



England

Pharmacy First

**Streamlining referrals from General Practice to
Community Pharmacy**

**Information for ICBs, General Practice and
Community Pharmacy teams**

12 June 2024

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1. Pharmacy First: transforming pathways

NHS England is significantly improving the digital infrastructure between general practice and community pharmacy to support the launch of Pharmacy First and the expansion of the Blood Pressure Check Service and Pharmacy Contraception Service:

Improve **referrals** to
community pharmacy services

(DoS, Profile Manager,
nhs.uk, NHS111 online and
111 telephony pathways)

Streamline digital referrals
from general practice to
community pharmacy

(Booking and Referrals
Standard)

Provide pharmacies with
appropriate **access to**
patient's GP record

(GP Connect Access Record)

Send structured information to
more **easily update the**
patient's GP record following
a community pharmacy
consultation

(GP Connect Update Record)

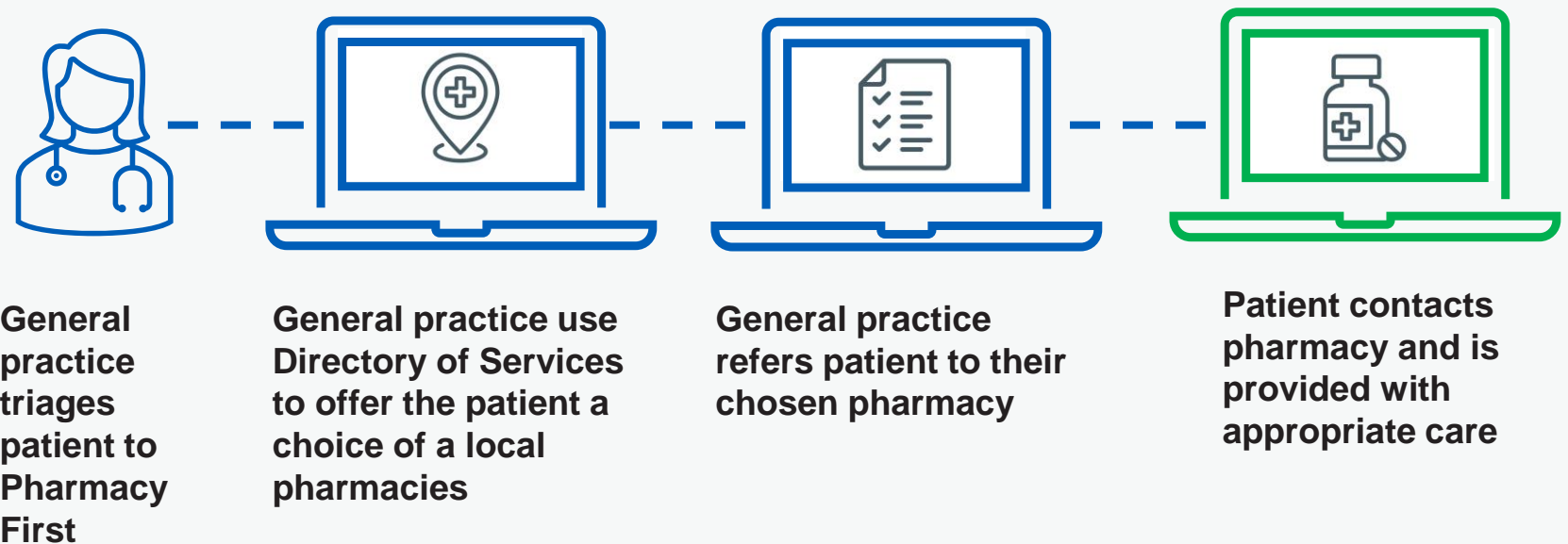
2. Streamlining referrals from general practice to community pharmacy

We are introducing a new standard for interoperability called the Booking and Referrals Standard (BaRS). The standard sets out the required information and rules for digitally transferring a referral for a patient between healthcare services.

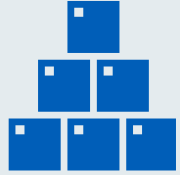
This is an important step to deliver the vision that referrals can flow between any healthcare IT system enabling healthcare professionals to receive a standardised set of information.

How will BaRS be used for Pharmacy First?

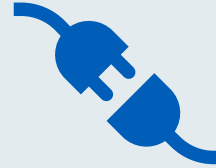
- BaRS will initially support general practice referrals for Pharmacy First (minor illness and clinical pathway).
- Standardises and streamlines the way referrals are sent by general practice team and received by Community Pharmacy.
- Enables joined up digital patient journeys.
- The direction of travel is to expand BaRS, enabling all referrals into arrive into pharmacy workflows in the future.



3. Improve health outcomes through national standards



Building the necessary national infrastructure and components that will underpin delivery of BaRS



Providing an interoperability standard allowing multiple systems to communicate in a simple and logical way



To improve health outcomes as well as enhancing staff and patient experience, by simplifying the transfer of important clinical information and easing patient flow through services at times where onward care is needed.



Publishing a standard that provides correct and relevant referral and/or booking information for care givers



Producing a standard that is adopted by system providers across the health system to improve patient experience and outcomes

4. Conditions general practice can refer to community pharmacy

Pharmacy First: clinical pathways*	
Condition	Age range
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

Pharmacy First: minor illness consultations					
<i>This is not an exhaustive list, Community pharmacies can receive referrals for anything considered a minor illness.</i>					
Acne, spots, and pimples	Allergic reaction	Ankle or foot pain or swelling	Athlete's foot	Bites or stings, insect, or spider	Blisters
Constipation	Cough	Cold and flu	Diarrhoea	Ear discharge or ear wax	Earache
Eye, red or irritable	Eye, sticky or watery	Eyelid problems	Hair loss	Headache	Hearing problems or blocked ear
Hip, thigh, or buttock pain or swelling itch	Knee or lower leg pain	Lower back pain	Lower limb pain or swelling	Mouth ulcers	Nasal congestion
Pain and/or Frequency passing urine	Rectal pain	Scabies	Scratches and grazes	Shoulder pain	Skin, blisters or rash
Sleep difficulties	Sore throat	Teething	Tiredness	Toe pain or swelling	Vaginal discharge
Vaginal itch or soreness	Vomiting	Wound problems – management of dressings	Wrist, hand, or finger pain or swelling		

* Each clinical pathway has [inclusion & exclusion criteria](#)

5. Information sent in BaRS referrals to community pharmacy

BaRS enables general practice systems to provide structured referrals into community pharmacy, using a consistent common dataset to ensure that pharmacy have all the information they need.

BaRS referral messages contain the following content (blue text denotes mandated fields):

Booking and Referral Standard dataset



Person demographics – name, DoB, gender, ethnicity, NHS number, address, **preferred contact method**, **telephone number**, email address



Legal information, including **consent for information sharing**



Presenting complaints or issues



Clinical summary – clinical narrative



General Practice – GP name, practice address and identifier (ODS)



Referral details – **date of referral**, service of the referrer, e.g. GP practice, **ODS code**, **referral type** e.g. **Pharmacy First**, contact details of referrer, **person referral reference**, **journey ID**, ODS code of where the referral is to be sent.

9. General practice: sending a Pharmacy First referral

- Referrals sent from PharmRefer and EMIS Web Local Services will go directly into the four pharmacy system workflows.
- Other GPIT solutions will continue to use NHSmail to send referrals, but these will NOT go directly into pharmacy systems' workflows.
- General practice team should continue to use existing triage processes, check pharmacy opening hours and provide usual safety-netting advice to patients who are referred to Pharmacy First.



Process unchanged for PharmRefer users – referrals will be received directly into pharmacy systems' workflows.

The only significant change will be the loss of the 'undo/cancel referral' feature that currently exists.

PharmRefer supplier information



Process unchanged for EMIS Web Local Services users – referrals will be received directly into pharmacy systems' workflows.

EMIS Web users who do not have the Local Services add-on can continue to use NHSmail to make referrals.



Process unchanged for GP practices using TPP SystemOne to send an NHSmail referral. Practices can continue to use PharmRefer if they have a local licence.

TPP plans to introduce BaRS, replacing NHSmail referrals to Pharmacy First.

7. Managing referrals in community pharmacy

- Community pharmacists will receive the information and in sufficient detail, to undertake the patient care consultation requested.
- This means the pharmacist can triage the patient without asking them to repeat information already collected earlier in their journey
- Existing solutions using NHSmail can still be used to make referrals, but these will NOT go directly into pharmacy systems' workflows.
- Referrals sent from general practice via PharmRefer and EMIS Web Local Services will go directly into the same pharmacy system workflows as NHS111 referrals.



General practice referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows



General practice referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows



General practice referrals from PharmRefer and EMIS Web Local Services already appear in community pharmacy workflows



General practice referrals from PharmRefer and EMIS Web Local Services will appear in community pharmacy workflows

6. Benefits for community pharmacy

Community pharmacy teams will be able to receive Pharmacy First clinical pathways and minor illness referrals from general practice directly into assured Pharmacy First IT systems, unlocking the benefits of integrated referrals:



Saving time – reducing burden

- Improve patient safety – encourages formal referrals as opposed to informal signposting.
- Referral information appears in assured Pharmacy First IT system workflow, no need to copy and paste from emails/PDFs.
- Increase visibility – reduced likelihood of referrals being missed.

Improve patient experience

- Provides consistent, structured information pharmacy teams need to see patients who attend for a Pharmacy First (clinical pathways and minor illness) consultation.
- Reduce the need for patients to repeat information.

8. Benefits for general practice

- BaRS standardises the way general practice send integrated referrals from their workflow into community pharmacy workflows.
- The referral process is streamlined and supports the general practice team to provide key information for community pharmacy team to triage and see the patient.



Improve patient journey

- Improved patient safety – encourages general practice referrals rather than signposting patients.



Improved usability

- Provides consistent, structured information from general practice teams to support community pharmacy to see patients in the Pharmacy First (clinical pathways and minor illness) service.

10. Actions for General Practice and Community Pharmacy

To support safe and appropriate Pharmacy First referrals from general practice to community pharmacy.

GP teams

- ✓ Confirm which IT system your practice use to make Pharmacy First referrals.
- ✓ Refer to your chosen IT system supplier for:
 - specific guidance on system functionality.
 - training, and
 - standard operating procedures.
- ✓ Ensure general practice team complete training and know how to use your IT system functionality.
- ✓ Support staff to understand the 7 clinical pathways and criteria and minor illness conditions to ensure the pathway selected at point of referral is appropriate for the patient's presenting complaint.
- ✓ Develop local processes to identify appropriate cohorts of patients to refer to community pharmacy.

Community Pharmacy teams

- ✓ Confirm which IT system your community pharmacy uses to receive Pharmacy First referrals.
- ✓ Refer to your chosen IT system supplier for:
 - specific guidance on system functionality.
 - training, and
 - standard operating procedures.
- ✓ Ensure all relevant community pharmacy staff complete training and know how to use your IT system functionality.
- ✓ Support staff to understand the 7 clinical pathways and criteria and minor illness conditions pathways
- ✓ Develop local processes to enable pharmacy teams to triage, complete PDS checks, assess/complete consultations and manage/prescribe medications.

11. Directory of Services: maximise patient choice

Maintaining an up-to-date Directory of Services (DoS) profile is important for community pharmacies, as EMIS Web, EMIS Local Services and PharmRefer use DoS to present the patient with a list of local pharmacies to refer to.

General Practices using TPP SystemOne can use the separate [NHS Service Finder](#) tool to return a list of local Pharmacy First pharmacies and contact details. A list of pharmacies is also available in the SystemOne organisation directory.

Community pharmacy teams should check the DoS information on their profile within Profile Manager to ensure all demographic details are correct.

General practice referrals sent from EMIS Local Services, PharmRefer and NHS 111 will go into the same workflow. Pharmacies will use the same IT system to manage these referrals.

Community pharmacies should follow local SOPs and continue to check their mailboxes regularly for referrals sent via NHSmail from general practice that do not use EMIS Web Local Services or PharmRefer.

NHSmail remains the back-up option for all referrals.

Pharmacies should use Profile Manager to make changes to their full pharmacy service offer such as early closures.

If a pharmacy needs to make an urgent change for Pharmacy First for example, unable to provide the service due to a Smart Card access issue, they should call the DoS helpline on 0300 0200 363 to enable a change to just those referral routes.

12. Supplier switching processes

Community Pharmacies can only use **one** IT system to manage referrals from NHS111 and general practice. If a community pharmacy wants to change which pharmacy IT system they use, they need to contact the system supplier they wish to use. Once this has been done, the system supplier will start the onboarding process which includes submitting a change request to the DoS team to amend the Directory of Services - this can take up to 10 working days to action.

1

Community pharmacy notify their system supplier they wish to use as their system for NHS 111 and general practice referrals.

The system supplier and community pharmacy will then start the onboarding process and any required training.

2

System supplier will update the 'Switch List' with the ODS code of the community pharmacy, with a proposed switch date.

DoS action the 'Switch List' three times a week.

3

DoS and BaRS teams will review the Switch Log and action the switch on the proposed switch date*.

*Switches are subject to all criteria for the pharmacy being met for example NHS Shared email address and registered for Pharmacy First.

13. Financial considerations

ICB or general practice commissioners

NHS England is working with EMIS to review the licencing model for EMIS Local Services. If practices use:

- EMIS Local Services to send referrals to community pharmacy, ICB commissioners will need to continue to purchase licences until any changes will come into effect when the new Foundation Solution Framework is launched.
- EMIS PharmRefer to send referrals to community pharmacies, ICB commissioners need to continue to purchase these licences.

Pharmacy owners

Some community pharmacies use more than one clinical system – for example one for referrals and one for walk-ins.

The adoption of BaRS supports the direction of travel towards only needing one system in Pharmacy First Community Pharmacies to manage and support clinical services.

If you have any queries, please speak to your IT systems supplier.

14. Process for managing live issues



Any issues should be reported by the user (general practice or pharmacy contractor) directly to their system supplier. System suppliers will:

1. Support a local resolution
2. Fix the issue themselves in their back office, and if needed
3. Escalate to NHS England Live Service Desk using agreed and well tested protocols



Standard way of reporting live service issues to NHSE via suppliers that:

- Ensures fast, responsive support
- Provides regular updates for high impact issues
- Enables NHS England to triage the issue and provide the right level of expertise
- Suppliers understand and use regularly
- Has 24/7/365 cover



ICBs and regions with their own IT support hub should follow local procedures, with escalations being to system suppliers.

Thank You



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