Pharmacy First Service

Standard Operating Procedure

TEMPLATE – for adapting by General Practice

BACKGROUND

The national Pharmacy First Service is when patients can be referred by the practice to a community pharmacy for a consultation with an NHS community pharmacist who will triage symptoms of minor ailments and 7 acute conditions. This can help with managing the practice's on-the-day demand by giving an option for an appointment and provides additional clinical support and capacity for the practice's same day team.

The conditions that can be referred, plus the symptoms that mean the patient shouldn't be referred but should be seen in the practice, are shown in Appendix 1a and 1b.

A formal coded referral provides assurance that the care is transferred appropriately and can be tracked for audit and quality improvement purposes.

AIMS

- To outline the process to follow when referring minor ailments and some acute clinical conditions to community pharmacy.
- To ensure patients are given the correct information regarding the referral.
- To ensure cut off points are understood for both referrals to the community pharmacy and for escalations of information back to the practice.
- To ensure the information that is returned from the community pharmacy is processed appropriately.
- To ensure the referral and receipt of information is coded appropriately to facilitate audit and review.
- To have clear communication channels particularly in relation to the transfer of urgent information.

PROCESS

The process will be very dependent on how the practice manages its' on-the-day demand; therefore, suggestions have been included, and practices can include screen shots that are applicable to their clinical system and available software.

I. Patient contacts the surgery via telephone, an online request or walk-in and requests a consultation for a minor ailment or clinical condition shown in Appendix 1a and 1b, and there are no exclusion criteria.

Suggestion *– Appendix 1a and 1b could be tailored by your clinical team and presented in a format that best suits the needs of the reception/care-navigation/care co-ordination team (some practices have used a list in MS excel with the exclusion criteria against the condition).*

***Suggestion** – see if the national Pharmacy First Service conditions and exclusions can be programmed into any triage or care navigation software used by the practice.*

II. Explain to the patient (in person or online) that their symptoms suggest they are suitable for being referred for a consultation with an NHS community pharmacist of the patient's choice who is able to see and treat them at a time convenient to them.

Patients can be reassured that community pharmacists are highly trained healthcare professionals and are now able to do more assessments and issue prescription only medications for specific conditions, if appropriate. The referral ensures that there is a consultation with a pharmacist in a private consultation room.

Depending on the clinical software, practices may use EMIS refer, Ardens or Accurx. If PharmRefer is used in EMIS, the referral will be sent directly into the pharmacy's system and will alert the pharmacy there is a Pharmacy First Service referral. For all other systems, the referral will be sent from the practice clinical system to the pharmacy's NHS mail.

***Suggestion** – for those not using EMIS Refer, add Pharmacy First in the subject heading so it is obvious that there is a Pharmacy First referral to action in NHS mail inbox.*

***Suggestion** – keep the reason for referral as simple as possible e.g., sore throat, earache left ear, because the pharmacist will go through the patient's symptoms in detail during the consultation.*

***Suggestion** – ensure that the following code "Referral to CPCS (Community Pharmacist Consultation Service)" goes in at the point the referral is sent.*

III. Send a text confirming the referral to the patient.

***Suggestion** – outline in the SOP what the practice would do if not using a text message to confirm the referral with the patient.*

***Suggestion regarding text** - Template the text to the patient to reflect what you have agreed with the pharmacy they are choosing to use, different pharmacies can action the referrals differently, if using Accurx, the correct template will be triggered when you select the pharmacy's NHS mail.*

Dear XXX – you have been referred for a consultation with an NHS community pharmacist at XXX Pharmacy, address.

Options you could include (depending on what you have decided with each pharmacy):

- ✓ *The Pharmacist will contact you and speak to you over the telephone or make an appointment. If you have not heard from the pharmacist with XX hrs of receiving this text, please contact them on XXX or go to the pharmacy.*
- ✓ *Please contact the pharmacy to make an appointment, telephone number XXXX.*

- ✓ *Please go to the pharmacy and say that you have been referred by the practice for an appointment with the pharmacist.*
- ✓ *Please follow this link and book an appointment with the pharmacist via their website.*

***Suggestion** - the template should also include what to do if their symptoms worsen whilst waiting for their consultation.*

IV. If the patient declines to be referred

Add the code "Referral to CPCS (Community Pharmacist Consultation Service) declined" and manage the patient as you would within the practice process for managing appointment requests.

V. Send a timed follow up text to arrive 24hrs after the referral text to say if they have not heard from the pharmacy or gone to the pharmacy for their appointment to go to the pharmacy.

VI. When the capacity for each pharmacy has been reached for referrals that day.

Manage the patient as you would within the practice process for managing appointment requests.

***Suggestion** – add the referrals made to a clinic list and highlight they have been actioned. The clinic list could hold the capacity for each pharmacy. Delete any unused appointment slots at the end of each day.*

VII. Don't make a referral after the cut-off time which is [XXXX]

VIII. Managing the information coming in from the pharmacy

Currently, the majority of consultations under the Pharmacy First Service are coming back via NHS mail and needs to be managed as part of the workflow process in the practice.

***Suggestion** – define the practice process to manage workflow here.*

As the pharmacy systems become more integrated with the GP clinical systems, the consultations will come as an unassigned task and will need to be managed as the workflow process in the practice. It is coded as a "Community Pharmacist Consultation Service for minor ailments".

***Suggestion** – define the practice process to manage workflow here.*

IX. Check the practice e-mail for any messages from the pharmacy

Ensure any generic e-mail is checked at regular intervals during the day and ensure it is checked at the agreed cut-off time of [XXXX] so any messages can be actioned in a timely manner.

X. Audit and quality improvement

Audits of the Pharmacy First Service could include:

A search of the code "Referral to CPCS (Community Pharmacist Consultation Service)" where there is not a corresponding code of "Community Pharmacist Consultation Service for minor ailments" within [X] days. This would prompt a review of the referral process. It does not always mean that the referral has not been actioned but can reflect that the patient has gone to the pharmacy and not highlighted a referral has been made or has gone to a different pharmacy.

A search of the code "Referral to CPCS (Community Pharmacist Consultation Service)" can facilitate a review of outcomes to determine how successful the referral was in terms of whether the patient returned, and the quality of information returned.

RESPONSIBILITY

Clinical and non-clinical staff who are managing appointments for the practice, in particular the same day team would be working under this standard operating procedure.

The senior management team are responsible for ensuring that adequate training is provided to those managing appointments for the practice, in particular the same day team and that the procedure is reviewed.

RISKS AND MITIGATION OF RISK

- *The referral is not sent correctly and/or not received by the pharmacy* – a tracked test patient between the practice and each pharmacy should highlight any issues with the process so any corrective action can be taken.
- *The patient should not have been sent to the pharmacy, they should have been managed by the practice same day team* – the pharmacist will triage the patient and ensure that anyone who needs further review will be referred back to the surgery.
- *Patients who need to be seen urgently at the surgery are not seen or are returning to be seen too late in the day* – it is important to send referrals throughout the day and before the cut off point for the last referral. For any patient who needs to be seen urgently at the practice, the referral back should be person to person i.e. not sent as an urgent e-mail. Whilst follow up information can be sent via e-mail, it should be confirmed by telephone that the patient is coming back, and the reason why the pharmacist thinks they need to be seen (see communication process).

REVIEW

Add standard review schedule for the practice.

Appendix 1 a

NHS Pharmacy First – referrals for minor illnesses

Service suitability The service is only for patients aged over 1 year.

CONDITIONS	Conditions and symptoms that are SUITABLE for referral to pharmacists.			NOT suitable to refer to a pharmacy in these circumstances	
BITES / STINGS	• Bee sting • Wasp sting	• Stings with minor redness	• Stings with minor swelling	• Drowsy / fever • Fast heart rate	• Severe swellings or cramps
COLDS	• Cold sores • Coughs	• Flu-like symptoms	• Sore throat	• Lasted +3 weeks • Shortness of breath	• Chest pain • Unable to swallow
CONGESTION	• Blocked or runny nose	• Constant need to clear their throat	• Excess mucus • Hay fever	• Lasted +3 weeks • Shortness of breath	• 1 side obstruction • Facial swelling
EAR	• Earache	• Ear wax • Blocked ear	• Hearing problems	• Something may be in the ear canal • Discharge	• Severe pain. • Deafness • Vertigo
EYE	• Conjunctivitis • Dry/sore tired eyes • Eye, red or Irritable	• Eye, sticky • Eyelid problems	• Watery / runny eyes	• Severe pain • Pain 1 side only	• Light sensitivity • Reduced vision
GASTRIC / BOWEL	• Constipation • Diarrhoea • Infant colic	• Heartburn • Indigestion	• Haemorrhoids • Rectal pain, • Vomiting or nausea	• Severe / on-going • Lasted +6 weeks	• Patient +55 years • Blood / Weight loss
GENERAL	• Hay fever	• Sleep difficulties	• Tiredness	• Severe / on-going	
GYNAE / THRUSH	• Cystitis • Vaginal discharge	• Vaginal itch or soreness		• Diabetic / Pregnant • Under 16 / over 60 • Unexplained bleeding	• Pharmacy treatment not worked • Had thrush 2x in last 6 months
PAIN	• Acute pain • Ankle or foot pain • Headache • Hip pain or swelling • Knee or leg pain	• Lower back pain • Lower limb pain • Migraine • Shoulder pain	• Sprains and strains • Thigh or buttock pain • Wrist, hand or finger pain	• Condition described as severe or urgent • Conditions have been on- going for +3 weeks	• Chest pain / pain radiating into the shoulder • Pharmacy treatment not worked • Sudden onset
SKIN	• Acne, spots and pimples • Athlete's foot • Blisters on foot • Dermatitis / dry skin • Hair loss	• Hay fever • Nappy rash • Oral thrush • Rash - allergy • Ringworm/ threadworm	• Scabies • Skin dressings • Skin rash • Warts/verrucae • Wound problems	• Condition described as severe or urgent • Conditions have been on- going for +3 weeks	• Pharmacy treatment not worked • Skin lesions / blisters with discharge • Diabetes related?
MOUTH / THROAT	• Cold sore blisters • Flu-like symptoms • Hoarseness	• Mouth ulcers • Sore mouth • Sore throat	• Oral thrush • Teething • Toothache	• Lasted +10 days • Swollen painful gums • Sores inside mouth	• Unable to swallow • Patient has poor immune system • Voice change
SWELLING	• Ankle or foot swelling • Lower limb swelling	• Thigh or buttock swelling • Toe pain or swelling	• Wrist, hand or finger swelling	• Condition described as severe or urgent • Condition ongoing for +3 weeks	• Discolouration to skin • Pharmacy treatment not worked • Recent travel abroad

Source - Ver 1.6 NHS England, July 2019.

Appendix 1 b

NHS Pharmacy First – 7 clinical pathways

Please note patients with criteria/symptoms in the pink boxes should not be referred to a pharmacy otherwise the community pharmacist will have to refer these patients back for treatment.

Urinary tract infection	Shingles*	Impetigo	Infected insect bites	Acute sore throat	Acute sinusitis	Acute otitis media
A UTI is an infection in any part of the urinary system.	Shingles is an infection that causes a painful rash	Impetigo is a common infection of the skin. It is contagious, which means it can be passed on by touching.	Insect bites and stings can become infected or cause a reaction.	Sore throat is a symptom resulting from inflammation of the upper respiratory tract	Sinusitis is swelling of the sinuses, usually caused by an infection. The sinuses are small, empty spaces behind your cheekbones and forehead that connect to the inside of the nose.	An infection of the middle ear.
Inclusion: • Female • Aged between 16 - 64 • Suspected lower UTI	**Inclusion:** • 18 years and over • Suspected case of shingles. • Rash appeared within the last 72 hours - 7 days	**Inclusion**: • 1 year and over • Signs and symptoms of impetigo • Localised (4 or fewer lesions/clusters present)	**Inclusion**: • 1 year and over • Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s)	**Inclusion**: • 5 years and over • Suspected sore throat	**Inclusion**: • 12 years and over • Suspected signs and symptoms of sinusitis • Symptom duration of 10 days or more	**Inclusion**: • Aged between 1 – 17 • Suspected signs and symptoms of acute otitis media
Exclusion: • Male • <16 or >64 • Pregnant • Breastfeeding • Recurrent UTI (2 in last 6 months or 3 in last 12 months) • Catheter • Type 1 or 2 Diabetic	**Exclusion**: • < under the age of 18 • Pregnant or suspected pregnancy • Breastfeeding with shingle sores on the breasts • Shingles rash onset over 7 days ago	**Exclusion**: • < under 1 year of age • Pregnancy or suspected pregnancy in individuals under 16 years of age • Breastfeeding with impetigo lesion(s) present on the breast • Recurrent impetigo (2 or more episodes in the same year) • Widespread lesions/ clusters present • Systemically unwell	**Exclusion**: • < under 1 year of age • Pregnancy or suspected pregnancy in individuals under 16 years of age • Systemically unwell • Bite or sting occurred while travelling outside the UK	**Exclusion**: • Individuals under 5 years of age • Pregnancy or suspected pregnancy in individuals under 16 years of • age • Recurrent sore throat/tonsillitis (7 or more significant episodes in the preceding 12 months or 5+ in each of the preceding 2 years, or 3+ in the preceding three years) • Previous tonsillectomy	**Exclusion**: • Individuals under 12 years of age • Pregnancy or suspected pregnancy in individuals under 16 years of age • Symptom duration of less than 10 days • Recurrent sinusitis ((4 or more annual episodes of sinusitis)	**Exclusion**: • Individuals under 1 year of age or over 18 years of age • Pregnancy or suspected pregnancy in individuals under 16 • Recurrent infection (3+ episodes in preceding 6 months, or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months.)