

GP CPCS
Top Tips for
Community
Pharmacy

September 2022



**Greater Manchester
Community Pharmacy**
Provider Board

GP CPCS Top Tips: Accepting referrals – whole pharmacy team

Check regularly

Nominate several pharmacy colleagues to check PharmOutcomes & NHS shared mailbox:

Regularly throughout the morning
After **cut-off time at 2:30pm**
30 mins before closing

Ensure all the regular staff have access to PharmOutcomes & NHS Shared mailbox

Email helpdesk@phpartnership.com for any PharmOutcomes issues

Email pharmacyadmin@nhs.net to add mailbox users (<10 accounts) or england.gmtop@nhs.net (>10 accounts)

Patient contact

You must contact the patient **within 2-3 hours** of the referral being sent. If the patient is uncontactable please make several more attempts

Consider the possibility of a GP CPCS referral for patients attending the pharmacy – always check if they have been referred before managing the patient OTC and missing out on the consultation fee

Patient follow-up

'Accept' the referral in PharmOutcomes if you have contacted the patient but not yet completed the consultation

Locums and relief pharmacists MUST deliver the service – there are no specific training or accreditation requirements for completing patient consultations

Reject any referrals for patients who are uncontactable after 24 hours

GP CPCS Top Tips: Completing the consultation - pharmacists



Patient consultation

- Must be completed within 12 hours of receiving the referral where possible
- Telephone or face to face
- Consider face to face if the patient has symptoms which warrant direct observation e.g., a skin problem



NICE Clinical Knowledge Summaries

- Use to support the patient consultation
- Pharmacists should be familiar with the guidance on CKS for the most common presenting symptoms
- E.g. cough, sore throat, conjunctivitis, ear infections

Advice Only	Advice & OTC sale	Advice & referral into local MAS
Advice & non-urgent signposting to another service / GP	Advice & urgent escalation to GP (pharmacist makes)	Advice & urgent escalation to urgent care e.g. A&E or

Consultation Outcome

- Always give safety netting advice
- 1/3 referrals result in advice only – patient may just need reassurance, printed information can also be supplied
- Add full but concise & factual notes to PharmOutcomes – these will be included in the notification that is sent back to the GP and in the patient notes

GP CPCS Top Tips: Signposting, escalation & issue resolution

Non-urgent GP

Patient signposting

PharmOutcomes DOES NOT send these notifications automatically

Pharmacist to contact the practice to request an appointment for the patient

Refer to email sent when the practice went live or check Annex C in PharmOutcomes

Urgent GP

Same-day appointment with the GP

PharmOutcomes DOES NOT send these notifications automatically

Pharmacist to contact the practice to request an appointment for the patient

Refer to email sent when the practice went live or check Annex C in PharmOutcomes

Collaboration

Good Communication with practices is critical to a successful service

If you are facing pressures such as staffing issues, closures or are unable to process referrals or process referrals within the agreed timeframes, **contact local practices** and inform them that you are unable to process referrals until further notice

If the problem is longer term please email england.gmtop@nhs.net

Check your business continuity plan, ensure any actions required for advanced services are included with appropriate actions in emergency situations

If you are part of a multiple, inform your area manager or head office

Links,
resources and
support:

[GP CPCS GM Processes](#)

[CPCS Checklist](#)

[Do's and Don'ts List](#)

[Virtual Outcomes training for pharmacies can be accessed here](#)

[GMLPC webpage](#) or [Bolton LPC webpage](#)

[GP CPCS - Pharmacy FAQs](#)

[Locum guide](#)

[If you have a Minor Ailments Service \(MAS\) commissioned, it can support your CPCS consultation. Find out more information about MAS here](#)