

# Doncaster Pharmacy First Collaborative Events

## Session 6

### Clinical Pathway: Acute Sinusitis (adults & children aged 12 years and over)



# Agenda

Topic	Delivered by	Time
Introduction	Vicki	19.00-19.15
Clinical Content & Pathway	Dean	19.15-19.45
Pharmacy First – sharing successes and challenges	Group discussion	19.45-20.10
Feedback & wrap up	Vicki & Dean	20.10-20.30
Lilly sponsor update	Charlotte	20.30-21.00

# Introductions

- The CPSY, LMC and ICB Team presenters
- Show of hands ...
- Let's get you moving ...



# Feedback from previous sessions

## What you told us & what we've done / will do

- ✓ You like an opportunity to introduce yourselves to each other!
- ✓ Positive feedback about a collective pathway / condition overview at the start
- ✓ Continuing to support GP practice / PCN / ICB colleagues with info on referral pathways, supporting with implementation & working with pharmacy teams

# Setting the scene (reminder)

## Session Principles

This is a safe space to share your ideas and thoughts ... no idea is a bad idea!

Working together is going to result in better results for everyone

It's about finding solutions to any challenges rather than apportioning blame

These are your sessions, tell us what you want in future sessions

Be constructive & supportive of each other – this is new for all of us

## Service Reflections so far

As a national service - we are constrained to how it has been commissioned

The name "Pharmacy First" is confusing when providers eg as GPs are expected to make formal referrals

Short time frame for implementation & a lot of work to be undertaken by pharmacy contractors & teams to be ready to deliver

Launched prior to work on GP Update record roll out being completed

Limited info /support from NHSE nationally for practices to support engagement

# Coming Soon in Doncaster!



## New AccuRx Out-of-Stocks (OOS) Process

Streamlining communication between General Practices and Community Pharmacies.

A new Out-of-Stocks (OOS) process is being introduced to improve communication between General Practices (GPs) and Community Pharmacies (CPs).

This follows a successful pilot in Rother Valley South, which is now live across all Rotherham GP's and local Community Pharmacies.

Using AccuWeb, the OOS process aims to create a single streamlined communication method to handle medicine shortages efficiently.

**Multiple ways**



**Single way**



**accurx**

The simple way to communicate about patient care.

# How the OOS Process Works

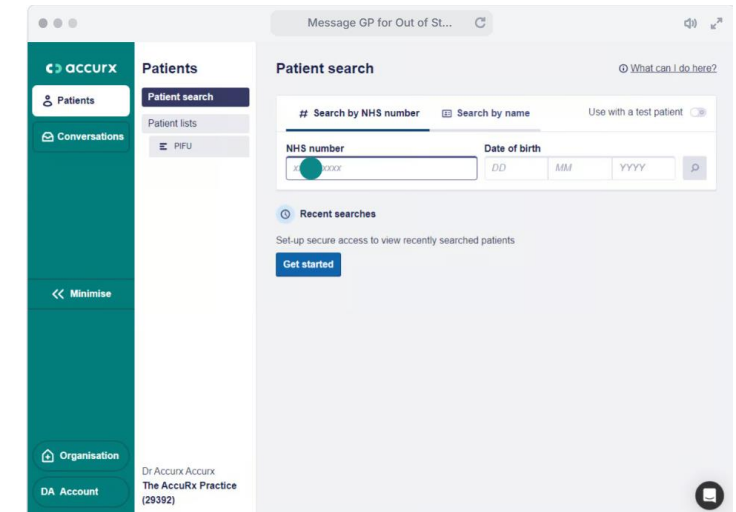
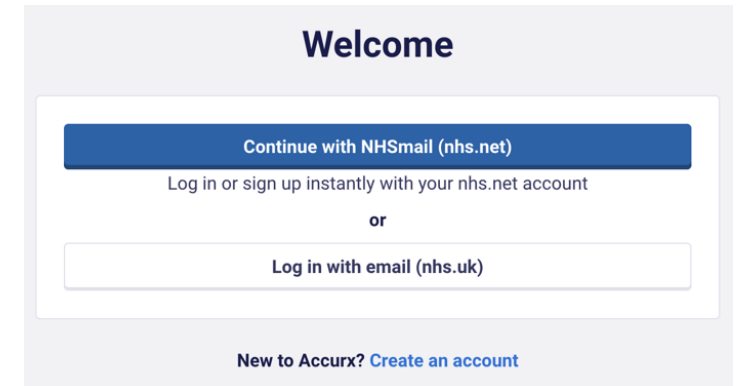
AccurxWeb is a free, web-based platform allowing Community Pharmacies to send Out-of-Stock messages directly to a patient's GP practice using the “@ Message GP practice” feature.

No software installation required—log in with NHS credentials from any secure device (mobile, tablet, or desktop).

Workspaces within AccurxWeb enable collaborative communication, offering visibility to all team members involved.

Stakeholder Events planned for January 2025 will provide comprehensive information and training. Look out for invites via CPSY newsletter!

See how AccurxWeb works [“Sending an OOS message to a patient’s GP Practice”](#)



# How do I get access to AccurxWeb?

1. Create a FREE Account/Login using NHSmail single sign-up via <https://web accurx.com/>

2. If you work in more than one pharmacy, you can sign up to additional pharmacy organisations via <https://web accurx.com/join-pharmacy>

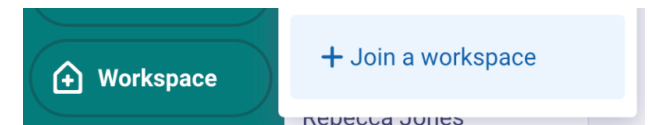
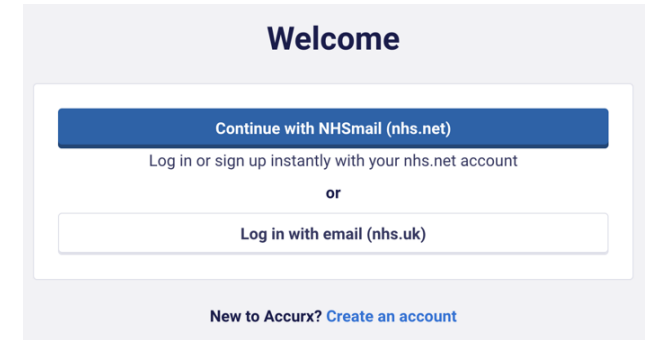
## AccurxWeb Support Articles

[“How to sign up and get started”](#)

[“What is Message GP practice in Web?”](#)

[“How to create or join a Workspace?”](#)

[“Interactive Step-by-Step demo” of sending OOS message](#)

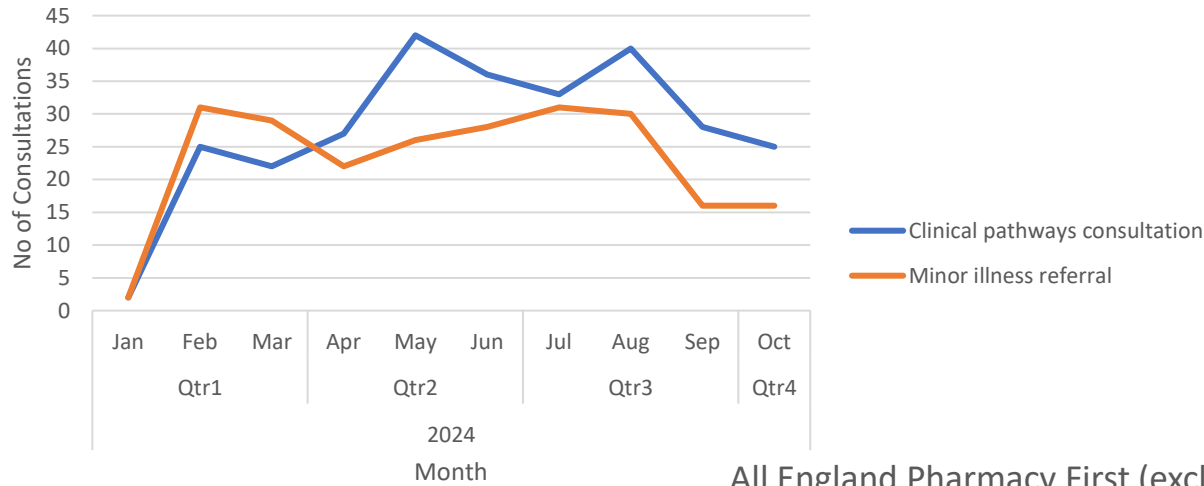


The simple way to communicate about patient care.

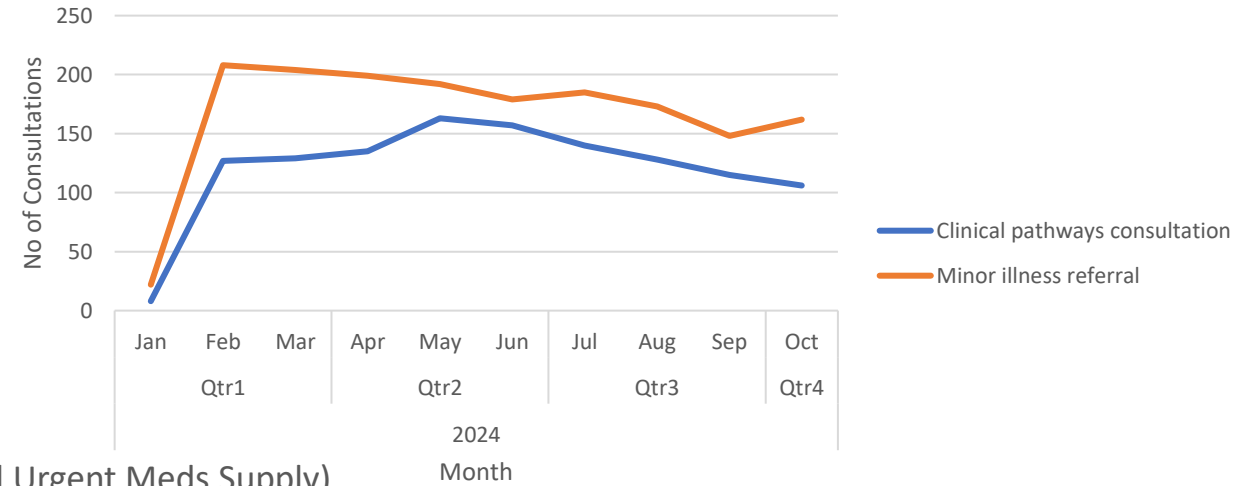


# Pharmacy First Data

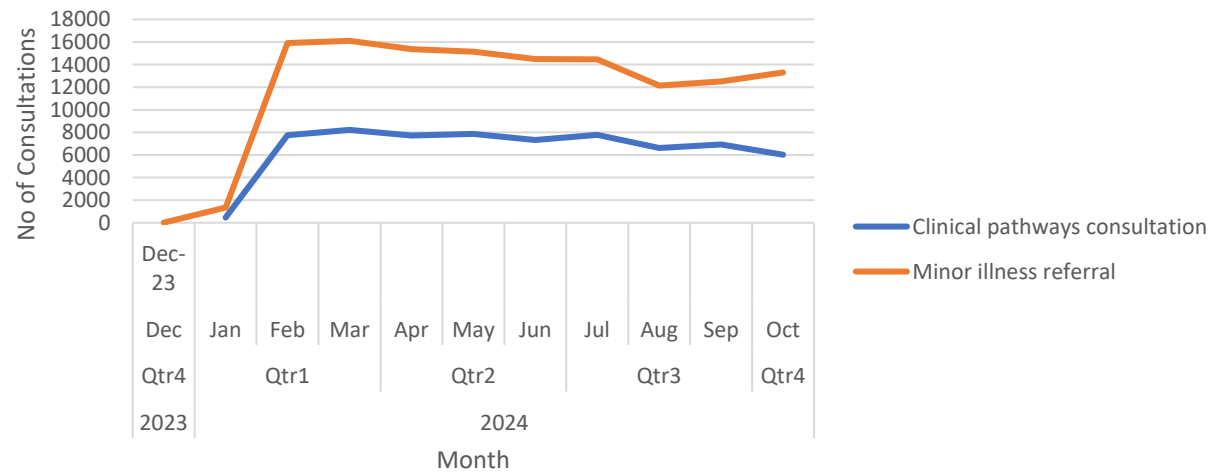
Doncaster Pharmacy First (excl Urgent Meds Supply)



South Yorkshire Pharmacy First (excl Urgent Meds Supply)

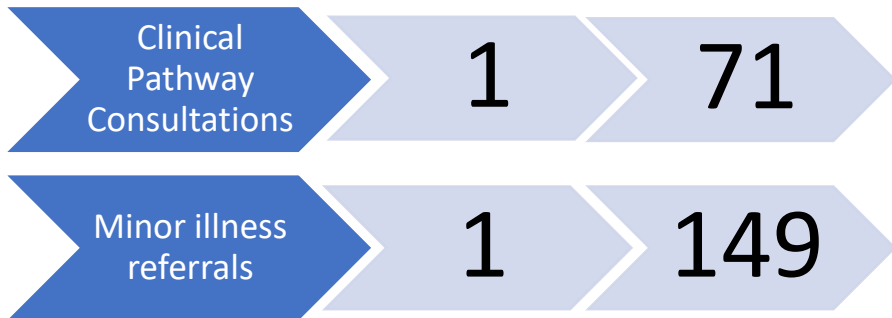


All England Pharmacy First (excl Urgent Meds Supply)

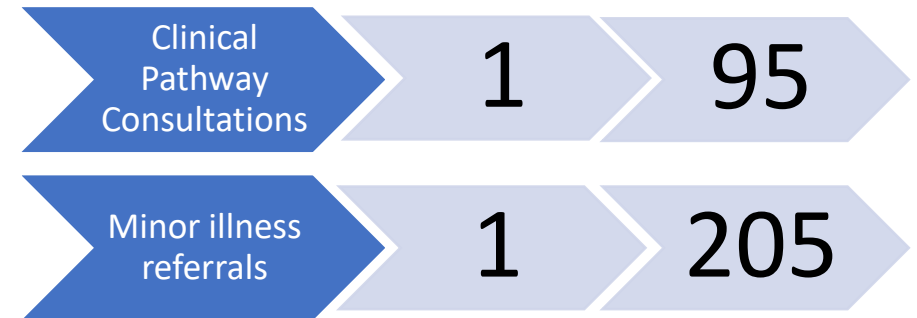


# Pharmacy First – SY Pharmacy Activity Range (Data Feb-Oct 24)

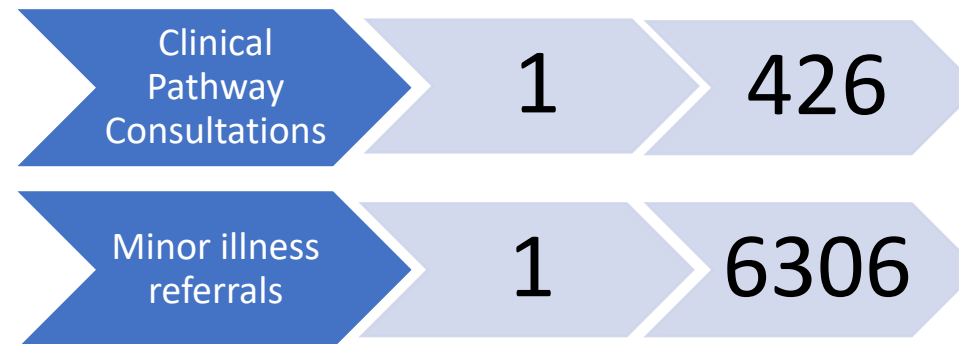
## Doncaster



## Sheffield



## South Yorks



# Pharmacy First

March 2024

Dr Dean Eggitt

GP

Doncaster LMC





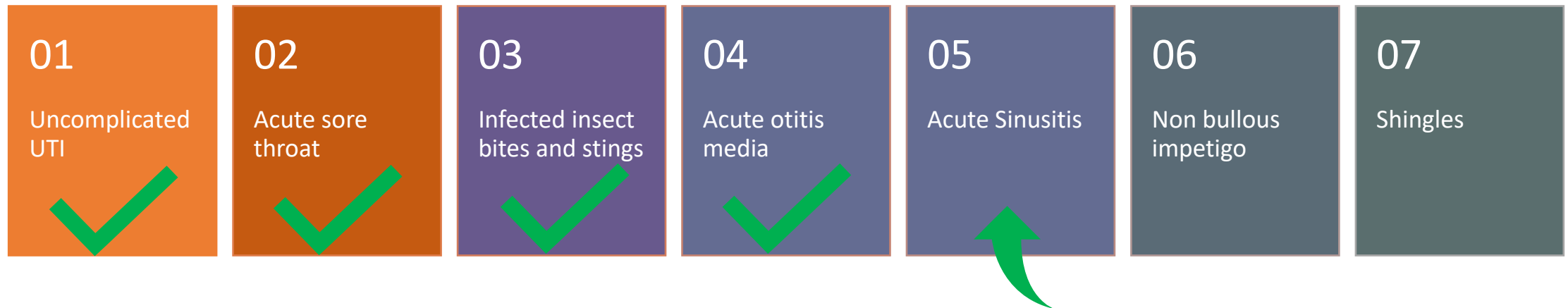
# Why?

We can't keep doing the same thing.

There is no longer the capacity in General Practice to deliver safe, high-quality care with easy access.

It makes sense for some of the easier health problems to be dealt with elsewhere.

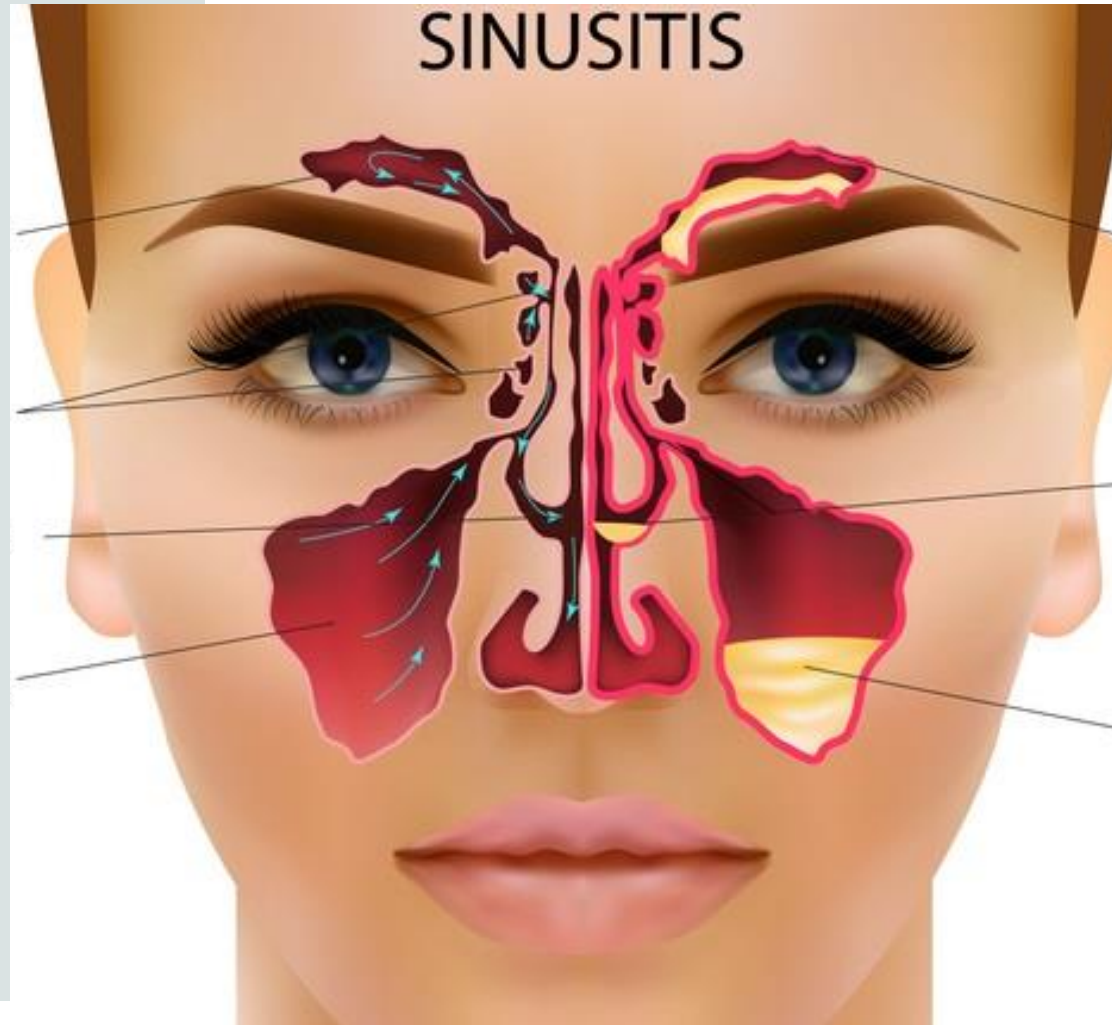
# Pharmacy First Referrals



# Pharmacy First Referrals

05

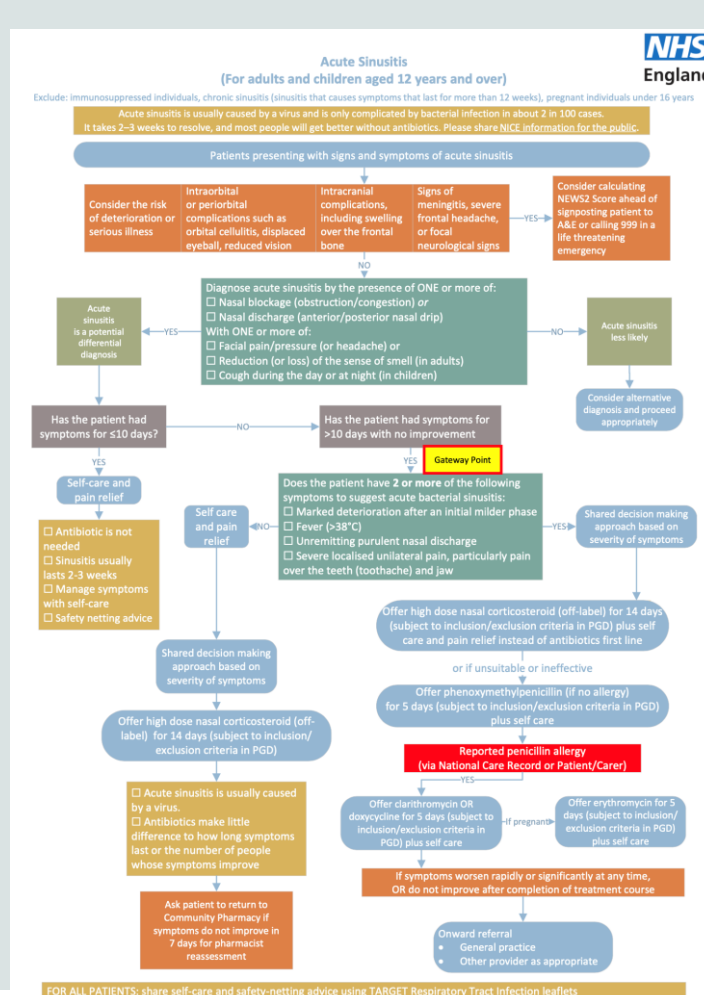
Acute sinusitis



# Pharmacy First Referrals

05

Acute sinusitis



# Pharmacy First Referrals

05

Acute sinusitis

Patients presenting with signs and symptoms of acute sinusitis

Consider the risk of deterioration or serious illness

Intraorbital or periorbital complications such as orbital cellulitis, displaced eyeball, reduced vision

Intracranial complications, including swelling over the frontal bone

Signs of meningitis, severe frontal headache, or focal neurological signs

YES

Consider calculating NEWS2 Score ahead of signposting patient to A&E or calling 999 in a life threatening emergency

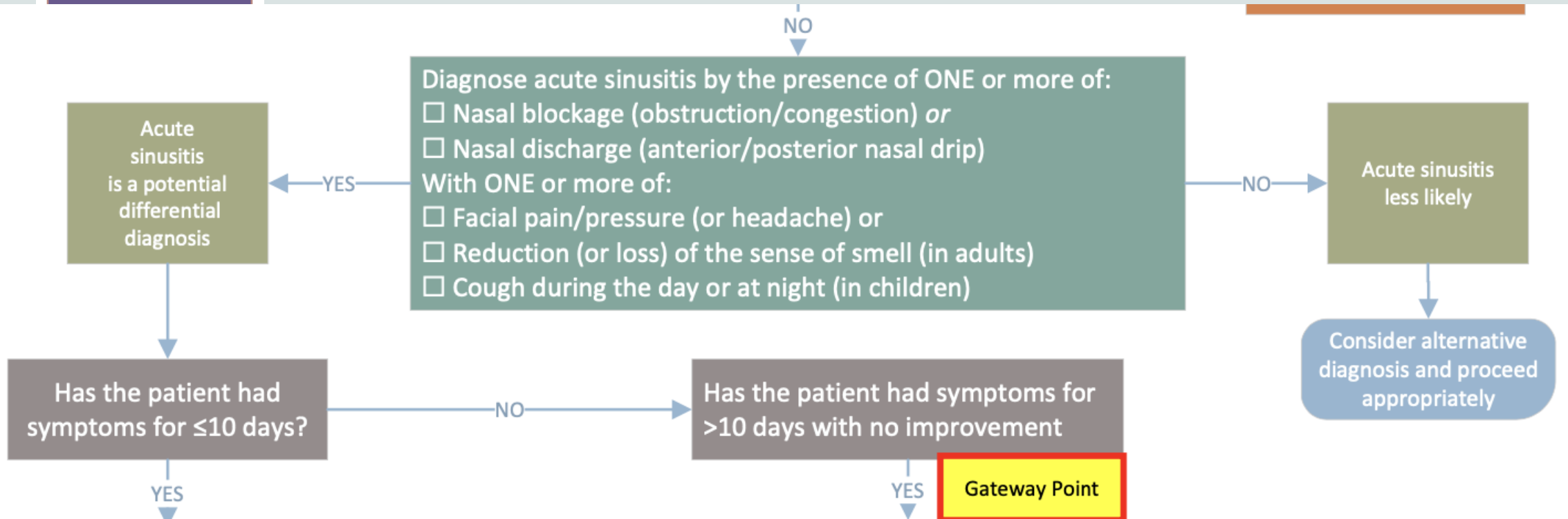
NO



# Pharmacy First Referrals

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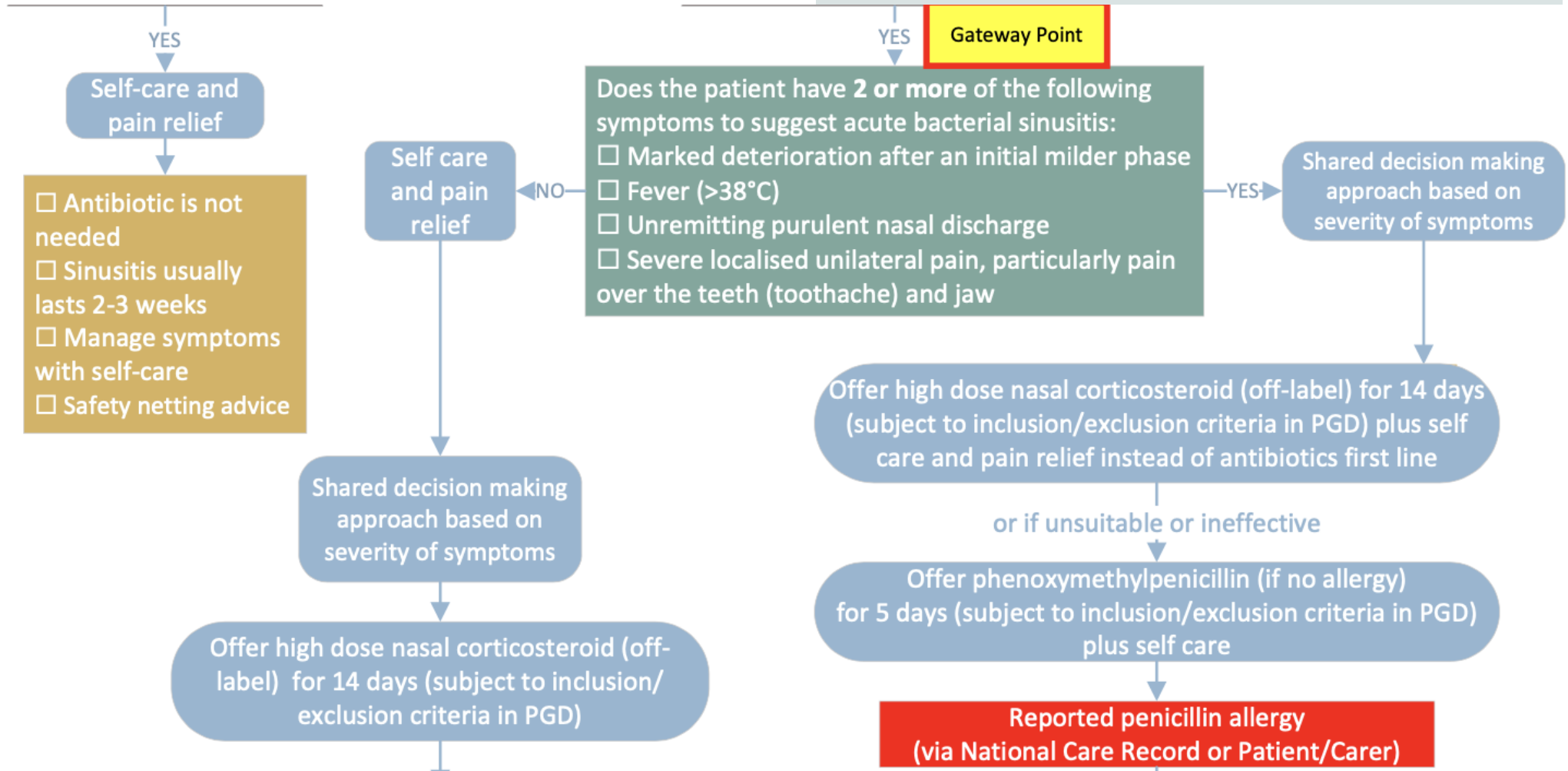
Acute sinusitis



# Pharmacy First Referrals

05

Acute sinusitis



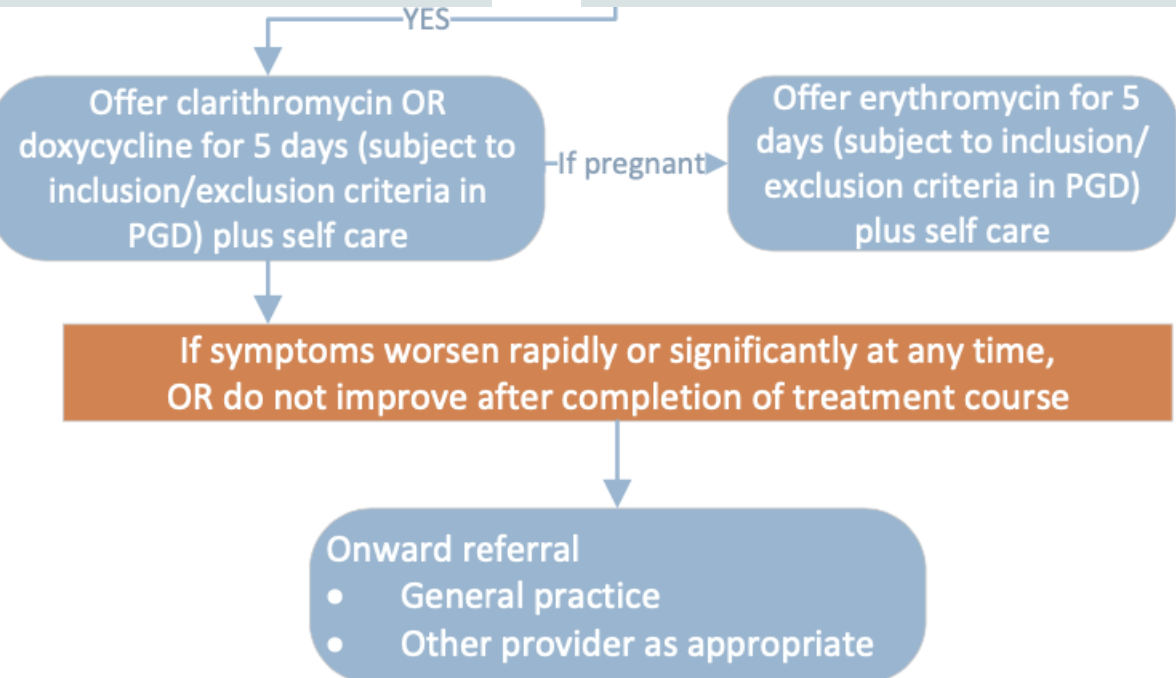
# Pharmacy First Referrals

05

Acute sinusitis

- ❑ Acute sinusitis is usually caused by a virus.
- ❑ Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve

Ask patient to return to Community Pharmacy if symptoms do not improve in 7 days for pharmacist reassessment



# Pharmacy First Referrals

05

Acute sinusitis

## **Inclusion**

- 2+ years
- Pain
- Blocked nose
- Nasal discharge
- Reduced sense of smell
- Green-yellow mucus
- Fever

## **Exclusion**

- Children under 12
- Pregnant and under 16
- Immunosuppressed
- Chronic sinusitis (duration of over 12 weeks)

# Thank you

- 01 Uncomplicated UTI
- 02 Acute sore throat
- 03 Infected insect bites and stings
- 04 Acute otitis media
- 05 Acute Sinusitis
- 06 Non bullous impetigo
- 07 Shingles

# Group discussion

## How do we start to 'move the dial'?

- Challenges so far & ways to overcome these
- Successes so far – sharing with colleagues
- Other hints & tips for implementation / building the service / relationship building
- What do you now need?



# Feedback

- Feedback from groups
- Gaps & issues still to be addressed
- Take away actions to implement the pathway / referral mechanisms locally



# Wrap up

- Any questions?
- Please complete the feedback form
- Sign up details for the next session on WEDNESDAY 22<sup>nd</sup> January 2025. Topic – Impetigo
- Closing Comments

Doncaster Pharmacy First  
Collaborative Session 6 - Feedback  
Form



Doncaster Pharmacy First  
Collaborative Sessions - Session 7 -  
Shingles Pathway







Back-up slides – use if necessary!

# Referral Mechanisms

# Referral Mechanisms

## NHS Assured Systems

- For EMIS WEB practices: EMIS Local Services
- For SystmOne practices: PharmRefer.  
For demo see: [here](#)
- NHS Mail

## Other options available

- AccuRx/AccuMail

[Here is a click-through demo](#) of how GPs can send a message to pharmacies using Accumail

[Here is a how-to guide](#) of how GPs can send a message to pharmacies using Accumail

[Here is a link to our webinar](#) that shows community pharmacies how they can use Accurx, the demo itself is from 5 min : 20 mins

## How to create a Referral using EMIS Local Services

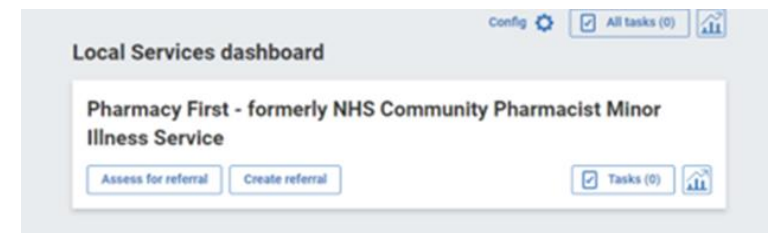
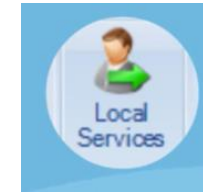
Click the Local Services button and select 'Pharmacy First'

From here you have two options – 'Assess for referral' or 'Create referral'

### 'Assess for Referral'

Click "Assess for referral" to follow the triage process which will ask some questions about the condition to ensure the patient is directed appropriately.

**Note: it is possible to bypass the triage to make the referral (this stage is not compulsory)**



Read and accept the disclaimer

Complete the triage questions

If appropriate select 'Create Referral'

Select the reason for referral from the dropdown

**Minor Health Conditions**

Answer each question carefully on behalf of the patient. Make sure to discuss the questions and patient's answers with them as necessary.

The answer: **Getting you the right help faster**

Tick to

**Legal i**

Name

Version nu

Release di

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**UK CA**

• Did you know? We have a new service which could get you the right help faster.

• Pharmacist: of minor illn

• Pharmacist: their time h

• You may be

• We can boo

• We'll ask so

• Signs of a

• Signs of a

• Severe dr

• Severe dif

• Sudden ra

• Heavy ble

• Severe inj

• Seizure (f

• Minor health conditions

This form is for minor health conditions only. It should not be used by anyone who has:

Do you want help with any of the following (please select one condition only. If you need help with more than one condition, please complete a separate minor illness consultation for each condition)

Acne, spots or pimples

Ankle or foot pain

Athlete's foot

Back or neck pain

Blister

Cold sore

Cold symptoms (without cough or fever)

Conjunctivitis or sticky eye (adults and children over 2 years)

Constipation

Corns or calluses on your foot

Cough (adults and children over 5 years)

Cystitis/urinary tract infection (women 16-64 years old only)

Diarrhoea or tummy bug

Dry, sore or watery eyes (adults and children over 2 years)

Earache

Ear wax or blocked ear (adults and children over 5 years)

Eczema/dry skin

A postcode search function for options of nearby pharmacies that are offering the service will be presented. The patient can choose the Pharmacy that is most convenient.

**Search for a provider**

Enter a postcode

S73 0XP

Search

Select the Pharmacy that the patient would like the referral to be sent to.

**Local services near S73 0XP**

20 providers found

**PICKFORDS PHARMACY** [+ Open in Google Maps](#)

65 Knollbeck Lane, Brampton, Barnsley, South Yorkshire, S73 0TW  
01226341281  
[Map and directions](#)

**Boots** [+ Open in Google Maps](#)

Unit 2, Cortonwood, Barnsley, S73 0TB  
01226341957  
[Map and directions](#)

**Morrisons Pharmacy** [+ Open in Google Maps](#)

Cortonwood Retail Park, Brampton, Rotherham, South Yorkshire, S73 0TB

Once the Pharmacy has been selected, check the details of the referral are correct and select 'Create Referral'

Tick this box if entering a third party's, e.g. a carer's, details.

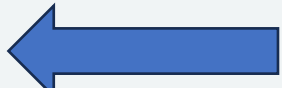
Phone number (mobile)

Phone number (home)

Confirmation email address

Would the patient like to receive a summary of the assessment details by email?

Yes  
 No

**Create referral** 

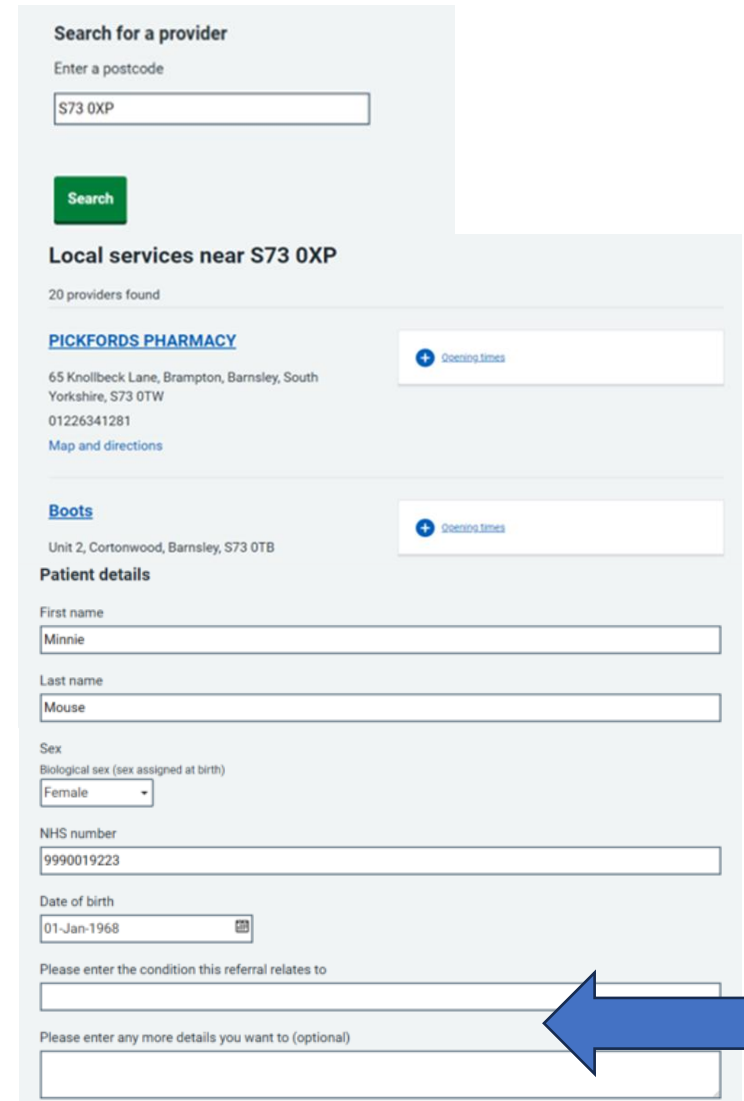
[Decline referral](#)

## 'Create Referral'

Type in the post code of the patient's choice to show a list of pharmacies in the area.

Select the pharmacy of the patient's choice.

Type in the reason for referral and select 'Create Referral'



**Search for a provider**

Enter a postcode

  
  
**Local services near S73 0XP**  
20 providers found

**PICKFORDS PHARMACY**   
65 Knollbeck Lane, Brampton, Barnsley, South  
Yorkshire, S73 0TW  
01226341281  
[Map and directions](#)

**Boots**   
Unit 2, Cortonwood, Barnsley, S73 0TB

**Patient details**

First name

Last name


Sex  
Biological sex (sex assigned at birth)

NHS number

Date of birth

Please enter the condition this referral relates to

Please enter any more details you want to (optional)



- Standalone app
- Requires login in once per day
- Ability to run reports to monitor and review activity

## How to create a Referral using PharmRefer

Access the app via [PharmRefer](#) on your web browser and login in using your practice's username and password.

Search for patient using the PDS function.

This can be done by typing in date of birth, family name and sex, but the quickest is to click to search by NHS Number and paste it in from the clinical system.

Click to 'Lookup via PDS'

The screenshot shows the 'Pharmacy First - Patient Registration' page. On the left, there are navigation links for 'Service Support' (including 'Service Specification & PGDs' and 'Clinical Pathways') and 'Find Providers'. The main form area includes a 'Registration date' field with '20-Aug-2024' entered. Below this is a 'Patient Lookup via the Personal Demographic Service (PDS)' section. It contains a 'Search by patient NHS Number' button, a warning about data sharing, and several input fields: 'Date of Birth' (with a placeholder 'Enter as dd-mmm-yyyy (eg 23-Feb-1989)'), 'Sex' (radio buttons for Male and Female), 'Family Name' (Last Name and Given Name(s) fields), and 'Postcode'. A 'GP Practice' field is at the bottom. A blue arrow points to the 'Lookup via PDS' button. A vertical 'NCRS' label is on the right edge of the page.



The blue box expands and shows the patient's details.

Check the patient details and click 'confirm patient' (or incorrect patient to search again)

Patient's GP Details	
Search Query	PDS Result
GP ODS Code:	C85017

Please confirm the above details with the patient and press "Confirm Patient" if they are correct. If they are incorrect, please amend the search criteria and try again. You can also fill in the patient details manually instead of using the PDS service.

Once the patient has been confirmed type in the referral reason and any more details in the 'GP Triaged Condition'

Select the pharmacy

Referrer role:

NHS111 Reason for referral:

NHS111 Disposition code:

NHS111 Disposition description:

NHS111 Clinical Summary:

Referral Consent:

GP referral reason:

GP Triaged Condition:

Pharmacy:

Referral notes:

Referral assessment form GP:

Confirm patient consent for referral and tick 'Consent Granted' box

Type in patient's mobile number or paste in from the clinical system

Click save to send the referral

The section below applies to GP practices only

The commissioner of this service has arranged for a text message to be sent to a mobile phone number - 'GP Referral' immediately after this consultation  
Consent to receive these texts needs to be granted by the individual.

Consent Granted:

Mobile Number:

Save and enter another

- Integrated into Practice system
- Automatically codes patients record

## How to create a Referral using AccuRx

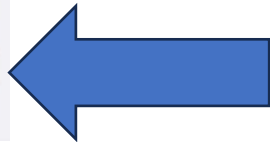
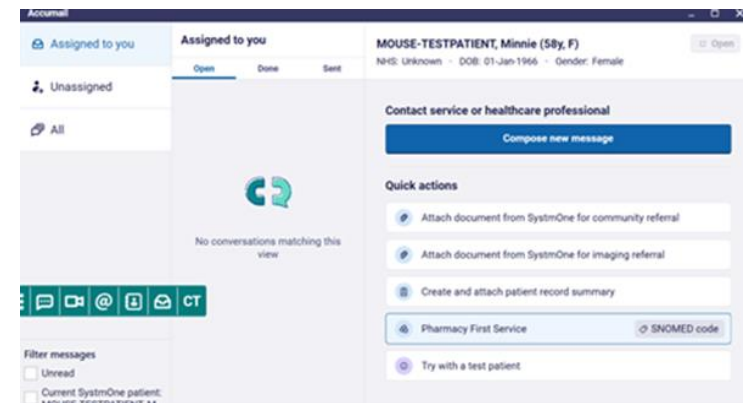
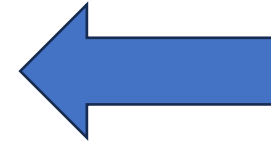
Open the patients record and locate the 'AccuMail' icon

From here, **there are two ways to generate the referral**

Under the 'Quick Actions' heading, select 'Pharmacy First Service'

Or

From the AccuMail home page, select 'Compose New Message'



From 'Compose Message'

Under the 'Templates' dropdown menu, select 'Pharmacy First'.

This will pre-populate the email to the Pharmacy with all the patient's details including NHS Number and Contact Phone Number.

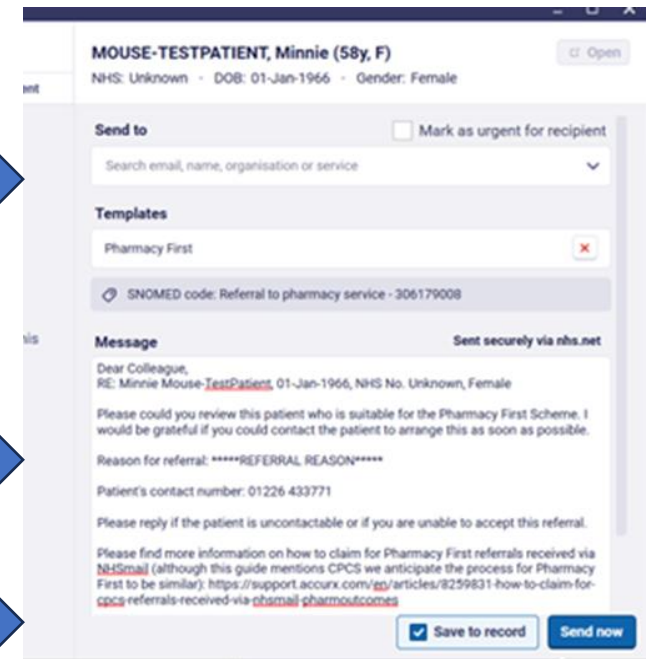
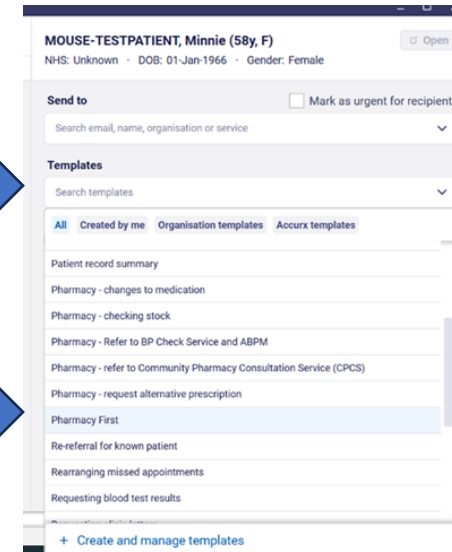
Type in the Pharmacy the patient wishes to be referred to.

Type in the reason for referral.

Click 'Send Now' to send to the Pharmacy. This will also save the referral to the patients record and code that a referral has been sent.

The referral will be sent to the NHS Shared mail account of the intended Pharmacy who will action accordingly.

**Pharmacies do not need an account with AccuRx to be able to action referrals.** AccuMail uses NHSmail inboxes and enables you to securely email domains that meet the [NHS Secure Email Standard](#) (DCB 1596) or [domains](#) that are otherwise deemed secure by NHSmail.



# Key Points When Choosing A Referral Method

- Communicate with the Pharmacy which mechanism you intend to use
- Have an agreed process for how referrals are managed
- Have a back-up plan for sending referrals in case of technical issues

## Additional Support

For assistance in choosing the most suitable referral mechanism for your practice, support in contacting pharmacies to establish local processes for sending and receiving referrals, or staff training on the service and how to send referrals, please contact **[laurarichardson@cpsy.org.uk](mailto:laurarichardson@cpsy.org.uk)**



# Pharmacy First

## How can we make this work for SY?

The aims of this session are to:

- Provide an overview of the Pharmacy First Service
- Reflect on the commissioning & implementation
- Outline challenges identified & current action taken
- Generate discussion for how PCPA members could help maximise the opportunities this new service offers for improving access for patients for support with managing minor illnesses

# The Pharmacy Elements of Primary Care Access and Recovery Plan (PCARP)



On 9<sup>th</sup> May 2023, NHS England and Department of Health and Social care published the [Delivery Plan for recovering access to primary care](#).

The community pharmacy elements of the plan are:

- A Pharmacy First service which includes GP referral to Community Pharmacist Consultation Service (CPCS) and 7 new clinical pathways
- Increase the provision of the NHS Pharmacy Contraception Service and the NHS Blood Pressure Checks Service.
- Improve the digital infrastructure between general practice and community pharmacy.

A letter to practices on 25 January confirms Pharmacy First starts on 31 January: [NHS England » Launch of NHS Pharmacy First advanced service](#)



## Pharmacy First includes 7 new clinical pathways as well as incorporating the Community Pharmacist Consultation Service (CPCS)

This means the full service consists of three elements:

### Pharmacy First (clinical pathways)

- new element

### Pharmacy First (referrals for minor illness)

- previously commissioned as CPCS

### Pharmacy First (urgent repeat medicines supply)

NB Not from general practices but from NHS 111 and UEC settings

- previously commissioned as CPCS

- Community pharmacy contractors must provide all 3 elements
- The only exception is that Distance Selling Pharmacies (sometimes called internet or online pharmacies) will not do the otitis media pathway (because they can only do remote consultations so cannot use otoscopes)
- General practices cannot refer patients to pharmacies for urgent medicines supply using Pharmacy First but should refer appropriate patients for the other two elements (clinical pathways and minor illness)

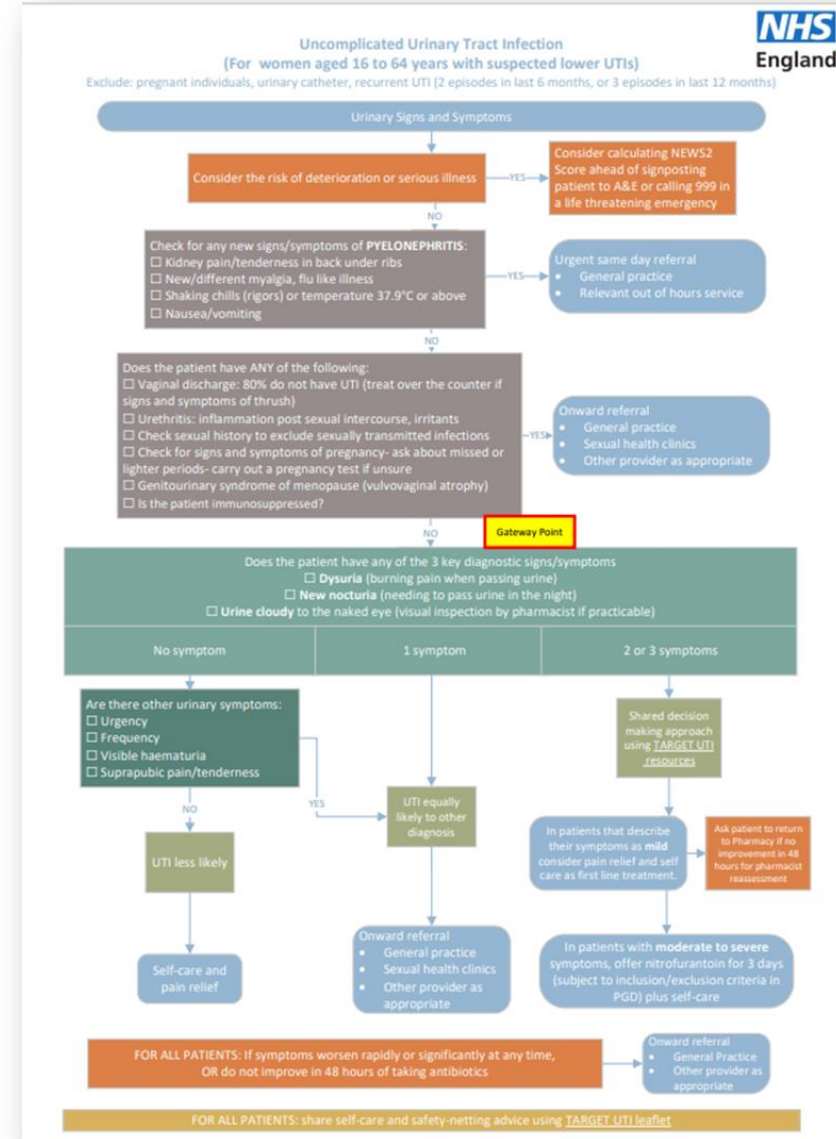
# What are the 7 new clinical pathways that can be referred to Pharmacy First (Previously known as CPCS)?

Clinical Pathway	Age range
Uncomplicated UTI	Women 16-64 years
Shingles	18 years and over
Impetigo	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
Sore Throat	5 years and over
Acute Otitis Media	1 to 17 years



# 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 over the counter and prescription only medicines via Patient group directions



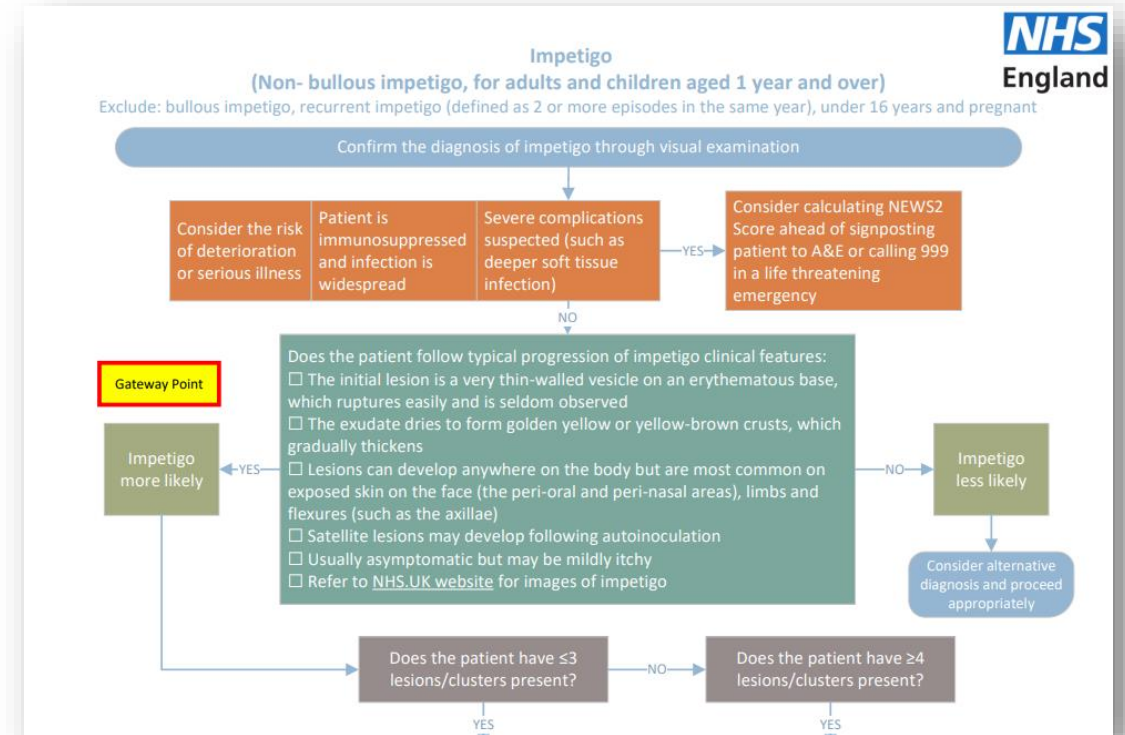
# Gateway point for Clinical Pathways

Consultations will only be considered as clinical pathway consultations if they successfully pass through a **gateway point** for each respective clinical pathway.

The gateway point ensures that the patient:

- Is suitable for management within one of the seven clinical pathways
- Presents relevant signs and symptoms
- Does not exhibit indications of a more serious medical condition.

Only consultations that pass the gateway point will be eligible for service payments



# Why is it important for practices to refer patients to Pharmacy First?

- To help change patient behaviour – support a consistent message to patients that for the majority of minor acuity conditions a prescription is not needed – if a patient presents back at a practice the staff can see the consultation details from the community pharmacist & support a consistent message – next time going to a pharmacy first for minor illness and medicines advice
- To help with capacity in the practice
- To improve access for patients with minor illnesses
- To support the integration of community pharmacy into the PCN team
- To create improved relationships between practices and community pharmacies to deliver high quality and integrated care to patients
- To help patients self-manage their health more effectively
- To support local pharmacy teams to manage workload

# How do I refer patients to Pharmacy First?

You can refer patients to Pharmacy First whether they have contacted the practice by phone, online or in person.

Everyone in the practice who makes appointments for patients must know how to refer patients to Pharmacy First

Where a patient is suitable for a minor illness referral or one of the seven common conditions:

- Ask them which pharmacy they would like the referral to be sent to
- Send a referral to the pharmacy using EMIS local services, PharmRefer or NHS mail. The referral contains information about why the patient is being referred, for the pharmacist to review ahead of or during the patient's consultation.
- When the referral is made, the patient initiates contact with the pharmacy. Please say something to the patient such as: ***'Please contact the pharmacy to arrange your consultation with the pharmacist and advise that you have been referred by your practice. The telephone number and address are as follows.'***

# Can't I just ask patients to 'go to the pharmacy'?

Many people visit community pharmacies every day for many different reasons such as to collect their prescriptions, to purchase medicines for self-care, for advice on health matters, for vaccinations, for other pharmacy services such as blood pressure checks or smoking cessation support.

GP practices should continue to digitally refer patients to Pharmacy First as per the former GPCPCS as opposed to signposting.



Patients will receive a confidential consultation. **If signposted**, may be treated as self-care support and possibly seen by another pharmacy team member.

Patients are reassured that their concern has been taken seriously and the pharmacist will be expecting them



If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.



Referrals enable the pharmacy to plan and manage workload, thereby meaning patients are seen in a timely manner.



Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on.



There is an audit trail of referral and clinical treatment, which will support onward patient care.



Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that GP practices are supporting the PCARP.

# How do I know which pharmacies I can refer to & will they be able to provide the service?

- More than 98% of community pharmacies in SY are signed up to provide Pharmacy First.
- If you have been sending GP referrals to CPCS then you will already know the details of your local pharmacies and if not, you can use the NHS Service Finder: <https://servicefinder.nhs.uk/>
- If you are using the integrated EMIS option or PharmRefer to send your referrals, then participating pharmacies are shown. This may be helpful if a patient wants to use a pharmacy further afield.
- Community pharmacy contractors are getting funding for Pharmacy First. Please note community pharmacy funding is very different from general practice funding and the two cannot be compared.
- Clinical services from community pharmacies have grown over the last 5 years and Pharmacy First is the next step.
- In some parts of the region, community pharmacists are already experienced in using PGDs for minor illness and ICBs have supported training for pharmacists (including locums).
- Workforce and workload remain a challenge for some community pharmacies (as for general practice).
- If you are wondering about your local pharmacies, then why not contact them and ask them? Pharmacy First will work best for patients when local practices and pharmacies work together.
- If you have particular concerns about a pharmacy that you can't resolve by contacting them, then your Community Pharmacy Clinical Lead can help: [Claire.thomas47@nhs.net](mailto:Claire.thomas47@nhs.net)

# What happens next/what is the patient journey?



## Patient contacts the Pharmacy

Patient will have a 1-2-1 private consultation with the community pharmacist in the pharmacy consultation room or via a secure remote platform



## Patient contacts the Pharmacy

The pharmacist will ask the patient questions about their health. This may include their previous medical history, any allergies, any medicines they are taking and the symptoms they are currently experiencing. For some conditions, the pharmacist may request to perform a quick examination, such as using an otoscope for patients presenting with acute otitis media symptoms.



## Minor Illness Referrals

For minor illness referrals, the patient outcomes can be: advice; advice and recommend self-care products; or (in a small percentage of cases) onward referral by the community pharmacist back to the practice or to another setting such as an urgent treatment centre



## 7 clinical pathways

If the referral is for one of the 7 clinical pathways, the patient outcomes also include the supply of certain prescription only medicines when appropriate e.g. antibiotics if needed

# What about patient 'bouncebacks' to the practice?

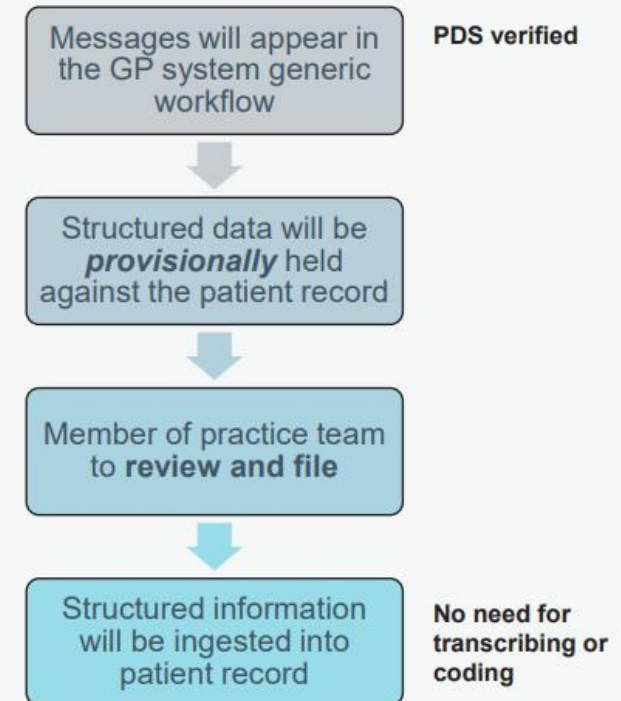
Data shows that 9 out of 10 patients have their episode of care completed by the community pharmacist,

- Pharmacists onward refer 1 out of 10 patients either back to the practice or to another setting such as an urgent treatment centre.
- This is for many reasons (such as red flags may have been identified or the patient may have deteriorated).
- This does not mean the service has failed – rather that it is working as expected.
- The addition of the 7 clinical pathways with community pharmacists being able to supply specific prescription only medicines where clinically appropriate is expected to reduce the percentage of onward referrals.
- Improving local relationships and agreeing local ways of working between practices and community pharmacists makes managing 'bouncebacks' better for practices, pharmacies and ultimately patients.



# The Digital Elements (exact dates TBC):

- GP Connect (Update Record) will be used to send a structured message of the consultation record and any medicines supplied back to the practice.
- It is important that the structured message is ingested into the patient record at the practice so if the patient visits another setting for the same episode of care (the practice or another pharmacy) then previous actions and medicine supplies can be seen.
- All structured messages will appear in the GP system generic workflow 'for action'. Messages must be acknowledged/ actioned by GP staff after which information will be ingested into record without the need for transcription or coding.
- As part of the improved digital connectivity between practices and pharmacies, community pharmacists will be able to view parts of the patient records via GP Connect (Access Record).



# Surveillance

- NHSE will closely monitor the Pharmacy First service post-launch, particularly in relation to antimicrobial supply to guard against the risk of increasing antimicrobial resistance
- National Institute for Health and Care Research will commission an evaluation of Pharmacy First services considering implications for antimicrobial resistance.

## 23/73 Evaluating “Pharmacy First” Services for management of common conditions



Published: 19 May 2023

Version: 1.0 - May 2023

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### Summary

The Primary Care Recovery Plan set out that NHS England will commission a “Pharmacy First” service nationally in community pharmacy, with the aim that by Winter 2023 those signed up to deliver the service can supply prescription-only NHS medicines for seven common conditions, subject to consultation with Community Pharmacy England. The National Institute for Health and Care Research (NIHR) is interested in receiving high-quality research applications to undertake a robust wrap around evaluation of the planned “Pharmacy First” service to understand the impact, safety, cost effectiveness and acceptability of these services, as well as any implications for antibiotic use and antimicrobial resistance.

The NHS Community Pharmacist Consultation Service (CPCS) was launched in October 2019, allowing patients already registered with a General Practitioner (GP) to be referred to community pharmacies for minor illness advice and treatment, or urgent repeat



## Reflections on commissioning & implementation:

- Short time frame for implementation & a lot of work to be undertaken by pharmacy contractors & teams to be ready to deliver
- Launched prior to work on GP Update record roll out being completed
- The service name “Pharmacy First” is confusing when providers such as GPs & UECs are expected to make formal referrals
- Limited information/support from NHSE nationally for practices to support engagement
- Electronic referral solutions approved by NHSE remain the same as for CPCS



# Current Challenges & Actions:

## Challenges:

- Misunderstandings, for example:
  - Belief that clinical triage is required before referral
  - Expectation to receive consultation information back to the practice if a patient has been verbally sign-posted or care navigated
  - What the pharmacy team can/can't do
- Confidence in service delivery/consistency of service delivery
- Local relationships & escalation processes
- Lack of activity data to target support & share good practice
- “Bounce backs” seen as service failure

## Actions:

- Training for pharmacists
  - Comms
  - Supporting local implementation
  - Promotion
- Collaborative working between the ICB & CPSY on programme plan working on:
- Improving consistency & quality of service delivery
  - Patient/public awareness
  - **Improving provider engagement for referrals**



# How can we make this work for our system & patients?

## **Accepting:**

- that this is a nationally commissioned service & we are constrained to how it has been commissioned

## **Recognising:**

- there are a number of challenges & that to realise the benefits to our system requires changes in practice for both pharmacy & general practice teams

What can we do as leaders in SY to support our teams to embrace this change & provide additional capacity within primary care for access to clinician support for minor illnesses?



# Practice Support/Queries/Concerns:

## **Practice Support for Implementation/referring to community pharmacies:**

**Practices wanting to go live with referring to community pharmacies or wanting support to increase referrals and/or build links with local pharmacies:**

Contact: Laura Richardson, Pharmacy Technician CPSY  
Email: [laura.richardson42@nhs.net](mailto:laura.richardson42@nhs.net)

## **All clinical community pharmacy service queries:**

Contact: Claire Thomas, Community Pharmacy Clinical Lead, SY ICB  
Email: [Claire.thomas47@nhs.net](mailto:Claire.thomas47@nhs.net)

## **Concerns about contractual requirements/service delivery:**

Contact the Primary Care Contracting Team: [syicb.syprimarycare@nhs.net](mailto:syicb.syprimarycare@nhs.net)