

Primary Care Access Recovery Plan & Pharmacy First Update for Practice Teams

2024

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



On 9th 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 includes GP referral to Community Pharmacist Consultation Service (CPCS) and 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 confirms Pharmacy First starts on 31 January: [NHS England » Launch of NHS Pharmacy First advanced service](#)

NHS Pharmacy First

Pharmacy First includes 7 new clinical pathways as well as incorporating the Community Pharmacist Consultation Service (CPCS)

This means the full service consists of three elements:

Pharmacy First (clinical pathways)

- new element

Pharmacy First (referrals for minor illness)

- previously commissioned as CPCS

Pharmacy First (urgent repeat medicines supply)

NB Not from general practices but from NHS 111 and UEC settings

- previously commissioned as CPCS

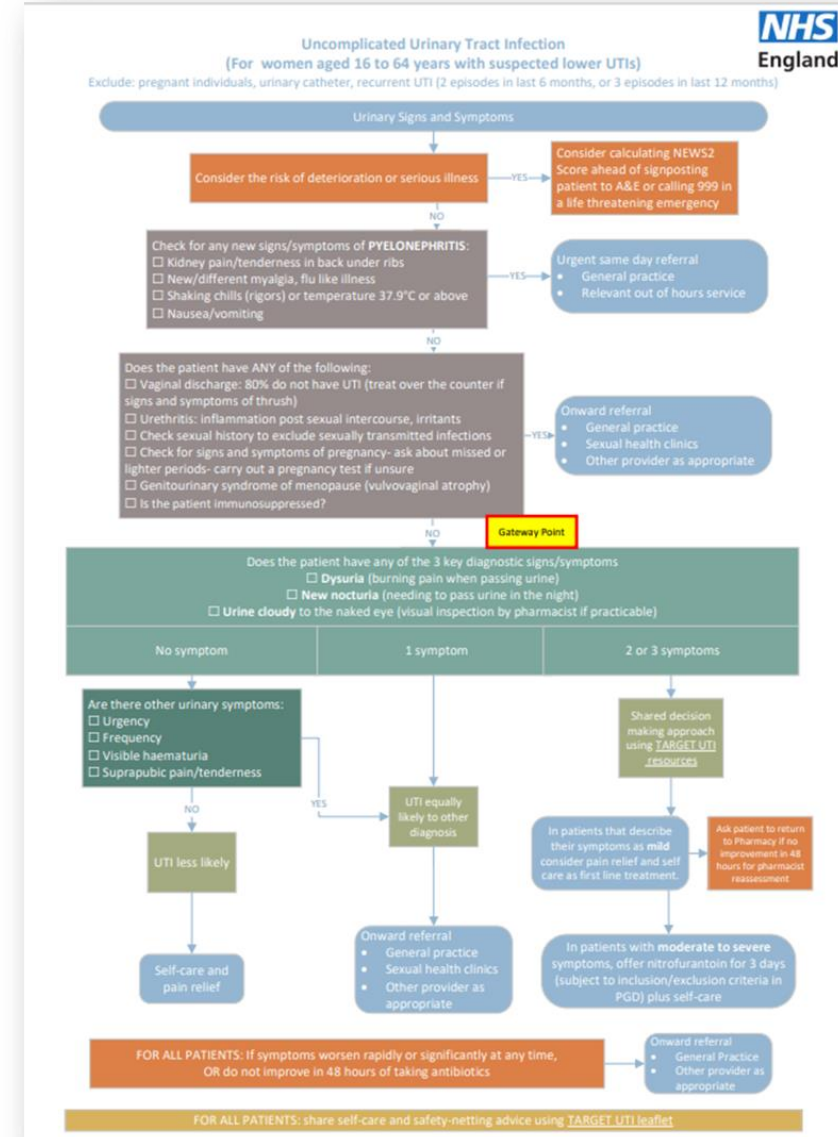
- Community pharmacy contractors must provide all 3 elements
- The only exception is that Distance Selling Pharmacies (sometimes called internet or online pharmacies) will not do the otitis media pathway (because they can only do remote consultations so cannot use otoscopes)
- General practices cannot 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)

What are the 7 new clinical pathways that can be referred to Pharmacy First (Previously known as CPCS)?

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

Clinical Pathway Consultations

- The clinical pathways element will enable the management of common infections by community pharmacies through offering self-care, safety netting advice and only if appropriate, supplying over the counter and prescription only medicines via Patient group directions



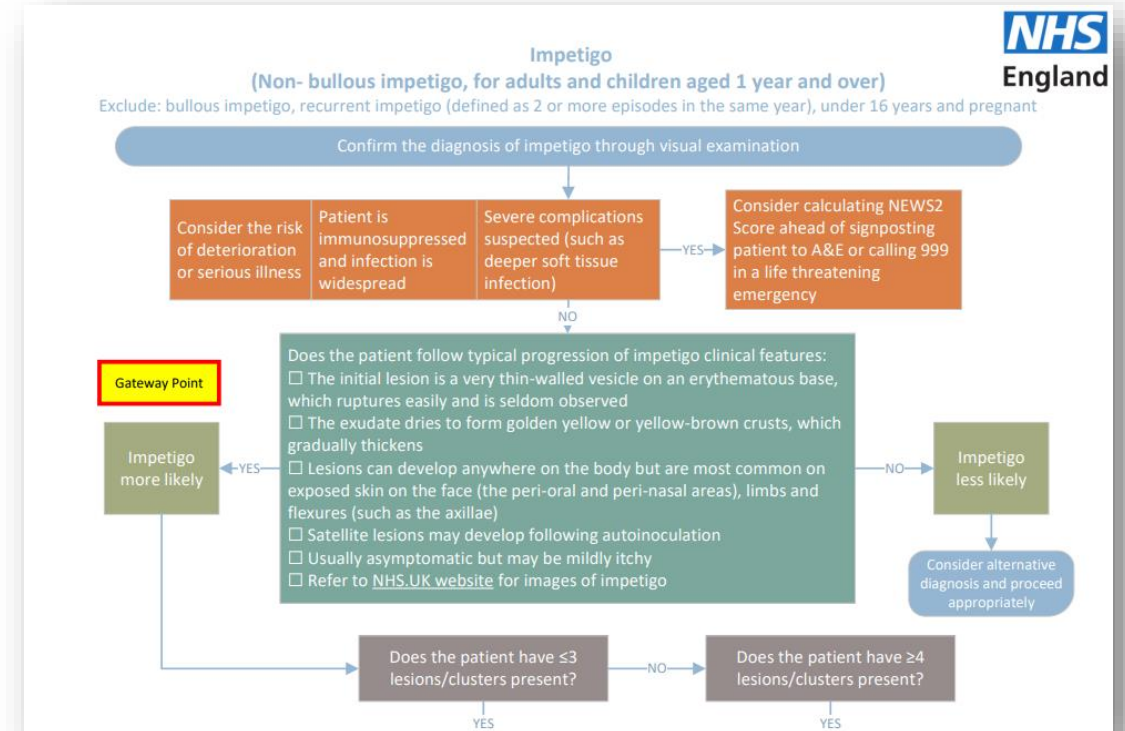
Gateway point for Clinical Pathways

Consultations will only be considered as clinical pathway consultations if they successfully pass through a **gateway point** for each respective clinical pathway.

The gateway point ensures that the patient:

- Is suitable for management within one of the seven clinical pathways
- Presents relevant signs and symptoms
- Does not exhibit indications of a more serious medical condition.

Only consultations that pass the gateway point will be eligible for service payments





Why is it important for practices to refer patients to Pharmacy First?

- To help change patient behaviour – support a consistent message to patients that for the majority of minor acuity conditions a prescription is not needed – if a patient presents back at a practice the staff can see the consultation details from the community pharmacist & support a consistent message – next time going to a pharmacy first for minor illness and medicines advice
- To help with capacity in the practice
- To improve access for patients with minor illnesses
- To support the integration of community pharmacy into the PCN team
- 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
- To support local pharmacy teams to manage workload

How do I refer patients to Pharmacy First?

You can refer patients to Pharmacy First whether they have contacted the practice by phone, online or in person.

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

Where a patient is suitable for a minor illness referral or one of the seven common conditions:

- Ask them which pharmacy they would like the referral to be sent to
- Send a referral to the pharmacy using EMIS local services, PharmRefer or NHS mail. 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 arrange your consultation with the pharmacist and advise that you have been referred by your practice. The telephone number and address are as follows.'***

Can't I just ask patients to 'go to the pharmacy'?

Many people visit community pharmacies every day for many different reasons such as to collect their prescriptions, to purchase medicines for self-care, for advice on health matters, for vaccinations, for other pharmacy services such as blood pressure checks or smoking cessation support.

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 seen by another pharmacy team member.

Patients are reassured that their concern has been taken seriously and the pharmacist will be expecting them



If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.



Referrals enable the pharmacy to plan and manage workload, 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.



How do I know which pharmacies I can refer to & will they be able to provide the service?

- More than 98% of community pharmacies in SY are signed up to 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, you can use the NHS Service Finder: <https://servicefinder.nhs.uk/>
- If you are using the integrated EMIS option or PharmRefer to send your referrals, then participating pharmacies are shown. This may be helpful if a patient wants to use a pharmacy further afield.
- Community pharmacy contractors are getting funding for Pharmacy First. Please note community pharmacy funding is very different from general practice funding and the two cannot be compared.
- Clinical services from community pharmacies have grown over the last 5 years and Pharmacy First is the next step.
- In some parts of the region, community pharmacists are already experienced in using PGDs for minor illness and ICBs have supported training for pharmacists (including locums).
- Workforce and workload remain a challenge for some community pharmacies (as for general practice).
- If you are wondering about your local pharmacies, then why not contact them and ask them? Pharmacy First will work best for patients when local practices and pharmacies work together.
- If you have particular concerns about a pharmacy that you can't resolve by contacting them, then your Community Pharmacy Clinical Lead can help: Claire.thomas47@nhs.net

What happens next/what is the patient journey?



Patient contacts the Pharmacy

Patient will have a 1-2-1 private consultation with the community pharmacist in the pharmacy consultation room or via a secure remote platform



Patient contacts the Pharmacy

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 (in a small percentage of cases) onward referral by the community pharmacist back to the practice or to another setting such as an urgent treatment centre



7 clinical pathways

If the referral is for one of the 7 clinical pathways, the patient outcomes also include the supply of certain prescription only medicines when appropriate e.g. antibiotics if needed



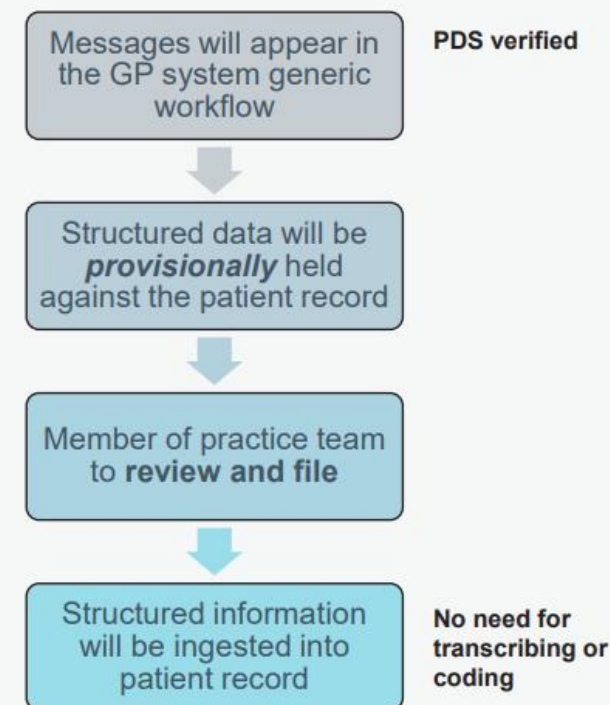
What about patient ‘bouncebacks’ to the practice?

Data shows that 9 out of 10 patients have their episode of care completed by the community pharmacist,

- Pharmacists onward refer 1 out of 10 patients either back to the practice or to another setting such as an urgent treatment centre.
- This is for many reasons (such as red flags may have been identified or the patient may have deteriorated).
- This does not mean the service has failed – rather that it is working as expected.
- The addition of the 7 clinical pathways with community pharmacists being able to supply specific prescription only medicines where clinically appropriate is expected to reduce the percentage of onward referrals.
- Improving local relationships and agreeing local ways of working between practices and community pharmacists makes managing ‘bouncebacks’ better for practices, pharmacies and ultimately patients.

The Digital Elements (exact dates TBC):

- GP Connect (Update Record) will be used to send a structured message of the consultation record and any medicines supplied back to the practice.
- 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.
- 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 (Access Record).



Surveillance

- NHSE will closely monitor the Pharmacy First service post-launch, particularly in relation to antimicrobial supply to guard against the risk of increasing antimicrobial resistance
- National Institute for Health and Care Research will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance.

23/73 Evaluating “Pharmacy First” Services for management of common conditions



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Summary

The Primary Care Recovery Plan set out that NHS England will commission a “Pharmacy First” service nationally in community pharmacy, with the aim that by Winter 2023 those signed up to deliver the service can supply prescription-only NHS medicines for seven common conditions, subject to consultation with Community Pharmacy England. The National Institute for Health and Care Research (NIHR) is interested in receiving high-quality research applications to undertake a robust wrap around evaluation of the planned “Pharmacy First” service to understand the impact, safety, cost effectiveness and acceptability of these services, as well as any implications for antibiotic use and antimicrobial resistance.

The NHS Community Pharmacist Consultation Service (CPCS) was launched in October 2019, allowing patients already registered with a General Practitioner (GP) to be referred to community pharmacies for minor illness advice and treatment, or urgent repeat

NHS Community Pharmacy Oral Contraception Service

This service enables community pharmacies to initiate and continue supplies of oral contraception.

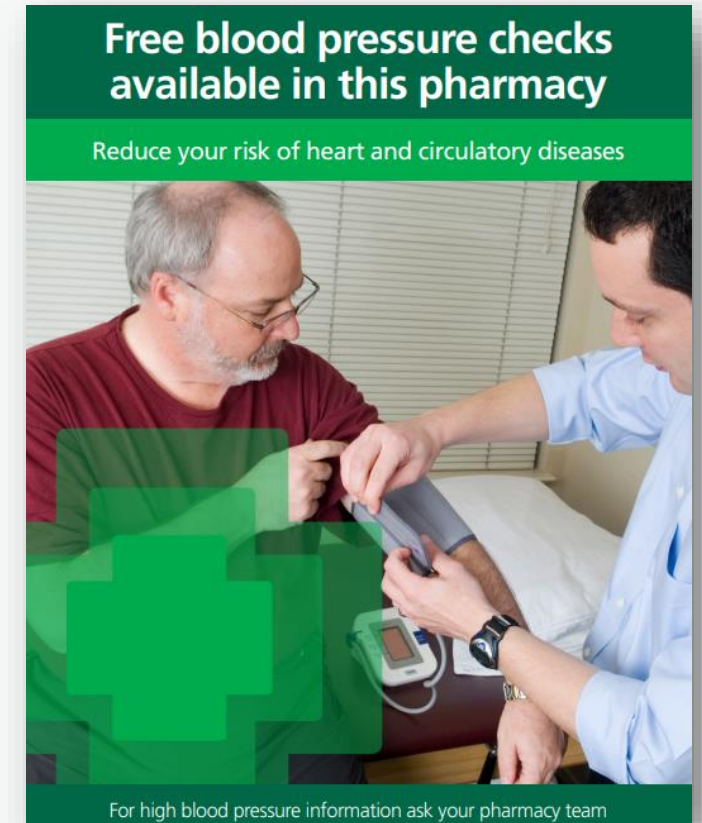
- Until 29 February 2024 some pharmacies may only be providing continuation of oral contraception. From 1 March 2024, all participating pharmacies will be initiating and continuing supply.
- There is an [NHS website postcode search tool](#) to enable patients to find local pharmacies who deliver the contraception service.
- Practices can refer people into this service or women can self-present at the pharmacy



NHS Community Pharmacy Blood Pressure Check Service

Community pharmacy teams can offer people over the age of 40, without a diagnosis of hypertension, a BP check to find those with undiagnosed hypertension. In addition, they can also carry out BP checks at the request of practices.

- Practices can ask pharmacies to complete clinic and ambulatory checks
- It may be useful for practices who have patients on their hypertension registers without an up-to-date BP reading
- It may be useful for practices with patients with a high initial reading who need ambulatory follow up
- All readings will be returned to the practice for updating patient records
- There is an [NHS website postcode search tool](#) to enable patients to find local pharmacies who deliver the Blood Pressure Check Service.



General practices can refer patients to community pharmacies for both clinic and ambulatory measurements



Practice Support/Queries/Concerns:

Practice Support for Implementation/referring to community pharmacies:

Practices wanting to go live with referring to community pharmacies or wanting support to increase referrals and/or build links with local pharmacies:

Contact: Laura Richardson, Services & Engagement Lead CPSY
Email: laurarichardson@CPSY.org.uk

All clinical community pharmacy service queries:

Contact: Claire Thomas, Strategic Pharmacist Integration & Community Pharmacy, SY ICB
Email: Claire.thomas47@nhs.net

Concerns about contractual requirements/service delivery:

Contact the Primary Care Contracting Team: syicb.syprimarycare@nhs.net