

## Pharmacy First service – LSC Healthcare Teams Briefing

This CPLSC document provides a summary for our LSC Healthcare Partners on the new **Pharmacy First service**. This is an advanced service and was announced in the **Primary Care Recovery Plan**. The service aims to improve access and help build capacity within Primary Care and will begin on 31<sup>st</sup> January 2024 (subject to the required IT systems being in place). Whilst it is optional for pharmacy owners to provide, it is expected that most will choose to offer the extended Pharmacy First Service since it builds on the existing **Community Pharmacy Consultation Service (CPCS/GPCS)** that most pharmacies in the LSC footprint already provide.

**Pharmacy First consists of three parts:**

**1.Minor Illness Consultation with a pharmacist 2.Supply of Urgent Medicines (and appliances), and 3.Clinical Pathway Consultations.**

# PARTS 1 & 2

Minor illness consultations and Supply of urgent medicines (and appliances)

1



The first two parts of the service remain **EXACTLY** the same as the current **CPCS/GPCPCS** referral pathways

2



**GP practices can only refer for Minor illness consultations, plus the new seven conditions.**

They cannot refer patients for supply of urgent medicines (and appliances).

3



**Under CPCS/GPCPCS, patients CANNOT walk-in and access these parts of the service (self-refer)**

GP Practices will **STILL** need to make **formal electronic referrals** (via **local services button**) for patients who present at their practice who are then referred to the pharmacy for a Minor illness consultation with a pharmacist

4



**From 31st January Go Live, GP Practices, NHS 111 & others will also be able to send electronic referrals for the Seven Common Conditions, as detailed opposite, as well as the CPCS/GPCPCS Minor Illness conditions**

## PART 3 - SEVEN COMMON CONDITIONS (THE NEW PART)

Clinical pathway consultations involves pharmacists providing advice and **NHS-funded treatment**, where clinically appropriate, for the seven common conditions:

Seven Common Conditions	Age Range for Treatment							
	1	5	12	16	17	18	64	65+
Sinusitis								
Sore Throat								
Acute Otitis Media								
Infected Insect Bite								
Impetigo								
Shingles								
Uncomplicated Urinary Tract Infections in women								

This part of the service can be provided to patients referred by **GP practices**, as well as **NHS 111** and others.

There is a **clinical pathway** for each of the **seven conditions**, which show when a patient can be treated under this part of the Pharmacy First service and when they should be referred to another healthcare professional.

This is what the pharmacist will use to decide if the patient is **eligible** for the service.

People with symptoms suggestive of the seven conditions will be provided with **self-care** and **safety-netting** advice, and where **clinically appropriate**, will be supplied with a prescription-only treatment under a Patient Group Direction (PGD)

## Annex D: List of minor illness symptoms groups identified for referral to a community pharmacist

This list is not exhaustive.

- Acne, spots, and pimples
- Allergic reaction
- Ankle or foot pain or swelling
- Athlete's foot
- Bites or stings, insect, or spider
- Blisters
- Constipation
- Cough
- Cold and 'flu
- Diarrhoea
- Ear discharge or ear wax
- Earache
- Eye, red or irritable
- Eye, sticky or watery
- Eyelid problems
- Hair loss
- Headache
- Hearing problems or blocked ear
- Hip, thigh, or buttock pain or swelling  
itch
- Knee or lower leg pain
- Lower back pain
- Knee or lower leg pain
- Lower back pain
- Lower limb pain or swelling
- Mouth ulcers
- Nasal congestion
- Pain and/or frequency passing urine.
- Rectal pain
- Scabies
- Scratches and grazes
- Sinusitis
- Shoulder pain
- Skin, blisters or rash
- Sleep difficulties
- Sore throat
- Teething
- Tiredness
- Toe pain or swelling
- Vaginal discharge
- Vaginal itch or soreness
- Vomiting
- Wound problems – management of dressings.
- Wrist, hand, or finger pain or swelling

## Frequently Asked Questions

### Q. Will GP practices no longer need to make formal referrals?

GP practices **will still be required** to make formal referrals through digital means for the Minor illness consultations with a pharmacist as well as the Clinical pathway consultations parts of the Pharmacy First service. This is currently via the Local Services button on EMIS.

### Q. Will a patient's general practice be notified of the outcome of the Pharmacy First consultation at the pharmacy?

Yes. The patient's general practice will be notified on the day of provision or on the following working day.

### Q. Can pharmacists deviate from the clinical pathways and PGDs if they are different to local prescribing formularies, for example, a difference in duration of treatment?

No, pharmacists must follow the clinical pathways and PGDs.

### Q. How have concerns around antimicrobial stewardship been addressed in the design of the service?

NHS England has led work to ensure that the clinical pathways for the Pharmacy First service and the associated PGDs will allow community pharmacists to supply antimicrobials, only where clinically appropriate, without increasing the risks of antimicrobial resistance (AMR).

A large number of experts have fed into this detailed programme of work, supported by clinical pharmacists from Specialist Pharmacy Service. The participating experts have included AMR Consultant Pharmacists, Infection Control Specialists (medical), the UKHSA's **ESPAUR team**, senior GPs, academics, Primary Care Network clinical pharmacists, NHS England's Medical Director and Chief Pharmaceutical Officer. The UK's Chief Medical Officer has also been involved in decisions made on the approval of the clinical pathways and PGDs, alongside Government and NHS advisory committees on antimicrobial stewardship.

The clinical pathways for the service, set out requirements which the patient must meet (e.g. signs, symptoms and key diagnostic criteria, duration of illness, prior history of the same condition) to determine whether they may be suitable to receive a supply of an antimicrobial. The clinical pathways have been designed drawing upon the guidance provided to all primary care healthcare professionals in [NICE's Clinical Knowledge Summaries](#).

If those requirements are met, the requirements of the PGD will then be considered by the pharmacist, to assess whether it would be safe and appropriate to make a supply of the antimicrobial, or whether another option may be appropriate, such as delaying any treatment with an antimicrobial or referring the patient to their general practice, where clinically appropriate.

Pharmacists understand the issues and have already been contributing to AMR efforts for several years through their Pharmacy Quality Scheme.

### Q. If pharmacists supply antibiotics through the Pharmacy First service, will this information be gathered as part of national AMR reporting?

Yes, an NHS-assured Pharmacy First IT system will be used to make clinical records and transfer data to the NHS Business Services Authority, which will then be included in AMR reporting.

Further information on the Pharmacy First service can be found at [cplsc \(communitypharmacy.org.uk\)](https://communitypharmacy.org.uk)