

# Community Pharmacy ENT Assessment Service

Commissioned by the ICB in Leeds



Ruth Buchan  
Chief Executive Officer  
Community Pharmacy West Yorkshire



1

# The Journey to the Leeds ENT Service

- Data and feedback from GP practices is that one of the most common reasons for CPCS referral back to the GP is for ENT symptoms
  - Patient has earache – not eligible for CPCS
  - Earache needs antibiotics
  - Earache - not able to undertake ear exam
- Other areas in England commission a PGD service to support community pharmacy management of low acuity conditions
- Evidence from these services is that enable community pharmacy to safely deal with an increased number of patients with low acuity conditions
- NHSE&I had some funding available to CCGs to be used to increase access to primary care
- At the time NHSE&I put a hold on any antibiotic PGD community pharmacy services



2

# ENT Service

- The ICB in Leeds committed to take a CPCS extension service forward (with the NHSE&I funding)
- To navigate the PGD issue an ENT service (without PGDs) was proposed
- Given that the funding was limited the ENT service was targeted on specific PCNs (deprivation, geographically clustered)
- This initial Community Pharmacy ENT Assessment Service set up is being funded from non-recurrent (one-off) NHSE&I funds
- At this point in time, the ICB in Leeds has not secured recurrent funding for this service

## WHY we need this service to be a success

- Need evidence that this service provides positive outcomes for patients and assists community pharmacy in dealing with more patients without referral to the GP
- Ongoing provision of the ENT service
- Support evidence for the addition of PGDs
- Build the case for expanding the service to other areas, in Leeds and across West Yorkshire



3

# Aims of the Service

To ensure that patients can access an ENT examination in community pharmacy to guide self-care advice for the treatment of ENT conditions. Service also aims to:

- Educate patients to seek advice/treatment from the most appropriate healthcare setting.
- Improve patient access to advice/treatment for these conditions via Community Pharmacy.
- Reduce GP workload allowing greater focus on more complex and urgent medical conditions.
- Educate patients with the aim of reducing requests for inappropriate supplies of antibiotics.
- Promote the role of the pharmacist and self-care.
- Support a more integrated approach to care between community pharmacies, general practice and urgent care services.

The service is not intended to replace the Community Pharmacist Consultation Service (CPCS), but it is expected to enhance CPCS by providing an alternative or additional option where clinically appropriate.



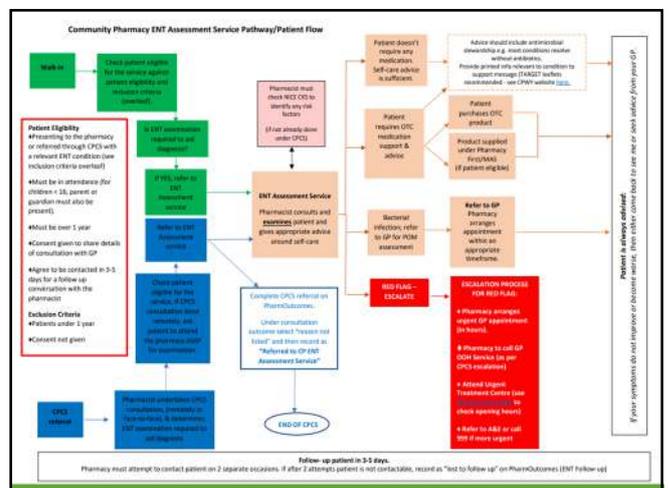
4

# The Service (overview)

- Aims to manage ENT type conditions that often lead to GP practice attendance but could be managed at a community pharmacy.
- Focus of the consultation is the ENT examination and to provide reassurance that an antibiotic may not be needed.
- Pharmacist undertakes clinical history and examination using equipment provided (e.g. otoscope)
- Patients provided with self-care advice and/or recommended an OTC treatment (see service pathway – next slide)
- If condition is assessed to be bacterial infection the pharmacist will refer to patient's GP for POM assessment
- Patient is followed up in 3-5 days after initial assessment.



5



6

# Patient Eligibility

- Walk-in OR CPCS referral with relevant ENT condition (see inclusion criteria)
  - Must be in attendance (for children < 16, parent or guardian must also be present).
  - Over 1 year
  - Consent to share details with GP
  - Agree to be contacted in 3-5 days for follow up (usually over the phone)
  - Note that many ENT symptoms can be managed without examination
- Inclusion Criteria: Walk-In Patients**

  - Earache for longer than 3 days.
  - Discharge from the ear.
  - Blocked ear
  - 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.
  - Nasal blockage, where patient has had symptoms for longer than 3 days OR reports symptoms to be affecting their quality of life.
  - 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
  - Any ENT type condition where the pharmacist makes an assessment that an ENT examination is required to aid diagnosis and treatment.

**Inclusion Criteria: CPCS Patients**

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

# Accreditation

## PHARMACIST TRAINING REQUIREMENTS

Mandatory training requirements:

- Attendance at CPPE ENT Advanced Clinical Assessment Skills workshop.
- Attendance (or watch) CPWY online training (**THIS EVENT!**)
- Completed of Minor Ailments DoC
- Completed HEE Antimicrobial Stewardship for Community Pharmacy e-learning & e-assessment
- Must read and ensure they understand the service specification.

It is expected that pharmacists are familiar with and have worked through CKS on ENT conditions

ONLY PHARMACISTS WHO HAVE COMPLETED ALL ABOVE TRAINING CAN PROVIDE THE SERVICE

7

8

# The Consultation (Key Points)

- Must be undertaken face-to-face in the consultation room.
- 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 (covered on next slide)
- If appropriate patient may be supplied with 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.
- 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:
  - "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."*

# Antimicrobial Stewardship

- Counsel patients about when minor conditions do not require an antibiotic and will resolve without treatment.
- Provide patients with a leaflet to support (The TARGET *Treating Your Infection - Respiratory Tract Infection and Managing Your Common Infection (Self-Care)* leaflets are recommended as they provide self-care advice, information on symptom duration and safety-netting advice about when to reconsult).
- Discuss the issue of antimicrobial resistance and help 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/supply of these as required

9

10

# Antimicrobial Stewardship

Antibiotics don't usually speed up recovery

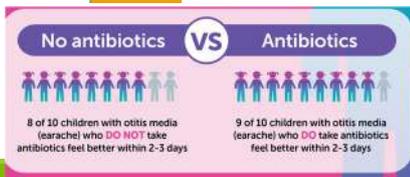
Key messages "Earache generally improves in otherwise healthy, vaccinated children"

Antibiotics can cause harm

West Yorkshire Healthier Together website for children and young adults <https://www.healthiertogogether.nhs.uk/>

Website has an option to text this information to patients / parents / carers

SMS Share



Unfortunately antibiotics can cause harm

3 out of 10

children who take antibiotics will experience side effects

Nausea Headache Vomiting Diarrhoea

11

# Escalation Process: Red Flags = Urgent Referral

- If any red flags are identified – **ESCALATE** following the process described for urgent referrals in the service specification.

- The pharmacist should use their clinical judgement to decide the urgency, route and need for referral.

- Option 1 - Refer patient for an urgent in-hours appointment (Monday to Friday 08:00-18:30).** After agreeing this course of action with patient, the pharmacist (or relevant pharmacy team member) must telephone the patient's general practice to secure them an urgent appointment. When referring patients to a GP, pharmacists should not set any patient expectations of any specific treatment as outcome. Use <https://www.nhs.uk> to find the direct number for the practice. A copy of the basic service provision (patient record) can be printed after saving data to give to the patient.
- Option 2 - Call the GP Out-of-hours Service** if the patient's own general practice is not available (as per CPCS escalation). After agreeing this course of action with the patient, the pharmacist should call GP OOH - see Annex C (CPCS) information provided locally
- Option 3 - Advise patient to attend the Urgent Treatment Centre (UTC) at St Georges Centre, Middlesbrough.** In check opening hours and contact details. Note: there is also a Walk-in Centre in Leeds (Sainsbury's Medical Practice, located at Burnmoor Health Centre) but this has more limited opening hours than the UTC.
- Option 4 - Refer 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.

12

## Escalation Process: Referral back to the GP for POM assessment (Non-urgent referral)

- If signs and symptoms suggest that an antibiotic or other POM may be required, a referral to the patient's GP must be made:
  1. Complete the "Referral from Community Pharmacy" form which is sent electronically via PharmOutcomes. (The pharmacist may also wish to print a copy of the referral form for the patient to take with them to the practice).
  2. The pharmacy arranges an appointment for the patient which should be within an appropriate timeframe for their condition
- If the practice is closed the "Referral from Community Pharmacy" form should be printed off and given to the patient, advising them to contact the surgery. If it is deemed the patient needs to see a GP more urgently, the pharmacist may need to contact the GP OOH or UTC on behalf of the patient (as per urgent referral process).
- Pharmacists should use their clinical judgement to decide the urgency of the referral.
- When referring, patients should not be given an expectation of any specific treatment.

13

## Referral from Community Pharmacy Form

- Referral form embedded within PharmOutcomes (appears when "referral required" is selected).
- Information recorded under "details for GP referral" is used to populate the referral form.
- Referral info based on SBAR:
  - **S = Situation** (a concise statement of the problem)
  - **B = Background** (pertinent & brief info relating to the situation)
  - **A = Assessment** (analysis and considerations of options; what you found or think)
  - **R = Recommendation** (action requested/recommended; what you want)
- Provide clear and concise **clinical handover** notes for the GP
- Referral form will be sent automatically to the patient's GP once the consultation is saved.

14

## Clinical Handover - Earache

### ❌ Examples of poor referrals:

"Earache needs antibiotics"  
"Earache - not able to treat in pharmacy"  
GP view – what is the cause of this earache? Not all earache is bacterial and in some cases resolves on its own. Doesn't the pharmacy know how to manage ear pain?

### ✅ Examples of good referrals:

"Appointment needed for patient assessment. Patient (7yrs old) presented with earache of duration of 3 days. Earache continues despite analgesia. On examination the tympanic membrane is distinctly yellow and moderately bulging, patient generally unwell"  
"Appointment needed for patient assessment. Patient presenting with earache. A very high temperature (>38c) with discharge from ear. On examination submandibular lymph nodes enlarged, perforated tympanic membrane with otorrhea"

GP has the information needed, and confidence that a clinical assessment has been taken

15

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

- To be eligible for the service the patient must agree to a follow up 3- 5 days after the initial consultation.
- This will usually take place over the phone to find out how the patient is doing/how they got on and to rule out whether any further management is needed (e.g. the condition has not resolved)
- It is completion of the 3- 5 day follow up which generates the **complete** service claim for that patient.
- Pharmacy should attempt to try to contact the patient on 2 separate occasions. If after 2 attempts they have been unable to contact the patient, they are able to record this as "Lost to follow up" within the PharmOutcomes follow-up module and this will then generate payment of the consultation fee.

16

## Payment

### • Set-Up Payments

- £200 one off payment (£125 backfill allowance available for each pharmacist attending CPPE ENT Advanced Clinical Skills half-day workshop)

### • Service Payments

For each **COMPLETED** (initial consultation + follow up):-

- Walk-in ENT assessments = £15
- CPCS ENT assessments = £10 (+ CPCS referral fee)

To ensure full payment you must complete the follow up – see next slide for payment breakdown

17

## Payment Breakdown

Payments:	Value	How to claim	
Set up payment	£200 per pharmacy	Triggered on completion of first practitioner enrolment on PharmOutcomes	
Training backfill allowance	£125 per attendee at CPPE ENT Advanced Clinical Assessment Skills half-day workshop	Submission of ENT workshop expenses claim form (sent to attendees after the event)	
ENT consultation payments	Walk in	ENT assessment = £10	Record service activity on PharmOutcomes under ENT Assessment.
		Follow up = £5	Record service activity on PharmOutcomes under ENT Follow up.
	CPCS	ENT assessment = £5	Record service activity on PharmOutcomes under ENT Assessment.
		Follow up = £5	Record service activity on PharmOutcomes under ENT Follow up.

18

# Equipment & Consumables

At the start of the service pharmacies will be provided with:

- An otoscope PLUS disposable otoscope specula:
  - Disposable specula 2.5mm
  - Disposable specula 3.5mm
  - Disposable specula 5.5mm
- Thermometer tympanic device infra red ear thermometer PLUS:
  - Thermometer Single Use Covers
- Tongue Depressors



**Pharmacy expected to fund subsequent purchases of equipment and consumables**



19

# Recording Service Activity on PharmOutcomes

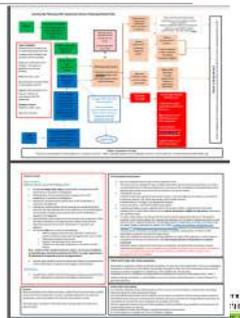
- Record onto PharmOutcomes ideally at the same time of the consultation or as soon as possible afterwards (and by the following working day).  
<https://pharmoutcomes.org/pharmoutcomes/services/home>
- Details of the consultation is sent to the patient's GP via the notification function within PharmOutcomes. In most cases the notification will be sent automatically but if a problem occurs with this notification platform, it can be sent via NHSmail or be printed out and sent via post or hand deliver.
- 2 templates for the 2 elements of the service:



20

# Resources

- Service specification – PLEASE READ
  - Service pathway & summary (service on a page)
  - Patient leaflets (TARGET):
    - Treating Your Infection – Respiratory Tract
    - Managing Your Common Infection (Self Care)
  - VirtualOutcomes pharmacy team training on dealing with ENT presentations  
<https://www.virtualoutcomes.co.uk/pharmacy-training/>
- More resources coming soon.
- All available on the CPWY website at  
<https://www.cpw.org/pharmacy-contracts-services/local-services-enhanced/ent-assessment-service/>



21



Email [info@cpwy.org](mailto:info@cpwy.org)

[www.cpw.org](http://www.cpw.org)



22