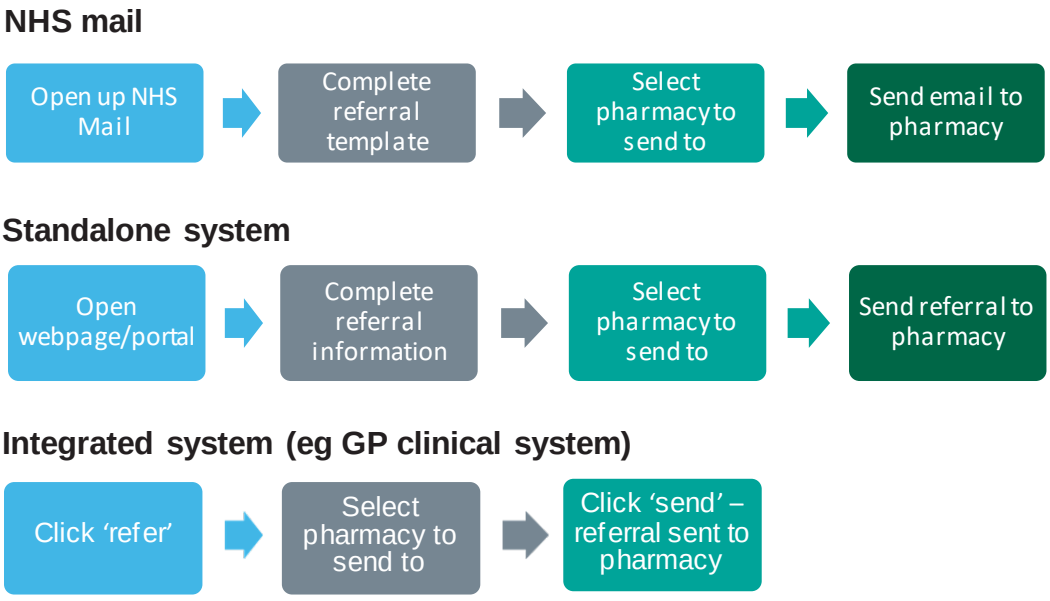
5.3.2 Some IT systems enable integration between the practice and the pharmacy so that referral information is automatically populated, whereas other approaches require more manual processing. Practices are encouraged to discuss the various system options which exist locally at a PCN level.

5.3.3 A minimum core set of information will need to be sent from the practice to the pharmacy, regardless of which electronic referral

method is used. This ensures relevant information is transferred for consultation to take place at the pharmacy. Appendix C describes the standard information set to be included when the referral is sent.

5.3.4 Once a patient has been triaged for an NHS CPCS consultation, the referral may be sent in one of three ways. Using any one the referral routes below (figure 2) will be less resource intensive than the patient being seen within the practice:

Figure 2: Post-triage referral routes



5.4 NHSmail (email) referrals

5.4.1 The referral information received by NHSmail will be manually entered into the NHS CPCS IT system at the pharmacy once this information is received from the practice, even if the patient does not attend (DNA). This is to ensure 'safety netting' and good governance. See Appendix C for a referral template.

5.4.2 The NHSmail acceptable use policy explains that when using NHSmail for sending sensitive information, you should always request a delivery and read receipt, so you can be sure the information has been received safely. This is especially important for time-sensitive information such as referrals.

5.5 IT system referrals (standalone or integrated systems)

5.5.1 Referrals may be made using a clinical IT system that enables the transfer of information to a pharmacy. This system may be integrated as part of the GP practice's system solution – an integrated option is available as part of most GP IT systems – or it may be a standalone referral system, such as a separate webpage.

5.5.2 It is suggested that email contact information for pharmacies is available at the general practice for contingency purposes, even if the referral is being made by a GP IT system. See Appendix C for a referral template.

5.6 Recording referral details in the general practice system

5.6.1 The clinical record should be updated by the practice to show that the patient has been offered a community pharmacist consultation, and whether the referral has been made to the pharmacy (ie the patient accepted). It is good practice to record the referral information in the same way that referrals are recorded when sent to other clinical services and clinicians.

5.7 Patient consultation at the pharmacy

5.7.1 Consultations with the pharmacist can be face-to-face in the pharmacy's consultation room or conducted remotely (telephone or video) with the patient at home. As part of the pharmacist consultation, patients can be offered clinical advice and treatment, signposting or escalation to another healthcare provider (such as 999, A&E, Urgent Treatment Centre or their own GP). They may also be supplied with an over-the-counter product.

5.7.2 If the patient wishes to make a purchase, the pharmacy's own charges for the item will apply (it is not charged to the NHS or provided free of charge to the patient). The NHS supply of an over-the-counter product is not included in the NHS CPCS, but some pharmacies may be commissioned by their CCG or local authority to supply specified medicines for minor conditions as part of a local NHS service.

6. Pharmacy availability and appointments

6.1 Pharmacies accepting NHS CPCS referrals from general practice will need to keep the practice(s) informed of their opening times. This includes:

- details of opening times if they differ throughout the week
- appointment availability (if they offer this)
- the address where the consultation will be provided
- public telephone number
- non-public telephone number where available (which the practice may use to speak to the pharmacist directly).

6.2 The practice must be kept informed if the pharmacy is temporarily withdrawn from providing the NHS CPCS service (in exceptional circumstances) and would not be able to receive referrals during that time. The practice and PCN should be notified in advance (if possible) of any changes and when the service is likely to resume.

6.3 It is not a requirement that a pharmacy appointment (designated time or timeslot) is arranged, but the opportunity to facilitate this could be explored as part of discussions with the PCN. If the option of making appointment slots available does not exist, patients can still be referred to the service and expect a consultation with the pharmacist on the same day, or next day if the pharmacy re-opens within 12 hours.

6.4 Appointment timings could be pre-agreed by the pharmacy, so that the practice is aware of availability. Patients may attend the pharmacy in person, or the consultation may take place remotely with the patient at home.

6.5 If there are multiple practices making referrals into the pharmacy, then it will need to be considered through PCN discussions how practices will be kept informed of changes to booked appointment slots.

7. PCN engagement and governance arrangements

7.1 GP and PCN governance arrangements to support the GP referral pathway to NHS CPCS are detailed in Appendix E. PCNs will be the driving force for implementing and governing the GP referral into the NHS CPCS. Ideally, the referral process should also be developed and led at PCN level, so it is consistent across practices and pharmacies.

7.2 Clinical and operational responsibilities need to be identified and agreed within the practices and pharmacies. It is important that all staff at both the practice and the relevant pharmacies are aware of what is being introduced, how the service will operate and any daily activity that is required. Regular meetings with local colleagues are suggested to establish how to implement the referral pathway.

7.3 Working in partnership with the PCN and local pharmaceutical committee, practice staff should be trained (as part of their continuing professional development) and supported with information materials as set out in Appendix D.

7.3.1 It is key that practice staff are aware of the role and skills of pharmacists – for instance, all pharmacists are trained for five years in managing minor illnesses, and they are experts in the use of medicines. This will ensure practice staff have trust and confidence when making referrals, and can explain the process to the patient.

7.4 Experience from the pilots suggests referral volumes could be low initially while confidence in the process develops.

7.5 Referrals and processes should be monitored by practice teams to check how confident staff are feeling, to identify what works well or barriers that need to be addressed.

8. Liaising with patients

8.1 Prior to referrals being made

8.1.1 Patients should be kept informed about the practice making referrals to the pharmacy. This is both to prepare them before the service is launched, and at the point a referral is made.

8.1.2 Suggested content for webpages, patient information sheets, reception team scripts, digital screens and social media messages are set out in Appendix D.

8.1.3 Before beginning to make referrals, the practice answerphone message could be changed to advise patients that in future, the practice will ask the reason for seeking an appointment as a method of providing appropriate care.

8.1.4 Before beginning to make referrals, the practice answerphone message could be changed. This could advise patients that in future, the practice will ask the reason for seeking an appointment, to identify and provide the most appropriate care. This may also apply to messages conveyed to patients as part of online practice access. Potential wording for an answerphone message is provided in Appendix D

8.2 Information given to patients at the point of referral

8.2.1 At the point of referral, the patient needs to be given information about the NHS CPCS service and what they can expect from the pharmacist consultation. This information should explain the service clearly (in plain English) and give next steps for accessing the patient's selected pharmacy. Appendix D provides further information.

8.2.2 Referrals should only be made where the patient has agreed to this – ie provided consent to be referred to the pharmacy of their choice for a consultation.

8.2.3 Staff should have information and resources available that will allow consistent and accurate information to be recorded and provided to the patient; and which covers the following points:

- Confirming patient information (telephone number and presenting complaint), as set out in Appendix C.

- The pharmacy telephone number and/or address should be given, depending on whether the consultation is intended to happen with the pharmacist remotely, or if the patient will be visiting the pharmacy.
- There may be the option within the practice's clinical system to send a notification to the patient's mobile phone, if the patient consents to this.
- The clinical consultation with the pharmacist can take place remotely with the patient at home, or face-to-face in the consultation room. The patient should be advised that as part of this consultation, the pharmacist will discuss the patient's symptoms, take a brief medical history and run through any red flags which may be associated with the presenting condition. The pharmacist will then make a clinical decision as to what is the best course of action for the patient.
- The patient should be advised about attending or contacting the pharmacist within a certain time period. If the patient does not make contact as expected, the pharmacist will make efforts to contact the patient using contact details set out in the referral form (see section 4.6).
- Advising the patient to let the pharmacy know that they have been referred by the practice.

8.3 Patients not consenting to share information or declining the NHS CPCS referral

8.3.1 Some patients may not want to disclose their clinical concern, or may decline to be referred to the pharmacy. There may be various reasons for this, and practice staff should be confident in addressing this and offering reassurance, so that patient concerns can be mitigated where possible. Patient's wishes should be respected throughout this process.

8.3.2 The reasons for patients declining a referral to pharmacy should be captured to identify how issues can be addressed in future, so that patients are successfully referred into the service when appropriate. Sharing learning about the patient experience will inform any local improvements to the process.

9. Pharmacy communicating back to the practice

9.1 Pharmacist escalating patients

9.1.1 During the consultation, the pharmacist may determine it is clinically appropriate to escalate the patient back to their registered practice (for a same day or non-urgent appointment). The pharmacist will use their clinical judgement to decide the urgency of the referral. To this end, there should be locally agreed processes in place for the pharmacist to facilitate patient access; for example, sharing with the pharmacy a dedicated private line/number into the practice.

9.1.2 Pharmacists will not give patients the expectation of any specific treatment – e.g. antibiotics – or the length of time it will take to access general practice.

9.1.3 The NHS CPCS service specification provides full details of the signposting/escalation process, along with the information pharmacies are expected to provide to practices post-consultation.

9.2 Post-event message

9.2.1 A post-event message (PEM) is a report about the patient's encounter with the service that is sent to their registered practice following the patient's consultation with the pharmacist.

9.2.2 To determine when a PEM is sent back to a patient's GP, the pharmacist will use clinical judgement. and consider local PCN governance arrangements regarding patient interaction and outcomes from the pharmacist consultation.

9.2.3 To determine when a PEM is sent back to a patient's GP, the pharmacist will use clinical judgement and consider local PCN governance arrangements regarding patient interaction and outcomes from the pharmacist consultation. While it is good practice for all consultation outcomes to be sent to the general practice, this can be discussed as part of PCN arrangements. It is recommended to send a PEM after all consultations as the process is first established.

9.2.4 The PEM will preferably be sent via a secure digital route, as either NHSmail (as a PDF) or via an integrated method from the pharmacy system into the practice's system. The practice should ensure that the patient's clinical record is updated with this information.

10. Reporting and monitoring

10.1 Reporting to NHS England and NHS Improvement

10.1.1 When the referral is received by the pharmacy, the referral details are recorded in the pharmacy clinical system in a format that can be readily shared. This will then be monitored by NHS England and NHS Improvement as part of the usual assurance processes for community pharmacy.

10.2 Monitoring locally

10.2.1 As part of the service governance arrangements set up by the PCN, data should be monitored, so there is visibility of the number of referrals being made, and the amount of practice appointment time being used more appropriately. Doing this will encourage staff to continue making referrals to the NHS CPCS. Referral numbers (per registered patient population) can be compared across different practices to see where referrals are working well and why.

10.2.2 Referral volumes can be monitored by identifying how many patients were referred through from the practice, and/or how many the pharmacy recorded as received in their system.

10.2.3 Missed opportunities (when patients could have been referred into NHS CPCS but were not) should be identified and the reasons for this understood. This can be monitored and discussed at PCN level.

11. Further support

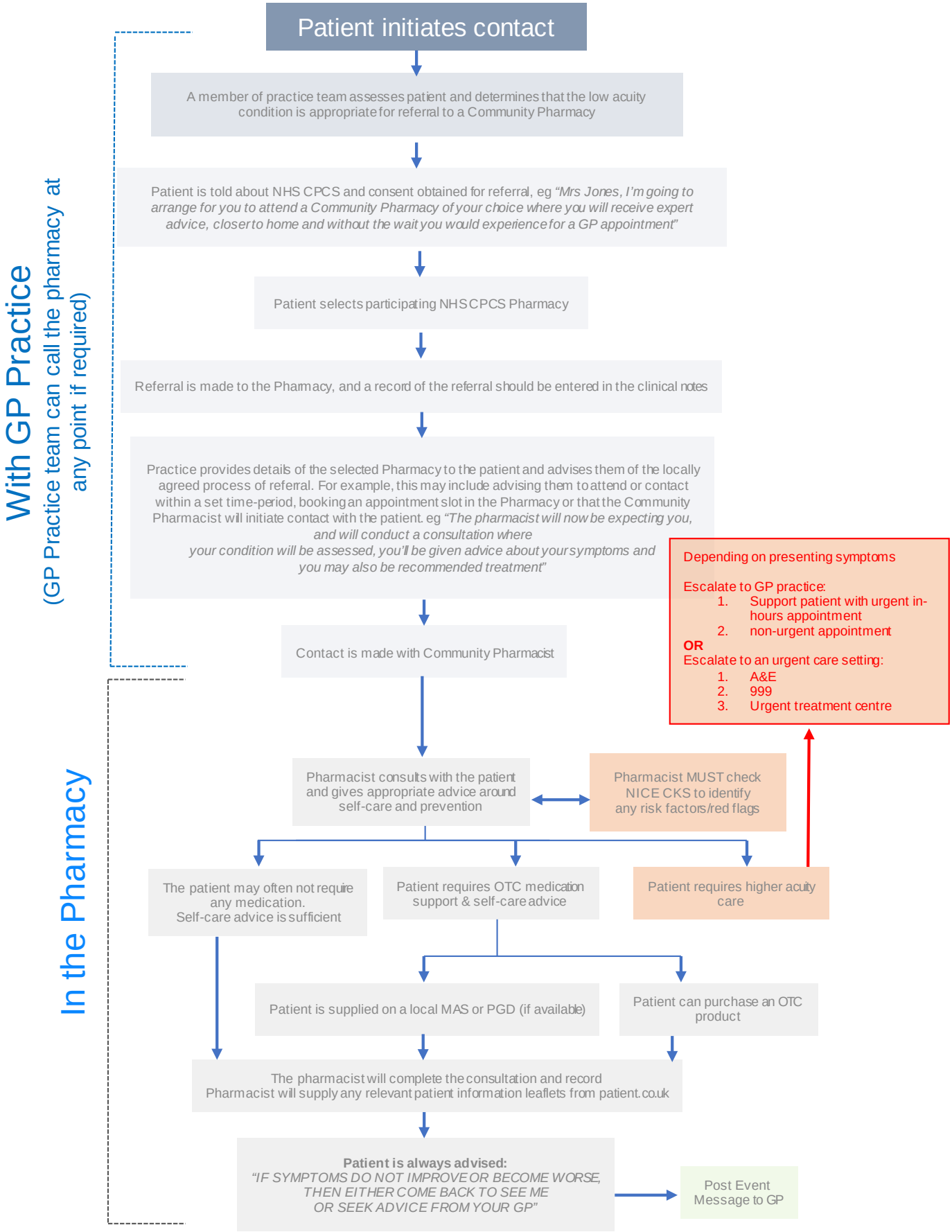
For further information please contact your:

- Regional implementation lead (NHS England and NHS Improvement)
- Pharmacy regional integration lead (NHS England and NHS Improvement)
- Access improvement programme team (NHS England and NHS Improvement)
- Primary care network (PCN)
- Local pharmaceutical committee (LPC)
- Local medical committee (LMC).

The following resources are also available:

- NHS England and NHS Improvement website
- GP referral to NHS CPCS pilot case study
- NHS CPCS service specification
- NHS CPCS pharmacy toolkit.

Appendix A: Patient journey flow diagram



Appendix B: NHS CPCS symptom groups

Presenting criteria which would generally lead to exclusion from referral to NHS CPCS include:

- red flags
- patients under 1 year old
- anyone presenting with high temperature unresponsive to antipyretic medicines (self-declared).

NOTE: Individual GP practices will determine which symptom groups are indicative of a low acuity minor illness that they will refer to a pharmacist. Some total triage systems may define certain symptoms and conditions differently, but experience from the pilots has shown a PCN approach to agreeing any additional symptoms or definitions is advisable.

Community pharmacies will use NICE clinical knowledge summaries to manage the presenting condition.

The following list is not exhaustive but reflects the case mix based on current NHS 111 referrals:

- acne, spots and pimples
- allergic reaction
- ankle or foot pain or swelling
- arm pain or swelling
- athlete's foot
- bites or stings, insect or spider
- blisters
- cold or flu
- constipation
- cough
- diarrhoea
- earache, ear discharge or ear wax
- eye, red or irritable
- eye, sticky or watery
- hair loss
- headache
- hip, thigh or buttock pain or swelling
- knee or lower leg pain or swelling
- lower back pain
- lower limb pain or swelling
- mouth ulcers
- rectal pain, swelling, lump or itch
- shoulder pain
- skin, rash
- sleep difficulties
- sore throat and hoarse voice
- tiredness (fatigue)
- toe pain or swelling
- vaginal discharge
- vaginal itch or soreness
- vomiting
- wound problems – management of dressings
- wrist, hand or finger pain or swelling.

Appendix C: Information to be included in the referral

- referrer name and position
- patient name
- patient date of birth (DOB)
- patient gender
- patient's contact telephone number
- patient's registered general practice
- where the referral is being made to
- patient's presenting minor illness complaint or issue
- date/time of referral
- NHS number.

This template can be used by the practice when the referral is manually sent to the pharmacy. It ensures necessary information fields are captured, regardless of which electronic referral method is used.

NOTE: Individual practices will determine which symptom groups they will refer to pharmacy.

Content	Description
Referrer name and position	Details of the person making the referral
Patient name	The full name of the patient
Date of birth (DOB)	The date of birth of the patient in full or format DD-MM-YYYY
Gender	The patient's gender. As the patient wishes to portray themselves
Contact telephone number	Telephone contact details of the patient. Can include mobile, work and home number if available
GP name	The details of the GP practice where the patient is registered
Referral to	Name of the pharmacy that the referral is being sent to
Presenting complaint or issue (see tick list below)	The description of the health problem/ issue experienced by the patient precipitating referral
Date / time of referral	The date and time when the referral is made
NHS number	The unique identifier for a patient within the NHS in England and Wales
Comments	Free text box for receptionist to add any notes from their conversation.

	Please tick		Please tick
Acne, Spots and Pimples		Knee or Lower Leg Pain or Swelling	
Allergic Reaction		Lower Back Pain	
Ankle or Foot Pain or Swelling		Lower Limb Pain or Swelling	
Arm Pain or Swelling		Mouth Ulcers	
Athlete's Foot		Rectal Pain, Swelling, Lump or Itch	
Bites or Stings, Insect or Spider		Shoulder Pain	
Blisters		Skin, Rash	
Cold or Flu		Sleep Difficulties	
Constipation		Sore Throat and Hoarse Voice	
Cough		Tiredness (Fatigue)	
Diarrhoea		Toe Pain or Swelling	
Earache, Ear Discharge or Ear Wax		Vaginal Discharge	
Eye, Red or Irritable		Vaginal Itch or Soreness	
Eye, Sticky or Watery		Vomiting	
Hair Loss		Wound Problems - management of dressings	
Headache		Wrist, Hand or Finger Pain/Swelling	
Hip, Thigh or Buttock Pain or Swelling		Other (please state what):	

Appendix D: Communications materials

These communications materials can support practices in their messaging to patients.

Content for websites, digital screens or printed information

This message could be communicated to patients through available communications channels, such as posting on the practice website.

Did you know…?

We are participating in a new approach to improve access for patients to GP appointments. The aim is to direct patients to the most appropriate healthcare professional, which may be a GP or a pharmacist.

From [insert date] if your symptoms could be resolved by a booked consultation with the pharmacist instead of the GP, you will be given a same-day referral to a pharmacy of your choice.

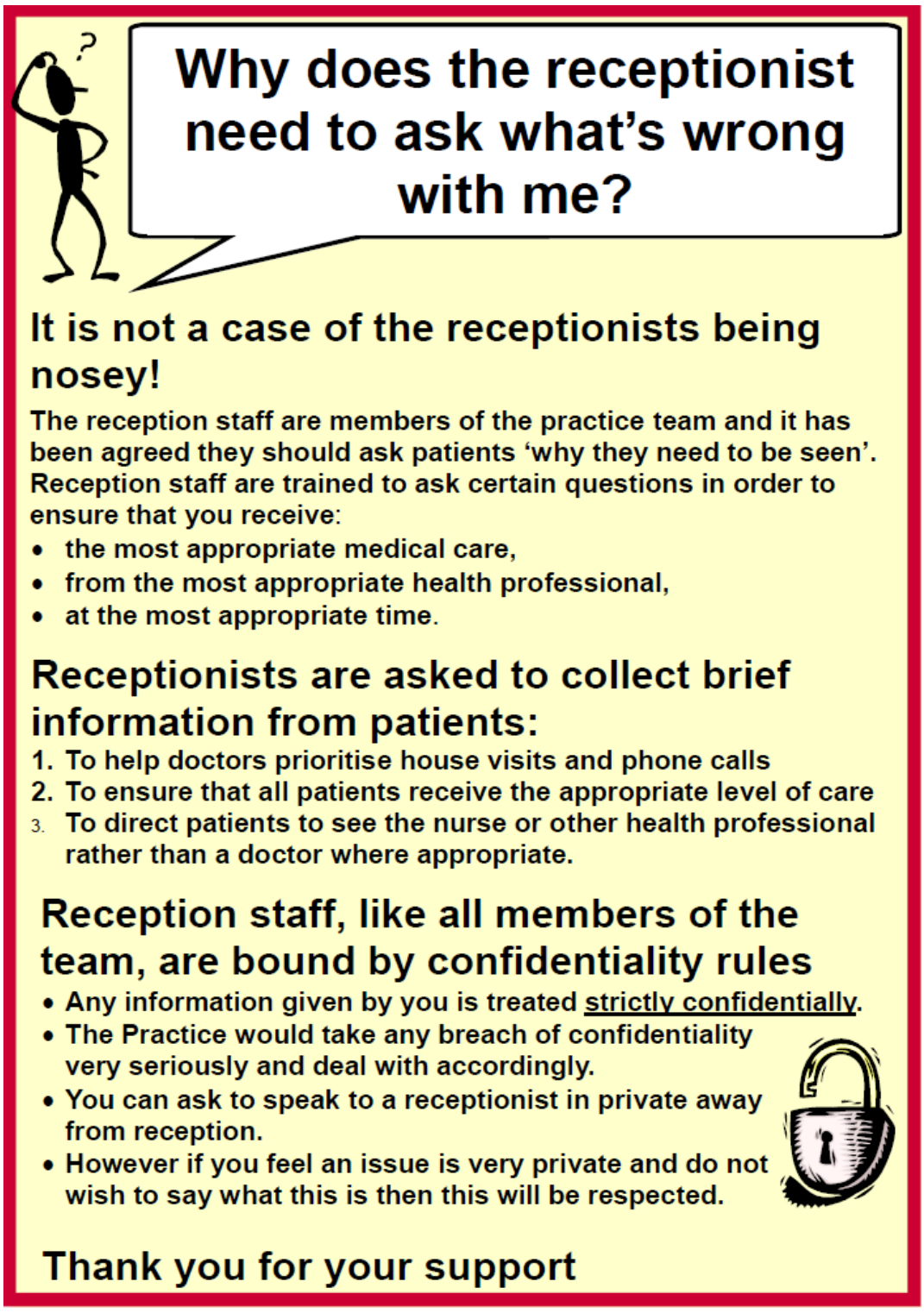
We think this is a good thing. Once you see how great your local pharmacist is – they are highly trained and skilled clinicians experienced in treating minor illnesses – we don't think you'll look back.

This will also help us to free up GP appointments for people with more complex health needs and ensure that everyone gets treated at the right time, by the right healthcare professional.

We are keen to hear what you think and will be listening to your comments and feedback about your experience of using this service.

Poster about the role of reception teams

This poster explains to patients how receptionist staff will ask them questions confidentially, to ensure the correct level of care:



Example reception team script

GP referral to CPCS: Suggested script for reception teams/care navigators to use on initial phone calls with patients

Opening statement once you have taken the details of why the patient would like an appointment:

Having listened to your symptoms, I am arranging a same day consultation for you with an NHS community pharmacist working with our practice.

If you can just let me know which pharmacy you would like to use, I can send the details to them. Once the pharmacist has received the referral, they will contact you by phone in a timely manner. If you have not heard from the pharmacist after a few hours, please feel free to ring them.

Please do not visit the pharmacy as they need to arrange to book you in for the consultation.

Q. "If I go to the pharmacist, I won't get an appointment"

A. If following your consultation with the pharmacist, your condition requires them to raise anything with us, or arrange an urgent appointment for you, they will do that as part of the service.

Q. "The pharmacist won't know what to do"

A. Pharmacists are highly trained healthcare professionals, with five years training and spend a high percentage of their time helping patients with symptoms such as yours.

The pharmacist will call you for an initial telephone consultation to assess your condition and you'll be given advice about your symptoms and any ongoing self-care.

Q. "I have been to the pharmacy already and they couldn't help"

A. This is a new NHS service to help us ensure that patients get care as quickly as possible. I am arranging a private consultation for you with the pharmacist and they will ask about your medical history, symptoms and current medication, in the same way the GP would ask you about them.

The pharmacist will provide you with advice and can provide you with an over the counter product where needed, if you choose. They will also send details of your consultation back to us for our records.

Q. “I am not going to pay for anything as I get my prescriptions free”

A. Your pharmacist will provide you with advice on how to treat your symptoms, which may include a medicine or product. Medicines that can be purchased in a pharmacy to treat minor illnesses, are usually inexpensive and would not normally be prescribed by your GP anyway. You are free to choose if you wish to make a purchase or not.

Q. “I really don’t want to see the pharmacist”

A. We want to ensure that you are offered an appointment with the most appropriate qualified health care professional based on your symptoms. If you have minor illness symptoms that can be treated the same day through a consultation with a qualified community pharmacist, but do not want to accept this referral, we will arrange a routine appointment for you with the GP at a future date.

Patient QA document: Suggested Q&A for patients for use on your website

What is this new service about?

From [insert date], when you call the practice, you will be asked about your symptoms. If they indicate that you can best be helped by a pharmacist, you will be offered a same day private consultation with a community pharmacist at [insert local choice of pharmacies].

Community pharmacists have already successfully seen thousands of patients for a consultation for a minor illness, following a call to NHS 111. This new way of arranging consultations with the pharmacist by a GP practice, has been successfully piloted around the county.

Why are you doing this?

Pharmacists are qualified healthcare professionals and experts in medicines. They can offer clinical advice and over-the-counter medicines for all sorts of minor illnesses, and a same day consultation can be arranged quickly and at a time to suit you.

This in turns frees up GP appointments for those people with more complex symptoms who really need to see a GP.

What happens when I see the community pharmacist?

We will share your personal details with the pharmacist and details of your minor illness and the pharmacist will contact you to arrange your consultation on the same day, or at a time that suits you.

You may be seen in person in a private consulting room, if the pharmacist thinks it appropriate, or your consultation may be carried out over the phone or via video. You will be asked about your medical history and symptoms and current medication, in the same way the GP would ask you about them.

Usually, the pharmacist will provide you with advice and can sell you with an over the counter product where needed, if you choose. They will also send details of your consultation back to us for our records.

If the pharmacist feels you need to be seen by a GP urgently, they will call us to ensure you are seen, or they will advise you to contact the hospital Emergency Department if deemed necessary. You may also be referred back to us to arrange a non-urgent appointment or follow up.

What if I get free prescriptions from my GP?

Your pharmacist will provide you with advice on how to treat your symptoms, which may include a medicine or product. Medicines that can be purchased in a pharmacy to treat minor illnesses, are usually inexpensive and would not normally be prescribed by your GP anyway. You are free to choose if you wish to make a purchase or not.

What happens if I don't want to see the pharmacist?

We want to ensure that you are offered an appointment with the most appropriate qualified health care professional based on your symptoms. If you have minor illness symptoms that can be treated the same day through a consultation with a qualified community pharmacist, but do not want to accept this referral, you will be offered a routine appointment with your GP at a future date.

What if the patient is my child?

Children aged over one years are eligible to use this service and can be seen by the pharmacist. Children who are able to make their own decision about their health may be seen unaccompanied.

Why is this a good thing for patients?

Community pharmacies are local, open longer hours than the GP practice and can offer you the same consultation outcome at a time that is more convenient for you. If the pharmacist thinks you need to see the GP, they can help arrange an urgent appointment for you.

Patients who have already used the service liked the convenience of having a consultation on the same day, or a day that suited them, at a pharmacy of their choice. 78% of people who had a consultation with a community pharmacist were successfully helped.

Practice answerphone message

The following message could be part of the practice's interactive voice response (IVR) while the patient is kept on hold:

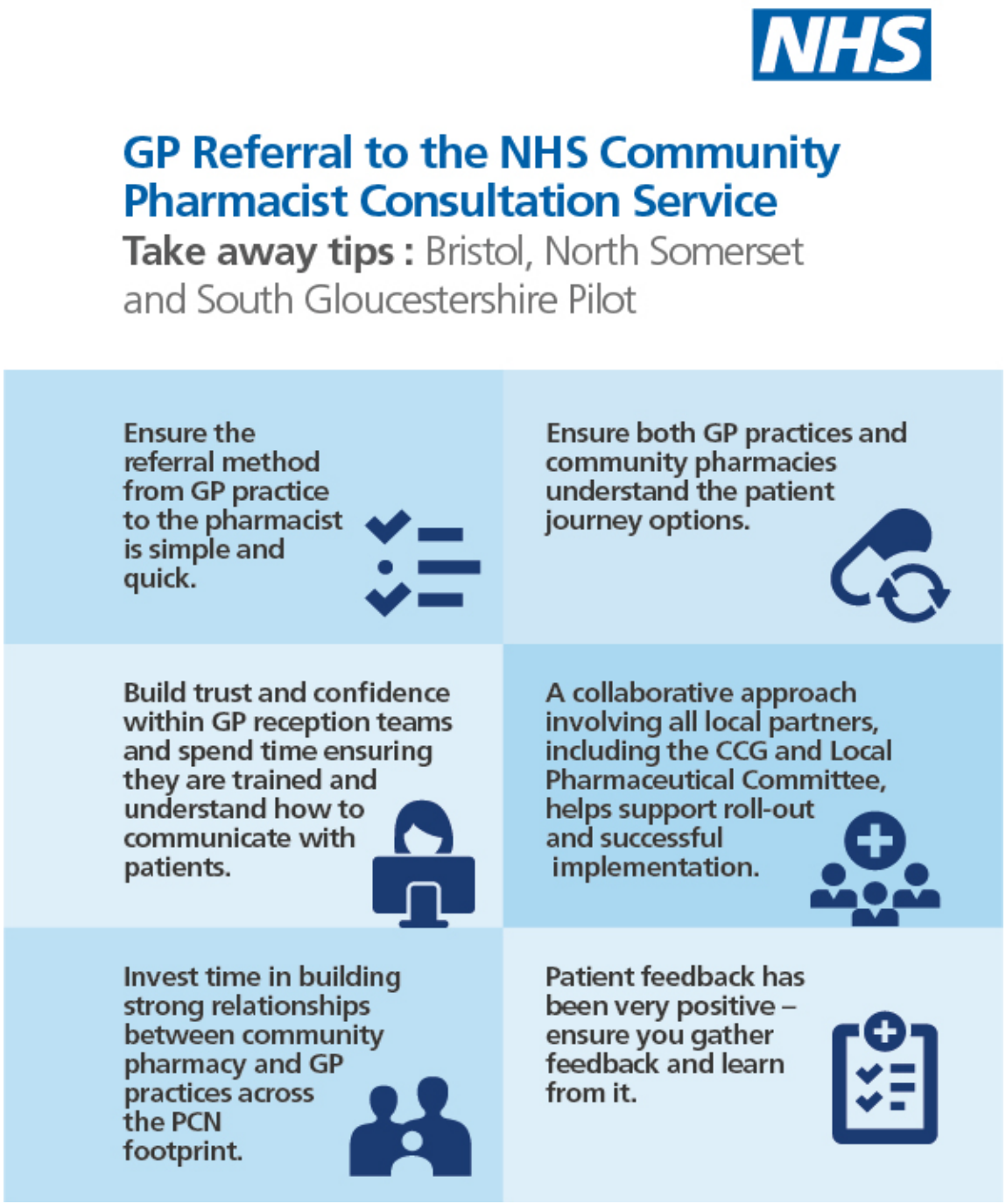
> "Hello, this is the [x] surgery. We have asked the reception team to ask you a few questions about the reason you are calling today, to help us identify the best person to help you. It may involve you being referred to a community pharmacist or other members of our team. Now let's get you through to speak to one of our team".

Further resources

These resources on the Public Health England website are available to NHS staff to support with patient communications:
https://campaignresources.phe.gov.uk/resources/campaigns/73/resources/4959

This public facing website can be used to link from your practice website:
https://www.nhs.uk/using-the-nhs/nhs-services/pharmacies/what-to-expect-from-your-pharmacy-team/

Top tips for implementation from the BNSSG pilot:



Appendix E: GP and PCN governance arrangements to support the GP referral pathway to NHS CPCS

It is important to establish robust local clinical governance arrangements for GP referrals into NHS CPCS and particularly that those arrangements are integrated with existing governance arrangements across all stakeholders and settings.

The Update to the GP Contract Agreement 2020/21–2023/24, published in February 2016, highlighted the ambition to take forward a new refreshed and updated Access Improvement Programme. This will be an important vehicle for supporting local implementation across PCNs working within their constituent integrated care systems, supported by regional teams and any associated governance arrangements.

Learnings from our pilot sites and early adopters to support the implementation of the referral pathway in establishing a consistent PCN approach can be found here: https://future.nhs.uk/P_C_N/grouphome

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This publication can be made available in a number of other formats on request.

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