**GPCPCS Myths On A Page**

**Myth 1 - Sending a formal referral will take too much time.**

* Taking a minute or two to fill out a referral template, should be seen as **time invested** on the front-end, which can save a 10-min appointment further down the line.
* CPCS offers a more **robust audit trail,** and a consultation summary will be sent to practices showing the outcome of the consultation with the pharmacist, which can be entered onto the patient records.

**Myth 2 - Practices must install/procure a new/dedicated IT solution to send referrals**

* Referrals can be made via **NHS mail**. In conjunction with a clinical template (usually **Ardens**), this method was actively used by 77% of engaged practices across England during the pilot.

**Myth 3 - Community Pharmacists cannot document referrals sent via NHS mail**

* The referral information received from NHS mail will be manually entered into the pharmacy CPCS IT system (PharmOutcomes), even if the patient does not attend (DNA). This is to ensure ‘safety netting’ and good governance. This also ensures **consistent messaging** back to the practice.

**Myth 4 – Community pharmacies are not used to receiving referrals via NHS mail**

* Pharmacies have been receiving referrals from 111 via NHS mail since October 2019. They are now **very experienced** at receiving these types of notifications.
* From 9th November 2020, under the NHS Terms of Service, at least two members of staff at the pharmacy are linked to the shared mailbox. Staff are reminded of the need to **regularly check** the shared NHS mail inbox and respond accordingly to emails that have been received.