

Getting Ready for Pharmacy First



Welcome

Your LPC

Introductions

19.15-19:45 Introduction to Pharmacy First and outline of the 7 Clinical Pathways

19:45-20.00 Q&A

20.00-21.30 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

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

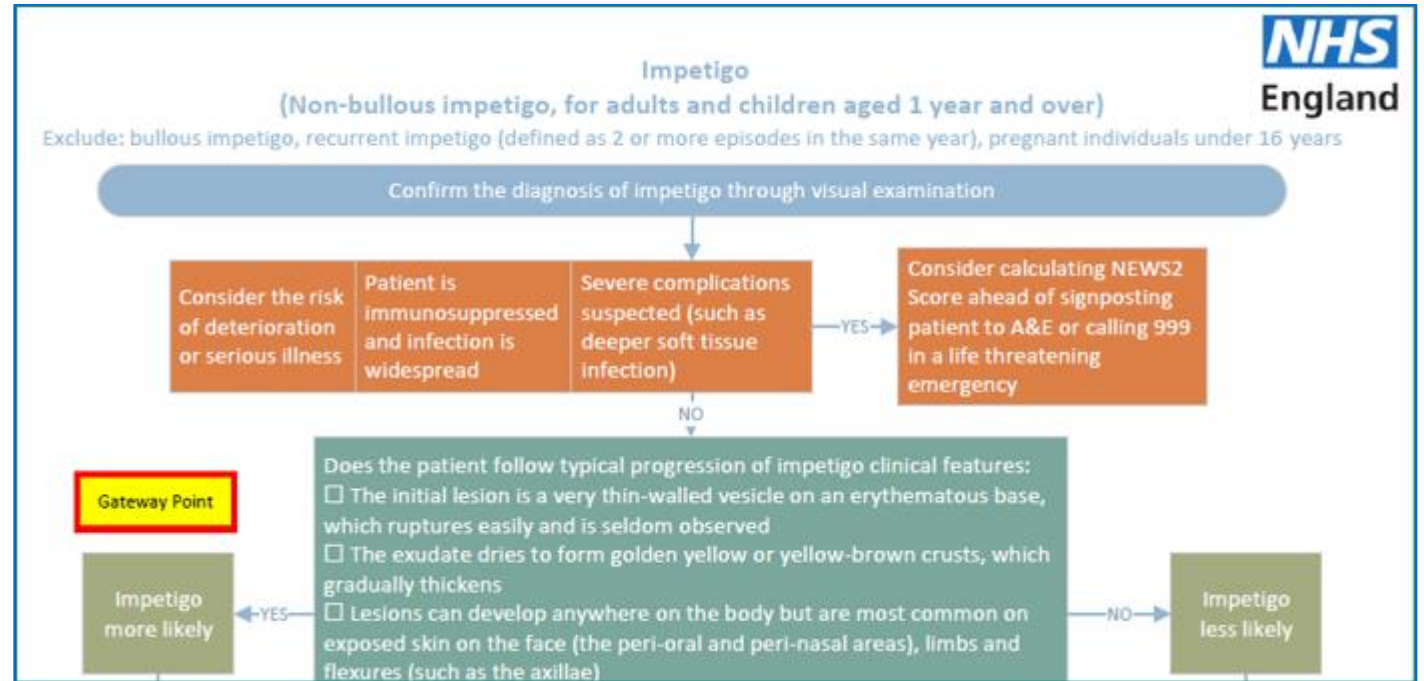
18 years and
over

**Uncomplicated
UTI**

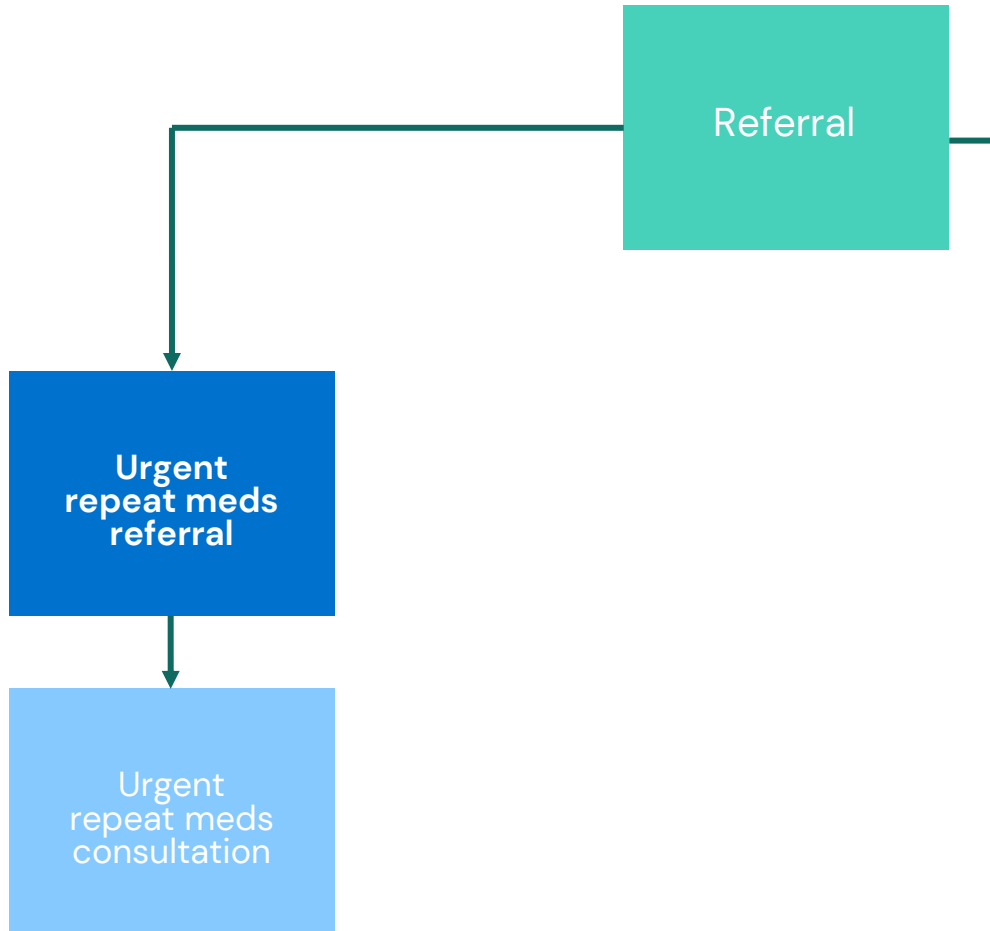
Women 16 to 64
years

Clinical pathways consultations

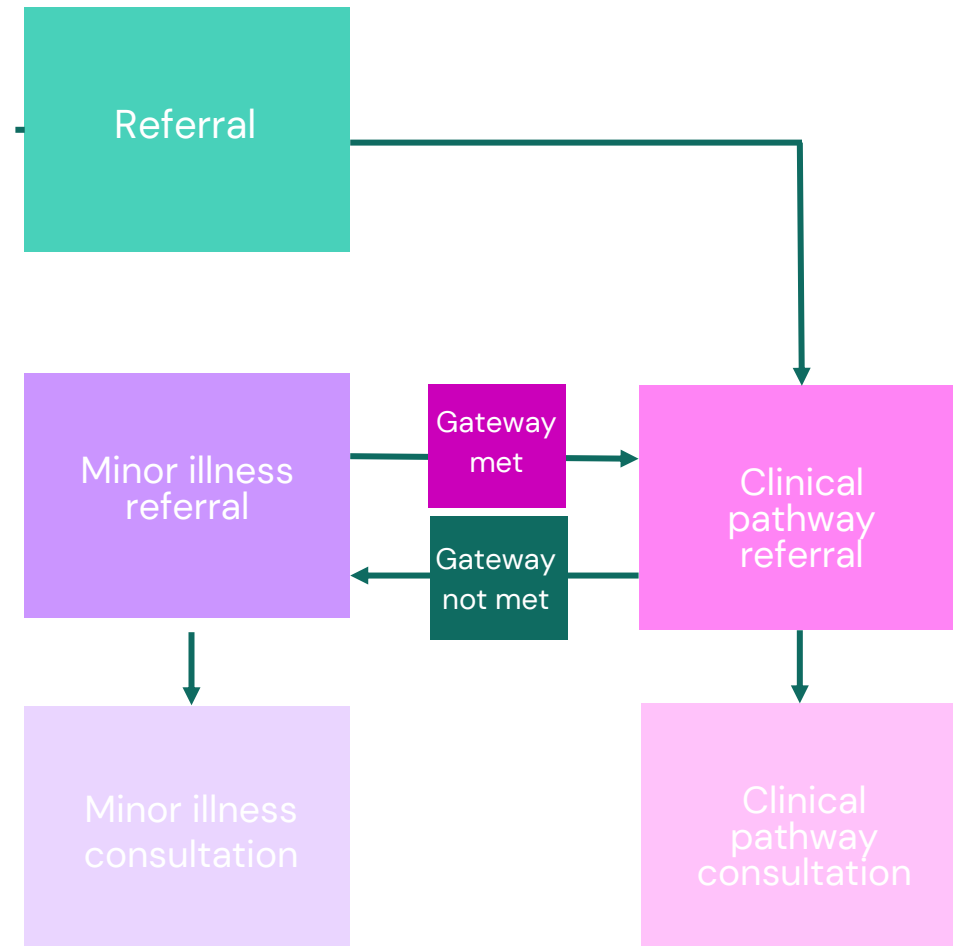
- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



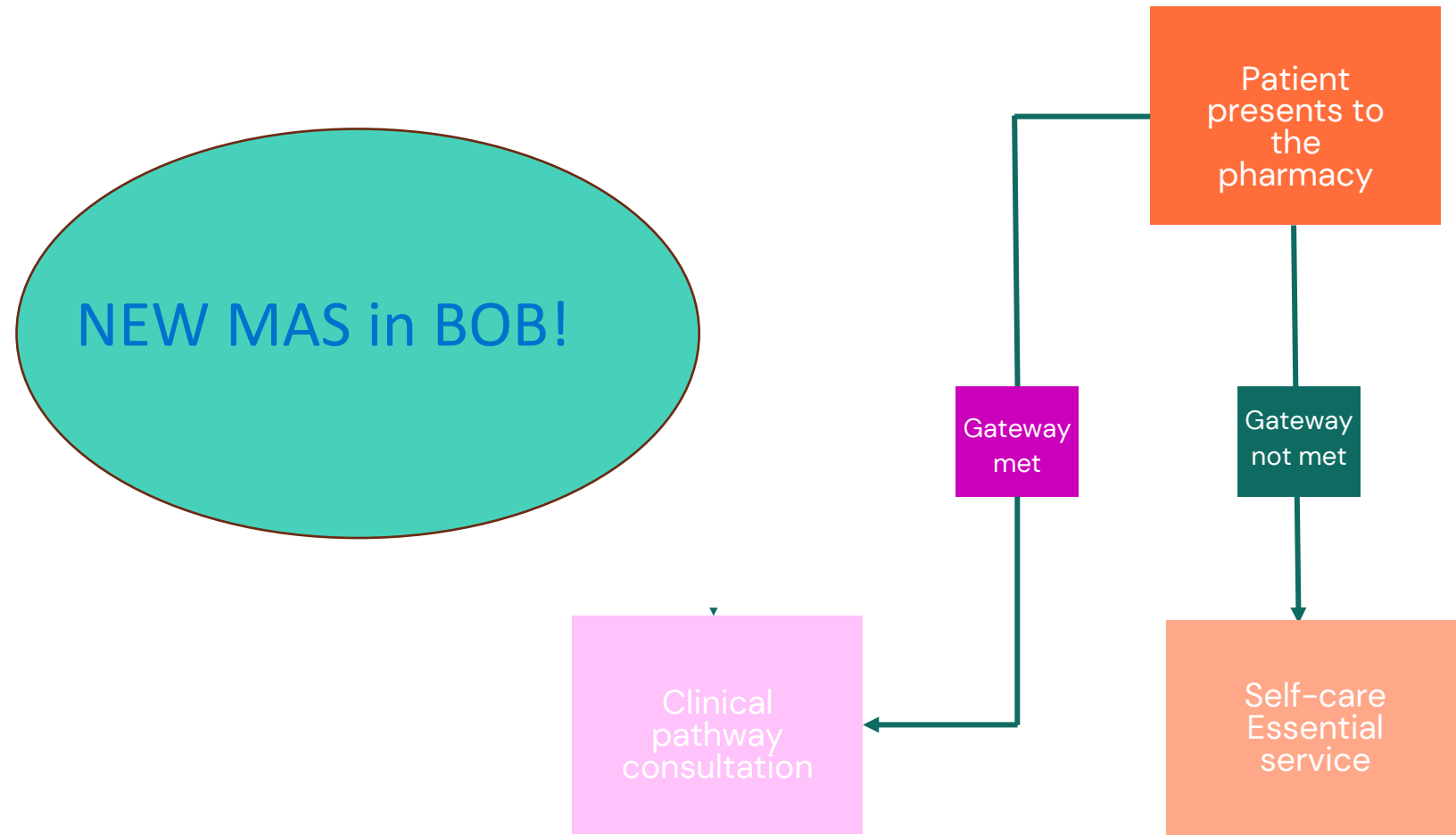
High-level service overview



High-level service overview



High-level service overview



Updates

- Community development summary (as per N PRSB sta
- Initial impact following
 - Pharmacy and
 - Blood
 - Co

[PharmOutcomes User Guide - Pharmacy First service guide](#)

[PharmOutcomes User Guide - Provider Pays - Costs, sign up and joining affinity groups](#)

[PharmOutcomes User Guide - PharmOutcomes Direct Registration Guide](#)

[PharmOutcomes User Guide - How to join an affinity group](#)

NHS Pharmacy First - Minor Illness and Clinical Pathways



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

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** (deadline is 31st March)

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

- 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)

LPC Sponsored Training

[\(https://cptv.org.uk/our-news/pharmacy-first/\)](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) – (FULL)*
- *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

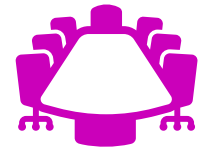
How it works



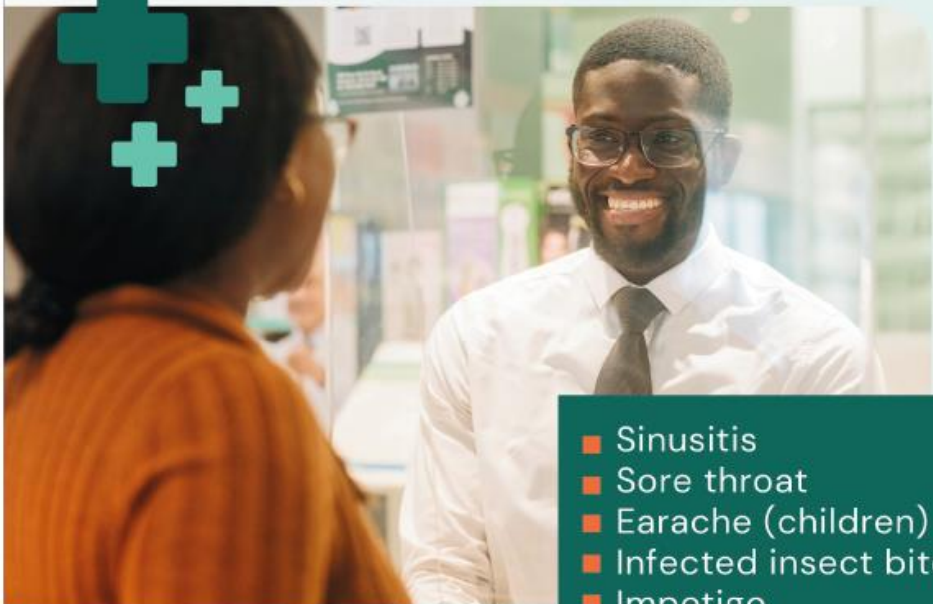
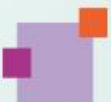
FREE to all CPTV CONTRACTORS!!

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



Most pharmacies can help you with **seven common conditions** without needing a GP appointment



- Sinusitis
- Sore throat
- Earache (children)
- Infected insect bite
- Impetigo
- Shingles
- Urinary tract infection (women)



Ask your pharmacy for more information about this free NHS service

Visit your Pharmacy First!



We can help you with **seven common conditions** without needing a GP appointment



- Sinusitis
- Sore throat
- Earache (children)
- Infected insect bite
- Impetigo
- Shingles
- Urinary tract infection (women)



Ask us for more information about this free NHS service

Visit your Pharmacy First!



Conditions	What conditions are SUITABLE for referral to pharmacists		Do NOT refer in these circumstances	
UTIs	Female	16 to 64	Under 16 or 65 or over Male Pregnant Breastfeeding	-Immunocompromised - Recurrent UTI's (2 in last 6 months/3 in last 12 months) - UTI treated with antibiotics in last 3 months
For UTI's Ask individual whether they have -	Has TWO or THREE of the following <ul style="list-style-type: none"> ○ Dysuria (Painful or difficult urination) ○ New nocturia (New urination at night) ○ Urine cloudy to the naked eye 		Has ONE or NONE of the following <ul style="list-style-type: none"> ○ Dysuria (Painful or difficult urination) ○ New nocturia (New urination at night) ○ Urine cloudy to the naked eye 	
Impetigo	Adults & Children	Children aged 1 and over	Under 1's Pregnant individuals under 16	
Acute Sore Throat	Adults & Children	Children aged 5 and over	Under 5's Pregnant individuals under 16	
Shingles	Adults	18 and over	Under 18's Pregnant	-Severely immunocompromised -Shingles in the eye
Infected Insect Bites	Adults & Children	Children aged 1 and over.	Under 1's Pregnant individuals under 16	
Acute Sinusitis	Adults & Children	Children aged 12 and over	Under 12's Pregnant individuals under 16	-Chronic Sinusitis (had over 12 weeks) - Immunocompromised
Acute Otitis Media	Children	Children aged 1 to 17	Adults over 17 Pregnant individuals under 16	-Recurrent Acute Otitis Media (3 or more episodes in 6 months or 4 or more in 12 months)

Clinical Pathway Gateway Points





Pharmacy First – Clinical Pathway

Urinary tract infection patient group direction

Document Summary
Published 19 December 2023.

1a: Supply of nitrofurantoin capsules/tablets for the treatment of urinary tract infection under the NHS England commissioned Pharmacy First Service
PDF 343 KB 14 pages

Shingles patient group directions

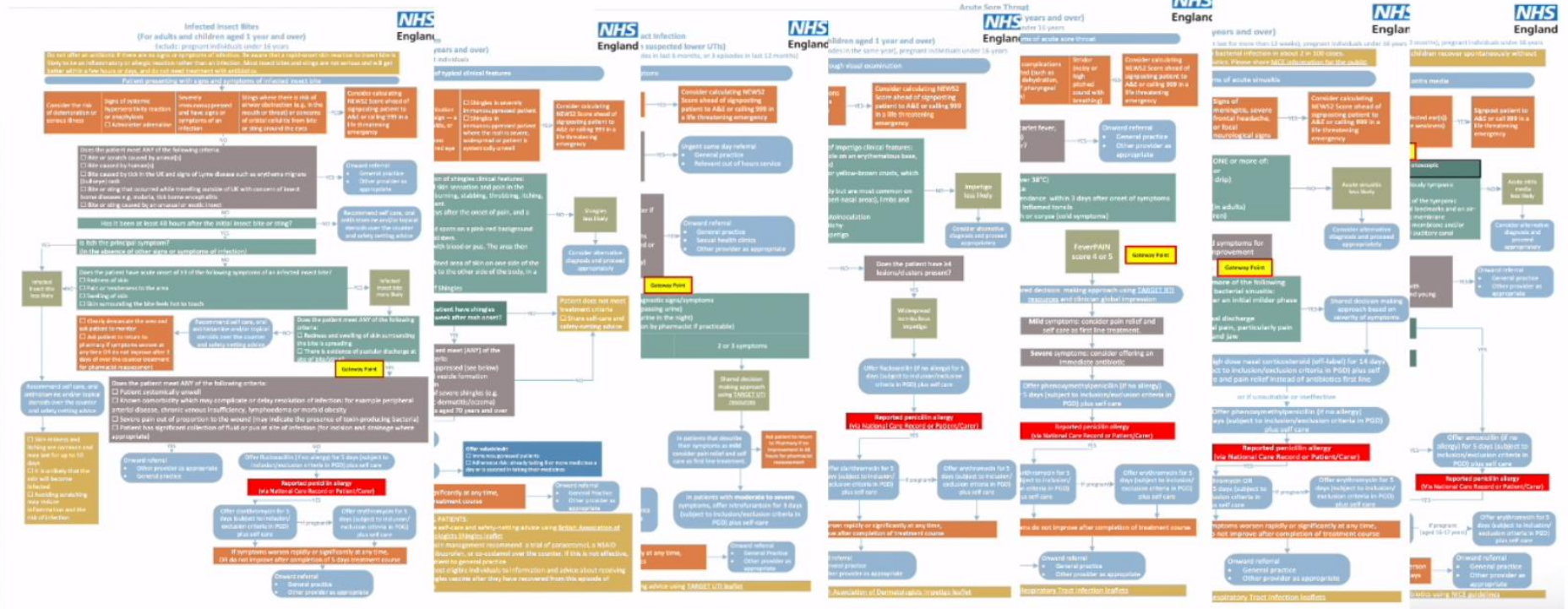
Document Summary
Published 19 December 2023.

2a: Supply of aciclovir tablets/dispersible tablets for the treatment of shingles (herpes zoster) infection under the NHS England commissioned Pharmacy First Service
PDF 364 KB 15 pages

Document Summary
Published 19 December 2023.

2b: Supply of valaciclovir tablets for the treatment of shingles (herpes zoster) infection under the NHS England commissioned Pharmacy First Service
PDF 375 KB 16 pages

Impetigo patient group directions and protocols



MUST FOLLOW RULES

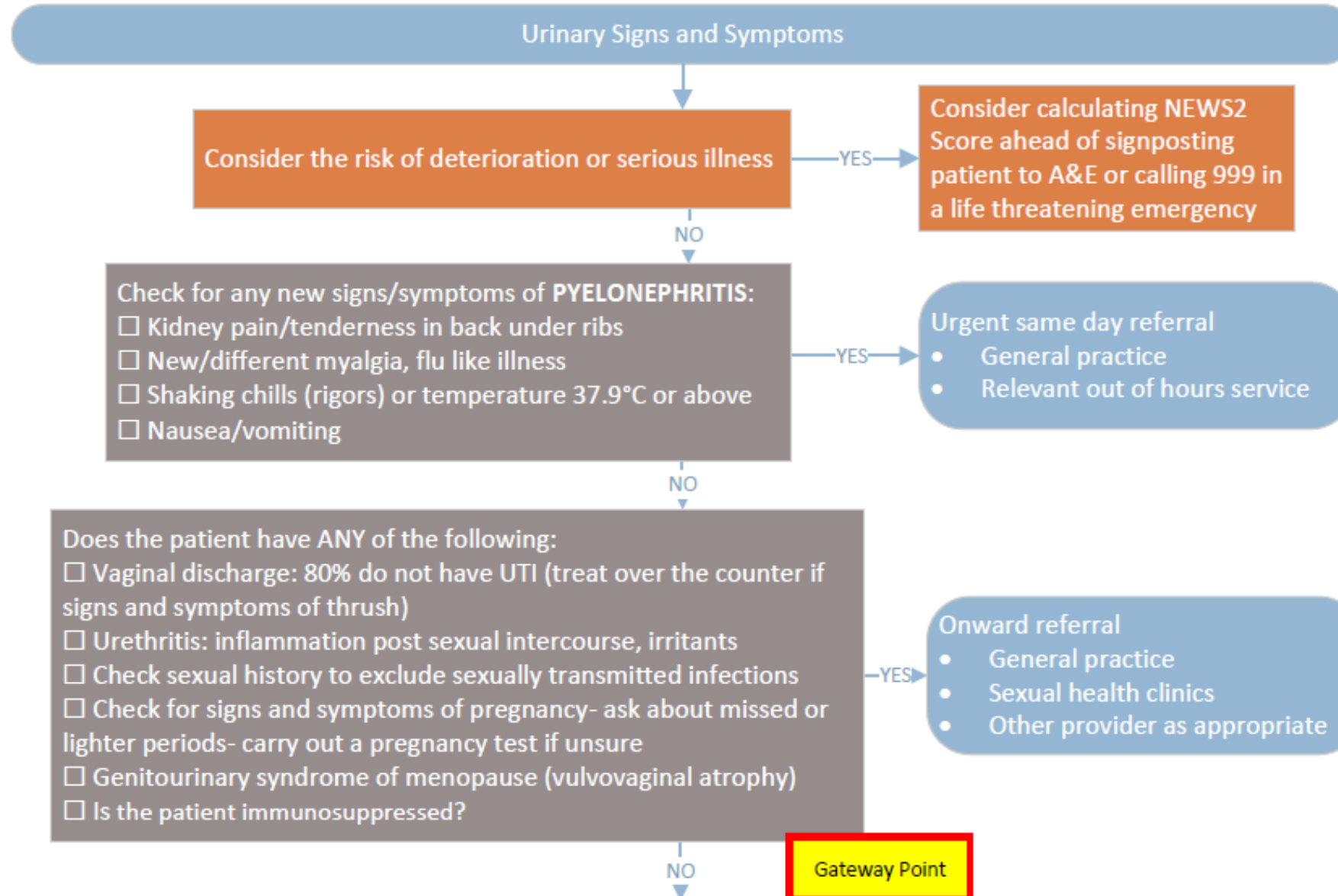


First Contact

- 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

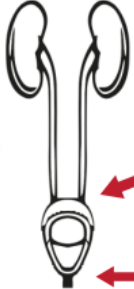
- **Women** aged 16 to 64 years with suspected UTI
- Excludes pregnant individuals, people with a urinary catheter or recurrent episodes (2 episodes in last 6 months or 3 episodes in last 12 months)

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>

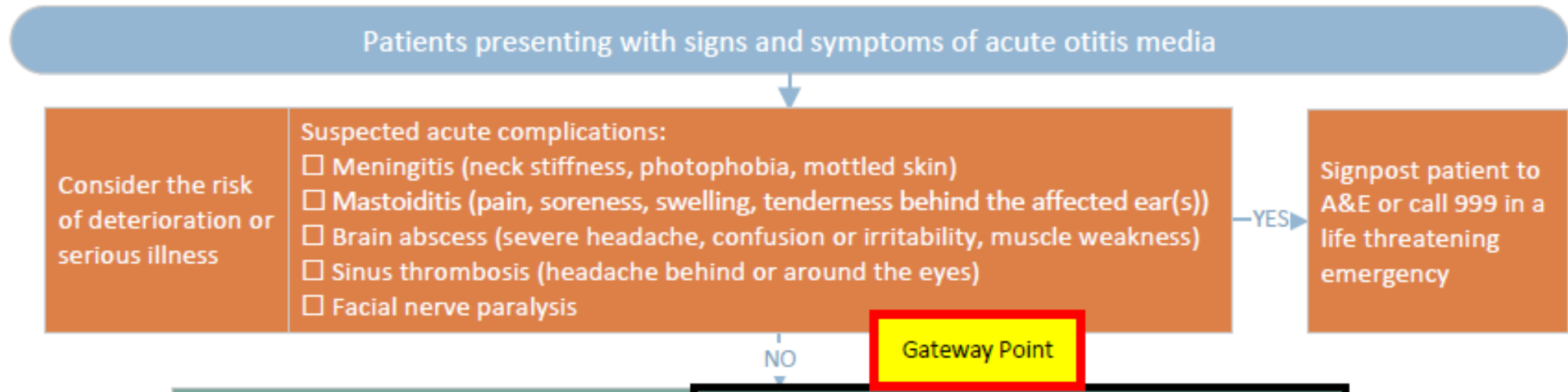
If you think you may have COVID-19 then please visit <http://www.gov.uk/coronavirus> or <http://www.nhs.uk> for the latest guidance and information

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.**



Pharmacy Team Training

Pharmacy First Acute Otitis Media





Pharmacy Team Training

Pharmacy First Acute Otitis Media





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