

**LPC update
30/01/2025
6.30-7.30pm**

LPC Update

1. Pharmacy First Event Summary
 1. Record Keeping and Claiming Correctly
 2. Increasing Referrals
 3. Increasing Walk-in opportunities
 4. Other services : PCS and Hypertension
 5. ENT
2. Local Update



1. Record Keeping and Claiming Correctly

1. Record Keeping and Claiming Correctly

- This table mainly looked at these two aspects, both big issues for pharmacies in terms of professional liability and correct payments.
- 'Claiming correctly' is a list of 10 T/F questions for people to mentally consider, then discuss/debate within a small group.
- Record Keeping - array of cards in categories of 'useful to include' and 'not useful' and then it was discussed with group as to what is/is not relevant to a clinical discussion.
- A focus here is on the importance of including things that are not observed but relevant to the condition - for example , a patient does not have pus on tonsils etc. Pharmacists tend to write very little and are at risk of omitting important information (that would prove they have been clinically responsible)

True or False

1. PFS is only available to people living in England – T/F
2. I can claim for a consultation if a patient is referred in refuses to have a consultation but receives basic safety netting advice – T/F
3. If I cannot do a referral, I can just click a button and send it to another pharmacy – T/F
4. If 111 send a referral for Minor Illness but patient needs Urgent Medicine Supply then I have to reject it and get a new one resent – T/F
5. If a GP surgery is local, then I should reject any 111 Urgent Medicine supplies during opening hours and send the patient there – T/F
6. Once I try three times to contact the patient, I should then shut the referral down to keep my work queue clear – T/F
7. PharmOutcomes (or other provider) will highlight any errors made in terms of PGD eligibilities /quantities as I input them -T/F
8. If I make a mistake on the patient record for a PFS consultation I can't go back in the next day and change it -T/F
9. To deliver this service I should have a thermometer in my consultation room for Sore Throat Clinical pathway – T/F
10. I examine a child with an earache using an otoscope but find no indication of otitis media during examination this will not pass gateway T/F

True or False

1. PFS is only available to people living in England – **FALSE**
2. I can claim for a consultation if a patient is referred in refuses to have a consultation but receives basic safety netting advice – **TRUE**
3. If I cannot do a referral, I can just click a button and send it to another pharmacy – **FALSE**
4. If 111 send a referral for Minor Illness but patient needs Urgent Medicine Supply then I have to reject it and get a new one resent – **FALSE**
5. If a GP surgery is local, then I should reject any 111 Urgent Medicine supplies during opening hours and send the patient there – **FALSE**
6. Once I try three times to contact the patient, I should then shut the referral down to keep my work queue clear – **FALSE**
7. PharmOutcomes (or other provider) will highlight any errors made in terms of PGD eligibilities /quantities as I input them -**FALSE**
8. If I make a mistake on the patient record for a PFS consultation I can't go back in the next day and change it -**FALSE**
9. To deliver this service I should have a thermometer in my consultation room for Sore Throat Clinical pathway – **FALSE**
10. I examine a child with an earache using an otoscope but find no indication of otitis media during examination this will not pass gateway **FALSE**

PFS: What can we claim for?

Origin of Service Provision

Urgent medicine supply – previously CPCS (referral only)

YES

Claim made in all circumstances where pharmacist has had a consultation with the patient regarding the supply, this includes:

- Supply made or not
- Referral to third party (including pharmacy)
- OTC product purchased.
- Advice given
- EPS token is available
- Item unavailable.

NO

Claim cannot be made where the patient is non-contactable or when the consultation is not provided.

Minor illness referral – previously CPCS (referral only)

YES

Claim can be made in all circumstances where pharmacist has had a consultation with the patient, this includes:

- self-care advice given
- OTC product purchased
- referral to local schemes
- Referred to an appropriate prescriber
- patient referred into Clinical Pathway (one claim is generated in total)
- **when the patient is contacted but refuses to undergo a full consultation but receives safety netting advice**

NO

Claim cannot be made where the patient is non-contactable or when the consultation is not provided.

Clinical Pathways consultations) – new element (both self-referral and referral)

YES

Claim can **always be made for a referred patient** once a consultation has taken place – if gateway is not met then recorded as **Minor Illness Referral**

Claim can only be made for a self-referred patient if the gateway point into the Clinical Pathway is reached.

NO

Claim cannot be made for a patient for a self-referred patient if the gateway point into the Clinical Pathway is not reached.

Claim cannot be made where the patient is non-contactable or when the consultation is not provided.



2. Increasing PFS Referrals

2. Increasing PFS referrals

- The table was led by our ICB community pharmacy lead Arran Konkon
- Roughly 6000 consultations being completed in Pharmacies across the ICB per month on average.
- Of these only around 10% come from referrals from GP practices.
- How can we drive this up and increase activity.
- Increasing referrals is vital in ensuring thresholds are met.



How to increase referrals into Community Pharmacy services

Arran Konkon
ICS Community Pharmacy Clinical lead

Key tips for driving engagement

- Speak to your local practices- Contact the practice manager and offer the opportunity for a meeting to discuss.
- Understand any barriers from their perspective and offer solutions.
- Target the reception staff/teams.
- Offer to support with training on the service.
- Ensure two way communication pathways are set up.
- Speak with PCN co-ordinators/ clinical directors.
- Local relationships are key.

Who is referring well?

- **GP connect-** Stoke Aldemoor Medical centre.
- **Nuneaton and Bedworth-** Queens road surgery
- **Sowe Valley PCN-** Forum health centre.

What are we doing as the ICB?

- Producing local dashboard data which helps to drive engagement.
- Assessing local data and targeting practices that are not referring to understand what support is required.
- Utilising ePACT data to be able to understand size of the opportunity.
- Providing training resources to practices and offer of face- to- face training.
- Facilitating meetings between practices and local pharmacies.
- What more can we do?
 - Arrandeep.Konkon@uhcw.nhs.uk
 - 07769792577



3. Increasing Walk-in Opportunity

3. Increasing Walk-in opportunity

- The table was focussed on how to increase walk-in patients to Clinical Pathway consultations and which products are most linked to passing the gateway
- We highlighted that the cystitis sachets would have a high conversion rate to UTI pathway and would be a better clinical care for the patient, the groups discussed how they might manage this product placement
- It may also be in patient's interest to delay treatment with antibiotics, in the case they return this is a second consultation.
- Similarly with some creams for impetigo, these could be flagged for Clinical Pathway potential
- We also looked at the importance of knowing the point of gateway is both for pharmacists and for their teams.
- Success is found where: team know the gateway points clearly and also when incentivised to find cases

When should team member refer to pharmacist for Pharmacy First Consultation?

Acute Sinusitis

Suitable for: 12 years +

Symptoms

Pain, swelling and tenderness around your cheeks, eyes or forehead, Blocked nose, Reduced sense of smell, Green-yellow mucus, Sinus headache, Fever, Toothache

OTC Management

Most sinusitis will resolve within 2-3 weeks with pain relief and decongestant treatment.

UTI

Suitable for Women 16-64

Symptoms

Pain or a burning sensation when passing urine, Needing to pass urine more often than usual, Urine that looks cloudy

OTC Management

Paracetamol for pain and advice around fluids and rest.

Acute Sore Throat

Suitable for 5 years +

Symptoms

Dry and painful throat especially when swallowing, Swollen neck glands

OTC Management

Most cases are viral and resolve within a week. Patient can use pain relief, lozenges and anaesthetic spray to ease symptoms.

Shingles

Suitable for over 18s

Symptoms

Tingling or painful feeling in an area of skin, Headache, Feeling generally unwell
A rash (normally only on one side of body) which progresses to blisters.

OTC Management

No treatment available OTC

Infected Insects Bites

Suitable for 1 year +

Symptoms

Red and swollen around bite, Skin hot to touch, Painful

OTC Management

Most cases can be treated with oral antihistamines and topical hydrocortisone.

Acute Otitis Media

Suitable for 1-17 years old

Symptoms

Pain inside ear, Discharge, Itchiness and irritation around ear, Feeling pressure within ear
Small children may rub and pull ear, be off food and be restless

OTC Management

Majority will recover without antibiotics and may just require pain relief

Impetigo

Suitable for 1 year +

Symptoms

Red sores or blisters, Sores or blisters quickly burst and leave crusty, golden-brown patches.

OTC Management

Can be treated with hydrogen peroxide 1%

Clarity within team on who meets the gateway

Acute Sinusitis

Suitable for: 12 years +

Symptoms

Pain, swelling, loss of sense of smell, Green discharge
OTC Medication: Most sinusitis

PFS Referral

When patient has had symptoms for **ten or more days with no improvement.**

UTI

Suitable for Women 16-64

Symptoms

Pain or burning when urinating, Urine that looks cloudy or bloody
OTC Medication: Paracetamol

PFS Referral

When **symptoms are not mild** and do not indicate thrush (discharge)

Acute Sore Throat

Suitable for 5 years +

Symptoms

Dry throat, OTC Medication: Most sore throats, spray
PFS Referral: Where patient meets at **least 4 of the 5 criteria** – fever, pus on tonsils, inflamed tonsils, onset in the last 3 days and no cough.

Shingles

Suitable for over 18s

Symptoms

Tingling, A rash, Unwell
OTC Medication: No treatment
PFS Referral: **All cases of suspected shingles**

Infected Insects Bites

Suitable for 1 year +

Symptoms

Redness, Swelling, Pain
OTC Medication: Most bites
PFS Referral: **48 hours post-bite** and redness and swelling surrounding bite spreading

Acute Otitis Media

Suitable for 1-17 years old

Symptoms

PFS Referral: **Refer all cases 1-17 years old for ear examination**
Majority will recover without antibiotics and may just require pain relief

Impetigo

Suitable for 1 year +

Symptoms

Red sores, Pus, Brown patches.
OTC Medication: Can be treated with hydrogen peroxide 1%
PFS Referral: **All cases of suspected impetigo**

Pharmacy First Service Referral Guide

PFS allows patients to access a consultation with a pharmacist for these **seven common conditions**. To access these, patients need to meet the **'Gateway Point'**. Here we have summarised the seven conditions and the triggers for referral to the pharmacist for assessment for PFS. Normal OTC practice still applies and remember to always ask the pharmacist if you are unsure or spot any red flags.

Acute Sinusitis

Suitable for: 12 years +
Symptoms

Pain, swelling and tenderness around your cheeks, eyes or forehead
Blocked nose
Reduced sense of smell
Green-yellow mucus
Sinus headache
Fever
Toothache

OTC Management

Most sinusitis will resolve within 2-3 weeks with pain relief and decongestant treatment.

PFS Referral

When patient has had symptoms for **ten or more days with no improvement**.

Shingles

Suitable for over 18s

Symptoms

Tingling or painful feeling in an area of skin
Headache
Feeling generally unwell
A rash (normally only on one side of body) which progresses to blisters.

OTC Management

No treatment available OTC

PFS Referral

All cases of suspected shingles



Infected Insects Bites

Suitable for 1 year +

Symptoms

Red and swollen around bite
Skin hot to touch
Painful

OTC Management

Most cases can be treated with oral antihistamines and topical hydrocortisone.

PFS Referral

48 hours post-bite and redness and swelling surrounding bite spreading

Impetigo

Suitable for 1 year +

Symptoms

Red sores or blisters
Sores or blisters quickly burst and leave crusty, golden-brown patches.

OTC Management

Can be treated with hydrogen peroxide 1%

PFS Referral

All cases of suspected impetigo



Acute Sore Throat

Suitable for 5 years +

Symptoms

Dry and painful throat especially when swallowing
Swollen neck glands

OTC Management

Most cases are viral and resolve within a week. Patient can use pain relief, lozenges and anaesthetic spray to ease symptoms.

PFS Referral

Where patient meets at **least 4 of the 5 criteria** – fever, pus on tonsils, inflamed tonsils, onset in the last 3 days and no cough.

Acute Otitis Media

Suitable for 1-17 years old

Symptoms

Pain inside ear
Discharge
Itchiness and irritation around ear
Feeling pressure within ear
Small children may rub and pull ear, be off food and be restless

OTC Management

Majority will recover without antibiotics and may just require pain relief

PFS Referral

Refer all cases 1-17 years old for ear examination

UTI

Suitable for Women 16-64

Symptoms

Pain or a burning sensation when passing urine
Needing to pass urine more often than usual
Urine that looks cloudy

OTC Management

Paracetamol for pain and advice around fluids and rest.

PFS Referral

When **symptoms are not mild** and do not indicate thrush (discharge)



4. Other Services – PCS and Hypertension

PCS and Hypertension

- This table focussed on looking at the services that will possibly be bundled from March 31st and be necessary to be signed up to to get PFS threshold payment
- The group was led by a pharmacy team who deliver high numbers of ABPM consultations with a conversion rate of 20% (compared to average of 5%)
- They discussed how they achieved this
 - Always having ABPM availability (they have 8!)
 - All pharmacists and techs are well trained with ABPM machine use
 - Team are incentivised to convert patients with high BP reading to ABPM cases



5. ENT Examinations

5. ENT Examination

The purpose of this table was to demonstrate skills for ENT examinations and to discuss experience

Ear examination:

- [How to examine the ear with an otoscope | BMJ Learning \(youtube.com\)](#)

Throat examination:

- [ENT Examination 4 – Throat Examination \(youtube.com\)](#)

Nose examination:

- [ENT Examination 5 – Nose Examination \(youtube.com\)](#)

5. ENT Examination

Examination skill

Discuss with the group your current methods for ENT examinations

In what context will you be undertaking these examinations?

How can you make the process more person-centred?

What actions will you need to undertake following the workshop to achieve and evidence your competence in these examinations?

What concerns do you have about providing this service?

What support would you like?

Feedback to the LPC team was that more ENT CPPE training events would be great

Local Update

- Palliative Care EOI went out and have been received by ICB who are now in process with contracts for the increased number of pharmacies (25)
- CGL have won the DUS contract for Coventry and are doing some local events with contractors, more to follow
- For those who provide the local Smoking Cessation Service, there is a new Varenicline PGD service been developed for Coventry for selected areas.
- We are working on RAG ratings for each local service, please email any feedback to eva.ahwlpc@gmail.com
- Resource pack for advertising services went out to pharmacies in December. Requests for additional resources will be completed in early Feb.