

Q&A from CPSC Academy meeting on 8th March '21 – GP CPCS

- 1) How is the GP interest in the GP CPCS?
 - a. It is variable, some areas of positivity and others unsure. It may be that local GPs are not fully aware of the service or how it can help them or that they are simply too busy with other priorities to consider it. GP engagement will require local relationships to build understanding and trust.
- 2) Hi, my main local GP write to the pharmacy they not going to start this GPCPCS. In this case, can I still claim for the payment?
 - a. Yes. The payment is for your engagement activity, not theirs.
- 3) One concern was that all the surgeries would be referring to you and you would be inundated.
 - a. Pilots have shown that the number of referrals is very manageable. Patients choose which pharmacy their referral is sent to, so that generally involves several pharmacies per GP practice and would spread out the referrals.
- 4) One question which has arisen in our group is how can we be sure GP surgeries will refer people via NHS mail so the pathway can be followed and not just direct people verbally to pharmacies?
 - a. This requires your effective communication with the practices so that they understand that a full consultation with the pharmacist is only available from an electronic referral. Good governance is also supported in this way as the consultation report will return automatically to their records and there is a written record of their referral to you.
- 5) Room 16 - all keen to go with the service, but wanted an update on how close GP surgeries are, and what can encourage GPs to join in.
 - a. Widespread coverage will take some time in this climate but the LPC is working hard on progressing GP CPCS within our system. As PCNs/individual practices are due to go live we will communicate with all the pharmacies in the relevant area but checking your NHS mailbox on a regular basis will ensure you do not miss any referral that might come your way – patients can choose any pharmacy that is convenient for them. If GPs have trust and confidence in community pharmacy services, they will be more likely to engage so build and maintain good relationships on behalf of the whole profession.
- 6) Patients may not be happy to pay for medicines as expect it free as referred by GP.
 - a. Not all patients get free prescriptions. Many OTC medications are now not provided via FP10 for minor illnesses. We are pressing for a system-wide minor illness service which would help to avoid any potential increase in health inequalities for those on limited incomes.
- 7) There have already been positive initial responses from some GP surgeries. Discussed ensuring how to refer-back if required and what sort of minor ailments we would be expected to receive.
 - a. The agreed default method for referring a patient back urgently to the GP, if necessary, for further treatment or red flags, is to call the private telephone number for the surgery. If not already known, these can be found using the NHS Service Finder. If the issue is more serious then a patient may be sent to A&E or you could phone an ambulance
 - b. The list of potentially relevant ailments is included in the GP CPCS Toolkit and service specification.
- 8) Is patient given a choice by the surgery whether to be referred through CPCS?
 - a. The patient must always give consent if the referral is to be made and it must go to the pharmacy of their choice.

- 9) Can counter assistants conduct the consultation, as they are traditionally trained/qualified to do, involving the pharmacist only where necessary, then convey the outcome to the pharmacist so that it can be put in PharmOutcomes?
 - a. No. This is the Community **Pharmacist** Consultation Service.
- 10) How can we argue that GPs take the time to officially refer patients to us when pharmacies don't have an official referral mechanism to them??? and they would also have to take the time to get consent for these referrals to us
 - a. It is not the GP that makes the referral, in most cases it will be a member of the team such as a receptionist.
 - b. Obtaining consent is an integral part of the response to a patient's initial enquiry, not a separate process.
 - c. The point of this service is to save GP consultation time for the patients who will benefit most.
- 11) How is the referral converted to the PharmOutcomes portal?
 - a. The pharmacist providing the consultation records the details of that consultation on the PharmOutcomes template.
- 12) Is it possible to do off-license provision? (e.g. Canesten for a diabetic patient).
 - a. There is no provision of any medication associated with GP CPCS.
 - b. If a patient would benefit from a medication it could either be purchased or provided as part of an existing locally commissioned service, following all legal and service requirements.
- 13) Will this be similar to other minor ailments schemes where patients who get free prescriptions will get their medicines free, or is it a purchase?
 - a. See the previous answer. It is not a minor ailments scheme.
- 14) Is there a list of commonly requested meds for urgent supply or common ailments referred to pharmacy?
 - a. There is no urgent supply associated with GP CPCS.
 - b. There is no provision of any medication associated with the GP CPCS.
- 15) Are there any pilot data to present to GP to show ideal types of patients/minor ailments that they could refer?
 - a. There is a suggested list of suitable ailments included in the GP CPCS Toolkit and service specification.
- 16) Is there a template email that can be sent from GP surgeries for the referral? to make it more uniform?
 - a. Yes – details are provided in the GP CPCS Toolkit.
- 17) Hello, is there an incentive e.g. in the GP Framework target scheme to raise and encourage local surgeries and the CD lead, to ensure GPs want to refer patients to the CPCS?
 - a. The greatest incentive for GPs is probably the fact that by making these referrals they will be reducing the pressure on their limited consultation time.
 - b. It is also a requirement to engage with community pharmacy on this service and NMS in IPMO guidance.
- 18) Breakout Room 13 - we would like to know whether some of these minor ailment questions could be delegated
 - a. No. This is a **Pharmacist** consultation service.
- 19) We were wondering how GPs refer. Simply sending an email or is there a specific form they need to fill out.
 - a. There is a recommended template in the GP CPCS Toolkit that can be used to ensure all the necessary information is provided to the pharmacist.

All the relevant documents for the service can be found at:

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