

Pharmacy First

Explainer for general practice teams

The following key messages are intended to help general practice staff, particularly reception and care navigation teams, in making referrals and supporting patients.

- The previous Community Pharmacist Consultation Service (CPCS) enabled Community Pharmacists to support general practice with care and treatment for a range of minor illnesses.
- On 31 January 2024, the new Pharmacy First service launched. This is an expansion of the CPCS, enabling Community Pharmacists to also treat patients without prescription for 7 specific conditions:
 - Uncomplicated UTI (in women aged16-64)
 - Shingles
 - Impetigo
 - o Infected Insect Bites
 - o Sinusitis
 - Sore Throat
 - Acute Otitis Media (ear infection)
- Patients can be referred to a convenient pharmacy by general practice in the same way as the previous CPCS.
- The community pharmacist will clinically assess the patient and then:
 - Treat if clinically appropriate via patient group direction
 - Provide advice and support via over-the-counter medicines if appropriate.
 - Refer patient onto another health professional or GP practice if clinically required.

Please note:

- GP practices should continue to digitally refer patients to Pharmacy First as per the former Community Pharmacy Consultation service as opposed to signposting.
- Community pharmacies can only manage "walk-in" patients if they meet the clinical criteria for one of the 7 specific conditions.

- Patients with other minor illness symptoms would be managed via self-care if not referred.
- If a patient requires further clinical input / review the Community Pharmacist will refer onto another healthcare professional as required. This could be to the patient's GP.

How to refer patients to Pharmacy First

Where a patient is suitable:

- 1. Explain to the patient that having listened to their symptoms, they are suitable to have a referral to a community pharmacist who is able to see and treat them at a time convenient to them.
- 2. You may need to reassure them that Community Pharmacists are highly trained healthcare professionals and are now able to do more assessments and issue prescription only medications for specific conditions if appropriate.
- Inform the patient that during the consultation, the pharmacist will ask
 questions about their health and symptoms in a private consultation room.
 This may include questions regarding allergies or any medications the patient
 may be taking.
- 4. In some cases, based on symptoms, the Pharmacist may need to do an examination for example for earache, they may look in your ear with an otoscope.
- 5. If the patient is in agreement, send the referral to the pharmacy using:
 - EMIS local services button
 - PharmRefer (PharmRefer)
 - NHS mail can be used as a fall-back option if other systems are not available.

Details of local participating pharmacies can be found within the integrated systems.

- 6. The referral should contain information about why the patient is being referred, for the pharmacist to review ahead of, or during the patient's consultation.
- 7. When the referral is made, the patient should then contact the pharmacy (this can be via telephone or in person). 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.'

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 painLower limb painMigraineShoulder 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 Gores 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 Ver 1.6 NHS England	Discolouration to skin Pharmacy treatment not worked Recent travel abroad July 2019.	

NHS Pharmacy First – 7 clinical pathways

Please note these are the main exclusions to support referrals. The community pharmacist will review specific symptoms during the consultation

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 overSuspected 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 • Type 1 or 2 Diabetic	Exclusion: < under the age of 18 Pregnant or suspected pregnancy Breastfeeding with shingle sores on the breasts Shingles rash onset over 7 days ago	Exclusion:	exclusion:	 Exclusion: Individuals under 5 years of age Pregnancy or suspected pregnancy in individuals under 16 years of 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 	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)	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.)