**Information which can be used in initial discussions with PCNs and general practices on the GP referral pathway into the NHS CPCS**

Community pharmacists are taking an increasingly central role in assessing and treating patients with minor illness, who need to be seen quickly and conveniently. This greater use of pharmacists’ expertise is improving access to primary care for patients and also freeing up thousands of GP appointments for those with higher acuity needs.

The NHS Community Pharmacist Consultation Service (CPCS) was launched on 29th October 2019 and to date, over 10,500 patients a week have been referred for a confidential consultation with a pharmacist following a call to NHS 111. These are patients who might otherwise have needed a consultation with a GP.

Call advisors directly refer patients with minor illnesses or who need an urgent supply of medicines for a consultation with a pharmacist, usually on the same day, either face to face or remotely. The pharmacist provides clinical advice on appropriate treatment or next steps, which may involve the purchase of an over-the-counter medicine. If symptoms suggest something more serious, the pharmacist will refer the patient to their GP for an urgent appointment, or to an urgent care setting such as the Emergency Department.

The new referral pathway is proving to be safe, effective and popular with patients, who like the quick and convenient access to a trained health professional.

Following a number of successful pilots of the GP practice referral to a community pharmacist around the country, the CPCS service is now being extended so all practices in England are able to refer patients who need a consultation about a minor illness to a community pharmacist, if the patient agrees. If the patient needs an urgent medicine, it is anticipated that the GP will issue a prescription and so the urgent medicines supply route is not part of the new referral pathway.

Practices can choose if they want to start using the new service, and are being encouraged to do so through the new Structured Medication Review and Medicines Optimisation Service Guidance <https://www.england.nhs.uk/publication/des-contract-specification-2020-21-pcn-entitlements-and-requirements/>. It sets out how PCNs are encouraged to implement a referral process as part of an integrated pathway to access the CPCS, so that a patient can have a confidential consultation to receive advice and treatment for a range of minor illnesses.

All patients contacting their practice are streamed by trained reception staff and based on the information gathered and those who are suitable are referred – with their agreement - via a secure message for a same day consultation with a pharmacist. The patient will be offered a choice of local pharmacies.

Due to current COVID-19 restrictions, the pharmacist will either contact the patient by phone to carry out the consultation, or arrange for them to attend the pharmacy if appropriate, or may be offered a video consultation by the pharmacist. Following the consultation, the pharmacist will either offer self-care advice, offer health care advice and at the request of the patient, sell an over the counter medicine which may be collected by someone else, or refer to another service where necessary. Where symptoms suggest something more serious, the pharmacist will help the patient to arrange an urgent GP appointment or escalate to an urgent care setting such as the Emergency Department, if needed.

An implementation toolkit will be made available to all participating Primary Care Networks and practices. It will contain a supporting governance guide to facilitate local discussions for establishing referral pathways and escalation routes.

**Key evaluation findings from NHSE&I’s GP referral pathway pilots**

To date, 91 practices are currently referring patients to 153 pharmacies and over 6,300 clinical consultations have been carried out.

* 86% of patients referred by their GP to a pharmacist went ahead with the consultation. Of those who had a consultation, 88% were advised or treated by the pharmacist and 10% required escalation to another service;
* This 86% attendance rate from GP referrals is much higher than for patients referred to the CPCS service from NHS 111, where attendance rates are 61%;
* Patient ‘did not attend’ rates are: for the GP Referral to CPCS pilots – 12%; and for the NHS 111 CPCS pathway – 27%;
* Initial evaluation findings from the pilot sites show just over 27% of suitable patients – i.e. those who have minor illness symptoms that fall within the scope of the CPCS minor illness pathway – were referred for a community pharmacist consultation;
* Evaluation shows patients are citing convenience, time-saving and being able to fit appointments around working hours as reasons to use the service again. They were pleased at being offered a consultation at a convenient pharmacy and liked that the consultation was on the same day, or a day that suited their needs; and
* NHSE&I’s evaluation also shows that an important element to facilitating CPCS referrals is where practices work closely with pharmacy staff to exchange learning and knowledge.

**Key messages – GPs and practice staff**

* Practices are being offered a safe and effective way to refer patients with minor illnesses directly to a community pharmacist;
* Following initial streaming by the practice reception team, the service offers patients a same day consultation with a pharmacist, or one on the day of their choice;
* The practice is able to send a digital referral message to a community pharmacist – with 94% of all community pharmacies already signed up to the service;
* Community pharmacists are experts in medicines and trained in managing minor illnesses and have already successfully seen thousands of patients referred via NHS 111 for minor illness and urgent medicines supply consultations. Since the CPCS was launched in October 2019, an average of 10,500 patients per week have been referred;
* Pharmacists providing this service have also been offered additional refresher training delivered by GPs and advanced practitioners through the RCGP, RPS and CPPE;
* If a patient’s symptoms suggest it’s something more serious, pharmacists have the right training to recognise more significant disease and can help arrange an urgent GP appointment, or advise the patient if they need to go to the hospital to the Emergency Department or see another healthcare professional;
* In a pilot scheme for the GP referral pathway, the number of patients who chose to have a consultation with the pharmacist when offered was 86%, and 9 out of 10 of those referred to the pharmacist were successfully treated or advised;
* Evaluation of the GP referral pathway pilot showed patients liked the convenience, time saving and ability to fit appointments around working hours. They were pleased at being offered a consultation at a convenient pharmacy and liked that the consultation was on the same day, or a day that suited their needs;
* Practices can decide on the electronic referral process that they would like to use, working alongside existing digital triage and assessment procedures and following NHS Digital guidance;
* Primary care networks are being asked to agree how they are going to work with their local community pharmacies; and
* An implementation toolkit will shortly be available to support practice staff and each NHS region will provide guidance and drive forward the implementation of the new referral pathway. The pathway is a key part of the programme of initiatives that will be supported through the primary care improvement programme by Time for Care.