PharmOutcomes® Pharmacy First – Acute Sore Throat

Consultation date: __ /___ /____ Time:___:___ Practitioner name:_____

Patient Details

Name:	Postcode:	NHS Number:
Date of birth: __ /___ /____	Address:	Contact Details:
Gender: □ Male □ Female □ Trans		

Ethnicity:

□ White - British
□ White - Irish
□ White – Any other White background
□ Mixed – White and Black Caribbean
□ Mixed – White and Black African
□ Mixed – White and Asian
□ Mixed – Any other mixed background
□ Asian or Asian British - Indian
□ Asian or Asian British - Pakistani
□ Asian or Asian British - Bangladeshi
□ Asian or Asian British – Any other Asian background
□ Black or Black British - Caribbean
□ Black or Black British - African
□ Black or Black British – Any other Black background
□ Other Ethnic Groups - Chinese
□ Other Ethnic Groups – Any other ethnic group
□ Not stated

GP Practice, Consent & Service Entry

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

- With your **GP practice** to inform them of the outcome of your consultation under the NHS Pharmacy First Service.
- 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).

Consent: (required) ☐ Yes ☐ No

GP Practice:

Method of entry to service:
□ Signposted
□ Self-referral
□ Referral (via PharmOutcomes)
□ Email referral
□ Onward referral from another pharmacy

Consultation method:
□ Face to face □ Live video link

Referrer organisation: (if referred)
□ NHS 111
□ NHS 111 Online
□ GP Practice
□ Emergency Department
□ Ambulance Service
□ Urgent Treatment Centre

Signposted from: (if signposted)
□ NHS 111
□ NHS 111 Online
□ Ambulance Service
□ GP Practice
□ GP Practice Online
□ Emergency Department
□ Urgent Treatment Centre
□ Walk-in Centre
□ Other (please state) _____

Patient would have attended: (if self-referred)
□ NHS 111
□ NHS 111 Online
□ Ambulance Service
□ GP Practice
□ GP Practice Online
□ Emergency Department
□ Urgent Treatment Centre
□ Walk-in Centre
□ Other (please state) _____

Referrer contact: (if referred)

Referrer ODS code: (if referred/signposted)

Referral reference: (if referred/signposted)

Patient Assessment

□ Existing medical conditions (e.g. any LTC such as asthma, heart disease, respiratory conditions)
□ Allergies and sensitivities (e.g. penicillin)
□ Patient has a family history of medical conditions
□ Currently taking any medication (consider prescription and OTC)
□ Breastfeeding
□ Clinical observations, tests or algorithms conducted (e.g. NEWS2, FeverPAIN)
□ Other _____
□ None of the above

Symptom duration: (if referred)
□ < 24 hours □ 24-72 hours □ > 72 hours

Temperature: (if recorded)
____°C

Established pregnancy?
□ Yes □ No □ N/A

Anything taken to help with the condition to date? (if referred)
□ Yes □ No

Details: (if answered 'yes' above)

Clinical notes/observations: (including any associated symptoms if identified)

Patient name:_____ Date:___ /___ /___

Patient Assessment	
'Red Flags' such as symptoms associated with sepsis, meningitis or cancer identified? □ Yes □ No	Details of red flag symptoms: (if identified)

Consultation Outcome	
Treatment option considered: **First line:** □ Phenoxymethylpenicillin **If reported penicillin allergy:** □ Clarithromycin **If pregnant:** □ Erythromycin **For self-care only:** □ None	Do any exclusion criteria apply: (see relevant PGD) □ Yes □ No Reason for exclusion: (if excluded)
Consultation Outcome: □ Advice given only (no medicine supply) □ Medicines supply (continue to medicine supply) □ Referral into an appropriate locally commissioned NHS service, such as a patient group direction □ Non-urgent signposting to another service □ Urgent escalation to another service □ Other (please state) _____	No supply reason: (required if outcome is not 'medicines supply') □ Patient excluded under terms of PGD □ Patient does not consent to treatment □ Agreed through shared decision making that self-care was the preferred option □ Agreed through shared decision making to delay treatment and return if symptoms persist □ Other (please state)_____

Medicine Supply		
Medicine name:		Levy status □ Pays for each prescription item □ **A** – 60 years of age or over OR is under 16 years of age □ **B** – 16, 17 or 18 and in full time education □ **D** – Maternity exemption certificate □ **E** – Medical exemption certificate □ **F** – Prescription prepayment certificate □ **G** – Prescription exemption certificate issued by MoD □ **L** – HC2 (full help) certificate □ **H** – Income Support or Income-related Employment and Support Allowance □ **K** – Income-based Jobseeker's Allowance □ **M** – Tax Credit exemption certificate □ **S** – Pension Credit Guarantee Credit (including partners □ **U** – Universal Credit and meets the criteria □ **HMP** – Prisoner on release or released from secure accommodation
Form:		
Strength:		
Quantity:		
Age range: (for clarithromycin)	□ Children 5-11 years (record weight below) □ Children 12-17 years	
Weight: (kg)		
Dose:		
Days supplied:		
Notes:		

Patient name:_____ Date:___ /___ /___

Referral	
Routine referral: (if necessary) □ GP Practice □ Out of hours GP □ Other Community Pharmacy (complete onward referral form) □ Other (please state)_____	ODS code of organisation: (if known)
Urgent referral: (if necessary) □ GP Practice □ Out of hours GP □ Other Community Pharmacy (complete onward referral form) □ Urgent Treatment Centre □ 999 □ A&E □ Other (please state)_____	Reason for referral:

Notes
Including advice provided and actions for patient: