CPCS Connect Event 18th January 2022

Sponsored by

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Community Pharmacy West Yorkshire

Introductions

BESINS HEALTHCARE
Innovating for Well-being

Thank you to our sponsors

Vaughn Thompson, Key Account Manager, Men's Health

Webinar Housekeeping: Using Zoom

If you have a question, click on the chat icon in the tool bar and a window opens on the screen. Type in your message and the presenter will either respond during the webinar or your question will be answered during the Q&A at the end.

We will be recording this meeting and making available on our website.

Community Pharmacist Consultation Service

Welcome

- Thank you for joining this Connect Event at such a busy and stressful time.

Aims for the event

- Priority being given to this service by NHSEI
- Myth busting
- Clinical hand back
- Maximising fees
- Importance of data
- Staff training and revalidation
- Provider Pays implementation and associated risks
- Contractor concerns/issues

Priority Service

- Oct 2021 NHSEI made utilisation of GP CPCS a condition of getting access to the Winter Access Fund
- Dec 2021 NHSEI published planning guidance sends a clear messages to systems and states:

EVERY OPPORTUNITY TO SECURE UNIVERSAL PARTICIPATION IN THE COMMUNITY PHARMACIST CONSULTATION SERVICE SHOULD BE TAKEN

- PCNs are being encouraged to develop implementation plans and make at least 34 GP referrals per 1000 patients within the 2022/23 financial year
- Three new minor illness conditions have been added to the 111 referral list in January 2022:
  - Scratches and grazes
  - Teething
  - Sinusitis

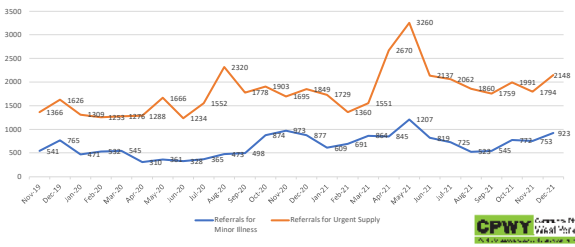
Myth busting

- CPCS is **NOT** a suite of services it is **ONE SERVICE.**
  - If the pharmacy contractor has signed up to provide the service referrals from all routes (NHS 111 and GP practices) must be accepted.
  - CPWY has had reports from GP practices wishing to implement the GP CPCS element that some pharmacies are saying that they are signed up to deliver CPCS but that they are not yet ready/willing to provide the GP CPCS element.
  - Collaboration is key when implementing this service, especially the GP element, as strong relationships with relevant GP practices necessary for success.
  - Whilst increased numbers of referrals may be putting additional pressure on community pharmacy teams accepting the referrals and actioning them where possible is fundamental to helping the system as whole cope with the additional pressures that COVID 19 has brought to primary care and the NHS as a whole.
  - Engagement fee
- When is a CPCS referral complete?
  - https://psnc.org.uk/wp-content/uploads/2021/08/CPCS-when-is-it-complete-v1-Jul-2021.pdf
  - Triaged versus dropped referral
  - Will cover more about this in maximising fees section

Background

- CPCS launched in Oct 19 and is well established for managing referrals for both urgent medicines supply and minor illnesses:-

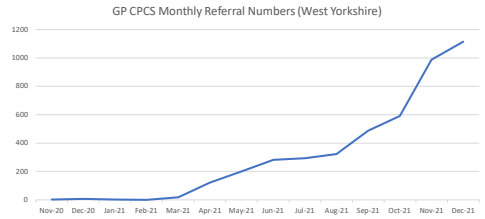
111 Referrals to CPCS (West Yorkshire) @ 31 Dec 21			
No of CPCS Pharmacies	Urgent Meds Referrals	Minor Ailment Referrals	Total No of Referrals
302	46,436	17,189	63,625



Background

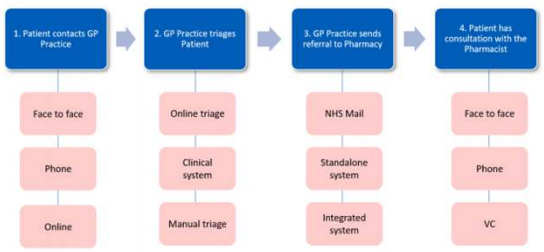
- GP referrals into CPCS (**minor illness only)** became part of the national service from November 2020. In principle GP referral to CPCS is no different to CPCS

GP Referrals to CPCS (West Yorkshire) @ 6 January 2022			
No of Practices Live/ About to Go Live	No of Practices Actively Sending Referrals	No of Pharmacies Received Referrals	No of Referrals
123	64	189 (38% of CPCS pharmacies)	4966



Patient Pathway

GP Referral Pathway



Local Protocols with GPs (1)

Local protocols should be agreed and communicated within a PCN/practice area before a practice goes live and starts to send GP referrals to CPCS. This should include:

- The referral method to be used (PharmOutcomes or NHSmail – funding for digital support available for practices).
- An agreed timeframe for responding to referrals
- The protocol if the pharmacy is closed (e.g. picked up the next day)
- Is the patient told to attend the pharmacy/contact the pharmacy within a specified amount of time, or does the pharmacy contact the patient within an agreed amount of time?
- Process to refer patients back to practice where clinically necessary (from the pilot evaluation, this equates to approximately 1 in 10 patients).

Local Protocols with GPs (2)

- Note key difference to referrals from NHS 111:
  - **Referrals from 111** - **onus on patient to contact pharmacy** (pharmacy contacts pt IF they have made no contact within 12 hours).
  - **Referrals from GPs** – dependent on what's been agreed BUT generally speaking **onus on pharmacy to contact the patient.**
- CPWY **suggested** guidance for GP CPCS referrals:
  - **Pharmacy contacts patient within 3 hours** (*referrals sent by 2:30 actioned the same day/any sent after 2:30 may be picked up the next working day – pharmacist uses professional judgement to assess urgency).*
  - **Onus on pharmacy to contact** *– safety netting with the "back up" pts told the pharmacy will contact them within X hours but if they haven't been contacted after X hours, patient is advised to contact the pharmacy. THIS SHOULD NOT HAPPEN ROUTINELY*

Success of the service relies on robust & timely patient-pharmacy-GP practice communication.

Pharmacy Consultation Process

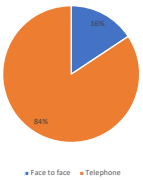
1. Pharmacist contacts the patient by telephone (or as agreed locally)
2. Pharmacist consults with patient either remotely (over the phone) or face-to-face:
   - Pharmacist undertakes clinical assessment (check SCR/CKS for red flags)
   - Supply relevant patient information leaflet if required
   - Closing statement (safety netting) at the end of EVERY consultation:
3. Patient Outcomes

Medication does not need to be supplied. Focus of the service is the consultation and provision of key messages on self-care (nationally, advice only in 40% of consultations).

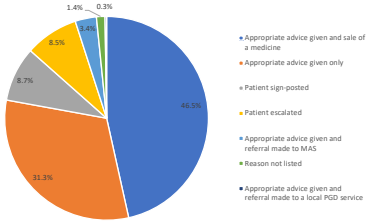
Data

Patient Outcomes – GP CPCS

Consultation Type
(GP CPCS Referrals in West Yorkshire)

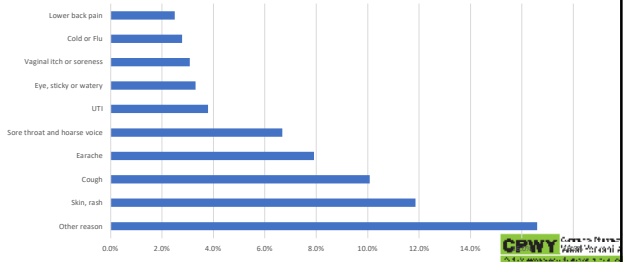


Outcomes of GP CPCS Referrals in West Yorkshire
(12 Month Period, Dec 20 to Nov 21)



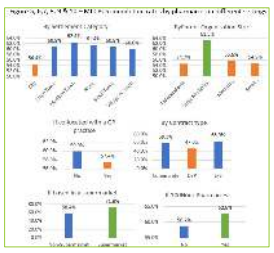
Top 10 Symptom Groups (to date)

Top 10 Symptom Groups
GP Referrals to CPCS West Yorkshire
(12 month period, Dec20 to Nov 21)



Importance of data

DATA EXTRACTED FROM NATIONAL NHSEI CPCS BLOG JANUARY 2022 – COMPLETION RATES BY SETTING



WHY IS DATA IMPORTANT

- NHSEI hope to capture all GP CPCS referrals when data flow via API (Provider Pays) is full established in early 2022.
- Scrutiny of data – GP practices pulling down activity reports to review referrals. Data also reviewed by NHSE&I/CCGs

Reflective Learning Points

It's Not Just About Treatment

- It is expected that there will be some patients that can't be treated.
- Not just about seeing and treating - key is that the pharmacist undertakes a clinical assessment, deals with the patients they can, and manages/escalates the patients where required.
- Remember – the pharmacist will be the first clinician seen by the patient. Think triage!
- Escalation doesn't necessarily mean it was a bad referral in the first place. All referrals require the pharmacist to make a judgement of what the best next steps are, and sometimes this means escalating or transferring the patient back to the GP.

Key Points for Pharmacy Teams (1)

- Engage with practices; tell them you are willing and waiting to accept referrals. Relationships are key.
- Know your local protocols and ensure SOP reflects this.
- Check regularly for referrals (both PO and NHSmail). Suggested **minimum**:
  - First thing in the morning
  - Mid morning
  - Lunch-time
  - Mid afternoon
  - Before close
- **Please action referrals promptly**

- Remember – not about solving every problem. It's about managing the patients you can manage, giving advice when needed, and knowing when to escalate.

Key Points for Pharmacy Teams (2)

- Follow locally agreed escalation process where needed (e.g. contact GP through agreed telephone number or use NHS111 professional helpline number / LCD).
- Service must be provided for all of the pharmacy's opening hours. Locums need to be aware and be able to provide the service (*inform local practices where extenuating circumstances apply and can't provide the service)*

Need to ensure an exemplar service to build confidence in practices (to send the referrals), patients to accept them and manage clinical risk.

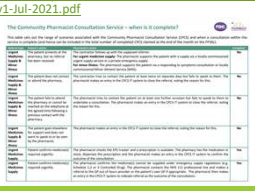
Dropped (Closed) Referrals

Closures – are you missing out on income?

Check your activity and review (reports functionality on PharmOutcomes)

Greater Manchester LPC identified 1 pharmacy that had incorrectly closed £476 CPCS referrals in 1 week!

Useful PSNC document here https://psnc.org.uk/wp-content/uploads/2021/08/CPCS-when-is-it-complete-v1-Jul-2021.pdf


The Community Pharmacist Consultation Service – when is it complete?

REFERRALS - DEC 21		
Completed	787	71%
Dropped	185	17%
Referred	143	13%
TOTAL	1115	

Dec-21		
Potential Income	Income	Lost Income
£15,610.00	£11,018.00	£4,592.00

Real Examples of Closed Referrals in December

Referral Rejection Notes

- Not picking up phone to follow up referral.
- Baby is just 17 days old with severe eye infection (as the mother explained) cant make any supply should be seen by the doctors.
- Failed to attend following contact with the pharmacy
- Patient does not want to come for pharmacist to see knee - wants limited contact due to C19.
  Dry patch is eczema a steroid cream will help pt if prescribed
- Patient has had continuous cough for > 3 weeks. Cant sleep at night and the mucus is brown and green in colour.
  Patient is currently taking other medication as well so decided not to supply any medication and referred the patient back to the doctors.
- Patient is too young to be treated in the pharmacy, needs to see GP or Accident and Emergency.

Interview with Chris Bland

Successful GP CPCS implementation

Chris Bland, CPWY committee member

- Why are you providing the CPCS service?
- Communication between GP and CP is really important for the GP CPCS service. How did you go about this?
- Why does doing CPCS well matter?
- How do you find the time to provide CPCS alongside a busy day in your pharmacy?

Clinical Hand back

- On average 1 in 10 patients will need to be referred back
- This is not a service failure, but a successful triage of a patient
- Need to follow the agreed referral route, either for 111 or GP CPCS
- Key that the handover gives other clinicians confidence in the service
- Evidence based
  - NICE CKS
  - PSNC Minor illnesses resource hub
- Communicate clearly– consider SBAR
- The service is clear that we are responsible for managing the patient, and robust clinical handover is part of taking ownership for the patients care

Clinical Hand back

The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition.

S = Situation (a concise statement of the problem)
B = Background (pertinent and brief information related to the situation)
A = Assessment (analysis and considerations of options — what you found/think)
R = Recommendation (action requested/recommended — what you want)

SBAR allows for an easy and focused way to set expectations for what will be communicated and how between members of the team, which is essential for developing teamwork and fostering a culture of patient safety.

https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-sbar-communication-tool.pdf

http://www.cpwy.org/pharmacy-contracts-services/essential-services/dispensing.shtml#MS

Clinical Handover - earache

Referral back:

patient has earache – not eligible for CPCS

Earache needs antibiotics

Earache - not able to undertake ear exam

GP view – what is the cause of this earache? Not all earache is bacterial and in some cases resolves on its own. Don't the pharmacy know how to manage ear pain?

Referral back:

Appointment needed for patient assessment. Patient (7yrs old) presented with earache of duration of 3 days. Earache continues despite analgesia.

Appointment needed for patient assessment. Patient presenting with earache. A very high temperature (>38c) with discharge from ear.

GP has the information needed, and confidence that a clinical assessment has been taken

CPD/Revalidation

CPD revalidation

RPS CPCS free workshops

Support effective patient-facing consultations and clinical assessments for a range of common minor illness. The training is delivered via a combination of online pre-learning and interactive online workshops and facilitated by experienced individuals, including GPs and advanced practitioner trainers.

Virtual Outcomes Training (available free for all West Yorkshire pharmacy teams)

A comprehensive CPCS training package to support pharmacies and GP practices with the CPCS service. The package of courses includes local implementation and delivery training for pharmacy teams as well as CPCS training aimed at GP Practice teams. To access these courses, visit https://www.virtualoutcomes.co.uk/pharmacy-training/

CPPE

CPPE has a range of training resources which can be used by pharmacists in preparation to provide the CPCS, including a self-assessment framework which supports pharmacists in reflecting on their knowledge and skills.

Future plans

Provider Pays Implementation

Move to New Model (April 2022)

Since the launch of CPCS in October 2019, NHS England has paid for accredited IT system suppliers to support with the delivery of this service.

In **April 2022,** the existing commissioning or payment model will change as NHS England will **pass the cost of IT support to the provider** i.e. community pharmacies. From this point, community pharmacies will be able to choose a provider they feel will provide them with the right solution to manage the CPCS.

It is vital that contractors confirm their choice of CPCS IT system by **no later than February 2022**. Failure to do so could impact on referrals and service continuity.

If you choose to stay with your current IT provider (PharmOutcomes) you still need to confirm this.

See PSNC for more details: https://psnc.org.uk/services-commissioning/advanced-services/community-pharmacist-consultation-service/cpcs-it-requirements-and-support/

This includes a switching guide, buyers guide and webinar

Nov- Feb Confirming CPCS IT system

After March 2022 procure own IT system

Contractor Questions

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Email

@CPWYinfo

www.cpwy.org