



PF myth busting Part #1

This is the first of a series of articles to tackle some of the misconceptions around Pharmacy First. The articles will cover a variety of aspects of Pharmacy First and aims to myth bust, to increase understanding of the service.

GPs cannot electronically refer patients for minor illness consultations as part of Pharmacy First.


 **Wrong!** The minor illness strand of the Community Pharmacist Consultation Service (CPCS) remained when the service became Pharmacy First. Therefore, GPs can still refer patients for a minor illness consultation with a pharmacist, as was the case for CPCS.

Distance selling pharmacies can provide face-to-face consultations for clinical pathway consultations.

 **Wrong!** Distance selling pharmacies (DSPs) can only provide clinical pathways consultations via a good quality video consultation, conducted by a pharmacist who is at the pharmacy premises.

They cannot provide this type of consultation with the patient being present at the pharmacy premises because the first part of any discussions with a patient relating to the clinical pathways consultations, prior to the Gateway point in the clinical pathway being passed, is part of the Support for the Self Care Essential service. DSPs cannot provide Essential services at their pharmacy premises.

All men are eligible for a urinary tract infection clinical pathway consultation.

 **Wrong!** Based on recommendations from the [NICE Quality Standards](#), the UTI clinical pathway is for cisgender women, non-binary people registered female at birth and transgender men (with no structural alteration to their urethra), aged 16 to 64 with an uncomplicated UTI.

Cisgender men, non-binary people registered male at birth and transgender women (including those who have had structural alteration to their urethra) should be referred to their GPs for management. This is because they are more likely to have a complicated UTI and are excluded under the Patient Group Direction.

The Patient Group Directions will be amended in due course to clarify inclusion/exclusion criteria and to include a glossary of terms from [Stonewall](#).