

Workshop 7 – Self-Care - Getting the right care, first time

Implementing self-care projects in line with the NHS England over the counter items which should not routinely be prescribed in primary care guidance.

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Welcome & Housekeeping

(+ Slides will be shared after)

House keeping



If you're not already on mute, please put yourself on mute. If you have dialled in direct using your mobile, please mute your line.



There will be an opportunity for questions towards the end of the session, if you have a question please type it into the chat box. We will monitor the questions and at the end of the presentation will do our best to answer them all or as many as we have time for. Any not answered will be followed up.



If you are having any technical problems we may not be able to help right now but we will be recording this webinar and will make it available online shortly afterwards.



We are recording the webinar and will send slides and links after the event

What do we mean by self-care?

- WHO defines **self-care** as *“the ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”*
- The [Self Care Forum’s](#) definition of Self Care is:

The actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness.

Why does self care matter?

- Primary care, and general practice, are a key part of the NHS.
- Demands on GP time & services have increased significantly in recent years and have not been matched by increased funding or workforce.

The various reasons for these increases in demand include:

- People living longer with more years spent in ill health.
- The changing nature and capacity of the general practice workforce.
- Initiatives to move care from hospitals into the community.
- Increased public expectation.
- And now the impact of the Covid-19 pandemic

Why does self-care matter?

- **Empowering people with the confidence** and information to look after themselves when they can, and visit the GP when they need to
- Gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term.
- In many cases people can take care of their minor ailments.
- Reduce the number of GP consultations and enabling GPs to focus on caring for higher risk patients, such as those with comorbidities, the very young and elderly, managing long-term conditions and providing new services.

Why does self-care matter?

- It has been estimated that 57 million GP consultations and 3.7 million visits to A&E every year are for minor ailments that could be self-treated at home.
- This costs the NHS £2.3 billion.
- In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter (OTC) from a pharmacy.

Why does self-care matter?

- More cost-effective use of stretched NHS resources allows money to be spent where it's most needed and improve health outcomes.
- Increased **personal responsibility** around healthcare helps improve people's health and wellbeing and better manage long-term conditions when they do develop.
- This will ultimately ensure the long-term sustainability of the NHS.
- We need a behavioural change of both prescribers and the public regarding the treatment of minor conditions.

In this workshop

- Self-care for minor ailments
- Reminder about patients being responsible for ordering their own medicines and only ordering what they need
- Community Pharmacy Consultation Service (CPCS)

Self Care – Minor Ailments and Over the Counter (OTC) Medicines

Self-care for minor ailments

- What are we talking about?
- In March 2018, NHS England (NHSE) published guidance for conditions for which over the counter items should not routinely be prescribed in primary care.
- It listed 35 conditions, plus probiotics and vitamins and minerals, as areas where self care may be more appropriate.
- Defined as either **self-limiting**, which means a condition does not need treatment as it will get better on its own or **conditions which self care is appropriate**, i.e. the person suffering does not normally need to seek medical advice and can manage the condition, if wanted, by purchasing OTC items directly.

Self-care minor ailments

These are:

- Acute sore throat
- Infrequent cold sores of the lip
- Conjunctivitis
- Coughs and colds and nasal congestion
- Cradle cap (seborrhoeic dermatitis – infants)
- Haemorrhoids
- Infant colic
- Mild cystitis
- Mild irritant dermatitis
- Dandruff
- Diarrhoea (adults)
- Dry eyes/sore (tired) eyes
- Earwax
- Excessive sweating (hyperhidrosis)
- Head lice
- Indigestion and heartburn
- Infrequent constipation
- Infrequent migraine
- Insect bites and stings
- Mild acne
- Mild dry skin
- Sunburn
- Sun protection
- Mild to moderate hayfever/seasonal rhinitis
- Minor burns and scalds
- Minor conditions associated with pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)
- Mouth ulcers
- Nappy rash
- Oral thrush
- Prevention of dental caries
- Ringworm/athletes foot
- Teething/mild toothache
- Threadworms
- Travel sickness
- Warts and verrucae

General Exceptions to the Guidance

- Long term conditions e.g. regular pain relief for chronic arthritis.
- Treatment of more complex forms of minor illnesses.
- For those patients that have red flag symptoms that suggest the condition is not minor.
- Treatment for complex patients e.g. immunosuppressed patients.
- OTC products to treat an adverse effect or symptom of a more complex illness.
- Circumstance where the product licence doesn't allow the product to be sold over the counter to certain groups of patients.
- Minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Individual patients – their ability to self-manage is compromised.
- Exceptional circumstances e.g. shielding or self-isolating

Break-out room 1 – 6 minutes

- What have you done within your workplace/GP Practice/PCN to support the self-care agenda?
- In general and/or specifically for patients with minor ailments
- Share best practice within your group
- Small groups of 4-6 people
- Introduce yourselves
- Before you start the discussion nominate one person to feedback to the rest of the group 😊
- If you're new to this – listen to others and think about what you could do.
- Be positive – time to discuss the barriers later

Break Out Rooms

Feedback from each group

What can you do? - Look at Your Data

- Self-care data packs
- Information sent out is latest data (April 21) but updated information can be found here:
- <https://www.prescgipp.info/our-resources/data-and-analysis/scorecards/scorecards-one-stop-shop/>
- Note – this is just prescribing data and there are lots of caveats related to the data – a starting point.
- Can discuss as a practice team – how many appointments do you think are for patients who could self care?

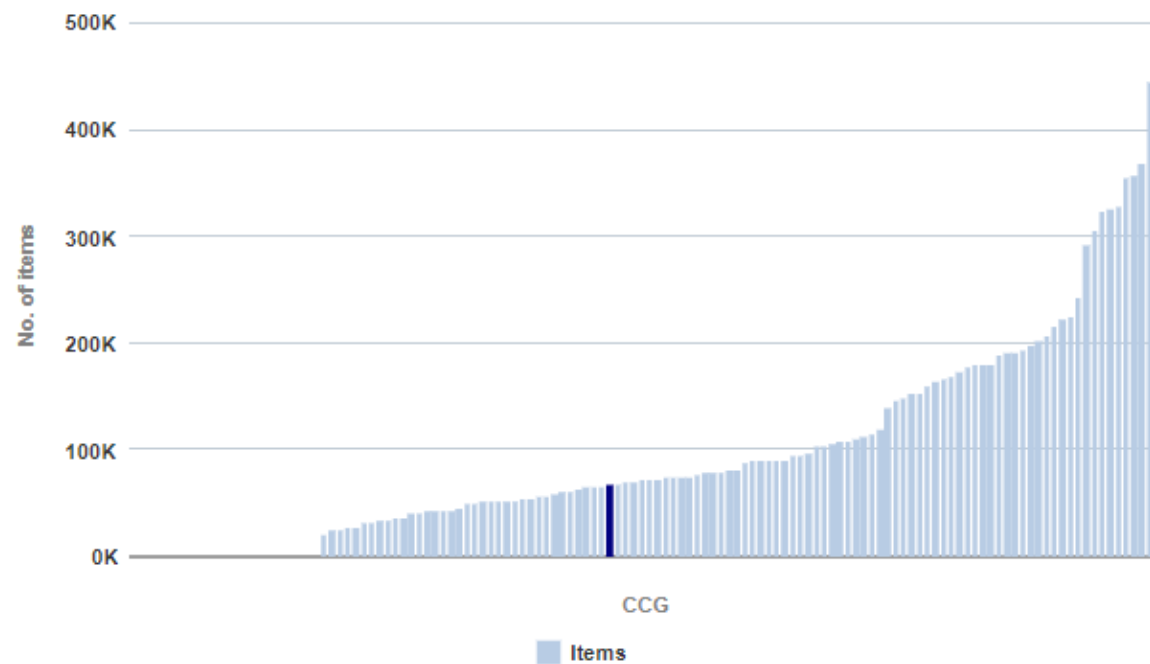
National Data – ePACT2 Dashboard

CCG Comparison (Overall): CCG within National

VALE OF YORK CCG against all CCGs (Feb-21 - Apr-21)

OTC Prescribing Proportionment:-Suggested Proportion

Select view: Graph: No. of items ▼



Looking at your data - self-care searches

- The self care system searches are available for you to download and use to help identify patients who may be prescribed items that could be purchased as self care instead. We have tried to add as many exclusions as we can to the searches to limit the numbers of patients identified for review.
- [Self care searches - EMIS Web](#)
- [Self care searches - EMIS Web descriptions](#)
- [Self care searches - SystmOne](#)
- [Self care searches - SystmOne descriptions](#)
- [Self care searches - Guide to SystmOne reports](#)

What can you do?

- It needs a multi-pronged approach, not one thing in isolation.
- Engage the whole team
- Nominate a **Self-Care Champion** within the GP Practice
- This person can be the point of contact for the GP Practice on self care – does not have to be a clinician.
- Many resources readily available to adopt.
- Identify small wins and areas of focus.
- Education for entire practice team and patients – confidence is key

What can you do?

- Engage with local community pharmacies - all giving the same consistent messages
- CCG is engaging with community pharmacies, podiatrists, dentist & opticians etc.
- Self-care prescriptions can be sent out via an SMS link/Template for AccuRx
- Support self-care awareness week 15th – 21st November 21
- Utilise social media
- Audits – on prescribing or appointments

Education for Reception Staff

- Education – explain what is self-care and why it matters
- Explain the role they play in supporting the self-care agenda
- They are the first contact for a patient – if given appropriate training can signpost to more appropriate pathway for the patient.
- Your practice can consider implementing the use of receptionist information sheets to encourage signposting patients to community pharmacies who fit the criteria.
- Reception checklist – see slide
- No prescription required pad – see slide

Education for Reception Staff

- Can reiterate messages – follow up with and email/text message sending out patient information leaflets
- Provide a ‘script’ to follow.
- Explain to patients why the reception team will ask questions
- Add further information to the answerphone message
- Can link to the self care forum fact sheets - <https://www.selfcareforum.org/fact-sheets/>
- Refer to Community Pharmacy Consultation Service - later

Engage Your Patients

- Patient Participation Group support - [Self care presentation](#)
- Think of other patient groups who can support
- Consistent messages
- Plenty of patient facing resources –
- [Patient Information Leaflets:](#)
- <https://www.prescgipp.info/media/3597/patient-information-changes-to-prescribing-of-over-the-counter-medicines-word-20.docx>
- <https://www.england.nhs.uk/publication/prescribing-of-over-the-counter-medicines-is-changing/>


Engage Your Patients

- [General self care posters](#)
- [Cough, colds and fever poster \(landscape\)](#)
- [Feeling under the weather poster \(landscape\)](#)
- [Feeling under the weather poster \(portrait\)](#)
- [Feeling under the weather poster - Alternative version \(landscape\)](#)
- [Feeling under the weather poster - Alternative version \(portrait\)](#)
- [Medicine cabinet poster \(landscape\)](#)
- [Medicine cabinet poster \(portrait\)](#)
- [Summer health \(landscape - printer friendly\)](#)
- [Summer health \(portrait\)](#)
- [Press release and social media](#)

Checklist for reception staff to use -

<https://www.prescgipp.info/media/3602/self-care-receptionist-information-sheet-20.docx>

Double click in the header to add your own logo and/or organisational information



Receptionist checklist |

NHS England has published guidance to primary care prescribers to **not** routinely prescribe over the counter medicines for common conditions.

Please signpost patients to purchase over the counter medicines and seek help from their pharmacist for the conditions or treatments listed below.

Probiotics	Infrequent migraines
Vitamins and minerals	Insect bites and stings
Acute sore throat	Mild acne
Infrequent cold sores of the lip	Mild dry skin
Conjunctivitis	Sunburn
Coughs and colds and nasal congestion	Sun protection
Cradle cap	Mild to moderate hay fever/Seasonal rhinitis
Hæmorrhoids	Minor burns and scalds
Infant colic	Minor conditions associated with pain, discomfort and fever (e.g. aches and sprains, headache, period pain, back pain)
Mild cystitis	Mouth ulcers
Mild dermatitis	Nappy rash
Dandruff	Oral thrush
Diarrhoea (adults only)	Prevention of dental decay
Dry eyes/sore (tired) eyes	Ringworm/athletes foot
Earwax	Teething/mild toothache
Excessive sweating (Hyperhidrosis)	Threadworms
Head lice	Travel sickness
Indigestion and heartburn	Warts and verrucae
Infrequent constipation	

What are the benefits of using pharmacies?

- It prevents unnecessary GP appointments for common conditions.
- Access to pharmacies is easier and sometimes quicker than waiting for a GP appointment.
- Pharmacies are open out of hours, like late nights and at the weekend, which is convenient for people who work or when the GP practice is closed.

Choose self care

Reference: NHS England, Conditions for which over the counter items should not routinely be prescribed in primary care: A Consultation on guidance for CCGs. March 2018.
<https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/>

Basic Medicine Cabinet

- <https://www.nhs.uk/live-well/healthy-body/your-medicine-cabinet/>
- Pain relief
- Antihistamines
- Oral rehydration salts
- Anti-diarrhoea tablets
- Indigestion treatment
- Sunscreen
- First aid kit

Training for GPs & other clinicians

- Royal College of General Practitioners (RCGP)
- Helping patients to help themselves self care for minor ailments e-learning course. March 2012 (updated February 2017).
- <http://elearning.rcgp.org.uk/course/info.php?popup=0&id=80>
- [Quick Reference Guide for HCPs](#)
- <https://www.england.nhs.uk/publication/quick-reference-guide-for-healthcare-professionals-conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care/>

If the patient is seen by a clinician

- If you think patient warranted self care only
- Reiterate the messages of self-care
- Please do not prescribe OTC medicines for self-limiting conditions, unless absolutely necessary.
- Provide patient information leaflets
- READ code onto the clinical system
- Provide a 'no prescription required' form
- Advise on duration of symptoms and any safety netting advice

No prescription required pad -

<https://www.prescripp.info/media/3595/no-prescription-required-pad-word-20.docx>

Double click in the header to add your own logo
and/or organisational information



No prescription required - Referral to local pharmacy

You have a common condition that does not require treatment or can be treated with a medication that is available to buy over the counter.

Please visit your pharmacist for help and advice. You do not need to make an appointment to speak to the pharmacist, just pop in anytime.

Your pharmacist can give you help and advice on the most appropriate medication to relieve your symptoms for:

Acute sore throat	Insect bites and stings
Cold sore	Mild acne
Conjunctivitis	Mild dry skin
Coughs and cold	Sunburn (and sun protection)
Cradle cap	Mild hayfever
Haemorrhoids	Minor burn or scald
Infant colic	Pain and/or fever
Mild cystitis	Mouth ulcer
Mild dermatitis	Nappy rash
Dandruff	Oral thrush
Diarrhoea (adults only)	Ringworm or athletes foot
Dry or sore eyes	Teething or mild toothache
Earwax	Threadworms
Excessive sweating	Travel sickness
Head lice	Warts and verrucae
Indigestion and heartburn	Other - please indicate
Infrequent constipation	
Infrequent migraine	

READ code & Import to Clinical System

- PrescQIPP have developed a tool (with instructions) which will help load the self care patient information leaflet onto EMIS and SystmOne GP clinical systems and read code when the leaflet is given to a patient.
- EMIS Web - Importing OTC PIL
- SystmOne - Importing OTC PIL

Break-out room 2 – 6 minutes

- What are the barriers to supporting the self-care agenda?
- In general and/or specifically for patients with minor ailments
- Be honest but constructive
- Consider barriers and share if you've overcome them
- Introduce yourselves
- Before you start the discussion nominate one person to feedback to the rest of the group 😊

Feedback from each group

Barriers

- School children – parents/schools requesting prescribed & labelled
- Affordability – cost of some OTC products is £££
- Pregnant women – license of OTC products
- Time/lack of capacity now - need to invest time to see cultural change
- In the 'too difficult' pile
- Some patients only ever want to see the GP
- Fear of missing a 'red flag'
- Blurred lines for those where it is a minor condition but they need long-term treatment.

Other Resources – The Self Care Forum

- The Self Care Forum was set up in May 2011 and aims to raise the awareness of self care and embed it into everyday life.
- The website contains lots of useful resources and information for prescribers and patients (<http://www.selfcareforum.org/>).

Vale of York CCG Resources

- [Self Care Quick Reference Guide](#)
- [Get the right care, first time](#)
- [Help us to help you this winter](#)
- [Help us to help you this summer](#)
- [Policy on Prescribing Medicines That Are Available to Purchase](#)

Pause & comments/questions

Reminder - Repeat Medicines

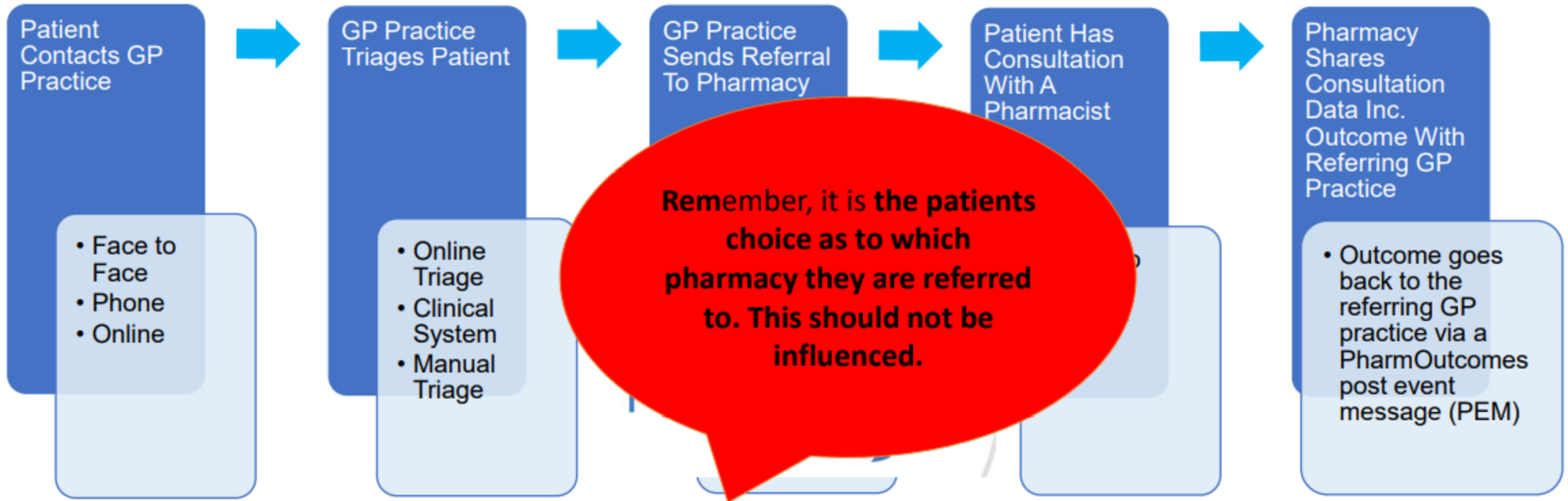
- <https://www.valeofyorkccg.nhs.uk/rss/home/prescribing/repeat-medicines-ordering-toolkit/>
- Reiterate message – only order what you need.
- Promote NHS App
- Practice medicines co-ordinators (new 2020) –
- Free via PrescQIPP website - [PrescQIPP e-learning | PrescQIPP C.I.C](#)
- This CPD certified course is aimed at non-clinical staff in GP practices that manage the repeat prescribing process and is a significant update to the original 2017 version.

**General Practice
Community Pharmacy
Consultation Service -
GP CPCS**

What is GP CPCS?

- It is a digital referral from General Practice to Community Pharmacist
- Use instead of booking a GP appointment for minor illness assessment
- GP CPCS builds on the tried and tested highly successful NHS 111 service with over half a million referrals from NHS 111 to community pharmacy

General Practice Referral to Community Pharmacist Consultation Service (CPCS) Referral Journey



On average 1 in 10 referrals is “handed back” to the Surgery by Community Pharmacist for surgery action.

NHS Community Pharmacist Consultation Service (CPCS)

Service suitability

The service is only for patients aged over 1 year.



CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES / STINGS	<ul style="list-style-type: none"> Bee sting Wasp sting 	<ul style="list-style-type: none"> Stings with minor redness 	<ul style="list-style-type: none"> Stings with minor swelling 	<ul style="list-style-type: none"> Drowsy / fever Fast heart rate 	<ul style="list-style-type: none"> Severe swellings or cramps
COLDS	<ul style="list-style-type: none"> Cold sores Coughs 	<ul style="list-style-type: none"> Flu-like symptoms 	<ul style="list-style-type: none"> Sore throat 	<ul style="list-style-type: none"> Lasted +3 weeks Shortness of breath 	<ul style="list-style-type: none"> Chest pain Unable to swallow
CONGESTION	<ul style="list-style-type: none"> Blocked or runny nose 	<ul style="list-style-type: none"> Constant need to clear their throat 	<ul style="list-style-type: none"> Excess mucus Hay fever 	<ul style="list-style-type: none"> Lasted +3 weeks Shortness of breath 	<ul style="list-style-type: none"> 1 side obstruction Facial swelling
EAR	<ul style="list-style-type: none"> Earache 	<ul style="list-style-type: none"> Ear wax Blocked ear 	<ul style="list-style-type: none"> Hearing problems 	<ul style="list-style-type: none"> Something may be in the ear canal Discharge 	<ul style="list-style-type: none"> Severe pain. Deafness Vertigo
EYE	<ul style="list-style-type: none"> Conjunctivitis Dry/sore tired eyes Eye, red or irritable 	<ul style="list-style-type: none"> Eye sticky Eyelid problems 	<ul style="list-style-type: none"> Watery / runny eyes 	<ul style="list-style-type: none"> Severe pain Pain 1 side only 	<ul style="list-style-type: none"> Light sensitivity Reduced vision
GASTRIC / BOWEL	<ul style="list-style-type: none"> Constipation Diarrhoea Infant colic 	<ul style="list-style-type: none"> Heartburn Indigestion 	<ul style="list-style-type: none"> Haemorrhoids Rectal pain, Vomiting or nausea 	<ul style="list-style-type: none"> Severe / on-going Lasted +6 weeks 	<ul style="list-style-type: none"> Patient +55 years Blood / Weight loss
GENERAL	<ul style="list-style-type: none"> Hay fever 	<ul style="list-style-type: none"> Sleep difficulties 	<ul style="list-style-type: none"> Tiredness 	<ul style="list-style-type: none"> Severe / on-going 	
GYNAE / THRUSH	<ul style="list-style-type: none"> Cystitis Vaginal discharge 	<ul style="list-style-type: none"> Vaginal itch or soreness 		<ul style="list-style-type: none"> Diabetic / Pregnant Under 16 / over 60 Unexplained bleeding 	<ul style="list-style-type: none"> Pharmacy treatment not worked Had thrush 2x in last 6 months
PAIN	<ul style="list-style-type: none"> Acute pain Ankle or foot pain Headache Hip pain or swelling Knee or leg pain 	<ul style="list-style-type: none"> Lower back pain Lower limb pain Migraine Shoulder pain 	<ul style="list-style-type: none"> Sprains and strains Thigh or buttock pain Wrist, hand or finger pain 	<ul style="list-style-type: none"> Condition described as severe or urgent Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> Chest pain / pain radiating into the shoulder Pharmacy treatment not worked Sudden onset
SKIN	<ul style="list-style-type: none"> Acne, spots and pimples Athlete's foot Blisters on foot Dermatitis / dry skin Hair loss 	<ul style="list-style-type: none"> Hay fever Nappy rash Oral thrush Rash - allergy Ringworm/threadworm 	<ul style="list-style-type: none"> Scabies Skin dressings Skin rash Warts/verrucae Wound problems 	<ul style="list-style-type: none"> Condition described as severe or urgent Conditions have been on-going for +3 weeks 	<ul style="list-style-type: none"> Pharmacy treatment not worked Skin lesions / blisters with discharge Diabetes related?
MOUTH / THROAT	<ul style="list-style-type: none"> Cold sore blisters Flu-like symptoms Hoarseness 	<ul style="list-style-type: none"> Mouth ulcers Sore mouth Sore throat 	<ul style="list-style-type: none"> Oral thrush Teething Toothache 	<ul style="list-style-type: none"> Lasted +10 days Swollen painful gums Sores inside mouth 	<ul style="list-style-type: none"> Unable to swallow Patient has poor immune system Voice change
SWELLING	<ul style="list-style-type: none"> Ankle or foot swelling Lower limb swelling 	<ul style="list-style-type: none"> Thigh or buttock swelling Toe pain or swelling 	<ul style="list-style-type: none"> Wrist, hand or finger swelling 	<ul style="list-style-type: none"> Condition described as severe or urgent Condition ongoing for +3 weeks 	<ul style="list-style-type: none"> Discolouration to skin Pharmacy treatment not worked Recent travel abroad

Why bother?

- It is estimated that 6-8% of all GP consultations could be safely transferred to a community pharmacist for minor illness conditions.
- This equates to, on average, around 55 appointments per GP practice each week.
- Practices need to be asking themselves what they could use this additional capacity for?
- Why wouldn't you use GP CPCS?

Benefits for Patients

- Accessible and professional advice from the pharmacy of their choice
- Minor ailments can be dealt with in a more timely manner
- Re-educate patients to use the most appropriate healthcare professional for their needs
- Formal referral/appointment rather than signposting.
- Patient feels valued & empowered
- Short clip covering patient benefits: [VirtualOutcomes - CPCS Patient Focus - Landscape on Vimeo](#)

Benefits for GP Practices

- Create capacity
- Patients seen by the most appropriate healthcare professional at the right time
- Build and enhance local working partnerships
- Unlike a signpost service, GP CPCS allows GP to see the outcome
- Allows practices to reduce the number of patients who tip over into Out Of Hours due to lack of same day appointments

Benefits for Pharmacies

- Allows community pharmacy to demonstrate its place within the NHS to help manage patients with minor illnesses/low acuity conditions
- Build and enhance local working partnerships
- Moves payment model away from dispensing medicines to more value-added patient facing roles, making best use of expertise.

Benefits for the wider NHS

- Cost-effective use of NHS resources & supports sustainable NHS

Training For Reception Staff

- This training might be helpful for reception staff. To understand the words and phrases that you should use when talking to patients with minor illnesses who should be referred to the community pharmacist [Online Event \(workcast.com\)](https://www.workcast.com)
- Suggested 'script' for reception team staff/ care navigator to use
 - [Example_reception_team_script.pdf \(wyhpartnership.co.uk\)](https://www.wyhpartnership.co.uk)

More information

- Full service specification for CPCS - [NHS England » Advanced Service Specification – NHS Community Pharmacist Consultation Service](#)
- GP CPCS Video - [CPCS GP Video FINAL – YouTube](#)
- An [updated briefing note](#) was circulated via the Primary Care Bulletin recently including a [case study](#) which has been produced in conjunction with the Royal College of General Practitioners, Royal Pharmaceutical Society, Pharmaceutical Services Negotiating Committee and Primary Care Pharmacy Association, which outlines how GP practices and PCNs can start [referring into the service as soon as the secure electronic referral process](#) has been agreed with local community pharmacies.

More information

Primary Care Pharmacists Association (PCPA) Webinars:

PCPA Webinar - The role of the PCN/GP practice pharmacist in implementing the GP referral pathway to NHS Community Pharmacist Consultation Service (CPCS) – March 2021

<https://pcpa.org.uk/play-covid-webinar.html?ResourceID=2123>

PCPA Webinar - GP Community Pharmacist Consultation Service: Implementation Gems and Resources – July 2021

<https://pcpa.org.uk/play-covid-webinar.html?ResourceID=2258>

Referral Support Pages – Prescribing

Buttons <https://www.valeofyorkccg.nhs.uk/rss/home/prescribing/>



More information – RSS CPCS ‘button’

<https://www.valeofyorkccg.nhs.uk/rss/home/prescribing/community-pharmacist-consultation-service/>

- [Royal Pharmaceutical Society Blog: Benefits the Service Provides to Patients from a Practice Perspective](#)
- [Royal Pharmaceutical Society Blog: Benefits the Service Provides to Patients from a Community Pharmacy Perspective](#)
- [Video: How Patients Benefit from the Service](#)
- [NHS England in North East and Yorkshire Introduction to CPCS](#)
- [NHS England FAQs on Implementing the GP Referral Pathway \(CPCS\)](#)
- [NHS England GP Referral Pathway CPCS Toolkit for GPs and Primary Care](#)
- [NHS England CPCS Conditions Summary that can be managed by Community Pharmacists](#)
- [NHS England CPCS GP and PCN Governance Arrangements for GP Referral Pathway](#)
- [Regional NHS England Lead Summary Sheet on CPCS](#)
- [Regional NHS England Lead Summary of Key Benefits to the System](#)
- [Referring Minor Illness Patients to a Community Pharmacist: New Referral Pathway for Primary Care Networks](#)
- [Case Study: GP Referral to NHS Community Pharmacist Consultation Service](#)
- [Webinar: Royal College of General Practitioners CPCS General Practice and Community Pharmacy Working Together](#)
- [CPCS FutureNHS Workspace](#) (Log in Required)
- If you require further support with this please contact the Medicines Management Team on [RxLine](#) who will be able to advise accordingly.

Next steps

- Read and understand the resources available – including training
- PCN Project/Access Leads to liaise with GP practices and community pharmacists within the PCN to seek interest and discuss capacity
- Ensure all have access to all the resources paying particular attention to the GP CPCS Toolkit before starting to work through the checklist
- PCN Project/Access Leads to ensure there are regular discussions and/or meetings to build a strong relationship and ensure that all interested parties are involved
- Agree locally the method for any referrals back to the GP where a pharmacy cannot complete a referral – bypass main switchboard
- Agree a Go-Live date with NHSE by emailing f.pedlingham@nhs.net and co-ordinate access to the IT Platform.

Next steps checklist - [Document template](#)

wyhpartnership.co.uk



NHS Community Pharmacist Consultation Service (Minor Illness Pathway) Implementation checklist for General Practice and Primary Care Network Teams

<u>Action</u>	<u>Complete</u>
Collaborative approach: Meetings with PCN stakeholders (in conjunction with LMCs, LPCs and CCGs) to determine how to implement the referral pathway, strong relationships between pharmacy and practice colleagues.	
Clinical, operational and governance responsibilities identified and agreed.	
Agreement between participating pharmacies and practices on referral processes including which symptom groups will be referred, if pharmacy appointment slots are possible, and a process to refer patients back to the practice where clinically necessary.	
Practice staff awareness of what is being introduced including: NHS CPCS service (role of community pharmacist), the patient journey, how the service will operate and any daily activity that is required.	
Staff confident in communicating with patients. Script available for reception team to support patient triage, an understanding of who is eligible for the service, and the advice to be given to the patient.	

Next steps checklist - [Document template](#)

wyhpartnership.co.uk

Contact details shared with agreed process for notifying the practice of changes in pharmacist availability. Healthcare professional telephone numbers, and email addresses, shared with both the practice and pharmacy.	
Referral method operational: reception staff have the appropriate training and feel competent to make referrals.	
Process for updating practice patient clinical record to show that the patient has been offered/referred to a community pharmacist consultation.	
Process for monitoring arrangements for referrals and gathering staff/ patient feedback including handling of any incidents.	
Patient communications made available advising about referral pathway (practice digital screens, answer phone, website, social media etc).	
Post-event message (PEM) process (from pharmacy to practice). Practice staff aware of process to manage PEMs received from community pharmacy	
Agree a 'go-live' date when the practice will be ready to make referrals and communicate this to regional implementation lead(s).	

Any Questions on CPCs?

Break-out room 3 – 6 minutes

- What are you going to commit to do within your workplace/GP Practice/PCN to support the self-care agenda?
- Write it down and share with the group
- Small groups of 4-6 people
- Introduce yourselves
- Before you start the discussion nominate one person to feedback to the rest of the group 😊

Feedback from each group

Any Questions?