



Pharmacy First

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Learning objectives

- ▶ Understand why the service has been commissioned and why it is important
- ▶ Understand the service pathways and how patients can access the service
- ▶ Review which conditions are covered on the Pharmacy First service and understand what a 'Clinical Pathway' is
- ▶ Review the training and competency requirements for the service
- ▶ Understand which parts of the service pharmacist and non-pharmacist staff can complete
- ▶ Review the next steps for implementing the service
- ▶ Discuss local engagement and what you can do to promote uptake

Advance service

Starts 31st January 2024

Replaces and builds on the Community Pharmacy Consultation Service (CPCS)

Aims

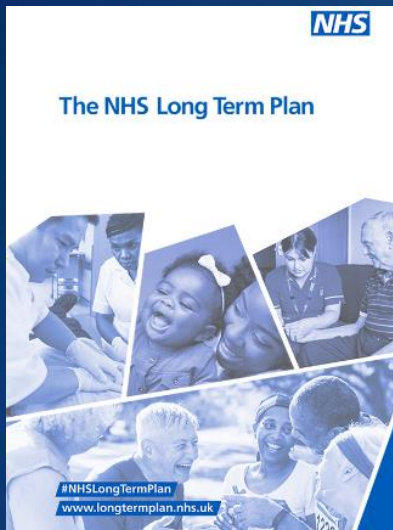
Provide convenient and accessible urgent care services for patients

Help patients manage their health more effectively and promote self care to prevent inappropriate use of urgent care services in the future

Free up general practice clinician time for higher acuity conditions

Further utilise the skills of community pharmacy teams to complete episodes of care for patients

Provide access for patients not registered with a GP to ensure equity of access to healthcare regardless of patients' ability to pay for cost of medication requested



NHS Long term plan

- ▶ Boost out of hospital care
- ▶ Reduce pressure on urgent and emergency care

NHS delivery plan for recovering access to primary care

- ▶ Expand the role of community pharmacy

Fuller stocktake

“we are going to need to look beyond a traditional definition of primary care and understand that NHS urgent care is what patients access first in their community “

“We heard very clearly through the stocktake that the wider primary care team could also be much more effectively harnessed, specifically the potential to increase the role of community pharmacy”

Pharmacy First Pathways

Urgent Repeat Medication Supply (Emergency Supply)

- ▶ ONLY electronic referral from NHS111

Minor illness

- ▶ Electronic Referral from NHS111
- ▶ Electronic Referral from GP/ICU CAS/A&E/999/UTC etc.

Clinical Pathways

- ▶ Referral from NHS111
- ▶ Referral from GP/ICU CAS/A&E/999/UTC etc.
- ▶ Walk-in
- ▶ Identification in pharmacy



NEW

NHS Pharmacy First Service Overview

REFERRAL
 Patient contacts the referring organisation with a request for an urgent repeat medicine supply or a minor illness including symptoms potentially associated with the seven clinical pathways

Digital transfer of the referral information to community pharmacy. Referral will be available in the pharmacy via the NHS assured Pharmacy First IT system or NHSmail

WALK IN
 Patient presents at the community pharmacy with symptoms potentially consistent with one of the seven common conditions

Gateway criteria met Gateway criteria not met

Urgent repeat medication supply referral

Patient Assessment
 Pharmacist checks GP Connect Access Record or National Care Record

Consultation Outcome
 NO SUPPLY MADE
 Qualifies for a consultation fee payment

Consultation Outcome
 Request complies with The Humans Medicines Regulations and SUPPLY MADE
 Qualifies for a consultation fee payment

- EPS Rx
- OTC Supply
- Not clinically or legally appropriate
- Onward referral to prescriber or another community pharmacy

Print token and capture prescription charge status
 Dispense

Low acuity, minor illness referral

Patient Consultation
 Pharmacist checks GP Connect Access Record or National Care Record and NICE CKS (as necessary)

Consultation Outcomes
 All qualify for consultation fee payment

Safety netting and self care advice only

Safety netting, self care advice and sale of OTC meds

Onward referral

Gateway criteria not met
 Gateway criteria met

Gateway criteria not met
 Gateway criteria met

Clinical Pathways Consultation referral

Clinical Pathways Consultation
 Pharmacist checks GP Connect Access Record or National Care Record, clinical pathways, clinical protocols and PGDs

Consultation Outcomes
 All qualify for consultation fee payment and contribute to minimum activity for the block payment

Onward referral

Advice + clinical pathway followed
 Supply & safety netting

Advice + clinical pathway followed
 No supply & safety netting

Print token and capture prescription charge status
 Dispense

Gateway criteria not met
 Gateway criteria met

Gateway criteria not met
 Gateway criteria met

Self Care Appropriate
 Essential service provision with or without an OTC sale

Onward referral

Onward referral

Record the outcome of the referral on the approved IT system. Appropriate post event messaging shared with the patient's general practice and patient record updated with the details of the consultation.
 If an action is required by a GP following this consultation an NHSmail or telephone call will also be required.



Any completed activity that us is as a result of a **referral** is claimable ££

With walk in patients **ONLY** the 7 clinical pathways conditions are claimable, and **ONLY** if the gateway criteria are met

Sign up fee £2000 (only claimable if sign up by 31st January)

Consultation fee £15 per consultation

Sign up fee will be reclaimed by NHSE if you don't complete 5 consultations by 31st March

Monthly 'threshold' payments for completing a certain number of **clinical pathway** consultations per month for first few months

Month	Minimum number of Clinical Pathway consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30

Important!

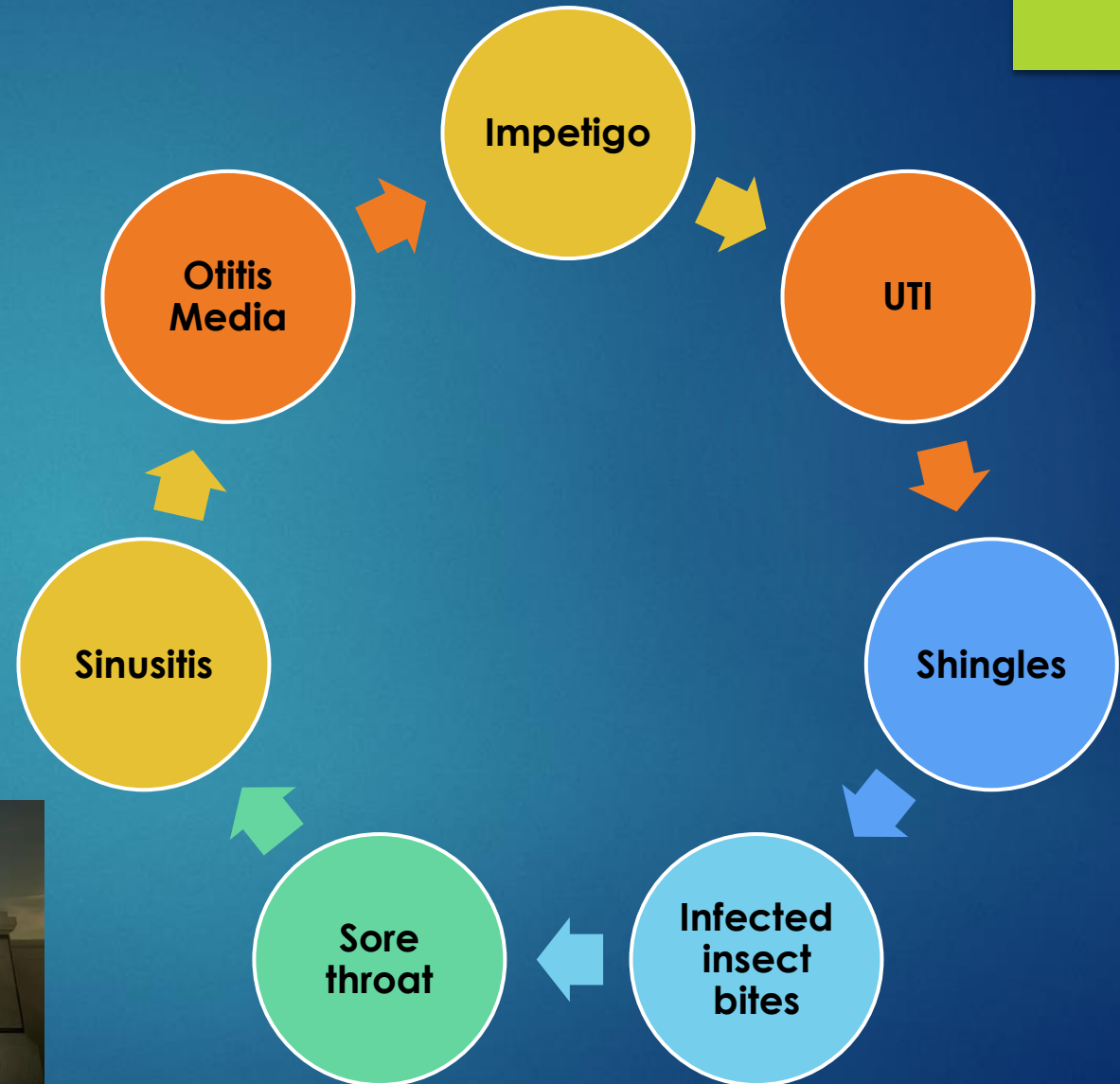
If a pharmacy needs to refer to another pharmacy to complete the Clinical Pathways part of any consultation

= NO PAYMENT

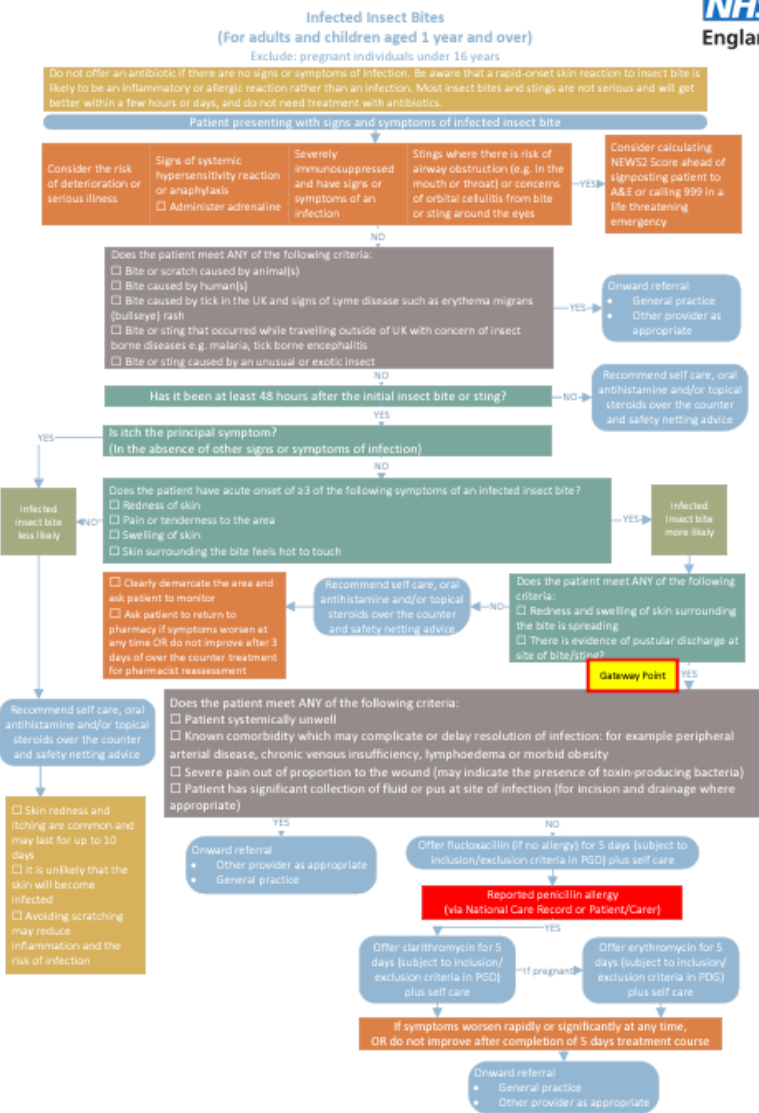
Clinical pathways

7 clinical pathways

- ▶ 7 common infections
- ▶ Set out patient and symptom criteria that need to be met for treatment
- ▶ Advise on treatment option
- ▶ Provide self care and safety netting advice
- ▶ Each pathway has a gateway point



7 clinical pathways



23 PGDs and 1 protocol



This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)

Supply of nitrofurantoin capsules/tablets for the treatment of Urinary Tract Infection (UTI) under the NHS England commissioned Pharmacy First service

Version Number 1.2

Change History	
Version and Date	Change details
Version 1.0 January 2023	New template
Version 1.1 July 2023	Updated interaction information – removed dapsone and topical prilocaine as interacting drugs
Version 1.2 January 2024	<ul style="list-style-type: none"> Content aligned with PGDs in Pharmacy First suite. Expansion of the definition of immunosuppressed Addition of abnormal vaginal discharge, suspected STI and urethritis as exclusions Addition of hepatotoxicity warning from MHRA Addition of caution re: rare metabolic conditions and certain excipients Addition of self-care advice Removal of nitrofurantoin 100g M/R tablets: no longer commercially available

Different between Clinical Pathway and PGD/Protocol

Clinical Pathway

- ▶ Structured, stepwise algorithm to assess if patients meet the symptom criteria for treatment
- ▶ Advise on choice of treatment if there is more than 1 medication available

PGD

- ▶ Legal framework to allow the supply of a specific medication in lieu of a prescription
- ▶ Assess patient against the PGD criteria AFTER you have applied the rules of the Clinical Pathway

Medications available on PGD/Protocol

UTI

Nitrofurantoin

Shingles

Aciclovir and valaciclovir

Impetigo

Hydrogen peroxide cream 1%, fusidic acid, flucloxacillin, clarithromycin, erythromycin

Infected insect bites

Flucloxacillin, clarithromycin, erythromycin

Sore Throat

Penicillin, erythromycin, clarithromycin

Acute sinusitis

Mometasone spray, fluticasone spray, penicillin, clarithromycin, doxycycline, erythromycin,

Otitis Media

Otigo, amoxicillin, clarithromycin, erythromycin

Before you start

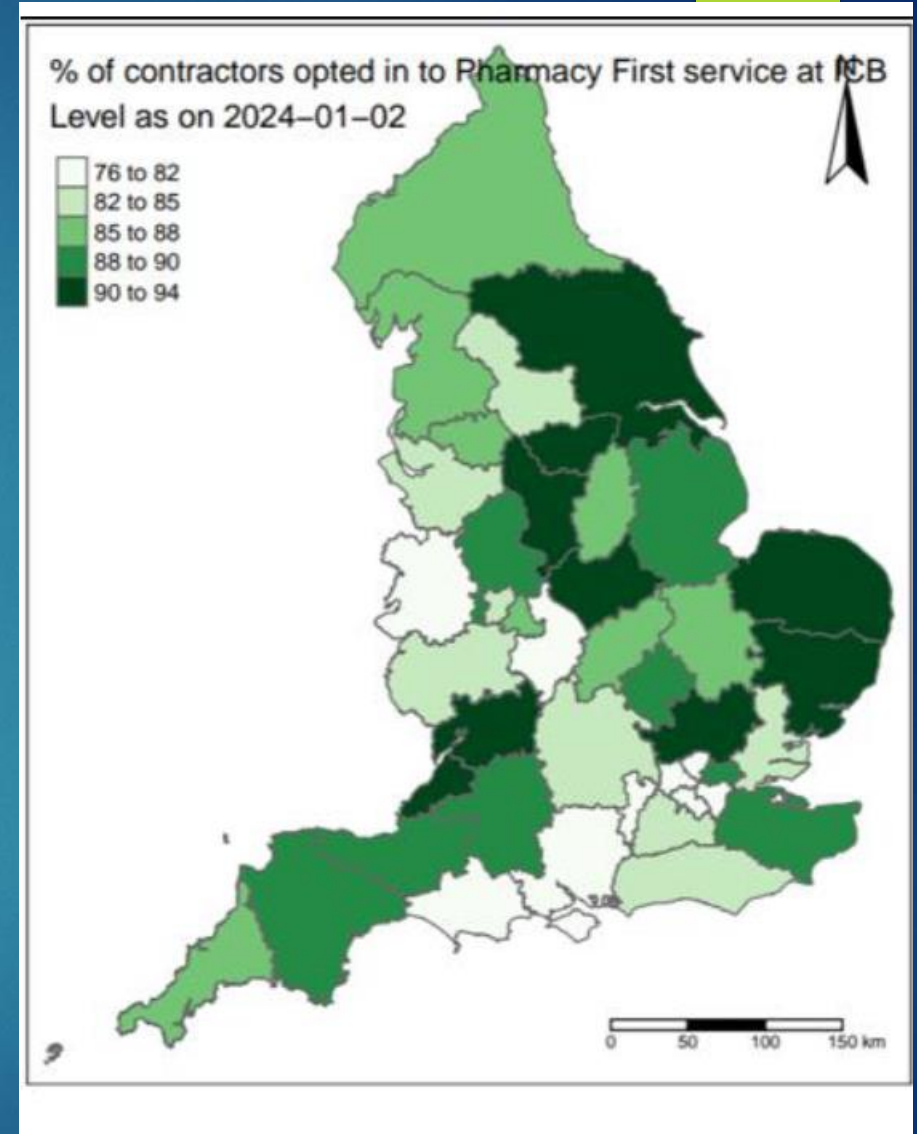
- ▶ Be providing all Essential Services and an acceptable system of clinical governance
- ▶ Sign up on MYS portal
- ▶ NHS assured Pharmacy First IT system
- ▶ SOP in place and all staff understand it
- ▶ Amend business continuity plan
- ▶ Consultation room (IT must be available in the consultations room)
- ▶ If delivering remote consultations must be via live video link that meets specification (all except otitis media which must be face to face)
- ▶ Must participate in audit if requested

Sign ups to date

Service must be available throughout full opening hours

Must be accessible, appropriate and sensitive to users needs

Gloucestershire has 98.1% sign up- only 3 pharmacies not yet signed up



Equipment

- ▶ Otoscope (except DSP)

Recommended

- ▶ Blood pressure monitor (electronic or manual)
- ▶ Pulse oximeter
- ▶ Scales
- ▶ Thermometer
- ▶ Tongue depressors
- ▶ Torch

- pharmacies may start to deliver the Pharmacy First service without being able to provide the otitis media clinical pathway, if they have evidence that they have ordered an otoscope and are awaiting delivery
- from 1 April 2024 an otoscope must be available, and all clinical pathways must be provided

Training and competency requirements

“must ensure that pharmacists and pharmacy staff providing the service are competent to do so, and are familiar with the clinical pathways, clinical protocol and PGDs”

Non-pharmacist staff

- ▶ Understand the service specification
- ▶ Read and understand the SOP
- ▶ Understand the Gateway criteria for Clinical Pathways so can identify eligible patients presenting in the pharmacy
- ▶ Know what to do if service is unavailable
 - ▶ Onwards referral to another provider
 - ▶ Update DOS team
 - ▶ Notify local surgeries
- ▶ Know what needs to be done when a locum is on shift

Training and competency requirements

“must ensure that pharmacists and pharmacy staff providing the service are competent to do so, and are familiar with the clinical pathways, clinical protocol and PGDs”

Pharmacists

- ▶ Understand the service specification
- ▶ Read and understand the SOP
- ▶ Read and understand the clinical pathways
- ▶ Read and understand the 23 PGDs and 1 protocol
- ▶ Complete the CPPE Pharmacy First Self Assessment Framework
- ▶ Complete clinical skills training if required
 - ▶ Clinical assessment of symptoms
 - ▶ Clinical screening tools
 - ▶ Use of otoscope

Table 1

Knowing the Pharmacy First service				
Statements	Competent	Development required	No previous experience	Learning resources to support your development
1. Can you explain the local NHS urgent care system and the role of community pharmacy as part of this system?				NHS Pharmacy First: Service specification CPPE: <i>Urgent care: the role of the community pharmacy and the NHS Pharmacy First service</i> e-learning [coming soon] CPPE: <i>NHS Pharmacy First: Clinical assessment - essential skills</i> workshop CPPE: <i>NHS Pharmacy First: essential skills</i> e-course
2. Can you explain how the service operates – including the range of conditions and treatments included – to the public and other appropriate professionals?				NHS Pharmacy First: Service specification CPPE: <i>Urgent care: the role of the community pharmacy and the NHS Pharmacy First service</i> e-learning [coming soon] CPPE: <i>NHS Pharmacy First: Clinical assessment - essential skills</i> workshop CPPE: <i>NHS Pharmacy First: essential skills</i> e-course
3. Can you accurately record consultations using an NHS assured Pharmacy First IT system and transfer data to GP systems?				CPPE: <i>Documenting in patient clinical records</i> e-learning Training guides and support from NHS assured Pharmacy First IT system providers
4. Can you identify mechanisms for				NHS Pharmacy First: service toolkit

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Pharmacy First

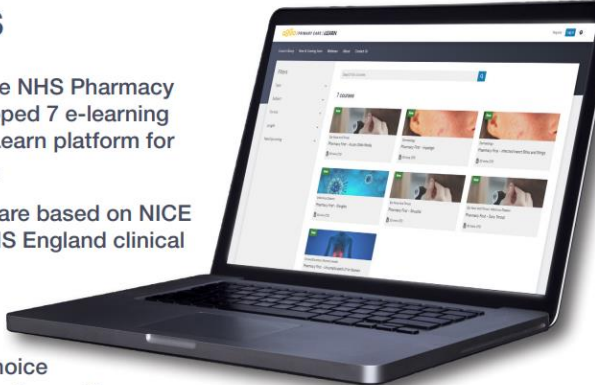
Free e-learning for pharmacists from NICE CKS authors

Agilio's Free Courses for Pharmacists

To support the rollout of the NHS Pharmacy First Service, we've developed 7 e-learning courses available on our iLearn platform for these common conditions.

These accredited courses are based on NICE CKS and aligned to the NHS England clinical pathways and PGDs.

All these courses are free to access and include a case study and multiple-choice questions to test understanding, with a certificate of completion.



Pharmacists can register for these free courses via our Agilio iLearn platform.
<https://learn.clarity.co.uk/Courses/pharmacy-first>

<https://cliniskills.helmms.com/login>



Face to face training

- ▶ ECG
- ▶ MorphConsulting

Save the date

11th/18th/23rd February (Cheltenham or Gloucester)

30 places am, 30 places pm

Half day face to face for ENT training – reviewing the PGD and clinical conditions and practical implementation, using an Otoscope, role play, case studies, reviewing red flags and when to refer

Superintendents

- ▶ Training records for staff
- ▶ SOPs and business continuity plan
- ▶ Amend the PGDs for use in your business
 - ▶ Decide on how you will assure yourself of pharmacist competence
 - ▶ Decide on how you will record which pharmacists are authorized to use your PGDs/protocol
 - ▶ Update the blue highlighted parts of the PGDs/protocol
 - ▶ Sign the PGDs/protocol as the Authorising Manager for use in your business

Appendix A – example registered health professional authorisation sheet (example – local versions/electronic systems may be used)

PGD Name/Version Valid from: Expiry:

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered health professional

By signing this patient group direction you are indicating that you agree to its contents and that you will work within it.

Patient group directions do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this Patient Group Direction and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date

Authorising manager

I confirm that the registered health professionals named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of **insert name of organisation for the above named health care professionals who have signed the PGD to work under it.**

Name	Designation	Signature	Date

Note to authorising manager

Score through unused rows in the list of registered health professionals to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those registered health professionals authorised to work under this PGD.

Add details on how this information is to be retained according to organisation PGD policy.

Patient pathway (minor illness)

Patient referred to pharmacy

- ▶ Electronic referrals via NHS mail or direct into IT system
- ▶ Patient will be asked to contact the pharmacy



Conset (verbal)

Chaperone

Safeguarding

Patient walks into pharmacy

- Check they meet gateway criteria and refer to pharmacist
- If not meet gateway criteria complete usual OTC consultation



Clinical consultation

- ▶ Patient **will not** have been clinically assessed in detail by the person referring!
- ▶ Use validated tools for clinical assessment
 - ▶ SOCRATES
 - ▶ FeverPAIN
 - ▶ NEWS2
- ▶ NICE CKS
- ▶ Remember to check allergies, current medication or medical conditions
- ▶ Use GP Connect or National Care Record to check medical record with patient consent

If one of 7 Clinical Pathway conditions, follow Clinical Pathway protocol

Outcome of consultation

- ▶ Self care advice
- ▶ Self care and sale of medication
- ▶ Supply or non-supply of medication under PGD/Protocol
- ▶ Referral to another service in the pharmacy
- ▶ Routine referral for an appointment
- ▶ Referral to patients GP or OOH for an urgent appointment
- ▶ Referral urgently via 999

Make contemporaneous record of consultation

Provide or use leaflets as specified in documentation

Advice and safety netting OR Supply medication

- ▶ Medication supplied for exempt patients – print dispensing token for claiming
- ▶ Non exempt patients pay Rx charge

Referring to OOH

PLEASE DO NOT call the Gloucester OOH service directly

PLEASE DO NOT tell the patient to call 111 themselves for escalation

Escalate back through NHS111 using the Healthcare Professionals Bypass facility

“The new NHSE SW regional IVR went live in November, It should be option 3 for HCP. You should then be presented with a further 3 options, option 1 – paramedic, option 2 care home & then option 3 for any other healthcare professional. On selecting this it should route you through to the HCP line. If for any reason the line is busy it will route you through 111 whereby we can process your call as an HCP”

Supply medication

ONLY medications listed in the PGD or protocol documents

To help protect NHS resources, wherever practical contractors should supply the BEST VALUE product to meet the clinical needs of the patient.

- ▶ Medication supplied for exempt patients – print dispensing token
- ▶ Non-exempt patients pay Rx charge

Reimbursement at Drug Tariff price

No broken bulk

Zero rate VAT EXCEPT Hydrogen Peroxide cream

Medication charged back to ICB

Recording consultations

IT system must meet requirements of service

- ▶ PMR provider
- ▶ Pharmoutcomes
- ▶ Other accredited provider

Notifications sent from system via secure mail

GP Connect will have write capability to record consultation

If onwards urgent referral in hours is required you will also need to telephone GP surgery

PharmOutcomes

► Referrals

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Provide Services My Provisions Search for Identifier: []

Show all accredited services including ones that are normally hidden

Advanced NHS Service - Pharmacy First

Pharmacy First (walk-in) Patient Registration

Pharmacy First NHS 111 Urgent Medicines Supply - nhs.net referrals

Service Centre

Contact your local commissioners if you cannot see services you expect to see.

Provision List Options

- Show patient identifiable details
- Focus Services pages for Covid-19 services
- Show recent records

Service Tools

View Batch Management Dashboard

View all provisions for: [All services] Show

Outstanding records Status explained

Received	Service (stage)	Identifiers	Status
2023-12-20	Pharmacy First - Minor illness/Clinical pathway referral	PA	Pending Referral Referred to you awaiting follow-up action
2023-12-20	Pharmacy First NHS 111 - Urgent Medicines Supply NHS 111 Referral	PA	Pending Referral Referred to you awaiting follow-up action

All Received Referrals less than 40 days old are shown here. [Click here to view all »](#)

Acceptance and completion of referred service

This referral has been made to your organisation at the request of a patient.

If you are unable to complete the referral, you can reject it, but please state the reason for rejection in the Notes box below.

If you can accept the referral but cannot complete the associated actions immediately, click on the accept button to acknowledge receipt of the referral.

You should make relevant notes why you are rejecting the referral in the notes box below.

IMPORTANT: Please **DO NOT** enter any personal data in the notes box below. The details you enter in the notes box below are visible to commissioners.

Please **DO NOT** enter any PID in the text box above.

[Complete now](#) [Accept](#) [Return \(where to complete\)](#)

The practitioner now captures verbal consent for service and

Personal Demographics Service

We found a potential match for the patient in the Personal Demographics Service (PDS).

Video Call

Patient Details

Referral Data	PDS Result
Family Name: Adlington	Adlington
Given Name(s): Pj	Pj
Date of Birth: 25-Jan-1976	01-Jan-1976
Gender: male	male
NHS Number: 725 170 6141	725 170 6141
Address: UNREGISTERED/UNKNOWN	
Postcode: DD17 5AF	DD17 5AF

Please confirm the above details with the patient and press 'Confirm Patient' if they are correct, or 'Referred Patient' if they are not.

[Referred Patient](#) [Confirm Patient](#)

What is the name of your GP practice if the patient is not registered, please enter N/A (Registered):

GP practice: []

To filter results by 'nearest first'.

... search is other patient postcode if found otherwise look practice postcode.

➤ Walk in OR NHS Mail referral

PharmOutcomes[®] Delivering Evidence

Home Services Assessments Reports Claims Admin Help

Provide Services My Provisions

Show all accredited services including ones that are normally hidden

Advanced NHS Service - Pharmacy First

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Search for Identifier: []

Provision List Options

- Show patient identifiable details
- Focus Services pages for Covid-19 services
- Show recent records

Service Tools

View Batch Management Dashboard

View all provisions for: [All services] Show

Outstanding records

Status explained

Recent records within last six months

Status explained

There are no provisions recorded within the last six months nor provisions for consultation dates within the last six months.

View or edit all provisions ▶

Method of entry to service

Entry to service via

- NHS 111 Service
- NHS 111 online
- GP Practice
- GP Practice (online)
- Emergency Department
- Ambulance Service
- Urgent Treatment Centre
- Walk in Centre
- Signposted (please state)
- Self referral
- Other
- Onward referral from another community pharmacy

Referrer ODS code []
(if unknown leave blank)

Record the contact details of the organisation making the referral below.
For example a phone number, NHSmail address etc.

Referrer contact details []

Referral reference []
(if not provided by referrer leave blank)

Referral type

- Minor illness
- Clinical Pathway

Next Stage

Please save this registration and select the linked next stage to record your intervention. These will appear in a list after you have saved this record.

Save and enter another

Referral type

- Minor illness
- Clinical Pathways

Referral reason

Presenting complaint

- Acne, Spots and Pimples
- Allergic Reaction
- Ankle or Foot Pain or Swelling
- Athlete's foot
- Bites or stings, insect or spider
- Blisters
- Constipation
- Cough
- Cold or Flu
- Diarrhoea
- Ear Discharge or Ear wax
- Earache
- Eye, red or itchy
- Eye, sticky or watery
- Eyelid problems
- Hair loss
- Headache
- Hearing problems or blocked ear
- Hip, Thigh or buttock pain or swelling
- Itch
- Knee or lower leg pain swelling
- Lower back pain

otherwise your provider postcode

Referral type

- Minor illness
- Clinical Pathways

Clinical Pathway

- Acute Otitis Media
- Acute Sore Throat
- Infected Insect Bites
- ITG Impetigo
- Shingles
- Sinusitis
- Uncomplicated UTI

Medical History and consultation

Medical History and consultation

Do any of the following apply?

- Existing medical conditions
e.g. Any LFC such as Asthma, Heart Disease, Respiratory conditions
- Allergies and sensitivities
Nuts, latex, previous medical products
- Currently taking any medication
Consider prescription and OTC
- Pregnancy
- Breast feeding
- Other
If Other please state:
- Currently no medical condition or relevant history

Symptom check and action to date

How long have you had the symptoms

- Less than 24 hours
- 24-72 hours
- More than 72 hours

Any further relevant history?

e.g. Allergies, medicines, other symptoms and conditions

RED FLAG SYMPTOMS

You **MUST** check **RED FLAG** symptoms for ALL conditions covered by the NICE Clinical Knowledge Summaries. You can access further information by clicking [NICE Clinical Knowledge Summaries](#)

You **MUST** check **NICE CKS** for **RED FLAG** symptoms, confirm check below

NICE CKS checked?

- Yes
- No
No CKS available for the condition selected

Red flags present? Yes No

Consultation outcome

Consultation Outcome

- Advice given only (no medicine supply)
- Sale of an Over the Counter (OTC) medicine
- Referral into a pharmacy local minor ailments service (MAS)
- Referral into an appropriate locally commissioned NHS service, such as a patient group direction
- Onward referral to another pharmacy
- Non-urgent signposting to another service
- Urgent escalation to another service
- Clinical Pathways Consultation
- Other

Professional role

- Pharmacist
- Independent Prescriber

Use the box below to record any other clinical notes

Consultation notes

Incident Reporting

Pharmacist: Would you like to report an incident or send a message to service commissioners

Incident/message Yes No

Pharmacist Feedback

Please use the box below to give us any valuable feedback so that we can improve our service

Pharmacist feedback

A system generated claim will be sent to the NHSBSA once your record has been saved. Claims will be populated into the Manage Your Service (MYS) Portal and will appear for confirmation and submission when you make your monthly return

Save

- Advice given only (no medicine supply)
- Sale of an Over the Counter (OTC) medicine
- Referral into a pharmacy local minor ailments service (MAS)
- Referral into an appropriate locally commissioned NHS service, such as a patient group direction
- Onward referral to another pharmacy
- Non-urgent signposting to another service
- Urgent escalation to another service
- Clinical Pathways Consultation
- Other

Medicine Supply - Please read note below

Note on medicine supply

NB: Professional payments for any minor illness consultation does not include cost of medicines supplied. If local arrangements permit you can claim for medicines supply via locally commissioned MAS, otherwise patients should pay for any medicine supplied as part of this service.

Are you supplying a medicine to the patient or patient's representative?

Medicine supply via sale Yes No
or MAS

Please enter details of medicines purchased or supplied via local MAS scheme. The quantity entered is based on dm+d and must be the number of unit doses, NOT packs. This is the number of tablets or capsules supplied, number of g or mls for creams or liquids and number of doses for Inhalers or sprays.

Medicine supplied
DO NOT enter number of packs see note above

Quantity

Dose recommended

Days supplied?

Enter number of days medicine supplied

2nd Medicine supply necessary? Yes No

Use the field below to detail any medicine supplies made under a locally commissioned PGD or as an independent prescriber

Other supply information

DO NOT include PID in this field

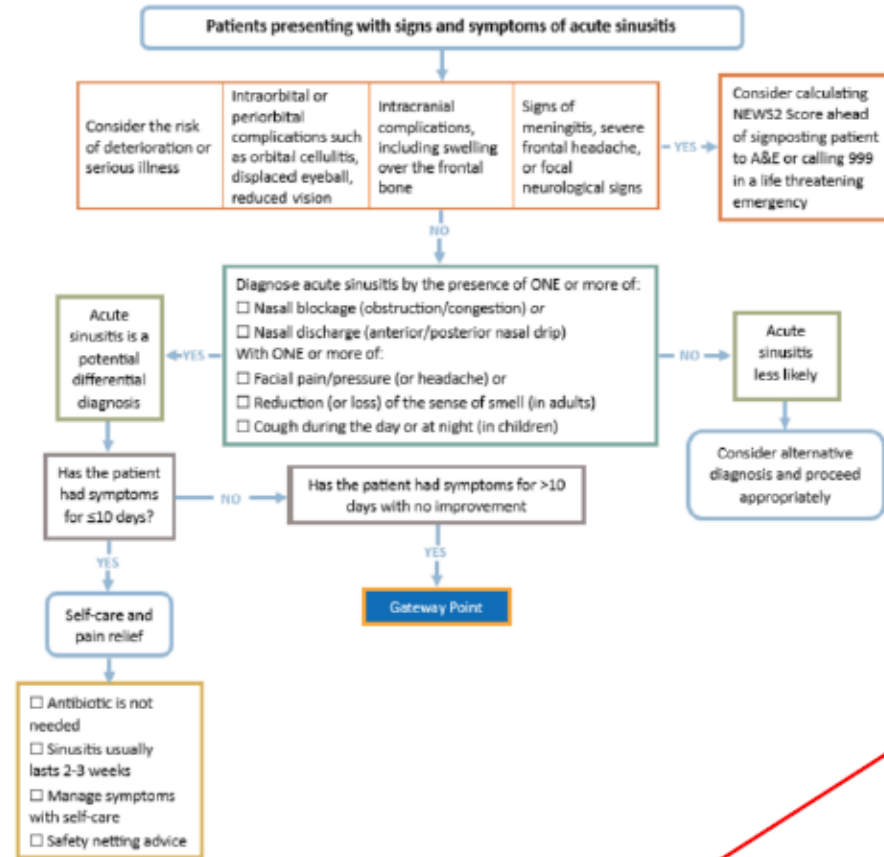
How to search for medicines

Start to type the name of the medicine you are supplying into the medicine field and select from drop down list. The more information entered the narrower the search becomes

Clinical Pathways Consultation

Other

Acute sinusitis



Gateway criteria met Yes No
acute sinusitis [Access NEWS2 calculator here](#)

When gateway criteria has been met practitioners must save this record and complete the relevant clinical pathway template. The claim to MYS will send on saving the clinical pathway record that records the intervention

Save

Gateway criteria met Yes No

acute sinusitis [Access NEWS2 calculator here](#)

Gateway criteria not met. The patient should be signposted or escalated accordingly. You must amend the recorded outcome above to reflect your actions and use the notes field to detail action taken. Symptomatic relief can be provided under self-care where appropriate

▶ Saving closes this part of the consultation and PGD supply is recorded in a new module

- ▶ Complete the template whenever Gateway point is passed- use to record PGD supply AND non-supply

PROVISION HISTORY
Where 'Patient name' is Pip Adlington

2023-12-20**
Pharmacy First (0518-0) - Patient Registration

2023-12-20
Pharmacy First - Minor Illness/Clinical pathway referral

[** : These provisions were recorded by other providers]

Pharmacy First - Acute Sinusitis 157573

P

Partial Save

Provision date and time: 20-Dec-2023 17:35

Patient identifiable section (Reference Question)

Patient name: Pip Adlington

Patient is verified by the Personal Demographics Service (PDS).
Last updated on 2023-12-20 17:35:04.

Patient Details

Family Name: Adlington
Given Name(s): Pip
Date of Birth: 01-Jan-1975
Gender: male
NHS Number: 725 170 5141
Address: UNKNOWN, UNKNOWN
Postcode: BD17 5AF

Repeat Attendance
If it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their general practice.

Unlink PDS record

Consent

Consent to service
Information recorded in this service will be lawfully shared. The Privacy Notice is available from "link to be added".

Consultation setting

Consultation method

Face to face
 Live video link

Patient assessment

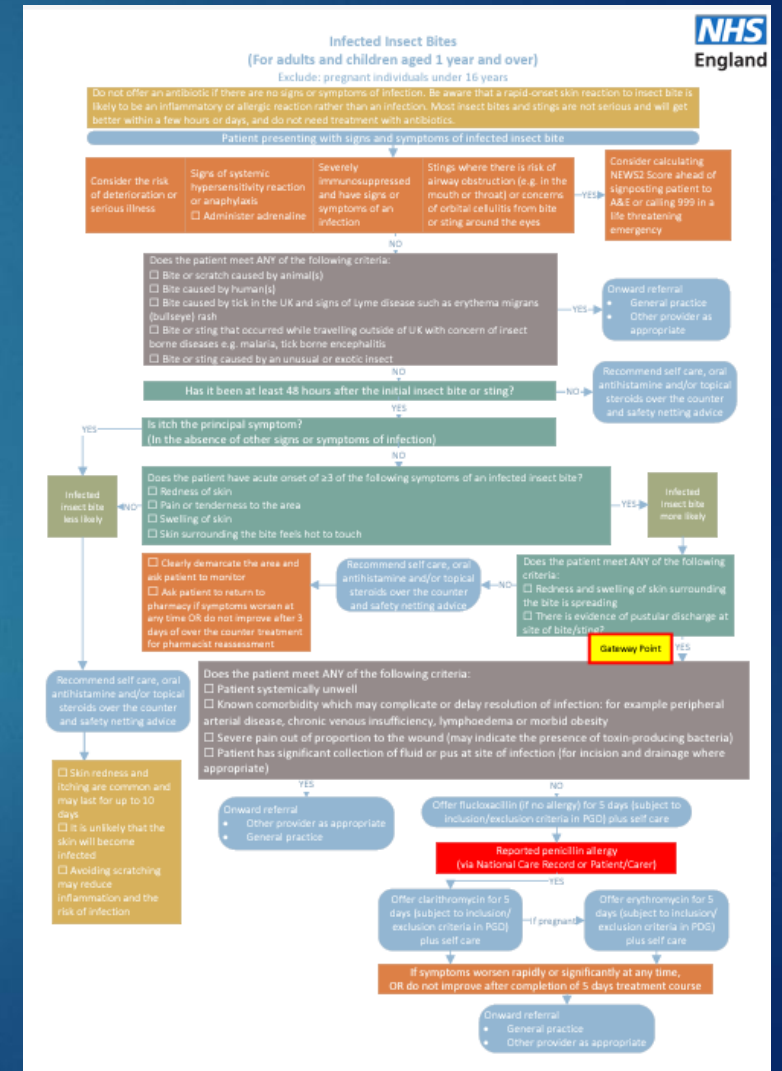
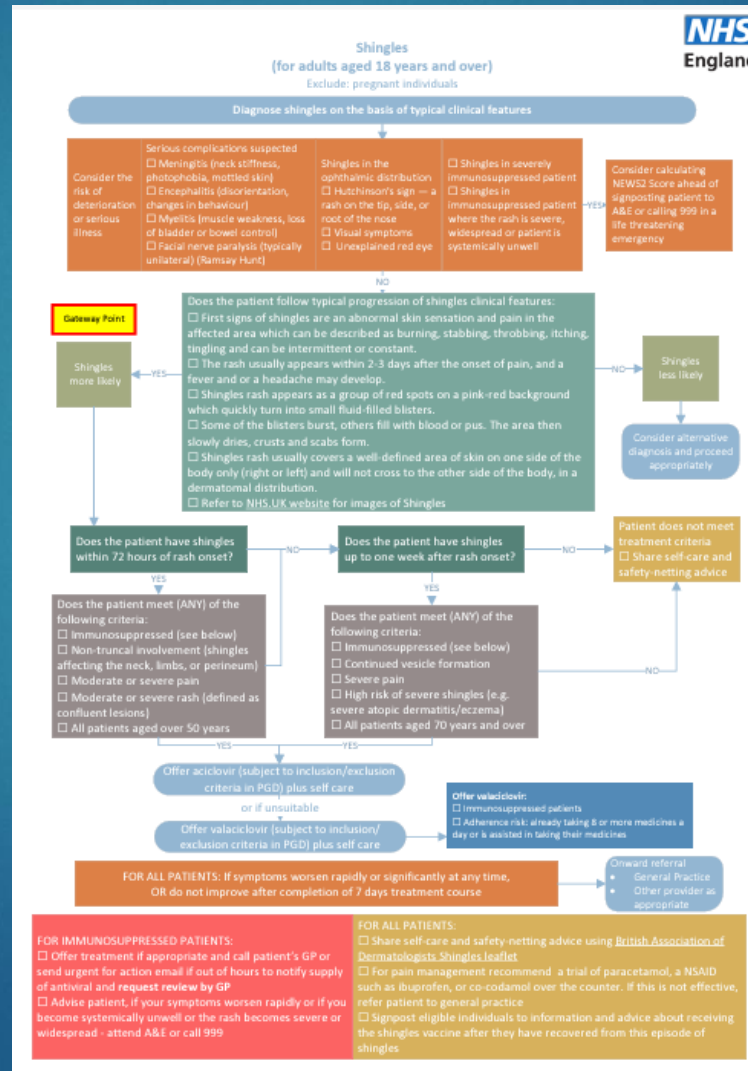
Does the patient have 2 or more of the following symptoms to suggest acute bacterial sinusitis:

- Marked deterioration after an initial milder phase
- Fever (>38C)
- Unrelenting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

2 or more symptoms Yes No

Pharmacy Team support

Identify 'clinical pathway' patients by knowing basic inclusion criteria (in addition to usual referral criteria and red flags)



UTI

Women aged 16-64

Exclude- pregnancy, those with catheters, those with repeat UTI

Shingles

Over 18

exclude-pregnancy

Impetigo

Over 1 year

Exclude- recurrent cases (2 or more in a year), pregnant under 16, bullous impetigo

Infected insect bites

Over 1 year

Exclude- pregnant under 16

Sore throat

Over 5 years

Exclude- pregnant under 16



- Fluid filled blisters
- Usually start on central part of the body, arms or legs

Sinusitis

Over 12 years

Exclude- immunocompromised, chronic sinusitis (+ 12 weeks), pregnant under 16

Otitis Media

Aged 1-17

Exclude- recurrent otitis media (3/6 months or 4/12 months), pregnant under 16

Know how to explain the service to patients

- ▶ “We may be able to provide you with prescription strength medication/antibiotics to treat your condition”
- ▶ “You will have a private consultation with the pharmacist in our consultation room”.
- ▶ “The pharmacist will assess your symptoms and may suggest a more effective treatment than you can buy over the counter”

Know how to manage patient expectations for antibiotics

- ▶ “You may or may not be supplied an antibiotic. It will depend on your symptoms as well your overall health and medical history.”
- ▶ “We follow the same National Clinical Guidelines as your GP would.”
- ▶ “If, after assessment, we cannot provide an antibiotic we will provide you with advice about how best to treat your symptoms and when you should return if the symptoms worsen or don't improve- or we may need to refer you to your GP for either an urgent or non-urgent appointment. The pharmacist will discuss this with you further during the consultation.

Blood pressure, pulse, pulse oximetry, temperature

Provide leaflets and advice

Local Engagement

- ▶ Let your local surgeries know you are ready to go
- ▶ Confirm process with surgeries for how to let them know if you can't provide the service
- ▶ Confirm escalation process –get the healthcare professional direct phone number so you can call them without holding for 20 minutes.

- ▶ Link with your PCN Community Pharmacy Lead
- ▶ Get on local Whatsapp/Telegram groups to share feedback
 - ▶ Matt Mollen Matt.Mollen@nhs.net

- ▶ LPC engagement with ICB and LMC
- ▶ Pharmacy First project group

Community Pharmacy England will be hosting a series of online drop-in sessions to support pharmacy owners and their teams as the Pharmacy First service launches.

- ▶ Sessions will take place between 1-2pm on the following dates:
 - Monday 29th January 2024;
 - Tuesday 30th January 2024;
 - Tuesday 6th February 2024; and
 - Thursday 8th February 2024

Additional resources published

Pharmacy teams may also want to familiarise themselves with the following new resources to help embed the service:

- Updated implementation checklists
- Introducing the service to GP practices
- Clinical pathway videos

Case studies

Mrs Smith (34) comes into the pharmacy and tells you her GP said to come in. You do not have an electronic referral on your system

She thinks she has a UTI.

She has increased frequency of passing urine and pain on passing urine. She also has lower back pain which started last night and is getting worse, and has been feeling nauseous all day.

Your pharmacist assesses the patient and then telephones the GP to have her seen at the surgery as she appears to have symptoms of pyelonephritis, and so does not meet the gateway criteria for the clinical pathway for UTI

Would you get paid for this activity?



Mrs ElChabib (57) walks into your pharmacy complaining of a painful rash on the left side of her torso, across the left shoulder blade and on the left side of her forehead.

The rash started 2 days ago and Mrs. ElChabib reports that she has been feeling very run down for a while and just thought that she was coming down with a cold.

She has no cold symptoms and no other medical conditions.

The pharmacist assesses the patient and diagnoses shingles.

Mrs ElChabib is given Aciclovir and pays an NHS prescription charge

Do you have to print and send in an NHS token for reimbursement?

Does this consultation count towards your monthly target?