NHS
Dorset

# GP CPCS referrals stalling? 10 top tips to increase referrals

## 1. Are there only one or two members of the practice team making referrals?

*Worth talking to the team to judge the confidence levels amongst the team, to see what the barriers are to making referrals, what the perceptions are of the service and how any obstacles could be removed.*

## 2. What is the relationship like between the practice and the community pharmacies?

*Are there barriers within the relationship? Is there work that could be done to improve communication across the interface? Meetings, visits, team calls, following through referrals to when consultations come back to the practice can highlight any problems and enable feedback and continuous improvement across the interface.*

## 3. Is the process too clunky?

*Is there work that could be done to make the process simpler? There is a wealth of experience nationally of where good practice can be shared and where practices have used other methods to make the formal referral.*

## 4. Are there visual displays in reception to record how many referrals have been made daily i.e. a white board?

*This has proven to be really successful whilst trying to make a service 'business as usual'. By keeping GP CPCS at the forefront of minds, more referrals have been shown to have been made.*

## 5. Are GPCPCS referrals discussed at team huddles/get togethers/meetings?

*To promote awareness, this is effective in increasing referrals to community pharmacists.*

## 6. Are there opportunities within the patient flow through the practice that could increase referrals?

*There are still many differences in how practices manage their 'on the day' demand across the county. Some use care navigators or a triage team, a duty doctor list, others use 'Ask my GP' or 'e-consult', some use ANPs or paramedics. When analysing appointments across the board, many successful practices have found that it can be at this point the referral is made either by 'bounce back' to reception or directly to the patient via text or email.*

## 7. Can more information be shared within the management/clinical team to increase participation & culture shift?

*Historically the relationship between community pharmacy and general practice has been largely based on the prescribing/dispensing process and therefore communication has sometimes been scarce. The NHS model is moving much more to include community pharmacy in the provision of primary care and GP CPCS is the start of that shift with more services being introduced thereafter. More than 1.1 million informal consultations a week – or 58 million a year – are conducted by community pharmacy teams in England. Without the support of community pharmacy these appointments would be added to the general practice burden.*

## 8. Is it because patients aren't keen?

*Research has shown that patients have already made their mind up what they want and who they need to see before they even phone the practice. Studies reflect that the confidence of the team affects whether the majority of referrals are successful. Often using language like 'I can offer you a GP appointment but the earliest one I have is *72hours, whereas I can refer you to the NHS community pharmacist and if they feel you need to be seen you will be'.*

## 9. Are you coding correctly?

*Check your system for the correct codes:* ***- 1362511000000107*** | *Referral to Community Pharmacist Consultation Service* ***362521000000101*** | *Referral to Community Pharmacist Consultation Service refused*

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## 10. Has making this new service 'business as usual' stalled in the transition?

*Until services or processes are made 'business as usual' they can be hard to maintain. There are lots of tips that can be used to maintain momentum, a re-fresh can be useful, encouragement and further training as well as a re-look at how the process has been set up in the practice.*