

Ian Dean CPNY CEO Welcome to our Pharmacy First event



Agenda

Welcome Introduction – CPNY

Overview of Pharmacy First – CPNY

Identifying Acute Otitis Media – Dr Daniel
Kimberling

PGD/Clinical Pathway Hints & Tips – Rachel Burn

Q & A Panel

Feedback & Close

Slido App

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Event Code

#3307960

James Usmar CPNY Chair Pharmacy First: Getting to know the service



Presentation overview

- Summary of the service requirements
- The clinical pathways and PGDs
- Learning and development requirements
- Preparing to provide the service
- Q&A

The Pharmacy First service

- Pharmacy First will be a new Advanced service that will include **seven new clinical pathways** and will **replace** the Community Pharmacist Consultation Service (CPCS)
- The service will consist of **three elements**:

Clinical pathway consultations

- new element

Urgent supply of repeat meds and appliances

- previously part of CPCS

Referrals for minor illness consultations

- previously part of CPCS

What are the seven conditions?

Sinusitis

12 years and
over

Sore throat

5 years and
over

**Acute otitis
media**

1 to 17 years

**Infected
insect bite**

1 year and over

Impetigo

1 year and over

Shingles

18 years and
over

**Uncomplicated
UTI**

Women 16 to 64
years

The Pharmacy First service

Pharmacies opting-in must provide **all three elements** of the new service

Patients can **present to the pharmacy** for clinical pathways consultations (**only**)

Clinical pathways consultations can be provided **remotely**, except for the acute otitis media pathway (otoscope required)

Remote consultations **must be via high-quality video link**

DSPs can **only** provide clinical pathways consultations **remotely** (due to the link to Essential services)

They cannot provide the acute otitis media pathway (otoscope required)

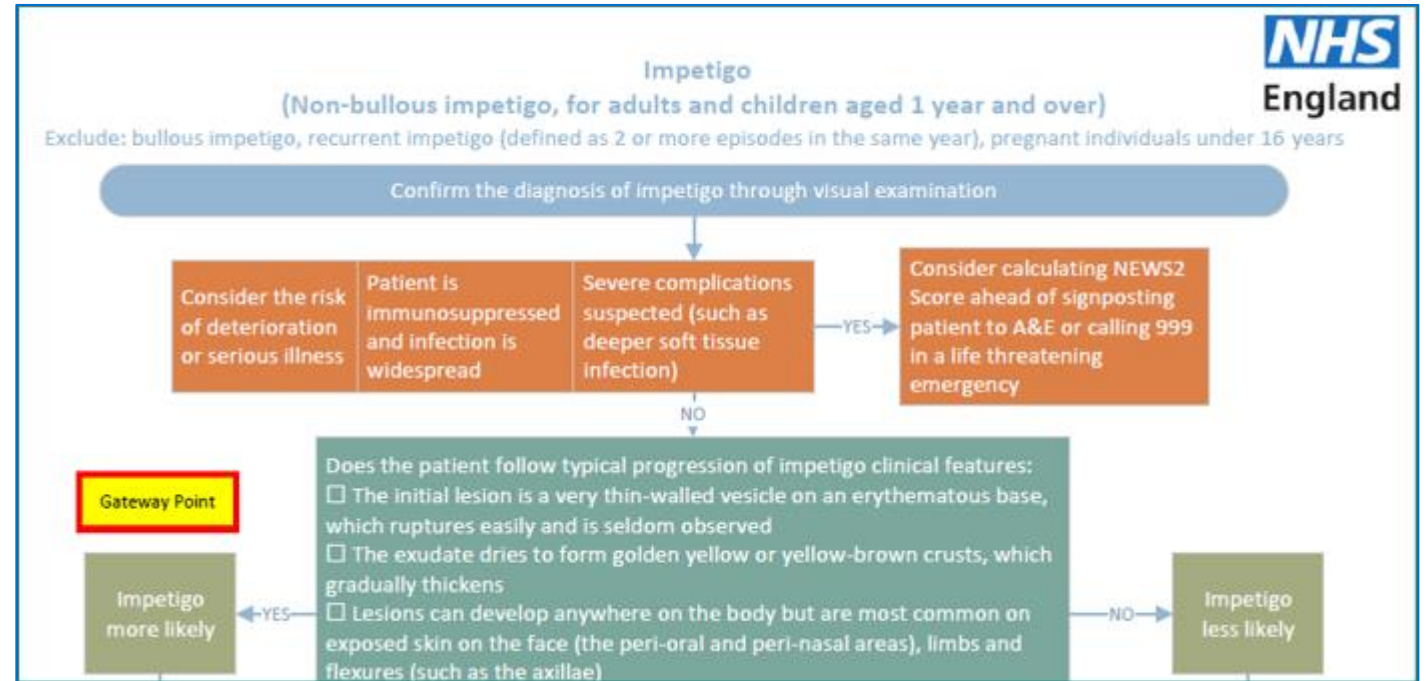
There are no changes to the former CPCS elements of the service, e.g. referrals are still required and telephone consultations are still possible, where clinically appropriate



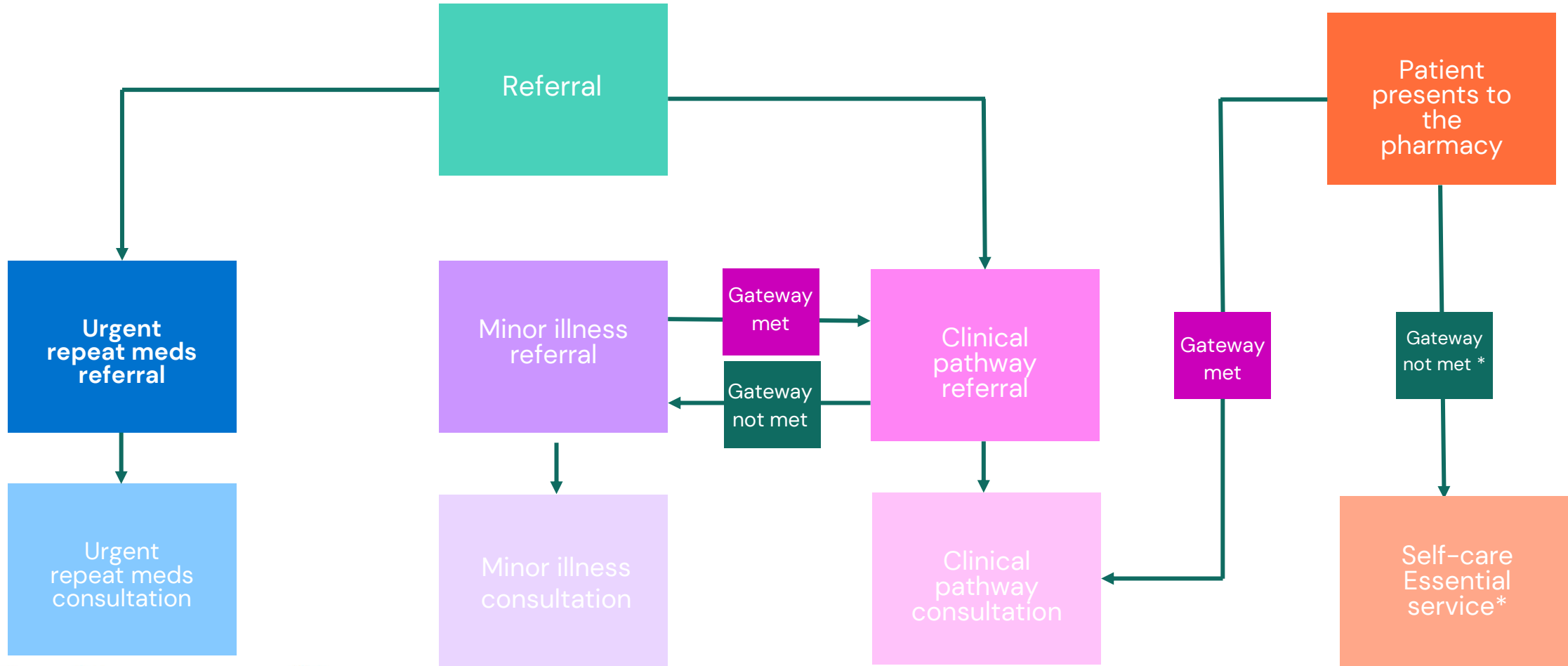
Summary of the service requirements

Clinical pathways consultations

- Service spec and seven clinical pathways developed
- 23 associated PGDs and one clinical protocol (P med)
- The clinical pathways contain one or more Gateway points
- For a patient to be eligible to receive a clinical pathways consultation, a Gateway point must be passed



High-level service overview



The service requirements

- Complying with Terms of Service requirements for Essential services and clinical governance
- Have a consultation room meeting the ToS requirements, with access to IT equipment for record keeping
- Equipment – otoscope – see buying advice in Annex C
- Standard operating procedure, including the process for escalation
- Competency and training requirements – No mandatory training other than Safeguarding Level 3
- Have an NHS-assured clinical IT system
- Sign-up to provide the service on MYS
- Where supplies of an NHS medicine are made, the normal prescription charge rules apply



Funding

- Funding for the clinical pathways consultations comes from the additional **£645m** provided to support the recovery plan
- Initial fixed payment of **£2,000**
 - Must sign-up to provide the service on MYS **by 11.59pm on 30th January 2024**
 - Claims submitted **by 11.59pm on 31st Dec 2023** will be paid on **1st February 2024**
 - Claims submitted **by 11.59pm on 30th Jan 2024** will be paid on **1st March 2024**
 - The payment will be **reclaimed** if **5** clinical pathways consultations are not provided **by the end of March 2024**
- £15 fee per completed consultation (also applies to CPCS consultations from 1st Jan 2024.) CPCS becomes Minor Illness within Pharmacy First from 31/1/24)



Funding

- A **monthly** fixed payment of **£1,000** where the pharmacy meets a **minimum number** of clinical pathways consultations:
- From April 2024, an initial cap of 3,000 consultations per month per pharmacy will be put in place
- From October 2024, new caps will be introduced based on actual provision of clinical pathway consultations, designed to deliver 3 million consultations per quarter

Month	Minimum number of clinical pathways consultations
February 2024	1
March 2024	5
April 2024	5
May 2024	10
June 2024	10
July 2024	10
August 2024	20
September 2024	20
October 2024 onwards	30



Learning and development requirements

Learning and development

- CPPE webpage detailing training resources
 - www.cppe.ac.uk/services/pharmacy-first/
- Pharmacy First self-assessment framework – developed by CPPE and NHSE
- Personal development action plan

NHS Pharmacy First service

The NHS Pharmacy First service launches as a new advanced service of the community pharmacy contract on Wednesday 31st January 2024.

Pharmacy First replaces the Community Pharmacist Consultation Service (CPCS) and includes seven new clinical pathways. The full Pharmacy First service consists of three elements:

- Clinical pathways – a new element of the service
- Urgent repeat medicine supply – previously within CPCS
- NHS referrals for minor illness – previously within CPCS

More details of this advanced service are available from [NHS England](#) and [Community Pharmacy England](#).

Providing the service requires community pharmacies to hold consultations that give advice and NHS-funded treatment (via Patient Group Directions), where appropriate for seven common conditions (following clinical pathways), which are:

- Sinusitis
- Sore throat
- Acute otitis media
- Infected insect bite
- Impetigo
- Shingles
- Uncomplicated urinary tract infections in women

CPPE has a range of learning resources to prepare and support pharmacy professionals to provide the NHS Pharmacy First service. These resources include a [self-assessment framework](#) developed in partnership with NHS England, which supports you to reflect on your knowledge, skills and behaviours that are essential to provide all three elements of the NHS Pharmacy First service. Through the self-assessment, you can identify any gaps and make an action plan to develop as required.

You can download a copy of the Pharmacy First self-assessment framework using the button below:

Self-assessment framework

✓NHS Pharmacy First Service – service specification

✓Competency requirements

✓Evidence of competence

✓Learning resources to support your development

✓Useful CPPE resources to support the delivery of Pharmacy First

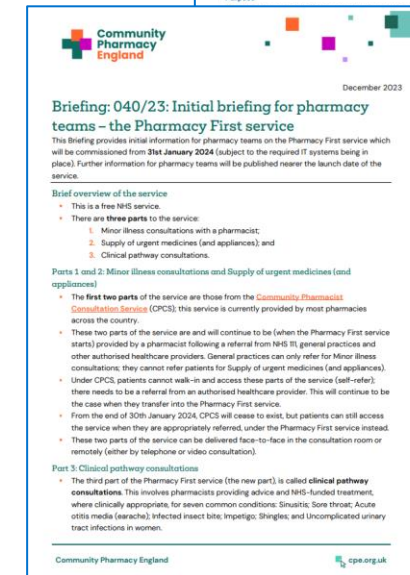
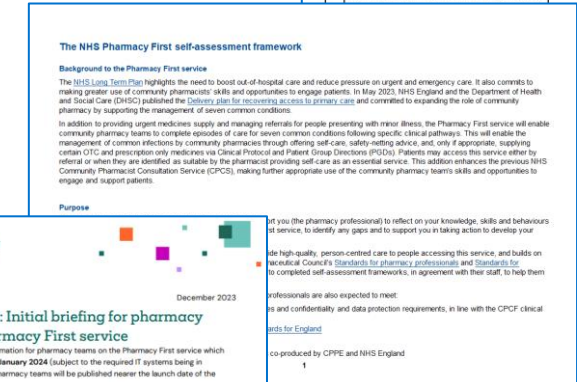
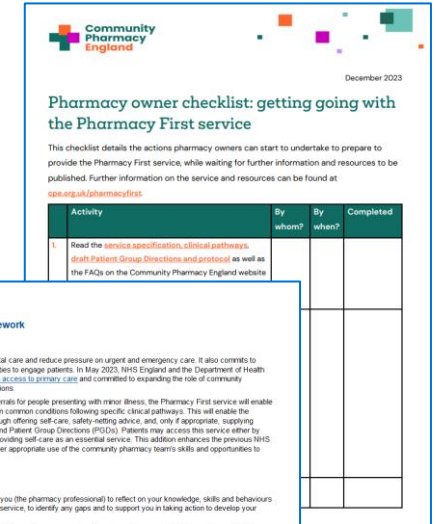
FAQs (Coming soon)

Learning and development

- NHSE funded training by Cliniskills
 - Clinical examination skills includes e-learning and face-to-face training
 - www.cliniskills.com/community-pharmacists/
- CPE Pharmacy First webinars:
 - **Getting to know the service**
recorded version available
 - **Getting ready for launch** – 15th Jan
 - Recordings of both webinars will be available to view on CPE website

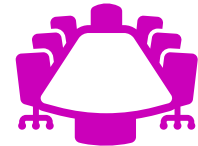
Resources to help you get ready

- Checklists of things to do to prepare for the service for **pharmacy owners and pharmacists**
- The **CPCS toolkit** is being updated to cover the new service
- CPPE Pharmacy First webpage and self-assessment framework**
- Cliniskills training modules and locally organised training options**
- Summary briefing for pharmacy team members**



Promoting the service

- NHS England is developing a **marketing campaign** for the service
- LPCs are starting to **brief Local Medical Committees** A briefing for LMCs and general practice teams is available at cpe.org.uk/pharmacyfirst
- **Further resources** are being developed by Community Pharmacy England to help you and LPCs to promote the service to patients, the public and local stakeholder organisations



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Daniel Kimberling CD for WONE York

Acute Otitis Media (for children age 1 to 17)

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Otoscopy and common ear pathology

Dr Daniel Kimberling, GP, PGDipENT

Aims

- How to use an otoscope
- Normal ear anatomy
- Otitis Media
- Otitis Externa
- Perforations
- Cholesteatoma
- Fungal infections
- Ramsay Hunt Syndrome

How to use an otoscope

- Rechargeable desktop diagnostic otoscope
- Disposable tips 3.5mm and 4.5mm
- Explanation and consent to examine
- General observations, e.g. temperature
- External examination
- Otoscopy
- No pressure technique
- Straightening the external auditory canal
- Neck examination

Normal Ear Anatomy

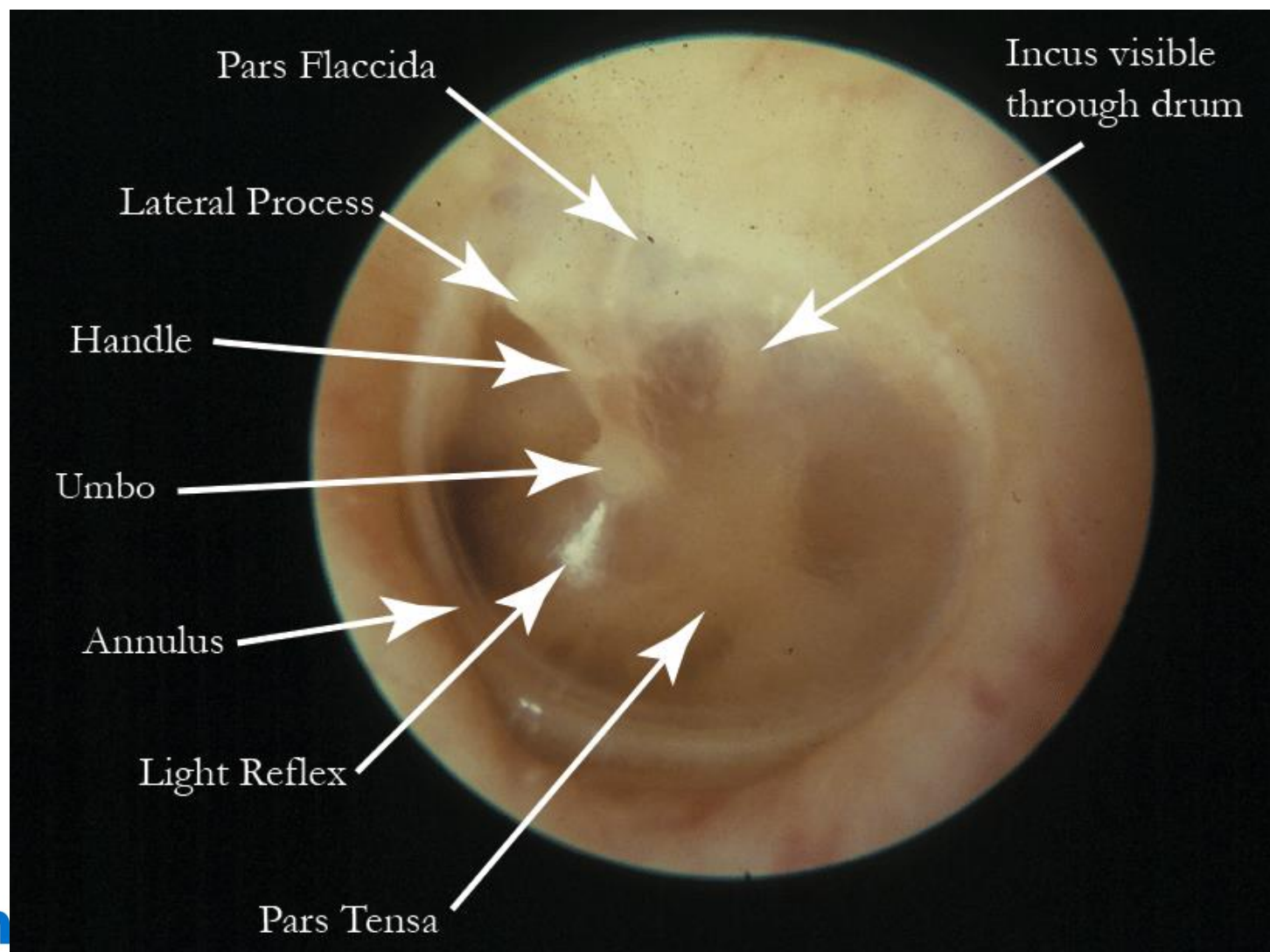
Anatomy of the ear

- Helix
- Antihelix
- Concha
- Antitragus
- Tragus
- Lobule

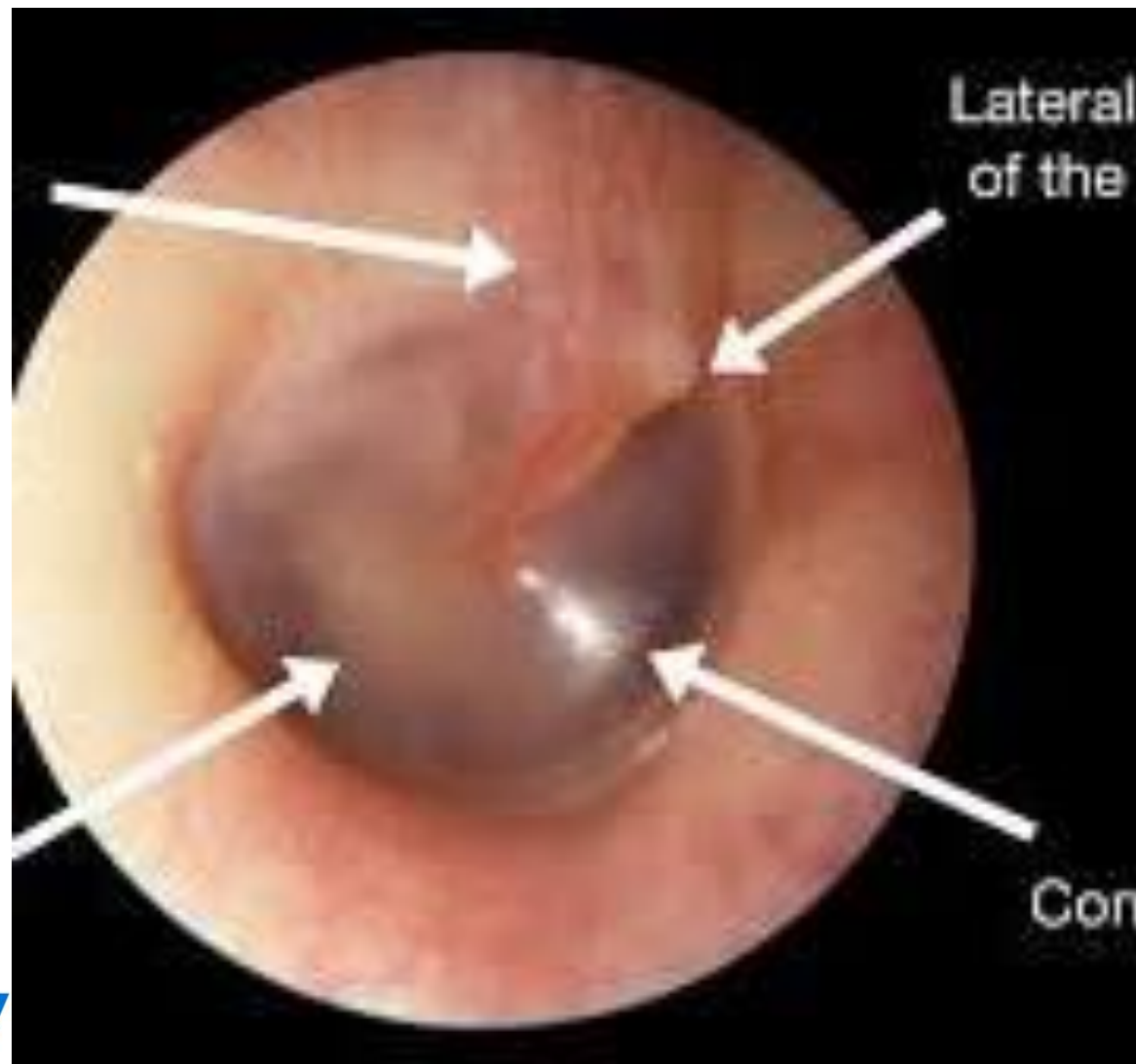


GEEKYMEDICS.COM

Normal Ear Anatomy



Normal ear anatomy



Otitis Media



Otitis Media



Otitis Media - Treatment

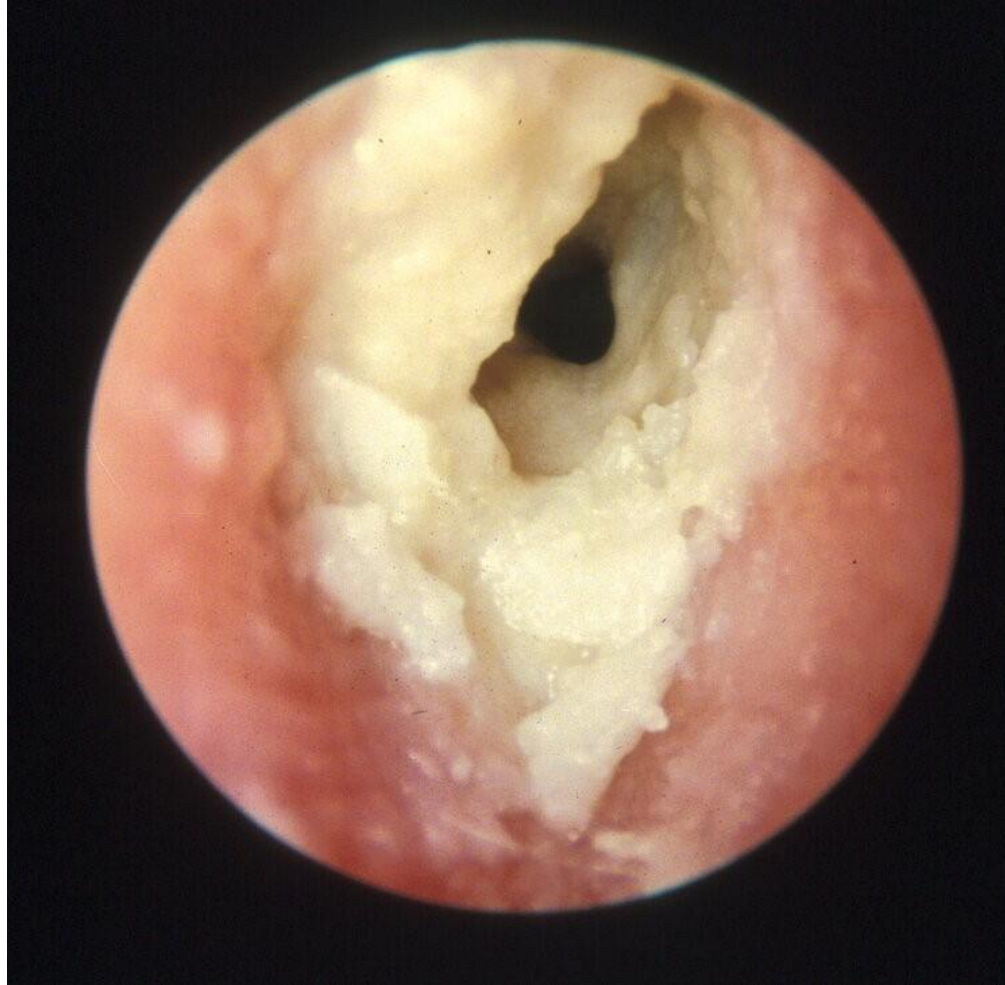
[Otitis media - acute | Health topics A to Z | CKS | NICE](#)



Otitis Media - Complications



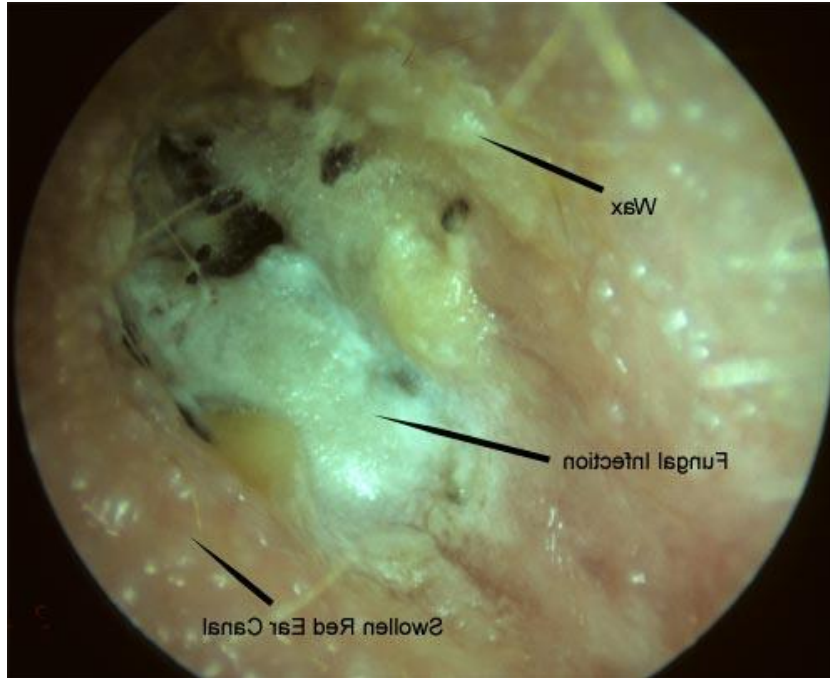
Otitis Externa



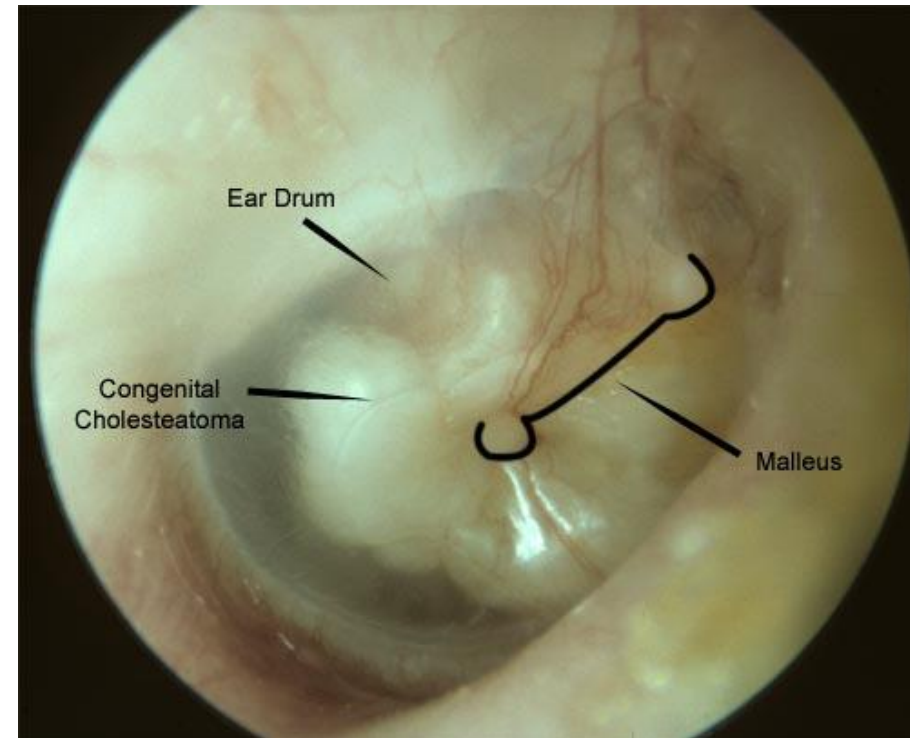
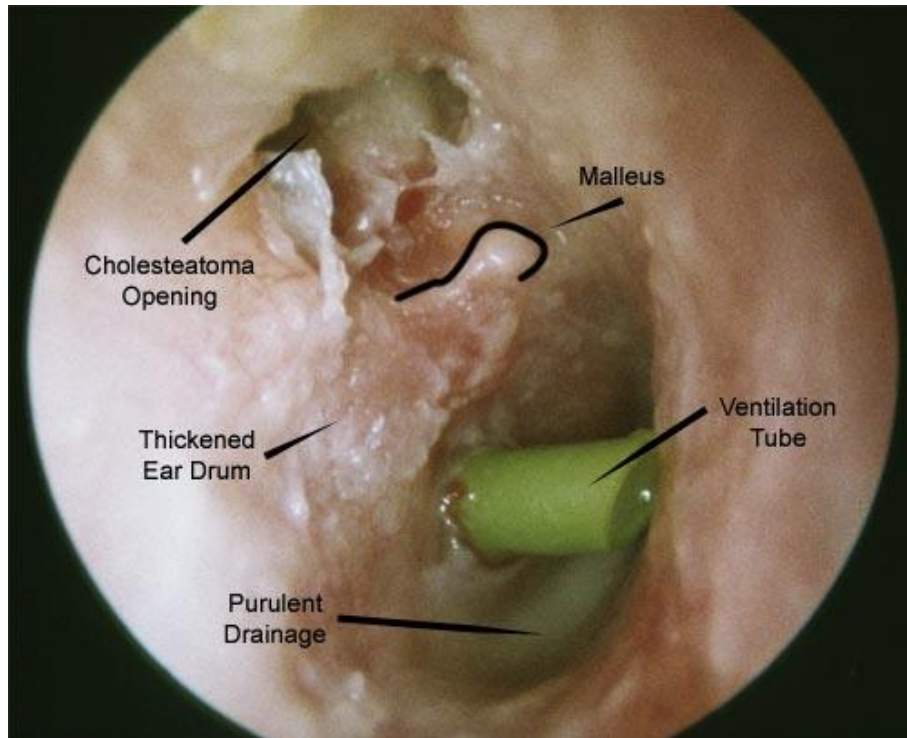
Otitis Externa Treatment

[Otitis externa](#) | [Health topics A to Z](#) | [CKS](#) | [NICE](#)

Otitis Externa Complications



Cholesteatoma

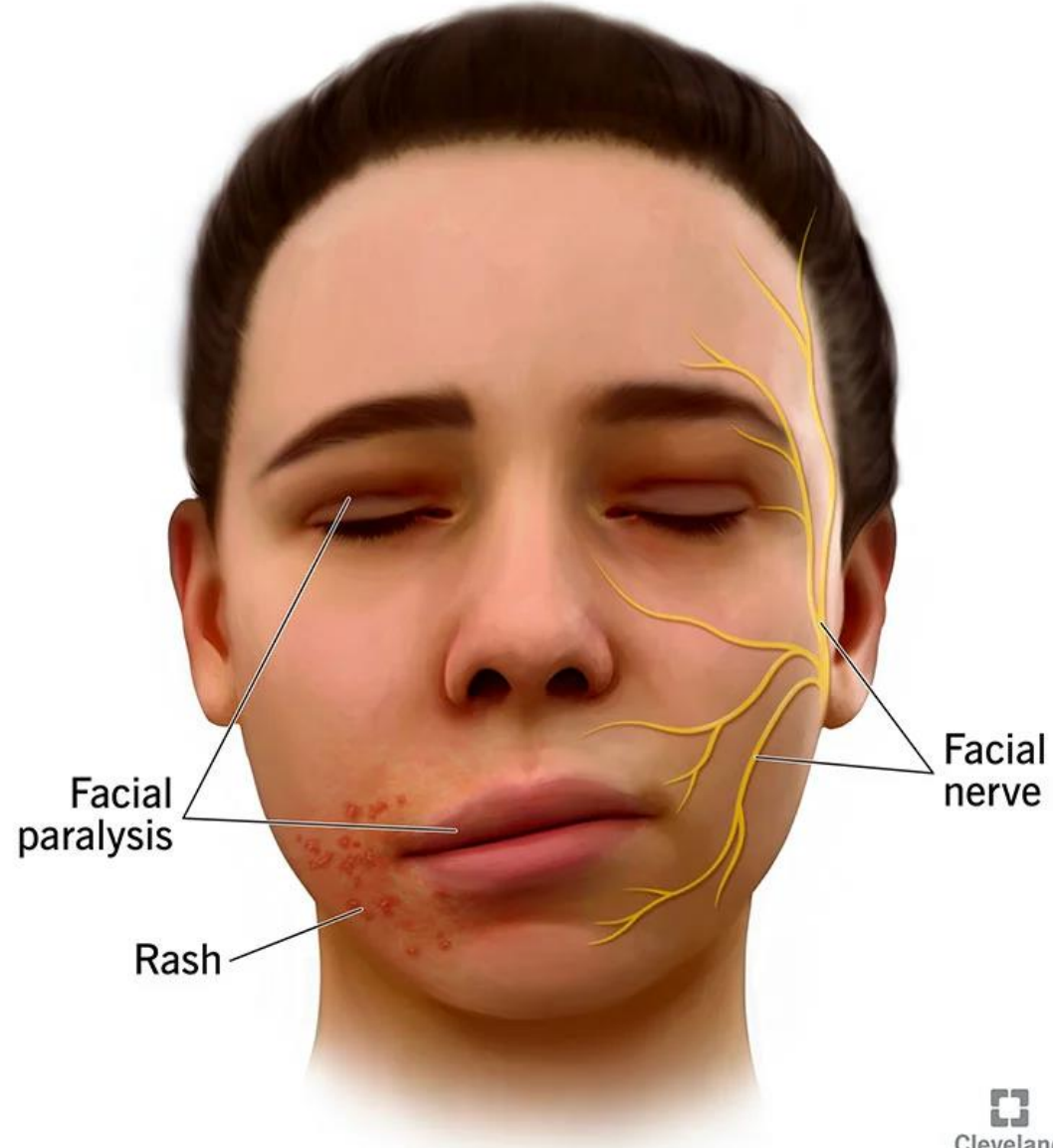


Ramsay Hunt Syndrome



Ramsay Hunt Syndrome

Herpes zoster oticus



How to use an otoscope

- Practical

How to use an otoscope

- Questions

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Practice Independent Prescriber – Rachel Burn

Hints and tips for using a PGD

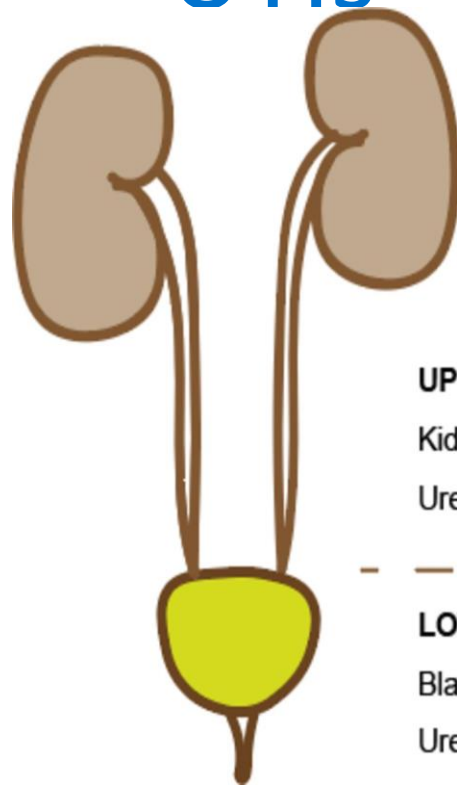
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Uncomplicated UTIs in Women Aged 16-64

Rachel Burn – Clinical Pharmacist & Independent Prescriber,
Dalton Terrace Surgery

UTIs



UPPER UTI

Kidneys (pyelonephritis)
Ureters (ureteritis)

LOWER UTI

Bladder (cystitis)
Urethra (urethritis)

Pyelonephritis

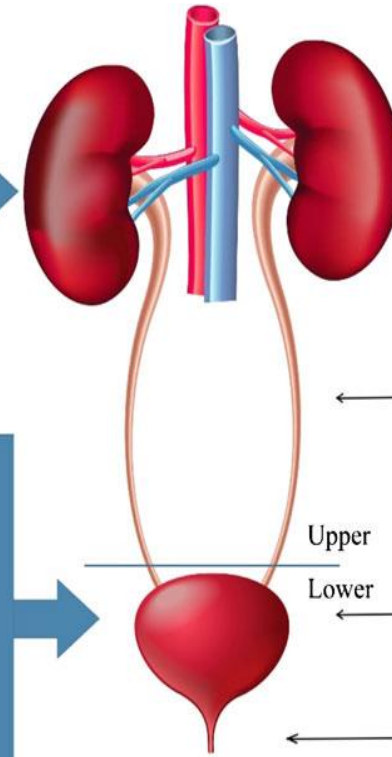
Germ

- UPEC
- Klebsiella pneumoniae*
- Staphylococcus aureus*
- Enterococcus faecalis*
- Proteus spp*

Cystitis

Germ

- UPEC
- Klebsiella pneumoniae*
- Staphylococcus saprophyticus*
- Enterococcus faecalis*



Acute Kidney Injury

Pyelonephritis Infection of the Kidney

Parenchyma

Ascension Through Ureters

Uroepithelial penetration As a result of binding with type 1 fimbriae of the Bladder cells

Colonization Bacteria from different sources including the gastrointestinal flora



When to suspect a UTI

- Dysuria
 - Discomfort, pain, stinging when passing urine
- Frequency
- Urgency
- Changes in urine appearance or consistency
 - Cloudy, change in colour
 - Haematuria
- New nocturia



Assessment

- Other symptoms
 - E.g. vaginal discharge, irritation, rash, inflammation post intercourse
- RED FLAGS! – loin pain, rigors, fever, myalgia, nausea & vomiting, altered mental state
- Pregnancy
- Previous episodes
 - ?Recurrent UTIs
- FHx of urinary tract diseases e.g. polycystic kidney disease



Assessment

- Risk factors for recurrent UTIs
 - Diabetes mellitus
 - Immunosuppression/chronic immune mediated inflammatory disease
 - Urolithiasis
 - Catheters
- Medication including recent antibiotics
 - Consider those that ↑ risk of urinary retention and/or UTIs
- Other potential causes of symptoms e.g.
 - vulvovaginal atrophy in menopause
 - STIs including herpes simplex



Differential diagnosis

- Pyelonephritis
- Other GU conditions e.g. atrophic vaginitis, urolithiasis, interstitial cystitis, pruritis vulvae
- Dermatological conditions e.g. psoriasis
- Ectopic pregnancy
- Malignancy
- STIs
- Candida
- Trauma e.g. sexual abuse
- ADR e.g. nifedipine, opioids, anticholinergic meds



Response

- Refer to a prescriber for further assessment:
 - Abnormal vaginal discharge, urethritis, GU sx of menopause, other exclusions from the PGD
- Refer urgently to a prescriber (GP or sexual health service):
 - Known/suspected pregnancy, immunosuppressed, suspected STI
- Refer urgently to GP or OOH:
 - Systemically unwell including new signs/symptoms of upper UTI/pyelonephritis but not showing signs of sepsis
- Refer to A&E/999:
 - Suspected sepsis

Examination

- Consider NEWS2 score if signposting to A&E/999

Chart 1: The NEWS scoring system

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

When treatment is not indicated




TREATING YOUR INFECTION – URINARY TRACT INFECTION (UTI)

For women under 65 years with suspected lower urinary tract infections (UTIs) or lower recurrent UTIs (cystitis or urethritis)
For community pharmacy



Possible urinary signs & symptoms	The outcome	Recommended care	When should I get help? Contact your GP practice or contact NHS 111
Key signs/symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Dysuria: Burning pain when passing urine (wee) <input type="checkbox"/> New nocturia: Needing to pass urine in the night <input type="checkbox"/> Cloudy urine: Visible cloudy colour when passing urine Other signs/symptoms to consider: <ul style="list-style-type: none"> <input type="checkbox"/> Frequency: Passing urine more often than usual <input type="checkbox"/> Urgency: Feeling the need to pass urine immediately <input type="checkbox"/> Haematuria: Blood in your urine <input type="checkbox"/> Suprapubic pain: Pain in your lower tummy Other things to consider: <p>Recent sexual history</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inflammation due to sexual activity can feel similar to the symptoms of a UTI <input type="checkbox"/> Some sexually transmitted infections (STIs) can have symptoms similar to those of a UTI <p>Changes during menopause</p> <ul style="list-style-type: none"> Some changes during the menopause can have symptoms similar to those of a UTI 	<p>Non-pregnant women:</p> <p><input type="checkbox"/> If none or only one of: dysuria, new nocturia, cloudy urine; AND/OR vaginal discharge</p> <ul style="list-style-type: none"> UTI much less likely You may need a urine test to check for a UTI Antibiotics less likely to help Usually lasts 5 to 7 days <p><input type="checkbox"/> If 2 or more of: dysuria, new nocturia, cloudy urine; AND NO vaginal discharge</p> <ul style="list-style-type: none"> UTI more likely You should start to improve within 48 hours Symptoms usually last 3 days <p>Pregnant women:</p> <p><input type="checkbox"/> If suspected UTI</p>	<p><input type="checkbox"/> Self-care and pain relief.</p> <ul style="list-style-type: none"> Symptoms may get better on their own <p><input type="checkbox"/> Recommend GP visit if symptoms:</p> <ul style="list-style-type: none"> Get worse Do not get a little better with self-care within 48 hours Are persistent and ongoing <p><input type="checkbox"/> If mild symptoms, recommend self-care AND GP visit if symptoms:</p> <ul style="list-style-type: none"> Get worse Do not get a little better with self-care within 48 hours <p><input type="checkbox"/> Recommend immediate GP visit/ NHS111 and self-care</p> <p><input type="checkbox"/> Immediate GP referral</p>	<p>The following symptoms are possible signs of serious infection and should be assessed urgently.</p> <p>Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> You have shivering, chills and muscle pain You feel confused, or are very drowsy You have not passed urine all day You are vomiting You see blood in your urine Your temperature is above 38°C or less than 36°C. You have kidney pain in your back just under the ribs Your symptoms get worse Your symptoms are not starting to improve within 48 hours of taking antibiotics
Self-care to help yourself get better more quickly	Options to help prevent a UTI	Antibiotic Resistance	Community Pharmacy notes
<ul style="list-style-type: none"> Drink enough fluids to stop you feeling thirsty. Aim to drink 6 to 8 glasses Avoid too much alcohol, fizzy drinks or caffeine that can irritate your bladder Take paracetamol or ibuprofen at regular intervals for pain relief, if you can and have had no previous side effects There is currently no evidence to support taking cranberry products or cystitis sachets to improve your symptoms Consider the risk factors in the 'Options to help prevent UTI' column to reduce future UTIs 	<p>It may help you to consider these risk factors:</p> <ul style="list-style-type: none"> Stop bacteria spreading from your bowel into your bladder. Wipe from front (vagina) to back (bottom) after using the toilet. Avoid waiting to pass urine. Pass urine as soon as you need. Go for a <u>wee</u> after having sex to flush out any bacteria that may be near the opening to the urethra. Wash the external vagina area with water before and after sex to wash away any bacteria that may be near the opening to the urethra. Drink enough fluids to make sure you <u>wee</u> regularly throughout the day, especially during hot weather. <p>If you have a recurrent UTI, the following may help</p> <ul style="list-style-type: none"> Cranberry products and D-mannose: There is some evidence to say that these work to help prevent recurrent UTI. After the menopause: Topical hormonal treatment may help; for example, vaginal pessaries. Antibiotics at night or after sex may be considered. 	<p>Antibiotics can be lifesaving. But antibiotics are not always needed for urinary symptoms.</p> <p>Antibiotics taken by mouth, for any reason, affect our gut bacteria making some resistant.</p> <p>This may make future UTI more difficult to treat.</p> <p>Common side effects to taking antibiotics include thrush, rashes, vomiting and diarrhoea. Seek medical advice if you are worried.</p> <p>Keep antibiotics working; only take them when advised by a health professional. This way they are more likely to work for a future UTI.</p>	

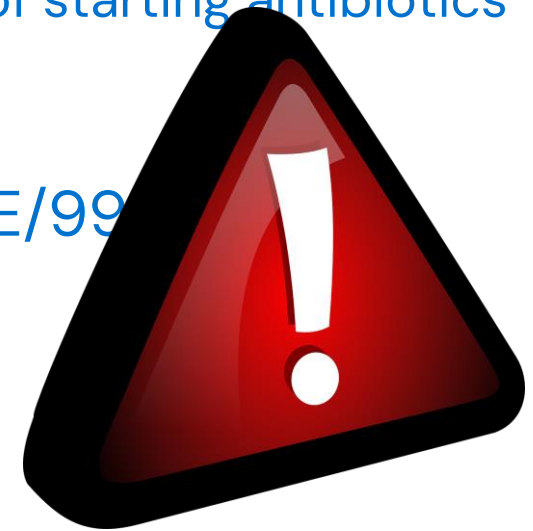


Nitrofurantoin treatment under the PGD (2 or 3 key symptoms)

- Dose
 - 100mg M/R BD x 3 days (6 caps)
 - If not available: 50mg I/R QDS x 3 days (12 caps/tabs)
- Do not give if eGFR<45mls/min
- Side effects
 - N&V, diarrhoea, headache, dizziness, drowsiness (do not drive), ↓appetite, urine discolouration
- Rare side effects
 - Respiratory reactions – pulmonary reactions, SOB, cough, haemoptysis
 - Hepatic reactions – yellow skin/sclera, itching, abdo pain, joint pain
 - Neurological reactions – peripheral neuropathy
- Avoid OTC cystitis preparations (make urine less acidic) and antacids (reduce absorption)

Safety Netting

- Seek medical attention if:
 - Symptoms worsen rapidly or significantly
 - Symptoms fail to improve within 48 hours of starting antibiotics
 - If haematuria continues after treatment
- Seek immediate medical attention (A&E/99)
 - Signs/symptoms of sepsis



Any questions?



Q&A - Panel

Close and Slido feedback

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