

# Pharmacy First

The image features a light teal background with a white gradient at the top. The text "Pharmacy First" is centered in a bold, blue, sans-serif font. There are several clusters of small, colored squares (blue, green, orange, purple) scattered across the page, primarily in the top right and bottom left areas. A larger teal square is positioned in the top right corner, partially overlapping a blue square.

# Introduction

- New advanced service (therefore optional for contractors)
- Builds on the Community Pharmacy Consultation Service (CPCS)
- Includes advice and treatment for **seven common conditions**
- It includes **self-referring patients** (for the seven common conditions only), plus referrals from existing CPCS routes e.g. NHS 111, GP Practices, UEC
- Robust clinical pathway for each condition
- The Pharmacy First service, **commenced on 31st January 2024**

# Pharmacy First – service details

- The service will consist 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

# 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 – service details

- **CPCS** ended on 30<sup>th</sup> January 2024 and will be **incorporated** into the new service from 31<sup>st</sup> January 2024
- General practices **can still formally refer patients** for minor illness consultations with a pharmacist as per current CPCS process
- **GP referrals must be sent via a secure digital route, verbal/telephone referrals are not allowed**
- Community pharmacies provide **all seven** clinical pathways
- Distance selling pharmacies provide **six** clinical pathways only (excludes ear infections) via video consultations
- Campaigns launched to highlight the service, support collaboration with GPs and wider teams and prevent inappropriate demand

# How will the national Pharmacy First service work?

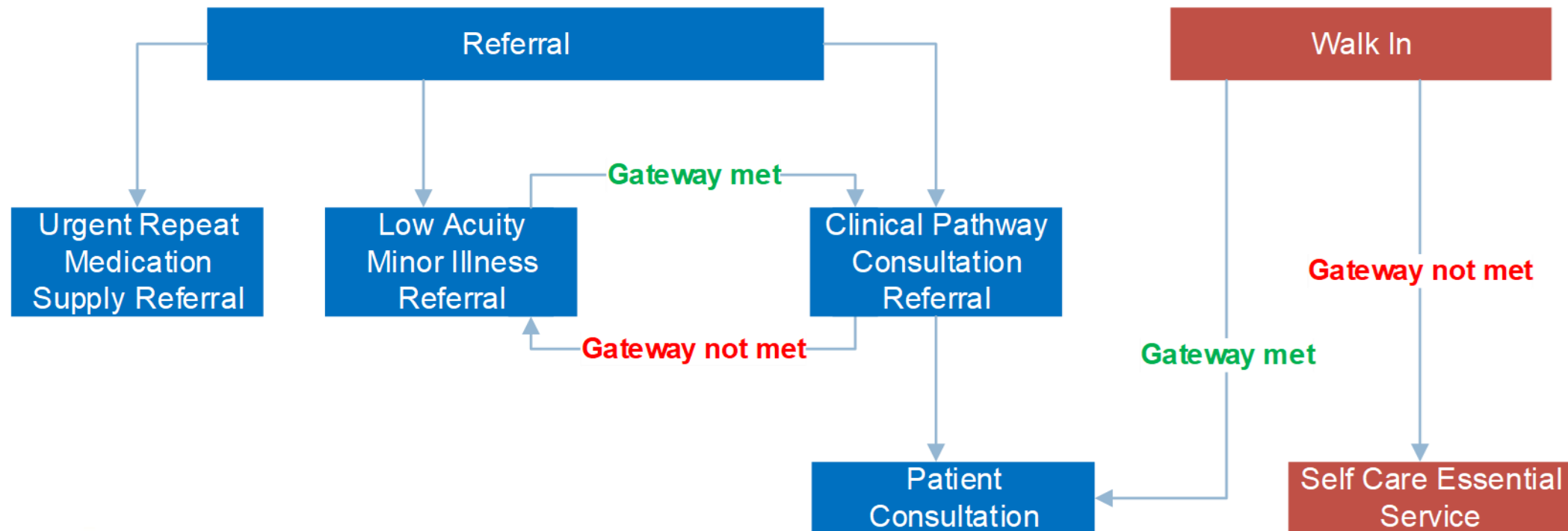
- The service involves providing consultations to give advice and NHS-funded treatment (via Patient Group Directions), **where appropriate**, for seven common conditions (clinical pathways consultations).
- The consultations can be provided to patients who self-refer to the pharmacy (e.g. walk-ins) as well as those referred by NHS 111, GPs and others.
- The service will also incorporate the current Community Pharmacist Consultation Service (CPCS), meaning there will be three elements to the Pharmacy First service:
  - Pharmacy First (clinical pathways consultations) – new element: 7 conditions
  - Pharmacy First (urgent repeat medicine supply) – previously commissioned as the CPCS
  - Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS
- Patients will not be able to walk-in (self-refer) to a pharmacy and access minor illness consultations and urgent repeat medicine supply. **Authorised organisations will still need to refer via secure digital routes.**
- **General practices cannot refer patients to pharmacies for urgent medicines supply using Pharmacy First but should refer appropriate patients for the other two elements (clinical pathways and minor illness)**

# Notifications

- A patient's general practice will be notified on the day of provision of the service or on the following working day
  - Where possible, sent as a structured message in real time via the NHS-assured IT system
  - NHSmail as a back-up
- Minor illness and clinical pathway consultations – GP Connect Update Record will provide the functionality to automatically update a patient's GP medical record
- Some Community Pharmacy IT providers are now live with GP connect

# Pharmacy First Service Overview

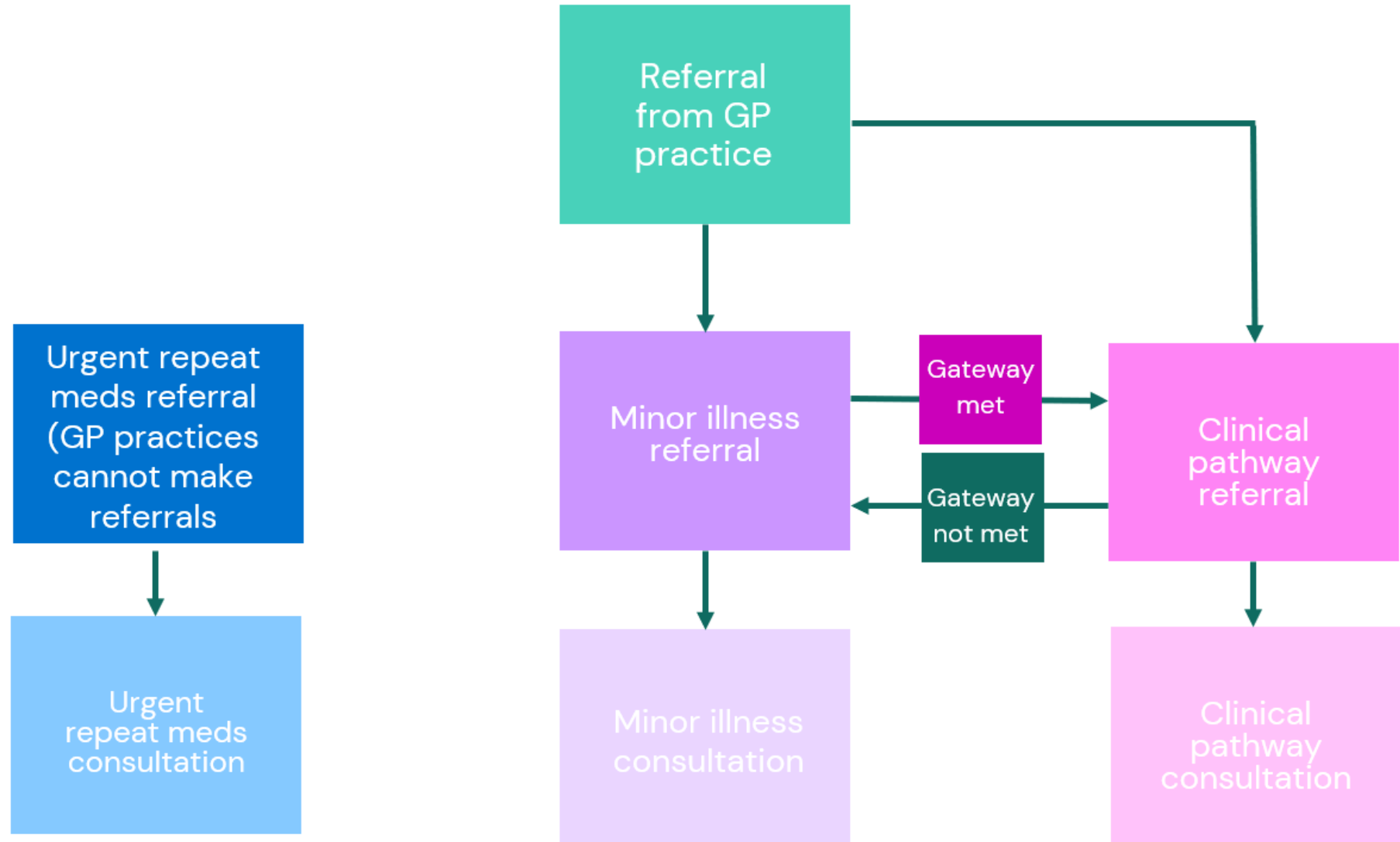
- The existing referral routes for the CPCS will apply to the new clinical pathway's element
- Patients will also be able to self-refer to a pharmacy for the clinical pathways (subject to the patient passing a clinically established gateway point in the relevant clinical pathway).





# Service overview

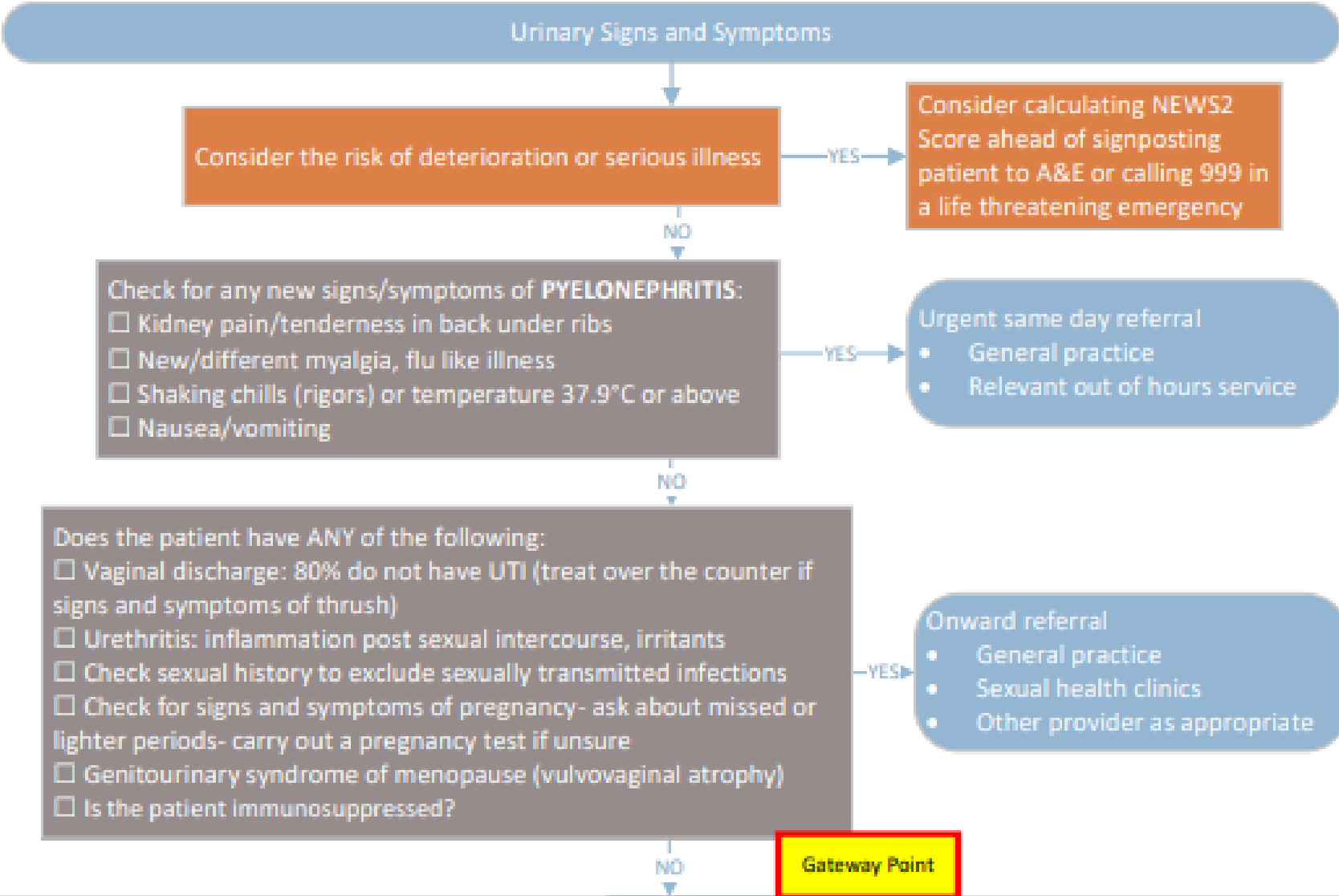
- A more detailed service pathway diagram can be found in Annex A of the service specification



# Clinical Pathway

## Uncomplicated Urinary Tract Infection (For women aged 16 to 64 years with suspected lower UTIs)

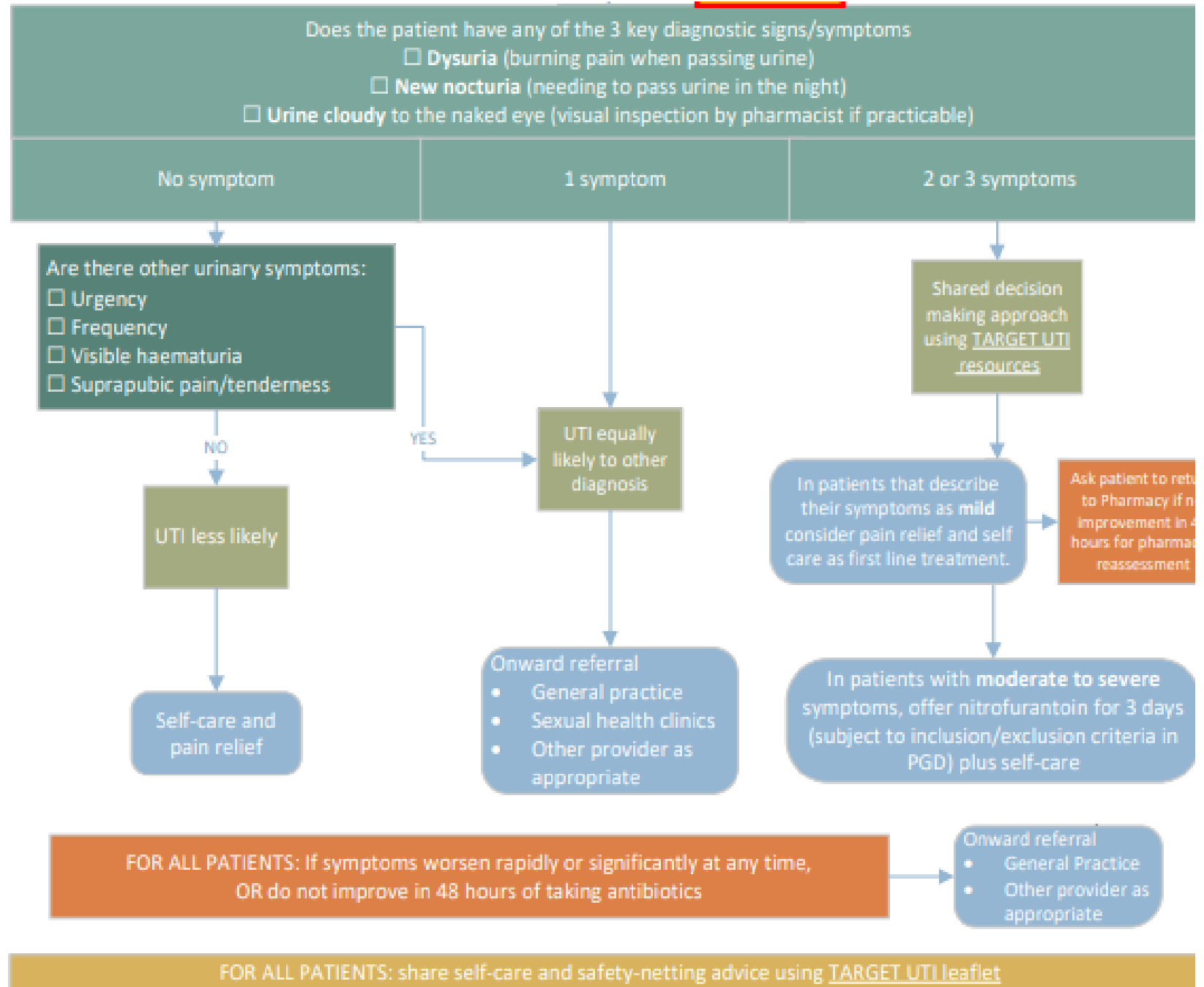
Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months)



# Clinical Pathway

More information of the clinical pathways can be found here

<https://www.england.nhs.uk/wp-content/uploads/2023/11/PRN00936-ii-Pharmacy-First-Clinical-Pathways-v.1.6.pdf>





# Pharmacy First Guidance for Care Navigators and Receptionists

# The Pharmacy Elements of Primary Care Access and Recovery Plan (PCARP)



On 9<sup>th</sup> May 2023, NHS England and Department of Health and Social care published the [Delivery Plan for recovering access to primary care](#).

The community pharmacy elements of the plan are:

- A Pharmacy First service which incorporates GP referral to Community Pharmacist Consultation Service (CPCS) and includes 7 new clinical pathways.
- Increase the provision of the NHS Pharmacy Contraception Service and the NHS Blood Pressure Checks Service.
- Improve the digital infrastructure between general practice and community pharmacy.

A letter to practices on 25 January confirmed the Pharmacy First launch on 31 January: [NHS England » Launch of NHS Pharmacy First advanced service](#)

# Why formal referrals are required

- Ensures patient has a private discussion with the pharmacist
- Reassures patients that their concern has been taken seriously and the pharmacist will be expecting the patient
- Patient will be sent to a pharmacy providing the service
- There is an auditable trail of referral and clinical treatment, including consultation outcome
- If the patient does not contact the pharmacy, the pharmacy team will follow up with the patient and the GP practice will be made aware of the outcome
- The pharmacy team can proactively contact the patient upon receipt of referral to arrange a time for the patient to speak to the pharmacist – beneficial to patient and pharmacy workload
- The pharmacy will receive patient information on the referral therefore ensuring they are informed of the presenting condition
- Referral data can show that patients are being actively supported to access appropriate treatment, evidencing that GP practices are meeting other Primary Care Access Recovery Plan requirements
- Referring formally transfers of clinical responsibility



# What are the benefits of utilising Pharmacy First for our patients?

- To increase capacity in the practice so appropriate patients can be managed via a community pharmacy. GP appointments can be used for patients who really need them
- To improve access for patients with minor illnesses
- To create improved relationships between practices and community pharmacies to deliver high quality and integrated care to patients
- To help patients self-manage their health more effectively with the support of community pharmacists
- To change patient behaviour so they go to community pharmacy as the 'first port of call' for minor illness and medicines advice in the future.

# NHS Pharmacy First – referrals for minor illnesses

Service suitability

The service is only for patients aged over 1 year.

CONDITIONS	What conditions are SUITABLE for referral to pharmacists?			Do NOT refer in these circumstances	
BITES/ STINGS	<ul style="list-style-type: none"> <li>Bee sting</li> <li>Wasp sting</li> </ul>	<ul style="list-style-type: none"> <li>Stings with minor redness</li> </ul>	<ul style="list-style-type: none"> <li>Stings with minor swelling</li> </ul>	<ul style="list-style-type: none"> <li>Drowsy/ fever</li> <li>Fast heart rate</li> </ul>	<ul style="list-style-type: none"> <li>Severe swellings or cramps</li> </ul>
COLDS	<ul style="list-style-type: none"> <li>Cold sores</li> <li>Coughs</li> </ul>	<ul style="list-style-type: none"> <li>Flu-like symptoms</li> </ul>	<ul style="list-style-type: none"> <li>Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Unable to swallow</li> </ul>
CONGESTION	<ul style="list-style-type: none"> <li>Blocked or runny nose</li> </ul>	<ul style="list-style-type: none"> <li>Constant need to clear their throat</li> </ul>	<ul style="list-style-type: none"> <li>Excess mucus</li> <li>Hay fever</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>	<ul style="list-style-type: none"> <li>1 side obstruction</li> <li>Facial swelling</li> </ul>
EAR	<ul style="list-style-type: none"> <li>Earache</li> </ul>	<ul style="list-style-type: none"> <li>Ear wax</li> <li>Blocked ear</li> </ul>	<ul style="list-style-type: none"> <li>Hearing problems</li> </ul>	<ul style="list-style-type: none"> <li>Something may be in the ear canal</li> <li>Discharge</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain.</li> <li>Deafness</li> <li>Vertigo</li> </ul>
EYE	<ul style="list-style-type: none"> <li>Conjunctivitis</li> <li>Dry/sore tired eyes</li> <li>Eye, red or Irritable</li> </ul>	<ul style="list-style-type: none"> <li>Eye, sticky</li> <li>Eyelid problems</li> </ul>	<ul style="list-style-type: none"> <li>Watery / runny eyes</li> </ul>	<ul style="list-style-type: none"> <li>Severe pain</li> <li>Pain 1 side only</li> </ul>	<ul style="list-style-type: none"> <li>Light sensitivity</li> <li>Reduced vision</li> </ul>
GASTRIC / BOWEL	<ul style="list-style-type: none"> <li>Constipation</li> <li>Diarrhoea</li> <li>Infant colic</li> </ul>	<ul style="list-style-type: none"> <li>Heartburn</li> <li>Indigestion</li> </ul>	<ul style="list-style-type: none"> <li>Haemorrhoids</li> <li>Rectal pain,</li> <li>Vomiting or nausea</li> </ul>	<ul style="list-style-type: none"> <li>Severe / on-going</li> <li>Lasted +6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Patient +55 years</li> <li>Blood / Weight loss</li> </ul>
GENERAL	<ul style="list-style-type: none"> <li>Hay fever</li> </ul>	<ul style="list-style-type: none"> <li>Sleep difficulties</li> </ul>	<ul style="list-style-type: none"> <li>Tiredness</li> </ul>	<ul style="list-style-type: none"> <li>Severe / on-going</li> </ul>	
GYNAE / THRUSH	<ul style="list-style-type: none"> <li>Cystitis</li> <li>Vaginal discharge</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal itch or soreness</li> </ul>		<ul style="list-style-type: none"> <li>Diabetic / Pregnant</li> <li>Under 16 / over 60</li> <li>Unexplained bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy treatment not worked</li> <li>Had thrush 2x in last 6 months</li> </ul>
PAIN	<ul style="list-style-type: none"> <li>Acute pain</li> <li>Ankle or foot pain</li> <li>Headache</li> <li>Hip pain or swelling</li> <li>Knee or leg pain</li> </ul>	<ul style="list-style-type: none"> <li>Lower back pain</li> <li>Lower limb pain</li> <li>Migraine</li> <li>Shoulder pain</li> </ul>	<ul style="list-style-type: none"> <li>Sprains and strains</li> <li>Thigh or buttock pain</li> <li>Wrist, hand or finger pain</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Conditions have been on- going for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Chest pain / pain radiating into the shoulder</li> <li>Pharmacy treatment not worked</li> <li>Sudden onset</li> </ul>
SKIN	<ul style="list-style-type: none"> <li>Acne, spots and pimples</li> <li>Athlete's foot</li> <li>Blisters on foot</li> <li>Dermatitis / dry skin</li> <li>Hair loss</li> </ul>	<ul style="list-style-type: none"> <li>Hay fever</li> <li>Nappy rash</li> <li>Oral thrush</li> <li>Rash - allergy</li> <li>Ringworm/ threadworm</li> </ul>	<ul style="list-style-type: none"> <li>Scabies</li> <li>Skin dressings</li> <li>Skin rash</li> <li>Warts/verrucae</li> <li>Wound problems</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Conditions have been on- going for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Pharmacy treatment not worked</li> <li>Skin lesions / blisters with discharge</li> <li>Diabetes related?</li> </ul>
MOUTH/ THROAT	<ul style="list-style-type: none"> <li>Cold sore blisters</li> <li>Flu-like symptoms</li> <li>Hoarseness</li> </ul>	<ul style="list-style-type: none"> <li>Mouth ulcers</li> <li>Sore mouth</li> <li>Sore throat</li> </ul>	<ul style="list-style-type: none"> <li>Oral thrush</li> <li>Teething</li> <li>Toothache</li> </ul>	<ul style="list-style-type: none"> <li>Lasted +10 days</li> <li>Swollen painful gums</li> <li>Sores inside mouth</li> </ul>	<ul style="list-style-type: none"> <li>Unable to swallow</li> <li>Patient has poor immune system</li> <li>Voice change</li> </ul>
SWELLING	<ul style="list-style-type: none"> <li>Ankle or foot swelling</li> <li>Lower limb swelling</li> </ul>	<ul style="list-style-type: none"> <li>Thigh or buttock swelling</li> <li>Toe pain or swelling</li> </ul>	<ul style="list-style-type: none"> <li>Wrist, hand or finger swelling</li> </ul>	<ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Condition ongoing for +3 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Discolouration to skin</li> <li>Pharmacy treatment not worked</li> <li>Recent travel abroad</li> </ul>



# The 7 new clinical pathways that can be referred to Pharmacy First

- The 7 clinical pathways have developed to enhance the former CPCS.
- The pathways enable community pharmacists to treat patients for the most common conditions without the need for a prescription.
- The community **pharmacist will clinically assess the patient** and then:
  - **Treat if clinically appropriate** via patient group direction (PGD)
  - **A PGD allows a pharmacist to supply specific prescription only medicines.**
  - Provide advice and support via over-the-counter medicines if appropriate
  - Refer patient onto another health professional or GP practice if clinically required

Clinical Pathway	Age range
Uncomplicated UTI	Women 16-64 years
Shingles	18 years and over
Impetigo	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
Sore Throat	5 years and over
Acute Otitis Media	1 to 17 years

# NHS Pharmacy First – 7 clinical pathways

Please note these are the main exclusions to support referrals. The community pharmacist will review specific symptoms during the consultation

Urinary tract infection	Shingles*	Impetigo	Infected insect bites	Acute sore throat	Acute sinusitis	Acute otitis media
A UTI is an infection in any part of the urinary system.	Shingles is an infection that causes a painful rash	Impetigo is a common infection of the skin. It is contagious, which means it can be passed on by touching.	Insect bites and stings can become infected or cause a reaction.	Sore throat is a symptom resulting from inflammation of the upper respiratory tract	Sinusitis is swelling of the sinuses, usually caused by an infection. The sinuses are small, empty spaces behind your cheekbones and forehead that connect to the inside of the nose.	An infection of the middle ear.
<b>Inclusion:</b> <ul style="list-style-type: none"> <li>Female</li> <li>Aged between 16 - 64</li> <li>Suspected lower UTI</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>18 years and over</li> <li>Suspected case of shingles.</li> <li>Rash appeared within the last 72 hours - 7 days</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Signs and symptoms of impetigo</li> <li>Localised (4 or fewer lesions/clusters present)</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s)</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>5 years and over</li> <li>Suspected sore throat</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>12 years and over</li> <li>Suspected signs and symptoms of sinusitis</li> <li>Symptom duration of 10 days or more</li> </ul>	<b>Inclusion:</b> <ul style="list-style-type: none"> <li>Aged between 1 – 17</li> <li>Suspected signs and symptoms of acute otitis media</li> </ul>
<b>Exclusion:</b> <ul style="list-style-type: none"> <li>Male</li> <li>&lt;16 or &gt;64</li> <li>Pregnant</li> <li>Breastfeeding</li> <li>Recurrent UTI (2 in last 6 months or 3 in last 12 months)</li> <li>Catheter</li> <li>Type 1 or 2 Diabetic</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under the age of 18</li> <li>Pregnant or suspected pregnancy</li> <li>Breastfeeding with shingle sores on the breasts</li> <li>Shingles rash onset over 7 days ago</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Breastfeeding with impetigo lesion(s) present on the breast</li> <li>Recurrent impetigo (2 or more episodes in the same year)</li> <li>Widespread lesions/clusters present</li> <li>Systemically unwell</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Systemically unwell</li> <li>Bite or sting occurred while travelling outside the UK</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 5 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>age</li> <li>Recurrent sore throat/tonsillitis (7 or more significant episodes in the preceding 12 months or 5+ in each of the preceding 2 years, or 3+ in the preceding three years)</li> <li>Previous tonsillectomy</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 12 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Symptom duration of less than 10 days</li> <li>Recurrent sinusitis ((4 or more annual episodes of sinusitis)</li> </ul>	<b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 1 year of age or over 18 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16</li> <li>Recurrent infection (3+ episodes in preceding 6 months, or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months.)</li> </ul>

# Can't I just tell patients to 'go to a pharmacy?'

Community pharmacies can only manage "walk-in" patients if they meet the clinical criteria for one of the new 7 pathway. Patients with other minor illness symptoms would be managed via self-care.

GP practices should continue to digitally refer patients to Pharmacy First as per the former GPCPCS as opposed to signposting.



Patients will receive a confidential consultation. **If signposted**, may be treated as self-care support and possibly managed by another pharmacy team member. Patients are reassured that their concern has been taken seriously.



If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need. If patient does not attend the referring GP would be made aware.



Referrals enable the pharmacy to plan and manage workload and the pharmacist will be expecting them. Thereby meaning patients are seen in a timely manner.



Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on.



There is an audit trail of referral and clinical treatment, which will support onward patient care.



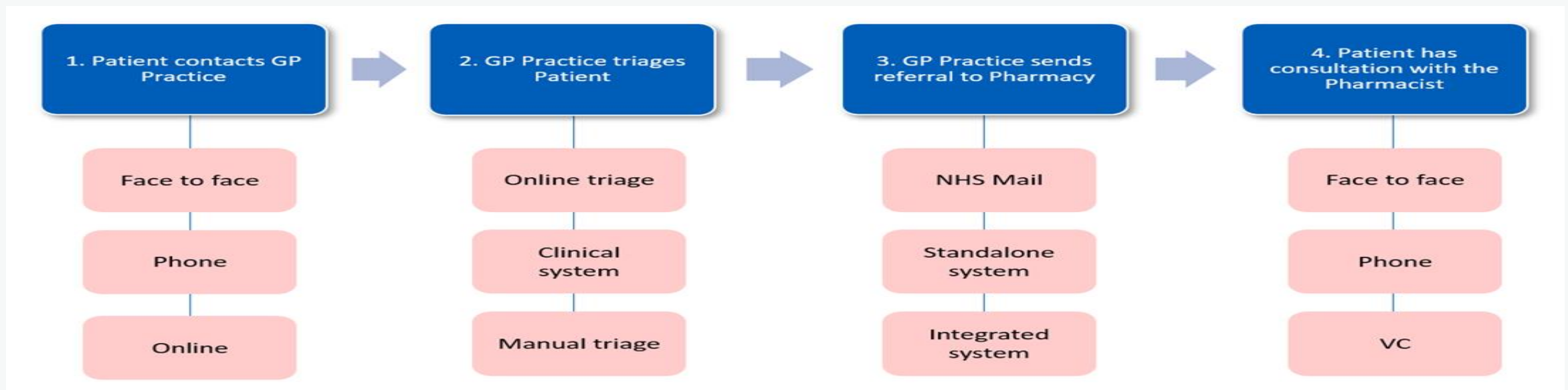
Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that GP practices are supporting the PCARP.

**Pharmacy First is a development of CPCS, patients should be referred as before. The 7 new clinical pathways support community pharmacists to treat patients more effectively.**

# How do I refer patients to Pharmacy First?

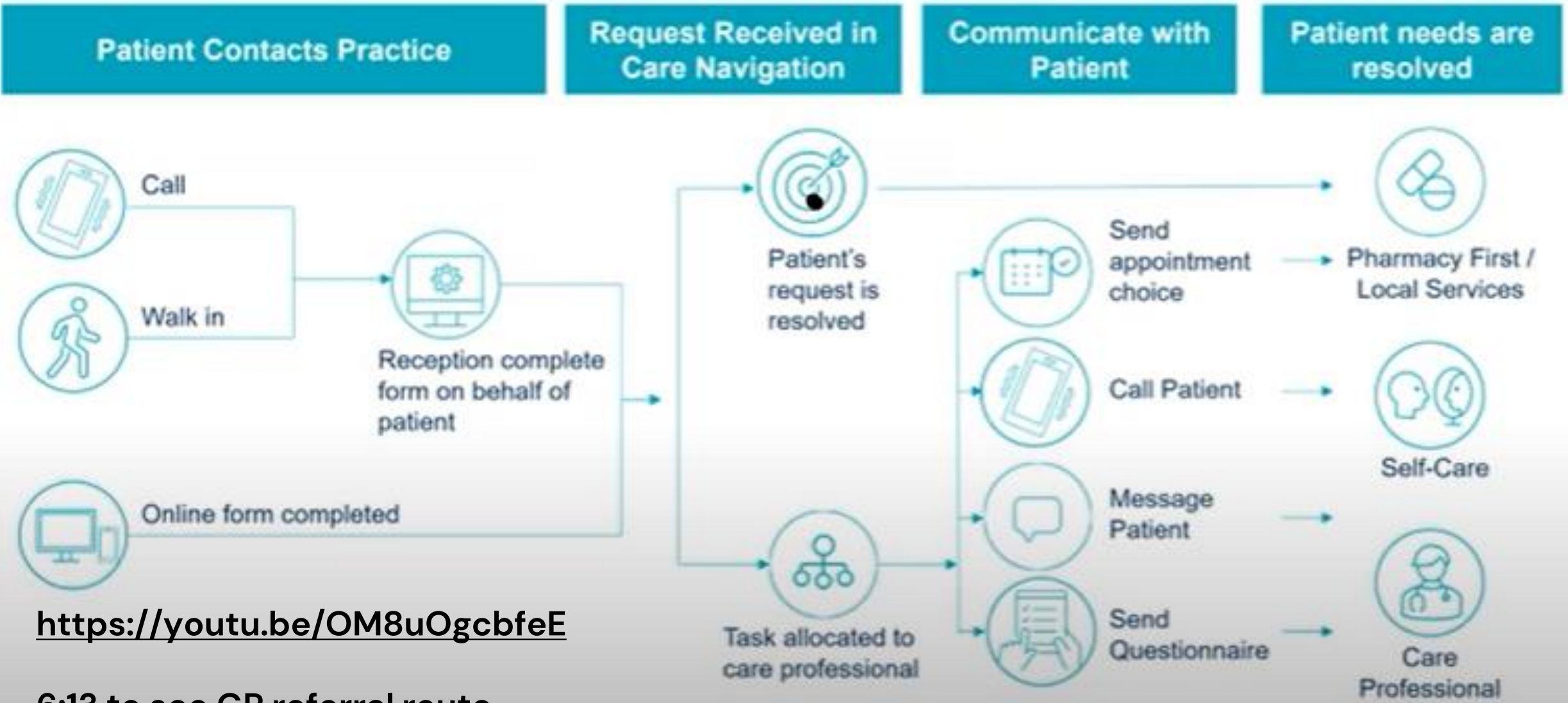
Patients can be referred to Pharmacy First whether they have contacted the practice by phone, online or in person. The community pharmacist will provide a clinical consultation either remotely or in person depending upon symptoms or clinical need.

**Everyone in the practice who makes appointments for patients must know how to refer patients to Pharmacy First**



The ICSs currently fund a digital referral system for GP practices as an integrated option for EMIS practices or the PharmRefer module. This was utilised to refer to CPCS and has been developed to enable referrals for Pharmacy First.

# Supporting total triage – Care Navigator



<https://youtu.be/OM8uOgcbfeE>

6:13 to see GP referral route

# How do I refer?

EMIS integrated – use the Local services

<https://www.emishealth.com/news-insights/pharmacy-first-a-guide-for-general-practice>

For SystemOne practices: Log in to PharmRefer by clicking on the link to complete the referral to the community pharmacy. This should be done electronically

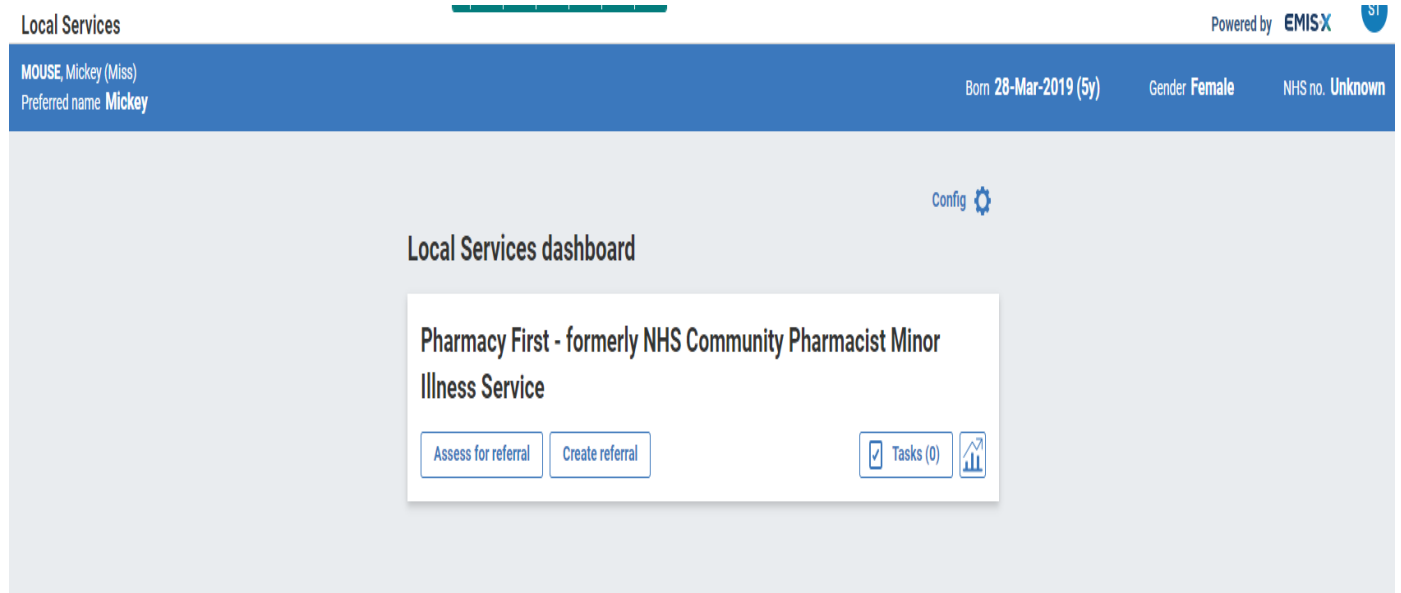
<https://support-s1.ardens.org.uk/support/solutions/articles/31000172390-pharmacy-first-service-previously-cpcs-#:~:text=Patients'%20agreement%20to%20be%20referred,with%20the%20patient's%20demographic%20information.>

Open the Patient record

Click on the local service tab – top right of your screen

You must click on 'ASSESS FOR REFERRAL' \*If a clinician e.g. the GP is referring – they can use create referral instead

This will take you through the minor illness/clinical pathway assessment (triage) tool



The screenshot shows the 'Local Services' interface for a patient named Mickey Mouse. The patient's details are displayed at the top: 'MOUSE, Mickey (Miss)', 'Preferred name Mickey', 'Born 28-Mar-2019 (5y)', 'Gender Female', and 'NHS no. Unknown'. The interface is powered by EMISX. The main content area is titled 'Local Services dashboard' and features a 'Config' gear icon. Below this, there is a section for 'Pharmacy First - formerly NHS Community Pharmacist Minor Illness Service'. This section contains two buttons: 'Assess for referral' and 'Create referral'. To the right of these buttons, there is a 'Tasks (0)' indicator with a checkmark icon and a bar chart icon.

You must 'tick to view disclaimer' box and then click NEXT/CONTINUE





## Minor Health Conditions

Answer each question carefully on behalf of the patient. Make sure to discuss the questions and patient's answers with them as necessary.

The answers given will determine whether the patient should be referred to a pharmacy.

Tick to view disclaimer - must read before use

### Legal information

Name	Pharmacy First Triage	
Version number	v1	
Release date	20/02/2024	
Contact details	EMIS Health Fulford Grange Micklefield Lane Rawdon Leeds LS19 6BA	
	This form is for minor health conditions only.	

Click here to view instructions for use.

Continue



Click Yes or No

If the child is under 1 years old,  
they will need to see the GP

Select NO if child or person  
over 1 years and continue

The process is there to support  
identifying RED FLAGS and to  
ensure the appropriate referrals  
go to the community  
pharmacy, it is also a safety net  
for the practice

#### Getting you the right help faster

- Did you know? We have a new service which could get you the right help faster.
- Pharmacists can offer, over the counter, many of the same treatments you'd get on prescription for a wide range of minor illnesses.
- Pharmacists are highly trained healthcare professionals, with five years training and spend a high percentage of their time helping patients with symptoms covered by our service.
- You may be able to get an appointment with the pharmacist significantly sooner than from a GP.
- We can book you a free consultation with a pharmacist if you have one of these conditions on our list.
- We'll ask some questions first to make sure it's safe for you to be referred.

Does your query relate to a child under 1 year old?

- Yes
- No

You must read this in case there is an emergency identified that is not suitable for referral

Select NO if no symptoms of emergency conditions and Continue with referral

### Minor health conditions

This form is for minor health conditions only. It should not be used by anyone who has:

- **Signs of a heart attack** - pain like a very tight band, heavy weight or squeezing in the centre of your chest.
- **Signs of a stroke** - face drooping on one side, can't hold both arms up, difficulty speaking.
- **Severe drowsiness, confusion or unconsciousness** (can't be woken up).
- **Severe difficulty breathing** - gasping, not being able to get words out, choking or lips turning blue.
- **Sudden rapid swelling** of the eyes, lips, mouth, throat or tongue.
- **Heavy bleeding** - that won't stop.
- **Severe injuries** - or deep cuts after a serious accident.
- **Seizure (fit)** - someone is shaking or jerking because of a fit, or is unconscious (can't be woken up).

Do you have any of the symptoms above?

Yes

No

Pick from the list of Minor Illness/Clinical Pathways

Remember that there are age ranges on the clinical pathways

Select the most appropriate condition for referral

You can add more information on the next page if needed or continue to refer to the pharmacy of the patient's choice

### Minor health conditions

Do you want help with any of the following (please select one condition only. If you need help with more than one condition, please complete a separate minor illness consultation for each condition)

- Acne, spots or pimples
- Ankle or foot pain
- Athlete's foot
- Back or neck pain
- Blister
- Cold sore
- Cold symptoms (without cough or fever)
- Conjunctivitis or sticky eye (adults and children over 2 years)
- Constipation
- Corns or calluses on your foot
- Cough (adults and children over 5 years)
- Cystitis/urinary tract infection (women 16-64 years old only)
- Diarrhoea or tummy bug
- Dry, sore or watery eyes (adults and children over 2 years)
- Earache (adults and children over 2 years)
- Ear wax or blocked ear (adults and children over 5 years)
- Eczema/dry skin
- Eyelid problems (adults and children over 2 years)
- Failed contraception (over 16s only)

Continue the referral and answer the questions associated with the condition the patient has stated

You must ask the patient what pharmacy they want to be referred to and select from the list

Pharmacies who offer the service will automatically appear on the list

You cannot choose a pharmacy for the patient they have to choose the pharmacy they want to go to

You should give the patient the pharmacy contact details and ask the patient to contact/visit the pharmacy stating they have had a GP referral for minor illness

If the patient doesn't contact the pharmacy the pharmacist may contact the patient

Once the pharmacy has seen the referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message. The decision to contact the patient or not is for the pharmacist to make based on their clinical judgement.

It is very important to ensure the contact details are correct on the referral so that the pharmacist can follow up with the patient

If a referral is inappropriate, incorrect/missing contact details, outside the scope of service, or the patient un-contactable this will be referred (rejected) \*there may be other reasons why a referral cannot be completed

# What happens next/what is the patient journey?



## Patient contacts the Pharmacy

Patient will have a private consultation with the community pharmacist in the pharmacy consultation room face to face or via a secure remote platform.

If the patient does not make contact with the community pharmacy, the pharmacist will assess and follow up with the patient as clinically appropriate.



## Patient consultation

The pharmacist will ask the patient questions about their health.

This may include their previous medical history, any allergies, any medicines they are taking and the symptoms they are currently experiencing. For some conditions, the pharmacist may request to perform a quick examination, such as using an otoscope for patients presenting with acute otitis media symptoms.



## Minor Illness Referrals

For minor illness referrals, the patient outcomes can be: advice; advice and recommend self-care products; or onward referral by the community pharmacist to another health professional for further clinical review. This could be or to another setting such as an urgent treatment centre or (in a small percentage of cases) back to the GP practice.



## 7 clinical pathways

If the referral is for one of the 7 clinical pathways, the patient outcomes could include the supply of certain prescription only medicines when appropriate e.g. antibiotics if needed. Other outcomes could include advice; advice and recommend self-care products; or onward referral by the community pharmacist to another health professional if required.

# How do I refer patients to Pharmacy First?

Where a patient is suitable:

- Ask them which pharmacy they would like the referral to be sent to
- Send a referral to the pharmacy using EMIS local, PharmRefer (NHS mail can be used as a fall-back option if other systems are not available). The referral contains information about why the patient is being referred, for the pharmacist to review ahead of or during the patient's consultation.
- When the referral is made, the patient initiates contact with the pharmacy. Please say something to the patient such as: ***'Please contact the pharmacy to discuss your treatment and advise that you have been referred by your practice. The telephone number and address are as follows.'***

Other phrases you may find useful when explaining the service to your patients:

- ***'Having listened to your symptoms, I am arranging a same day consultation for you with an NHS community pharmacist working with our practice.'***
- ***'Community Pharmacists are highly trained professionals and can now do more assessments and issue prescription only medications for particular conditions if needed'***
- ***'You can telephone or visit the pharmacy to have a discussion with the pharmacist in their confidential consultation room. The pharmacist will ask questions about your health and your symptoms, including any allergies or any medications you're currently taking. In some cases, based on your symptoms, they may need to do a quick examination such as if you have earache, they may look in your ear with an otoscope.'***

# How do I know which pharmacies I can refer to?

- More than 97% community pharmacies across Surrey and Sussex provide Pharmacy First.
- If you have been sending GP referrals to CPCS then you will already know the details of your local pharmacies and if not, your Local Pharmaceutical Committee (LPC) can help with this information
- When using the integrated EMIS option or PharmRefer to send your referrals, then participating pharmacies are shown. This may also be helpful if a patient wants to use a pharmacy further afield.
- [NHS Service Finder](#) – Tool for healthcare staff to search for live services close to a defined postcode. Search for 'Pharmacy First' under Type of Service
- [NHS Find a Pharmacy](#) – Public facing portal to enable anyone to search for a pharmacy close to a defined postcode. Cannot search for pharmacies specifically offering Pharmacy First, but 95% of pharmacies in England offer the service..

Please contact the LPC on [LPC@communitypharmacyss.co.uk](mailto:LPC@communitypharmacyss.co.uk)

Julia Powell CEO [juliapowell@communitypharmacyss.co.uk](mailto:juliapowell@communitypharmacyss.co.uk)

Marie Hockley Deputy Chief Officer [mariehockley@communitypharmacyss.co.uk](mailto:mariehockley@communitypharmacyss.co.uk)

Simran Johal Service Development and Support Lead [simranjohal@communitypharmacyss.co.uk](mailto:simranjohal@communitypharmacyss.co.uk)





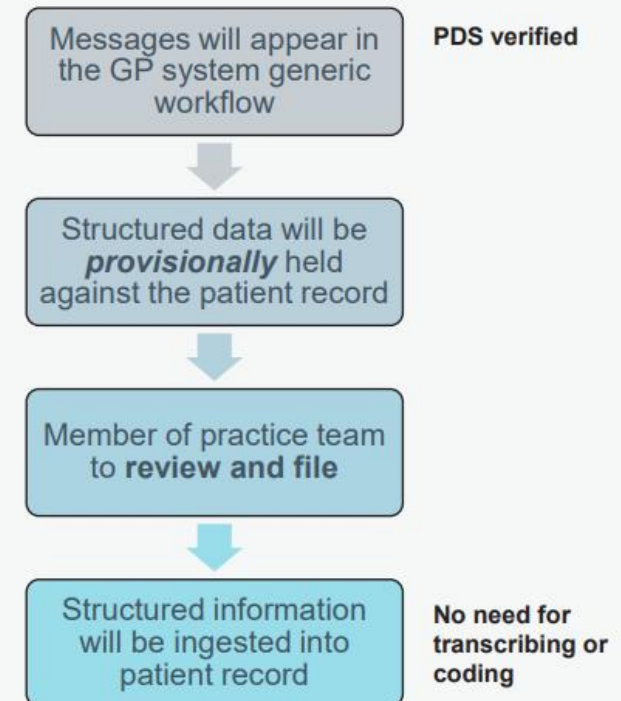
# The Digital Elements

## On 31 Jan 2024 when Pharmacy First launched:

- Pharmacies have access to new consultation templates for Pharmacy First from whichever of the 4 approved suppliers they contract with (PharmOutcomes, Sonar, Cegedim or Positive Solutions)
- GP Practice teams should continue to electronically refer how they do now. For most EMIS practices that is by the integrated EMIS option and for most other practices it is by PharmRefer. Practices can also send referrals by NHS mail, but it is more time consuming for both practices and pharmacies.
- Information will be returned to practices from pharmacies in the same way it is now – from most pharmacies this is the post event message.

# Additional Digital Elements

- As part of the improved digital connectivity between practices and pharmacies, community pharmacists will be able to view parts of the patient records via GP Connect. They will also use GP Connect to send a structured message of the consultation record and any medicines supplied back to the practice using GP Connect.
- It is important that the structured message is ingested into the patient record at the practice so if the patient visits another setting for the same episode of care (the practice or another pharmacy) then previous actions and medicine supplies can be seen.
- All structured messages will appear in the GP system generic workflow 'for action'. Messages must be acknowledged/ actioned by GP staff after which information will be ingested into record without the need for transcription or coding.



# What's coming...

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## GP Connect in two parts



### Send structured information back to the GP clinical system

GP Connect sends structured, coded information back into the GP clinical system for filing. This will replace the email route back to the GP as a service notification.



### View the patient record in PharmOutcomes

Easily view the patient's GP record in PharmOutcomes. Supporting you in clinical decision making.



# Next steps

- A national toolkit for general practices and PCNs containing lots of helpful, more detailed information about the Pharmacy First service is in development. This will be shared once published.
- Please talk to your local community pharmacists about the Pharmacy First service and how you can work together to get the best patient outcomes.
- Local community pharmacists, the Community Pharmacy Clinical Leads in the ICBs and/or the LPCs are working together to support delivery of Pharmacy First. They may be contacting you to offer local support and to put you in touch with local community pharmacists who you may already be working with.
- You might find it helpful to print off slides which show the conditions and symptoms that can be electronically referred to community pharmacies.
- Additional information related to other the PCARP (Pharmacy Elements of Primary Care Access and Recovery Plan) pharmacy services (Pharmacy First, Blood Pressure Checks and Oral Contraception) are available from the LPC
- If you have any concerns, please contact the LPC

# Useful Resources

- **Pharmacy First Service Specification, PGDs and Protocols** – [NHS England](#) » [Community Pharmacy advanced service specification: NHS Pharmacy First Service](#)
- **Pharmacy First Service Letter to GP Practices, Community Pharmacies, ICSs** – [NHS England](#) » [Pharmacy First: supporting access to NHS care](#)
- **Pharmacy First Launch Service Letter** – [NHS England](#) » [Launch of NHS Pharmacy First advanced service](#)
- **Pharmacy First Department of Health and Social Care Summary** – [Pharmacy First: what you need to know – Department of Health and Social Care Media Centre \(blog.gov.uk\)](#)
- **NHS Service finder** (NHS health professionals and teams can create an account and find which pharmacies are delivering services) – <https://servicefinder.nhs.uk/>

# Useful links

- Information on CPE website can be found [here](#)
- Service specification can be found [here](#)
- Clinical pathways can be found [here](#)
- Clinical protocols and PGDs can be found [here](#)
- For any questions, please feel free to email Community Pharmacy Surrey and Sussex on: [LPC@communitypharmacyss.co.uk](mailto:LPC@communitypharmacyss.co.uk)

Let's start



together

A cluster of colorful squares in the top right corner, including a large teal square, a blue square, an orange square, a pink square, a small blue square, and a group of three squares (blue, blue, teal) arranged in a small cluster.

**Questions?**

A cluster of colorful squares in the bottom left corner, including a pink square, a purple square, a blue square, an orange square, and a small blue square.