

PHARMACY FIRST MYTH-BUSTING AND BENEFITS FACT SHEET

MYTH-BUSTING FOR GP PRACTICES AND PATIENTS

“ It takes too long for reception / care navigators to complete formal referrals. ”

FALSE – If you are used to verbally signposting patients to the pharmacy, it will take a little longer. Making a referral using PharmRefer, for example, can be done in a few steps and will save your appointments for those with more acute needs. As patients become familiar with the services pharmacies can provide, they will use this as a first point of contact which in turn will reduce the number of calls to the practice.

“ Patients are seen by a pharmacist if GP practices signpost them. ”

FALSE – Actually, when signposted a patient may be seen by another member of the pharmacy team and treated under self-care. Only formal referrals ensure the patient receives a private consultation with the pharmacist.

“ GP practices receive information about the care given to patients they signpost. ”

NOT ALWAYS – If patients are signposted and treated under self-care, no records are made or sent back to the GP practice. Information is only sent to a GP practice if the patient has met the threshold for the clinical pathways.

“ A small number of pharmacies are offering the service so patients will be turned away. ”

FALSE – Over 95% of pharmacies have signed up to provide the service. Using formal referrals such as PharmRefer will ensure the patient is sent to a pharmacy providing the service. Signposting means the patient may not know which pharmacy to attend to receive treatment.

“ Patients are happy with the care they receive when they are referred to a pharmacist. ”

TRUE – Patients who are referred to the pharmacy are reassured that their concern has been taken seriously and the pharmacist will be expecting the patient. Signposting to the pharmacy may leave a patient feeling that their concerns have not been listened to in the same way as a referral.

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Pharmacists are unable to deliver the same level of care as the GP practice.

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FALSE – Pharmacists are highly trained healthcare professionals, with five years of training. The clinical pathways element will enable the management of common infections by community pharmacies through offering self-care, safety netting advice, and only if appropriate, supplying a restricted set of medicines to complete episodes of care for seven common conditions. The pharmacist must follow the patient group directions (PGD) and the protocol for the Pharmacy First service. These PGD’s and protocols were approved by the National Medical Director, Chief Pharmaceutical Officer and National Clinical Director for IPC and AMR. Pharmacists must not deviate from these clinical pathways or PGD’s.

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GP practices are reducing the use of antibiotics and pharmacies will increase this.

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FALSE – Pharmacists follow the clinical pathways criteria which enables the management of common infections by community pharmacies through offering self-care, safety netting advice, and only if appropriate, supplying a restricted set of medicines to complete episodes of care for seven common conditions. The pharmacist must follow the patient group directions (PGD) and the protocol for the Pharmacy First service and cannot deviate from these.

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We refer patients to the pharmacy, but they send most back as they cannot treat them.

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FALSE – According to NHS England approximately 9 out of 10 patients who are referred to the pharmacist are successfully treated or advised without needing to be referred to their GP. Some patients may be re-referred to the GP as the pharmacist has discounted a minor ailment/one of the 7 clinical conditions. The information for the referral is communicated by the pharmacy. A back door phone line can help streamline this process for the patient.

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I won’t be able to tell patients which pharmacies are providing the service.

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FALSE – Using PharmRefer will ensure a patient is sent to a pharmacy providing the service. The Directory of Services (DoS) includes accurate information to ensure patients are appropriately referred. Pharmacies update or amend the DoS regularly to accurately reflect the services they provide and in the case of emergency the need to temporarily remove the pharmacy from the service.

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Patients who receive free prescriptions will have to pay for their medication

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NOT ALWAYS – If the patient requires medication for one of the seven clinical pathway conditions, normal prescription charges/exemptions apply. If over-the-counter medication is recommended it will only cost a small amount.