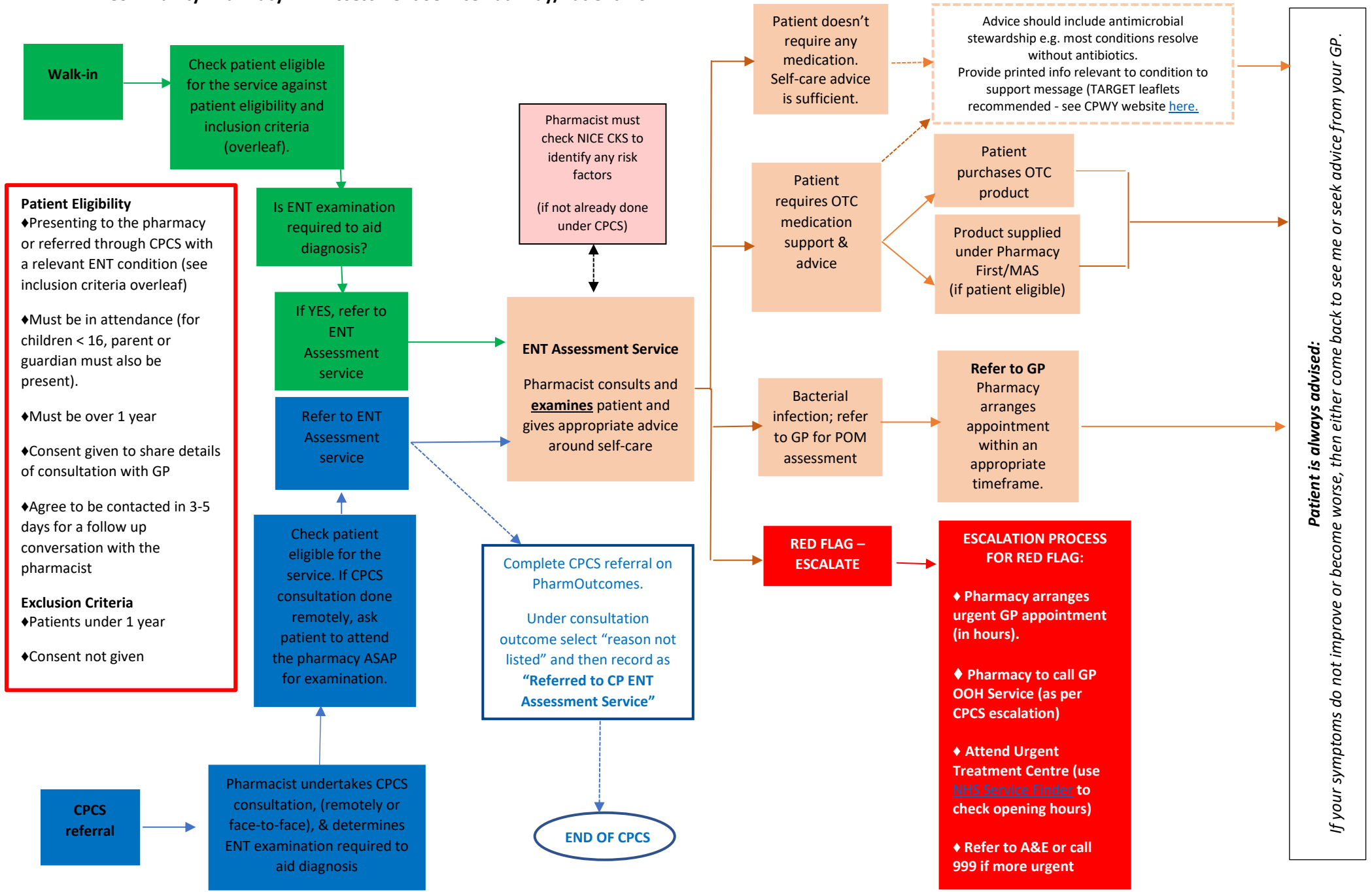


# Community Pharmacy ENT Assessment Service Pathway/Patient Flow



**Follow-up patient in 3-5 days.**  
Pharmacy must attempt to contact patient on 2 separate occasions. If after 2 attempts patient is not contactable, record as "lost to follow up" on PharmOutcomes (ENT Follow-up)

## Inclusion Criteria

### Walk-in Patients

Patients must meet any of the following criteria:

- Earache **for longer than 3 days** and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Discharge from the ear and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Blocked ear and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Hearing loss, (where patient reports hearing loss is gradually getting worse OR has had treatment for an ear infection or wax and hearing has not returned), and pharmacist assesses that an ENT examination is required to aid diagnosis.
- Nasal blockage, (where patient has had symptoms for longer than 3 days OR reports symptoms to be affecting their quality of life), and the pharmacist assesses that an ENT examination is required to aid diagnosis.
- Sore throat **AND** one or more of the following:
  - Where symptoms have not improved after a week (most patients should be advised self-management for up to 7 days).
  - Patient gets frequent sore throats.
  - Patient is worried about their sore throat.
  - Patient has a very high temperature, or they feel hot and shivery

**Note – patients with a weakened immune system, e.g. because of diabetes or chemotherapy, should be escalated to the GP for an urgent appointment. The pharmacist is expected to secure the appointment.**

- Any ENT type condition where the pharmacist makes an assessment that an ENT examination is required to aid diagnosis and treatment.

### CPCS Patients

- Any ENT type condition where the pharmacist makes an assessment that an ENT examination is required to aid diagnosis and treatment.

## Records

Record consultation onto PharmOutcomes, (under ENT Assessment Service), ideally at the time of the consultation or as soon as possible afterwards. An automatic notification is sent to the patient's GP once the consultation is saved.

The information recorded on PharmOutcomes also generates the month end payment claim.

## The Consultation (Key Points)

- Must be undertaken face-to-face in the consultation room.
- The service aims to manage ENT type conditions that often lead to GP practice attendance, but which could be dealt with at a community pharmacy. The focus of the consultation is the examination and to appropriately provide reassurance that an antibiotic may not be needed.
- Consultation to cover:
  - ◆ Patient assessment & physical examination (using a structured approach in response to symptoms)
  - ◆ Review of patient's SCR where appropriate (with suitable consent).
  - ◆ Identification of "red flags" and appropriate response
- Provision of advice – think antimicrobial stewardship!
- If appropriate patient may be supplied with an OTC product. Either a supply can be made under Pharmacy First or other Minor Ailment Service **where the patient is eligible for that service**, otherwise a sale should be made.
- As well as verbal advice, provide printed information (where appropriate) relevant to the patient's condition. These should support the message that antibiotics are not always needed and should include self-care advice, expected symptoms, the probable duration of symptoms, and when and where to go for further advice or treatment if needed. The TARGET [Treating Your Infection - Respiratory Tract Infection](#) and [Managing Your Common Infections \(Self-Care\)](#) leaflets are recommended as they provide self-care advice, information on symptom duration and safety-netting advice. Printed or online information can also be sourced from [www.nhs.uk](http://www.nhs.uk).
- Where the condition is assessed as requiring antibiotics, (or other POM treatment), a referral back to the patient's GP practice will need to be made (**do not give patients an expectation of a specific treatment**).
- Remember safety netting! At the end of every consultation, the pharmacist should give a closing statement to the patient: *"If your symptoms do not improve or become worse, then either come back to see me or seek advice from your GP. You can call NHS 111 or 999 if the matter is urgent, and a pharmacist or GP is not available."*

## Follow Up (3-5 days after initial consultation)

Remember to undertake a follow up call with the patient 3-5 days after initial examination. This is just a telephone conversation to find out how the patient is doing/how they gone on after the initial consultation and to rule out whether any further management is needed (e.g. if the condition has not resolved).

Completion of the 3-5 day follow up will generate the complete service claim for that patient (note; if after 2 separate attempts the patient is uncontactable ensure you record on PharmOutcomes as "lost to follow up" to guarantee payment.

## Antimicrobial Stewardship

It is important that pharmacists delivering this service are aware of the principles of antimicrobial stewardship. When providing this service pharmacists should:

- ◆ Counsel patients about when minor conditions do not require an antibiotic and will resolve without treatment.
- ◆ Be able to discuss the issue of antimicrobial resistance and raise awareness that using antibiotics when they are not needed can increase the risk of antibiotics not working in the future.
- ◆ Discuss supportive measures that will relieve symptoms without antibiotics (e.g. painkillers) and make over the counter sales of these as required.
- ◆ Counsel patients to take any antibiotics supplied according to the directions
- ◆ Counsel patients to complete the course if antibiotics supplied.