



Pharmacy First Clinical Pathways Update

Pharmacy First Clinical Pathways changes October 2025

For all clinical pathways:

Link to NICE CKS

Link to NHS
website

Red flag consideration

Consider the risk of deterioration, red flags or serious illness

Key changes:

- Links to NICE CKS and NHS website
- More emphasis on red flag consideration
- Addition of gateway point for urgent escalation to A&E or calling 999 for all pathways
- Clarification of definitions on certain pathways

Links to the updated documents can be found here: <u>NHS England » Community</u> pharmacy advanced service specification: <u>NHS Pharmacy First Service</u>

To note:

Commencement of use of the new clinical pathways, PGDs and protocol is Wednesday 1st October 2025.

IT system suppliers are planning to amend their existing systems to incorporate the updates on the night of 30th September 2025 however contractors are advised to ensure these changes have been implemented on their individual systems.

Disclaimer:

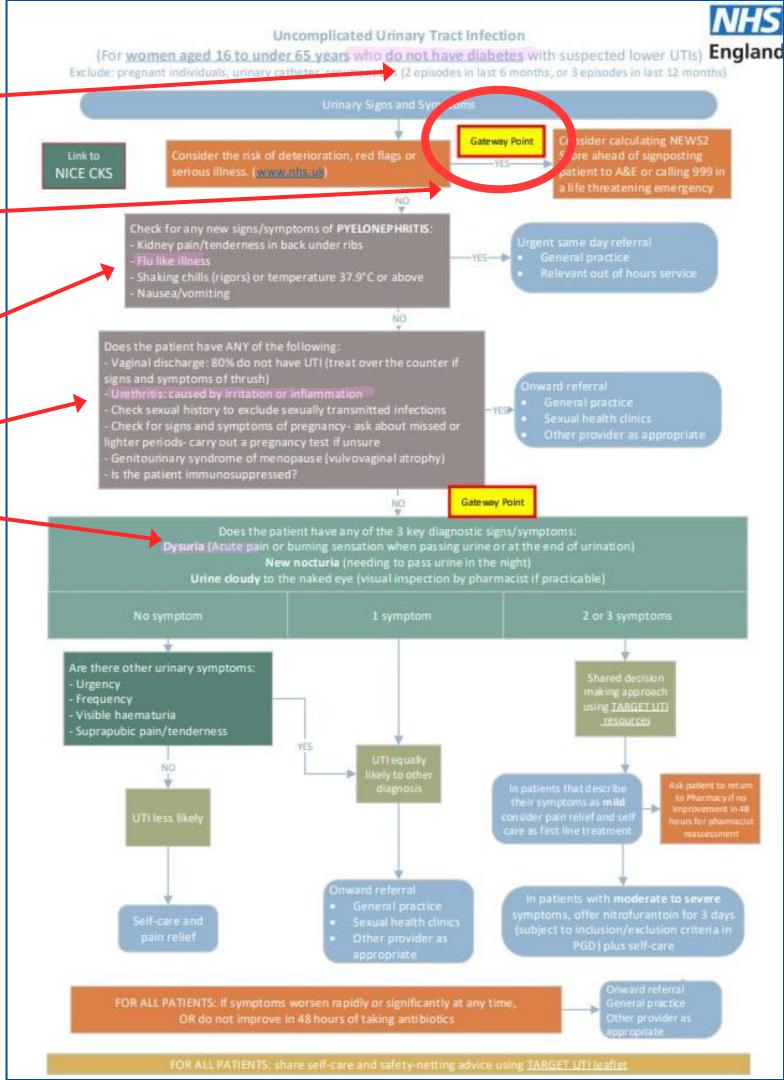
These are the changes as highlighted by Community Pharmacy Surrey and Sussex for contractors reference. Please note, it remains the responsibility of all clinicians delivering the service to ensure they have read and understood the changes. This is not an exhaustive list of the changes therefore clinicians will need to read the documents published by NHS England and ensure they are confident in providing the service, are practising safely and in line with the service specification.

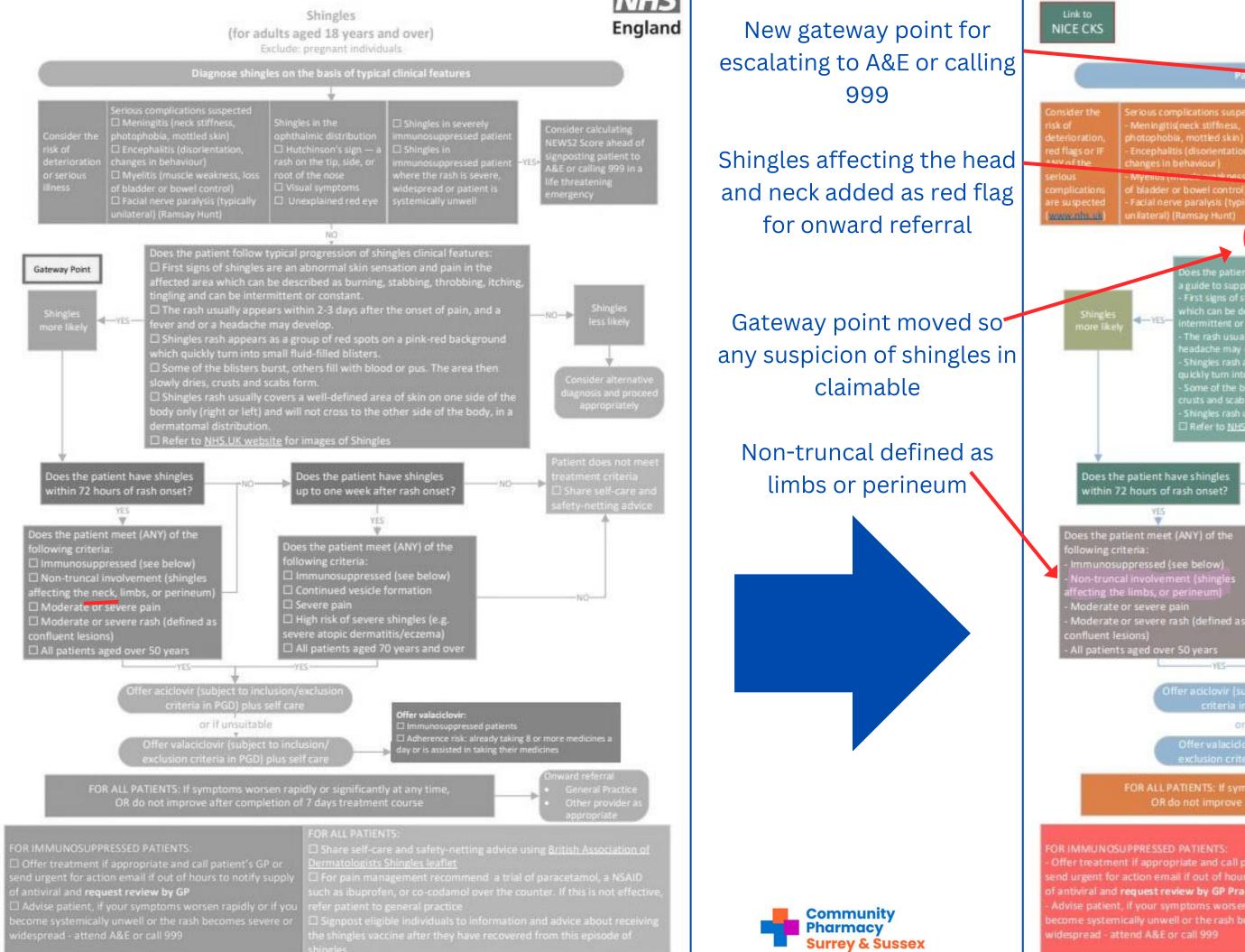


Uncomplicated Urinary Tract Infection England (For women aged 16 to 64 years with suspected lower UTIs) Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months) sider the risk of deterioration or serious illi ient to A&E or calling 999 eck for any new signs/symptoms of PYELONEPHRITIS ☐ Kidney pain/tenderness in back under ribs ☐ New/different myalgia, flu like illness ☐ Shaking chills (rigors) or temperature 37.9°C or abov] Nausea/vomiting es the patient have ANY of the following Vaginal discharge: 80% do not have UTI (treat over the counter if gns and symptoms of thrush) | Urethritis: inflammation post sexual intercourse, irritants Check sexual history to exclude sexually transmitted infections Check for signs and symptoms of pregnancy- ask about missed or lighter periods- carry out a pregnancy test if unsure ☐ Genitourinary syndrome of menopause (vulvovaginal atrophy) ☐ Is the patient immunosuppressed? Gateway Point Does the patient have any of the 3 key diagnostic signs/symptoms Dysuria (burning pain when passing urine) New nocturia (needing to pass urine in the night) ☐ Urine cloudy to the naked eye (visual inspection by pharmacist if practicable) Are there other urinary symptoms ☐ Urgency ☐ Suprapubic pain/tenderness FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time,

Women with diabetes excluded New gateway point for escalating to A&E or calling 999 Pyelonephritis clarified Urethritis clarified Dysuria clarified Community **Pharmacy**

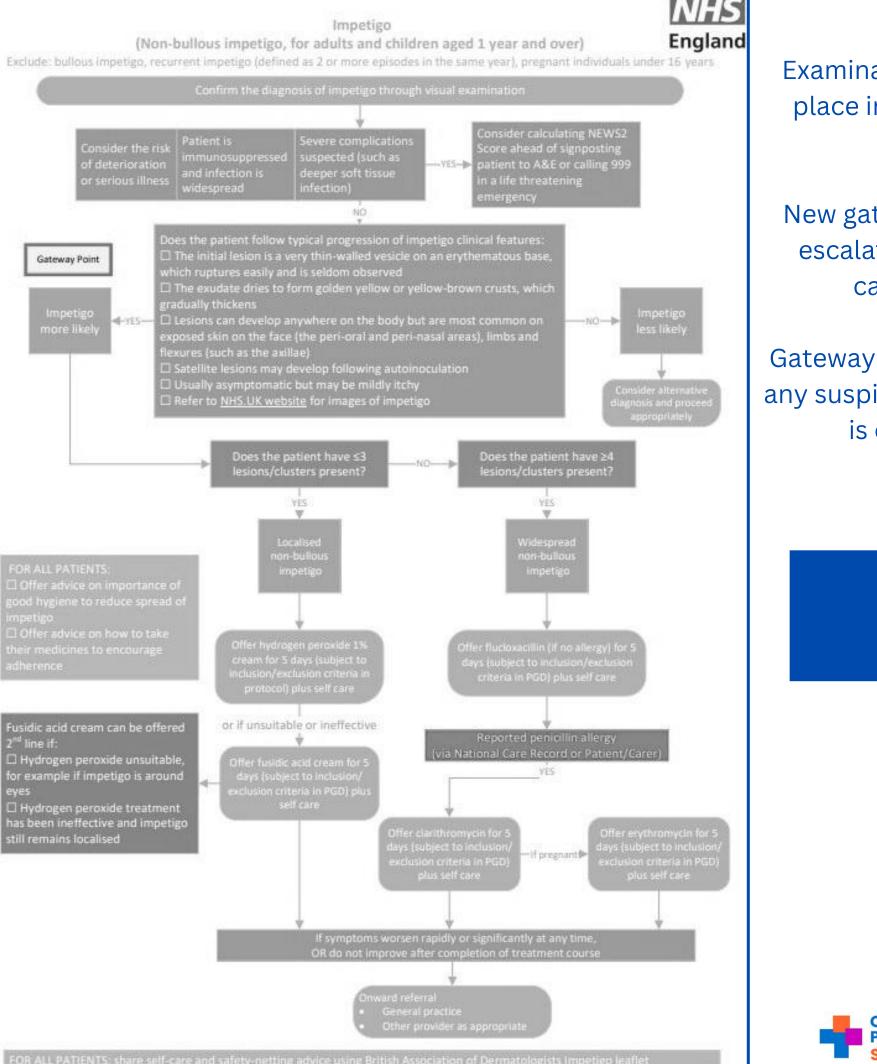
Surrey & Sussex





Shingles England (for adults aged 18 years and over) Exclude: pregnant individuals with signs and symptoms of shingle ich can be described as burning, stabbing, throbbing, Itching, tingling and can be of the bliggers burst, others fill with blood or pus. The area then slowly dries Does the patient have shingles p to one week after rash onset? oes the patient meet (ANY) of the Continued vesicle formation II patients aged 70 years and ove Immunosuppressed patients

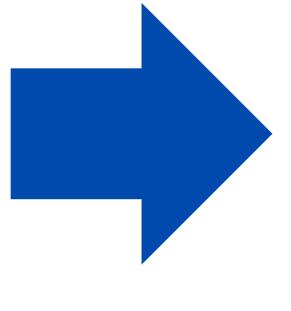
Adherence risk: already taking 8 or more medicines a day or is assisted in taking their medicines FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time, antiviral and request review by GP Practice



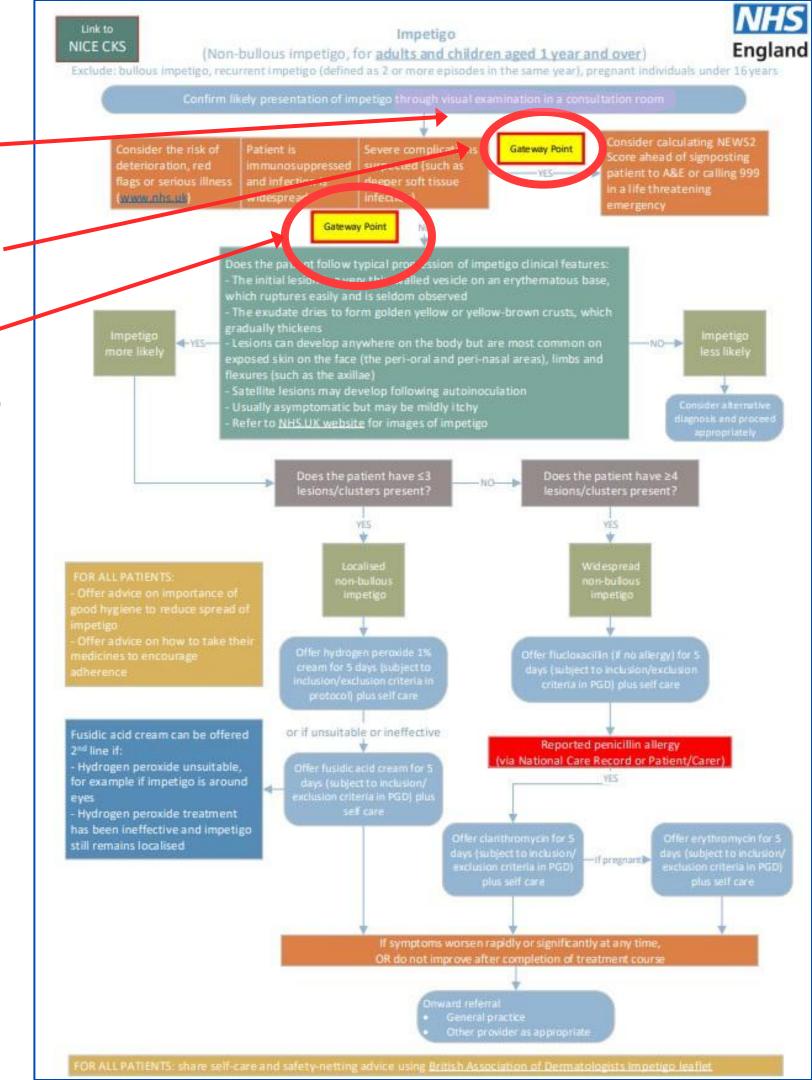
Examination must take place in consultation room

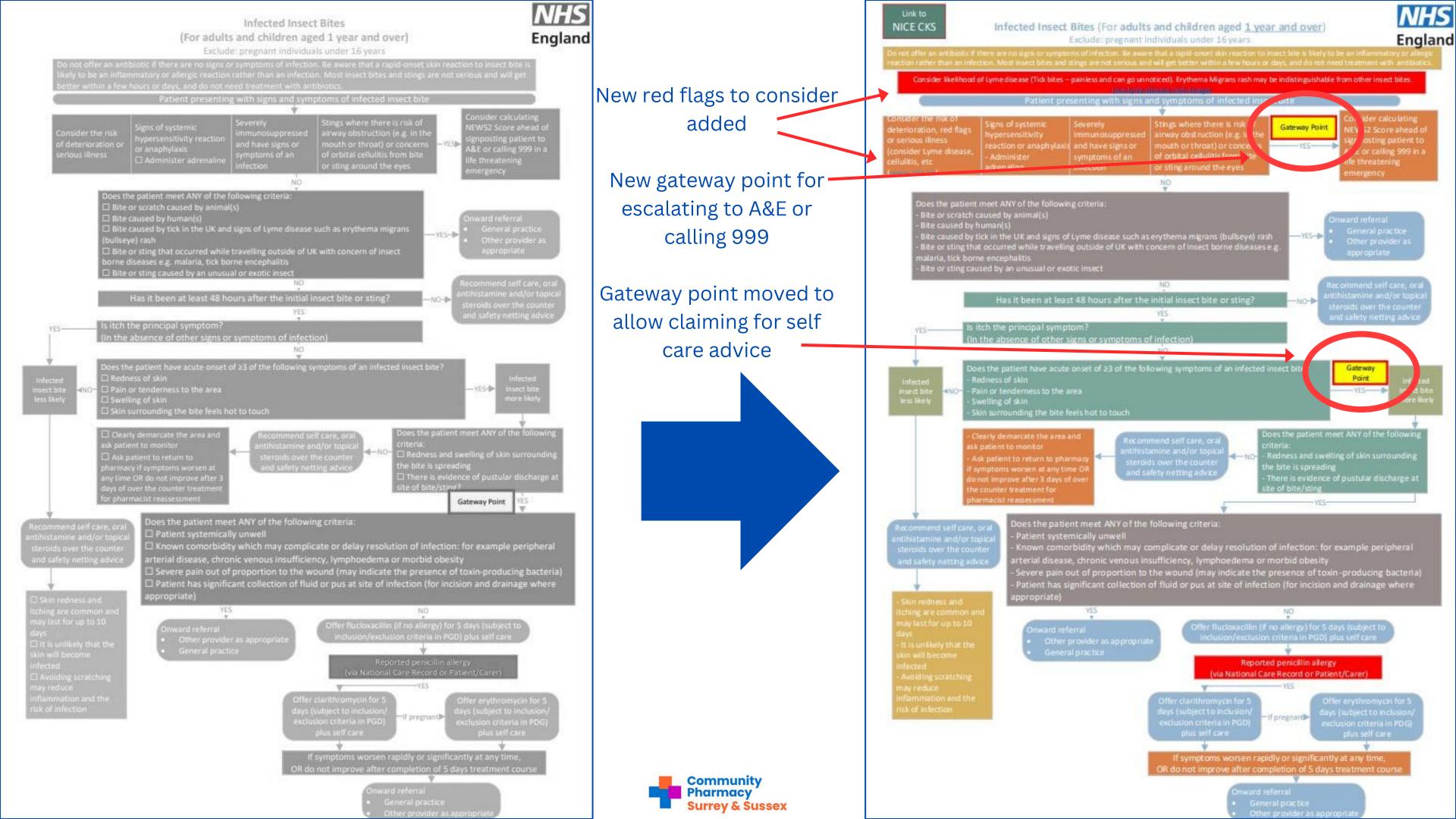
New gateway point for escalating to A&E or calling 999

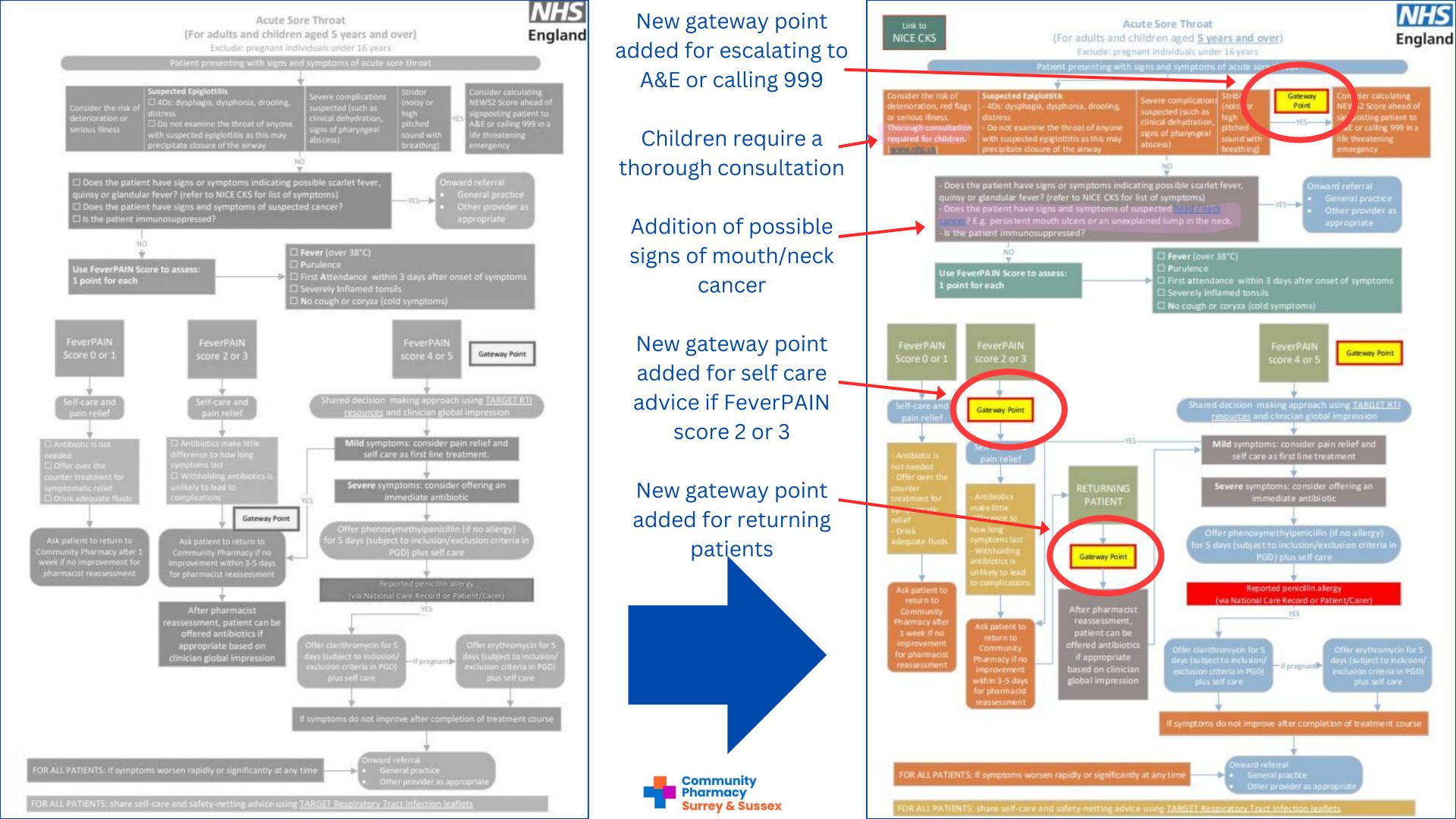
Gateway point moved so any suspicion of Impetigo is claimable











Acute Sinusitis England (For adults and children aged 12 years and over) Exclude: immunosuppressed individuals, chronic sinusitis (sinusitis that causes symptoms that last for more than 12 weeks), pregnant individuals under 10 years nose acute sinusitis by the presence of ONE or more of: Facial pain/pressure (or headache) or Reduction (or loss) of the sense of smell (in adults) as the patient had symptoms for nptoms for ≤10 day es the patient have 2 or more of the following FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET Respiratory Tract Infection leaflets

New gateway point added for escalating to A&E or calling 999

Gateway point moved to allow claiming for acute sinusitis as a potential differential diagnosis

Addition of regular pain relief

Acute Sinusitis England NICE CKS (For adults and children aged 12 years and over) Gateway Point gnose acute sinusitis by the presence of ONE or more of Nasal discharge (anterior/posterior nasal drip) n during the day or at night (in children) Gateway Point 10 days with no improvemen or if unsuitable or ineffective Reported penicillin allergy via National Care Record or Patient/Carer

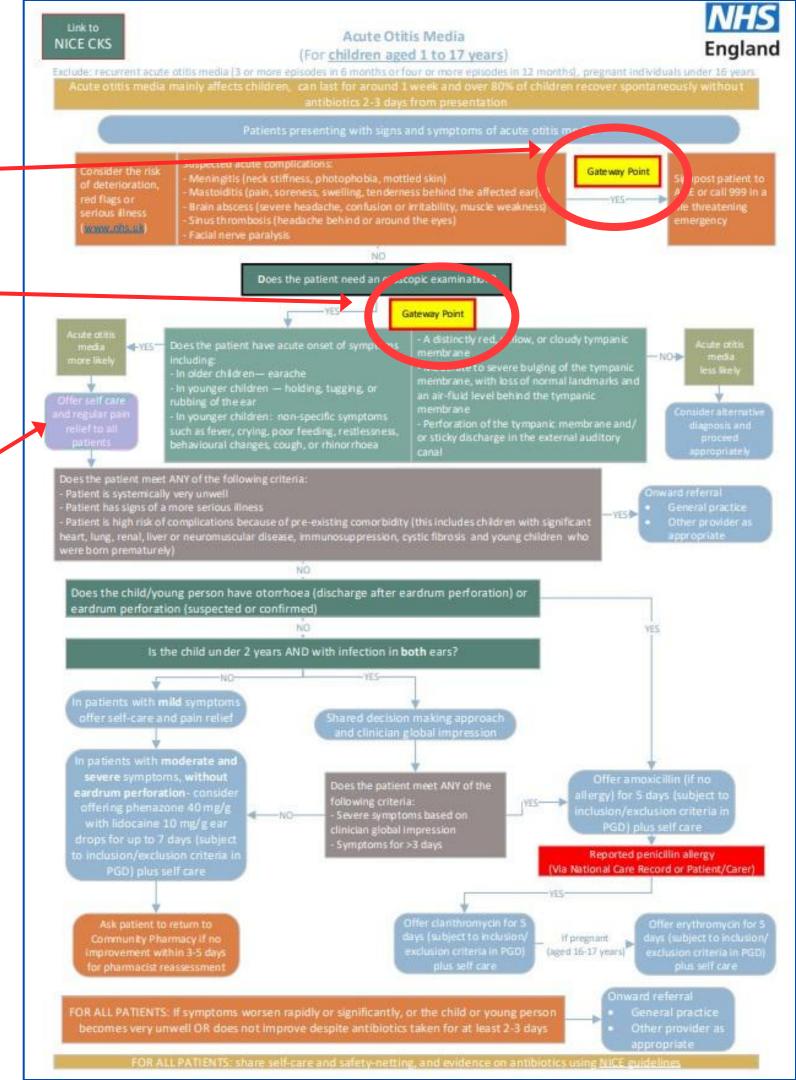


Acute Otitis Media England (For children aged 1 to 17 years) Exclude: recurrent acute office media (3 or more episodes in 6 months or four or more episodes in 12 months), pregnant individuals under 16 years ☐ Mastoiditis (pain, spreness, swelling, tenderness behind the affected earl ☐ Brain abscess (severe headache, confusion or irritability, muscle weaknes ☐ Sinus thrombosis (headache behind or around the eyes) Gateway Point AND does the patient have on otoscopic eeding, restiessness, behavioura hanges, cough, or rhinorrhoea Does the child/young person have otorrhoea (discharge after eardrum perforation) or drum perforation (suspected or confirmed) s the child under 2 years AND with infection in both ears? es the patient meet ANY of the if pregnant (aged 16-17 years) OR ALL PATIENTS: If symptoms worsen rapidly or significantly, or the child or young perso becomes very unwell OR does not improve despite antibiotics taken for at least 2-3 days

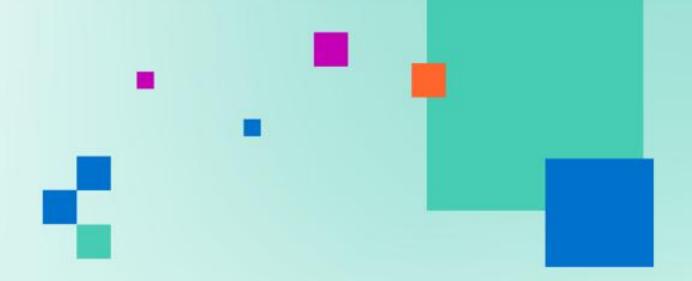
New gateway point added for escalating to A&E or calling 999 Gateway point moved for clearer otoscopic exam requirements Addition of regular pain relief

Community Pharmacy

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