

COMMUNITY PHARMACIST CONSULTATION SERVICE

Evaluation

May 2022

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Overview

The aim of the Community Pharmacist Consultation Service is to improve access for patients with minor illnesses and for those with higher acuity illnesses or more complex health needs. This is achieved by making it easier for patients to access quick and convenient consultations with the right healthcare professional in a way that is safe and effective.

In order to achieve the best outcomes from this service it is vital that:

- Patients are made aware and re-educated about the role of the community pharmacy as the 'first port of call' for minor illnesses and medicines advice.
- Support is in place to integrate community pharmacies into the PCN team.
- Ways are identified to enable patients to self-manage their health more effectively with the support of the community pharmacist.
- Build and promote shared working with PCNs, creating improved relationships between practices and community pharmacies to deliver high quality and joined up care to patients.
- Be cost effective for the NHS when supporting patients with minor illnesses.

Evaluation Brief

The Pharmacy Integration Team at NHS England and Improvement is keen to demonstrate the value of the NHS Community Pharmacist Consultation Service (CPCS) to general practices and the wider system by capturing the experiences of GPs/GP practice staff, pharmacy teams and patients.

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service>

This will support the improved access agenda and demonstrate what works well in terms of collaboration across Primary Care Networks (PCNs).

Healthwatch Herefordshire were tasked with conducting semi-structured interviews with GPs/GP practice staff from Hereford Medical Group, community pharmacy teams and patients for the purposes of this evaluation and to produce a system facing report aimed at GPs, PCNs and ICSs.

Feedback Methods Used

Healthwatch Herefordshire interviewed four staff from Hereford Medical Group, five staff from Community Pharmacy Teams and eight patients.

- **Hereford Medical Group Staff** – semi-structured interviews were conducted online via Teams or Zoom.
- **Community Pharmacy Teams** – semi-structured interviews were conducted online via Zoom or by telephone.
- **Hereford Medical Group Patients** – an online consent form was created to garner consent from Hereford Medical Group patients who wanted to participate in the service evaluation. A text message was sent out from Hereford Medical Group to all patients known to have had a recent CPCS referral. The text included the link to the online consent form. Semi-structured interviews were then conducted by telephone.

Acronyms Reference

- CPCS Community Pharmacist Consultation Service
- HMG Hereford Medical Group
- CPT Community Pharmacy Teams
- ICS Integrated Care System
- PCN Primary Care Networks
- EMIS Egton Medical Information Systems (electronic patient record system)

Summary of Findings

Hereford Medical Group Practice Staff & GPs

Hereford Medical Group commenced referrals to the Community Pharmacist Consultation Service in June 2021 after a period of planning and training their 44 care navigators, associated practice staff and GPs. Initial patient contact is conducted by the HMG Care Navigation Team who are supported by two supervisors and a GP.

The HMG Care Navigation Team utilise a series of scripts and reference documents to determine if the patient is suitable for a referral to the CPCS and to gather as much information about the patient's issues as possible. If suitable the CPCS is offered as an option to them. If the patient is happy to be referred, the referral is then processed via the EMIS system and sent to the community pharmacy team. Patients are given a choice of which pharmacy is most convenient for them and instructed on the next steps and what to expect.

HMG staff across the board who were interviewed reported that the implementation of the scheme went extremely well, primarily due to the careful planning and preparedness of the practice and their willingness to engage fully and collaborate with all parties involved. Since launch, the team have proactively monitored the progress of

the service and rectified any issues quickly and efficiently, continuously improving both processes and delivery.

“Training our reception staff well was essential to the successful delivery of the service. Coupled with the support from supervisors and GPs, the service has successfully alleviated the pressure on our GPs. Allowing them to focus their time on patients with complex needs.”

HMG Care navigators were already discussing pharmacy services with patients and signposting them when appropriate, so the formal introduction of the service didn't pose a significant change to patients care pathways just introduced it as an additional option.

It was reported from HMG staff that patients have on the whole been positive about the CPCS and have embraced it. There have of course been exceptions to this where a small percentage of patients have insisted on seeing their GP and appointments have been made accordingly. The exact percentage of patients could not be verified by HMG staff at the time of interview. Indications are that this cohort of patients are predominately from the older generation who have an expectation that they will see a GP regardless of the severity of their symptoms and who perhaps aren't fully up to date with what services their local community pharmacy can provide. Implementation of CPCS has offered an opportunity for the HMG Care Navigator to re-educate these and new patients on service provision and choice.

“It's all about giving the patients choice and options, sometimes it's not the GP that they need to see, it's something that the community pharmacists can assist with. It's more efficient and effective.”

With regards to the impact of Covid the change in provision of service from primarily face to face appointments to online or telephone appointments has not had an effect on the implementation of the service. HMG were operational throughout the pandemic offering a range of appointment choices for their patients anyway, so this has not presented major changes to their existing service delivery methods.

The HMG Care Navigation Team were already trained to utilise the multi-skilled professionals within the practice e.g. physiotherapists etc., so adding the CPCS to their portfolio has only enhanced this further. What it has offered is a reduction in the waiting list for patients experiencing minor ailments which has freed up more appointments for patients with complex issues, so that GPs can offer them longer appointments if necessary.

“For us it was a natural next step to implement the service, our patients were used to being signposted to specific professionals within the practice, not just to their GP. Being able to make a referral to the pharmacist for less complex issues has enhanced our offer to patients.”

From HMG’s perspective the local community pharmacy teams have embraced this new service and they have built closer working relationships with them. Communication between HMG and pharmacy staff has improved considerably, allowing both parties to be informed and kept up to date, which in turn has improved the service for the patient. On occasion there have been instances of pharmacies experiencing staff shortages resulting in a reduction in their service provision, by informing HMG straight away patients can be redirected to another pharmacy seamlessly without any disruption to service.

“The working relationships between the practice and the community pharmacists have improved immensely since the implementation of this service. It’s a key element of ensuring that the patient receives a good service and that we meet their expectations.”

Complaints from patients appear to have been very low. At the beginning of service implementation there were as expected more issues reported as referral processes and lines of communication were tested between HMG and CP teams and then practically delivered to patients. For example, some patients were not contacted by the pharmacist after the referral was made, this was often a system glitch or a referral had been overlooked by the pharmacy. Other instances include patients not being contactable when the pharmacist called them. Both instances were rectified by adjusting or tightening processes and introducing safeguards that avoided patients falling through the gaps. HMG and CP teams worked very closely during the implementation phase. A working group was formed to review issues, problem solve and rectify these.

HMG has also provided a ‘hotline’ for pharmacists to speak with a GP within the HMG Care Navigation Team which has further improved levels of communication and outcomes for patients. With HMG being such a large practice, GPs on rotation work alongside the Care Navigation Team to provide clinical support for referrals and for patient enquiries from the CP teams.

Although the workload initially was significant in the preparation, training and implementation of the CPCS, this seems to have paid dividends to the practice. Over a

matter of months HMG staff liaised with NHS England, developed a training plan and delivered this out to their Supervisors and the 44 care navigation staff at the practice. Although demand is currently high, the CPCS has enabled the practice to offer more choice to their patients and also alleviate the workload of the GPs by freeing them up to assist patients with more complex needs. This will improve as HMG can re-educate patients about the service and its benefits.

HMG staff reported various challenges to implementing the system in particular the training of staff, taking them off the front-line although carefully planned and managed did present capacity issues in the short-term for the HMG Care Navigation Team. Finding the best ways to promote the service to patients also presented its own challenges.

The benefits of CPCS have been notable, HMG staff have reported tangible gains for GPs where their time can now be directed to patients with more complex or severe needs. The HMG Care Navigation Team have more options and choice for patients who in turn can be seen more promptly. HMG reported that the incoming call rate has reduced but could not give exact figures at the time of interview, as more patients are choosing to contact their community pharmacist team in the first instance for minor ailments before contacting the practice.

HMG staff advised that the community pharmacy teams have been really helpful and are fully invested in making CPCS work well, they continue to work closely to review the service and improve it for patients.

“It has been a pleasure to work with the community pharmacy teams and build a stronger working relationship. Everyone has been positive about the service and are trying to make it work as efficiently as possible.”

Key Learning Points

- Thorough planning and training of staff prior to the implementation of the referral pathway is crucial as is the monitoring of delivery during the initial months after launch.
- Good communication links with community pharmacy teams is essential for monitoring the delivery of the service and promptly rectifying any issues with the referral and feedback processes.
- I.T. Systems need to be more integrated between practice and community pharmacies. In some cases, pharmacy staff have to work with two systems.

- Community pharmacy teams need to update practices in relation to their available services, so that the HMG Care Navigation Team can be assured that they are making an appropriate referral.
- Consistent communication with patients via the Care Navigation Team and various other methods such as utilising the practice website and posters/leaflets in the practice and pharmacies to convey the availability of the service and the benefits it provides.
- Putting in place a mechanism to proactively monitor patient feedback would be advantageous to ensure the service is meeting their needs. This would avoid assuming that patients are satisfied just because they haven't formally made a complaint.

Community Pharmacy Teams

Community Pharmacy Teams (CPT) reported varied experiences of implementing the scheme. It was generally viewed that it was difficult at the start as not all pharmacies within the PCN were included and not all pharmacists were aware of the service. These issues were however quickly resolved and all feedback was positively received by HMG staff. CPTs reported that the scheme was easier to implement when there is a regular pharmacy team in place but issues can arise when there are staff shortages.

On the whole all CPT's were positive about the introduction of the service, given that it would utilise their skills and knowledge and have the added benefit of freeing up GP capacity. CPT's reported that the referral process was straight forward and some have also implemented further measures to their own in-house processes to ensure their response is efficient.

CPT's reported having good to excellent relationships with their respective communities and many stated that they already have a cohort of the public who naturally default to visiting the pharmacy first for minor ailments. Introducing the service on a more formal basis was an additional way of reinforcing the message of the services that are available and re-educating individuals.

“Utilising pharmacists in this way is proving so beneficial to patients, with our links to the community we are changing mind sets, strengthening relationships and improving patient services.”

CPT's advised that their experience of working with HMG GPs and the wider team on this initiative was a positive one and were happy to collaborate fully. HMG has been helpful and provided ways to feedback issues and offer constructive advice and solutions. The

GP hotline has proved useful and efficient when CPTs have had reason to book emergency appointments for patients or to inform the HMG Care Navigation Team that they have been unable to make contact with the patient.

“This close collaboration between pharmacies and surgeries is having a positive effect for patients looking for advice and guidance and allowing GPs to focus their efforts on patients with more serious issues.”

Referral rates from HMG have been very variable across the CPTs, some pharmacies were receiving on average one referral a week whereas others reported five to six per day. CPTs reported that they have not had any major issues with patients not turning up for booking slots arranged or being available for telephone consultations. Exact DNA rates could not be given at the time of the interviews.

The majority of CPTs interviewed reported that the current referral levels were manageable and through careful planning it was relatively easy to fit in referral consultations, particularly as the majority were conducted via the telephone. Others reported difficulties during busy periods or when there were staff shortages. However, most CPTs have managed this by contacting the patient to reassure them that they have received the referral, asking some preliminary questions prior to the pharmacists contacting them and indicating when they could expect a call. All CPTs advised that they have welcoming consultation rooms which offer adequate privacy for patients.

Where CPTs found challenges were in the initial launch where the communication between HMG and pharmacists could have been better. In addition, it was crucial that all pharmacists and not just the pharmacy were engaged with the new service. This was particularly an issue in respect of locum cover. Often pharmacies would not know which locum was coming in and if they weren't signed up to deliver the service then it could not be offered 100% of the time. The HMG Care Navigation Team were often not aware of this either, so patient referrals were made which could not be dealt with, which in turn had an impact on the patient through no fault of their own.

Other challenges were training of new staff and locums, it was also felt the feedback process could be made more efficient and was considered time consuming.

Additionally, CPTs found that the process of having to keep checking emails for referrals was inefficient and could easily be overlooked during busy periods.

CPTs reported issues with patients not wanting to pay for over the counter medicines as they either had a medical exemption certificate or were entitled to free prescriptions.

This resulted in patients returning to HMG to book a GP appointment to get a prescription instead, which was inconvenient for the patient and negated the purpose of the service.

CPT's reported the main benefit of the service was that patients with minor ailments could now be seen more promptly particularly at times when it was difficult to book a practice appointment due to lengthy waiting times. Patients are now more aware of the services the CPT's can provide, offering an opportunity for the CPT to build up closer relationships with patients as they are much better placed and accessible, which allows them to give GPs a better overview of a patient's health issues.

“Our pharmacy has embraced this initiative and have made every effort to ensure it achieves the best outcome for our patients. We welcome the opportunity to fully utilise our clinical skills in order to relieve GP waiting lists.”

It also encouraged and re-educated patients to naturally think about visiting the pharmacist first and utilising the expertise of the CPT's resulting in freeing up GP appointments.

CPT's advised that patients have been positive about the service, however a small minority do not have a clear understanding of what services the pharmacist can offer in that they can assist with minor ailments. So it is about managing expectations. But on the whole the majority of patients are satisfied with the service they receive, they are pleased to be seen promptly. Some patients have expressed frustration on being referred, as they would prefer to see a GP for all issues whether minor or more serious, however in most cases they have left satisfied with the service they have received.

Key Learning Points

- Prior to launch of the service some pharmacists would have liked to have spoken to HMG about the expectations of the service and ask questions in relation to the processes involved and delivery, rather than receiving instruction solely via email.
- Regular updates need to be conducted between HMG Staff and CPTs to identify which services pharmacies can offer, so that appropriate referrals can be made and patients aren't inconvenienced. There have been a few cases where inappropriate referrals have been made for young children and pregnant women.
- There have been suggestions that CPT's inform HMG Staff if there are any changes to their service offer due to staff issues but this doesn't happen

consistently due to the time needed to train the locum and workload pressures within the pharmacy. This needs to be reviewed again.

- An alert system for referrals would be a real improvement for CPTs so that they don't have to keep checking emails, this would increase efficiency of the process by streamlining it onto one system.
- Review process for patients who hold a medical exemption certificate or are entitled to free prescriptions.
- Maintain good communication links with CPT's so that they can feedback any issues.

Hereford Medical Group Patients

The majority of patients interviewed (6 of the 8) responded positively to being given the choice to see a community pharmacist for minor ailments. Most were pleased to be able to see someone in person or speak to someone promptly and others who weren't aware that the service was available were happy to be enlightened and subsequently referred.

"I have always been very open to visiting the pharmacist before the GP, they offer such a good service, so was happy for HMG to make a referral."

In almost all cases it was seen as a convenient option, given that patients were offered their preferred choice of pharmacy. One carer expressed difficulties due to the presence of dementia in the patient and advised that it was not always easy to present at the pharmacy for consultation. Only one patient was dissatisfied with the options presented by the HMG Care Navigation Team and felt 'railroaded' into the referral.

"We weren't aware that the referral process was available but were happy to be referred to our local pharmacist in this way."

In almost all cases patients reported that they were not given a timed appointment at the pharmacy or were advised when the pharmacist would call them. Other patients advised that they never received a call at all and had to either call the HMG Care Navigation Team again or call the pharmacist themselves. One patient reported that her referral was never received by the CPT at all.

The experience of the service was mixed, some patients who had been more proactive in contacting the pharmacy querying not being called were on the whole satisfied with the service they received. Others however reported a lack of cohesion in the referral process, in more than one case (3 of the 8) the patient was advised that the CPT could

not offer the service that they required, and they were directed back to HMG as CPT's can only arrange emergency GP appointments via the hotline. The referrals primarily concerned young children or conditions where medication could only be prescribed by their GP. One patient referred to the process as unhelpful and she chose not to follow up with HMG but resolve the matter herself.

"The referral system works well providing the referral is appropriate and is made in a timely fashion."

Where patients with minor ailments were directed back to their GP by the CPT, some reported their frustration in having to go through the process again. Predominately because they were unable to call the practice at times where they would be able to book an appointment due to their working hours. This made it very difficult for them to access the services they needed.

Patients who held a medical exemption certificate or were entitled to free prescriptions reported their frustration at not being able to obtain the medication they needed via CPCS and were not prepared to pay for it when they could be prescribed by their GP at no cost. Which meant that they too were redirected back to their GP.

Most patients reported being satisfied with the pharmacist's diagnosis and would in future visit their CPT's first when experiencing minor ailments. For those who received a telephone consultation only, they were satisfied with the service they received. Patients who attended the pharmacy reported that they were treated well and given the privacy they needed.

"I have always been very open to visiting the pharmacist before the GP, they offer such a good service, so was happy for HMG to make a referral."

In most cases where the patient had to return to the GP it was mainly due to problems with the referral process and not the inability of the pharmacist to deal with the issue. All patients interviewed stated that they would be happy to consult a pharmacist for advice on minor ailments in the future.

Key Learning Points

- Review process for patients who hold a medical exemption certificate or are entitled to free prescriptions who will not pay for medication if referred to a pharmacist. Patients reported frustration at having to contact HMG again to arrange a GP appointment given the lengthy call waiting times.

- Consider patients with conditions like dementia who may have difficulty attending a pharmacy rather than their GP.
- HMG Care Navigation Team to review and confirm services provided by CPT's before making referral for patients to avoid inappropriate referrals and inconveniencing patients.
- Tighten up the referral process to ensure patients are called within a specified timeframe and add in some form of mechanism to check that the referral has been received by the CPT.

Conclusion

Overall the Community Pharmacist Consultation Service is working well, although areas of improvement have been identified and action is being taken accordingly by Hereford Medical Group.

Continued communication between Hereford Medical Group and the Community Pharmacy Teams is key to the success of the services as is obtaining regular feedback from patients.

It is important that all parties continue to raise awareness of the service with patients to ensure that it is utilised fully and provides benefit to both them and in turn frees up much needed capacity for GPs.

During the evaluation period despite using many methods to promote the evaluation to patients we encountered difficulties in securing a wide spread of patient views due to low rates of engagement from HMG patients.

This too was an issue with pharmacists who understandably due to their workload did not have time to set aside to be interviewed. The resulting evaluation must be seen in this context and as a snapshot of the CPCS operating in Hereford.

Appendix 1

Evaluation Questions & Topic Guide Provided by NHSE/I

Cohort 1 GP's and Practice Managers

1. Has your practice been making referrals to community pharmacies for the CPCS service?
2. How long has this service been provided?
3. How do you make the referrals? NHS mail? Or other system
4. What is the process?
5. What has been your experience with triaging patients?
6. What can you tell me about your experience of implementing the scheme?
7. Is this undertaken by the GP receptionists?
8. Do they follow any decision-making pathway to assist them with the triage process?
9. How do patients react when the receptionist suggests that they might want to go to a community pharmacy instead?
10. Roughly what percentage of patients who are recommended to visit a pharmacy still insist on seeing a GP?
11. Has COVID made this triage/referral process easier/more acceptable?
12. How effective have the local community pharmacist been at dealing with the patients you refer to them for CPCS?
13. Have you had any complaints from patients?
14. What impact has CPCS had on the workload of the practice?
15. What are the challenges of GP CPCS?

16. What are the benefits of GP CPCS?
17. What is your experience working with local pharmacy teams?
18. Have you received any feedback from patients regarding the scheme?
19. Any other comments

Appendix 1

Cohort 2 Community Pharmacy Teams

1. What can you tell me about your experience of implementing the scheme?
2. What has been your experience working with GPs on this initiative?
3. How willing have your local GPs been to refer patients to you?
4. Roughly what percentage of the patients referred to you, don't turn up?
5. How easy is it to fit in consultations for CPCS in your overall workload?
6. Do you see most patients for CPCS in person in the pharmacy or do you do the consultation remotely?
7. When in the pharmacy, do you have enough consultation rooms, and do they offer adequate privacy for the patients?
8. What are the challenges of GP CPCS?
9. What are the benefits of GP CPCS?
10. What has been the experience with patients?
11. Do you think that they are mostly satisfied with the service?
12. What do they like it about it?
13. Are patients frustrated that they haven't been able to see the GP?
14. Any other comments


Appendix 1

Cohort 3 Patients

1. What did you think when the GP receptionist suggested that you saw a community pharmacist instead of your GP?
2. Were you happy being referred to your community pharmacy?
3. How convenient was this for you?
4. Were you given a timed appointment at the pharmacy or did you just turn up?
5. Did you have to wait long?
6. Did you have a good experience?
7. Were you satisfied with pharmacist's diagnosis and recommendations for treatment?
8. Did you go in person or did you have a discussion remotely?
9. If in person, did you feel that you had enough privacy in the pharmacy?
10. What was the outcome?
11. Did you follow the advice of the pharmacist?
12. Did you have to go back to the GP with the same complaint or was the problem resolved?
13. Has this experience changed your view of the pharmacist and their ability to deal with minor conditions?
14. If this condition happened again, would you skip the GP and go straight to your pharmacist?
15. Any other comments

Appendix 2

Online Patient Consent Form for Evaluation Participation



Your Experience of the Community Pharmacist Consultation Service

Healthwatch Herefordshire is your independent local champion representing your health and social care experiences. We listen to your views and we speak up on your behalf to help the NHS and Local Authority to plan and deliver services which meet your needs.

The NHS CPCS (Community Pharmacist Consultation Service) is an service where patients are referred to their local pharmacist after contacting their general practice for a minor illness or for urgent medicines. Lots of conditions can be dealt with by highly trained Community Pharmacists who already spend a lot of their of their time helping patients with minor illness and medicine enquiries.

We are working together with Hereford Medical Group to gather the views of patients who have used this new service. Your GP is sending this information to patients who have used this new service. Taking part will help us to identify what is working well and what needs to be changed.

In order that we may speak with you directly we will need your consent and for you to share your contact details with us. Once you have done this we will be able to get in touch and arrange a time to speak with you on the telephone, online or in person about your experiences of this service. You do not have to take part if you do not want to. If you choose not take part, it will not affect the care that you receive.


We will contact you based on your preferred method within 1 week of receiving your details and the discussion should take no longer than 30 minutes. If you consent to be contacted, please complete the form below.

Please note that everything you say will be anonymised and it will not be possible to identify you in our final report. Your contact details will not be stored after the interview, and your personal details will not be shared.

Thank you for taking the time to take part in this project, we really appreciate it.

If you would like to speak to someone about this first, please call Healthwatch 01432 277044
For more information about Healthwatch visit www.healthwatchherefordshire.co.uk

Date of completing this form *

Day, month, year 

Name *

Short-answer text

.....

Address *

Long-answer text

.....

Appendix 3


Social Media Activity & Reach

Due to the low rate of response from HMG patients to participate in the evaluation, Healthwatch Herefordshire used social media to drive engagement from Hereford Medical Group patients to participate. Facebook, Twitter and a local advertising platform (Your Herefordshire) was used for this purpose. Hereford Medical Group were tagged in the Facebook posts and subsequently shared the post to their own Facebook audience. Both Facebook posts were boosted through paid advertising, targeting a specific location and age demographic.



The 'Your Herefordshire' Facebook paid advertising post was published during peak weekday times in order to optimise reach.

A post was placed on Twitter only once due to its limited reach with the target audience.

Date	Type of Post	Number of shares	Reach
10th January 2022	Healthwatch Facebook Page	5	1,892
5th April 2022	Healthwatch Facebook Page	5	3,907
11th April 2022	Your Herefordshire Facebook Page (Paid)	0	6,800
10th January 2022	Healthwatch Twitter page	1	169
		TOTAL REACH	12,768




Boost post


 **we need your help Community Pharmacist Consultation Service**  A...


10 January 2022 at 16:17

ID: 4815846735172934

Interactions

 6 reactions

 1 comment

 5 shares

Performance

Reach ⓘ

Total
1,882

Worst Best

This post reached more people than **94%** of your 50 most recent Facebook posts and stories.

Reach 1,882

Reactions, comments and shares ⓘ

Total
12

Worst Best

This post received more reactions, comments and shares than **96%** of your 50 most recent Facebook posts and stories.

Reactions 6
Comments 1
Shares 5

Results ⓘ

Total
25

Worst Best

This post received more link clicks than **94%** of your 50 most recent Facebook posts and stories.

Link clicks 25



Boost again

Community Pharmacist Consultation Service (CPCS) 👍 We need your feed...
5 April 2022 at 12:44
ID: 5082546795169592

Interactions

👍 6 reactions 💬 0 comments ➦ 5 shares

Performance

Reach ⓘ Total 3,907 Worst Best This post reached more people than 94% of your 50 most recent Facebook posts and stories. Reach 3,907	Reactions, comments and shares ⓘ Total 11 Worst Best This post received more reactions, comments and shares than 96% of your 50 most recent Facebook posts and stories. Reactions 6 Comments 0 Shares 5	Results ⓘ Total 136 Worst Best This post received more link clicks than 98% of your 50 most recent Facebook posts and stories. Link clicks 136
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Paid results

Boost: Link clicks 5 April **Ad completed** £32.96 Spent [View](#)

Post Insights

Community Pharmacist Consultation Service (CPCS)
11 April at 20:31
Posted by Stefan Davies
[VIEW POST >](#)

6.8k
People reached

21
Engagements

Engagement

- 👍 Reactions 👍 5 >
- 💬 Comments 0
- ➦ Shares 0
- 🖼️ Photo views 7
- 🖱️ Other clicks 9

Tweet activity



Healthwatch Herefordshire @HWHerefordshire

👉 Are you a patient of Hereford Medical Group?
👉 Have you, or anyone you know, been referred to their new
Community Pharmacist Consultation Service?
If you would like to share your experience, please click the link
below and we will get in touch.
[https://forms.gle/hJHasVEAC7qdPBBJ9 ...](https://forms.gle/hJHasVEAC7qdPBBJ9...)
#HMG

Impressions	169
Total engagements	7
Profile clicks	4
Likes	2
Retweets	1

Appendix 4

Useful Information Links

The following links have been included to give a fuller overview of the CPCS and the expectations of NHS England. They aim to provide background and context for this evaluation report.

NHS Community Pharmacist Consultation Service (CPCS) – integrating pharmacy into urgent care

<https://www.england.nhs.uk/primary-care/pharmacy/community-pharmacist-consultation-service>

NHS Community Pharmacist Consultation Service: Toolkit for Pharmacy Staff

<https://www.england.nhs.uk/publication/nhs-community-pharmacist-consultation-service-toolkit-for-pharmacy-staff/>

NHS Community Pharmacist Consultation Service: Toolkit for GP PCN staff

<https://www.england.nhs.uk/publication/nhs-community-pharmacist-consultation-service-toolkit-for-GP-PCN-staff/>



healthwatch

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www.healthwatchherefordshire.co.uk
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e: info@healthwatchherefordshire.co.uk
🐦 [@HWHerefordshire](https://twitter.com/HWHerefordshire)
📘 [Facebook.com/HWHerefordshire](https://www.facebook.com/HWHerefordshire)