

NHS Pharmacy First: Frequently Asked Questions (FAQs) for General Practice Reception Teams and Care Navigators

These FAQs provide easy-to-find answers to common queries about the NHSE Pharmacy First service. It is intended for general practice reception teams and care navigators, with questions categorised and linked to detailed answers. If further information is required, see the contact details section.

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1. General Information

1.1 What is the Pharmacy First Service?

The government and NHS England are committed to ensuring patients receive the right treatment at the right time which is why a new Pharmacy First service has been developed. Pharmacies already deliver services to many patients who present directly to the pharmacy, offering advice and over-the-counter (OTC) non-prescription medicines for acute self-limiting symptoms. However, there are some patients who will need access to prescription-only medication and currently, for NHS patients in England, they must be directed to a general practice for a prescription to be generated necessitating a repeat clinical assessment and a delay in accessing the right treatment.

The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service (CPCS) and builds on it to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways and consists of three core elements:

- Clinical pathways (new element)
- Urgent repeat medicine supply (previously commissioned as the CPCS).
- NHS referrals for minor illnesses (previously commissioned as the CPCS).

This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and supplying certain over-the-counter and prescription-only medicines via clinical protocol and patient group directions.

1.2 What conditions are included in the Pharmacy First Clinical Pathway Consultations?

The new service will enable the management of seven conditions across various age ranges:

- Uncomplicated Urinary Tract Infections: Women 16 to 64 years
- Shingles: 18 years and over
- Impetigo: 1 year and over
- Infected Insect Bites: 1 year and over
- Sinusitis: 12 years and over
- Sore Throat: 5 years and over
- Acute Otitis Media: 1 to 17 years

1.3 What conditions are included in the Pharmacy First Minor Illness element?

The list of minor illness symptoms groups identified for referral to a community pharmacist can be found in Annex D of the [service specification](#). Please note, this list is not exhaustive. This list remains unchanged from the service

previously commissioned as the Community Pharmacist Consultation Service (CPCS).

1.4 What are the expected benefits of this service?

This new service is expected to free up general practice appointments for patients who need them most and will facilitate quicker and more convenient access to safe and high-quality healthcare, including the supply of appropriate medicines for minor illnesses and addressing health issues before they get worse.

1.5 What will happen to the previous Community Pharmacy Consultation Service (CPCS)?

The CPCS in its current form ceased on 30th January 2023 and the new Pharmacy First service started on 31st January 2024 encompassing the minor illness and urgent repeat medicines supply elements of CPCS and introduced the new clinical pathway consultation element.

1.6 Will patients receive the same level of care at the pharmacy?

Community pharmacy teams will be working closely with local general practice colleagues as part of the wider primary care team. General practice may refer people directly to a community pharmacy for support with minor illnesses and common conditions. Community pharmacy has unparalleled reach and access, particularly in more deprived areas, with most patients living within a short walking distance of a pharmacy.

Pharmacies have private consultation rooms that are used for consultations with patients and pharmacists see patients for clinical services without always needing an appointment. Pharmacists train for five years in the use of medicines and managing minor illnesses, so they are well-equipped to provide health and well-being advice to help people stay well.

Pharmacists are experienced in spotting warning signs, otherwise known as red flag symptoms, which may warrant a referral to another healthcare provider. For the new clinical pathway consultations, the pharmacist will be managing patients in line with the clinical pathways. These clinical pathways have been developed with input from various experts including practising general practitioners and pharmacists as well as representatives from national organisations such as NICE and UK Health Security Agency. This ensures that the steps taken together match the care patients would receive in General Practice and follow the latest national guidelines.

2. Access

2.1 How will patients be able to access the service?

Patients may be referred to Pharmacy First by one of the following routes:

- NHS 111 telephony.

- NHS 111 on-line.
- Integrated urgent care clinical assessment service (IUC CAS).
- 999 services.
- General practice (low acuity minor illness conditions and the seven clinical pathways only).
- Other urgent and emergency care providers e.g. Urgent Treatment Centre (UTC), Emergency Department (ED), Urgent Care Centre (UCC).

In addition, for the clinical pathway consultations only, patients can access the service by attending or contacting the pharmacy directly without the need for referral.

2.2 Is the service only available to patients who can contact the general practice digitally?

All patients can access the Pharmacy First service regardless of the route they used to contact the practice. Whether patients contact the practice via face-to-face, phone, online or using an online consultation tool, practice teams can generate a referral into Pharmacy First. See the referral section below for further information.

2.3 Is the service available on weekends and holidays?

Yes, many pharmacies offer extended opening hours in the evenings and at weekends. Some are open until midnight or even later, even on public holidays. Details of a local pharmacy, including its opening hours can be found here: [find a local pharmacy](#).

2.4 Will every pharmacy provide the service?

No. Pharmacies can choose whether they wish to provide this service. At present 98% of pharmacies in England are signed up to provide the service.

2.5 Which pharmacies provide the Pharmacy First Service?

Healthcare professionals can check pharmacy profiles in [NHS Service Finder](#) to identify which pharmacies are registered to provide the service. In SWL general practice teams can use EMIS Local Service or PharmRefer to make referrals to the service. Participating pharmacies are identified in these systems.

3. Eligibility

3.1 Will pregnant individuals be eligible for this service?

Yes. To ensure equity of access to healthcare, pregnant individuals will be eligible to access the service. The pharmacist will assess the patient and determine whether it would be appropriate to treat the pregnant individual or refer them to another provider. Advice has been sought from the UK Teratology Information Service (UKTIS) regarding the management of pregnant individuals for each of the seven clinical pathways.

3.2 Will breastfeeding individuals be eligible for this service?

Yes. To ensure equity of access to healthcare, individuals who are breastfeeding will be eligible to access the service. The pharmacist will assess the patient and determine whether it would be appropriate to treat the individual or refer them to another provider. Advice has been sought from the UK Drugs in Lactation Advisory Service (UKDILAS) regarding the management of breastfeeding individuals for each of the seven clinical pathways.

3.3 Will children under 18 years be able to use the Pharmacy First Service?

Yes, children under 18 years will be able to use the Pharmacy First Service. Pharmacists are experienced in managing young children, and the service ensures that parents with young children can access healthcare advice and necessary treatment promptly. This includes addressing conditions like impetigo and earache, which commonly affect children. However, age restrictions do apply to some conditions for clinical reasons. If a patient, including a child under 18, is not eligible for the service based on their condition, the pharmacist will refer them to another healthcare provider if appropriate.

3.4 What if the patient has a penicillin allergy?

During the clinical pathway consultation, the pharmacist will ask patients about their allergy status. Pharmacist can confirm an allergy to penicillin through self-reporting by individuals/carer/parent/guardian. Pharmacists will also have access to both general practice records and the National Care Records to view documented allergies. Penicillin allergy is the most frequently reported drug allergy in the UK; however, [research](#) suggests that when tested, 90% of are not truly allergic. Pharmacists should educate patients on the risks of having a penicillin allergy recorded. After this discussion, if there is uncertainty about allergy status, patients should be strongly advised to discuss this with their general practitioner at their next routine appointment and this should be documented in the consultation notes. Management of the patient should proceed based on reported allergy to avoid unnecessary delays to treatment if clinically indicated. Patients with a reported penicillin allergy will receive non-penicillin alternative treatment in community pharmacy.

3.5 Are people not registered with a GP eligible for the service?

Yes they are still eligible. As well as providing the service, the pharmacy team could also explain how the patient can [register with a GP practice](#). When pharmacists enter the patient's details on the Pharmacy First IT system, they can use the "unknown" option for their GP, to enable them to continue with the consultation.

4. How to Refer Patients

4.1 Do referrals to Pharmacy First need to be sent digitally or can the referral be verbally signposted?

A referral within the NHS means one healthcare provider asks another healthcare provider to provide a service to a patient. As such, a referral requires a referral message to be sent from one provider to the other.

Where a patient is verbally advised by one provider to seek assistance from another healthcare provider, that patient is being signposted to the other provider and not referred. Where a patient is signposted, the patient takes on the responsibility to contact the healthcare provider, as that organisation is not aware the patient has been directed to them.

Please note that:

- For a clinical pathway's referral, patients can be referred digitally or verbally signposted.
- For a minor illness referral patients must be referred formally by general practice.

SWL ICB encourages **all** Pharmacy First referrals from providers to be sent digitally. The next FAQ highlights the benefits of sending a formal referral to pharmacies.

4.2 What are the benefits of sending a formal referral for minor illness element of Pharmacy First?

Submitting a formal referral for the minor illness element of Pharmacy First offers several benefits, especially when compared to signposting. If referred:

- Patients will receive a confidential consultation with the pharmacist in the consultation room or remotely. If signposted, they may be treated as self-care support and possibly seen by another pharmacy team member.
- Patients are reassured that their concerns have been taken seriously and the pharmacist will be expecting them.
- If the patient does not contact the pharmacy, the pharmacist will follow up based upon clinical need.
- Referrals enable the pharmacy to plan and manage workload, thereby meaning patients are seen promptly.
- Clinical responsibility for that episode of patient care passes to the pharmacy until it is completed or referred on.
- There is an audit of referral and clinical treatment, which will support onward patient care.

- Referral data can evidence that patients are actively being supported to access appropriate treatment, evidencing that general practices are supporting the [Delivery Plan for Recovering Access to Primary Care](#).

4.3 Which digital tools can be used to send referrals?

SWL ICB has procured two digital solutions that can be used instead of NHS email to send Pharmacy First referrals from general practice to community pharmacies.

EMIS Local Services is an extra inbuilt tool for practices that use EMIS Web, it supports collaboration between local service providers and directs patients to the most appropriate care, freeing up GP appointments and sharing patient demand across organisations.

PharmRefer is a web-based tool which can be deployed in any setting and in SWL it is used by general practice teams that use Vision as their IT system. PharmRefer is accessed at <https://pharmrefer.app/app>.

4.4 How do I refer patients from the practice via EMIS Local Access or PharmRefer?

Both with EMIS Local Services and PharmRefer, the practice is taken through a series of short steps to assess the best care for the patient. If Pharmacy First is suitable for the patient, eligible pharmacies in the area are listed during referral. Referrals should preferably be made to the patient's nominated pharmacy but always ask the patient which pharmacy they prefer.

From there you direct the patient to the community pharmacy for a consultation, enabling you to focus on the patients who need a doctor's appointment at the practice.

[EMIS Pharmacy First: Streamline referrals](#) demonstrates how referrals can be generated on both Local Service and PharmRefer.

4.5 Are there any useful phrases that can be used with patients.

When a referral is made, the patient initiates contact with the pharmacy. Useful phrases include:

- Please contact the pharmacy to discuss your treatment and advise that you have been referred by your practice. The telephone number and address are as follows.
- Having listened to your symptoms I am arranging a consultation for you with an NHS community pharmacy working with our practice.
- Pharmacists can now do more assessments and issue prescription only medication for particular conditions, if needed.
- You can telephone or visit the pharmacy to have a consultation with the pharmacist in their consultation room. The pharmacist will ask questions about

your health and symptoms, including any allergies and any medication you are taking. In some cases, based on your symptoms, they may need to examine you similarly to what the clinicians would do at the practice.

4.6 Are there any resources i.e. posters, digital screen displays, patient SMS messages, that can be used to help promote this service?

Both the Department of Health and Social Care (DHSC) and Community Pharmacy England (CPE) have released a series of resources to help promote the new Pharmacy First service to patients and members of the public. A variety of resources are available to download, including posters, social media content, flyers, and a local press release from the links below:

- [DHSC Campaign Resources](#)
- [Community Pharmacy England - Pharmacy First: resources](#)

There are also AccuRx default messages, but practices can add further messages and link SNOMED codes to them.

5. Consultations

5.1 What happens during a consultation?

In a confidential consultation, the pharmacist will ask the patient questions about their health. This may include their previous medical history, any allergies, any medicines they are taking and the symptoms they are currently experiencing. For some conditions, the pharmacist may request to perform an examination, such as using an otoscope for patients presenting with acute otitis media symptoms.

If the individual is experiencing minor issues such as a cold, the pharmacist will provide selfcare advice or recommend an over-the-counter medicine to be purchased.

If the patient has symptoms of one of the seven common conditions, the pharmacist will follow a clinical pathway to decide on the best course of action. This could include offering self-care advice and reassurance or offering symptomatic relief over the counter or providing certain prescription medicines to complete an episode of care as well as safety netting advice. If the pharmacist thinks the condition is more serious, they will refer the patient to another healthcare professional.

5.2 For clinical pathway consultations, can a patient self-refer for a follow-up if the initial consultation resulted in self-care but there has been no improvement?

Yes, patients can return to the pharmacy for pharmacist reassessment. The pharmacist will revisit the clinical pathway, which may result in a different outcome if the patient has further symptoms or if their condition has further

deteriorated. This could include providing a restricted set of prescription medicines if necessary. If the patient's symptoms worsen rapidly or significantly, the pharmacist may recommend onward referral to another healthcare professional.

5.3 What if the patient has signs or symptoms of a more serious illness?

Pharmacists are trained to recognise 'red flag' symptoms suggestive of more serious illness. As part of the pharmacy quality scheme, pharmacy teams have completed training to recognise red flag symptoms and signs of sepsis and have developed risk assessments for missing these with action plans.

After the initial triage, where symptoms suggest something more serious, the pharmacist will help the patient to arrange an urgent general practice appointment using the practice's dedicated professional number or escalate to an urgent care setting such as the emergency department, if needed.

5.4 Will diagnostic tests be used as part of the Pharmacy First Service?

Pharmacists are experienced in managing common conditions and will diagnose patients through comprehensive history-taking, visual inspection, physical examination and, if necessary, use instruments like otoscopes for diagnosing ear infections.

Currently, pharmacists will not utilise point of care diagnostic tests such as urine dipsticks or sore throat swabs as part of the service as there is not enough evidence to support their use. NHSE consulted their expert group, and came to this decision after a lengthy discussion, whilst taking into consideration national recommendations and current evidence.

For the urinary tract infection pathway, the [national guidance from Public Health England](#) currently recommends diagnosing a urinary tract infection if the person has 2 or more key urinary symptoms and no other excluding causes or warning signs. UKHSA does not recommend a dipstick test if the patient has 2 or 3 key symptoms. UKHSA diagnostic flowchart only recommends performing a urine dipstick test if the patient has 1 key diagnostic symptom or any other urinary symptoms that are severe. This patient cohort will be excluded from the service and referred to general practice or another provider as appropriate in the clinical pathway due to uncertainty around diagnosis.

For the sore throat pathway, NHSE accepted the NICE recommendation ([DG38](#)) that rapid tests for streptococcus are not recommended for routine adoption for people with a sore throat. This is because their effect on improving antimicrobial prescribing and stewardship, and on patient outcomes, as compared with clinical scoring tools alone (such as FeverPAIN), is likely to be limited ([Little P, BMJ 2013](#)). Therefore, they are unlikely to be a cost-effective use of NHS resources.

NHS England's position on point of care tests will be reviewed should national guidance be updated or should the tests improve in diagnostic precision and clinical utility.

5.5 Are remote consultations permitted for clinical pathways?

Yes, remote consultations are permitted to provide the service. Remote consultations for six of the seven clinical pathways reaching the gateway point can only be delivered by live video link. The exception to this is the acute otitis media clinical pathway which can only be delivered face to face as the use of an otoscope is clinically indicated. The pharmacy contractor is responsible for ensuring that where clinical examination is required, such as for a rash or inspection of urine, that the quality of the video consultation allows for appropriate examination so that the service can be fully provided by the contractor. Please refer to the [Remote and Video Consultations Guidance for Community Pharmacy Teams](#).

5.6 Can distance-selling pharmacies (DSPs) provide clinical pathway consultations?

Yes. DSPs will be able to provide clinical pathway consultations for all of the conditions except the acute otitis media pathway. DSPs will not be able to provide clinical pathway consultations on their pharmacy premises due to the links with the support for self-care essential service and the restrictions regarding the provision of essential services as set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

5.7 Can locum pharmacists provide the service?

Yes, before commencement of the service, the pharmacy contractor must ensure that pharmacists and pharmacy staff providing the service are competent to do so, including any locum or temporary members of the pharmacy team. The pharmacy contractor must ensure that the service is available throughout the pharmacy's full opening hours (i.e., core and supplementary).

5.8 Can the pharmacy do an onward referral to another community pharmacy?

Yes, pharmacies can create an onward referral of patients to a second pharmacy e.g. if the original pharmacy did not have a certain medicine in stock or the patient was initially referred by a practice to a pharmacy that is not near their location.

6. Post Pharmacist Consultation

6.1 How will consultation notes and prescriptions be added to the patient's record?

After the patient consultation, the pharmacist will send a notification to the patient's general practice on the same day or on the following working day.

Where possible, this should be sent as a structured message in real-time via the NHS assured Pharmacy First IT system.

If a problem occurs with the electronic notification system, the pharmacy contractor must ensure a copy of the paperwork is sent or emailed to the general practice.

Currently SWL practices are receiving the pharmacy consultation outcome notification via NHS email however in late summer 2024 it is expected practices who use EMIS will start to receive the notification via GP Connect Update Record. Consultation outcome data will transfer in a structured format, informing the GP of the consultation, such as the patient has been prescribed antibiotics.

The structured data is filed on the patient's record as a provisional consultation (except for medication issued which is filed automatically) and a workflow task is created under Awaiting Filing to be reviewed and actioned. Once actioned, the pharmacy consultation is fully filed on the patient's record with a document attached detailing the full consultation. Further information is available on [GP Connect Update Record](#).

6.2 Will other pharmacies have sight of Pharmacy First consultation activities to prevent patients seeking antibiotics from multiple locations?

Pharmacies can view medication supplied under the Pharmacy First service via the patient's National Care Record. In addition, pharmacy IT suppliers and GP IT suppliers are developing 'GP Connect Access Record' which will allow a pharmacy to view the patient's general practice record and view any relevant previous microbiology and antibiotic resistance history, via their pharmacy system. This functionality is currently in development and will be available shortly after launch.

6.3 How will community pharmacies notify the practice of patients that need to be escalated back to the practice?

There will be times when the pharmacist will need additional advice or will need to escalate the patient to a higher acuity care location e.g. a GP, UTC (Urgent Treatment Centre) or ED (Emergency Department). The pharmacist will use their clinical judgement to decide the urgency, route and need for referral and then choose where to escalate the patient. For escalations back to the GP practice patients should not be advised or signposted back to their GP practice, pharmacies will contact the patient's usual GP practice and use locally agreed procedure to support the patient to access an appointment- this locally agreed procedure will vary from practice to practice. This procedure could include to agree to use an additional GP clinical telephone number if available for only these instances.

6.4 How is confidentiality and data protection ensured for patient health records in the Pharmacy First Service?

With the patient's consent, their general practice record, using GP Connect Access Record, their National Care Record or an alternative clinical record must be consulted.

Use of GP Connect products requires the pharmacy contractor to have read, understood, and accepted the terms of the [National Data Sharing Arrangement](#).

For additional details regarding how the NHS manages patient health and care information can be found from [NHS Digital](#).

7. Medicine Supply

7.1 How will medicines be supplied under the Pharmacy First Service?

NHS medicines will be supplied where indicated as emergency supplies for urgent repeat medicines or under the terms of the Pharmacy First patient group directions and clinical protocol for clinical pathways consultations.

7.2 Why has the patient not been supplied with an antimicrobial?

Many mild infections are self-limiting and do not need antimicrobial treatment. For some conditions, antibiotics make little difference to how long symptoms last and withholding antibiotics is unlikely to lead to complications. Inappropriate use of antimicrobials increases the risk of resistance. The pharmacist will be able to advise on an individual patient basis after following the clinical pathways and patient group directions as to whether antimicrobials are appropriate or not.

8. Payment Arrangements

8.1 Do patients need to pay for medicines supplied under the service?

If the pharmacist recommends an over-the-counter medicine for the patient's minor illness, this will need to be purchased by the patient.

If the patient receives an urgent repeat medicine supply or an NHS medicine as part of a clinical pathways consultation normal prescription charging and exemption rules apply.

Patients can check their eligibility for free prescriptions via the [Check if You Can Get Free Prescriptions](#) site.

If the patient does not qualify for free prescriptions, they will need to pay a fee for the medicine. This is the same fee as the current prescription charge.

9. Contact Details

9.1 How do I contact NHS England to ask questions or provide feedback?

Please send your feedback to england.communitypharmacy@nhs.net clearly stating in the subject header “Policy feedback: policy name”. This email address should only be used by NHS colleagues and contractors.

Members of the public, patients, and their representatives should contact NHSE Customer Contact Centre: england.contactus@nhs.net.

9.2 Where do I go for more information on Pharmacy First?

- [NHS England website](#): Further information on Pharmacy First, including the service specification, clinical pathways and patient group directions and protocol.
- [Community Pharmacy England website](#). Further information for pharmacy contractors For inquiries specific to your locality, please contact your local integrated care board.

9.3 How do I contact the SWL ICB and SWL Local Pharmaceutical Committee (LPC)

If there are concerns about a pharmacy that is not resolved by contacting the pharmacy directly, then please contact your place lead for SWL LPC by email: communitypharmacyswl@gmail.com.

Alternatively, you can contact the Medicine Optimisation Team via email:

- Croydon Place Team: Croydon.medicines@swlondon.nhs.uk
- Kingston & Richmond Place Team: KR.medicines@swlondon.nhs.uk
- Merton & Wandsworth Place Team: MW.medicines@swlondon.nhs.uk
- Sutton Place Team: Sutton.medicines@swlondon.nhs.uk

References

- [NHS England: Community Pharmacy Advanced Service Specification NHS Pharmacy First Service.](#)
- [Find a Pharmacy.](#)
- [NHS Service Finder.](#)
- [NICE: Are you sure you are allergic to penicillin? Professionals and patients are urged to double-check.](#)
- [How to register with a GP surgery.](#)
- [NHS England: Delivery Plan for Recovery Access to Primary Care.](#)
- [Pharmacy First: Streamline Clinical Research with PharmOutcomes.](#) (MarketingEMIS Group (Youtube))
- [Community Pharmacy England Pharmacy First: Resources to Promote the Service.](#)
- [Urinary Tract Infection: diagnostic tools for primary care.](#)

- [NICE DG38: Rapid Tests for Group A Streptococcal Infections in People with a Sore Throat. November 2019.](#)
- [British Medical Journal: Clinical score and rapid antigen detection test to guide antibiotic use for sore throats: randomised controlled trial of PRISM \(primary care streptococcal management\) October 2013.](#)
- [NHS England: Remote and Video Consultations: Guidance for Community Pharmacy Teams.](#)
- [EMIS Now: GP Connect Update Record.](#)
- [NHS Digital: National Data Sharing Arrangement for GP Connect.](#)
- [NHS Digital: Keeping data safe and benefitting the public.](#)
- [Check if you can get free prescriptions.](#)
- [NHS England: Community Pharmacy Advanced Service Specification: NHS Pharmacy First Service.](#)
- [Community Pharmacy England: Pharmacy First Service.](#)

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