



## Briefing for Local Medical Committees and general practices on the Pharmacy First service

This Community Pharmacy England Briefing provides information for Local Medical Committees and general practices on the Pharmacy First service, as well as highlighting the expansion of the Pharmacy Contraception Service and the Hypertension Case-Finding Service.

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### Introduction

The Pharmacy First service was announced in the [Primary Care Recovery Plan](#) and is due to commence on 31st January 2024 (subject to the required IT systems being in place). This is an Advanced service, therefore optional for pharmacy owners to provide. However, since it builds on the existing [Community Pharmacist Consultation Service \(CPCS\)](#), which most pharmacies in England provide, there is an expectation that most pharmacy owners will choose to provide the extended Pharmacy First service.

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### Brief overview of the service

- There are **three parts** to the service:
  - Minor illness consultations with a pharmacist;
  - Supply of urgent medicines (and appliances); and
  - Clinical pathway consultations.

### Parts 1 and 2: Minor illness consultations and Supply of urgent medicines (and appliances)

- The **first two parts** of the service are currently part of the CPCS.
- General practices can only refer for Minor illness consultations (part 1 of the service); they cannot refer patients for Supply of urgent medicines (and appliances) and this will not change under the Pharmacy First service.
- Under CPCS, patients cannot walk-in and access these parts of the service (self-refer); there needs to be a referral from an authorised healthcare provider. This will continue to be the case when they transfer into the Pharmacy First service. **Therefore general practice will still need to make formal referrals for patients who present at their practice but are then referred to the pharmacy for a Minor illness consultation with a pharmacist.**
- From the end of 30th January 2024, CPCS will cease to exist, but patients can still access the service when they are appropriately referred, under the Pharmacy First service instead.

### Part 3: Clinical pathway consultations

- The third part of the Pharmacy First service (the new part), is called **Clinical pathway consultations**. This involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions:
  - Sinusitis** for adults and children aged 12 years and over;

2. **Sore throat** for adults and children aged 5 years and over;
3. **Acute otitis media** for children aged 1 to 17 years;
4. **Infected insect bite** for adults and children aged 1 year and over;
5. **Impetigo** for adults and children aged 1 year and over;
6. **Shingles** for adults aged 18 years and over; and
7. **Uncomplicated urinary tract infections in women** aged 16 to 64 years.

- This part of the service can be provided to patients referred by general practices, as well as NHS 111 and others.
- There is a [clinical pathway](#) for each of the seven conditions, which show when a patient can be treated under the clinical pathway consultation part of the Pharmacy First service and when they should be referred to another healthcare professional; this is what the pharmacist will use to decide if the patient is eligible for the service.
- In the clinical pathway consultation with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically appropriate, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, an over-the-counter medicine, all at NHS expense.

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#### Q. Will GP practices no longer need to make formal referrals?

GP practices **will still be required** to make formal referrals for the Minor illness consultations with a pharmacist and the Clinical pathway consultations parts of the Pharmacy First service.

#### Q. Will a patient's general practice be notified of the outcome of the Pharmacy First consultation at the pharmacy?

Yes. The patient's general practice will be notified on the day of provision or on the following working day.

#### Q. Can pharmacists deviate from the clinical pathways and PGDs if they are different to local prescribing formularies, for example, a difference in duration of treatment?

No, pharmacists must follow the clinical pathways and PGDs.

#### Q. How have concerns around antimicrobial stewardship been addressed in the design of the service?

NHS England has led work to ensure that the clinical pathways for the Pharmacy First service and the associated PGDs will allow community pharmacists to supply antimicrobials, only where clinically appropriate, without increasing the risks of antimicrobial resistance (AMR).

A large number of experts have fed into this detailed programme of work, supported by clinical pharmacists from Specialist Pharmacy Service. The participating experts have included AMR Consultant Pharmacists, Infection Control Specialists (medical), the UKHSA's [ESPAUR team](#), senior GPs, academics, Primary Care Network clinical pharmacists, NHS England's Medical Director and Chief Pharmaceutical Officer. The UK's Chief Medical Officer has also been involved in decisions



made on the approval of the clinical pathways and PGDs, alongside Government and NHS advisory committees on antimicrobial stewardship.

The clinical pathways for the service, set out requirements which the patient must meet (e.g. signs, symptoms and key diagnostic criteria, duration of illness, prior history of the same condition) to determine whether they may be suitable to receive a supply of an antimicrobial. The clinical pathways have been designed drawing upon the guidance provided to all primary care healthcare professionals in [NICE's Clinical Knowledge Summaries](#).

If those requirements are met, the requirements of the PGD will then be considered by the pharmacist, to assess whether it would be safe and appropriate to make a supply of the antimicrobial, or whether another option may be appropriate, such as delaying any treatment with an antimicrobial or referring the patient to their general practice, where clinically appropriate.

Pharmacists understand the issues and have already been contributing to AMR efforts for several years through their Pharmacy Quality Scheme.

#### **Q. What will happen to any locally commissioned Pharmacy First/extended care services?**

Where locally commissioned pharmacy services include one or more of the seven clinical pathways, we expect those elements of the local services will be decommissioned by the commissioner.

#### **Q. If pharmacists supply antibiotics through the Pharmacy First service, will this information be gathered as part of national AMR reporting?**

Yes, an NHS-assured Pharmacy First IT system will be used to make clinical records and transfer data to the NHS Business Services Authority, which will then be included in AMR reporting.

#### **Q. How have the Pharmacy Contraception Service and Hypertension Case-Finding Service been expanded?**

From 1st December 2023, the Pharmacy Contraception Service (PCS) was expanded to allow pharmacists to also initiate oral contraception (OC); previously they were only able to provide ongoing monitoring and repeat supplies of OC when this had been initiated at a GP practice or sexual health clinic (or equivalent). A [briefing for general practice teams](#) on this service is available on our website.

From 1st December 2023, the Hypertension Case-Finding Service was expanded to allow suitably trained and competent pharmacy staff to provide the service (previously only pharmacists and pharmacy technicians could provide the service). A [briefing for general practice teams](#) on the service is available on our website.

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Further information on the Pharmacy First service can be found at [cpe.org.uk/pharmacyfirst](https://cpe.org.uk/pharmacyfirst).