

The Pharmacy First Service



Welcome and Overview

- Introductions
- Pharmacy First overview and data
- Hear from Mary Boaitey and Bhavik Vara on how they have implemented Pharmacy First
- Breakout groups – sharing best practice
- Feedback from contractors and top tips
- Question and Answer session

The Pharmacy First service

- The **start date** was the **31st January 2024**
- 467 pharmacies signed up at the 18th March out of 481 (97%)
- New Advanced service (therefore optional) that includes **seven new clinical pathways**
- Builds on the Community Pharmacist Consultation Service (CPCS), which most pharmacies provide.
- The service consists of **three elements**:

Referrals for minor illness consultations with a pharmacist

Previously part of CPCS, GP practices can refer to this element

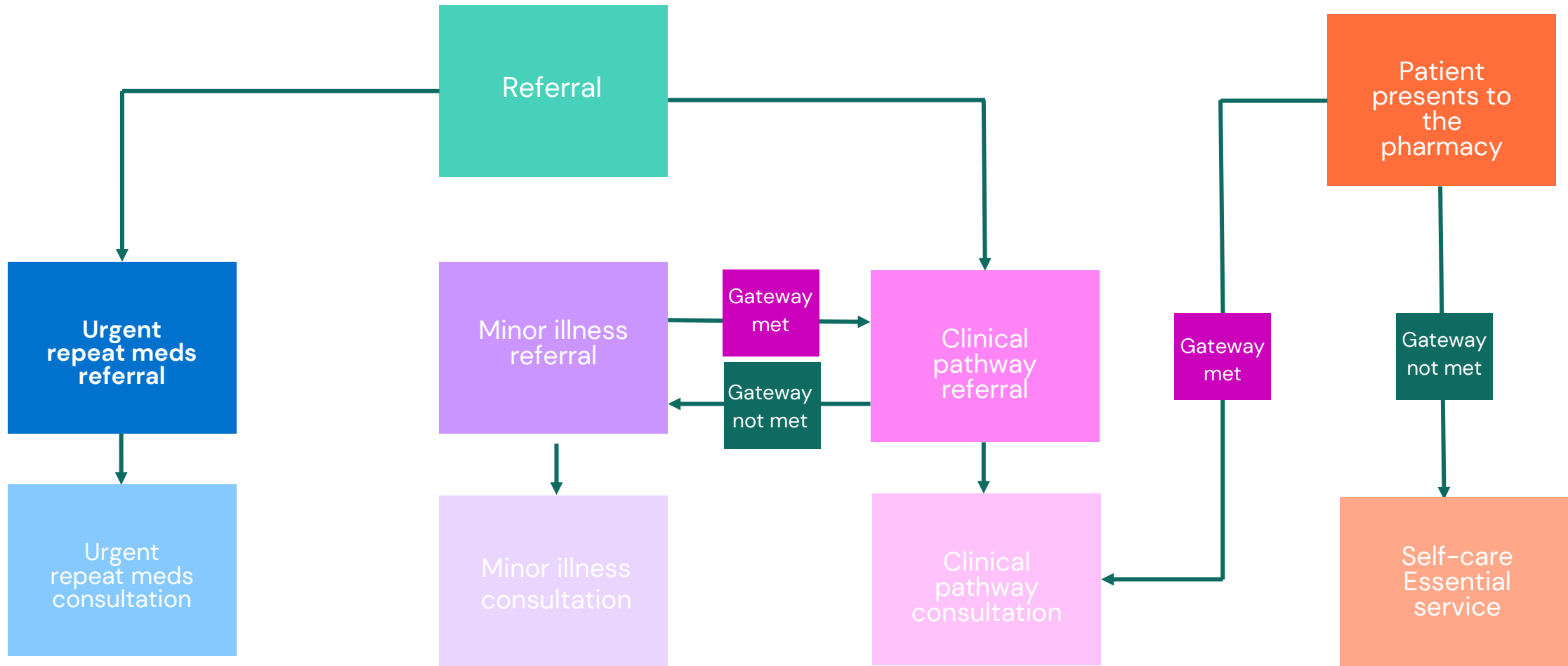
Urgent supply of repeat meds and appliances

Previously part of CPCS but GP practices cannot refer for this element

Clinical pathway consultations

New element, GP practices can refer to this element

High-level service overview



Clinical pathway consultations

- Involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate for seven common conditions:

Sinusitis

12 years and over

Sore throat

5 years and over

Acute otitis media

1 to 17 years

Infected insect bite

1 year and over

Impetigo

1 year and over

Shingles

18 years and over

Uncomplicated UTI

Women 16 to 64 years



Pharmacy First Consultations

Pharmacy First consultations

- Data collected by the CCA from the first week of the service showed that amongst CCA members: 84% of Pharmacy First consultations in the first week were self-referral (walk-in) consultations. 16% were from NHS111 and GP surgeries.
- Of the seven conditions that pharmacists can provide advice and treatment for under the new service, sore throat was the most common in Pharmacy First's first month.
 - Of the 48,195 total consultations provided by CCA members, 31% (13,087) addressed "acute sore throat", the membership body said.
 - "Uncomplicated UTI" was the second most common condition, accounting for 27% (13,053) of total consultations.
 - Next was acute otitis media, or earache, which the CCA said was the topic of 16% (7,548) consultations.
 - The least common conditions in the first month of the service were shingles, which accounted for 3.6% (1,748) of the total, and infected insect bites, which were 2.7% (1,309).
- 29% (13,977) of consultations were "provided either at weekends or outside core hours" of 9am – 6pm.
- 30% (14,425) of the consultations took place in the 20% most deprived communities.

Local data

- Frimley ICB
- Sussex ICB
- Surrey Heartlands ICB



Mary Boaithey on making Pharmacy First a success



Bhavik Vara on making Pharmacy First a success



Breakout Groups – Challenges and How to Overcome Them

Feedback from Contractors – Barriers

- Inappropriate referrals including self-referrals (commonly age)
- Incorrect info from surgeries e.g. 'go to the pharmacy for ABs'/treatment for conditions outside of 7 clinical pathways
- No referrals/lack of referrals
- Lack of understanding from surgery staff
- Verbal referrals i.e. no formal referrals
- Surgeries refusing to engage
- Patient expectations/demand for treatment/lack of understanding
- IT issues (inc. MYS data for submission)
- Difficult to reach gateway
- Locums lack training
- Stock shortages
- Time it takes to complete a referral
- Too many referrals?
- Staffing

Feedback from Contractors – Overcoming Barriers

- Communication with surgery
- Managing patient expectations
- Created a GP pack
- Trying to arrange meetings with surgeries
- Educate patients
- Surgery visits
- Staff involvement/implementing processes for staff
- Printing pathways for quick references
- Re training, switching to appt base service
- WhatsApp groups for pharmacies and practices
- No action taken

Feedback from Contractors – Top Tips

- Book appointments
- Try to do pre assessments/phone assessments
- Train/brief your staff, team training **
- Be polite and patient
- Act on paperwork promptly, don't let it build up
- Be clear, precise and accurate with your explanations to your patients
- Keep stock of PDG items
- Educate surgery staff where possible
- Display useful information around the pharmacy
- Encourage surgeries to formally refer
- Don't be 'fearful' of communicating with surgeries
- Upskill your team so dispensary can be managed while you focus on services
- Print out pathways, have accessible, talk through them with patient
- Create a checklist for patients while they wait
- Know your limitations
- Talk to other pharmacists on how they are managing
- Educate patients **

Feedback from Contractors – Top Tips

During the first few days of providing the service I learned a few things that may help others:

- See patients face-to-face: We are doing this initially with all our patients until we get more comfortable with the service and then we will consider offering telephone and virtual consultations in the future.
- Manage public expectations: This involves honest conversations with patients, giving them some context about the service and that the potential outcome may be supply of a product, advice on self-care or an onwards referral.
- Build a rapport with patients: The dynamic has changed and we are taking a full clinical history in a consulting room, rather than asking WWHAM questions over the counter.
- Remember, this is a 'common' conditions service: With any presentation that isn't 'common', use your clinical judgement and intuition, and refer on as appropriate.

Feedback from Contractors – Top Tips

- Speak to local GPs: It is really important to make them aware of the service and create a feedback loop in case you, or they, refer inappropriately, or you need support to escalate a patient.
- Consider creating appointment slots for referrals: This is to allow ownership of your day. For example, we have appointments from between 10am–12pm and 2pm–4pm.
- Don't feel pressured by the unknown: Familiarise yourself with the paperwork and IT before you invite a patient into the room. Afterwards, you can ask a patient to wait in the waiting area while maybe their medication is being dispensed by your team, and this gives you time to write up your notes and confirm you've covered all the salient points, especially while we are all trying to find our feet with the pathways and criteria.
- Use digital tools: I'd recommend using software like Accurx to message patients with all the signposting and safety netting information..

Pharmacy First is a big moment for community pharmacy, so keep calm and carry on being brilliant!

Pharmacy Team briefing

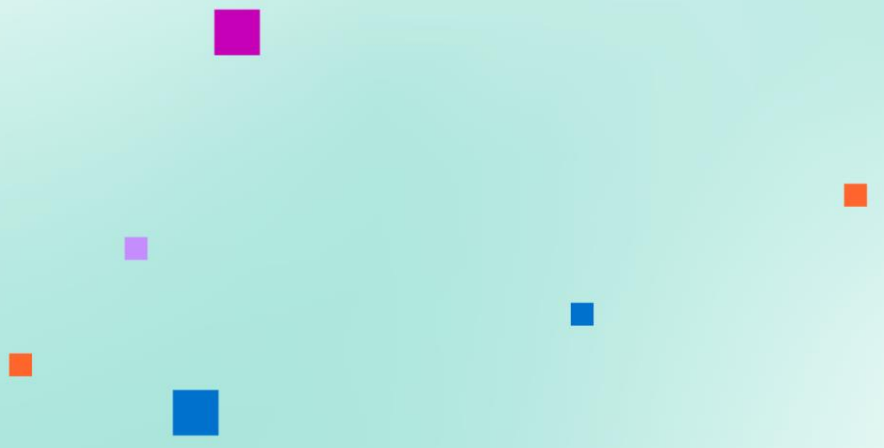
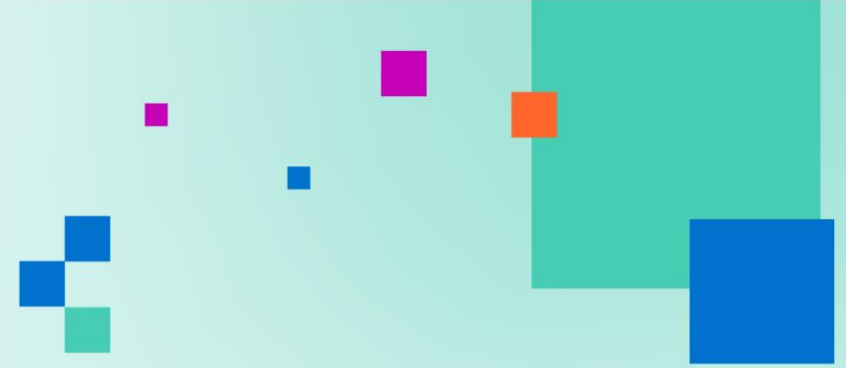
Only pharmacists can provide the consultation but the whole team can be involved in the service:

- Community Pharmacy England briefing for the pharmacy team.
- Discuss as a team how you make the service a success.
- Think about other pharmacy services you could promote to patients who come in for the service, e.g. flu vaccination service.
- Ensure all staff know how to identify a patient who may have been referred to the pharmacy for the service.
- Make sure team members are clear on daily activities, such as checking for referrals.
- Discuss how each member can promote the service to patients, for example, encourage patients to tell their friends and family about the service.

A few final points

- Make use of the resources available to you nationally and locally – let us know if there are any other resources which would help
- FAQs on the service on CPE FAQs page <https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/pharmacy-first-service-faqs/>
- Talk to your GP Practice – liaise with your Community Pharmacy PCN Lead.
- Know how to temporarily communicate a stop to the service – DoS phone number and Surgeries.
- If signposting patients to their GP Practice manage their expectations regarding GPs being able to provide emergency appointments – agree process with your local GP's.
- Pharmacy referral to another pharmacy e.g. can be done via PharmOutcomes – creates a notification of the referral details for emailing to another pharmacy.

Questions



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