Health and Social Care

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Pharmacy First
for help with everyday health conditions

Pharmacy First Pilot Service for Sore Throat in patients aged 5 years and over

Service Specification and Guidance

November 2023

Contents

1. Background

The Department of Health's Changing the Culture 2019 -2024 One Health strategy for tackling antimicrobial resistance in NI includes measures to optimise the use of antimicrobials. The target set is a 15% reduction in antimicrobial use in humans by 2023/24. One key action to achieve this is to raise public awareness to encourage self-care and reduce expectations of antibiotics.

Scarlet Fever and IGAS

Group A Streptococcus (GAS) are common bacteria. GAS can be present on or in the human body, without causing infection (colonisation), but may cause skin, soft tissue and respiratory infections, including scarlet fever. GAS infections range from mild to very severe. Invasive GAS (IGAS) occurs when the bacteria proliferate in a normally sterile body site, such as the blood, soft tissues or joints. Streptococcal toxic shock syndrome (STSS) can be a severe complication of IGAS, caused by toxins that are produced by GAS, which act on host cells or tissues.

GAS is spread by close contact between individuals, through respiratory droplets and direct skin contact. GAS can also be transmitted indirectly through contact with inanimate objects, such as towels or bedding. GAS is usually diagnosed by microbiological culture of a specimen from the affected site or by a characteristic illness, such as scarlet fever.

Public and clinician awareness of GAS infections has changed over time, especially during December 2022, which may contribute to changes in trends. IGAS, being more severe, is likely more consistent over time.

There was an increase in GAS infections during December 2022 and January 2023 compared to the pandemic period, with the peak in monthly cases appearing earlier than previous seasons. While Invasive GAS incidence has steadily fallen since December 2022 and January 2023, the monthly incidence remains at levels in keeping with previous moderate seasons. Further increases are possible as we move towards the usual peak time of the year for Group A Streptococcus (GAS) infections. For further information see the PHA website Scarlet Fever and IGAS | HSC Public Health Agency (hscni.net).

Identifying people with GAS-related acute sore throat (who may benefit from antibiotics) from clinical history and examination is difficult due to overlap of clinical signs and symptoms between bacterial and viral infections. It is generally accepted that clinical scoring criteria such as FeverPain score can help identify those with greater likelihood of GAS infection, but it has also been argued that scoring systems cannot replace clinical reasoning and judgement. To further support diagnosis of GAS-related pharyngitis, throat culture or rapid antigen detection testing (RADT) can be used.

A Pharmacy First Service is a service whereby patients are encouraged to consult with a participating community pharmacy rather than their GP for a defined list of common conditions. The pharmacist will give advice and (if appropriate) supply medication from an agreed formulary or refer the patient to another healthcare setting if necessary. Medicines, when deemed necessary, are supplied free of charge.

This Pharmacy First Service for sore throat will facilitate the assessment and treatment of patients aged 5 years and over in the community pharmacy in line with NI antimicrobial guidelines and NICE NG84 Sore throat (acute): antimicrobial prescribing.

2. Service aims and objectives

The aims of the service are to:

- Provide a more accessible, efficient and high-quality clinical pathway for patients with a sore throat.
- Better use pharmacist skills and free up GP time for more complex and urgent medical issues.
- Use point of care (POC) testing for group A *Streptococcus* (GAS) to guide management of the condition and potentially reduce unnecessary antibiotic prescribing.

The objectives of the service are to:

- Provide a timely and appropriate service for patients in the treatment of their condition and to identify patients who need onward referral to another healthcare professional.
- Provide a service which is acceptable to patients and community pharmacists and which is supported by GP practices.
- To assess how the use of diagnostic POC testing impacts the use of antimicrobials for the treatment of sore throat.
- Support the cost-effective use of medicines and health service resources in Primary Care in line with the NI formulary
- Promote the role of the community pharmacist as the first port of call for the management of sore throat in patients aged 5 years and over.

3. Service description

3.1 The Pharmacy First Service allows eligible patients to use participating community pharmacies as the first port of call for the management of sore throat. The pharmacist advises, treats or refers patients according to their needs.

3.2 The Pharmacy First Service is available to all patients aged 5 years and over, registered with a GP in Northern Ireland, with the exception of temporary residents and care home residents.

3.3 Each Pharmacy First consultation must be carried out by an appropriately trained pharmacist with the patient directly. It should be face-to-face between the pharmacist and patient.

3.4 The consultation must take place in a suitable private consultation area in the pharmacy (see section 8 ‘premises’).

4. Service outline

4.1 Patient Eligibility for the service

4.1.1 The following persons are **eligible** for the service;

- Patients aged 5 years and over who are registered with a GP in Northern Ireland

4.1.2 The following persons are **not eligible** for the service;

- Temporary residents
- Patients in Care Homes (Nursing or Residential)

4.2 Pharmacy Eligibility for service

The service can only be provided from participating community pharmacies where the contractor:

4.2.1 Holds a contract with the SPPG to deliver the service.

4.2.2 Ensures that staff are trained, competent and available to deliver the service. Pharmacists must undertake relevant training to ensure clinical care competency prior to commencing service delivery (see section 10 'training').

4.2.3 Ensures a Standard Operating Procedure (SOP) is in place to support delivery of the service in line with the service specification and guidance.

4.2.4 Ensures Patient Group Directions (PGDs) for medicines relating to service delivery are organisationally authorised and signed by an appropriate authorising person. SPPG PGDs are available on the BSO website.

4.2.5 Ensures that the service is available during all of the pharmacy's opening hours, where practically possible.
If in exceptional circumstances the responsible pharmacist on the day is not trained to offer the service, this should be communicated to the local GP practices and OOH medical centres to reduce inappropriate referral of patients to the pharmacy when the service is temporarily unavailable.

4.3 Pharmacist Eligibility to provide the service

This service can only be provided by pharmacists who are:

4.3.1 Registered with the Pharmaceutical Society of Northern Ireland (PSNI). Pharmacist Independent Prescribers must be registered with the PSNI as an independent prescriber.

4.3.2 Working in a pharmacy contracted to provide the service.

4.3.3 Competent to provide the service.

4.4 Patient Consent

4.4.1 Before the consultation the pharmacist must provide patients with sufficient information to inform consent to avail of the service.

4.4.2 The service privacy notice should be used to explain to the patient how their personal data will be used and a copy supplied if requested.

4.5 Accessing the service

4.5.1 Patients with symptoms seeking advice and /or treatment contact the pharmacy in person or by phone.

4.5.2 The pharmacist arranges a consultation with the patient in person in the pharmacy.

4.5.3 Patients may be referred into the service from their GP practice. Arrangements for this should be agreed in advance between the GP practice and the pharmacy. The pharmacist should contact the practice to give an outline of the service and share a copy of the GP flow chart (appendix 1). This and other training materials for GP practices are available on the PCI and BSO websites.

4.6 Pharmacy First Consultation

Acute sore throat is a symptom of an underlying condition and should be accurately diagnosed before considering treatment. It is self-limiting and often triggered by a viral infection of the upper respiratory tract. Symptoms can last for around a week, but most people will get better within this time without antibiotics, regardless of cause[1]. Antibiotics for streptococcal sore throat decrease symptom duration by around 16 hours, however are indicated in some situations[2,3].

Sore throat is often associated with the common cold. It may also be a symptom of influenza or of infectious mononucleosis (glandular fever). Sore throat caused by glandular fever may take longer to resolve (usually within 1–2 weeks), with associated lethargy continuing for some time afterwards. The most common bacterial cause of sore throat is Group A beta-haemolytic Streptococcus (GAS). Non-infectious causes of sore throat are uncommon, and include physical irritation from gastro-oesophageal reflux disease or chronic cigarette smoke and hayfever[2].

In addition to soreness on swallowing, patients may experience:[2-5]

- a dry, scratchy throat
- bad breath
- swollen neck glands
- headache, malaise, rhinitis and cough
- nausea, vomiting and abdominal pain — may be present in children with pharyngitis, and people with tonsillitis
- hoarseness if there is laryngeal involvement
- fever (common in pharyngitis and tonsillitis)

(a) Assessment (see appendix 2 for summary flow chart)

Assessment of the person is required to ensure appropriate management. Differentiating a viral sore throat from that caused by GAS on the basis of examination is difficult.
The FeverPain criteria should be used along with examination of the person to determine the likelihood of streptococcal infection (and therefore the need for antibiotic treatment)[2]. To further support diagnosis of GAS-related pharyngitis rapid antigen detection testing (RADT) can be used.

The FeverPain score is scored out of 5 depending on how many of the following are present:

1. fever in the last 24 hours
2. purulent tonsils
3. attend rapidly (patient attended within 3 days of the onset of symptoms)
4. severely inflamed tonsils
5. no cough or coryza (catarrhal inflammation of the mucous membrane in the nose)

The pharmacist should assess and score each patient using the FeverPain criteria and follow the guidance below:

FeverPain score of 0 or 1

- DO NOT offer a RADT.
- Do not offer antibiotics[2]
- Refer to the 'Symptom Relief' and 'Advice for Patients' sections below.

FeverPain score of 2 or 3

Options:

- Consider if the patient is likely to benefit from antibiotic treatment and, where this is the case, carry out a RADT. See below for options if RADT test positive or negative.
- If the patient is less likely to benefit from antibiotics, refer to the 'Symptom Relief' and 'Advice for Patients' sections below.

FeverPain score of 2 or 3
with a POSITIVE RADT result for Strep A

Options:

- Watch and wait if practical:
  - advise the person to return to the pharmacy for reassessment if symptoms fail to improve over the next 48 hours
  - advise seeking advice from GP, OOH or A&E if the person becomes systemically very unwell[2]
  - refer to the 'Symptom Relief' and the 'Advice for Patients' section below

- Consider supplying antibiotic with advice, depending on clinical condition; bearing in mind other circumstances (e.g. weekend/bank holiday), the unlikely event of complications if antibiotics are not taken and possible adverse effects:[2]
  - If an antibiotic is not supplied advise the person to return to the pharmacy for reassessment if symptoms fail to improve over the next 48 hours
  - advise seeking advice from GP, OOH or A&E if the person becomes systemically very unwell[2]
  - refer to the 'Symptom Relief' and 'Advice for Patients' sections below.

FeverPain score of 4 or 5

- Carry out a RADT

Options if RADT test is positive:

- If the person is not systemically very unwell; not showing signs of a more serious condition; and not at high risk of complications:
    - consider supplying antibiotic with advice, depending on clinical condition; bearing in mind other circumstances (e.g. weekend/bank holiday), the unlikely event of complications if antibiotics are not taken and possible adverse effects[2]
    - advise seeking advice from GP, OOH or A&E if the person becomes systemically very unwell[2]
    - refer to the 'Symptom Relief' and 'Advice for Patients' sections below.

- If antibiotics are not supplied:
    - advise the person to return to the pharmacy if symptoms fail to improve over the next 48 hours for reassessment
    - advise seeking advice from GP, OOH or A&E if symptoms worsen rapidly or significantly, or the person becomes systemically very unwell[2]
    - refer to the Symptom treatment relief and 'Advice for Patients' sections below.

- If the person is systemically very unwell or showing signs of a more serious condition or at high risk of complications refer immediately as appropriate. See summary in appendix 2 for more details.

Options if RADT test is negative:

- Reassure the patient that the sore throat is not likely to be bacterial and therefore antibiotics will be unlikely to help.
- If there is symptomatic worsening, or new symptoms, return for reassessment.
- Advise seeking advice from GP, OOH or A&E if the person becomes systemically very unwell[2]
- Refer to the 'Symptom Relief' and 'Advice for Patients' sections below.

(b) Rapid Antigen Detection Tests (RADT) / Consumables

- Where appropriate, the Pharmacist will offer a RADT to patients presenting with a sore throat whose FeverPain score indicates possible Streptococcus A infection as indicated in the 'assessment' section above.
- Suitable Rapid Antigen Detection Tests (RADT) must be available during the sore throat consultation. See appendix 3 for more details.
- Other consumables which may be required include PPE e.g. gloves and masks, tongue depressors and a thermometer. Please refer to www.niinfectioncontrolmanual.net/cleaning-disinfection

(c) Possible Complications

A sore throat may result in significantly reduced fluid intake, which may lead to dehydration.

Additional complications which may require onward referral include:

- otitis media (most common)
- peri-tonsillar abscess (quinsy)
- acute sinusitis
- parapharyngeal (deep neck) abscess
- cervical adenitis (neck lymph node inflammation)
- mastoiditis (a serious bacterial infection that affects the mastoid bone behind the ear; more common in children and requires immediate specialist assessment)
- epiglottitis (cartilage covering windpipe swells and blocks flow of air into lungs, can be fatal)
- scarlet fever (notifiable disease)
- streptococcal toxic shock syndrome (rare)
- Lemierre's syndrome (rare - acute septicaemia and jugular vein thrombosis secondary to infection with *Fusobacterium* spp.)
- rheumatic fever (rare in developed countries but still quite prevalent in developing countries)
- post-streptococcal glomerulonephritis
- guttate psoriasis - may flare up in the presence of a streptococcal infection

Exclusion criteria

Where access to ECR is available pharmacists should use this to check medical history, repeat medicines lists, allergies and any antibiotic treatment for sore throat in the previous 6 months. Plus, information received from the pharmacy clinical system and that provided by the patient or carer should be used to apply the following exclusion criteria.

- **Red Flag Symptoms**:
  - Anyone attending who has life-threatening symptoms such as stridor, breathing difficulty or dehydration that is associated with sore throat. Phone 999 immediately
  - Patients with persistent symptoms (lasting > 2 weeks) and/or severe symptoms which may be indicative of more serious disease, such as cancer. Smoking and alcohol are risk factors that should be considered as part of clinical assessment.
- If informed consent is not given. Patients do not agree to share relevant clinical information or there is no valid consent
- Children aged 4 years and under
- Patients with known or suspected hypersensitivity to the antibiotics or any of their excipients – see relevant SmPC
- Patients with known or suspected hepatic failure.
- Patients with moderate, severe or end stage renal failure (creatinine clearance <60mL/min) or patient has renal disease where renal function cannot be confirmed.
- Patients at high risk of serious complications because of:

    - significant heart, lung, kidney, liver, or neuromuscular disease (including patients with a history of valvular heart disease, rheumatic fever, post-streptococcal glomerular nephritis)
    - uncontrolled diabetes
    - patients who are immunocompromised
- Patients known to be immunosuppressed (accompanied by other clinical symptoms of blood disorders) including for example:
    - A patient who is on chemotherapy, radiotherapy, has known or suspected leukaemia, asplenia, aplastic anaemia or HIV/AIDS, or is taking an immunosuppressive drug following a transplant.
    - A patient who is taking a disease-modifying anti-rheumatic drug (DMARD) e.g. sulfasalazine, methotrexate
    - A patient who is taking a medicine that can cause blood disorders (e.g. neutropenia, agranulocytosis, thrombocytopenia) leading to infection and acute sore throat including cytotoxic drugs, carbimazole, clozapine etc.
- Patients with a history of repeated episodes (> 2 previous episodes) of Streptococcus A infection in previous 6 months.
- If patients present with:
    - Signs of airway obstruction (inability to swallow, drooling, stridor, hoarse voice, muffled voice, holding a tripod position).
    - Signs of marked systemic illness or sepsis.
    - Breathing difficulty.
    - Dehydration.
    - Severe neck pain and or stiffness.
    - Severe pain.
    - Persistent sore throat especially if unilateral.
    - Persistent change in voice.
    - Severe swallowing problems (dysphagia/ odynophagia).
    - Trismus or difficulty opening the jaw.
    - Persistent mouth ulcer / lesions.
    - Masses / unilateral swelling.
    - Severe oral mucositis.
    - Rash (e.g. scarlet fever).
    - Suspected rare cause e.g. Kawasaki disease.
    - Symptoms of suppurative complications (e.g. otitis media, sinusitis, mastoiditis, peri-tonsillar abscess (quinsy), scarlet fever).
- Patients who are taking contra-indicated medicines. Check relevant SmPC
- Patients taking concurrent antibiotic treatment
- Patients who the pharmacist has assessed as not having capacity to understand the nature and purpose of treatment
- Where a request has been made by a third party on behalf of a patient
    - A parent or guardian may present with a child

(d) Treatment

Symptom Relief

- Paracetamol or Ibuprofen can be supplied to help ease pain and fever (see formulary section 5)
- Medicated lozenges containing either a local anaesthetic, NSAID or an antiseptic may help with pain in adults. These may be purchased in the pharmacy.
- There is little evidence for benzydamine gargles /spray[2,3]
- There is no evidence for zinc lozenges, herbal remedies or acupuncture[2,3,5]
- Adults and older children may find sucking hard sweets, ice cubes or ice lollies provide symptomatic relief[4]
- Adults can try a warm saline gargle (half a teaspoon of salt in a glassful of warm water) at frequent intervals, but do not swallow. This is not suitable for young children[4]

Supply of antibiotics

- Based on the Pharmacist's clinical assessment of the patient and the outcome of any RADT, they will determine whether it is appropriate to supply an antibiotic. See appendix 4 for Antibiotic Decision Pathway
- First line antibiotic is phenoxymethylpenicillin unless the patient has a true allergy.
    - Approximately 1 in 100 people have a true penicillin allergy. However, 1 in 10 people have either been told or have assumed they have a penicillin allergy. This means that about 9 in 10 persons "labelled" with a penicillin allergy will not be allergic. For many people, their reaction happened many years ago but was never further investigated. The label of penicillin allergy has just continued throughout their life.
    - Side effects are not the same as allergies
    - Link to Royal Pharmaceutical Society penicillin allergy check list Penicillin allergy checklist | RPS (rpharms.com)
    - Link to a useful patient information leaflet https://antibioticresearch.org.uk/wp-content/uploads/2021/10/Penicillin-Delabelling-Patient-Leaflet_21Apr21.pdf
- Non-IP pharmacists will determine appropriate supply of an antibiotic within the terms of the service PGDs.
- IP pharmacists will use their clinical judgement in the diagnosis and supply of appropriate antibiotics
- Where the supply of an antibiotic is not appropriate, pharmacists should consider supply of symptomatic treatment, paracetamol or ibuprofen as appropriate.

(e) Advice for Patients

All patients must be offered advice and leaflets related to antimicrobial stewardship, especially regarding viral versus bacterial infections, and the self-limiting nature of the latter, regardless of the need and/or results of RADT.

General advice

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own[6].
- Sore throat usually gets better within 7 days, with or without antibiotics[6].
- Taking antibiotics makes bacteria that live inside your body more resistant so the antibiotics may not work when you really need them[6].
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick[6].
- Provide information leaflet from the TARGET: Respiratory tract infection resource suite: Patient facing materials (rcgp.org.uk)

Advice if antibiotics are not supplied

- Return to the pharmacy if symptoms do not improve after 7 days (48 hours if FeverPain score of 2 or more), or earlier if symptoms worsen.
- Seek advice from GP, OOH or A&E if the person becomes systemically very unwell[2].

Advice if antibiotics are supplied:

- Seek advice from GP if symptoms worsen or do not improve within 3–5 days; seek advice from GP, OOH or A&E if the person becomes systemically very unwell[2].
- Emphasise the importance of completing the course of antibiotics.

Self-care advice

- Rest and take simple painkillers at regular intervals to relieve pain and fever[4,5]
- Avoid smoking and smoky environments[4]
- If you have a high temperature or you do not feel well enough to do your normal activities, try to stay at home and avoid contact with other people until you feel better[4]
- Drink plenty of water to avoid dehydration[4]
- Eat cool and soft foods[5]
- Hot drinks should be avoided as these can exacerbate pain[2]
- Children may return to school or day care after fever has resolved and they are no longer feeling unwell, and/or after taking antibiotics for at least 24 hours[2]

5. Service Formulary

Analgesics

Analgesia	Paracetamol		
Generic name	Paracetamol 120mg/5mL S/F oral suspension	Paracetamol 250mg/5mL S/F oral suspension	Paracetamol 500 mg tablets
Legal class	P	P	P
Pack size	100 ml	200 ml	32 tablets
Dosing instructions and advice	As per pack	As per pack	As per pack
Analgesia	**Ibuprofen**		
Generic Name	Ibuprofen 100 mg/5ml S/F oral suspension	Ibuprofen 200 mg tablets	Ibuprofen 400 mg tablets
Legal Class	P	P	P
Pack Size	100 ml	24 tablets	24 tablets
Dosing instructions and advice	As per pack	As per pack	As per pack

First line antibiotics (if there is no penicillin allergy)

Medication	**Phenoxymethylpenicillin**		
Formulation	250 mg tablets	250 mg/5 mL oral solution*	125mg/5ml oral solution*
Legal class	POM	POM	POM
Quantity to supply	40 or 80	Appropriate quantity for 10 days (see PGD)	Appropriate quantity for 10 days (see PGD)
Dosing instructions	• 125mg four times a day in those aged 5 years • 250 mg four times daily in those aged 6 to 11 years • 500 mg four times daily in those aged 12 years and over		

*sugar-free formulations should be supplied where possible

Counselling advice for Phenoxymethylpenicillin:

- Swallow tablets whole with water.
- Take on an empty stomach (an hour before food or 2 hours after food)
- Take regularly four times a day and complete the course.
- Common adverse effects include diarrhoea, nausea, fever, hypersensitivity reactions, joint pain

Medication	**Amoxicillin** (ONLY if phenoxymethylpenicillin unavailable)		
Formulation	500 mg capsules	250 mg/5 mL oral suspension*	500 mg/5 mL oral suspension*
Legal Class	POM	POM	POM
Quantity to supply	30	Appropriate quantity for 10 days (see PGD)	Appropriate quantity for 10 days (see PGD)
Dosing Instructions for 5 years and over	One capsule three times a day	500 mg (10ml) three times a day	500 mg (5 mL) three times a day

*sugar-free formulations should be supplied where possible

Counselling advice for Amoxicillin:

- Space the doses evenly throughout the day and complete the course.
- Note that patients, particularly adolescents with concurrent infection with glandular fever/Epstein-Barr virus (EBV) have an increased frequency of amoxicillin associated skin rashes.

Second line antibiotics

Medication	**Clarithromycin** (if penicillin allergic and **NOT** pregnant or breast feeding)		
Formulation	500 mg tablets	125 mg/5 mL oral suspension*	250 mg/5 mL oral suspension*
Legal class	POM	POM	POM
Quantity to supply	10	Appropriate quantity for 5 days (see PGD)	Appropriate quantity for 5 days (see PGD)
Dosing instructions	12 years and over: 500 mg twice daily for 5 days	**Body Weight / approximate age**	**Dose**
		12–19 kg (5-6 years)	125 mg twice daily
		20–29 kg (7-9 years)	187.5 mg twice daily
		30–40 kg (10-11 years)	250 mg twice daily
		Age 12 years and over	500 mg twice daily
		Treatment course is for 5 days	

*sugar-free formulations should be supplied where possible

Medication	**Erythromycin** (if penicillin allergic and pregnant or breast feeding **OR** phenoxymethylpenicillin, amoxicillin and clarithromycin are not available)			
Formulation	250 mg tablets	500 mg tablets	250 mg/5 mL oral suspension*	500 mg/5 mL oral suspension*
Legal Class	POM	POM	POM	POM
Quantity to Supply	40	20	Appropriate quantity for 5 days (see PGD)	Appropriate quantity for 5 days (see PGD)
Dosing Instructions	• 5 to 7 years: 250 mg four times a day for 5 days • 8 years and over: 500 mg four times a day for 5 days			

*sugar-free formulations should be supplied where possible

Counselling advice for second line antibiotics (clarithromycin and erythromycin):

- Swallow tablets whole with water. Can be taken with or after food.
- Nausea, vomiting, abdominal discomfort, and diarrhoea are the most common adverse effects of macrolides.
- Space the doses evenly throughout the day. Keep taking this medicine until the course is finished, unless you are told to stop.

6. Supply of medicine

a. On occasion a pharmacist will decide that a patient's symptoms are such that a supply of medicine(s) is indicated. Where this is the case the medicine(s) should be selected from the agreed formulary. Where a patient expresses a preference for a product which is not included in the agreed formulary and the pharmacist considers that such a supply is appropriate the pharmacist is able to sell the patient that product and the consultation shall still be considered to be within the terms of service provided that a record of the consultation is made.

b. Where a medicine is supplied it shall be appropriately labelled and the pharmacist shall counsel the patient regarding its safe and effective use.

c. 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/

d. When treatment is required and appropriate it should be selected from the formulary and supplied in one of two ways:
   - The Pharmacist Independent Prescriber writes a prescription for the medicine which is dispensed in accordance with the relevant SOP.
     - Medicines prescribed in this way may be dispensed from Prescription Only Medicine (POM) packs.
   - The non-IP Pharmacist supplies the medicine in line with the service PGDs and completes a Pharmacy Voucher (PV). Supply is made in accordance with the relevant SOP.
     - POM antibiotics must be supplied in line with service PGDs and analgesics must be supplied in OTC / P packs in line with product licenses.

Orders for prescription pads and PV1s must be placed on line on the BSO website at https://hscbusiness.hscni.net/services/2540.htm

7. Pharmacy First Consultation records

a. All Pharmacy First consultation records must be full, accurate and contemporaneous (see appendix 5 for a copy of the consultation form)
b. In cases where antibiotics have not been supplied on initial assessment and the patient returns to the pharmacy for reassessment section 7 of the consultation record must be completed.
c. A record of the consultation must be retained in the pharmacy and be available to SPPG for monitoring and audit purposes.
d. In all cases a copy of the consultation form must be transferred securely to the patent's GP; where practical within 24/48 hours. Local arrangements for the secure transfer of patient data should be in place.
e. All records must be kept for the time periods in line with the DOH Good Management, Good records guidelines
    - Adults - 8 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 or 8 years after death.
f. IP prescriptions should be coded with normal drug tariff codes and submitted along with the usual prescription bundle to BSO for payment.
g. PVs should be coded with normal drug tariff codes and the Pharmacy First code **97003/1** should be added. These PVs should be processed in line with other Pharmacy First vouchers and sent to BSO for payment.
h. A record of all consultations should be made on the monthly claim form which should be emailed to local integrated care offices for processing and payment of service fees. See appendix 6 for a copy of monthly claim form, also available to download from the PCI and BSO websites.

8. Premises

Pharmacies participating in the Pharmacy First Service must have a consultation area that meets the following requirements:

a. The consultation area should be where both the patient and pharmacist can sit down together.
b. The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by another person (including pharmacy staff).
c. The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
d. The consultation area must provide equal access to all patients who may wish to avail of the Pharmacy First Service.
e. **All** Pharmacy First sore throat consultations must take place in the consultation area.
f. The pharmacy contractor should ensure that infection prevention and control measures around cleaning and decontamination requirements as recommended by PHA are followed. Please refer to www.niinfectioncontrolmanual.net/cleaning-disinfection

9. Professional responsibility

a. It is the responsibility of individual pharmacists to have suitable indemnity insurance cover (see appendix 7 for Pharmacist Independent Prescribers)
b. 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
c. Access to patient's confidential medical records on NIECR: Pharmacists should only access the records of patients who have consented to avail of the service. Please be aware for both user and patient safety and governance, NIECR is heavily audited.
d. At no point does this service abrogate the professional responsibility of the individual pharmacist. They must use their professional judgement at all times.
e. The responsible pharmacist on the day is responsible for ensuring that the service is delivered in line with the service specification and guidance.
f. Any complaints relating to the service should be dealt with in line with the participating pharmacy's complaints SOP
g. Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines.

10. Training

All pharmacists must undertake training necessary to meet the competency required to provide the service.

Mandatory training:
Training will be provided by SPPG via ECHO on 24th October 2023. This will be recorded and available on the ECHO Moodle site for pharmacists unable to attend the live event. All pharmacists planning to provide this service must view this recording prior to service delivery.

Further recommended training:

- The TARGET Antibiotics Toolkit training resources available at TARGET tools to train prescribers: TARGET antibiotic toolkit training resources (rcgp.org.uk) which includes a video presentation on acute sore throat https://youtu.be/wLFJtcn5S7g
- NICE guidance on antimicrobial stewardship, NICE Guideline, NG84. Sore throat (acute) in adults: antimicrobial prescribing and NICE CKS sore throat - acute

11. Remuneration and Reimbursement

The fees payable to pharmacy contractors for this service are:

- One off service set-up payment of £200 per pharmacy contractor
- A consultation fee of £32 per consultation. This fee includes the cost of RADTs and any other necessary consumables.
- The cost of medicines supplied will be reimbursed on submission to BSO of the prescriptions or pharmacy vouchers.

Contact Details for Local Integrated Care Offices:				
Belfast	**South Eastern**	**Southern**	**Northern**	**Western**
12-22 Linenhall Street Belfast BT2 8BS	12-22 Linenhall Street Belfast BT2 8BS	Tower Hill Armagh. BT61 9DR	County Hall 182 Galgorm Road Ballymena BT42 1QB	Gransha Park House 15 Gransha Park Clooney Road Londonderry BT47 6FN
Tel: 028 9536 3926	Tel: 028 9536 3926	Tel: 028 9536 2104	Tel: 028 9536 2812	Tel: 028 9536 1082
pharmacyservicesbelfast@hscni.net	pharmacyservicesse@hscni.net	pharmacyservicessouth@hscni.net	pharmacyservicesnorth@hscni.net	pharmacyserviceswest@hscni.net

12. Service Evaluation

Evaluation is a critical component of the pilot as SPPG need to accurately define and quantify the impact of introducing and using RADT point of care testing within community pharmacy.

The pilot evaluation will be undertaken by Medicines Optimisation and Innovation Centre (MOIC) and will include:

- evaluation of the service with input from community pharmacy via on-line survey
- evaluation of impact on GP practice via on-line survey
- patient satisfaction - a service user on-line survey will be available throughout the pilot. At the end of their consultation service users should be encouraged to complete the short on-line questionnaire using the QR code

13. Service monitoring and post payment verification

a. The pharmacy contractor will be required to submit all records requested by SPPG in relation to the Pharmacy First Service within 14 days of receipt of the request.
b. The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by SPPG / BSO regarding the Pharmacy First Service.
c. In the event where SPPG cannot assure claims relating to the provision of the Pharmacy First Service recovery of the payment will be sought.

14. Promotion of the service

SPPG will provide printed A3 and A4 posters for use within the pharmacy. Pharmacies may also wish to promote the service on Twitter and Instagram using the resources available on the PCI and BSO websites. The pharmacy contractor shall not publicise the availability of the service other than using any materials specifically provided by SPPG without the prior agreement of the SPPG or in any way which is inconsistent with the professional nature of the service.

15. Other terms and conditions

a. The pharmacy contractor shall not give, promise or offer to any person any gift or reward as an inducement to or in consideration of his/her registration with the service.
b. The pharmacy contractor shall not give, promise or offer to any person engaged or employed by him any gift or reward or set targets, against which that person will be measured, to recruit patients to the service
c. The pharmacy contractor shall ensure that service provision is in accordance with professional standards.

16. References

1. National Institute for Health and Care Excellence. NICE Guideline, NG84. Sore throat (acute) in adults: antimicrobial prescribing. Jan 2018. Available at: https://www.nice.org.uk/guidance/ng84
2. NICE Clinical knowledge summaries. Sore throat - acute. Jan 2023. Available at: https://cks.nice.org.uk/topics/sore-throat-acute/.
3. Patient. Sore throat: causes, symptoms and treatment. May 2022. Available at: https://patient.info/doctor/sore-throat-pro.
4. NHS. Sore throat. Feb 2021. Available at: https://www.nhs.uk/conditions/sore-throat/.
5. NHS. Tonsillitis. Feb 2021. Available at: https://www.nhs.uk/conditions/tonsillitis/.
6. Royal College of General Practitioners. RTI leaflet. A leaflet for treating respiratory tract infections. Nov 2021. Available at: https://elearning.rcgp.org.uk/mod/book/view.php?id=12647&chapterid=478

17. Appendices

Appendices available on the BSO website here

Appendix 1 – GP Flowchart

Appendix 2 – Service summary flow chart

Appendix 3 – Rapid Antigen Detection Tests

Appendix 4 – Antibiotic decision pathway

Appendix 5 - Consultation form

Appendix 6 – Monthly claim form

Appendix 7 – Independent Prescribers

Appendix 7 - Appendix for Pharmacist Independent (IP) Prescribers

Indemnity Insurance

- It is the responsibility of individual pharmacists to have suitable indemnity insurance cover. Any additional costs incurred to meet the requirement to offer Pharmacy First services will be met by the SPPG. IPs should submit invoices to their local integrated care office (see contact email addresses below)

Guidance on prescribing and dispensing

Pharmacists acting in the dual role of prescribing and supplying medicines should follow the joint RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines

- The prescribing and dispensing/supply and/or administration of medicines should normally remain separate functions performed by separate health care professionals in order to protect patient safety.
- Exceptionally, where clinical circumstances make it necessary and in the interests of the patient, the same health care professional can be responsible for the prescribing, dispensing and/ or supply/administration of medicines
- Where this occurs ensure, an audit trail, documents and processes are in place to limit errors. This should be included in the service SOP

PSNI Standards and Guidance for Pharmacist Independent Prescribers is available at Standards-and-Guidance-for-Pharmacist-Prescribing-April-2013.pdf (psni.org.uk)

GMC Good practice in prescribing and managing medicines (copy hyperlink and open in browser)

Prescription ordering and security

- Prescription pads should be kept in a secure locked area, when not in use and not left unattended or unsecure at any time.
- IPs are responsible for their own prescription pads. Any unused prescriptions should be stored securely for the duration of the IPs employment in the pharmacy. These may be retained for future services requiring IP clinical skills.
- Alternatively, unused prescriptions which become obsolete should be destroyed in line with the pharmacy's confidential waste policy and a record kept of the destruction

All aspects of prescription security should be covered in the service SOP. Prescription security in Medical practices although written for use in GP practices may also contain useful information relevant to Pharmacist Independent Prescribers.

SPPG local offices:
Belfast pharmacyservicesbelfast@hscni.net
South Eastern pharmacyservicesse@hscni.net
Southern pharmacyservicessouth@hscni.net
Northern pharmacyservicesnorth@hscni.net
Western pharmacyserviceswest@hscni.net