

## GP referral into the NHS Community Pharmacy Consultation Service (CPCS) FAQs

GP referral to the NHS Community Pharmacist Consultation Service (CPCS) is being rolled out to GP practices across England. This is an extension of access to an established service, currently delivered by more than 94% of pharmacies in the country.

However, we understand that the addition of the GP referral pathway into this service may raise questions or concerns.

There is an NHS FAQ document which covers many of these questions in detail, and this can be accessed via NHS Futures, or via the Pharmaceutical Services Committee website using the direct link below:

- [https://psnc.org.uk/wp-content/uploads/2020/12/FAQs\\_GP-CPCS\\_v1.3.pdf](https://psnc.org.uk/wp-content/uploads/2020/12/FAQs_GP-CPCS_v1.3.pdf)

As we work with the regional NHSE&I team, our early adopter sites and the Local Medical Committee in Lincolnshire we have also identified a number of additional questions which may be more specific to our locality, and we have answered these below.

Should you have any specific queries, please do not hesitate to contact Community Pharmacy Lincolnshire at [info@pharmacylincolnshire.org](mailto:info@pharmacylincolnshire.org)

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### 1. **If a patient is referred and needs a medicine to treat their condition, will they be supplied with this from the pharmacy free of charge?**

No. This aspect of CPCS does not include medicines supply. Following a consultation, if the pharmacist determines that the patient can be managed in the pharmacy, they may be offered advice alone, or given advice and a recommendation to purchase an appropriate OTC medicine.

This aligns with national and local policies regarding the management of minor conditions.

If a patient requires a medicine to treat their condition for which an OTC medicine is *not* available, or for which it is not permitted for sale under its licence as an OTC medicine (for example hydrocortisone cream in children under 10 years), the patient may be referred back to the practice for either a non-urgent appointment, or if more urgent, via warm clinical transfer through the appropriate telephone line provided. Patients should not be sent back to the practice to simply 'request a prescription'.

In the pilot for this service, around **nine in ten patients** were managed entirely within the pharmacy.

2. **My surgery is based in an area of high deprivation with most households having low income. How will patients have equitable access to medicines that may be recommended by the pharmacists following the consultation?**

As mentioned in question 1, there is no funded aspect of medicines supply with this element of CPCS. However, many medicines which may be used to manage symptoms of minor acuity conditions are available at relatively low cost. Many consultations may be managed through the provision of advice alone, or the patient may have appropriate medicines such as analgesics at home. Several sites within the pilot were in areas of high deprivation, and this did not negatively affect patient acceptance, outcomes or feedback.

3. **We're a dispensing practice. Can the service be offered to our dispensing patients?**

The service is not linked to prescription supply and so can be successfully offered to dispensing patients. However, there may be practicalities to consider, such as the distance the patient may need to travel to a pharmacy.

The service cannot be offered by dispensing practices themselves; it is only available through community pharmacies.

4. **How do I know to which pharmacy to send the patient?**

Almost all pharmacies in Lincolnshire (and across the UK) offer CPCS, and so would be able to accept referrals from GP practices. Community Pharmacy Lincolnshire will share a list of those pharmacies within the county which offer the service, but information is also available on the NHS Directory of Services.

The **choice of pharmacy must be that of the patient**, and they should be asked for their preference when being offered the referral. If the patient has no preference, you should offer two or three which are near to the patient's location and allow them to choose.

5. **We're aware of some regionally commissioned NHS services which allow pharmacies to treat some additional conditions such as UTIs and infected eczema or insect bites. Is this part of CPCS, and can I refer patients for these?**

These are the Extended Care services which have been commissioned by the NHSE&I Midlands Team. Several pharmacies in Lincolnshire are offering these services, but these are not officially part of CPCS. Not all pharmacies offering CPCS are offering the Extended Care service.

Patients with those conditions covered by the Extended Care services *may* be referred via CPCS to the pharmacies which offer these, but this should be agreed locally, in advance; patients referred through CPCS for these services to pharmacies which do not offer them are likely to be referred back to the practice for an appointment.

You can find more information about the Extended Care services pharmacies [here](#).

## 6. Can I refer patients for routine tests such as blood pressure or blood tests?

No. This service is for the minor acuity conditions listed in the service specification only (and those in the Extended Care services is agreed locally).

Referrals for diagnostic or monitoring purposes will not be dealt with in the pharmacy as part of this service.

## 7. Are pharmacists qualified to see patients in this way?

All pharmacists are qualified healthcare professionals who train for 5 years to Masters level, encompassing the clinical use of medicines, the assessment and management of minor illnesses, recognising red flag symptoms and providing health and well-being advice. They routinely provide treatment advice about a range of common conditions and minor health concerns, as well as advising patients on the safe and effective use of medicines, and when to seek medical advice if there are any serious concerns. They have been providing the CPCS, taking NHS111 referrals since October 2019.

## 8. Pharmacy teams are required to provide advice and support for self-care as part of the Community Pharmacy Contractual Framework. Why is this service needed?

Community pharmacy teams provide self-care advice and signposting **opportunistically** as part of the essential services set out in the Community Pharmacy Contractual Framework, and these include helping with the treatment of minor illness and providing advice on the appropriate use of the wide range of non-prescription medicines which can be used in the self-care of such conditions. This advice and support can be provided by the pharmacists or their trained team members and this continues to be a critical part of the role of community pharmacy in healthcare systems.

CPCS provides a further, robust framework for referral to a pharmacist-led service, for which an appointment will be arranged. The service is delivered to a national service specification, which includes notification of the outcomes of the consultation to the referring GP practice, and the pharmacist takes clinical accountability for the patient while they are managing them as part of the service. Signposting to a pharmacy (i.e. simply telling the patient to speak to a pharmacist) carries no reassurance for the practice that the patient has seen a professional and with that a risk that potentially sinister symptoms may be missed.

## 9. What if the patient is assessed and needs further tests? Will the pharmacist perform these?

The minor acuity conditions agreed by the NHS as part of this service at this stage are unlikely to require diagnostic testing or detailed patient examination. Pharmacists are trained to assess and deal with conditions of this type and may use some basic examination skills in addition to history taking to exclude 'red flags' and provide appropriate management. Some pharmacists may have additional skills which they choose to apply as part of their clinical assessment, but these are not part of the core NHS service offer.

If a patient requires further diagnostic testing or a more detailed physical examination, they are likely to be referred onwards appropriately. This could be to the GP practice via warm clinical transfer, or to an emergency care setting (for example if an x-ray may be warranted).

## 10. How is this funded?

Pharmacies receive a referral fee for offering providing the service after completion of the required processes, and this comes from the pharmacy transition payments. There is no additional funding for GP practices, as the service is designed to assist GP practices in managing patient demand and improving access. It allows triaging of suitable patients to pharmacy in a way that they can monitor, thereby freeing up appointment time in the practice, at no cost to the GP practice or CCG.

## 11. Will the pharmacists providing the service follow current guidelines and base any recommendations for OTC medicines on these?

Pharmacists are experts in medicines, and routinely use guidance and evidence-based practice when responding to symptoms and suggesting over-the-counter medicines, balancing these with patient choice. In addition, the service specification requires the use of **Clinical Knowledge Summaries**, where these are available for the conditions being managed. However, many of the conditions for which patients can be referred as part of CPCS are minor acuity conditions for which national and local guidance recommend self-care or purchase of OTC medicines.

Many patients simply need advice or reassurance; in the pilot from Avon, around third of patients were managed with advice alone and only 41% of patients were offered medicines (but the choice to purchase remains that of the patient).

## 12. What happens if pharmacies do not wish to participate and how will patients who access pharmacies outside of Lincolnshire but are registered with a Lincolnshire practice be managed?

94% of pharmacies across England offer the Community Pharmacy Consultation Service, which has been supporting referrals from NHS111 since October 2019. Almost all pharmacies in Lincolnshire offer CPCS, and so would be able to accept referrals from GP practices both within Lincolnshire and from outside our borders – this can be particularly helpful for patients visiting on holiday.

Community Pharmacy Lincolnshire will share a list of those pharmacies within the county which offer the service, but information is also available on the NHS Directory of Services, so this will be useful for patients who prefer to use a pharmacy outside of Lincolnshire's borders. Practices may wish to discuss this with pharmacies to which they are most likely to refer, to ensure that they work collaboratively.

The choice of pharmacy must be that of the patient, and they should be asked for their preference when being offered the referral. If the patient has no preference, you should offer two or three pharmacies which are near to the patient's location and allow them to choose.