

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

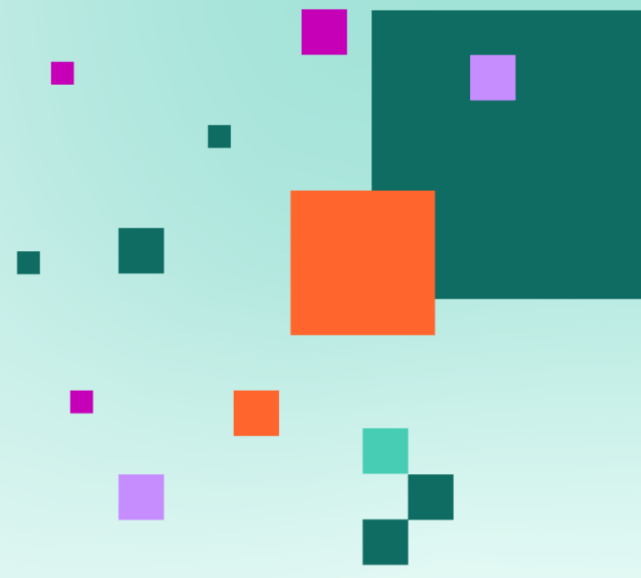
Lindsey Fairbrother, independent pharmacy owner and regional representative, Community Pharmacy England

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



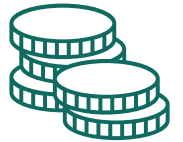
The service requirements

- 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

5



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



NHS England

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)
Supply of aciclovir tablets/dispersible tablets for the treatment of shingles (herpes zoster)

NHS England

This Patient Group Direction (PGD) must only be used by registered healthcare professionals who have been named and authorised by their organisation to practice under it. The most recent and in date final signed version of the PGD should be used.

PATIENT GROUP DIRECTION (PGD)
Supply of nitrofurantoin capsules/tablets for the treatment of Urinary Tract Infection (UTI) under the NHS England commissioned Pharmacy First service

Version Number 1.2

Change History	
Version and Date	Change details
Version 1.0 January 2023	New template
Version 1.1 July 2023	Updated interaction information – removed disperse and logical prochloraz as interacting drug
Version 1.2 January 2024	<ul style="list-style-type: none">Content aligned with PGDs in Pharmacy First suite.Expansion of the definition of immunosuppressedAddition of abnormal vaginal discharge, suspected STI and urethritis as exclusionsAddition of hepatotoxicity warning from MIRAAddition of caution re renal metabolic conditions and certain excipientsAddition of self-care adviceRemoval of nitrofurantoin 100g MTR tablets: no longer commercially available

Version 1.2
Reference Number: 15
Valid from: 31/03/2024
Review date: 30/03/2026
Copy date: 30/01/2027

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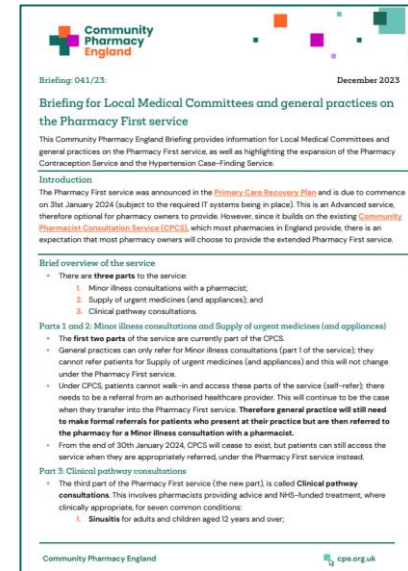
Talking to your team

- 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



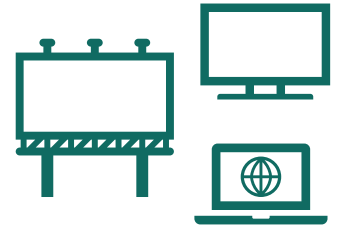
Talking to your local GP practices

- 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

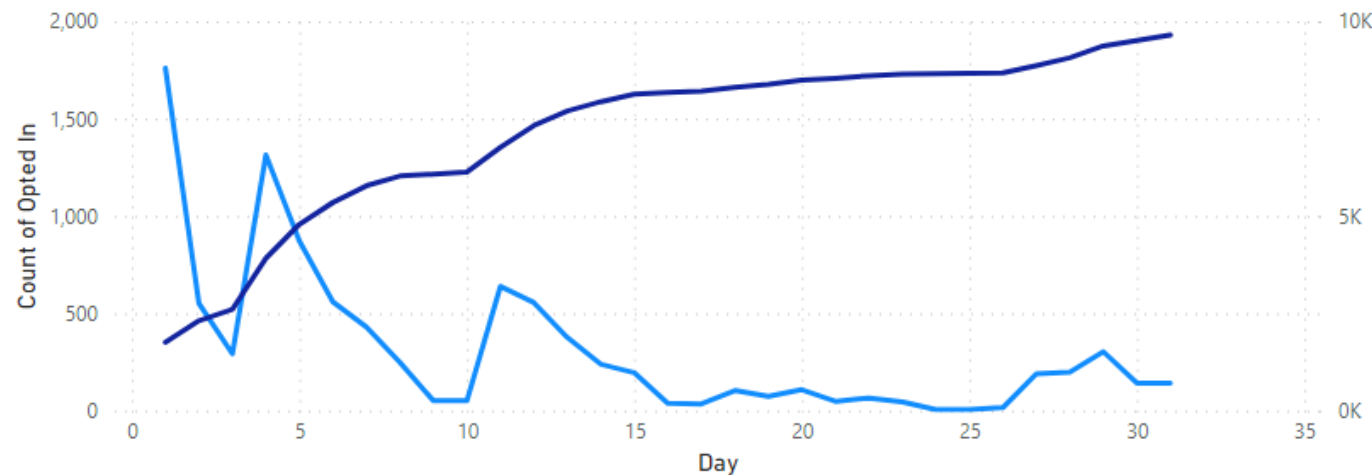
As on 07 January 2024

- **Over 90%** of pharmacy contractors have opted into Pharmacy First Service
- With a good proportion of 100-hour pharmacy

Count of Opted In, Count of Opted In running total in Day

BY DAY

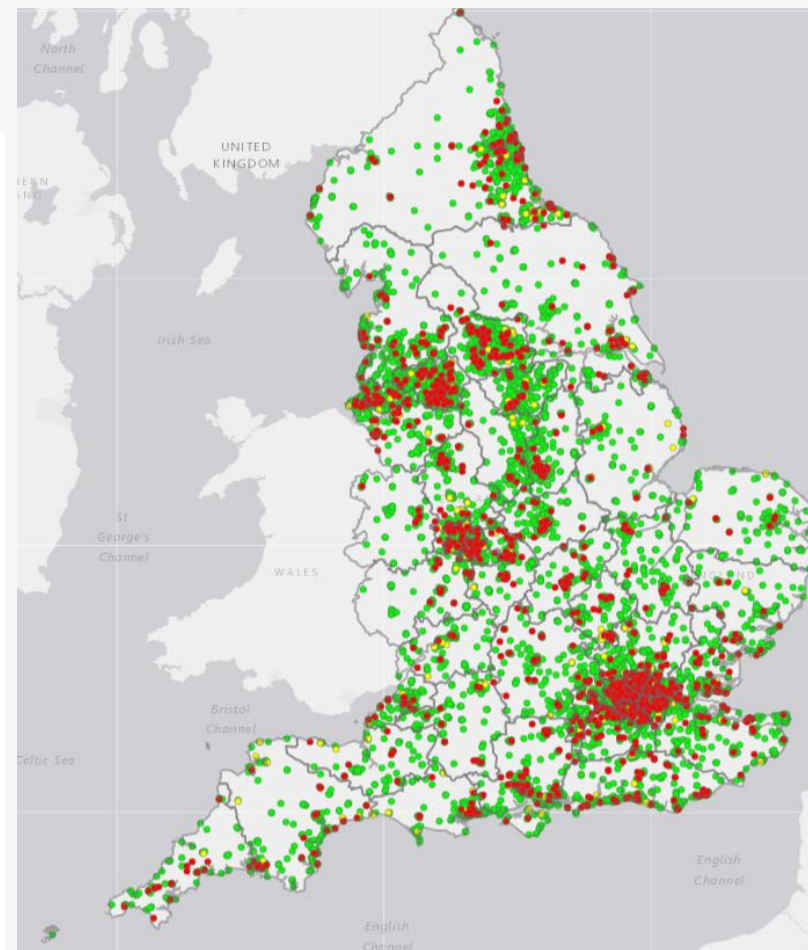
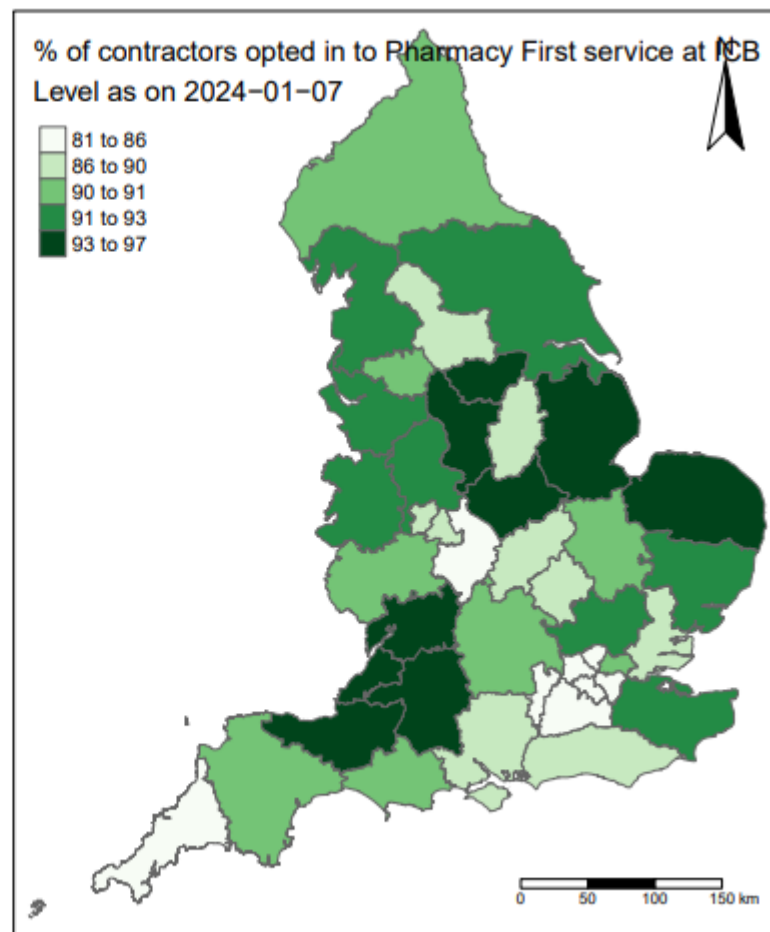
● Count of Opted In ● Count of Opted In running total in Day



Regiortors	Total contrac-tors	No of contrac-tors opted in Pharmacy First	% of contrac-tors opted in Pharm1st	No of 100-hour contrac-tors opted in Pharm First	% of 100-hour contrac-tors opted in Pharm1st
SW	957	883	92.3	59	89.4
NE	1572	1435	91.3	115	89.8
EoE	1119	1020	91.2	80	87.0
NEY	1783	1609	90.2	151	89.3
Mids	2084	1877	90.1	182	90.5
SE	1441	1269	88.1	92	87.6
LDN	1769	1495	84.5	67	82.7

Pharmacy First Opt-ins- ICB summary

As on 07 January 2024



- Opted in to PharmFirst and also registered for CPCS
- Opted in to PharmFirst but not registered for CPCS
- Not opted in to PharmFirst yet

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.

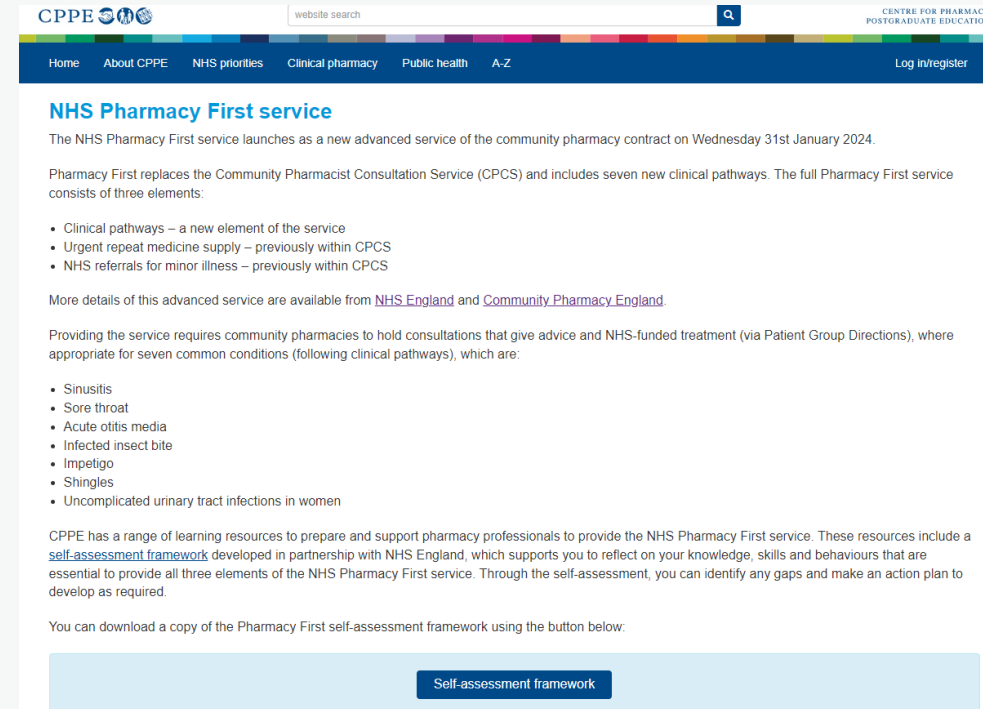
Dipstick tests for UTIs	Rapid tests for sore throats
<ul style="list-style-type: none"> • National <u>guidance</u> from UK Health Security Agency (UKHSA) currently recommends diagnosing a urinary tract infection if the person has 2 or more key urinary symptoms and no other excluding causes or warning 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. 	<ul style="list-style-type: none"> • For the sore throat pathway, we accepted the NICE recommendation (<u>DG38</u>) 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 (<u>Little P, BMJ 2013</u>). 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/)



The screenshot shows the CPPE website page for the NHS Pharmacy First service. The page title is "NHS Pharmacy First service". The main text states: "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.

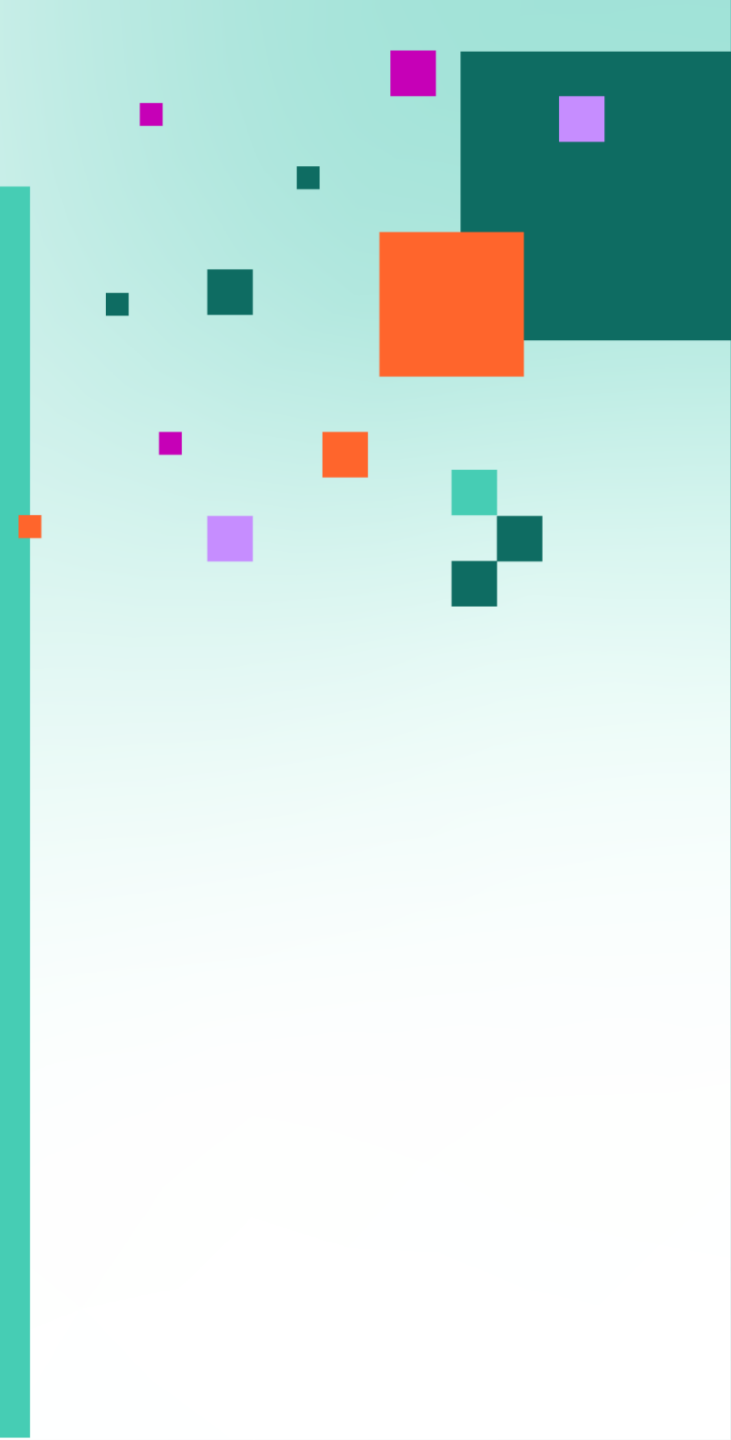
You can download a copy of the Pharmacy First self-assessment framework using the button below:

[Self-assessment framework](#)

[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

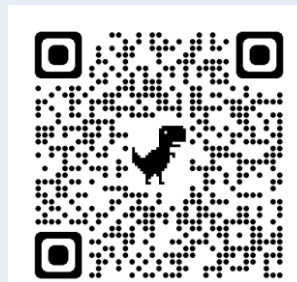
Providing NHS and public health pharmacy services

- 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

Competent	I already have the necessary knowledge, skills and behaviours to deliver this aspect of the service.
Development required	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.
No previous experience	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.

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

Action plan template

NHS Pharmacy First
Personal development action plan

CPPE 
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POSTGRADUATE EDUCATION

SMART objective	How will I achieve the objective?	Support needed	Timescale	Progress

This document was co-produced by CPPE and NHS England

NHS Pharmacy First service – essential skills

[NHS Pharmacy First essential skills e-course](#)



[NHS Pharmacy First: Clinical assessment - essential skills online workshop](#)

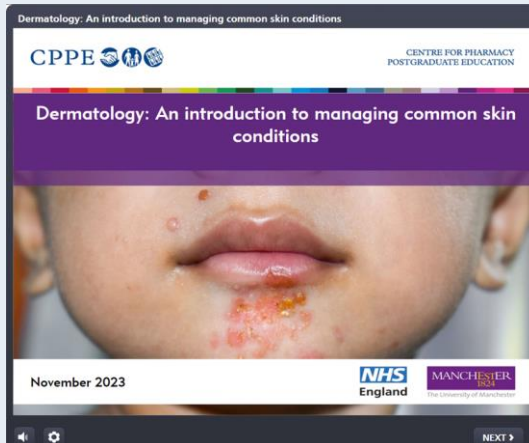
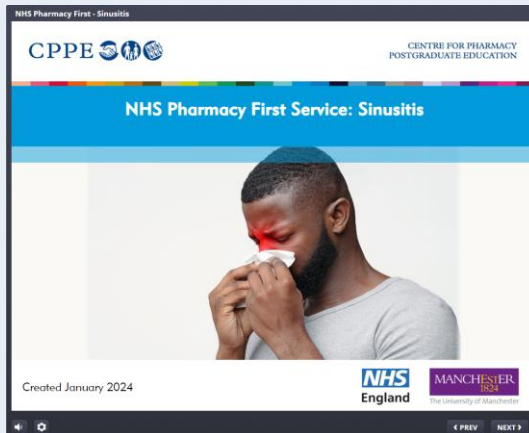


[Documenting in patient clinical records](#)



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

New resources



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 infections](#)

[Revisit introduction](#) [Programme credits](#) [Feedback](#)

Dermatology: An introduction to managing common skin conditions

Insect bites

Definition
Insects bite by puncturing the skin with piercing mouthparts (for example, mosquitoes and bedbugs) or by lacerating the skin (for example, horseflies and midges).¹ 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.² Bites from some insects can cause illnesses, such as Lyme disease from ticks and malaria from mosquitoes in certain parts of the world.²

[Signs and symptoms](#) [Treatment options](#) [Practical tips and self-care measures](#)

[Differential diagnosis](#) [Red flags](#) [Patient information](#)

[Return to main menu](#) [References](#)

[PREV](#) [NEXT](#)

Sinusitis e-learning

NHS Pharmacy First - Sinusitis

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

 **Management of acute Sinusitis in community pharmacy**

We have broken the video down so that you can jump in at different parts or easily re-listen to sections. You can do this by hovering over the bar at the bottom of the screen. Press the play button to start the video.

CPPE 
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POSTGRADUATE EDUCATION

**Management of Acute Sinusitis in
Community Pharmacy**

Dr Philip Xiu



[← Return](#)

Sore throat e-learning

NHS Pharmacy First - Sore throat

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

NHS Pharmacy First - Sore throat


Management of acute sore throat in community pharmacy

We have broken the video down so that you can jump in at different parts or easily re-listen to sections. You can do this by hovering over the bar at the bottom of the screen. Press the play button to start the video.


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Examination

Kissing tonsils



Pus



The throat
Dr Ian, BM B, FRCS, Ear, Nose and Throat and Head and Neck Surgery, 55-66
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English

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CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

Acute Sore Throat Safety Netting and Conclusion

Dr Philip Xiu

00:00

← Return

← PREV NEXT →

Acute otitis media e-learning

NHS Pharmacy First - Otitis Media

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

NHS Pharmacy First - Otitis Media


Management of acute Otitis media in community pharmacy

We have broken the video down so that you can jump in at different parts or easily re-listen to sections. You can do this by hovering over the bar at the bottom of the screen. Press the play button to start the video.



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Otitis Media: Differentials

Otitis Media with Effusion (Glue Ear)




Ear, Nose and Throat (ENT) and Ophthalmology in an Hour
Liam, Mark, Medicine in a Day, 6, 130-174

NHS England  

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NHS Pharmacy First - Otitis Media



Acute Otitis media: How to conduct an ear examination

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Acute Otitis Media Otoscopy

Dr Philip Xiu



NHS England  

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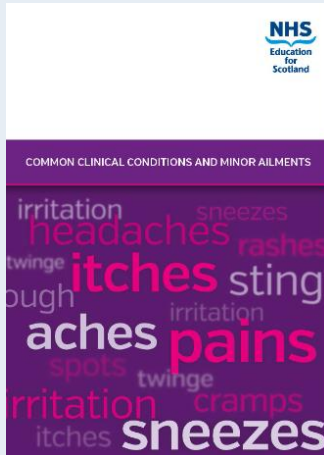
← PREV NEXT →

Further developments planned

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

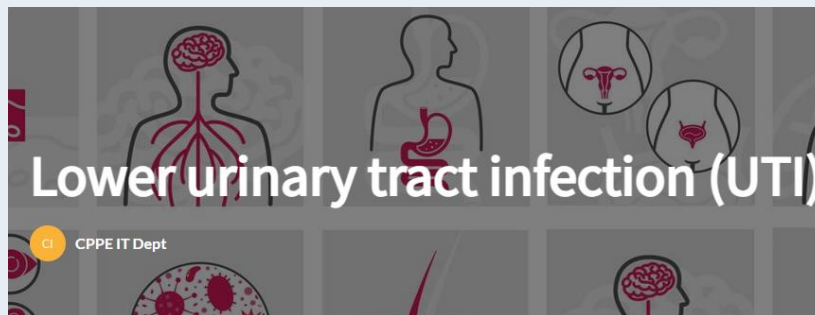


Further developments planned



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



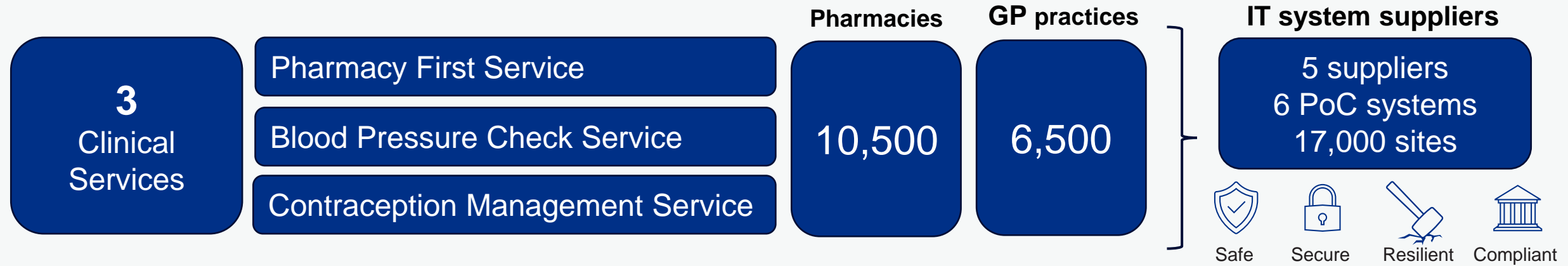
Pharmacy First IT update

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

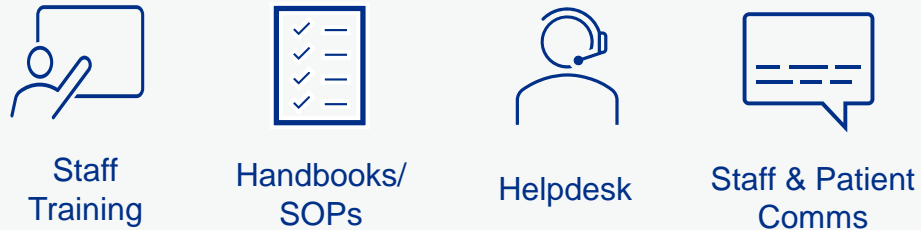
Sam Brierley, Pharmacy First delivery team, NHS England



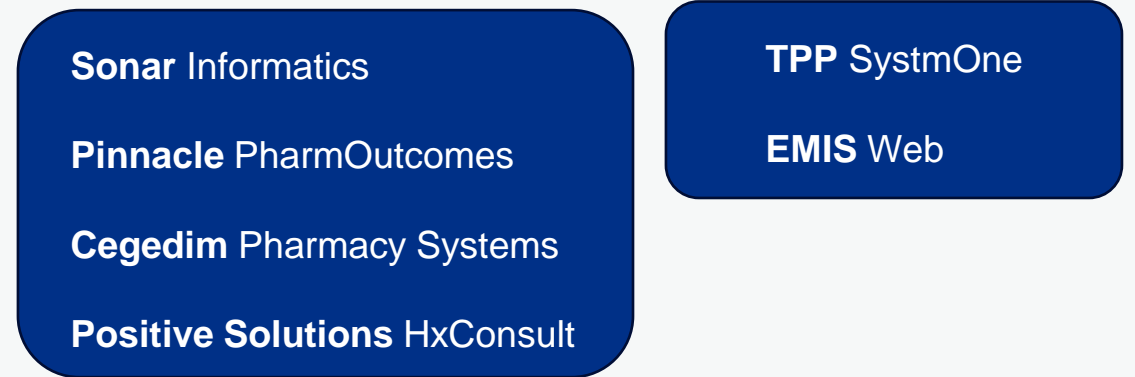
Scale of the change



Support requirements

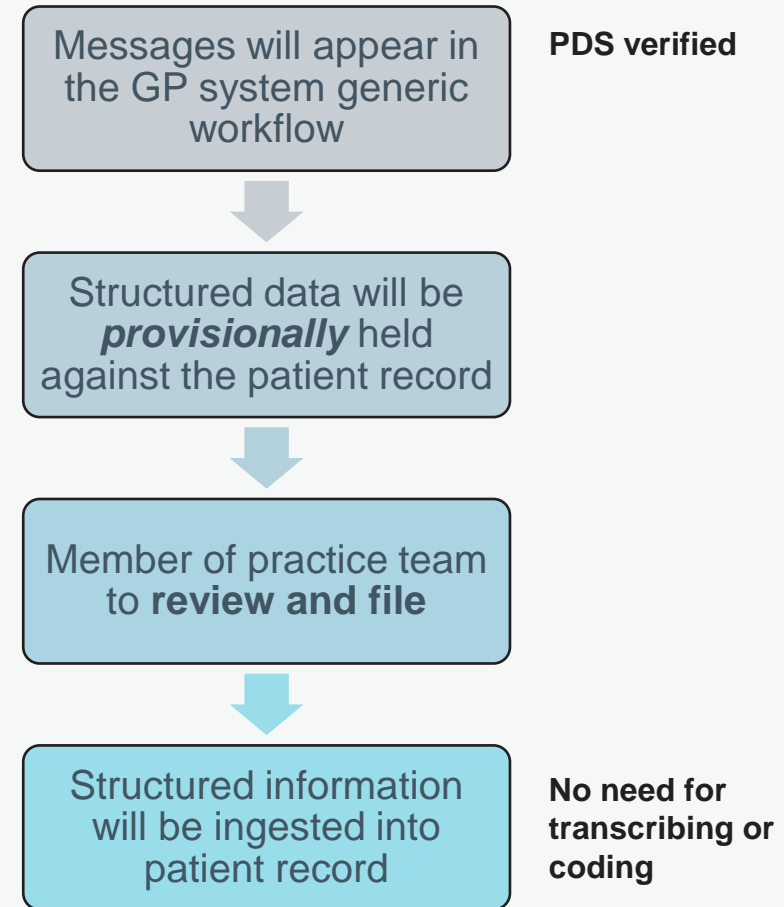


PoC software suppliers (CP and GP)



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 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

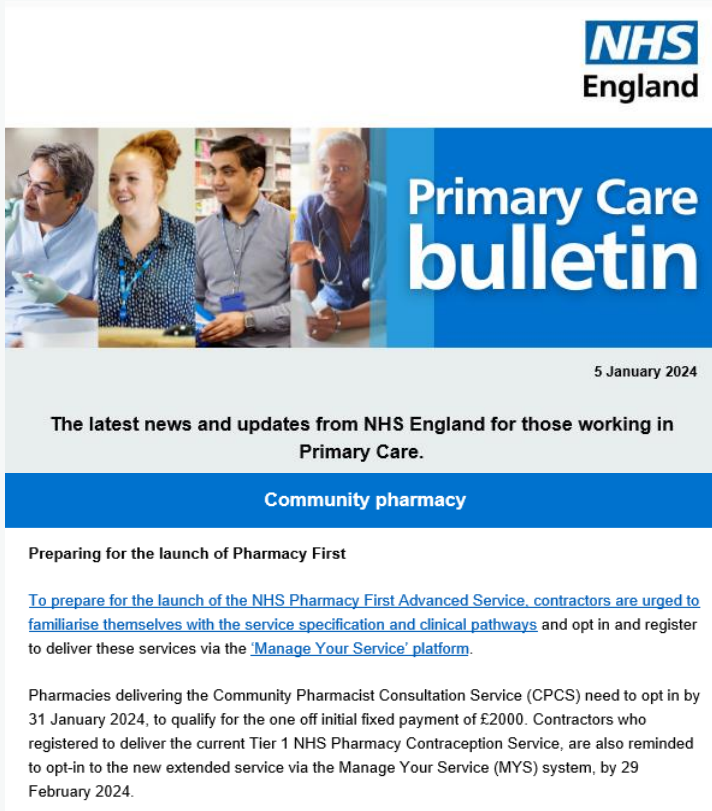
- Filed as an external consultation
- Clinician details given

Updating the GP record

Important Notes

- Update Record **will not** be used to communicate urgent information (eg 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
England

**Primary Care
bulletin**

5 January 2024

The latest news and updates from NHS England for those working in Primary Care.

Community pharmacy

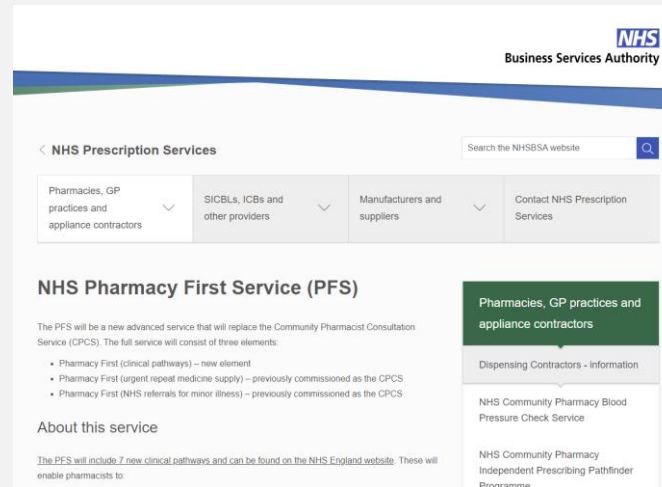
Preparing for the launch of Pharmacy First

[To prepare for the launch of the NHS Pharmacy First Advanced Service, contractors are urged to familiarise themselves with the service specification and clinical pathways](#) and opt in and register to deliver these services via the ['Manage Your Service' platform](#).

Pharmacies delivering the Community Pharmacist Consultation Service (CPCS) need to opt in by 31 January 2024, to qualify for the one off initial fixed payment of £2000. Contractors who registered to deliver the current Tier 1 NHS Pharmacy Contraception Service, are also reminded to opt-in to the new extended service via the Manage Your Service (MYS) system, by 29 February 2024.

NHS BSA

[NHS BSA sign up guidance](#)



NHS
Business Services Authority

NHS Prescription Services

Search the NHSBSA website

Pharmacies, GP practices and appliance contractors | SICBLs, ICBs and other providers | Manufacturers and suppliers | Contact NHS Prescription Services

NHS Pharmacy First Service (PFS)

The PFS will be a new advanced service that will replace the Community Pharmacist Consultation Service (CPCS). The full service will consist of three elements:

- Pharmacy First (clinical pathways) – new element
- Pharmacy First (urgent repeat medicine supply) – previously commissioned as the CPCS
- Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS

About this service

The PFS will include 7 new clinical pathways and can be found on the NHS England website. These will enable pharmacists to:

- Pharmacies, GP practices and appliance contractors
- Dispensing Contractors - Information
- NHS Community Pharmacy Blood Pressure Check Service
- NHS Community Pharmacy Independent Prescribing Pathfinder Programme

IT system suppliers

- [Cegedim](#)
- [PharmOutcomes](#)
- [Positive Solutions](#)
- [Sonar](#)

Signposting and referrals to pharmacies

19 January 2024

To ensure you are 'live' on Directory of Services to receive referrals from 31 January:

- Sign up to Pharmacy First
- Sign up to a supplier
- Switch suppliers

22-24 January 2024

The Directory of Service team will not action any supplier switches between 22 January and 24 January

31 January 2024

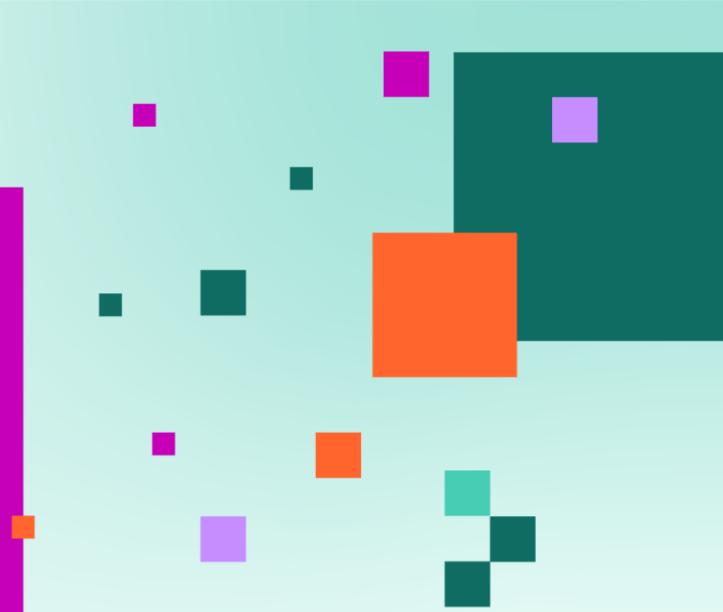
Pharmacies receive referrals from 111 online and 111 telephony

Patients are signposted from NHS Service Finder and Find a Service on NHS.UK

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

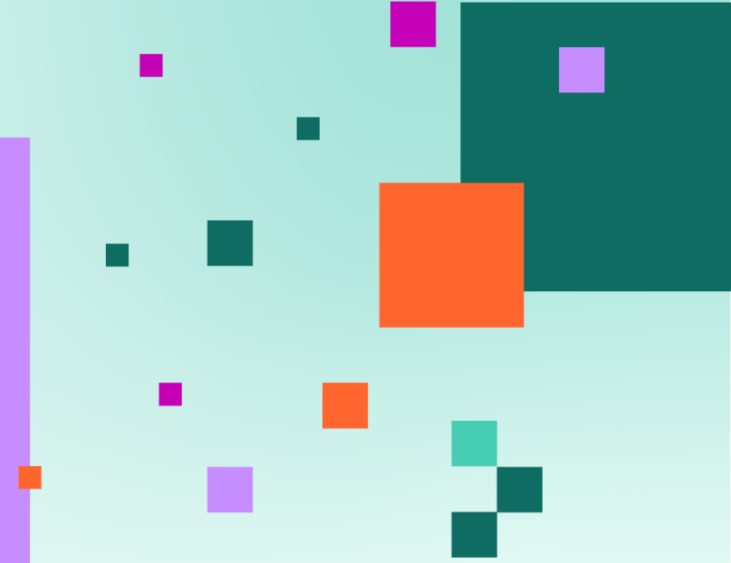
- Smelly/watery discharge – cholesteatoma
- Inflamed pinna/mastoiditis
- Bleeding
- Tinnitus/vertigo
- Worsening symptoms
- High temperature
- Sepsis?
- Meningitis?

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



Important Information

Extremely
Common

50%

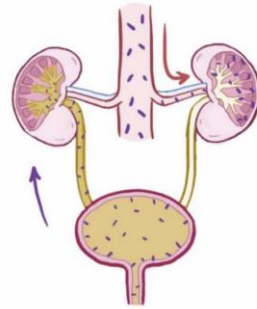


16/64

$\frac{2}{6}$ Episodes
 $\frac{3}{12}$ Months






URINARY
CATHETERS



Inclusion

Self-care

Onward referral

Does the patient have any of the 3 key diagnostic signs/symptoms		
<input type="checkbox"/> Dysuria (burning pain when passing urine) <input type="checkbox"/> New nocturia (needing to pass urine in the night) <input type="checkbox"/> Urine cloudy to the naked eye (visual inspection by pharmacist if practicable)		
No symptom	1 symptom	2 or 3 symptoms
		

Mild – Self-care

Moderate to severe – Treat

HAEMATURIA

Treatment

What is *mild*?

What is *moderate to severe*?



Safety
Net



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

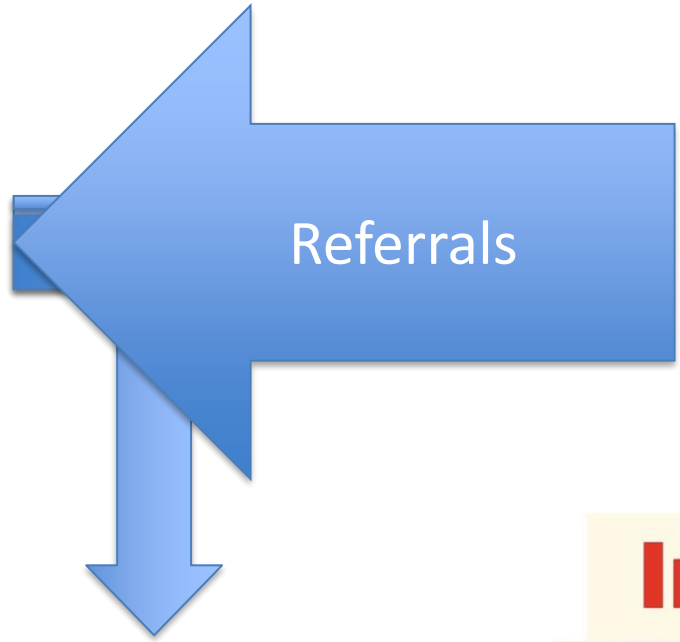


Possible urinary signs & symptoms	The outcome	Recommended care	When should I get help? Contact your GP practice or contact NHS 111
<p>Key signs/symptoms:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dysuria: Burning pain when passing urine (wee) <input type="checkbox"/> New nocturia: Needing to pass urine in the night <input type="checkbox"/> Cloudy urine: Visible cloudy colour when passing urine <p>Other signs/symptoms to consider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Frequency: Passing urine more often than usual <input type="checkbox"/> Urgency: Feeling the need to pass urine immediately <input type="checkbox"/> Haematuria: Blood in your urine <input type="checkbox"/> Suprapubic pain: Pain in your lower tummy <p>Other things to consider:</p> <p>Recent sexual history</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inflammation due to sexual activity can feel similar to the symptoms of a UTI <input type="checkbox"/> Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI <p>Changes during menopause</p> <ul style="list-style-type: none"> • Some changes during the menopause can have symptoms similar to those of a UTI 	<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; AND NO vaginal discharge →</p> <ul style="list-style-type: none"> • UTI more likely • You should start to improve within 48 hours • Symptoms usually last 3 days <p>Pregnant women:</p> <p><input type="checkbox"/> If suspected UTI →</p>	<p><input type="checkbox"/> Self-care and pain relief.</p> <ul style="list-style-type: none"> • Symptoms may get better on their own <p><input type="checkbox"/> Recommend GP visit if symptoms:</p> <ul style="list-style-type: none"> • Get worse • Do not get a little better with self-care within 48 hours • Are persistent and ongoing <p><input type="checkbox"/> If mild symptoms, recommend self-care AND GP visit if symptoms:</p> <ul style="list-style-type: none"> • Get worse • Do not get a little better with self-care within 48 hours <p><input type="checkbox"/> Recommend immediate GP visit/ NHS111 and self-care</p> <p><input type="checkbox"/> Immediate GP referral</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"> 1. You have shivering, chills and muscle pain 2. You feel confused, or are very drowsy 3. You have not passed urine all day 4. You are vomiting 5. You see blood in your urine 6. Your temperature is above 38°C or less than 36°C. 7. You have kidney pain in your back just under the ribs 8. Your symptoms get worse 9. Your symptoms are not starting to improve within 48 hours of taking antibiotics
<p>Self-care to help yourself get better more quickly</p> <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 can and 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>Options to help prevent a UTI</p> <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. • 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>Antibiotic Resistance</p> <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>Community Pharmacy notes</p>

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



HELP!
I HAVE
SHINGLES!

UTI
URINARY TRACT
INFECTION

Impetigo
Skin Infection



SINUSITIS

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)

