Pharmacyfirst

Service Changes

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Tonight's Agenda

- Your Pharmacy first feedback
- Proposed changes to scheme
 - 1st Aug 19
- Scenarios & Resources
- Future Changes

20th March 19: Feedback (1 of 5)

Simplify form, smaller with tick boxes - no signature? 20th March 19: Feedback (2 of 5)

Over labelling for OTC - instructions Pharmacy label &

OTC Formulary – don't limit by therapeutic area

20th March 19: Feedback (3 of 5)

Leaflets/Posters for patients

Resources for self medication

Suggestion (s):-

- Self Care Cards
- Wet combing treatment card
- Repeat supply if managing a condition

20th March 19: Feedback (4 of 5)

Training on OTC - in depth for new areas as introduced e.g. headlice

20th March 19: Feedback (5 of 5)

- High Interest Areas : POM Range formulary extended – PGD ; Hayfever Management -Fexofenadine, UTI ENT, Eye Conditions – Optometry First, Ezcema, Dermatitis and Impetigo.
- Other Areas: COC's, Sore throat, Fungal skin infections, Migraine, Spacer devices, EHC > 50 years, Meters and BGTS and childhood vaccinations

Imminent Changes

- Now (finally) printed resources available
- Letter out to practices
- Communications campaign from 1st August
- Accept referrals
- Easier form introduced
- Overlabelling fee additional for purchased medication

New Form – No signature!

- Patient Name & DOB
- GP (drop down or other*)
- Referred Yes/No If Yes (drop down; GP, GP Nurse, GP Staff, Staff, Community Nurse, Other*)
- Condition (drop down or other*)
- Estimated Time taken (drop down; 10 minute) upwards – 5 minute increments)
- Resources Provided (drop down or other*)
- Feedback form given (drop down ; Yes , No , Not available)

*Other - opens box for free text



New Form - Optional

- Medication Supplied (drop down OTC formulary – payments link with DM&D database)
- Additional over-labelling fee if medication purchased – (School, Care Home or Other*)

*Other – opens box for free text

Conditions

- Allergies
- Earache
- Eczema
- Scabies
- Vaginal thrush
- Head lice (From July 2019 will provide enhanced guidance and support and will only be able to supply the Nitty Gritty combs or Bug Buster Kits for the treatment of head lice.)

Your pharmacy team can also offer you additional advice, guidance and support personal to you for a whole range of common, minor health concerns for which you can buy treatments over the counter.

They have a private consultation area available where they will discuss your symptoms and they can offer practical advice personalised to you.

A list of pharmacies involved in the scheme is available on the Barnsley CCG website. Search for Pharmacyfirst.

www.barnsleyccg.nhs.uk











NHS



Don't wait for a doctors appointment

Go straight to your pharmacy







SELF CARE

Prescribing of over the counter medicines is changing



Leaflets

START WELL CHOOSE WELL STAY WELL



PRESCRIBING OF OVER THE COUNTER MEDICINES IS CHANGING

The NHS spends around £569 million each year on a wide range of medicines which can be purchased from local pharmacies, supermarkets and other retail outlets.

In 2018, NHS England issued national guidance on over the counter products which should NOT generally be prescribed to ensure long-term sustainability of the NHS. This guidance encourages people to self-care for minor self treatable and/or self-limiting conditions which will get better with time.

Your doctor, nurse or pharmacist will no longer generally prescribe medicines that are available to buy over the counter



DID YOU KNOW?

The cost to the NHS for many of these medicines is often much higher than the price for which they can be purchased over the counter and you can get them without seeing your doctor.

For further information see our leaflet or visit the NHS website www.nhs.uk/OTCmedicines



Posters

OTC BCCG 0610

Resource Pack

http://best.barnsleyccg.nhs.uk/clinicalsupport/medicines/prescribingauidelines/Self Care Guidance.pdf



Barnsley Self-Care Guidance

Guidance on conditions for which over the counter items should not routinely be prescribed in primary care

The full NHS England guidance is available at: https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf

Barnsley CCG has made the decision to adopt all of the recommendations within the NHSE guidance. This document has been produced to support primary care clinicians with implementation of the recommendations in practice. It can also be used by community pharmacists to help provide information to the patient on self-care for each condition and to help signpost the patient to the right service.

The guidance is intended to encourage people to self-care for minor illnesses as the first stage of treatment. It is envisioned that in most cases (unless specified) these minor conditions will clear up with appropriate self-care. If symptoms are not improving or responding to treatment, then patients should be encouraged to seek further advice.

The guidance is not intended to discourage patients from going to the GP when it is appropriate to do so.

This guidance applies to all patients, including those who would be exempt from paying prescription charges, unless they fall under the exceptions outlined below (general exceptions) or within the table below under each condition/item.

GPs and/or pharmacists should refer patients to NHS UK, the Self Care Forum or NHS 111 for further advice on when they should seek GP Care.

Condition/item for which prescribing should be restricted	
Items of limited clinical effectiveness	Minor conditions suitable for self-care continued
Probiotics page 6	Mild to moderate hay fever/seasonal rhinitispage 14
Vitamins and mineralspage 6	Minor burns and scalds page 15
	Minor conditions associated with pain, discomfort and/fever. (e.g. aches and
Self-limiting conditions	sprains, headache, period pain, back pain) page 16
Self-limiting conditions Acute sore throatpage 7	Mouth ulcerspage 16
Cold sorespage 8	Nappy rashpage 17
Conjunctivitis page 8	Oral thrushpage 17
Coughs and colds and nasal congestionpage 8	Prevention of dental cariespage 17
Cradle cappage 9	Ringworm/ athlete's footpage 17
Haemorrhoidspage 9	Teething/mild toothachepage 17
Infant colicpage 9	Threadwormspage 18
Mild cystitispage 9	Travel Sickness page 18 Warts and Verrucae page 18
	Warts and Verrucae page 18
Minor conditions suitable for self-care	
Mild Irritant Dermatitis page 10	
Dandruffpage 10	
Diarrhoea (adults)page 10	
Dry eyes/sore tired eyespage 10	
Earwaxpage 11	
Excessive sweating (hyperhidrosis)page 11	
Head licepage 11	
Indigestion and heartburnpage 12	
Infrequent constipationpage 12	
Infrequent migrainepage 13	
Insect bites and stingspage 13	
Mild acnepage 13	
Mild dry skinpage 14	
Sunburnpage 14	
Sun protectionpage 14	

Headlice



Caution: swelling in neck or sticky, weeping scalp indicative of infection

- Treat head lice as soon as you spot them.
- You should check everyone in the house and start treating anyone who has head lice on the same day.
- There's no need to keep a child off school if they have head lice OR wash laundry in a hot wash.
- Wash hair with ordinary shampoo
- apply lots of conditioner (any conditioner will do)
- Comb the whole head of hair, from the roots to the ends – rinse comb between draw down.
- It usually takes about 10 minutes to comb short hair, and 20 to 30 minutes for long, frizzy or curly hair.
- Do wet combing on days 1, 5, 9 and 13 to catch any newly hatched head lice. Check again that everyone's hair is free of lice on day 17.

Resource Pack

Head lice	No routine exceptions have	Creams or lotions for	Creams and lotions - children under 6 months,	Head lice and	Head lice - NICE
	been identified.	head lice (e.g. malathion.	pregnancy and breastfeeding (some products),	nits - NHS	CKS
	See page 2 for general	or dimeticane)	avoid use on broken or inflamed skin		
	exceptions (e.g. current			PrescOIPP:	
	skin conditions of the scalp	Bug busting (conditioner	Conditioner and head lice combs – no	Head lice	
	or side effects of a severe	and head lice combs)	restrictions	(Self care	
	infestation)			postcard -	
	intestation)			PrescQIPP login	
				required)	
				Head Lice and	
				Nits Patient.info	
				Treatment and	
				Prevention of	
				head lice	
				Patient.info	

Cradle Cap



Further resources:

https://www.nhs.uk/conditions

/Cradle-cap/

https://cks.nice.org.uk/seborr

hoeic-dermatitis

- Appears in first two months of life
- Resolves without treatment in a few weeks to a few months
- Often looks worse than it is and rarely causes discomfort
- Treat if causing distress, swells, bleeds or spreads to face or body.
 Treat with anti-fungal: clotrimazole
 1% cream 2-3 times a day
- If symptoms do not improve for longer than 4 weeks with treatment, seek specialist advice.

Cradle cap (seborrhoeic dermatitis – infants)	If causing distress to the infant and not improving	Emulsifying ointment and Shampoos, including Capsal® Shampoo and Dentinox® Shampoo Cradle Cap	If it has spread to the face. Broken skin or infected skin	Cradle cap - NHS Cradle Cap Patient.info	Seborrhoeic dermatitis - NICE CKS
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Mild eczema





- Patients with dry skin can use over the counter products to manage symptoms
- Leave on emollients, bath additives, soap substitutes
- Provide advice on how to use effectively (see links)
- Caution as some emollients can aggravate depending on excipients
- Refer to GP if red and inflamed and is causing distress



https://www.nhs.uk/conditions/emollients/ https://cks.nice.org.uk/eczema-atopic



Emollients - Newsletter Article

- A new product Zeroveen® has been launched by the Zeroderma® brand and has been recently approved by the Barnsley APC. It is considered equivalent to Aveeno® Cream.
- The Zeroderma® range includes emollients in very similar formulations to leading branded emollients but with significant cost savings.
- All Zeroderma® products are SLS- free, contain no colourings, and offer cost savings of up to 37% compared to similar leading branded emollients.
- The Barnsley APC approved Zeroderma® range of emollients as first-line options initially in May 2014.

Emollients – Zero range

- Aqueous cream = ZeroAQS
- Diprobase = Zerobase
- Doublebase = Zerodouble
- Epaderm or Hydromol = Zeroderm
- Aveeno = Zeroveen
- Unguentum M = Zeroguent

Mild irritant dermatitis

- Presents in patient like eczema (but occurs anywhere on body)
- Same treatment as mild eczema
- Common sense, but avoid irritant
- Emollients first line treatment
- Refer to GP if red, inflamed and causing distress

Further resources:

https://www.nhs.uk/conditions/emollients/ https://www.nhs.uk/conditions/contact-dermatitis/



Mild Irritant	No routine exceptions have	Emollients,	Children under 12 years with certain brands	Contact	Dermatitis - contact -
Dermatitis	been identified.	Steroid creams,	(however Eurax® is licensed for children over 3	dermatitis - NHS	NICE CKS
	See page 2 for general	Crotamiton (e.g.	years and Hc45® Hydrocortisone Cream is		
	exceptions.	Eurax®).	licensed for children over 10 years)		
			Pregnancy	Contact	
			Breastfeeding	Dermatitis	
			Broken or inflamed skin	Patient.info	
			Use on the eyes, face or ano-genital region		
Barrie II	I III P P I	4 . P 1 1 . W . L	III I . I .	Boote # AIDA	Admids

Nappy rash

- One third of babies/ toddlers have nappy rash
- Clears up in 3-7 days if hygiene tips are followed
- Treat using barrier creams purchased from supermarket or pharmacy
- If rash persists and fungal infection suspected consider antifungal cream (Clotrimazole 1% 2-3 times a day)



Further resources:

https://www.nhs.uk/conditions/pregnancy-and-

baby/nappy-rash/

https://cks.nice.org.uk/nappy-rash



Nappy rash	No routine exceptions have been identified.	Nappy rash creams (e.g. Metanium®,	No restrictions	Nappy rash - NHS	Nappy rash - NICE CKS
	See page 2 for general	Sudocrem®)			
	exceptions.			Nappy Rash Patient.info	

Impetigo



- Very contagious skin infection
- Can occur around mouth area or on body (trunk)
- Requires antibiotic cream

Further resources - Dermatology

NHS Choices – common skin conditions

https://www.nhs.uk/live-well/healthy-body/common-skinconditions/

Childhood illness – visual guide

https://www.nhs.uk/Tools/Pages/Childhoodillness.aspx

Clinical Knowledge Summaries

https://cks.nice.org.uk

Future Programme

- Community Pharmacy Training & Development Group – set up
- Spacer exchange introduced aim Autumn 2019
- NMP Expressions of Interest by 15th July 19