

## PHARMACY FIRST MYTH-BUSTING AND BENEFITS FACT SHEET

### MYTH-BUSTING FOR PHARMACIES AND PATIENTS

“ Patients who are electronically referred should be rejected if they can't be contacted. ”

**FALSE** – If a patient is not contactable, then you are not able to claim for a consultation. However, the referral should be closed on the Pharmacy First IT system, noting the reason for this, rather than the referral being rejected.

“ Patients who are electronically referred but do not meet the gateway criteria for the clinical pathway strand of the service should be rejected. ”

**FALSE** – If a patient is electronically referred for a clinical pathway condition but does not meet the eligibility criteria, they can instead be seen under the minor illness strand of the service. For example, if a patient is electronically referred for earache but is an adult, they would not be eligible for the acute otitis media clinical pathway, but the pharmacist could provide the minor illness strand of the service for this patient and make a claim.

“ I can supply a patient with an OTC medicine as part of a minor illness referral ”

**FALSE** – The outcome of referrals received in relation to low acuity conditions / minor illness may include giving self-care advice and support, the sale of OTC medicines, referral to locally commissioned pharmacy services, referral to the patient's GP or relevant GP OOH service, or general signposting to other appropriate services (including other health professionals). Therefore, patients will have to purchase any recommended OTC medicines unless the pharmacy provides a Minor Ailments Service, and the patient is eligible for a free supply under this service.

“ I can provide clinical pathway consultations remotely via telephone. ”

**FALSE** – Where it is clinically appropriate to do so, minor illness consultations (referrals) and urgent medicines supply consultations (referrals) can be undertaken via telephone/audio or video consultation by a pharmacist who is on the pharmacy premises. Similarly, where it is safe to do so, clinical pathways consultations can be conducted via good quality video consultation by a pharmacist who is on the pharmacy premises. However, remote clinical pathways consultations can only be provided via a good quality video consultation – they cannot be provided by a telephone/audio consultation.

“ Distance selling pharmacies can provide acute otitis media clinical pathway consultations. ”

**FALSE** - Distance selling pharmacies (DSPs) are excluded from providing the acute otitis media clinical pathway as it requires otoscope examination of the patient's ear and DSPs can only provide clinical pathways consultations via a good quality video consultation (not face-to-face) conducted by a pharmacist who is at the pharmacy premises.

“ I can claim payment when a patient has a FEVERPAIN score of 2 on the Acute Sore Throat Clinical pathway. ”

**TRUE**– The pharmacist conducts the consultation; the patient passes the Gateway point and there are no signs or symptoms identified that require the patient to be referred. Advice is provided but medicine is not supplied as it is not clinically appropriate to do so, and a claim can be made.

“ I must prescribe antibiotics if a patient presents with purulent tonsils. ”

**FALSE** - Purulent tonsils are included as one feature in FeverPAIN assessment. It is therefore recommended that purulence should not dominate decision making but be considered as part of a structured assessment to determine the likelihood of streptococcal infection.

“ I am unable to complete an Urgent Medication referral if a patient is not registered with a GP Practice. ”

**FALSE** – Urgent medication referrals can be completed by recording the practice as 'unknown' in the GP Practice section of the online form. This will allow you to complete the referral.

“ It must be a pharmacist who checks for referrals. ”

**FALSE** – Checking for referrals can be completed by any member of the pharmacy team. It is recommended that a member of the dispensing team make regular checks of PharmOutcomes and the NHS shared mailbox throughout the day and alert the pharmacist to any referrals that have been received. This is especially important if you have a locum or relief pharmacists working in your pharmacy who may not be familiar with how you manage the service.

“ It's easier to complete the consultation and then record it on PharmOutcomes at a later point. ”

**FALSE** – The service provision should be recorded on PharmOutcomes at the time of the consultation to ensure that timely feedback is provided to the GP regarding the outcome of the

consultation. Detailed, well written, patient notes will assure practice teams that their patients are being well looked after and help to build confidence in the service. Once sent to the practice, the notes will form a part of the patient's NHS record and will be used if you escalate the patient back to the practice, or if the patient contacts the GP for further advice.

“ I don't have the first-line antibiotic in stock so I can supply one of the alternative antibiotics on the clinical pathway instead. ”

**FALSE** – An alternative antibiotic can only be prescribed as a result of a clinical decision as detailed in the PGD. If first-line antibiotics are unavailable at your pharmacy, the patient should be referred to an alternative local pharmacy if the product is likely to be in stock elsewhere. If there is a general lack of availability of the product, the patient would need to be referred to their general practice, to be assessed and an alternative product prescribed, where clinically appropriate. You would not be able to claim for the consultation.

“ Once I have escalated/referred a patient back to the GP there will be no communication relating to the patient. ”

**FALSE** – Pharmacists are encouraged to build on positive working relationships with local GP practices. If a pharmacist would like feedback regarding their clinical decisions relating to a patient, a call or face to face meeting with a GP would provide professional development in this area and support future clinical decisions. It is not recommended that this communication to ensure both parties remain compliant with data protection.