


Pharmacy First myth busting Part #3


This is the third 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.

Patients who are electronically referred who have symptoms of a more serious illness/red flags should be rejected.


 **Wrong!** If having spoken to the patient, you suspect the patient does not have a minor illness, but instead has a more serious condition/red flags are identified, this is still classed as a minor illness consultation and should be treated as such, instead of being rejected.

Appropriate action should be agreed with the patient such as the pharmacist arranging an urgent appointment with the patient's GP, GP out of hours provider or a referral to the emergency department/999.

A 65 year old woman is eligible for an uncomplicated urinary tract infection clinical pathway consultation.

 **Wrong!** The clinical pathway for uncomplicated urinary tract infection states that this is for women aged 16 to 64 years. Therefore, anyone aged 65 years or over is excluded from the clinical pathway.

It is acceptable for me to add a patient's clinical record to the Pharmacy First IT system a week after I had the consultation with the patient.

 **Wrong!** The requirements within the service specifications for the national community pharmacy clinical services expect pharmacy owners to adhere to defined standards of record keeping, ensuring that pharmacy professionals are making consultation records on the same day of service provision unless exceptional circumstances apply.

Making contemporaneous records at the time of the consultation is the expectation of pharmacy professionals providing services. This not only meets expected professional standards, but it also supports timely provision of data to the patient's general practice, which will also become available to view by other pharmacy professionals providing a consultation to the patient, should they need to seek further support in due course.

In addition, the IT system suppliers have designed their consultation records to support the provision of the service and clinical decision making, for example, by linking to the Summary Care Record, blood pressure guide, etc. Therefore, pharmacy professionals are encouraged to use their IT system during the provision of services to ensure they have access to this clinical decision-making support.