



NHS Community Pharmacist Consultation Service – expanding minor illness referrals from NHS 111

An expert group of Integrated Urgent Care (IUC) clinicians and pharmacists has recently reviewed the NHS Pathway algorithms that underpin the clinical assessment of patients contacting NHS 111 and identified additional opportunities for more referrals to the NHS Community Pharmacist Consultation Service (CPCS).

Background

Community pharmacists delivering CPCS are already successfully consulting over 12,000 patients a week referred to the service. Based on 2021 data, this review could generate **275,000 additional referral opportunities annually to CPCS**.

This increased use of pharmacists' expertise, will help to improve access to primary care for patients, ensuring people see the right healthcare professional in a timely fashion and freeing up capacity for those with higher acuity needs.

The expert review group used the same general symptoms detailed in Annex D of the [NHS CPCS advanced service specification](#) to identify the impact on referral pathways and the wider system. The experience of the Covid Pharmacy Clinical Assessment Service (PharmCAS) that ran from April 2020 to April 2021 using remote working community pharmacists, was also considered to review potential escalations and completion rates.

The additional referrals will include three new condition types (scratches and grazes, teething and sinusitis) and incorporate general health information requests that might be considered suitable to refer to a community pharmacist, e.g. information about flu immunisation, travel health advice and NHS services.

Referrals will also be made for some conditions which are already well managed by CPCS, but that have been previously triaged as having higher acuity requirements depending on the patient's declared history e.g. diarrhoea, vomiting, bites and stings, cough, cold and flu, constipation, skin rash, sticky or watery eyes.

Operational impact

The expectation is that pharmacies may receive an addition 1-2 referrals per week depending on the 111 call volumes.

For some cases the pharmacist may need additional advice, or will need to escalate the patient to a higher acuity care location (e.g. a GP service, Urgent Treatment

Centre or A&E). The pharmacist should use their clinical judgement to decide the urgency, route and need for referral. Onward escalations need to be managed by the pharmacist.

Patients must not be advised to contact NHS 111 themselves. The [NHS Service Finder](#) can be used to access information to support with signposting patients.

The national CPCS DoS returns will be uplifted to include the new triage outcomes from 13th January 2022.

The [NHS England CPCS website](#) has an animation explaining the NHS 111 referral pathway and how referrals are made following NHS Pathways triage.

Please ensure that:

1. DoS opening hours and temporary closures are updated using [Profile Updater](#), to enable timely referrals and good patient experience in accessing available services. Urgent DoS updates can be requested by calling 0300 0200 363.

2. The CPCS service specification is followed:

7.2.5 During the pharmacy's opening hours, the CPCS IT system must be checked at appropriately regular intervals, to pick up referrals in a timely manner. This includes checking the pharmacy's shared NHSmail mailbox when a pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed.

7.2.6 Where a pharmacy has received a referral but has not been contacted by the patient within 12 hours of the referral, the pharmacy must make an attempt to contact the patient using the contact details set out in the referral message. If the patient has not made contact during the next working day, the pharmacist can close the referral, via the CPCS IT system, as 'no intervention made'. No payment is due where there is no consultation (remotely or face-to-face) with the patient.