



## PHARMACY FIRST REJECTIONS

The LPCs across Cheshire & Merseyside have been reviewing Pharmacy First data and identified a significant number of **referrals from GP practices** where the pharmacy has rejected a referral where a consultation could have been completed and claimed.

There were also rejection messages which showed that a consultation had taken place; rather than completing the PharmOutcomes template which would have resulted in a payment to the pharmacy, the referral was rejected.

**Remember at the time of referral the GP practice has transferred clinical responsibility for the patient to your pharmacy. It is safer to complete a consultation and escalate by phone if needed, rather than to reject a referral, as rejected referral messages are not always prioritised for review by General Practices.**

We estimate that in March 2024 approximately 200 patient consultations, across Cheshire and Merseyside, were rejected when a consultation could have been completed.

GP referrals can be completed if you have contacted the patient and carried out the consultation. You can't complete if:

- you are unable to contact the patient or
- if the patient needs to be referred to another pharmacy for example to provide the clinical pathways consultation (e.g. due to no stock of the required medicine being available at the pharmacy), no payment will be due to the referring pharmacy.

## Examples from the March data

GP Referral Reason	Rejection notes	What the pharmacy did	What the pharmacy could have done	What is the risk to the patient
Sore throat	Enlargement of right lymph node Enlargement of right tonsils, suspected quinsy Breathing difficulty on stairs and being unable to swallow and keeping down medication has been reported.	Rejected the referral following a consultation with the patient	Completed the consultation on PharmOutcomes. <i>A patient with suspected quinsy should be sent directly to A&amp;E.</i>	Rejection messages may not be reviewed on the same day. There is a risk that a patient with a serious condition could be missed.
Earache	Ear infection service up to 17 years	Rejected a patient based on the age exclusion for a clinical pathway	Previously under CPCS this patient would have had a consultation with the pharmacist and provided with advice based on NICE CKS – This has not changed with Pharmacy First. <i>The patient could have received a consultation, been provided with self-care advice and then either safety-netted or escalated to the GP by phone, based on reported symptoms.</i>	Rejection messages may not be reviewed on the same day. There is a risk that an appointment would not have been arranged for the patient.

GP Referral Reason	Rejection notes	What the pharmacy did	What the pharmacy could have done	What is the risk to the patient
Chicken Pox	Chicken pox not part of service.	Rejected a minor illness	Minor illnesses are part of the Pharmacy First service. <i>The patient could have had a consultation with the pharmacist and been provided with self-care advice based on NICE CKS. The patient could have been either safety netted or escalated to the GP by phone based on reported symptoms.</i>	Rejecting the referral could delay the patient obtaining treatment and causes confusion to the patient / parent.
Verruca	Not applicable under the minor ailments or pharmacy first service.  Will provide under the Care at the Chemist service.	Rejected a minor illness	Annex D of the service specification contains a list of minor illnesses that a GP can refer for. This list is not exhaustive, so any minor illness is in scope, as was the case previously with CPCS. Therefore, the patient could have been seen under the Pharmacy First Service with the outcome being an OTC sale or supply via the Care at the Chemist Service.	No risk

### GP Referrals

GP referrals can be for a minor illness, as it was previously under GP CPCS, or one of the 7 clinical pathways. Which element of the service they fall under is not defined in the referral.

A referral for one of the clinical pathways may not meet the gateway criteria but may move across to the minor illness pathway as advice has been provided or may result in a referral back to the prescriber e.g. UTI in males. Please note: If you have a referral for a UTI in a man, or a woman out of the age range, you can still carry out the consultation, offer self-care / safety-netting advice, and escalate back to the GP practice, and will be entitled to claim for the consultation.

A referral for a minor illness could be for any minor illness that does not fall under a clinical pathway, there is no defined list – so for example cough, constipation, diarrhoea, verruca, chicken pox, earache in adults, etc are all included. There is a list for General Practice teams in the Service Specification (annex D), but this is not exhaustive.

Also, a referral that initially appears to be for a minor illness e.g. rash could fall under one of the clinical pathways e.g. impetigo or shingles

A diagram of the Pharmacy First process can be seen in the attached document: Pharmacy First overview.

#### **Walk-in patients**

- For patients identified by the pharmacy, a fee is only payable for one of the clinical pathways when a gateway point is crossed, and a clinical pathway outcome is reached.
- No payment is applicable for walk in patients for minor illnesses as these are covered under the Essential services element of the Community Pharmacy Contract.

**Please ensure information is shared with all pharmacists including locums.**