

# Service Guide

## Pharmacy First Minor Ailments Service

Commissioned by Isle of Wight CCG



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## Key Principles

Service Delivery Guides aim to support community pharmacy teams in delivering commissioned services. A Service Delivery Guide is a practical manual on how to deliver the service, including a step-by-step guide on how to engage with clients, record service delivery and claim service payments.

Service Delivery Guides do not replace the formal contractual arrangement between the pharmacy and the Commissioner to provide the service. Pharmacy staff must make sure that they work within the service specification provided by the commissioner.

Pharmacies operating this service must be authorised by the Isle of Wight CCG to provide the service. This is via an authorisation signed by both commissioning organisation and the community pharmacy.

## Service Summary

The Pharmacy First service is commissioned by The Isle of Wight CCG to release capacity in general practice and provide an appropriate alternative to the use of general practice or other GP-led health care environments (i.e. A&E, Out of Hours Urgent Care) for the management of minor ailments.

The service is aimed at those patients who do not currently self-care / purchase medicines OTC but who use GP or Out of Hours services when they have a minor ailment. It is hoped that this service will change patient behaviours by educating and assisting patients in how to access self-care and informing on the appropriate use of healthcare services.

Patients registered with an Isle of Wight GP can access the Pharmacy First service for the management of a limited range of minor ailments. Patients will be provided with advice from a pharmacist, given printed information where appropriate and, where necessary, supplied with medication from a defined formulary. Medication supplied will be free of charge to those exempt from prescription charges.

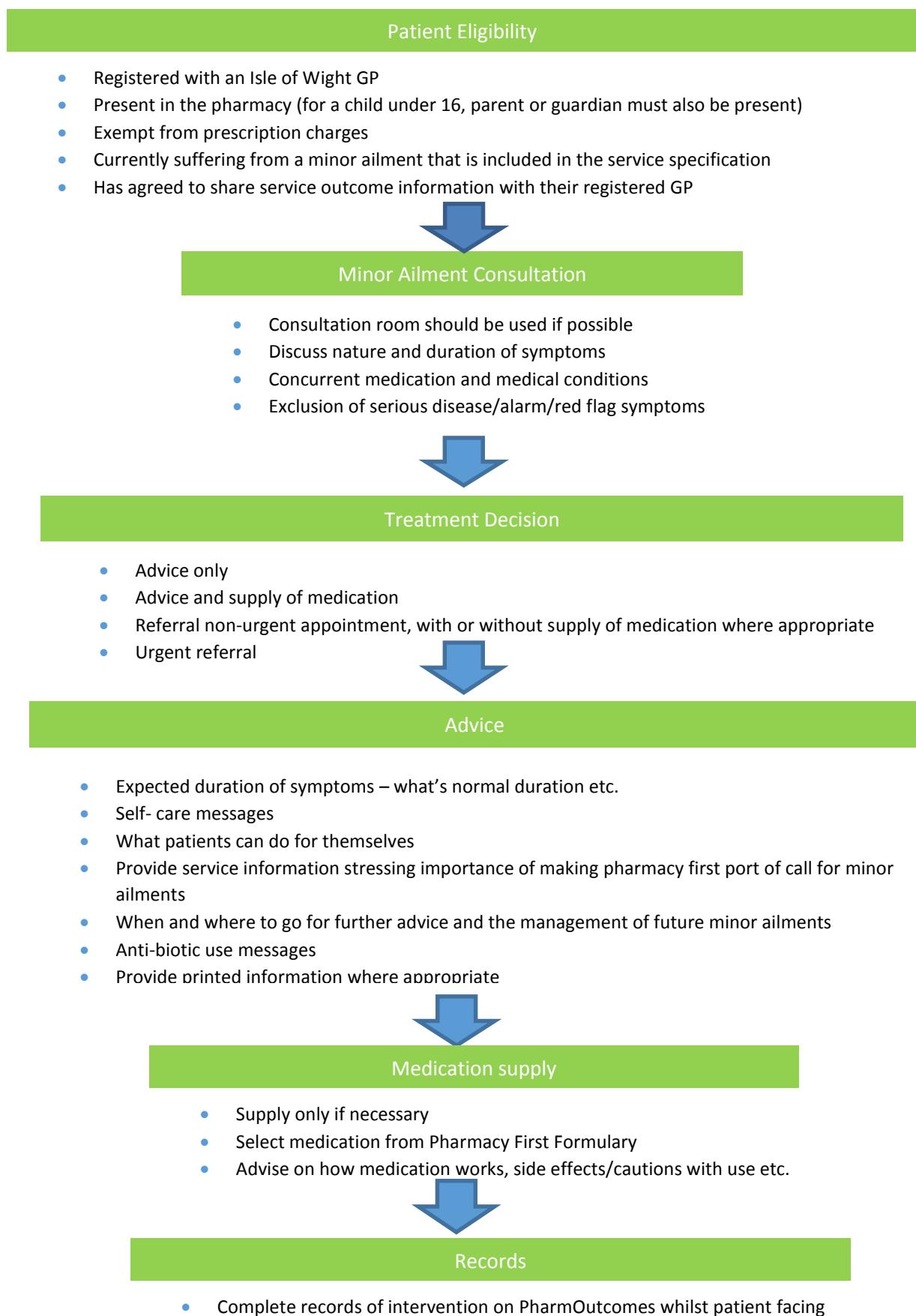
*Pharmacists and their staff are the gate-keepers of this service and must ensure that it is used as intended and commissioned. This service is commissioned using a limited budget, with a specific target group. The service has specific aims and objectives.*

*All pharmacy staff must be clear that this service is not intended to divert patients presenting in the pharmacy with a minor ailment onto the Pharmacy First Service. The service should only be offered to those who would usually consult the GP, out of hours or A+E services for minor ailments.*

*People who usually manage their own minor ailments through self-care and purchase of over-the-counter (OTC) medication should continue to do so (as detailed in essential service 6, self-care). These patients need not be informed about the Pharmacy First service.*

*It is important that service providers adopt this approach to service delivery. A responsible approach to service delivery will demonstrate that community pharmacy can, and has, met the desired outcomes of the commissioner within a target budget. This will strengthen any case for ongoing service commissioning.*

## Service Flowchart



## The Service

The Pharmacy First service must be delivered by a Pharmacist who can meet the required competencies (see p18). All other pharmacy staff must be aware that the pharmacy provides the service, who can deliver the service and ensure that the pharmacy offers a user-friendly, non-judgemental approach to service delivery.

Patients will either self-refer into the service or will be referred by their GP or the OOH provider.

It is not intended to divert patients presenting in the pharmacy with a minor ailment onto the Pharmacy First Service. People who usually manage their own minor ailments through self-care and purchase of OTC medication should continue to do so as set out in essential service 6 - self-care.

### Patient Eligibility

Confirm that the patient is eligible to use the Pharmacy First Service.

If a pharmacy provides advice and / or treatment under the service for a non-eligible patient they will not be paid for the advice / treatment provided.

#### *Eligible patients must be:*

- 1) Registered with an Isle of Wight GP*
- 2) Present in the pharmacy (for child under 16, the parent or guardian must also be in attendance)*
- 3) Exempt from prescription charges*
- 4) Currently suffering from the minor ailment which is included in the service*
- 5) Agree to sharing details of the consultation with their registered GP*

#### **1) Registered with an Isle of Wight GP**

The PharmOutcomes service has been configured so that only Isle of Wight GP's can be selected. Data should be entered whilst patient facing to avoid confusion when entering retrospective data. Those patients not registered with a GP or registered with a GP from outside the area should be offered advice and the opportunity to purchase an OTC treatment, or advised to contact their own GP if appropriate.

#### **2) Present in the pharmacy (If child under 16, the parent or guardian must also be in attendance)**

The patient must be in attendance. For a child under 16, both the patient and their parent or guardian must be in attendance. This criterion is in place as it enables the pharmacist to talk directly to the patient about their condition, as would occur in a GP practice minor ailment consultation.

#### **3) Exempt from prescription charges**

Currently only those patients exempt from prescription charges are eligible to use the "Pharmacy First" service. For patients that are not exempt from prescription charges, the pharmacy may provide advice and sell OTC medicines to help manage the minor ailment, as described in Essential Service 6 - Self Care.

#### **4) Currently suffering from the minor ailment which is included in the service**

Patients who do not currently have a minor ailment are unable to use Pharmacy First service as the service does not allow supply of medicines for future use.

The following conditions are included within the Pharmacy First service:

- Constipation
- Dyspepsia
- Diarrhoea
- Haemorrhoids
- Allergic rhinitis/Hayfever
- Sore throat
- Viral upper respiratory tract infection
- Headache
- Musculoskeletal pain & soft tissue injury
- Athletes' foot
- Cold sores
- Contact dermatitis
- Headlice
- Insect bites and stings
- Mouth ulcers
- Nappy rash
- Vaginal thrush
- Oral thrush adult and paediatric
- Minor burns and scalds
- Conjunctivitis
- Earwax
- Paediatric teething
- Paediatric fever
- Threadworm
- Fungal skin infection

The formulary products can be used for any of their licensed indications at licensed doses and therefore pharmacists can also treat: sprains and strains, self-limiting pain, fungal infections (Ringworm, Candida interigo) and headache (list not exhaustive) should an eligible patient present with these symptoms / conditions.

#### **5) Agree to sharing details of the consultation with their registered GP**

Patients must consent to sharing their details and the consultation with their registered GP. The consent can be verbal and will be recorded on Pharmoutcomes as part of the consultation process.

### **Consultation room**

If a consultation room is available, consultations should take place in that room.

*A consultation room should be used for the Pharmacy First consultation whenever possible.*

If a consultation room is not available, or the patient does not wish to use the consultation room then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.

Tip: It is important that this service feels different from a standard OTC sale so that eligible patients will be more likely to continue to access in the future. The consultation occurring in a professional room with the pharmacist, away from the medicines counter, will assist with giving the patients the feel that they are getting a service similar to that offered at a GP practice.

Tip: Consider what your consultation room looks like from the patients' perspective. Does it look like a clean, professional and safe environment? If you store excess stock etc. in the consultation room you may need to consider storing this elsewhere.

## Minor Ailment Consultation

The consultation must be carried out by a pharmacist.

The pharmacist will assess the patient's condition using a structured approach to responding to symptoms. As a minimum the assessment will cover:

- Nature and duration of symptoms
- Concurrent medication and medical conditions
- Exclusion of serious disease / alarm / red flag symptoms
- Identify if patient is pregnant/ breastfeeding
- Identify any medication already supplied / taken for the minor ailment

The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient. Pharmacists are accountable for the patient management decisions they make in the course of providing the Pharmacy First service.

### Advice Only

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message
- Consider providing printed information to reinforce verbal messages

### Advice and supply of medication from the formulary

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message
- Consider providing printed information to reinforce verbal messages
- Supply medication from the formulary
- Explain how the treatment works including possible side-effects/ cautions and warnings with use
- Record supply on PharmOutcomes

### Referral for non-urgent appointment

- Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message
- Consider providing printed information to reinforce verbal messages
- If necessary, supply medication from the formulary
- Advise patient to contact the GP surgery and make an appointment (as per usual care)
- The pharmacy should not contact the GP surgery to arrange an appointment for the patient.

### Urgent referral to the GP

- Used when the patient presents with symptoms indicating the need for an immediate consultation with the GP
- Pharmacy to contact the patient's GP / Out of Hours service by phone and arrange an appointment for the patient

## Advice to be provided

The pharmacist must provide advice on the management of the condition. This must include information on the expected duration of the minor ailment and relevant self-care advice. This must be given to every Pharmacy First patient.

*This is the key element of the service.*

*Providing advice to the patient is the opportunity to deliver self-care messages, including the management of future minor ailments, and should aim to influence behaviour change.*

As a minimum the following information must be provided:

### Symptoms

- Expected symptoms
- What's normal
- Probable duration of symptoms

### Self-care messages

- What patients can do for themselves to help manage the minor ailment
- Dispel any misconceptions the patient may have about visiting GP/OOH e.g. The medication a GP can supply is likely to be the same as that supplied under the Pharmacy First service
- Where (and when) to go for further advice / treatment if necessary e.g. If the cough lasts for more than 3 weeks visit your GP, red flag symptoms.
- Management of future minor ailments

### Appropriate use of antibiotic's message

- Discuss with the patient the key messages about antibiotics not being required for viral infections the usual cause of coughs, colds, earache, sinusitis, flu and sore throat
- Highlight the potential harms of taking antibiotics such as:
  - Side-effects are common and include diarrhoea, rashes and nausea
  - Potential allergic reactions are possible
  - Antibiotics can kill off normal 'defence' bacteria which live in the bowel and vagina. This may then allow other infections – e.g. thrush - to develop
  - Some antibiotics can cause you to be sick if you also drink alcohol and some cause reactions to sunlight

Example of information to be provided about the common cold:

*On average, adults have about two to four colds a year. Children have three to eight as their immune system is more vulnerable to infection. This is quite normal.*

*A cold is a mild viral infection of the nose, throat, sinuses and upper airways. It can cause a blocked nose followed by a runny nose, sneezing, a sore throat and a cough.*

*The symptoms of a cold are usually at their worst during the first two to three days of the infection before they gradually start to improve.*

*In adults and older children, the cold will usually last for about a week as the body fights off the infection. Colds in younger children can last up to two weeks.*

*There is no cure for a cold, although you can usually relieve the symptoms of a cold at home by taking medication, such as paracetamol, and drinking plenty of fluids.*



*Antibiotics do not work on most cold and flu symptoms.*

*Wash your hands thoroughly and regularly. Always sneeze and cough into tissues to reduce the chance of passing the cold onto others.*

*Drink plenty of fluids to replace those lost due to sweating and a runny nose.*

*Get plenty of rest – there's no official guidance as to how long a person should stay off work or school. Most people know when they're fit enough to return to normal activities.*

*You should see your GP if you experience any of the following symptoms:*

- *a high temperature (this is usually a sign of a more serious type of infection)*
- *confusion or disorientation*
- *a sharp pain in your chest*
- *coughing up blood-stained phlegm (thick mucus)*
- *your symptoms last longer than three weeks*

*Why you should only take antibiotics when they are needed:*

- *Antibiotics don't work for a viral infection such as a cold.*
- *When people take antibiotics side-effects such as diarrhoea, rashes and nausea are common.*
- *The more we use antibiotics, the greater the chance that bacteria will become resistant to them so that they no longer work. If we all try to reduce their usage, antibiotics will be more likely to work when we really need them.*
- *Antibiotic-resistant bacteria don't just infect you, they can spread to other people in close contact with you.*

It is hoped that providing information will increase understanding of the ailment, promote self-care and support key messages about antibiotics not being required for viral infections, the usual cause of coughs, colds, earache, sinusitis, flu and sore throats.

### **Printed information**


When beneficial to the patient, the pharmacy will provide a relevant information leaflet about the minor ailment.

*Providing printed information can be useful in backing up the self-care messages provided orally*

Printed information should be considered for every patient. However, where the information is not available in a language suitable for the patient, or the patient is unlikely to be able to read the information, a leaflet need not be provided.

It is expected that significant numbers of patients will receive printed information about their minor ailment.

The information leaflets need to be downloaded and printed by the pharmacy.

Source	Link	Information
Pharmacy First Get well soon without antibiotics	<i>Insert links to documents here and as part of service</i>	This single page information sheet is based on appropriate antibiotic use messages from the Department of Health, RCGP and NHS Choices and explains the need to get the right treatment for common illnesses such as colds and coughs without encouraging antibiotic resistance.
Patient.co.uk Health information leaflets	<a href="http://www.patient.co.uk">www.patient.co.uk</a> Use the search box under the Health Information tab to locate patient information sheets for specific ailments.	This website has useful patient information leaflets about all minor illnesses. The leaflets include self-care information.
Treat Yourself better 	<a href="http://www.treatyourselfbetter.co.uk/">http://www.treatyourselfbetter.co.uk/</a> Not available as a leaflet but patients can be signposted to the website.	For cold and flu symptoms only. The website contains a symptom checker, day-by-day guide of what to expect, warning signs and frequently asked questions.
Self Care Forum	<a href="http://www.selfcareforum.org/fact-sheets/">http://www.selfcareforum.org/fact-sheets/</a>	Fact Sheets for common ailments aimed to help clinicians and patients discuss issues around self-care within a consultation and especially how to handle the symptoms in the future. They provide patients with information around: <ul style="list-style-type: none"> <li>• Useful facts</li> <li>• What patients can expect to happen (the natural history)</li> <li>• What people can do to help themselves – now and in the future</li> <li>• When to seek medical help (the ‘red flags’)</li> <li>• Where to find out more</li> </ul>

## Supply of medication

Medication must only be supplied when necessary and appropriate to the patient’s condition.

Only medicines from the Pharmacy First formulary can be used (Appendix 1). These products can be used for any of their licensed indications at licensed doses and therefore pharmacists can also treat: sprains and strains, self-limiting pain, fungal infections (Ringworm, Candida interigo), headache (list not exhaustive).

*The pharmacist making a supply is professionally accountable for the treatment decisions made.*

Supply the client with the appropriate product, ensuring the supply is within the product license.

Explain how the treatment works including possible side-effects/ cautions and warnings with use. Show and supply the client the Patient Information Leaflet.

There is no requirement to label the product although pharmacies may wish to record the supply on the PMR in line with good practice.

### Referral procedure

The pharmacist should use their clinical judgement to decide the urgency, route and need for referral as ultimately the pharmacist is professionally accountable for their actions.

When referring patients to their GP practice, pharmacists should not give patients the expectation of any specific treatment i.e. antibiotics or length of time until patients can expect GP appointment (unless booked directly by pharmacy as part of the urgent referral process).

### Referral for urgent appointment

If the patient presents with symptoms indicating the need for an urgent consultation with a GP, the pharmacist should advise the patient and refer the patient back to their GP (within surgery hours) or contact NHS 111, or advise the patient to attend the Beacon walk in centre immediately (as appropriate).

*Where an urgent referral is necessary the pharmacy must make an active referral.*

*The pharmacy should contact the patients GP / NHS 111 by phone and arrange an appointment for the patient. This will be audited as part of the service delivery.*

Where an urgent referral is necessary the pharmacy must arrange the appointment; contacting the GP surgery / Beacon centre / NHS 111 should not be delegated to the patient. This should ensure that the patient gets an appointment and medical attention at the right time.

*The appointment must be deemed necessary by the pharmacist, not the patient.*

*If a patient feels that they require an appointment, but the pharmacist does not agree, the patient should be directed to contact the GP surgery themselves.*

### Referral for non-urgent appointment

If the patient presents with symptoms indicating the need for a non-urgent consultation with the GP, the pharmacist should advise the patient and refer the patient back to their GP.

The pharmacy should not contact the GP surgery to arrange an appointment for the patient.

If a patient presents more than twice within any month with the same symptoms but there are no indications for urgent referral, the pharmacist should consider referring the patient to their GP.

If the pharmacist suspects that the service is being misused/ abused they should alert the Pharmacy First Scheme Co-ordinator Cindy Dickson.

## Records

The Pharmacy First consultation must be recorded on PharmOutcomes.

The pharmacy must check the patient's eligibility for receipt of free treatment under the service in line with the usual checks for NHS Prescriptions.

Pharmacy First Consultations should be promptly recorded on PharmOutcomes, ideally patient facing. This ensures live audit for commissioners and prompt payment for pharmacy. Data entry on the system also triggers an email notification of the Pharmacy First consultation to the patients GP.

*Pharmacy First Consultations should be promptly recorded on PharmOutcomes as this triggers the Pharmacy First consultation details being sent to the GP*

NB: The email to the GP practice must not be used as a mechanism for referral. Where an urgent referral is required the pharmacy should contact the patients GP / Out of Hours service by phone and arrange an appointment for the patient.

Pharmacies who require further information on the use of PharmOutcomes should contact the help desk team via the help tab at <http://pharmoutcomes.org>

The record on PharmOutcomes will be the enduring record of the consultation.

## Formulary

The pharmacy will hold adequate stocks (taking into consideration the possibility of an unexpected increase in demand) of the products required for the Pharmacy First service to ensure that clients can immediately access the necessary treatment.

The formulary products can be used for any of their licensed indications at licensed doses. The pharmacist is professionally accountable for the treatment decisions made.

Formulary		
Aciclovir 5% cream (1x2g tube)	Dimeticone 4% (Hedrin®) lotion (1x50ml, contains 1 application)	Menthol and eucalyptus inhalation (1x100ml)
Anthisan cream (1x25g)	Docusate sodium (Dulcoease) 100mg capsules (1x30)	Metal detection comb (x1)
Anusol cream or ointment (1x25g)	E45 cream (1x50g)	Miconazole 2% (Daktarin) cream (1x30g)
Anusol Plus HC ointment (1x15g)	E45 Itch relief cream (1x50g)	Miconazole oral gel 20mg/g (Daktarin oral gel 15g)
Anusol Plus HC suppositories (1x12)	Eurax® lotion (1x100ml)	Olive oil ear drops (1x10ml)
Aqueous calamine cream (1x100g)	Fluconazole 150mg capsule (x1)	Oral re-hydration therapy (Electrolade) sachets (1x6)
Beclomethasone nasal spray 50mcg/spray (1x200 dose)	Gaviscon suspension (1x150ml)	Paracetamol 120mg/5ml paediatric suspension (1x100ml)
Benzydamine 0.15% (Diffiam) mouthwash (1x200ml)	Gaviscon Cool tablets (1x16)	Paracetamol 250mg/5ml suspension (1x100ml)
Benzydamine 0.15% (Diffiam) spray (1x30ml)	Hydrocortisone 1% cream (1x15g)	Paracetamol 500mg tablets (1x32)
Benzydamine 0.15% (Diffiam®) mouthwash (1x200ml)	Hydrocortisone 2.5mg mucoadhesive buccal tabs (formerly Corlan Pellets) (1x20)	Pholcodine linctus 5mg/5ml (1 x 200ml)
Cetirizine 10mg tablets (1x30)	Ibuprofen 100mg/5ml suspension (1x100 ml)	Pholcodine linctus 5mg/5ml SF (1 x 200ml)
Cetirizine 1mg/ml solution (1x200 ml)	Ibuprofen 200mg tablets (1x24)	Ranitidine 75mg tablets (1x12)
Chloramphenicol 0.5% eye drops (1x10ml) (P-line)	Ibuprofen 400mg tablets (1x24)	Saline nasal drops (1x10ml )
Chloramphenicol 1% eye ointment (1x4g)	Ibuprofen 5% gel (1x30g)	Senna tablets 7.5mg tablets (1x20)
Chlorhexidine 0.2% mouthwash (1x300ml)	Ispaghula husk 3.5g sachets (1x30)	Simple linctus (1 x 200ml)
Chlorphenamine 2mg/5ml liquid (sugar free) (1x150ml)	Lactulose solution (1x300ml)	Simple linctus (1 x 20ml) SF
Chlorphenamine 2mg/5ml Liquid (1x150ml)	Linicin lotion with comb pack (1x100ml, contains 2 applications, suitable for family treatment)	Simple linctus paed (1 x 200ml)
Chlorphenamine 4mg tablets (1x28)	Loperamide 2mg capsules (1x12)	Simple linctus SF paed (1 x 200ml)
Chlorphenamine 4mg tablets (1x28)	Loratadine 10mg tablets (1x30)	Sodium bicarbonate 5% ear drops 10ml
Choline salicylate (Bonjela Adult®) (1x15g)	Loratadine 5mg/5ml syrup (1x100ml)	Sodium cromoglicate 2% eye drops (1x5ml)
Clotrimazole 1% cream (1x20g)	Marigold (Movicol) sachets (1x20)	Soluble Aspirin 300mg tablets (1x32)
Clotrimazole 10% vaginal cream (x1)	Mebendazole 100mg (Ovex® single dose) tablet (x1)	Soluble Paracetamol 500mg tablets (1x24)
Clotrimazole 2% (Canestan Thrush®) cream (1x20g)	Mebendazole 100mg/5ml (Ovex®) oral suspension (1x30ml)	Sudocrem (1x60g)
Clotrimazole 500mg pessary (x1)	Mebendazole 4x100mg (Ovex® Family pack) tablets (x1)	Terbinafine 1% (Lamisil AF) cream (1x15g)
Dentinox® Teething Gel (1x15g)	Melolin® dressing 5cmx5cm (up to 3) plus Micropore® tape 1.25cm	Tyrozets lozenges (1x24)
		Zinc/castor oil ointment BP (1x225g)
NB: This formulary may be amended as the service develops / new products are available. The formulary listed above was the formulary initially agreed with the CCG at the launch of the service		

All reimbursement is based on dm+d with payment made in line with tariff rates. PharmOutcomes is automatically updated as price changes occur. This also applies to the branded products identified in the formulary.

Pharmacists can supply any brand of product as long as the active ingredients are the same and pack size is at least the size specified above (e.g. larger packs can be supplied) but payment will be in line with tariff prices or calculated against the brand highlighted in the formulary.

The products supplied must not be POM packs and each product must be supplied with a corresponding Patient Information Leaflet.

It is preferable that sugar free products are supplied. However, where these are not available or the patient specifically requires sugar based medicines these can be supplied.

*Ensure the pharmacy keeps enough stock of the formulary to ensure that patients can immediately be supplied with the necessary treatment.*

#### *Notes on formulary*

Feedback from other minor ailment services has included that sometimes patients challenge why they can't have a specific preparation. This tends to occur with cough and cold preparations.

Patients can see a multitude of preparations on the pharmacy shelves for coughs and colds which claim varying benefits and include all-in-one preparations. When patients are provided with the Pharmacy First medication, often in basic packaging, it can cause them to ask why they can't have one of the other preparations available in the pharmacy.

If this occurs pharmacists can explain:

- In line with GPs prescribing, the Pharmacy First service has a limited formulary
- Many of the cough and cold preparations for sale do not have proven clinical benefits and are therefore not included in the Pharmacy First service
- The cough and cold preparations for sale in the pharmacy have not been shown to shorten the duration of a cough or cold
- The preparations available on the Pharmacy First service are in-line with the current evidence-base as to what is most effective
- Patients are free to purchase the medications over-the-counter should they wish to have a choice of treatment


### Self-care messages

Pharmacists should ensure that they are up-to-date with the evidence-based self-care messages that can be given regarding the minor ailments included in the Pharmacy First service.

*The provision of self-care messages are key to this service being a success*

Self-care means keeping fit and healthy, as well as knowing how to take medicines, treat minor ailments and seek help when needed. For patients with a long-term condition, self-care is also about understanding that condition and how to live with it.

The following provides links to specific self-care information for pharmacists to use within the service.

Source	Link	Information
NHS Choices	<a href="http://www.nhs.uk/Conditions/Pages/hub.aspx">http://www.nhs.uk/Conditions/Pages/hub.aspx</a> Type in the symptom / condition in the search box for specific information	Provides overview and information on symptoms, treatment, complications and medication
Condition-specific Pharmacy Self Care Advice pathways  Treat Yourself better 		The guides are designed to help give information to patients so that they can deal with their symptoms themselves for longer than they currently do, while information about red flags will ensure patients are referred when necessary.
When Should I worry?  Developed by researchers at Cardiff University.	<a href="http://www.whenshouldiworry.com/">http://www.whenshouldiworry.com/</a>	Information about the management of respiratory tract infections (coughs, colds, sore throats, and ear aches) in children, and has been designed to be used in primary care consultations.
Public Health England	<a href="https://www.gov.uk/government/news/surviving-the-cold-and-flu-season-without-antibiotics">https://www.gov.uk/government/news/surviving-the-cold-and-flu-season-without-antibiotics</a>	Advice to help people take care of themselves during the flu season. Surviving the cold and flu season without antibiotics.

## Out of Hours (OOH) services

### Beacon Walk-in

The walk-in centre is open to non-registered patients and is located at St Mary's Hospital. Patients can access this service using the NHS 111 contact number. The service is available 365 days of the year.

### NHS 111

NHS 111 is a 24 hour, seven day a week service. There is no specific health care professional direct NHS 111 number, so pharmacists need to dial 111. We would expect that the call will be handled as a health care professional referral and be dealt with in a timely manner with rapid referral to an appointment for the patient. If you have any instances where this is not the case please feed this back. (To who?)

Tel: 111

## Safeguarding

Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection and safeguarding vulnerable adult procedures.

When dealing with all patients' pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

If anyone in the pharmacy team becomes aware of a potential safeguarding, child protection or vulnerable adult issue this should be dealt with using the pharmacy's Safeguarding Policy and discussed with social services. See signposting document hosted on LPC website at [www.hampshirelpc.org.uk](http://www.hampshirelpc.org.uk)

Even if the concern feels to be minor, or if you are not sure if the concern is a safeguarding matter, social services would rather you contact them to discuss the concern than to assume someone else is dealing with the matter.

## How to identify patients suitable for the Pharmacy First service

### Community Pharmacy

The Pharmacy First service can be discussed with patients / parent / guardians when they present with a prescription for a medication likely to be for a minor ailment (e.g. paracetamol, simple linctus).

- Ask why the patient went to the GP (to exclude those taking medication other than for a minor ailment).
- Explain that next time they have a minor ailment that they can come to the pharmacy for a consultation with the pharmacist under a new service called Pharmacy First.
- Explain that the pharmacist would discuss the minor ailment, provide advice and if necessary treatment. This will be free of charge if they are exempt from prescription charges – just as if the patient went directly to the GP.

This discussion can be carried out by any member of staff.

The pharmacy may already know which customers / patients, including children, who frequently visit the GP for a minor ailment. This is also an ideal group to discuss the Pharmacy First service with.

### GP Practices

In GP practices the reception staff may offer patients requesting a GP consultation for a minor ailment a Pharmacy First consultation. Patients may be given a credit card sized Pharmacy First information card and asked to visit a participating pharmacy.

The service can also be explained to patients during a surgery consultation for a minor ailment, with the GP/ non-medical prescriber informing patients that the next time they have a minor ailment they can use the Pharmacy First Service.

### Out of Hours

It will be the intention to work with NHS 111 to decide on referral arrangements to community pharmacy as part of this service delivery. Discussion will include how to integrate the Pharmacy First service into the NHS 111 referral pathways. This may, in the future, lead to patients being referred to pharmacies who provide the Pharmacy First service when they contact NHS 111 with a relevant minor ailment.



## Promoting the service

Due to the target group for this service (patients who currently use GP or out of hours services (111, A+E) for minor ailments opposed to self-care) there will not be promotional information such as leaflets available. It is envisaged that targeted discussions will be used to signpost appropriate patients into the Pharmacy First service.

There will be a simple Pharmacy First poster available which pharmacies can display to let patients know that the Pharmacy First service is available in the pharmacy.

Pharmacies can contact their local GP practices to let them know that they are providing the service. A list of Isle of Wight GP practices is attached to this service guide.

Pharmacies should consider offering to speak to the practice staff about the target group of patients and to explain how the Pharmacy First service works. GP surgeries cannot refer patients to a specific pharmacy, but you could ask the practice to consider referring patients who contact the surgery for an appointment for one of the specified minor ailments onto the pharmacy service and ensure that your pharmacy is on the GP practice list of pharmacies in the locality who are offering the service.

Where Minor Ailments services have worked well and hit the target audience for the service in other areas this has been achieved by strong, ongoing communication between the local pharmacies and GP surgery. Dialogue about the patients referred back to the GP, the suitability of patients signposted to the pharmacy by the GP practice and the conditions included in the service has resulted in clear pathways for patients. Patients have not felt passed around, know they are getting good quality care from the pharmacy which can result in a change in behaviour; patients learn to present directly to the pharmacy when they have a minor ailment.

## How to provide a successful service

Although this service can only be delivered by a pharmacist, a team approach will be essential in delivering a successful service.

All the pharmacy team, including part-time staff and locum pharmacists, need to be aware of the service and how it operates to ensure the pharmacy offers an effective service which is part of the day-to-day activity of the team. The team need to give a positive message about the Pharmacy First service.

The messages the pharmacy team are giving alongside over-the-counter sales should be consistent with the Pharmacy First messages. These should include self-care messages, messages about the use of antibiotics and when to seek medical attention. These messages need regularly reinforcing.

### Actions

- Discuss the Pharmacy First service with the team
- Explain who the target patients for the service are and the service aims
- Agree how pharmacy staff will signpost suitable customers into the service
- Ensure that all staff understand that the service is not intended to divert patients from OTC sale onto the Pharmacy First service
- Decide how the staff will inform the pharmacist that a patient has presented for a Pharmacy First consultation

- Decide how the pharmacist will leave the dispensary to deal with a patient who presents for a Pharmacy First consultation – in line with MUR arrangements.
- Check all the pharmacy team know about the self-care messages that can be given for minor ailments
- Discuss the advice that is given to customers about when to visit a GP and when this is not necessary
- Discuss the use of antibiotics and the key antibiotic use messages
- Consider making available extra copies of the self-care resources to act as a resource for counter staff

## Payment- Claims

The pharmacy will be paid £4.50 per consultation to include;

- Set up costs (SOP development, staff training etc.)
- Pharmacist time to provide the service
- Associated staff time to support the pharmacist in providing the service
- Printing and providing information sheets
- Completing claim forms and audit

Treatments supplied will be reimbursed in line with tariff reimbursement as detailed in the formulary. VAT at standard rate applies for products supplied and exempt rate for pharmacist consultation.

Payments will be made based on the information recorded on PharmOutcomes. Payment will be made to pharmacies on a monthly basis.

Pharmacy First Consultations should be promptly recorded on PharmOutcomes, ideally whilst patient facing to get the maximum benefit from the system. This is essential as saving data populates the audit of service, claim for pharmacy and the notification email to the GP that a Pharmacy First consultation has taken place.

*Entering data onto PharmOutcomes MUST be prompt as triggers information being sent to the GP*

Post payment verification checks may be conducted for each pharmacy at least annually, but may occur more frequently dependent on the value of the claims and the accuracy of previous checks. Post payment verification checks can be made using PharmOutcomes.

## Competency requirements to Deliver the Service

The Pharmacy First Service is to be provided by a pharmacist who can meet the following competencies. This is demonstrated by a completed Declaration of Competence form.

### Core Competencies

- Able to communicate with, counsel and advise people appropriately and effectively on minor ailments.
- Able to assess the medication needs of patients.
- Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care.

- Able to promote the service appropriately to the public.
- Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals.
- Understands the pharmacotherapy for the full range of available medication and appropriate clinical guidance

Each pharmacist providing the service should ensure that they can demonstrate that they have undertaken CPD relevant to this service.

### **Suggested sources of information/ CPD**

This CPD is not compulsory but is provided here as a guide.

NHS Choices

<http://www.nhs.uk/Pages/HomePage.aspx>

Evidence-based advice on minor ailments including the self-care messages to be given  
Includes links to the map of medicine (used to determine the content of the formulary)

British National Formulary

<http://www.bnf.org/bnf/index.htm>

Used to determine the content of the formulary

CPPE

<http://www.cppe.ac.uk/default.asp>

CPPE Responding to Minor Ailments open learning

CPPE Minor Ailments: A clinical approach e-assessment

RCGP

Self-care for minor ailments e-learning course

<http://www.elearning.rcgp.org.uk/course/info.php?id=80>

NB CPPE has a module written to help pharmacists access this RCGP course

## **Accessibility**

The expectation is that the service is available throughout the pharmacies opening hours (both core and supplementary). The service is to be delivered by the pharmacy for at least 45 weeks of the year with no continuous break of more than two weeks. If the pharmacy is unable to meet this level of service delivery then they must inform the service commissioner.

*This service is intended to assist in the management of demand for Out of Hours services. Where the pharmacy has opening hours which extend into the Out of Hours period (6.30pm to 8.00am on weekdays and all day at weekends) every effort should be made to ensure that the pharmacist on duty is able to provide the service during these times.*

When the pharmacy is unable to provide the service the pharmacy has a duty to signpost any potential clients to another pharmacy, convenient to the patient that is able to provide the service to the client. Any onward referral should be supported by a phone call to that provider to ensure service availability.

## Standard Operating Procedure (SOP)

The pharmacy should have a SOP in place for all the services the pharmacy provides, including the Pharmacy First service. SOPs are necessary to demonstrate to commissioners that the pharmacy is meeting the requirements of the service and to ensure that the service is provided in a safe and consistent manner.

This Service Guide should contain the relevant information to allow an SOP to be produced. An SOP should:




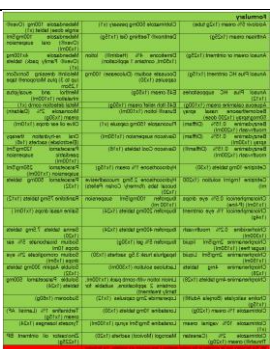

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Be regularly reviewed and kept up to date
- Be signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they are ultimately responsible for its content. A template SOP has been included with this pack – see page 22.

## Key Contacts

**We need to decide on how the service will be managed and how queries will be handled**

## Resources to support delivery of the service

Product Description		Product Description		Order from the CCG in which your pharmacy in based
Minor Ailment Information Leaflets	<p>Patient.co.uk Health information leaflets  <a href="http://www.patient.co.uk">www.patient.co.uk</a></p> <p>Self Care Forum Factsheets  <a href="http://www.selfcareforum.org/fact-sheets/">http://www.selfcareforum.org/fact-sheets/</a></p> <p>Treat Yourself better website            Not available as a leaflet but patients can be signposted to the website <a href="http://www.treatyourselfbetter.co.uk/">http://www.treatyourselfbetter.co.uk/</a></p>			Pharmacy to download and print own copies from relevant websites (See p9)
Poster		Window sticker		
List of Isle of Wight CCG GP practices		GP cards for onward referral		
Pharmacy First Formulary		Declaration of Competency form		

## Template Standard Operating Procedure for the Pharmacy First service

<b>Pharmacy Name</b>		<b>SOP version</b>	
<b>Date of SOP preparation:</b>		<b>Date SOP effective from:</b>	
<b>SOP prepared by:</b>		<b>Review date for SOP:</b>	
<b>Objective</b> To define the procedures of the 'Pharmacy First' (the Service) in order to ensure that the Service is conducted as commissioned and is provided to a high quality in a consistent, professional and accurate manner.			
<b>Scope</b> This procedure applies to all staff participating in the provision of the Service.			
<b>Responsibilities</b> The responsible pharmacist in charge of the community pharmacy is responsible for ensuring that the Service is carried out as detailed in this SOP and in line with the Local Service agreement.  Each person delivering the service is responsible for ensuring that they work under this SOP.  All employees are responsible for treating all users of the Service with respect and courtesy.			
<b>Person Requirements</b> The Pharmacy First service is to be provided by a Pharmacist who can meet the competencies as stated within the service specification.			
<b>Facilities</b> The part of the pharmacy used to deliver the service should provide a sufficient level of privacy for those accessing the service; this should be the consultation room.			
<b>The process stages</b>			
1	Confirm patient eligibility. Eligible patients must be: <ul style="list-style-type: none"> <li>• Registered with a Isle of Wight CCG GP</li> <li>• Present in the pharmacy (or for child under 16, the parent or guardian must also be in attendance)</li> <li>• Exempt from prescription charges</li> <li>• Currently suffering from the minor ailment which is included in the service</li> <li>• Agree to sharing details of the consultation with their registered GP</li> </ul>		
2	<b>Consultation room</b> If a consultation room is available then offer the patient the option of the consultation taking place within the consultation room. If a consultation room is not available, or the patients does not wish to use the consultation room then the pharmacist must give consideration to the part of the pharmacy used for provision of the service, which should provide a sufficient level of privacy and safety.		
3	<b>Minor Ailment Consultation</b> The pharmacist will assess the patient's condition using a structured approach to responding to symptoms. As a minimum the assessment will cover: <ul style="list-style-type: none"> <li>• Nature and duration of symptoms</li> <li>• Concurrent medication and medical conditions</li> <li>• Exclusion of serious disease / alarm / red flag symptoms</li> <li>• Identify if patient is pregnant/ breastfeeding</li> <li>• Identify any medication already supplied / taken for the minor ailment</li> </ul>		
4	<b>Determine appropriate course of action for the patient</b> The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient. Pharmacists are accountable for the patient management decisions they make in the course of providing the Pharmacy First service.		

	<b>Advice Only</b>	<b>Advice and supply of medication from the formulary</b>	<b>Referral for non-urgent appointment</b>	<b>Urgent referral to the GP</b>
	<p>Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message</p> <p>Consider providing printed information to reinforce verbal messages</p>	<p>Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message</p> <p>Consider providing printed information to reinforce verbal messages</p> <p>Supply medication from the formulary</p> <p>Explain how the treatment works including possible side-effects/ cautions and warnings with use</p>	<p>Provide information on symptoms, promote self-care messages and where appropriate include antibiotic use message</p> <p>Consider providing printed information to reinforce verbal messages</p> <p>If necessary, supply medication from the formulary</p> <p>Advise patient to contact the GP surgery and make an appointment (as per usual care)</p>	<p>Used when the patient presents with symptoms indicating the need for an immediate consultation with the GP</p> <p>Pharmacy to contact the patients GP / Out of Hours service by phone and arrange an appointment for the patient</p>

- 5 Records  
The Pharmacy First consultation must be recorded on PharmOutcomes.

#### **Clinical Governance**

Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of the service provision. Such information should not be disclosed to anyone without the consent of the patient.

All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data.

#### **Incident and Near Miss**

Any near miss or incident occurring while undertaking this service should be reported to the Responsible Pharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure.

#### **Audit (Review procedure)**

Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy team delivering the service is familiar and up to date with the procedure at all times. This SOP will be reviewed at least every 2 years or following any critical incident.

### **Staff signature** (To be signed by all those working within the SOP (including locums))

I have read and understood the implications of the SOP

Name	Job role	Signature	Date

**Disclaimer:** This document is an example SOP for a pharmacy minor ailment Service. Pharmacies may adapt to suit local needs or alternatively develop their own. Each pharmacy is responsible for producing their own SOP which conforms to both the service specification and the usual processes within the pharmacy.

**Minor ailments service formulary (Annex 1)**

<b>Condition</b>	<b>Medicine</b>
<b>Gastro -Intestinal</b>	
<b>Constipation</b>	Macrogol (Movicol) sachets (1x20)
	Senna tablets (Senekot) 7.5mg tablets (1x20)
	Ispaghula husk 3.5g (Fybogel) sachets (1x30)
	Docusate sodium (Dulcoease) 100mg capsules (1x30)
	Lactulose solution (1x300ml)
<b>Dyspepsia</b>	Gaviscon suspension (1x150ml)
	Ranitidine (Zantac) 75mg tablets (1x12)
	Gavison Cool tablets (1x16)
<b>Diarrhoea</b>	Loperamide (Imodium) 2mg capsules (1x12)
	Oral re-hydration therapy (Electrolade) sachets (1x6)
<b>Haemorrhoids</b>	
	Anusol cream or ointment (1x25g)
	Anusol Plus Hc ointment (1x15g)
	Anusol Plus Hc suppositories (1x12)
	Ispaghula husk (Fybogel) 3.5g sachets (1x30)
<b>Respiratory system</b>	
<b>Cough</b>	Pholcodine linctus 5mg/5ml 200ml
	Pholcodine linctus 5mg/5ml sugar free 200ml
	Simple linctus 200ml
	Simple linctus sugar free 200ml
	Simple linctus paediatric 200ml
	Simple linctus paediatric sugar free 200ml
<b>Allergic rhinitis</b>	Chlorphenamine 4mg tablets (1x28)
	Chlorphenamine 2mg/5ml Liquid (1x150ml)
	Loratadine (Clarityn) 10mg tablets (1x30)
	Loratadine (Clarityn) 5mg/5ml syrup (1x100ml) - Clarityn
	Sodium cromoglicate (Opticrom) 2% eye drops (1x5ml)
	Beclomethasone nasal spray 50mcg/spray (1x200 dose)
	Cetirizine 1mg/ml solution (1x200 ml)
	Cetirizine 10mg tablets (1x30)
<b>Sore throat</b>	Soluble Paracetamol 500mg tablets (1x24)
	Paracetamol 120mg/5ml paediatric suspension (1x100ml) - (Calpol)
	Paracetamol 250mg/5ml suspension (1x100ml) - (Calpol)
	Soluble Aspirin 300mg tablets (1x32)
	Ibuprofen 200mg tablets (1x24)



	Ibuprofen 400mg tablets (1x24)
	Benzydamine 0.15% (Diffiam) spray (1x30ml)
	Benzydamine 0.15% (Diffiam) mouthwash (1x200ml)
	Tyrozets lozenges (1x24)
<b>Viral upper respiratory tract infection - Cold</b>	Paracetamol 500mg tablets (1x32)
	Paracetamol 250mg/5ml suspension (1x100ml)
	Ibuprofen 200mg tablets (1x24)
	Ibuprofen 400mg tablets (1x24)
	Ibuprofen 100mg/5ml suspension (1x100 ml)
	Saline nasal drops (1x10ml )
	Menthol and eucalyptus inhalation (1x100ml)
<b>Pain</b>	
<b>Headache</b>	Paracetamol 500mg tablets (1x32)
	Paracetamol 250mg/5ml suspension (1x100ml)
	Ibuprofen 200mg tablets (1x24)
	Ibuprofen 400mg tablets (1x24)
	Ibuprofen 100mg/5ml suspension (1x100 ml)
<b>Musculoskeletal joint disease</b>	
<b>Soft tissue injury</b>	Paracetamol 500mg tablets (1x32)
	Paracetamol 120mg/5ml paediatric suspension (1x100ml)
	Paracetamol 250mg/5ml suspension (1x100ml)
	Ibuprofen 200mg tablets (1x24)
	Ibuprofen 400mg tablets (1x24)
	Ibuprofen 5% gel (1x30g)
<b>Skin</b>	
<b>Athlete's Foot</b>	Terbinafine 1% (Lamisil AF) cream (1x15g)
	Miconazole 2% (Daktarin) cream (1x30g)
	Clotrimazole 1% cream (1x20g)
<b>Cold Sores</b>	Aciclovir 5% cream (1x2g tube)
<b>Contact Dermatitis</b>	Hydrocortisone 1% cream (1x15g)
	Anthisan cream (1x25g)
	E45 Itch relief cream (1x50g)
	Chlorphenamine 4mg tablets (1x28)
	Chlorphenamine 2mg/5ml liquid (sugar free) (1x150ml)
	E45 cream (1x50g)
<b>Headlice</b>	Plastic detection comb (x1) - Portia
	Dimeticone 4% (Hedrin®) lotion (1x50ml, contains 1 application)
	Linicin lotion with comb pack (1x100ml, contains 2 applications, suitable for family treatment)
<b>Insect Bites and Stings</b>	Hydrocortisone 1% cream (1x15g)
	Chlorphenamine 4mg tablets (1 x 28)
	Chlorphenamine 2mg/5ml Liquid (1x150ml)
	Paracetamol 500mg tablets (1 x 32)

	Paracetamol 120mg/5ml paediatric suspension (1x100ml)
	Paracetamol 250mg/5ml suspension (1x100ml)
<b>Mouth Ulcers</b>	Choline salicylate (Bonjela Adult®) (1x15g)
	Benzydamine 0.15% (Diffiam®) mouthwash (1x200ml)
	Hydrocortisone 2.5mg mucoadhesive buccal tabs ( <i>formerly Corlan Pellets</i> ) (1x20)
	Chlorhexidine 0.2% mouthwash (1x300ml)
<b>Oral Thrush</b>	Chlorhexidine 0.2% mouthwash (1x300ml)
<b>Nappy Rash</b>	Sudocrem (1x60g)
	Zinc/castor oil ointment BP (1x100g)
	Clotrimazole 1% cream (1x20g)
<b>Vaginal Thrush</b>	Clotrimazole 500mg pessary (x1)
	Clotrimazole 2% (Canestan Thrush®) cream (1x20g)
	Fluconazole 150mg capsule (x1)
	Clotrimazole 10% vaginal cream (x1)
<b>Minor burns and scalds</b>	
	Melolin® dressing 5cmx5cm (up to 3) plus Micropore® tape 1.25cm
	Paracetamol 500mg tablets (1x32)
	Paracetamol 250mg/5ml suspension (1x100ml)
	Ibuprofen 200mg tablets (1x24)
	Ibuprofen 400mg tablets (1x24)
	Ibuprofen 100mg/5ml suspension (1x100 ml)
<b>Eye &amp; Ear</b>	
<b>Conjunctivitis</b>	Chloramphenicol (Optrex infected eyes) 0.5% eye drops (1x10ml) (P-line)
	Chloramphenicol (Optrex infected eyes) 1% eye ointment (1x4g)
<b>Earwax</b>	
	Olive oil ear drops (1x10ml)
	Sodium bicarbonate 5% ear drops 10ml
<b>Paediatric</b>	
<b>Oral thrush</b>	Miconazole oral gel 20mg/g (Daktarin oral gel)
<b>Teething</b>	Paracetamol 120mg/5ml paediatric suspension (1x100ml)
	Dentinox® Teething Gel (1x15g)
<b>Fever</b>	Paracetamol 500mg tablets (1x32)
	Paracetamol 120mg/5ml paediatric suspension (1x100ml)
	Paracetamol 250mg/5ml suspension (1x100ml)
	Ibuprofen 200mg tablets (1x24)
	Ibuprofen 100mg/5ml suspension (1x100 ml)
<b>Threadworm</b>	Mebendazole 100mg (Ovex® single dose) tablet (x1)
	Mebendazole 100mg/5ml (Ovex®) oral suspension (1x30ml)

All re-imbursement prices are calculated against dm+d rates unless the medicine falls into a POM category. In these cases the brand used for payment calculation is highlighted. All cost prices will automatically adjust as changes occur as Pharmoutcomes is linked directly to this database.

## Declaration of Competence - Pharmacy First service

Name		GPhC number	
<b>Competency: Are you / do you?</b> (Statements should be supported by appropriate evidence whenever possible)			
<b><i>a) Able to communicate with, counsel and advise people appropriately and effectively on minor ailments?</i></b>			
Yes. Because I have undertaken the following:			
<b><i>b) Able to assess the medication needs of patients?</i></b>			
Yes. Because I have undertaken the following:			
<b><i>c) Able to act on referrals from, and make referrals to, other professions in healthcare and other sectors such as social care?</i></b>			
Yes. Because I have undertaken the following:			
<b><i>d) Able to promote the service appropriately to the public?</i></b>			
Yes. Because I have undertaken the following:			
<b><i>e) Able to explain the provision, range of conditions covered and features of the service to the public and other appropriate professionals?</i></b>			
Yes. Because I have undertaken the following:			
<b><i>f) Understand the pharmacotherapy for the full range of available medication and appropriate clinical guidance?</i></b>			
Yes. Because I have undertaken the following:			
<b>Personal Declaration of Competence to deliver the Pharmacy First service</b>			
I declare that:			
I have completed the 'self-assessment' of core competencies framework and answered yes to ALL of the statements.			
I have reviewed the local policies and documentation for the Pharmacy First service			
The information above is a true representation of my learning and assessment.			
I have the necessary knowledge and skills to deliver the Pharmacy First service and can demonstrate these.			
Signature		Date	