



Health and  
Social Care

# Pharmacy First

for help with everyday  
health conditions



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## Pharmacy First Service for Sore Throat

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

**HSC** Health and  
Social Care

**Pharmacy First  
for sore throat**

Ask your pharmacist **FIRST** for  
free and confidential advice, test  
and treatment for **sore throat**



# Areas to be covered

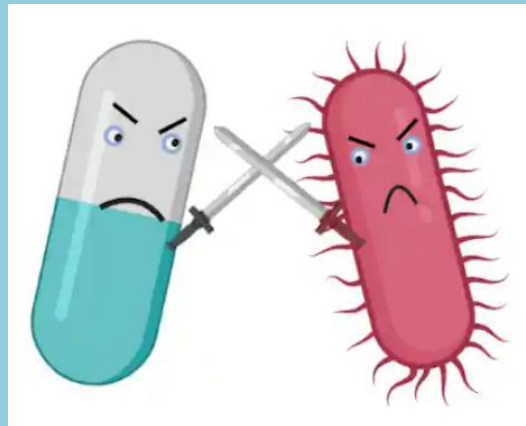
- ❖ Service outline
- ❖ Antimicrobial Resistance
- ❖ Winter 23/24 pilot service evaluation
- ❖ Service overview to include:
  - Aims of the service
  - Pharmacy and Patient eligibility
  - Accessing the service
  - Diagnosis and management of sore throat
  - Medicines supply
  - **IMPORTANT changes to the previous pilot service**
- ❖ Service resources and further training requirements
- ❖ Payment and next steps

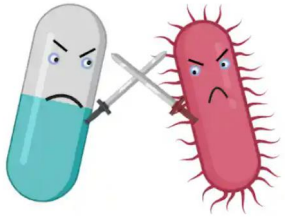
# Service Outline

The assessment and treatment of patients **aged 5 years and over** who present with sore throat symptoms in the community pharmacy in line with:

- ❖ NI Management of Infection Guidelines
- ❖ NICE NG84 Sore throat (acute): antimicrobial prescribing
- ❖ Promoting self-care for all patients

# Antimicrobial Resistance





# Antimicrobial Resistance

- ❖ If we don't tackle drug resistant infections now, they could kill an extra 10 million people across the world each year by 2050
- ❖ No new antibiotics since 1980
- ❖ Without intervention it is not an exaggeration to say that we could return to the dark ages of medicines (Dame Sally Davies)
- ❖ [NICE guidance NG15: antimicrobial stewardship](#)



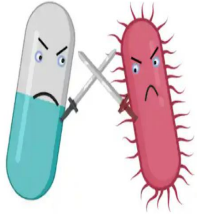
# Targeted use of antibiotics is important

It is important to understand that this is not about restricting the use of antibiotics in all patients:

- ❖ only a small group of patients really need antibiotic treatment
- ❖ the large group of patients, who don't need an antibiotic, need advice, reassurance and education

Verij TJM. The antibiotic revolution should be more Focused. Br J Gen Pract 2009; 59(567): 716-717





# Antimicrobial Awareness week

18<sup>th</sup> – 24<sup>th</sup> November 2024

## Theme:

- ❖ Educate
- ❖ Advocate
- ❖ Act now

A poster with a red border. At the top right is the HSC Public Health Agency logo. The main text reads: 'Taking ANTIBIOTICS when you don't need them puts you and your family at risk'. Below the text is an illustration of two spilled pill containers, one red and one white with a red 'X' on it, with white pills spilling out. At the bottom, it says 'Take your doctor or pharmacist's advice.' and 'Keep Antibiotics Working' with a pill icon.

**HSC** Public Health Agency

**Taking ANTIBIOTICS when you don't need them puts you and your family at risk**

Taking antibiotics encourages harmful bacteria that live inside you to become resistant. This means that antibiotics may not work when you really need them, putting you and your family at risk of a more severe or longer illness.

**Take your doctor or pharmacist's advice.**

Keep **Antibiotics** Working

# Sore Throat - background

Acute sore throat is a **symptom** of an underlying condition and should be accurately diagnosed before considering treatment.

- Self limiting and most often triggered by **viral** infection
- Symptoms can last for about a week
- Most people get better within this time with or without antibiotics
- Antibiotics for Strep throat decrease symptom duration by  $\approx$  16 hours

Keep  Working

# What causes sore throat?

- ❖ Acute sore throat is most commonly VIRAL
- ❖ Common infectious causes include:
  - ❑ Rhinovirus, coronavirus, parainfluenza virus.
  - ❑ Influenza types A and B.
  - ❑ Streptococcal infection:
    - Group A Streptococcus (GAS) is the most common bacterial cause of sore throat and may cause pharyngitis, tonsillitis, or scarlet fever.
    - Group C and G streptococci may cause pharyngitis and tonsillitis and have been associated with food-borne outbreaks of pharyngitis.



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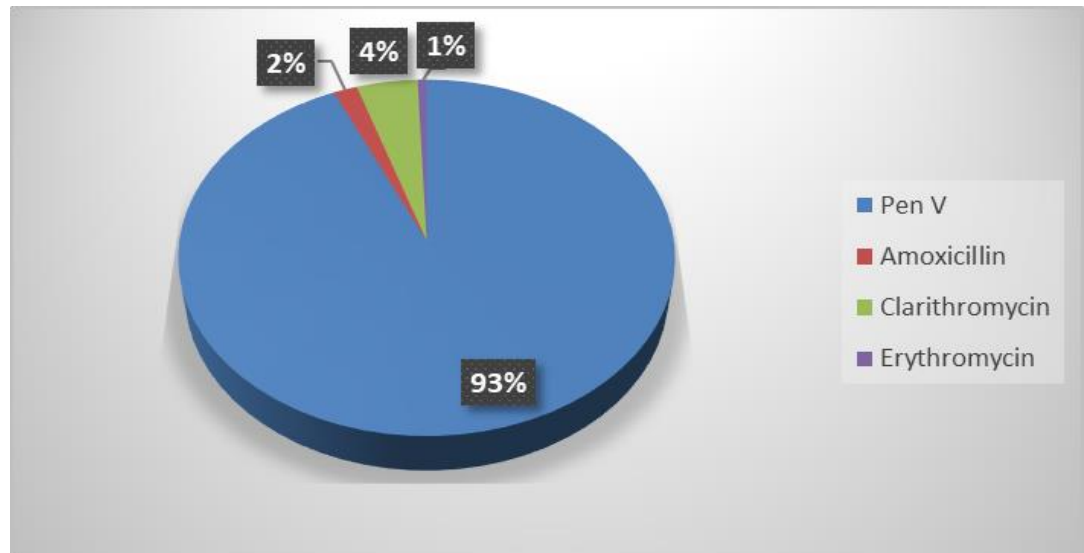
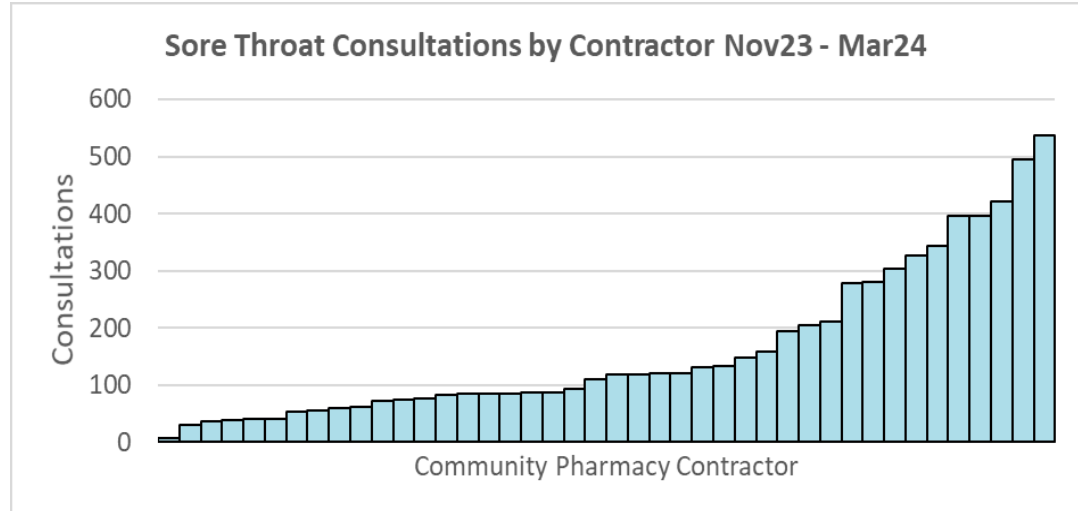
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# Winter 23/24 Pilot Service Evaluation

# Outcomes from the 23/24 Pilot

- ❖ Range of activity across the 43 pilot pharmacies.
- ❖ In total 6,768 consultations.
- ❖ 25% of these patients received an antibiotic (following a positive RADT).
- ❖ In 93% of cases Pen V was supplied (1<sup>st</sup> line antibiotic)





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# Winter 24/25 Service Overview



# Aims of the Pharmacy First sore throat service

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



# Accessing the Service

- ❖ Patients with symptoms of sore throat seeking advice and / or treatment contact the pharmacy in person or by phone.
- ❖ The pharmacist arranges a consultation with the patient in person in the pharmacy.
- ❖ 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.
- ❖ Patients may also be referred from ED or OOHs



# Communication

- ❖ Let local GP practices know you're providing the service and the start date
- ❖ Share GP resources and encourage GPP colleagues to provide staff training using:
  - \* GP staff training presentation
  - \* GP flow chart
  - \* Link to promotional materials
- ❖ Agree in advance how ALL patient confidential consultation records will be securely transferred to the GP practices.
- ❖ Encourage GP practices to agree their processes of handling the records as they receive them.



# Pharmacy Eligibility

- ❖ Holds a contract with SPPG to deliver the service.
- ❖ Ensure that staff are trained, competent and available to deliver the service.
- ❖ Ensure a Standard Operating Procedure (SOP) is in place to support service delivery
- ❖ Ensure Patient Group Directions (PGDs) for medicines relating to service delivery are organisationally authorised and signed by an appropriate authorising person.
- ❖ Ensure that the service is available during all of the pharmacy's opening hours.

# Patient Eligibility

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

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

The following persons **are NOT** eligible for the service;

- ❖ Temporary residents
- ❖ Patients in Care Homes (Nursing or Residential)
- ❖ Patient consent and Privacy notice

# Exclusion Criteria

- ❖ Children aged 4 years and under.
- ❖ Third party requests.
- ❖ Patients with persistent symptoms (lasting > 2 weeks)
- ❖ History of repeated episodes

Recurrent sore throat/tonsillitis defined as:

- 7 or more significant episodes in the preceding 12 months **OR**
- 5 or more episodes in each of the preceding two years **OR**
- 3 or more episodes in each of the preceding three years



# Exclusion Criteria cont'd

- ❖ individuals following a ketogenic diet
- ❖ failed previous antibiotic for this episode of sore throat
- ❖ previous tonsillectomy
- ❖ post tonsillar or other throat surgery or procedure

# Exclusion Criteria cont'd

- ❖ Anyone attending who has life-threatening symptoms e.g. stridor, breathing difficulty.
- ❖ Patients with known or suspected hepatic failure.
- ❖ Patients with moderate or severe renal failure.
- ❖ Patients at high risk of serious complications e.g. significant heart, lung, kidney, liver, or neuromuscular disease, immunosuppressed, immunocompromised, uncontrolled diabetes.

Refer to the most up-to-date PGDs for a complete list of exclusion criteria and what to do if a patient is excluded

## Actions to be taken if a patient is excluded

Follow the direction offered in PGDs on what to do if a patient is excluded:

### **Refer urgently to GP practice or OOHs for further assessment if:**

- signs of symptoms of scarlet fever, glandular fever, quinsy, suspected cancer, immunosuppressed
- taking medicines known to cause agranulocytosis eg: methotrexate

### **Refer urgently to ED for further assessment if:**

- suspected epiglottitis, diphtheria, stridor, pharyngeal abscess, clinical dehydration or sepsis

Record reason for exclusion in the appropriate clinical record

# GP Flow Chart

Patient contacts the GP practice with symptoms of sore throat

Check patient eligibility and **ONLY** refer patients (to a community pharmacy offering the service) who answered **NO** to all of the questions below:

- Is the patient less than 5 years old? Y/N
- Is the patient a temporary resident or resident in a care home? Y/N
- Has the patient had symptoms for more than 14 days? Y/N
- Does the patient have any of the following symptoms; difficulty breathing, severe symptoms getting worse quickly, signs of sepsis or systemically very unwell/severe pain, stridor, drooling or difficulty swallowing or opening mouth, muffled voice, confusion, drowsiness or slurred speech, coughing up blood, skin changes – very cold, or a strange colour or rash develop, suspected peri-tonsillar abscess? Y/N
- Is the patient immunocompromised or immunosuppressed? Y/N
- Does the patient have significant heart disease, rheumatic fever, uncontrolled diabetes, lung, renal, liver or neuromuscular disease or cystic fibrosis? Y/N
- Are the symptoms suggestive of more serious systemic illness? Y/N
- Does patient have history of repeated episodes (> 2 previous episodes) of Streptococcus A infection in previous 6 months? Y/N

NO to all of the  
questions above

YES, to any of the  
questions above

**NO to all of the  
questions above**

Check which local community pharmacies are offering the service for sore throats. Providers list available on the BSO website.

Give the patient the option to contact the pharmacy for assessment and/or treatment for their condition. Provide the pharmacies contact details and advise them to phone first.

If the patient is content to use the pharmacy make a note in their clinical record.

If the patient expresses a preference to speak to a GP, proceed in line with current practice policy.

**YES, to any of the  
questions above**

If the patient has answered YES to any of the questions above they should be assessed by one of the GP practice clinicians

Arrange a consultation for the patient with the most appropriate practice clinician

**IMPORTANT:** patients referred to the pharmacy who do not meet the eligibility criteria will be directed back to the GP practice. This may delay important medical assessment and treatment.



# Clinical Assessment

- ❖ The [FeverPain](#) criteria should be used along with examination of the person to determine the likelihood of streptococcal infection
- ❖ To further support diagnosis of GAS-related pharyngitis rapid antigen detection testing (RADT) can be used.

# Feverpain Score

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

- \* **F**ever last 24h
- **P**us on tonsils
- \* **A**ttend rapidly (3 or less days)
- \* **I**nflamed tonsils
- **N**o cough or coryza (i.e. pharyngeal illness)

# Community Pharmacy Summary Flow Chart

## Summary Flow Chart for Community Pharmacy Pharmacy First Service for Sore Throat in patients aged 5 years and over

### FeverPain score

#### 1 point for each:

- Fever
- Purulent tonsils
- Attend <3 days from symptom onset
- Inflamed tonsils
- No cough or coryza (Max 5 points)

FeverPain score 0 or 1

**DO NOT offer a \*RADT**  
**Do NOT offer antibiotics**

FeverPain score 2 or 3

Is patient likely to benefit from antibiotic?

**NO: Do not offer a RADT**

**YES: Carry out a RADT**

FeverPain score 4 or 5

**Carry out a RADT**

- Refer to the 'Symptom Relief' and 'Advice for Patients' sections →
- 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 medical advice if person becomes systemically very unwell.

#### If RADT Negative:

- Reassure patient that likely to be viral infection & antibiotics unlikely to help
- If there is symptomatic worsening, or new symptoms, return for reassessment.
- Seek medical advice if the person becomes systemically very unwell

#### If RADT positive:

- Supply antibiotic if clinically appropriate. If symptoms do not improve within 3 to 5 days seek medical advice.
- If antibiotics are not supplied advise return to pharmacy within 48 hours if symptoms have not improved.
- Seek medical advice if symptoms worsen or person becomes systemically very unwell.

#### Symptom Relief

- Paracetamol or Ibuprofen may help ease pain and fever
- Medicated lozenges may help with pain in adults.
- There is little evidence for benzydamine gargles /spray

#### Advice for Patients

- Sore throats usually get better within 7 days with or without antibiotics
- Antibiotics can cause side effects.
- Advise adequate intake of fluids
- Provide patient with 'Target' information leaflets

#### Reassess at any time if symptoms worsen. Consider:

- Alternative diagnosis
  - Signs/symptoms of more serious illness
  - Previous antibiotic use which may have led to resistance
- Refer patients with rapid or significant worsening of symptoms.

#### Refer to GP or OOH if:

- Systemically unwell OR
- Signs of more serious illness OR
- High risk of complications

#### Refer to Hospital ED if:

- Signs of severe systemic infection OR
- Severe suppurative complications e.g. quinsy

# FeverPain Score

## FeverPain score

### 1 point for each:

- Fever
- Purulent tonsils
- Attend <3 days from symptom onset
- Inflamed tonsils
- No cough or coryza  
(Max 5 points)

FeverPain  
score 0 or 1

**DO NOT** offer a \*RADT  
**Do NOT** offer antibiotics

FeverPain  
score 2 or 3

Is patient likely to  
benefit from  
antibiotic?

NO: Do not offer a  
RADT

YES: Carry out a  
RADT

FeverPain  
score 4 or 5

**Carry out a RADT**

# Feverpain Score of 0 or 1

**FeverPain  
score 0 or 1**

**DO NOT offer a \*RADT  
Do NOT offer antibiotics**

- **Refer to the 'Symptom Relief' and 'Advice for Patients' sections.**
- **Return to the pharmacy if symptoms do not improve after 7 days OR earlier if symptoms worsen.**
- **Seek medical advice if person becomes systemically very unwell.**

# Symptom relief

- ❖ Paracetamol or Ibuprofen can be supplied from the service formulary to help ease pain and fever.
- ❖ 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 although some patients may wish to purchase these



# Advice for patients

- ❖ Sore throat usually gets better within 7 days, with or without antibiotics
- ❖ Taking antibiotics makes bacteria that live inside your body more resistant so the antibiotics may not work when you really need them.
- ❖ Antibiotics can cause side effects
- ❖ Provide information leaflet from the TARGET website at: [Respiratory tract infection resource suite: Patient facing materials \(rcgp.org.uk\)](http://rcgp.org.uk)

Patient name	Self-care advice provided
Product(s) suggested / supplied	Patient advised to contact GP

Your infection	Without antibiotics most are better by	How to look after yourself and your family	When to get help
<input type="checkbox"/> Middle-ear infection	8 days <sup>1</sup>	<ul style="list-style-type: none"> <li>• Have plenty of rest.</li> <li>• Drink enough fluids to avoid feeling thirsty.</li> <li>• Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both).</li> <li>• Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol if you or your child are uncomfortable as a result of a fever.</li> <li>• Use a tissue and wash your hands with soap to help prevent spread of your infection to your family, friends and others you meet.</li> </ul>	<p><b>If you or your child has any of these symptoms, are getting worse or are sicker than you would expect (even if your/their temperature falls), trust your instincts and seek medical advice urgently from NHS 111 or your GP. If a child under the age of 5 has any of symptoms 1–3 go to A&amp;E immediately or call 999.</b></p> <ol style="list-style-type: none"> <li>1. If your skin is very cold or has a strange colour, or you develop an unusual rash.</li> <li>2. If you have new feelings of confusion, or drowsiness, or have slurred speech.</li> <li>3. If you have difficulty breathing. Signs that suggest breathing problems can be:               <ul style="list-style-type: none"> <li>• breathing quickly</li> <li>• turning blue around the lips and the skin below the mouth</li> <li>• skin between or above the ribs getting sucked or pulled in with every breath</li> </ul> </li> <li>4. If you develop a severe headache and are sick.</li> <li>5. If you develop chest pain.</li> <li>6. If you have difficulty swallowing or are drooling.</li> <li>7. If you cough up blood.</li> <li>8. If you are passing little or no urine.</li> <li>9. If you are feeling a lot worse.</li> </ol>
<input type="checkbox"/> Sore throat	7-8 days <sup>1,2</sup>		
<input type="checkbox"/> Sinusitis	14-21 days <sup>3</sup>		
<input type="checkbox"/> Common cold	14 days <sup>1</sup>		
<input type="checkbox"/> Cough or bronchitis	21 days <sup>4</sup> (a cough caused by COVID-19 may differ)		
Other infection: .....	..... days		

**If you think you may have COVID-19 then please visit [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus) or [www.nhs.uk](http://www.nhs.uk) for the latest guidance and information**

**Less serious signs that can usually wait until the next available medical appointment:**

10. If you are not starting to improve a little by the time given in 'Most are better by'.
11. Children with middle-ear infection: if fluid is coming out of their ears or they have new deafness.
12. Mild side effects such as diarrhoea: seek medical attention if you are concerned.

- 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.
- Taking any antibiotics makes bacteria that live inside your body more resistant. This means that antibiotics may not work when you really need them.
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms; or being sick if you drink alcohol with the antibiotic metronidazole.
- Find out more about how you can make better use of antibiotics and help keep this vital treatment effective by visiting [www.nhs.uk/keepantibioticsworking](http://www.nhs.uk/keepantibioticsworking)





# Target Antibiotics Toolkit Hub



[Course: TARGET antibiotics toolkit hub  
\(rcgp.org.uk\)](#)

## TARGET antibiotics toolkit hub



TARGET stands for Treat Antibiotics Responsibly, Guidance, Education and Tools. It is a toolkit designed to support primary care clinicians to champion and implement antimicrobial stewardship activities. The resources can also be used to support CPD and revalidation requirements.



Resources for the community  
pharmacy setting

## Table of contents

- **Overview**
- [How to use pharmacy resources](#)
- [TARGET Antibiotic checklist](#)
- [Community pharmacy counselling checklist](#)
- [UTI Women Under 65 Leaflet for community pharmacies](#)
  - [UTI pharmacy leaflet HTML](#)
- [RTI leaflet for community pharmacies](#)
  - [RTI pharmacy leaflet HTML](#)
- [Other TARGET leaflets that can be used in community pharmacy](#)

# Self Care Advice

- ❖ Rest and take simple painkillers
- ❖ Avoid smoking and smoky environments.
- ❖ If you have a high temperature or you do not feel well enough for normal activities, try to stay at home and avoid contact with other people.
- ❖ Drink plenty of water to avoid dehydration
- ❖ Eat cool and soft foods.
- ❖ Children may return to school/day care after fever has resolved and they are no longer feeling unwell, and/or after taking antibiotics for at least 24 hours.

# Feverpain Score of 2 or 3

Is patient likely to benefit from antibiotic?

**NO:** Do not offer a RADT

**YES:** Carry out a RADT

- Refer to the 'Symptom Relief' and 'Advice for Patients' sections.
- Return to the pharmacy if symptoms do not improve after 48 hours OR earlier if symptoms worsen.
- Seek medical advice if person becomes systemically very unwell.

## If RADT Negative:

- Reassure patient that likely to be viral infection & antibiotics unlikely to help
- If there is symptomatic worsening, or new symptoms, return for reassessment.
- Seek medical advice if the person becomes systemically very unwell

## If RADT positive:

- Supply antibiotic if clinically appropriate. If symptoms do not improve within 3 to 5 days seek medical advice.
- If antibiotics are not supplied advise return to pharmacy within 48 hours if symptoms have not improved.
- Seek medical advice if symptoms worsen or person becomes systemically very unwell.

# Feverpain score of 4 or 5

**FeverPain  
score 4 or 5**

**Carry out a RADT**

## If RADT Negative:

- Reassure patient that likely to be viral infection & antibiotics unlikely to help
- If there is symptomatic worsening, or new symptoms, return for reassessment.
- Seek medical advice if the person becomes systemically very unwell

## If RADT positive:

- Supply antibiotic if clinically appropriate. If symptoms do not improve within 3 to 5 days seek medical advice.
- If antibiotics are not supplied advise return to pharmacy within 48 hours if symptoms have not improved.
- Seek medical advice if symptoms worsen or person becomes systemically very unwell.

# Rapid Antigen Detection Tests (RADT)

- ❖ [How to perform a throat swab on a patient \(youtube.com\)](#) (less than 60 seconds)
- ❖ Community pharmacists can source any brand of RADT listed in Table 1 of:
  - ❑ [NICE DG38 Rapid tests for group A streptococcal infections in people with a sore throat diagnostics guidance](#)

# Rapid Antigen Detection Tests (RADT)

- ❖ Suitable RADTs must be available during the sore throat consultation.
- ❖ 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](http://www.niinfectioncontrolmanual.net/cleaning-disinfection)



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# Medicines Supply



# Supply of antibiotics

- ❖ Non-IP pharmacists will determine appropriate supply of an antibiotic within the terms of the service PGDs
- ❖ IP pharmacists are not required to sign the service PGDs; however, it is recommended that they refer to them in the delivery of the service.
- ❖ First line antibiotic is phenoxymethylpenicillin (unless the patient has a **true** allergy)



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# Electronic Care Record (NIECR)



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Provides access to patients record:

- review previous medicines prescribed
- allergy status (always double check with patient/carer)

Training guides and FAQs on the use of NIECR are available at:

- <https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/contractor-communications/hscb-services-and-guidance/northern-ireland-electronic-care-record-niecr/>
- NIECR eLearning module is now also available via NICPLD - [NICPLD: Open learning](#)

# Antibiotic decision pathway

## Antibiotic Decision Pathway

**Does the patient have a penicillin allergy?**

Approximately 1 in 100 people have a true penicillin allergy. 9 out of 10 people 'labelled' as allergic are not actually allergic to penicillin. Link to Royal Pharmaceutical Society penicillin allergy check list [Penicillin allergy checklist | RPS \(rpharms.com\)](http://Penicillin%20allergy%20checklist%20RPS%20(rpharms.com))

**YES, patient is allergic  
to penicillin**

**Is the patient pregnant?**

**YES**

**Erythromycin**

**NO**

**Clarithromycin**

**Clarithromycin  
NOT to be  
used if patient  
is pregnant**

**NO, the patient is NOT  
allergic to penicillin**

**First Line:  
Phenoxymethylpenicillin  
(can be used if the patient is pregnant)**



# Advice if antibiotics are supplied

- ❖ Emphasise the importance of completing the course of antibiotics
- ❖ Seek advice from GP if symptoms worsen or do not improve within 3–5 days
- ❖ Seek advice from GP, OOH or Emergency Department if the person becomes systemically very unwell.

# 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 Emergency Department if the person becomes systemically very unwell

# Other medicines

- ❖ Where the supply of an antibiotic is not appropriate, pharmacists may offer medicines to ease pain and fever. Paracetamol and Ibuprofen (tablets and liquid) are available from the service formulary





# Reassessment

- ❖ Reassess at any time if symptoms worsen. Consider:
  - Alternative diagnosis
  
  - Signs/symptoms of more serious illness
  
  - Previous antibiotic use which may have led to resistance
  
  - Refer patients with rapid or significant worsening of symptoms for medical advice.

# Possible complications of sore throat

- ❖ 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)

# Medicine supply

## 1. The Pharmacist Independent Prescriber (IP)

- ❑ Writes a prescription for the medicine(s) supplied
- ❑ Using normal tariff codes
- ❑ Prescriptions are sent to BSO in the monthly prescription bundle

## 2. The non-IP Pharmacist

- ❑ Writes a Pharmacy Voucher (PV1) for the medicine(s) supplied
- ❑ Using normal tariff codes
- ❑ The Pharmacy First code (**97003/1**) is added
- ❑ PV1s sent to BSO for reimbursement in the usual manner



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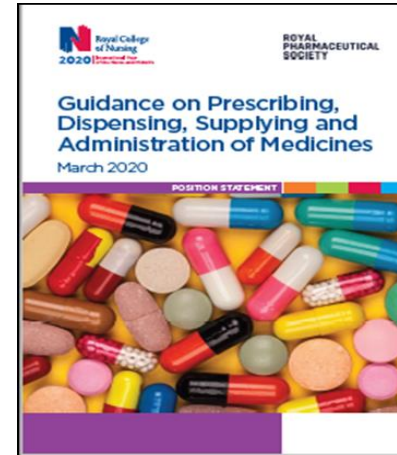
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# IP Pharmacist / PGDs

# Pharmacist Independent Prescribers (IPs)

- ❖ Service spec appendix for IPs
- ❖ Indemnity Insurance
- ❖ Dual role - Professional guidance
- ❖ [RCN and RPS Guidance on Prescribing, Dispensing, Supplying and Administration of Medicines](#)
- ❖ Prescription ordering and secure storage  
<http://www.hscbusiness.hscni.net/services/2540.htm>
- ❖ Covered in the service SOP



# Independent Prescribing Ciphers

- ❖ Approximately 45 active ciphers in community pharmacy
- ❖ New cipher applications will be accepted from the end of November 2024
- ❖ Each cipher will be aligned to one pharmacy contractor only
- ❖ If you cease to prescribe, leave employment or work in different pharmacy the cipher number must be deactivated and prescriptions destroyed and record of destruction made
- ❖ Delivery of prescription pads ordered online will be to the community pharmacy contractor to which the cipher is aligned
- ❖ New IPs to contact [\*\*siobhan.o'hare-smith@hscni.net\*\*](mailto:siobhan.o'hare-smith@hscni.net)

# Non-IP Pharmacists & PGDs

- ❖ Non-IP pharmacists will determine appropriate supply of an antibiotic within the terms of the service PGDs.

- ❖ Three PGDs:
  - Phenoxymethylpenicillin
  - Clarithromycin
  - Erythromycin



**Patient Group Direction (PGD)  
Supply of Phenoxymethylpenicillin (penicillin V)  
tablets/oral solution for the treatment of acute sore  
throat due to streptococcal infection via the  
Pharmacy First Service**

Version V01.30

Valid from 1<sup>st</sup> May 2026 to 30<sup>th</sup> April 2028\*

Review date April 2027

# PGDs – Training

- ❖ Training - [Patient Group Directions - elearning for healthcare \(e-lfh.org.uk\)](https://www.e-lfh.org.uk)
- ❖ Freely available to all without registration
- ❖ To receive evidence of learning:
  1. Register (free)
  2. Log in to the **elfh Hub**
  3. Select **My Account > Enrolment**
  4. Access the programme in the **My elearning** section
- ❖ NICE MPG 2 - [Overview | Patient group directions | Guidance | NICE](#)



Health and  
Social Care



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

# Documentation



# Consultation Form



Patient Name & address	Pharmacy Name & address	
	Phone Number	
Age of Patient	Pharmacist's name	
GP Practice	Date of consultation	
	Is Consultation time after 6pm?	Yes <input type="checkbox"/> No <input type="checkbox"/>


## 1. Initial assessment

The pharmacist makes an initial assessment of the patient referring to the service specification and PGDs and applies the exclusion criteria. **Patients aged 4 years and younger are excluded.**

Excluded patients should be referred to another appropriate healthcare professional e.g. GP, OOH medical services, ED

**Patient referred to the service by:** Self-referral , Pharmacist , GP practice , OOHs , Other  specify \_\_\_\_\_

## 2. Consultation - assessment of the signs/symptoms of a sore throat

FeverPain assessment (tick all that apply - score one point for each):	FeverPain score	Action required Score & appropriate action	 Refer to treatment summary for self-care advice
Presence of <b>F</b> ever <input type="checkbox"/>	0 <input type="checkbox"/>	0 self-care only <input type="checkbox"/>	
<b>P</b> us on tonsils <input type="checkbox"/>	1 <input type="checkbox"/>	1 self-care only <input type="checkbox"/>	
<b>A</b> ttendance within three days of onset of symptoms <input type="checkbox"/>	2 <input type="checkbox"/>	2 RADT may be required	<b>RADT carried out?</b> Yes <input type="checkbox"/> RADT result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Severely <b>I</b> nflamed tonsils <input type="checkbox"/>	3 <input type="checkbox"/>	3 RADT may be required	
<b>N</b> o cough or coryzal symptoms <input type="checkbox"/>	4 <input type="checkbox"/>	4 RADT required <input type="checkbox"/>	
	5 <input type="checkbox"/>	5 RADT required	No <input type="checkbox"/>

3. Medicines Supplied				
Antibiotic supplied (where indicated)	Strength quantity and formulation	Reason for antibiotic choice if NOT penicillin	Other medicine(s) supplied	Strength quantity and formulation
Phenoxymethylpenicillin (PenV)		Penicillin allergy <input type="checkbox"/> Patient has penicillin allergy AND is pregnant <input type="checkbox"/> Patient has penicillin allergy AND is breast-feeding <input type="checkbox"/>	Paracetamol	
			Ibuprofen	
Clarithromycin			Medicine purchased OTC Yes <input type="checkbox"/> No <input type="checkbox"/>	
Erythromycin				
4. Provision of advice - confirm that verbal advice was provided and TARGET leaflet supplied Yes <input type="checkbox"/>				
5. Referral to another healthcare professional (e.g. GP, OOHs, ED) Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, referred to: GP <input type="checkbox"/> , OOHs <input type="checkbox"/> , ED <input type="checkbox"/> , Reason (please specify):				
6. Patient declaration				
The patient has confirmed they have: received advice and/or treatment listed above <input type="checkbox"/> understood that details of this consultation will be shared with GP practice, SPPG and MOIC <input type="checkbox"/> <b>Patient/carer signature</b> <span style="background-color: #ffe4c4; padding: 2px 20px;"> </span>				
7. Details of reassessment (only complete this section if patient DID NOT receive an antibiotic initially and re-presents in the pharmacy with worsening symptoms or no improvement)				
Re-assessment	Updated FeverPain score: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> n/a <input type="checkbox"/> RADT test carried out Yes <input type="checkbox"/> No <input type="checkbox"/> Result of RADT test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			
Action taken	Medicines supplied (if any): Phenoxymethylpenicillin <input type="checkbox"/> , Clarithromycin <input type="checkbox"/> , Erythromycin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> , Paracetamol <input type="checkbox"/> , OTC <input type="checkbox"/> Other relevant information:			

# Consultation Records

- ❖ A copy of the consultation form must be transferred securely to the patient's GP; where practical within 24 to 48 hours.
- ❖ Local arrangements for the secure transfer of patient data should be in place.
- ❖ All records must be kept in the pharmacy for the time periods in line with the DOH Good Management, Good records guidelines
- ❖ A record of the consultations retained in the pharmacy must be available to SPPG for monitoring and audit purposes, when requested.



# Monthly Claim form

Contractor Number:								Month of claim			
Pt no.	Date of consultation	Time after 6pm?	Patient age (circle one)	Method of referral: (if other please give details)	FeverPain score on initial assessment (tick one)	RADT carried out?	Result of RADT (if applicable)	Medicines supplied (tick all that apply)	Reason for antibiotic choice if not PenV	Patient referred?	Patient re-presented for Reassessment? (If Y provide details)
		Y / N	<input type="radio"/> ≤ 16 years <input type="radio"/> >16 years	Self-referred <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP practice <input type="checkbox"/> OOH's <input type="checkbox"/> Other:	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Y / N	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	PenV <input type="checkbox"/> Erythromycin <input type="checkbox"/> Clarithromycin <input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/>	Penicillin allergy <input type="checkbox"/> Patient has penicillin allergy AND is pregnant <input type="checkbox"/> Patient has penicillin allergy AND is breast-feeding <input type="checkbox"/>	Yes GP <input type="checkbox"/> Yes OOH <input type="checkbox"/> Yes ED <input type="checkbox"/> Yes other <input type="checkbox"/> No <input type="checkbox"/>	Y / N
		Y / N	<input type="radio"/> ≤ 16 years <input type="radio"/> >16 years	Self-referred <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP practice <input type="checkbox"/> OOH's <input type="checkbox"/> Other:	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Y / N	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	PenV <input type="checkbox"/> Erythromycin <input type="checkbox"/> Clarithromycin <input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/>	Penicillin allergy <input type="checkbox"/> Patient has penicillin allergy AND is pregnant <input type="checkbox"/> Patient has penicillin allergy AND is breast-feeding <input type="checkbox"/>	Yes GP <input type="checkbox"/> Yes OOH <input type="checkbox"/> Yes ED <input type="checkbox"/> Yes other <input type="checkbox"/> No <input type="checkbox"/>	Y / N
		Y / N	<input type="radio"/> ≤ 16 years <input type="radio"/> >16 years	Self-referred <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP practice <input type="checkbox"/> OOH's <input type="checkbox"/> Other:	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Y / N	Positive <input type="checkbox"/> Negative <input type="checkbox"/>	PenV <input type="checkbox"/> Erythromycin <input type="checkbox"/> Clarithromycin <input type="checkbox"/> Paracetamol <input type="checkbox"/> Ibuprofen <input type="checkbox"/>	Penicillin allergy <input type="checkbox"/> Patient has penicillin allergy AND is pregnant <input type="checkbox"/> Patient has penicillin allergy AND is breast-feeding <input type="checkbox"/>	Yes GP <input type="checkbox"/> Yes OOH <input type="checkbox"/> Yes ED <input type="checkbox"/> Yes other <input type="checkbox"/> No <input type="checkbox"/>	Y / N
Pharmacist name:		Pharmacist signature:			Page ____ of ____		Total number of fees claimed for the month: _____ @£32  Total Claim for the month £_____				

# Remuneration

- ❖ The fees payable to pharmacy contractors for this service are:
  - One off service set-up payment of £200
  - A consultation fee of £32 per consultation (this includes the cost of tests and any other consumables required)
  
- ❖ The cost of medicines supplied will be reimbursed on submission of Rx's and PVs to BSO

# Service promotion

- ❖ SPPG will provide printed posters

Pharmacies are encouraged to use the Twitter and Instagram materials available on the BSO website to promote the service on their social media platforms

## Pharmacy First for sore throat



Ask your pharmacist **FIRST** for free and confidential advice, test and treatment for **sore throat**

# Further mandatory training requirements

- ❖ Training requirements from 1<sup>st</sup> May 2026 in line with updated PGDs
  - ❑ [NICPLD Sepsis e-learning](#) module
  - ❑ NICPLD [Safeguarding Advice & Guidance for Pharmacists](#) webinar

**Always use the most up-to-date PGDs available on the [BSO website](#)**

# Further recommended training

- ❖ The TARGET Antibiotics Toolkit training resources
    - ❑ [TARGET tools to train prescribers: TARGET antibiotic toolkit training resources \(rcgp.org.uk\)](http://rcgp.org.uk)
    - ❑ Video presentation <https://youtu.be/wLFJtcn5S7g>
  - ❖ NICE guidance
    - ❑ [antimicrobial stewardship](#)
    - ❑ [NG84. Sore throat \(acute\) in adults: antimicrobial prescribing](#)
    - ❑ [CKS sore throat – acute](#)
- NICPLD on line modules: [Antimicrobials](#)



# Summary of Resources

- ❖ Service Specification and Guidance
- ❖ Summary Flow Chart for community pharmacy
- ❖ GP Flowchart & training slides
- ❖ Rapid Antigen Decision tests (RADTs)
- ❖ Sore throat Antibiotic Decision Pathway
- ❖ Consultation form
- ❖ Monthly claim form
- ❖ Privacy Notice
- ❖ Antibiotic PGDs
- ❖ TARGET PILs & Promotional materials
- ❖ Recorded ECHO training available on Moodle site must be viewed by all pharmacists prior to service delivery

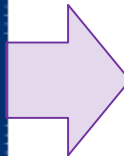
# Accessing service resources: [BSO website](#)

## Contents

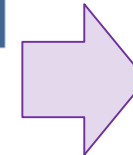
[BSO Communications \(Drug Alerts\)](#)

[BSO Communications \(General Information & Circulars\)](#)

[SPPG Services and Guidance](#)



**Contractor Communications**



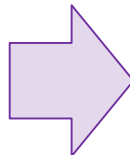
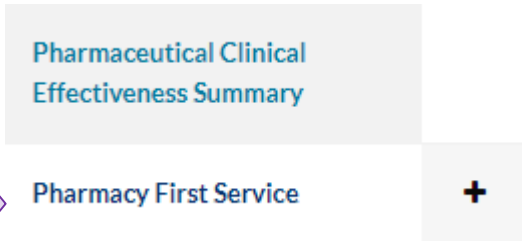
## **Pharmacy First Services**

[Everyday Health Conditions](#)

[Emergency Hormonal Contraception](#)

[Uncomplicated Urinary Tract Infections \(UTI\) in women aged 16-64 years](#)

[Sore Throat Service Winter 24/25](#)



# Next steps

- ❖ Contract
- ❖ Ensure appropriate indemnity arrangements are in place
- ❖ Develop a SOP for the service (NPA template available)
- ❖ Display the posters in the pharmacy
- ❖ Add details of the service to social media platforms
- ❖ Liaise with GP practices (use the GP flow chart and GP training slides)
- ❖ Procure RADTs and other consumables / tongue depressors
- ❖ Order PV1s / Rx pads as required
- ❖ Read through all the service documentation
- ❖ Ensure PGDs are organisationally authorised and signed by an appropriate authorising person



# Next steps cont'd

- ❖ Complete TARGET / NICPLD / ECR / PGD training as required
- ❖ **Print:**
  - Consultation forms
  - Target leaflets (also available as HTML format which can be shared to patients mobile phone [TYI-RTI leaflet V9.7 \(HTML\)](#))
- ❖ Service dates: 1<sup>st</sup> December 2024 for 2 months in the first instance
- ❖ SPPG contacts:  
siobhan.o'hare-smith@hscni.net Tel: 07887501131  
[breege.brogan@hscni.net](mailto:breege.brogan@hscni.net) Tel: 07748090709

# Questions?

