

# NHS Pharmacy First – referrals for minor illnesses

**Service suitability**

The service is only for patients aged over 1 year.

| CONDITIONS      | What conditions are SUITABLE for referral to pharmacists?   |   |  | Do NOT refer in these circumstances   |  |
|-----------------|---|---|--|---|--|
| BITES / STINGS  | <ul style="list-style-type: none"> <li>Bee sting</li> <li>Wasp sting</li> </ul>   | <ul style="list-style-type: none"> <li>Stings with minor redness</li> </ul>   | <ul style="list-style-type: none"> <li>Stings with minor swelling</li> </ul>   | <ul style="list-style-type: none"> <li>Drowsy / fever</li> <li>Fast heart rate</li> </ul>   | <ul style="list-style-type: none"> <li>Severe swellings or cramps</li> </ul>   |
| COLDS           | <ul style="list-style-type: none"> <li>Cold sores</li> <li>Coughs</li> </ul>  | <ul style="list-style-type: none"> <li>Flu-like symptoms</li> </ul>   | <ul style="list-style-type: none"> <li>Sore throat</li> </ul>  | <ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>  | <ul style="list-style-type: none"> <li>Chest pain</li> <li>Unable to swallow</li> </ul>  |
| CONGESTION      | <ul style="list-style-type: none"> <li>Blocked or runny nose</li> </ul>   | <ul style="list-style-type: none"> <li>Constant need to clear their throat</li> </ul>   | <ul style="list-style-type: none"> <li>Excess mucus</li> <li>Hay fever</li> </ul>  | <ul style="list-style-type: none"> <li>Lasted +3 weeks</li> <li>Shortness of breath</li> </ul>  | <ul style="list-style-type: none"> <li>1 side obstruction</li> <li>Facial swelling</li> </ul>  |
| EAR             | <ul style="list-style-type: none"> <li>Earache</li> </ul>   | <ul style="list-style-type: none"> <li>Ear wax</li> <li>Blocked ear</li> </ul>  | <ul style="list-style-type: none"> <li>Hearing problems</li> </ul>   | <ul style="list-style-type: none"> <li>Something may be in the ear canal</li> <li>Discharge</li> </ul>  | <ul style="list-style-type: none"> <li>Severe pain.</li> <li>Deafness</li> <li>Vertigo</li> </ul>  |
| EYE             | <ul style="list-style-type: none"> <li>Conjunctivitis</li> <li>Dry/sore tired eyes</li> <li>Eye, red or Irritable</li> </ul>  | <ul style="list-style-type: none"> <li>Eye, sticky</li> <li>Eyelid problems</li> </ul>  | <ul style="list-style-type: none"> <li>Watery / runny eyes</li> </ul>  | <ul style="list-style-type: none"> <li>Severe pain</li> <li>Pain 1 side only</li> </ul>   | <ul style="list-style-type: none"> <li>Light sensitivity</li> <li>Reduced vision</li> </ul>  |
| GASTRIC / BOWEL | <ul style="list-style-type: none"> <li>Constipation</li> <li>Diarrhoea</li> <li>Infant colic</li> </ul>   | <ul style="list-style-type: none"> <li>Heartburn</li> <li>Indigestion</li> </ul>  | <ul style="list-style-type: none"> <li>Haemorrhoids</li> <li>Rectal pain,</li> <li>Vomiting or nausea</li> </ul>                                     | <ul style="list-style-type: none"> <li>Severe / on-going</li> <li>Lasted +6 weeks</li> </ul>  | <ul style="list-style-type: none"> <li>Patient +55 years</li> <li>Blood / Weight loss</li> </ul>   |
| GENERAL         | <ul style="list-style-type: none"> <li>Hay fever</li> </ul>   | <ul style="list-style-type: none"> <li>Sleep difficulties</li> </ul>  | <ul style="list-style-type: none"> <li>Tiredness</li> </ul>  | <ul style="list-style-type: none"> <li>Severe / on-going</li> </ul>   |  |
| GYNAE / THRUSH  | <ul style="list-style-type: none"> <li>Cystitis</li> <li>Vaginal discharge</li> </ul>   | <ul style="list-style-type: none"> <li>Vaginal itch or soreness</li> </ul>  |  | <ul style="list-style-type: none"> <li>Diabetic / Pregnant</li> <li>Under 16 / over 60</li> <li>Unexplained bleeding</li> </ul>               | <ul style="list-style-type: none"> <li>Pharmacy treatment not worked</li> <li>Had thrush 2x in last 6 months</li> </ul>                                      |
| PAIN            | <ul style="list-style-type: none"> <li>Acute pain</li> <li>Ankle or foot pain</li> <li>Headache</li> <li>Hip pain or swelling</li> <li>Knee or leg pain</li> </ul>            | <ul style="list-style-type: none"> <li>Lower back pain</li> <li>Lower limb pain</li> <li>Migraine</li> <li>Shoulder pain</li> </ul>                       | <ul style="list-style-type: none"> <li>Sprains and strains</li> <li>Thigh or buttock pain</li> <li>Wrist, hand or finger pain</li> </ul>             | <ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Conditions have been on-going for +3 weeks</li> </ul> | <ul style="list-style-type: none"> <li>Chest pain / pain radiating into the shoulder</li> <li>Pharmacy treatment not worked</li> <li>Sudden onset</li> </ul> |
| SKIN            | <ul style="list-style-type: none"> <li>Acne, spots and pimples</li> <li>Athlete's foot</li> <li>Blisters on foot</li> <li>Dermatitis / dry skin</li> <li>Hair loss</li> </ul> | <ul style="list-style-type: none"> <li>Hay fever</li> <li>Nappy rash</li> <li>Oral thrush</li> <li>Rash - allergy</li> <li>Ringworm/threadworm</li> </ul> | <ul style="list-style-type: none"> <li>Scabies</li> <li>Skin dressings</li> <li>Skin rash</li> <li>Warts/verrucae</li> <li>Wound problems</li> </ul> | <ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Conditions have been on-going for +3 weeks</li> </ul> | <ul style="list-style-type: none"> <li>Pharmacy treatment not worked</li> <li>Skin lesions / blisters with discharge</li> <li>Diabetes related?</li> </ul>   |
| MOUTH / THROAT  | <ul style="list-style-type: none"> <li>Cold sore blisters</li> <li>Flu-like symptoms</li> <li>Hoarseness</li> </ul>   | <ul style="list-style-type: none"> <li>Mouth ulcers</li> <li>Sore mouth</li> <li>Sore throat</li> </ul>   | <ul style="list-style-type: none"> <li>Oral thrush</li> <li>Teething</li> <li>Toothache</li> </ul>   | <ul style="list-style-type: none"> <li>Lasted +10 days</li> <li>Swollen painful gums</li> <li>Sores inside mouth</li> </ul>                   | <ul style="list-style-type: none"> <li>Unable to swallow</li> <li>Patient has poor immune system</li> <li>Voice change</li> </ul>                            |
| SWELLING        | <ul style="list-style-type: none"> <li>Ankle or foot swelling</li> <li>Lower limb swelling</li> </ul>   | <ul style="list-style-type: none"> <li>Thigh or buttock swelling</li> <li>Toe pain or swelling</li> </ul>   | <ul style="list-style-type: none"> <li>Wrist, hand or finger swelling</li> </ul>   | <ul style="list-style-type: none"> <li>Condition described as severe or urgent</li> <li>Condition ongoing for +3 weeks</li> </ul>             | <ul style="list-style-type: none"> <li>Discolouration to skin</li> <li>Pharmacy treatment not worked</li> <li>Recent travel abroad</li> </ul>                |

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# NHS Pharmacy First – 7 clinical pathways

Please note these are the main exclusions. Each pathway has additional specific clinical exclusions which will be considered by the community pharmacist during the consultation.

| Urinary tract infection  | Shingles*   | Impetigo   | Infected insect bites  | Acute sore throat  | Acute sinusitis  | Acute otitis media  |
|--|---|--|--|--|--|---|
| A UTI is an infection in any part of the urinary system.   | Shingles is an infection that causes a painful rash   | Impetigo is a common infection of the skin. It is contagious, which means it can be passed on by touching.   | Insect bites and stings can become infected or cause a reaction.   | Sore throat is a symptom resulting from inflammation of the upper respiratory tract  | Sinusitis is swelling of the sinuses, usually caused by an infection.<br>The sinuses are small, empty spaces behind your cheekbones and forehead that connect to the inside of the nose.   | An infection of the middle ear.   |
| <b>Inclusion:</b> <ul style="list-style-type: none"> <li>Female</li> <li>Aged between 16 - 64</li> <li>Suspected lower UTI</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>18 years and over</li> <li>Suspected case of shingles.</li> <li>Rash appeared within the last 72 hours - 7 days</li> </ul>   | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Signs and symptoms of impetigo</li> <li>Localised (4 or fewer lesions/clusters present)</li> </ul>   | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>1 year and over</li> <li>Infection that is present or worsening at least 48 hours after the initial bite(s) or sting(s)</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>5 years and over</li> <li>Suspected sore throat</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>12 years and over</li> <li>Suspected signs and symptoms of sinusitis</li> <li>Symptom duration of 10 days or more</li> </ul>  | <b>Inclusion:</b> <ul style="list-style-type: none"> <li>Aged between 1 – 17</li> <li>Suspected signs and symptoms of acute otitis media</li> </ul>   |
| <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Male</li> <li>&lt;16 or &gt;64</li> <li>Pregnant</li> <li>Breastfeeding</li> <li>Recurrent UTI (2 in last 6 months or 3 in last 12 months)</li> <li>Catheter</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under age of 18</li> <li>Pregnant or suspected pregnancy</li> <li>Breastfeeding with shingle sores on the breasts</li> <li>Shingles rash onset over 7 days ago</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Breastfeeding with impetigo lesion(s) present on the breast</li> <li>Recurrent impetigo (2 or more episodes in the same year)</li> <li>Widespread lesions/clusters present</li> <li>Systemically unwell</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>&lt; under 1 year of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Systemically unwell</li> <li>Bite or sting occurred while travelling outside the UK</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 5 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>age</li> <li>Recurrent sore throat/tonsillitis (7 or more significant episodes in the preceding 12 months or 5+ in each of the preceding 2 years, or 3+ in the preceding three years)</li> <li>Previous tonsillectomy</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 12 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16 years of age</li> <li>Symptom duration of less than 10 days</li> <li>Recurrent sinusitis ((4 or more annual episodes of sinusitis)</li> </ul> | <b>Exclusion:</b> <ul style="list-style-type: none"> <li>Individuals under 1 year of age or over 18 years of age</li> <li>Pregnancy or suspected pregnancy in individuals under 16</li> <li>Recurrent infection (3+ episodes in preceding 6 months, or 4+ episodes in the preceding 12 months with at least one episode in the past 6 months.)</li> </ul> |