Community Pharmacy West Yorkshire

Community Pharmacy & Neighbourhood Health

Community Pharmacy: A Unified Partner in Neighbourhood Care

Trusted, accessible and embedded in local communities. Working together to provide earlier support, better outcomes and joined up care

Why this matters

Community pharmacy is a core partner in the Integrated Neighbourhood Team (INT) and a trusted local community asset. Aligned with INT priorities, community pharmacies support:

- ✓ Prevention
- ✓ Early Intervention
- ✓ Reducing health inequalities
- ✓ Embedded where people live, work and seek everyday advice

The Ask for INTs

- ✓ Include us as a core partner
- ✓ Create communication & escalation routes
- ✓ Use pharmacy insight to inform your plans

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1. The local lighthouse

- Highly accessible: long opening hours, no appointment needed, frequent contact, trusted relationships
- Often the **first place** people turn to when something feels wrong
- Able to spot early warning signs of deterioration or unmet need
- Escalate concerns and signpost appropriately across the neighbourhood system
- Supporting proactive, not reactive, care

2. Local intelligence, trusted relationships

- We know our patients and families
- Everyday, non-medical conversations reveal important insights
- Early awareness of issues such as:
  - Medication adherence challenges
  - Social isolation, stress or declining function
  - Changes in health behaviours
- Intelligence can be shared (appropriately) to support joined-up care planning and targeting of resources

3. Advice, education and connection

- Providing clear, accessible health advice and education
- Supporting self-care and confidence to manage conditions
- Connecting people to:
  - GP and wider primary care
  - Social prescribing and voluntary sector services
  - Local wellbeing, prevention and support offers
- A connector between patients & wider system, strengthening resilience

4. Prevention at scale, close to home

- Strong, established prevention offer including:
  - Vaccination services
  - Hypertension case-finding
  - Health promotion and self care / lifestyle advice
- Opportunistically reaches people who may not routinely access other services
- Reducing health inequalities through local, trusted access
- Supporting neighbourhood prevention priorities – keeping people well

5. Clinical expertise in the community

- Delivering safe, effective patient-centred care
- Highly trained clinicians embedded in local communities
- Delivery of services such as:
  - New Medicine Service (NMS)
  - Hypertension case-finding
  - Pharmacy First
  - Screening & medicines optimisation
- Improving medicines safety, outcomes, and patient understanding
- Reducing pressure on other parts of the system

6. A willing and engaged partner

- Community pharmacy wants to do more as part of the INT
- Ready to:
  - Share insight and data where appropriate
  - Co-design pathways with partners and patients
  - Align our activity to neighbourhood priorities
- Valuing every voice: patients, carers, and professionals with a focus on flexible solutions

One system, one team, one shared purpose

Reducing Healthcare Inequalities

Providing accessible services:
85% of the population live within 1 mile of a pharmacy (in areas of highest deprivation almost 100% of households live within walking distance of a pharmacy).

Targeting specific needs:
They are crucial for delivering targeted public health programmes, such as smoking cessation and vaccination services, which can be particularly effective in areas with higher health needs.

Building trust and relationships:
There are approximately 438 million visits to community pharmacies each year (pharmacy teams in general see patients more regularly than any other healthcare provider allowing pharmacies to understand local health priorities.)

Promoting prevention and wellbeing:
Pharmacies act as local health and wellbeing hubs, offering services that support prevention and help people manage long-term conditions and live healthier lives.

Integrating with other services:
Community pharmacies can integrate with broader healthcare systems, receiving referrals from hospitals and GPs to provide a more seamless and comprehensive patient journey.

Addressing socioeconomic factors:
By focusing on the social determinants of health and working in partnership with community groups, pharmacies can help address the root causes of health inequalities.

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Community Pharmacy – Medium Term Planning Framework – Delivering Change Together 2026/27 to 2028/29

In implementing neighbourhood health, the immediate focus must be on:

- Improving and tackling unwarranted variation in GP access for the whole population.
- Reducing unnecessary non-elective admissions and bed days from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life.
- Enabling patients requiring planned care to receive specialised support closer to home.

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Community Pharmacy & Modern General Practice

Primary Care Access Recovery Plan

- Pharmacy First Service
- Pharmacy Contraception Service
- Emergency Hormonal Contraception
- Hypertension Case-Finding Service
- Ambulatory Blood Pressure Monitoring

Think pharmacy first

Number of West Yorkshire Pharmacies Providing Pharmacy First Services			
	Pharmacy First	Pharmacy Contraception	NHS Blood Pressure Check
No Pharmacies	479	472	470
% WY Pharmacies	95.20%	93.80%	93.40%

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Improving and tackling unwarranted variation in GP access for the whole population

NHS Pharmacy First Service – Aide Memoire

Service suitability: **Patients aged 1 year or over, patients presenting with new episodes of care**

This aide memoire lists the common conditions that may be referred into Pharmacy First Service with the main exclusions. This is not a clinical tool but a guide to support patient referral. General Practice teams should digitally refer patients to Pharmacy First to ensure that the patient receives a consultation with the pharmacist who will assess the suitability of the patient and take over responsibility for appropriate management of the patient. Patients who are signposted to community pharmacy may not be able to access Pharmacy First and therefore managed with over-the-counter advice.

Conditions	**YES** – make a digital referral to the patient's chosen community pharmacy			**NO** – not suitable for referral	
BITES/STINGS	• Bee sting • Wasp sting	• Insect bites • Spider bites	Suspected infected insect bite or sting – unless → or pregnant under 16	• Drowsy/fever • Fast heart rate • Severe swelling or cramps	• Tick bite with target rash • Animal/human bite • Exotic insect/bitten abroad
COLDS	• Cold sores • Cough	• Flu-like symptoms • Cold-like symptoms	Also see CONGESTION, EAR and MOUTH / THROAT sections	• Lasted +3 weeks • Shortness of breath	• Chest pain • Unable to swallow
CONGESTION	• Blocked or runny nose • Sinusitis (12+ years)	• Constant need to clear the throat	• Excess mucus • Hay Fever	• Lasted +3 weeks • Shortness of breath	• 1 side obstruction • Facial swelling
EAR	• Earache • Ear Discharge (1–17-year-olds)	• Ear wax • Hearing problems	• Blocked ear	• Something in ear canal • Pain or swelling behind the ear	• Severe pain • Deafness • Vertigo
EYE	• Conjunctivitis • Sticky eye	• Watery/runny eye • Eyelid problems	• Dry/sore/tired eye • Red or irritable eye	• Severe pain • Pain 1 side only	• Light sensitivity • Reduced vision
GASTRIC/BOWEL	• Constipation • Diarrhoea • Infant colic	• Heartburn • Indigestion • Vomiting or nausea	• Haemorrhoids • Rectal pain • Threadworm	• Severe/ongoing • Lasted +6 weeks	• Patient 55+ years • Blood/Weight loss
GENITO-URINARY	• Vaginal discharge including thrush (aged under 60) • Vaginal itch or soreness	• Cystitis • Suspected UTI – women aged 16-64, unless →		• Male • Under 16 • 60+ years (thrush) • Urinary catheter	• Pregnant • Diabetic • Recurrent infection – 2x in 6 months, 3x in 12 months
MOUTH/THROAT	• Cold sores • Hoarseness	• Sore throat • Sore mouth/ulcers	• Oral thrush • Teething • Toothache	• Lasted +10 days • Swollen, painful gums	• Unable to swallow • Poor immune system • Voice change
PAIN	• Acute pain: ankle, foot, hip, knee, leg, lower back, shoulder, thigh, buttock, wrist, hand or finger	• Headache • Migraine	• Sprains or strains • Rectal pain	• Condition described as severe or urgent. • Ongoing for +3 weeks	• Chest pain/pain radiating to shoulder • Sudden onset
SKIN	• Acne, spots and pimples • Impetigo (unless 2+ times in a year) • Shingles on the body (18+years & not pregnant) • Scabies	• Dermatitis/dry skin/ eczema • Rash • Itchy skin • Nappy rash • Head Lice	• Athlete's foot • Blisters • Warts/verruca • Wound problems (not infected) • Hair loss	• Ongoing for +3 weeks • Condition described as severe or urgent • Pharmacy treatment not worked	• Diabetes related • Shingles on head and / or neck • Shingles in pregnant woman
SWELLING	• Ankle or foot swelling • Lower limb swelling	• Thigh or buttock swelling	• Wrist, hand, finger or toe swelling	• Conditions described as severe or urgent	• Recent travel abroad • Discoloured skin
OTHER	• Sleep difficulties or tiredness			• Long term insomnia or insomnia affecting daily life	

Version 6 Updated September 25 to reflect minor changes in Pharmacy First Clinical Pathways. Approved by West Yorkshire ICB Medicines Optimisation Committee on 9 October 2025.

The Minor Ailments listed here is an indication of conditions suitable for referral to community pharmacy. The list is not exhaustive and therefore GP practices can refer any patient, presenting with a minor illness, to community pharmacy for a consultation with the pharmacist.

NOTE – The pharmacy can only accept minor illness pathway referrals via digital referral.

https://www.cpwy.org/pharmacy-contracts-services/advanced-services/pharmacy-first-service/#Resources

How Increased Minor Illness Referrals can Support your Practice

THE PROBLEM: APPOINTMENT CONGESTION

High Volume of Minor Illness Requests

A significant portion of daily appointment requests are for minor illnesses, which can overwhelm standard practice capacity.

THE SOLUTION: STRATEGIC MINOR ILLNESS REFERRALS

Reduction in Appointment Requests

Actively referring patients to appropriate minor illness. pathways reduces the number of low-acuity patients seeking traditional GP appointments.

Optimised Patient Flow

Directing patients to the right care setting the first time ensures a smoother journey for the patient and a more organized schedule for the practice.

THE IMPACT: PRACTICE & SYSTEM BENEFITS

Increased Capacity for High Acuity Needs

GPs gain more time and focus to manage patients with complex, chronic, or high-risk conditions that require their specific expertise.

Alleviated Pressure on A&E and Out of Hours

By increasing practice capacity and managing patients effectively during the day, there is a decreased reliance on emergency departments and urgent care services.

Strengthened Primary Care System

A more efficient practice contributes to the overall stability and performance of the wider healthcare network.

Why You Should Digitally Refer Patients to the Pharmacy First Service

Digital referrals ensure a seamless transfer of clinical responsibility from General Practice to Community Pharmacy. While signposting leaves the patient to navigate the system alone, digital referrals provide an audit trail, guaranteed pharmacist consultations, and better workload management for the pharmacy.

ADVANTAGES OF DIGITAL REFERRALS

Guaranteed Clinical Accountability

Clinical responsibility transfers to the pharmacist, who provides follow-up care and a complete audit trail.

Seamless Patient Journey

Referrals use live data to ensure the pharmacy provides the service and is expecting the patient.

Enhanced Treatment Access

Patients access a confidential pharmacist consultation and the full minor illness pathway, regardless of gateway points.

DISADVANTAGES OF SIGNPOSTING

Fragmented Care & No Audit Trail

There is no follow-up if the patient fails to attend and no record of the treatment provided.

Increased Patient Burden

Patients must identify which pharmacies offer the service themselves, leading to potential frustration and delays.

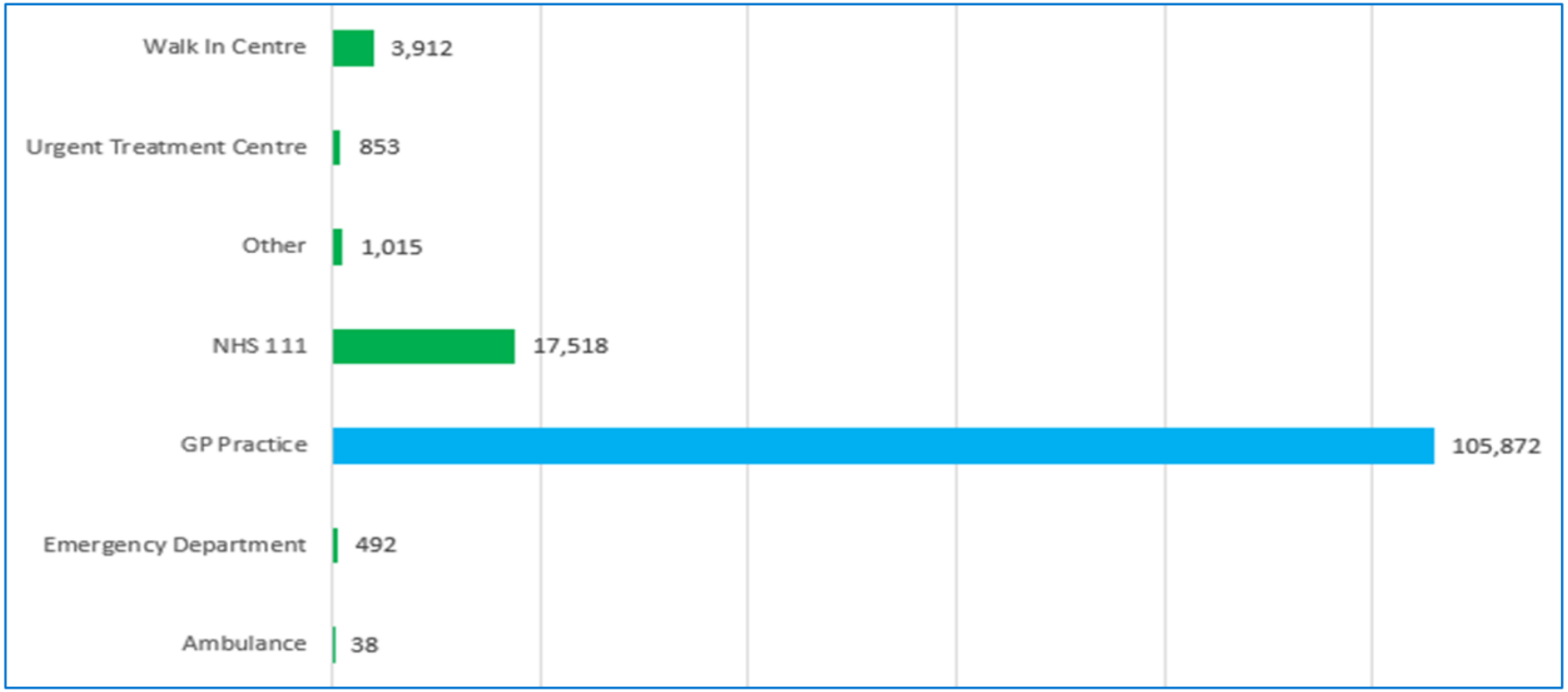
Restricted Clinical Support

Without a referral, patients may only receive over-the-counter advice from non-pharmacist staff members.

Benefits of Pharmacy First

Number of patients (March 2025 to Feb-2026) who reported without Pharmacy First would have presented to other NHS organisations – **105,872 patients reported they would have presented to their GP practice without Pharmacy First ↓**

Data in this report comes from restricted sources. It should therefore be treated as confidential and not shared beyond its intended audience within the NHS.



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Pharmacy Contraception Service

Ongoing Supply

- The pharmacist will conduct a review of the medication, including a BP check and BMI measurement where needed. The pharmacist can supply up to 12 months of contraceptive pill using a Patient Group Direction (PGD).

Initiation of Supply

- If clinically appropriate, the pharmacist can initiate the patient on a 3-moth supply of either a combined oral contraceptive (COC) or a progestogen-only contraceptive (POP) pill.
- Patients can search for a pharmacy offering the service using NHS Service Finder.
- GP practices will only be notified of the supply if the patient consents to the information being shared.

Emergency Contraception (EC)

- Added to the Pharmacy Contraception Service from **29th October 2025.**

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Leeds ICB pharmacies completed 4596 PCS consultations in September 2025

Hypertension Case-Finding Service

Supporting GP practices

- GP practices can refer adults to the pharmacy for a BP linic check, who meet the eligibility criteria for the service (Aged 40 years and over, with no previous diagnosis of hypertension and who have not had their BP checked during the last 5 years).
- GP practices can refer adults aged 40 years and over to the pharmacy for an Ambulatory Blood Pressure Monitoring (ABPM) check where the in initial BP Clinic Check was high. This includes patients who already have a diagnosis of hypertension.
- The referral process is left to the GP practice and the pharmacy to agree between themselves. Some surgeries simply send the patient a text message that the patient can show to the pharmacy.
- It is recommended that referrals for ABPM from practices are made electronically.

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Updated to reflect new service changes from September 2026.

Support for Secondary Care

Discharge Medicines Service

Bed day calculations	
Readmission rate with DMR	12.8%
Readmission rate without DMR	34.9%
Bed days per readmission with DMR	7.23
Bed days per readmission without DMR	13.10

York University Research confirms that the DMS is both cost saving and produces QALY gains compared with standard care, but that the service is currently under-utilised by hospitals and referred patients, with the authors estimating that only around 20% of the current eligible population are accessing the service. They estimate that if **all hospitals increase their referrals into the service to the level of the highest current delivering region, the resulting reduction in hospital admissions could save almost 1 million hospital bed days and a net saving of £31.1 million to the NHS.**

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Reducing unnecessary non-elective admissions and bed days from high priority cohorts – people who have moderate to severe frailty, people living in a care home, people who are housebound or at the end of life.

If you would like to speak to your local CPWY Advanced Services Facilitator for support, please contact phil@cpwy.org

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