

Department of Health Strategic Planning and Performance Group (SPPG)



Pharmacy
First **for help with everyday**
health conditions

Service specification

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1. Introduction

Research has shown that GPs can spend up to 40% of their working day dealing with minor everyday health conditions. Whilst this may be entirely appropriate for some patients, for the majority it is an inconvenient and inefficient way of getting help for these conditions.

Pharmacies are well placed within communities and are essentially an 'open door' to the Health Service offering free independent health advice without the need for an appointment. One of the services that community pharmacists are trained to provide is the treatment of everyday health conditions. When a patient presents at a pharmacy with symptoms of an everyday health condition, the pharmacist establishes if the symptoms are indeed minor in which case the pharmacist can offer advice and, if necessary, recommend appropriate treatment. If the symptoms are of a more serious nature, the pharmacist will refer the patient to another healthcare professional.

Referral into the pharmacy first service includes referral from GP practices, the community pharmacist or self-referral by the patient. Using this service the pharmacist can supply advice or advice and medicines for treatment of certain conditions, to suitable patients. Patients are not charged for this service.

Provision of a Pharmacy First Service through community pharmacies:

- Encourages patients to self-treat everyday health conditions
- Supports the use of pharmacy as a first point of call for health advice allowing pharmacists to make more use of their clinical skills
- Improves patient access to treatment without the need to contact their GP practice
- Provides an alternative to a GP consultation for everyday health conditions, allowing GPs more time for patients with more complex medical needs
- Benefits other parts of the healthcare service particularly Emergency departments and Out-Of-Hours medical services (OOHs)

2. Service Specification

This service provides the management of specific everyday health conditions by contracted Community Pharmacies in Northern Ireland

For eligibility into this service patients must be:

- Over the age of three months (although older age restrictions may apply for individual treatments)

AND

- Registered with a GP practice in Northern Ireland

The service only applies to those everyday health conditions specified by the SPPG

and only medicines on the SPPG pharmacy first formulary may be supplied. Patients should be invited to take part in the service but can choose to decline participation.

In order to provide the pharmacy first service Community Pharmacy Contractors must:

- Hold a contract with the SPPG to provide the service
AND
- Ensure staff are trained, competent and available to deliver the service in line with the service specification and treatment algorithms
AND
- Develop and ensure compliance with the Standard Operating Procedure (SOP) for implementation of the service. This SOP must be reviewed as appropriate.

2.1 Access to the Service

There are three ways in which a patient can participate in the service:

Self-referral

- Patient has heard about the service, has seen an advertisement or has previously accessed the service

Referral by a pharmacist

- Patient presenting at the pharmacy with symptoms that fall into the therapeutic areas covered by the service

Referral by GP practice / OOHs

- GP practices can refer a patient requesting an appointment or prescription to treat symptoms that fall into the therapeutic areas covered by the service. Patients should be offered a choice to be treated under the pharmacy first service or seen by the GP

Practices should encourage patients to tell the pharmacist that they have been referred to the service. Pharmacists should work with local GP practices and local OOHs centre to establish referral processes.

Who must not be referred?

As well as the patient categories already mentioned the following groups of patients must not be referred into the service:

- Patients requesting to purchase a medicine contained within the formulary. The service must NOT be used to divert the sale of over the counter (OTC) medicines.
- Patients referred from their GP practice for a named medicine. If a GP has made a decision about the medicine a patient needs then a prescription should be issued or the patient asked to purchase OTC as appropriate.

A flowchart for GP referral can be found in appendix 1

2.2 Consultation

A pharmacist must undertake all consultations and complete the relevant paperwork at the time of the consultation.

When a patient / parent / guardian presents at the pharmacy with symptoms that fall into one of the therapeutic areas covered by the service, the pharmacist should carry out an assessment in the consultation area, or other private area of the pharmacy.

Outcomes of the consultation:

The patient may be given:

- Advice only
- Advice plus treatment from the service formulary (up to a maximum of two products per patient as appropriate)
- Referral to the GP if serious symptoms are reported

2.3 Professional Responsibility

- At all times the pharmacist will be required to preserve patient confidentiality in line with their responsibilities as members of the Pharmaceutical Society of Northern Ireland and GDPR regulations.
- At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.
- The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification. Information on the responsible pharmacist regulations available here <http://www.psni.org.uk/publications/code-of-ethics-and-standards/>
- Complaints should be dealt with in line with the participating pharmacy's complaints SOP and the complaints procedures of the relevant GP practice.

2.4 Supply

- If appropriate the pharmacist may consider providing the patient with pharmaceutical advice only. A consultation fee can be claimed provided the consultation relates to a condition detailed within the service and the relevant paperwork has been completed at the time of the consultation.
- Pharmacists can only supply products included in the current service formulary and in line with the treatment algorithms.
If a patient requests a non-formulary item they may purchase this. In that case the patient has opted out of the service and a consultation fee must not be claimed.
- Pharmacists must adhere to the licensing information of all products that are supplied and the age restrictions in the algorithms.
Only licensed OTC products may be supplied. All OTC products and packs

must be licensed appropriately, no prescription only medicines (POMs) may be supplied.

- Pharmacists must ensure medicines supplied comply with current good practice guidelines e.g.: Pharmaceutical Society guidance available at <http://www.psni.org.uk/publications/code-of-ethics-and-standards/> MHRA Drug Safety Advice <https://www.gov.uk/drug-safety-update> Pack/product updates and individual SPCs available at <https://www.medicines.org.uk/emc/>
- Further information on everyday health conditions can be obtained from the reference sources listed in appendix 2

2.4 Standards and Evaluation

- Training – The contractor must ensure that all pharmacy staff e.g.: pharmacists, locum pharmacists, technicians or pharmacy assistants, involved in the delivery of the service are fully competent and knowledgeable in all processes and procedures relating to this service
- Contract – Pharmacies must be contracted with SPPG for the provision of pharmaceutical services including the pharmacy first service
- Evaluation and Monitoring – The monitoring and evaluation of the service will be carried out by SPPG. Pharmacies have a requirement to retain consultation forms in line with Department of Health’s Good Management, Good Records Section M <https://www.health-ni.gov.uk/articles/disposal-schedule-section-m> . Consultation forms may be requested by SPPG for the purpose of evaluation / audit. Feedback may also be sought in order to make amendments/improvements to the service.
- Standards – Participating pharmacies are expected to comply with this service specification. SOPs must be developed as part of the service provision. Elements of the procedure required are listed below under ‘Consultation Procedure’; however it will be up to individual contractors to develop robust SOPs to ensure that appropriate governance arrangements are in place.

3. Consultation Procedure

3.1 Patient Status

When a patient presents with symptoms relating to an everyday health condition covered by the service or when a patient has been referred to use the service, the status of the patient should be checked verbally to ensure that the patient is both (a) over the age of 3 months and (b) registered with a GP in Northern Ireland.

3.2 Patient assessment by the pharmacist

The pharmacist must ask questions to determine whether (a) to offer advice only or (b) to offer advice plus appropriate medication or (c) refer the patient

to another healthcare professional. Examples questions include:

- Who is the patient and what are the symptoms? (include age / pregnant / breast feeding as appropriate)
- How long have the symptoms been present?
- Action already taken?
- Medication taken, to include (a) for this condition (b) regular prescribed medication (c) OTC or herbal remedies?
- Details of existing medical conditions
- Allergies

The pharmacist should always consider ALARM symptoms and refer as appropriate

3.3 Third Party Requests

A parent/guardian may present with a set of symptoms for a child however other third party requests for the service should only be accepted in very exceptional circumstances. In these cases the pharmacist must use their professional judgement to ensure they have adequate information to make a clear judgement about the diagnosis and to make a recommendation for appropriate treatment. A record should be made on the consultation form indicating the reason for the third party consultation.

3.4 Treatment Options

If a patient's symptoms relate to an everyday health condition covered by the service the following options are recommended:

- Provision of advice – advice should be given on symptom control, expected duration of symptoms and when to contact the GP. Advice should be in line with treatment algorithms available on the [Primary Care Intranet](#) (PCI) and relevant Clinical Knowledge Summaries available at <https://cks.nice.org.uk/>
- Provision of advice and suitable medication if necessary, from the service formulary (appendix 3). The formulary can also be accessed on the [PCI](#).

The pharmacist may supply up to a maximum of TWO medicines from the formulary. Advice should be given as above and include correct use of the recommended medicine(s) and what to do if symptoms persist.

- Referral to GP or other healthcare professional if necessary or if serious symptoms reported.

3.5 Consultation documentation

- The consultation form attached to the right-hand-side of the pharmacy voucher should be used as a record of the consultation.
- The consultation form and pharmacy voucher must be fully completed at the time of the consultation and signed by the pharmacist providing the service.
- For a group consultation e.g. treating a family for threadworms or head

lice, a Group Consultation Record should be completed. This record is also available on the [PCI](#).

- Group consultations attract **ONLY ONE** consultation fee. Claims for consultation fees will be subject to continuous monitoring.
- The retention and sharing of patient information should be discussed with the patient/parent or guardian using the service privacy notice (available on the [PCI](#)).
- The patient consent section must be completed and signed by the patient/parent or guardian.
- In the case of a third party consultation a phone-call to the patient will be necessary to obtain consent for sharing information with the GP or SPPG and this should be recorded on the form and signed by the pharmacist.

Completed consultation forms must be held securely and confidentially in the pharmacy and be available to SPPG for monitoring purposes. Completed forms should be kept for the following period of time in line with the Department of Health's Good Management, Good Records Section M available at

<https://www.health-ni.gov.uk/articles/disposal-schedule-section-m>

- Adults – eight years after the conclusion of treatment
- Children and young people – until the patient's 25th birthday or 26th if the young person was 17 at the conclusion of treatment.

Pharmacy software systems may facilitate recording of patient consultations and when approved such records will be acceptable in lieu of a written record.

Any product supplied must comply with The Code for Pharmacists requirements <http://www.psni.org.uk/about/code-of-ethics-and-standards/> - this includes labelling requirements, as per normally dispensed medicines.

3.6 Complete the Pharmacy Voucher

- The pharmacist must complete and sign the pharmacy voucher at the time of the consultation, accurately coding for any medicine(s) supplied and the consultation fee as appropriate.
- The specific codes allocated by BSO for the formulary products must be used for coding purposes. Codes from the ordinary code book must NOT be used. See service formulary (appendix 3) for codes.
- When a group consultation has taken place a pharmacy voucher should be completed for each patient, however only ONE consultation fee can be claimed. The consultation fee can be claimed on any one family member's voucher.
- If the pharmacy voucher does not contain the name of the pharmacist providing the service, they should sign as normal and print their name in the space allocated.
- Pharmacy vouchers must be bundled separately from HS21 prescription forms and forwarded to BSO at the end of the month that the consultation took place.

If the patient presents with symptoms outside the service the pharmacist should use their professional judgement to either advise and sell an OTC medicine suitable for the presenting symptoms or if necessary refer the patient to the GP.

If a patient presents more than twice in one month with the same symptoms (depending on the nature of the condition, see [individual algorithms](#)) and there is no indication for urgent referral, the patient should be referred to their GP surgery for a routine appointment. Pharmacists should be aware of the potential for patient abuse of the service. If the patient re-presents after initial treatment with symptoms that have not resolved within an appropriate time-scale for the condition, or if the symptoms have become worse, the patient should be referred to their GP.

3.7 Requests for named medicines

If a patient requests a named medicine contained within the formulary the pharmacist must use their professional judgement to ascertain if this is a self-referral or product request.

Product requests should not be referred into the service. This service is NOT to be used to divert the sale of OTC medicines.

If it is a self-referral as a result of using the service previously the pharmacist should use their professional judgement to respond to these requests and personally re-assess the symptoms. The pharmacist is clinically responsible for any treatment or advice they give and the patient should be advised, treated or referred accordingly.

Referrals/requests for pharmacy first service formulary products to treat conditions not covered by the service should be considered an OTC sale as appropriate or referred to GP if more serious condition suspected.

All pharmacists, locums, pharmacy technicians and pharmacy assistants must understand and follow these conditions for supply.

4. Re-ordering Documentation

Pharmacy Vouchers / Consultation forms should be ordered on the BSO website at <http://www.hscbusiness.hscni.net/services/2540.htm> by clicking on the [Prescription re-ordering on line form](#) and adding the name of the pharmacy, email address and date of order. Under 'Prescriber type' select Community Pharmacy – PV1. There will be an option to select PV1s for MA or for the Emergency Supply Service (ESS); which are the duplicate vouchers and should be reserved for ESS only.

Prescriber Cipher Number *

NB prescriber cipher number can be found on your prescription pad or DLRT information note and must match the registered prescriber name

Prescriber Name / Community Pharmacy Name *

First

Last

Email *

Order Date *



Prescriber Type: *

Non-Medical Prescribers include: Nurse Independent Supplementary Prescribers, Pharmacist Independent Supplementary Prescribers, Physiotherapists, Podiatrists, Optometrists

- GP
- Dentist
- Community Nurse Practitioner Prescriber
- Non Medical Prescriber
- Registered PCD1 Prescriber
- Community Pharmacy - PV1
- Registered SP1 Prescriber
- Registered SP2 Prescriber

Please send the following: *

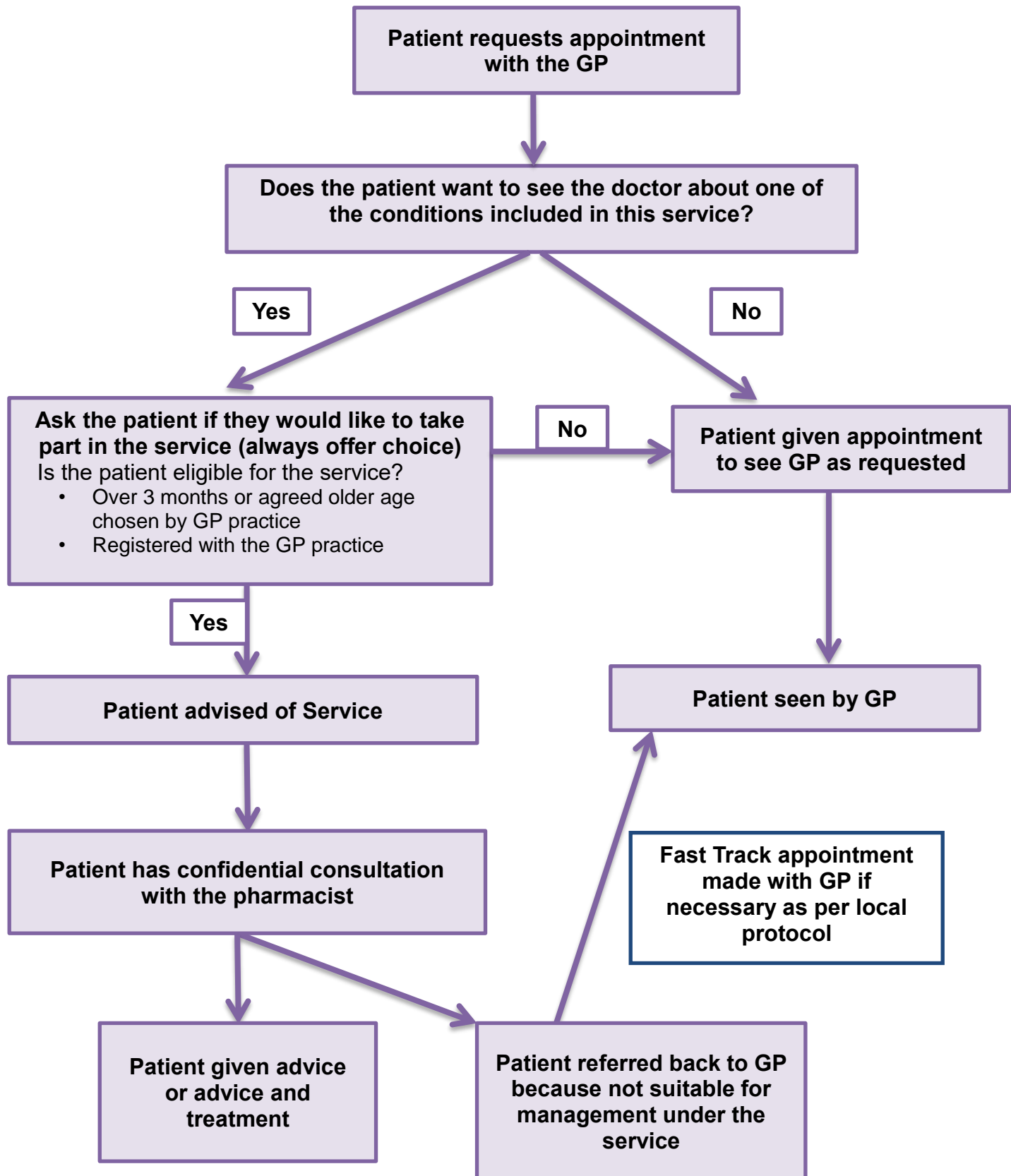
- PV1/MA
- PV1 Emergency Supply - Pandemic

** Only one selection per order is permitted, if you require more than one type of prescription pad a separate eForm must be submitted for each type **

Phone enquires to DLRT on 028 92622999

Appendix 1 – Pharmacy First Service for everyday health conditions

Flow chart – GP referral



Appendix 2 – Information sources

References for further reading:

1. British National Formulary (BNF) and BNF for children (BNFc) – current edition <https://www.bnf.org/>
2. NICE Clinical Knowledge Summaries <https://cks.nice.org.uk/#>

Useful Websites

Northern Ireland Centre for Pharmacy Learning and Development
<https://www.nicpld.org/>

COMPASS therapeutic notes
<https://www.nicpld.org/courses/?programme=pharmacist&coursetype=cn>

Medicines and Healthcare products Regulation Authority
<https://www.gov.uk/government/news/welcome-to-our-new-mhra-website>

Pharmaceutical Society of Northern Ireland
<http://www.psn.org.uk/>

Business Services Organisation
<http://www.hscbusiness.hscni.net/>

Health and Social Care
<https://online.hscni.net/>

Department of Health
<https://www.health-ni.gov.uk/>

Appendix 3 – Pharmacy First Service for everyday health conditions Formulary

Pharmacy First Service for everyday health conditions - Formulary

Maximum TWO products per consultation

ONLY GSL or P medicines can be supplied in line with licensed age limits or those indicated in the service algorithm

SYMPTOM	PRODUCT (age limits)	PACK	BSO CODE
ACNE VULGARIS	Benzoyl peroxide 5% gel (Acnecide®) > 12 years	30g	<u>79114</u> 30
ATHLETE'S FOOT	Clotrimazole 1% cream > 6 years	20g	<u>79043</u> 20
	Miconazole 2% cream (Daktarin®) > 6 years	15g	<u>79020</u> 15
	Terbinafine 1% gel (Lamisil AT®) > 16 years	15g	<u>79091</u> 15
DIARRHOEA (ACUTE)	Loperamide 2mg capsules > 12 years	6	<u>79083</u> 6
	Loperamide 2mg capsules > 12 years	12	<u>79102</u> 12
	Oral rehydration sachets (Dioralyte®) > 3 months	6	<u>79103</u> 6
	Oral rehydration sachets (Dioralyte®) > 3 months	20	<u>79104</u> 20
	Oral rehydration sachets (Dioralyte Relief®) > 3 months	6	<u>79105</u> 6
	Oral rehydration sachets (Dioralyte Relief®) > 3 months	20	<u>79106</u> 20

EAR WAX	Olive Oil Ear Drops (DT) > 12 years	10ml	<u>79108</u> 10
	Sodium Bicarbonate 5% Ear Drops (DT) > 12 years	10ml	<u>79109</u> 10
GROIN AREA INFECTION (Dhobie Itch)	Clotrimazole 1% cream > 16 years	20g	<u>79043</u> 20
	Miconazole 2% cream (Daktarin®) > 16 years	15g	<u>79020</u> 15
	Miconazole 2%, HC 1% cream (Daktacort HC®) > 16 years	15g	<u>79021</u> 15
	Terbinafine 1% gel (Lamisil AT®) > 16 years	15g	<u>79091</u> 15
HAEMORRHOIDS	Anusol® cream > 16 years	23g	<u>79116</u> 23
	Anusol® ointment > 16 years	25g	<u>79117</u> 25
	Anusol® suppositories > 16 years	12	<u>79118</u> 12
	Anusol® Plus HC® ointment > 18 years	15g	<u>79119</u> 15
	Anusol Plus HC® suppositories > 18 years	12	<u>79120</u> 12
HEAD LICE (when treating a group of patients only one consultation fee should be claimed)	Bug Busting Kit (may be used for more than one family member to detect and treat head lice)	1	<u>79092</u> 1
	Dimeticone 4% lotion (Hedrin®) > 6 months	50ml	<u>79081</u> 50
	Dimeticone 4% lotion (Hedrin®) > 6 months	150ml	<u>79082</u> 150

Caution see fire risk warning on pack	Malathion 0.5% aqueous liquid (Derbac M®) > 6 months	150ml	<u>79054</u> 150
MOUTH ULCERS	Hydrocortisone 2.5mg muco-adhesive buccal tablets sugar free (DT) > 12 years	20	<u>79111</u> 20
SCABIES	Permethrin 5% cream (Lyclear®) > 2 years	30g	<u>79121</u> 30
	Malathion aqueous 0.5% (Derbac M®) liquid > 2 years	150ml	<u>79054</u> 150
THREADWORMS (when treating a group of patients only one consultation fee should be claimed) <i>One 30ml bottle may be used to treat more than one family member</i>	Mebendazole 100mg chewable tablets (Ovex®) > 2 years	1	<u>79093</u> 1
	Mebendazole oral suspension 100mg/5ml (Ovex®) > 2 years	30ml	<u>79100</u> 30
ORAL THRUSH (NOT with interacting medicines such as warfarin)	Miconazole 20mg/g Oromucosal gel sugar free (Daktarin®) > 4 months or > 5-6 months in preterm babies	15g	<u>79112</u> 15
VAGINAL THRUSH	Clotrimazole 2% cream (Canesten Thrush cream®) 16 – 60 years	20g	<u>79095</u> 20
	Clotrimazole 500mg pessary (Canesten®) 16 – 60 years	1	<u>79042</u> 1
		5g	<u>79096</u>

Cream and Pessary Combi = 2 products Internal and External creams Combi = 2 products	Clotrimazole 10% vaginal cream (Canesten internal cream®) 16 – 60 years		5
	Clotrimazole Combi (Canesten Combi®) 16 – 60 years	1	<u>79097</u> 1
	Clotrimazole Cream Combi (Canesten cream Combi®) 16 - 60 years	1	<u>79098</u> 1
	Fluconazole 150mg capsule 16 - 60 years	1	<u>79087</u> 1
VERRUCA	Salicylic acid 12% / lactic acid 4% (Salatac® gel) > 2 years	8g	<u>79123</u> 8
	Salicylic acid 16.7% / lactic acid 16.7% (Salactol® collodion paint) > 2 years	10ml	<u>79124</u> 10
	Salicylic acid 26% (Occlusal® cutaneous solution) > 2 years	10ml	<u>79125</u> 10
CONSULTATION FEE	Service Consultation Fee (NI)	1	<u>79070</u> 1

The reimbursement price paid by BSO will be listed on a monthly basis in the Drug Tariff in the Everyday Health Conditions Section Part 1B available at <http://www.hscbusiness.hscni.net/services/2034.htm>