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Community Pharmacy advanced service specification

NHS Pharmacy First Service

(Including the service previously known as the NHS Community Pharmacist Consultation Service [CPCS])



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1. Service background

1.1. The NHS Long Term Plan, highlights the need to boost out-of-hospital care and to reduce pressure on Urgent and Emergency Care. It also commits to make greater use of community pharmacists' skills and opportunities to engage patients.

1.2. Against this background, the NHS Community Pharmacist Consultation Service (CPCS) was commissioned by NHS England as an advanced service from 29 October 2019. A patient referred into the service had a confidential consultation with a community pharmacist to assess their need for an urgent repeat medication or to assess acuity of minor illness symptoms and provide advice to support next steps. Referrals to community pharmacies were made by telephony services for NHS 111 or Integrated Urgent Care Clinical Assessment Services (IUC CAS) for patients who could be seen by a community pharmacist closer to their home. The service was later extended to cover referrals for low acuity minor illness from general practice settings and referrals from 999 services and NHS 111 online for minor illness and urgent repeat medication.

1.3. From April 2023, referrals from other urgent and emergency care (UEC) settings were included as part of the NHS CPCS. These additional UEC settings included, for example, urgent treatment centres (UTC), emergency departments (ED) and urgent care centres (UCC). This enabled patients presenting at these UEC sites with low acuity, minor illness conditions and urgent repeat medication supply requests, to be referred to the NHS CPCS in a comparable way to those made by NHS 111 & IUC CAS services.

1.4. In May 2023, NHS England and the Department of Health and Social Care (DHSC) published the Delivery plan for recovering access to primary care and committed to expanding the role of community pharmacy by supporting the management of seven common conditions. The Pharmacy First advanced service incorporates the previous CPCS service (both urgent medicines supply and minor illness elements) and builds on this to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways. This enabled the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines (POM) via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral (as for CPCS) or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous NHS CPCS, making further appropriate use of community pharmacists' skills and opportunities to engage and support patients.

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1.5. In May 2026, NHS England and the Department of Health and Social Care (DHSC) published guidance on the Community Pharmacy Contractual Framework Agreement: financial year 2026 to 2027. Included within this guidance was a commitment to introduce NHS community pharmacy prescribing into Pharmacy First and the Pharmacy Contraception Service.

1.6. As part of this change, approved NHS prescribing community pharmacists (NHS PCPs) delivering the Pharmacy First Service from an NHS prescribing community pharmacy site (NHS PCPS) are enabled to prescribe where clinically appropriate. Detailed requirements relating to the provision of prescribing capability under the Pharmacy First Service are described in the NHS Community Pharmacy Prescribing Specification (CPPS). Contractors intending to provide prescribing activity should use information provided in that document in addition to that contained in this specification.

2. Service objectives

2.1. The objectives of the Pharmacy First advanced service are:

- To offer patients who contact either,
  - NHS 111 (by telephone or online), or
  - 999 service, or
  - their own GP practice, or
  - a primary care out-of-hours service, or
  - an UEC setting (e.g.an ED, UTC, UCC),

  the opportunity to access appropriate urgent care services in a convenient and easily accessible community pharmacy setting.
- To free up clinician capacity in the above settings, for the treatment of patients with higher acuity conditions.
- To identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists and to recommend solutions that could prevent inappropriate use of UEC services in the future.
- To provide urgent access to patients who are not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested.
- To further utilise the clinical skills of community pharmacy teams to complete episodes of care for patients and improve access, displacing activity from general practice and urgent care settings.

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3. Requirements for service provision

3.1. Prior to provision of the service, the pharmacy contractor must:

- Be satisfactorily complying with their obligations under Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations (Terms of Service of NHS pharmacists) in respect of the provision of essential services and an acceptable system of clinical governance.
- Notify NHS England that they intend to provide the Pharmacy First service by completion of an electronic registration declaration through the NHS Business Services Authority (NHSBSA) Manage Your Service (MYS) portal.

3.2. An NHS assured Pharmacy First IT system which meets the minimum digital requirements of the service (as specified within the Community Pharmacy Clinical Services Standard and including an application programming interface (API) to facilitate transfer of data into the NHSBSA MYS portal) must be used by contractors. When choosing an IT supplier, contractors should refer to the NHS CPCS IT Buyers Guide.

3.3. The pharmacy contractor must have a standard operating procedure (SOP) in place covering the provision of the service and include this service in their business continuity plan. The SOP must include: the process for escalation of any clinical and non-clinical issues identified; signposting details; details for changing the pharmacy's DoS profile; contact details for local out of hours and urgent care providers; contact details for the local commissioner of the service; record keeping requirements; equipment maintenance and validation; and staff training requirements.

3.4. The pharmacy contractor must ensure that all pharmacy staff involved in the provision of the service, are familiar with and adhere to the SOP. Both the SOP and the business continuity plan should be reviewed regularly, including following any significant incident or change to the service.

3.5. All consultations must be verbal (face-to-face or remote) and must be provided from the pharmacy premises. Distance selling premises (DSP) pharmacies are not permitted to provide face-to-face consultations with patients present at the pharmacy premises.

3.6. Pharmacies (with the exception of DSP pharmacies) must have a consultation room that will be used for the provision of the service which meets the requirements of the terms of service. Where a face-to-face consultation is the preferred access model for the person, these consultations must be delivered from the consultation room at the pharmacy. There must be IT equipment accessible within the consultation room to allow contemporaneous records of the consultations provided as part of this service to be made within the NHS assured Pharmacy First IT system.

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3.7. Remote consultations are also permitted to provide the service. When undertaking remote consultations, the contractor must ensure that there are arrangements in place at the pharmacy which enable staff to communicate confidentially with the person receiving the service by telephone or another live audio link or a live video link.

3.8. If remote consultations for the clinical pathways reaching the gateway point are offered by a contractor, they must be delivered by live video link. The exception to this being the Acute Otitis Media clinical pathway, which must only be provided face-to-face on the pharmacy premises. The contractor is responsible for ensuring that where clinical examination is required during a remote consultation, 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. NHS England guidance can help contractors to plan for this.

3.9. If the patient needs to be referred to another pharmacy to provide a clinical pathways consultation, no payment will be due to the referring pharmacy.

3.10. The contractor must be able to provide all elements of the Pharmacy First service. The only exception to this being for DSP pharmacies, where consultations for the Acute Otitis Media clinical pathway cannot be undertaken, as the use of an otoscope is necessary in a face-to-face consultation on the pharmacy premises (DSP pharmacies cannot provide face-to-face consultations with patients present at the pharmacy premises).

3.11. The pharmacy contractor must participate in any local audit of integrated urgent care service provision organised by NHS 111 or the local urgent care commissioner.

Equipment

3.12. Where ear examinations are performed within the pharmacy (see 3.10) the pharmacy contractor must use an otoscope. Guidance on selecting a suitable otoscope can be found in Annex C.

Service availability

3.13. The pharmacy contractor must ensure that the service is available throughout the pharmacy's full opening hours (i.e. core and supplementary).

3.14. If the service must be temporarily withdrawn by the pharmacy contractor due to circumstances beyond the scope of the business continuity plan, they must inform the NHS Directory of Services (DoS) Provider and Commissioner Helpline (0300 0200 363) as soon as possible to stop referrals being made to the pharmacy. GP practices and UEC settings within the local primary care network (PCN) must also be contacted to

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prevent them making further direct referrals. The pharmacy contractor must also inform the local commissioner of the service of their temporary withdrawal from the service.

3.15. The pharmacy contractor must ensure the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible person shall be excluded, or experience difficulty, in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

Prescribing Activity

3.16. Detailed requirements relating to the provision of prescribing capability under the Pharmacy First service are described in separate NHS England guidance. Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification for further information.

4. Service description

4.1. The Pharmacy First service pathway is outlined in Annex A. There are three elements:

- Urgent medicine supply (referral only)
- Minor illness referral (referral only)
- Clinical Pathways consultations (referral and suitable patients identified by the contractor)

Referral to the community pharmacy

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

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

For the purposes of this specification, these providers are collectively referred to as the "referring organisation".

4.3. In addition, for the clinical pathways consultations only, patients are able to access the service by attending or contacting the pharmacy without the need for referral.

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4.4. The referring organisation will refer appropriate patients, who are presenting with low acuity minor illness conditions, or a request for an urgent supply of repeat medicines, to a community pharmacy of the patient's choice.

4.5. The referring organisation will offer patients a choice of pharmacies which are participating in Pharmacy First. The referring organisation should use the Directory of Services (DoS) to offer patients a choice of pharmacies for the service, based on location and availability at that time. If the DoS is not available, then a choice of pharmacies must be offered to the patient by the referring organisation that includes the list of local pharmacies offering the service.

4.6. The referring organisation will provide the telephone number of the selected pharmacy to the patient, advising them to either call the pharmacist or attend in-person at the pharmacy.

4.7. A secure, electronic referral that complies with the standards laid out in the NHS CPCS Technical Toolkit, will be sent to the selected pharmacy. The referral will be made into the contractor's chosen NHS assured Pharmacy First IT system and/or via NHS.net Connect into the pharmacy NHS.net Connect shared mailbox.

4.8. If no electronic referral message has been received, the contractor will contact the referring organisation to confirm whether a referral has been made and, where appropriate, to confirm the patient's NHS number and GP details and to request that the electronic referral message is resent.

4.9. Where a contractor has received a referral but has not been contacted by the patient within 30 minutes of the referral, the pharmacist should consider whether they should contact the patient using the contact details set out in the referral message. The decision to contact the patient or not is for the pharmacist to make based on their clinical judgement.

4.10. If the patient has not made contact before the next working day, then the pharmacist can close the referral as 'no intervention or no supply made.' No payment is due where there is no consultation (remotely or face-to-face) with the patient.

4.11. Those who usually manage their own conditions through self-care and the purchase of over the counter (OTC) medicines should continue to self-manage and treat their conditions unless supply of an NHS medicine is appropriate in line with one of the seven clinical pathways.

4.12. During the pharmacy's opening hours, the NHS assured Pharmacy First IT system must be checked with appropriate regularity, to pick up referrals in a timely manner. This includes checking the pharmacy's shared NHS.net Connect mailbox when a

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pharmacy opens and before the pharmacy closes each day to ensure that no messages have been missed.

4.13. Contractors must not generate, submit or otherwise create referrals on behalf of patients to obtain an NHS referral where the primary purpose is to secure eligibility for a Pharmacy First consultation. Any consultation resulting from a referral created by, or at the direction of, the contractor will be deemed ineligible for payment and may be subject to post-payment verification and recovery.

4.14. The only exception to this rule being that in exceptional circumstances, it is understood that contractors may support an individual who may not have easy access to the internet in order to obtain a referral to access the service. In these exceptional circumstances, contractors are advised to retain evidence of the details of the exceptional circumstance and for it to be available at the pharmacy premises for post payment verification purposes.

Referrals for urgent repeat medicines supply

4.15. Repeat medicines supply include both medicines and appliances.

4.16. Referrals can be made into this element of the service from all the referring organisations apart from general practices, who should manage the patient's request for an urgent medicine or appliance themselves by providing a prescription as necessary.

4.17. Patients contacting the eligible referring organisations to request access to urgently needed medicines, will be referred to a pharmacy that is providing this service for assessment and the potential supply of an item previously prescribed for that patient on an NHS prescription.

4.18. If an existing prescription is available for the item the patient is requesting, this should be used to fulfil the urgent supply need and complete the consultation.

4.19. If the patient's request for an urgent supply relates to oral contraception, an urgent supply of that medicine could be made as part of this service where clinically and legally appropriate. If, however, the patient is made aware of the Pharmacy Contraception Service and agrees to receive that service instead, the Pharmacy First referral should be closed, with no payment under Pharmacy First being claimable.

4.20. For the urgent supply to be made, the pharmacist must have interviewed the person requesting the item and satisfied themselves that there is an **immediate clinical need for it to be supplied** and that it is impracticable in the circumstances for the patient to obtain a prescription without undue delay. The pharmacist should use their professional

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judgement to determine whether there is an **urgent need** for each medicine or appliance requested. They must also assess the suitability and legality of making an emergency supply and confirm that they have the item requested in stock.

4.21. Except in the case of DSP pharmacies, where it is appropriate for an urgent supply to be made, and the medicine is in stock at the pharmacy, the pharmacist will arrange for the patient or their representative to come to the pharmacy to collect the item. For DSP pharmacies, where it is appropriate for an emergency supply to be made, and the medicine is in stock at the pharmacy, they must make the necessary arrangements for a prompt delivery of the item, at no cost to the patient (bar the NHS Prescription Charge, where the patient is not exempt from payment of the charge).

4.22. If the medicine is not in stock at the pharmacy, with the agreement of the patient, the pharmacist will identify another pharmacy that provides the service and forward the electronic referral to the other pharmacy via NHS.net Connect or the NHS assured Pharmacy First IT system. In this instance, both pharmacies are eligible for the service completion fee.

4.23. In the case of non-DSP pharmacies, if the patient (or representative) is unable to get to the pharmacy, then the pharmacist must ensure the patient is able to obtain the supply in a timely manner by discussing with the patient (or representative) all reasonable options for accessing their medicines.

4.24. The pharmacist should apply their professional judgement to determine the most appropriate quantity to supply, in line with the provisions of the Human Medicines Regulations 2012 (HMR).

4.25. Where appropriate, the pharmacist will advise the patient or their representative on the importance of ordering prescriptions in a timely manner from their GP practice with the aim of preventing the future need for emergency supplies. The pharmacist could also consider informing patients that the NHS App allows them to request, manage and track their repeat prescriptions.

4.26. If it is not possible to make an emergency supply due to prohibitions within the legislation or other patient factors, the pharmacist will ensure the patient is able to speak to another appropriate healthcare professional by either:

- referring the patient to their own general practice; or
- by contacting a local out of hours provider.

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N.B. Pharmacists must not refer a patient back to NHS 111 or the IUC CAS by asking the patient to call back directly.

Emergency Supply Regulations

4.27. The legal requirements for the emergency supply set out in the HMR must be fulfilled, with the words 'emergency supply' included on the dispensing label.

4.28. It is a requirement of the HMR to ascertain and record the nature of the emergency.

4.29. It is a requirement of this service that items requested by a patient have been previously prescribed under the NHS by a relevant prescriber.

4.30. The pharmacist must consider whether the information available to them corroborates the necessity for an emergency supply to be made.

4.31. A maximum of 30 day's treatment of a POM (not including controlled drugs) may be supplied, except for certain original packs that may be supplied, for example, an antibiotic in liquid form for oral administration, when the smallest quantity to provide the full course of treatment may be supplied.

4.32. Further guidance on the legal requirements can be found in the British National Formulary and in Medicines, Ethics and Practice (Royal College of Pharmacy).

Emergency supplies of Controlled Drugs

4.33. Pharmacists can only make emergency supplies of Schedule 4 and 5 controlled drugs under specific conditions, primarily governed by the HMR and the Misuse of Drugs Regulations.

Table 1: Summary of commonly requested Controlled Drugs (not exhaustive)

Drug Name	**Schedule**
Testosterone undecanoate	Schedule 4 (CD Anab)
Choriogonadotropin alfa	Schedule 4 (CD Anab)
Oxymetholone	Schedule 4 (CD Anab)
Clenbuterol	Schedule 4 (CD Anab)
Benzodiazepines (such as Diazepam, Lorazepam, Chlordiazepoxide, Nitrazepam, Flurazepam)	Schedule 4 (CD Benz)
Zopiclone	Schedule 4 (CD Benz)

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Zolpidem	Schedule 4 (CD Benz)
Codeine	Schedule 5 (CD Inv)
Co-codamol	Schedule 5 (CD Inv)
Co-phenotrope	Schedule 5 (CD Inv)
Dihydrocodeine	Schedule 5 (CD Inv)
Cannobidiol	Schedule 5 (CD Inv)
Morphine sulphate 10mg/5ml solution	Schedule 5 (CD Inv)

4.34. Emergency supply is limited to a maximum of 5 days' treatment, and only if judged clinically appropriate. Supplies identified as being greater than 5 days (based on the maximum daily dosage) will be considered outside of the terms of this service specification.

4.35. Pharmacists must:

- Use GP Connect: Access Record (with implied consent) to verify recent prescriptions and assess the risk of misuse. If GP Connect: Access Record is unavailable, with the patient's consent, check their National Care Record or an alternative clinical record.
- Consider the risk of supply or not supplying.

4.36. Pharmacists are not legally allowed to make emergency supplies of Schedules 2 and 3 controlled drugs, with the exception of Phenobarbital for use in the treatment of epilepsy; therefore, any supplies of schedule 2 and 3 controlled drugs are unlawful and outside of the terms of this service specification.

4.37. Any payments made to contractors against supplies outside of the terms of this service specification will be subject to recovery.

Referrals for low acuity, minor illnesses

4.38. Where a referral is received to the Pharmacy First low acuity, minor illness pathway, but the referral relates to another clinical service, e.g. the Hypertension Case-Finding Service or the Pharmacy Contraception Service, or it does not relate to a low acuity, minor illness within the scope of the service, the Pharmacy First referral should be closed, with no payment under Pharmacy First being claimable.

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4.39. The pharmacist will ensure that any relevant 'Red Flags' such as symptoms associated with sepsis, meningitis or cancer are recognised and responded to as part of the consultation process.

4.40. The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the patient.

4.41. The outcome of the referral received in relation to low acuity/minor illness may include:

- Self-care advice to the patient.
- Self-care advice and the sale of an OTC medicine.
- Any of the clinical pathway outcomes for the seven conditions.
- Referral to a separately commissioned pharmacy service delivered in the pharmacy.
- Referral to the patient's GP or relevant out of hours service for an urgent appointment.
- Routine referral to other appropriate services (including other health professionals).

4.42. With the patient's consent, their GP record, using GP Connect Access Record (implied consent applies), their National Care Record or an alternative clinical record must be consulted.

4.43. If it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their general practice.

4.44. Any outcome must be recorded and supported with a post event message to the patient's general practice.

Onward referral for an urgent appointment

4.45. There will be times when the pharmacist will need additional advice or will need to escalate the patient to a higher acuity care location (e.g. a GP, UTC or ED).

4.46. The pharmacist should use their clinical judgement to decide the urgency, route and need for referral and then choose one of the options below:

- **Option A** – **Refer the patient for an urgent in-hours appointment with their own GP**. After agreeing this course of action with the patient, the pharmacist should contact the patient's general practice to secure them an appointment.
- **Option B** – **Call the NHS 111 service when the patient's own general practice is not available**. The pharmacist should call NHS 111 using the healthcare professionals' line for access to a clinician, to seek advice.

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- **Option C – Signpost the patient to A&E or call 999**. If the patient presents with severe symptoms indicating the need for an immediate medical consultation, the pharmacist should tell the patient to attend A&E immediately or call an ambulance on behalf of the patient.

Clinical Pathways Consultations

4.47. The service enables the management of seven common infections by community pharmacists through offering self-care and safety-netting advice, and, only if appropriate, supplying certain NHS-funded over the counter medicines and POMs via Clinical Protocol and PGDs.

4.48. The patient journey for the clinical pathways consultations is outlined in Annex A. The clinical pathways must be followed. A clinical pathways consultation can only be accessed when a gateway point in one of the clinical pathways is crossed.

4.49. The seven clinical pathways are available on the NHS England Pharmacy First Service webpage.

4.50. Patients are able to access this element of the service via the referral routes listed in paragraph 4.2 and by presenting directly at or contacting the community pharmacy.

4.51. Clinical pathways should be used for patients presenting with symptoms potentially associated with any of the following conditions:

- Uncomplicated urinary tract infections (UTIs) in women
- Shingles
- Impetigo
- Infected insect bites
- Sinusitis
- Sore throat
- Acute otitis media

4.52. Pharmacists should ensure they maintain appropriate competence in the recognition of clinical deterioration and use available NHS England resources, including NEWS2 training where appropriate, to support clinical decision-making and escalation.

4.53. The pharmacist must confirm allergy status and identify any concurrent medication or medical conditions, which may affect the treatment of the patient.

4.54. The pharmacist will make a clinical decision as to whether a supply of an NHS medicine under the appropriate clinical pathway and PGD/Clinical Protocol should be made.

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4.55. The outcome of the consultation may include:

- Self-care advice to the patient.
- Self-care advice and the sale of an OTC medicine.
- Any of the clinical pathway outcomes for the seven common conditions, including:
  - A supply of a medicine being made in line with the clinical pathway and under the terms of a PGD or Clinical Protocol.
  - No supply of a medicine being made as it is not clinically appropriate under the terms of one of the PGDs or Clinical Protocol.
- Referral to a separately commissioned pharmacy service delivered in the pharmacy.
- Referral to the patient's GP or relevant out of hours service for an urgent appointment.
- Routine referral to other appropriate services (including other health professionals).

General points for all Pharmacy First consultations

Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification for further information on Pharmacy First consultations.

4.56. Pharmacy First consultations can only be delivered by pharmacists. Contemporaneous clinical records must be made for all consultations.

4.57. Contractors must ensure that pharmacists do not, under any circumstances, provide any component(s) of this service to themselves.

4.58. Where a pharmacist is asked to provide a service to an individual with whom they have a close personal relationship (e.g. family members, friends or colleagues), GPhC guidance for prescribers should be followed (the GPhC guidance relates to prescribing, but the principles related to prescribing for self, family and friends apply equally to medicines being supplied via a PGD).

4.59. During the consultation, if the pharmacist is concerned about a potential safeguarding issue, then appropriate action should be taken, where necessary, in line with local safeguarding processes.

4.60. The patient must be advised of the following information sharing that will take place:

- The sharing of information about the service with NHS England as part of the service monitoring and evaluation; and
- The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification (PPV).

Please refer to Annex B for a summary of how the data will be used.

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4.61. A person providing consent to share outcomes with their general practice should be made aware that other health professionals may have access to the GP record and also any person who has been given proxy access to the patient's GP record. Any person wishing to mark this information as confidential and not for onward sharing can do so via their GP.

4.62. Verbal consent to receive the service must be sought from the patient and recorded in the pharmacy's clinical record for the service.

4.63. When NHS medicines are supplied as part of this service, an NHS prescription charge per item should be collected, unless the patient is exempt from prescription charges, in accordance with the National Health Service (Charges for Drugs and Appliances) Regulations 2015. Any NHS prescription charges collected from patients will be deducted from the sum payable to the pharmacy.

4.64. A blank FP10DT EPS dispensing token must be used to record any medicines provided to the patient, where they are claiming exemption from prescription charges. This dispensing token must include the following information:

- Full name, address, and date of birth of the patient.
- Patient's NHS number.
- Name, strength, and form of medicines requested (using DM+D name or shortened DM+D name in both cases).
- The quantity supplied.
- Date of supply.
- Name and address of patient's GP (for those who are registered with one).
- Referral ID number (if the patient was referred)

4.65. If an NHS medicine is to be supplied following a consultation, it is expected that the supply will be made with reasonable promptness taking into account the clinical need of the individual, for example, supply of antivirals for the treatment of shingles for eligible patients should be made within the defined timeframes of rash onset as outlined in the clinical pathway. DSP pharmacies should make necessary arrangements for a prompt delivery of the item, at no cost to the patient.

4.66. To help protect NHS resources, wherever practicable, pharmacy contractors should supply the best value product to meet the clinical need of the patient.

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Accessing clinical records and documentation of Pharmacy First consultations

4.67. With the patient's consent, their GP record (e.g. via GP Connect Access Record - implied consent to access the record applies to GP Connect Access Record), national care record, or an alternative clinical record for the patient, must be checked by the pharmacist unless there is good reason not to do so.

4.68. Use of GP Connect products requires the pharmacy contractor to agree to the terms of the National Data Sharing Arrangement.

By accessing GP Connect products via the NHS assured Pharmacy First IT system, the pharmacy contractor will be assumed to have read, understood, and accepted the terms of the National Data Sharing Arrangement.

4.69. Details and the outcome of each consultation must be recorded on the NHS assured Pharmacy First IT system.

4.70. Pharmacy contractors must adhere to defined standards of record keeping ensuring that the consultation record is made on the same day that it occurs unless exceptional circumstances apply. Where the NHS assured Pharmacy First IT system is unavailable due to exceptional circumstances beyond the control of the pharmacy contractor, then the consultation record must be added to the system as soon as possible after it becomes available again.

If the problem persists for a period greater than 3 working days, then the contractor must notify the local commissioner of the issue.

Post event messaging to the patient's general practice

4.71. Where the service is delivered by an NHS PCP from an NHS PCPS, refer to the NHS Community Pharmacy Prescribing Specification for details on post-event messaging.

4.72. The pharmacy contractor will ensure that a notification of the provision of the service is sent to the patient's general practice on the day of provision or on the following working day. This will be automatically sent as a structured message in real-time via the NHS assured Pharmacy First IT system using GP Connect Update Record. If there is a temporary problem with the system, this should be sent via NHS.net Connect or hard copy.

4.73. Where an action is required by the General Practice team (such as booking the patient in for a follow up or appointment) an action message or alternative form of an URGENT ACTION communication (rather than the standard post event message) must be sent to the practice.

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4.74. All relevant records must be managed in line with the Records Management Code of Practice.

5. Clinical skills and knowledge

Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification for further information on clinical skills and knowledge requirements for prescribers.

Competency requirements

5.1. Before commencement of the service, the pharmacy contractor must ensure that pharmacists and pharmacy staff providing the service are competent to do so, including the use of an otoscope (except for DSP pharmacies) and be familiar with the clinical pathways, clinical protocol and PGDs. This may involve completion of training.

Competency evidence

5.2. The pharmacy contractor must keep documentary evidence that pharmacy staff involved in the provision of the service are competent and remain up to date with regards to the specific skills and knowledge that are appropriate to their role, and to the aspects of the service they are delivering.

Additional resources

5.3. Details of recommended resources can be found in the Centre for Pharmacy Postgraduate Education (CPPE) Pharmacy First Service self-assessment framework.

6. Governance

6.1. The contractor is required to report any patient safety incidents in line with the Clinical Governance Approved Particulars for pharmacies.

7. Payment arrangements

7.1. Pharmacy contractors providing this service will be paid according to arrangements set out within the Drug Tariff.

7.2. This will include a block payment, a consultation fee and arrangements to cover the reimbursement of any NHS medicines supplied.

7.3. Only clinical pathway consultations that cross the gateway point and reach an outcome set out in the pathway (without onward referral to another pharmacy), will count towards meeting the monthly minimum number of consultations for the block payment.

7.4. Pharmacy First **prescribing** consultations that reach an outcome, will count towards meeting the monthly minimum number of completed consultations for the block

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payment. Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification as further information on payment arrangements for prescribers is included in it.

7.5. Data to populate a payment claim for this service will automatically be added to the MYS portal using the API between the NHS assured Pharmacy First IT system and the NHSBSA. Contractors will need to submit the claim within the MYS portal, as part of the normal month end claims process.

7.6. For urgent medicines supply, a referral is completed when either:

- the pharmacist has a consultation with the patient (remotely or face-to-face) and confirms no supply is required, or
- the patient is given advice, the patient purchases the required product, or an emergency supply is made, or
- the patient is referred on to another healthcare provider, or
- an EPS prescription is downloaded and dispensed, or
- an item is not available, and the patient is referred to a second pharmacy.

7.7. For low acuity/minor illness, a referral is completed when either:

- the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is given self-care advice, or
- the patient receives self-care advice and purchases an OTC item, or
- the patient is referred to a minor ailments scheme locally (where one exists), or
- the patient is referred to an appropriate prescriber, or
- the pharmacist makes the decision that the presenting condition is not minor in nature and the patient is referred onwards to higher acuity services, or
- the patient is contacted and the patient refuses to undergo a full consultation but receives safety-netting advice.

7.8. No consultation fee can be claimed where the pharmacist cannot make any contact with a referred patient.

7.9. For patients with symptoms associated with the seven clinical pathways, a consultation is completed when a clinical pathway outcome is reached and recorded. Where the patient is referred onwards following completion of the clinical assessment and an outcome has been reached, the consultation will be considered completed.

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Consultations referred to another pharmacy solely for completion of the consultation are not considered completed by the referring pharmacy.

7.10. Claims for payment should be submitted in accordance with the provisions in Part VIC of the Drug Tariff.

8. Withdrawal from the Service

Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification for further information on withdrawing prescribing activity.

8.1. If the pharmacy contractor wishes to permanently stop providing the service, they must notify NHS England that they are no longer going to provide the service via the MYS portal, giving at least 30 days' notice prior to cessation of the service. Contractors may be asked for a reason as to why they wish to stop providing the service.

8.2. The contractor must continue to provide the service for the duration of the notice period.

8.3. If the pharmacy contractor de-registers from the service, they will be unable to re-register for a period of one month from the final day of their 30 days' notice.

9. Monitoring and post payment verification

Contractors intending to provide prescribing activity should refer to the NHS Community Pharmacy Prescribing Specification for further information on monitoring and post payment verification of prescribing.

Monitoring

9.1. This service will be closely monitored and evaluated. If concerns emerge regarding antimicrobial resistance or patient safety, NHS England reserve the right to withdraw all or any part of this service with immediate effect. If there are concerns regarding an individual contractor or group of contractors delivering the service, the commissioner may suspend provision of the service from that or those contractors with immediate effect whilst further investigation is carried out and until satisfactory assurance is provided. Contractors will be notified via their pharmacy NHS.net Connect shared mailbox.

9.2. Pharmacies may be required to provide additional reports for service evaluation and monitoring purposes. Community Pharmacy England will be consulted regarding criteria and evaluation periods. These criteria and evaluation periods will be communicated to contractors when any submission is required. The core datasets

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collected via the API that are required for ongoing service monitoring and evaluation purposes are detailed at Annex B.

9.3. In the event of a referring organisation under this service not being able to make a referral through to the pharmacy, or patients reporting that they have been unable to speak to the pharmacist, the commissioner will investigate this issue and action may be taken in line with the Regulations.

Post payment verification

9.4. NHS England / the commissioner has a duty to be assured that where contractors make claims for payment for activity in services, that they meet all the specified requirements of the service. NHS England will work with the NHSBSA Provider Assurance Team to undertake pre- and post-payment verification checks on claims made.

9.5. Reasonable additional evidence related to service delivery may be requested directly from contractors. The verification checks include comparing the information provided by contractors in their claims against datasets and evidence sources that are available to the NHSBSA Provider Assurance Team.

9.6. It is the contractor's responsibility to be able to provide any reasonable additional evidence related to service delivery to eligible patients in accordance with the service specification and PGDs requested by the NHSBSA and/or the commissioner for post-payment verification.

9.7. In cases where contractors have been requested to provide evidence and it is not available or does not demonstrate that the service activity was delivered in accordance with the service specification and PGDs, and so these claims cannot be verified, the contractors will be informed. Where claims cannot be verified and the contractor does not agree to the recovery of associated payments, the case may be referred to the Pharmaceutical Services Regulations Committee (PSRC) or equivalent to decide whether an overpayment has been made.

9.8. In cases where the PSRC decides that an overpayment has been made and will need to be recovered, contractors will be contacted by the NHSBSA and notified of the overpayment recovery process. In such cases, all payments that have been paid as a direct result of a claim that cannot be verified will be recovered (including the costs of medicines supplied). For example, if a monthly incentive payment has been achieved as a result of unverified claims, then this will be subject to recovery as well as the unverified claim.

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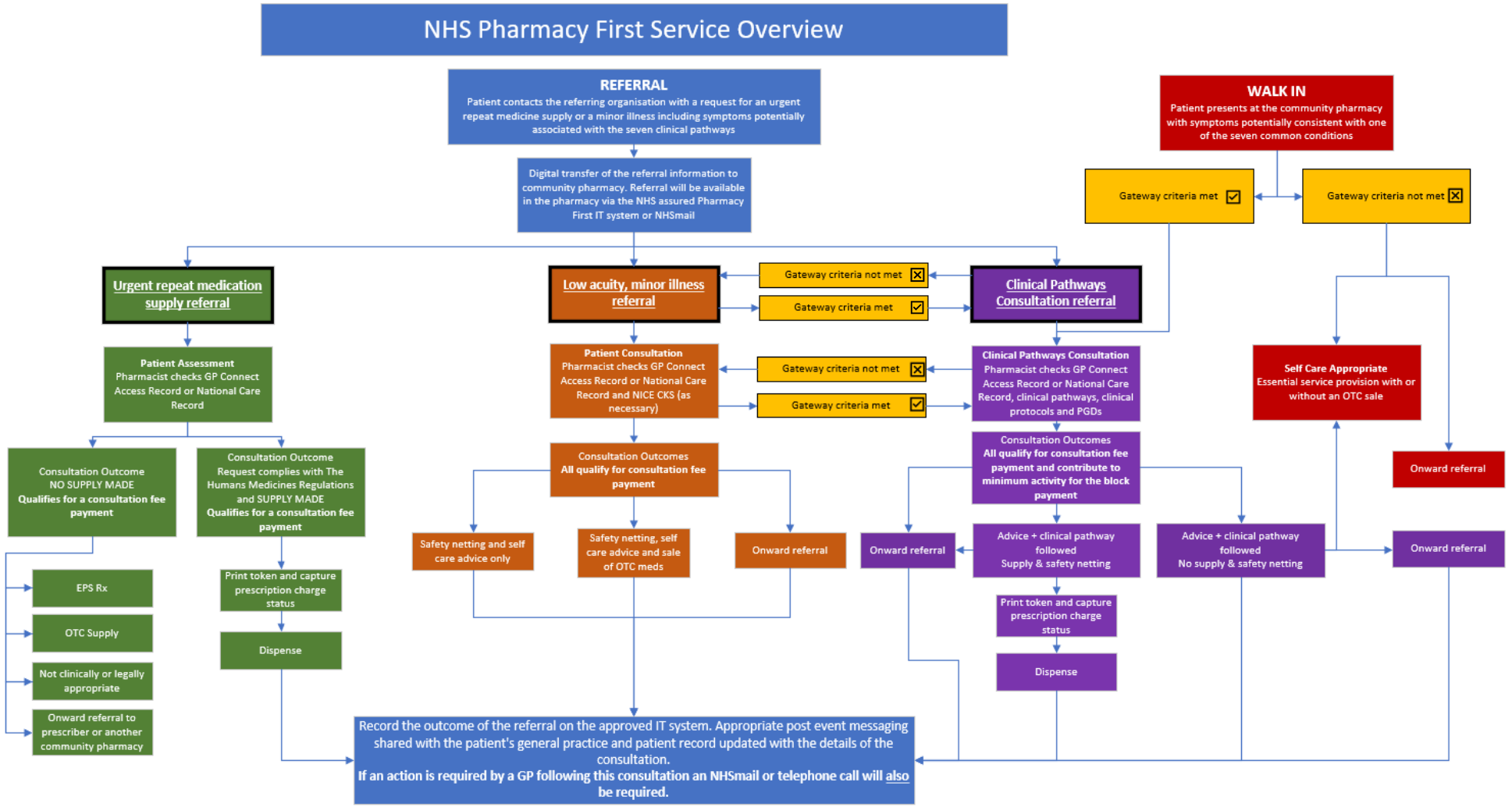
9.9. Any overpayment recovery would not prejudice any action that the NHS may also seek to take under the performance related sanctions and market exit powers within The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

9.10. Accurate record keeping of service delivery to eligible patients in accordance with the service specification and PGDs is an essential part of the service provision. This data informs the patient record held by GP systems and any errors could lead to the corruption of patients' records. Similarly, the data submitted informs the system used by the NHSBSA to make payments; any errors in the data could lead to claims not being paid or being recovered if they do not meet the service requirements. By submitting a claim, the contractor is confirming that the details are accurate. Once a claim is submitted for payment, no further amendments can be made.

9.11. The necessary records for reimbursement must be kept for a period of three years to demonstrate service delivery in accordance with the service specification, and to assist with post-payment assurance activities. These records must be provided by a contractor when requested by the NHSBSA Provider Assurance Team.

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Annex A: Service pathway



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Annex B : Data recording and data transfer

Please note that not all fields are mandatory. Please refer to the relevant technical specification for more detail.

Field	Pharmacy First Consultation Record	GP notification minor illness + clinical pathways (GP Connect Update Record)	GP notification URMS (Digital Medicines v1.2.9)	NHSBSA (payment + reporting) Claim Interface Guide v0.33
IT System ID	✓			✓
Person demographics				
Person name	✓	✓	✓	✓
Date of birth	✓	✓	✓	✓
Gender	✓			✓
Ethnicity	✓			✓
Sex	✓	✓	✓	
NHS number	✓	✓	✓	✓
Person's address + postcode	✓	✓	✓	✓
Person's telephone number	✓	✓	✓	
GP practice				
GP practice details (Name and address)	✓		✓	✓
GP practice identifier (ODS code)	✓	✓	✓	✓
Referral from				
Referrer service e.g., GP Practice, NHS111	✓			✓
Organisation coded value (ODS code) of referrer	✓			✓
Person Referral Reference	✓			✓
Referrer organisation contact details	✓			✓
Urgency (NHS 111 disposition code)	✓			✓

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Signpost from				
Service e.g., GP Practice, NHS 111 online	✓			**clinical pathways**
Self-referral details				
Where the patient would have gone to instead of pharmacy	✓			**clinical pathways**
Contacts with professionals				
Date and time assessment	✓	✓	✓	✓
Date and time the assessment is recorded in system	✓			✓
Location of contact (Pharmacy ODS code)	✓	✓		✓
Consultation method e.g., face to face	✓		✓	✓
Service e.g., minor illness, clinical pathways , urgent repeat medicine supply	✓	✓	✓	✓
Outcome of contact e.g., advice, medicine supplied	✓			✓
Organisation name	✓	✓	✓	
Organisation address	✓	✓	✓	
Organisation contact details	✓	✓	✓	
Reason for non-provision of service e.g., Patient declined consultation with pharmacist	✓		✓	
Clinician name	✓	✓	✓	
Role e.g., Pharmacist, Independent Prescriber	✓	✓	✓	✓
Person collecting the medicine	**URMS**		✓	
Professional identifier (e.g. GPhC number)	✓	✓	✓	✓
Professional identifier type (e.g. GPhC)	✓	✓	✓	
Presenting complaints or issues				
Presenting complaint or issue	**minor illness + clinical pathways**	✓		**minor illness + clinical pathways**
Patient record accessed (Yes/No)	✓			
Gateway criteria met (Yes/No)	**clinical pathways**			
Clinical Summary				
Clinical narrative (Free text)	✓	✓		
Examination findings				

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Height/length	**clinical pathways**	✓		
Weight	**clinical pathways**	✓		
BMI	**clinical pathways**	✓		
Blood pressure	**clinical pathways**	✓		
Systolic blood pressure	**clinical pathways**	✓		
Diastolic blood pressure	**clinical pathways**	✓		
Site	**clinical pathways**	✓		
Heart rate	**clinical pathways**	✓		
Temperature	**clinical pathways**	✓		
Pregnancy status				
Pregnancy state	**clinical pathways**	✓		
Allergies and adverse reactions				
Type of reaction	**URMS + clinical pathways**		✓	
Causative agent	**URMS + clinical pathways**		✓	
Date that the reaction was identified	**URMS + clinical pathways**		✓	
Description of reaction – free text	**URMS + clinical pathways**		✓	
Severity (severe/moderate/mild)	**URMS + clinical pathways**		✓	
Certainty	**URMS + clinical pathways**		✓	
Date first experienced	**URMS + clinical pathways**		✓	
Medications and medical devices				
Medication name (dm+d)	✓	✓	✓	✓
Form e.g., capsule, drops, tablet, lotion	✓	✓	✓	
Quantity supplied e.g., number of tablets, inhalers	✓	✓	✓	✓
Supply period (in days)	✓	✓	✓	
Date supplied	✓	✓	✓	✓
Route - e.g., oral	✓	✓	✓	
Site (anatomical site for med)	✓	✓	✓	
Supply type pre-defined text e.g., OTC, PGD	**minor illness + clinical pathways**	✓	✓	**minor illness + clinical pathways**
Dose directions description e.g., “1 tablet at night. Max dose X"	✓	✓	✓	

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Additional instructions e.g., dissolve under tongue, avoid alcohol	✓	✓	✓	
Reason for supply request	**URMS**		✓	**URMS + clinical pathways**
No supply reason	**URMS + clinical pathways**		✓	**URMS + clinical pathways**
Prescription exemption (yes/no)	**URMS + clinical pathways**			**URMS + clinical pathways**
Prescription exemption category	**URMS + clinical pathways**			**URMS + clinical pathways**
Information and advice given				
Information and advice given	✓	✓	✓	
Plan and requested actions				
Plan and requested actions (free text)	✓	✓	✓	
Red flags				
Red flags (Yes/No)	**minor illness + clinical pathways**			
Red flag detail	**minor illness + clinical pathways**	✓		
Signpost to				
Service e.g., GP Practice, A&E	✓	✓		
Reason for signpost	✓	✓		
Urgency for signpost – urgent, routine	✓	✓		
Referral to				
Date of onward referral	✓			✓
Reason for Onward referral – free text	✓		✓	✓
Urgency of referral - Routine, urgent	✓		✓	✓
Onward Referral to: Service e.g., GP Practice	✓			✓
Onward Referral to: Organisation (ODS code)	✓		✓	✓

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Annex C: Guidance on selecting an otoscope

For community pharmacies providing a minor illness service and examining both adults and children, it is important to have an otoscope that is reliable, easy to use, and compliant with requirements described below:

Functional Requirements:

1. **Illumination**: LED (preferred) or Halogen light source with adjustable brightness.
2. **Magnification**: At least 3x magnification lens.
3. **Field of View**: Wide-angle lens to provide a broad field of view for comprehensive examination.
4. **Tip Sizes**: A range of disposable tips, from paediatric to adult sizes.
5. **Focus Adjustment**: Manual focus adjustment can be useful for better views.

Design Requirements:

1. **Ergonomics**: Comfortable, non-slip handle suitable for both left and right-handed users.
2. **Weight**: Lightweight for ease of use, particularly for extended periods.
3. **Material**: Durable, medical-grade materials that can be easily cleaned.
4. **Portability**: Option for cordless use can be beneficial for portability.
5. **Hard case** for keeping at least otoscope head, handle and specula.
6. Liquid splash resistant

Safety and Compliance:

1. **UKCE Mark**: UKCE mark as a minimum requirement for compliance with UK directives.
2. **MHRA Approved**: Device meets or exceeds the standards laid out by the MHRA.
3. **ISO Certification**: Meeting ISO standards for medical equipment (like ISO 13485) adds an extra layer of assurance.

Additional (Optional) Considerations:

1. **Warranty**: At least a one-year warranty for peace of mind.
2. **Training Material**: User manuals or even online training modules for pharmacy staff.
3. **Customer Support**: Reliable customer support from the manufacturer or supplier in case of issues or queries.

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Annex D: List of minor illness symptoms groups identified for referral to a community pharmacist

This list is not exhaustive.

- Acne, spots, and pimples
- Allergic reaction
- Ankle or foot pain or swelling
- Athlete's foot
- Bites or stings, insect, or spider
- Blisters
- Constipation
- Cough
- Cold and 'flu
- Diarrhoea
- Ear discharge or ear wax
- Earache
- Eye, red or irritable
- Eye, sticky or watery
- Eyelid problems
- Hair loss
- Headache
- Hearing problems or blocked ear
- Hip, thigh, or buttock pain or swelling itch
- Knee or lower leg pain
- Lower back pain
- Lower limb pain or swelling
- Mouth ulcers
- Nasal congestion
- Pain and/or frequency passing urine.
- Rectal pain
- Scabies
- Scratches and grazes
- Sinusitis
- Shoulder pain
- Skin, blisters or rash
- Sleep difficulties
- Sore throat
- Teething
- Tiredness
- Toe pain or swelling
- Vaginal discharge
- Vaginal itch or soreness
- Vomiting
- Wound problems – management of dressings.
- Wrist, hand, or finger pain or swelling

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