

Pharmacy First Pack for Receptionists and Care Navigators

January 2024

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 will include 7 new clinical pathways. The Community Pharmacist Consultation Service (CPCS) becomes part of Pharmacy First too.

This means the full service will consist 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

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	• Bee sting • Wasp sting	• Stings with minor redness	• Stings with minor swelling	• Drowsy / fever • Fast heart rate	• Severe swellings or cramps
COLDS	• Cold sores • Coughs	• Flu-like symptoms	• Sore throat	• Lasted +3 weeks • Shortness of breath	• Chest pain • Unable to swallow
CONGESTION	• Blocked or runny nose	• Constant need to clear their throat	• Excess mucus • Hay fever	• Lasted +3 weeks • Shortness of breath	• 1 side obstruction • Facial swelling
EAR	• Earache	• Ear wax • Blocked ear	• Hearing problems	• Something may be in the ear canal • Discharge	• Severe pain. • Deafness • Vertigo
EYE	• Conjunctivitis • Dry/sore tired eyes • Eye, red or Irritable	• Eye, sticky • Eyelid problems	• Watery / runny eyes	• Severe pain • Pain 1 side only	• Light sensitivity • Reduced vision
GASTRIC / BOWEL	• Constipation • Diarrhoea • Infant colic	• Heartburn • Indigestion	• Haemorrhoids • Rectal pain, • Vomiting or nausea	• Severe / on-going • Lasted +6 weeks	• Patient +55 years • Blood / Weight loss
GENERAL	• Hay fever	• Sleep difficulties	• Tiredness	• Severe / on-going	
GYNAE / THRUSH	• Cystitis • Vaginal discharge	• Vaginal itch or soreness		• Diabetic / Pregnant • Under 16 / over 60 • Unexplained bleeding	• Pharmacy treatment not worked • Had thrush 2x in last 6 months
PAIN	• Acute pain • Ankle or foot pain • Headache • Hip pain or swelling • Knee or leg pain	• Lower back pain • Lower limb pain • Migraine • Shoulder pain	• Sprains and strains • Thigh or buttock pain • Wrist, hand or finger pain	• Condition described as severe or urgent • Conditions have been on-going for +3 weeks	• Chest pain / pain radiating into the shoulder • Pharmacy treatment not worked • Sudden onset
SKIN	• Acne, spots and pimples • Athlete's foot • Blisters on foot • Dermatitis / dry skin • Hair loss	• Hay fever • Nappy rash • Oral thrush • Rash - allergy • Ringworm/threadworm	• Scabies • Skin dressings • Skin rash • Warts/verrucae • Wound problems	• Condition described as severe or urgent • Conditions have been on-going for +3 weeks	• Pharmacy treatment not worked • Skin lesions / blisters with discharge • Diabetes related?
MOUTH / THROAT	• Cold sore blisters • Flu-like symptoms • Hoarseness	• Mouth ulcers • Sore mouth • Sore throat	• Oral thrush • Teething • Toothache	• Lasted +10 days • Swollen painful gums • Sores inside mouth	• Unable to swallow • Patient has poor immune system • Voice change
SWELLING	• Ankle or foot swelling • Lower limb swelling	• Thigh or buttock swelling • Toe pain or swelling	• Wrist, hand or finger swelling	• Condition described as severe or urgent • Condition ongoing for +3 weeks	• Discolouration to skin • Pharmacy treatment not worked • Recent travel abroad

Important:

Please note this slide is intended as a guide and has been adapted from a similar table used to support CPCS minor illness referrals from GP practices which now forms part of Pharmacy First along with the 7 Clinical Pathways.

Following referral for a minor illness the pharmacist will assess the patient and either

- support the patient through what was previously the minor illness pathway for CPCS,
- if necessary they will assess and check if the patient needs and can be supported through the 7 clinical pathways
- or if e.g. symptoms have deteriorated or red flags are identified, promptly escalate them to higher acuity support.

NHS Pharmacy First – 7 clinical pathways

Please note these are the main exclusions. Each pathway has additional specific clinical exclusions which will be considered by the community pharmacist during the consultation.

N.B. A link to the clinical pathways and the PGDs can be found here [NHS England » Community Pharmacy advanced service specification: NHS Pharmacy First Service](#)

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.
Inclusion: - Female - Aged between 16 - 64 - Suspected lower UTI	Inclusion: 18 years and over - Suspected case of shingles. - Rash appeared within the last 72 hours - 7 days	Inclusion: 1 year and over - Signs and symptoms of impetigo - Localised (4 or fewer lesions/clusters present)	Inclusion: 1 year and over - Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s)	Inclusion: 5 years and over - Suspected sore throat	Inclusion: 12 years and over - Suspected signs and symptoms of sinusitis - Symptom duration of 10 days or more	Inclusion: - Aged between 1 – 17 - Suspected signs and symptoms of acute otitis media
Exclusion: - Male <16 or >64 - Pregnant - Breastfeeding - Recurrent UTI (2 in last 6 months or 3 in last 12 months) - Catheter	Exclusion: < under age of 18 - Pregnant or suspected pregnancy - Breastfeeding with shingle sores on the breasts - Shingles rash onset over 7 days ago	Exclusion: < under 1 year of age - Pregnancy or suspected pregnancy in individuals under 16 years of age - Breastfeeding with impetigo lesion(s) present on the breast - Recurrent impetigo (2 or more episodes in the same year) - Widespread lesions/ clusters present - Systemically unwell	Exclusion: < under 1 year of age - Pregnancy or suspected pregnancy in individuals under 16 years of age - Systemically unwell - Bite or sting occurred while travelling outside the UK	Exclusion: - Individuals under 5 years of age - Pregnancy or suspected pregnancy in individuals under 16 years of age - age - 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) - Previous tonsillectomy	Exclusion: - Individuals under 12 years of age - Pregnancy or suspected pregnancy in individuals under 16 years of age - Symptom duration of less than 10 days - Recurrent sinusitis ((4 or more annual episodes of sinusitis)	Exclusion: - Individuals under 1 year of age or over 18 years of age - Pregnancy or suspected pregnancy in individuals under 16 - 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.)

Note: a link to the clinical pathways can be found on slide 20



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

- To help with capacity in the practice so practice appointments can be used for patients who really need them
- To improve access for patients with minor illnesses
- To change patient behaviour so they go to community pharmacy as the 'first port of call' for minor illness and medicines advice
- 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 with the support of community pharmacists



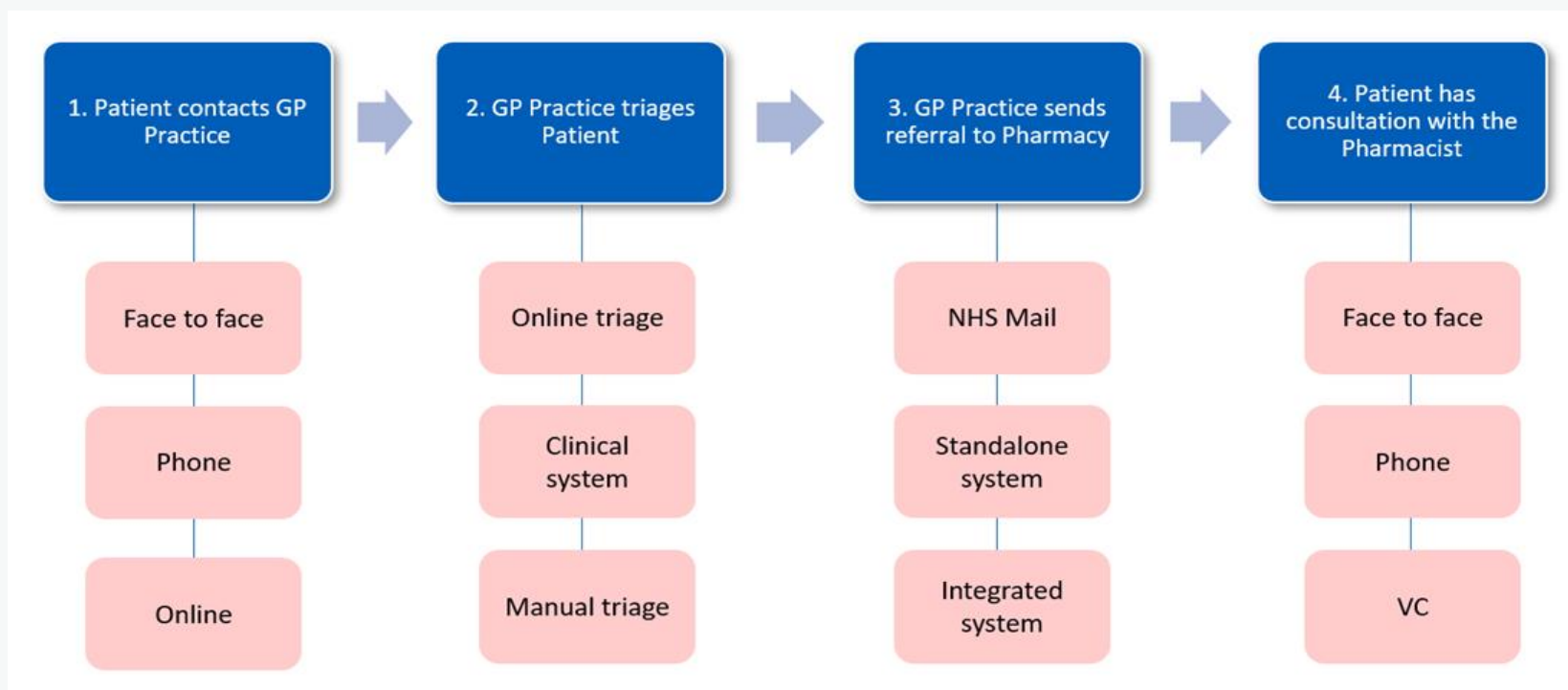
Can community pharmacists do this?

- Community pharmacy contractors have welcomed Pharmacy First and 95% have registered to provide the service.
- 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

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



How do I 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 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.'***
- ***'Pharmacists 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 95% community pharmacies 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 ICB Community Pharmacy Lead/Strategic Pharmacist or Local Pharmaceutical Committee (LPC) can help with this information
- 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.

ICS	ICB CP Lead	ICB CP lead EMAIL	LPC
South Yorkshire	Claire Thomas	Claire.thomas47@nhs.net	southyorkshire.communitypharmacy.org.uk

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

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.



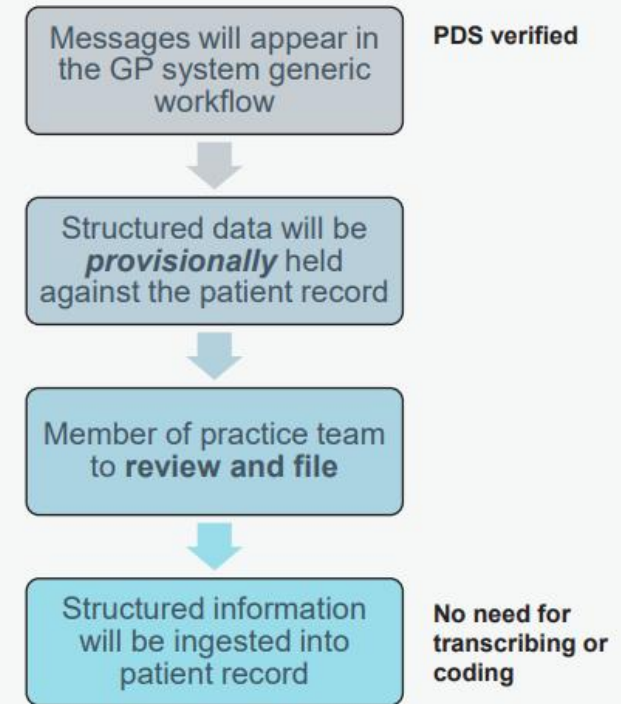
The Digital Elements

On 31 Jan 2024 when Pharmacy First starts:

- Pharmacies will have new consultation templates for Pharmacy First from whichever of the 4 approved suppliers they contract with (PharmOutcomes, Sonar, Cegedim or Positive Solutions)
- 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 SystmOne practices it is by PharmRefer. Practices can 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.

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).



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.

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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[Print this document](#)

Contents

1. [Summary](#)
2. [Scope](#)
3. [Deadline for Proposals](#)
4. [Research Inclusion](#)
5. [General Guidance](#)

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.

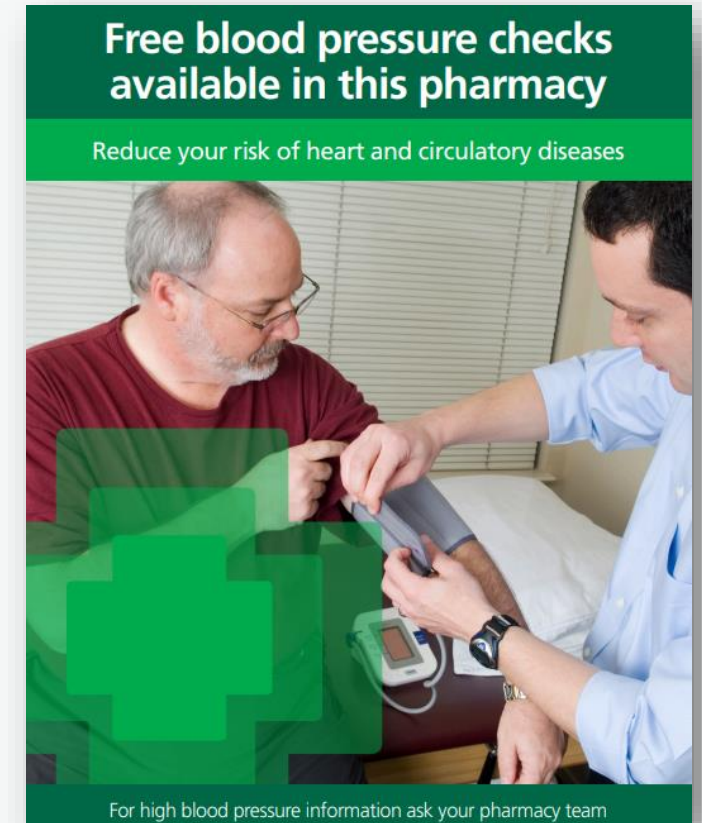
- Until 29 February 2024 some pharmacies may only be providing continuation of oral contraception. From 1 March 2024, all participating pharmacies will be initiating and continuing supply.
- There is an [NHS website postcode search tool](#) to enable patients to find local pharmacies who deliver the 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

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. [Link to be shared once published](#)
- Further useful information, including the Pharmacy First Service Specification, clinical pathways, and PGDs can be found here: [NHS England » Community Pharmacy advanced service specification: NHS Pharmacy First Service](#)
- Please talk to your local community pharmacists about the Pharmacy First service
- 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 4, 5 and 6 which show the conditions that can be electronically referred to community pharmacies.
- For more information on any of the PCARP pharmacy services (Pharmacy First, Blood Pressure Checks and Oral Contraception) please contact your Community Pharmacy Clinical Lead (details on slide 11).