

GP CPCS Frequently Asked Questions (FAQs) for Community Pharmacy

1. Claiming Annex F set up fee

Q. Am I able to claim the engagement and set up fee if I am already providing NHS111 CPCS?

A. Yes. As long as you meet the requirements of Annex F. Please note the deadline to claim is 30th June 2021.

Q. If individual branches from pharmacy groups have not been able to attend the webinar, can a regional/district manager or attendee from another branch explain the slides to colleagues to meet the training requirements of Annex F?

A. Yes. However, the post webinar resources, and information must be cascaded to the relevant store pharmacist(s) and their teams and completed to satisfy the Annex F requirements to provide the service.

2. Understanding the GP CPCS Service

Q. Will an SOP template be provided?

A. Yes. You can find the SOP template: [here](#)

Q. Can Distance Selling Pharmacies (DSPs) take part in this service?

A. Yes. DSPs can provide the service if they can meet the requirement within the service specification.

Q. Have locums and locum agencies been contacted about the service?

A. The LPCs will be engaging with locum agencies as we roll out the service. A locum checklist has been created to support locums in identifying resources for GP CPCS in the pharmacies that they work in. You can find the locum checklist [here](#)

Q. Who will be making the referrals at the practice?

A. Receptionists, care navigators, active signposters, 'sorters' and other practice support staff will be making the referrals. GPs are not expected to be making the referrals.

Q. Is there a danger that it will be easier for the practice staff to refer patients to the pharmacy to be treated for a minor illness without completing a formal referral?

A. We recognise this is a risk and are working with general practice colleagues to implement the service and clarify the need for a formal referral within the training. If you see an increased number of informal referrals coming through to your pharmacy, please notify your LPC.

Q. If you get a referral for a controlled drug and you refer it back can you claim for this?

A. General practices will only be making referrals for minor illness. Urgent medication requests are not permitted under this pathway.

Q. How does the practice decide which pharmacy to send the referral to?

A. GP surgery staff are trained to ask the patient when making a referral which pharmacy the patient would like to be referred to. It is vital that this is the patient's choice and is confirmed with the patient before a referral is sent, and this is clearly explained in the training provided to practice teams. The patient may choose a different pharmacy for the referral from their EPS-

nominated pharmacy. The Patient Access button can generate a list of suggested nearby pharmacies to where the patient is e.g., home or work based on the post code if required.

Q. Have surgery staff been briefed as part of their training, that where possible they should refer patients to their regular nominated pharmacy to avoid any consistency and remove the possibility of re-nomination or prescription direction?

A. General practice staff will be advised to send referrals to the patient's chosen pharmacy. There must be no attempts to change patients nominated pharmacy in this service.

Q. Is there a system in place that ensures all referrals meet the requirements within the scope of the service?

A. General practice teams will be provided with training to ensure they understand the referral processes before they go live. If you experience any issues, please let your LPC know, and they will discuss with the GP practice. In addition, the referral tools utilised in GM (Patient Access Connect for EMIS and PharmRefer for non-EMIS) include the minimum data set required for a referral in the service specification and the forms cannot be sent if all fields are not completed.

Q. As with NHS111 CPCS, can referrals be sent on to another pharmacy if we have not got stock of a medicine we recommend, or do we still complete the referral and send patient to another pharmacy verbally?

A. In NHS 111 CPCS, this feature is only available for urgent medicine supply. As the GP referral pathway does not include urgent medicines, there is no facility for a pharmacy to forward a minor ailments referral to another pharmacy.

3. Deployment in Greater Manchester

Q. How is the roll out being managed in Greater Manchester practices?

A. The GP CPCS working group is managing the roll out which will take place over the next 2 years (21-23) with keen and enthusiastic practices being prioritised as early adopters. The reason for this approach is that general practice engagement is vital to successful service delivery; if the general practice team are not engaged then they will not send referrals, regardless of pharmacies keenness to deliver the service, it will not succeed.

Q. Is there a list of practices who are in the first phase?

A. LPCs will be sending out regular communications about which practice will go live and will be hosted on their websites.

Q. When will the electronic referral pathway from practice to pharmacy be available?

A. Funding has been secured for the IT solution across GM. We are now working through a phased deployment of general practices across Greater Manchester with the first practice due to go live in July 2021. Your LPC will be in touch with your pharmacy as and when practices are due to go live in your area. If you have begun local discussions, please notify your LPC as soon as possible.

Q. Is the service only available for GP practices that use the EMIS system?

A. No, the service is open to all GM general practices. Although the EMIS practices have an integrated referral tool which sits within EMIS web, there are other IT solutions for practices who use System One and Vision.

Q. Are local general practices aware of this service or do we need to approach them to discuss?

A. Local GP engagement will be critical. If you are approached by a general practice or PCN colleague, we have produced several resources including a presentation and briefing for GP

colleagues to support with responding to any queries you receive. Further information can be found on your LPC website. Please contact your LPC if you are approached for information about GP CPCS.

Louise@boltonlpc.org.uk

Enquiries@gmlpc.org.uk

Websites:

Bolton LPC – [Bolton LPC Bolton LPC \(psnc.org.uk\)](http://psnc.org.uk)

GMLPC - [Representing community pharmacists in Greater Manchester Greater Manchester LPC \(psnc.org.uk\)](http://psnc.org.uk)

Q. How will the general practice staff be trained?

A. All practice staff that will be making referrals to the community pharmacy will have all received training prior to go live and regular support will be provided to the practice staff for the first 4 weeks of service delivery.

Q. Where we have issues with Clinical Directors not wanting to engage, how can we get round the issue?

A. Service engagement has been made with a wide range of stakeholders including Practice Managers, PCNs, CCGs and individual practices. Please contact your LPC to discuss this further if required.

Q. Following go live, will data be reviewed to ensure practices are making referrals?

A. LPCs will be supporting practices for 4 weeks from go live so the service is fully embedded. Part of this check will be a review of the data to ensure referrals are being made. LPCs will also follow up with pharmacies after reviewing the referral data, to ensure that referrals are picked up and actioned promptly and in line with the service specification timescales.

Q. Is the process of referral the same if the patient visiting the pharmacy whose GP is not from Greater Manchester? Will there be any difference to work with GP practices from outside Greater Manchester?

A. As the national service specification does not mandate the IT referral mechanism there is the possibility that bordering areas may use NHS mail to send referrals. Your LPC will liaise with neighbouring LPC's to ensure relevant information is shared. Pharmacies should routinely check NHS mail at least twice daily and so any referrals which are made from practices outside of GM should be picked up. A manual referral sent via NHS mail should still be recorded in PharmOutcomes in the same way as a referral sent through directly to PharmOutcomes. If pharmacies receive referrals via NHS mail from general practices in GM, please notify your LPC.

4. [Checking for referrals](#)

Q. How regularly should my pharmacy be checking for referrals?

A. You should check PharmOutcomes regularly throughout the day. As a minimum we recommend 3 times a day. Your shared mailbox should be checked as a minimum first thing in the morning and last thing at night.

In addition, a cut-off time of 2:30pm has been agreed in GM whereby for any referral sent before 2:30pm, the patient should be contacted by the pharmacy the same day. Any referrals sent after 2:30pm may be completed the same day, or the next working day. We recommend therefore, that pharmacies should check for referrals at or around 2:30pm each day, in addition to first thing in the morning and last thing before closing as a minimum.

Q. Our pharmacy has reached the limit of people who can use the NHS shared mailbox. Who do we contact to allow more people to be added on?

A. Please contact: england.gmtop@nhs.net

Q. Can locums access the pharmacy's NHS shared mailbox?

A. Yes. The locum would need to have their own personal NHS mail account and be added to the shared mailbox by the mailbox owner.

Q. Are referrals only coming through PharmOutcomes or will they come via NHS mail as well?

A. Most referrals will come through PharmOutcomes, but in the event of an PharmOutcomes outage, the default is for messages to be sent through will be via NHS shared mailbox. In addition, referrals from practices outside of GM who may not have access to the Patient Access Connect or PharmRefer may be sent via NHS mail.

Q. Is there a system available to flag notifications in the pharmacy when they have been received?

A. There are several products available to help with this. One most used is the [PharmAlarm](#) which can be purchased through Pinnacle Health directly by contacting: pharmalarm@phpartnership.com

Q. Should I accept a referral when it is received in the pharmacy?

A. Yes, a referral should be accepted when it has arrived in the pharmacy as this will show commissioners that the referral has been seen and is being acted on. By clicking the 'Accept' button the referral will stay on the 'Outstanding referrals' section of the 'Services' screen for you to complete.

Q. What happens if the pharmacist cannot contact the patient?

A. There is not an electronic message back to the GP in this case, nor is there a requirement in the service specification for the pharmacy to inform the GP. As referrals are for patients with minor illnesses or low acuity conditions and if the patient is not contactable and has not attempted to contact the pharmacy themselves, nor presented elsewhere, then an assumption is made that the issue is no longer problematic for the patient.

5. Patient Consultations

Q. Can the pharmacist consultation be conducted remotely?

A. Yes. The consultation can be conducted either face-to-face or remotely. The pharmacist must exercise their clinical, professional judgement to determine which option is most appropriate.

Q. What equipment are we expected to use as part of the clinical assessment? e.g., BP monitor, pulse oximeter etc.

A. There is not currently any requirement to have any specific equipment to provide the service. However, if you do have equipment available and have undergone specific training regarding how to use the equipment, then it can be used as part of the service delivery.

Q. When the pharmacy needs to refer patients back to the surgery, should the pharmacy use the generic practice phone number?

A. As part of implementation with the practice, we are requesting direct telephone numbers and email addresses where available. It is important that these contact details are only used to escalate referred patients for this service and are not shared with patients. A reference list can be found in PharmOutcomes, in the Annex C area.

Q. If the consultation results in advice to purchase an OTC product but the patient is unwilling to buy a product, can a referral be made back to the GP?

A. The pharmacist is not able to decide whether the GP may/may not prescribe, therefore a referral back to the GP with an expectation to prescribe medication is not appropriate. If a Minor Ailments Service (MAS) is available from your pharmacy and the patient is eligible, this could be used to support the patient with a medicines supply.

Q. To be useful in helping deal with low acuity conditions will there be NHS funded PGDs for conditions other than those already covered by minor ailments?

A. There are not currently any NHS-funded PGDs in place to supplement this service. However, local discussions are currently taking place with commissioners and LPCs who will update contractors in due course.

Q. What information is shared with the GP?

A. PharmOutcomes automatically creates a notification which is sent by email to the practice when you save the record. This includes:

- Patient details
- Presenting condition
- Consultation outcome, including details if signposted or escalated and red flag symptoms and actions taken if appropriate
- Medicine(s) supplied
- Notes – this is a freetype box – please ensure that any notes you add in PharmOutcomes are factual and clinically appropriate

In addition, general practices have access to PharmOutcomes directly, and they can pull reports which show **all data** entered into PharmOutcomes including any referral rejection notes so pharmacies should ensure that data entered is appropriate and professional.