

# NHS Pharmacy First Service Frequently Asked Questions for Patients



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## 1. General Information

### 1.1. Why visit a community pharmacy?

Community pharmacy teams play a key role in primary care and can offer confidential advice and over the counter medicines to manage a range of minor health concerns effectively and safely, such as coughs and colds, itchy eyes, and earache.

They also offer a more convenient way to access healthcare including support with healthy eating, exercise, stopping smoking, monitoring your blood pressure, contraception, flu and covid vaccinations.

The results of a [survey](#) found that over 90% of patients who sought guidance from a community pharmacy within the past year reported receiving good advice.

### 1.2. How are services delivered in community pharmacies changing?

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. Currently for NHS patients in England, if you need access to prescription only medication, you must be directed to a general practice for a prescription to be generated necessitating a repeat clinical assessment and a delay in treatment.

In May 2023 NHS England and the Department for Health and Social Care announced that patients who need prescription medication will be able to get it directly from a pharmacy, without a GP appointment, for seven common conditions including earache, sore throat, or urinary tract infections.

This new service is expected to free up GP 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.

### 1.3. What is the Pharmacy First Service?

The Pharmacy First service builds on existing pharmacy services which enables patients to be seen for minor illnesses or an urgent supply of a regular medicine and builds on this to enable community pharmacy to complete episodes of care for seven common conditions. For these seven health conditions, pharmacists will be following a robust clinical pathway which includes self-care and safety-netting advice, and, only if appropriate, supplying a restricted set of prescription only medicines without the need to visit General Practice.

### 1.4. 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

### 1.5. Will I 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 be 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 GPs 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.

### 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. 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.

## 3. Access

### 3.1. How will I be able to access the service?

Patients will be able to access the service via referrals from referring organisation including General Practice, Urgent and Emergency Care settings, NHS 111 (online and via telephone). 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. Please contact your local pharmacy to find out if they are providing this service. Details of a local pharmacy, including its contact details can be found here: [find a local pharmacy](#)

## 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.

### 4.4. What if I have 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 GP 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 GP 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 I am immunosuppressed?**

Immunosuppression means the immune system is not working as well as it normally would, this leaves people more vulnerable to infection. Immunosuppression can be caused by certain health conditions but can also be induced by medication that suppress the immune system such as chemotherapy drugs.

For certain infections, including some of the conditions to be managed under the new clinical pathway consultations, patients who are immunosuppressed or severely immunosuppressed may be at higher risk of complications and may require treatment in hospital settings or need to be seen by a general practitioner.

During the clinical pathway consultation, the pharmacist will ask the patient about their medical history to assess whether the patient may be immunosuppressed or severely immunosuppressed. The pharmacist will provide clear definitions for both terms to aid patient understanding. 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 questions about your health. This may include asking about your previous medical history, including any allergies or any medications you're currently taking. They will also explore the symptoms you're experiencing including how long you've had them. In some cases, based on your symptoms, the pharmacist may request to perform an examination. For instance, if you're experiencing an earache, they may need to look inside your ear to better understand your condition.

If you are dealing with a minor issue like a cold, the pharmacist will provide self-care advice or recommend an over-the-counter medicine for you to buy.

If you happen to have symptoms of one of the seven common conditions, the pharmacist will follow a clinical pathway to decide on the best way to help you. This could include offering self-care advice and reassurance or offering symptomatic relief over the counter or providing certain medicines, in the same way as your GP, as well as safety netting advice. However, if the pharmacist thinks your condition is more serious, they might suggest you see another healthcare expert who can provide the right care.

## **5.2. 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 diagnostic tests such as urine dipsticks or sore throat swabs as part of the service as there is not enough evidence that they help with decisions about your health. We consulted our expert group, and came to this decision after a lengthy discussion, whilst taking into consideration national recommendations and current evidence.

For example, if someone has 2 or more key urinary symptoms and no other excluding causes or warning signs, the [national guidelines](#) do not recommend performing a dipstick test. For sore throats, the [national advice](#) tells us that swab tests don't really help decide if antibiotics are necessary compared to using other tools.

We will keep checking the latest advice, and if things change or tests get better, we might reconsider using them.

## **5.3. How will consultation notes and prescriptions be added to my record?**

NHS England are working with IT systems providers to ensure it is possible that both a copy of the consultation and prescribed medication is sent to your GP so that they have an accurate record.

You will also be able to view your GP health record by logging into your account on the NHS website or NHS App. To log in or to create an account, please click [here](#).

## **5.4. How will my GP know that I've had a consultation with the pharmacist?**

After your consultation with the pharmacist, the pharmacy will send a notification to your GP 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. In the absence of an automated digital solution or if there is a temporary problem with the system, this should be sent via NHSmail or hard copy.

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

With the patient's consent, their GP 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](#).

## **5.6. Why have I been asked to come back to the pharmacy?**

At the end of the consultation, the pharmacist may provide advice and ask you to come back if symptoms do not resolve, this is correct as many of these conditions are self-limiting and can be managed with over-the-counter medication or with self-care advice. The pharmacist will provide information on what to do if symptoms persist or get worse and this can include revisiting the pharmacy for another assessment.



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

## **6. Medicine Supply**

### **6.1. How will medicines be supplied under the Pharmacy First Service?**

When you talk to the pharmacist in the Pharmacy First Service, they'll have a chat with you to figure out if supplying a medicine is appropriate.

If you've been referred to the pharmacy for an urgent repeat medicine supply, the pharmacist can offer an urgent supply of your repeat medicine if appropriate.

If you've been referred to the pharmacy for a minor illness, the pharmacist might give you advice, and if necessary, suggest buying an over-the-counter medicine to help with your condition or refer you to another healthcare provider if appropriate.

If you've come to the pharmacy or been referred for one of the seven conditions in the clinical pathway consultations, they will offer self-care advice and only if appropriate, supply a restricted set of medicines without the need to visit a GP.

### **6.2. Why have I not been supplied with an antimicrobial?**

Many mild infections get better on their own without using antibiotics. For some conditions, antibiotics make little difference to how long symptoms last and withholding antibiotics is unlikely to lead to complications. Antibiotics do not work for viral infections such as colds and flu. Antibiotic resistance is a significant concern, and using antibiotics when they are unnecessary may render them ineffective for future use. The pharmacist will be able to advise on an individual patient basis after following the clinical pathways as to whether antimicrobials are appropriate or not.

### **6.3. Do I need to pay for medicines supplied under the service?**

If the pharmacist recommends an over-the-counter medicine for your minor illness, you will need to buy it yourself.

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

You can check if you are eligible for free prescriptions [here](#).

If you don't qualify for free prescriptions, you might need to pay a fee for the medicine. This is the same fee as the current prescription charge. The pharmacist will guide you on this and help you understand what you need to do.

## 7. Monitoring and Surveillance

### 7.1. 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.

### 7.2. 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.

## 8. Contact Details

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

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