

NHS PHARMACY FIRST SCOTLAND

What is it?

NHS Pharmacy First Scotland (NHS PFS) is a consultation service designed to encourage the public to visit their community pharmacy as the first port of call for all minor illnesses and common clinical conditions. It is available in every community pharmacy in Scotland and replaced the minor ailments service in July 2020.

Who is eligible?

- Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents).
- People who live in Scotland (including gypsy or travellers / asylum seeker or dependant of an asylum seeker).
- Visitors to Scotland are excluded.

The narrative around the service nationally is intentionally designed not to set the expectation that a consultation will result in supply of medication, and this messaging should be carried through locally as well.

What are the possible outcomes?

The patient (or patient representative) will consult with a member of the pharmacy team, this can be in person or over the phone. The pharmacy team will assess their symptoms resulting in one or more of the following outcomes:

- Providing self-care advice to allow patient to manage their symptoms themselves
- Supply treatment for symptoms either via NHS or for the patient to purchase
- Refer the patient to another appropriate healthcare professional

There are some medicines available via Patient Group Directions (PGD) for the treatment of Urinary Tract Infection (UTI), skin infections, impetigo and shingles.

There are strict exclusion criteria for all PGDs, as detailed in Table 1, so please do not refer patients who will be excluded.

Unlike the minor ailments service, only those medicines that appear on the [Pharmacy First Approved List](#) are available to be supplied as part of the patient's treatment (see Table 2) for the conditions included and any limitations.

Practices are requested to consider their own processes for appropriate triage of patients and opportunities for referral taking into account the exclusion criteria in Tables 1 and 2.

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Table 1 – Conditions where a PGD exists for treatment

Condition where a PGD exists for treatment	Patients potentially suitable for referral to NHS Pharmacy First Scotland
Urinary Tract Infection	<p>Women aged 16 years and over except:</p> <ul style="list-style-type: none"> • Patients assigned as male at birth • Patients under 16 years • Patients living in long term care facilities • Allergy or serious adverse effect from co-trimoxazole, trimethoprim or to any other components of the medication • If upper urinary tract infection is more likely i.e. flank pain radiating towards the groin, feel systemically unwell (fever and chills, rigors, nausea, vomiting), as well as with other symptoms of lower UTI. (Patients presenting with such symptoms should be urgently referred to GP/OOH) • Patients over 45 years with unexplained visible haematuria without UTI symptoms • Visible haematuria which persists or recurs after successful treatment of UTI • Unexplained non-visible haematuria on urine dipstick if no UTI symptoms present • Patients over 40 years who present with recurrent UTI with any haematuria • Risk of treatment failure due to one or more of the following: Received antibiotic treatment for UTI within 1 month; 2 or more UTI episodes in the last 6 months or 3 or more episodes in the last 12 months; taking antibiotic prophylaxis for recurrent UTI • Presence of new unexplained vaginal discharge or itch suggestive of other pathology • Confused • Patient uses urethral or suprapubic catheters (either indwelling or intermittently) • Known abnormality of the urinary tract • Pregnancy – known or suspected (and including those intending to become pregnant within the next 3 months) • Known moderate to severe renal impairment • Known haematological abnormalities, porphyria/known folate deficiency which has not been corrected • Known severe known liver fibrosis/encephalopathy • Known hyperkalaemia, megaloblastic anaemia, galactose intolerance, the Lapp lactose deficiency or glucose-galactose malabsorption • Current immunosuppression e.g. chemotherapy, long term oral corticosteroids, other immunosuppressant therapies • Taking any medication which interacts with trimethoprim – refer to BNF for full list of interactions
Impetigo	<p>All patients except:</p> <ul style="list-style-type: none"> • Widespread skin infection. • History of MRSA colonisation or infection

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	<ul style="list-style-type: none"> • Has had impetigo treated with an antibiotic (including fusidic acid 2% cream) within the last 3 months. • Patient systemically unwell • Allergy to any component of the cream. • Patient/carer refuses treatment. • Presenting with any underlying skin condition on the same area of the body as impetigo.
Shingles	<p>All patients over 18 years except:</p> <ul style="list-style-type: none"> • Rash affecting head, neck, arms or legs (only rash on torso can be treated on NHS PFS) • Rash involving more than one dermatome • Rash present for more than 72 hours • New vesicles formed after 7 days treatment • Known hypersensitivity to aciclovir or excipients • Patients with impaired GI absorption • Known immunocompromised patients • Pregnant or breastfeeding women • Systemically unwell including symptoms of headache or fever • Known moderate to severe renal impairment • Recurrent shingles (2 or more episodes in patient's lifetime) • Severe pain not responding to OTC analgesics • Concomitant use of interacting medication as listed in BNF
Skin Infections: <ul style="list-style-type: none"> - Infected insect bite - Cellulitis - Acute paronychia with signs of cellulitis 	<p>All patients over 18 years except:</p> <ul style="list-style-type: none"> • Known hypersensitivity to penicillins / cephalosporins • Cellulitis suggestive of systemic infection (patient febrile / unwell) • Cellulitis related to animal / human bite • Cellulitis related to surgical wound or chronic wound / leg ulcer / burn • Cellulitis on face / around eye • Cellulitis on arms or torso NOT linked to an insect bite • Recurrent cellulitis (more than one episode in 12 months) • Acute paronychia with signs of cellulitis AND a collection or pus requiring drainage AND/OR in severe pain • Diabetic foot infection • Known hepatic impairment or flucloxacillin associated jaundice • Known severe renal impairment • History of MRSA infection or colonisation • History of injecting drug use • Concomitant use of interacting medication • History of porphyria • Known immunosuppression or taking immunosuppressants • Pregnant or breastfeeding

Community pharmacists will refer a patient presenting with any of the above exclusion criteria back to the practice for assessment.

Table 2 – General Conditions

Condition	Patients potentially suitable for referral by practice to NHS Pharmacy First Scotland
Acne	All patients unless severe
Allergies	All patients > 1 year old
Athletes foot	All patients (caution if diabetic)
Bacterial conjunctivitis	Refer to optometry as first option if available All patients > 2 years old without pain or visual disturbance
Dry eyes	Refer to optometry as first option if available All patients > 18 years old without pain or visual disturbance or chronic symptoms
Dry skin	All patients except those who have failed to respond to treatment or have symptoms indicative of infection
Earache	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Systemically unwell <input type="checkbox"/> Fluid leaking from ear <input type="checkbox"/> Swelling around ear <input type="checkbox"/> Hearing loss/change in hearing <input type="checkbox"/> Something stuck in the ear <input type="checkbox"/> Children under 2 with pain in both ears
Haemorrhoids (piles)	All patients over 18 years old except: <ul style="list-style-type: none"> <input type="checkbox"/> Duration longer than 7 days despite treatment from pharmacy <input type="checkbox"/> Blood mixed in stool rather than on surface
Hayfever	All patients > 1 year old
Headlice	All patients unless inflammation of scalp is present
Mouth ulcers	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Ulcer present for >3 weeks <input type="checkbox"/> Systemically unwell <input type="checkbox"/> Significant symptoms (multiple/large lesions)
Nappy rash	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Standard treatment fails or symptoms persist <input type="checkbox"/> Signs of infection or eczema
Ringworm	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Symptoms persist despite treatment
Scabies	All patients over 2 years old
Sore throat	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Systemically unwell <input type="checkbox"/> No improvement in symptoms for >7 days <input type="checkbox"/> Difficulty swallowing liquids or associated breathing problems
Threadworms	All patients over 2 years old except: <ul style="list-style-type: none"> <input type="checkbox"/> Pregnant & breastfeeding women
Thrush (vaginal)	Women between 16 – 60 years old except: <ul style="list-style-type: none"> <input type="checkbox"/> Pregnant women <input type="checkbox"/> >2 episodes in 6 months <input type="checkbox"/> Symptoms still present 7-14 days after treatment <input type="checkbox"/> Immunocompromised patients <input type="checkbox"/> Other symptoms e.g. frequent urination/vaginal bleeding etc.
Thrush (oral)	All patients over 4 months
Warts & Verrucae	All patients except: <ul style="list-style-type: none"> <input type="checkbox"/> Warts on face or anogenital region