GP-Community Pharmacist Consultation Service (GP-CPCS)

ESSENTIAL TOP TIPS

- **Times:**
  - It is imperative that all pharmacies check and correctly action any outstanding referrals on the system – **VERY REGULARLY**.
  - If you do not have a Pharm alarm set alarms on your PMR system to remind you to check for referrals from surgeries. We recommend **10am**, **1pm**, **4pm**.
  - If you have a Pharmalarm and it is not working, please let the LPC know – email: **yvonne.somersetlpc@gmail.com**

- **Designate:**
  - Designate a specific member of staff to check the Pharmoutcomes system for you.
    - *This member of staff cannot consult with patients, but they can help with checking the system and even inputting the notes from your consultation onto the system.*

- **Accepting:**
  - When referrals come through accept them into your Pharmoutcomes system.

- **Dropped referrals:**
  - Should **only** now be used for **duplicate referrals**. Unnecessarily dropped referrals are losing you revenue!
  - Remember if you, as clinician, have consulted with patient, even if the patient's complaint could not be resolved, it is **NOT** a dropped a referral – it is a **completed referral** and the correct outcome should be selected.

- **Uncontactable:**
  - If a patient cannot be contacted, use the outcome 'uncontactable'.
  - Please record how many times you tried to contact the patient.

- **Consultations:**
  - Patient consultations should <u>not</u> be conducted on the shop floor; you are receiving a payment to conduct a consultation with patients in the consultation room.

- **Outcomes:**
  - These have vastly increased again!
    - *Hayfever – please include in the 'Allergies' button*
    - *UTI should be placed under 'Pain' or 'Frequency when passing urine'.*

If you have any questions or need any help or advice about GP-CPCS please email either **yvonne.somersetlpc@gmail.com** or **michael.somersetlpc@gmail.com**