



# Pharmacy First Service Resource Pack



PHARMACY  
FRIMLEY

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# Introduction

**Community Pharmacy Integration is an essential part of the future plans of the NHS**, further supporting the management of people's health in the community and closer to home. It aims to **promote collaboration and integration between general practice and community pharmacies**, with a focus on improving communication, service uptake and continuous review of referral processes.

This pack concentrates on the Pharmacy First Service delivered in community pharmacy settings and has been designed to support you to:

- Get to know the Pharmacy First Service, how it's delivered and how it can support care navigation
- Gain a clearer understanding of which minor illness, common conditions and clinical pathways are included
- Feel confident in being able to refer patients into the service and in explaining to them what will happen next
- Find answers to those frequently asked questions
- Use centrally created resources to raise awareness of the service with your patient population and within your own teams
- Know where to look if you require more in-depth information on the 7 clinical pathways and the 23 Patient Group Directions that provide governance around the supply of medicines
- Contact the right NHS Frimley ICB staff member if you have any further questions on the Pharmacy First Service

*This resource pack has been designed to be interactive allowing you to jump to the section relevant to your enquiry.*

*We have also provided links to external resources for the more in-depth information if you require it.*

*The next page will allow you to directly access the information you are interested in.*

# Contents

This is an interactive pack. Please follow the links to jump to the relevant slide/section.

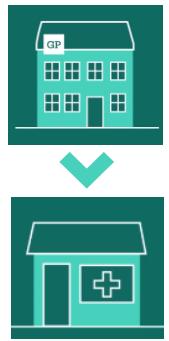
## Main contents:

4. [Pharmacy First, What GPs need to know](#) - Poster designed by Community Pharmacy England which lays out key information
5. [What is Pharmacy First?](#) - General description of the Pharmacy First service, its purpose, and structure.
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21. [Additional resources and references](#) - Head to the resources pages for extra information on the seven clinical conditions, clinical pathways and PGDs. Find FAQs to support patient conversations and resources to help you hight the pharmacy first service to your patient groups.

# CPE poster – Benefits of Pharmacy First (PF)

# Pharmacy First: What GPs need to know

The Pharmacy First service can help reduce pressure on GP practices



Pharmacy First allows GPs and others to **electronically refer patients directly to pharmacies** for minor illness consultations

**Managing NHS resources** more appropriately.



Pharmacists can **supply certain prescription-only medicines**, if clinically appropriate, for common conditions

**Expanding on work** they have already been doing.



As **experts in medicines and managing minor conditions**, pharmacists can determine which medicine to give and when

**Helping ease pressure** elsewhere in the NHS.

Any treatment supplied is **recorded in the patient's GP record** via new IT developments



**Providing visibility** to other healthcare professionals

**Onward referral isn't usually needed**, but in a small number of cases the patient will be referred elsewhere



**Ensuring people are directed** to the most appropriate place



Pharmacy First could help save up to

**10m**

GP appointments a year



It covers **7 common conditions**  
(age restrictions apply)



Over **90%** of community pharmacies in England have signed up to provide it

Please use Pharmacy First to electronically refer patients with minor conditions to community pharmacies

# What is the Pharmacy First Service?

**Pharmacy First is a community pharmacy advanced service that allows patients to seek advice and treatment directly from a community pharmacist for minor conditions, reducing the need for a GP appointment.**

The Pharmacy First Service launched 31 Jan 2024 and builds on the Community Pharmacist Consultation Service (CPCS) which was first launched Oct 2019.

The Pharmacy First Service has been developed by experts following latest guidelines and has three entry points which includes provision for **minor illnesses and the 7 clinical conditions.**

(more information on this can be found on [pages 10](#) and [11](#))

**Evidence shows that the Pharmacy First Service is improving access to care, relieving pressure on GP services and utilising expertise in community pharmacy.**

**Pharmacists are:**

- Highly trained in minor ailments and medication management.
- Trained specifically to deliver the Pharmacy First Service
- Follow a service specification, clinical pathways and PGDs\* for supply of medicines (inclusion and exclusion criteria applies).

\*PGD – Patient Group Direction - a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients.

**The Pharmacy First Service has three elements.**



**GP practices can only refer into the first two elements of the Pharmacy First Service, minor illnesses and clinical pathway consultations.**

Pharmacy First is funded by the NHS and community pharmacists receive a fee for each consultation completed that meets the criteria. 95% of pharmacies nationally have signed up to deliver the Pharmacy First Service (98% within the Frimley Health and Care Integrated Care System (ICS)).

**To find a local participating pharmacy – use the EMIS local services button, or visit [Find services near you - NHS \(www.nhs.uk\)](#)**

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# The benefits of the Pharmacy First Service



## For General Practice

- Frees up practice appointments for more complex or urgent patients and in doing so positively impacts those at risk of admission.
- Streamlines processes and reduces pressure.
- Reduces waiting times for those who really need a GP appointment.
  - ***It is estimated that 6% of GP appointments can be dealt with by a Community Pharmacist. That's 20 million GP appointments a year across England and for Frimley ICS it's 113,400 appointments.***
- Eases pressures on urgent care and A&E departments.



## For Patients

- Offers same-day access which equals a higher satisfaction ratings.
  - ***86% of patients took up the offer of being seen by a Community Pharmacist during pilots.***
- Offers access to expert advice in a pharmacy of the patients choosing.
  - ***Community Pharmacists are experts in medicines and managing minor illnesses. Around 90% of patients during the pilots had their issues successfully dealt with by a Community Pharmacist.***
- Improves patient experience.
- Improves outcomes through appropriate care, support, advice and guidance.
- Increases the patient's awareness of the role of Community Pharmacy, changing behaviour so that they consider it as the 'first port of call' for minor illnesses.
- Encourages self-care.



## For the Healthcare System:

- Improves general practice capacity to focus on the right work.
- Decreases inappropriate attendance at A&E for minor ailments.
- Provides cost savings.
- Achieves higher satisfaction rates due to faster, more convenient access to care and support.
- Improves integration of primary care services.
- Improves patient outcomes.

**It is important to understand what the Pharmacy First service is so that you can explain it to patients and colleagues and answer any questions. You can use this link to jump to [FAQs to support conversations with patients](#)**



# How the Pharmacy First Service can support care navigation

The Pharmacy First Service is supporting key elements within the [Recovering Access to Primary Care Plan \(PCARP\)](#) including, addressing **capacity** concerns, improving **patient experience** and **outcomes** and supporting continued and new approaches to integrate primary care services.

**Care navigation** and **Making Every Contact Count (MECC)** have also been instrumental in addressing capacity, experience and outcomes by providing the right care, in the right place at the right time.

Supporting patients through effective navigation, is everyone's role and central to providing coordinated person-centred care. Helping to utilise and inform of community pharmacy services, such as the Pharmacy First Service, contributes to these aims.

Making correct referrals into the Pharmacy First Service will help change future patient behaviours making better use of all primary care health care providers and ensuring the public feel better informed of who to contact for their need.

## Remember:

- All members of the general practice team are care navigators and can make every contact count
- Care navigation means directing patients to the most effective clinician or service for their need, which may be the Pharmacy First Service
- Care navigation and MECC involves active listening, triaging, signposting and providing advocacy and support. Together this all helps patients play an active role in managing their own health (self-care) which community pharmacy services can support
- Access the [long read on care navigation via the NHS UK website](#)



# What training have Pharmacists undertaken?

Pharmacists complete a **4 year full-time Master's degree in pharmacy** (MPharm) at university, followed by a year of supervised training at an approved site under a General Pharmaceutical Council (GPhC) designated supervisor.

The GPhC is the regulator for pharmacists, pharmacy technicians and registered pharmacies in England, Scotland and Wales. As part of their role, they set [standards that pharmacy professionals have to meet](#) throughout their careers. Once fully qualified, and in order to practice, Pharmacists must apply for and maintain **registration with the GPhC** which is renewed annually. On annual registration Pharmacists must declare that they are able to meet the 9 standards set by the GPhC.

Pharmacists undertake **regular continual professional development** (CPD) to keep up to date with the latest developments in drug research and develop their skills. Some pharmacists have undertaken training to allow them to independently prescribe and others have chosen to develop specialise knowledge in a particular health complaint such as Asthma.

So that they can deliver the Pharmacy First Service as per the service specification, community pharmacists have undergone **specific training**. They use clinical pathways and Patient Group Directions\* (PGDs) to support patient consultations.

Pharmacy professionals have a professional and legal duty to keep confidential the information they obtain during the course of their professional practice, so patients can be assured that pharmacists are bound by the same expectations as general practitioners and other clinicians.

Community pharmacies can offer a private consultation room to patients if required.

**General  
Pharmaceutical  
Council**

\*PGD – Patient Group Direction - a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients.

# Who should I refer?

Selecting appropriate patients for the Pharmacy First Service increases the chances of successful treatment by pharmacies and reduces bounceback rates which is when patients return to general practice services due to unresolved issues.

**The simplest way to decide who to refer is by triaging patients based on their:**

- **Presenting complaint**
- **Segmentation data**

When considering the patients presenting complaint, look for any red flag symptoms and be aware of any eligibility criteria.

You can use this one-page [aide memoire](#) to support you with this for the 7 clinical conditions.

A more detailed explanation of the [EMIS segmentation](#) searches and how segmentation data can also help to support your decision follows in a few pages.

## Get help from your local pharmacy

Did you know you can visit your local community pharmacy for support with the seven common conditions below:

- Uncomplicated Urinary Tract Infection (UTI) in women 16 - 64 yrs
- Shingles - 18 yrs and over
- Sore throat - 5 yrs and over
- Infected insect bites - 1 yr and over
- Earaches in children 1 - 17 yrs
- Sinusitis - 12 yrs and over
- Impetigo - 1 yrs and over



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# What minor illness symptom groups are included in the Pharmacy First Service?

This list includes **some** of the minor illnesses that can be referred. ***Remember the Pharmacy first Service is not just the 7 clinical conditions.***

- 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
- Lower Limb Pain or Swelling
- Mouth Ulcers
- Nasal Congestion
- Rectal Pain
- Scabies
- Shoulder Pain
- Skin, Rash
- Sleep Difficulties
- Sore Throat
- Tiredness
- Toe Pain or Swelling
- Vaginal Discharge
- Vaginal Itch or Soreness
- Vomiting
- Wound Problems - management of dressings
- Wrist, Hand or Finger Pain or Swelling

Electronic  
referrals to  
Minor Illness  
Consultations

# What are the seven clinical pathways of the Pharmacy First Service?

## Clinical Pathway Consultations

The clinical consultation pathways comprise of seven conditions that both general practices and the patients themselves, can refer into or which could be identified by the pharmacist team when the patient presents in the pharmacy.

[Community Pharmacy England](#) have helpful videos on their website which talk through each of the seven clinical pathways

Clinical pathway	Age range
Acute otitis media	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

# How do I refer into the Pharmacy First Service?

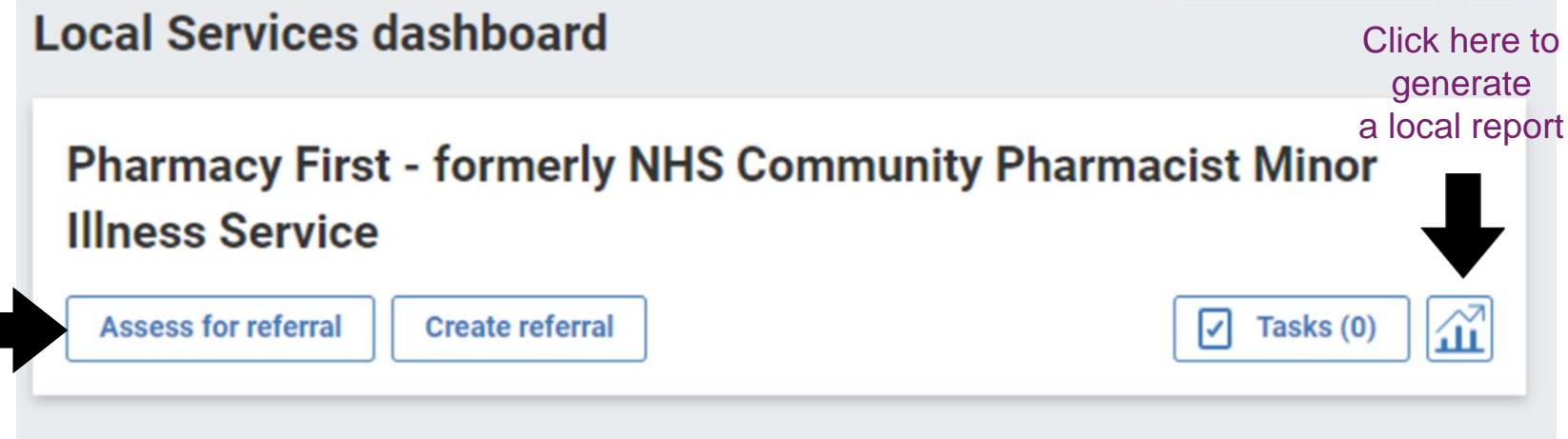
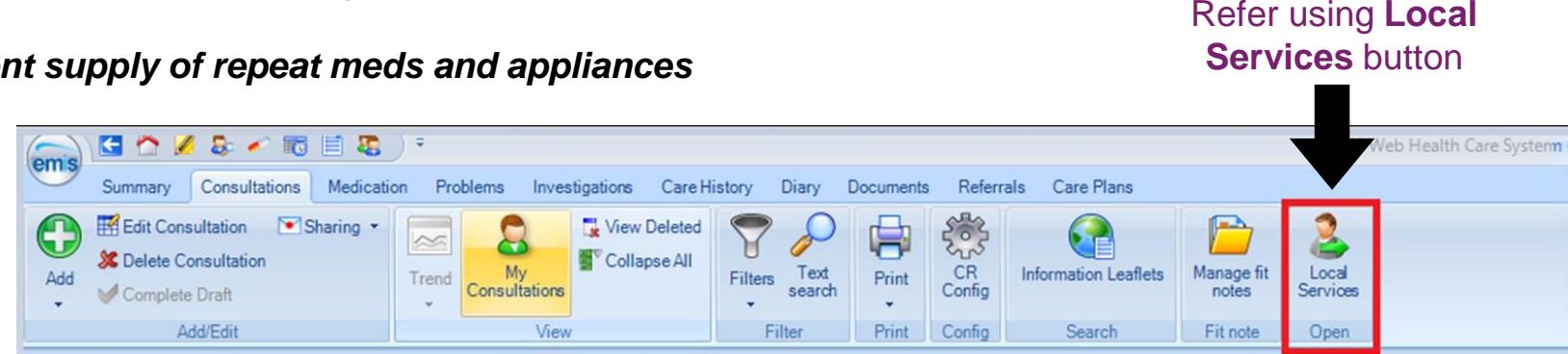
Electronic referrals are made via the EMIS local services button. Once the patient has been triaged and the service has been explained (with an emphasis on the same day service access and consent obtained from the patient) non-clinicians should use the “Assess for referral” button and follow the assessment process to guide patients to the right service.

**Reminder - practices cannot refer into urgent supply of repeat meds and appliances**

## Why Digital/Electronic referrals matter!

Digital referrals are important because they:

- Reassure patients their concerns are taken seriously
- Ensure private consultations with a specially trained pharmacist
- Transfer clinical responsibility to the pharmacy



***The patient should be provided with the pharmacy's contact details and reminded to make contact by phone or in person, mentioning that they have been referred by their practice, in order to proceed with their consultation.***

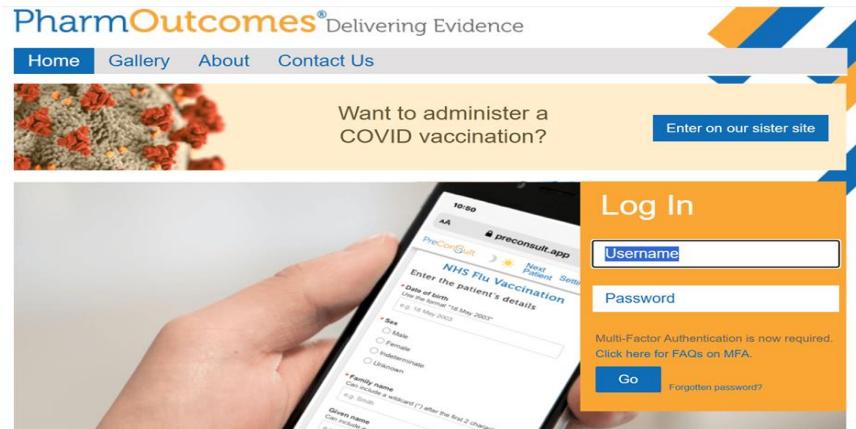
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# A little more on why digital referrals matter

Submitting a formal referral offers the following benefits when compared to signposting:

- **Ensures the patient has a private consultation with the pharmacist** - If signposted, the patient may be seen by another member of the team in the pharmacy area and be treated under the self-care essential service.
- **Reassures patients that their concerns have been taken seriously and that the pharmacist will be expecting the patient** - If signposted, the patient may not feel cared for and be unsatisfied with the service provided by the practice. The pharmacy also won't be expecting the patient which can mean they have to wait to be seen instead of being able to make an appointment that is mutually convenient for the consultation.
- **Creates 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 practice.
- **Provides continuity of care** - If the patient does not contact the pharmacy, the pharmacy team will follow up with the patient and the 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.
- **Encourages proactive care** - The pharmacy team will likely contact the patient upon receipt of referral to arrange a time for the patient's consultation. This is beneficial to patient and for the pharmacist's workload - If signposted, the patient may present at a time that means they may have to wait to be seen by the pharmacist.
- **Ensures the pharmacy receives patient information on the referral** - The pharmacy will now be aware of the presenting condition. If signposted, the patient will have to talk through their presenting condition again and provide supporting information for a second time which may be frustrating for the patient and does not support a joined-up patient journey.
- **Provides important data** - Referral data can show that patients are being actively supported to access appropriate treatment, evidencing that 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** - When signposted, and in the case of the patient not meeting the gateway point for the clinical pathways consultation, the pharmacy will receive no payment for the Pharmacy First Service.

# How does the pharmacy know they have received a referral?



A screenshot of the PharmOutcomes platform showing a list of referrals. The first referral in the list is circled in red. The list includes columns for 'Received', 'Service (stage)', 'Identifiers', and 'Status'. The first entry is '2024-01-09 Pharmacy First - Minor illness/Clinical pathway referral PA Pending Referral Referred to you awaiting follow-up action'. The other entries are similar.

**Community pharmacies use secure platforms to manage their services.**

*Please note we have chosen to display the PharmOutcomes platform throughout this resource pack to demonstrate.*

## Referral alerts

Community pharmacy teams are made aware of referrals into the Pharmacy First Service either by email notification to the regular branch email address or through the PharmOutcomes platform itself.

Both emails and the platform are checked regularly throughout the working day to ensure no referrals get missed.

Pharmoutcomes has several layers of security before access to patient data is accessed, including verification of username and password. These layers ensure that only those members of pharmacy team that require the patient data can access it.

Patients being referred by general practice will be listed on a services page from which a traffic light system helps highlight those consultations that require attention.

# Once the pharmacy referral has been received what happens next?



## Online

**It is best practice to provide patients with the pharmacy contact details and ask them to get in touch making sure they mention they have been referred by their practice.** However, if the working day allows, pharmacists may make initial contact with the patient to ensure no one gets missed.

**Consultations are free\* and confidential.** They can be conducted online, by phone or in person. There are several clinical pathways that require a physical face-to-face contact with the patient to ascertain which treatment will be best suited, an example being a child with an earache which requires an examination of the ear with an otoscope.



## By phone

All face-to-face consultations take place in a **private consultation room** to allow for confidentiality and patient peace of mind that their health condition is being taken care of seriously. During the consultation, the patient will be **assessed by the pharmacist**, they may be asked about their symptoms, their medical history and their concerns, expectations and ideas. This ensures the consultation results in the most **appropriate advice and treatment options**



## In person

Setting expectations is important, for example ensuring that patients understand that **antibiotics are not always needed** and supplied as they may not be the most appropriate treatment at that moment in time.

All consultations will result in either advice on self-care, advice to purchase an appropriate product over-the-counter and in the case of the clinical pathways, treatment supply within the protocol of a Patient Group Direction (PGD) or onward referral via a secure message through the platform or by a locally agreed route.

\* Please note that the consultation is free and that patients will be charged in line with their normal NHS prescriptions eligibility should a prescription medication be issued. They may also be advised to purchase an over-the-counter medication or other self-care product as appropriate.

# What guidelines do Pharmacists work within when providing the Pharmacy First Service – The 7 clinical pathways

There are 7 **clinical pathways**, 23 **Patient Group Directions\* (PGDs)** for supplying Prescription-Only Medicines (POMs) and one **clinical protocol** for a pharmacy (P) medicine which support the provision of the Pharmacy First Service. These have been **developed by experts** following **latest national guidelines**.

The clinical pathways and PGDs help to guide the consultation process and ensure patient safety. They have clear inclusion and exclusion criteria to ensure consistent outcomes for patients.

All guidelines support national priorities – such as Antimicrobial Stewardship (AMS) and improved patient access.

**It is important for practice staff to help set patient expectations explaining that Antibiotics are not always needed and may not be the best medication for their health concern.**

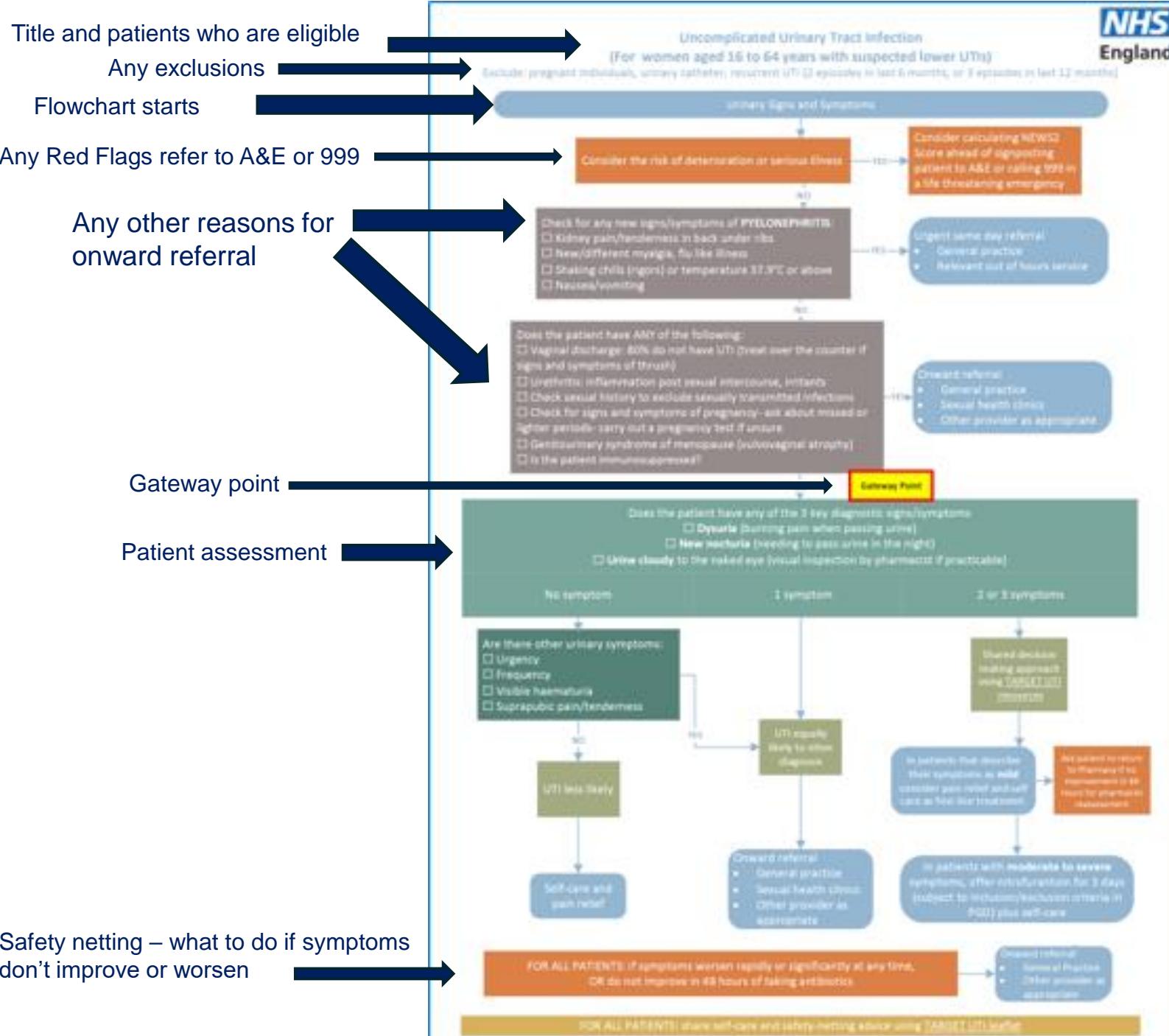
To further support pharmacists in their consultations, the [RCGP TARGET toolkit](#) (Royal College of General Practitioners - Treat Antibiotics Responsibly, Guidance, Education and Tools) provides leaflets to guide patients on common infections, including recovery timelines for conditions such as:

- Cough: 21 days
- Sore throat or earache: 7 to 8 days
- Common cold: 14 days
- Norovirus (winter vomiting): 2 to 3 days
- Sinus infection: 14 to 21 days

# How does the clinical pathway help support the consultation?

Clinical pathways guide the pharmacists in assessing and managing the patient's symptoms.

The 7 clinical pathways are available to download from the [NHS England website](#) if you would like to know more.



# Following PDGs and the supply of medicines under the Pharmacy First Service



**Patient Group Directions (PGDs)** are **condition specific** and used in the Pharmacy First Service to enable pharmacists to supply and administer medicines without the need for a prescription from a doctor or other prescriber. The PGDs contain strict **inclusion and exclusion criteria** to support appropriate patient care and safety and are underpinned by clear governance and accountability measures.

In practice, when supplying and/or administering a medicine under a PGD, the individual must fall exactly into the inclusion criteria stated in the PGD.

If they do not exactly fall within the inclusion criteria, or they meet any exclusion criteria, they must not be treated under the PGD and should be referred to an alternative and appropriate service in line with the referral advice in the PGD.

Additionally, only the medicine, its formulation and exact quantity detailed in the PGD can be supplied.

**Clinical judgement cannot be used to supply/administer a medicine outside the criteria stated in the PGD.**

View all PGDs on the [NHS England website](#). Please scroll down the page as it is a repository for several documents.

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

## PATIENT GROUP DIRECTION (PGD)

**Supply of erythromycin tablets/oral suspension/oral solution for the treatment of acute otitis media (AOM) in pregnant individuals (aged 16 or 17 years) under the NHS England commissioned Pharmacy First service**

Version Number 1.0

Change History	
Version and Date	Change details
Version 1.0 January 2024	New template

# Concluding the consultation and providing ‘Safety Netting’ advice.

Pharmacists will ensure that the patient is confident at the end of their consultation in taking or using any medication supplied and in where to turn if their symptoms worsen.

**Supporting patients to Make the right choice**

**NHS**

**Self Care**  
Be prepared to care for minor issues like cuts & grazes, sore throats & headaches yourself with a well-stocked medicine cabinet, basic first aid and plenty of rest. The NHS website provides lots of health advice and guidance. Visit [www.nhs.uk](http://www.nhs.uk) for more information - available 24/7

**NHS 111**  
Visit [111.nhs.uk](http://111.nhs.uk) or call NHS 111 when the situation is not life threatening but you are unsure of where to seek help, or you need advice or reassurance on what to do.  
Available 24 hours a day on line or via the telephone

**Pharmacy**  
Pharmacists are qualified healthcare professionals, who can offer clinical advice and over the counter medicines. You can ask for help with things such as aches and pains, rashes, tummy upset, coughs and colds, queries about medication and more.  
Usual hours 9am-6pm. Late night until 9pm (11pm)

**Frimley Healthier Together**  
Not sure what to do when your child is unwell? If you are worried about a child or young person visit the Frimley Healthier Together website or download the app for NHS advice and guidance - [frimley-healthier-together.nhs.uk](http://frimley-healthier-together.nhs.uk)  
Available 24/7 via app or online

**GP Practice Services**  
Contact your GP practice for help with persistent symptoms and ongoing conditions. Visit their website for opening hours. Get in touch, online, by phone or in person for routine and same day urgent needs. Be clear on your need to be directed to the right member of the team.  
Appointments available 8am - 8pm and at weekends

**Minor Injuries Unit**  
Minor Injury Units treat things such as sprains and strains, suspected broken limbs, minor head injuries, minor scalds and burns, skin infections, bad cuts and grazes.  
You can search for your nearest minor injury unit on the [nhs.uk](http://nhs.uk) website

**Mental Health Services**  
For a list of local mental health services visit the Frimley Health and care website [frimleyhealthandcare.org.uk/mentalwellbeing](http://frimleyhealthandcare.org.uk/mentalwellbeing)  
If you need urgent help or advice visit [111.nhs.uk](http://111.nhs.uk) or call 111.  
Free professional support, available 24 hours a day.

**Download the NHS App to:**

- order repeat prescriptions
- view your health record and your NHS number
- view and manage vaccinations
- get health advice
- book appointments and more

**⚠ For serious or life threatening emergencies only, like severe bleeding, choking, difficulty breathing or chest pain go to A&E or call 999**

**The possible outcomes** of a Pharmacy First Service consultation include:

- Self-care advice
- Purchase of over-the-counter medication
- Provision of a prescription-only medicine (*for which the patient will be charged in line with their normal NHS prescriptions eligibility*)
- Onward referral if needed

**Safety Netting** advice will be given and may include:

- Ensuring the patient feels confident in using or taking any medication
- Ensuring the patient is able to recognise signs of their condition worsening
- Ensuring the patient knows where to go or who to contact if their condition does not improve or worsens
- Provision of leaflets or signposting to websites as appropriate to the condition

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# Practice top tips – take aways and actions

- **Make referring to the Pharmacy First Service business as usual.** Get to know the process and help your colleagues and patients feel confident in the service too. Know where to [get the information to answer patient questions](#) and refer with confidence using the routes detailed in this pack to reduce patient bounce back.
- **Always refer using the 'local services button' and 'Assess for referral' route**
- **Make use of EMIS segmentation searches.** Ensure that you are routinely referring [green patients](#)
- **Be consistent.** Continuing to refer during quiet times and even when the practice has capacity, helps to change patient behaviour and helps them understand which service is most appropriate for their need in the future.
- **Get focused on referrals.** For example, could you discuss with all staff referring all simple UTIs into the Pharmacy First Service to help build confidence and understanding? What actions could you take in the lead up to winter when many minor illness start to rise.
- **Evaluate your activity.** Utilise the information available to run reports and monitor your progress in increasing referrals.
- **Build relationships.** Understanding who to contact and having regular communication with your local pharmacies can help tackle any issues and avoid confusion. Why not invite them to join practice meetings.
- **Become a Pharmacy First Champion.** Make it your business to help others understand the benefits of referring into and using the service.
- **Create a collaborative working space for ideas and feedback.** Often assumptions and lack of communication can cause issues. Where are the spaces in your working practice to ensure people can have conversations about their ideas and ask questions and gather feedback? For example, could you plan focused referrals around the seasons (e.g insect bites as the weather warms) and help both staff and patients understand the Pharmacy First Service more? Collaborative working can help to better understand IT differences and smooth the processes for both sides of the referral.
- **Be able to support other routes for self care when appropriate.** Such as directing to the [Frimley Healthier Together](#) resources.



# Pharmacy First Service Resources

**The following pages contain additional resources for the Pharmacy First Service that help to support the information provided in this resource pack.**



# Additional resources

The following pages contain resources that help to support the information in this resource pack.

You will find comprehensive information on:

- [General resources from Community Pharmacy England and NHS England](#)
- [Aide-memoire for Pharmacy First](#)
- [Medicines list for the clinical pathways](#)
- [Visual outlining segmentation](#)
- [Video EMIS Local services referrals](#)
- [Step by step EMIS instructions for nonclinical staff](#)
- [Video explaining the pharmacy first referral process from the perspective of a local pharmacist.](#)
- [Resources available to share with patients to highlight the service](#)
- [FAQs to support patient conversations](#)
- [Key phrases to support conversations with patients](#)

Condition specific information

- 1.[Urinary Tract Infection \(UTI\)](#)
- 2.[Impetigo](#)
- 3.[Acute Sore Throat](#)
- 4.[Shingles](#)
- 5.[Infected Insect Bites](#)
- 6.[Acute Sinusitis](#)
- 7.[Acute Otitis Media](#)

# Additional Pharmacy First Service resources

## General:

[Community Pharmacy England \(CPE\) - Pharmacy First Service home page](#)

[Community Pharmacy England FAQs Pharmacy First Service](#)

[Community Pharmacy England patient resources with QR codes](#)

## Videos:

[Community Pharmacy England 2 minute animation on how the Pharmacy First Service works](#)

[Community Pharmacy England videos talking through each of the seven clinical pathways](#)

## NHS England resources:

[Community pharmacy advanced service specification: NHS Pharmacy First Service](#)

[NHS Pharmacy First – clinical pathways](#)

## PGDs from NHS England

1. [Urinary tract infection patient group direction](#)
2. [Shingles patient group directions](#)
3. [Impetigo patient group directions and protocols](#)
4. [Infected insect bites patient group directions](#)
5. [Acute sore throat patient group directions](#)
6. [Acute sinusitis patient group directions](#)
7. [Acute otitis media patient group directions](#)

# Aide-memoire for Pharmacy First

Community Pharmacists can, if appropriate, supply antibiotics for the following 7 conditions- UTI's, Impetigo, Acute Sore Throat, Shingles, Infected Insect Bite, Acute Sinusitis and Acute Otitis Media in children aged 1-17 years. This aide-memoire is to help you formally refer the correct individuals.

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances	
<b>UTI</b>	Female	Aged 16-64	<ul style="list-style-type: none"><li>• Under 16 OR 65 and over</li><li>• Male</li><li>• Pregnant</li><li>• Breast feeding</li></ul>	<ul style="list-style-type: none"><li>• Immunocompromised</li><li>• Recurrent UTI's (2 in last 6 months/ 3 in last 12months)</li><li>• UTI treated with antibiotics in last three months</li></ul>
<b>For UTI</b> <b>Ask individual whether they have....</b>	Has <b>two or three</b> of the following: <ul style="list-style-type: none"><li>• Dysuria (painful or difficult urination)</li><li>• New Nocturia (new urination at night)</li><li>• Urine cloudy to the naked eye</li></ul>		Has <b>one or none</b> of the following: <ul style="list-style-type: none"><li>• Dysuria (painful or difficult urination)</li><li>• New Nocturia (new urination at night)</li><li>• Urine cloudy to the naked eye</li></ul>	
<b>Impetigo</b>	Adults and Children	Children aged 1 and over	<ul style="list-style-type: none"><li>• Under 1s</li><li>• Pregnant individuals under 16.</li></ul>	
<b>Acute sore throat</b>	Adults and Children	Children aged 5 and over	<ul style="list-style-type: none"><li>• Under 5s</li><li>• Pregnant individuals under 16.</li></ul>	
<b>Shingles</b>	Adults	18 and over	<ul style="list-style-type: none"><li>• Under 18s</li><li>• Pregnant</li></ul>	<ul style="list-style-type: none"><li>• Severely immunocompromised</li><li>• Shingles in the eye</li></ul>
<b>Infected Insect Bite</b>	Adults and Children	Children aged 1 and over	<ul style="list-style-type: none"><li>• Under 1s</li><li>• Pregnant individuals under 16.</li></ul>	
<b>Acute Sinusitis</b>	Adults and Children	Children aged 12 and over	<ul style="list-style-type: none"><li>• Under 12s</li><li>• Pregnant individuals under 16.</li></ul>	<ul style="list-style-type: none"><li>• Chronic sinusitis (had over 12 weeks)</li><li>• Immunocompromised</li></ul>
<b>Acute Otitis Media</b>	Children	Children aged 1 - 17	<ul style="list-style-type: none"><li>• Adults aged over 17.</li><li>• Pregnant individuals under 16.</li></ul>	Recurrent Acute Otitis Media (3 or more episodes in 6 months or 4 or more in 12 months)

# Medicines list for clinical pathways:

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

NB – supply is via PGD or protocol, if eligible. Inclusion and exclusion criteria apply.

For more information on the 23 PGDs visit the: [NHS England website.](https://www.england.nhs.uk/pgd/)

# Examples of how you might use segmentation to support access, demand and capacity.

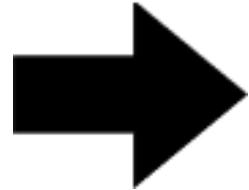
There are a number of ways in which a practice can adopt and embed segmentation to support developing and delivering local models. For example

- Building a common understanding of your practices population demographics and activity to support identifying ways to manage demand and capacity more effectively.
- Identifying ways to support access for each cohort and their needs to get the most out of your workforce capacity and skill mix.
- Plan a practices scheduled QOF work based on complexity and risk prioritisation of patients.
- Analysing data to understand activity and % of appt types by each segment to support targeted interventions and/or communications.

Low need segment (71% of population)				Moderate need segment (19.7%)					High need (2.3%)		Unknown (6.9%)
<b>1</b> Non user (2.4%)	<b>2</b> Low Need Child (16.7%)	<b>3</b> Low Need Adult (33.2%)	<b>4</b> Multi-Morbid Low Complexity (18.8%)	<b>5</b> Multi-morbid Med Complexity (9.1%)	<b>6</b> Pregnancy Low Complexity (1.0%)	<b>7</b> Pregnancy High Complexity (0.2%)	<b>8</b> Dom Psych Behavioural Cond (2.5%)	<b>9</b> Dom Major Chronic Cond (6.9%)	<b>10</b> Multi Morbid High Complexity (1.9%)	<b>11</b> Frailty (0.4%)	
<b>Examples of interventions:</b>				<b>Examples of Interventions:</b>					<b>Examples of Interventions:</b>		
<ul style="list-style-type: none"><li>• Redirect to Pharmacy First Service</li><li>• Healthier Together App</li><li>• <u>Self help</u> apps – Get You Better and Sleepio</li><li>• Online consultation</li><li>• Embedding care navigation and triage</li><li>• Proactive care initiatives</li><li>• Digital invitations to QOF</li><li>• Nurse/HCA Led QOF</li><li>• Paeds QOF</li></ul>				<ul style="list-style-type: none"><li>• Triage –Telephone/F2F</li><li>• Maternity Assessment Unit</li><li>• CRISIS team</li><li>• QOF prioritisation supported by PNG segmentation.</li><li>• Blend of digital and face to face QOF</li><li>• ARRS led QOF</li><li>• Interaction with maternity hub</li><li>• Mental Health</li></ul>					<ul style="list-style-type: none"><li>• Senior GP triage, telephone/F2F</li><li>• Senior clinician led QOF</li><li>• QOF prioritisation supported by PNG segmentation</li><li>• Remote Monitoring</li><li>• Secondary Care MDTs</li><li>• ICT</li></ul>		

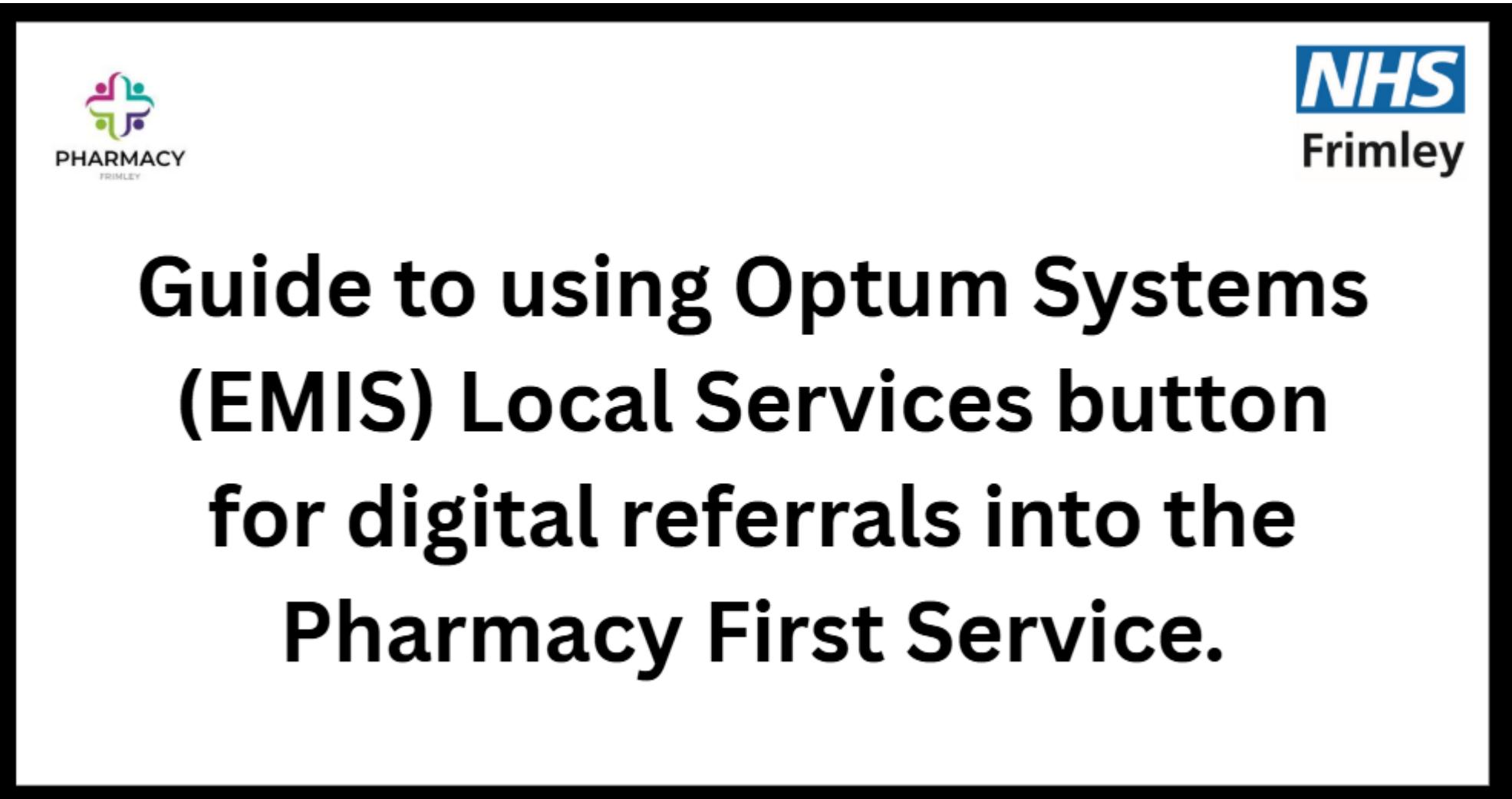
# Video explaining how to make a digital referral.

Click the image below to view a video demonstrating the steps to take when making a digital referral through the EMIS local services assess for referral button.



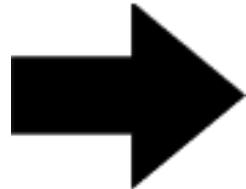
Hold the Ctrl button and click on the image to play the video or click the link below

[Making EMIS digital referrals](#)



# Video explaining the Pharmacy First Service referral process from the perspective of a local pharmacist.

Click the image below to view a short video recorded with local pharmacist Rajdeep Gill answering frequently asked questions about referrals into the Pharmacy First Service.



Hold the Ctrl button and click on the image to play the video or use the link below [FAQs](#)

[Pharmacy First Service](#)



# Communication resources available to support patient messaging

 Your local pharmacy is here to help. **NHS**  
Frimley



If you are suffering from one of these seven conditions including

**Rajdeep Gill**  
Pharmacist, Farnborough

**Make The Right Choice**

## We're encouraging all parents to Think Pharmacy First



Earache  
(Children aged 1 to 17 years)

GP practices are busy and making an appointment with them is not always necessary!

When your child is ill with any of these conditions, head straight to your local community pharmacy where you can have a consultation with a trained clinical professional and receive advice, guidance and even medication if it's needed. Lets get your child on the road to recovery as soon as possible.



Sore throat  
(Children and adults age 5 and up)



Infected Insect Bite or Impetigo  
(Children and adults age 1 and over)

The majority of Frimley Health and Care community pharmacies offer the Pharmacy First service.

Remember – if your child has an ear ache, sore throat, impetigo symptoms or a suspected infected insect bite think **Pharmacy First**.

For more information visit: [www.nhs.uk/nhs-services/pharmacies](http://www.nhs.uk/nhs-services/pharmacies)

**NHS**  
Frimley

**NHS**  
Frimley

**NHS**  
Frimley

Frimley Health and Care  


**NHS**  
Frimley

## Been referred to your local Pharmacy?

Wondering what to do next?

- Contact the pharmacy you have been referred to, either in person or by phone, and make sure you tell them who has referred you (E.g. your GP practice, NHS 111 etc).
- Arrange a convenient time with the pharmacist, who has been specially trained to deliver the Pharmacy First service, for a consultation.
- The free consultation may happen over the phone, online or in person. This will depend on your health concern, symptoms and preference - the pharmacist has a private consultation room for this purpose.
- The pharmacist will take your medical history and ask questions about your symptoms and concerns so they can offer advice, guidance and treatment if needed.
- The pharmacist may provide self care advice, over the counter medication (which you will need to pay for as usual) or may prescribe medication (which you will pay for in line with your usual prescription charges).
- Although pharmacists may prescribe medication, antibiotics are not always suitable. The pharmacist will make an assessment and advise on medications accordingly.
- The pharmacist will ensure you feel confident in what to look out and who to contact if your symptoms worsen. After your consultation your notes will be updated and shared with your GP practice.

Remember community pharmacies also offer:

- Advice and guidance for minor ailments and illnesses and can offer treatment for certain common conditions without the need to see your GP first.
- Blood pressure checks.
- Oral contraception services.



[View videos for the public via YouTube](#)

[Download resources from the Frimley Health and Care website](#)

[Back to resources contents page](#)

# FAQ scenarios 1-7

QUESTION -	EXAMPLE ANSWERS
<b>1. Why visit a community pharmacy?</b>	The Pharmacy First Service offers a private consultation with a pharmacist, same day access where as may need to wait for GP appointment. Pharmacist will be trained and follow a service pathway leading to treatment or onward referral as appropriate.
<b>2. What will happen during the consultation?</b>	Private consultation (room), trained pharmacist will ask questions about medical history, allergies, medications, symptoms & duration. They may offer examination eg earache – use otoscope. Provide self-care advice, OTC sale or supply a medication as appropriate.
<b>3. What happens after a referral?</b>	Patient should be advised to contact the community pharmacy. The pharmacy will be expecting the contact, in some cases the community pharmacy may contact the patient.
<b>4. Is PF available out of hours?</b>	Yes, some pharmacies offer extended hours. Patient can choose any participating pharmacy, doesn't have to be the regular nominated pharmacy
<b>5. Can I go to any pharmacy?</b>	Not all pharmacies offer the service although 95% are signed up - we will refer you to your chosen pharmacy so they will be expecting you.
<b>6. What conditions?</b>	The pharmacy first service was developed by experts following latest guidelines, includes minor illnesses (slide 6) and 7 clinical conditions (slide 7).
<b>7. What can the pharmacist do?</b>	Offer a private consultation. Can be f2f or via video call (not for otitis media). Ask questions and assess you, offer as appropriate - self care advice, OTC sale, POM medicine, onward referral. Includes safety netting advice so you know how and when to seek further advice.

# FAQ scenarios 8-14

QUESTION -	EXAMPLE ANSWERS
<b>8. What if I am pregnant or it is for a child?</b>	Depending on presenting symptom can still be assessed.
<b>9. Can they provide antibiotics?</b>	Yes – if appropriate (under PGD). There are 7 clinical pathways, 23 PGDs and one clinical protocol. Eligibility criteria apply. Patient assessment and onward referral if not eligible
<b>10. What if I have a penicillin allergy?</b>	You will be assessed, may be offered alternative antibiotic as appropriate.
<b>11. Will I get same level of care as GP?</b>	Pharmacists are medicines experts, they have undergone extensive training, have private consultation rooms, follow pathway and PGDs – they can provide care and advice or refer as appropriate.
<b>12. Will info be shared with my GP?</b>	Yes – consent obtained to send notification to be added to clinical record
<b>13. How will confidentiality/ data protection be ensured?</b>	Service is provided under national data sharing agreement, consent obtained, can access shared records
<b>14. What if they can't help me?</b>	Pharmacist will refer as appropriate (as per pathway)

# Key phrases to support conversations with patients

"For certain common conditions, you can now see a pharmacist directly and don't need a practice appointment."

"Pharmacists are trained healthcare professionals who can assess you and provide treatment, including some prescription medications if needed, for minor illnesses and common conditions."

"The Pharmacy First Service is quicker and more convenient – you can often be seen the same day at your preferred local pharmacy."

"Having listened to your symptoms, I would suggest we refer you to your preferred NHS community pharmacist who will likely be able to see you more quickly and support you with medications if required."

"We're referring you to the Pharmacy First Service because they can treat [condition]. As well as you being seen quicker it is helping us to ensure our practice appointments can be offered to patient with urgent issues and complex needs."

"The pharmacist will assess you over the phone or if needed in person using their private consultation room and will let us know of the outcome of your referral and if any further care is needed."

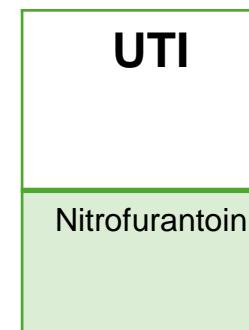
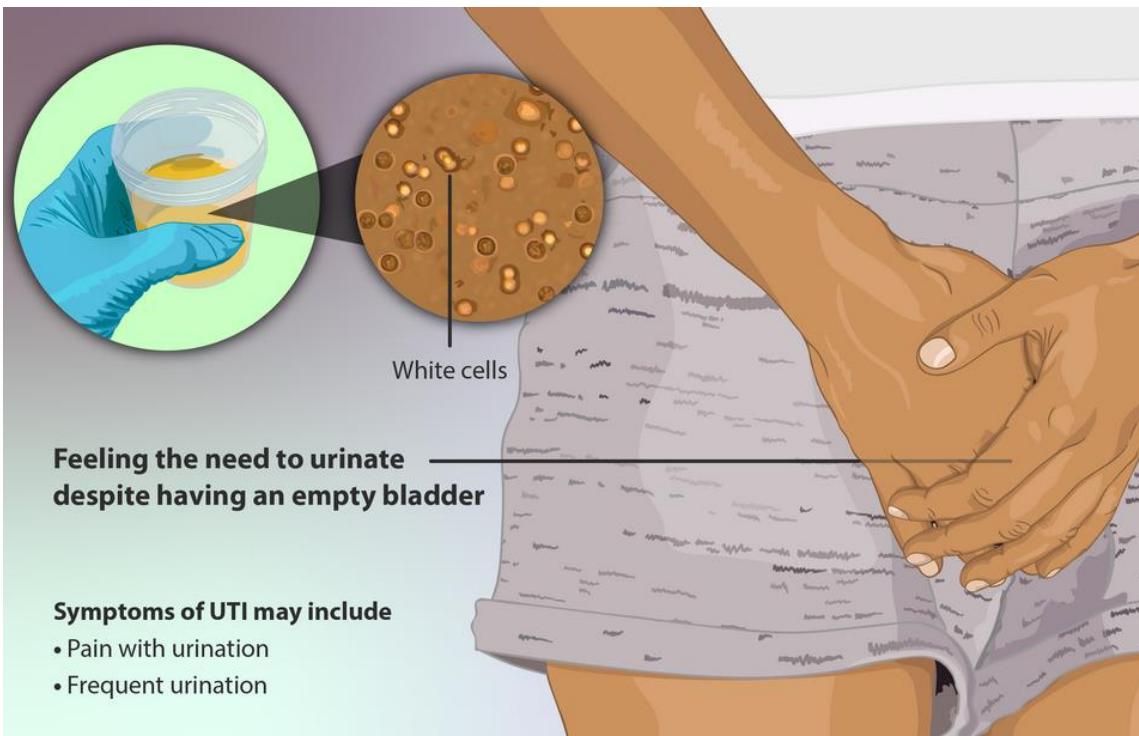
"If the pharmacist thinks you need to see a GP or access another healthcare service, they'll arrange that directly and make sure we are kept informed."

"You can telephone or visit the pharmacy to have a discussion with the pharmacist in their confidential consultation room. We'll send over the information you have provided to us but the pharmacist will need to ask a few more questions about your health and your symptoms, including if you have any allergies or any medications you're currently taking. In some cases, based on your symptoms, they may need to do a quick examination such as if you have earache they may look in your ear with an otoscope."

On referral – "Please contact the pharmacy and explain that you have been referred into the Pharmacy First Service by your general practice. The telephone number and address are as follows....."

# UTI (urinary tract infection) in females aged 16-64 years

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances	
UTI	Female	Aged 16-64	<ul style="list-style-type: none"><li>• Under 16 OR 65 and over</li><li>• Male</li><li>• Pregnant</li><li>• Breast feeding</li></ul>	<ul style="list-style-type: none"><li>• Immunocompromised</li><li>• Recurrent UTI's (2 in last 6 months/ 3 in last 12months)</li><li>• UTI treated with antibiotics in last three months</li></ul>
<b>For UTI</b> <b>Ask individual whether they have....</b>	<b>Has two or three of the following:</b> <ul style="list-style-type: none"><li>• Dysuria (painful or difficult urination)</li><li>• New Nocturia (new urination at night)</li><li>• Urine cloudy to the naked eye</li></ul>		<b>Has one or none of the following:</b> <ul style="list-style-type: none"><li>• Dysuria (painful or difficult urination)</li><li>• New Nocturia (new urination at night)</li><li>• Urine cloudy to the naked eye</li></ul>	



Urinary tract infections (UTIs) affect your urinary tract, including your bladder (cystitis), urethra (urethritis) or kidneys (kidney infection).

UTIs may be treated with antibiotics, **but they're not always needed.**

Find more on this condition at [NHS.UK](https://www.nhs.uk/conditions/urinary-tract-infection-uti/)

View all clinical pathways on the [NHS England website](https://www.england.nhs.uk/clinical-pathways/). Please scroll to the appropriate condition.

There is 1 PGD for UTI which contains inclusion and exclusion criteria, full instructions and counselling points plus side effects.

View [PGD for Nitrofurantoin](#)

# Impetigo in adults and children aged 1 year and over

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances
Impetigo	Adults and Children	Children aged 1 and over	<ul style="list-style-type: none"><li>• Under 1s</li><li>• Pregnant individuals under 16.</li></ul>



Impetigo
Hydrogen Peroxide cream
Fusidic acid cream
Flucloxacillin
Clarithromycin
Erythromycin

Impetigo is a skin infection that's very contagious but not usually serious. Anyone can get it, but it's more common in young children. With treatment, impetigo often gets better in a few days.

Find more on this condition at [NHS.UK](https://www.nhs.uk/conditions/impetigo/)

View all clinical pathways on the [NHS England website](https://www.england.nhs.uk/clinical-pathways/). Please scroll to the appropriate condition

The 5 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects. There is also 1 clinical protocol referring to Hydrogen peroxide cream.

[PGD for Fusidic acid cream](#)

[PGD for Flucloxacillin](#)

[PGD for Clarithromycin](#)

[PGD for Erythromycin](#)

[Clinical protocol for Hydrogen peroxide cream](#)

# Acute sore throat in adults and children aged 5 years and over

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances
<b>Acute sore throat</b>	Adults and Children	Children aged 5 and over	<ul style="list-style-type: none"><li>• Under 5s</li><li>• Pregnant individuals under 16.</li></ul>



## Sore Throat

Pen V

Clarithromycin

Erythromycin

Sore throats are very common and usually nothing to worry about. They normally get better by themselves within a week.

Find more on this condition at [NHS.UK](https://www.nhs.uk)

View all clinical pathways on the [NHS England website](https://www.england.nhs.uk). Please scroll to the appropriate condition.

The 3 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects.

[PGD for Pen V](#)

[PGD for Clarithromycin](#)

[PGD for Erythromycin](#)

# Shingles – adults only (18 years and over)

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances	
<b>Shingles</b>	Adults	18 and over	<ul style="list-style-type: none"><li>• Under 18s</li><li>• Pregnant</li></ul>	<ul style="list-style-type: none"><li>• Severely immunocompromised</li><li>• Shingles in the eye</li></ul>



## Shingles

Aciclovir

Valaciclovir

Shingles is an infection that causes a painful rash.

Find more on this condition at [NHS.UK](https://www.nhs.uk/conditions/shingles/)

View all clinical pathways on the [NHS England website](https://www.england.nhs.uk/clinical-pathways/).  
Please scroll to the appropriate condition.

The 2 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects.

[PGD for Aciclovur](#)

[PGD for Valaciclovir](#)

# Infected insect bites in adults and children aged 1 year and over

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances
<b>Infected Insect Bite</b>	Adults and Children	Children aged 1 and over	<ul style="list-style-type: none"><li>• Under 1s</li><li>• Pregnant individuals under 16.</li></ul>



## Insect bite

Flucloxacillin

Clarithromycin

Erythromycin

Insect bites or stings are not usually serious and get better in a few days. But sometimes they can become infected or cause a serious allergic reaction.

View all clinical pathways on the [NHS England website](#). Please scroll to the appropriate condition.

[View the clinical pathway](#)

The 3 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects.

[PGD for Flucloxacillin](#)

[PGD for Erythromycin](#)

[PGD for Clarithromycin](#)

# Acute Sinusitis in adults and children aged 12 years and over

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances	
<b>Acute Sinusitis</b>	Adults and Children	Children aged 12 and over	<ul style="list-style-type: none"><li>• Under 12s</li><li>• Pregnant individuals under 16.</li></ul>	<ul style="list-style-type: none"><li>• Chronic sinusitis (had over 12 weeks)</li><li>• Immunocompromised</li></ul>



[Image origin and copyright](#)

## Sinusitis

Mometasone nasal spray

Fluticasone nasal spray

Pen V

Clarithromycin

Erythromycin

Doxycycline

Sinusitis is swelling of the sinuses, usually caused by an infection. It's common and usually clears up on its own within 4 weeks. But medicines can help if it's taking a long time to go away.

Find more on this condition at [NHS.UK](#)

View all clinical pathways on the [NHS England website](#). Please scroll to the appropriate condition.

The 6 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects.

[PGD for Mometasone nasal spray](#)

[PGD for Fluticasone nasal spray](#)

[PGD for Clarithromycin](#)

[PGD for Erythromycin](#)

[PGD for Doxycycline](#)

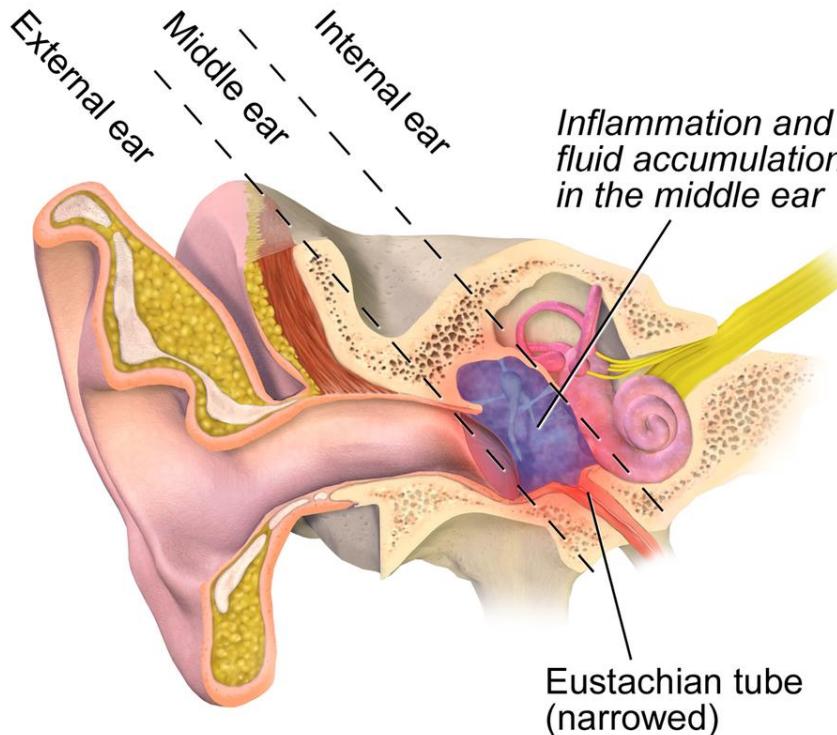
[PGD for Pen V](#)

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# Acute Otitis Media (ear infection) in children aged 1 – 17 years

Conditions	What conditions are <b>SUITABLE</b> for referral to pharmacists		Do <b>NOT</b> refer in these circumstances	
<b>Acute Otitis Media</b>	Children	Children aged 1 - 17	<ul style="list-style-type: none"><li>Adults aged over 17.</li><li>Pregnant individuals under 16.</li></ul>	Recurrent Acute Otitis Media (3 or more episodes in 6 months or 4 or more in 12 months)

## Otitis Media



### Acute otitis media

Phenazone  
Lidocaine ear drops

Amoxicillin

Clarithromycin

Erythromycin

Acute otitis media is an inflammation of the middle ear; this is the ear drum and the small space behind the eardrum

Ear infections are very common, particularly in children. You do not always need to see a GP for an ear infection as they often get better on their own within 3 days.

Find more on this condition at [NHS.UK](https://www.nhs.uk/conditions/ear-infection/)

View all clinical pathways on the [NHS England website](https://www.england.nhs.uk/clinical-pathways/). Please scroll to the appropriate condition.

The 4 PGDs contain inclusion and exclusion criteria, full instructions and counselling points plus side effects.

[PGD for Amoxicillin](#)

[PGD for Phenazone and Lidocaine ear drops](#)

[PGD for Clarithromycin](#)

[PGD for Erythromycin](#)