

# Pharmacy First: What GP Teams need to know

## The Pharmacy First Service can help reduce the pressure in your practice

Patients presenting with minor illness / low acuity conditions, or one of seven common conditions (see details below) can be referred to a local community pharmacy quickly and efficiently using the 'local services' button in EMIS, or for non-EMIS practices by using PharmRefer and other digital methods.

Any treatment provided will be communicated to the practice following the consultation

### Why Refer?

GP practice teams should digitally refer patients to Pharmacy First as opposed to signposting for the following reasons:

- 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 the 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

### Minor Illness

Patients with low acuity conditions / minor illness can be referred for a same day appointment with their local community pharmacist. There is no product supply as part of this service, but it can be used in conjunction with the GM wide Minor Ailment Service if required for those patients who do not pay for prescriptions and the symptoms are included in the service.

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Consultations can be face-to-face, or via secure video link or telephone where appropriate.

### These are the most commonly referred conditions:

- Athlete's foot
- Allergy and hay fever
- Constipation
- Conjunctivitis
- Cold and flu symptoms
- Cough
- Diarrhoea
- Eczema and minor skin conditions
- Minor aches and pains
- Mouth ulcers
- Thrush

For a full list see annex D of the [service specification](#)

### Clinical Pathways Consultations

Pharmacists can provide advice and NHS funded treatment, including prescription only medicines, if clinically appropriate, for seven common conditions.

Consultations can be face-to-face, or via secure video link or telephone where appropriate.

There is a [clinical pathway](#) for each of the conditions which identifies when a patient can be treated by the service and when they should be referred to another Healthcare Professional.

### The seven clinical conditions



### Top Tips

- Practices should consider using the Pharmacy First Service for all requests for appointments for a minor illness consultation, and for patients meeting

the inclusion criteria who present with one of the seven conditions covered by the clinical pathways

- Ask the patient to contact the pharmacy to arrange an appropriate time for the consultation
- Be consistent with making referrals to community pharmacy as it supports patients in accessing healthcare at the right point and helps pharmacy teams embed the service into their practice

### **Do not refer the following:**

- In general, do not refer patients with symptoms lasting longer than 2 – 3 weeks (except patients with sinusitis who have symptoms for > 10 days)
- Patients that do not meet the inclusion criteria for the clinical pathways
- Children under 1 year of age
- Those with symptoms in the red section of the [protocol](#) (access [here](#))

### **Most common reasons for escalation to the GP**

- Patients that do not meet the age or sex criteria for the clinical pathways (the pharmacist can complete the consultation but may need to escalate should the patient require treatment)
- Patients who have been using OTC or prescribed medication and their condition has not improved
- Patients not meeting the inclusion criteria for the clinical pathways e.g. recurrent UTI, symptoms are not minor, or symptoms have been for longer than 3 days
- Patients with signs of infection (in conditions other than those covered by the seven clinical pathways)
- Patients presenting with red flag symptoms e.g. cough lasting > 3 weeks, unexplained bleeding, shortness of breath

### **Building relationships with community pharmacy**

- Speak to your local pharmacy about the pharmacy first service to agree how you will work collaboratively, review your experience of the service and share learning
- Consider a regular catch-up meeting to talk about the services that your local pharmacies can deliver, how they can support your practice and patients and for feedback regarding previous referrals or escalations.

### **Where to find more information**

- Community Pharmacy England have produced this short [video](#) which explains the service in more detail.
- [Primary Care Board](#) for a range of resources and supporting information

- Virtual Outcomes have developed a **free** [training resource](#) on the Pharmacy First Service which covers all aspects of the service including the safeguards put in place to safeguard AMR. This can be accessed using your practice code.
- [Community Pharmacy England](#) resources for General Practice
- Questions or queries contact us at Community Pharmacy Greater Manchester: [enquiries@cpgm.org.uk](mailto:enquiries@cpgm.org.uk)
- Information on how to raise an issue or concern can be found [here](#).