



Pharmacy First myth busting series (#1)

This is the first of a series of articles to tackle some of the misconceptions around Pharmacy First. The articles will cover a variety of aspects of Pharmacy First and aims to myth bust, to increase understanding of the service.

GPs cannot electronically refer patients for minor illness consultations as part of Pharmacy First.


 **Wrong!** The minor illness strand of the Community Pharmacist Consultation Service (CPCS) remained when the service became Pharmacy First. Therefore, GPs can still refer patients for a minor illness consultation with a pharmacist, as was the case for CPCS.

Distance selling pharmacies can provide face-to-face consultations for clinical pathway consultations.

 **Wrong!** Distance selling pharmacies (DSPs) can only provide clinical pathways consultations via a good quality video consultation, conducted by a pharmacist who is at the pharmacy premises.

They cannot provide this type of consultation with the patient being present at the pharmacy premises because the first part of any discussions with a patient relating to the clinical pathways consultations, prior to the Gateway point in the clinical pathway being passed, is part of the Support for the Self Care Essential service. DSPs cannot provide Essential services at their pharmacy premises.


All men are eligible for a urinary tract infection clinical pathway consultation.

 **Wrong!** Based on recommendations from the [NICE Quality Standards](#), the UTI clinical pathway is for cisgender women, non-binary people registered female at birth and transgender men (with no structural alteration to their urethra), aged 16 to 64 with an uncomplicated UTI.

Cisgender men, non-binary people registered male at birth and transgender women (including those who have had structural alteration to their urethra) should be referred to their GPs for management. This is because they are more likely to have a complicated UTI and are excluded under the Patient Group Direction.

The Patient Group Directions will be amended in due course to clarify inclusion/exclusion criteria and to include a glossary of terms from [Stonewall](#).


Patients who are electronically referred should be rejected if they can't be contacted.

 **Wrong!** If a patient is not contactable, then you are not able to claim for a consultation. However, the referral should be closed on the Pharmacy First IT system, noting the reason for this, rather than the referral being rejected.


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An 18 year old is eligible for an acute otitis media clinical pathway consultation.

 **Wrong!** The clinical pathway for acute otitis media pathway states that this is for children aged 1 to 17 years. Therefore anyone 18 years and above is excluded from the clinical pathway.


Distance selling pharmacies can provide acute otitis media clinical pathway consultations.

 **Wrong!** Distance selling pharmacies (DSPs) are excluded from providing the acute otitis media clinical pathway as it requires otoscope examination of the patient's ear and DSPs can only provide clinical pathways consultations via a good quality video consultation (not face-to-face) conducted by a pharmacist who is at the pharmacy premises.

I can choose the appropriate quantity to supply to a patient when providing them with a medicine under a clinical pathway consultation.

 **Wrong!** The Patient Group Direction (PGD) for the medicine that is being supplied states the dosing instructions and duration of treatment. Therefore, pharmacists should consult the relevant PGD to calculate the amount of medicine that should be supplied.

Patients who are electronically referred but do not meet the gateway criteria for the clinical pathway strand of the service should be rejected.

 **Wrong!** If a patient is referred for a clinical pathway condition but does not meet the eligibility criteria, they can instead be seen under the minor illness strand of the service.


For example, if a patient is referred for earache but is an adult, they would not be eligible for the acute otitis media clinical pathway, but the pharmacist could provide the minor illness strand of the service for this patient.

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Pharmacy First myth busting series (#3)


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Patients who are electronically referred who have symptoms of a more serious illness/red flags should be rejected.


 **Wrong!** If having spoken to the patient, you suspect the patient does not have a minor illness, but instead has a more serious condition/red flags are identified, this is still classed as a minor illness consultation and should be treated as such, instead of being rejected.

Appropriate action should be agreed with the patient such as the pharmacist arranging an urgent appointment with the patient's GP, GP out of hours provider or a referral to the emergency department/999.

A 65 year old woman is eligible for an uncomplicated urinary tract infection clinical pathway consultation.

 **Wrong!** The clinical pathway for uncomplicated urinary tract infection states that this is for women aged 16 to 64 years. Therefore, anyone aged 65 years or over is excluded from the clinical pathway.

It is acceptable for me to add a patient's clinical record to the Pharmacy First IT system a week after I had the consultation with the patient.

 **Wrong!** The requirements within the service specifications for the national community pharmacy clinical services expect pharmacy owners to adhere to defined standards of record keeping, ensuring that pharmacy professionals are making consultation records on the same day of service provision unless exceptional circumstances apply.

Making contemporaneous records at the time of the consultation is the expectation of pharmacy professionals providing services. This not only meets expected professional standards, but it also supports timely provision of data to the patient's general practice, which will also become available to view by other pharmacy professionals providing a consultation to the patient, should they need to seek further support in due course.

In addition, the IT system suppliers have designed their consultation records to support the provision of the service and clinical decision making, for example, by linking to the Summary Care Record, blood pressure guide, etc. Therefore, pharmacy professionals are encouraged to use their IT system during the provision of services to ensure they have access to this clinical decision-making support.


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Pharmacy First myth busting series (#4)


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Patients with only certain minor illnesses can be electronically referred for the minor illness strand of Pharmacy First.


 **Wrong!** While the service specification does include a list of minor illness symptom groups identified for referral to a community pharmacist for the minor illness strand of the service; it is important to note that this list is not exhaustive.

Therefore, if an electronic referral is received for a minor illness that is not included in the list, for example, a verruca or chickenpox, this is not a reason to reject the referral and these patients can be seen under the Minor illness strand of the service.

Minor illness consultations are no longer a part of Pharmacy First.


 **Wrong!** The minor illness strand of the Community Pharmacist Consultation Service (CPCS) remained when the service became Pharmacy First. Therefore, GPs can still refer patients for a minor illness consultation with a pharmacist, as was the case for CPCS.

I can provide clinical pathway consultations remotely via telephone.

 **Wrong!** Where it is clinically appropriate to do so, minor illness consultations (referrals) and urgent medicines supply consultations (referrals) can be undertaken via telephone/audio or video consultation by a pharmacist who is on the pharmacy premises.

Similarly, where it is safe to do so, clinical pathways consultations can be conducted via good quality video consultation by a pharmacist who is on the pharmacy premises. However, remote clinical pathways consultations can only be provided via a good quality video consultation – they cannot be provided by a telephone/audio consultation.

I can supply a patient with an OTC medicine as part of a minor illness consultation.

 **Wrong!** The outcome of referrals received in relation to low acuity conditions / minor illness may include giving self-care advice and support, the sale of OTC medicines, referral to locally commissioned pharmacy services, referral to the patient's GP or relevant GP OOH service, or general signposting to other appropriate services (including other health professionals). Therefore, patients may have to purchase an OTC medicine if no locally commissioned minor ailments service exists.

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