

Pharmacy First



Presentation overview

- Summary of the service requirements, including local implementation
- Overview of the clinical pathways and PGDs development
- Clinical pathways, UTI, Otitis media, Sore Throat
- Preparing to provide the service
- Learning and development requirements and resources
- Final Q&A

This meeting is kindly being sponsored by Tillotts Pharma and Bausch

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)
- **MOST IMPORTANT high-profile** service to the public and NHS ever implemented
- The start date is 31st January (subject to IT support being available)
- The service will consist of **three elements**:

Clinical pathway consultations

- new element
- Walk-in
- Referral

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

Delivering 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 self-care & 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

Local Service information

- The Care at the Chemist service in the three locality areas will continue – there are no plans to decommission Care at the Chemist
- Referral for one of the seven pathway consultations may result in supply of a product under Care at the Chemist service if self-care is indicated. i.e not proceeding through a gateway
 - e.g. If the patient doesn't meet the gateway criteria for acute sore throat and is advised to self-care then it may be suitable to redirect them to a supply of pain relief
 - e.g. paracetamol and provide this under Care at the Chemist
- We need to consider if self-care can also be given further down in pathway along with e.g. antibiotics
- Pharmacies will receive GP referrals in the same way as before e.g. via PharmOutcomes

Local Service information



Patient will be asked to ring the pharmacy within 30 minutes

- The new specification requires that “**the patient to ring the pharmacy within 30 minutes**, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message”.
- Locally we would consider it best practice for the pharmacy **to ring the patient within 2–3 hours of the referral** if they haven’t been in contact – as there is always a patient at the end of the referral
 - It is possible the patient may have rung but the line was busy
 - Ensure pharmacy team members are aware of new referrals as the patient may present in person in the pharmacy

Local Service information – Out of Hours providers

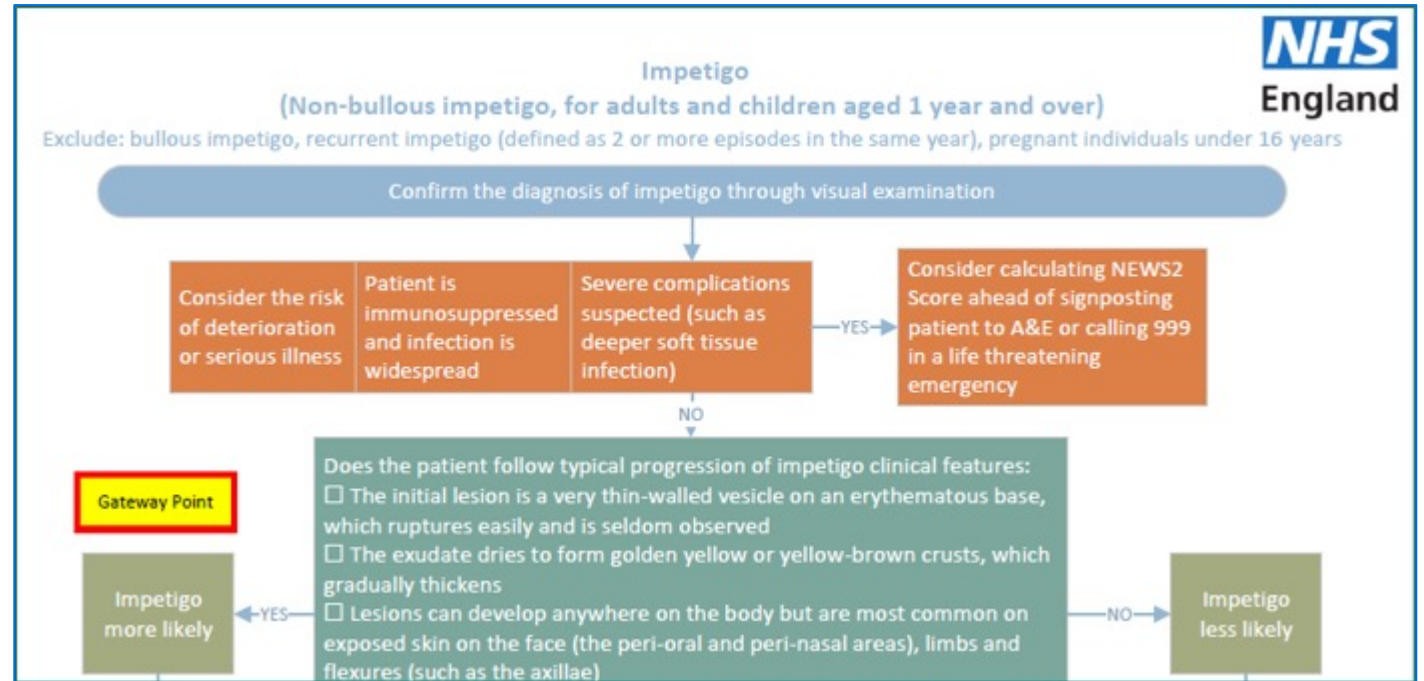
- Local Out of Hours information (CPCS Annex C) is currently being checked and updated



Summary of the service requirements

Clinical pathways consultations

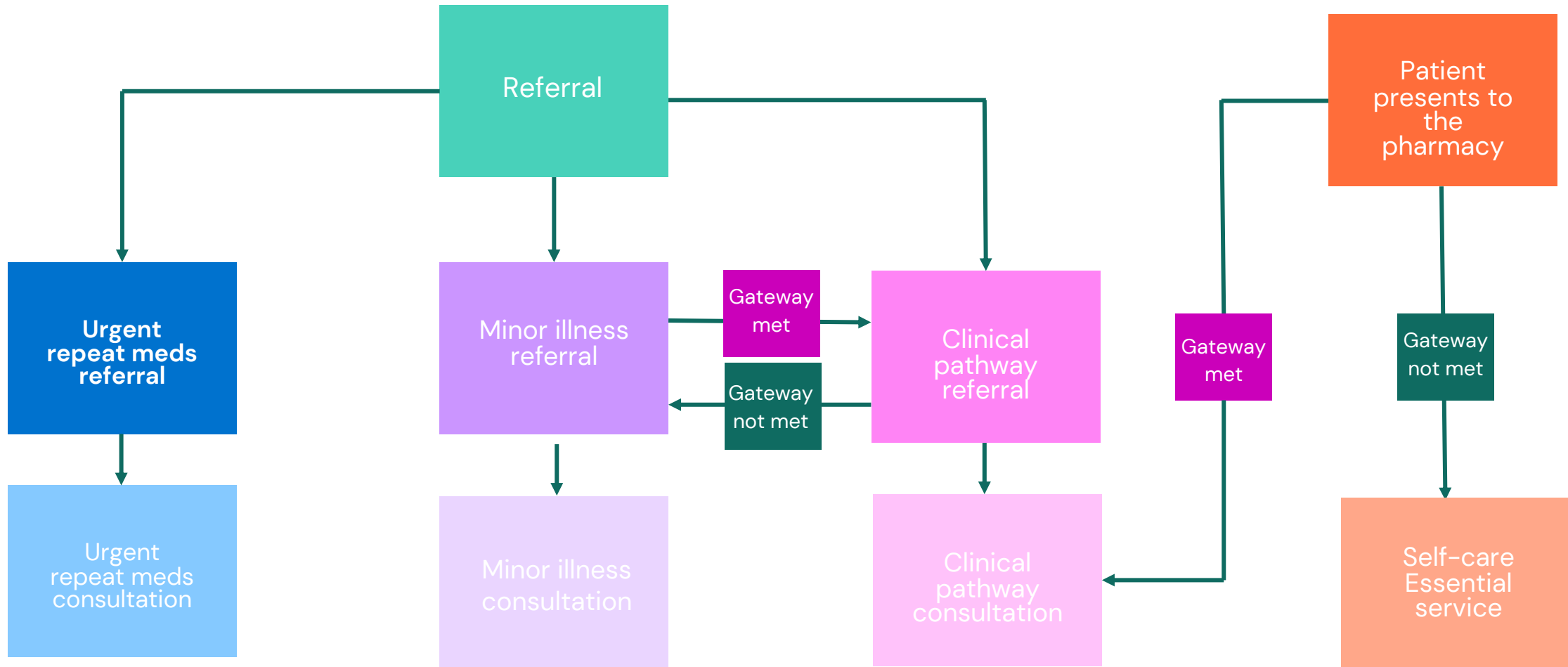
- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



PGD / protocols

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

High-level service overview



Funding

- £15 fee per completed consultation (also applies to CPCS consultations from 1st Jan 2024)
- 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 clinical pathways and PGDs

Clinical pathways and PGD development

- The clinical pathways element enables the management of 7 common infections by community pharmacies through offering
 - **self-care,**
 - **safety netting advice,**
 - and only if appropriate, supplying a **restricted set of medicines**
- There has been rigorous oversight by the AMR board to ensure adherence to AMR best practice guidelines

Monitoring and surveillance including AMR

- NHSE will closely monitor the 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

PGDs

- Pharmacists need to read all 23 PGDs and protocol
- Pharmacists **must read and sign the final versions of the PGDs and protocol**, rather than draft versions published on 1st December 2023
- Draft versions are not signed by NHSE – do not provide authorisation to supply medicines at NHS expense for the Pharmacy First service
- The final PGDs and protocol, are published on the NHS England website.

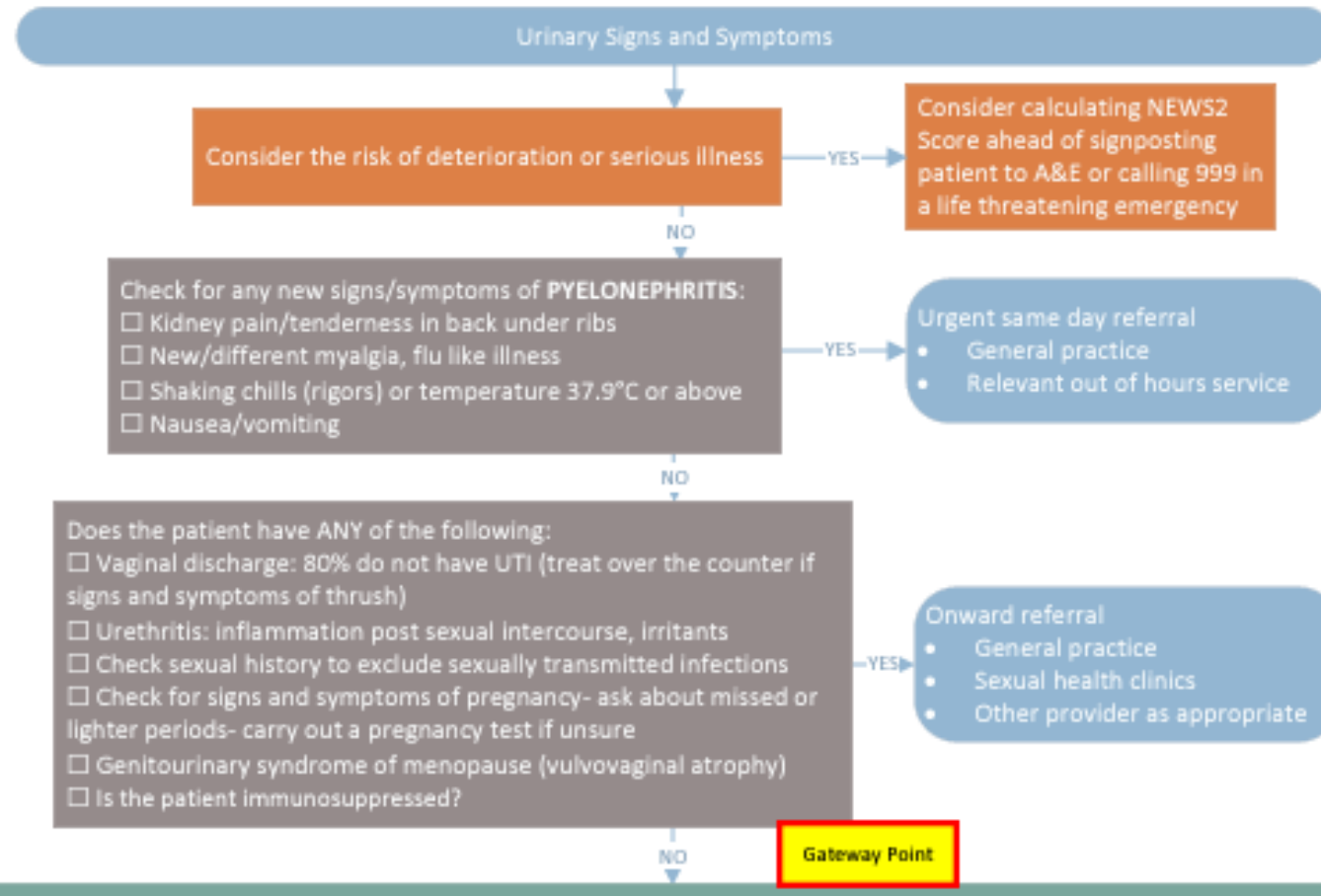
Clinical Record Keeping

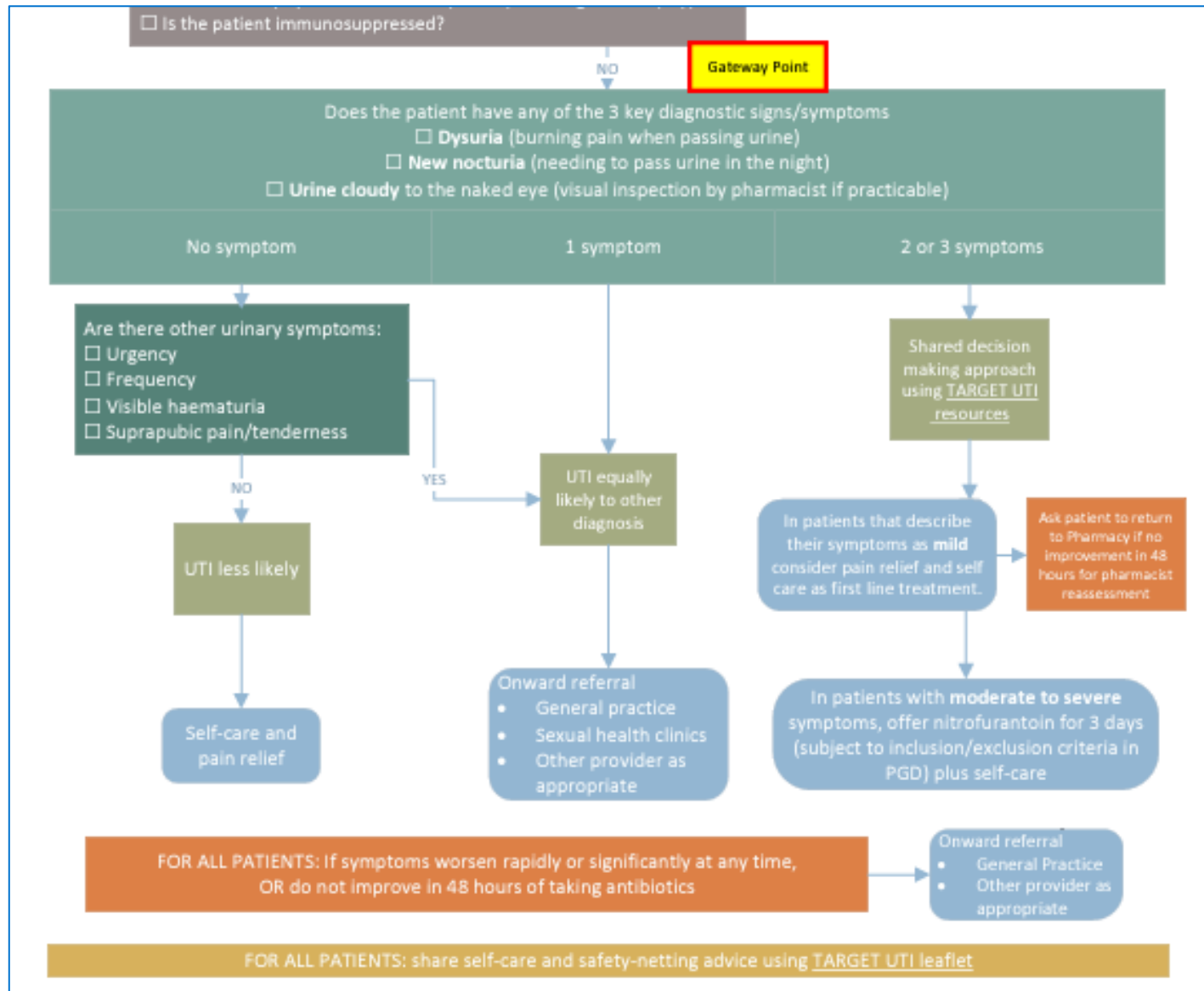
- The clinical IT systems will send messages containing a summary of the consultation to the patients general practice.
- Ensure your consultation notes include what happened, information and findings, any justification/background for decisions and include written or verbal information given to the person – 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

Dr Andy Pryce - UTIs

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)





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

Hints and Tips - UTIs

- No need to dip urine – but pathway includes visual inspection for cloudy urine if practicable
- Use the pathway to aid decision making target leaflet 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



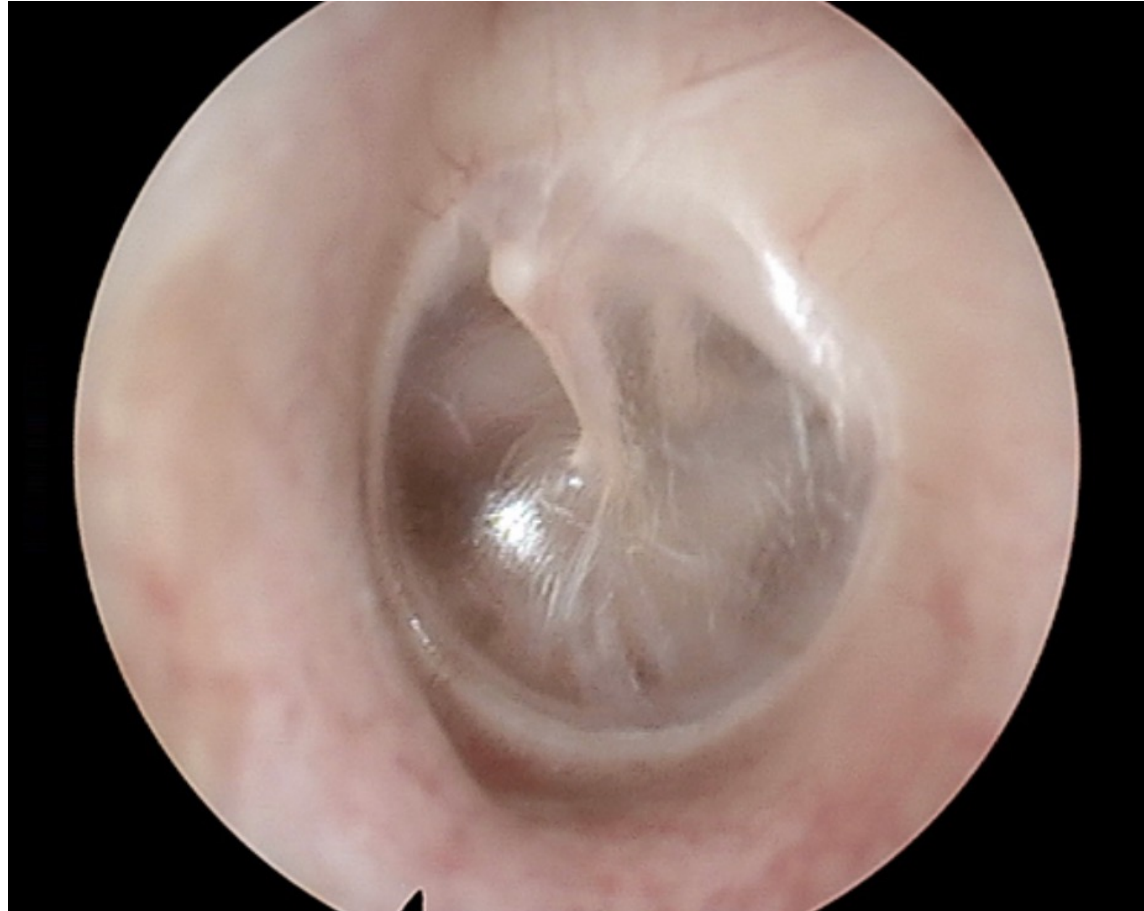
Questions?

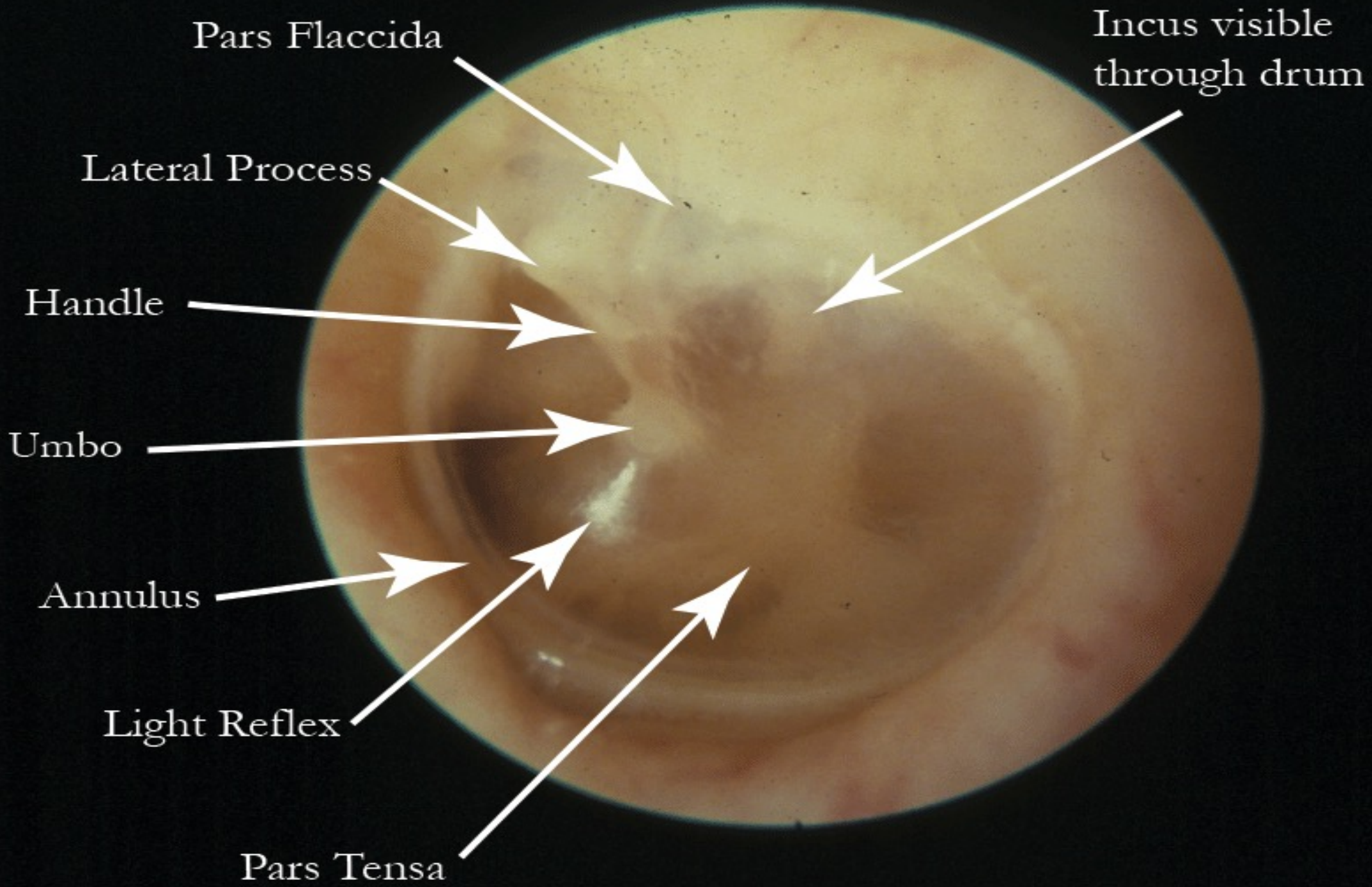
Dr Andy Pryce - Otitis Media

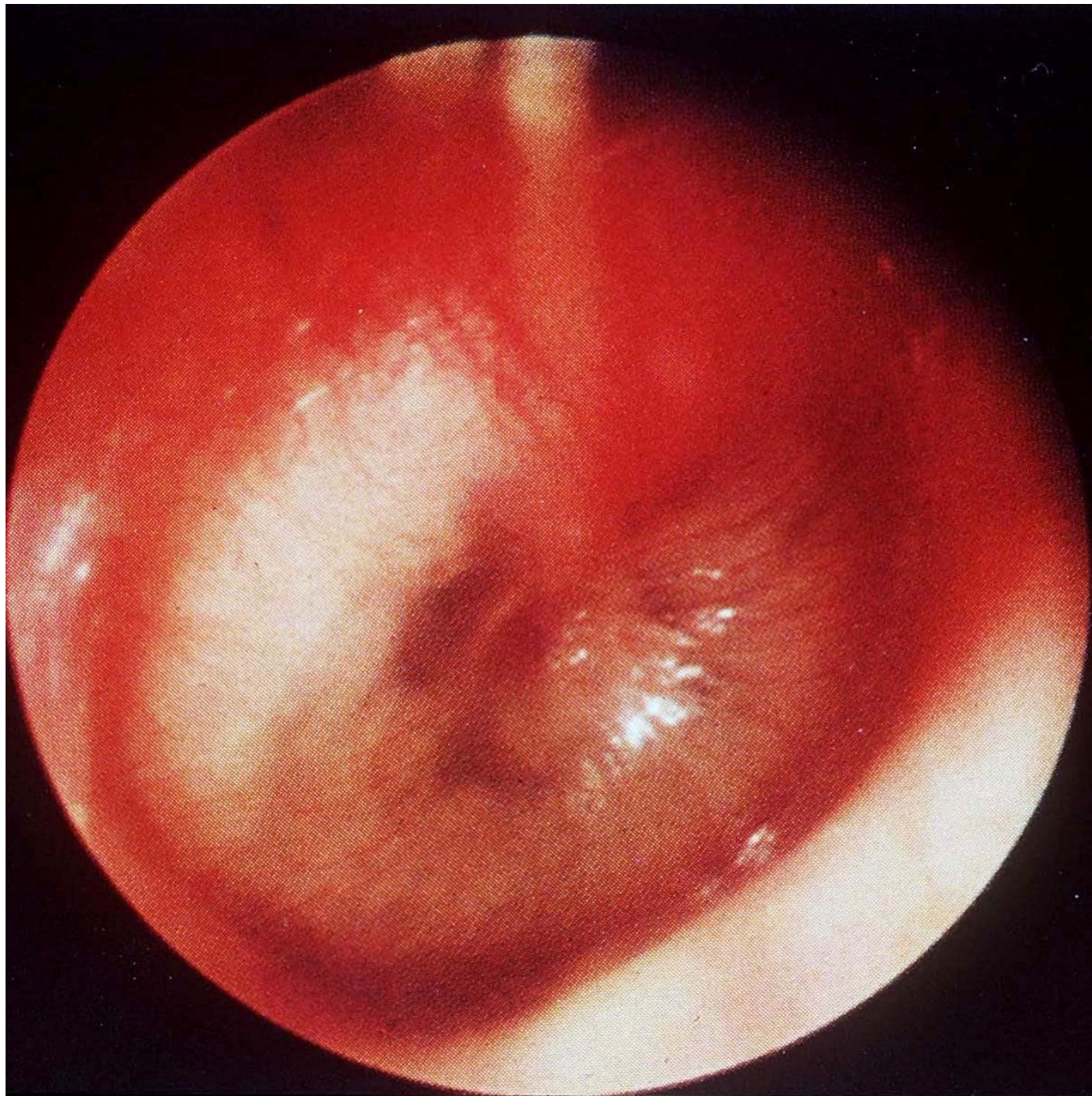
General examination: Hints and Tips

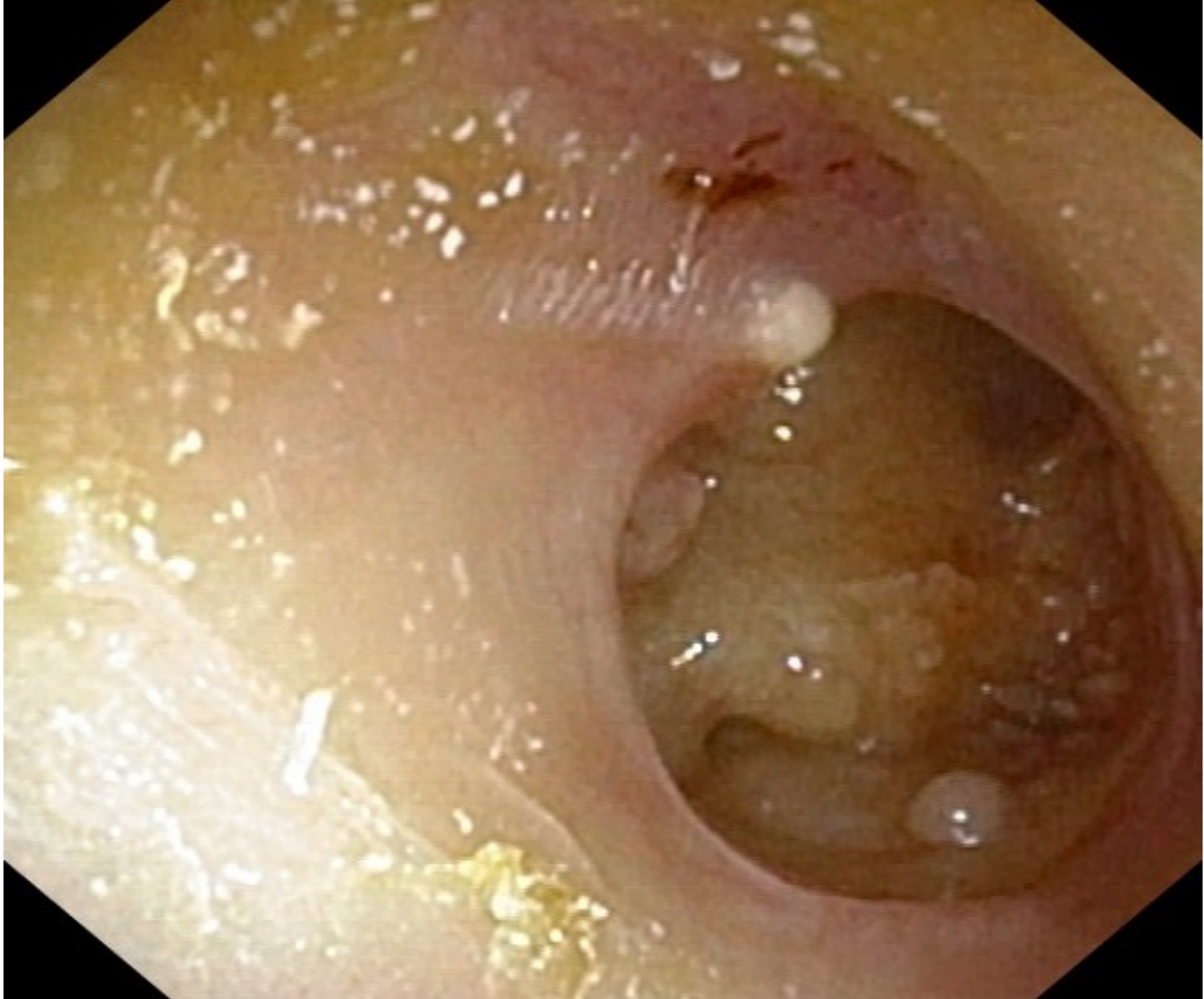
- How to hold an otoscope
- How to contain a child
- How to straighten the canal
- How deep
- What to look for
- What to do next

Normal Healthy Ear Drum











Glue ear



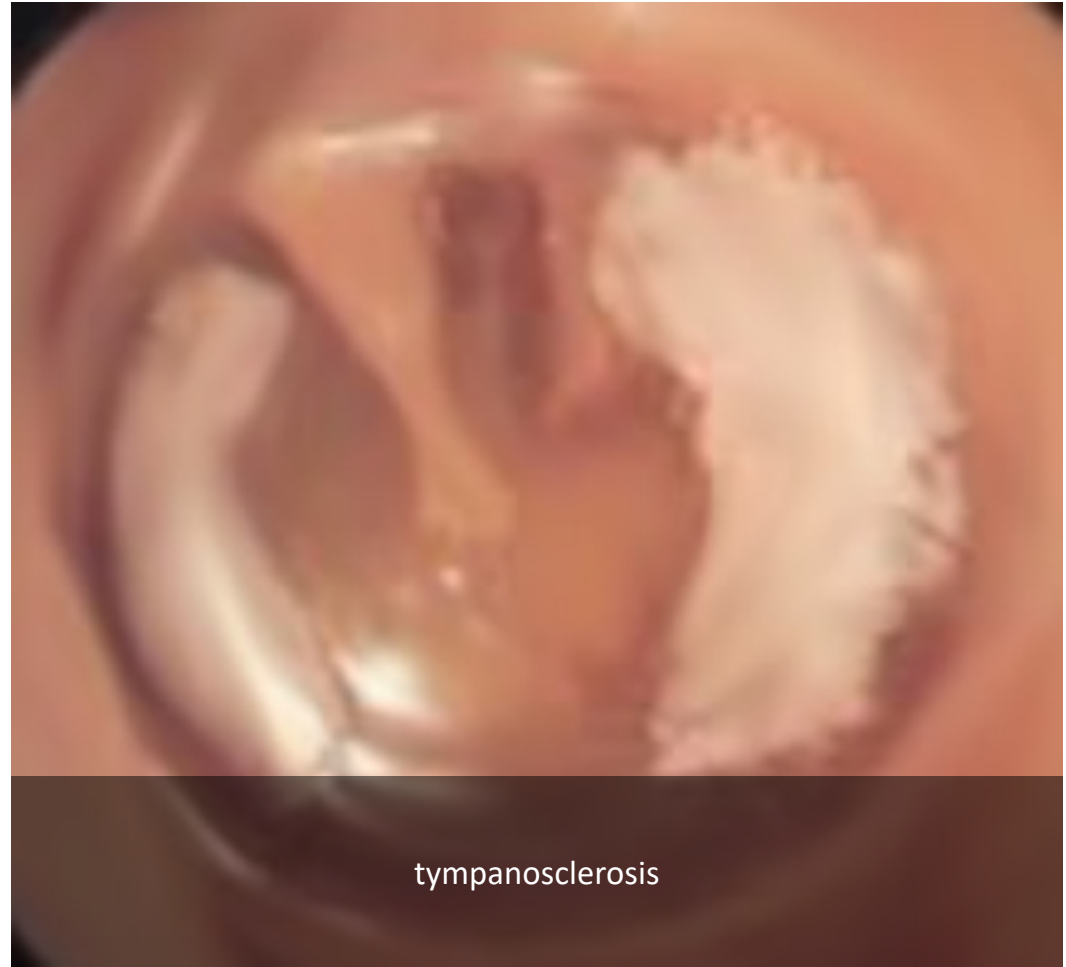
bulging



injected



Retracted ear drum



tympanosclerosis

Otitis Externa

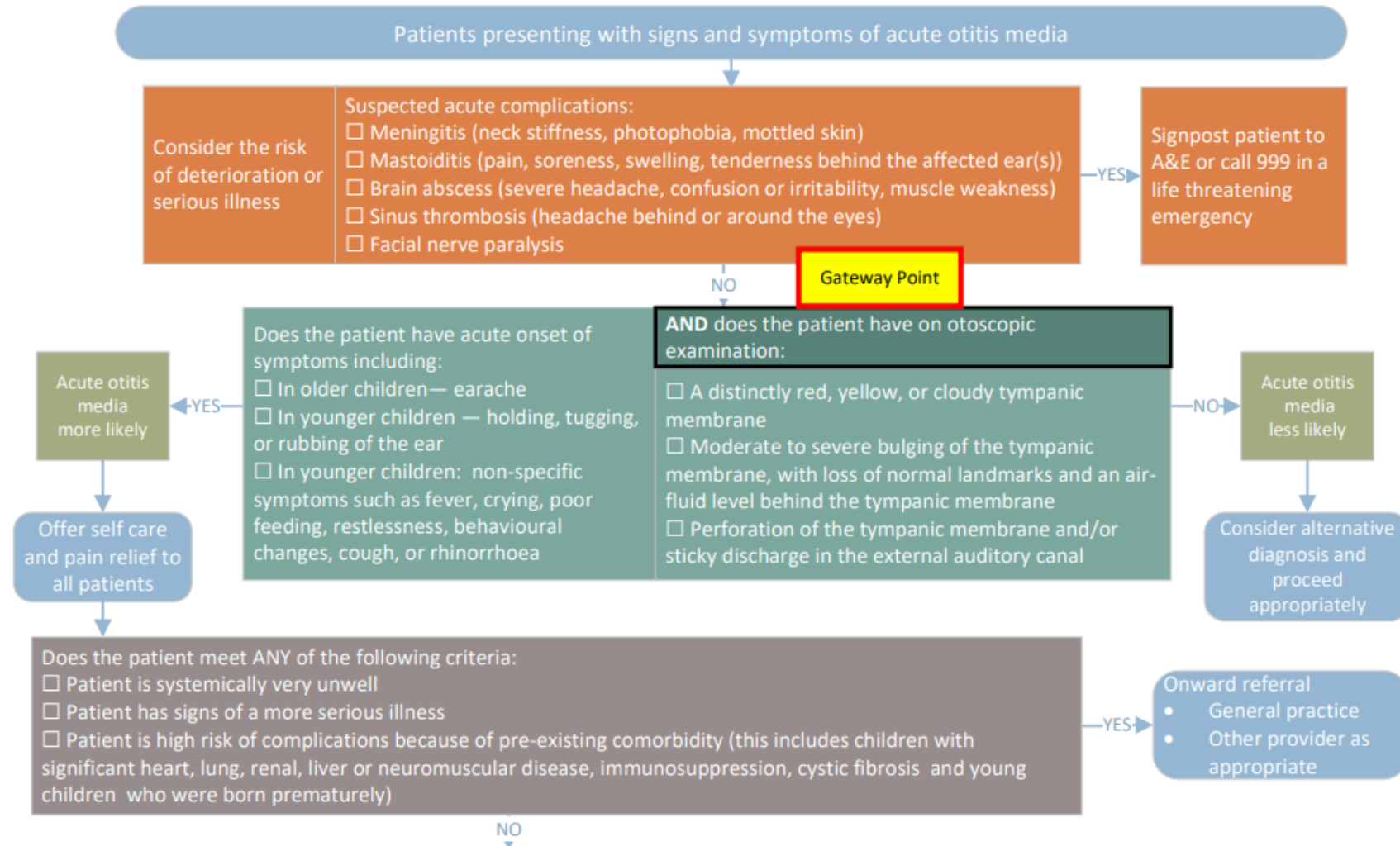


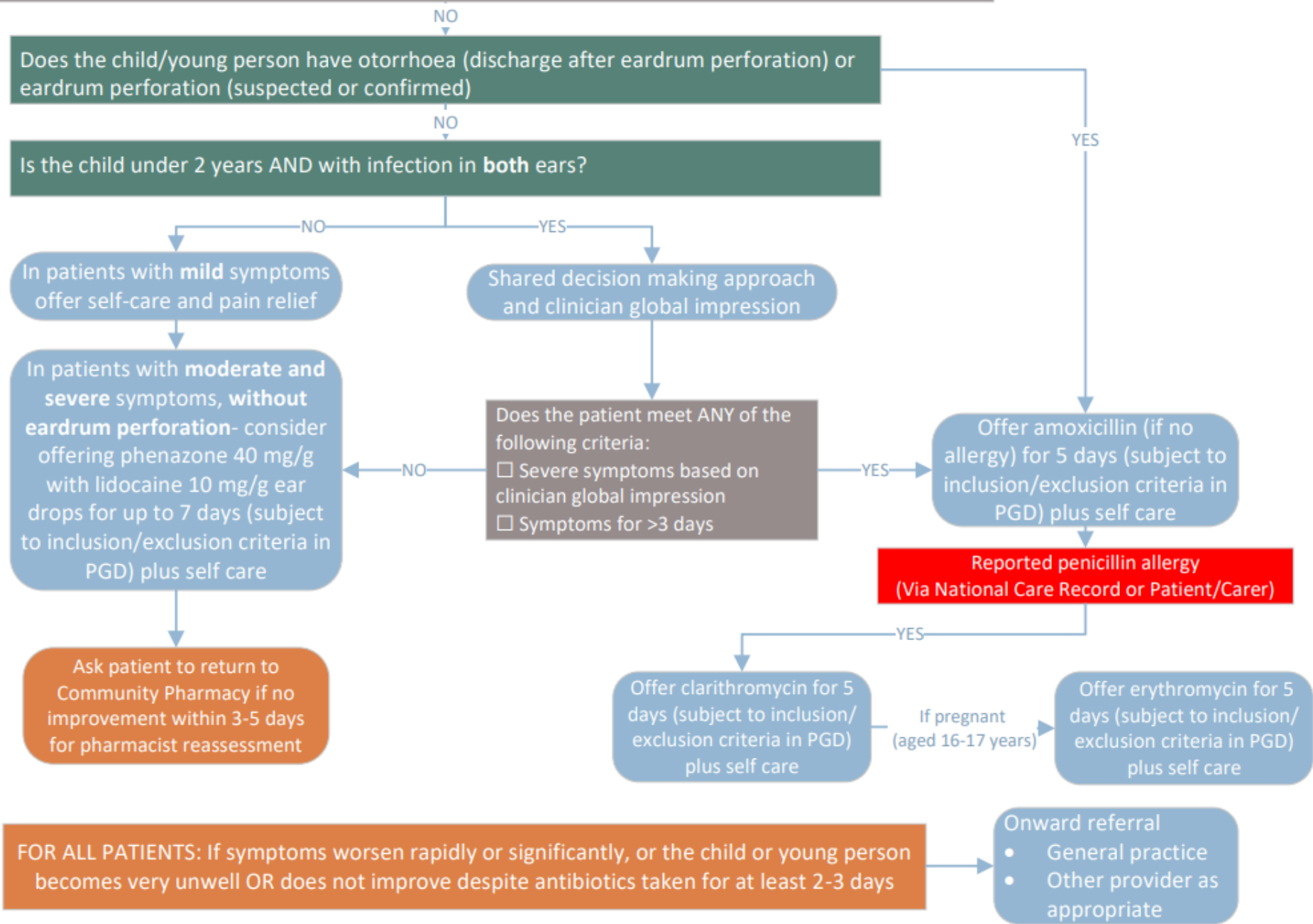
Break out session – practice with otoscope

Acute Otitis Media (For children aged 1 to 17 years)

Exclude: recurrent acute otitis media (3 or more episodes in 6 months or four or more episodes in 12 months), pregnant individuals under 16 years

Acute otitis media mainly affects children, can last for around 1 week and over 80% of children recover spontaneously without antibiotics 2-3 days from presentation





FOR ALL PATIENTS: If symptoms worsen rapidly or significantly, or the child or young person becomes very unwell OR does not improve despite antibiotics taken for at least 2-3 days

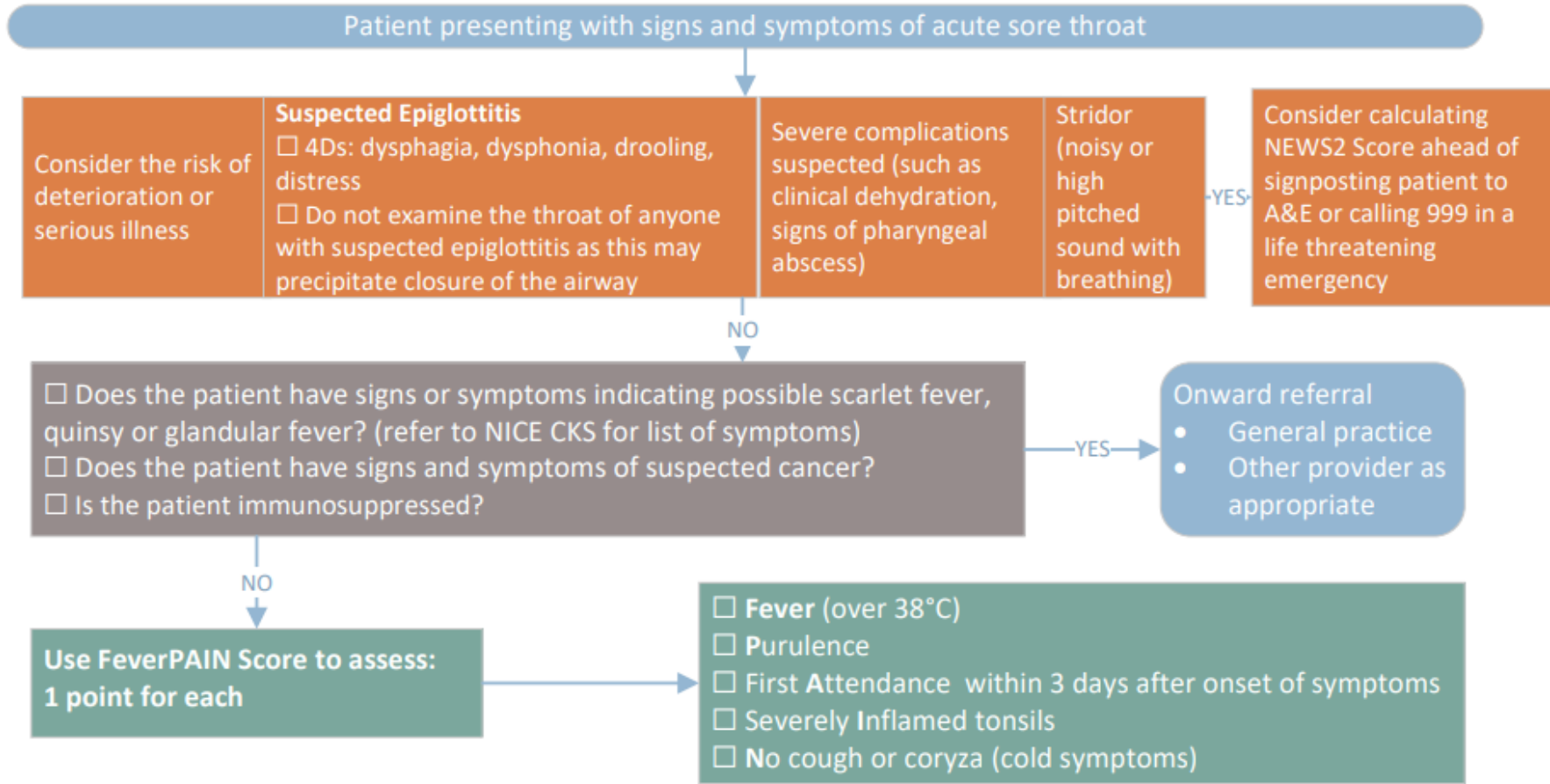
FOR ALL PATIENTS: share self-care and safety-netting, and evidence on antibiotics using [NICE guidelines](#)

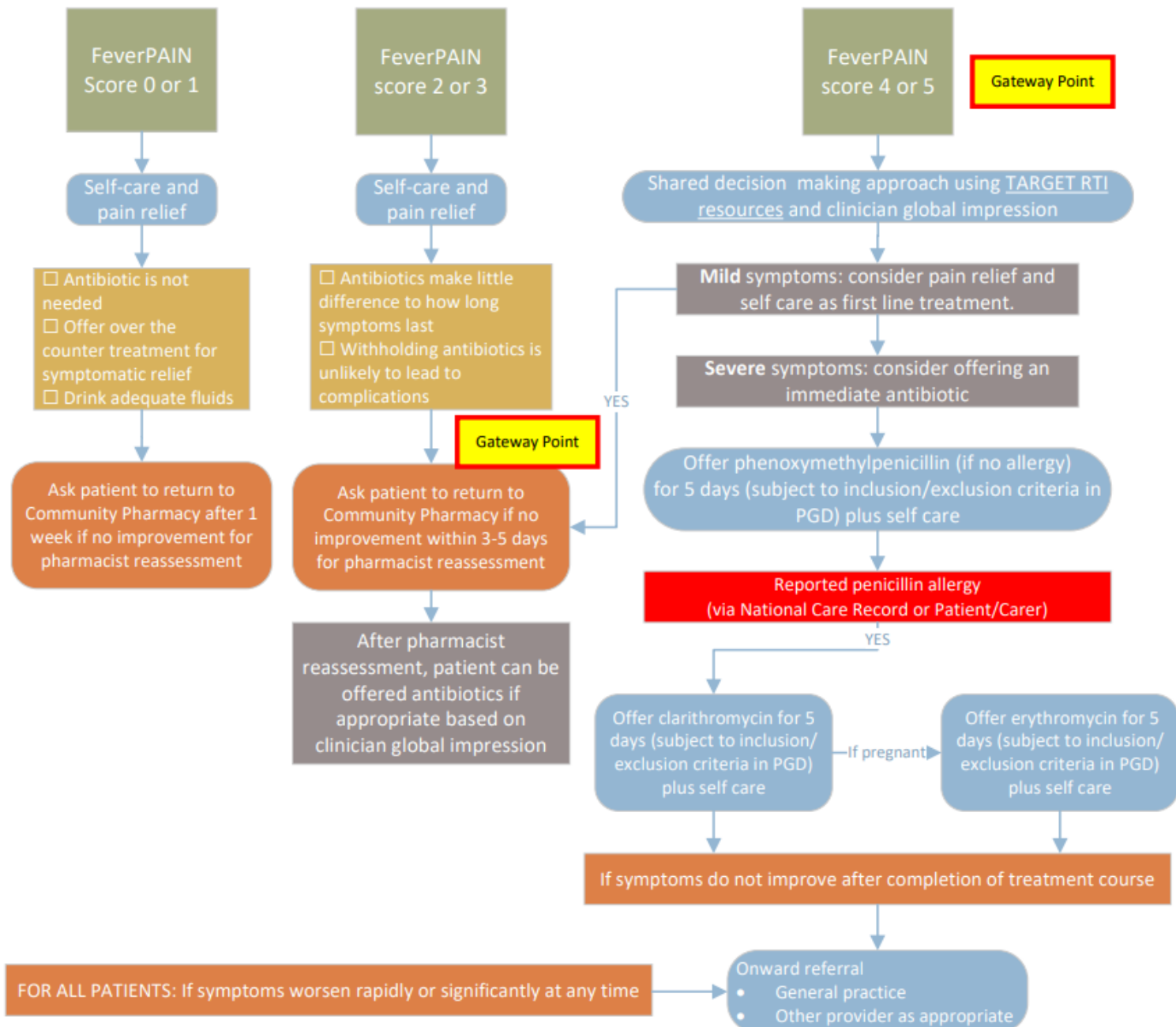
Questions?

Dr Andy Pryce - Sore Throat

Sore Throat clinical pathway

Acute Sore Throat (For adults and children aged 5 years and over) Exclude: pregnant individuals under 16 years





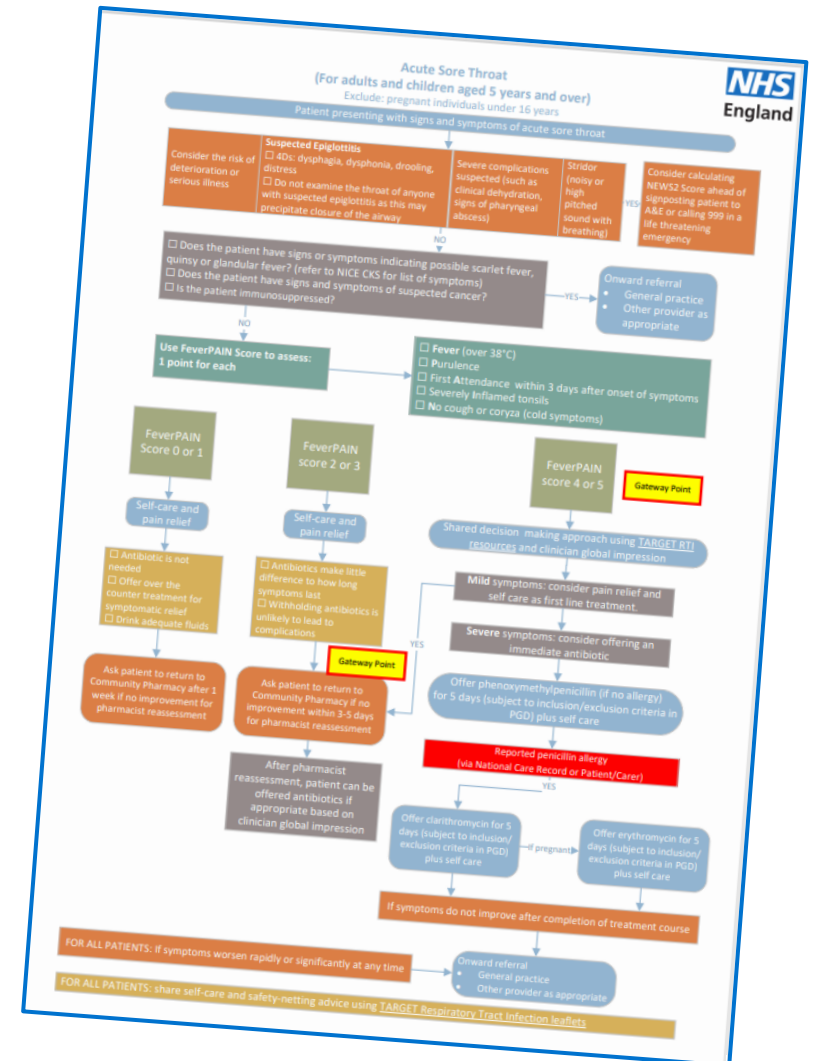
Inclusion/Exclusion Criteria - Sore Throat

- 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



Hints and Tips

- If you suspect Epiglottitis do not look down the persons throat
- However, you will need to look down the throat to exclude signs and symptoms of scarlet fever and quinsy and may need to confirm signs of purulence and severely inflamed tonsils
- Use TARGET leaflet to aid decision making
- 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 if they exacerbate pain and rough foods

Questions?



Preparing to provide the service

Preparing to provide the service

1. Download and read the **service specification** and **clinical pathways**
2. Download and start reading the **PGDs** and **clinical protocol**
3. Keep a Service pack in the consultation room with the pathways, PGDs and TARGET leaflets for staff to refer to and provide to patients.
4. Sign up on MYS
5. Start to develop an SOP or update your CPCS SOP

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 and allow staff to practice the use of the software. Ensure all staff know how to access the software to support locums

Preparing to provide the service

10. Register for and access Service Finder to facilitate onward referrals – ensure members of the pharmacy team can do this
11. Provide an initial briefing on the service for your staff – CPE briefing and VirtualOutcomes

Preparing to provide the service contd

12. Create a training plan with pharmacists who will provide the service (using the CPPE self-assessment)
13. Talk to your local GP practice about the service – How many referrals you can manage per day / week
 - check that back door numbers are up to date (download from PharmOutcomes – Annex C)
14. Have you considered the number of phone lines you have available for patients calling the pharmacy. Will the calls be answered in a timely manner?

Preparing to provide the service contd

15. Ensure pharmacists can access the National Care Records Service (the successor to SCR), PharmOutcomes and the NHS Shared mailbox
16. Ensure your consultation room is fit for purpose. Clean, tidy with easy access to equipment e.g. otoscopes that may be needed during the consultation
17. Clinical Waste considerations: Ensure you have processes in place to dispose of clinical waste such as otoscope tips, urine which a patient may bring in.

Hints and Tips for service delivery

1. When booking locums ensure they know they will be expected to deliver Pharmacy First from 31st January
2. Use VirtualOutcomes to support team training – so that they can recognise GP referrals and walk-ins
3. Are your team able to give clear waiting times to see the pharmacist or collect prescriptions?
4. Do you have enough seating for patients who are waiting to see the pharmacist
5. Consultations for the clinical conditions will need to swap from telephone to video if the patient phones the pharmacy

Hints and Tips for service delivery

6. Think about how to manage workflow and queues to help reduce waiting times for walk-in Pharmacy First patients and those waiting for prescriptions or other services
7. Think about how to make best use of the dispensing team to ensure prescriptions are ready to check as the pharmacist finishes the consultation. Use your ACT or Accuracy checker if available
8. Regularly check PharmOutcomes and NHSmail for notifications
9. Ensure you have sufficient equipment – otoscope, tips, disposable tongue depressors, thermometer and tips, video software, consider a BP machine

Hints and Tips for service delivery

10. Business Continuity

- staff sickness, unplanned closure. Don't be afraid to temporarily withdraw from the service. It is better to temporarily withdraw than not deliver and risk the reputation of the pharmacy and service
- Inform GPs if you have business continuity issues and need to temporarily withdraw from the service so that they know not to send referrals

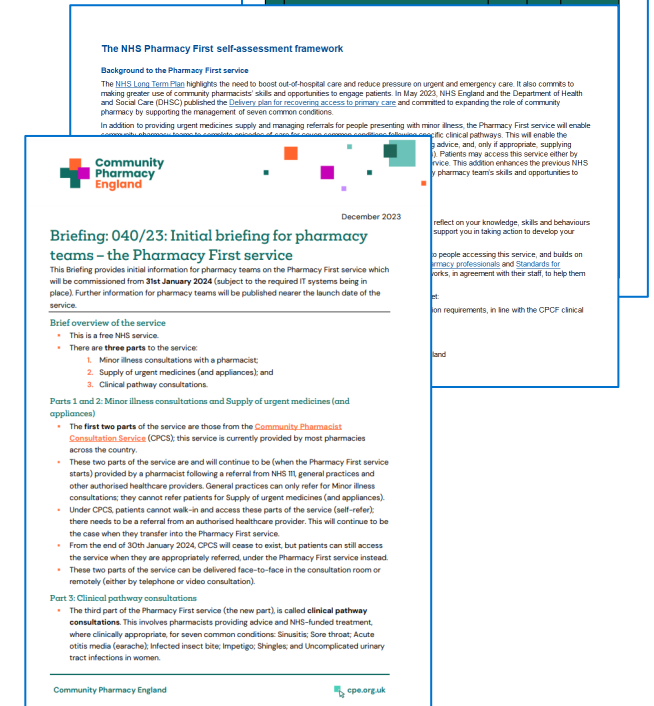
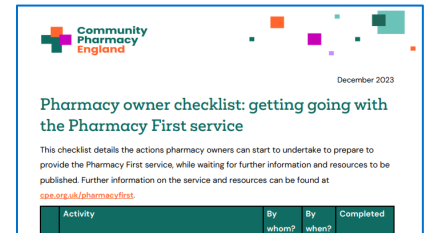
11. Think about red flags

- If you need to Calculate NEWS2 score you can use apps like MDCALC on a phone or desktop. Alder Hey have highlighted that NEWS2 score isn't as applicable in children but the PEWS score can be used instead, 1-4 years, 5-12 and > 13 charts exist.
- Alder Hey have shared the Cheshire and Merseyside "Big 6 guidance" which will be available on the LPC website and is more user friendly

12. The consultation will drop into the patients GP record – it is essential that this information is recorded in a professional manner. If an action is required by the GP practice – DO NOT put the message in the consultation contact them directly.

Resources to help you get ready

- CPE checklists of things to do to prepare for the service for **pharmacy owners and pharmacists**
- GP briefing and template letter
- The **CPCS toolkit** is being updated to cover the new service
- **CPE Summary briefing** for pharmacy team members
- PharmOutcomes Video – how to record a consultation





Learning and development requirements

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, Dec 23, recorded version available
 - Getting ready for launch, Jan 24, recorded version available
- **Dermatology**
 - Dermatology video: Dr Stephanie Gallard (GPSI) – to be uploaded to LPC website
- **Agilio (NICE CKS)**
 - Free learning resource – 30-minute e-learning per clinical condition

Learning and development

- **Alder Hey have shared resources to support learning**
 - Alder Hey have shared the Cheshire and Merseyside “Big 6 guidance” to support the management of the most common conditions that children present to A&E / Urgent care with. This is available on the LPC website
 - Alder Hey have highlighted that NEWS2 score isn’t as applicable in children but the PEWS score can be used instead, 1-4 years, 5-12 and > 13 charts exist.
- **Other resources we are expecting:**
 - Spotting a sick child – 5 hours of videos to demo conditions
 - Don’t forget the bubbles – blog on paed assessment triangle for triage
 - Pain score – how to assess pain in a child – Alder Hey Handbook
 - Airways difficulty guidance
 - Safety netting script– inc what to do if and symptoms of deterioration and who to contact to escalate
 - Short videos looking at throats and looking in ears e.g “what is wax”

Learning and development

Table 1: Normal vital signs in children

Age	Respiratory Rate at Rest	Systolic Blood Pressure	Heart Rate
< 1	30-60 breaths/min	> 70 mmhg	110-160 bpm
1-2yrs	25-40 breaths/min	> 70 mmhg	90-150 bpm
2-5yrs	25-30 breaths/min	80-100 mmhg	95-140 bpm
5-12yrs	20-25 breaths/min	90-110 mmhg	80-120 bpm
> 12yrs	15-20 breaths/min	100-120 mmhg	60-100 bpm

The Most Common Conditions That Children Present With For Urgent Care

- Sepsis
- Fever
- Respiratory
 - Bronchiolitis
 - Croup
 - Asthma
- Gastroenteritis
- Head Injury
- Abdominal Pain

Learning and development

- Virtual Outcomes training – Free



VirtualOutcomes NHS Pharmacy First Courses

Search by course name...

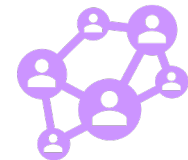
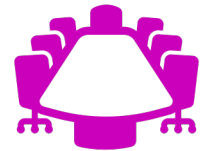
- National Public Health Campaign
- New Five Year Pharmacy Contract
- Pharmacy Quality Scheme
- NHS Community Pharmacist Consultation Service
- Pharmacy Team Training
- Registered Pharmacy Professional Training
- Healthy Living Pharmacy
- Medicines Counter Assistant Course
- NHS Pharmacy First**
- Discharge Medicines Service
- Gastroenterology

- [Introduction and Service Overview](#) Web Course Start Course
- [Impetigo](#) Web Course Start Course
- [Infected Insect Bites](#) Web Course Start Course

Once you have entered your F Code, Select your training

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



Pre-Reg training Update – its changing

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
Advancing. Inspiring. Empowering.

Standards for the
initial education and
training of
pharmacists

January
2021

Questions

cpe.org.uk/pharmacyfirst

