

The Pharmacy First service – for general practice colleagues



Presentation overview

- Strategic context for the service
- Summary of the service requirements
- The clinical pathways and PGDs
- Learning and development for pharmacists
- Expansion of other services
- Q&A

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 service started on **31st January 2024**



Animation of the service

Watch the animation at cpe.org.uk/pharmacyfirstGPs

The Pharmacy First service

- Advanced service (therefore optional) that includes **seven clinical pathways**
- Over 95% of pharmacies have signed up to provide the service
- Builds on the previous Community Pharmacist Consultation Service (CPCS)
- The service consists of **three elements**:

Electronic referrals for minor illness consultations with a pharmacist

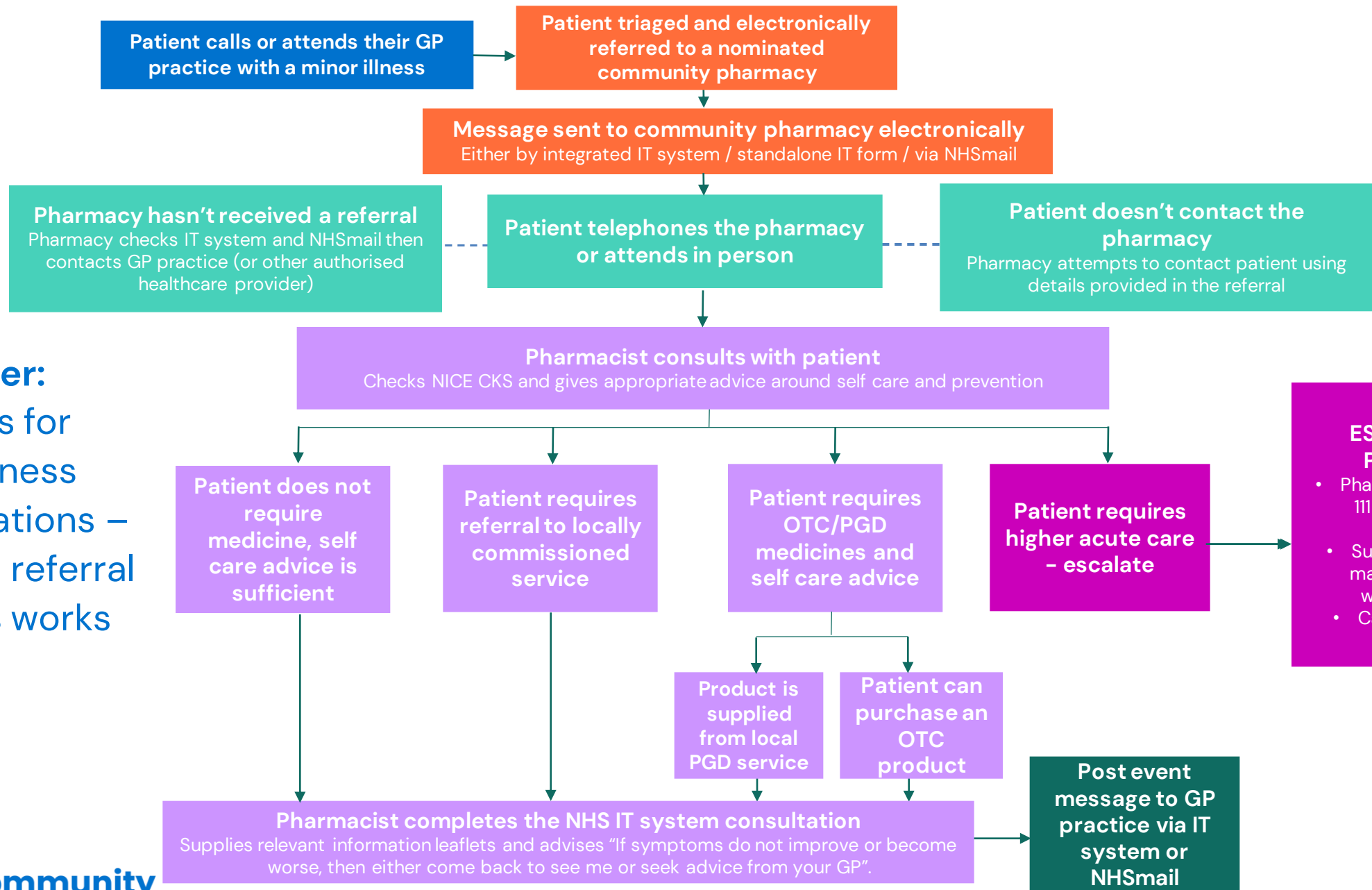
Previously part of CPCS, GP practices can refer to this element

Urgent supply of repeat meds and appliances

Previously part of CPCS but GP practices cannot refer for this element

Clinical pathway consultations

New element, GP practices can electronically refer to this element



Reminder:
Referrals for minor illness consultations – how the referral process works

What has this meant for CPCS?

- CPCS ended on 30th January 2024 and the Urgent supply of repeat meds and Referrals for minor illness consultations with a pharmacist elements of CPCS became part of the Pharmacy First service from 31st January 2024
 - General practices **can still electronically refer patients** for Referrals for minor illness consultations with a pharmacist, not the Urgent supply of repeat meds element (as was the case with CPCS) – **referrals must be sent via a secure digital route, verbal/telephone referrals are not allowed**
 - Patients will not be able to walk-in to a pharmacy and access these parts of the service (self-refer); needs to be an electronic referral from an authorised organisation
 - Therefore, **general practice will still need to make electronic referrals** for patients who present at their practice but are then referred to the pharmacy for a Minor illness consultation with a pharmacist

Why formal referrals are required


- **Ensures patient has a private discussion with the pharmacist**
 - If signposted, the patient may be seen by another member of the team in the pharmacy area and treated under the Self-care Essential service
- **Reassures patients that their concern has been taken seriously and the pharmacist will be expecting the patient**
 - If signposted, the patient may feel they are being 'fobbed off' and be unsatisfied with the service provided by the GP practice and the pharmacy as they won't be expecting the patient
- **Patient will be sent to a pharmacy providing the service**
 - If signposted, patients may have to figure out themselves who is providing the service (the referral route should provide a more joined-up patient journey)

Why formal referrals are required

- **There is an auditable trail of referral and clinical treatment, including consultation outcome**
 - If signposted and treated under the Self-care Essential service, no records are made or sent back to the GP practice
- **If the patient does not contact the pharmacy, the pharmacy team will follow up with the patient**
 - If signposted, this will not happen as the pharmacy won't be aware that the patient was meant to visit the pharmacy
- **The pharmacy team can proactively contact the patient upon receipt of referral to arrange a time for the patient to speak to the pharmacist – beneficial to patient and pharmacy workload**
 - If signposted, the patient may present at a time that means they may have to wait to be seen by the pharmacist

Why formal referrals are required

- **The pharmacy will receive patient information on the referral therefore ensuring they are informed of the presenting condition**
 - If signposted, the patient will have to talk through their presenting condition, provide other information again, which may be frustrating for the patient and does not present a joined-up patient journey
- **Referral data can show that patients are being actively supported to access appropriate treatment, evidencing that GP practices are meeting other PCARP requirements**
 - If signposted, this data is not captured
- **Ensures pharmacies are paid for the service they are providing which helps your local pharmacies stay in business**
 - If signposted and patients do not pass the gateway point for the Clinical pathways consultation, the pharmacy will receive no payment for the Pharmacy First service



Clinical pathway consultations (new element)

Clinical pathway consultations

- Involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate for seven common conditions:

Sinusitis

12 years and over

Sore throat

5 years and over

Acute otitis media

1 to 17 years

Infected insect bite

1 year and over

Impetigo

1 year and over

Shingles

18 years and over

Uncomplicated UTI

Women 16 to 64 years

Clinical pathway consultations

General practice can electronically refer patients for this part of the service (as well as Minor illness consultations with a pharmacist)

Clinical pathways consultations can be provided **remotely**, except for the acute otitis media pathway (otoscope required)

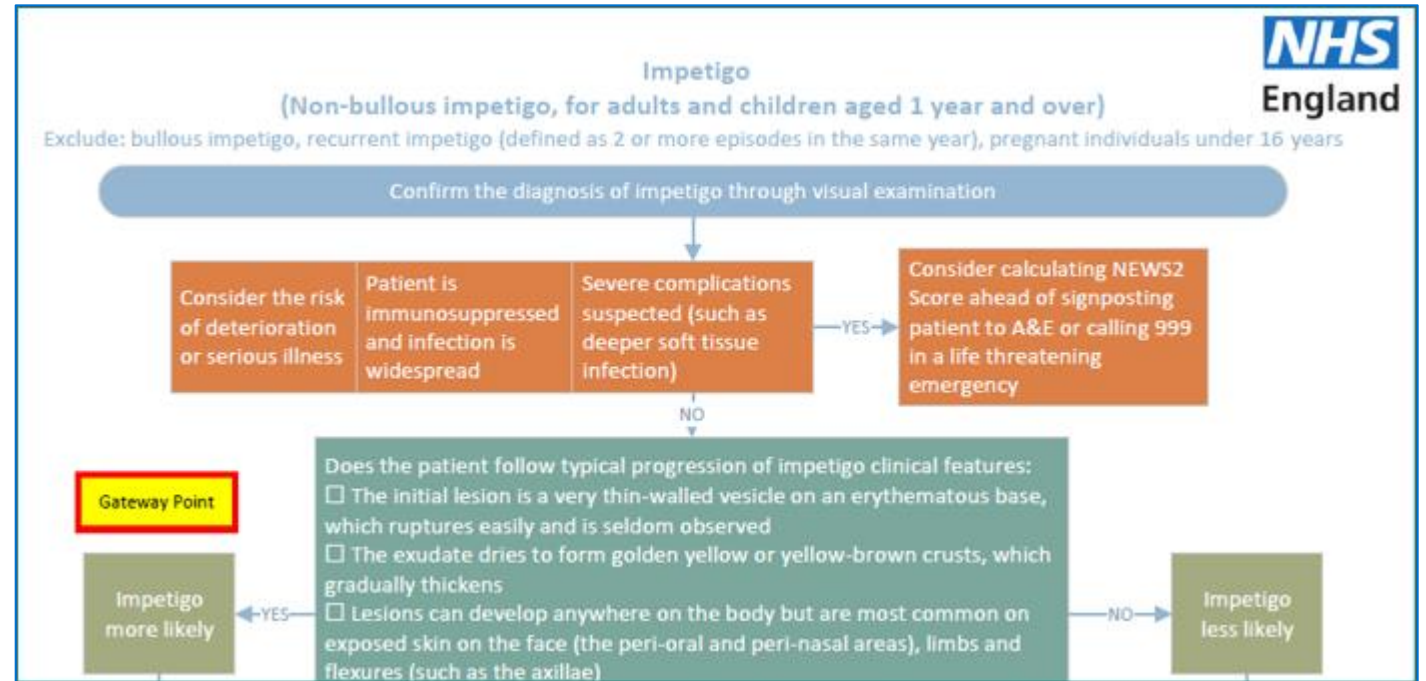
Remote consultations must be **via high-quality video link**

Pharmacies opting-in must provide **all three elements** of the new service

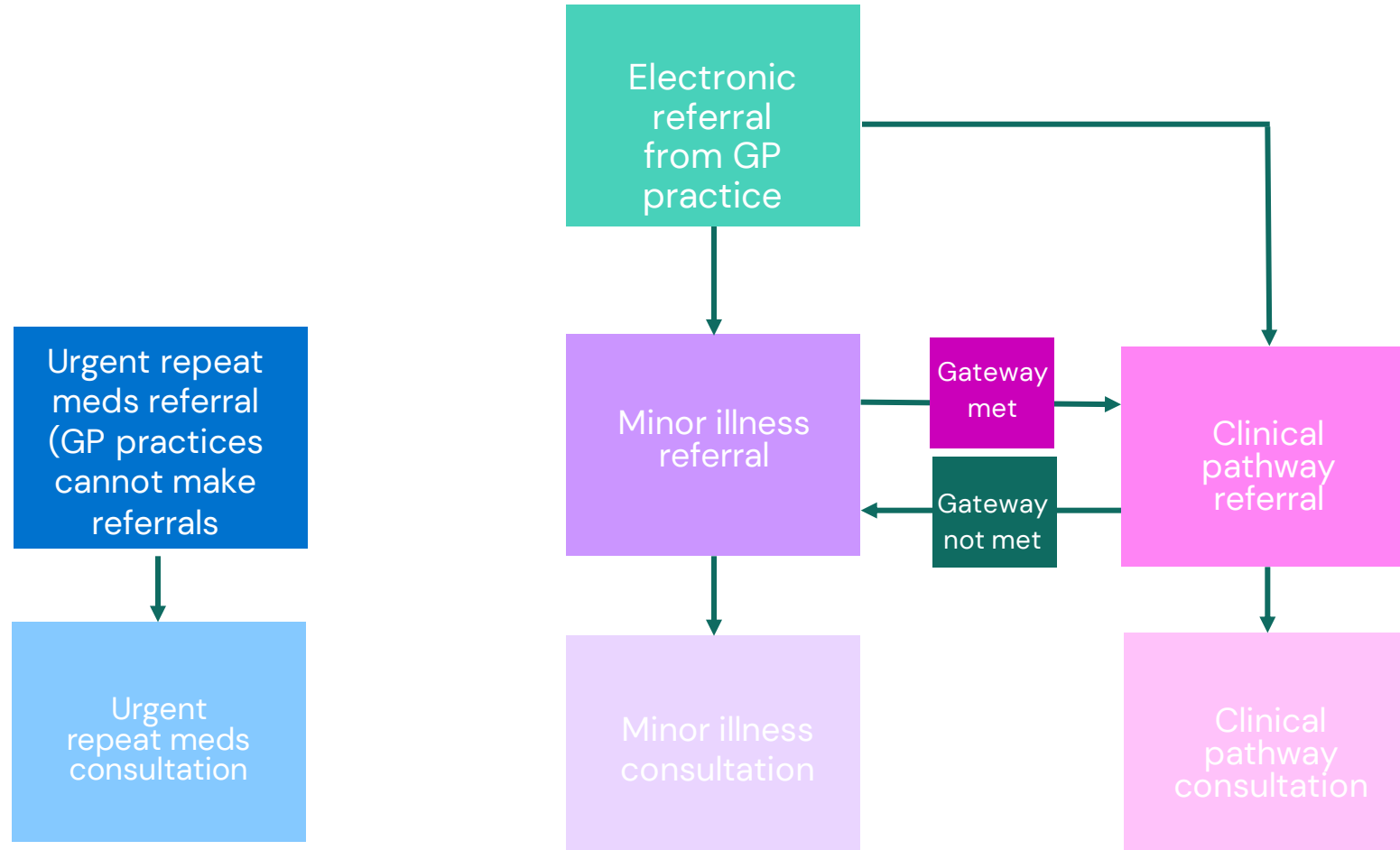
There are no changes to the former CPCS elements of the service, e.g. electronic referrals are still required and telephone consultations are still possible, where clinically appropriate

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



The service requirements

- The pharmacy must have a consultation room, with access to IT equipment for record keeping
- Must have an otoscope (for acute otitis media clinical pathway) – except distance selling pharmacies who cannot provide this pathway
- With consent, the patient's GP record (e.g. via GP Connect Access Record), national care record or an alternative clinical record for the patient, must be checked by the pharmacist unless there is good reason not to do so
- Must have an NHS-assured clinical IT system
- Where supplies of an NHS medicine are made, the normal prescription charge rules apply
- From April 2024, an initial cap of 3,000 consultations per month per pharmacy was put in place

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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 Specialist Pharmacy Service to develop patient group directions (PGDs) and a protocol for the Pharmacy First service
- The final PGDs and protocol, 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
- Pharmacists cannot deviate from the clinical pathways and PGDs

Development of clinical pathways

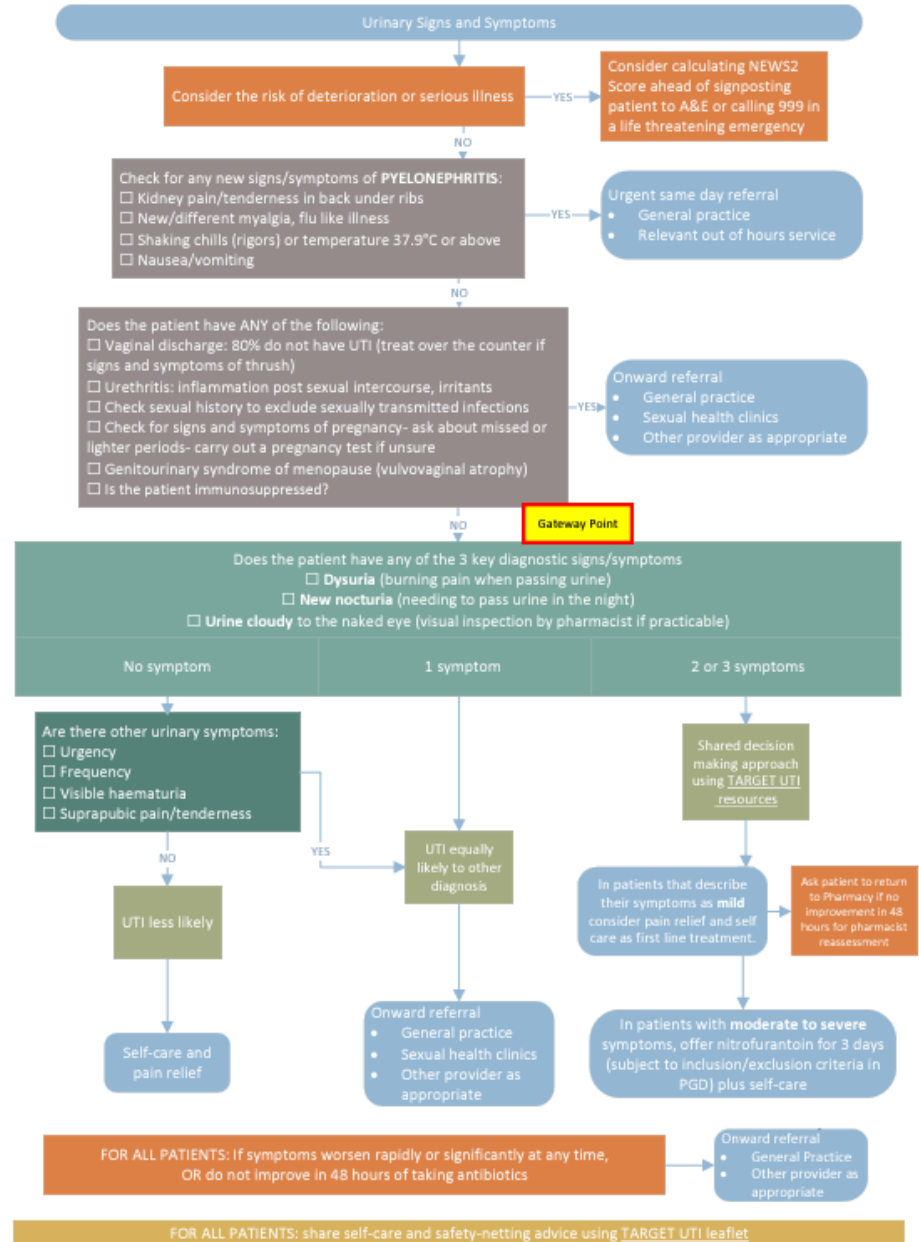


Monitoring and surveillance

- NHS England is closely monitoring delivery of the Pharmacy First service to allow for robust oversight and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned
- NHS England is working with the NHSBSA to enable pharmacy reimbursement and functionality for PGD supply to be recorded via ePACT2 data, or in a parallel dashboard
- NIHR has commissioned an evaluation of the Pharmacy First service to consider the implications for antimicrobial resistance

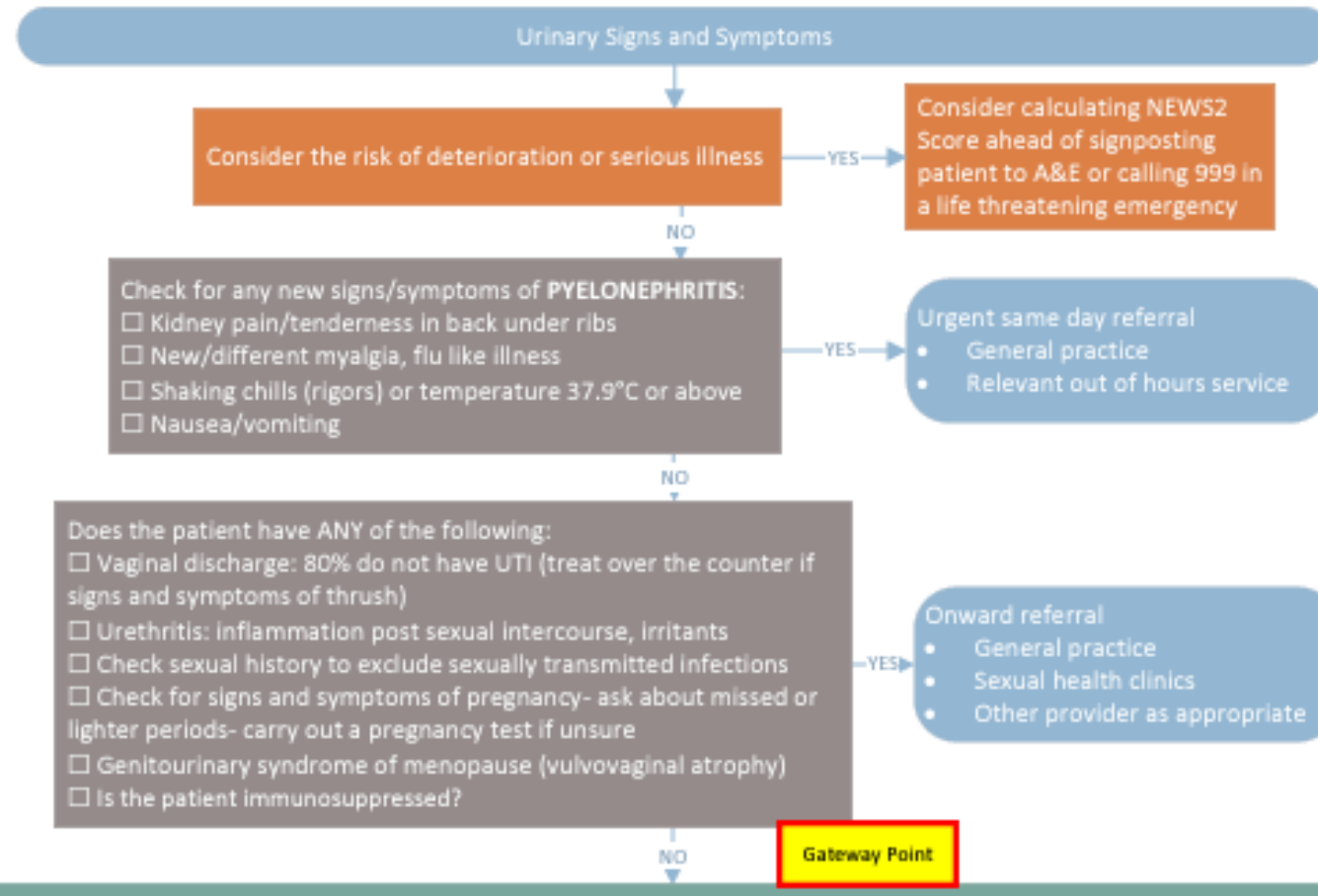
Uncomplicated Urinary Tract Infection
(For women aged 16 to 64 years with suspected lower UTIs)

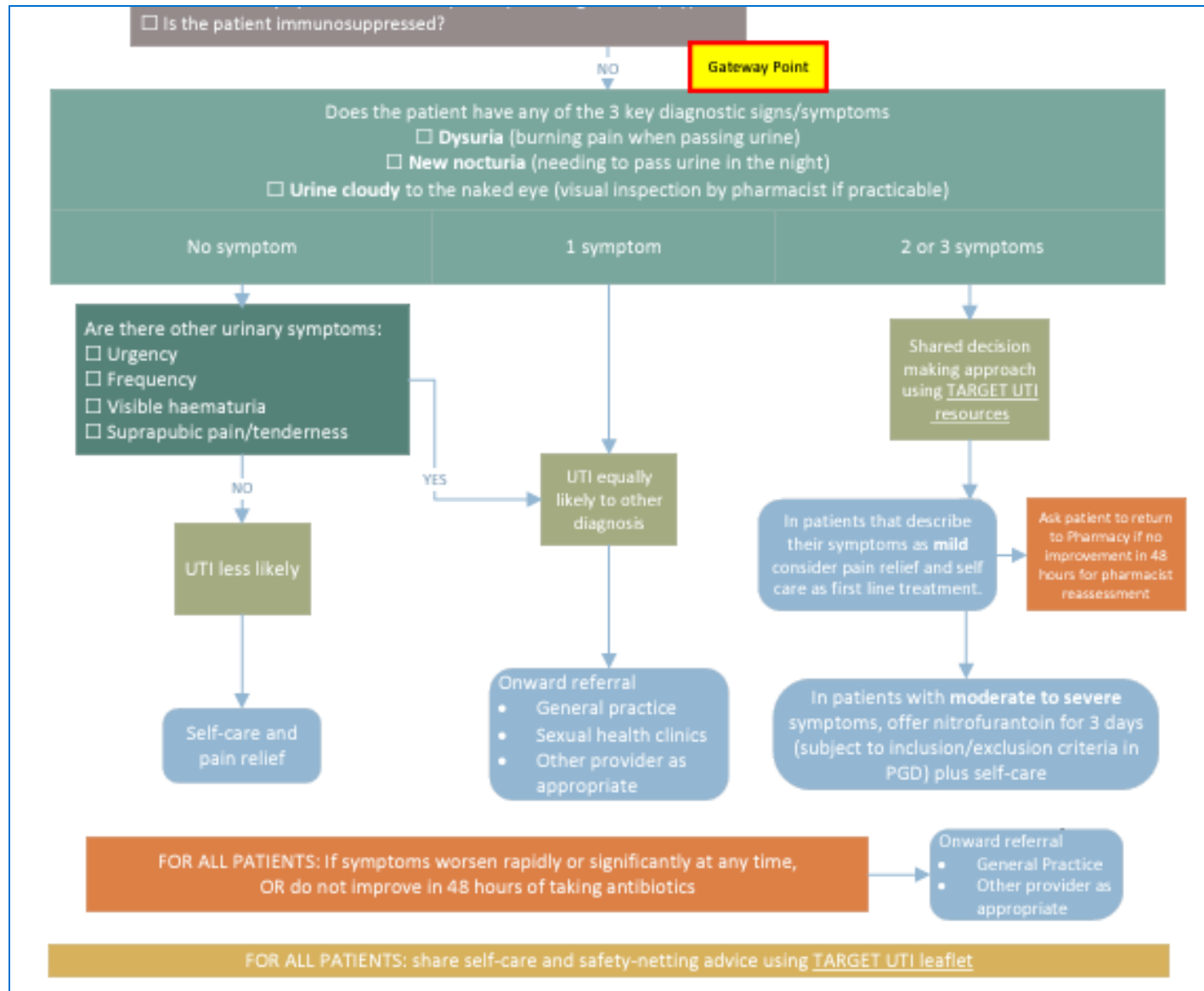
Exclude: pregnant individuals, urinary catheter, recurrent UTI (2 episodes in last 6 months, or 3 episodes in last 12 months)



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)







Notifications and referrals to general practice

Notifications

- A patient's general practice will be notified on the day of provision of the service or on the following working day
 - Where possible, sent as a structured message in real time via the NHS-assured IT system
 - NHSmail as a back-up
- Minor illness and clinical pathway consultations – GP Connect Update Record will provide the functionality to automatically update a patient's GP medical record

Referrals

- If a patient needs an in-hours appointment with their GP practice, after agreeing this course of action, the pharmacist should contact the patient's GP practice to secure them an appointment
- If known that a patient has used the service more than twice within a month, with the same symptoms and no indication for urgent referral, pharmacists will consider referring the patient to their GP practice



Learning and development for pharmacists

Learning and development

- Pharmacy First self-assessment framework – developed by the Centre for Pharmacy Postgraduate Education (University of Manchester) and NHSE
- Personal development action plan
- Clinical examination training also available funded by NHS England
- Lots of support to upskill and give pharmacists the confidence to offer this service

Summary

Pharmacy First: What GPs need to know



The Pharmacy First service can help reduce pressure on GP practices



Pharmacy First allows GPs and others to **electronically refer patients directly to pharmacies** for minor illness consultations



Managing NHS resources more appropriately.



Pharmacists can **supply certain prescription-only medicines**, if clinically appropriate, for common conditions



Expanding on work they have already been doing.

As **experts in medicines and managing minor conditions**, pharmacists can determine which medicine to give and when



Helping ease pressure elsewhere in the NHS.

Any treatment supplied is **recorded in the patient's GP record** via new IT developments



Providing visibility to other healthcare professionals

Onward referral isn't usually needed, but in a small number of cases the patient will be referred elsewhere

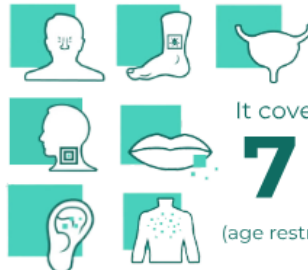
Ensuring people are directed to the most appropriate place



Pharmacy First could help save up to

10m

GP appointments a year



It covers

7

common conditions

(age restrictions apply)



Over

90%

of community pharmacies in England have signed up to provide it

Please use Pharmacy First to electronically refer patients with minor conditions to community pharmacies

For more information, visit cpe.org.uk/pharmacyfirst



Expansion of other services

Expansion of other services

- From 1st December 2023:
 - The Pharmacy Contraception Service was expanded to allow pharmacists to also initiate oral contraception (OC)
 - Previously they were only able to provide ongoing monitoring and repeat supplies of OC when this had been initiated at a GP practice or sexual health clinic
 - The Hypertension Case-Finding Service was expanded to allow suitably trained and competent pharmacy staff to provide the service
 - Previously only pharmacists and pharmacy technicians could provide the service
- General practice briefings available at cpe.org.uk/briefings

Community Pharmacy England

Briefing: 034/23: November 2023

Briefing for general practice teams and staff at sexual health clinics: the NHS Pharmacy Contraception Service

This Community Pharmacy England Briefing provides information for general practice teams and staff at sexual health clinics on the Pharmacy Contraception Service (PCS) which was commissioned from pharmacies from 24th April 2023 and has recently been updated.

Aims of the service

The aim of the PCS is to offer greater choice from where people can access contraception services and create additional capacity in general practice and sexual health clinics (or equivalent) to support meeting the demand for more complex assessments.

Brief overview of the service

- This NHS service involves community pharmacists initiating oral contraception (OC) and providing...

Community Pharmacy England

November 2023

Briefing: 037/23: The Community Pharmacy Hypertension Case-Finding Service - A briefing for general practice teams

This Community Pharmacy England Briefing provides information for general practice teams on the Community Pharmacy Hypertension Case-Finding Service, which was commissioned from pharmacies from 1st October 2021 and has recently been updated.

Aims of the service

The service aims to:

- Identify people aged 40 years or older with high blood pressure who have previously not had a confirmed diagnosis of hypertension. At the discretion of suitably trained and competent pharmacy staff, people under the age of 40 may also be included in the service. Where the person's blood pressure is high, they will be referred to their general practice to confirm diagnosis and for appropriate management.
- At the request of a general practice, undertake ad hoc clinic and ambulatory blood pressure measurements. These requests can be in relation to people either with or without a diagnosis of hypertension.
- Provide another opportunity to promote healthy behaviours to patients.

Brief overview of the service

- This NHS service will be provided in the consultation room by suitably trained and competent pharmacy staff.
- The service has two stages:
 - Stage 1 – Identifying people at risk of hypertension and offering them the...

Community Pharmacy England cpe.org.uk

Questions

cpe.org.uk/pharmacyfirstGPs

