



Pharmacy First Service FAQ's

▪ Training & Competency

Q) Will there be any ENT training local to the area?

A) At present, CPN and CPD do not intend to run ENT training locally. Both LPC's ran a poll with contractors to ascertain need, but the results were inconclusive. We will continue to ask contractors if there is a requirement and should any training be commissioned, then this will be notified to contractors.

The **Pharmacy First self-assessment framework**, developed by CPPE and NHS England, can be used by pharmacists to consider their previous learning and experience in responding to minor illnesses in the pharmacy and to identify any gaps in their knowledge which they need to fill. Working through the self-assessment framework will also help them evidence to the pharmacy owner how they have achieved the necessary competence to provide the service.

Q) Do pharmacists have to undertake face-to-face training to provide the Pharmacy First service?

A) No, there is no requirement for face-to-face or any other specified training programmes which pharmacists must undertake before providing the service. The above FAQ provides more information on the competency requirements for the service.

Many pharmacists may want to undertake face-to-face training on ENT patient examination skills, including use of an otoscope, however this is not an absolute requirement for the service. Several online training resources on use of otoscopes are available, including from **Cliniskills** (which is NHS England funded).

Q) Do pharmacists need to complete a Declaration of Competence before providing the service?

A) There is no requirement to complete a Declaration of Competence, but pharmacy owners must ensure pharmacists are competent to provide the service. One way for pharmacists to demonstrate they have reviewed their own competencies is by working through the **Pharmacy First self-assessment framework**, developed by CPPE and NHS England.

Q) Is there scope for peer review of treatments and outcomes like a trainee doctor may have?

alisonellis@cpnotts.org
07882 289083
Suite E, Cotgrave Business Hub, Candleby Lane, Cotgrave, NG12 3US
www.nottinghamshire.communitypharmacy.org.uk



A) The service has been developed around a community pharmacist's core competency. As a clinician, you must declare your competence to deliver the services. If you feel that you require more training, then there is a plethora of training online available to support these services. Resource links will be shared as part of the presentation. If you want to discuss further, then please contact us directly.

- **Providing the Service**

Q) Is it still necessary for a general practice to send a referral for the minor illness consultation part of the Pharmacy First service?

A) Yes, such referrals are still required for the minor illness part of Pharmacy First, as was the case for referrals to CPCS. They are also recommended for patients with symptoms suggestive of the seven clinical conditions covered by the clinical pathways.

Q) Do pharmacies that sign up have to provide the service all the time open? What happens if don't have someone qualified in on a day?

A) To sign up to the Pharmacy First service each pharmacist must sign themselves off as competent to offer the service. There is an assumption therefore that pharmacies will be providing this service across their core opening hours. If for some reason that is not possible then the pharmacy must communicate that to the DoS team as per the specification so that no more referrals are sent to that pharmacy from NHS 111. It is also important to communicate the lack of provision to their local GP surgery as well.

Q) Is the Pharmacy First service only used out of hours, when general practices are closed?

No. Where appropriate for the patient, patients will be referred to a pharmacy during normal working hours. Consequently, the service must be available throughout the opening hours of the pharmacy (both core and supplementary hours).

Q) Do NHS prescription charges apply where the patient receives a medicine as part of the service?

A) Yes. The normal prescription charge rules apply to medicines or appliances supplied under the service, whether via the urgent medicines supply part of the service or the seven clinical pathways. The Pharmacy First IT system will print off a prescription token and the patient should complete the relevant parts of the reverse of the form to claim exemption from the prescription charge or to indicate they have paid the NHS prescription charge.



Q) Can patients who are referred be booked in on an appointment basis?

A) Yes. You can use an appointment system so your team can manage their workload throughout the day, this will be dependent on the consultation room availability through the day.

Communication with GP practices regarding this and the timeframe in which the patient will be contacted / seen will help manage patient expectations.

Training of the whole pharmacy team is essential as they will be the ones that answer the telephone and talk to walk in patients.

Q) Otitis Media is only for children aged 1 > 17 years – can pharmacists still check adults' ears if they are referred?

A) Adults can be examined but this cannot be claimed through the Pharmacy First Service. This examination can be done via a private service, but you would need to ensure that the patient is aware that it will be private and not under Pharmacy First. IP's can then produce a private prescription if necessary or patients can purchase over the counter medication.

Q) I am concerned about the workload, especially as a solo pharmacist – what should I consider?

A) You need to ensure that the whole pharmacy team is engaged with the service and not just the pharmacist on duty. Giving all staff access to the IT system to enable them to populate information when discussing with the patient, will save crucial time for the pharmacist when conducting the consultation. Review the capacity of existing staff to see if there are any gaps that either need training or additional recruitment. Review the consultation room use and if required, set up an appointment system to ensure that the pharmacy is not overloaded with patients presenting at the same time.

Q) Locum pharmacists – are they expected to have signed PGD's with them and indemnity insurance for themselves?

A) Locums are expected to sign the PGD's in the pharmacy when attending to work. Contractors need to ensure that their indemnity insurance covers all staff that are working within the pharmacy, including locums, as the whole team will be involved. Locums are, in essence, self-employed and under IR35 this means that they should be equipped with the right knowledge and equipment to provide the service when employed.

Q) Is there any liability if the service is refused or deferred?

A) The patient will contact the pharmacy as part of the PFS. If they are referred by their practice and fail to make contact, then this will be managed as per normal GP referrals for

alisonellis@cpnotts.org

07882 289083

Suite E, Cotgrave Business Hub, Candleby Lane, Cotgrave, NG12 3US

www.nottinghamshire.communitypharmacy.org.uk





CPCS. If the patient contacts and refuses the consultation offered or the recommended treatment, then as long as this is recorded in line with the specification and the patients practice notified, then there will be no liability. Deferred treatment is done based on full clinical triage and, if recorded correctly, then there is no liability. If the pharmacy is unable to provide the service required at that time, then the patient should be referred to a pharmacy locally to enable the consultation to be carried out and the patient treated as required. It is the responsibility of the pharmacy that is unable to provide the service to arrange the referral.

Q) Are we still accepting referrals via GPCPCS?

A) Yes, CPCS is part of the Pharmacy First pathway. If a referral is made existing GPCPCS referral routes, then the contractor is paid £15 up to the gateway criteria even if do not meet the rest of the pathway. If they meet the gateway criteria this is then transferred to the clinical condition pathway and will be paid £15 fee for this service (cannot claim both fees).

Q) Can patients self-present to a pharmacy for a clinical pathway's consultation?

A) Yes, but to be eligible for the consultation (and hence for the consultation fee to be paid) the patient's condition must pass a Gateway point within the relevant clinical pathway.

Q) Is there a time patients need to wait to re-refer themselves into the system if we go down the self-care pathway route initially, especially if symptoms change?

A) In short, no. If patients are offered self-care, advice and guidance, they should be advised to contact again if symptoms persist or deteriorate further.

Q) What about CPCS referrals for other conditions not part of pharmacy first?

A) These will still come under the current CPCS model, where they have been referred to you. They will not be available as a walk-in service, however.

Q) What sort of professional insurance is required?

A) During the negotiations with the NHS all the major pharmacy insurance providers have been consulted, as a pharmacy contractor delivering a national service then your usual cover is enough. If in any doubt, then check with your provider.

Q) How confident are you that low volume pharmacies in rural and village locations can reach 30 interventions a month?

alisonellis@cpnotts.org
07882 289083
Suite E, Cotgrave Business Hub, Candleby Lane, Cotgrave, NG12 3US
www.nottinghamshire.communitypharmacy.org.uk

A) Modelling has shown that the 30 consultations should be attainable by all. CPE (Community Pharmacy England) will be monitoring this during the first few months of the service.

Q) Do we need to dip test urine samples? Or just observe for cloudiness/blood etc?

A) Details of the pathway can be found here - https://www.england.nhs.uk/wp-content/uploads/2023/11/PRN00936_ii_Pharmacy-First-Clinical-Pathways-v.1.6.pdf
There is no requirement to dip however, you may if you wish.

Q) How should I dispose of otoscope and ear thermometer covers and tongue depressors following use in the examination of a patient?

A) Within the **Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste** such single use items are classified as offensive waste – see page 81 of the document (2022 version). This is not clinical waste, but may contain body fluids, secretions or excretions and it needs to be disposed of in yellow and black striped ‘tiger’ bags.

Q) Where a walk-in patient’s condition does not pass the Gateway point in one of the seven clinical pathways, must a consultation record be made?

A) No, as such patients are being treated under the Support for self-care Essential service.

▪ **Working with other providers**

Q) Onward referral to GP practice or NHS111 – how?

A) In hours this will be by the pharmacy contacting the patients GP surgery to make an appointment via an agreed referral pathway with the practice or by ringing the practice via back door number.

If in the out of hours, you will need to make a clinical judgement whether the patient can wait until the practice is next open and discuss this with the patient and check they agree. If you have already completed the observations, then you may send these across to the practice with the referral to help with seamless handover of the patient. If you feel the patient needs to be seen immediately, then refer through to Out of Hours team by calling NHS 111.

Q) How have GP’s been prepared for this service?

A) The ICB has responsibility to ensure that their GP practices are not only aware of the service, but that they are able to refer patients appropriately. NHSE Midlands has developed



a resource pack for GP practice care navigators and receptionists, similar to the ones developed for CPCS and Extended Care Services. There is a national PCN toolkit in development which will provide PCN's the tools to support implementation of referrals and how they communicate with their patients. In addition, there is a Virtual Outcomes module available for practice staff to support their understanding and confidence around the service. The ICB has been sending comms to their GP's since the announcement and meeting with LMC/GP Boards etc. As usual, we always encourage local conversations with your GP practices to let them know you are providing the service and build those local relationships.

Q) Is there certain information that needs to be sent back to the GP?

A) There are certain questions asked within the chosen IT system which the pharmacist will need to complete and then these are sent through to the patients GP system. Once this information is transferred, it is then checked by someone at the GP practice to ascertain if any actions are needed and then they click a button for the information to be added to the patient record.

For the first few weeks of the service the referral in and information being sent back to the patients GP practice, will probably be via NHS mail or system that is currently in place. This is due to the national IT systems being delayed.

Q) How does a pharmacy confirm the NHSmail address for a GP practice they do not usually communicate with?

A) Pharmacies can use NHS Service Finder to look-up non-public email and non-public telephone numbers (where available) for general practices. Pharmacies should then confirm with the practice that the identified email address is a suitable as a secure email that they can be used to send notifications or referrals to.

Q) What is in it for GP's other than lesser demand for appointments?

A) Better for managing their workload and improvements to patient care to allow them time and headspace to focus on higher acuity conditions.

Q) How do we mitigate the problem of GP reception staff referring patients that would seem eligible but aren't? E.g. recent UTIs

A) Go and speak to them and explain the red flags - ideally at a receptionist level - don't rely on the GPs cascading the information. Make the reception team your best friend and their life as easy as possible.

alisonellis@cpnotts.org
07882 289083
Suite E, Cotgrave Business Hub, Candleby Lane, Cotgrave, NG12 3US
www.nottinghamshire.communitypharmacy.org.uk





Q) Is the idea that the patient presents at the surgery to the receptionist and the receptionist makes the decision to refer to the pharmacy?

A) That's the ideal so you get paid irrespective of outcome, but don't turn walk in patients away - think about the patient experience.

▪ **Funding**

Q) What is the remuneration for the Pharmacy First service for setting up and training the team?

A) There is the £2,000 Implementation fee to support with operational costs of set up of the service, training and developing SOP's. There are also monthly bonus payments of £1,000 made if you reach set number of consultations under the 7 clinical pathways. Additionally, pharmacies will receive £15 per completed consultation.

Q) If do not meet the gateway do pharmacy still get payment?

A) This depends on if it was a referral via GPCPCPS routes. If the patient is referred electronically from their practice, then the pharmacy will automatically receive the £15 CPCS consultation fee. If patient walks into the pharmacy or is signposted from another provider, then will not receive the Pharmacy First payment if they do not reach the payment gateway. Some conditions have more than one gateway point for payment. You will need to review the clinical pathways and work through how the pharmacy team can triage before the pharmacist's time is required.

Q) If you miss a month target, do you get recommencement when you deliver the next month?

A) Yes. If you do not hit the months target consultations, then you will only get the £15 per consultation for that month and not the £1,000. However, if you fail to meet the required target of 5 consultations by the end of March 2024, note that the £2,000 establishment fee will be clawed back.

▪ **IT/Digital Queries**

Q) Do we have access to clinical info CKD status?

A) The LPC has not received any information on this currently. We are waiting on GP-Connect and will keep checking and update pharmacies when receive.



Q) The specification states that I need to generate a FP10 prescription. How do I do this?

A) This is all part of the IT system specification so whichever system use will have a process.

Q) What digital systems will be in place to support the Pharmacy First service?

A) To support the launch, pharmacy owners will have access to Pharmacy First IT systems in which to make their clinical records for the service. These systems will also automatically send data on service provisions to the NHSBSA's MYS portal, via an **application programming interface (API)**, which will populate the end of month payment claim.

The systems will also allow more parts of the GP record to be seen, via **GP Connect: Access Record** and they will send automatic updates to the GP record on the consultation and any medicines provided. This is a significant step forward towards the integration of pharmacy and GP care records that will support the future development of community pharmacy services. We have been pressing for this interoperability for many years, so the investment in it is very welcome.

Work is also being undertaken with NHS Pathways to develop their clinical triage system, to send electronic referrals from NHS 111 and Urgent and Emergency Care settings to community pharmacy that may otherwise go to a GP practice for the seven common conditions. Further work is ongoing with existing IT suppliers to streamline referrals from GPs to community pharmacies, moving those away from reliance on NHSmail.

Q) Are there any downloadable promotional material with logos that patients will recognise?

A) There is a CPE comms asset pack on the CPE website. The NHSE assets are due soon.

Q) Has the PharmOutcomes template been released yet?

A) We are still awaiting IT detail, but we do know that the API's have been put into the system. We anticipate that the minimum IT systems required will be available from the 31st of Jan and will be developed further during February.

Q) Has there been any progress with hotline numbers to surgeries to escalate patients rather than number 22 in the queue?

A) You can access back-office numbers for GPs via NHS Service Finder. You just need to register with your NHS email address.



Q) How do we access the protocol?

A) details for the service are found <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/nhs-pharmacy-first-service-pfs>

Q) Will we still have to register patients on PharmOutcomes before we can start the service?

A) We have not yet seen the completed PharmOutcomes module - but we think it will work in a similar way to current services hosted on the platform.

Pharmacy Contraception Service & Hypertension Case Finding

Q) Contraception Tier 1 – if doing the service already do we need to do anything?

A) Yes, you will need to opt into the new extended service by 29th February 2024. If you do not, then will be de-registered. If you are not currently providing the Tier 1 service already, then can register at any point when ready.

Q) Are Hypertension and Contraception services included in the Pharmacy First Service?

A) The Pharmacy First Service includes:

- CPCS referrals from NHS111
- Referrals from GP practices
- Walk ins – 7 clinical pathways

Hypertension and Contraception services will be added into the Pharmacy First pathways from 31st March 2025.

The Hypertension service – will still receive a sign-up fee of £400 until 31st March 2025.

ABPM (Ambulatory Blood Pressure Monitoring) consultations are going to be monitored in future.

Q) Contraception service – reports that the information being sent through to the GP practice to be added into the patient notes does not include the weight and blood pressure even through this has been added to the consultation record.

A) If the weight and BP check are not on the specification then it is not a required field on the IT system to be sent through to the GP practice and this is agreed nationally. These fields are non-mandatory and therefore do not get sent through. Pharmacist can add in the free notes section if the GP is asking for this information, but it is not mandatory to provide it.

alisonellis@cpnotts.org

✉ 07882 289083

📍 Suite E, Cotgrave Business Hub, Candleby Lane, Cotgrave, NG12 3US

🌐 www.nottinghamshire.communitypharmacy.org.uk

