



NHS Pharmacy First Scotland – Guidance for GP practices (updated April 2024)

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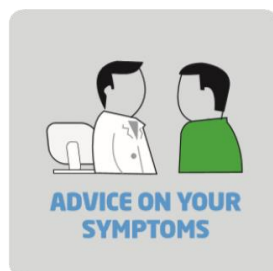
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NHS Pharmacy First Scotland – Guidance for GP practices

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. The Minor Ailment Service (MAS) was discontinued in July 2020 and replaced by this service, which is available in every pharmacy delivering NHS services in Scotland.

As a broad overview of how the service operates:

A person will consult with a member of the pharmacy team, who will assess their symptoms resulting in one or more of the following outcomes:

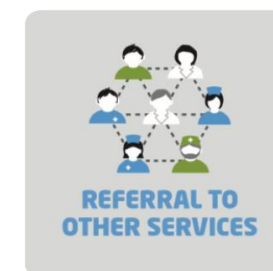


Help the person manage the condition by themselves by discussing appropriate self-care advice.



Supply an appropriate treatment for the symptoms (either on NHS or over the counter sale within OTC product licensing)

Discuss relevant self-care advice including what to do if symptoms do not improve.



Refer to another healthcare professional, if appropriate

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.



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How do the public access NHS Pharmacy First Scotland?

People can access this service by attending at a community pharmacy of their choice, usually without an appointment. There is no registration required.

Which conditions are covered by NHS Pharmacy First Scotland?

At the time of launch, NHS PFS service integrated the Minor Ailments Service and two existing national Patient Group Direction (PGD) - led services.

The service has developed since its introduction and now includes treatment with a POM using a PGD for the following conditions (subject to specific criteria):

- Uncomplicated UTIs in women aged 16 years and over
- Impetigo
- Shingles in patients over 18 years
- Skin infections in patients over 18 years (infected insect bite, cellulitis in patients who are afebrile and healthy other than cellulitis, acute paronychia with signs of cellulitis)
- Hay fever

Additional common clinical conditions will continue to be added to further expand the range of treatments available in community pharmacy.

Individual Health Boards may also have specific PGDs in place for additional conditions. Some pharmacies also have Pharmacist Independent Prescribers who can treat a larger range of common clinical conditions.

Please refer to local information to understand what is available to your patients.



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Evidence based approach – the **Approved List** will ensure that treatments offered via NHS are clinically effective and represent value for money for NHS Scotland. Developed by the Area Drug and Therapeutics Committee Collaborative, the list is supported by all Health Boards to help deliver a consistent approach between pharmacists and GPs. A full review of the list is carried out every three years (most recently in October 2023).

If the patient would like a specific brand or product not included on the Approved List, treatment will be supplied by an over-the-counter sale if appropriate.

Please note that the products which can be supplied on NHS PFS can only be used within their stated product licence, so not all patients with the same condition will be able to be treated under the service and may need referred onwards.

What is the role of general practice teams?

By understanding how NHS PFS operates locally, GP teams will be able to help patients access the most appropriate service to meet their individual needs in as timely a manner as possible.

As a general principle, to ensure a smooth patient journey, patients seen in general practice should be prescribed all relevant medication at the time of initial consultation.

All minor illnesses are in scope, as any member of the public can present at a pharmacy to have their symptoms assessed and appropriate outcome agreed upon.

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.

The table on the following pages may be a helpful as a non-exhaustive guide covering some of the conditions which can be assessed under the service – though remember the outcome of the consultation will depend on each patient's individual circumstances.

Please note not all inclusion/exclusion criteria may be listed. You know your patients better than anyone – you should refer to your own practice guidelines if you think the individual needs to see a GP / ANP.



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It is recommended that you discuss the content of this document as part of your local cluster of practices and pharmacies to agree what works for everyone therefore ensuring a consistent and efficient patient journey e.g. decide which patients could be sent to pharmacies by practice teams and how referrals back to the practice can be made e.g. SBAR / phone / priority appointments.

This guidance is intended to be used as a starting point for delivering the service in a safe manner. As the service continues to develop, feedback is welcome to develop this resource as required.

Condition	Decision path		Signpost to:
Acne	Is the acne severe or infected?	Yes to either	GP Practice
	Have they tried over the counter products already without success?	No to both	NHS PFS
Allergies	Is the patient over 1 year old?	Yes	NHS PFS
		No	GP Practice
Athletes foot	Nil (All patients are potentially suitable for referral to community pharmacy)	<p>Note: OTC license restrictions</p> <p>Terbinafine – not for under 16 years Clotrimazole/Hydrocortisone – not for under 10 years Miconazole/Hydrocortisone – not for under 10 years</p>	NHS PFS

Back pain	<p>Is the patient aged 50 years or over?</p> <p>Has the patient had no improvement in unremitting pain after 4-6 weeks of OTC treatment?</p>	Yes to one or more	GP Practice
	<p>Has the patient had any unintentional weight loss?</p> <p>Past history of cancer in particular breast, lung, gastrointestinal, prostate, renal and thyroid cancers?</p> <p>Associated bladder or bowel symptoms?</p> <p>Has the patient got widespread/progressive motor weakness in legs or a change in gait?</p> <p>Has the patient experienced a major trauma e.g., traffic accident which may have resulted in a fracture?</p>	No to all	NHS PFS

Bacterial conjunctivitis	Is the patient over 2 years of age?	Yes	Is patient experiencing any pain or visual disturbance?	Yes	Optometry
				No	NHS PFS
		No			
Blocked / runny nose	Nil (All patients can be referred to community pharmacy for consultation)				NHS PFS
Cold sores	Are the symptoms persistent, present inside the mouth or widespread?	Yes			GP Practice
		No			NHS PFS
Constipation	<p>Is the patient experiencing repeated rectal bleeding without an obvious cause?</p> <p>Does the patient have any blood mixed with their stools?</p> <p>Has the patient had a persistent (more than 4 weeks) change in bowel habits?</p> <p>Does the patient have any abdominal swelling and vomiting?</p> <p>Does the patient have any abdominal pain with weight loss?</p>	Yes to one or more			GP Practice
		No to all			NHS PFS

<p>Cough</p> <p>NB if the patient has a new continuous cough, high temperature or fever, or loss or change in smell or taste follow current practice protocol for COVID 19.</p>	<p>Does the patient have chest pain other than upon coughing?</p> <p>Is the patient coughing up blood?</p> <p>Are there any unexplained or persistent (more than 3 weeks) symptoms of:</p> <ul style="list-style-type: none"> • New cough • Difficulty breathing • Chest / shoulder pain • Loss of appetite • Weight loss • Hoarseness • Fatigue in a smoker over 40 years old 	<p>Yes to one or more</p>	<p>GP Practice</p>
<p>Cystitis (Urinary tract infection – UTI) Supplied via PGD</p>	<p>Is the patient:</p> <ul style="list-style-type: none"> • Under 16 years of age? • Assigned male at birth? • Assigned female at birth but has had gender reassignment procedures? • Pregnant (known or suspected)? • Living in long term care facilities? • Symptoms are suggestive of upper urinary infection (fever and chills, rigors, 	<p>Yes, to one or more</p>	<p>GP Practice</p>
		<p>No to all</p>	<p>NHS PFS</p>

	<p>nausea, vomiting, diarrhoea, loin pain, flank tenderness, back pain of acute onset or systemically unwell?</p> <ul style="list-style-type: none"> • Uses urethral or suprapubic catheter: either intermittently or indwelling? • Currently immunosuppressed? • At risk of treatment failure due to one of more of the following: <ul style="list-style-type: none"> ○ Received antibiotic treatment for UTI within 1 month; ○ 2 or more UTI episodes in last 6 months; ○ 3 or more UTI episodes in last 12 months; ○ Taking antibiotic prophylaxis for UTI? <p>There are additional PGD exclusions for both nitrofurantoin and trimethoprim but are relatively rare. Community pharmacists will refer patients presenting with these exclusions back to the practice for assessment by GP/ANP.</p>	<p>No to all</p>	<p>NHS PFS</p>
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Diarrhoea	Is the patient over 1 year of age?	Yes	Is the patient pregnant, systemically unwell or dehydrated?	Yes	GP Practice
		No	No	No	NHS PFS
		No			GP Practice
Dry eyes (acute)	Is the patient over 18 years of age?	Yes	Is the patient experiencing any pain or visual disturbance or chronic symptoms?	Yes	Optometry
				No	NHS PFS
		No			Optometry
Dry skin – eczema / dermatitis	Has the patient already received treatment and failed to respond?	Yes, to one or more			GP Practice
	Is the patient having symptoms indicating infection? i.e., broken, bleeding, swollen, hot etc	No to all Note OTC license restrictions: Hydrocortisone cream / ointment not for under 10 years of age			NHS PFS

Earache	<p>Is the patient systemically unwell?</p> <p>Is there fluid coming out of the ear?</p> <p>Is there swelling around the ear?</p> <p>Is there any loss of hearing or change in hearing?</p> <p>Is there anything stuck in the ear?</p> <p>Is the patient under 2 years of age with pain in both ears?</p>	Yes, to one or more		GP Practice	
		No to all		NHS PFS	
Haemorrhoids (piles)	Is the patient over 18 years of age?	Yes	- Is the duration longer than 7 days despite treatment from the pharmacy?	Yes, to one or more	GP Practice
			Is there any blood in the stool (mixed in with stool rather than on the surface?)	No to all	<p>Note: OTC licensing restrictions: Anusol Soothing Relief and Anusol Plus HC suppositories or ointment not suitable for pregnancy and breastfeeding</p>
		Is the patient systemically unwell?	No	GP Practice	

<p>Hay fever (allergic rhinitis)</p> <p>Some products supplied via PGD</p>	<p>Is the patient over 1 year of age?</p>	<p>Yes</p>	<p>Is this the first attempt to treat symptoms?</p>	<p>Yes to either</p>		<p>NHS PFS</p>	
			<p>Has previous treatment with standard OTC products been successful?</p>	<p>No to both</p>	<p>Consideration of treatment with PGD via NHS PFS – see exclusions in box below</p> <p><i>Patients already receiving any of the PGD products on prescription from GP practice should continue to do so rather than attend community pharmacy</i></p>	<p>If exclusions do not apply (see below)</p>	<p>NHS PFS</p>
						<p>If exclusions apply (see below)</p>	<p>GP Practice</p>
						<p>No</p>	
	<p>Patients can not be treated via PGD if any of the exclusions below apply.</p>						
<p><u>Beclometasone nasal spray</u></p> <ul style="list-style-type: none"> - Under 6 years - Hypersensitivity to active ingredient or excipients - Nasal blockage in absence of rhinorrhoea, nasal itch or sneezing - Unilateral discharge - Untreated localised infection involving nasal mucosa e.g. herpes simplex - Symptoms of acute bacterial sinusitis - Recent nasal trauma or surgery where healing is not complete - Pregnancy or breastfeeding 	<p><u>Fexofenadine 120mg tablets</u></p> <ul style="list-style-type: none"> - Under 12 years - Previous hypersensitivity to fexofenadine or excipients (including Allura Red AC Lake) - Pregnancy or breastfeeding 	<p><u>Mometasone nasal spray</u></p> <ul style="list-style-type: none"> - Under 3 years - Hypersensitivity to mometasone furoate or excipients - Nasal blockage in absence of rhinorrhoea, nasal itch or sneezing - Unilateral discharge - Untreated localised infection involving nasal mucosa e.g. herpes simplex - Symptoms of acute bacterial sinusitis - Recent nasal trauma or surgery where healing is not complete - Pregnancy or breastfeeding 	<p><u>Olopatadine 1mg/ml eye drops</u></p> <ul style="list-style-type: none"> - Under 3 years - Patient without diagnosis of allergic conjunctivitis - Hypersensitivity to olopatadine or excipients - Pregnancy or breastfeeding - Patient of child-bearing ability not using contraception - Current treatment with olopatadine which exceeds 4 months duration 				

Headache	Has the patient already tried all OTC treatments without success?	Yes, to one or more	GP Practice / OOH
	Are the symptoms so frequent or painful and affecting daily activities?	No to all	NHS PFS
Headlice	Nil (All patients are potentially suitable for referral to community pharmacy)		NHS PFS
Impetigo Supplied via PGD	Is the infection widespread across the body? Has the patient had impetigo treated with antibiotics (including topical cream) within last 3 months?	Yes, to one or more	GP Practice / OOH
	Is the patient systemically unwell? Is the patient allergic to any component of the cream? Is the patient presenting with any underlying skin condition on the same area of the body as impetigo?	No to all	NHS PFS

Indigestion	Is the patient over 12 years of age?	Yes	<p>Is the patient experiencing:</p> <ul style="list-style-type: none"> - Dysphagia (interference of the swallowing mechanism giving the sensation of food “sticking” and / or regurgitation, cough or choking when eating or drinking, persistent drooling of saliva)? - Unexplained pain on swallowing – at any age? - Unexplained weight loss, particularly if over 55 years, combined with one or more of the following features: <ul style="list-style-type: none"> - New or worsening upper abdominal pain or discomfort? - Unexplained iron deficiency anaemia? - Reflux symptoms? - Dyspepsia resistant to treatment? - Vomiting? - New vomiting persisting for more than 2 weeks? 	Yes, to one or more	GP Practice / OOH
			No to all	NHS PFS	
		No	GP Practice		

Mouth ulcers	Is the patient experiencing the following: <ul style="list-style-type: none"> - Ulcer lasting more than 3 weeks? - Systemically unwell? - Significant problems (e.g., multiple or large lesions)? 	Yes, to one or more		GP Practice	
		No to all		NHS PFS	
Nappy rash	Has the patient tried standard treatments without success? Are there any signs of infection or eczema?	Yes, to one or more		GP Practice	
		No to all		NHS PFS	
Pain	Is the patient a child who has failed to respond to the maximum dose of analgesia? Is the patient suffering from pain which is increasing in severity over several days without apparent reason? Is the patient already prescribed analgesia on a repeat basis?	Yes, to one or more		GP Practice / OOH	
		No to all		NHS PFS	
Period pain	Is the patient over 10 years of age?	Yes	Are the symptoms severe and have not responded to simple analgesia in the first 3 – 6 months of treatment?	Yes, to one or more	GP Practice
			Has the pain appeared after several years of painless periods?	No to all	NHS PFS
		No		GP Practice	

Ringworm	Has the patient already used treatment without success despite compliance?	Yes	GP Practice
		No Note license restriction: Terbinafine cream not for under 16 years of age	NHS PFS
Scabies	Is the patient over 2 years of age?	Yes	NHS PFS
		No	GP Practice
Scalp disorder	Is there a secondary bacterial infection?	Yes, to one or more	GP Practice
	Has the patient already tried treatment without success?	No, to all	NHS PFS



Shingles Supplied via PGD	Is the patient over 18 years of age? Does the patient have an untreated shingles rash affecting a single dermatome? Has the rash been present for less than 72 hours? Is the patient immunocompetent?	Yes to all	<ul style="list-style-type: none"> - Does the rash affect areas of the body not related to dermatomes T1 to L2 – i.e. affects the head, face or lower legs? - Is the patient already taking antiviral treatment? - Is the patient systemically unwell? - Is the patient pregnant? - Is this recurrent shingles? (immunocompetent patient with history of 2 or more episodes in last 12 months?) <p>There are additional PGD exclusions which are relatively rare. Community pharmacists will refer patients presenting with these exclusions back to the practice for assessment by GP/ANP.</p>	Yes to one or more	GP Practice / OOH
		No, to any	No to all	NHS PFS	
					GP Practice / OOH

<p>Skin infections</p> <p>Supplied via PGD</p>	<p>Is the patient over 18 years of age?</p> <p>Is the patient suffering from one of the following:</p> <ul style="list-style-type: none"> • Infected insect bite? • Cellulitis? • Acute paronychia with signs of cellulitis? 	<p>Yes, to both</p>	<ul style="list-style-type: none"> - Does the patient have hypersensitivity to beta-lactam antibiotics (penicillins or cephalosporins)? - Is the patient febrile and/or systemically unwell? - Is the patient pregnant? - Is the infection due to an animal or human bite? - Is the infection related to a surgical wound or chronic wound/leg ulcer or burns? - Is cellulitis on arms or torso NOT linked to insect bite? - Is the infection facial cellulitis? - Is the cellulitis recurrent i.e., two or more episodes in last 6 months? - Recent prescription for antibiotics (regardless of source) for same episode of cellulitis? 	<p>Yes, to one or more</p>	<p>GP Practice / OOH</p>
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<p>Skin infections</p> <p>Supplied via PGD</p>			<p>There are additional PGD exclusions which are relatively rare. Community pharmacists will refer patients presenting with these exclusions back to the practice for assessment by GP/ANP.</p>	<p>No to all</p>	<p>NHS PFS</p>
			<p>No to either</p>	<p>GP Practice / OOH</p>	

Sore throat	Is the patient systemically unwell? Are the symptoms persistent with no improvement after 7 days?	Yes, to one or more		GP Practice / OOH
	Does the patient have a weakened immune system? Is the patient experiencing any breathing problems or difficulty swallowing liquids?	No to all		NHS PFS
Thread worms	Is the patient over 2 years of age?	Yes	Is the patient pregnant or breastfeeding?	Yes GP Practice
		No		No NHS PFS
Thrush – vaginal Note: symptomatic male partner is also suitable for treatment under NHS Pharmacy First Scotland	Is the patient between 16 and 60 years of age?	Yes	- Has the patient had more than 2 episodes in the last 6 months? - Are there any other symptoms e.g., blisters, ulceration, vaginal bleeding? - Does the patient have a weakened immune system? - Is the patient pregnant or breastfeeding? - Are symptoms still present after 7 – 14 days of previous treatment?	Yes, to one or more GP Practice
			No	No to all NHS PFS
			No	GP Practice

Thrush - oral	Is the patient over 4 months of age?	Yes	Does the patient have any liver problems?	Yes	GP Practice
				No	NHS PFS
		No			GP Practice
		Note OTC license restrictions: oral miconazole gel only suitable for over 4 months of age			
Warts and verrucae	Are the warts on the face or anogenital areas?	Yes			GP Practice
		No			NHS PFS
		Note: OTC treatments are not suitable for patients with diabetes or impaired peripheral circulation			