



# The Pharmacy First service – when can you claim?

This resource sets out a range of scenarios associated with the Pharmacy First service and when a consultation within the service is complete (and hence can be included in the total number of completed Pharmacy First consultations claimed at the end of the month).

## Referrals (relate to all three of the pathways)

| Patient's action  | Pharmacist's action  | Entry in PF IT system?                                       | Claim payment?   |
|---|--|--|--|
| The patient presents at the pharmacy, but no referral has been received | The pharmacist follows up with the supposed referrer but if still no referral is received:<br><br><b>Urgent medicines pathway</b> – The pharmacist can support the patient with a supply via a locally commissioned urgent supply service (if available), a private emergency supply or could signpost the patient to NHS 111. | No   | No   |
|   | <b>Minor illness pathway</b> – The pharmacist can support the patient via a locally commissioned Minor Ailment Service (MAS) or Patient Group Direction (PGD) service if available and where the patient is eligible for that service or support the patient under the Support for self care Essential service.                | No   | No   |
|   | <b>Clinical pathway</b> – The patient can be treated as a self-referred patient and subject to passing a Gateway point, the pharmacist can provide the Clinical pathway consultation. If the patient does not pass the Gateway point, the options set out above in the minor illness pathway are applicable.                   | Dependent on outcome of consultation (see clinical pathways) | Dependent on outcome of consultation (see clinical pathways) |



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| The patient does not contact or attend the pharmacy (but the pharmacy has received a referral)   | The pharmacist has no contact with the patient.         | Yes, to close the referral, noting the reason for this | No |
| The patient fails to attend the pharmacy or cannot be reached on the telephone at the agreed time following a previous contact with the pharmacy | The pharmacist has no further contact with the patient. | Yes, to close the referral, noting the reason for this | No |
| The patient goes elsewhere for support and does not want to speak to or be seen by the pharmacist.   | No follow up action.                                    | Yes, to close the referral, noting the reason for this | No |



## Urgent medicines pathway – patient is referred and confirms the medicine(s) is required urgently

| Pharmacist's action   | Entry in PF IT system?                               | Claim payment? |
|---|--|----------------|
| The pharmacist checks the EPS tracker and a prescription is available. The pharmacy has the medicine in stock and dispenses the prescription.   | Yes, to confirm the outcome                          | Yes            |
| The pharmacist confirms the medicine(s) cannot be supplied under emergency supply regulations (e.g. Schedule 1, 2 or 3 Controlled Drug). The pharmacist contacts the NHS 111 professional line and makes a referral to the GP out of hours provider or the patient's own GP practice if appropriate.  | Yes, to indicate referral as the outcome             | Yes            |
| The pharmacist determines that supply is not necessary (e.g. not clinically appropriate; concern about abuse of medicine or service; available via local MAS or patient decides to buy the item, for example, if it is available OTC). The pharmacist agrees an appropriate action with the patient, potentially making a referral to the patient's own GP practice.  | Yes, to confirm the outcome                          | Yes            |
| The pharmacist confirms an emergency supply is appropriate and the pharmacy does have the medicine(s) in stock. An emergency supply is made, with all appropriate records made.   | Yes, to confirm the outcome                          | Yes            |
| <p>The pharmacist confirms an emergency supply is appropriate but does not have all the required medicines in stock (where more than one is requested). An emergency supply for the available product is made, with all appropriate records.</p> <p>The pharmacist also identifies and contacts an alternative pharmacy who is providing the Pharmacy First service to confirm remaining medicine(s) is/are available and refers the patient to that pharmacy for the remaining supply. If the alternative pharmacy undertakes a consultation and supplies the urgently required product, they can also claim a consultation fee.</p> | Yes, to indicate supply and referral as the outcomes | Yes            |



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|---|---|------------|
| <p>The pharmacist confirms an emergency supply is appropriate but does not have the medicine(s) in stock. The pharmacist identifies and contacts an alternative pharmacy who is providing the Pharmacy First service to confirm medicine(s) is/are available and refers patient to that pharmacy. If the alternative pharmacy undertakes a consultation and supplies the urgently required product, they can also claim a consultation fee.</p> | <p>Yes, to indicate referral as the outcome</p> | <p>Yes</p> |
| <p>The pharmacist confirms an emergency supply is appropriate but does not have the medicine(s) in stock and is unable to identify any local pharmacies that provide the Pharmacy First service that have the medicine(s) in stock. The pharmacist contacts the NHS 111 professional line and makes a referral to the GP out of hours provider or the patient's own GP practice, if appropriate.</p>  | <p>Yes, to indicate referral as the outcome</p> | <p>Yes</p> |

### Minor illness pathway – Patients who have been referred and contact is made with the patient

| Pharmacist's action   | Entry in PF IT system?                          | Claim payment? |
|---|---|----------------|
| <p>The pharmacist conducts a consultation, and a red flag is identified. Where necessary, the pharmacist obtains clinical advice via NHS 111 and/or agrees to an appropriate course of action with the patient. This may involve the pharmacist arranging an urgent appointment with the patient's GP practice, GP out of hours provider or a referral to the emergency department/999.</p> | <p>Yes, to indicate referral as the outcome</p> | <p>Yes</p>     |
| <p>The pharmacist conducts the consultation. There are no red flags identified. Advice is provided and, where appropriate, a medicine is sold. Where a local MAS or PGD service is available and the patient is eligible for that service, this can be used make an appropriate supply of medicine to assist the patient.</p>   | <p>Yes, to confirm the outcome</p>              | <p>Yes</p>     |



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| The pharmacist contacts the patient and establishes that no further assistance is required. Safety netting advice is provided to the patient to ensure the patient is aware of how to access further support if their symptoms do not improve or become worse. | Yes, to confirm the outcome | Yes |
|--|-----------------------------|-----|

**Clinical pathways – patients who have been referred and contact is made with the patient and patients who self-refer/are identified in the pharmacy as suitable for the service**

| Pharmacist's action   | Entry in PF IT system?                   | Claim payment? |
|---|--|----------------|
| The pharmacist conducts a consultation, the patient passes the Gateway point, but signs or symptoms are identified which require the patient to be referred. Where necessary, the pharmacist obtains clinical advice via NHS 111 and/or agrees to an appropriate course of action with the patient. This may involve the pharmacist arranging an urgent appointment with the patient's GP practice, GP out of hours provider or a referral to the emergency department/999. | Yes, to indicate referral as the outcome | Yes            |
| The pharmacist conducts the consultation, the patient passes the Gateway point and there are no signs or symptoms identified that require the patient to be referred. Advice is provided and, where appropriate, a medicine is supplied under PGD/treatment protocol.   | Yes, to confirm the outcome              | Yes            |
| The pharmacist conducts the consultation, the patient passes the Gateway point and there are no signs or symptoms identified that require the patient to be referred. Advice is provided but a medicine is not supplied as it is not clinically appropriate to do so.   | Yes, to confirm the outcome              | Yes            |



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|---|---|------------|
| <p>The patient returns for a further consultation following advice at the previous consultation to return to the pharmacy if there is no improvement within a defined period (as stated in the relevant <a href="#">clinical pathway</a>*) for the pharmacist to re-assess the patient’s symptoms.</p> <p>The pharmacist conducts a further consultation, the patient passes the Gateway point, but signs or symptoms are now identified which require the patient to be referred. Where necessary, the pharmacist obtains clinical advice via NHS 111 and/or agrees to an appropriate course of action with the patient. This may involve the pharmacist arranging an urgent appointment with the patient’s GP practice, GP out of hours provider or a referral to the emergency department/999.</p> | <p>Yes, to indicate referral as the outcome</p> | <p>Yes</p> |
| <p>The patient returns for a further consultation following advice at the previous consultation to return to the pharmacy if there is no improvement within a defined period (as stated in the relevant <a href="#">clinical pathway</a>*) for the pharmacist to re-assess the patient’s symptoms.</p> <p>The pharmacist conducts a further consultation, the patient passes the Gateway point and there are no signs or symptoms identified that require the patient to be referred. Advice is provided and, where appropriate, a medicine is supplied under PGD/treatment protocol.</p>   | <p>Yes, to confirm the outcome</p>              | <p>Yes</p> |

\*The above scenarios may apply in the following clinical pathways: Uncomplicated urinary tract infection; impetigo; acute sore throat; acute sinusitis; and acute otitis media.



## Clinical pathways – Patients who have been referred and contact is made with the patient

| Pharmacist's action  | Entry in PF IT system?                   | Claim payment? |
|--|--|----------------|
| <p>The pharmacist conducts the consultation. The patient does not pass the Gateway point on the clinical pathway. The patient is therefore treated under the Minor illness pathway. There are no red flags identified. Advice is provided and, where appropriate, a medicine is sold. Where a local MAS or PGD service is available and the patient is eligible for that service, this can be used to make an appropriate supply of medicine to assist the patient.</p>  | Yes                                      | Yes            |
| <p>The pharmacist conducts the consultation. The patient does not pass the Gateway point on the clinical pathway. The patient is therefore treated under the Minor illness pathway. The pharmacist conducts a consultation and a red flag is identified. Where necessary, the pharmacist obtains clinical advice via NHS 111 and/or agrees to an appropriate course of action with the patient. This may involve the pharmacist arranging an urgent appointment with the patient's GP practice, GP out of hours provider or a referral to the emergency department/999. The pharmacist makes an entry in the Pharmacy First IT system to indicate referral as the outcome of the consultation.</p> | Yes                                      | Yes            |
| <p>The pharmacist conducts the consultation. The patient passes the Gateway point; however, the pharmacy does not have any of the relevant medicine/medicines in stock. The patient is referred to another local pharmacy who is providing the Pharmacy First service and has the medicine in stock.</p>   | Yes, to indicate referral as the outcome | No             |



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| <p>The pharmacist conducts the consultation. The patient passes the Gateway point; however, at this stage the pharmacist realises that they do not have the medicine in stock and is aware that none of the other local pharmacies who offer the service have the medicine in stock. The patient is referred to the GP out of hours provider or their own GP practice, if appropriate for an alternative medicine.</p> | <p>Yes, to indicate referral as the outcome</p> | <p>No</p> |
| <p>The pharmacy is a distance selling pharmacy (DSP) and has received a clinical pathways referral as the patient has earache. The DSP cannot provide this pathway therefore refers the patient to a bricks and mortar pharmacy offering the Pharmacy First service who is able to see the patient under the service.</p>  | <p>Yes, to indicate referral as the outcome</p> | <p>No</p> |
| <p>The pharmacy is a DSP. The pharmacist conducts the consultation. The patient passes the Gateway point; however, due to the nature of the clinical condition, and the need to ensure the patient obtains the supply in a timely manner a supply is not made and the patient is referred to a pharmacy that has the medicine in stock.</p>  | <p>Yes, to indicate referral as the outcome</p> | <p>No</p> |

### Clinical pathways – Patients who self-refer/are identified in the pharmacy as suitable for the service

| Pharmacist's action   | Entry in PF IT system? | Claim payment? |
|---|------------------------|----------------|
| <p>The pharmacy team assesses the patient to see if they are suitable for the Pharmacy First service and the patient is referred to the pharmacist. The patient does not pass the Gateway point on the clinical pathway. Since the patient has self-referred, the patient is not eligible to be treated under the Minor illness pathway. Therefore, the pharmacist provides advice under the Support for self care Essential service and where appropriate, sells the patient a medicine to treat their symptoms.</p> | <p>No</p>              | <p>No</p>      |





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|--|----|----|
| <p>The pharmacy team assesses the patient to see if they are suitable for the Pharmacy First service and the patient is referred to the pharmacist. The pharmacist is aware that they do not have the medicine in stock from the PGD/treatment protocol that the patient should be supplied with. The pharmacist provides advice under the Support for self care Essential service and advises that they cannot treat the patient under the Pharmacy First service and refers the patient to another nearby pharmacy that has the medicine in stock.</p>     | No | No |
| <p>The pharmacy team assesses the patient to see if they are suitable for the Pharmacy First service and the patient is referred to the pharmacist. The pharmacist is aware that they do not have the medicine in stock from the PGD/treatment protocol that the patient should be supplied with and is unable to identify any local pharmacies that provide the Pharmacy First service that have the medicine(s) in stock. The pharmacist advises the patient to contact the GP out of hours provider or the patient’s own GP practice, if appropriate.</p> | No | No |
| <p>The pharmacy is a DSP and a patient contacts them who has earache and is suspected of having otitis media. The DSP cannot provide this clinical pathway therefore signposts the patient to a bricks and mortar pharmacy offering the Pharmacy First service who is able to see the patient under the service.</p>   | No | No |
| <p>The pharmacy is a DSP. The pharmacist conducts the consultation. The patient passes the Gateway point; however, due to the nature of the clinical condition, and the need to ensure the patient obtains the supply in a timely manner a supply is not made and the patient is signposted to a pharmacy that has the medicine in stock.</p>  | No | No |

May 2024. Contact [services.team@cpe.org.uk](mailto:services.team@cpe.org.uk) for queries about this resource.