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NHS Pharmacy First Service Frequently Asked Questions for Healthcare Professionals

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1. General Information

1.1. What is the Pharmacy First Service?

The government and NHS England are committed to ensuring patients receive the right treatment at the right time which is why we are launching a new Pharmacy First service. Pharmacies already deliver services to many patients who present directly to the pharmacy, offering advice and over the counter (OTC) non-prescription medicines for acute self-limiting symptoms. However, there are some patients who will need access to prescription-only medication and currently, for NHS patients in England, they must be directed to a general practice for a prescription to be generated necessitating a repeat clinical assessment and a delay in accessing the right treatment.

The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service (CPCS) and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways and consists of three core elements:

- Pharmacy First (clinical pathways) – new element
- Pharmacy First (urgent repeat medicine supply) – previously commissioned as the CPCS.
- Pharmacy First (NHS referrals for minor illness) – previously commissioned as the CPCS.

This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions.

1.2. What conditions are included in the Pharmacy First Clinical Pathway Consultations?

The new service will enable the management of seven conditions across various age ranges:

Clinical pathway	Age range
Uncomplicated Urinary Tract Infections	Women 16-64 years
Shingles	18 years and over
Impetigo	1 year and over
Infected Insect Bites	1 year and over
Sinusitis	12 years and over
Sore Throat	5 years and over
Acute Otitis Media	1 to 17 years

1.3. What conditions are included in the Pharmacy First minor illness element?

The list of minor illness symptoms groups identified for referral to a community pharmacist can be found in Annex D of the service specification here. Please note, this list is not exhaustive. This list remains unchanged from the service previously commissioned as the Community Pharmacist Consultation Service (CPCS).

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1.4. What are the expected benefits of this service?

This new service is expected to free up general practice appointments for patients who need them most and will facilitate quicker and more convenient access to safe and high-quality healthcare, including the supply of appropriate medicines for minor illness and addressing health issues before they get worse.

1.5. What will happen to the previous Community Pharmacy Consultation Service (CPCS?)

The CPCS in its current form will cease from 30th January 2024 and the new Pharmacy First service will start on 31st January 2024 encompassing the minor illness and urgent repeat medicines supply elements of CPCS and introducing the new clinical pathway consultation element.

1.6. Will patients receive the same level of care at the pharmacy?

Community pharmacy teams will be working closely with local general practice colleagues as part of the wider primary care team. General practice may refer people directly to a community pharmacy for support with minor illness and common conditions. Community pharmacy has unparalleled reach and access, particularly in more deprived areas, with most patients living within a short walking distance of a pharmacy.

Pharmacies have private consultation rooms that are used for consultations with patients and pharmacists see patients for clinical services without always needing an appointment.

Every pharmacist train for five years in the use of medicines and managing minor illnesses, so they are well equipped to provide health and wellbeing advice to help people stay well.

Pharmacists are experienced in spotting warning signs, otherwise known as red flag symptoms, which may warrant a referral to another healthcare provider. For the new clinical pathway consultations, the pharmacist will be managing patients in line with the clinical pathways. These clinical pathways have been developed with input from various experts including practising general practitioners and pharmacists as well as representatives from national organisations such as NICE and UK Health Security Agency. This ensures that the steps we take together match the care patients would receive in General Practice and follow the latest national guidelines.

2. Service Development

2.1. How have the clinical pathways been developed?

The pathways that pharmacists will be using were carefully developed with input from a diverse group of experts, including practising clinicians, antimicrobial resistance specialists, and representatives from national organisations. Our aim was to gather diverse perspectives to create a service that is inclusive and benefits as many patients as possible. All decisions made by this group were consensus-driven and grounded in the latest evidence and national guidelines. These pathways are designed with embedded measures to mitigate antimicrobial resistance, assisting pharmacists in effectively managing patients with common conditions.

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2.2. Who helped design this service?

In designing this service, we collaborated with a team of experts who bring a wealth of knowledge and experience. This dedicated group included practising doctors, pharmacists, and specialists in areas like prescribing, children's health, allergies, and antimicrobial resistance. We also sought valuable input from representatives of organisations such as National Institute for Health and Care Excellence (NICE), UK Health Security Agency (UKHSA), Royal College of General Practitioners (RCGP), and Community Pharmacy England (CPE). For specialist questions, we also consulted subject matter experts including UK Teratology Information Service (UKTIS) and UK Drugs in Lactation Advisory Service (UKDILAS). We also engaged with patient representatives and the Lived Experience Team.

The intent was to ensure that this service was developed with appropriate challenge, assurance, expert advice, and consensus at every stage of the development process, to ensure alignment with NHS England values and policy objectives.

The clinical pathways for the Pharmacy First service have been approved by the National Medical Director at NHS England and the Chief Medical Officer for England.

2.3. What measures will be in place to ensure antimicrobials are supplied appropriately?

All use of antimicrobials drives resistance, so it is important that they are used appropriately.

NHS England takes the threat of antimicrobial resistance (AMR) very seriously.

- The NHS Long-Term Plan includes a commitment to support delivery of the ambitions of the UK AMR National Action Plan.
- The National Medical Director is the Senior Responsible Officer for AMR and chairs the Board of the NHS England AMR Programme.
- The Chief Pharmaceutical Officer is a member of the AMR Programme Board.
- The NHS England AMR Programme Board has oversight of the strategic planning and operational delivery of the Pharmacy First Service.

Pharmacy teams play a key role in advocating for appropriate use of antimicrobials (more information can be found below in question 6.5) Our clinical pathway consultations are designed to incorporate the principles of antimicrobial stewardship and a collaborative decision-making approach. This approach provides patients with symptom management strategies, including allowing a self-limiting illness to run its course, as a viable alternative to antimicrobial treatment. A fundamental principle involves offering non-antimicrobial treatment options, where available and in line with NICE guidelines. In cases where antibiotics are unnecessary for self-limiting conditions, pharmacists will guide patients in self-care utilising RCGP TARGET resources.

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3. Access

3.1. How will patients be able to access the service?

Patients may be referred to Pharmacy First by one of the following routes:

- Referred by NHS 111 telephony.
- Referred by NHS 111 on-line.
- Referred by an integrated urgent care clinical assessment service (IUC CAS).
- Referred by 999 services.
- Referred by general practice (low acuity minor illness conditions and the seven clinical pathways only).
- Referred by other urgent and emergency care provider (e.g., UTC, ED, UCC).

In addition, for the clinical pathway consultations only, patients can access the service by attending or contacting the pharmacy directly without the need for referral.

3.2. Is the service available on weekends and holidays?

Yes, many pharmacies offer extended opening hours in the evenings and at weekends. Some are open until midnight or even later, even on public holidays. Details of a local pharmacy, including its opening hours can be found here: find a local pharmacy.

3.3. Will every pharmacy provide the service?

No, pharmacies can choose whether they wish to provide this service. However, most pharmacies have signed up to provide this service. Healthcare professionals and referring organisations can find pharmacies offering the service via Directory of Services (DoS).

3.4. Can a patient who lives in one of the other home countries, for examples, Wales or Scotland, access a clinical pathway consultation at a pharmacy in England?

If the patient lives in one of the other home countries but is registered with a GP practice in England, they can access a clinical pathway consultation as part of the Pharmacy First service. In addition, if an eligible patient from one of the other home countries is a temporary resident in England, for example, if they are on holiday in England, they can also access the service. General practice referrals into the service can only be accepted from general practices in England.

3.5. Is it still necessary for General Practice to send a formal referral for the minor illness element of Pharmacy First?

Yes, patients will continue to require a referral to a community pharmacy for the minor illness element of Pharmacy First, like the previously commissioned Community Pharmacy Consultation Service (CPCS). The established referral routes for CPCS will remain applicable to the new clinical pathway's element; however, patients will also have the option to self-refer to a pharmacy for the clinical pathways only.

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3.6. What are the benefits of sending a formal referral for minor illness element of Pharmacy First?

Submitting a formal referral for the minor illness element of Pharmacy First offers several benefits, especially when compared to signposting. If referred:

- Patients will receive a confidential consultation with the pharmacist in the consultation room or remotely. If signposted, they may be treated as self-care support and possibly seen by another pharmacy team member.
- Patients are reassured that their concern has been taken seriously and the pharmacist will be expecting them.
- If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.
- Referrals enable the pharmacy to plan and manage workload, thereby meaning patients are seen in a timely manner.
- Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on.
- There is an audit of referral and clinical treatment, which will support onward patient care.
- Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that general practices are supporting the Delivery Plan for Recovering Access to Primary Care.

4. Eligibility

4.1. Will pregnant individuals be eligible for this service?

Yes, to ensure equity of access to healthcare, pregnant individuals will be eligible to access the service. The pharmacist will assess the patient and determine whether it would be appropriate to treat the pregnant individual or refer them to another provider. Advice has been sought from the UK Teratology Information Service (UKTIS) regarding the management of pregnant individuals for each of the seven clinical pathways.

4.2. Will breastfeeding individuals be eligible for this service?

Yes, to ensure equity of access to healthcare, individuals who are breastfeeding will be eligible to access the service. The pharmacist will assess the patient and determine whether it would be appropriate to treat the individual or refer them to another provider. Advice has been sought from the UK Drugs in Lactation Advisory Service (UKDILAS) regarding the management of breastfeeding individuals for each of the seven clinical pathways.

4.3. Will children under 18 years be able to use the Pharmacy First Service?

Yes, children under 18 years will be able to use the Pharmacy First Service. Pharmacists are experienced in managing young children, and the service ensures that parents with young children can access healthcare advice and necessary treatment promptly. This includes addressing conditions like impetigo and earache, which commonly affect children. However, age restrictions do apply to some conditions for clinical reasons. If a patient, including a child under 18, is not eligible for the service based on their condition, the pharmacist will refer them to another healthcare provider if needed.

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4.4. What if the patient has a penicillin allergy?

During the clinical pathway consultation, the pharmacist will ask patients about their allergy status. Pharmacist can confirm an allergy to penicillin through self-reporting by individuals/carer/parent/guardian. Pharmacists will also have access to both general practice records and the National Care Records to view documented allergies. Penicillin allergy is the most frequently reported drug allergy in the UK; however, research suggests that when tested, 90% of are not truly allergic. Pharmacists should educate patients on the risks of having a penicillin allergy recorded. After this discussion, if there is uncertainty about allergy status, patients should be strongly advised to discuss this with their general practitioner at their next routine appointment and this should be documented in the consultation notes. Management of the patient should proceed based on reported allergy to avoid unnecessary delays to treatment if clinically indicated. Patients with a reported penicillin allergy will receive non-penicillin alternative treatment in community pharmacy.

4.5. What if the patient is immunosuppressed?

During the consultation, the pharmacist will ask the patient about their medical history to clinically assess whether the patient may be immunosuppressed or severely immunosuppressed. Subsequently, the pharmacist will offer guidance on the most suitable course of action, which could include referring the patient to a General Practice, Urgent and Emergency care, or providing treatment within the community pharmacy. The appropriate approach will be determined by the specific condition for which the patient is seeking assistance from the pharmacy.

5. Consultations

5.1. What happens during a consultation?

In a confidential consultation, the pharmacist will ask the patient questions about their health. This may include their previous medical history, any allergies, any medicines they are taking and the symptoms they are currently experiencing. For some conditions, the pharmacist may request to perform an examination, such as using an otoscope for patients presenting with acute otitis media symptoms.

If the individual is experiencing minor issues such as a cold, the pharmacist will provide self-care advice or recommend an over-the-counter medicine to be purchased.

If the patient has symptoms of one of the seven common conditions, the pharmacist will follow a clinical pathway to decide on the best course of action. This could include offering self-care advice and reassurance or offering symptomatic relief over the counter or providing certain prescription medicines to complete an episode of care as well as safety netting advice. If the pharmacist thinks the condition is more serious, they will refer the patient to another healthcare professional.

5.2. For clinical pathway consultations, can a patient self-refer for a follow up if initial consultation resulted in self-care but there has been no improvement?

Yes, patients can return to the pharmacy for pharmacist reassessment. The pharmacist will revisit the clinical pathway, which may result in a different outcome if the patient has further symptoms or if their condition has further deteriorated. This could include providing a restricted set of prescription medicines if necessary. If the patient's symptoms worsen rapidly

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or significantly, the pharmacist may recommend onward referral to another healthcare professional.

5.3. What if the patient has signs or symptoms of a more serious illness?

Pharmacists are trained to recognise 'red flag' symptoms suggestive of more serious illness. As part of the pharmacy quality scheme, pharmacy teams have completed training to recognise red flag symptoms and signs of sepsis and have developed risk assessments for missing these with action plans.

After the initial triage, where symptoms suggest something more serious, the pharmacist will help the patient to arrange an urgent general practice appointment using the practice's dedicated professional number or escalate to an urgent care setting such as the emergency department, if needed.

5.4. Will diagnostic tests be used as part of the Pharmacy First Service?

Pharmacists are experienced in managing common conditions and will diagnose patients through comprehensive history-taking, visual inspection, physical examination and, if necessary, use instruments like otoscopes for diagnosing ear infections.

Currently, pharmacists will not utilise point of care diagnostic tests such as urine dipsticks or sore throat swabs as part of the service as there is not enough evidence to support their use. We consulted our expert group, and came to this decision after a lengthy discussion, whilst taking into consideration national recommendations and current evidence.

For the urinary tract infection pathway, the national guidance from UK Health Security Agency currently recommends diagnosing a urinary tract infection if the person has 2 or more key urinary symptoms and no other excluding causes or warning signs. UKHSA does not recommend a dipstick test if the patient has 2 or 3 key symptoms. UKHSA diagnostic flowchart only recommends performing a urine dipstick test if the patient has 1 key diagnostic symptom or any other urinary symptoms that are severe. This patient cohort will be excluded from the service and referred to general practice or another provider as appropriate in the clinical pathway due to uncertainty around diagnosis.

For the sore throat pathway, we accepted the NICE recommendation (DG38) that rapid tests for streptococcus are not recommended for routine adoption for people with a sore throat. This is because their effect on improving antimicrobial prescribing and stewardship, and on patient outcomes, as compared with clinical scoring tools alone (such as FeverPAIN), is likely to be limited (Little P, BMJ 2013). Therefore, they are unlikely to be a cost-effective use of NHS resources.

NHS England's position on point of care tests will be reviewed should national guidance be updated or should the tests improve in diagnostic precision and clinical utility.

5.5. Are remote consultations permitted for clinical pathways?

Yes, remote consultations are permitted to provide the service. Remote consultations for six of the seven clinical pathways reaching the gateway point can only be delivered by live video link. The exception to this being the acute otitis media clinical pathway which can only be delivered face to face as the use of an otoscope is clinically indicated. The pharmacy contractor is responsible for ensuring that where clinical examination is required, such as for a rash or inspection of urine, that the quality of the video consultation allows for appropriate examination so that the service can be fully provided by the contractor. Please refer to the Remote and Video Consultations Guidance for Community Pharmacy Teams here.

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5.6. Can distance selling pharmacies (DSPs) provide clinical pathway consultations?

Yes, DSPs will be able to provide clinical pathway consultations for 6 of the 7 conditions excepting the acute otitis media pathway. DSPs will not be able to provide clinical pathway consultations on their pharmacy premises due to the links with the support for self-care essential service and the restrictions regarding the provision of essential services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5.7. Can locum pharmacists provide the service?

Yes, before commencement of the service, the pharmacy contractor must ensure that pharmacists and pharmacy staff providing the service are competent to do so, including any locum or temporary members of the pharmacy team. The pharmacy contractor must ensure that the service is available throughout the pharmacy's full opening hours (i.e., core and supplementary).

6. Competency Requirements

6.1. What competencies are required before delivering the Pharmacy First service?

Before beginning to deliver the service, the pharmacy contractor must ensure that pharmacists and pharmacy staff providing the service are competent to do so, and are familiar with the clinical pathways, clinical protocol, and Patient Group Directions (PGDs). This may involve the completion of some training.

The Pharmacy First self-assessment framework supports pharmacy staff in considering their previous learning and experience in responding to minor illnesses in the pharmacy. This helps them evidence how they have achieved competence or identify further learning (with some suggested resources) that they can complete to support their development.

6.2. Where can I find the self-assessment framework for Pharmacy First?

The Centre for Pharmacy Postgraduate Education (CPPE) self-assessment framework can be found here. This framework highlights the key competencies required to provide high-quality, person-centred care to people accessing this service and builds on the fundamental professional requirements of the General Pharmaceutical Council's Standards for Pharmacy Professionals.

6.3. Are there additional clinical examination skills training available for pharmacists?

To support with clinical examinations, NHS England have commissioned clinical skills training resource through CliniSkills. The training includes tailored clinical examination training for community pharmacists including comprehensive training in ear, nose, and throat examinations.

6.4. Which otoscopes can be used for the Pharmacy First service?

Where ear examinations are performed within the Pharmacy First Service, the pharmacy contractor must use an otoscope. Guidance on selecting a suitable otoscope can be found in Annex C of the service specification.

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6.5. What training do pharmacy teams have on antimicrobial stewardship (AMS)?

The role of community pharmacy in AMS has been developed through the Pharmacy Quality Scheme (in which 90% of pharmacies participate) forming part of the current 5-year community pharmacy contract and including:

- Infection Prevention and Control e-learning and online assessment for all registered professionals and non-registered staff.
- AMS e-learning and online assessment for all patient-facing staff. This has shown 10,488 pharmacies declaring they had completed the AMS e-learning module, comprising of 54,399 registered pharmacists and pharmacy technicians.
- Requirement for each pharmacy to have an AMS Action Plan to apply the learning and take actions to tackle AMR with documented evidence of completed actions updated each year and to ensure staff have an awareness of local antimicrobial formularies.
- RCGP TARGET Antibiotic Checklist used to support counselling of patients presenting prescriptions for antibiotics and embedding use of the checklist into practice.
- RCGP TARGET Treating Your Infection leaflets used to support counselling and management of patients presenting with symptoms of respiratory tract and urinary tract infection and embedding use of these leaflets into practice.

7. Digital

7.1. How will consultation notes and prescriptions be added to the patient's record?

NHS England are working with IT systems providers to ensure capability to update the patient's general practice record following a pharmacy consultation.

- Community Pharmacy IT suppliers will develop the capability to send a summary of the consultation to the general practice for the Pharmacy First service.
- General Practice IT suppliers will develop the capability to receive messages from pharmacies for the Pharmacy First service. All messages will appear in the general practice's system generic workflow. The structured data will be provisionally held against the patient record. A member of the practice team will need to review and accept the message. The structured information will then be ingested into the patient record without the need for transcribing or coding. Messages will be available to anyone accessing the general practice record including patients themselves.

Patients will also be able to view their general practice health record by logging into their account on the NHS website or NHS App.

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7.2. How will antimicrobial supply via Patient Group Directions (PGDs) be recorded on the National Care Record?

Pharmacy IT suppliers and general practice IT suppliers are developing 'GP Connect Update Record' which will allow the pharmacy to send a summary of the Pharmacy First consultation including medication supplied to the general practice system as a fully coded structured message. This will need to be accepted by a member of the practice team, after which the details will be added to the patient record. Any medication details will also be visible via the National Care Record.

The practice will not be required to transcribe details or add in manually (as they do now for messages received by email), they simply need to accept the message to allow it to be filed. The coded message will then be ingested into the record. There may be a delay in filing therefore details may not be available via NCR immediately. This will vary between practices.

7.3. Will other pharmacies have sight of Pharmacy First consultation activities to prevent patients seeking antibiotics from multiple locations?

Pharmacies can view medication supplied under the Pharmacy First service via the patient's National Care Record. In addition, pharmacy IT suppliers and GP IT suppliers are developing 'GP Connect Access Record' which will allow a pharmacy to view the patient's general practice record and view any relevant previous microbiology and antibiotic resistance history, via their pharmacy system. This functionality is currently in development and will be available shortly after launch.

7.4. Will general practice be notified of Pharmacy First consultations?

Yes, after the patient's consultation with the pharmacist, the pharmacy will send a notification to the patient's general practice on the same day or on the following working day. Where possible, this should be sent as a structured message in real-time via the NHS assured Pharmacy First IT system.

If a problem occurs with the electronic notification system, the pharmacy contractor must ensure a copy of the paperwork is sent or emailed to the general practice.

7.5. How is confidentiality and data protection ensured for patient health records in the Pharmacy First Service?

With the patient's consent, their general practice record, using GP Connect Access Record, their National Care Record or an alternative clinical record must be consulted.

Use of GP Connect products requires the pharmacy contractor to have read, understood, and accepted the terms of the National Data Sharing Arrangement.

For additional details regarding how the NHS manages patient health and care information, please see here.

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8. Medicine Supply

8.1. How will medicines be supplied under the Pharmacy First Service?

NHS medicines will be supplied where indicated as emergency supplies for urgent repeat medicines or under the terms of the Pharmacy First patient group directions and clinical protocol for clinical pathways consultations.

8.2. Will the patient group directions (PGDs) for Pharmacy First require Integrated Care Board (ICB) sign off?

No, the PGDs for Pharmacy First have been signed off nationally by NHS England's National Medical Director, Chief Pharmaceutical Officer and National Clinical Director for Infection Prevention and Control and Antimicrobial Resistance. No further action is required by any ICB to allow their use in community pharmacies.

However, pharmacy contractors will need to ensure that registered health professionals delivering the service have signed the authorisation sheet to declare that they agree to the content of the PGDs and will work within it.

8.3. Why has the patient not been supplied with an antimicrobial?

Many mild infections are self-limiting and do not need antimicrobial treatment. For some conditions, antibiotics make little difference to how long symptoms last and withholding antibiotics is unlikely to lead to complications. Inappropriate use of antimicrobials increases the risk of resistance. The pharmacist will be able to advise on an individual patient basis after following the clinical pathways and patient group directions as to whether antimicrobials are appropriate or not.

9. Payment Arrangements

9.1. Do patients need to pay for medicines supplied under the service?

If the pharmacist recommends an over-the-counter medicine for the patient's minor illness, this will need to be purchased by the patient.

If the patient receives an urgent repeat medicine supply or an NHS medicine as part of a clinical pathways consultation normal prescription charging and exemption rules apply.

Patients can check their eligibility for free prescriptions here.

If the patient does not qualify for free prescriptions, they will need to pay a fee for the medicine. This is the same fee as the current prescription charge.

9.2. How are the drugs supplied under Pharmacy First funded?

The drug costs will be recharged back to the Integrated Care Boards where the pharmacy delivering the service is based.

9.3. What is the fee structure for Pharmacy First?

Pharmacy contractors providing this service will be paid according to arrangements set out within the Drug Tariff. This will include a block payment, a consultation fee, and arrangements to cover the reimbursement of any NHS medicines supplied.

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The fee structure for Pharmacy First will be as follows:

- An initial fixed payment of £2,000 that can be claimed from December 2023 up until service launch.
- A £15 item of service fee for each Pharmacy First consultation. This includes any clinical pathways consultation, (defined as where a patient passes a clinically established gateway point in the pathway), and consultations which would previously have been delivered under the CPCS advanced service. This fee is payable irrespective of whether an antimicrobial is supplied.
- A monthly fixed payment of £1,000 from February 2024 for pharmacy contractors delivering Pharmacy First who reach a minimum number of monthly clinical pathway consultations.

10. Service Registration

10.1. How can contractors register to provide Pharmacy First?

To register for the Pharmacy First service and claim the initial fixed payment, contractors will need to complete the opt-in process on the Manage Your Service (MYS) Portal before 31 January 2024. Contractors who register after the 31 January 2024 will not qualify for the initial fixed payment. This includes contractors already registered to deliver CPCS.

The final clinical protocol and Patient Group Directions (PGDs) are available on the NHS England website here, to help contractors prepare to provide the service.

10.2. Do contractors who are already delivering the Community Pharmacy Consultation Service (CPCS), have to register to provide Pharmacy First?

Yes, if they want to ‘opt in’ for Pharmacy First. Pharmacy contractors who are already delivering the Community Pharmacist Consultation Service (CPCS) will be required to ‘opt in’ on the Manage Your Service (MYS) Portal for Pharmacy First by 31 Jan 2024 to qualify for the one off initial fixed payment. Contractors who register after the 31 January 2024 will not qualify for the initial fixed payment. The existing CPCS specification will continue to be available on the NHS England website until 30 January 2024.

10.3. What happens to contractors who currently deliver the Community Pharmacy Consultation Service (CPCS), but do not wish to register for Pharmacy First?

If contractors do not opt-in to the Pharmacy First service, this will act as the 30 days’ notice to cease provision of this service, if provided. If your notice occurs fewer than 30 days before 30 January 2024, the notice period will be reduced to the number of days remaining before this date, and the final date of CPCS provision will be 30 January 2024.

Claims for completed CPCS consultations submitted on or before the final date of service provision will be paid according to payment arrangements in the Drug Tariff

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11. Monitoring and Surveillance

11.1. What surveillance measures are in place for this service?

Surveillance of this service is a key priority. NHS England are working closely with colleagues at NHS Business Services Authority (NHSBSA) to capture data to allow for robust oversight of the new service and monitor for any potential impact on antimicrobial resistance so that any needed mitigations can be quickly actioned.

11.2. How will this service be evaluated?

Research has been commissioned by the National Institute for Health Research (NIHR), for a robust wrap around evaluation of the planned Pharmacy First service to understand the impact, safety, cost effectiveness and acceptability of these services, as well as any implications for antibiotic use and antimicrobial resistance.

11.3. How can I submit suggested changes or updates to the clinical pathway?

If you have suggested updates to the clinical pathway, kindly email your recommendations to england.communitypharmacy@nhs.net. Feedback will be kept under review by the national team at NHS England.

11.4. Can the commissioner suspend pharmacy contractors from providing the service?

Yes, where concerns are raised regarding an individual contractor or group of contractors delivering the service these concerns will be reviewed by the commissioner, and where necessary, existing digital functionality is in place to suspend a pharmacy contractor from receiving referrals with immediate effect whilst further investigation is carried out and until satisfactory assurance is provided.

11.5. Where does the governance responsibility lie for quality of the Pharmacy First Service delivered by community pharmacies?

NHS England have existing governance processes set up for managing community pharmacy clinical services. We work with our Integrated Care Board (ICB), and regional colleagues including contract managers and Regional Senior Pharmacy Integration Leads who already oversee the clinical services that NHS England commission. Any learning from ICB and regional teams will be actioned upon, and the necessary safeguards put into place nationally to improve the service as needed.

In addition to existing governance processes, NHS England will be monitoring the service through the Pharmaceutical Services Oversight Group to monitor services delivered by community pharmacy. This is to ensure rigorous oversight, assurance, and governance of clinical services.

11.6. Will antimicrobials supplied via the Pharmacy First service via Patient Group Directions (PGDs) be captured in ePACT2 data?

Yes, work is underway with the NHS Business Service Authority (NHSBSA) to enable PGD supply to be recorded via ePACT2 data. This will support monitoring of the service and ensure comparison of antimicrobial prescribing with general practice. The pharmacy will submit a

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Pharmacy First dispensing reimbursement claim to NHSBSA in the same way a claim is submitted for dispensing a general practice prescription. NHSBSA is working on dashboards to display the data. Data are usually available 6 weeks after the dispensing / supply month. ePACT2 prescribing data is routinely accessed by Integrated Care Board Medicines Optimisation Teams.

11.7. Will we see a rise in antimicrobial dispensing?

Once the service has launched, we are likely to see a potential increase in the number of patients receiving appropriate antimicrobial treatment until a stable baseline is established, reflecting some unmet need that existed in the system prior to launch.

The convenience of community pharmacy locations may also result in a shift in health-seeking behaviour away from settings including walk-in centres and urgent care centres; this could result in an increase in antibiotic supply captured in supply data from community pharmacy. In addition, patients who have previously accessed antibiotics from private services (which is currently not reported), may transfer to the Pharmacy First service.

We have designed the service and clinical pathways with antimicrobial resistance (AMR) mitigations as a key priority to ensure supply is controlled and antibiotics are only issued when clinically appropriate. NHS England will closely monitor the data for any potential impact on AMR, with oversight from the AMR Programme Board chaired by the National Medical Director and Senior Responsible Officer for AMR, so that any needed further mitigations can be actioned quickly.

12. Contact Details

12.1. How do I contact NHS England to ask questions or provide feedback?

Please send your feedback to england.communitypharmacy@nhs.net clearly stating in the subject header “Policy feedback: policy name”. This email address should only be used by NHS colleagues and contractors.

Members of the public, patients, and their representatives should contact our Customer Contact Centre: england.contactus@nhs.net.

12.2. Where do I go for more information on Pharmacy First?

More information on Pharmacy First can be found on the NHS England website, including the service specification, clinical pathways and patient group directions and protocol.

For more information on fees, allowances, and prices, please see Drug Tariff.

For more information for contractors, please see Community Pharmacy England website.

For inquiries specific to your locality, please contact your local integrated care board.

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