

GP Referrals to the NHS Community Pharmacist Consultant Service (GP-CPCS)

A number of local practices are now referring into the CPCS. Since the start of the service in Devon we have seen just under 300 referrals from general practice. Whilst we seem to be on a slow burn there are one or two practices that have really started to run with the service, and we'd like to thank you and your teams for everything you are doing to help make the service a success.

Some early learnings from the service: -

Please keep briefing your teams and make sure that your locums and relief pharmacists are fully up to speed with the requirements of CPCS, whether the referrals come into the pharmacy via 111 or general practice. Show anyone not familiar with the service how the referral will come into the pharmacy.

For GP referrals, once your pharmacy has received the referral you must make contact with the patient within 12 hours to discuss with the patient what needs to happen next, either a face-to-face consultation or a remote consultation on the phone.

If you have to escalate a patient back to their GP use either the escalation number or email that you have been provided for this purpose and remember to complete the Notes section, so the surgery knows why a patient has been referred back. As much information as you can provide is very helpful to the practice. It has been noticed that in some cases, no further detail is being entered where a patient has been escalated to higher acuity care or back to the GP for urgent or non-urgent referrals. This data is really important to ensure the referrer is aware of those reasons, and is also really helpful when the service is being reviewed

If you do have to refer a patient to another setting or provider, make sure that you "Complete and Save"; then you will be paid for the consultation.

We know that the current environment is very challenging for everyone and appreciate all of your hard work. If you need any further help or support, please contact admin@devonlpc.org

Minor Injuries – Signposting to the right place

We have had some feedback recently about referrals being made to GP practices from community pharmacy for minor injuries which need to be signposted either to GP practices that are signed up to the local Minor Injuries LES or Minor Injuries Unit. Not all GP practices are signed up to the GP Minor Injuries LES – those that can receive these types of referrals, however if they are not then the patient would be better directed to a Minor Injuries Unit via NHS 111. We have produced a summary guide of which Devon practices are signed up to the LES ([the spreadsheet](#) also contains a list of injuries that could be seen under the LES and what the exclusions are), and where the minor injuries units are so help you and your teams identify where best to signpost your patient. Patients should be advised to contact 111 for referral into Minor Injuries Unit rather than just turning up).

Patient presents with minor injury not appropriate for treatment in community pharmacy



Is GP practice registered to provide Minor Injuries LES?

Check spreadsheet for details

Yes > refer patient to practice

No > Refer patient to minor injuries unit via 111 (patient to contact 111 for referral into Minor Injuries Unit)

Community Pharmacy HEE Funded Pre-Registration Pharmacy Technician (PTPT) Training Placement in 2021

Following successful single sector and cross sector Pre-registration Pharmacy Technician (PTPT) training placements in 20/21, we are pleased to inform you that Health Education England (HEE) have secured funding to support the growth of the pharmacy technician workforce in 21/22.

Funds will be available to further support expansion of PTPT training capacity in community pharmacy or as part of a cross sector apprenticeship programme (see attached flyer for information).

HEE would like to invite you to join a webinar on **Monday 23 August 2021** where information regarding training programme requirements and the funding application process will be shared. Please see the HEE flyer for details of the webinar or follow the link below to complete the registration form to attend.

[Link to registration form](#)

Bites and Stings

We have had some really positive feedback about patients who have received excellent advice and support for management of insect bites and stings from their local pharmacist. However, we are also hearing that patients are requesting appointments from their GP and quoting that they have been referred by their pharmacist. We appreciate this feedback is anecdotal but just as a reminder, many bites & stings will not require antibiotics and can be self-managed; however, we thought it would be helpful to highlight the red flags that would require escalation to a GP; together with some links to further information. Most reactions are transient and will resolve in around 10 days

Only refer patient to GP / 111 if (red flags)

- Sting or bite in mouth, throat or near eyes
- There is a large, localised reaction around the bite, which becomes progressively red and swollen symptoms of a wound infection (cellulitis), such as rapidly spreading red, swollen and tender skin, purulent discharge or increasing pain that does not respond to OTC steroid cream or antihistamines
- Symptoms of systemic infection, such as raised temperature, swollen glands and other flu-like symptoms

Further resources

<https://dermnetnz.org/cme/arthropods/insect-bites-and-stings/>

<https://cks.nice.org.uk/topics/insect-bites-stings/management/management-in-primary-care/>

<https://cks.nice.org.uk/topics/cellulitis-acute/diagnosis/diagnosis/>

Do you want to be an early adopter? Needle and Syringe Provision (NSP) - Single Use Kit Provision

Following a pilot programme involving three Community Pharmacies in Exeter Devon County Council is wanting to roll out the provision of single use injecting equipment as a new way of delivering NSP which aims to reduce drug litter and reduce unused wastage.

What's Involved?

Equipment

The single use kits are to be provided by Orion Medical. The kit includes everything necessary for an injecting episode, except for foil, and includes a discrete biro-sized sharps disposal bin, almost tamper proof. Contents are in the training guides attached.

Training

To be delivered by the Orion Medical remotely to all pharmacy staff involved in NSP delivery for those pharmacies expressing an interest. The training delivery takes approximately 30 minutes.

Remuneration

The fee is £2.26 per transaction (up to 7 kits at any one time) to 30/9/2021 and £2.33 from 1/10/2021.

Fee calculation is based on a transaction fee rather than per kit/pack dispensed

Up to 7 single kits may be taken at one time by an individual. However, if more than 7 kits are requested then the requisite pack should be dispensed.

Community Pharmacists wanting to express their interest should email substance misuse - mailbox

adultsc.substancemisuse-mailbox@devon.gov.uk by **Friday 27TH August 2021**.

August 2021 Bank Holiday Pharmacy Opening Times

The August 2021 Bank Holiday pharmacy opening times which we have received from NHS England & NHS Improvement (NHSE&I) can be found on the LPC website. <https://tinyurl.com/ygw7qxhx>

NHSE&I has asked that pharmacies display the Bank Holiday Opening Times poster in the window, or somewhere that it can be viewed clearly, to signpost patients / public to the nearest open pharmacy during the Bank Holiday periods.

STOP PRESS: CPCS IT: change to funding and procurement

Currently, a national procurement model is in place to support community pharmacy contractors with the delivery of the Community Pharmacist Consultation Service (CPCS). This was due to terminate on 1st October, but the national procurement model is extended to the end of March 2022, providing contractors additional time to complete the transition to their own CPCS IT systems.

Contractors are recommended to start considering which supplier they want to choose well in advance. From **the autumn**, contractors will be able to transition to their own contractual arrangements with one of the four assured IT providers:

[Cegedim \(providers of the Pharmacy Manager PMR system\)](#)

[Positive Solutions \(providers of the Analyst PMR system\)](#)

[Sonar Informatics](#)

[PharmOutcomes](#)

An NHS buyer's guide will be made available to support pharmacy contractors making choices about the right IT solution for them. The guide will recommend that any contracting decision made well in advance.

Further information [Community Pharmacist Consultation Service \(CPCS\) IT support](#)

Information on what to do if you have to close your pharmacy

PSNC Briefing 019/20: Emergency closure checklist for community pharmacy - <https://psnc.org.uk/wp-content/uploads/2020/03/PSNC-Briefing-019.20-Emergency-closure-checklist-for-community-pharmacy.pdf>

COVID-19 and preparing prior to an emergency closure

If you need to close your community pharmacy because of the ongoing COVID-19 pandemic, it is important that you do as much as you can before you leave the premises, if safe to do so. The pharmacy may be run by locums or other staff unfamiliar with your procedures, or the pharmacy may be closed. It's important that you do what you can, if it is safe to do so, to make sure everything is in place to ensure patients are able to access their prescriptions, and that your business can resume easily and effectively. You should not put yourself, your staff, or your patients at any unnecessary risk.

Actions: extracts from the emergency closure checklist – see the full briefing for more information

➤ **Check your NHSmail shared inbox for any urgent emails that require your attention.**

The inbox owner/administrator should then set an 'out of office' message on the shared inbox so that everyone is aware the pharmacy is closed. If the owner/administrator of the shared mailbox is unavailable, email the Pharmacy Admin team (pharmacyadmin@nhs.net) from any of the email addresses that are linked to the shared mailbox and request that they add a message on your behalf.

➤ **If you use the EPS 'automatic prescription download' feature in your PMR system**

you may be able to switch it off yourself; if not, your system supplier should be able to help you turn this feature off.

➤ **EPS Nominations:**

Depending on the potential closure duration, consider whether you need to let certain nominated patients know about the pharmacy closure. Nominations are set for patients against a pharmacy's ODS code. You can check the pharmacy's total number of nominations prior to the temporary closure by referring to the 'Nominations by dispenser' spreadsheet downloadable from NHS Digital's website.

➤ **Process any partly dispensed EPS prescriptions**

Completed prescriptions should have both their EPS Dispense and Claim notification messages sent in a timely manner, bearing in mind the EPS 5-day window. Not all partially processed prescriptions may be retrieved by

other pharmacies but where appropriate and criteria are met, other pharmacies may provide emergency supplies based on the pharmacists' professional judgement (refer to submission guidance below).

➤ **Return any EPS prescriptions, that have not yet been dispensed to the Spine**

This should include any batches of electronic Repeat Dispensing (eRD) prescriptions which have not yet been dispensed. Your system supplier may be able to support you with returning appropriate scripts to the Spine. The more you can do before leaving the pharmacy, the easier it will be for your patients to continue to obtain their medicines while the pharmacy is temporarily closed.

In addition - if you do have to close, it's important that you communicate this early with your practices, so they are aware not to send patients, further prescriptions or referrals (I.e., CPCS) to your pharmacy whilst you are closed; It is also really important to update your DOS profile if closed so you don't get any 111 CPCS referrals.

Thank you for your efforts to support your patients throughout the pandemic so far; it has been noticed and very much appreciated by the wider NHS system and patients alike. Your LPC is here to support you as we move through the next stages of the pandemic and would encourage you to contact us if you have any queries or issues that we can support you with, on admin@devonlpc.org

DMS – service claiming

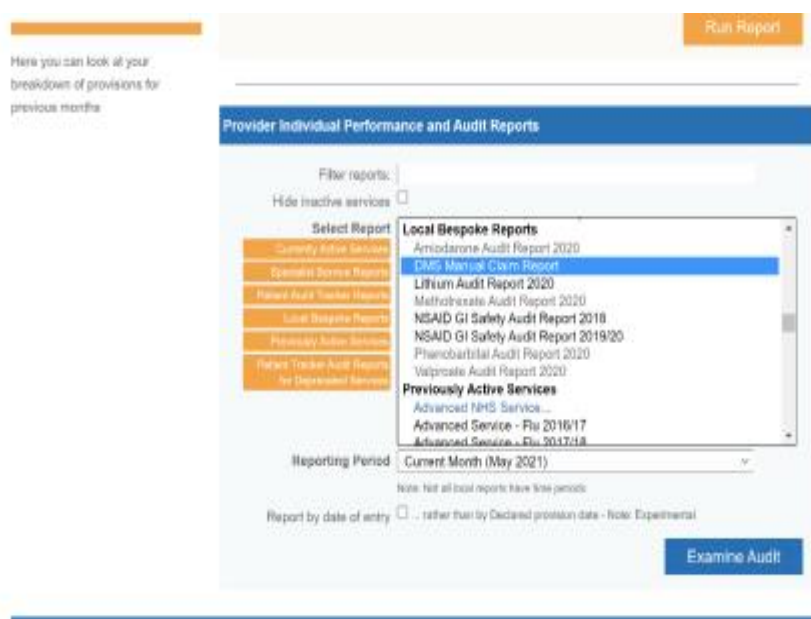
We have been made aware that a number of referrals are not being claimed for on MYS. Automation of claiming directly from PharmOutcomes is not yet live – you have to manually add to MYS in order to get paid (automation is imminent – likely to be before the end of this year – watch this space!)

The Pinnacle team have developed a bespoke report in the interim to help with data return. This report effectively converts your DMS records to a format aligned with the requirements of the MYS portal. This will reduce workload for pharmacy team members.

How to use the report

Access the report from the “Reports” tab. Scroll to the bottom of the page. Under the heading “Provider Individual Performance and Audit Reports”, click the orange button “Local Bespoke Reports” to the left of the reports list as shown below. The DMS Manual Claim Report appears in the list for selection.

Click on the report and select the month required from the drop-down box “Reporting Period” (you can view previous months' as well as current month).



The report sets out the data in the format and order you will be required to input to MYS.

This report contains patient identifiers - if this report is printed, it MUST be securely destroyed

Referral details

What is the patient's NHS number?
4106470886

What date did you receive the referral?
30/04/2021

Which trust did the referral come from?
R1F | St Mary's NHS Trust

Did the referral from the NHS trust meet the minimum essential dataset requirements?
 Yes No

Record Details

Hospital Referral using ITK Electronic Discharge Info

Provision Record: 342629759

Local Claim Status: Claimable

The Local Claim Status is not whether the referral has been claimed on the MYS portal; it indicates whether it has been gathered together in the month's claimable records for manual entry on the MYS portal

DMS Stage 1

Was Stage 1 of the DMS Provided?
 Yes No

Were prescriptions in supply system intercepted to prevent the patient receiving inappropriate supply?
 Yes
 No
 No such prescriptions exist

Stage 1 issues

Were there any issues or clinical actions identified?
 Yes No

DMS Stage 2

Was Stage 2 of the DMS Provided?
 Yes No

Who completed it?
 Pharmacist
 Pharmacy technician

Stage 2 issues

Were there any issues identified?
 Yes
 None - medicines reconciliation pharmacy completed

DMS Stage 3

Was Stage 3 of the DMS Provided?
 Yes No

Who completed it?
 Pharmacist
 Pharmacy technician

Select the method of consultation
 In-pharmacy consultation
 Telephone consultation
 Video consultation
 Home visit

Stage 3 issues

Were all important changes understood by the patient or carer?
 Yes No

Was advice provided and questions answered around the medicines routine?
 Yes No

Was a referral made?
 Yes No

Was another Community Pharmacy Contractual Framework service provided?
 Yes No

Referral details

What is the patient's NHS number?
6951592159

What date did you receive the referral?
10/05/2021

Which trust did the referral come from?
R1F | St Mary's NHS Trust

Record Details

Hospital Referral using ITK Electronic Discharge Info

Provision Record: 343647695

Local Claim Status: Claimable

The Local Claim Status is not whether the referral had been claimed on the MYS portal; it indicates whether it has been gathered together in the month's claimable records for manual entry on the MYS portal

DEVON LOCAL PHARMACEUTICAL COMMITTEE www.devonlpc.org

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