

NHS PHARMACY FIRST SCOTLAND

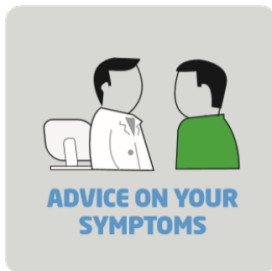
SIGNPOSTING GUIDANCE FOR GENERAL PRACTICE TEAMS

NHS Pharmacy First Scotland Signposting guidance for general practice teams

NHS Pharmacy First Scotland (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions. The current Minor Ailments Service will be discontinued and replaced by this new service, which will be delivered by every pharmacy in Scotland from **Wednesday 29th July 2020**.

As a broad overview of how the service will operate:

A person will consult with a member of the pharmacy team, who will assess their symptoms resulting in one or more of the following outcomes:



Help the person manage the condition by themselves by discussing appropriate self-care advice



Supply an appropriate treatment for the symptoms (either on NHS or over the counter sale within OTC product licensing)

Discuss relevant self-care advice including what to do if symptoms do not improve



Refer to another healthcare professional, if appropriate

Who is eligible?

- Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents).
- People who live in Scotland (including gypsy or travellers / asylum seeker or dependant of an asylum seeker).

Visitors to Scotland are excluded.

How do the public access NHS Pharmacy First Scotland?

People can access this service by attending at a community pharmacy of their choice, usually without an appointment. There is no registration required.

During the current pandemic, physical distancing restrictions will be in place. It may be more appropriate for people to telephone the pharmacy before attending.

Which conditions are covered by NHS Pharmacy First Scotland?

The new NHS PFS service integrates the Minor Ailments Service and two existing national Patient Group Direction (PGD) - led services.

Please note that the products which can be supplied on NHS PFS can only be used within their stated product license, so not all patients with the same condition will be able to be treated under the service and may need referred onwards.

At the time of launch, treatment with a POM using a PGD is only available for uncomplicated UTI in women aged 16 - 65 and Impetigo in over 2s, subject to specific criteria. However, as the service develops, additional common clinical conditions will be added to expand the range of treatments available in community pharmacy.

Individual Health Boards may also have specific PGDs in place for additional conditions e.g. flucloxacillin (which previously were branded as Pharmacy First). Please refer to local information to understand what is available to your patients.

Evidence based approach – the **Approved List** will ensure that treatments offered via NHS are clinically effective and represent value for money for NHS Scotland. Developed by the Area Drug and Therapeutics Committee Collaborative, the list is supported by all Health Boards to help deliver a consistent approach between pharmacists and GPs.

If the patient would like a specific brand or product not included on the Approved List, treatment will be supplied by an over the counter sale if appropriate.

What is the role of general practice teams?

By understanding how NHS PFS operates locally, GP teams will be able to help patients access the most appropriate service to meet their individual needs in as timely a manner as possible.

As a general principle, to ensure a smooth patient journey, patients seen in general practice should be prescribed all relevant medication at the time of initial consultation.

All minor illnesses are in scope, as any eligible member of the public can present at a pharmacy to have their symptoms assessed and appropriate outcome agreed upon.

The narrative around the service nationally is intentionally designed not to set the expectation that a consultation will result in supply of medication, and this messaging should be carried through locally as well.

The table on the following pages may be helpful as a non-exhaustive guide covering some of the conditions which can be assessed under the service – though remember the outcome of the consultation will depend on each patient's individual circumstances.

Please note: not all inclusion/exclusion criteria may be listed. You know your patients better than anyone – you should refer to your own practice guidelines if you think the individual needs to see a GP / ANP.

It is recommended that you discuss the content of this document as part of your local cluster of practices and pharmacies to help you develop a deeper understanding of how the service works. You should agree what works for everyone therefore ensuring a consistent and efficient patient journey e.g. decide which patients could be sent to pharmacies by practice teams and how referrals back to the practice can be made e.g. SBAR/phone/priority appointments.

This guidance is intended to be used as a starting point for delivering the service in a safe manner. As the service embeds, feedback is welcome to develop this resource as required.

| | Condition | Patients potentially suitable for NHS Pharmacy First Scotland | Note: OTC licensing restrictions apply to some products |
|---|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| A | Acne | All patients except those with symptoms of infected / severe acne | |
| | Allergies | All patients over 1 year old | |
| | Athlete's foot | All patients | Terbinafine – not for under 16 years Clotrimazole / Hydrocortisone – not for under 10 years Miconazole / Hydrocortisone – not for under 10 years |
| B | Backache | <p>All patients presenting with first episode of back pain without “red flag” symptoms.</p> <p>“Red flag” symptoms – having one criterion alone does in itself not preclude treatment, but might suggest further investigation could be merited – such as:</p> <ul style="list-style-type: none"> • Age over 50 • No improvement in unrelenting pain after 4-6 weeks of conservative treatment • Unintentional weight loss • Past history of cancer in particular breast, lung, gastrointestinal, prostate, renal, and thyroid cancers • Associated bladder or bowel symptoms • Widespread/progressive motor weakness in legs/change of gait • Pain following major trauma e.g. traffic accident which may have resulted in a fracture <p>If in doubt, discuss with GP prior to signposting.</p> | |

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|---|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Bacterial conjunctivitis | <p>Refer to optometry as first option if available</p> <p>All patients over 2 years old without pain or visual disturbance</p> | |
| | Blocked/runny nose | All patients | |
| C | Cold sores | <p>All patients except</p> <ul style="list-style-type: none"> Persistent symptoms suggesting immunosuppression which may merit further investigation | |
| | Colic | All infant patients except those who are unwell or failing to thrive | |
| | Constipation | <p>All patients without “red flag” symptoms e.g.</p> <ul style="list-style-type: none"> Repeated rectal bleeding without an obvious anal cause Any blood mixed with stool Persistent (more than 4 weeks) change in bowel habit Abdominal swelling and vomiting Abdominal pain with weight loss <p>If in doubt, discuss with GP prior to signposting.</p> | <p>Senna tablets not for under 6 years</p> <p>Senna liquid not for under 2 years</p> <p>Macrogol compound oral powder not for under 12 years</p> <p>Bisacodyl tablets not for under 12 years</p> <p>Docusate capsules not for under 12 years</p> <p>Ispaghula husk sachets not for under 6 years</p> |

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| | Cough | <p>All patients except</p> <ul style="list-style-type: none"> • Chest pain other than solely with coughing • Any haemoptysis (coughing up blood) • Unexplained and persistent (more than 3 weeks) symptoms of: <ul style="list-style-type: none"> ▪ persisting new cough ▪ dyspnoea ▪ chest/shoulder pain ▪ loss of appetite ▪ weight loss ▪ hoarseness (if no other symptoms present to suggest lung cancer refer via Head & Neck pathway) ▪ fatigue in a smoker aged over 40 years <p>If in doubt, discuss with GP prior to signposting.</p> | |

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| | <p>Cystitis* (UTI)</p> <p>* POM treatment supplied via PGD</p> <p>Check local Health Board guidelines for which medication is available as treatment</p> | <p>Women aged 16 – 65 (inclusive) without PGD exclusion criteria as listed below:</p> <ul style="list-style-type: none"> • Frank haematuria • Symptoms are suggestive of upper urinary infection (fever and chills, rigors, nausea, vomiting, diarrhoea, loin pain, flank tenderness, back pain of acute onset or systemically unwell) • Symptoms of UTI lasting longer than 7 days • Presence of vaginal itch or discharge • Pregnancy (known or suspected) • Breastfeeding • Diabetes • Indwelling catheter • Immunosuppressed • Confused • Risk of treatment failure due to one or more of the following: <ul style="list-style-type: none"> ▪ Received antibiotic treatment for UTI within 1 month; ▪ 2 or more UTI episodes in last 6 months; ▪ 3 or more UTI episodes in last 12 months ▪ Taking antibiotic prophylaxis for UTI • Patients assigned as male at birth | <p>Please note:</p> <p>There are additional PGD exclusions for both nitrofurantoin and trimethoprim, but are relatively rare. Community pharmacists will refer a patient presenting with these back to the practice for assessment by GP / ANP.</p> |
| D | Diarrhoea | <p>Any patient over 1 year old except:</p> <ul style="list-style-type: none"> • Pregnant • Systemically unwell • Signs of clinical dehydration present | <p>Dioralyte sachets not for under 2 years without medical supervision</p> <p>Loperamide capsules not for under 12 years</p> |

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| | Dry eyes (acute) | <p>Refer to optometry as first option if available</p> <p>All patients over 18 years old without pain or visual disturbance or chronic symptoms</p> | |
| | Dry skin – eczema/ dermatitis | All patients except those who have failed to respond to treatment or have symptoms indicative of infection | Hydrocortisone cream / ointment not for under 10 years |
| E | Ear ache | <p>All patients except:</p> <ul style="list-style-type: none"> • Systemically unwell • Fluid coming out of ear • Swelling around ear • Hearing loss/change in hearing • Something stuck in ear • Child under 2 with pain in both ears | |
| H | Haemorrhoids (piles) | <p>All patients over 18 years old except:</p> <ul style="list-style-type: none"> • Duration longer than 7 days despite treatment from pharmacy • Blood mixed in stool rather than on surface • Systemically unwell | <p>Anusol Soothing Relief & Anusol Plus HC suppositories not suitable for pregnancy or breastfeeding</p> <p>Anusol Soothing Relief & Anusol Plus HC ointment not suitable for pregnancy or breastfeeding</p> |
| | Hay fever | All patients over 1 year old | Beclometasone nasal spray not for under 18 years |
| | Headache | <p>All patients except:</p> <ul style="list-style-type: none"> • Where symptoms are not relieved by OTC treatments. • When symptoms are so frequent or painful that they affect the patient's daily activities | |
| | Head lice | All patients unless inflammation of scalp is present | |

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| I | Impetigo* * POM treatment supplied via PGD | All patients over 2 years old except: <ul style="list-style-type: none"> • Multiple site skin infection • Had impetigo within last 3 months • History of MRSA colonisation or infection • Patient is systemically unwell • Allergy to any component of the cream • Presenting with any underlying skin condition on the same area of the body as impetigo • Concerns with patient compliance with topical treatment | |
| | Indigestion | All patients over 12 years old without “red flag” symptoms such as: <ul style="list-style-type: none"> • Dysphagia (interference of the swallowing mechanism giving the sensation of food “sticking” and / or regurgitation, cough or choking when eating or drinking, persistent drooling of saliva) • Unexplained pain on swallowing - at any age • Unexplained weight loss, particularly >55 years, combined with one or more of the following features: <ul style="list-style-type: none"> ▪ new or worsening upper abdominal pain or discomfort ▪ unexplained iron deficiency anaemia ▪ reflux symptoms ▪ dyspepsia resistant to treatment ▪ vomiting • New vomiting persisting for more than two weeks If in doubt, discuss with GP prior to signposting. | Ranitidine not for under 16 years |

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| M | Mouth ulcers | All patients except: <ul style="list-style-type: none"> • Ulcer has lasted for more than three weeks • Systemically unwell • Significant symptoms (multiple / large lesions) present | |
| N | Nappy rash | All patients except: <ul style="list-style-type: none"> • If standard treatment fails or symptoms persist • Signs of infection or eczema | |
| P | Pain | All patients except: <ul style="list-style-type: none"> • Where a more complex cause of pain is suspected • Children who have failed to respond to maximum doses of analgesia • Patient suffering with pain increasing in severity over several days without apparent reason • Patients already prescribed analgesia on repeat prescription | |
| | Period pain | All women over 10 years old with primary dysmenorrhea (menstrual pain in the absence of underlying pelvic pathology) except: <ul style="list-style-type: none"> • If symptoms are severe and have not responded to simple analgesia in first 3 – 6 months of treatment • If menstrual pain appears after several years of painless periods | |
| R | Ringworm | All patients except inadequate response to initial management despite patient concordance | Terbinafine cream not for under 16 years |
| S | Scabies | All patients over 2 years old | |

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|-----|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| | Scalp disorders | All patients except <ul style="list-style-type: none"> • Suspected secondary bacterial infection • Treatment failure | |
| | Sore throat | All patients except <ul style="list-style-type: none"> • Systemically unwell • Persistent symptoms with no improvement after 7 days • Immunocompromised patients • Associated breathing problems/difficulty swallowing liquids | |
| T | Threadworms | All patients over 2 years old except <ul style="list-style-type: none"> • Pregnant and breastfeeding women | |
| | Thrush | Women between 16 and 60 years old except <ul style="list-style-type: none"> • More than 2 episodes in last 6 months • Additional symptoms e.g. dysuria, blisters / ulceration / abnormal vaginal bleeding • Treatment failure (symptoms still present after 7 – 14 days) • Immunocompromised Treatment of symptomatic male sexual partner | Pregnancy / suspected pregnancy – treatment should be under supervision of doctor/midwife |
| | Oral Thrush | All patients over 4 months except <ul style="list-style-type: none"> • Those with liver problems | |
| W/V | Warts and verrucae | All patients except <ul style="list-style-type: none"> • Warts on face or anogenital areas | OTC treatments not suitable for patients with diabetes or impaired peripheral circulation |

