

Q and As for GP CPCS

Q: Setting up, registering and training staff to provide the service can be time consuming and therefore increase workload.

A: GP staff can be easily trained on how to implement this service. Investing time in staff training and implementing this service will actually help reduce GP practice workload and free up capacity to see patients with more complex clinical needs. Local commissioning and primary care networks are able to provide advice on set up and support the training involved.

Q: Who can make the referrals to community pharmacies?

A: Referrals can be made by anyone in the GP surgery team who has been appropriately trained. This can include receptionists, care navigators and GPs. This will help spread the workload within the team.

Q: There is an increased workload for the surgery team with CPCS, it is better to continue to suggest to the patient that they might wish to contact a pharmacist themselves.

A: Implementing this service will actually help to reduce GP practice workload and free up capacity to see patients with more complex clinical needs. Many care navigators/GP support staff are already triaging and signposting patients, so this service should not increase workload. By referring patients to this service formally, patients do not feel 'fobbed off' and fewer patients with minor ailments will take up valuable appointments allowing patients with high acuity illnesses/symptoms to be seen by a clinician at the practice. When set up correctly, implementing this service should be straight forward and efficient.

Q: Patients are being passed around the system.

A: This is not the case. By working together, GP surgeries and local pharmacies can ensure that patients receive the most appropriate care at the right place, at the right time. By referring patients into this service, patients are able to get the clinical advice and support they need on the same day in most cases. This also frees up capacity at GP surgeries to help patients with more complex needs.

Q: Patients do not want to attend a pharmacy for a personal consultation or don't have a pharmacy nearby.

A: Pharmacies are often the first port of call for patients with minor illnesses and many patients are happy to receive advice from their local community pharmacist. Many of the consultations can be conducted over the telephone so the patient may not need to attend the pharmacy in person.

Q: Patients are not receiving the same quality of care from pharmacists.

A: Pharmacists are highly qualified Healthcare Professionals who are experienced in recognising and managing a wide range of conditions and minor illnesses. Pharmacists have

expert knowledge of medicines and are able to determine when to refer patients to seek additional medical help.

Q: Surely pharmacies are going to be overwhelmed if we refer patients to them via this service and patients will not receive the care they need in a timely fashion.

A: Pharmacists are already used to helping patients who attend the pharmacy for advice and support by walking in. This is a formal referral service which allows patients to contact their preferred pharmacy to have a personal consultation where the pharmacist will have access to SCR, DCR and NICE CK summaries to ensure that the patient receives appropriate advice and care.

Q: We do not have a problem in our practice accommodating patients requesting an appointment.

A: CPCS is about 'Think Pharmacy First' i.e. EVERY patient who has one of the 12 Minor Conditions on the assessment tool is referred to a pharmacy if they are appropriate. This means that there will be more appointments available for those patients who have more complex clinical needs. Think about how long it might take to accommodate a very poorly patient when there are no appointments available.

Q: How long should a patient wait until phoning the pharmacy?

A: The patient can contact the pharmacy as soon as they wish. It will be important that when a patient contacts the pharmacy that all team members know that the patient could be a GP CPCS referral. The pharmacy will need to check their NHS mail/PharmOutcomes platform for the referral details. Practice colleagues should ask patients to tell pharmacies that they have been formally referred by their surgery.

Q: Will the patient be advised there might be a wait to see the pharmacist? Or would they expect it to be an immediate consultation?

A: Consistent messaging is key for this service. As part of the training for practices there are discussions about providing patients with information and managing their expectations. Just as a patient may need to wait to see their GP, a patient may need to also wait to see the community pharmacist who could be dealing with prescriptions or other patients.

Q: Will the reception teams be advising patients that they may need to pay for a treatment/OTC items, if they are usually exempt from prescription fees?

A: At the time of the referral the reception team/practice staff will inform patients that if they are recommended an OTC medicine they will need to purchase it and it will not be available on prescription. This service is intended to educate patients about how to self-care and that medicines that they may have had on an FP10 may not be available in the future.

Q: What if the patient genuinely doesn't have money to pay for suggested items?

A: The pharmacist would feed this back to the practice as part of the outcome of the consultation. It is up to a GP practice to decide which patients are suitable to be referred to the service. There should not be assumptions made that patients will not pay for OTC medicines. The pilots and current national trends show that there are very few patients who could not/would not pay for medicines, but there may be a small cohort of patients for whom this service would not be appropriate. Practices will need to consider which patients may not be suitable for this service

Q: Can referrals from the GP practice be rolled over from one day to the next e.g. a referral sent at 6 in the evening that is appropriate to wait overnight?

A: Referrals can be "rolled over" to the next day, especially those made at the end of the day. Please remember these are referrals for minor ailments only.

Q: Can we transfer the referral to a different pharmacy if requested by patient over the phone?

A: This is not possible, the pharmacy would need to formally hand the patient back to the practice and ask them to make the referral to the pharmacy that the patient has requested.

Q: Is feedback back to the GP surgery via PharmOutcomes?

A: Feedback to the practices will be via PharmOutcomes as it is for NHS 111 referrals. A pharmacist may also need/want to speak to a practice for any specific issues.

Q: How do we know which pharmacies are included?

A: There are 147 pharmacies in Dorset of which a small number are unable to provide this service. There will be contact details provided to practices of all pharmacies in Dorset, with those not currently providing the service clearly marked as such.

Q: Do the pharmacies inform the GP practice if any OTC medicine is provided to the patient?

A: As part of "closing the loop" the practices will receive information back about the outcome of the consultation e.g. advice given, advice given & OTC purchased.

Q: For our Care Navigators in the practice, how long is the process expected to take from receiving the call to completing the referral?

A: As with any new process this may be a little slower to begin with, but evidence from the pilots suggest that once established this takes a few minutes, approximately the same amount of time as it would to agree a consultation with a HCP in the practice. The practices that are using the service successfully have embedded the process and see it as 'business as usual' not another thing to remember.

Q: We are concerned about the workload for reception teams?

A: It will be for a GP practice to decide the best way to manage the process. Where the service is well established, the workload is not seen as onerous and the service supports patients accessing the most appropriate care in the most appropriate way.

Q: It would help the practices to know direct from the pharmacies as to what has been suggested as the GP will not have an idea of the recommendation.

A: This information will be provided within the outcome feedback that the practice receives after a consultation.

Q: What happens if the patient is not seen that day and the pharmacy has closed, the patient may come back to the practice?

A: When a patient is referred to the pharmacy they should be informed about the process for the patient to contact the pharmacy in the first instance. If it is at the end of a day and the pharmacy may be closing it is perfectly acceptable for the patient to be seen the next day. Remember these referrals are for minor conditions only.

Q: How quickly does the GP practice get the feedback, is it instant?

A: Once the pharmacist completes the information on PharmOutcomes, this will be returned to practice, so this can be straight after the consultation has finished.