

Here are the questions being asked of our staff team.

1. Are the GPs keen to start this service? Do they know that this service is in place?

Across all three integrated care systems in Surrey and Sussex there have been expressions of interest from PCN's and GP surgeries to become pilot sites and early adopters of the service.

There is a recognition of the appointments that could be saved within the GP practice by use of this service.

Information has gone out to GP surgeries from the CCGs regarding the service via their communication channels. In addition, our staff team has presented at a LMC webinar and is attending five LMC liaison meetings in May to talk about the service.

There has also been enquiries for CPSS to speak at clinical pharmacist PCN meetings which is in progress. There is a local CPSS communications plan in place for GP CPCS and this has been refined following some inputs and local developments, to inform all stakeholders of the service within agreed timescales.

2. What is the cost to pharmacy for using the EMIS system – especially from 1 October 2021?

The EMIS integrated system does have a charge associated with it's use. This will be paid for by the PCN's as appropriate and not by pharmacy contractors. The system then sends referrals through to PharmOutcomes.

The licences for PharmOutcomes are paid for by various sources depending on the service. For example, NHSE&I for flu vaccination and they will be stopping this funding from the 30th September 2021. After that time pharmacy contractors would need to pay for the licence if they wanted to use it for flu or other private services.

With the EMIS integrated system, PharmOutcomes have stated that pharmacy contractors would still be able to deal with referrals for GP CPCS after the 1st October 2021 at no cost, provided that the referral is via the EMIS integrated route.

3. How are we going to help locums with this?

All information regarding the GP CPCS service in Surrey and Sussex will be posted on our website and information will be distributed via our bulletins.

We would encourage all locums to sign up to our distribution list via our website to receive up to date local information. You may wish to signpost to www.communitypharmacyss.co.uk in your pharmacy locum guide and include any of your regular locums in your staff briefing on the service.

4. When the training is provided for the surgery staff can we include pharmacy staff in the same training?

We will ask for the pharmacy staff to be included in the training at the same time.

5. I attended a session from RPS about consultation skills etc. Are we expected to check respiratory rates etc. If so, we'll need tools to do this.

The RPS training does cover off some clinical skills however, it is not a requirement of the service specification to check blood pressure, pulse oximetry etc.

The GP service for minor illness is identical to the current NHS 111 service specification. If a pharmacist does want to do further checks that is down to their own professional decision based on the patient symptoms at the time.

6. Is there any incentive for GP practices to use the service as opposed to the receptionist just saying '*check your symptoms with the pharmacist*' in an informal manner without actually the hassle of them having to actually fill out a referral?

The benefit of using the system via the referral process is that it closes the loop in terms of governance. I

If a patient has requested a GP appointment and is referred to the pharmacy via GP CPCS the surgery will then receive the post event message to inform them of the outcome of the referral which is attached to the patients notes.

With signposting there is no information back to the GP surgery about any patient outcomes.

7. In Sussex Healthcare are the pharmacist PCN-leads involved at all. What can be done to move forward.

We are now meeting twice every week with the Sussex GP CPCS working group and their support manager for implementation of the service in place.

Individual community pharmacist PCN Leads will be contacted as their PCN is due to go live as well as to all the pharmacies within that PCN.

8. Not all locums have access to NHS Mail or the pharmacy shared mailbox so that pathway may be difficult.

Locum pharmacists are able to obtain a NHS e-mail address.

The person with administrator function for NHS e-mail is able to link locums to the pharmacy shared e-mail as required e.g. to link them at the start of the day and then remove them at the end of the day. This is not an ideal solution though particularly for pharmacies which are part of a multiple where the administrator function maybe at Head Office level.

The easiest solution is to ensure that other pharmacy team members have access to the pharmacy NHS shared mailbox to support locum provision of the service.

9. In pharmacy would much prefer referral to come through PharmOutcomes.

A direct referral into the PharmOutcomes system would be beneficial to the workflow within the pharmacy rather than the NHS mail option. Unfortunately, though only those GP surgeries which use EMIS would be able to purchase the EMIS integrated system to be able to do this.

It isn't an option currently available for SystmOne or Vision practices and wherever possible the same referral pathway should be used across a PCN. The other option of a standalone referral system such as PharmRefer can also refer into PharmOutcomes but it does have a cost associated with it.

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