

Greenwich Pharmacy First Plus Scheme
(April 2025 – October 2025)

Version 4.0



Approved by	Medicines and Pathway Implementation Group (MPIG)
Date approved	November 2023
Name and title of originator/author	Lara Elwahsh
Name of responsible committee/individual	MPIG Joint Commissioning Board
Review date	April 2025
Next review date	October 2025
Description	The policy outlines the service specification in which community pharmacies may deliver the Greenwich Pharmacy First Plus scheme between the specified months.
Target audience	Community Pharmacy in Greenwich borough
Stakeholders engaged in development or review	Greenwich Community Pharmacy Neighbourhood Leads (CPNLs) Local Pharmaceutical Committee (LPC) Greenwich Medicines Optimisation Team (MOT) Greenwich Primary Care Networks

Version Control

Version number	4
Supersedes	3

Implementation

Implementation plan in place?	Yes
Method and date of dissemination	Email following approval

Monitoring

Monitoring method	Reports
Frequency	Monthly
Responsibility	Greenwich MOT
Reporting	CPNLs MPIG

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Document Review Control Information

Version	Date	Reviewer Name(s) and Job title	Change/amendment
1.0	27.11.2023	Lara Elwahsh	Author and update
1.1	04.12.2023	Lara Elwahsh	Update to Formulary
1.2	21.12.2023	Lara Elwahsh	Update to the timeframe of the scheme
1.3	03.04.2024	Lara Elwahsh	Update to scope of the scheme & timeframe
2.2	23.09.2024	Lara Elwahsh	Update to scope of the scheme & timeframe
3.0	28.10.2024	Lara Elwahsh	Update to scope of the scheme
4.0	01.04.2025	Lara Elwahsh	Update to the timeframe of the scheme

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1. Service Scope

Greenwich Pharmacy First Plus scheme is an extension of the national Pharmacy First service and is developed by the NHS South East London (SEL) Integrated Care Board (ICB) (Greenwich) in consultation with Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC). The scheme intends for eligible service users, presenting with symptoms of a minor ailment or at-risk of vitamin D deficiency specified within the scheme to be referred by GP practice or by creation of a patient led EMIS referral via Local services, for a consultation where advice for self-care is provided and if appropriate, treatment with a formulary medicine in line with the scheme's pathways.

The scheme will be running between the months of April 2025 and October 2025.

All Community Pharmacy are encouraged to provide the service.

The service aims are to improve access and choice for people with minor ailments and at-risk of vitamin D deficiency by:

- Enabling access from Community Pharmacy to appropriate medicines for self-care at NHS expense, through an agreed formulary, to people and families who are likely to be vulnerable or experience inequalities in access to care.
- Directing people to community pharmacies who have expertise in advising on and treating minor ailments without the need for an appointment
- Promoting self-care through Community Pharmacies, including provision of advice and where appropriate medicines and/or appliances without the need for a General Practice consultation
- Improving access and capacity in general practice, emergency departments, out of hours services/access hubs to support people with more complex medical conditions.
- Promotes integration amongst primary healthcare providers
- Reduces variation in access to primary care services for local populations
- Drives innovation and achieves both local and national strategic objectives

2. Service Outline

2.1. Standard Operating Procedure

The Community Pharmacy should follow the Standard Operating Procedure (SOP) in place for delivery of the Pharmacy First Plus scheme and refer to any additional overlapping SOPs, for example those relating to OTC sale and supply or patient consultation, where appropriate. A SOP template is available on Appendix 1.

2.2. Training Requirements

All medicines currently included in the scheme are available for sale through pharmacies and hence required competence falls within essential service specifications of the Community Pharmacy Contractual Framework.

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Nevertheless, as part of the ICB drive to improve delivery of this service and as part of continuing professional development, it is required that pharmacy staff providing treatment under this scheme maintain their professional development and attend, where possible, relevant training events and workshops organised by SEL ICB.

The Community Pharmacy has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

2.3. Information Sharing

The patient must give consent for the information relating to the consultation to be shared with their GP.

2.4. Population covered

The Community Pharmacy is expected to employ professional judgement in determining the clinical appropriateness of treatment on a patient-by-patient basis and in accordance with the summary of product characteristics if recommending a product.

When a patient is referred by GP practice or patient led EMIS referral is created via Local services, symptoms relating to a selected minor ailment or at-risk of vitamin D deficiency covered in the scheme, the referral details should be checked to ensure they meet the eligibility criteria:

- Registered with a General Practice in Greenwich or a Greenwich resident
- AND**
- 18 years and over for at-risk of vitamin D deficiency
 - 18 years and over and meet the following socially vulnerable categories:
 - NHS Low Income Scheme and are in possession of a valid HC2 certificate
 - Income Support (IS) or Income-related Employment and Support Allowance (ESA)
 - Income-based Jobseeker's Allowance (JSA)
 - Tax Credit exemption certificate
 - Pension Credit Guarantee Credit
 - Universal Credit and meets the criteria [here](#)
 - Homeless & in possession of local authority 'Letter of homelessness'
 - Young people aged 16,17 or 18 years and in full or part-time education or undertaking an accredited level 1 apprenticeship
 - Patients/service users aged above 1 year and under 15 years

Prescription charge exemption categories do not automatically give eligibility for the Greenwich Pharmacy First Plus unless patients/service users also fit into one of the socially vulnerable categories above.

Failure to provide valid proof of exemption should not preclude patients/service users from accessing the Scheme.

Patients/service users who do not meet the Scheme eligibility criteria should be provided with self-

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management advice and if appropriate offered over the counter medication(s) to be purchased in line with [NHS England guidance: conditions for which over the counter items should not routinely be prescribed in primary care](#).

Alternatively, the pharmacy can operate as a triage system to signpost patients to other health care professionals, where appropriate.

2.5. Consultation and Assessment

The Community Pharmacy will assess the service user's condition using a structured approach to assessing symptoms either in a private consulting area in the pharmacy or over the phone if pharmacist thinks it is appropriate.

The pharmacist will use the information provided by the Local Services referral and service user, in addition to their professional judgment to determine the most appropriate course of action for the service user.

The pharmacist will ensure that any relevant 'Red Flags' such as symptoms associated with sepsis, meningitis or cancer are recognised and responded to as part of the consultation process, including those from [Vitamin D and care homes guidance](#) and [SEL Adult vitamin D guideline](#)

The pharmacist will identify any concurrent medication or medical conditions, which may affect the treatment of the service user.

The outcome of the referral received may include:

- Self-care advice to the service user – [Health A to Z - NHS](#).
- Self-care advice and providing formulary medicine.
- Referral to the service user's GP or relevant out of hours service for an urgent appointment.
- Routine referral to other appropriate services (including other health professionals).

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

If it is known that a patient has used the service more than twice within a month, with the same symptoms and there is no indication for urgent referral, the pharmacist should consider referring the patient to their general practice or signposted as appropriate.

Any outcome would need to be recorded and supported with a post event message.

Third party requests – It is preferable that the patient/service is present for a consultation. However occasionally a parent /carer/ guardian may present with a set of symptoms for another adult or child whom, for various reasons, can't present at the pharmacy. In these cases, the pharmacist must use their professional judgement to ensure they have adequate information to make a clear judgement about the diagnosis and provide advice and/or treatment as appropriate. Additional measures may be required such as a telephone consultation to provide extra assurance.

Service users under 16 years of age must be accompanied by their parent or guardian for any consultations.

If the patient presents with symptoms outside this Pharmacy First Plus scheme, the patient should be advised in line with usual clinical practice.

2.6. Medicines Formulary

- The following General Sales List (GSL) and Pharmacy (P) only medicines may be issued under the scheme in line with the service specification.
- Any OTC or P medication within the formulary must be supplied in original packs, contain a patient information leaflet and strictly in line with their GSL and P only medicine UK marketing authorisation.
- Only medicines within the formulary may be supplied to individuals who meet the scheme eligibility criteria (see Section 2).
- The Community Pharmacy may supply a **MAXIMUM** of **TWO** medicines from the formulary per patient if required.
- A maximum of one pack of each product may be supplied unless stated otherwise.
- The scheme does **NOT** allow supply of medicines for **future use**.
- If a patient presents more than twice within any four-week period with the same symptoms, if there is no indication for urgent treatment, the patient should be referred to the appropriate health or social care professional.
- All prices are detailed below and are correct at the time of publication.

Products	Quantity	Price (£)	Comments
ALLERGIC RHINITIS (HAY FEVER)			
Chlorphenamine 4mg tablets	28	£0.82	
Chlorphenamine 2mg/5ml SF Liquid	150ml	£7.99	
Loratadine 10mg tablets	30	£0.72	
Loratadine 5mg/5ml oral solution sugar free	100ml	£3.78	
Sodium cromoglicate 2% eye drops (Opticrom Allergy®)	10ml	£3.50	
Beclometasone nasal spray 50mcg/spray	200 doses	£4.02	
Fexofenadine 120mg tablets	28	£5.57	
Cetirizine 10mg tablets	30	£0.80	
ATHLETE'S FOOT			
Terbinafine (Lamisil AT®) 1% cream	15g	£3.92	
Miconazole (Daktarin®) 2% cream	30g	£4.98	

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Clotrimazole 1% cream	20g	£1.37	
COLD SORES			
Aciclovir 5% cream	2g tube	£2.27	
CONJUNCTIVITIS			
Chloramphenicol 0.5% eye drops	10ml	£2.65	
Chloramphenicol 1% eye ointment	4g	£2.81	
CONSTIPATION			
Macrogol compound oral powder sachets NPF sugar free	30	£5.50	
Senna tablets 7.5mg tablets	60	£1.17	
Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free (Fybogel®)	30	£5.49	
Docusate sodium 100mg (Dioctyl®) capsules	30	£2.19	
Lactulose 3.1-3.7g/5ml oral solution	300ml	£2.92	
CONTACT DERMATITIS			
Hydrocortisone 1% cream	15g	£2.97	
Chlorphenamine 4mg tablets	28	£0.82	
Chlorphenamine 2mg/5ml liquid (SF)	150ml	£7.99	
Epimax® original cream	100g	£0.81	
Zerocream®	50g	£1.23	
DIARRHOEA			
Loperamide 2mg capsules	30	£0.72	
Oral rehydration therapy (Dioralyte®) sachets	6	£2.91	
DRY/SORE EYES			
Hypromellose 0.3% eye drops	10ml	£0.69	
Carbomer 0.2% eye gel	10g	£2.80	
DYSPEPSIA			
Peptac® Liquid	500ml	£3.29	
Gaviscon Peppermint chewable tablets	24	£3.17	
Omeprazole (Pyrocalm Control®) 20mg gastro-resistant tablets	14	£6.41	For those aged over 18 years old.
EAR WAX			
Olive oil ear drops	10ml	£1.42	
Sodium bicarbonate 5% ear drops	10ml	£1.25	
FEVER			
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	

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Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml oral suspension sugar free	100ml	£1.88	
HAEMORRHOIDS			
Anusol [®] cream	23g	£2.89	
Anusol [®] ointment	25g	£2.95	
Anusol [®] suppositories	12	£2.69	
Anusol [®] Plus HC ointment	15g	£4.25	
Anusol [®] Plus HC suppositories	12	£4.24	
Ispaghula husk 3.5g effervescent granules sachets gluten free sugar free (Fybogel [®])	30	£5.49	
HEADACHES			
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml oral suspension sugar free	100ml	£1.88	
HEADLICE			
Nitcomb-S1 [®] Head Lice comb	1	£1.30	
Dimeticone 4% (Hedrin [®]) lotion	50ml	£4.36	
Linicin lotion	100ml	£5.49	
INSECT BITES AND STONGS			
Hydrocortisone 1% cream	15g	£2.97	
Mepyramine 2% cream (Anthisan [®])	25g	£3.58	
Chlorphenamine 4mg tablets	28	£0.82	
Chlorphenamine 2mg/5ml liquid sugar free	150ml	£7.99	
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml oral suspension sugar free	100ml	£1.88	

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ITCHING ASSOCIATED WITH CHICKEN POX			
Aqueous calamine cream	100g	£2.17	
Calamine lotion	200ml	£1.38	
Chlorphenamine 2mg/5ml liquid sugar free	150ml	£7.99	
Chlorphenamine 4mg tablets	28	£0.82	
Crotamiton (Eurax®) 10% cream	30g	£3.13	
MINOR BURNS AND SCALDS			
Chlorhexidine gluconate 0.25% cream (Acriflex®)	30g	£2.54	
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml oral suspension sugar free	100ml	£1.88	
MOUTH ULCERS			
Choline salicylate 8.7% oromucosal gel (Bonjela®)	15g	£3.82	For those aged over 16 years
Benzydamine 0.15% (Difflam®) oromucosal spray sugar free	30ml	£4.74	
Chlorhexidine 0.2% mouthwash	300ml	£2.11	
NAPPY RASH			
Sudocrem® antiseptic healing cream	60g	£3.36	
Metanium® nappy rash ointment	30g	£3.34	
Clotrimazole 1% cream	20g	£1.37	
SCABIES			
Permethrin 5% (Lyclear®) Dermal cream	30g	£6.63	Maximum supply: 2x30g tubes.
Derbac M® 0.5% aqueous liquid	150ml	£14.31	
SOFT TISSUE INJURY/MUSCULOSKELETAL JOINT INJURY			
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml oral suspension sugar free	100ml	£1.88	
Ibuprofen 5% gel	50g	£1.22	
SORE THROAT			
Benzydamine 0.15% (Difflam®)	30ml	£4.74	

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spray			
Benzydamine 0.15% mouthwash (Diffiam Sore Throat Rinse)	200ml	£5.03	
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml suspension sugar free	100ml	£1.88	
TEETHING			
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Bonjela® Junior gel	15g	£2.78	For those aged over 5months old only
THREADWORM			
Mebendazole 100mg (Ovex® single dose) tablet	1	£3.14	For those aged over 2 years old only
Mebendazole 100mg/5ml (Ovex®) oral suspension	30ml	£8.91	For adults and children over 2 years
Mebendazole 4x100mg (Ovex® Family pack) tablets	1	£7.26	For adults and children over 2 years
VIRAL UPPER RESPIRATORY TRACT INFECTION			
Paracetamol 500mg tablets	32	£0.62	
Paracetamol 120mg/5ml paediatric oral suspension sugar free	100ml	£3.04	
Paracetamol 250mg/5ml oral suspension	100ml	£3.77	
Ibuprofen 200mg tablets	24	£0.69	
Ibuprofen 400mg tablets	24	£0.75	
Ibuprofen 100mg/5ml suspension sugar free	100ml	£1.88	
Sodium chloride 0.9% (saline) nasal drops	10ml	£0.99	
VAGINAL THRUSH			
Clotrimazole 500mg pessary (vaginal tablet)	1	£8.00	
Clotrimazole 2% (Canestan®) cream	20g	£5.71	
Fluconazole 150mg capsule	1	£0.67	
Clotrimazole 10% vaginal cream	5g	£7.48	
At-Risk of Vitamin D Deficiency			
ValuPak Vitamin D3 1,000IU tablets	120	£3.00	<p>≥ 18 years WITH ≥ 1 of the following criteria:</p> <ul style="list-style-type: none"> - Care home residents or live in an institution - Frail or housebound Patients

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			<ul style="list-style-type: none">- People who have darker skin pigmentation, for example people of African, African-Caribbean, or South Asian origin- People who are vegetarian and vegan
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2.7. Record Keeping

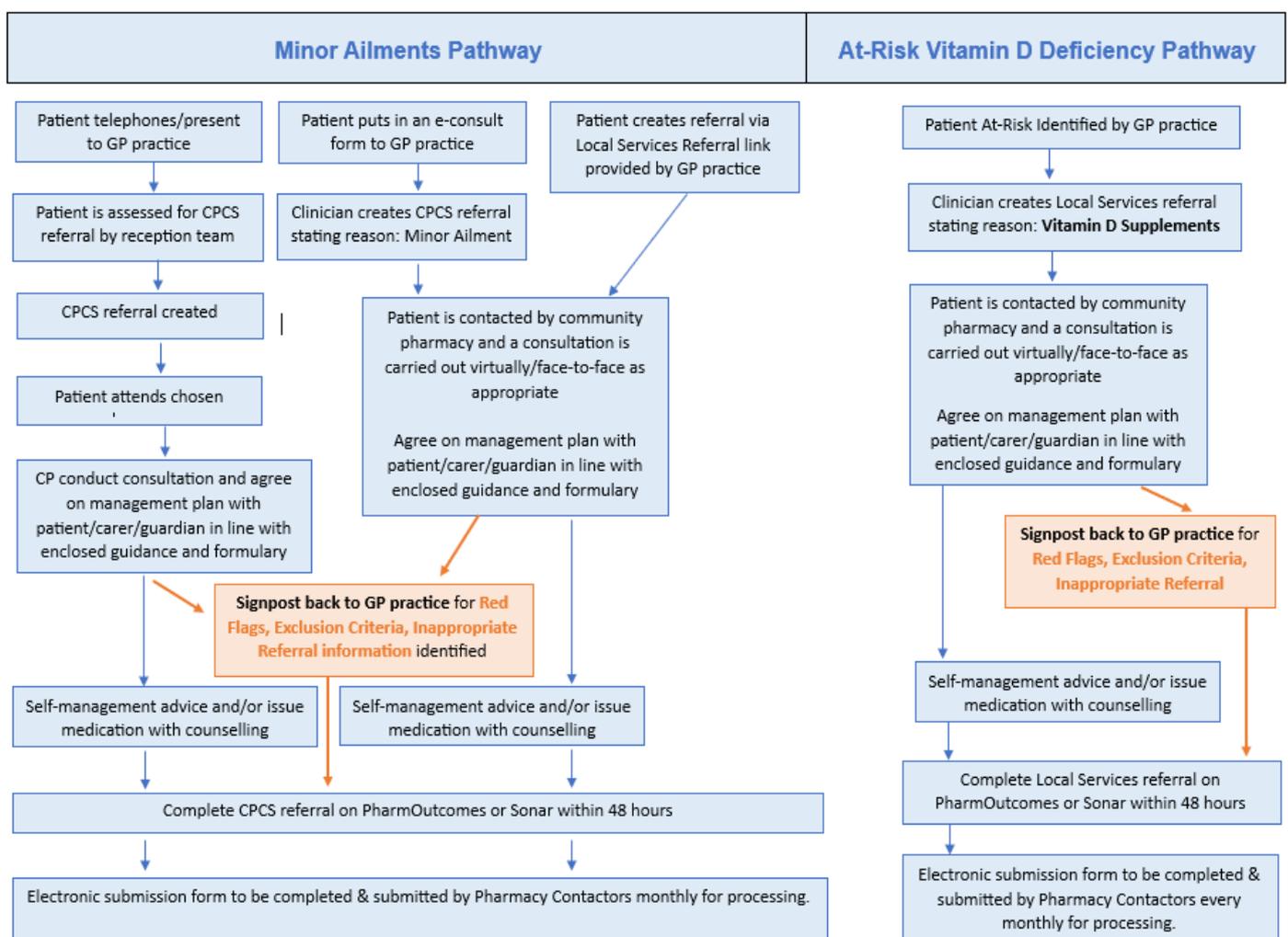
Complete and record Pharmacy First minor ailments consultations and the Local Services referral on PharmOutcomes or Sonar promptly within 48 hours of receiving referral.

Complete audit at the end of the pilot to allow MOT to undertake an evaluation of the service.

Record the formulary medicines supplied for the selected Minor Ailment under Pharmacy First Plus Scheme via electronic form that may be accessed via following link:

<https://forms.office.com/e/6iM3S9HwJ4?origin=IprLink>

2.8. Service Pathways



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3. Quality and Performance Indicators

The MOT will monitor Key Performance Indicators (KPIs) monthly to ensure that usage, and the provision of medicines is appropriate and not excessive. Set of The KPIs monitored will include:

- Monthly activity (consultations)
- The percentage of frequent users accessing a particular pharmacy (high usage deemed to be those patient/service users using the Service more than twice a month)
- The average number of medicines supplied per consultation
- The average cost of medicines supplied per consultation.

Community Pharmacy identified and deemed by ICB to be outliers will be liaised to discuss usage of the scheme and agree an action plan where necessary.

4. Terms and Fees

In addition to the standard £15 fee per completed referral consultation via MYS Portal under Pharmacy First Scheme, **the Community Pharmacy will be reimbursed for medicines supplied based on the following:**

- generic medicines in line with based on the NHS Prescription Services [Drug Tariff | NHSBSA](#) price
- branded medicines in line with the NHS [Dictionary of medicines and devices \(dm+d\) | NHSBSA](#) price
- the formulary price list will be reviewed bimonthly to account for 'out of stock situations', price changes or discrepancies.

Cost will be reimbursed once MOT receives a completed Community Pharmacy reimbursement form monthly via <https://forms.office.com/e/6iM3S9HwJ4?origin=lprLink> (to be updated following approval)

The Scheme must operate within a defined budget. The Community Pharmacy and ICB will closely monitor the activity of the Scheme and reserves the right to apply a financial cap, if necessary. This will be discussed between the ICB and Community Pharmacy. The ICB may decide, after consultation with the Community Pharmacy, to limit the number of patient/service users that can be seen under this Scheme. Any limitations applied to the scheme will be determined by the monthly activity data.

Payments will be made monthly by BACs transfer direct to the pharmacy account.

Community Pharmacy should notify MOT if they have not set this up with Shared Business Services.

MOT shall notify the Community Pharmacy in writing as soon as practicable if it considers changes to the terms and conditions are necessary to avoid any unexpected misuse or exploitation of the scheme.

5. Complaints and Adverse Incidents

Any complaints from service users should be dealt with via the pharmacy's own standard complaints procedure in the first instance.

You should make a record of the complaint, concern or incident and the action taken.

If any complaint related to this scheme is not resolved through the pharmacy's own standard complaints procedure, the patient/service user should direct their complaint to the NHS SEL ICB [Contact us - South East London ICS](#) and quote Greenwich Pharmacy First Plus Scheme

Tel: 020 8176 5330

If pharmacy suspects that the service is being misused/abused, they should alert the ICB via qualityalerts@selondonics.nhs.uk

For further matters, please contact the Greenwich MOT via greenwich.pharmacy@selondonics.nhs.uk

6. Resources

Pharmacists are advised to refer to the most updated product information available via the following websites:

- Latest [BNF](#) and [BNFc](#) versions
- [Chemist and Druggist](#)
- [Summary of Product Characteristics](#)
- [Clinical Knowledge Summaries](#)

Patients may be directed to the [NHS website](#) (if required) for more information about minor ailments and healthy living advice.

7. Agreement

Community Pharmacy should complete the online agreement form via <https://forms.office.com/e/FTPqw162JB?origin=lprLink> if not already done so, to participate in the scheme.

Appendix 1: Template - Standard Operating Procedure for Greenwich Pharmacy First Plus Scheme

Pharmacy Name		SOP version	
Lead Pharmacist		Date SOP effective from	
SOP prepared by		Review date for SOP	
Objective To define the procedures of the Pharmacy First Plus Scheme in order to ensure that the Service is conducted as commissioned and is provided to a high quality, consistent, professional and accurate manner.			
Scope This procedure applies to all staff participating in the provision of the Service.			
Responsibilities The responsible pharmacist in charge of the community pharmacy is responsible for ensuring that the Service is carried out as detailed in this SOP and in line with the Local Service Agreement. Each person delivering the service is responsible for ensuring that they work under this SOP. All employees are responsible for treating all users of the Service with respect and courtesy.			
Person Requirements The Pharmacy First Plus Scheme is to be provided by a pharmacist who can meet the competencies as stated within the service specification.			
Facilities The part of the pharmacy used to deliver the service should provide a sufficient level of privacy for those accessing the service, preferably a consultation room.			
The process stages			
1	Confirm patient eligibility. Eligible patients must be: Registered with a GP practice in Greenwich. Present in the pharmacy (for a child under 16, a parent or guardian can attend on their behalf. In the case of a child under 16 attending the parent or guardian must also be in attendance.) Currently suffering from the minor ailment which is included in the service OR Currently at risk of developing vitamin D deficiency following assessment of GP/HCP		
2	Consultation room If a consultation room is available then offer the patient the option of the consultation taking place within the consultation room. If a consultation room is not available, or the patients does not wish to use the consultation room then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.		
3	Pharmacy First Consultation The pharmacist will assess the patient's condition using a structured approach to responding to symptoms. As a minimum the assessment will cover: <ul style="list-style-type: none"> • Nature and duration of symptoms • Concurrent medication and medical conditions • Exclusion of serious disease / alarm / red flag symptoms • Identify if patient is pregnant/ breastfeeding • Identify any medication already supplied / taken for the minor ailment 		
4	Determine appropriate course of action for the patient The pharmacist will use their professional judgment to determine the most appropriate course of action for the patient. Pharmacists are accountable for the patient management decisions they make in the course of providing the Pharmacy First service.		

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	Advice Only	Advice and supply of medication from the formulary	Referral for non-urgent appointment	Urgent referral to the GP
	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message. Consider providing printed information to reinforce verbal messages.	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message. Consider providing printed information to reinforce verbal messages. Supply medication from the formulary. Explain how the treatment works including possible side-effects/ cautions and warnings with use.	Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message. Consider providing printed information to reinforce verbal messages. If necessary, supply medication from the formulary. Advise patient to contact the GP surgery and make an appointment (as per usual care).	Use when the patient presents with symptoms indicating the need for an immediate consultation with the GP.
5	Records The Pharmacy First consultation must be recorded on PharmOutcomes.			
6	Determine if patient meets the social vulnerability category <ul style="list-style-type: none"> • Young people aged 16,17 or 18 years and in full or part-time education or undertaking an accredited level 1 apprenticeship • Patients/service users aged above 1 year and under 15 years NHS Low Income Scheme and are in possession of a valid HC2 certificate • Income Support (IS) or Income-related Employment and Support Allowance (ESA) • Income-based Jobseeker’s Allowance (JSA) • Tax Credit exemption certificate • Pension Credit Guarantee Credit • Universal Credit and meets the criteria here • Homeless & in possession of local authority ‘Letter of homelessness’ 			
7	Supply medicines accordingly. Document on the electronic form and send the form to Greenwich MOT			
Clinical Governance Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of the service provision. Such information should not be disclosed to anyone without the consent of the patient. All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data. Once the data is recorded on PharmaOutcomes the paperwork should be destroyed appropriately.				
Incident and Near Miss Any near miss or incident occurring while undertaking this service should be reported to the Responsible Pharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure.				
Audit (Review procedure) Competency checks and audits will be carried out at random intervals to ensure that every member of the pharmacy team delivering the service is familiar and up to date with the procedure at all times. This SOP will be reviewed at least every 2 years or following any critical incident.				

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Staff signature - To be signed by all those working within the SOP

I have read and understood the implications of the SOP

Name	Job role	Signature	Date

Terms and Conditions ([please click to go to web link to NHS T&C's](#))