Pharmacy First: Getting to know the service
Webinar overview

▪ How to participate and ask questions
▪ Strategic context for the service
▪ Summary of the service requirements
▪ The clinical pathways and PGDs
▪ Learning and development requirements
▪ Digital systems to support the service
▪ Preparing to provide the service
▪ Q&A

Our second webinar:
Pharmacy First: getting ready for launch
15th January 2024
will have a greater focus on the practicalities of providing the new service
The Pharmacy First Service

- Community Pharmacy England submitted proposals for a Pharmacy First service to DHSC and NHS England in March 2022
- This was followed up with a comms and lobbying campaign
- On 9th May 2023, DHSC and NHS England published the Delivery plan for recovering access to primary care
- This included a commitment to commission a Pharmacy First service, allowing the treatment of seven conditions
- The **start date** is **31st January 2024** (subject to IT support being available)
The Pharmacy First Service

- Pharmacy First will be a new Advanced service that will include **seven new clinical pathways** and will **replace** the Community Pharmacist Consultation Service (CPCS)
- 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 req).

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 can’t provide the acute otitis media pathway (otoscope req).

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.
Strategic context for the service
The importance of pharmacy professional practice in Pharmacy First

• Signals an exciting future, building on strong progress professions have made in developing and implementing clinical services – and on key initiatives, such as independent prescribing, which will enable pharmacists to see and treat a wider group of patients

• Crucial the NHS’s confidence in community pharmacy is recognised in terms of quality of service and professionalism achieved, which patients and local communities expect to receive

• High profile – new services being observed by the wider NHS and Department of Health and Social Care

• Successful delivery, realising the full benefits for patients and the NHS, will rely on effective and sustainable relationships between GP and community pharmacy teams at a local level.

• Local pharmacy leaders need to work closely with practice teams to reassure and reinforce the messages about clinical competence, and proactively manage antimicrobial resistance concerns.

• NHS England used best evidence and expertise to create seven Pharmacy First clinical pathways – and surveillance of the antibiotic data by ICBs and NHS England will be robust.

• Aim is to achieve maximum benefit for the population of England – a great contribution to NHS patient care.
Summary of the service requirements
Clinical pathways consultations

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

Patient presents to the pharmacy

Referral

Minor illness referral

Minor illness consultation

Urgent repeat meds referral

Urgent repeat meds consultation

Clinical pathway referral

Clinical pathway consultation

Gateway met

Gateway not met

Self-care Essential service

Gateway met

Gateway not met

A more detailed service pathway diagram can be found in Annex A of the service spec
The service requirements

- Complying with Terms of Service requirements for Essential services and clinical governance
- 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
Funding

- Funding for the clinical pathways consultations comes from the additional **£645m** provided to support the recovery plan.

- Initial fixed payment of **£2000**
  - Must sign-up to provide the service on MYS by **23:59 on 30th January 2024**
  - Claims submitted before **23:59 on 31st Dec 2023** will be paid on **1st Feb 2024**
  - Claims submitted before **23:59 on 30th Jan 2024** will be paid on **1st Mar 2024**
  - The payment will be **reclaimed** if 5 clinical pathways consultations are not provided by **the end of March 2024**

- **£15** fee per completed consultation (also applies to CPCS consultations from 1st Jan 2024)
Funding

- A **monthly** fixed payment of **£1000** where the pharmacy meets a **minimum number** of clinical pathways consultations:

<table>
<thead>
<tr>
<th>Month</th>
<th>Minimum number of clinical pathways consultations</th>
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<tr>
<td>February 2024</td>
<td>1</td>
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<td>March 2024</td>
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<td>April 2024</td>
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<td>May 2024</td>
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<td>June 2024</td>
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<td>July 2024</td>
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<td>August 2024</td>
<td>20</td>
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<td>September 2024</td>
<td>20</td>
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<tr>
<td>October 2024 onwards</td>
<td>30</td>
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The clinical pathways and PGDs
Clinical Pathway Consultations

The clinical pathways element will enable the management of common infections by community pharmacies through offering **self-care, safety netting advice**, and only if appropriate, supplying a **restricted set of medicines** to complete episodes of care for seven common conditions.

- NHS England commissioned SPS to develop protocols and patient group directions (PGDs) for the Pharmacy First service.
- The final PGDs and protocol, soon to be published on the NHS England website, have received national approval from the National Medical Director, Chief Pharmaceutical Officer and National Clinical Director for IPC & AMR.
Development of Clinical Pathways

- Multi-professional expert working group to develop robust clinical pathways for each of the 7 conditions
- Adherence to NICE guidelines
- National template for Patient Group Directions developed by SPS
- Pharmacy Quality Scheme antimicrobial stewardship foundation
- AMR Programme Board Oversight
  National Medical Director and Chief Medical Officer for England

NHS England
Monitoring and Surveillance

NHSE will closely monitor the Pharmacy First service post-launch to allow for robust oversight and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned.

NHSE are working with NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard.

NIHR will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance.
UTI Clinical Pathway
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 Signs and Symptoms

Consider the risk of deterioration or serious illness

YES

Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

NO

Check for any new signs/symptoms of PYELONEPHRITIS:
- Kidney pain/tenderness in back under ribs
- New/different myalgia, flu like illness
- Shaking chills (rigors) or temperature 37.9°C or above
- Nausea/vomiting

YES

Urgent same day referral
- General practice
- Relevant out of hours service

NO

Does the patient have ANY of the following:
- Vaginal discharge: 80% do not have UTI (treat over the counter if signs and symptoms of thrush)
- Urethritis: inflammation post sexual intercourse, irritants
- Check sexual history to exclude sexually transmitted infections
- Check for signs and symptoms of pregnancy- ask about missed or lighter periods- carry out a pregnancy test if unsure
- Genitourinary syndrome of menopause (vulvovaginal atrophy)
- Is the patient immunosuppressed?

YES

Onward referral
- General practice
- Sexual health clinics
- Other provider as appropriate

NO

Gateway Point
Does the patient have any of the 3 key diagnostic signs/symptoms
☐ Dysuria (burning pain when passing urine)
☐ New nocturia (need to pass urine in the night)
☐ Urine cloudy to the naked eye (visual inspection by pharmacist if practicable)

No symptom

Are there other urinary symptoms:
☐ Urgency
☐ Frequency
☐ Visible haematuria
☐ Suprapubic pain/tenderness

1 symptom

UTI equally likely to other diagnosis

In patients that describe their symptoms as mild consider pain relief and self care as first line treatment.

Shared decision making approach using TARGET UTI resources

Onward referral
- General practice
- Sexual health clinics
- Other provider as appropriate

2 or 3 symptoms

In patients with moderate to severe symptoms, offer nitrofurantoin for 3 days (subject to inclusion/exclusion criteria in PGD) plus self-care

Onward referral
- General Practice
- Other provider as appropriate

FOR ALL PATIENTS: if symptoms worsen rapidly or significantly at any time, OR do not improve in 48 hours of taking antibiotics

FOR ALL PATIENTS: share self-care and safety-netting advice using TARGET UTI leaflet

Gateway Point
Learning and development requirements
NHS Pharmacy First service

- Self-assessment framework
- Update to CPCS portfolio
- ENT clinical assessment workshops
- New resources under development
**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 Pharmacy 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:

- Skin ulcers
- tonsillitis
- 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

NHS (Coming soon)
How to use this self-assessment framework

Consider your previous learning and experience of responding to minor illness in the pharmacy. What evidence do you have to support you in achieving competence, and is there any further learning or training you could complete to take your knowledge and skills to the next level?

Work through the statements in Table 1 to assess your readiness to provide the service, and rate yourself based on the following guidance:

<table>
<thead>
<tr>
<th>Competent</th>
<th>Development required</th>
<th>No previous experience</th>
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<tbody>
<tr>
<td>I already have the necessary knowledge, skills and behaviours to deliver this aspect of the service.</td>
<td>I have some knowledge, skills, and behaviours in this area, but these need to be developed further. I will create an action plan to address this before I deliver the service. I will access the resources suggested in the self-assessment framework to help me consider how I can develop my competence in this area.</td>
<td>This is new to me. I need to prioritise my action plan to develop my competence in this area before I deliver the service. I will access the resources suggested in the self-assessment framework to help me consider how I can develop my competence in this area.</td>
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</tbody>
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If you do not fully meet a specific statement, you will need to plan actions to address your development needs. You can identify suitable resources to support you in the learning resources column. Ensuring your objectives are SMART (Specific, Measurable, Achievable, Relevant and Time-bound) will make it easier to get started, help you to keep track of your progress and enable you to spend your time more efficiently and productively. To help with this you can use our action plan template.

Regularly revisiting this self-assessment framework will help you to apply yourself and your peers’ experiences in providing the service. This will ensure that you continue to meet the needs of people accessing the service, and that you identify opportunities to further develop and improve.
# Action plan template

## NHS Pharmacy First

### Personal development action plan

<table>
<thead>
<tr>
<th>SMART objective</th>
<th>How will I achieve the objective?</th>
<th>Support needed</th>
<th>Timescale</th>
<th>Progress</th>
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This document was co-produced by CPPE and NHS England.
NHS Pharmacy First service – essential skills

- e-course
- Online workshop
- Updated CPCS materials
- Documenting in records activities
- Other relevant updates – urgent care, documenting in clinical records, minor illness package
ENT clinical assessment skills workshops

Useful CPPE resources to support the delivery of Pharmacy First

• collaboration with Community Pharmacy England
• medic supported
• practice in a safe space
• must bring own otoscope
• at least one per region
• live for booking on 7 Dec 2023 – all full
ENT resources under development

- Video based e-learning modules
- Otitis Media
- Sinusitis
- Sore throat
- AMS associated
- MCQ assessment
- Coming very soon!
Digital systems to support the service
Summary of digital deliverables

Significantly improve the digital infrastructure between general practice and community pharmacy to support this expansion by:

- **Signpost public to support channel shifting of patients** to pharmacy
  (Update DoS, Profile Manager, nhs.uk and 111 online and 111 telephony)

- **Integrate digital referrals from GP to pharmacy**
  (Bookings and Referrals Standard)

- **Provide pharmacists greater access to patient’s GP record**
  (GP Connect Access Record)

- **Capability to update the patient’s GP record** following a pharmacy consultation
  (GP Connect Update Record)

- **Support efficient renumeration and national reporting** to NHS BSA
  (BSA Payment & Data API)
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

Messages will appear in the GP system generic workflow

Structured data will be provisionally held against the patient record

Member of practice team to review and file

Structured information will be ingested into patient record

PDS verified

No need for transcribing or coding
## Benefits

<table>
<thead>
<tr>
<th>Linked to Patient</th>
<th>Via Workflow</th>
<th>Not a Document</th>
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<tbody>
<tr>
<td>• No manual matching</td>
<td>• Nothing missed</td>
<td>• No attaching files</td>
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<tr>
<td>• No mismatches</td>
<td>• Approval prior to filing (still visible in notes)</td>
<td>• Details directly in patient record</td>
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<tr>
<td>• Minimal delay</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Structured Content</th>
<th>Structured Medication</th>
<th>Clear Attribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No manual coding</td>
<td>• Safer prescribing</td>
<td>• Filed as an external consultation</td>
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<tr>
<td>• Contributes to QOF</td>
<td>• Reduce duplication</td>
<td>• Clinician details given</td>
</tr>
<tr>
<td>• Clear pathways</td>
<td>• Can be re-issued</td>
<td></td>
</tr>
</tbody>
</table>


Updating the GP record

Important Notes

- Update Record **will not** be used to communicate urgent information (e.g. safeguarding) or actions for the GP
  - Usual channels of communication will be used

- Currently documents cannot be attached to messages
  - ABPM reports will come by email

- You will receive one message per consultation
  - e.g. ABPM – initial consult and then ABPM results
**Scale of the change**

### Support requirements

- **Staff Training**
- **Handbooks/SOPs**
- **Helpdesk**
- **Staff & Patient Comms**

### PoC software suppliers (CP and GP)

- **Sonar** - Informatics
- **Pinnacle** - PharmOutcomes
- **Cegedim** - Pharmacy Systems
- **Positive Solutions** - HxConsult
- **TPP** - SystmOne
- **EMIS** - Web

### IT system suppliers

- 5 suppliers
- 6 PoC systems
- 17,000 sites

### Clinical Services

- Pharmacy First Service
- Blood Pressure Check Service
- Contraception Management Service

### Scale

<table>
<thead>
<tr>
<th>Pharmacies</th>
<th>GP practices</th>
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<tr>
<td>10,500</td>
<td>6,500</td>
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**3** Clinical Services
Preparing to provide the service
Preparing to provide the service

1. Download and read the **service specification** and **clinical pathways**

2. If you then want to provide the service from the start date, **sign up on MYS** – preferably by 31st December 2023

3. Place an **order for an otoscope**

4. Download and start reading the **PGDs and clinical protocol**

<table>
<thead>
<tr>
<th>UTI</th>
<th>Shingles</th>
<th>Impetigo</th>
<th>Insect bite</th>
<th>Sore throat</th>
<th>Sinusitis</th>
<th>Acute otitis media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrofurantoin</td>
<td>Aciclovir</td>
<td>Hydrogen Peroxide Cream</td>
<td>Fusidic acid cream</td>
<td>Flucloxacillin</td>
<td>Clarithromycin</td>
<td>Mometasone nasal spray</td>
</tr>
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<td></td>
<td>Valaciclovir</td>
<td>Fusidic acid cream</td>
<td>Flucloxacillin</td>
<td>Clarithromycin</td>
<td>Erythromycin</td>
<td>Fluticasone nasal spray</td>
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<td>Flucloxacillin</td>
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<td>Clarithromycin</td>
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<td>Erythromycin</td>
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Preparing to provide the service

5. Start **considering which IT system** you want to use and look into costs and contracting

6. Provide an **initial briefing** on the service for your **staff**

7. 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

8. Check your **LPC’s website** for details of any **local training sessions**

9. Start to develop an **SOP** or update your CPCS SOP
Resources to help you get ready

- Checklists of things to do to prepare for the service for pharmacy owners and pharmacists
- The CPCS toolkit is being updated to cover the new service
- CPPE Pharmacy First webpage and self-assessment framework
- Cliniskills training modules and locally organised training options
- Summary briefing for pharmacy team members
• **Independent prescribing** for community pharmacists
• **Clinical examination skills** for community pharmacist incl. face-to-face sessions in the New Year
• Community **pharmacy technician**: advancing your role
• **Educational supervisor** training including DPP training

Find out more on the Health Education England website: [Community Pharmacy Training](hee.nhs.uk)
Clinical Examination Skills training:

Gateway module, followed by one or more specialist modules of either:

**Ear, Nose and Throat** – common and serious conditions, ENT examinations.

**Dermatology** – two sessions, focusing on:
- Wound Care – types of wound, wound management and identifying infection.
- Skin Conditions – identify the features and manage common skin conditions that present in the community pharmacy (including self-advice) *(pending – Dec 2023 tbc)*

**Cardiology** – common cardiovascular conditions, basic cardiovascular assessment, managing acute chest pain, cardiovascular medicines management.

**Paediatrics** – common acute presentations, signs of serious illness, chronic conditions, basic examinations.

Coming soon: Webinar for otoscope training
Thurs 18 January 18:00-19:30
Coming soon: CliniSkills Otoscope Webinar

- CliniSkills will be delivering an online webinar for otoscope training on Thurs 18 Jan 18:00-19:30.

- **Action:** Sign up to CliniSkills - Complete the gateway module and ENT module before the webinar to gain the maximum benefit from online otoscope training.

  Find out more and sign up: [www.cliniskills.com/community-pharmacists/](http://www.cliniskills.com/community-pharmacists/)
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 on our website
- **Further resources** are being developed to help you and LPCs to promote the service to patients, the public and local stakeholder organisations