

Pharmacy

First: Getting to know the service and preparation to provide



Pharmacy First event overview

- 7.30pm: Welcome, Introduction, Venue Details
- 7.35pm: High Level Overview of PF
- 7.45pm: The clinical pathways and PGDs – focus on UTIs and Sore Throats.
- 8.00pm: Otoscope focus
- 8.30pm: Dermatology focus
- 8.50pm: Table discussions and peer support on implementation
- 9.15pm: Roaming Q&A
- 9.30pm: Close

Thank you

- Thank you to Scope and Bauch and Lomb for helping us put on these events and for covering some of the costs.
- Thank you also to the pharmacy team at Cheshire & Merseyside ICB for the partnership way of working which will continue through the implementation and developments of the service.

The Pharmacy First service

- Community Pharmacy England submitted proposals for a Pharmacy First service to DHSC and NHSE in March 2022
- This was followed up with a comms and lobbying campaign
- On 9th May 2023, DHSC and NHSE published the Delivery plan for recovering access to primary care
- This included a commitment to commission a Pharmacy First service, allowing the treatment of seven conditions
- The **start date is 31st January 2024**



The Pharmacy First service

- Pharmacy First will be a new Advanced service that will include **seven new clinical pathways** and will **replace** the Community Pharmacist Consultation Service (CPCS)
- The service will consist of **three elements**:

Clinical pathway consultations

- new element

Urgent supply of repeat meds and appliances

- previously part of CPCS

Referrals for minor illness consultations

- previously part of CPCS

What are the seven 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

The Pharmacy First service

Pharmacies opting-in must provide **all three elements** of the new service

Patients can **present to the pharmacy** for clinical pathways consultations (**only**)

Clinical pathways consultations can be provided **remotely**, except for the acute otitis media pathway (otoscope required)

Remote consultations **must be via high-quality video link**

DSPs can **only** provide clinical pathways consultations **remotely** (due to the link to Essential services)

They cannot provide the acute otitis media pathway (otoscope required)

There are no changes to the former CPCS elements of the service, e.g. referrals are still required and telephone consultations are still possible, where clinically appropriate

What does this mean for CPCS?

- CPCS will end on 30th January 2024 and the Urgent supply of repeat meds and Referrals for minor illness consultations with a pharmacist elements of CPCS will become part of the Pharmacy First service from 31st January 2024
 - General practices **can still formally refer patients** for Referrals for minor illness consultations with a pharmacist, not the Urgent supply of repeat meds element (as is the case with CPCS) – **referrals must be sent via a secure digital route, verbal/telephone referrals are not allowed**
 - Patients will not be able to walk-in to a pharmacy and access these parts of the service (self-refer); needs to be a referral from an authorised organisation
 - Therefore, **general practice will still need to make formal referrals** for patients who present at their practice but are then referred to the pharmacy for a Minor illness consultation with a pharmacist

What does this mean for Liverpool's Local Pharmacy First Service?

- It continues!
 - The PGD for Nitrofurantoin will be withdrawn and no new patients will be able to be provided for under that service on the 31st January.
 - The rest remain and PGDs will be renewed:
 - Chloramphenicol
 - Nystatin
 - Hydrocortisone

GP Slides: Why formal referrals are required

- **Ensures patient has a private discussion with the pharmacist**
 - If signposted, the patient may be seen by another member of the team in the pharmacy area and treated under the Self-care Essential service
- **Reassures patients that their concern has been taken seriously and the pharmacist will be expecting the patient**
 - If signposted, the patient may feel they are being fobbed off and be unsatisfied with the service provided by the GP practice and the pharmacy as they won't be expecting the patient
- **Patient will be sent to a pharmacy providing the service**
 - If signposted, patients may have to figure out themselves who is providing the service (the referral route should provide a more joined-up patient journey)

GP Slides: Why formal referrals are required

- **There is an auditable trail of referral and clinical treatment, including consultation outcome**
 - If signposted and treated under the Self-care Essential service, no records are made or sent back to the GP practice
- **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**
 - If signposted, this will not happen as the pharmacy won't be aware that the patient was meant to visit the pharmacy
- **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**
 - If signposted, the patient may present at a time that means they may have to wait to be seen by the pharmacist

GP Slides: Why formal referrals are required

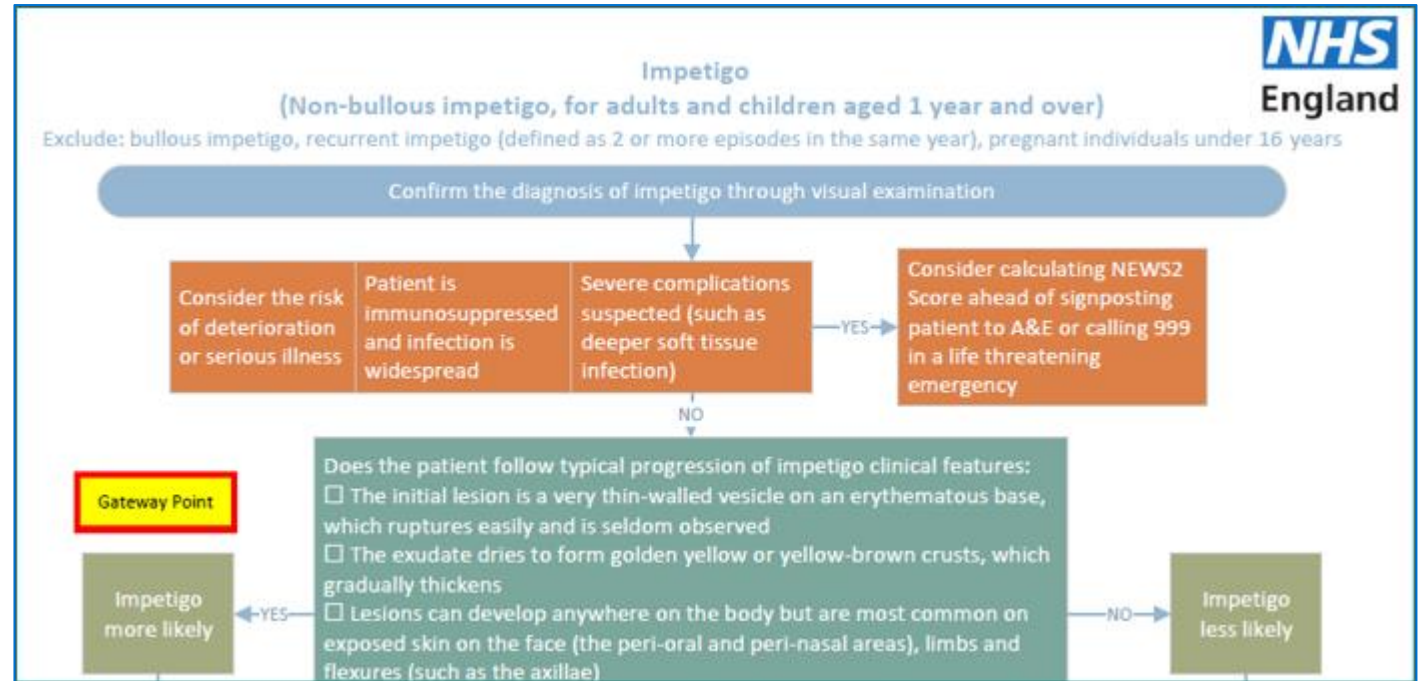
- **The pharmacy will receive patient information on the referral therefore ensuring they are informed of the presenting condition**
 - If signposted, the patient will have to talk through their presenting condition, provide other information again, which may be frustrating for the patient and does not present a joined-up patient journey
- **Referral data can show that patients are being actively supported to access appropriate treatment, evidencing that GP practices are meeting other PCARP requirements**
 - If signposted, this data is not captured
- **Ensures pharmacies are paid for the service they are providing which helps your local pharmacies stay in business**
 - If signposted and patients do not meet the gateway point for the Clinical pathways consultation, the pharmacy will receive no payment for the Pharmacy First service



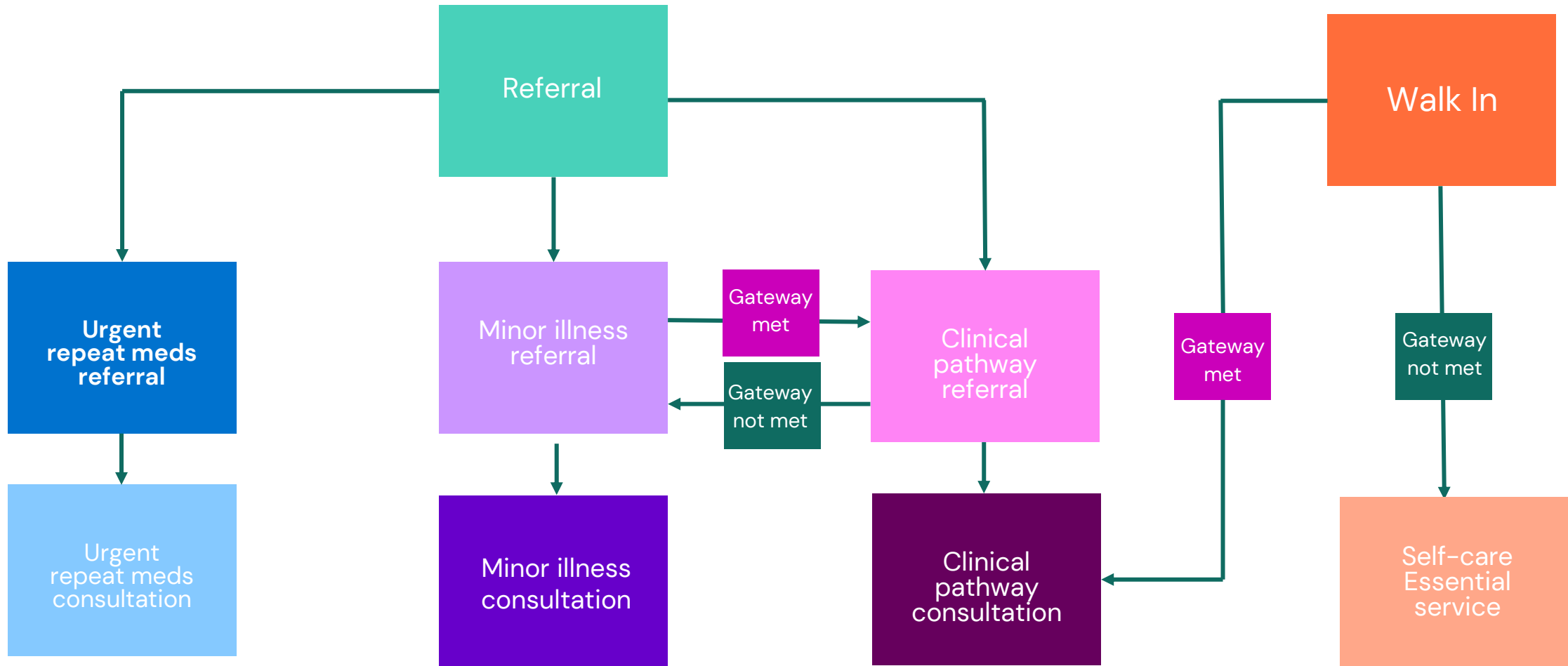
Summary of the service requirements

Clinical pathways consultations

- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



High-level service overview



PGDs

- Pharmacists need to read all 23 PGDs and protocol
- Final PGDs and protocol are now all published
- Pharmacists **must read and sign the final versions of the PGDs and protocol**, rather than any draft versions that may have been previously available for review
- Only fully signed final PGDs provide authorisation to supply medicines at NHS expense for the Pharmacy First service

UTI	Shingles	Impetigo	Insect bite	Sore throat	Sinusitis	Acute otitis media
Nitrofurantoin	Aciclovir Valaciclovir	Hydrogen Peroxide Cream Fusidic acid cream Flucloxacillin Clarithromycin Erythromycin	Flucloxacillin Clarithromycin Erythromycin	Pen V Clarithromycin Erythromycin	Mometasone nasal spray Fluticasone nasal spray Pen V Clarithromycin Erythromycin Doxycycline	Phenazone & Lidocaine ear drops Amoxicillin Clarithromycin Erythromycin

The service requirements

- Complying with Terms of Service requirements for Essential services and clinical governance
- Have a consultation room meeting the ToS requirements, with access to IT equipment for record keeping
- Equipment – otoscope – see buying advice in Annex C
- Standard operating procedure, including the process for escalation
- Competency and training requirements
- Have an NHS-assured clinical IT system
- Sign-up to provide the service on MYS
- Where supplies of an NHS medicine are made, the normal prescription charge rules apply



Funding

- Funding for the clinical pathways consultations comes from the additional **£645m** provided to support the recovery plan
- Initial fixed payment of **£2,000**
 - Must sign-up to provide the service on MYS **by 11.59pm on 30th January 2024**
 - Claims submitted **by 11.59pm on 31st Dec 2023** will be paid on **1st February 2024**
 - Claims submitted **by 11.59pm on 30th Jan 2024** will be paid on **1st March 2024**
 - The payment will be **reclaimed** if **5** clinical pathways consultations are not provided **by the end of March 2024**
- **£15** fee per completed consultation (also applies to CPCS consultations from 1st Jan 2024)



Funding

- A **monthly** fixed payment of **£1,000** where the pharmacy meets a **minimum number** of clinical pathways consultations:
- From April 2024, an initial cap of 3,000 consultations per month per pharmacy will be put in place
- From October 2024, new caps will be introduced based on actual provision of clinical pathway consultations, designed to deliver 3 million consultations per quarter

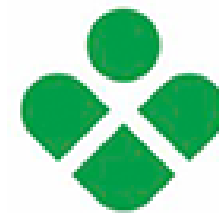
Month	Minimum number of clinical pathways consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30

The background features a light teal-to-white gradient. A large, solid purple rectangle is centered on the page. Scattered around this rectangle are several small, solid-colored squares in shades of orange, blue, green, and purple. Some of these squares are grouped together, such as a cluster of blue and orange squares in the top right corner and another cluster of blue, green, and orange squares in the bottom left corner.

The clinical pathways and PGDs

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 a **restricted set of medicines** to complete episodes of care for seven common conditions
- NHSE commissioned SPS to develop patient group directions (PGDs) and a protocol for the Pharmacy First service
- The final PGDs and protocol, published on the NHS England website, have received national approval from the National Medical Director, Chief Pharmaceutical Officer and National Clinical Director for IPC & AMR



**Specialist
Pharmacy
Service**

Development of clinical pathways



Monitoring and surveillance

- NHSE will closely monitor the Pharmacy First service post-launch to allow for robust oversight and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned
- NHSE is working with NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard
- NIHR will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance

Clinical Record Keeping



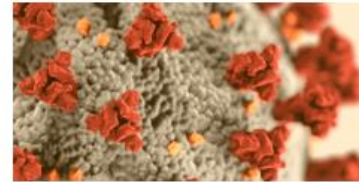
- The clinical IT systems will send messages containing a summary of the consultation to the patients general practice.
- Ensure your consultation notes include what happened, information and findings, any justification/background for decisions and include written or verbal information given to the person – including safety netting, return visits and products recommended/sold
- These records may be visible by patients depending on the access/IT arrangements the practice has with the NHS App – be aware of potential poor choices in language that may cause offense and avoid these

PharmOutcomes

- Pharmacy First guides including the video now live
- Pharmoutcomes.org front page link – bottom banner on the picture
- Video is worth watching to learn how to navigate through the consultation

PharmOutcomes® Delivering Evidence

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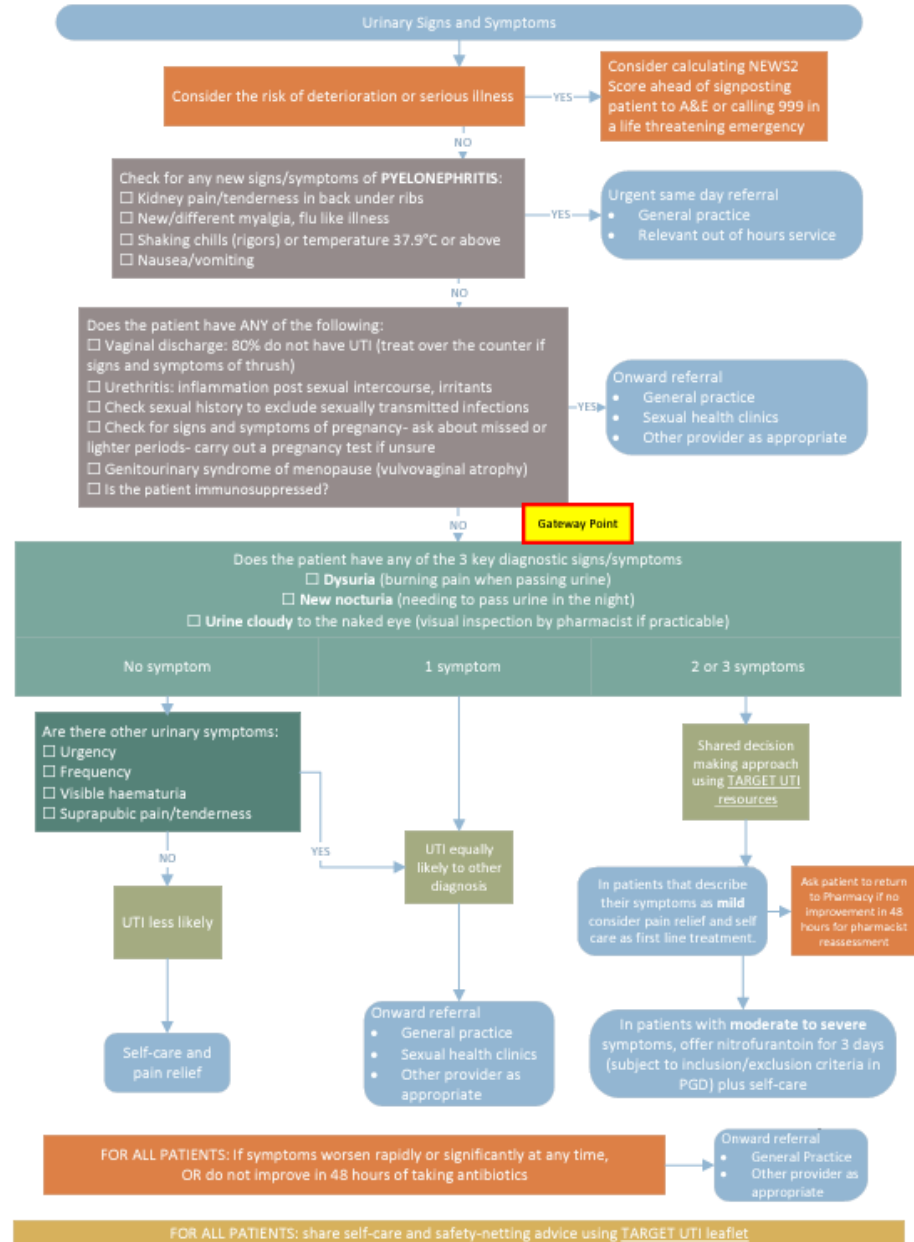
Urinary Tract Infections

Inclusion/Exclusion Criteria - Urinary Tract Infections

- Inclusion Criteria:
 - **Female**
 - **Non-pregnant**
 - **Aged between 16 to 64 years inclusive**
 - Patient consent
- Exclude:
 - Males
 - Patients 65+ years or under 16
 - Urinary catheter in situ
 - Recurrent UTI (2 episodes in last 6 months or 3 episodes in last 12 months)
 - Breastfeeding
 - Red flags (see pathway)
 - See pathway for other exclusions

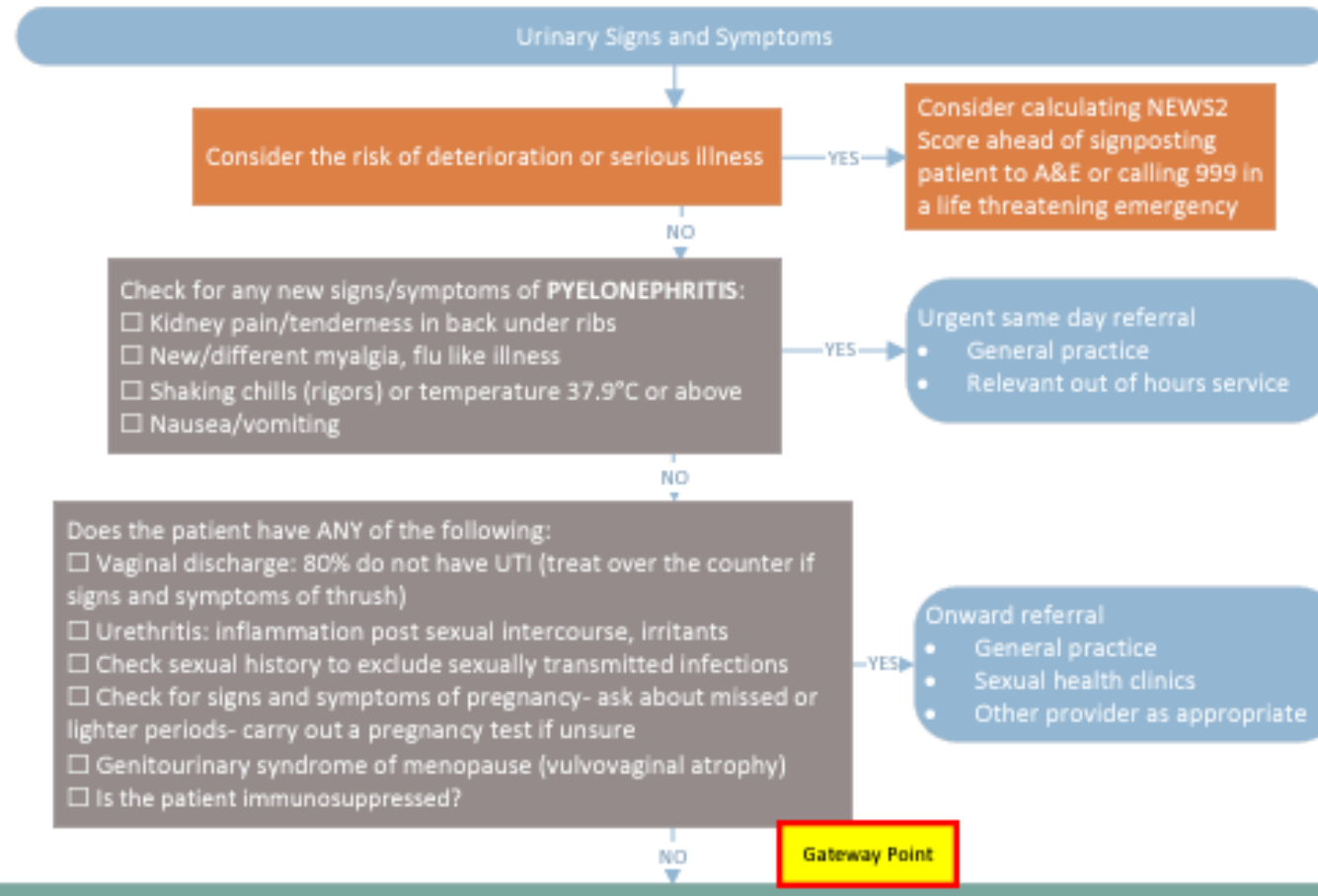
Uncomplicated Urinary Tract Infection
(For women aged 16 to 64 years with suspected lower UTIs)

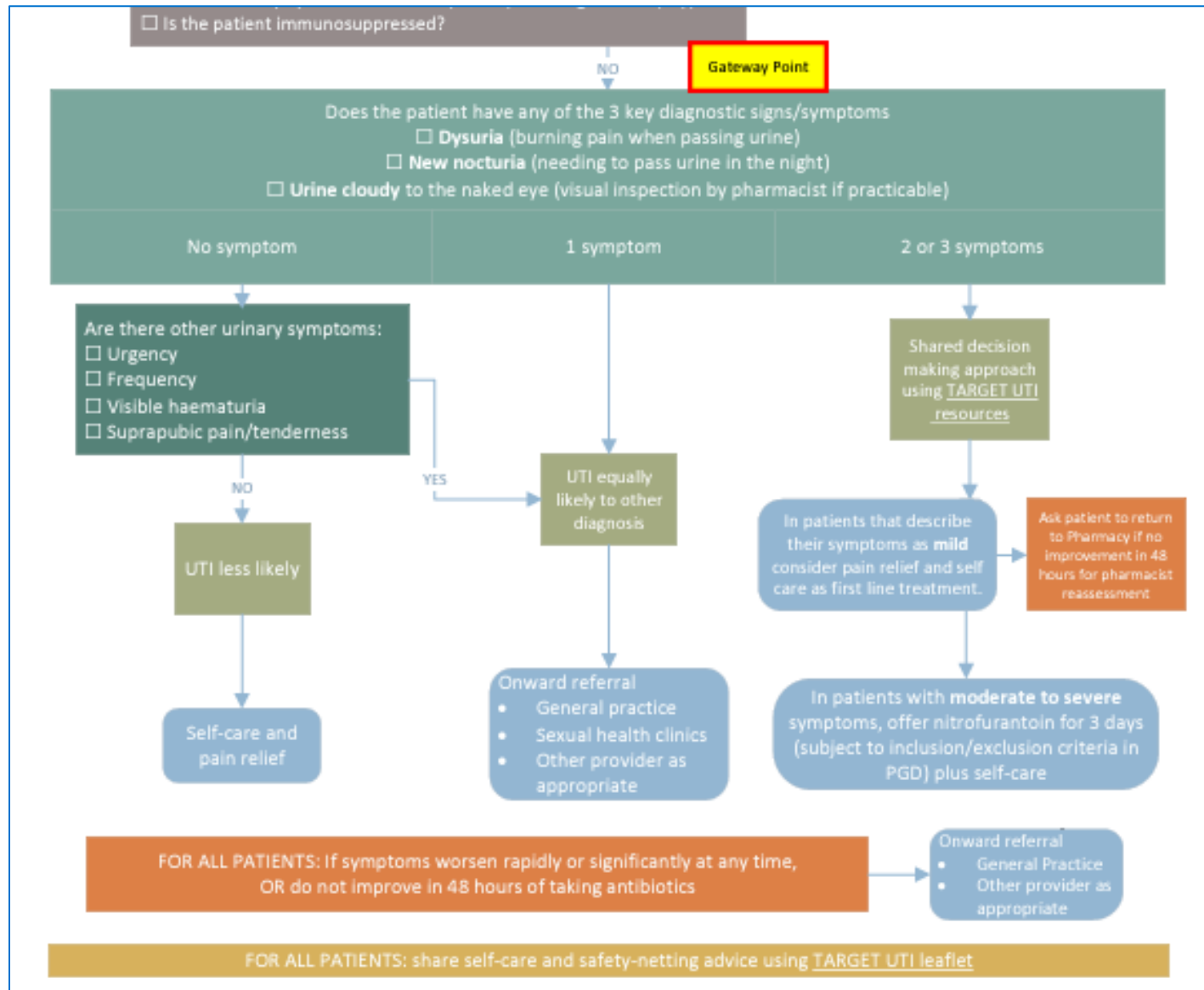
Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months)



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)





Hints and Tips - UTIs

- No need to dip urine – pathway does include a visual inspection for cloudy urine if it's practical however
- Use the pathway to aid decision making and the target leaflet to aid explanation where supply isn't made
- Ensure counter staff can triage and refer patients to the pharmacist
- Do not be afraid to not supply antibiotics if the symptoms are mild – the patient can re-present if necessary
- If the patient is unsure of pregnancy – offer them a pregnancy test (to purchase) first or for them to go and carry one out and return afterwards
- Provide general self-care guidance irrespective of antibiotic treatment (i.e increased fluids, reduced caffeine and alcohol, pain relief, loose cotton clothing)
- Know where to refer the patient to if there needs to be an onward referral

Sore Throat

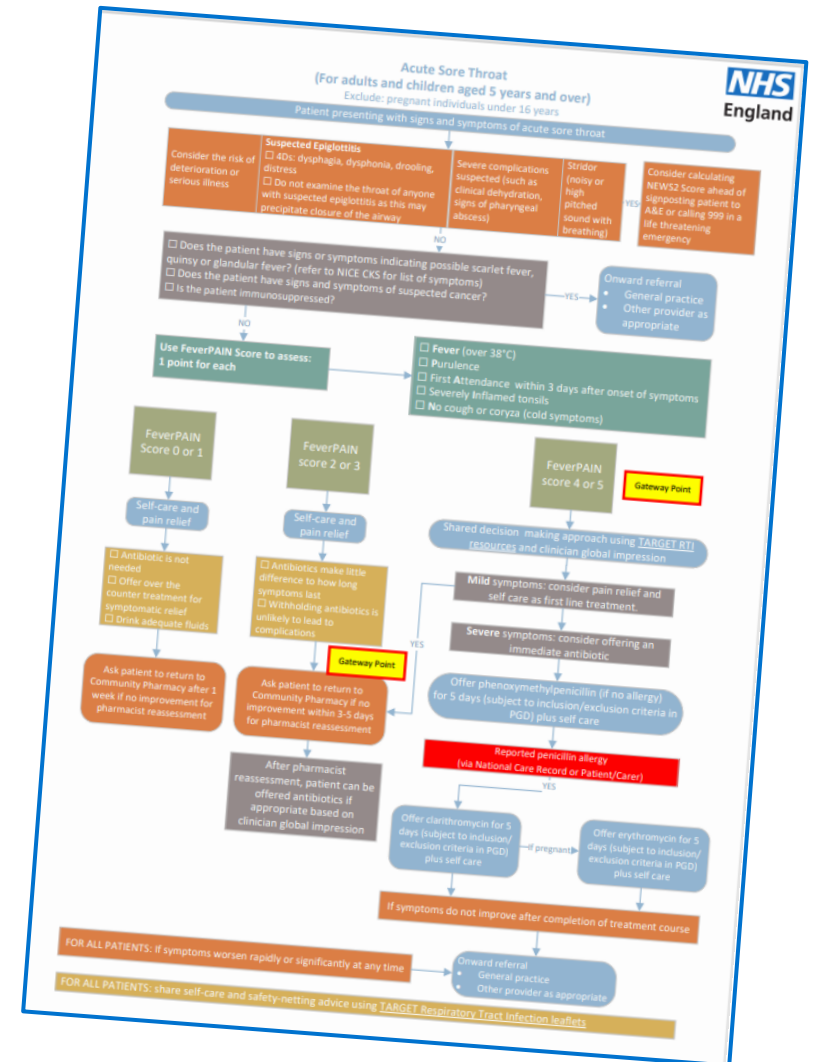
Inclusion/Exclusion Criteria - Sore Throat

Inclusion Criteria:

- Adults and children aged 5 and over
- Patient must have a FeverPAIN score of 4 or 5 for treatment
 - Fever** (high temp) in last 24 hours
 - Purulent** tonsils
 - Attend rapidly** (3 days or less since onset)
 - Severe tonsillar Inflammation**
 - No cough/coryza**

Exclusion Criteria:

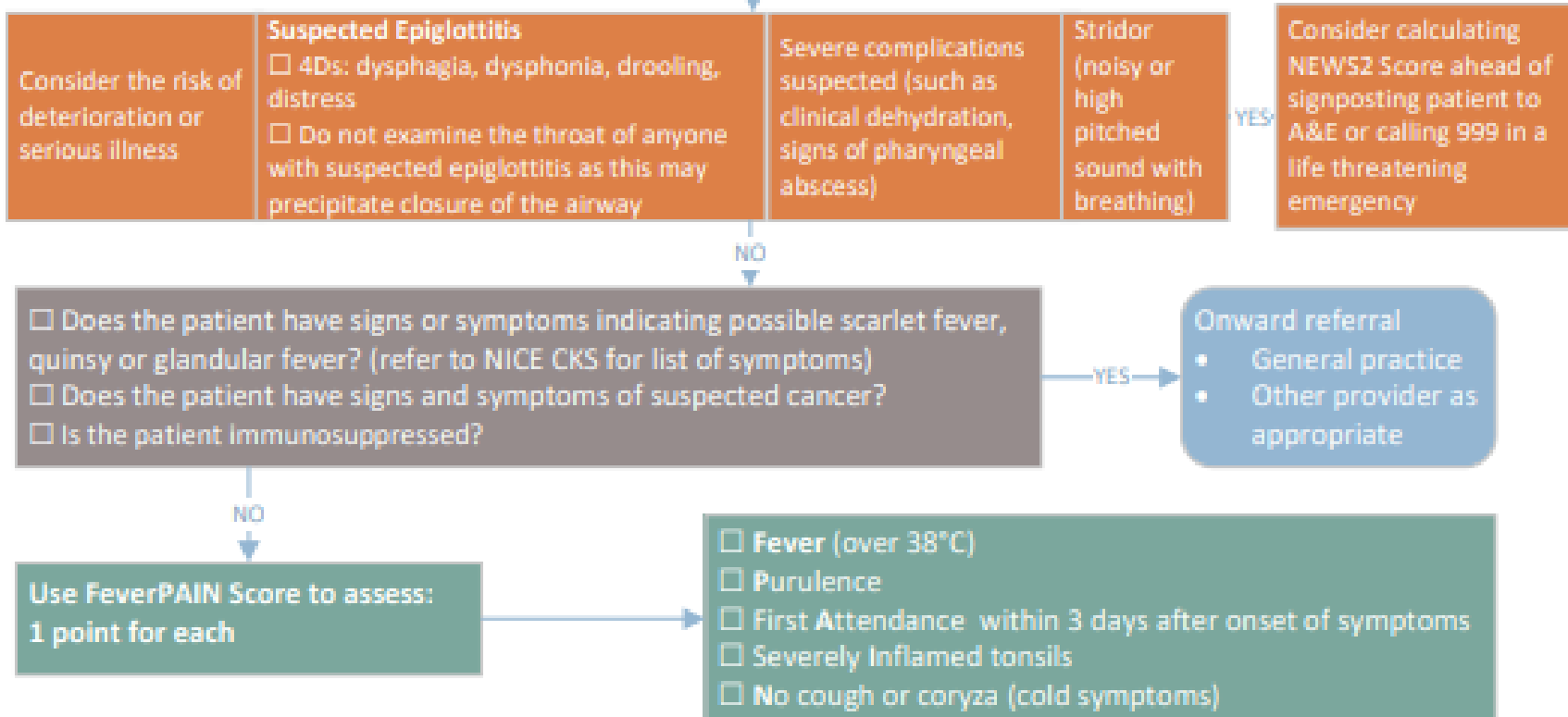
- FeverPAIN score of less than 4
- Red flags (see pathway)
- Signs of Scarlet Fever, throat cancer or glandular fever
- Immunosuppression

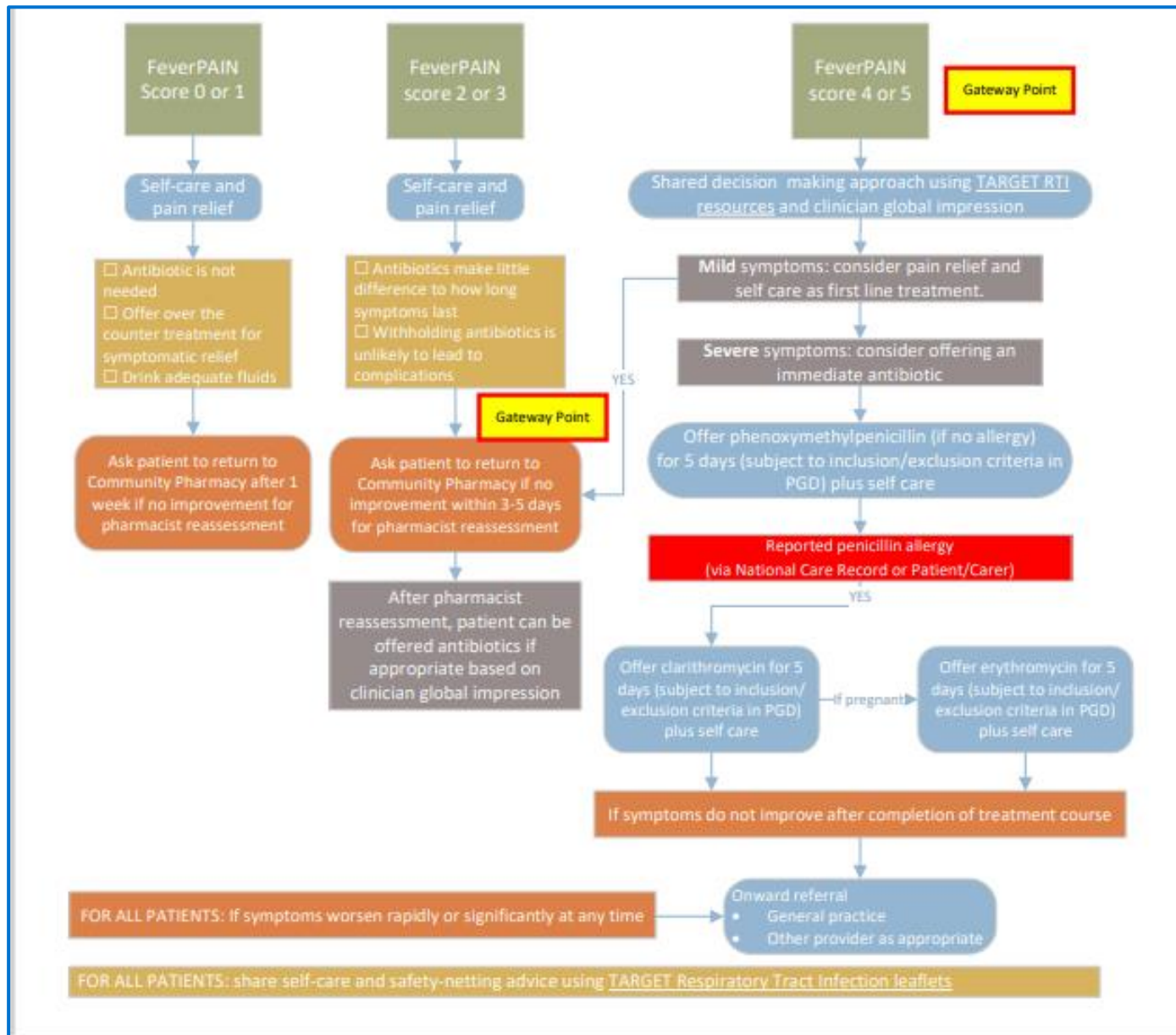


Acute Sore Throat (For adults and children aged 5 years and over)

Exclude: pregnant individuals under 16 years

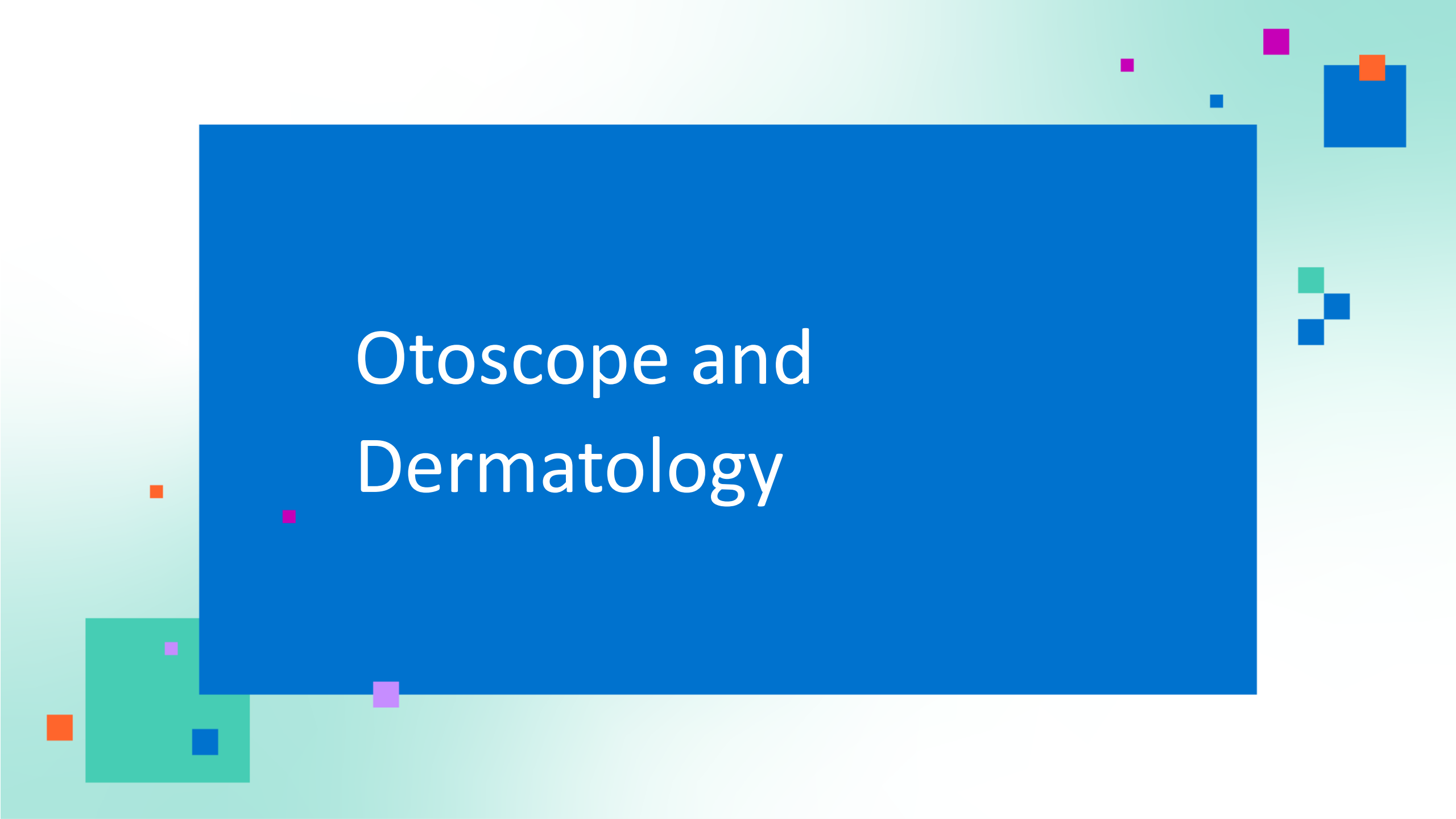
Patient presenting with signs and symptoms of acute sore throat





Hints and Tips

- Use TARGET leaflet to aid decision making
- If you suspect Epiglottitis do not look down the persons throat – however you may need to check the throat for signs of purulence and severely inflamed tonsils
- Even a FeverPAIN score of 4 doesn't definitely mean this is a bacterial infection and antibiotics don't actually reduce the length of illness by very long (16 hours)
- Ensure counter staff are upskilled in order to refer to the pharmacist when needed.
- If FeverPAIN 2–3 ask them to return in 2–3 days if no improvement for reassessment to hit Gateway Point.
- Provide self-care advice e.g. Ice lollies, cold drinks, pain relief, avoidance of hot drinks/food. Avoid rough foods.

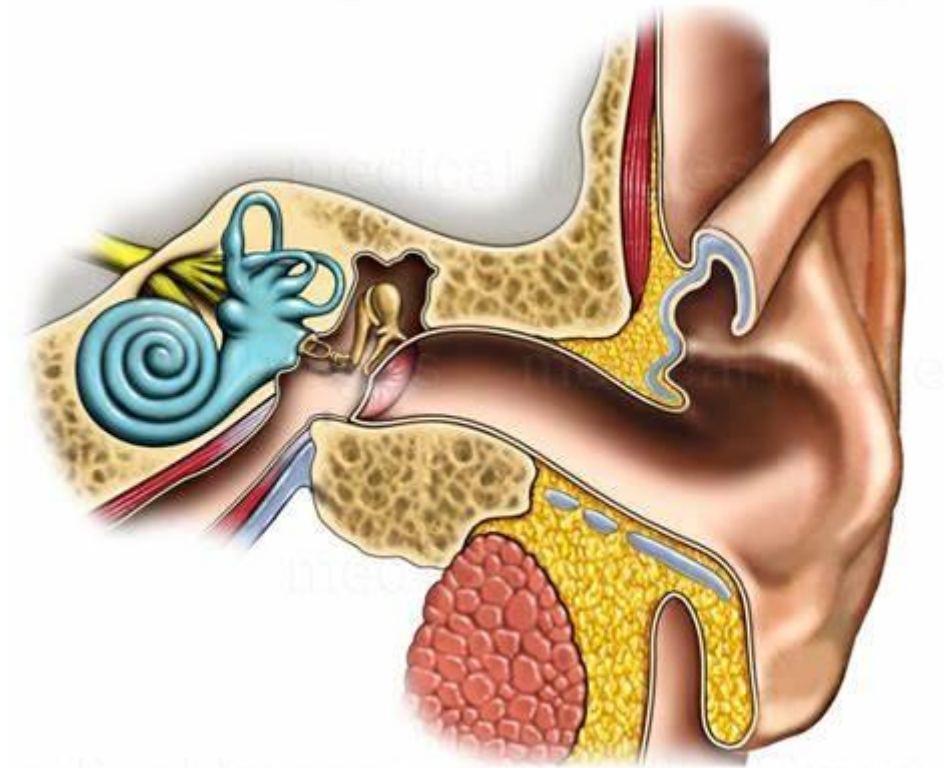


Otoscope and Dermatology

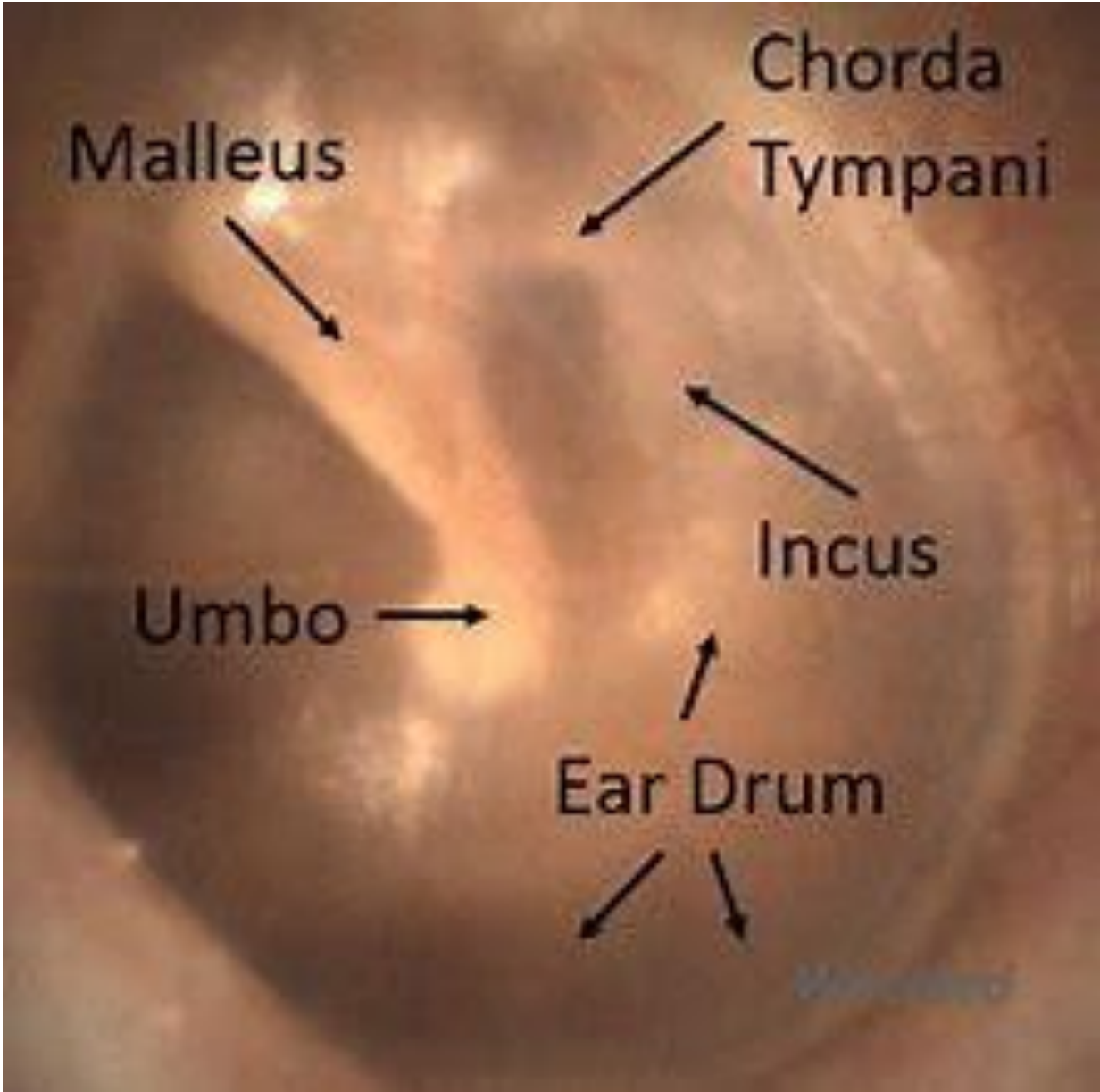
General examination hints & tips

- How to hold the Otoscope
- How to contain a child – position the patient
- Your approach
- How to straighten the canal
- How deep do I need to go
- What to look for
- What to do next
- Common Red Flags

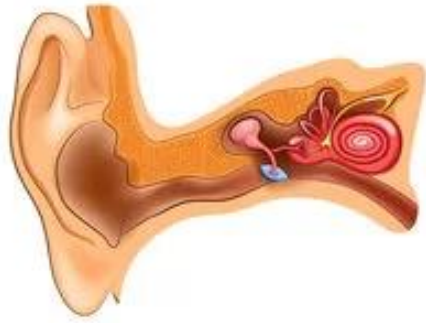
Ear Canal



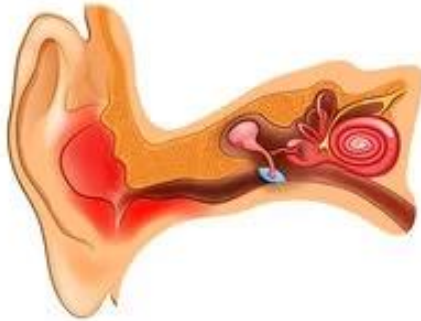
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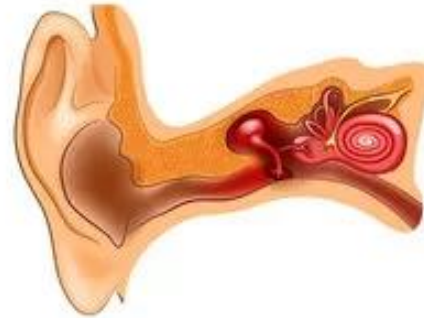
OTITISES



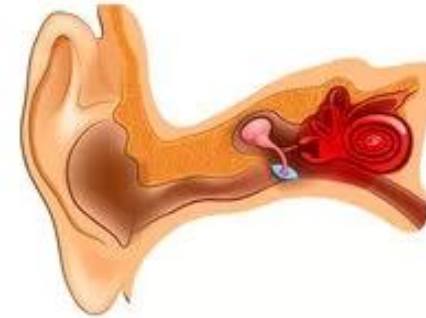
healthy ear



otitis externa



otitis media



otitis interna

Otitis externa





Discharge from Perforation





Glue ear



Bulging



Injected



Acute infection
without pus



Retracted ear drum



tympanosclerosis

Common Red Flags

- Blood
- Swelling of mastoid
- Dizziness
- Recurrent Infection
- Flying & water sports



Preparing to provide
the service

Learning and development

- CPPE webpage detailing training resources
 - www.cppe.ac.uk/services/pharmacy-first/
- Pharmacy First self-assessment framework – developed by CPPE and NHSE
- Personal development action plan

NHS Pharmacy First service

The NHS Pharmacy First service launches as a new advanced service of the community pharmacy contract on Wednesday 31st January 2024.

Pharmacy First replaces the Community Pharmacist Consultation Service (CPCS) and includes seven new clinical pathways. The full Pharmacy First service consists of three elements:

- Clinical pathways – a new element of the service
- Urgent repeat medicine supply – previously within CPCS
- NHS referrals for minor illness – previously within CPCS

More details of this advanced service are available from [NHS England](#) and [Community Pharmacy England](#).

Providing the service requires community pharmacies to hold consultations that give advice and NHS-funded treatment (via Patient Group Directions), where appropriate for seven common conditions (following clinical pathways), which are:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

CPPE has a range of learning resources to prepare and support pharmacy professionals to provide the NHS Pharmacy First service. These resources include a [self-assessment framework](#) developed in partnership with NHS England, which supports you to reflect on your knowledge, skills and behaviours that are essential to provide all three elements of the NHS Pharmacy First service. Through the self-assessment, you can identify any gaps and make an action plan to develop as required.

You can download a copy of the Pharmacy First self-assessment framework using the button below.

[Self-assessment framework](#)

- ▼ NHS Pharmacy First Service – service specification
- ▼ Competency requirements
- ▼ Evidence of competence
- ▼ Learning resources to support your development
- ▼ Useful CPPE resources to support the delivery of Pharmacy First


[FAQs \(Coming soon\)](#)

Learning and development

- NHSE funded training by Cliniskills
 - Clinical examination skills includes e-learning and face-to-face training
www.cliniskills.com/community-pharmacists/
- CPE Pharmacy First webinars:
 - **Getting to know the service** recorded version available
 - **Getting ready for launch** – 15th Jan recorded version available/available soon

Resources to help you get ready

- Checklists of things to do to prepare for the service for **pharmacy owners and pharmacists**
- The **CPCS toolkit** is being updated to cover the new service
- CPPE Pharmacy First webpage** and **self-assessment framework**
- Cliniskills training modules** and other training options – use our training resource one pager (on tables)
- Summary briefing** for pharmacy team members
- VirtualOutcomes** – whole pharmacy team preparation. Seven condition modules with key points




December 2023

Pharmacy owner checklist: getting going with the Pharmacy First service

This checklist details the actions pharmacy owners can start to undertake to prepare to provide the Pharmacy First service, while waiting for further information and resources to be published. Further information on the service and resources can be found at cpe.org.uk/pharmacyfirst.

Activity	By whom?	By when?	Completed
1. Read the service specification, clinical pathways , draft Patient Group Directions and protocols as well as the FAQs on the Community Pharmacy England website			



December 2023


The NHS Pharmacy First self-assessment framework

Background to the Pharmacy First service
The [2015 Long Term Plan](#) highlights the need to boost out of hospital care and reduce pressure on urgent and emergency care. It also commits to making greater use of community pharmacists' skills and opportunities to engage patients. In May 2023, NHS England and the Department of Health and Social Care (DHSC) published the [Delivery plan for recovery access to primary care](#) and committed to expanding the role of community pharmacy by supporting the management of seven common conditions.

In addition to providing urgent medicines supply and managing referrals for people presenting with minor illness, the Pharmacy First service will enable community pharmacy teams to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous NHS Community Pharmacist Consultation Service (CPCS), making further appropriate use of the community pharmacy teams skills and opportunities to engage and support patients.

Purpose
This framework is intended to help you (the pharmacy professional) to reflect on your knowledge, skills and behaviours of service, to identify any gaps and to support you in taking action to develop your service. It is designed to help you to deliver high-quality, person-centred care to people accessing this service, and builds on the existing Council's [Standards for pharmacy professionals and Standards for pharmacy services](#) to completed self-assessment frameworks, in agreement with their staff, to help them to ensure that they are meeting the requirements that professionals are also expected to meet: [Standards for pharmacy professionals and Standards for pharmacy services for England](#), [Standards for pharmacy services for England](#) and confidentiality and data protection requirements, in line with the [GDPR](#) and [Data Protection Act 2018](#).

Produced by CPPE and NHS England



December 2023

Briefing: 040/23: Initial briefing for pharmacy teams – the Pharmacy First service

This Briefing provides initial information for pharmacy teams on the Pharmacy First service which will be commissioned from **31st January 2024** (subject to the required IT systems being in place). Further information for pharmacy teams will be published nearer the launch date of the service.

Brief overview of the service

- This is a free NHS service.
- There are **three parts** to the service:
 - Minor illness consultations with a pharmacist;
 - Supply of urgent medicines (and appliances); and
 - Clinical pathway consultations.

Parts 1 and 2: Minor illness consultations and Supply of urgent medicines (and appliances)

- The **first two parts** of the service are those from the **Community Pharmacist Consultation Service (CPCS)**; this service is currently provided by most pharmacies across the country.
- These two parts of the service are and will continue to be (when the Pharmacy First service starts) provided by a pharmacist following a referral from NHS III general practices and other authorised healthcare providers. General practices can only refer for Minor illness consultations; they cannot refer patients for Supply of urgent medicines (and appliances).
- Under CPCS, patients cannot walk-in and access these parts of the service (self-ref), there needs to be a referral from an authorised healthcare provider. This will continue to be the case when they transfer into the Pharmacy First service.
- From the end of 30th January 2024, CPCS will cease to exist, but patients can still access the service when they are appropriately referred, under the Pharmacy First service instead.
- These two parts of the service can be delivered face-to-face in the consultation room or remotely (either by telephone or video consultation).

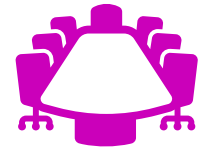
Part 3: Clinical pathway consultations

- The third part of the Pharmacy First service (the new part) is called **clinical pathway consultations**. This involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions: Sinusitis; Sore throat; Acute otitis media (earache); Infected insect bite; Impetigo; Shingles; and Uncomplicated urinary tract infections in women.

Community Pharmacy England cpe.org.uk

Promoting the service

- NHS England is developing a **marketing campaign** for the service
- LPCs are starting to **brief Local Medical Committees and general practices** about the service
 - A briefing for LMCs and general practice teams is available at cpe.org.uk/pharmacyfirst
- **Further resources** are being developed by Community Pharmacy England to help you and LPCs to promote the service to patients, the public and local stakeholder organisations



Preparing for the Service

- Get an Otoscope!

Preparing to provide the service

6. Place an **order for an otoscope** and disposable tips – See Annex C, specification page 24, “Guidance on selecting an otoscope”
7. If you use PharmOutcomes currently for the recording of GP CPCS the transfer to the new Pharmacy First Module will be seamless (we do not have any information about other suppliers)
8. **A PharmOutcomes video is now available** . (It will include the Gateway criteria and PGD exclusions)
9. Prepare for video-linked consultations: Decide which software you will use for remote consultations (Zoom/TEAMS ,AccuRx, AttendAnywhere) and practice the use of the software & ensure all staff know how to access the software to support locums

Foundation (pre-reg) training is changing

New Standards

- New approach to undergraduate and foundation training
- Integration of prescribing training

Recruitment

- **ALL Recruitment must be through NHSE Oriel system**
- Open for employer registration Jan/Feb 2024

Funding

- Harmonised funding model
- Training grant claimed via MYS portal for all community pharmacy providers

Find out more

- [NHSE website](#)
- E-mail: england.wtepharmacy.nw@nhs.net

General
Pharmaceutical
Council

Pharmaceutical Society
Protecting. Registering. Regulating.

Standards for the
initial education and
training of
pharmacists

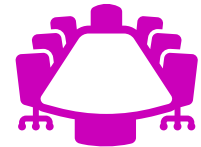
January
2021



Table Discussions

Table & Peer Discussions

- Your approach with the whole pharmacy team – how are they all being made aware to maximise recruitment? Virtual Outcomes
- Discussions with local GPs. Are there opportunities to collaborate with other pharmacies on messaging. How do you manage the pacing and volume?
- How do you encourage referrals to continue (only the clinical pathways are walk in)
- How are you going to handle locum and relief staff?
- How are you going to manage workflow and queues to help reduce waiting times for walk-in Pharmacy First patients and for those who are waiting for prescriptions/other services?
- How are you telling the public about the offering? 30 Clinical Pathway consultations / month by October to hit the minimum for the fixed payment (other PF consultations aren't counted here)



Questions

cpe.org.uk/pharmacyfirst

