

Welcome to Devon LPC GP-Community Pharmacist Consultation Service (GP CPCS) training evening

- Please put your name and pharmacy you are representing in the chat bar on zoom
- Please keep your mics on mute unless asking a question
- Please use alt + y to raise or lower your hand in zoom if you wish to ask a question, or use the chat bar function which is being monitored

What we will be covering this evening

- What is GP CPCS? – brief overview of service
- Requirements
- The referral pathways - how you will receive the notification
- Maintaining records
- Practice training overview
- Next steps

What is GP CPCS?

- An extension of existing CPCS - no need to sign up if you're already providing 111-CPCS
- Referral from GP Practice of patients with Low Acuity Conditions - does not include GP referral for urgent supply, unlike 111 CPCS
- Formalises current variable care navigation pathways and provides an audit of the value of community pharmacist led interventions
- Service is 2-fold -
- to help the patient there and then and
- about patient education and the fact that they can self-care - remember to offer leaflets if they are in the pharmacy or signpost to appropriate websites if it is a remote consultation
- In practice it is very similar to the NHS111 service for low acuity illnesses.

Requirements of the service

- Agreed escalation pathway back to general practice
- A post-event message to be sent back to practice, "closing the loop" and Improving Governance
- Availability for 100% of your opening hours - consider locum usage
- Payment to provide the service (you will receive **£14** per consultation)
- Active communication between pharmacy, practices/PCNs

GP CPCS champion

- Each practice will have a CPCS champion; your pharmacy should have someone too
- The champion should ideally *not* be the pharmacist
- The champion should advise locums/reliefs, weekend & part time staff
- The champion should be the point of contact for issues/queries from the practice & be involved in active discussion where there are issues
- Please name the champion and pharmacy you're from in the chat box



100% availability

By signing up to the CPCS service, you will automatically be enrolled to provide the GP CPCS service. The service specification dictates that you **must** provide this service for **100% of your opening hours**. This must be considered if you frequently have locums and / or relief pharmacists.

You must un-register from the service if you cannot guarantee that you can provide this service for all of your opening hours. Multiples will need to liaise with area/regional managers or head office functions as this may be done centrally.

If your pharmacy un-registers, please inform the PCN pharmacy lead and the practice that you are no longer providing the CPCS service.



Locums

- Sometimes you may have a locum or relief pharmacist covering
- It is important that the champion(s) inform all members of the team on how to process CPCS referrals
- **At least** one person in the pharmacy should be able to access both the nhs mail and PharmOutcomes systems at all times
- The LPC have created a locum checklist for you to fill in and keep in the locum folder - please ensure this is shown to them at the start of the day
- This is available on the Devon LPC website
- Remember - service availability is required for 100% of your opening hours!!

Locum checklist for GPCPCS

It is vital that the new GP Community Pharmacist Consultation Service (GPCPCS) is provided throughout the pharmacies opening hours. This document provides a guide for locum pharmacists unfamiliar with the pharmacy's ways of working. Keep this sheet with any other local service documentation, including Declarations of Competence (DoCs) or PGDs.

Accessing GPCPCS

GPCPCS referrals are an additional component to the existing NHS111 CPCS referral service. The GPCPCS service is where the local GP practice may refer a patient to you – this referral will come via NHS Mail and be on one of two templates depending on the locally agreed pathway. Both 111 CPCS & GP CPCS are recorded (ideally during the consultation) on PharmOutcomes to ensure all data is captured. **Consultations must occur in the consultation room.**

The SOP for CPCS can be found:	<i>The SOP is stored where?</i>
Who can access PharmOutcomes?	<i>Names of people with access to PharmOutcomes</i>
Who has a smart card and can provide access SCR records if I can't?	<i>Names of team members with smart cards</i>
NHS mail is checked for referrals at least three time a day and by who?	<i>How often do you expect the team to check for referrals (this should be at the start and end of the day as a minimum)? Who in the pharmacy is responsible for checking this?</i>
Where are contact details to refer patients on to other providers?	All local healthcare providers and their non-public contact details can be found through Service Finder. https://finder.directoryofservices.nhs.uk/#/login Username: Password:



Key points to note

- Please remember at all times that this is a very personal service
- The more you and your team build relationships with your practices and PCN's the more they will trust you and the more referrals will come to you
- Be clear with the patient about duration of symptoms and what to do if they don't improve after 3 days or gets worse
- Ensure you check red flags every time
- Set up regular review points to discuss any 'bounce back' patients and review any inappropriate referrals
- Communicate early with practices the expectation of learning processes on each side, which will help to reduce any ill-feeling on either side! Good communication is KEY
- Be aware of sepsis markers - free mobile app for entering your sepsis markers called 'News2'

Pharmacist & staff training - what's available?

- RPS/RCGP Clinical consultation skills & workshop
- CPPE CPCS essential skills workshop & e-course
- Virtual Outcomes CPCS modules

If you have previously attended a face-to-face NHS Community Pharmacist Consultation Service or DMIRs event, you are not eligible to book a place on these online workshops. If you have previously attended one of these events, you can sign up to the e-course as a standalone programme.

Virtual Outcomes is funded by LPC - you will need to enter your F code

Book onto a CPPE workshop and the CPPE e-course

If you book a place on a CPPE *NHS Community Pharmacist Consultation service: essential skills* online workshop, **you will automatically receive a direct e-course enrolment email**. Follow the instructions in this email to access the e-course.

This invitation will be sent to the email address you have used to register with CPPE and that is on your CPPE account profile.

Book onto a CPPE workshop

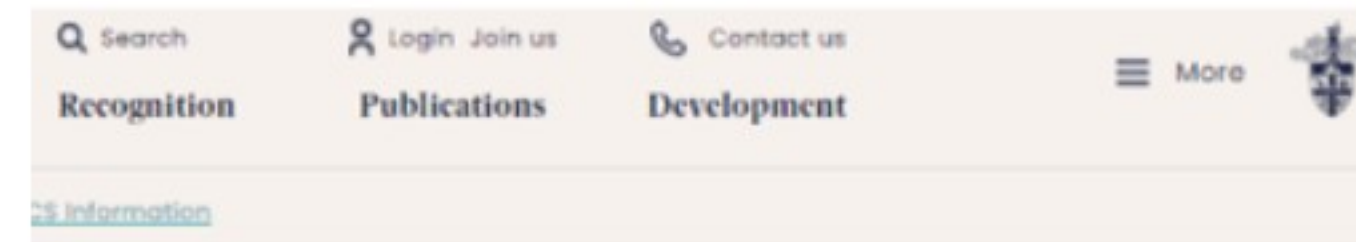
Book onto an RPS/RCGP workshop and the CPPE e-course

① To book a place on the RPS/RCGP series of two workshops, click the button below.

Book onto an RPS/RCGP workshop

② If you are booked to attend an RPS/RCGP set of workshops, you will need to sign up and complete the CPPE e-course before attending the workshops. Please note this is not an automatic enrolment.

Sign up for the CPPE e-course



Clinical Consultation skills from RPS & RCGP

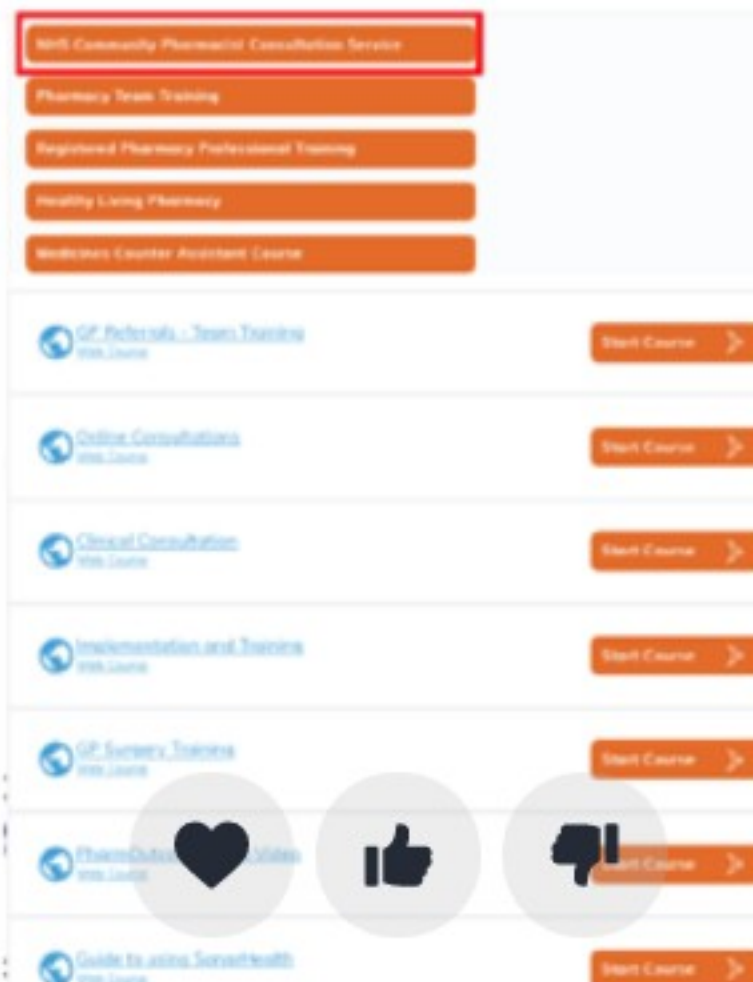
CHOOSE YOUR CPCS SESSIONS

Service

[What is CPCS?](#)
[How to provide the NHS Community Pharmacists Consultation Service](#)
[Find more information about the service itself?](#)

E-course

VIRTUAL OUTCOMES NHS Community Pharmacist Consultation Service Complete Support Package



Where are We In Devon? (21st Sep 2021)

Michelle Allen - NHSE&I implementation lead training practices

LIVE:

Albany surgery

Oakside surgery

Foxhayes practice

St Thomas medical group

Torrington health centre

Northam surgery

Bideford medical centre

Wooda surgery

Coleridge medical centre

Barton surgery

Beacon medical group

St Neots surgery

Devonport health centre

Pathfields medical group

Beaumont villa surgery

Woodbury surgery

Haldon house surgery

Raleigh surgery

Imperial surgery

Rolle medical partnership

Claremont medical practice

Barton surgery

Channel view surgery



Referral pathways

- Referrals from Devon practices will come to you via NHS mail - practices will use word or ardens template so information is consistent
- Check NHS mail at least 3 times a day - many pharmacies opting to have open at all times
- There is a 4 hour referral turn around time (specific to GP CPCS)
- Pharmacist to contact patient within the 4 hours - allows you to better manage workload & patient flow through pharmacy (specific to GP CPCS)
- If repeated attempts to contact patient or patient DNA - ensure you notify the practice promptly

To ensure we provide the pharmacies with the data they need, please provide the following patient information:



Patient name:		D.O.B.:	
Address:			
NHS number:		Contact telephone number*:	
*It is very important to provide the number the patient will be available on, so the pharmacy can follow up if the patient does not call them.			

Reason for referral (click/tick box):

- | | |
|--|---|
| <input type="checkbox"/> Acne, Spots and Pimples | <input type="checkbox"/> Lower Back Pain |
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Lower Limb Pain or Swelling |
| <input type="checkbox"/> Ankle or Foot Pain or Swelling | <input type="checkbox"/> Mouth Ulcers |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> Nasal Congestion |
| <input type="checkbox"/> Bites or Stings, Insect or Spider Blisters | <input type="checkbox"/> Rectal Pain |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Scabies |
| <input type="checkbox"/> Cough, Cold and 'Flu | <input type="checkbox"/> Shoulder Pain |
| <input type="checkbox"/> Diarrhoea | <input type="checkbox"/> Skin, Rash |
| <input type="checkbox"/> Earache, Ear Discharge or Ear Wax | <input type="checkbox"/> Sleep Difficulties |
| <input type="checkbox"/> Eye, Red or Irritable Eye, Sticky or Watery Eyelid Problems | <input type="checkbox"/> Sore Throat |
| <input type="checkbox"/> Hair loss | <input type="checkbox"/> Tiredness |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Toe Pain or Swelling |
| <input type="checkbox"/> Hearing Problems or Blocked Ear | <input type="checkbox"/> Vaginal Discharge |
| <input type="checkbox"/> Hip, Thigh or Buttock Pain or Swelling | <input type="checkbox"/> Vaginal Itch or Soreness |
| <input type="checkbox"/> Itch | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Knee or Lower Leg Pain | <input type="checkbox"/> Wound Problems - management of dressings |
| | <input type="checkbox"/> Wrist, Hand or Finger Pain or Swelling |

GP practice:	
Name of person making referral:	
Date:	



PharmOutcomes

- It is ESSENTIAL that you record the consultation on PharmOutcomes in a timely manner
- This 'closes the loop' by sending the outcome notification to the GP practice
- If the practice has not registered with Pinnacle to receive automatic notifications, you will be prompted to send manually
- Manual sending is either via NHS email or as a hard copy handed to the reception team, posted as a last resort
- This also triggers the payment mechanism
- Please enter as much detail as possible if you are referring patients back to the practice with the reasons for doing so



Maintaining records on PharmOutcomes

- The tick boxes do not cover the entire consultation in many cases
- Fill in all free text boxes with relevant information
- You should use the consultation notes sections to ensure everything is captured
- Notes should be comprehensive and give appropriate levels of detail whilst being succinct
- Brief history, presenting condition, outcome and referral is the expected norm across every discipline



Details of the support or advice provided and any additional information for the general practice is given below:

Patient Details	
Name	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Date Of Birth	1: [REDACTED]
Referring GP	Corner Place Surgery, 46A Dartmouth Road, Paignton, Devon TQ4 5AH (L83103)
Consultation Details	
Presenting condition	Knee or lower leg pain swelling

9c:\Users\CBK099\Downloads\GP Notification Form - Referrals for low acuity_minor (bress).htm

GP notification

In this example, the patient was seen face to face in pharmacy, had the symptoms for more than 72 hours, had tried cold compress & OTC Ibuprofen, the knee had given way a few times resulting in a fall (no serious injuries sustained), provided with Voltarol gel & recommend referral to Physio. This was all recorded by the pharmacy but does not appear on the GP notification.

Notes should have been added:

'patient presented (seen f2f in pharmacy) with knee or lower leg pain swelling, >72hours onset, already tried cold compress & occasional ibuprofen. Resulted in falls on occasion after knee giving way. Advice and support given inc. recommended referral to physio. GP notified via email'

10/12/21, 2:10 PM GP Notification Form - Referrals for low acuity/minor illness

Presenting condition if other	
Consultation Outcome	
Consultation Outcome	Appropriate advice given and sale of a medicine
If signposted or escalated details will appear below, if these are blank there has been no escalation	
Details if signposted	
Details if escalated	
Any red flag symptoms?	No
If red flag, action taken	
Medicine Supplied	
Medicine supplied	Voltarol 12 Hour Emulgel P 2.32% gel (GlaxoSmithKline Consumer Healthcare) 100 gram
Quantity	Voltarol 12 Hour Emulgel P 2.32% gel (GlaxoSmithKline Consumer Healthcare) 100 gram
Dose	Apply bd
2nd medicine necessary	No
Medicine 2 supplied if supplied	
Quantity	
Dose	
Further information	
Notes	



Maintaining records on PharmOutcomes

There have been a small handful of cases where the information recorded is ambiguous or incomplete, which has led to lengthy follow up processes both from GP and Pharmacy practices to resolve.

To avoid any further time incumbencies or misunderstandings we would encourage you to ensure your note recording is relevant and would make sense to another health care professionals reviewing that provision record in another care setting.



Clinical documentation for pharmacists

Here's a guide to help you in your practice on why, when and where to make a clinical record.

It also suggests what to include in some examples of clinical records to make sure they are detailed but concise, legible, contemporaneous and accurate. As the settings in which pharmacists work is wide-ranging, general guidance is provided but specific recommendations are also given where necessary.

This guidance covers documentation of clinical activity such as findings, interventions, referrals, reviews, consultations, prescribing, administering, service delivery, decisions and advice. It does not cover record keeping such as CD records, emergency supplies, private prescriptions, errors etc. Information on these can be found in the [MEP](#).

Can't find the help you need? Call us for One-to-One Support. We're here Monday to Friday from 9am to 5pm on the phone **0207 572 2737** or email on support@rpharms.com.

GET ONE-TO-ONE SUPPORT

Sections on this page

- Why keeping clinical records of findings, advice and decisions is important
- Who is responsible for clinical documentation
- When to make a clinical record
- Where and how to make a clinical record
- Practical guidance for writing clinical records and electronic communication
- Examples of some clinical records and what to include in them
- Further information

Clinical record keeping - RPS



Re-escalation

If you need to refer a patient back to the practice for a non-urgent or urgent appointment, you must ensure that you clearly state on the PharmOutcomes form the reason for re-escalation. It is helpful to have it on the form as well as in the email/stated over the phone.

Practices will usually provide you with their professional phone line for urgent, and generic email address for non-urgent (channels are manned). Do not misuse the phone line - only use it for it's intended purpose.

If you need to escalate into higher acuity care i.e. A&E, reasons for this also should be noted on the PharmOutcomes form.



Hints & Tips

- If needing to sell OTC medicines and the patient refuses to pay for them asking for a prescription. Don't refer them back for an appointment – the patient may turn up at the surgery but you will have already notified the outcome of the consultation to the surgery and they will be aware. It will be their choice.
- Get the consultation information back to the surgery as soon as you've finished -this will cover off any potential problems in case the patient goes back to the surgery.
- Don't be tempted to second guess what the GP may do if you have to re-escalate back to the surgery e.g tell them they will be prescribed antibiotics.
- Don't be tempted to use the professional line for anything else!!!! This relationship is built on trust and they have asked it is only to be used for GPCPCS urgent re-escalations.



NHS

Prescribing of over the counter medicines is changing

Your GP, nurse or pharmacist will not generally give you a prescription for over the counter medicines for a range of minor health concerns.

Instead, over the counter medicines are available to buy in a pharmacy or supermarket in your local community.

The team of health professionals at your local pharmacy can offer help and clinical advice to manage minor health concerns and if your symptoms suggest it's more serious, they'll ensure you get the care you need.

Please help the NHS to use resources sensibly.

OTC guide

This is available on the Devon LPC website on the CPCS page, and can be downloaded to print and hand out or keep a copy in the consultation room to aid discussions

[<https://devonlpc.org/advanced-services/cpcs/>]

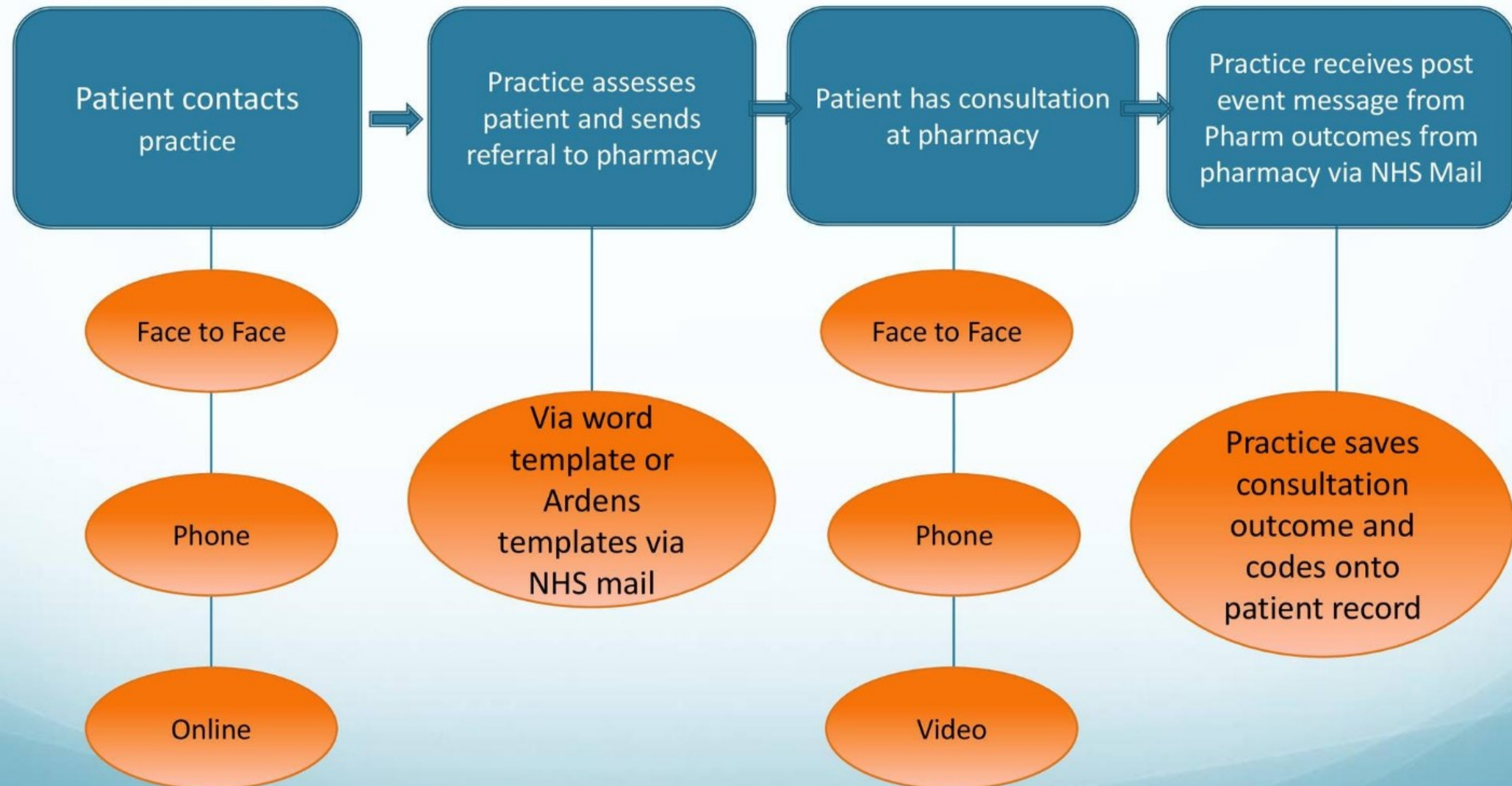
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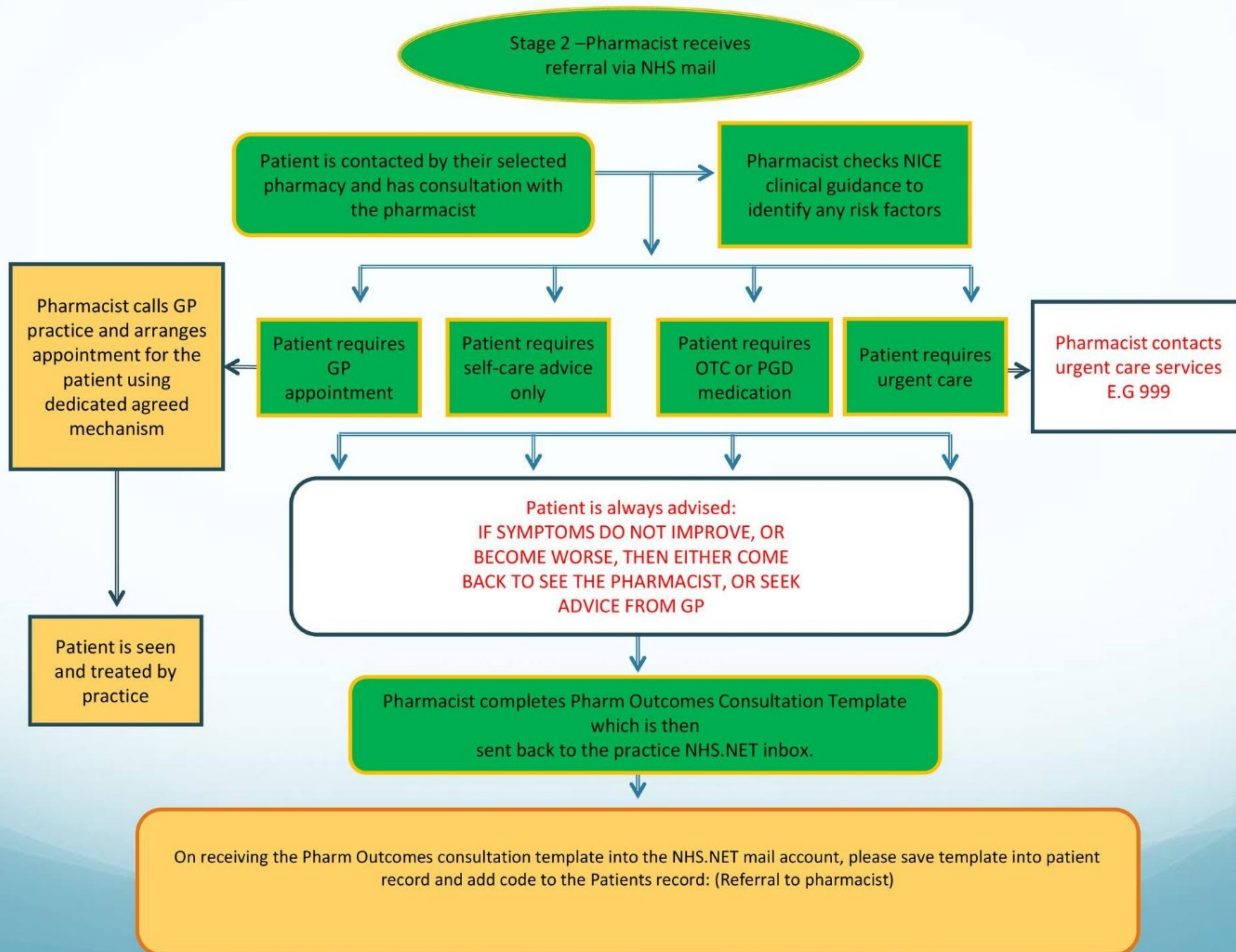


The process and patient journey

- Extracts from practice training
- The tools for the job & pre-training
- Confidently engaging
- COMMUNICATION IS EVERYTHING!!!!

How will it work? Patient journey





What conditions are suitable for a CPCS referral?

CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	•Bee sting •Wasp sting	•Stings with minor redness	•Stings with minor swelling	•Drowsy / fever •Fast heart rate	•Severe swellings or cramps
COLDS	•Cold sores •Coughs	•Flu-like symptoms	•Sore throat	•Lasted +3 weeks •Shortness of breath	•Chest pain •Unable to swallow
CONGESTION	•Blocked or runny nose	•Constant need to clear their throat	•Excess mucus •Hay fever	•Lasted +3 weeks •Shortness of breath	•1 side obstruction •Facial swelling
EAR	•Earache	•Ear wax •Blocked ear	•Hearing problems	•Something may be in the ear canal •Discharge	•Severe pain. •Deafness •Vertigo
EYE	•Conjunctivitis •Dry/sore tired eyes •Eye, red or Irritable	•Eye sticky •Eyelid problems	•Watery / runny eyes	•Severe pain •Pain 1 side only	•Light sensitivity •Reduced vision
GASTRIC / BOWEL	•Constipation •Diarrhoea •Infant colic	•Heartburn •Indigestion	•Haemorrhoids •Rectal pain, •Vomiting or nausea	•Severe / on-going •Lasted +6 weeks	•Patient +55 years •Blood / Weight loss
GENERAL	•Hay fever	•Sleep difficulties	•Tiredness	•Severe / on-going	
GYNAE / THRUSH	•Cystitis •Vaginal discharge	•Vaginal itch or soreness		•Diabetic / Pregnant •Under 16 / over 60 •Unexplained bleeding	•Pharmacy treatment not worked •Had thrush 2x in last 6 months
PAIN	•Acute pain •Ankle or foot pain •Headache •Hip pain or swelling •Knee or leg pain	•Lower back pain •Lower limb pain •Migraine •Shoulder pain	•Sprains and strains •Thigh or buttock pain •Wrist, hand or finger pain	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Chest pain / pain radiating into the shoulder •Pharmacy treatment not worked •Sudden onset
SKIN	•Acne, spots and pimples •Athlete's foot •Blisters on foot •Dermatitis / dry skin •Hair loss	•Hay fever •Nappy rash •Oral thrush •Rash - allergy •Ringworm/threadworm	•Scabies •Skin dressings •Skin rash •Warts/verrucae •Wound problems	•Condition described as severe or urgent •Conditions have been on-going for +3 weeks	•Pharmacy treatment not worked •Skin lesions / blisters with discharge •Diabetes related?
MOUTH / THROAT	•Cold sore blisters •Flu-like symptoms •Hoarseness	•Mouth ulcers •Sore mouth •Sore throat	•Oral thrush •Teething •Toothache	•Lasted +10 days •Swollen painful gums •Sores inside mouth	•Unable to swallow •Patient has poor immune system •Voice change
SWELLING	•Ankle or foot swelling •Lower limb swelling	•Thigh or buttock swelling •Toe pain or swelling	•Wrist, hand or finger swelling	•Condition described as severe or urgent •Condition ongoing for +3 weeks	•Discolouration to skin •Pharmacy treatment not worked •Recent travel abroad

Community Pharmacist Consultation Service
Devon GP Referrals

Step 1:

If first presenting, the following are suitable for CPCS

Possibly Suitable for a Pharmacist

1 Bites and Stings	2 Cold and Flu COVID ALERT	3 Congestion
4 Eye	5 Ear	6 Gastric / Bowel
7 Gynae / Thrush	8 Hayfever / Allergy	9 Pain
10 Skin	11 Throat / Mouth COVID ALERT	12 Swelling

Step 2:

SEVERITY or
PRECAUTION

Not suitable IF

On-going +
3 weeks

Severe /
Urgent

Self care
has failed

COVID
SYMPTOMS

Step 3:

Exclusions?

Not suitable IF

Shortness
of Breath

Pregnant

Diabetic

COVID
SYMPTOMS

< 1 yr

IF YOU WOULD NOT ADVISE THE PATIENT TO ATTEND THE SURGERY DUE TO
SUSPECTED COVID SYMPTOMS – DO NOT REFER TO THE PHARMACY

Step 4:

If step 2 and Step 3 do not apply – Send all to pharmacist to be seen
in the first instance

Athlete's Foot	Eczema (face & hydrocortisone)	Oral Thrush
Bites / Stings	Fungal Infections	Sore Throat
Colds / Cold Sores	Hayfever	Styes
Constipation	Headache	Threadworm
Conjunctivitis (over 2 yrs)	Head Lice	Thrush (only if 16-60yrs no repeat within 6mths)
Cuts / Sprains (minor)	Haemorrhoids / Piles	Vaginal Discharge
Cystitis (not if first time symptoms or male)	Indigestion / Infant colic	Vaginal Itch / Soreness (only if 16-60yrs)
Dermatitis	Influenza	Verrucae / Warts (not if face or genital)
Diarrhoea (over 2 yrs)	Insect Bites	Vomiting / Nausea (< than 2 days)
Dry / Sore eyes	Mouth Ulcers	Wound problems

Step 5:

If Step 2 and Step 3 do not apply – send to pharmacist **AFTER**
checking additional symptoms

Bloodshot eye / Sticky Eye / Red Eye	No severe pain	No loss of vision	
Earache	Not severe	No discharge	No fever
Neck Pain	No fever	No recent travel abroad	

How practice teams will confidently engage and speak to patients about the service

- ▶ Promoting the service
 1. System based promotion
 2. Practice based promotions
 3. Personal based promotionWhat will they say to the patient?
- ▶ What has worked elsewhere?
- ▶ How we are training them to be confident making referrals?

Communication

- We are telling the practices that communication is everything.
- Works both ways!
- Make a note of any problems – but also feed them back
- Work together in the PCN – could each pharmacy take it in turns to raise any points so as not to cause a burden on one?
- Get the champions talking to each other across both sectors.

Suggested next steps

- Read the updated NHS CPCS Toolkit for pharmacy staff, so you understand more about how the pathway will operate
- Read the updated service specification
- Ensure pharmacists that will provide the service read the updated toolkit and service specification
- Ensure ALL members of your team are aware of the service & processes & how this differs to 111 CPCS
- Follow the agreed escalation pathways
- COMMUNICATE with your practices/PCNs regularly
- Assign a GP CPCS champion & let LPC know the name (s) of your champion
- Please ensure your email signature contains your name and pharmacy details. This really helps with comms!





Questions & Answers

Raise your hand in zoom or type your query
into the chat bar





Thank you for your attendance and participation

If you have any further queries, please email the LPC

admin@devonlpc.org