

# Sonar Health

## Pharmacy First User Guide

[www.SonarHealth.org](http://www.SonarHealth.org)

(Including the service previously known  
as the NHS Community Pharmacist  
Consultation Service (CPCS))

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# Logging into Sonar Health

Each user is required to have their own Sonar Health account.

Register for a new account please visit <https://www.sonarhealth.org/signup.aspx>, after your online registration we will request further information from you by email before we send you your login details.

**Sign Up**  
If you are a new user, feel free to fill-in the following form and be part of the **Sonar Health Care Network!** By signing up you will have access to a range of free NHS enhanced and advanced services like NMS, MUR, Stop Smoking, Repeat Prescriptions, and also some other tools (Calendar, Library, etc) that will help you provide a better service to your patients.

**Your Contact Details**  
Please find your location by entering the name or postcode in the box below and select it from the list that comes up. If not on the list, please free-type your contact info in the boxes below:  
[Click here and free-type your location name or postcode](#)

First Name: \*  
Surname: \*  
Email: \*  
Mobile:  
Phone:

By signing up to **SonarHealth** you declare that the information you have provided is TRUE and you are genuine Advisor/Member of staff at the specified location. Also you agree to The Sonar Informatics [Terms of service](#) and [Privacy policy](#)

I confirm I have read and understood the above.

**GDPR Consent**

We would like to send you occasional news and offers from Sonar Informatics as well as important alerts and material. For some communication we must be able to reach you for example, for NHS-related services. Please select below, what information you are okay for us to send to you. You can unsubscribe at any time.

NHS Service alerts and service-related news, announcements and material  
 Flu Training, travel clinics and vaccinations  
 Other training opportunities  
 Sonar newsletters  
 New product offers

Please enter the text **U x T X K** in the box:

Add a Pharmacy to your Sonar account can be requested by emailing [info@sonarinformatics.com](mailto:info@sonarinformatics.com)

Login to your Sonar account from <https://www.sonarhealth.org/>

You'll be asked for your **username**, **password** and **3 digits** of your 6 digit PIN number.

Home About us Contact us Cookie policy [Login](#) [New user? \(Sign up\)](#)

**NHS**  
First PCT

Home Contact

Please call **0208 743 6924** or email to [info@sonarinformatics.com](mailto:info@sonarinformatics.com) if you are unable to login.  
Or you can use the [Help /Login support](#) link below and fill in your details and somebody from our team will contact you shortly.

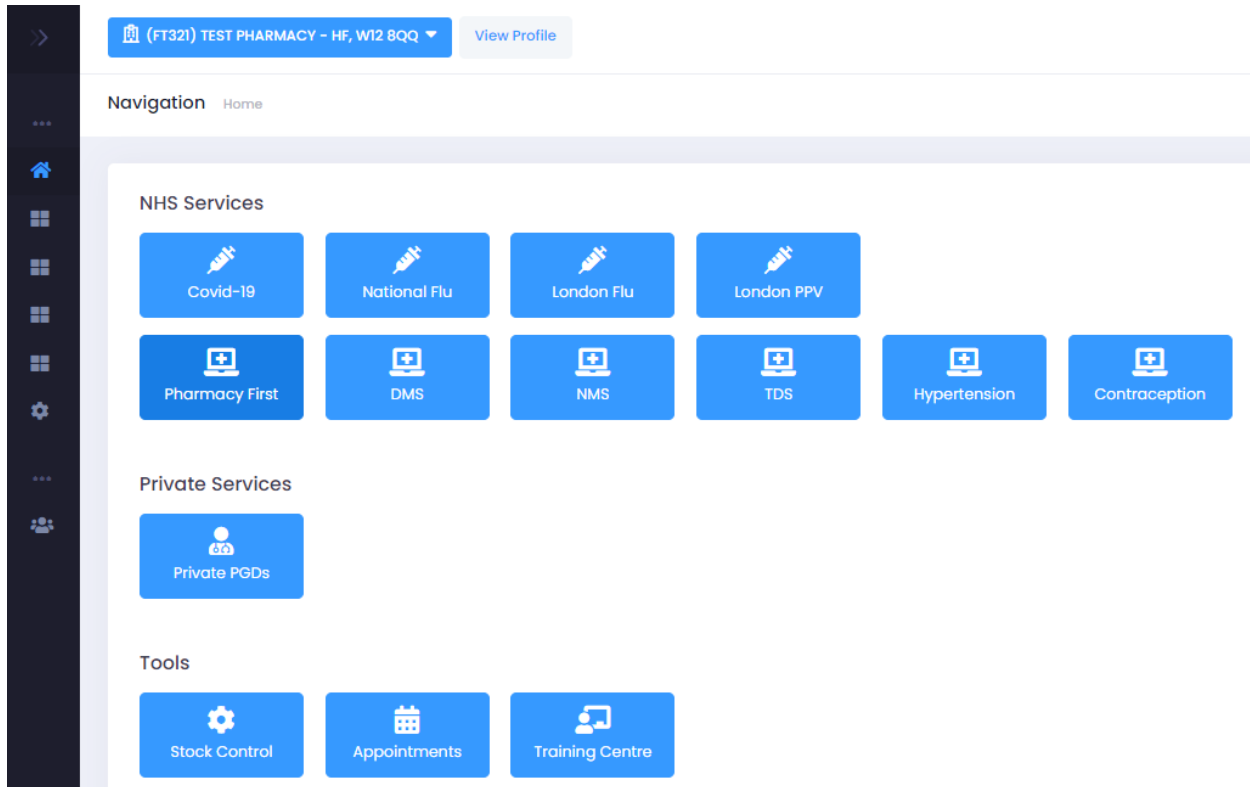
**Required browsers:** Internet Explorer 8 or Above, FireFox, Google Chrome, Safari, Opera

There is a period of **1 hour of inactivity** before the web site logs you out.

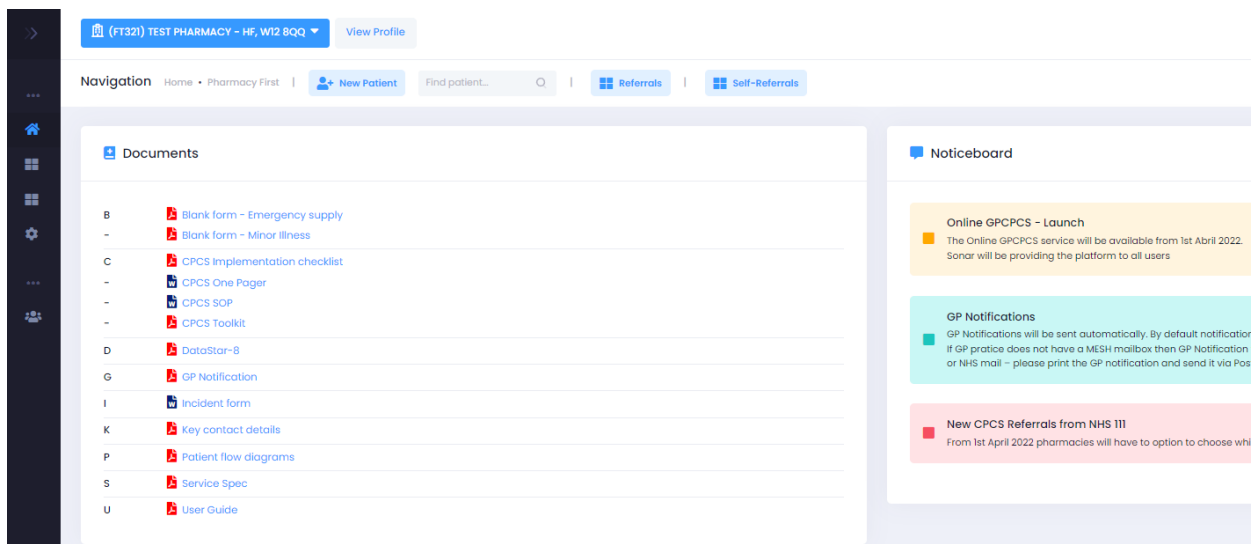
User name   
Password   
Login Method    
Please provide the following digits of your PIN Number  
4th 1st 5th  
    
  
[Forgotten password?](#)

# Access the Pharmacy First Service

Once you have successfully logged in, you will be taken to the Sonar health home page. Select the **Pharmacy First** tab located under NHS Services.

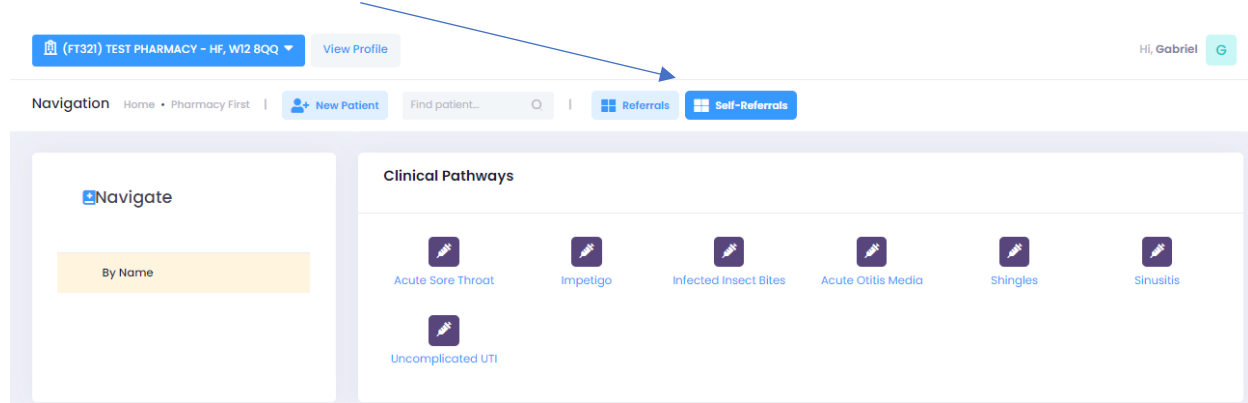


This will open the Pharmacy First service homepage, where you can view your related **Documents** and **Noticeboard**.



# Clinical Pathways (Self-Referrals)

To initiate click on **SELF-REFERRALS** button



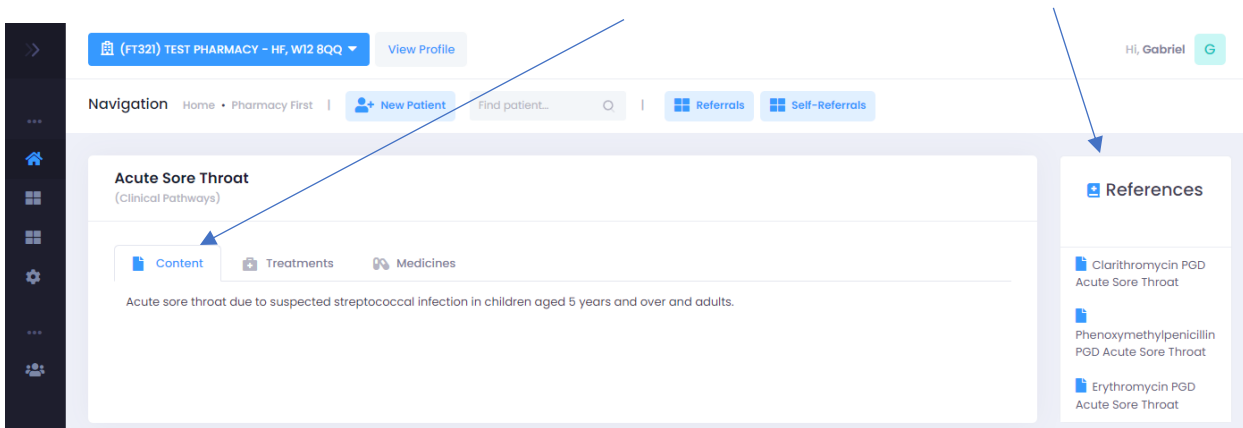
Choose a clinical pathway

- Acute Sore Throat
- Impetigo
- Infected Insect Bites
- Acute Otitis Media
- Shingles
- Sinusitis
- Uncomplicated UTI

# Acute Sore Throat

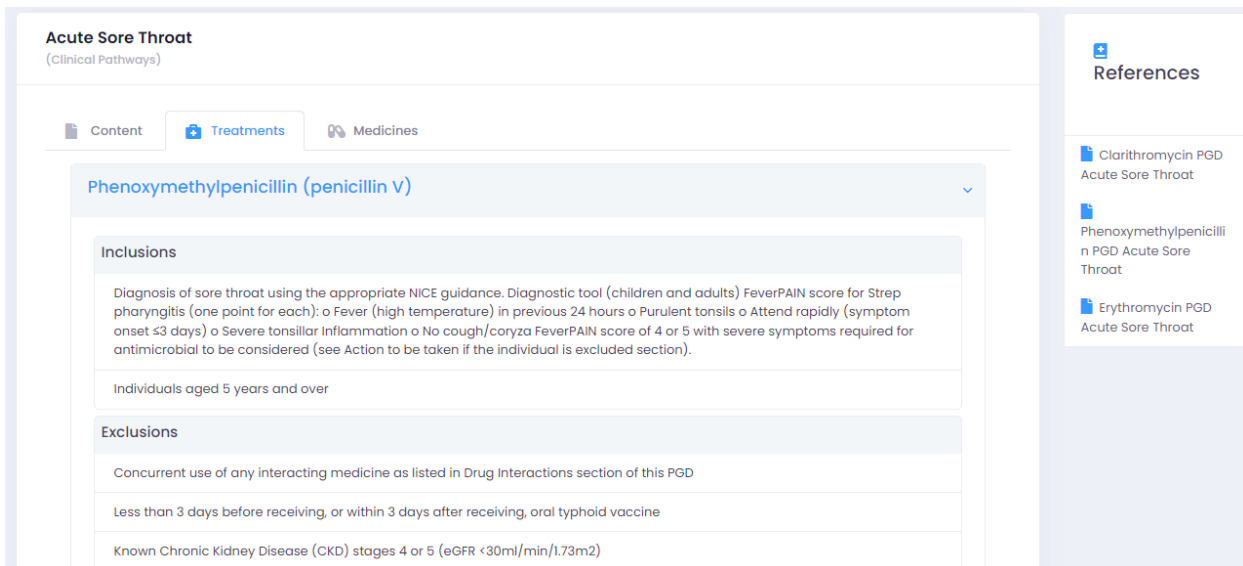
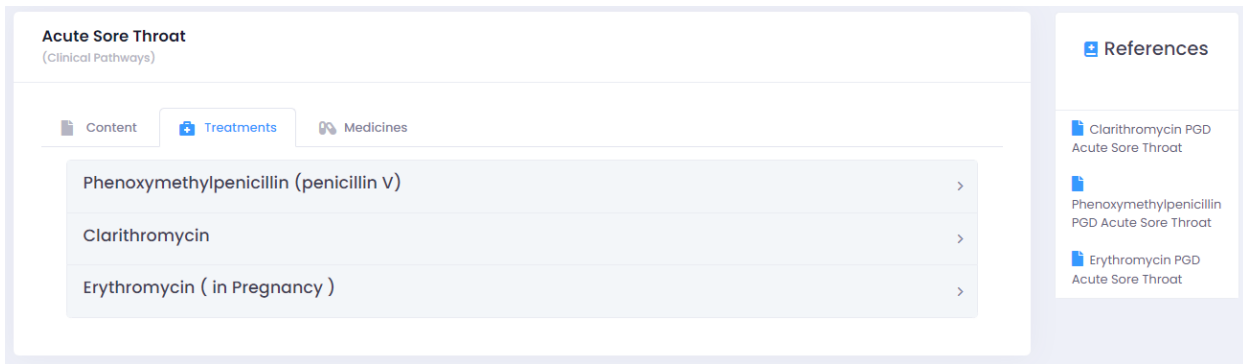
## Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.



## Treatments

Each treatment has their own set of inclusions, exclusions and cautious.



## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.

The screenshot shows the 'Acute Sore Throat' clinical pathway page. At the top, there are tabs for 'Content', 'Treatments', and 'Medicines'. The 'Medicines' tab is active, displaying a list of medicines with expandable options:

- Phenoxymethylpenicillin (penicillin V) - expanded to show:
  - Phenoxymethylpenicillin 125mg/5ml oral solution
  - Phenoxymethylpenicillin 125mg/5ml oral solution sugar free
  - Phenoxymethylpenicillin 250mg tablets
  - Phenoxymethylpenicillin 250mg/5ml oral solution
  - Phenoxymethylpenicillin 250mg/5ml oral solution sugar free
- Clarithromycin
- Erythromycin ( in Pregnancy )

On the right side, there is a 'References' section with three items:

- Clarithromycin PGD Acute Sore Throat
- Phenoxymethylpenicillin PGD Acute Sore Throat
- Erythromycin PGD Acute Sore Throat

## Start a new clinical pathway referral

Add New Patient

The screenshot shows the 'Add New Patient' button in the 'Acute Sore Throat' clinical pathway page. The button is blue and has a plus sign icon. It is located in the 'Navigation' section, which also includes 'Home', 'Pharmacy First', 'Find patient...', 'Referrals', and 'Self-Referrals'. An arrow points from the text 'Add New Patient' to the button.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.

The screenshot shows the Patient Search form in the 'Acute Sore Throat' clinical pathway page. The form is titled 'To create a new patient, use the search box below'. It has a search by dropdown menu with 'NHS Number' selected. There are two input fields: '\* NHS number' and '\* Birth date'. The birth date field has a date format 'dd/mm/yyyy'. There is a blue 'Search' button. A sidebar on the left contains navigation icons.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Acute Sore Throat - Patient Consent

Clinical Pathways

Consent for service delivery (Pharmacy first service)  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services

## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Acute Sore Throat - Screening

\*Screening Date [?](#)

12/01/2024  16  54

\*Is there any option applicable from below? (Risk of deterioration or serious illness)  Yes  No

Suspected Epiglottitis [?](#)  Severe Complications Suspected [?](#)

Stridor (noisy or high pitched sound with breathing) [?](#)

\*Does patient have any Signs/Symptoms from below?  Yes  No

Does the patient have signs or symptoms indicating possible scarlet fever,quinsy or glandular fever?(refer to NICE CKS for list of symptoms)

Does the patient have signs and symptoms of suspected cancer?

Is the patient immunosuppressed?



FeverPAIN Score Assessment (Select from below if applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Fever (over 38°C)                                      | <input type="checkbox"/> Purulence                 |
| <input type="checkbox"/> First Attendance within 3 days after onset of symptoms | <input type="checkbox"/> Severely Inflamed tonsils |
| <input type="checkbox"/> No cough or coryza (cold symptoms)                     |  |

FeverPAIN Score is 0

Self-care and pain relief

- Antibiotic is not needed
- Offer over the counter treatment for symptomatic relief
- Drink adequate fluids

Gateway Criteria met? **NO**

[Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made

Submit

Cancel

## Gateway Criteria

Depending on the patients **FeverPAIN score assessment** will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

### Acute Sore Throat

#### FeverPAIN Score 0 or 1

Self-care and pain relief

- Antibiotic is not needed
- Offer over the counter treatment for symptomatic relief
- Drink adequate fluids
- Ask patient to return to Community Pharmacy after 1 week if no improvement for pharmacist reassessment

#### FeverPAIN score 2 or 3

Self-care and pain relief

- Antibiotics make little difference to how long symptoms last
- Withholding antibiotics is unlikely to lead to complications
- Ask patient to return to Community Pharmacy if no improvement within 3-5 days for pharmacist reassessment
- After pharmacist reassessment, patient can be offered antibiotics if appropriate based on clinician global impression

#### FeverPAIN score 4 or 5

Shared decision making approach using [TARGET RTI resources](#) and clinician global impression

Mild symptoms: consider pain relief and self care as first line treatment.

- Ask patient to return to Community Pharmacy if no improvement within 3-5 days for pharmacist reassessment
- After pharmacist reassessment, patient can be offered antibiotics if appropriate based on clinician global impression

Severe symptoms: consider offering an immediate antibiotic

- Offer phenoxymethylpenicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (via National Care Record or Patient/Carer)

- Offer clarithromycin for 5 days (subject to inclusion/ exclusion criteria in PGD) plus self care

If pregnant

- Offer erythromycin for 5 days (subject to inclusion/ exclusion criteria in PGD) plus self care

FOR ALL PATIENTS: if symptoms do not improve after completion of treatment course

Onward referral

- General practice
- Other provider as appropriate

#### FOR ALL PATIENTS:

If symptoms worsen rapidly or significantly at any time

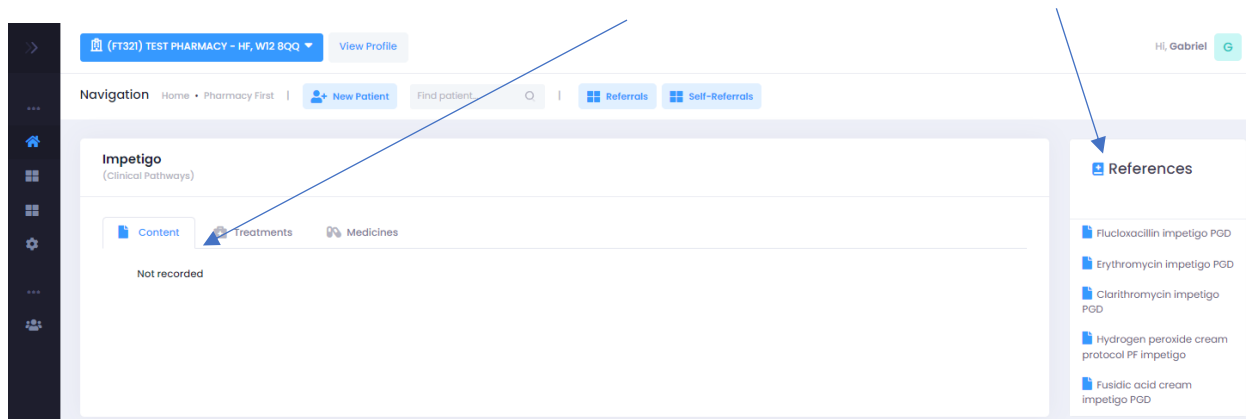
Onward referral

- General practice
- Other provider as appropriate

# Impetigo

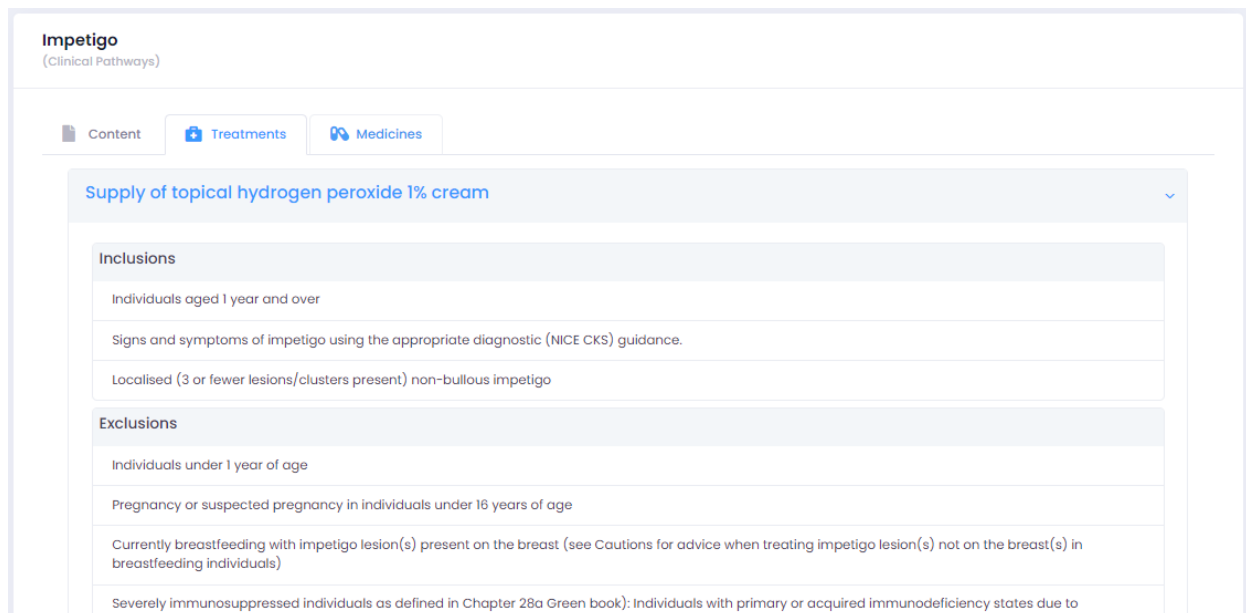
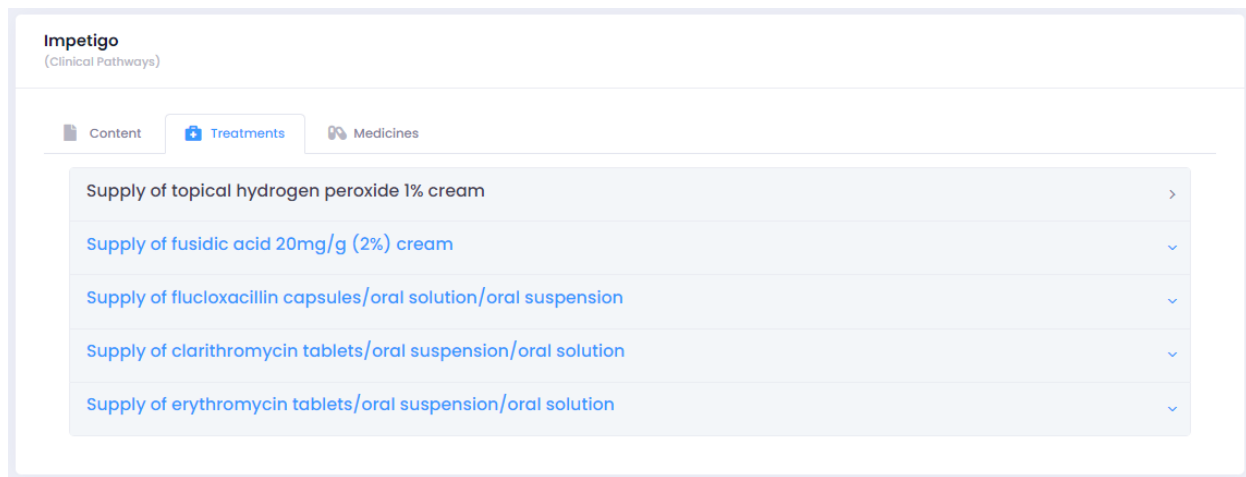
## Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.



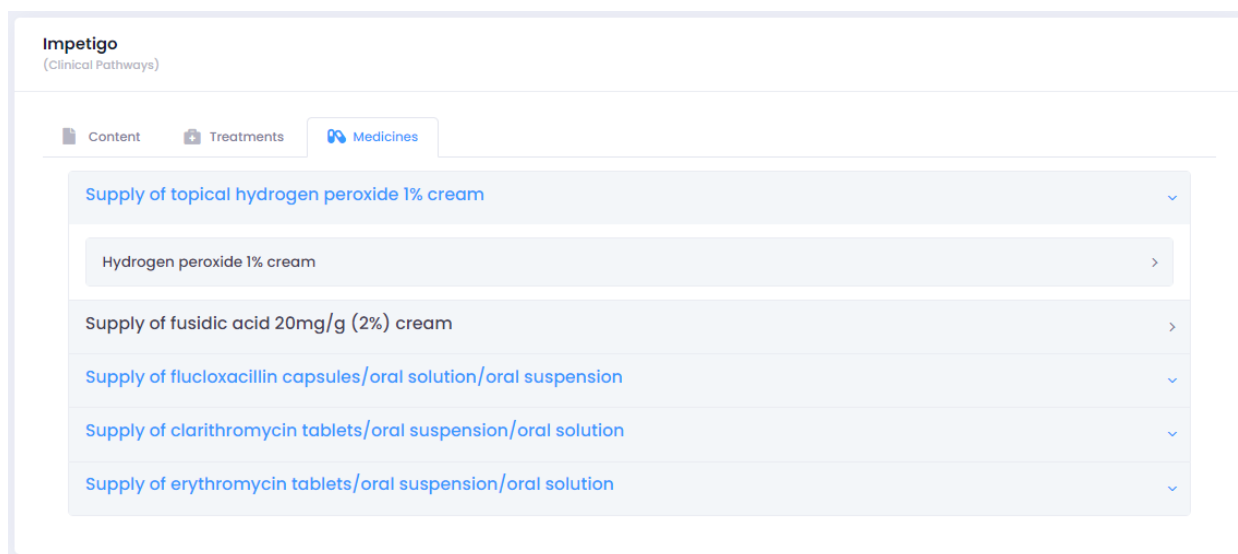
## Treatments

Each treatment has their own set of inclusions, exclusions and cautions.



## Medicines

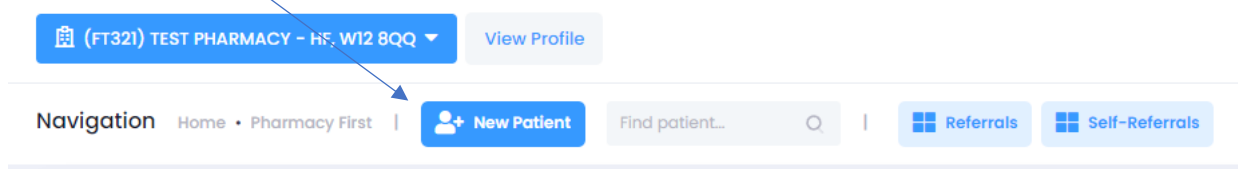
You can use the drop down next to each medicine to view the details of each that are suitable for the service.



The screenshot shows the 'Impetigo (Clinical Pathways)' interface. At the top, there are tabs for 'Content', 'Treatments', and 'Medicines'. Below the tabs, a list of medicines is displayed, each with a dropdown arrow on the right. The medicines listed are: 'Supply of topical hydrogen peroxide 1% cream', 'Hydrogen peroxide 1% cream', 'Supply of fusidic acid 20mg/g (2%) cream', 'Supply of flucloxacillin capsules/oral solution/oral suspension', 'Supply of clarithromycin tablets/oral suspension/oral solution', and 'Supply of erythromycin tablets/oral suspension/oral solution'.

## Start a new clinical pathway referral

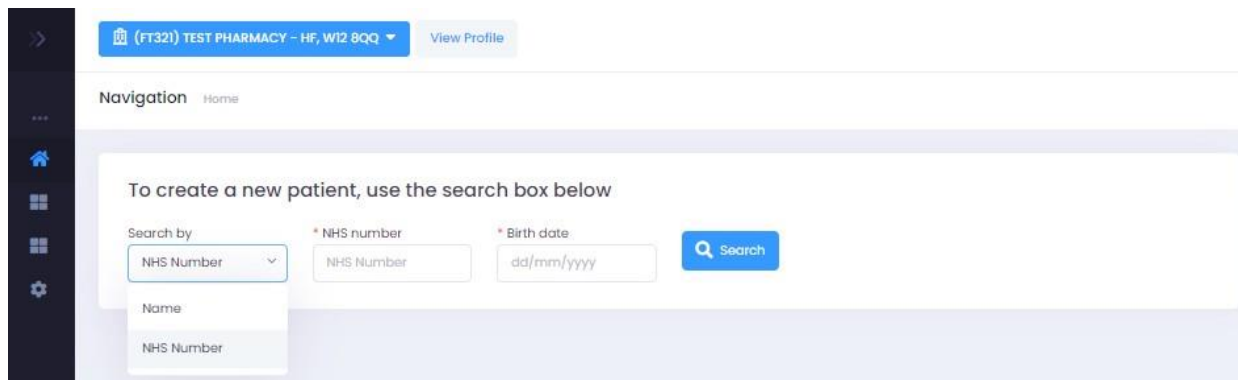
Add New Patient



The screenshot shows the 'Add New Patient' button in the Impetigo interface. The button is blue and contains a person icon, the text '(FT321) TEST PHARMACY - HF, W12 8QQ', and a dropdown arrow. To the right of the button is a 'View Profile' button. Below the button is a navigation bar with the text 'Navigation Home • Pharmacy First |' followed by a 'New Patient' button with a person icon, a search box with the text 'Find patient...', and two buttons labeled 'Referrals' and 'Self-Referrals'.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.



The screenshot shows the 'Patient Search' form in the Impetigo interface. The form is titled 'To create a new patient, use the search box below'. It contains a 'Search by' dropdown menu with 'NHS Number' selected. Below the dropdown are two input fields: '\* NHS number' and '\* Birth date'. The 'NHS number' field contains the text 'NHS Number' and the 'Birth date' field contains the text 'dd/mm/yyyy'. To the right of the input fields is a blue 'Search' button with a magnifying glass icon. Below the input fields is a dropdown menu with 'Name' and 'NHS Number' options.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Impetigo - Patient Consent

Clinical Pathways

**Consent for service delivery (Pharmacy first service)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profile on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profile on Patient Facing Services

## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Impetigo - Screening

\*Screening Date [?](#)

16/01/2024  13  19

\*Is there any option applicable from below? (Risk of deterioration or serious illness)  Yes  No

Patient is immunosuppressed and infection is widespread

Severe complications suspected(such as deeper soft tissue infection)

\*Does patient follow typical progression of impetigo clinical features?  Yes  No

The initial lesion is a very thin-walled vesicle on an erythematous base, which ruptures easily and is seldom observed

The exudate dries to form golden yellow or yellow-brown crusts, which gradually thickens

Lesions can develop anywhere on the body but are most common on exposed skin on the face(the peri- oral and peri - nasal areas), limbs and flexures(such as the axillae)

Satellite lesions may develop following autoinoculation

Usually asymptomatic but may be mildly itchy

Please select at least 1 option

Refer to [NHS.UK](#) website for images of impetigo

Is Impetigo more likely?  Yes  No

How many lesions/clusters present  3 or Fewer  4 or More

Non-Bullous Impetigo  Localised non-bullous impetigo  Widespread non-bullous impetigo

Gateway Criteria met ? YES

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made

## Gateway Criteria

Depending on the patients **impetigo clinical features** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

**Impetigo**

- Impetigo less likely**
  - Consider alternative diagnosis and proceed appropriately
- Impetigo more likely - Localised non-bullous impetigo**
  - Offer hydrogen peroxide 1% cream for 5 days (subject to inclusion/exclusion criteria in protocol) plus self care
  - or if unsuitable or ineffective**
    - Offer fusidic acid cream for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care
  - Fusidic acid cream can be offered 2nd line if:**
    - Hydrogen peroxide unsuitable, for example if impetigo is around eyes
    - Hydrogen peroxide treatment has been ineffective and impetigo still remains localised
  - If symptoms worsen rapidly or significantly at any time OR Do not improve after completion of treatment course**
  - Onward referral**
    - General practice
    - Other provider as appropriate
- Impetigo more likely - Widespread non-bullous impetigo**
  - Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care
  - Reported penicillin allergy (via National Care Record or Patient/Carer)**
    - Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care
  - If pregnant**
    - Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care
  - If symptoms worsen rapidly or significantly at any time OR Do not improve after completion of treatment course**
  - Onward referral**
    - General practice
    - Other provider as appropriate
- For All Patients:**
  - share self-care and safety-netting advice using British Association of Dermatologists Impetigo leaflet
  - Offer advice on importance of good hygiene to reduce spread of impetigo
  - Offer advice on how to take their medicines to encourage adherence

## Infected Insect Bites

### Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.

The screenshot shows the 'Infected Insect Bites' clinical pathway page. At the top, there is a navigation bar with 'Home • Pharmacy First', 'New Patient', 'Find patient...', 'Referrals', and 'Self-Referrals'. The main content area has three tabs: 'Content', 'Treatments', and 'Medicines'. The 'Content' tab is active, showing 'Not recorded'. On the right, a 'References' sidebar lists three PGDs: 'Erythromycin PGD PF infected insect bites', 'Clarithromycin PGD PF infected insect bites', and 'Flucloxacillin PGD PF infected insect bites'. Blue arrows point from the text above to the 'Content' tab and the 'References' sidebar.

### Treatments

Each treatment has their own set of inclusions, exclusions and cautious.

This screenshot shows the 'Treatments' tab for the 'Infected Insect Bites' pathway. It lists three treatment options, each with a dropdown arrow on the right:

- Supply of flucloxacillin capsules/oral solution/oral suspension
- Supply of clarithromycin tablets/oral suspension/oral solution
- Supply of erythromycin tablets/oral suspension/oral solution

This screenshot shows the detailed view for the 'Supply of flucloxacillin capsules/oral solution/oral suspension' treatment. It is divided into two sections:

**Inclusions**

- Individuals aged 1 year and over
- Diagnosis of infected insect bite or sting using the appropriate diagnostic (NICE CKS) guidance.
- Clear evidence of infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s) with 3 or more of the following symptoms: o Redness of the skin (erythema may be more difficult to distinguish on darker skin tones) o Pain or tenderness to the area o Swelling of the skin o Skin surrounding the bite(s) or sting(s) feels hot to touch AND any of the following: o Redness or swelling of the skin surrounding the bite(s) or sting(s) is spreading o Evidence of pustular discharge at site of bite(s) or sting(s)

**Exclusions**

- Individuals under 1 year of age
- Pregnancy or suspected pregnancy in individuals under 16 years of age
- Severely immunosuppressed individuals as defined in Chapter 28a Green book); Individuals with primary or acquired immunodeficiency states due to

## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.

The screenshot shows a web interface for 'Infected Insect Bites (Clinical Pathways)'. It has three tabs: 'Content', 'Treatments', and 'Medicines'. The 'Medicines' tab is active. Below the tabs, there are three main categories of medicines, each with a dropdown arrow on the right:

- Supply of flucloxacillin capsules/oral solution/oral suspension
  - Flucloxacillin 125mg/5ml oral solution sugar free
  - Flucloxacillin 125mg/5ml oral solution
  - Flucloxacillin 250mg capsules
  - Flucloxacillin 250mg/5ml oral solution sugar free
  - Flucloxacillin 250mg/5ml oral solution
  - Flucloxacillin 500mg capsules
- Supply of clarithromycin tablets/oral suspension/oral solution
- Supply of erythromycin tablets/oral suspension/oral solution

## Start a new clinical pathway referral

Add New Patient

The screenshot shows a navigation bar with a dropdown menu for '(FT321) TEST PHARMACY - HF, W12 8QQ' and a 'View Profile' button. Below this is a navigation menu with 'Home', 'Pharmacy First', and a prominent 'New Patient' button. To the right of 'New Patient' is a search box labeled 'Find patient...' and buttons for 'Referrals' and 'Self-Referrals'. A blue arrow points from the text 'Add New Patient' to the 'New Patient' button.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, **Surname**, **DOB**, and **Gender**.

The screenshot shows a search form for creating a new patient. It includes a dropdown for '(FT321) TEST PHARMACY - HF, W12 8QQ' and a 'View Profile' button. The search form has a title 'To create a new patient, use the search box below' and a 'Search by' dropdown menu with options for 'NHS Number', 'Name', and 'NHS Number'. There are input fields for '\* NHS number' and '\* Birth date' (with a date format 'dd/mm/yyyy'). A blue 'Search' button is located to the right of the input fields.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Infected Insect Bites – Patient Consent

Clinical Pathways

**Consent for service delivery (Pharmacy first service)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services



## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Infected Insect Bites - Screening

\*Screening Date ⓘ

16/01/2024  13  33

\*Is there any option applicable from below? (Risk of deterioration or serious illness)  Yes  No

Signs of systemic hypersensitivity reaction or anaphylaxis Administer adrenaline

Severely immunosuppressed and have signs or symptoms of an infection

Stings where there is risk of airway obstruction(e.g.in the mouth or throat) or concerns of orbital cellulitis from bite or sting around the eyes

\*Does the patient meet ANY of the following criteria?  Yes  No

Bite or scratch caused by animal(s)

Bite caused by human(s)

Bite caused by tick in the UK and signs of Lyme disease such as erythema migrans(bullseye) rash

Bite or sting that occurred while travelling outside of UK with concern of insect borne diseases e.g.malaria, tick borne encephalitis

Bite or sting caused by an unusual or exotic insect

\*Has it been at least 48 hours after the initial insect bite or sting?  Yes  No

\*Is itch, principal symptom? (In the absence of other signs/symptoms of infection)  Yes  No

\*Does patient have acute onset of ≥3 of the following symptoms of an infected insect bite? ⓘ

Redness of skin

Pain or tenderness to the area

Swelling of skin

Skin surrounding the bite feels hot to touch

Please select

Infected insect bite less likely  Yes  No

\*Infected insect bite **more likely**,Does the patient meet ANY of the following criteria?  Yes  No

Redness and swelling of skin surrounding the bite is spreading

There is evidence of pustular discharge at site of bite/sting ?

Please select

\*Does the patient meet any of the following criteria?  Yes  No

Patient systemically unwell

Known comorbidity which may complicate or delay resolution of infection: for example peripheral arterial disease, chronic venous insufficiency, lymphoedema or morbid obesity

Severe pain out of proportion to the wound (may indicate the presence of toxin-producing bacteria)

Patient has significant collection of fluid or pus at site of infection(for incision and drainage where appropriate)

Gateway Criteria met ? YES [Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made

## Gateway Criteria

Depending on the patients **insect bite assessment** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

### Infected Insect Bites

#### Infected insect bite less likely

**Recommend self care, oral antihistamine and/or topical steroids over the counter and safety netting advice**

- Skin redness and itching are common and may last for up to 10 days
- It is unlikely that the skin will become infected
- Avoiding scratching may reduce inflammation and the risk of infection

#### Infected Insect bite more likely

**If patient meet ANY of the following criteria**

- Redness and swelling of skin surrounding the bite is spreading
- There is evidence of pustular discharge at site of bite/sting?

**A) If patient does NOT meet ANY of the following criteria**

- Patient systemically unwell
- Known comorbidity which may complicate or delay resolution of infection: for example peripheral arterial disease, chronic venous insufficiency, lymphoedema or morbid obesity
- Severe pain out of proportion to the wound (may indicate the presence of toxin-producing bacteria)
- Patient has significant collection of fluid or pus at site of infection (for incision and drainage where appropriate)

**Follow:**

- Offer flucloxacillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

**Reported penicillin allergy (via National Care Record or Patient/Carer)**

- Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

**If pregnant**

- Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

**If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of 5 days treatment course**

**Onward referral**

- General practice
- Other provider as appropriate

**B) If patient meet ANY of the following criteria**

- Patient systemically unwell
- Known comorbidity which may complicate or delay resolution of infection: for example peripheral arterial disease, chronic venous insufficiency, lymphoedema or morbid obesity
- Severe pain out of proportion to the wound (may indicate the presence of toxin-producing bacteria)
- Patient has significant collection of fluid or pus at site of infection (for incision and drainage where appropriate)

**Follow:**

**Onward referral**

- General practice
- Other provider as appropriate

#### Infected Insect bite more likely - But below Criteria not Met

**Following criteria - NOT met**

- Redness and swelling of skin surrounding the bite is spreading
- There is evidence of pustular discharge at site of bite/sting?

**Recommend self care, oral antihistamine and/or topical steroids over the counter and safety netting advice**

- Clearly demarcate the area and ask patient to monitor
- Ask patient to return to pharmacy if symptoms worsen at any time OR do not improve after 3 days of over the counter treatment for pharmacist reassessment

#### For All Patients:

- If symptoms worsen rapidly or significantly at any time
- OR do not improve after completion of 7 days treatment course

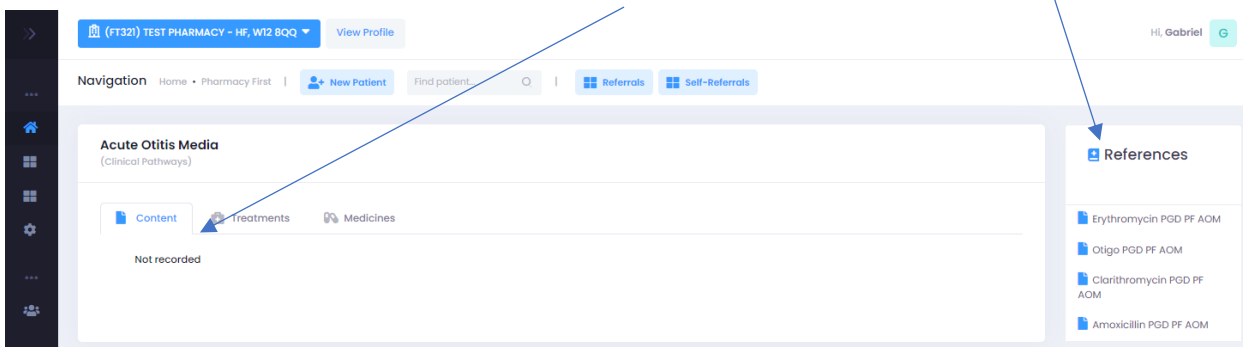
**Onward referral**

- General practice
- Other provider as appropriate

# Acute Otitis Media

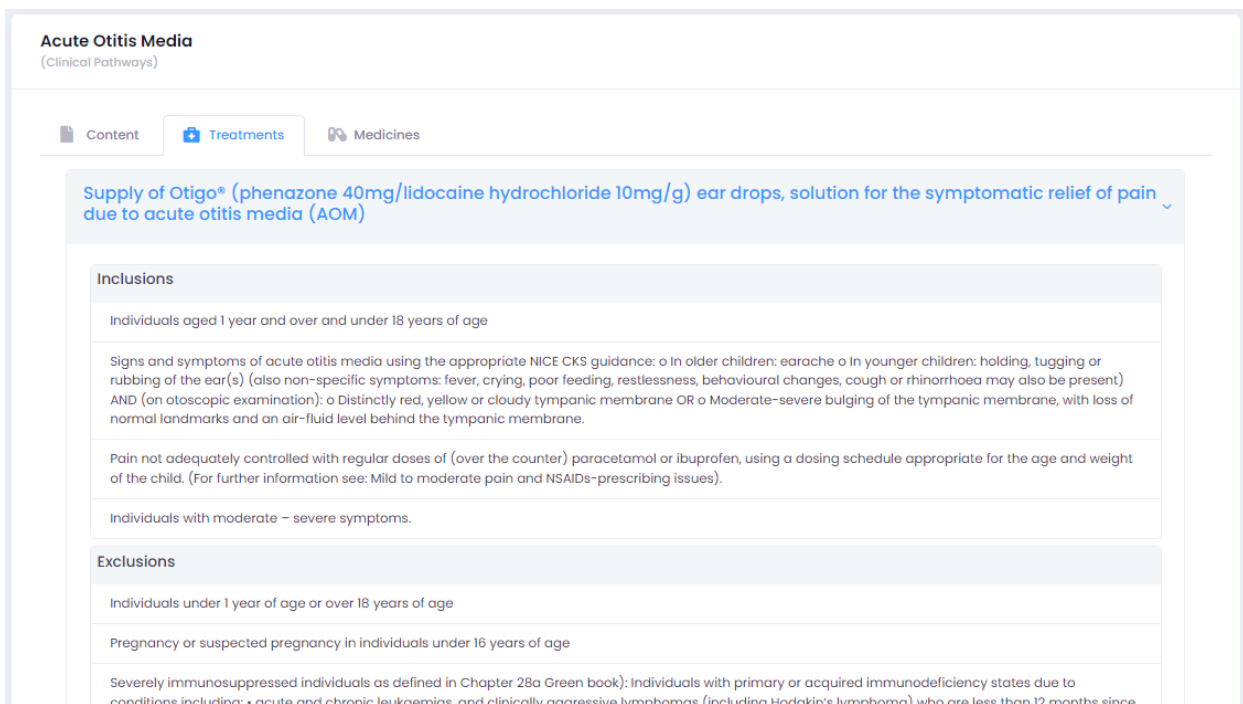
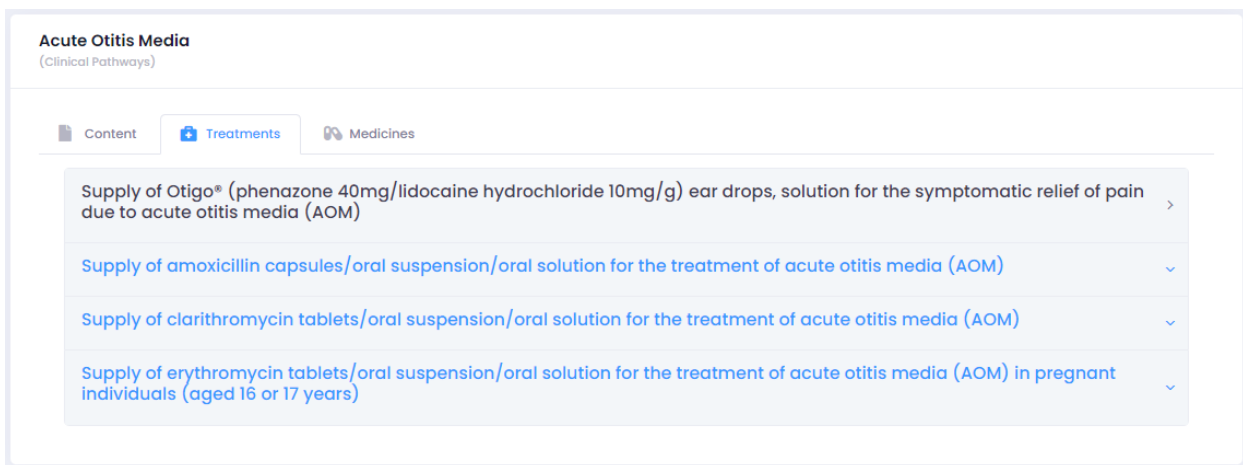
## Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.



## Treatments

Each treatment has their own set of inclusions, exclusions and cautious.



## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.

The screenshot shows the 'Acute Otitis Media' clinical pathway page. At the top, there are tabs for 'Content', 'Treatments', and 'Medicines'. Below the tabs, there is a list of medicines with dropdown menus:

- Supply of Otigo® (phenazone 40mg/lidocaine hydrochloride 10mg/g) ear drops, solution for the symptomatic relief of pain due to acute otitis media (AOM) - dropdown arrow
- Phenazone 40mg/g / Lidocaine 10mg/g ear drops - dropdown arrow
- Supply of amoxicillin capsules/oral suspension/oral solution for the treatment of acute otitis media (AOM) - dropdown arrow
- Supply of clarithromycin tablets/oral suspension/oral solution for the treatment of acute otitis media (AOM) - dropdown arrow
- Supply of erythromycin tablets/oral suspension/oral solution for the treatment of acute otitis media (AOM) in pregnant individuals (aged 16 or 17 years) - dropdown arrow

## Start a new clinical pathway referral

Add New Patient

The screenshot shows the 'Add New Patient' button in the system. The button is blue and contains a plus sign and the text 'New Patient'. It is located in the navigation bar, next to the 'Home' and 'Pharmacy First' links. There is also a 'View Profile' button next to it.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.

The screenshot shows the Patient Search form. The form is titled 'To create a new patient, use the search box below'. It has a search bar with a dropdown menu for 'Search by' (currently set to 'NHS Number'). There are two input fields: '\* NHS number' and '\* Birth date' (format: dd/mm/yyyy). A blue 'Search' button is next to the input fields. A dropdown menu is open under the 'Search by' field, showing 'Name' and 'NHS Number' options.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Acute Otitis Media – Patient Consent

Clinical Pathways

**Consent for service delivery (Pharmacy first service)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services




## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Acute Otitis Media - Screening

**\*Screening Date** ⓘ

16/01/2024  14  06 

**\*Is there any option applicable from below? (Risk of deterioration or serious illness)**  Yes  No

Does patient have any Signs/Symptoms from below?

- Meningitis(neck stiffness, photophobia, mottled skin)
- Mastoiditis(pain, soreness, swelling, tenderness behind the affected ear(s))
- Brain abscess(severe headache, confusion or irritability, muscle weakness)
- Sinus thrombosis(headache behind or around the eyes)
- Facial nerve paralysis

**\*Does the patient have acute onset of symptoms from below?**  Yes  No

- In older children— earache
- In younger children – holding, tugging, or rubbing of the ear
- In younger children: non - specific symptoms such as fever, crying, poor feeding, restlessness, behavioural changes, cough, or rhinorrhoea

Please select

**\*Does the patient have on otoscopic examination any of the below?**  Yes  No

- A distinctly red, yellow, or cloudy tympanic membrane
- Moderate to severe bulging of the tympanic membrane, with loss of normal landmarks and an airfluid level behind the tympanic membrane
- Perforation of the tympanic membrane and / or sticky discharge in the external auditory canal

Please select

Acute otitis media MORE likely  Yes  No

**\*Does the patient meet Any of the following criteria?**  Yes  No


- Patient is systemically very unwell
- Patient has signs of a more serious illness
- Patient is high risk of complications because of pre - existing comorbidity (this includes children with significant heart, lung, renal, liver or neuromuscular disease, immunosuppression, cystic fibrosis and young children who were born prematurely)

Please select

Gateway Criteria met ? YES [Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made



## Gateway Criteria

Depending on the patients **assessment** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

**Acute Otitis Media**

**Acute otitis media LESS likely**

- Consider alternative diagnosis and proceed appropriately

Does the child/young person have otorrhoea (discharge after eardrum perforation) or eardrum perforation (suspected or confirmed) - YES

OR

Is the child under 2 years AND with infection in both ears? - YES

**And meet any of the below criteria**

- Severe symptoms based on clinician global impression
- Symptoms for more than 3 days

---

**Follow:**

- Offer amoxicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

**Reported penicillin allergy (Via National Care Record or Patient/Carer)**

- Offer clarithromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

**If pregnant (aged 16-17 years)**

- Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Is the child under 2 years AND with infection in both ears? - NO

- In patients with mild symptoms offer self-care and pain relief

OR

Is the child under 2 years AND with infection in both ears? - YES

**But does not meet any of the below criteria**

- Severe symptoms based on clinician global impression
- Symptoms for more than 3 days

---

**Follow:**

- In patients with moderate and severe symptoms, without eardrum perforation - consider offering phenazone 40 mg/g with lidocaine 10 mg/g ear drops for up to 7 days (subject to inclusion/exclusion criteria in PGD) plus self care
- Ask patient to return to Community Pharmacy if no improvement within 3-5 days for pharmacist reassessment

**Acute otitis media MORE likely**

- Offer self care and pain relief to all patients

**Onward referral**

- General practice
- Other provider as appropriate

**For All Patients:**

- If symptoms worsen rapidly or significantly, or the child or young person becomes very unwell
- OR does not improve despite antibiotics taken for at least 2-3 days

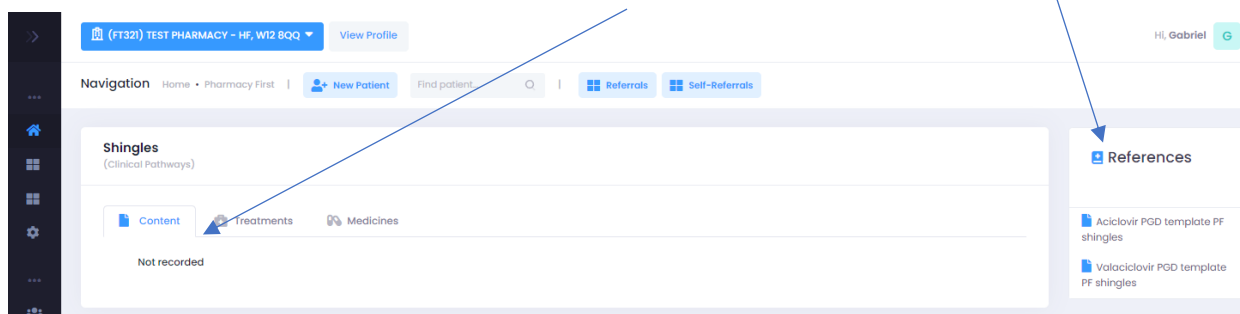
**Onward referral**

- General practice
- Other provider as appropriate

# Shingles

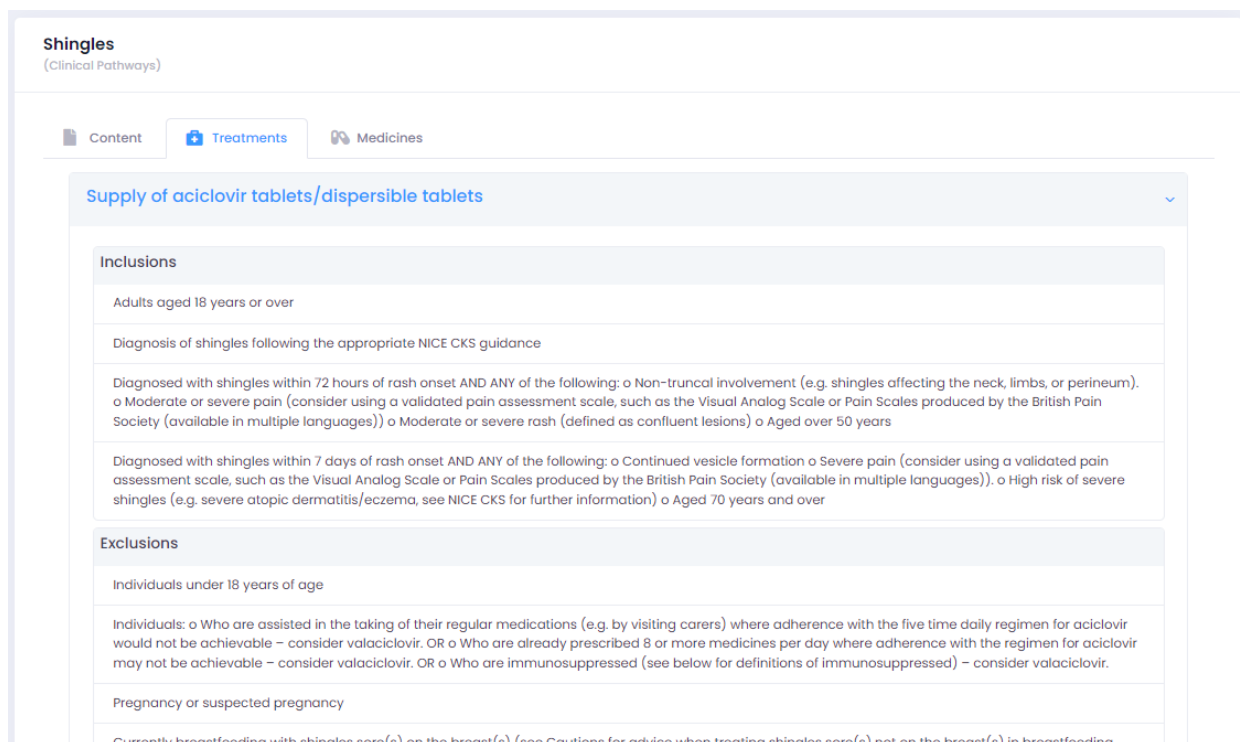
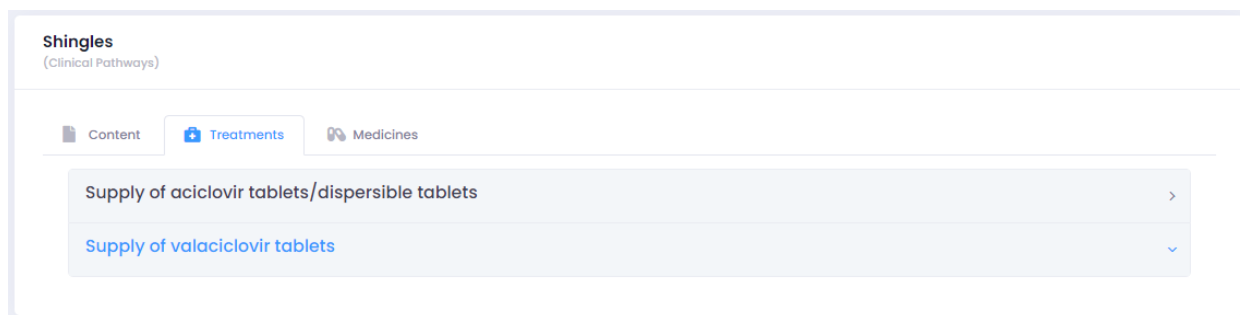
## Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.



## Treatments

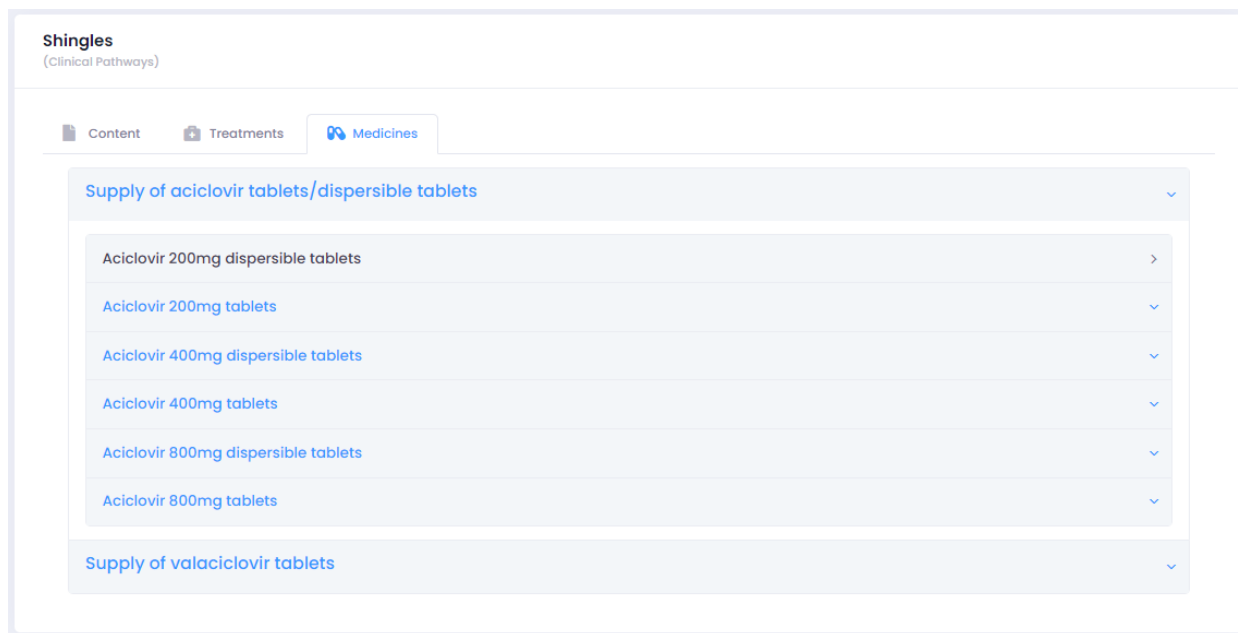
Each treatment has their own set of inclusions, exclusions and cautions.





## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.



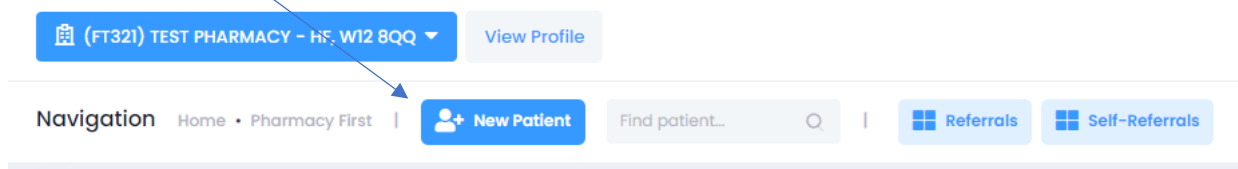
The screenshot shows the 'Shingles' clinical pathway page. At the top, there are tabs for 'Content', 'Treatments', and 'Medicines'. The 'Medicines' tab is active. Below the tabs, there is a section titled 'Supply of aciclovir tablets/dispersible tablets' with a dropdown arrow. This section contains a list of medicines, each with a dropdown arrow to its right:

- Aciclovir 200mg dispersible tablets
- Aciclovir 200mg tablets
- Aciclovir 400mg dispersible tablets
- Aciclovir 400mg tablets
- Aciclovir 800mg dispersible tablets
- Aciclovir 800mg tablets

Below this list is another section titled 'Supply of valaciclovir tablets' with a dropdown arrow.

## Start a new clinical pathway referral

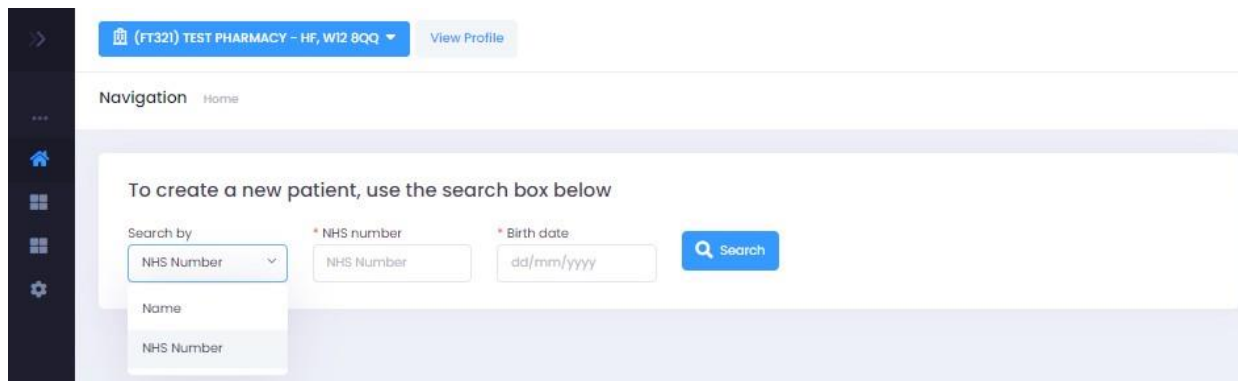
Add New Patient



The screenshot shows the 'Add New Patient' button in the pharmacy interface. The button is blue and contains a person icon, a plus sign, and the text 'New Patient'. It is located in the navigation bar, which also includes a search bar and buttons for 'Referrals' and 'Self-Referrals'. An arrow points from the text 'Add New Patient' to the 'New Patient' button.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.



The screenshot shows the patient search form in the pharmacy interface. The form is titled 'To create a new patient, use the search box below'. It contains the following fields:

- A dropdown menu for 'Search by' with 'NHS Number' selected.
- A text input field for 'NHS number' with the placeholder text 'NHS Number'.
- A text input field for 'Birth date' with the placeholder text 'dd/mm/yyyy'.
- A blue 'Search' button with a magnifying glass icon.

A dropdown menu is open below the 'Search by' field, showing 'Name' and 'NHS Number' as options.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Shingles – Patient Consent

Clinical Pathways

**Consent for service delivery (Pharmacy first service)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services

## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Shingles - Screening

**\*Screening Date** ⓘ

16/01/2024  14  48

**\*Is there any option applicable from below? (Risk of deterioration or serious illness)**  Yes  No

- Meningitis (neck stiffness, photophobia, mottled skin)
- Encephalitis (disorientation, changes in behaviour)
- Myelitis (muscle weakness, loss of bladder or bowel control)
- Facial nerve paralysis (typically unilateral) (Ramsay Hunt)
- Hutchinson's sign – a rash on the tip, side, or root of the nose
- Visual symptoms
- Unexplained red eye
- Shingles in severely immunosuppressed patient
- Shingles in immunosuppressed patient where the rash is severe, widespread or patient is systemically unwell

**\*Does patient follow typical progression of shingles clinical features?**  Yes  No

- First signs of shingles are an abnormal skin sensation and pain in the affected area which can be described as burning, stabbing, throbbing, itching, tingling and can be intermittent or constant
- The rash usually appears within 2 - 3 days after the onset of pain, and a fever and or a headache may develop.
- Shingles rash appears as a group of red spots on a pink-red background which quickly turn into small fluid- filled blisters.
- Some of the blisters burst, others fill with blood or pus. The area then slowly dries, crusts and scabs form.
- Shingles rash usually covers a well-defined area of skin on one side of the body only(right or left) and will not cross to the other side of the body, in a dermatomal distribution.

Please select

Refer to [NHS.UK](https://www.nhs.uk) website for images of Shingles

**Shingles more likely**  Yes  No

**\*Does patient have shingles within 72 hours of rash onset?**  Yes  No

- Immunosuppressed(see below)
- Non - truncal involvement(shingles affecting the neck, limbs, or perineum)
- Moderate or severe pain
- Moderate or severe rash(defined as confluent lesions)
- All patients aged over 50 years

**\*Does patient have shingles up to one week after rash onset?**  Yes  No

- Immunosuppressed(see below)
- Continued vesicle formation
- Severe pain
- High risk of severe shingles(e.g. severe atopic dermatitis / eczema)
- All patients aged 70 years and over

Please select

Gateway Criteria met ? **YES** [Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made

## Gateway Criteria

Depending on the patients **assessment** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

### Shingles

- Shingles less likely
  - Consider alternative diagnosis and proceed appropriately
- Does the patient have shingles within 72 hours of rash onset? – YES  
OR  
Does the patient have shingles up to one week after rash onset? – YES
  - Offer aciclovir (subject to inclusion/exclusion criteria in PGD) plus self care  
**or if unsuitable**
  - Offer valaciclovir (subject to inclusion/exclusion criteria in PGD) plus self care
  - Offer valaciclovir:**
    - Immunosuppressed patients
    - Adherence risk: already taking 8 or more medicines a day or is assisted in taking their medicines
- Does the patient have shingles up to one week after rash onset? – NO
  - Patient does not meet treatment criteria**
    - Share self-care and safety-netting advice
- For All Patients:
  - If symptoms worsen rapidly or significantly at any time
  - OR do not improve after completion of 7 days treatment course

**Onward referral**

  - General practice
  - Other provider as appropriate

## Acute Sinusitis

### Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.

The screenshot shows the 'Acute Sinusitis (Clinical Pathways)' page. The main content area is currently empty, displaying 'Not recorded'. The 'References' sidebar on the right lists several PGDs: Clarithromycin PGD PF sinusitis, Mometasone nasal spray PGD, Fluticasone nasal spray PGD PF sinusitis, Phenoxymethylpenicillin PGD PF sinusitis, Doxycycline PGD PF sinusitis, and Erythromycin PGD PF sinusitis. A blue arrow points from the 'References' header to the list of PGDs.

### Treatments

Each treatment has their own set of inclusions, exclusions and cautions.

The screenshot shows the 'Acute Sinusitis (Clinical Pathways)' page with the 'Treatments' tab selected. The list of treatments includes: fluticasone furoate 27.5 micrograms, mometasone furoate monohydrate 50 micrograms, Phenoxymethylpenicillin (penicillin V), Clarithromycin, Doxycycline, and Erythromycin (Pregnancy). Each treatment entry has a dropdown arrow on the right.

The screenshot shows the 'Acute Sinusitis (Clinical Pathways)' page with the 'Treatments' tab selected. The 'fluticasone furoate 27.5 micrograms' treatment is expanded, showing its 'Inclusions' and 'Exclusions'.

**Inclusions**

- Presence of TWO or more of the following signs/symptoms (which suggests acute bacterial sinusitis is more likely):
  - Marked deterioration after an initial milder phase
  - Fever (>38°C)
  - Unremitting purulent nasal discharge
  - Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw
- Symptom duration of 10 days or more with little improvement
- Presence of ONE of the following signs/symptoms (which suggests acute sinusitis is more likely):
  - Nasal blockage (obstruction/congestion) OR
  - Nasal discharge (anterior/posterior nasal drip) AND ONE or more of the following:
    - Facial pain/pressure (or headache) OR
    - Reduction (or loss) of the sense of smell (in adults) OR
    - Cough during the day or at night (in children)
- Diagnosis of acute sinusitis using the appropriate NICE CKS guidance
- Signs and symptoms of acute sinusitis using the appropriate NICE guidance
- Individuals aged 12 years and over

**Exclusions**

- Concurrent use of any interacting medicine as listed in Drug Interactions section of this PGD Cautions including any relevant action to be taken
- Individuals currently taking oral, inhaled, topical or parenteral corticosteroids for any indication
- Possible cancer: Unilateral (one sided) polyp or mass or bloody nasal discharge present or Persistent unilateral symptoms, such as nasal obstruction, nasal

## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.

The screenshot shows the 'Acute Sinusitis' clinical pathway page. At the top, there are tabs for 'Content', 'Treatments', and 'Medicines'. Below the tabs is a list of medicines, each with a dropdown arrow on the right. The medicines listed are: fluticasone furoate 27.5 micrograms, mometasone furoate monohydrate 50 micrograms, Phenoxymethylpenicillin (penicillin V), Clarithromycin, Doxycycline, and Erythromycin (Pregnancy). A dropdown menu is open for 'fluticasone furoate 27.5 micrograms', showing the option 'Fluticasone furoate 27.5micrograms/dose nasal spray'.

## Start a new clinical pathway referral

Add New Patient

The screenshot shows the 'Add New Patient' button in the clinical pathway referral interface. The button is blue and has a plus sign icon. It is located in the navigation bar, which also includes a search bar and buttons for 'Referrals' and 'Self-Referrals'. An arrow points from the text 'Add New Patient' to the button.

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.

The screenshot shows the Patient Search (PDS) form. The form has a search bar with a dropdown menu for 'Search by' and a 'Search' button. The search criteria are: NHS number (mandatory), Birth date (mandatory), Name, and NHS Number. The form also has a 'View Profile' button and a 'Navigation' menu.

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Acute Sinusitis - Patient Consent

Clinical Pathways

Consent for service delivery (Pharmacy first service)  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services

## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Acute Sinusitis – Screening

**\*Screening Date** ⓘ

16/01/2024  15  04

**\*Is there any option applicable from below? (Risk of deterioration or serious illness)**  Yes  No

Intraorbital or periorbital complications such as orbital cellulitis, displaced eyeball, reduced vision

Intracranial complications, including swelling over the frontal bone

Severe Complications Suspected

**\*Does patient have any Signs/Symptoms from below?**  Yes  No

Nasal blockage (obstruction / congestion)

Nasal discharge (anterior / posterior nasal drip)

Facial pain / pressure (or headache)

Reduction (or loss) of the sense of smell (in adults)

Cough during the day or at night (in children)

Please select

**\*Acute sinusitis is a potential differential diagnosis**  Yes  No

**\*Has the patient had symptoms for 10 or fewer days?**  Yes  No

**\*Has the patient had symptoms for 10 or more days with no improvement?**  Yes  No

**\*Does patient have 2 or more of the following symptoms?** ⓘ  Yes  No

Marked deterioration after an initial milder phase

Fever (> 38°C)

Unremitting purulent nasal discharge

Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

Please select

Gateway Criteria met? YES [Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made



## Gateway Criteria

Depending on the patients **assessment** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

Acute Sinusitis

Acute sinusitis less likely - Consider alternative diagnosis and proceed appropriately

Has the patient had symptoms for  $\leq 10$  days?

**Self-care and pain relief**

- Antibiotic is not needed
- Sinusitis usually lasts 2-3 weeks
- Manage symptoms with self-care
- Safety netting advice

If symptoms do not improve after completion of treatment course OR  
FOR ALL PATIENTS: If symptoms worsen rapidly or significantly at any time

Onward referral

- General practice
- Other provider as appropriate

Has the patient had symptoms for more than 10 days with no improvement? - YES  
AND  
Does the patient have 2 or more of the following symptoms to suggest acute bacterial sinusitis? - YES

- Marked deterioration after an initial milder phase
- Fever (more than 38°C)
- Unremitting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

Follow:

- Shared decision making approach based on severity of symptoms
- Offer high dose nasal corticosteroid (off-label) for 14 days (subject to inclusion/exclusion criteria in PGD) plus self care and pain relief instead of antibiotics first line

or if **unsuitable or ineffective**

- Offer phenoxymethylpenicillin (if no allergy) for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

Reported penicillin allergy (via National Care Record or Patient/Carer)

- Offer clarithromycin OR doxycycline for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If pregnant

- Offer erythromycin for 5 days (subject to inclusion/exclusion criteria in PGD) plus self care

If symptoms worsen rapidly or significantly at any time, OR do not improve after completion of treatment course

Onward referral

- General practice
- Other provider as appropriate

Has the patient had symptoms for more than 10 days with no improvement? - YES  
AND  
Does the patient have 2 or more of the following symptoms to suggest acute bacterial sinusitis? - NO

- Marked deterioration after an initial milder phase
- Fever (more than 38°C)
- Unremitting purulent nasal discharge
- Severe localised unilateral pain, particularly pain over the teeth (toothache) and jaw

Self care and pain relief

- Shared decision making approach based on severity of symptoms
- Offer high dose nasal corticosteroid (offlabel) for 14 days (subject to inclusion/ exclusion criteria in PGD)

If any of the below applicable?

- Acute sinusitis is usually caused by a virus.
- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve

If any of the above applicable? - YES

- Ask patient to return to Community Pharmacy if symptoms do not improve in 7 days for pharmacist reassessment

# Urinary Tract Infection

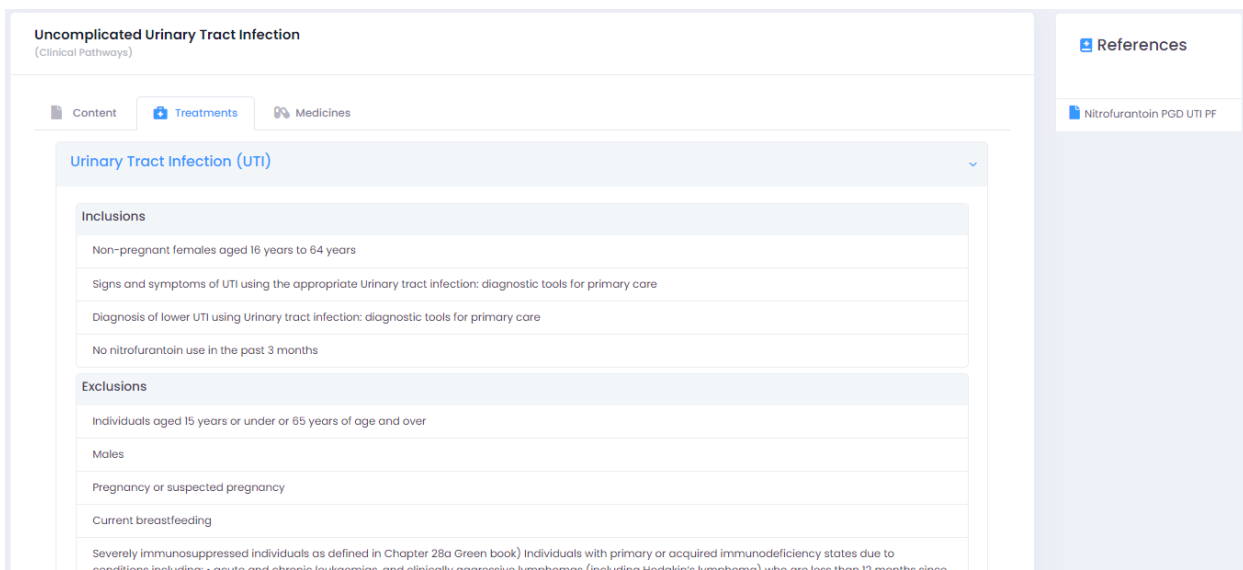
## Content + References (PGDs)

Once you have selected a pathway there is a brief description of the content and links to PGDs.



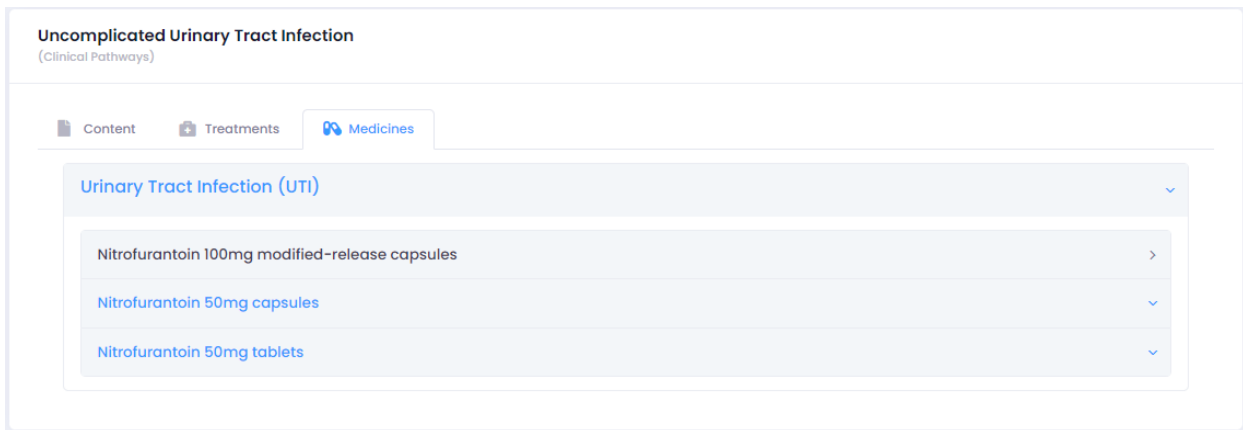
## Treatments

Each treatment has their own set of inclusions, exclusions and cautious.



## Medicines

You can use the drop down next to each medicine to view the details of each that are suitable for the service.



**Uncomplicated Urinary Tract Infection**  
(Clinical Pathways)

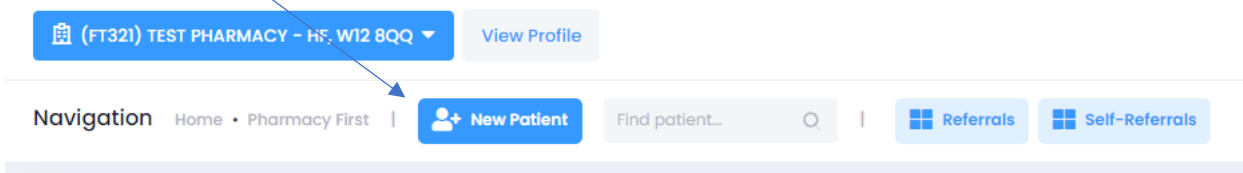
Content Treatments **Medicines**

Urinary Tract Infection (UTI) ▾

- Nitrofurantoin 100mg modified-release capsules >
- Nitrofurantoin 50mg capsules ▾
- Nitrofurantoin 50mg tablets ▾

## Start a new clinical pathway referral

Add New Patient

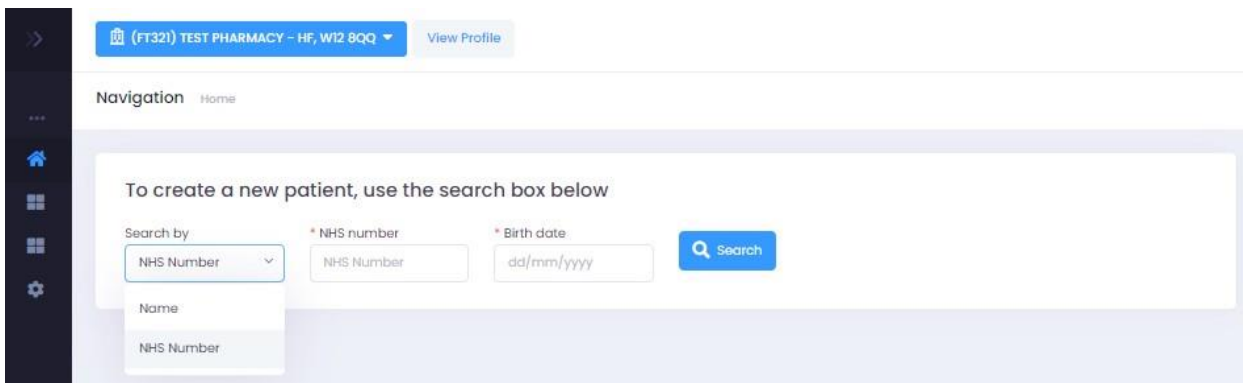


(FT321) TEST PHARMACY - HF, W12 8QQ View Profile

Navigation Home • Pharmacy First | **New Patient** Find patient... Referrals Self-Referrals

## Patient Search – (PDS) Patient Demographic Service

You can search for patients either by **NHS Number** and **DOB** or by **First Name**, Surname, **DOB**, and **Gender**.



(FT321) TEST PHARMACY - HF, W12 8QQ View Profile

Navigation Home

To create a new patient, use the search box below

Search by NHS Number \* NHS number \* Birth date Search

NHS Number

Name

NHS Number

Enter the mandatory fields and click the **SEARCH** button. Select **CONTINUE** next to the correct patient under results. If the patient cannot be picked up from the PDS search you'll have an option create the record manually.

## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Uncomplicated Urinary Tract Infection - Patient Consent

Clinical Pathways

**Consent for service delivery (Pharmacy first service)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with NHS England (for reporting purposes)
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services

## Screening

Go through all the mandatory questions highlighted with a red asterisk\*

- If you have answered Yes to any criteria that requires any routine or urgent signposting/referrals the system will present options to refer/signpost the patient.

### Uncomplicated Urinary Tract Infection - Screening

\*Screening Date ⓘ

16/01/2024  15  24

\*Is it a Risk of deterioration or serious illness?  Yes  No

\*Does patient have any of the following signs/symptoms of PYELONEPHRITIS  Yes  No

- Kidney pain / tenderness in back under ribs
- New / different myalgia, flu like illness
- Shaking chills(rigors) or temperature 37.9°C or above
- Nausea / vomiting

\*Does the patient have ANY of the following?  Yes  No

- Vaginal discharge: 80% do not have UTI (treat over the counter if signs and symptoms of thrush)
- Urethritis: inflammation post sexual intercourse, irritants
- Check sexual history to exclude sexually transmitted infections
- Check for signs and symptoms of pregnancy- ask about missed or lighter periods- carry out a pregnancy test if unsure
- Genitourinary syndrome of menopause (vulvovaginal atrophy)
- Is the patient immunosuppressed?

\*Does the patient have any of the 3 key diagnostic signs/symptoms?  Yes  No

- Dysuria(burning pain when passing urine)
- New nocturia(needling to pass urine in the night)
- Urine cloudy to the naked eye(visual inspection by pharmacist if practicable)

**No Symptom**

\*Are there other urinary symptoms?  Yes  No

- Urgency
- Frequency
- Visible haematuria
- Suprapubic pain/tenderness

Gateway Criteria met ? **YES** [Click here to view Outcomes](#)

Clinical Narrative/Comments

Recording of any relevant clinical notes e.g. NEWS2 or other observations made

## Gateway Criteria

Depending on the patients **symptom assessment** the outcome will determine if the patient is suitable to enter the service or not. If criteria is met you can submit the screening page and the patient will be added to your referrals list to complete as a Pharmacy First Consultation.

### Uncomplicated Urinary Tract Infection ✕

- No Symptom - In patients with mild symptoms offer self-care and pain relief**
  - UTI less likely - Self-care and pain relief
- 1 symptom - UTI equally likely to other diagnosis**

**Onward referral**

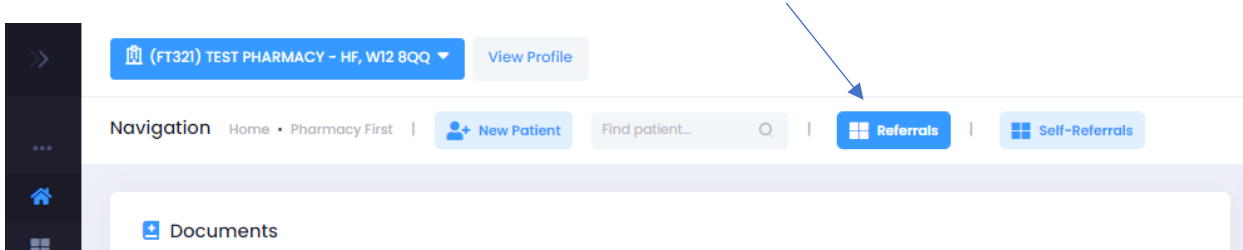
  - General practice
  - Sexual health clinics
  - Other provider as appropriate
- 2 or 3 symptoms - Shared decision making approach using TARGET UTI resources**
  - In patients that describe their symptoms as mild consider pain relief and self care as first line treatment.
  - Ask patient to return to Pharmacy if no improvement in 48 hours for pharmacist reassessment
  - In patients with moderate to severe symptoms, offer nitrofurantoin for 3 days (subject to inclusion/exclusion criteria in PGD) plus self-care
- For All Patients:**
  - If symptoms worsen rapidly or significantly at any time
  - OR do not improve in 48 hours of taking antibiotics

**Onward referral**

  - General practice
  - Other provider as appropriate

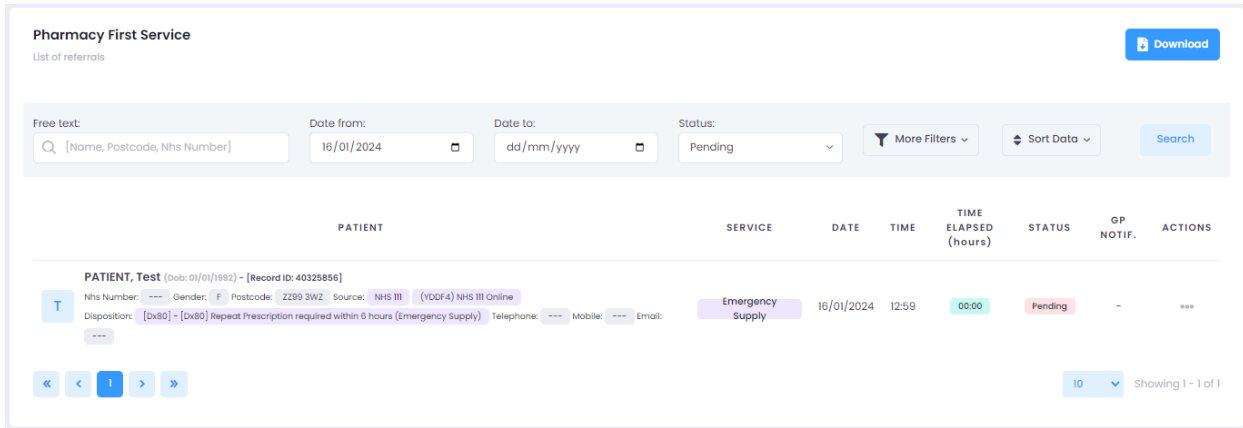
# Pharmacy First Referrals

To view incoming referrals and past consultations click on **REFERRALS** button



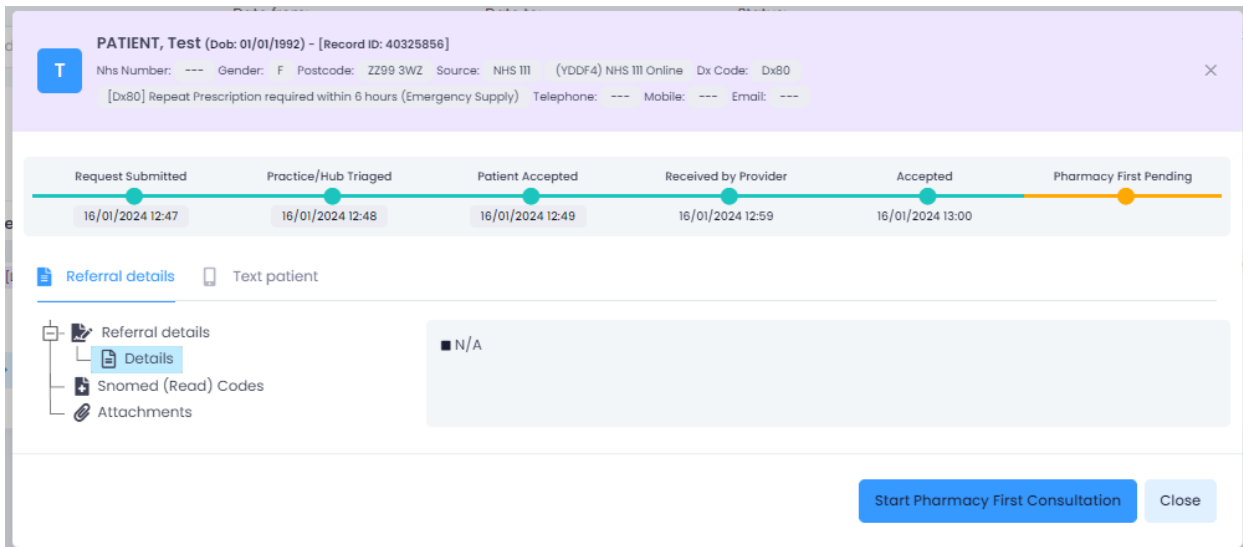
Start a new referral

Your record status will either be pending, accepted, completed or closed.



Under **ACTIONS** you will have the option to **View Referral** or mark as **Unable to Complete**.

**View Referral** to see more information and **Start Pharmacy First Consultation**.



## Consent

Go through all the mandatory questions highlighted with a red asterisk\*

- Get patient consent for the service
- Get patient consent for updating GP Record

### Patient Consent

Minor Illness

**Consent for service delivery (Pharmacy First - Minor Illness)**  
Consent is required for the service provision and to share information about this consultation:

- Consent for the pharmacy sharing information with the patient's GP practice, NHS England and the NHSBSA
- Consent to a third person other than patient & pharmacist being present in consultation room (if applicable)
- Consent to forward referral to another community pharmacy (if applicable)

\* Consent has been given? [?](#)

Yes  No

\* Consent for updating GP Record [?](#)

Patient consents for updating patient record and "SHARING" with linked profiled on Patient Facing Services

Patient consents for updating patient record but "DOES NOT" consent to shared with linked profiled on Patient Facing Services



# Assessment

Go through all the mandatory questions highlighted with a red asterisk\*

### Assessment

Minor Illness

\* Screening Date

\* Consultation type  Face to face  Telephone  Telemedicine

\* Symptoms?

\* How long had symptoms?  Less than 24 hours  24 - 72 hours  More than 72 hours

\* Presenting complaint(s) [Add presenting complaint\(s\)](#)

Add presenting complaint(s)

You can choose between the minor illness conditions or clinical pathways.

Minor Illness Conditions:

### Add complaint(s)

Find complaint...

Display list:

Minor Illness Conditions  Clinical Pathways

<input type="checkbox"/> Acne, Spots and Pimples	<input type="checkbox"/> Earache	<input type="checkbox"/> Calf Pain	<input type="checkbox"/> Skin, Rash
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> - Eye, Red or Irritable	<input type="checkbox"/> Knee swelling	<input type="checkbox"/> Sleep Difficulties
<input type="checkbox"/> - Ankle or Foot Pain or Swelling	<input type="checkbox"/> Red eye	<input type="checkbox"/> Calf Swelling	<input type="checkbox"/> - Sore Throat and Hoarse Voice
<input type="checkbox"/> Ankle Pain	<input type="checkbox"/> Painful Eye	<input type="checkbox"/> Lower Back Pain	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Ankle Swelling	<input type="checkbox"/> Irritable eye	<input type="checkbox"/> - Lower Limb Pain or Swelling	<input type="checkbox"/> Hoarse voice
<input type="checkbox"/> Foot Pain	<input type="checkbox"/> - Eye, Sticky or Watery	<input type="checkbox"/> Lower limb pain	<input type="checkbox"/> Teething
<input type="checkbox"/> Foot Swelling	<input type="checkbox"/> Sticky Eye	<input type="checkbox"/> Lower limb swelling	<input type="checkbox"/> Tiredness
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Watery Eye	<input type="checkbox"/> Calf Pain	<input type="checkbox"/> - Toe Pain or Swelling
<input type="checkbox"/> - Bites or Stings, Insect or Spider	<input type="checkbox"/> Eyelid Problems	<input type="checkbox"/> Calf Swelling	<input type="checkbox"/> Toe pain
<input type="checkbox"/> Insect bite	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Mouth Ulcers	<input type="checkbox"/> Toe swelling
<input type="checkbox"/> Spider bite	<input type="checkbox"/> Headache	<input type="checkbox"/> Nasal Congestion	<input type="checkbox"/> Vaginal Discharge
<input type="checkbox"/> Tick Bite	<input type="checkbox"/> - Hearing Problems or Blocked Ear	<input type="checkbox"/> - Pain and/or Frequency Passing Urine	<input type="checkbox"/> - Vaginal Itch or Soreness
<input type="checkbox"/> Animal Bite	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Pain in urination	<input type="checkbox"/> Vaginal itch
<input type="checkbox"/> Sting	<input type="checkbox"/> Blocked Ear	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Vaginal soreness
<input type="checkbox"/> Blisters	<input type="checkbox"/> - Hip, Thigh or Buttock Pain or Swelling	<input type="checkbox"/> - Rectal Pain, Lump or Itch	<input type="checkbox"/> Vomiting
<input type="checkbox"/> - Cold and Flu	<input type="checkbox"/> Hip Pain	<input type="checkbox"/> Rectal pain	<input type="checkbox"/> Wound Problems - Management of Dressings
<input type="checkbox"/> Cold	<input type="checkbox"/> Thigh Pain	<input type="checkbox"/> Rectal lump	
<input type="checkbox"/> Flu	<input type="checkbox"/> Buttock Pain	<input type="checkbox"/> Rectal itch	
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hip Swelling	<input type="checkbox"/> Scabies	<input type="checkbox"/> - Wrist, Hand or Finger Pain or Swelling
<input type="checkbox"/> Cough	<input type="checkbox"/> Thigh Swelling	<input type="checkbox"/> - Scratches and Grazes	<input type="checkbox"/> Wrist pain
<input type="checkbox"/> Diarrhoea	<input type="checkbox"/> Buttock Swelling	<input type="checkbox"/> Scratches	<input type="checkbox"/> Hand pain
<input type="checkbox"/> - Ear Discharge or Ear Wax	<input type="checkbox"/> Itch	<input type="checkbox"/> Grazes	<input type="checkbox"/> Finger pain
<input type="checkbox"/> Ear Discharge	<input type="checkbox"/> - Knee or Lower Leg Pain	<input type="checkbox"/> Shoulder Pain	<input type="checkbox"/> Wrist swelling
<input type="checkbox"/> Ear Wax	<input type="checkbox"/> Knee pain	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Hand swelling
			<input type="checkbox"/> Finger swelling

## Clinical Pathways

### Add complaint(s)

Find complaint...

Display list:

Minor illness Contions  Clinical Pathways

- Acute Otitis media
- Acute Sinusitis
- Acute sore throat
- Impetigo
- Infected insect bites
- Shingles
- Uncomplicated UTIs in women

Select your presenting complaint or pathway and save changes.

Go through the remaining questions on your assessment.

\* Is the patient pregnant?  Yes  No

\* Is the patient breastfeeding?  Yes  No

\* Any declared allergy?  Yes  No

Existing medical conditions?

\* Actions taken to date?

Medication been taken?

\* CKS Checked?  Yes  No

## Red flags

If there is a red flag identified please follow the instructions, for more information review your NHS service specification.

\* Have any red flags been identified?  Yes  No

**For Out of hours only - Option A -** If you need to arrange a further clinical assessment: Pharmacist to call the NHS111 Clinical Hub on 111, press 9 when prompted, then press \*8 immediately. (Pharmacist - you MUST tell them you are a Pharmacist AND ask to refer the patient to the nearest appropriate UCC/OOH service either for an appointment if appropriate or for a telephone call back. Where this is not available, you will be advised to inform the patient to self-present to the nearest walk in centre).

**When Patient's GP is unavailable - Option B -** If you need clinical advice or support: Pharmacist to call the NHS Clinical Hub on 111, press 9 when prompted, then press \*8 immediately. (Pharmacist - you MUST tell them you are a Pharmacist AND ask to speak to the Clinical Assessment Service (CAS) for support in managing a patient).The call will initially be answered by a call handler, who will take patient demographics before arranging for the CAS to contact you directly.

This line is available Mon-Fri 18:00-23:59 and Weekdays and Bank Holidays 08:00-23:59  
For more serious cases in an emergency call 999  
For in-hours support only Pharmacist to contact the patient's own GP for an urgent appointment (pharmacist to call and explain reasons for escalation)

## Outcomes

Go through all the mandatory questions highlighted with a red asterisk\*

Add the details of the outcome of the referral, if there was a supply of medicine select it from the list available.

**Outcomes**  
Minor illness

---

\* Consultation outcome  Advice given only  
 Supply of medicine  
 Other

---

\* Medicine(s) supplied No medicines supplied, use <Add Medicine>

Enter the details of the advice and support provided to the patient.

\* Advice/Support provided  How to best manage their condition  
 Advice on how to take medicine  
 Advice on action to take if symptoms get worse  
 Patient signposted to electronic information resource  
 Printed leaflet supplied  
 Managing future minor illnesses (it is not always necessary to call NHS 111)  
 Other

---

\* Person advised  Patient  Patient's advocate

\* worsening advice given  Yes  No

\* Consultation notes (clinical narrative)

If the patient was escalated or sign posted add the details, if the escalation is urgent the pharmacist should make appropriate action to contact the patients GP.

\* Is the Patient Sign-posted or Escalated?  Yes  No

\* Where Signposted or Escalated?  Non-urgent signposting to another service  Urgent escalation to appropriate urgent care setting

\* Reason for onward referral

Add clinical measures and the details of the person who provided the service. Submit once completed.

Observations (Clinical measures)		The following Clinical readings are optional but are recommended	
BMI Reading	Height	<input type="text" value="[e.g. 170]"/>	cm
	Weight	<input type="text" value="[e.g. 80]"/>	kg
	BMI	<input type="text"/>	kg/m <sup>2</sup>
Blood pressure Reading	Systolic	<input type="text" value="[e.g. 90]"/>	mmHg
	Diastolic	<input type="text" value="[e.g. 60]"/>	mmHg
	Site	<input type="text"/>	▼
Pulse rate	Pulse rate	<input type="text" value="[e.g. 60]"/>	bpm
Temperature	Temperature	<input type="text" value="[e.g. 36]"/>	oC

\* Person providing the service

\* Professional role of the clinician

\* Professional code of the clinician

Pharmacist feedback [?](#)

### GP Notifications + Referrals

Once you submit your consultation a notification will be sent to the GP automatically.

Some situations require direct contact with the GP (eg red flags and escalations). The pharmacist should take appropriate action and make direct contact with the patients GP for any **urgent referrals** and **essential information**. Depending on the severity of the situation the pharmacist should either **call the GP** to arrange an appointment for the patient, **email the practice their GP Notification** and **print a copy for the patient** to give to their practice.

## How to View Pharmacy First Consultation

From your referrals page, you can search for your consultations by name, date or status.

Select **View Pharmacy First Consultation** (click the ellipses (. . .) under **ACTIONS**)

SEARCH TO:	STATUS:	More Filters		Sort Data		Search
SERVICE	DATE	TIME	TIME ELAPSED (hours)	STATUS	GP NOTIF.	ACTIONS
HS 111 Online Telephone: --- Mobile: ---	Minor Illness 28/12/2023	11:44	-	Completed	-	⋮ View Referral View CPCS Consultation
NHS 111 Online Telephone: --- Mobile: ---	Minor Illness 08/01/2024	07:35	-	Completed	-	⋮

## How to Download GP Notification

View your completed Pharmacy First consultation, on the left side there will be an option to download.

### Actions

- View Referral
- Download GP Notification
- Download FP10 Token

## How to Download FP10 Token

View your completed Pharmacy First consultation, on the left side there will be an option to download.

### Actions

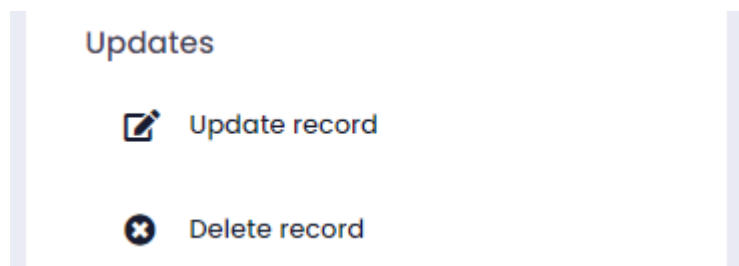
- View Referral
- Download GP Notification
- Download FP10 Token

## View Pharmacy Consultations and Reports

Clicking the **CONSULTATIONS** button you can view and download all of your records. Search through your records for with the FREE TEXT field or change the DATE RANGE (Date from + Date to) to display all your consultations between those dates.

Download your report – To get a summary of your data first change the **DATE RANGE** (Date from + Date to) and **SEARCH**. Once your records are displaying click the blue **DOWNLOAD** button to get as an **EXCEL** report. Change the status to **COMPLETED** to see the consultations eligible for claiming.

Update/Delete Record – Find your patient on the **REFERRALS** page (you will need to change the Status to Completed) and **VIEW PHARMACY FIRST CONSULTATION** the record (click the ellipses (. . .) under **ACTIONS**)



Once you open the record the left menu will have the option to Update and Delete.

- To update click on the page that needs amending (Consent, Assessment, Outcomes) and **Submit** the page again.
- To delete you will be asked to give a reason for deletion and confirm with **Delete Record**.