

Leicester City Health Overview and Scrutiny Committee

Tuesday 25th January 2022

Community Pharmacist Consultation Service Update

Service Background and Overview

The NHS Community Pharmacist Consultation Service (NHS CPCS) is a community pharmacist led clinical service which is well established in community pharmacy across England and has been managing referrals for minor illness conditions from 111 since October 2019.

Building on the success of the pilots, from 1st November 2020 General Practice referral into Community Pharmacy Consultation Service became a national service, referred to as GP CPCS. Regional teams were requested to roll out a “soft launch” of the service with a phased implementation working with Primary Care Networks who were keen to be early adopters.

Primary Care Networks are the driving force for implementing and governing the General Practice referrals into the Community Pharmacy Consultation Service. Key to successful delivery is a good working relationship between the NHSE&I programme team, Integrated Care System Leads, PCN Access Leads, PCN Clinical Directors, PCN Clinical Pharmacists, PCN Community Pharmacy Leads and Local Pharmaceutical Committee development officers.

Benefits of Implementing and using General Practice referral to Community Pharmacy Consultation Service

- GP referrals into CPCS is one of several improvement measures available to improve access and one of the easiest to implement.
- GP CPCS will free up practice capacity to see higher acuity patients and it will also build the platform for longer-term relationships between the pharmacy and general practice professions.
- 6% - 10% of all GP & Nurse consultations can be safely transferred to a community pharmacist. This equates to referring up to 55 GP practice appointments per practice each week to pharmacists.
- The scheme supports patients to self-manage their health more effectively with the support of community pharmacists.
- Early Implementors have reported a reduction in repeat calls, “Did Not Attends”, secondary care activity, in having to turn away patients because appointment ledgers are full, and an improvement in the number of Learning Disability Annual Health Checks and Long Term Conditions consultations.

Leicester, Leicestershire and Rutland and Leicester City GP CPCS Data (to date) – and Key Points Arising

General Practice referral to CPCS Utilisation Summary

To date, **67 (50.3%)** GP practices have implemented GP CPCS across LLR. In Leicester City, **31 (54%)** GP practices have implemented GP CPCS.

Across LLR, **6,613** referrals have been made by LLR practices to the GP CPCS. To date, Leicester City practices have made **2,536** referrals to the GP CPCS.

9 out of the 10 Leicester City PCNs have practices that have implemented GP CPCS. Leicester Central PCN is the one that has not to date. However, they have submitted a “Winter Access Fund” plan and have therefore committed to implementing and using GP CPCS.

26 GP practices in Leicester City are yet to implement GP CPCS and there is clearly an imperative – and an opportunity – to work with these practices and their PCNs to support successful and timely implementation.

Whilst referral numbers are high in Leicester City and across LLR, practice level data shows **considerable variation in referral rates** between practices. The data also allows us to identify practices where/when referrals appear to have ‘stalled’. Both give opportunities to analyse the data further and offer support to practices and or PCNs accordingly to understand or surface issues and work with community pharmacy partners to solve and optimise referral rates.

Leicester City GP CPCS Referral Outcomes

Table 1 below shows a break-down of the outcomes of the 2,536 LC referrals to the GP CPCS:

Table 1

Outcome	Number of
Appropriate advice given and prescription of medication	135
Appropriate advice given via the minor ailment service	16
Appropriate advice and medication provided	623
Appropriate advice given only	968
Patient escalated	347
Patient sign-posted	408
No outcome identified	39

The next table, Table 2, shows further break down of the 347 *patient escalated* outcomes, (14%): -

Table 2

Escalation detail	Number of	% of total escalations
Urgent to Emergency Department	3	0.9
NHS Walk In Centre	3	0.9
NHS Urgent Care Hub	4	1.0
Urgent GP	337	97.0

In Leicester City, the percentage of referrals from practices to the GP CPCS that are escalated back to the referring practice is 13.3%. The national expectation for this, (from pilots and early implementors), is 10%, so whilst not significantly higher for City, is something that is being further analysed.

Leicester City GP CPCS Reasons for Referral

Table 3 shows the most common reasons given for the referrals made by Leicester City practices to the GP CPCS: -

Table 3

Reason given for referral	Number of referrals
Cough	267
Skin/Rash	205
Earache/Discharge	169
Eye – Red or irritated	141
Cold or Flu	136
Sore Throat	100
Urinary Tract Infection	97
Lower Back	96
Headache	65
“Other”	630

The referral reasons are taken from the national dataset report, the not insignificant “other” total is something to be flagged with the regional team and further broken down.

Early Reflections

Many practices in Leicester City (and LLR) have recognised, embraced, and successfully implemented the General Practice referral to Community Pharmacist Consultation Service as an easy and safe way to improve their patients access to the right care, at the right time, from the right person.

Key to this success has been early engagement and collaborative working between practices and their local community pharmacies and pharmacists. This allows for agreement and confirmation of practicalities, e.g., referral process, safe referral time windows, escalation process and contacts etc., and also establishes communication channels and trust to allow the timely sharing of intel that supports a safe and effective service, such as workforce and or capacity pressures (for both parties) – particularly imperative given the pandemic and vaccination push.

Also key to successes so far, and vital for our “new year push”, has been, and will be, the shared vision and collaboration between the Regional Implementation Team, the CCG, and the Local Pharmaceutical Committee leaders and development managers.

Joint promotions and development events have happened and will continue, service provision information and guidance has been developed and shared, Local Pharmaceutical Committee and NHSE/I Community Pharmacy Leads are working with the community pharmacies so they “think PCN”, and issues raised by either practices or community pharmacies/pharmacists are shared and collaborative support offered as appropriate.

A simple, safe, and quick referral process/mechanism is the key ask of LLR practices. Currently, across LLR, practices are encouraged to use PRISM, (Pathway and Referral Implementation System), but feedback is that, even once the relevant staff have become familiar with the technical process, it takes too long. Funding from NHSE/I has been identified for each Integrated Care System to provide an “integrated referral solution”, suitable for both the clinical systems used by LLR practices.

However, this is non-recurrent funding, and the CCG will undertake a review and scoping exercise, (including this option), to identify the best, long term way to make referral to the GP CPCS as easy as possible for all parties.

Opportunities to Further Utilise Community Pharmacy

These are and will be offered from and by several routes and will require the same shared vision and collaboration between the Regional Implementation Team, the CCG, and the Local Pharmaceutical Committee leaders and development managers to maximise the potential benefits to both patients and pressurised services.

New Medicine Service (NMS) Advanced Service

- Expansion of the NMS from September 2021 to a significant number of additional therapeutic areas.
- Introduction of a catch-up NMS to allow contractors to deliver the service to patients started on an eligible new medicine between 1st April 2020 and 31st August 2021, who have not received an NMS due to pandemic restrictions.
- Provision for contractors to deliver the NMS away from the pharmacy premises with the patient’s consent.

Smoking Cessation and Advanced Service

- All participating pharmacies who meet the service requirements to offer smoking cessation support on referral from secondary care.

Extended Care Patient Group Direction Services – advice and treatment

- Opportunity for pharmacists to offer advice and treatment (where appropriate) for a range of conditions that would otherwise require an appointment with a prescriber.
- Bolt on or standalone to Community Pharmacy Consultation Service

Tier 1 Service	Tier 2(a) Service	Tier 2 (b) Service
Simple UTI	Infected Insect Bites	Acute Otitis Externa
Acute Bacterial Conjunctivitis	Infected Eczema	Acute Otitis Media
	Impetigo	Acute Bacterial Sinusitis
		Sore Throat

Emergency Department Streaming to Pharmacist

There are national pilots currently in place where Emergency Departments are trialling streaming patients to Community Pharmacists. In LLR a local initiative is being trialled with patients being referred to UHL's in house pharmacy for consultation with the pharmacist.

Conclusion

Many practices in Leicester City (and LLR) have recognised and embraced the General Practice referral to Community Pharmacist Consultation Service as an easy and safe way to improve their patients access to the right care, at the right time, from the right person.

The impact of the emergence of the Omicron Variant and the subsequent re-focusing of PCNs and their practices on the delivery of the Covid-19 Vaccination programme - whilst maintaining essential services – has undoubtedly impacted on the further implementation and utilisation of GP CPCS by LLR practices.

However, further contractual obligations, along with the strong collaborative relationships between the CCG, NHSE/I, LPC, analysis of the emerging data set, and the learning from our successful users of the GP CPCS, will allow us to push on and optimise this service for all our patients, achieving 100% access to this service by the end of Q1 22/23.