

*(This document provides a guide for locum pharmacists unfamiliar with the pharmacy's ways of working. Keep this sheet with any other local service documentation).*

**This pharmacy provides the new NHS Pharmacy First Service which MUST be provided throughout the full opening hours.**

## Accessing Pharmacy First Referrals

Referrals in this pharmacy are normally received via ..... During the pharmacy's opening hours, it is important that this is checked regularly to pick up referrals in a timely manner. *(Note – the pharmacy's shared NHS mail account must also be checked at opening, closing and periodically throughout the day to ensure no referrals sent this way have been missed. The shared NHS mail account will also be used as a backup in case of system failure within PharmOutcomes if using this platform).*

All Pharmacy First consultations must be recorded on the platform above, ideally during the consultation. **Face-to-face consultations must occur in the consultation room.**

<p><b>The SOP for Pharmacy First can be found:</b></p>	<ul style="list-style-type: none"> <li><i>The SOP is stored where?</i></li> </ul>
<p><b>Who can access the referrals when they come through?</b></p>	<ul style="list-style-type: none"> <li><i>Names of people with access to PharmOutcomes / alternative platform</i></li> </ul>
<p><b>Checks for referrals must be made every .....and by who?</b></p>	<ul style="list-style-type: none"> <li><i>How often do you expect the team to check for referrals? (This should be at regular intervals throughout the day).</i></li> <li><i>Who in the pharmacy is responsible for checking this?</i></li> </ul>
<p><b>NHSmail is checked for referrals/messages every .....and by who?</b></p>	<ul style="list-style-type: none"> <li><i>How often do you expect the team to check the shared NHSmail account? (This should be at the start and end of the day as a minimum).</i></li> <li><i>Who in the pharmacy is responsible for checking this?</i></li> </ul>
<p><b>Has the Emergency Supply been recorded correctly?</b></p>	<ul style="list-style-type: none"> <li><i>Medication supplies must follow normal emergency supply rules including record keeping.</i></li> <li><i>Where are these recorded? Electronically via the PMR or separately?</i></li> </ul>
<p><b>Where are contact details to refer patients on to other providers?</b></p>	<ul style="list-style-type: none"> <li><i>Details of other pharmacy providers are listed on PharmOutcomes.</i></li> <li><i>GP OOH – refer to Pharmacy First / CPCS key contact details (annex D) which is kept with the pharmacy SOP (see above for location).</i></li> </ul>
<p><b>Locums should ensure that they have National Care Records (formally SCR) access on their smartcard – see next page.</b></p> <p><b>Members of staff who have a smart card and can access NCR records to provide relevant clinical information where this is required to allow the safe provision of the service (EXCEPTIONAL CIRCUMSTANCES ONLY – LOCUMS SHOULD HAVE THEIR OWN NCR (SCR) ACCESS).</b></p>	<ul style="list-style-type: none"> <li><i>Names of team members with smart cards who have SCR access</i></li> </ul>

## General Points

### Referrals can come through from GP surgeries, NHS 111 and other Referring Organisations

**When a pharmacy receives a Pharmacy First referral the pharmacist on duty is responsible for managing that patient. DO NOT REFER PATIENTS BACK TO NHS 111**

Patients who ring their GP or NHS 111 for minor illness / clinical pathway conditions, or NHS 111 for urgent medicines, will be referred to a participating community pharmacy following an assessment by a care navigator or call advisor. The referral will contain patient details and a brief description of why the patient has been referred. Referrals will not normally contain medication or in-depth history / details as call advisors are not usually clinically trained.

When managing Pharmacy First minor illness referrals, there are several different outcomes which may result from the consultation:

- Self-care advice and support may be sufficient for the patient.
- The pharmacist may recommend the patient **purchases** an OTC medicine. (If the pharmacy is commissioned to provide a Minor Ailment Service, a suitable product could also be supplied under this service).
- The patient may be suitable for one of the seven clinical pathways.
- The pharmacist may suggest that the patient seeks non-urgent advice from another healthcare professional.
- The pharmacist may need to escalate the patient as they require urgent attention. This may be the patient's own GP, GP OOHs or in urgent cases, by calling 999 or referring patient to A&E. Where escalation is necessary, the pharmacist must organise this. (Refer to Pharmacy First / CPCS key contact details, (Annex D), which should be kept with the pharmacy SOP).

Remember, it is to be expected that there may be some referrals which you cannot treat. Call advisors / care navigators are non-clinicians and are without sight of the patient. The Pharmacy First Service is therefore not just about seeing and treating; it's about the pharmacist on duty undertaking a clinical assessment and dealing with the patients you can and managing/escalating the ones that you can't. Your role is to provide the clinical advice on next steps and to refer when this is needed.

**Where onward referral is necessary, you MUST manage this by contacting the relevant service on behalf of the patient.**

### National Care Records Access for Locums

Pharmacists providing this service **MUST** have access to NHS National Care Records (SCR). Please ensure you have access enabled on your smartcard. For further guidance on access, please see [here](#).