**Pharmacy First Signposting to Community Pharmacies**

Conditions where a PGD exists for treatment – Shortened summaries for General Practice administrative support staff to avoid inappropriate referrals.

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| **Condition** | **Patients potentially suitable for referral to NHS Pharmacy First Scotland Service.** Note, the exceptions below are a shortened summary. Additional cautionary advice may be important in individual scenarios. Please help manage patient expectations. Supply of a medication is not always a guaranteed outcome following a consultation. |
| **Cystitis (UTI)** | Females only, ages **16 years** and over **except**:-* 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 the last month.
* 2 or more UTI episodes in the last 6 months
* 3 or more UTI episodes in the last 12 months.
* Taking a regular antibiotic to prevent UTI’s.
* Symptoms suggesting an upper urinary tract infection such as: Fever, chills, nausea, vomiting, acute onset back pain, loin pain, flank tenderness or systemically unwell.

*Note - 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 may decide its best that some of these patients are seen by their GP/NP instead.* |
| **Hayfever** | Nasal Sprays [*beclomethasone 50micrograms/actuation & mometasone furoate 50micrograms/actuation] –* 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:*** Pregnant or breastfeeding women
* Previous hypersensitivity to *beclomethasone/mometasone nasal sprays* or to anypotential 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, sever pain, purulent discharge.
* Recent nasal surgery or trauma where healing is not complete.

**Eye Drops [olopatadine 1mg/ml] –** People aged **3 years** and over presenting withsymptoms of **seasonal allergic conjunctivitis** Who have had treatment failure or remain symptomatic 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**:* 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
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|  | **Oral [**fexofenadine 120mg tablets] – 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:*** Pregnant or breastfeeding women
* Those hypersensitive to fexofenadine or any excipients
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| **Impetigo** | All adults and children able to be examined in person **except:*** Impetigo in the last 3 moths
* Multiple sites of skin infection
* Underlying skin condition at same site as impetigo
* Systemically unwell
* History of MRSA
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| **Shingles**  | All patients over 18 years except:* 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 patients’ lifetime)
* Severe pain not responding to OTC analgesics.
* Those immunocompromised

*Note - 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.* |
| **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:* 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 or 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
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Note - If the patient meets any of the exclusion criteria set within the Patient Group Directives (PGD) or if the pharmacist considers there to be sufficient clinical concern a supply of medication on the pharmacy first service will not be possible.

**If unable to supply under one of the PGDs, the Community Pharmacist may refer the patient back to the GP practice for advice and treatment from an appropriate prescriber.**