



Directorate of Integrated Care

# Pharmacy First Service for sore throats & common cold

**STOP**

**Do NOT enter the pharmacy if you have any symptoms of COVID-19**

- High temperature
- New continuous cough
- Loss of or change in sense of taste or smell

## Pharmacy First for sore throats and common cold

Ask your pharmacist **FIRST** for free and confidential advice and treatment for sore throat & common cold symptoms

**SAVE TIME AND AVOID WAITING TO SEE A GP**

The poster includes an illustration of a pharmacist in a white coat and a patient wearing a green hat and purple scarf. A green cross icon is also present.

**Full  
Pharmacy  
First Service  
– Patient  
registration  
model**

**Pharmacy First  
for UTI Pilot**

**Early 2021**

**Uncomplicated  
UTI**

- independent prescribing
- NIECR access

**Pharmacy  
First 20/21**

**Sore throats &  
common  
cold**



**Pharmacy  
First 19/20**



**Pharmacy  
First 18/19**





# Areas to be covered

- ❖ Scope of the service
- ❖ How the service will be delivered
- ❖ Service documentation
- ❖ Service monitoring
- ❖ Payment

# Service flow Chart

**Patient or representative consults the pharmacist:**

- In the pharmacy
- Via telephone / video

**Discuss privacy notice and obtain verbal consent**

**What are the patient's symptoms?**

- Symptoms suggestive of Covid-19?
  - Winter Ailment?



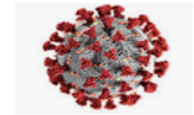
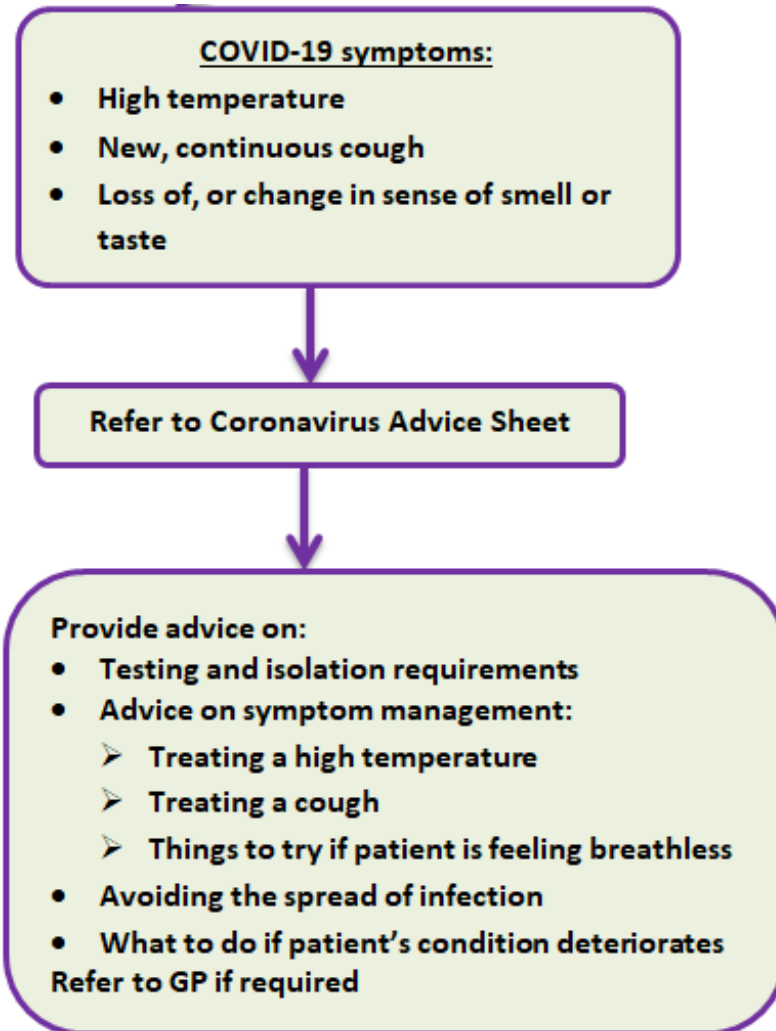
# Pharmacy First Consultation

## **Patients with symptoms of COVID 19 should not present to the pharmacy**

- ❖ In person / by phone / by video consultation
  - via the Pharmacy's HSC Zoom account
  - appropriate security settings
- ❖ Details of how to apply for a HSC Zoom account can be found on the BSO website at <http://www.hscbusiness.hscni.net/services/3154.htm>
- ❖ Communication October20: Grant funding allocation at <http://www.hscbusiness.hscni.net/pdf/Grant%20Funding%20Allocation%20121020.pdf>



# Patients presenting with COVID symptoms



**Community Pharmacy Advice sheet – Coronavirus symptoms (2020/21)**

**Pharmacy Advice for person presenting with Coronavirus symptoms**

The most common symptoms of coronavirus infection are recent onset of:

- a high temperature – this means you feel hot to touch on your chest or back (patient does not need to measure their temperature); OR
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if patient normally has a cough, it may be worse than usual); OR
- a loss of or change in sense of smell or taste.

**Patients with any of these symptoms should be advised NOT to attend the pharmacy in person and contact instead via phone**

**Advice for symptomatic patients:**

**1. Testing and isolation requirements\*:**  
Everyone you live with must stay at home. You should arrange a test for COVID-19 via the GOV.UK website at <http://www.nhs.uk/ask-for-a-coronavirus-test> or by calling 119

**While waiting for your test or if you receive a positive diagnosis for COVID-19:**

- you'll need to stay at home for at least 10 days from when your symptoms started;
- after 10 days from when your symptoms started:
  - if you have not had a high temperature for 48 hours, you no longer need to self-isolate
  - if you still have a high temperature, you need to self-isolate until your temperature has returned to normal for 48 hours
- you do not need to self-isolate if you only have a cough or loss of sense of smell/taste after 10 days, as these symptoms can last for several weeks after the infection has gone
- If you live with someone who has symptoms you'll need to stay at home and self-isolate also. If the person with symptoms tests positive for COVID-19, everyone in the household without symptoms will need to self-isolate for 14 days from the day the first person in the home started having symptoms.
- However, if you develop symptoms during this 14-day period, you'll need to stay at home for at least 10 days from the day your symptoms started (regardless of what day you are on in the original 14-day period). Follow the advice above on when to end self-isolation.

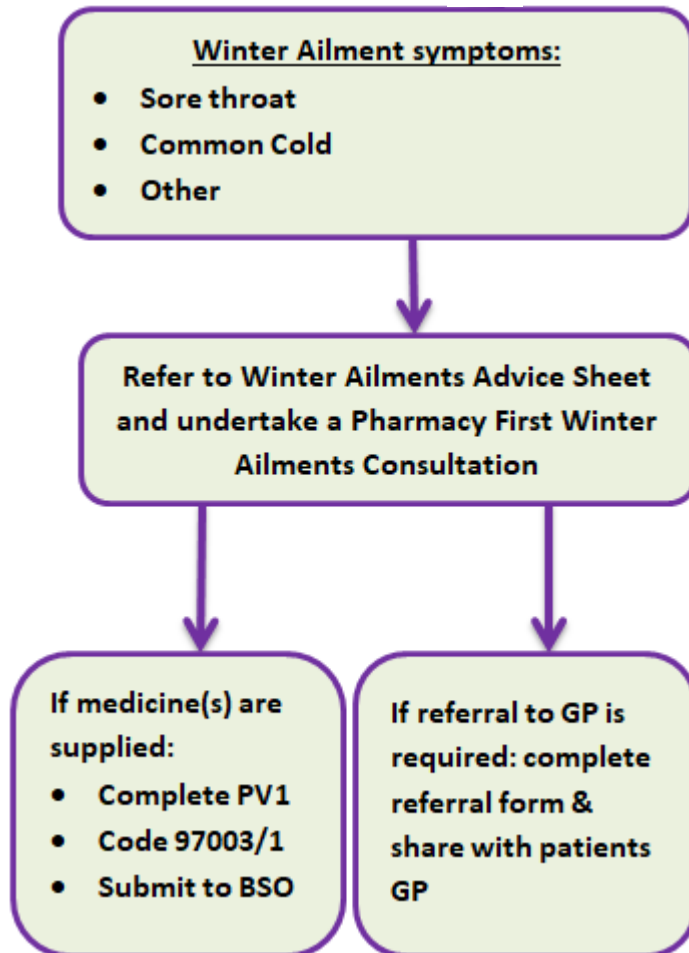
**If you receive a negative diagnosis for COVID-19:**  
You can stop self-isolating if you have a negative test, as long as:

- everyone you live with who has symptoms of COVID-19 has tested negative – you need to keep self-isolating if someone in your household tests positive, or develops symptoms of COVID-19 and has not been tested;
- you feel well enough, and have not had a raised temperature for more than 48 hours.
- you are not a close contact of a confirmed case

If you develop new or worsening symptoms, you should self-isolate and can arrange to be re-tested.

\*Please note: this is the current testing advice and isolation requirements in Northern Ireland as of 20/10/20. Pharmacists should check this information is still applicable by referring to the latest information from the Public Health Agency (PHA) on testing for COVID-19 and isolation requirements, available on the

# Patient presenting with symptoms of sore throat or common cold



**Pharmacy Advice for person accessing Pharmacy First Service with symptoms of Sore Throat or the Common Cold**

Sore throats and the common cold are usually mild, self-limiting viral upper respiratory tract infections (most commonly caused by rhinovirus). The symptoms may include:

- Sore or irritated throat with pain on swallowing
- White pus spots on tonsils
- Swollen neck glands
- Nasal irritation, congestion, nasal discharge (rhinorrhoea) and sneezing
- Hoarse voice caused by associated laryngitis
- Headache, feeling tired, feeling sick
- Less common symptoms include myalgia, eye irritability, and a feeling of pressure in the ears or sinuses.

Antibiotics **DO NOT** kill viruses so the majority of patients will not require treatment with antibiotics for these symptoms. In people who are normally well, their own immune system will clear the infection. Antibiotics may cause side-effects such as thrush, diarrhoea, rash and stomach upsets, so they should not be taken unnecessarily. Unnecessary use of antibiotics leads to antimicrobial resistance, meaning antibiotics are less effective for those who need them most.

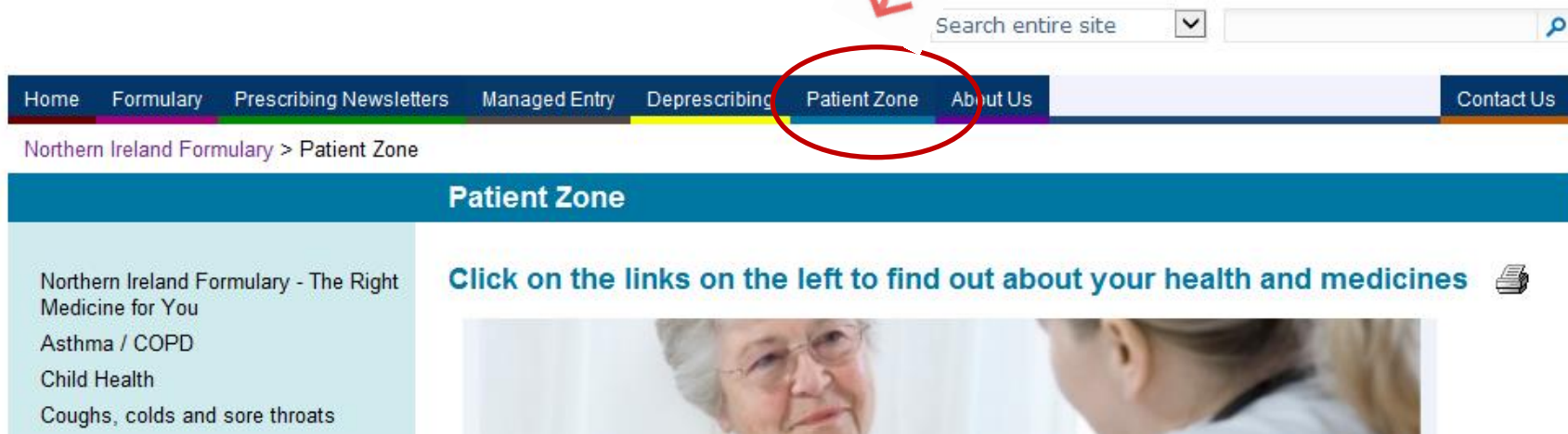
Adults may experience these symptoms of viral, upper respiratory tract infection on 2–3 times per year. Young children attending primary school or preschool may experience these symptoms 5–8 times per year. Transmission of the viral infection is usually by either direct contact, or aerosol transmission. People can remain infectious for several weeks.

The onset of symptoms is sudden, reaching a peak at day 2–3 and then decreasing in intensity. In adults and older children, symptoms tend to last about a week, although cough can persist for up to 3 weeks. In younger children, symptoms typically last 10–14 days. Smokers tend to have more severe respiratory symptoms (including cough) and the viral infection is more prolonged. The most common complications are sinusitis, lower respiratory tract infections, and acute otitis media.

**Advice for a patient with sore throat or common cold includes:**

- Reassurance that although the symptoms may be distressing, the condition is generally self-limiting and is likely to get better within 7 days; complications are rare.
- Avoid spread of infection: advise patient on good hand hygiene which includes washing hands frequently and thoroughly for 20 seconds throughout the day with soap and water; covering sneezes with disposable tissues or into the crook of your elbow if tissues are not available. Dispose of tissues in a rubbish bin and immediately wash your hands. Avoiding sharing of towels and for children, discouraging the sharing of toys with an infected child.

# Patient Information




Search entire site


Home Formulary Prescribing Newsletters Managed Entry Deprescribing **Patient Zone** About Us Contact Us

Northern Ireland Formulary > Patient Zone

## Patient Zone

Northern Ireland Formulary - The Right Medicine for You  
Asthma / COPD  
Child Health  
Coughs, colds and sore throats

**Click on the links on the left to find out about your health and medicines** 



PILs available at:

<http://niformulary.hscni.net/PatientZone/YourMeds/Pages/default.aspx>

- Sore throat
- Do I need an antibiotic
- Does my child need an antibiotic





# Pharmacy First Formulary

**Paracetamol 120mg in 5ml sugar-free suspension x 100ml**

**Paracetamol 250mg in 5ml sugar-free suspension x 200ml**

**Paracetamol 500mg tablets x 32**

**Ibuprofen 100mg in 5ml sugar-free suspension x 100ml**

**Ibuprofen 200 mg tablets x 24**

**Ibuprofen 400 mg tablets x 24**

**Pseudoephedrine 30mg/5ml linctus x 100ml**

**Pseudoephedrine 60mg tablets x 12**

**Sodium chloride 0.9% nasal drops x 10ml**

Where formulary items are supplied these should be provided free of charge to the patient

Northern Ireland Health Service

PVT/MA  
Rev 01/14

Age	Name (including forename) and address	
DOB	Mary Tablet 2 Main Street anytown	
Pharmacy stamp		
No. of days treatment	H+C No.	Code numbers
		12967 / 32
Paracetamol 500mg Tablets x 32		
pseudoeephedrine 60mg tablet x 12		74210 / 12
Signature of Prescriber M Striber		Date 02/11/20
Pharmacy Details		97003 / 1

is pre-printed above

PATIENTS - please read the notes overleaf

9427      05720440274

Form Number

# Supply of medicines

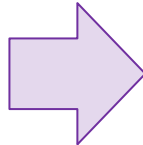
Remember:

- Use same PVs as for Minor Ailments
- Code using usual product code
- PV must also be coded with **97003/1** which is unique for Pharmacy First

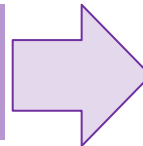


# GP referral required?

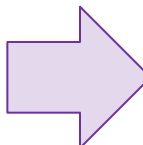
Reason(s) for referral



Symptoms



Treatment provided



HSC Health and Social Care Board  
Pharmacy First for Winter Ailments (2020/21): Patient Referral Form

Patient Name, Address & Postcode	Pharmacy name, Address & Postcode
H&C No. (if known)	Telephone number
Date of Birth	Contractor Number
GP Practice & Address	Pharmacist's name
	Date of consultation

The above patient has been assessed by the named pharmacist under the Pharmacy First for Winter Ailments Service. The patient has the following symptoms and requires referral for the reason(s) indicated below:

**1. Reason(s) for referral**

The patient requires referral as the patient is older than 65 years with acute cough and two or more of the following criteria or older than 80 years with acute cough and one or more of the following criteria:

- age > 65
- age > 80
- Hospitalisation in previous year
- Diabetes
- Congestive heart failure
- Current use of glucocorticoids

Other reasons for referral

- Persistent symptoms that have not improved after expected duration
- Person is systemically very unwell or has symptoms and signs suggestive of serious illness and /or complications
- Patient who may be considered at higher risk of serious complications because of pre-existing comorbidity (e.g. asthma / COPD, diabetes, cystic fibrosis, immunosuppression or other significant heart, lung, renal, liver or neuromuscular disease)
- Immunocompromised (e.g. HIV-positive, AIDS diagnosis, chemotherapy, DMARDs, carbimazole)
- Younger child who was born prematurely
- Other please state: \_\_\_\_\_

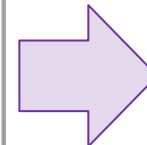
**2. Symptoms**

- Sore throat
- Common Cold
- Other symptoms patient is experiencing (that are not suggestive of COVID-19): \_\_\_\_\_

For patients with symptoms suggestive of Covid, the patient has been provided with appropriate advice re testing and self-isolation

**3. Treatment provided**

Paracetamol 120mg in 5ml sugar-free suspension x 100ml	Pseudoephedrine 30mg/5ml linctus x 100ml	<input checked="" type="checkbox"/>
Paracetamol 250mg in 5ml sugar-free suspension x 200ml	Pseudoephedrine 60mg tablets x 12	<input type="checkbox"/>
Paracetamol 500mg tablets x 32	Sodium chloride 0.9% nasal drops x 10ml	<input type="checkbox"/>
Ibuprofen 100mg in 5ml sugar-free suspension x 100ml	Medicine not supplied	<input type="checkbox"/>
Ibuprofen 400 mg tablets x 24	Additional OTC medicine purchased	<input type="checkbox"/>
Ibuprofen 200 mg tablets x 24		<input type="checkbox"/>



Secure transfer to patient's GP



# Monthly record form

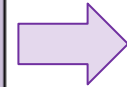
Each pharmacist to use their own form with name clearly printed at the top



Pharmacy First for Winter Ailments (2020/21) Monthly record form: Pharmacy name / contractor number Pharmacist's Name:

1	Patient details	Patient Consent	Symptoms	Nature of PF consultation	Referral into PF service	Outcome		Referral
	Patient name, address, DOB					Advice provided	Tick below if medicine(s) supplied (PVI completed)	
1	(Attach Patient Bag Label) DOB:	<input type="checkbox"/> Yes	<input type="checkbox"/> COVID <input type="checkbox"/> Winter Ailment	<input type="checkbox"/> CP <input type="checkbox"/> Phone <input type="checkbox"/> Video	<input type="checkbox"/> Self <input type="checkbox"/> CP <input type="checkbox"/> GP <input type="checkbox"/> OOH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Par <del>ip</del> 120mg <input type="checkbox"/> Par <del>ip</del> 250mg <input type="checkbox"/> Par tab 500 <input type="checkbox"/> <del>Up</del> <del>ip</del> 100mg <input type="checkbox"/> NaCl drops <input type="checkbox"/> Ibu tab 200 <input type="checkbox"/> Ibu tab 400 <input type="checkbox"/> Pseud <del>ip</del> 30mg <input type="checkbox"/> Pseud tab 60 <input type="checkbox"/> OTC purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	(Attach Patient Bag Label) DOB:	<input type="checkbox"/> Yes	<input type="checkbox"/> COVID <input type="checkbox"/> Winter Ailment	<input type="checkbox"/> CP <input type="checkbox"/> Phone <input type="checkbox"/> Video	<input type="checkbox"/> Self <input type="checkbox"/> CP <input type="checkbox"/> GP <input type="checkbox"/> OOH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Par <del>ip</del> 120mg <input type="checkbox"/> Par <del>ip</del> 250mg <input type="checkbox"/> Par tab 500 <input type="checkbox"/> <del>Up</del> <del>ip</del> 100mg <input type="checkbox"/> NaCl drops <input type="checkbox"/> Ibu tab 200 <input type="checkbox"/> Ibu tab 400 <input type="checkbox"/> Pseud <del>ip</del> 30mg <input type="checkbox"/> Pseud tab 60 <input type="checkbox"/> OTC purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	(Attach Patient Bag Label) DOB:	<input type="checkbox"/> Yes	<input type="checkbox"/> COVID <input type="checkbox"/> Winter Ailment	<input type="checkbox"/> CP <input type="checkbox"/> Phone <input type="checkbox"/> Video	<input type="checkbox"/> Self <input type="checkbox"/> CP <input type="checkbox"/> GP <input type="checkbox"/> OOH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Par <del>ip</del> 120mg <input type="checkbox"/> Par <del>ip</del> 250mg <input type="checkbox"/> Par tab 500 <input type="checkbox"/> <del>Up</del> <del>ip</del> 100mg <input type="checkbox"/> NaCl drops <input type="checkbox"/> Ibu tab 200 <input type="checkbox"/> Ibu tab 400 <input type="checkbox"/> Pseud <del>ip</del> 30mg <input type="checkbox"/> Pseud tab 60 <input type="checkbox"/> OTC purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	(Attach Patient Bag Label) DOB:	<input type="checkbox"/> Yes	<input type="checkbox"/> COVID <input type="checkbox"/> Winter Ailment	<input type="checkbox"/> CP <input type="checkbox"/> Phone <input type="checkbox"/> Video	<input type="checkbox"/> Self <input type="checkbox"/> CP <input type="checkbox"/> GP <input type="checkbox"/> OOH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Par <del>ip</del> 120mg <input type="checkbox"/> Par <del>ip</del> 250mg <input type="checkbox"/> Par tab 500 <input type="checkbox"/> <del>Up</del> <del>ip</del> 100mg <input type="checkbox"/> NaCl drops <input type="checkbox"/> Ibu tab 200 <input type="checkbox"/> Ibu tab 400 <input type="checkbox"/> Pseud <del>ip</del> 30mg <input type="checkbox"/> Pseud tab 60 <input type="checkbox"/> OTC purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rectangular Snip



Record of consultation

# Completed example

Pharmacy First for Winter Ailments (2020/21) Monthly record form: Pharmacy Name / contractor number Pharmacy First, Anytown Pharmacist's Name: Ann Smith

1	Patient details	Patient Consent	Symptoms	Nature of PF consultation	Referral into PF service	Outcome		Referral
	Patient name, address, DOB, date of consultation					Advice provided	Tick below if medicine(s) supplied (PV1 completed)	
	(Attach Patient Bag Label) DOB: <u>01/02/64</u> Pat 0 Keep out of reach of children Mrs Mary Tablet 2 Main Street Anytown, Co.armagh 0 Item(s) Fri, 23 Oct 2021 PHARMACY FIRST Pharmacy Ltd 1 High St, Anytown. Tel 028 1234 5678	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> COVID <input checked="" type="checkbox"/> Winter Ailment	<input type="checkbox"/> CP <input checked="" type="checkbox"/> Phone <input type="checkbox"/> Video	<input checked="" type="checkbox"/> Self <input type="checkbox"/> CP <input type="checkbox"/> GP <input type="checkbox"/> OOH	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Par ljq 120mg <input type="checkbox"/> Par ljq 250mg <input checked="" type="checkbox"/> Par tab 500 <input type="checkbox"/> Ibu ljq 100mg <input type="checkbox"/> NaCl drops <input type="checkbox"/> Ibu tab 200 <input type="checkbox"/> Ibu tab 400 <input type="checkbox"/> Pseud ljq 30mg <input checked="" type="checkbox"/> Pseud tab 60 <input type="checkbox"/> OTC purchase	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Monitoring information


- ❖ A copy of all of the monthly record forms relating to the previous month must be scanned and emailed, using secure HSC email, to HSCB local office on the date of the second monthly prescription submission.
- ❖ As the records contain patients' personal information they **should not be posted** to local HSCB offices.


# Further Information


- ❖ NICPLD: Minor Ailments Respiratory Training  
Remote consultations


[https://www.nicpld.org/courses/?programme=pharmacist&course\\_type=ol&show=allusers](https://www.nicpld.org/courses/?programme=pharmacist&course_type=ol&show=allusers)

Remote Consultations

 **Recorded lecture**

 2 hours

 Information

**Watch** 

- ❖ Clinical knowledge summaries:

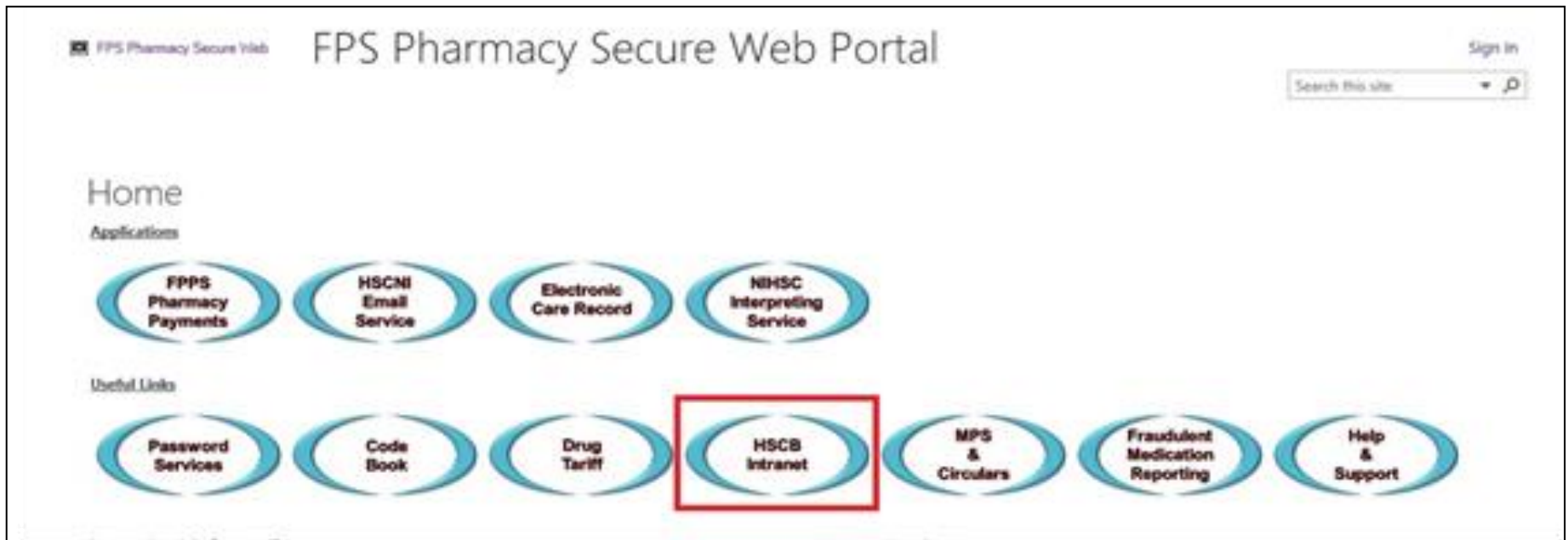
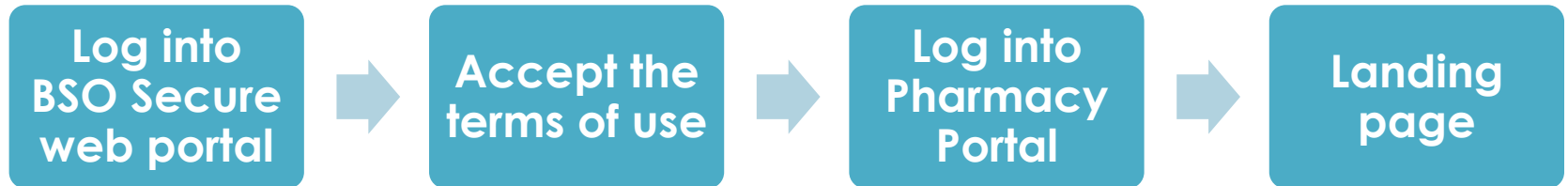
<https://cks.nice.org.uk/common-cold>

<https://cks.nice.org.uk/sore-throat-acute>

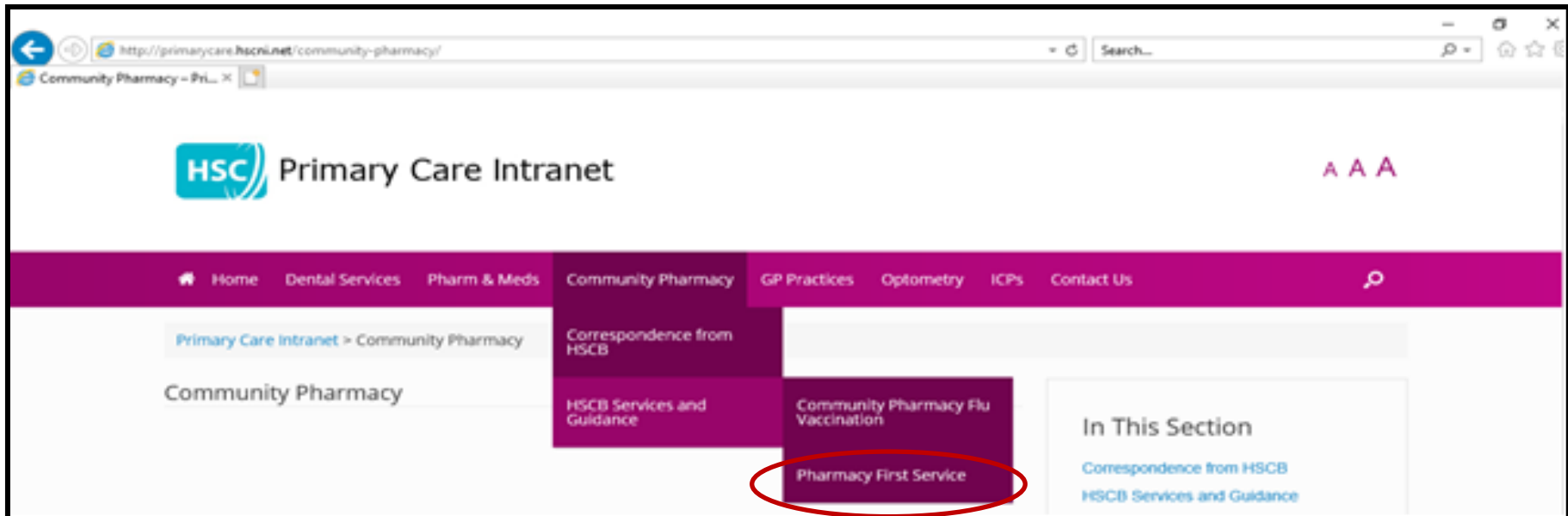
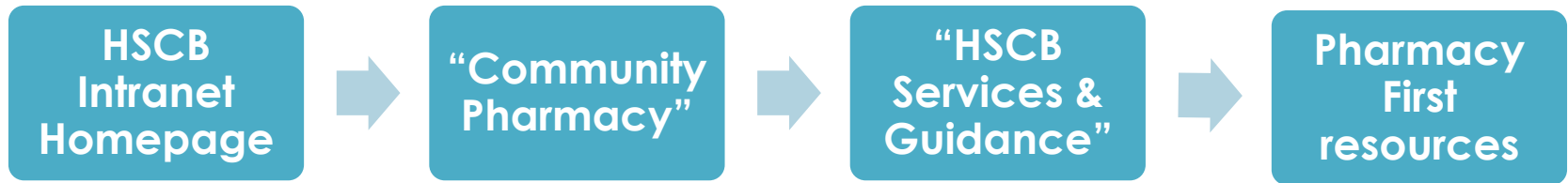
<https://cks.nice.org.uk/sinusitis>

# Accessing Pharmacy First Documents

<https://pharmacyportal.hscni.net>



# Accessing the HSCB Primary Care Intranet







# Remuneration

- ❖ £200k per month
  - One third divided equally amongst contractors
  - The remaining two thirds to be allocated on prescribing volume, based on 19/20 dispensing data.
- ❖ Includes both service fees and the cost of products supplied
- ❖ Products supplied via PV1 forms will be reimbursed by BSO in the usual way.
- ❖ No fee per consultation

# Promotion of the service

A3 & A4 posters for display in pharmacies

Patient Information leaflet available on BSO website for pharmacy social media sites

HSCB internet site

**HSC** Health and Social Care

**STOP** Do NOT enter the pharmacy if you have any symptoms of COVID-19

- High temperature
- New continuous cough
- Loss of or change in sense of taste or smell

**Pharmacy First for sore throats and common cold**

Ask your pharmacist **FIRST** for free and confidential advice and treatment for sore throat & common cold symptoms

**SAVE TIME AND AVOID WAITING TO SEE A GP**

**HSC** Health and Social Care

**Sore throat & common cold**

1. Contact your community pharmacy (preferably by phone)
2. Ask to speak to the pharmacist

**You will get:**

- To speak to the pharmacist in private
- Advice
- Free medication to alleviate your symptoms, if needed

# Summary of Pharmacy First resources

- ❖ Service Specification
- ❖ Service guide for community pharmacists
- ❖ Training slides for community pharmacists
- ❖ Contract
- ❖ Privacy Notice
- ❖ Referral form
- ❖ Record form
- ❖ Advice sheet – Winter Ailments
- ❖ Advice sheet - Coronavirus
- ❖ Patient Information Leaflet and Poster

## Next steps:

- ❖ Sign contract and email a copy to local HSCB office
- ❖ Up date SOP in line with changes to the service
- ❖ Download, print and file copies of paperwork as required
- ❖ Display the posters in the pharmacy
- ❖ Add details of the service to the pharmacy social media platforms

**West Office** [pharmacyserviceswest@hscni.net](mailto:pharmacyserviceswest@hscni.net)

**North Office** [pharmacyservicesnorth@hscni.net](mailto:pharmacyservicesnorth@hscni.net)

**South Office** [pharmacyservicesouth@hscni.net](mailto:pharmacyservicesouth@hscni.net)

**Belfast Office** [pharmacyservicesbelfast@hscni.net](mailto:pharmacyservicesbelfast@hscni.net)

**South Eastern Office** [pharmacyservicesse@hscni.net](mailto:pharmacyservicesse@hscni.net)