

PHARMACY FIRST

Conditions where a PGD exists for treatment – Shortened summaries for administrative support staff

Condition	<p>Patients potentially suitable for referral to NHS Pharmacy First Scotland Service [n.b the exceptions below are a shortened summary. Additional cautionary advice may be important in individual scenarios. For the full list of exclusions and cautionary guidance please refer to the individual PGD on the Fife Community Pharmacy Scotland website. Please help manage patient expectations. Supply of a medication is not always a guaranteed outcome following a consultation]</p>
Cystitis (UTI)	<p>Females only, ages 16 years and over except: -</p> <ul style="list-style-type: none"> • Pregnant women (including those that intend to become pregnant in 3 months) • Catheterised patients • Patients living in long term care facilities • Immunocompromised patients • Vaginal itch/discharge that is new or suggestive of other pathology • Confused patients • Had antibiotic treatment for UTI in last month • 2 or more UTI episodes in last 6 months • 3 or more UTI episodes in last 12 months • Taking a regular antibiotic to prevent UTIs • Symptoms suggesting an <u>upper</u> urinary tract infection such as: Fever, chills, nausea, vomiting, acute onset back pain, loin pain, flank tenderness or systemically unwell <p><i>n.b some people may have secondary/complex care requirements (e.g diabetes, older people, breast feeding women, renal/hepatic impairment, symptoms for > 7 days and those reporting blood in their urine etc) and so the pharmacist <u>may</u> decide its best that some of these patients are seen by their GP/NP instead.</i></p>
<p>NEW! Hayfever</p>	<p>Nasal Sprays [<i>beclometasone 50micrograms/actuation & mometasone furoate 50micrograms/actuation</i>] – People aged 3 years and over presenting with symptoms of seasonal allergic rhinitis with persistent congestion who have had treatment failure or remain symptomatic despite use of at least two other allergy treatments available over the counter within the last six months except for:</p> <ul style="list-style-type: none"> • Pregnant or breastfeeding women • Previous hypersensitivity to <i>beclometasone/mometasone nasal sprays</i> or to any potential excipients • Nasal blockage in the absence of rhinorrhoea, nasal itch and sneezing • Unilateral discharge • Untreated localised infection involving the nasal mucosa e.g., herpes simplex • Patients with symptoms associated with acute bacterial sinusitis e.g., fever, severe pain, purulent discharge • recent nasal surgery or trauma where healing is not complete <p>Eye Drops [<i>olopatadine 1mg/ml</i>] - People aged 3 years and over presenting with symptoms of seasonal allergic conjunctivitis Who have had treatment failure or remain symptomatic despite use of at least one other allergy treatment for ocular symptoms available over the counter except those that are:</p> <ul style="list-style-type: none"> • Pregnant or breastfeeding women • Females of child-bearing ability not using effective contraception • Hypersensitive to olopatadine or to any of the excipients • Currently treated with olopatadine which exceeds 4 months in duration <p>Oral [<i>fexofenadine 120mg tablets</i>] - People aged 12 years and over who remain symptomatic despite use of at least two other allergy treatments available over the counter within the last six months; presenting with symptoms of seasonal allergic rhinitis except:</p> <ul style="list-style-type: none"> • Pregnant or breastfeeding women • Those hypersensitive to fexofenadine or any excipients

Impetigo	All adults and children able to be examined in person except: <ul style="list-style-type: none"> • Impetigo in last 3 months • Multiple sites of skin infection • Underlying skin condition at same site as impetigo • Systemically unwell • History of MRSA
Shingles	All patients over 18 years except: <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 multiple adjacent or non-adjacent dermatomes or where the rash spreads across both sides of the body • Rash present for more than 72 hours • Pregnant or breastfeeding women • Systemically unwell including symptoms of headache or fever • Recurrent shingles (2 or more episodes in patient's lifetime) • Severe pain not responding to OTC analgesics • Those immunocompromised <p><i>n.b There are additional PGD exclusions/cautions for aciclovir which are relatively rare. Community pharmacists may refer a patient presenting with these back to the practice for assessment.</i></p>
Skin Infections - Infected insect bite - Cellulitis (patient afebrile and healthy other than cellulitis) - Acute paronychia with signs of cellulitis	All patients over 18 years except: <ul style="list-style-type: none"> • Cellulitis where patient has features suggestive of systemic infection e.g. febrile/feeling unwell • Cellulitis related to animal or human bite • Cellulitis related to surgical wound or chronic wound/leg ulcer/burns • Any sign of cellulitis on the face / around the eye (periorbital/ pre-septal/orbital cellulitis) • 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 of pus requiring drainage AND/OR in severe pain • Diabetic foot infection • History of injecting illicit drugs • Concomitant use of interacting medication e.g. warfarin, methotrexate, oral typhoid capsule, probenecid etc • History of MRSA • Those immunocompromised

N.B If the patient meets any of the [exclusion](#) criteria set within the Patient Group Directives (PGDs) or if the pharmacist considers there to be sufficient cautionary clinical concern a supply of medication on the pharmacy first service will not be possible.

If unable to supply under one of the above PGDs, the Community Pharmacist should:

- 1) Consider alternative NHS Pharmacy First Scotland treatments (either under PGD or otherwise)
- 2) Consider if referral to a [Pharmacy First PLUS service](#) provider (independent prescriber) is appropriate.
- 3) **Document the communication** sent to the GP practice explaining the reason for exclusion and any action taken.
This could perhaps be on an e-SBAR within the Patient Care Record (PCR) [preferred and recommended option] or on the Patient Medication Record (PMR) system itself if another preferred method of communication has already been agreed between the general practice and pharmacy [for example a paper/electronic form or via telephone].

NEW!

NHS Fife Pharmacy Services Champions have developed [this form which may be used](#) - as a quick method of communicating to patients and surgeries the reason why a medication could not be supplied in these circumstances.

N.B The community pharmacist should ensure this is also recorded electronically and surgeries may wish to consider a process to record this within patient notes