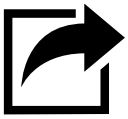
Pharmacy First
Top Tips for Service Delivery

NHS England Midlands

Knowledge, Training and Development

- Centre for Pharmacy Postgraduate Education (CPPE) Pharmacy First Service self-assessment framework is not mandatory but recommended to identify gaps in competency and associated learnings to ensure safe delivery of the service.
- Ensure strict adherence to the service specification , clinical pathways, clinical protocol and PGDs. The PGD provides the legal basis for the provision of the medicine; professional discretion cannot be used to make a supply of a POM outside the provisions of the PGD.
- Be aware that a clinical pathways consultation can only be accessed when a gateway point in one of the clinical pathways is crossed.
- Support the training of counter support staff to identify eligible walk-in patients for the clinical pathways.



Pharmacy First Consultation Referrals

- A referral within the NHS means one healthcare provider asks another healthcare provider to provide a service to a patient and this needs to be sent digitally. Therefore, a referral must be through Local Services, PharmRefer, TPP integrated solution or NHS mail.
- If a referral has been received via NHS Mail, please ensure the referral button is selected so that the data is recorded appropriately
- If referral is from a GP Practice ensure the GP practice ODS code is added even if it is marked as optional on the template.
- Patients who are electronically referred but do not meet the gateway criteria for the Pharmacy First clinical pathway can instead be seen under the minor illness strand of the service. For example, an adult for earache would not be eligible for the acute otitis media clinical pathway, but the pharmacist could provide the minor illness strand of the service for this patient and make a claim.
- A 111 urgent medicine referral is a request for a consultation regarding the need for an urgent medicine supply, rather than a directive to dispense and supply medication. The maximum supply allowed for Schedule 4 and 5 controlled drugs is up to 5 days. Schedule 2 and 3 drugs cannot be supplied, except for phenobarbital when used for epilepsy.
- There is no requirement to make an entry on the Pharmacy First IT system if the patient has walked in (self-referred) for the Pharmacy First service and does not pass the gateway point. However, pharmacists may choose to make a clinical record of advice provided under the Support for Self-care Essential Service.

Pharmacy First Consultation

- **Low acuity, minor illnesses** - If it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, consider referring the patient to their general practice as locally agreed.
- **Urgent repeat medicine supply**- If the medicine is not in stock at the pharmacy, with the agreement of the patient, identify another pharmacy that provides the service and forward the electronic referral to the other pharmacy via NHS mail or NHS assured Pharmacy First IT system.
  - In this instance, both pharmacies are eligible for the service completion fee. If a patient is not registered with a GP, referrals can be completed by recording the practice as 'unknown' in the GP Practice section of the online form.
- Urgent medication should be verified through SCR, local shared care records, or other reliable mechanisms to confirm that the patient requires the supply.

- **Supply under PGD** - An alternative antibiotic can only be provided as a result of a clinical decision as detailed in the PGD. If first-line antibiotics are unavailable at your pharmacy, you should refer the patient to an alternative local pharmacy with stock. If there is a general lack of availability of the product, the patient would need to be referred to their general practice. You would not be able to claim for the consultation.
- Manage patient expectations through clear communication e.g. explanation as to why an antibiotic isn't suitable, process in relation to bounce backs.
- Share self-care and safety netting advice using resources such as TARGET leaflets UTI Women Under 65 Leaflet for community pharmacies, RTI leaflet for community pharmacies, British Association of Dermatologists leaflets and evidence of using antibiotics using NICE guidelines
- **Patient requires onward referral** - If the patient requires onward referral for any strand of Pharmacy First, the pharmacist should organise this and patients must not be asked to again call NHS111 or other healthcare settings themselves

Record Keeping and Follow-Up

- Ensure consultation records are completed on the same day unless exceptional circumstances apply.
- Maintain clear, detailed, and concise patient notes records to assure practice teams and build confidence in the service.
- Schedule patient follow-ups or refer appropriately when needed.
- Send a notification to the patient's general practice on the day of provision or the next working day.
- If the general practice team needs to take action, send an urgent message via an agreed route instead of a standard post-event notification.
- If system failures occur, ensure a copy of the paperwork is sent or emailed to the general practice.

Streamline Workflow

- Ensure referrals are handled promptly by regularly checking the Pharmacy First IT platform and NHS shared mailbox throughout the day. Notify the pharmacist of any referrals, especially when locum or relief pharmacists are present, as they may be unfamiliar with the service workflow.
- Where a pharmacy contractor has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message. The decision to contact the patient or not is for the pharmacist to make based on their clinical judgement.
- Consider using appointments to help manage workload.
- Patients who are electronically referred and not contactable, the pharmacy are not able to claim for a consultation. Close these referrals on the Pharmacy First IT system, noting the reason for this, rather than rejecting them.

Promoting the Service and Developing Good Relationships

- Consider identifying a Pharmacy First link person within the practice. It may be the Practice Manager, prescribing office lead or practice pharmacist.
- Build positive working relationships with local GP practices. The success of the service will be dependent on a good collaborative relationship and regular communication between pharmacy and practice.
- Organise regular meetings to discuss service status, development opportunities and improvements required.

	• Promote the service using DHSC's Pharmacy First campaign materials where you can access posters, digital screen assets and social media tiles. Share these with your local practices too. • Monitor bounce backs and use as a training opportunity for the pharmacy or practice. Collaborative working will be required to deal with the bounce back referrals in the interest of patient care and a positive patient experience. • Share information about other pharmacy services that the practice can utilise and refer into such as the BP Check Service and the Pharmacy Contraception Service. These services can support practice priorities, improve health outcomes and improve access for their patients.
	**Get Ready for the Phased Introduction 'Bundling' Requirements** • **From June 2025**, pharmacies will need to be registered to provide the Pharmacy Contraception Service and the Blood Pressure Check Service. • **From October 2025**, in addition they must deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month; and • **From March 2026,** a specified number of contraception consultations, including emergency contraception consultations, will also need to be provided each month. The specified number will be agreed by Community Pharmacy England, DHSC and NHS England in due course. • NOTE: In recognition of forthcoming changes to the rules around provision of Advanced and Enhanced services to patients present on the premises of Distance Selling Premises pharmacies (DSPs,) the above requirements related to registration to provide the BP Check service and the provision of at least one ABPM per month will not apply to DSPs.

Resources

• CPE - Myth Busting	• SPS Podcasts on Pharmacy First - Pharmacy First podcast series
• CPE – Funding and Claiming Payment	