

Getting Ready for Pharmacy First



Welcome

Your LPC

Introductions

19.15-20.00 Introduction to Pharmacy First and outline of the 7 Clinical Pathways

20.00-20.15 Q&A

20.15-21.30 ENT Training including practical otoscope skills (please bring your otoscope).

Note: for those that don't require ENT/otoscope training, interactive Q&A session with members of the LPC team.

21.30 Close

Expansion of Contraception Service

Introduction of initiation of contraception in community pharmacies, supporting women to have easier access to contraception, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors to sign up
- Both ongoing supply and initiation of supply will be combined into one service.
- NHS website postcode search tool enable patients to find local pharmacies who deliver the contraception service.



£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.

Relaunch of Blood Pressure Service

Blood pressure checks to help identify the 5.5 million people with undiagnosed blood pressure at risk of heart attack and stroke, through:

- Additional funding
- Greater use of pharmacy team skill mix
- Encouraging contractors not signed up to do so
- Encouraging contractors who have signed up to see more patients and completion of more ABPMs

£75 million per year additional funding, outside of the global sum, has been made available to support the expansion of both these services.



Why?

The Pharmacy First service

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

Clinical pathway consultations

- new element

Urgent supply of repeat meds and appliances

- previously part of CPCS

Referrals for minor illness consultations

- previously part of CPCS

What are the seven conditions?

Sinusitis

12 years and
over

Sore throat

5 years and
over

**Acute otitis
media**

1 to 17 years

**Infected
insect bite**

1 year and over

Impetigo

1 year and over

Shingles

18 years and
over

**Uncomplicated
UTI**

Women 16 to 64
years

The Pharmacy First service

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

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

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

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

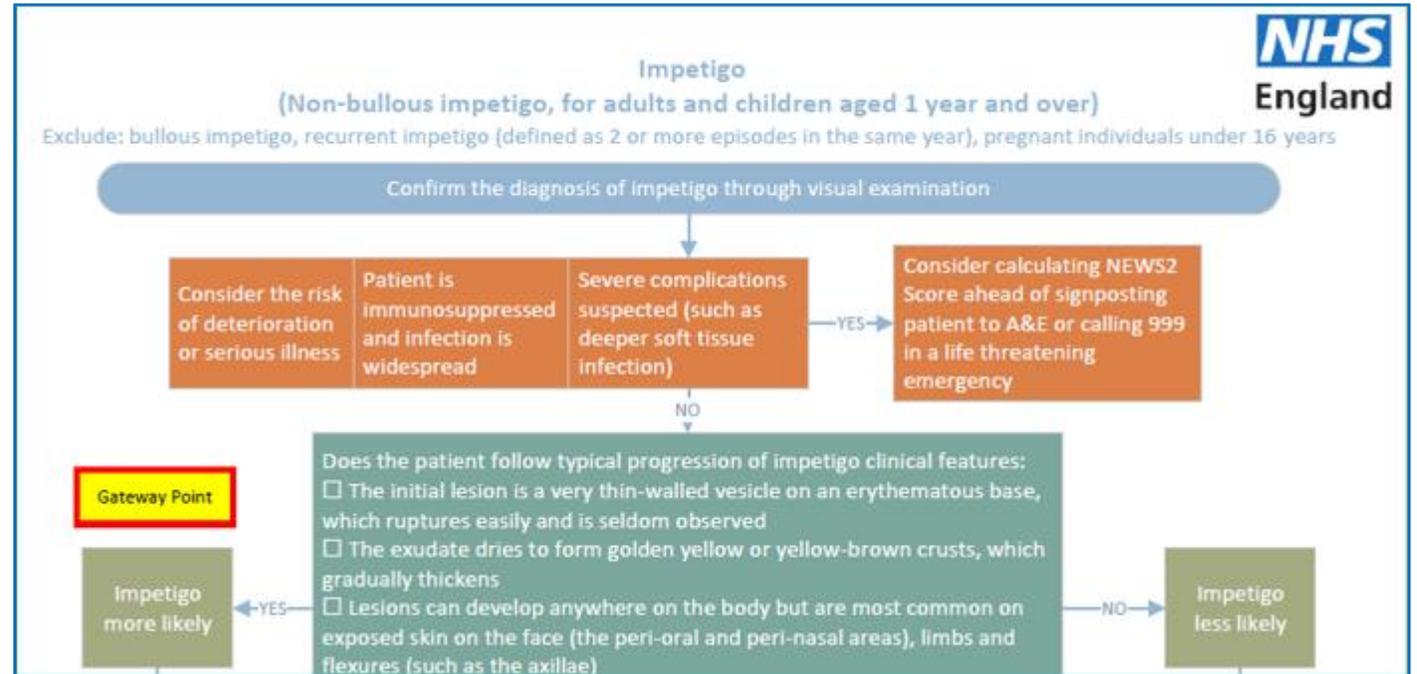
DSPs can **only** provide clinical pathways consultations **remotely** (due to the link to Essential services)

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

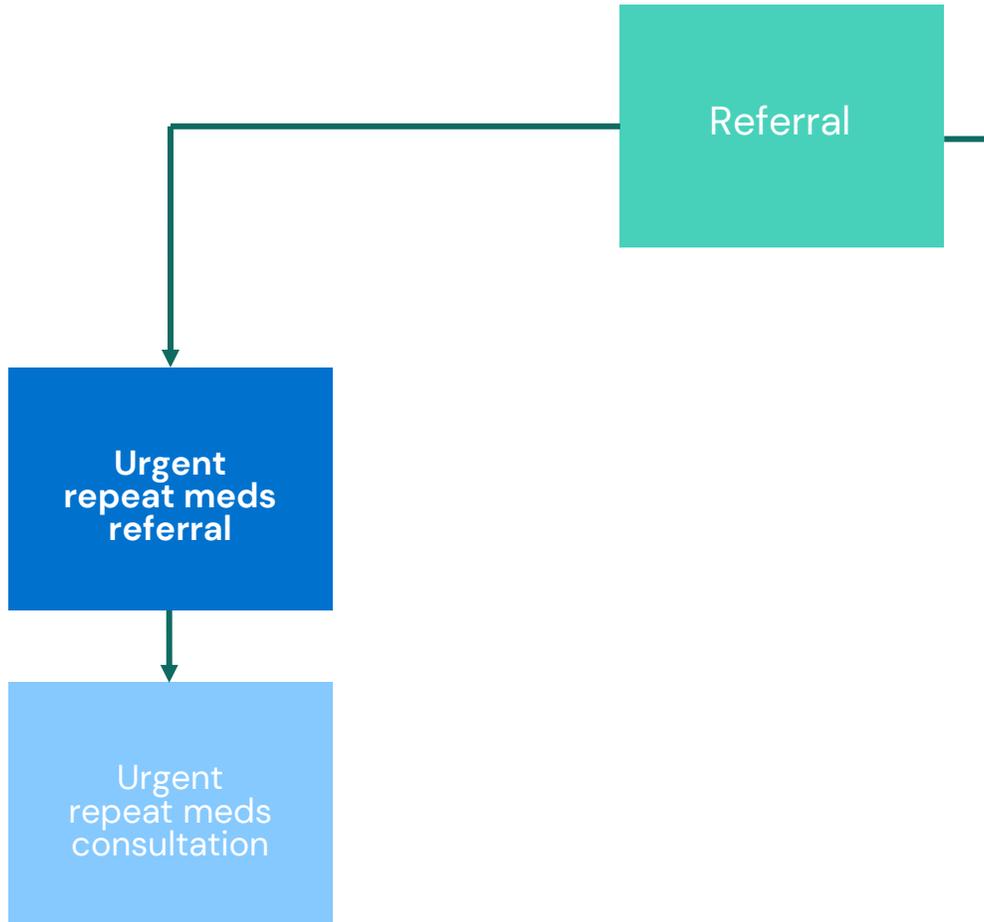
There are no changes to the former CPCS elements of the service, e.g. referrals are still required and telephone consultations are still possible, where clinically appropriate

Clinical pathways consultations

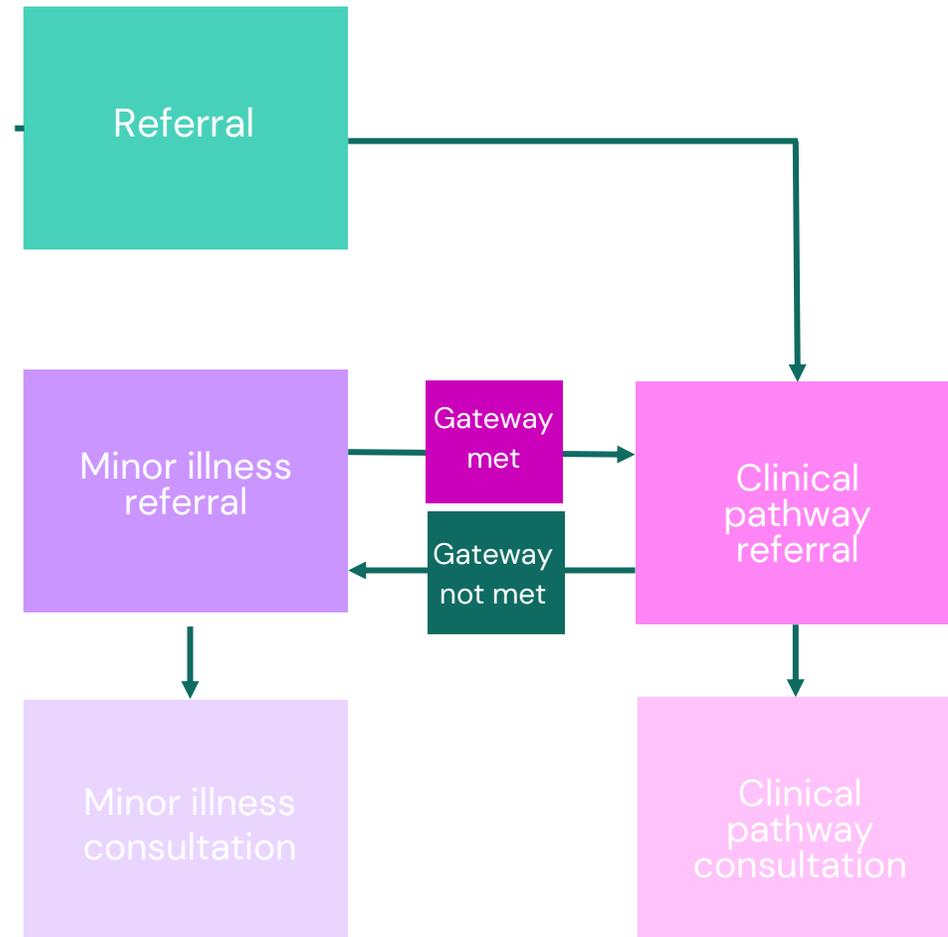
- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



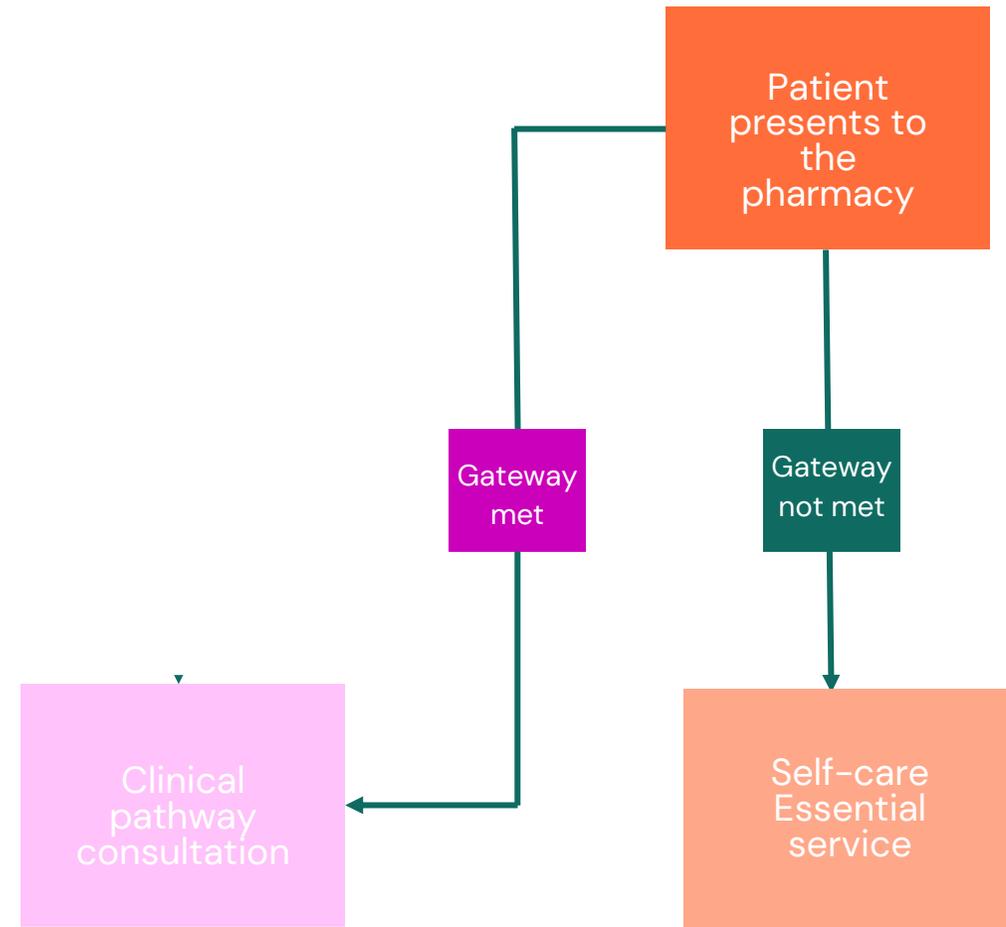
High-level service overview



High-level service overview

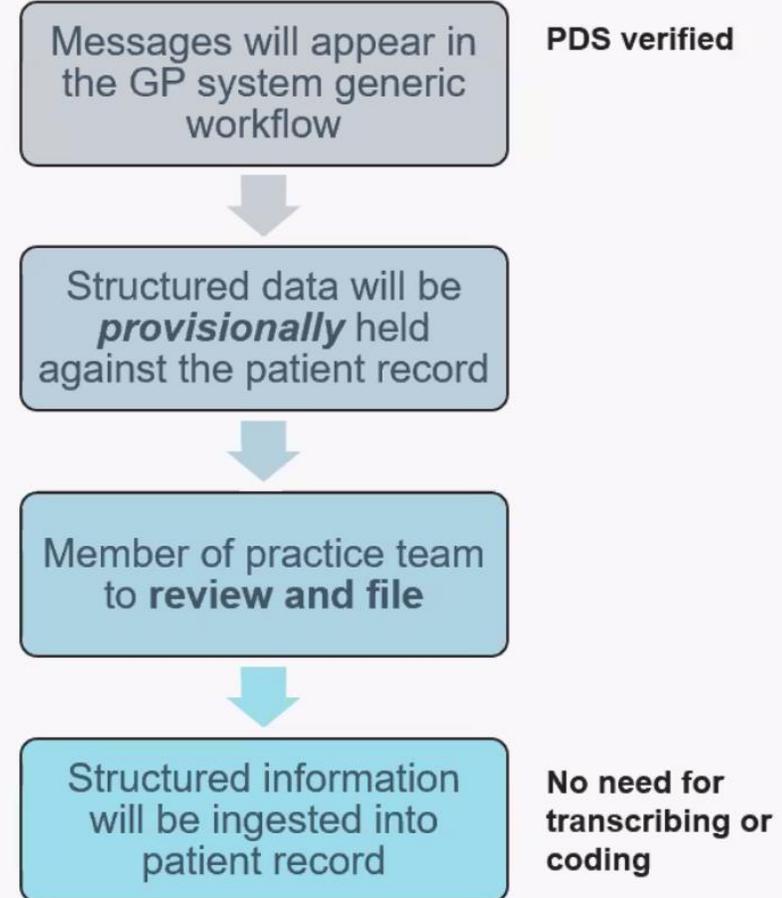


High-level service overview



Updating the GP record

- Community Pharmacy IT suppliers have developed the capability to send a summary of the pharmacy consultation (as per NHSE service specification and PRSB standard).
- Initial implementation will cover the following pharmacy services:
 - Pharmacy First (Clinical Pathways and Minor Illness)
 - Blood Pressure
 - Contraception





Summary of the service requirements

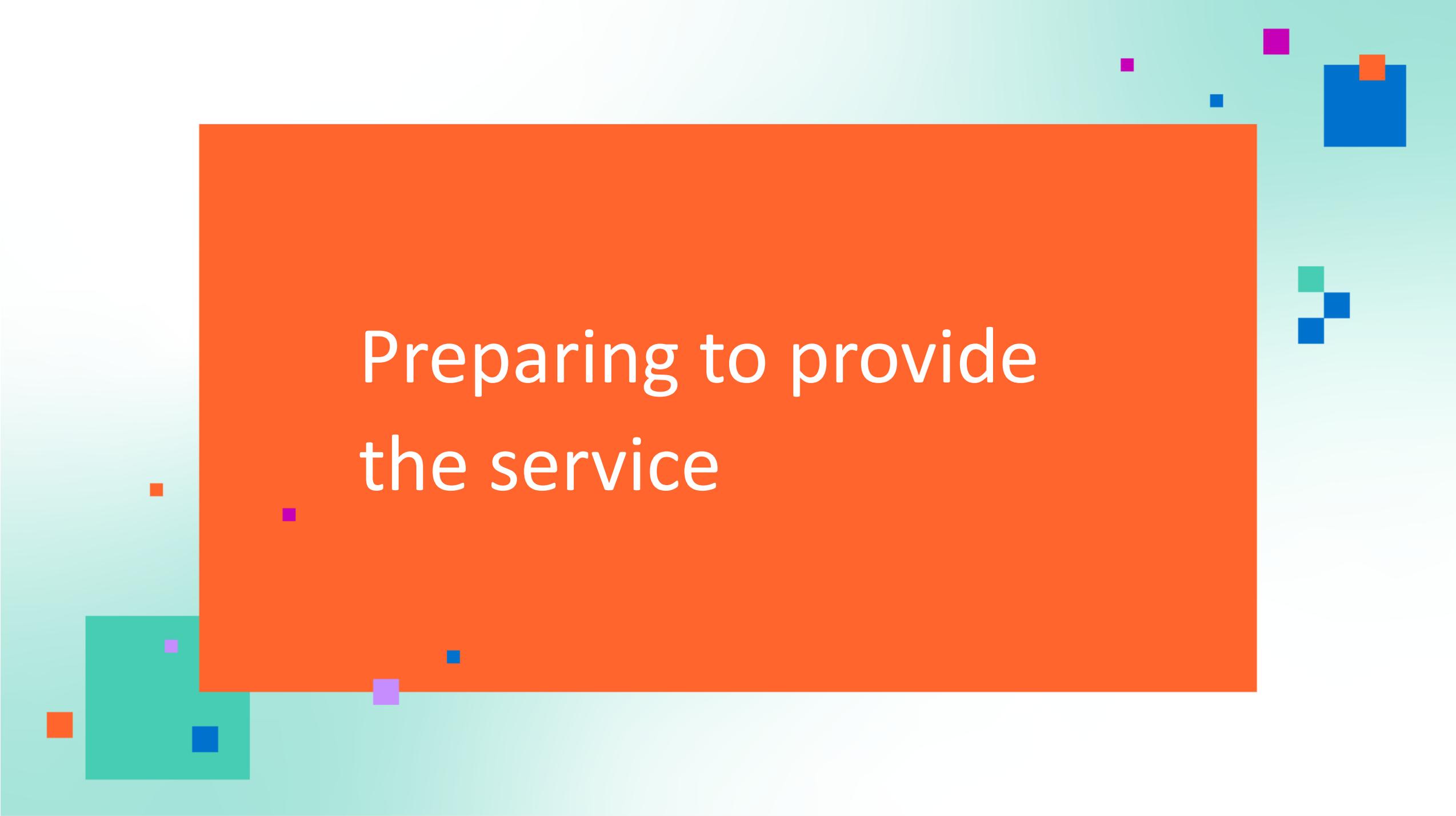
The service requirements

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



Thresholds

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

The background features a large, solid orange rectangle centered on a light teal gradient. Scattered around the rectangle are several small, solid-colored squares in shades of orange, purple, blue, and green. Some of these squares are grouped together, such as a cluster of blue and green squares on the right side and a group of orange, purple, and blue squares at the bottom left.

Preparing to provide
the service

PGDs

- Pharmacists must read and sign the final versions of the PGDs and protocol, rather than the draft versions
- Download and read the service specification and clinical pathways
- If you then want to provide the service from the start date, **sign up on MYS (19th Jan*)**
- Place an **order for an otoscope**

Preparing to provide the service

- Start **considering which IT system** you want to use and look into costs and contracting
- Provide an **initial briefing** on the service for your **staff**
- Create a **training plan with pharmacists** who will provide the service (using the **CPPE self-assessment**), including ensuring they know how to use an otoscope
- Checklists of things to do to prepare for the service for **pharmacy owners** and **pharmacists** (Link on CPE Website)
- The **CPCS toolkit** is being updated to cover the new service
- Check our **LPC website** for details of any **local training sessions**
- Start to develop an **SOP** or update your CPCS SOP



Preparing to provide the service

- Update your DOS profile with correct opening hours etc
 - Any issues with providing the service eg unplanned closure
 - Contact DOS Team
- Contact local surgeries
- Inform the ICB and NHS Commissioning team
- Understand requirement for Remote Consultations

0300 0200363
ASAP



Medication List

- Order in Advance
- Understand 2nd line if 1st line not available

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



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)

New resources



LPC Sponsored Training

(<https://cptv.org.uk/our-news/pharmacy-first/>)

- 3 Evening Engagement Events:
- *18th Jan High Wycombe (FULL)*
- *24th Jan Oxford (FULL)*
- *30th Jan Reading (FULL)*
- 18th Feb E Berks – ENT Training (CPPE) – 2 places left
- 17th March BOB (Bucks, Berks W. and Oxfordshire) 120 places ENT Training (ECG) – Holiday Inn – High Wycombe

PHARMACY TRAINING

Search using an F code or post code to find training resources specific to your area.

SEARCH BY:

F Code

Post Code



SEARCH BY F CODE

*if you experience problems searching, please try clearing your browser cache

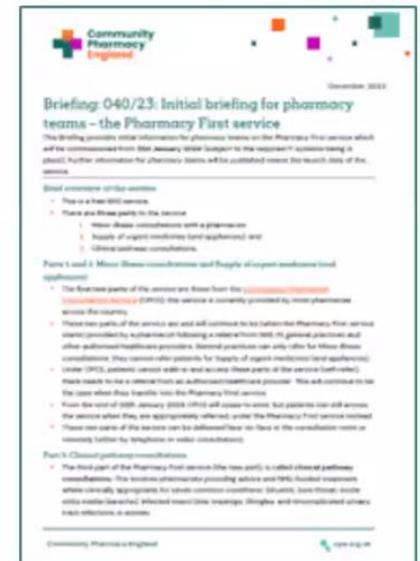
How it works



FREE to all CPTV CONTRACTORS!!

Talking to your team

- Only pharmacists can provide the consultation but the whole team can be involved in the service:
 - Community Pharmacy England briefing for the pharmacy team
 - Discuss as a team how you make the service a success
 - Think about other pharmacy services you could promote to patients who come in for the service, e.g. flu vaccination service
 - Ensure all staff know how to identify a patient who may have been referred to the pharmacy for the service
 - Make sure team members are clear on daily activities, such as checking for referrals
 - Discuss how each member can promote the service to patients, for example, encourage patients to tell their friends and family about the service



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



Clinical Pathway Gateway Points

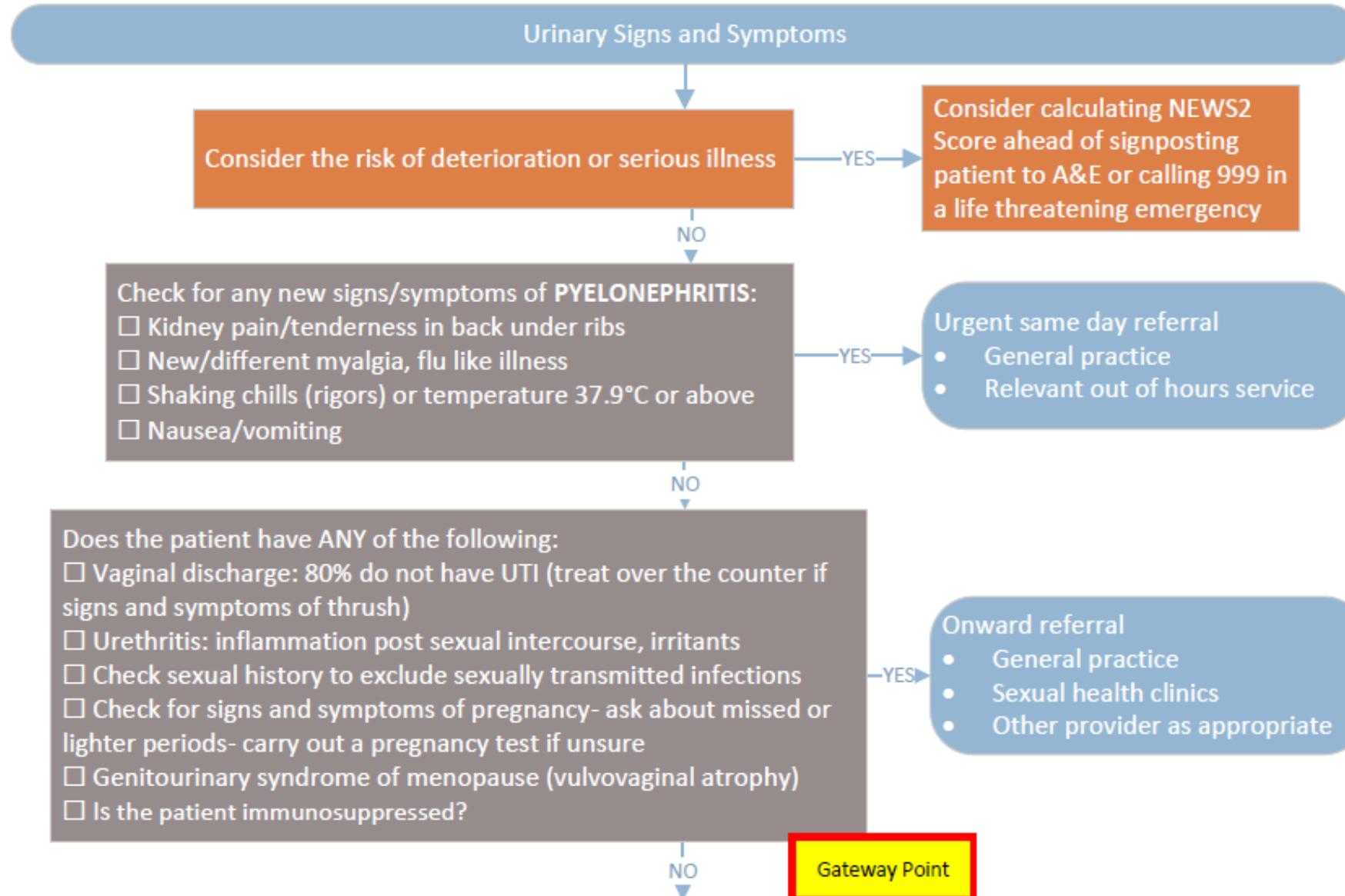


First Contact

- WHAMM QUESTIONS
 - W: Who is the medicine for?
 - W: What are the symptoms?
 - H: How long have you had the symptoms?
 - A: What action has been taken?
 - M: Are you taking any other medication?
- An extra “H”
 - H: Have you been referred by the GP or 111?

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)



Urinary Tract Infection in Women

Main Symptoms

Sometimes also called Cystitis, a Urinary Tract Infection (or UTI) is characterised by 3 main symptoms:

- Increase in frequency of urination, including at night
- A need to urinate more suddenly or urgently than usual
- A burning or stinging pain when passing urine



Suitability for the Pharmacy First Service

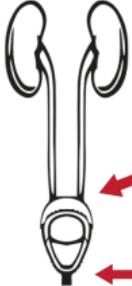
- **Women** aged 16 to 64 years with suspected UTI
- Excludes pregnant individuals, people with a urinary catheter or recurrent episodes (2 episodes in last 6 months or 3 episodes in last 12 months)

When to Refer to Pharmacist

If the patient presents with any of the above key symptoms or who are generally unwell.



For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)

Possible urinary signs & symptoms	The outcome	Recommended care	Types of urinary tract infection
<p>Key signs/symptoms: Dysuria: Burning pain when passing urine (wee) New nocturia: Needing to pass urine in the night Cloudy urine: Visible cloudy colour when passing urine</p> <p>Other signs/symptoms to consider: Frequency: Passing urine more often than usual Urgency: Feeling the need to pass urine immediately Haematuria: Blood in your urine Suprapubic pain: Pain in your lower tummy</p> <p>Other things to consider: Recent sexual history <ul style="list-style-type: none"> Inflammation due to sexual activity can feel similar to the symptoms of a UTI Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI Changes during menopause <ul style="list-style-type: none"> Some changes during the menopause can have symptoms similar to those of a UTI </p>	<p>Non-pregnant women:</p> <p><input type="checkbox"/> If none or only one of: dysuria, new nocturia, cloudy urine; AND/OR vaginal discharge →</p> <ul style="list-style-type: none"> UTI much less likely You may need a urine test to check for a UTI Antibiotics less likely to help Usually lasts 5 to 7 days <p><input type="checkbox"/> If 2 or more of: dysuria, new nocturia, cloudy urine; OR bacteria detected in urine; AND NO vaginal discharge →</p> <ul style="list-style-type: none"> UTI more likely; antibiotics should help You should start to improve within 48 hours Symptoms usually last 3 days <p>Pregnant women: Always request urine culture</p> <p><input type="checkbox"/> If suspected UTI →</p>	<p><input type="checkbox"/> Self-care and pain relief. <ul style="list-style-type: none"> Symptoms may get better on their own <input type="checkbox"/> Delayed or backup prescription with self-care and pain relief Start antibiotics if symptoms: <ul style="list-style-type: none"> Get worse Do not get a little better with self-care within 48 hours <input type="checkbox"/> Immediate antibiotic prescription plus self-care</p> <p><input type="checkbox"/> If mild symptoms, delayed or back-up antibiotic prescription plus self-care</p> <p><input type="checkbox"/> Immediate antibiotic prescription plus self-care</p>	<p>UTIs are caused by bacteria getting into your urethra or bladder, usually from your gut. Infections may occur in different parts of the urinary tract.</p>  <p>Kidneys (make urine) Infection in the upper urinary tract <ul style="list-style-type: none"> Pyelonephritis (pie-lo-nef-right-is). Not covered in this leaflet and always needs antibiotics </p> <p>Bladder (stores urine) Infection in the lower urinary tract <ul style="list-style-type: none"> Cystitis (sis-tight-is). </p> <p>Urethra (takes urine out of the body) Infection or inflammation in the urethra <ul style="list-style-type: none"> Urethritis (your-ith-right-is) </p>

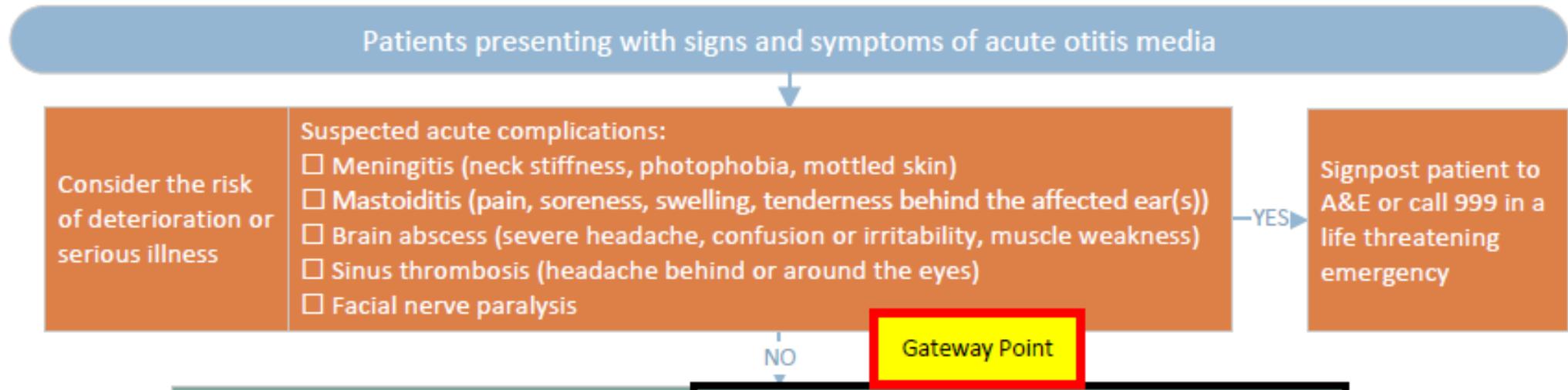
If you think you may have COVID-19 then please visit <http://www.gov.uk/coronavirus> or <http://www.nhs.uk> for the latest guidance and information

Self-care to help yourself get better more quickly	Options to help prevent a UTI	Antibiotic resistance	When should you get help? Contact your GP practice or contact NHS
<ul style="list-style-type: none"> Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses Avoid too much alcohol, fizzy drinks or caffeine that can irritate your bladder Take paracetamol or ibuprofen at regular intervals for pain relief, if you have had no previous side effects There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>It may help you to consider these risk factors:</p> <ul style="list-style-type: none"> Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet. Avoid waiting to pass urine. Pass urine as soon as you need to. Go for a wee after having sex to flush out any bacteria that may be near the opening to the urethra. Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra. Drink enough fluids to make sure you wee regularly throughout the day, especially during hot weather. <p>If you have a recurrent UTI, the following may help</p> <ul style="list-style-type: none"> Cranberry products and D-mannose: There is some evidence to say that these work to help prevent recurrent UTI After the menopause: Topical hormonal treatment may help; for example, vaginal pessaries. Antibiotics at night or after sex may be considered 	<p>Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.</p> <p>↓</p> <p>Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.</p> <p>↓</p> <p>This may make future UTI more difficult to treat</p> <p>↓</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>↓</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>	<p>The following symptoms are possible signs of serious infection and should be assessed urgently.</p> <p>Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> You have shivering, chills and muscle pain You feel confused, or are very drowsy You have not passed urine all day You are vomiting You see blood in your urine Your temperature is above 38°C or less than 36°C. You have kidney pain in your back just under the ribs Your symptoms get worse Your symptoms are not starting to improve within 48 hours of taking antibiotics

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



Infected Ears

Main Symptoms

Otitis media, or ear infection, is more common in children, and parents may bring children into the pharmacy with the following symptoms that are indicative of Otitis media:

- Unusual irritability
- Difficulty sleeping or staying asleep
- Tugging or pulling at one or both ears
- Fever, especially in infants and younger children
- Fluid draining from ear(s)
- Loss of balance
- Hearing difficulties
- Ear pain



Sometimes patients may think they have an infection when they have ear wax. Ear wax build up usually presents with different symptoms than ear infection:

- Gradual loss of hearing
- Feeling of fullness or blockage in the ear
- Ringing or buzzing in the ears
- No pain

Suitability for the Pharmacy First Service

- Patients aged 1 to 17 years old

When to Refer to Pharmacist

Refer all suspected cases of Otitis Media to the pharmacist for further assessment. **It is important that the patient themselves is present in the pharmacy so that the pharmacist can look in the ears with an otoscope.**

MEDIA STREAM
will appear here



OVERVIEW

RESOURCES

-  **Summary Document**
Print off and keep list of all resources
-  **Link to all the resources**





Questions?



Thank You for your time

Engage with your LPC

Sign up to the Signal Group

www.cptv.org.uk

Read the digest (every Thursday to your mailbox)

Independent Place on the LPC Committee