**Pharmacy First: including the Seven Clinical Pathways (Referral and Walk-in)**

**Community Pharmacy England** produced a briefing for **Local Medical Committees** and **General Practice** that can be accessed [**here**](https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/pharmacy-first-information-for-gps/).

Pharmacy First was launched on 31st January 2024 and comprises the previous CPCS service (referrals for minor acuity conditions, from NHS111 and General Practice, and for emergency medicine supply from NHS111 only). It now includes a seven clinical pathway element, which allows assessment and potential prescription medication treatment for seven core conditions. These clinical pathways will be available both by electronic referral and as a walk-in “self-referral” service for patients.

For general practice, the mechanisms of triaging and referring patients into pharmacies continue, although IT solutions have changed slightly (it is anticipated that SystmOne will introduce its own in-house referral tool from mid-2025). The evolution of the service means that pharmacists will be able to deal with a wider range of conditions directly, to better support patients as part of the Primary Care Access and Recovery Plan. It is vital that practices continue to refer patients into pharmacies directly (rather than simply verbally signposting patients to a pharmacy) to help manage patient flow across both general practice and community pharmacy. Using referral ensures that the patients referred for minor conditions are managed through the service (rather than solely through self-care within the pharmacy) as the pharmacist is required to enter information regarding the consultation, following an electronic referral, onto clinical systems which will then integrate into their clinical record with you in general practice.

**The Seven Clinical Pathway Conditions**

There is a clearly defined clinical pathway for each of the seven conditions, which show when a patient may be assessed and (where appropriate) treated under the clinical pathway consultation part of the Pharmacy First service (the gateway point), or when they should be referred to another healthcare professional. These pathways are robust and aligned to current NIVRE guidance.

These will be used by pharmacists to determine whether patients are eligible for the service, or whether self-care advice or subsequent referral is necessary. In the clinical pathway consultation with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied with self-care advice and, where clinically appropriate, with a prescription-only treatment under a Patient Group Direction (PGD) or in one pathway, a pharmacy medicine, at NHS expense.

We have summarised the seven conditions and treatments that can be given below:

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| Seven Clinical Pathways (Referral and Walk-in) | Condition | Age Range | Treatment options | Notes |
| Shingles | 18 years and over | Aciclovir  Valaciclovir | Patient enters pathway if shingles diagnosis is likely. |
| Sore Throat | 5 years and over | Self-Care advice and/or OTC  Phenoxymethylpenicillin  Clarithromycin  Erythromycin | Uses FeverPAIN scoring; patients only enter the pathway with scores of 4-5, or 2-3 as ‘watch and wait’. All offered self-care advice and/or OTC. |
| Sinusitis | 12 years and over | Self-Care advice and/or OTC  Mometasone nasal spray  Fluticasone nasal spray  Phenoxymethylpenicillin  Clarithromycin  Erythromycin  Doxycycline | Self-care only if symptoms ≤10 days. Patients enter the pathway if sinusitis likely and symptoms > 10 days with no improvement.  All offered self-care advice and/or OTC. |
| Infected Insect Bite | 1 year and over | Self-Care advice and/or OTC  Flucloxacillin  Clarithromycin  Erythromycin | Self-care only if bite occurred < 48 hours ago.  Patient enters pathway if infection is deemed likely. |
| Uncomplicated UTI in Women | Women aged 16-64 | Self-Care advice and/or OTC  Nitrofurantoin | Patient enters pathway if UTI suspected. Complex or recurrent UTI cannot be treated; 3 day treatment only. |
| Acute Otitis Media | 1-17 years | Self-Care advice and/or OTC  Phenazone & Lidocaine ear drops  Amoxicillin  Clarithromycin  Erythromycin | Patients enter the pathway on examination.  Antimicrobials only offered with otorrhoea or perforation, or moderate/severe symptoms in **both** ears or symptoms for ≥ 3 days. |
| Impetigo | 1 year and over | Self-Care advice and/or OTC  Hydrogen Peroxide Cream  Fusidic Acid Cream  Flucloxacillin  Clarithromycin  Erythromycin | Non bullous or recurrent impetigo are excluded. Patient enters pathway if impetigo diagnosis is likely. |

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| The main exclusions and eligibility for the seven clinical pathway conditions and minor illnesses are shown on the useful referral flow chart and table overleaf that could be printed double sided for your care navigators/reception team.      Pharmacy First: 7 clinical pathways triage aide-memoire: |

# **Antimicrobial Stewardship**

Mitigations are in place to minimise AMR risks as follows:

