

Pharmacy First Sore Throat Service Frequently Asked Questions

Training FAQs:

1. I missed the Zoom training session; can I still deliver the service?

SPPG provided live training at an ECHO session on **Tuesday 5th November 2024**. This was recorded and is available on the ECHO Moodle site for those who were unable to attend the live session. All pharmacists must view the ECHO training prior to providing the service.

Previously recorded ECHO training sessions can be viewed by logging on to [Project Echo Moodle site](#) (log in required – then click on; My courses ‘collaborative community pharmacy 2023/24’ and the following video recording; dated 05/11/2024) Year 6 WEEK 1: 05/11/2024 – Pharmacy First for Sore Throat Winter 24/25

UPDATE May 2026 this recording should be viewed alongside the most up-to-date version of service PGDs as there have been some changes

Summary of changes since recording in Nov24

- Duration of all antibiotic courses is now FIVE days (including Pen V)
- Pregnancy / suspected pregnancy under 16 years of age now excluded
- Breast feeding is no longer an exclusion for clarithromycin

2. Are there training slides for GP practices?

Yes, training slides and a GP Flowchart are available to access on the [BSO website](#).

SPPG have also written to all GP practices to let them know about the service. The GP letter includes a link to the training slides and GP Flowchart.

Service FAQs

3. Can patients self-refer to the service?

Yes, there are three ways patients can be referred into the service:

1. Self referral
2. Referral by a pharmacist / trained pharmacy staff
3. Referral by GP practice or OOH medical centre.

4. What consumables do I need to purchase alongside the Rapid Antigen Detection Tests?

Other consumables which may be required include PPE e.g. gloves and masks, tongue depressors and a thermometer. Individual pharmacists should decide which consumables they will need to provide the service.

5. Can a patient go to another pharmacy providing the service if a follow-up is required?

If follow-up is required the patient should return to the same pharmacy, as that is where the record of the initial consultation will be.

6. Does a copy of the patient's consultation record need to be sent to their GP practice?

A copy of the consultation form must be securely transferred 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.

7. Is it mandatory to access NIECR during every single consultation?

Whilst it is not mandatory to access NIECR for every consultation, it is a useful resource to review the patient's previous medicines prescribed and also allergy status (although always double check allergy status directly with patient/carer)

8. If a patient returns with worsening symptoms can a second RADT test be carried out?

Yes, in cases where antibiotics have **not** been supplied on initial assessment and the patient returns to the pharmacy for reassessment, section 7 of the patient's original consultation record must be completed:

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:

9. Can foundation trainees carry out the service?

No. Foundation trainee pharmacists may observe a consultation (with consent from the patient) but they may not independently undertake a consultation or supply medication. The terms of service for PGDs do not allow for delegation of roles from the Responsible Pharmacist.

Rapid Antigen Detection Test (RADT) FAQs

10. Should I do a RADT if the patient has a Feverpain score of 0 or 1?

No, it is not appropriate to do a RADT if a patient has a Feverpain score of 0 or 1. These patients should be offered self-care advice and if necessary, medicines to alleviate pain and fever.

11. Should I do a RADT if the patient has a Feverpain score of 2 or 3?

You will need to consider if the patient is likely to benefit from antibiotic treatment and, where this is the case, carry out a RADT.

If the patient is less likely to benefit from antibiotics, refer to the 'Symptom Relief' and 'Advice for Patients' in the service specification.

12. Should I do a RADT if the patient has a Feverpain score of 4 or 5?

Yes, it is recommended that a RADT is done to determine if the symptoms are the result of a bacterial infection. Treatment thereafter should be guided by the result of the test.

Antibiotic/Analgesia supply FAQs

13. Can I only supply an antibiotic if the RADT is positive?

Yes, an antibiotic may only be supplied (if clinically indicated) if the patient has a positive RADT test.

14. Should I always supply an antibiotic if the patient has a positive RADT?

No, not always. If the RADT test is positive, the pharmacist must make a clinical decision whether it is appropriate or not to supply an antibiotic. Further information is available in the service specification.

15. Can I supply an antibiotic if the patient has a negative RADT result?

No, it is not appropriate to supply an antibiotic if the RADT result is negative. If the test is negative, it indicates that the patient is unlikely to have a bacterial infection, therefore, antibiotics are not appropriate.

16. If a patient is supplied with a first line antibiotic but returns a few days later with worsening symptoms, can a second line antibiotic be supplied?

No, there is no scope within the service to supply a secondary antibiotic – the patient should be referred to their GP or other appropriate health care professional.

17. If a patient has had 2 antibiotics in the past 6 months for strep throat can they be seen under the service?

Yes, provided they have not had one of the previous antibiotics for this episode of sore throat, and provided they are not excluded under "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

18. If a child cannot tolerate penicillin liquid, can an alternative antibiotic be supplied?

No, there is no scope within the service to supply an antibiotic which is not first line, unless the patient is allergic to penicillin.

If the patient cannot tolerate the 1st line antibiotic they should be referred to their GP or OOHs. Please follow the antibiotic decision pathway on [BSO website](#).

19. Can I supply a child with antibiotic tablets or capsules rather than a liquid?

Yes, children 5 years and above may be able to swallow tablets/capsules. Where children are unable to swallow oral solid dose forms, the [PGDs](#) offer advice on manipulating solid dosage forms.

20. Can I supply analgesia along with an antibiotic?

Yes, if clinically appropriate you can also supply paracetamol and/or ibuprofen as per the service formulary.

21. Can I supply both paracetamol and ibuprofen during one consultation?

Yes, if clinically appropriate you can supply both ibuprofen and paracetamol. If clinically appropriate, analgesia can be supplied regardless of FeverPain score.

22. Do we have to supply Pharmacy packs of ibuprofen and paracetamol?

- Pharmacist Independent Prescribers (IPs) working in a community pharmacy can only prescribe medicines as part of Pharmacy First Services and only those medicines listed in the service formulary. IPs may prescribe antibiotics and analgesics from POM packs.
- Pharmacists who are not IPs must supply medicines in line with service PGDs. In the case of antibiotics these will be POM medicines. There are no service PGDs for the analgesics so these must be supplied in original OTC / P packs in line with the product licence.

25. Can I supply the recommended antibiotics to be used during pregnancy for any stage of pregnancy?

Yes, all details in relation to supply during pregnancy are available in both the Phenoxymethylpenicillin and the Erythromycin PGDs. **Please note Clarithromycin should never be supplied to pregnant patients**

26. Is erythromycin the recommended antibiotic for pregnancy?

First line antibiotic for strep A infection is Phenoxymethylpenicillin, this includes pregnant patients. **ONLY** if the patient is allergic to Phenoxymethylpenicillin should a second line

antibiotic be considered. Second line antibiotic is Clarithromycin unless the patient is pregnant then Erythromycin should be supplied.

Antibiotic decision pathway:

