Pharmacy First: Getting ready for launch
Presenters

Alastair Buxton, Director of NHS Services, Community Pharmacy England

Pallavi Dawda, Head of Delivery – Clinical Strategy, Community Pharmacy, NHS England

Charis Stacey, Assistant Director, Digital Primary Care, NHS England

Sam Brierley, Pharmacy First delivery team, NHS England

Joanne Lane, Regional Manager (North East, Yorkshire and Humber), CPPE

Richard Brown, Chief Officer of Community Pharmacy Avon and independent pharmacy owner

Lindsey Fairbrother, independent pharmacy owner and regional representative, Community Pharmacy England
Webinar overview

- Updates and key points to focus on
- Competency and training
- IT update
- Practicalities of providing the service – AOM and UTIs
- Q&A and closing points
Updates and key points to focus on
The context for launch

- Very busy time of the year and lots of wider pressures on pharmacy owners and their teams
- We know there is an awful lot to read – service spec and PGDs – related to the service
- And people will have their own CPD needs to address too
- These are, however, all conditions that we do see in community pharmacy and deal with appropriately
- And the seasonality of some of them mean not all seven conditions will be presenting in pharmacies from day one
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
Important dates for the service

- CPCS ends on 30th January 2024 and Pharmacy First (subject to the required IT systems being in place) will start on **31st January 2024**
- To claim the £2,000 fixed payment, pharmacy owners must register for the Pharmacy First service by **11.59pm on 30th January 2024**
  - will receive payment on 1st March 2024
  - those who registered by 11.59pm on 31st December will receive their payment on 1st February 2024
- Need to register and have signed up with an IT system by **19th January 2024** to guarantee DoS profiles will be updated by 31st January
- Can still register to provide the service after 11.59pm on 30th January 2024; however, **will not be entitled** to the £2,000 initial fixed payment
Important dates for the service

- Pharmacies need to have delivered a minimum of five Pharmacy First – clinical pathway consultations that cross the Gateway point by 11.59pm on 31st March 2024
  - If not, will have their £2,000 initial fixed payment reclaimed
  - Therefore, important to be ready to go including having thought about service promotion, when the service launches to give you the best opportunity to meet this requirement

- Minimum number of clinical pathway consultations required to be eligible for the monthly fixed payment of £1,000 also increases each month so again helpful to be ready to deliver and promote the service
PGDs

- Final PGDs and protocol published since the last Pharmacy First webinar
- Pharmacists must read and sign-up to the final versions of the 23 PGDs and one protocol
- Draft versions not signed by NHS England and are therefore not valid for use
- SPS are working on publishing a Word version of the authorisation sheet (which pharmacists and authorising managers need to sign) so pharmacy details can be added to this
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
Talking to your local GP practices

- Important to make them aware of the changes and that they still need to make referrals for both Referrals for minor illness consultations with a pharmacist and the Clinical pathway consultations

- Working together – may be several pharmacies seeing patients from a practice so consider a joint approach, which will save everybody time

- Keep up the momentum – don’t just talk to them once and then close the conversation

- Resources to support:
  - Template email/letter introducing the service
  - Summary briefing
Promoting the service

▪ NHS England is developing a **marketing campaign** for the service

▪ LPCs are **briefing Local Medical Committees** about the service
  – A briefing for LMCs and general practice teams is available on our website

▪ Consider how you are going to promote the service in your pharmacy

▪ We are producing materials for pharmacy teams to use
Developing your own marketing materials

▪ Must ensure they comply with the requirements of the Terms of Service relating to promotion of services funded by the NHS

▪ If using the NHS identity on marketing materials, must follow primary care guidelines for use of the NHS identity
  ▪ cpe.org.uk/nhsidentity

▪ A–Z style guide of words and phrases about health and the NHS
  ▪ https://service-manual.nhs.uk/content/a-to-z-of-nhs-health-writing
NHS England update and FAQs

Pallavi Dawda, Head of Delivery – Clinical Strategy, Community Pharmacy, NHS England
Pharmacy First Opt-ins - Regional summary
As on 07 January 2024

- **Over 90%** of pharmacy contractors have opted into Pharmacy First Service
- With a good proportion of 100-hour pharmacy
Pharmacy First Opt-ins- ICB summary
As on 07 January 2024

% of contractors opted in to Pharmacy First service at ICB level as on 2024-01-07

Unverified NHS management information - not for sharing outside NHS
Preparation for service launch

- The successful delivery of Pharmacy First, realising the full benefits for patients and the NHS, will rely on building effective and sustainable relationships between GP practice teams and community pharmacy teams at a local level, and supporting patient behaviour change. We are taking several steps to support launch:

  - Competency resources to support community pharmacy teams
  - Engagement with contractors, ICB and regional leads, national stakeholders, GP and 111 colleagues
  - FAQ document and refresh of GP toolkit
  - National marketing campaign for service

- Please direct any questions and/or feedback on Pharmacy First to england.communitypharmacy@nhs.net
- This email address should only be used by NHS colleagues and contractors.
Why are point of care tests not used as part of PF?

- Pharmacists will not utilise point of care diagnostic tests such as urine dipsticks or sore throat swabs as part of the service as there is not enough evidence to support their use. We consulted our expert group, and came to this decision after a lengthy discussion, whilst taking into consideration national recommendations and current evidence.

- NHS England’s position on point of care tests will be reviewed should national guidance be updated or should the tests improve in diagnostic precision and clinical utility.

<table>
<thead>
<tr>
<th>Dipstick tests for UTIs</th>
<th>Rapid tests for sore throats</th>
</tr>
</thead>
</table>
| • National guidance from UK Health Security Agency (UKHSA) currently recommends diagnosing a urinary tract infection if the person has 2 or more key urinary symptoms and no other excluding causes or warning signs. UKHSA does not recommend a dipstick test if the patient has 2 or 3 key symptoms.  
• UKHSA diagnostic flowchart only recommends performing a urine dipstick test if the patient has 1 key diagnostic symptom or any other urinary symptoms that are severe. This patient cohort will be excluded from the service and referred to general practice or another provider as appropriate in the clinical pathway due to uncertainty around diagnosis. | • For the sore throat pathway, we accepted the NICE recommendation (DG38) that rapid tests for streptococcus are not recommended for routine adoption for people with a sore throat.  
• This is because their effect on improving antimicrobial prescribing and stewardship, and on patient outcomes, as compared with clinical scoring tools alone (such as FeverPAIN), is likely to be limited (Little P, BMJ 2013). Therefore, they are unlikely to be a cost-effective use of NHS resources. |
What support is available for otoscope training?

- Locally organised training sessions
- NHSE funded 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.

- This webinar will be recorded.

Find out more and sign up: [www.cliniskills.com/community-pharmacists/](http://www.cliniskills.com/community-pharmacists/)

Please see CPPE Self-Assessment Framework for more information on Pharmacy First competency requirements
Competency & training

Joanne Lane, Regional Manager (North East, Yorkshire and Humber), CPPE
NHS Pharmacy First service

- Self-assessment framework
- Updated materials
- New learning resources
- Further developments planned
NHS Pharmacy First service

Providing NHS and public health pharmacy services

- Being service-ready
- Declaration of Competence
- Consultation skills
- NHS Pharmacy First service
- Pharmacy quality scheme
- Essential services
- Safeguarding
- Summary Care Records
- Repeat dispensing
- Public health
- NMS
- NHS pharmacy priorities
- Commissioners
- Commissioning CPPE
- Hepatitis C Antibody Testing Service
- Smoking Cessation Service
- NHS Pharmacy Contraception Service (PCS)
- Hypertension case-finding service
- NHS Discharge Medicines Service
- Antidepressants New Medicine Service pilot
- Covid-19 - Supporting services

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:
NHS Pharmacy First service

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, clinical pathways and PGD's
✔ Competency requirements
✔ Evidence of competence
✔ Learning resources to support your development
✔ Useful CPPE resources to support the delivery of Pharmacy First (Not mandatory)
# Self-assessment framework

<table>
<thead>
<tr>
<th>Competent</th>
<th>I already have the necessary knowledge, skills and behaviours to deliver this aspect of the service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development required</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 <strong>before</strong> 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>
</tr>
<tr>
<td>No previous experience</td>
<td>This is new to me. I need to prioritise my action plan to develop my competence in this area <strong>before</strong> 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>
</tr>
</tbody>
</table>

## Knowing the Pharmacy First service

<table>
<thead>
<tr>
<th>Statements</th>
<th>Competent</th>
<th>Development required</th>
<th>No previous experience</th>
<th>Learning resources to support your development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can you explain the local NHS urgent care system and the role of community pharmacy as part of this system?</td>
<td></td>
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<td></td>
<td>NHS Pharmacy First: <a href="#">Service specification</a></td>
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<td>CPPE: Urgent care: the role of the community pharmacy and the NHS Pharmacy First service e-learning [coming soon]</td>
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<td>CPPE: <a href="#">NHS Pharmacy First: Clinical assessment - essential skills</a> workshop</td>
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<td></td>
<td>CPPE: <a href="#">NHS Pharmacy First: essential skills e-course</a> [coming soon]</td>
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<tr>
<td>2. Can you explain how the service operates – including the range of conditions and treatments included – to the public and other appropriate professionals?</td>
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<td></td>
<td>NHS Pharmacy First: <a href="#">Service specification</a></td>
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</tbody>
</table>
# 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

- Revised materials
- e-course
- online workshop
- Documenting in patient clinical records e-learning
New resources

NHS Pharmacy First Service: Sinusitis
Created January 2024

NHS Pharmacy First Service: Sore throat
Created January 2024

NHS Pharmacy First Service: Otitis Media
Created January 2024

Dermatology: An introduction to managing common skin conditions
November 2023

NHS Pharmacy First Otitis Media - Otoscopy
Dermatology e-learning

Dermatology: An introduction to managing common skin conditions

Click the buttons below to choose an expert interview to listen to: Fundamentals of essential skin care or Dermatological clinical history taking.

Fundamentals of essential skin care  Dermatological clinical history taking

Click the buttons below to choose a skin condition to explore. Scroll to the right to find conditions and put your learning into action.

Impetigo  Insect bites  Athlete’s foot  Fungal infection

Insect bites

Definition
Insects bite by puncturing the skin with piercing mouthparts (for example, mosquitoes and bedbugs) or by lacerating the skin (for example, horses and midges). Insect bites are not usually serious and often get better within a few days. However, sometimes, insect bites can become infected or cause a serious allergic reaction. Bites from some insects can cause illnesses, such as Lyme disease from ticks and malaria from mosquitoes in certain parts of the world.

Signs and symptoms  Treatment options  Practical tips and self-care measures

Differential diagnosis  Red flags  Patient information

Return to main menu  References
Sinusitis e-learning

Aim and learning outcomes

Aim
This video-based e-learning programme aims to support you to develop the knowledge, skills and confidence needed to undertake effective consultations, clinical assessment and treatment for acute sinusitis under the NHS Pharmacy First Service.

Learning outcomes
- Define the common symptoms and pathophysiology of sinusitis
- Describe differential diagnoses for sinusitis
- Identify possible complications of sinusitis and recognise when a referral is appropriate
- Discuss appropriate evidence-based treatment and self-care advice for sinusitis

Sinusitis: Quiz
Sore throat e-learning

Aim and learning outcomes

Aim

This video-based e-learning programme aims to support you to develop the knowledge, skills and confidence needed to undertake effective consultations, clinical assessment and treatment for acute sore throat under the NHS Pharmacy First Service.

Learning outcomes

- Define the common symptoms and pathophysiology of sore throat
- Describe differential diagnoses for sore throat
- Apply the FEVER-PAIN scoring system to clinical assessment of sore throat
- Discuss appropriate evidence-based treatment and self-care advice for sore throat

Sore throat: Quiz
Acute otitis media e-learning

Aim and learning outcomes

Aim
This video-based e-learning programme aims to support you to develop the knowledge, skills and confidence needed to undertake effective consultations, clinical assessment and treatment for acute otitis media under the NHS Pharmacy First Service.

Learning outcomes
- Define the common symptoms and pathophysiology of otitis media
- Describe differential diagnoses for otitis media
- Interpret clinical findings from otoscopic images
- Discuss appropriate evidence-based treatment and self-care advice for otitis media

Acute Otitis media: Quiz
Further developments planned

- Revised content
- Aligns to Pharmacy First service
- CPCS version removed
- Available to all pharmacy team members (open access)
Further developments planned

Common clinical conditions e-learning

- Replaces distance learning pack
- Updated units will be released as e-learning
- Priority for the conditions associated with clinical pathways – e.g. lower UTI
Pharmacy First
IT update

Charis Stacey, Assistant Director, Digital Primary Care, NHS England
Sam Brierley, Pharmacy First delivery team, NHS England
Scale of the change

3 Clinical Services

Support requirements

Staff Training
Handbooks/SOPs
Helpdesk
Staff & Patient Comms

Pharmacy First Service
Blood Pressure Check Service
Contraception Management Service

Pharmacies 10,500
GP practices 6,500

IT system suppliers

5 suppliers
6 PoC systems
17,000 sites

Safe
Secure
Resilient
Compliant

PoC software suppliers (CP and GP)

Sonar Informatics
Pinnacle PharmOutcomes
Cegedim Pharmacy Systems
Positive Solutions HxConsult

TPP SystmOne
EMIS Web
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. No need for transcribing or coding.
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 *remuneration and national reporting* to NHSBSA (NHSBSA Payment & Data API)
Benefits

Linked to Patient
- No manual matching
- No mismatches
- Minimal delay

Via Workflow
- Nothing missed
- Approval prior to filing (still visible in notes)

Not a Document
- No attaching files
- Details directly in patient record

Structured Content
- No manual coding
- Contributes to QOF
- Clear pathways

Structured Medication
- Safer prescribing
- Reduce duplication
- Can be re-issued

Clear Attribution
- Filed as an external consultation
- Clinician details given
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
Resources and guidance

NHS BSA

NHS BSA sign up guidance

IT system suppliers

- Cegedim
- PharmOutcomes
- Positive Solutions
- Sonar
# Signposting and referrals to pharmacies

<table>
<thead>
<tr>
<th>19 January 2024</th>
<th>22-24 January 2024</th>
<th>31 January 2024</th>
</tr>
</thead>
</table>
| To ensure you are ‘live’ on Directory of Services to receive referrals from 31 January: | The Directory of Service team will not action any supplier switches between 22 January and 24 January | Pharmacies receive referrals from 111 online and 111 telephony  
Patients are signposted from NHS Service Finder and Find a Service on NHS.UK |
| • Sign up to Pharmacy First | • Sign up to a supplier | • Switch suppliers |
Ear complaints in the pharmacy

Lindsey Fairbrother
Pharmacist and owner, Good Life Pharmacy, Derbyshire
Regional Representative, Community Pharmacy England
At the moment

- Already seeing patients
- Already providing self-care advice
- Already signposting to GP/out-of-hours
- So, what’s new?
  - Ear examination
  - Antibiotics
  - Documentation
Consultation

- **Background/learning:**
  - CPPE, CliniSkills, Macleod’s Clinical Examination, Geeky Medics

- **Otoscope**
  - Batteries, ear covers, plus thermometer and ear covers

- **Consultation**
  - History, SOCRATES

- **Examination**
  - External appearance, other symptoms, both ears
Remember the patient

- Explain what the examination involves
- Make sure they are comfortable
- Check temperature
- Look for swelling – pinna and behind ear
- Involve parents if patient is a child
Key exclusions

- <1 year
- >18 years
- Pregnant
- Severely immunosuppressed
- Recurrent issue
Red flags

- Smelly/watery discharge – cholesteatoma
- Inflamed pinna/mastoiditis
- Bleeding
- Tinnitus/vertigo
- Worsening symptoms
- High temperature
- Sepsis?
- Meningitis?
Other points

- Stay calm, stay confident, operate within scope
- Tell local GP practices
- Explain to patients
- Manage expectations
Urinary Tract Infection

Richard Brown, Chief Officer, Community Pharmacy Avon
Supporting Community Pharmacy across Avon

Important Information

Extremely Common

50%

16/64

2 Episodes

\[
\frac{6}{12} \text{ Months}
\]

URINARY CATHETERS
Supporting Community Pharmacy across Avon

## Inclusion

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

<table>
<thead>
<tr>
<th>Symptoms Level</th>
<th>No Symptom</th>
<th>1 Symptom</th>
<th>2 or 3 Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mild</strong></td>
<td>Self-care</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Moderate to Severe</strong></td>
<td>Treat</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Onward referral

Supporting Community Pharmacy across Avon
Treatment

What is *mild*?

What is *moderate to severe*?
**TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI)**

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

**For community pharmacy**

### Possible urinary signs & symptoms

<table>
<thead>
<tr>
<th>Key signs/symptoms:</th>
<th>The outcome</th>
<th>Recommended care</th>
<th>When should I get help?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysuria: Burning pain when passing urine (even)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>New nocturia: Needing to pass urine in the night</td>
<td>Non-pregnant women: If none or only one of: dysuria, new nocturia, cloudy urine, AND/OR vaginal discharge</td>
<td>Self-care and pain relief. Symptoms may get better on their own</td>
<td>Contact your GP or call NHS 111</td>
</tr>
<tr>
<td>Cloudy urine: Visible cloudy color when passing urine</td>
<td>UTI much less likely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other signs/symptoms to consider:</td>
<td>You may need a urine test to check for a UTI</td>
<td>Recommend GP visit if symptoms: Get worse</td>
<td></td>
</tr>
<tr>
<td>Frequency: Passing urine more often than usual</td>
<td>Antibiotics less likely to help</td>
<td>Do not get a little better with self-care within 48 hours</td>
<td></td>
</tr>
<tr>
<td>Urgency: Feeling the need to pass urine immediately</td>
<td>Urinary incontinence 6 to 8 days</td>
<td>Are persistent and ongoing</td>
<td></td>
</tr>
<tr>
<td>Haematuria: Blood in your urine</td>
<td>If 2 or more of: dysuria, new nocturia, cloudy urine; AND NO vaginal discharge</td>
<td>If mild symptoms, recommend self-care AND GP visit if symptoms: Get worse</td>
<td></td>
</tr>
<tr>
<td>Suprapubic pain: Pain in your lower tummy</td>
<td>UTI more likely</td>
<td>Do not get a little better with self-care within 48 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You should start to improve within 48 hours</td>
<td>Symptoms usually last 3 days</td>
<td></td>
</tr>
<tr>
<td>Other things to consider:</td>
<td>Pregnant women: If suspected UTI</td>
<td>Recommended immediate GP visit if:</td>
<td></td>
</tr>
<tr>
<td>Recent sexual history</td>
<td></td>
<td>NHS 111 and self-care</td>
<td></td>
</tr>
<tr>
<td>Information due to sexual activity can</td>
<td></td>
<td></td>
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<tr>
<td>feel similar to the symptoms of a UTI</td>
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<td></td>
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<tr>
<td>Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI</td>
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<tr>
<td>Changes during menopause</td>
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</tr>
<tr>
<td>Some changes during the menopause can have symptoms similar to those of a UTI</td>
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</tbody>
</table>

### Self-care to help yourself get better more quickly

- 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 can and have had no previous side effects.
- There is currently no evidence to support taking cranberry products or cystic acid to improve your symptoms.
- Consider the risk factors in the ‘Options to help prevent UTI’ column to reduce future UTIs.

### Options to help prevent a UTI

- **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 can and have had no previous side effects.**
- **There is currently no evidence to support taking cranberry products or cystic acid to improve your symptoms.**
- **Consider the risk factors in the ‘Options to help prevent UTI’ column to reduce future UTIs.**

### Antibiotic Resistance

- **Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.**
- **Antibiotics taken by mouth.** For any reason, affect our gut bacteria making some resistant.
- **This may make future UTI more difficult to treat.**
- **Common side effects to taking antibiotics include tinnitus, rash, vomiting and diarrhoea. Seek medical advice if you are worried.**
- **Keep antibiotics working: only take them when advised by a healthcare professional. This way they are more likely to work for future UTI.”**
Engage your Team

• The clinical pathways are excellent

• They are evidence based and easy to follow and ensure that patients are given safe and effective care

• They also will support and give confidence to pharmacists to make the right decision when followed correctly

• They are clinically based and have a clear gateway that needs to be crossed with regard to the supply of antibiotics
  – Regardless of what patients, parents or carers believe they should be given
Engage your local health system

Supporting Community Pharmacy across Avon

Referrals

HELP! I HAVE SHINGLES!

UTI URINARY TRACT INFECTION

Impetigo Skin Infection

Supporting Community Pharmacy across Avon
Engage your Team

- Consider show materials
- Provide the Target Leaflet to patients
- Ensure the whole team is briefed in relation to the services
  - Will increase confidence when a patient self-refers
A few final points...
A few final points...

- Make use of the resources available to you nationally and locally – let us know if there are any other resources which would help
- Don’t forget that most people are already providing two thirds of the service
- And people already walk into pharmacies every day to seek help with the seven conditions
- The service will take a little time for people to get used to the new pathways...
- ...but this is absolutely a service which we believe all pharmacy teams can successfully provide
- Good luck with providing the service!
Email newsletters

- To get the latest information on the service, make sure you are signed up for:
  - our newsletters (cpe.org.uk/newsletter) so you get the latest service information delivered to your Inbox
  - your Local Pharmaceutical Committee newsletter (lpc-online.org.uk) so you are made aware of local training and support available
  - NHS England’s Primary Care Bulletin (england.nhs.uk/email-bulletins/primary-care-bulletin)