NHS Community Pharmacist Consultation Service (NHS CPCS)

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NHS England and NHS Improvement

Community Pharmacist Skills

- General practice holds more than 300 million appointments a year, and it is estimated that 6% could be supported with self care and pharmacy.
- All pharmacists train for five years encompassing the clinical use of medicines, the assessment and management of minor illnesses, recognising red flag symptoms, and providing health and well-being advice, bound by a duty of confidentiality.
- **Pharmacists can give treatment advice about a range of common conditions and minor health concerns**, making decisions about which medicines patients should take and how to take them, and signposting and referring to higher acuity services if needed.
- **Community pharmacists are taking on more of the clinical roles** that have traditionally been undertaken by doctors, such as delivering vaccinations, and conducting medicines reviews. They also help people give up smoking and manage their weight.
- Community Pharmacist Consultation Service (CPCS) training has been provided (RPS and RCGP) to support pharmacists in enhancing their skills and the digital referral pathway.
- Good evidence that advice and treatment provided as part of CPCS results in the same outcome as if the patient is seen in their general practice.
- **The pharmacy professional workforce is key to achieving the NHS Long Term Plan ambitions** for medicines optimisation and safety.

CPCS

- The Community Pharmacist Consultation Service was initially launched October 2019 as a referral pathway from NHS 111 and since 1st November 2020, GP practices can refer into it (minor illness pathway). UEC pathway being piloted.
- Patients are offered **a same day consultation with a pharmacist** and with the patient's consent, **a secure electronic referral is sent to the community pharmacy** of the patient's choice.
- The pharmacist will contact the patient to arrange the consultation with reference to **NICE Clinical Knowledge Summaries** tools embedded in the care record.
- A **post event message is sent to the patient's registered practice** after completion.
- Through CPCS, community pharmacy are **supporting patients to access services quickly** when they are acutely ill, as well as **providing continuity of care**.
- Patients like and value the consultation in a **confidential** environment. A Pharmacy Integration survey (2020) showed respondents were definitely satisfied (87%) or mostly satisfied (13%) with the consultation, and all felt confident in the pharmacist they spoke to. Over **10,500 community pharmacies** are registered to deliver the service.

NHS CPCS

CPCS: Aims and intended outcomes

- **Support the integration of community pharmacy with the wider NHS** to reduce demand on integrated urgent care services, primary care and urgent and emergency care (UEC) services.
- CPCS offers patients a same-day consultation with a community pharmacist and **helps improve patient experience**, as well as directing demand to the **most appropriate setting**. 9 out of 10 patients are successfully helped by the pharmacist without escalation to another service.
- It will benefit patient's access to the **right clinician, right place at the right time**, boosting patient's confidence in pharmacist for future advice and treatments.
- Increase patient awareness of the role of community pharmacy as the **'first port of call' for low acuity conditions** and for medicines access and advice.
- **Support patients to self-manage** their health more effectively and to recommend solutions that could prevent use of UEC services.
- The anticipated longer-term change will be **changing patient behaviour,** with patients returning to pharmacies for advice rather than the general practice.
- To be cost effective for the NHS, supporting patients with low acuity conditions.

Minor illness conditions to be referred to CPCS

- Acne, spots and pimples
- Allergic reaction
- Ankle or foot pain or swelling
- Athlete's foot
- Bites or stings, insect or spider
- Blisters
- Constipation
- Diarrhoea
- Dressing problems
- Ear discharge or ear wax / earache
- Eye, red or irritable
- Eye, sticky or watery
- Eyelid problems
- Failed contraception
- Headache
- Hearing problems or blocked ear
- Hip, thigh or buttock pain or swelling
- Knee or lower leg pain
- Lower back pain
- Lower limb pain or swelling

- Mouth ulcers
- Nasal congestion
- Rectal pain
- Scabies
- Scratches and grazes*
- Shoulder pain
- Sinusitis*
- Skin rash
- Sleep difficulties
- Sore throat
- Teething*
- Tiredness
- Toe pain or swelling
- Painful and increased frequency when passing urine
- Vaginal discharge
- Vaginal itch or soreness
- Vomiting
- Wrist, hand or finger pain or swelling

* added most recently at the start of 2022

Potential outcomes from the pharmacist consultation

NHS

Advice only

Adult with sleep difficulties - during consultation patient explains recently started working shifts or new mother and discussion with pharmacist leads to appropriate advice. All consultations end with “if”.

Advice + Sale of an Over The Counter (OTC) Product

Adult with headache - during consultation pharmacist eliminates red flags and identifies it as a tension headache. Pharmacist provides self care advice and suggests the patient buys paracetamol.

Advice + Referred on to Another NHS service

18 month child with a sticky eye - during consultation the pharmacist uses the Extended Care PGD.

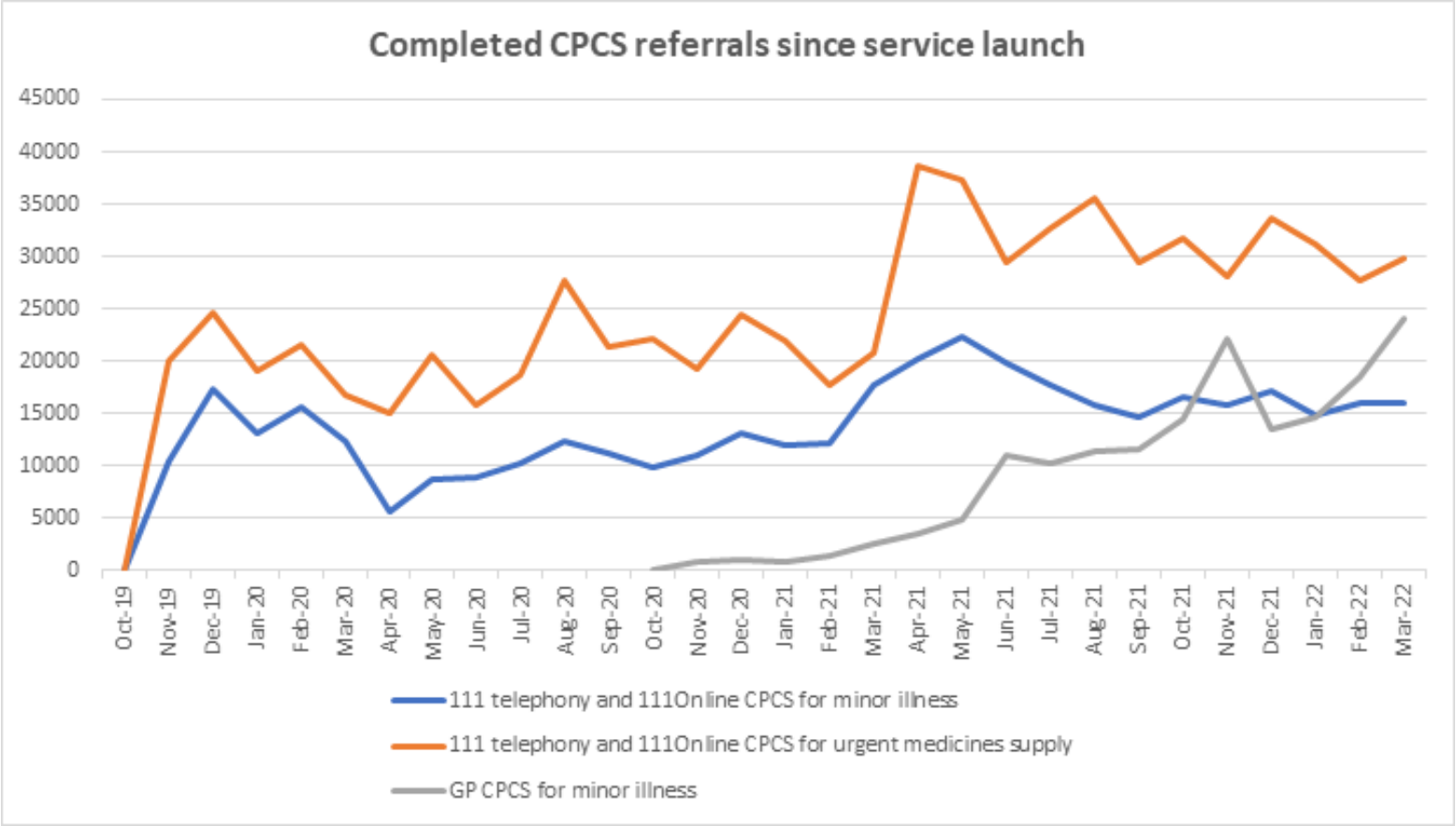
Advice + Signpost

Patient with lower back pain - during consultation pharmacist eliminates red flags and provides self-care advice to patient. Patient advised that if it doesn't resolve then they may need to see a physiotherapist and explain how to access physio services in their local area.

Advice + Refer

Young adult male with headache but during consultation explains they received a blow to the head during boxing training the day before. Pharmacist contacts GP practice using the agreed number to refer the patient back to them.

Completed referrals since launch (111 and GP)



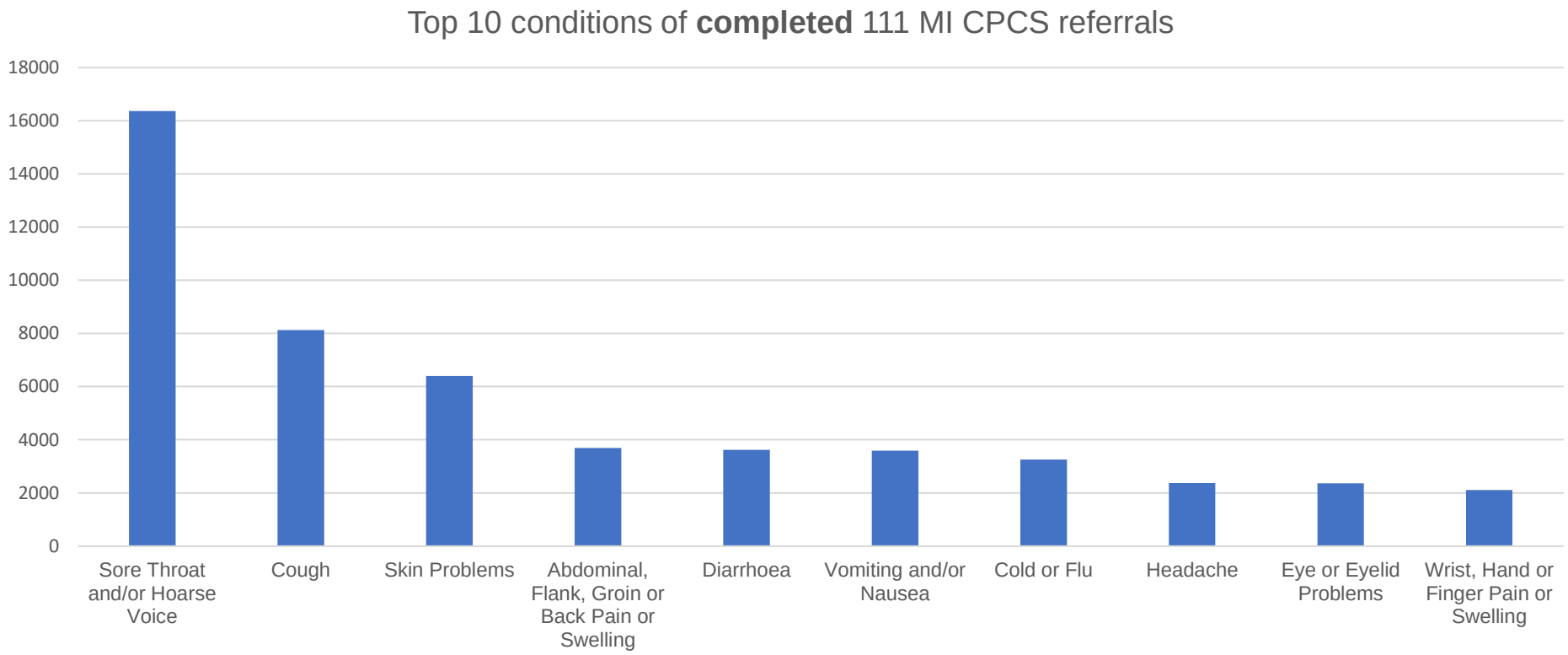
NHS 111/IUC referral pathway

- NHS England and Improvement monitor CPCS service utilisation to encourage the referral opportunity to be utilised.
- Data shows an increasing number of NHS 111 referrals, with the highest peak to date seen in February 2022 at c. 50,986 referrals.
- However, the referral opportunity is underutilised by NHS 111, particularly for minor illnesses.
- There is significant variation nationally with some providers referring more than others.
- Between January and March 2022 NHS 111 utilisation of CPCS, overall was 59%:
  - 41% utilisation of the minor illness consultation offer
  - 93% utilisation of the urgent repeat medication offer
- **An e-learning package has been developed in collaboration with Health Education England (HEE) to support Integrated Urgent Care staff in referring to CPCS. This will be made available to IUC providers from May 2022.**

General Practice referrals to CPCS (minor illness)

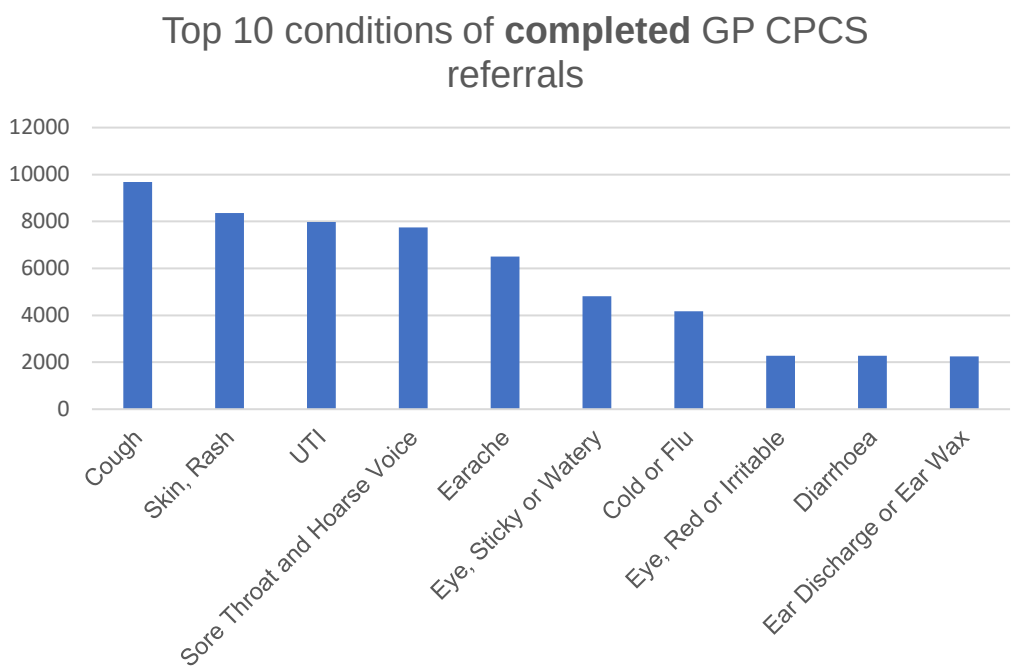
- By working together, GP surgeries and local pharmacies can ensure that patients are receiving the most appropriate care by a suitable healthcare professional at the right time.
- By referring patients to pharmacies via this service, patients are able to get the clinical advice and support they need on the same day. This frees capacity at GP surgeries to help patients with more complex needs.
- Pharmacy Integration Fund (PhIF) has procured Primary Care Commissioning (PCC) as a national provider (between March to June 2022) to support GP practices in rapidly implementing the general practice referral route into CPCS, collaborating with regional leads and other stakeholders to boost referrals.
- **Success with CPCS uptake is** strong PCN relationships between general practice and pharmacies; local implementation support working collaboratively with LPCs, NHSEI implementation leads and the national support to agree local referral pathways.
- **Challenges to uptake centre on** interoperability between GP and pharmacy systems, to support local I.T. solutions for sending referrals and receiving clinical data back from the pharmacy, as well as the perceived time to make the referral.
- There are ongoing national and local collaborations to create communication materials to increase engagement and referrals, e.g. Practice leaflets, digital communications.
- The Impact and Investment Fund (IIF) indicator, to encourage uptake and increase referral rates, came into effect from April 2022. If 100% practices achieved this rate of CPCS referrals i.e. 34 per 1000 registered patient, this would result in 2 million referrals annually i.e. approx 167K each month.

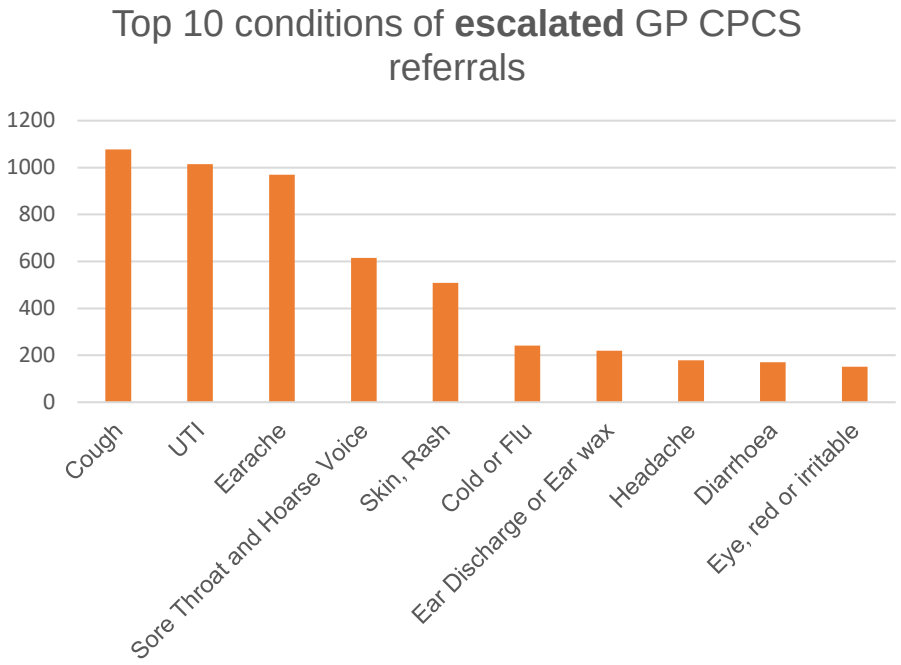
NHS 111 Minor Illness CPCS referrals (Sep 2021 - Feb 2022)



- 158,659 Minor Illness CPCS referrals were made from NHS 111 in this period
- 95,283 MI referrals (61% of all) were completed
- 8% of all referrals were escalated
- 16% of referrals had no patient attending

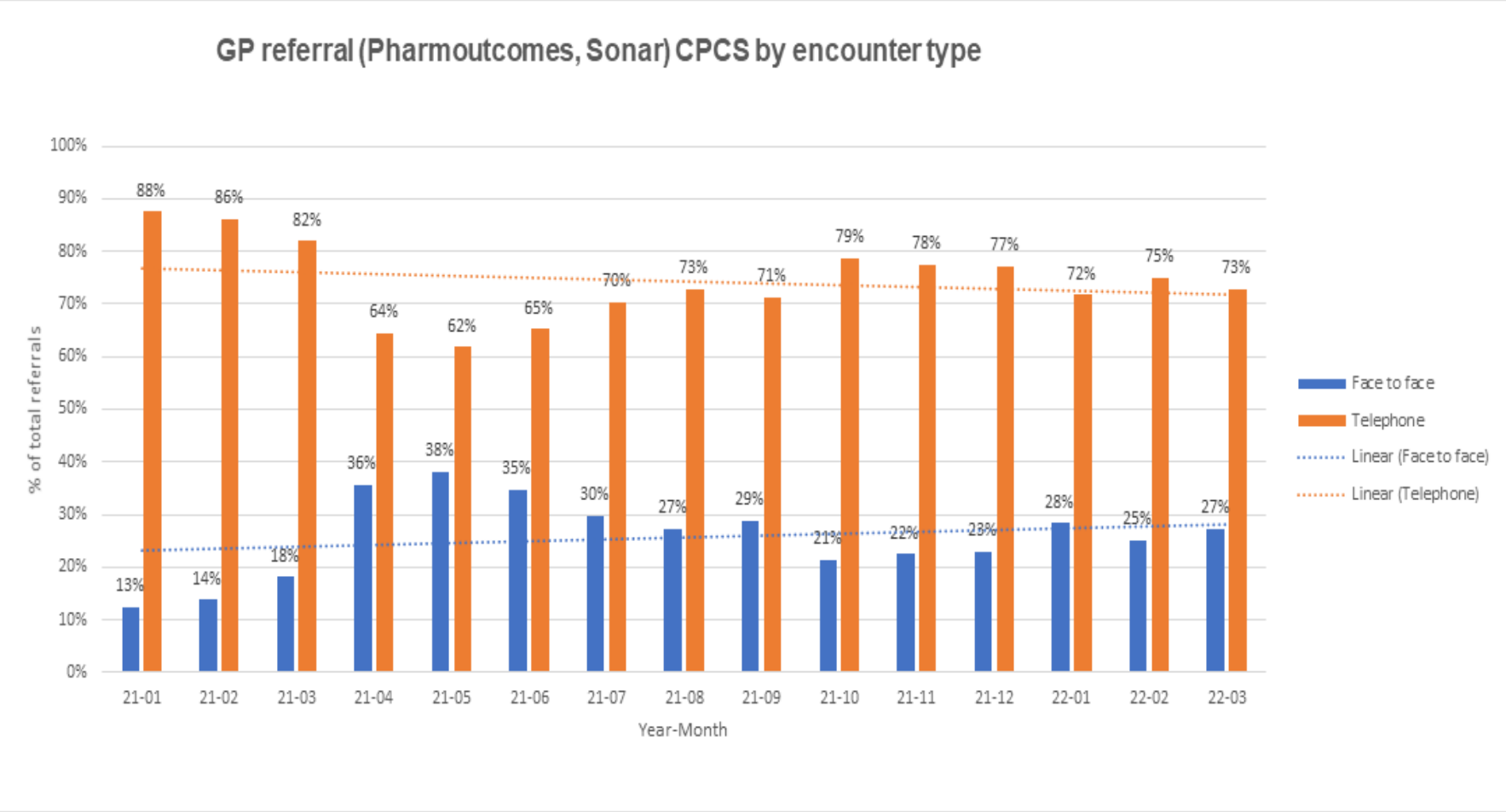
GP referrals to CPCS between Sep 21 and Feb 22





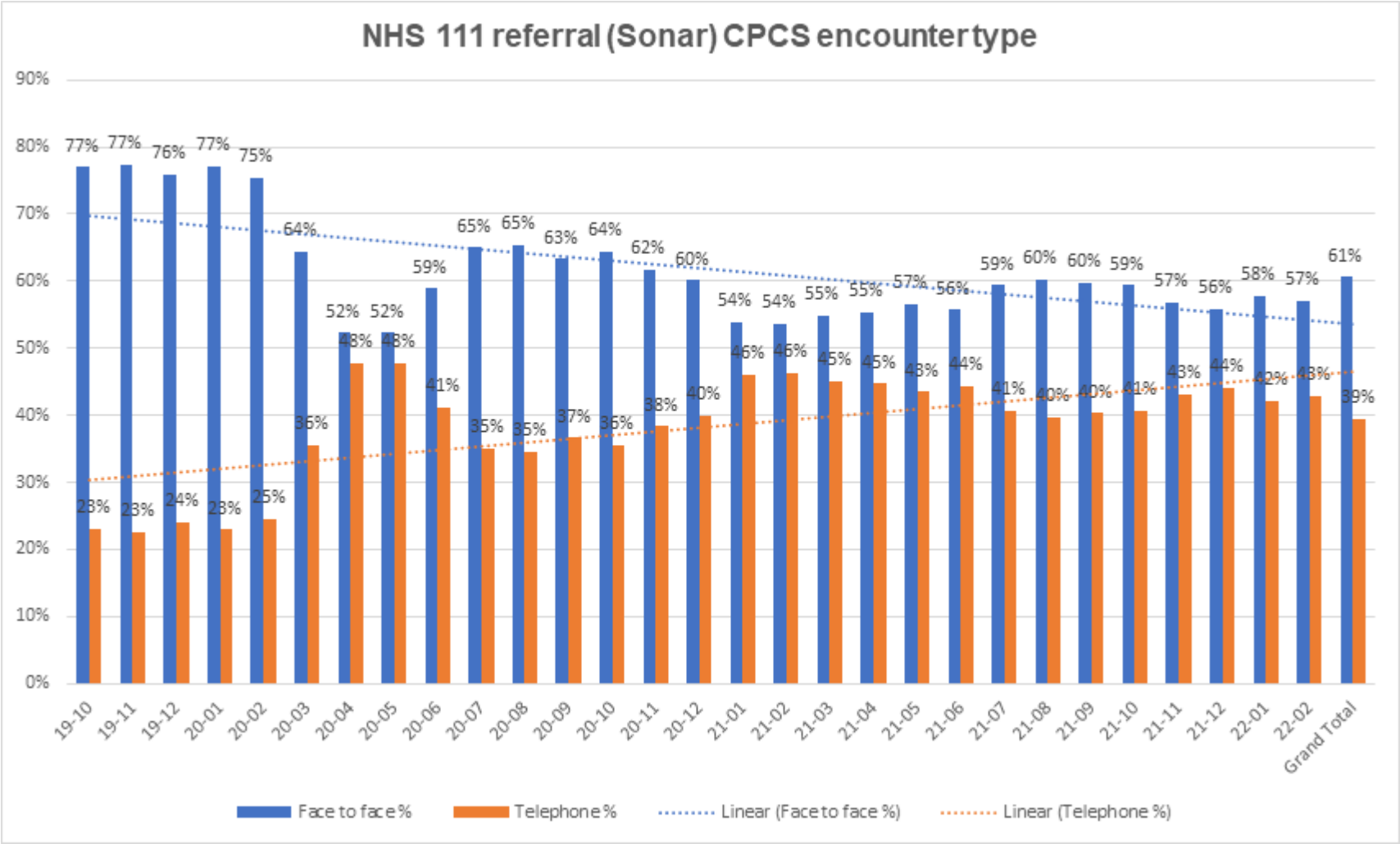
- 115,655 GP CPCS referrals were recorded in this period
- 96,091 referrals were completed and that is 83% of all GP CPCS referrals
- 8% were escalated
- 12% of referrals had no patients attending.

Consultation encounter type when referred by GP (National data)



Three quarters of CPCS consultations are held by telephone, when referred by a GP.

Consultation encounter type when referred by NHS 111 (London)



The consultation encounter data is different with NHS 111 referrals, which shows that only two fifths of consultations were held over the telephone.

NHS CPCS piloting referrals from UEC

- A current pilot is testing referrals from Emergency Departments and Urgent Treatment Centres.
- This is running from 1 November 2021 to 30 September 2022.

The aims of the pilot are to:

- Test referral routes for patients with low acuity minor illnesses and Urgent Repeat Medicines Supply requests from UEC settings to community pharmacies (CPs).
- Describe the required system reassurance regarding the referral route from UEC settings to CPs encompassing clinical, operational, and digital processes.

The objectives of the service are to:

- Understand the impact of referrals on both EDs and CPs to inform future rollout plans.
- Understand the opportunity and the potential volumes within this cohort with low acuity conditions that can be treated within a CP.
- Understand and record the clinical governance considerations for establishing a referral route for low acuity conditions from UECs (higher acuity care) to CPs (lower acuity care).
- Undertake quantitative and qualitative evaluation including patient experience and the experience of community pharmacy and UEC teams.
- CPCS referrals from various settings means patients with minor illnesses are consistently directed to pharmacists when they contact the NHS.

UEC- CPCS Patient Flow

Patient attends UEC* Setting with symptoms of a low acuity minor illness or request for urgent repeat medicines supply

Screening of the patient request takes place
(either in-person or via electronic screening tool)

Patient's request suitable for treatment in UEC setting

Patient remains in the UEC setting for clinician consultation/ care

Patient's request suitable for treatment in CP** setting

Patient is offered and accepts referral to the CPCS in CP setting

Patient referral details sent to the CP IT system electronically (via digitally secure system)

Patient attends the eligible CP of their choice

Community pharmacist conducts CPCS consultation in the consultation room

The patient receives the appropriate treatment/advice for their low acuity minor illness or urgent repeat medicine request

* UEC - Urgent & Emergency care
** CP - community pharmacy

Further information

The NHS England CPCS website includes further details and the full CPCS service specification

https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/community-pharmacist-consultation-service/

Contact the NHS England and NHS Improvement Pharmacy Integration team
england.pharmacyintegration@nhs.net