



PHARMACY FIRST ACHIEVING THRESHOLD GUIDANCE

PHARMACY FIRST – HELPING YOU ACHIEVE YOUR PHARMACY THRESHOLD EVERY MONTH

(10–15 minutes, perfect for team huddles or staff meetings)

Pharmacy First thresholds are essential for the financial health, sustainability, and visibility of your pharmacy. Hitting the monthly target ensures you receive the full payment for the service, protects your income, and demonstrates to the NHS that we are providing real clinical capacity for our community. Every consultation not only supports patient access and reduces pressure on GP practices, but also builds confidence, consistency, and pride within the whole team.

- £500 for those providing 20-29 Clinical pathways consultations within a month; and
- £1,000 for those pharmacies that provide 30 or more Clinical pathways consultations within a month
- Pharmacy owners will need to [claim for them within one month](#) from the end of the month in which they were provided.

This document has been created to give every member of the team the tools they need to help your pharmacy achieve the threshold each month.

For further information please visit website [Pharmacy First – 2025/26 CPCF Settlement & Clinical Pathway Updates – Community Pharmacy Leicestershire and Rutland](#)



1. Purpose of Today's Briefing

To ensure the whole team feels confident, prepared, and aligned so we can hit our Pharmacy First threshold every month, provide safe, high-quality care, and maximise service income.

2. What is Pharmacy First? (Quick Recap)

Pharmacy First allows community pharmacies to manage and treat seven common conditions:

- Ear infection (AOM)
- Sore throat
- Sinusitis
- Infected insect bites
- Impetigo
- Uncomplicated UTI (women 16–64)
- Shingles

This means patients skip the GP and come directly to a Pharmacy.

Our goal is to identify eligible patients early, support them quickly, and record consultations accurately.

3. Key Hints & Tips to Hit the Threshold

Tip A – Make Every Conversation Count

Counter staff could confidently say:

'Let us help you now by letting the Pharmacist look at this immediately for you'

Use it when customers ask for ear drops, eye drops, thrush cream, antihistamines, sore throat remedies, insect bite creams, etc.

Tip B – HCA/Counter Team Script

1. **Ask:** "Tell me more about your symptoms."
2. **Offer:** "This may qualify for Pharmacy First."
3. **Refer:** "Let me get the pharmacist for you."

4. **Triage/Pharmacist Referral Form (Appendix 1)** to support accurate data capture.

Make sure you complete all key fields

- Name
- Date of Birth
- Condition
- Address
- Contact Number
- Additional Notes
- Confirm whether the patient is Waiting or requires a Call Back.
This helps streamline the consultation, ensures correct coding for Pharmacy First, and prevents delays or missed activity.

5. A display of the 7 conditions to put onto every Counter (we have created one)

6.

Tip C – Daily Huddle (5 Minutes)

Cover:

- Yesterday's activity
- Today's priorities
- Stock check: aciclovir, flucloxacillin, nitrofurantoin, fusidic acid
- Any new symptoms being seen in the community

Tip D – Use Stickers & Visual Prompts

Place coloured dots under OTC/ POM medicines:

- Ear care
- Eye care
- Thrush treatments
- Sore throat
- Hay fever aisle

These remind staff to offer PF (if appropriate) at the right moment.

Tip E – Keep the Consultation Room Ready

A ready room = faster consultations.

- BP machine. otoscope & thermometer and other essential equipment available
- Clean desk & functioning PC
- PF red flag checklist visible [PRINT HERE](#)

Tip F – Block Out Short PF Slots

Two short blocks (what is appropriate in your pharmacy):

- Late morning
- Mid-afternoon

This keeps workflow smooth and prevents backlog.

Tip G – Check Activity Early (Week 3 & 4)

- Review numbers each Monday in Week 3
- Review again in Week 4
- Boost awareness if needed

This prevents last-minute panic.

Tip H – Hyperlocal Awareness

Small actions work:

- Different language [resources](#)
- Poster in window
- Noticeboard at nursery/ school//GP/dentist/gym

If appropriate and using:

- Local Facebook community groups
- WhatsApp status from the pharmacy
- “Did you know?” cards at the counter

Tip I – Engage Local GP Practices

Invite practice staff for a 10-minute walk-around.
This builds trust and encourages more referrals.

Tip J – Stay Updated

Ensure the whole team knows:

- Eligibility
- Red flags
- When to escalate
- How consultations are coded

Confidence = activity.

7. Team Roles & Responsibilities

Counter Staff / HCAs

- First point of contact
- Identify symptoms
- Use the PF offer script and complete the Triage Form
- Bring patients forward to the pharmacist

Pharmacist

- Clinical assessment
- Diagnosis & red flags
- Treatment & safety netting
- Recording consultation

Manager / Supervisor

- Ensures consultation room readiness
- Reviews PF data weekly
- Drives awareness & local promotion

8. Team Mantra

Look → Ask → Offer → Refer to Pharmacist

Repeat it daily.

9. Quick Wins for the Month Ahead

- Use "Pharmacy First offer"
- Put stickers in aisles on common OTC / POM medicines
- Check activity in Week 3 to ensure you track your threshold number
- Refresh window poster regularly
- Do one local Facebook post per week
- Conduct a 10-minute GP meet-and-greet in person per month

Call to Action

Now is the time to step fully into the clinical role that Pharmacy First was designed to showcase. Every eligible consultation you complete strengthens patient access, supports your pharmacy's sustainability, and reinforces the vital role pharmacists play within the NHS.

Useful Behavioural and Mindset Tips :

- ✓ Adopt a consultation-first mindset

Treat every eligible presentation like a structured clinical assessment — your time and expertise matter.

- ✓ Use the tools in this guidance

Referral forms, data capture, counter scripts, and daily routines all help streamline workflow and ensure no activity is missed.

- ✓ Engage your whole team

Empower counter staff and HCAs to confidently triage and bring patients forward. Pharmacy First is a team service, not an individual one.

- ✓ Aim confidently for Gateway

Don't hesitate. If a patient is eligible, your consultation is valid and should be counted. You are providing a funded clinical service — claim it.

- ✓ Keep reviewing your activity

Check your numbers early in Week 3 and Week 4 so you can adjust quickly and avoid last-minute panic.

- ✓ Believe in the value you bring

Your clinical judgement, your consultations, and your ability to safeguard patients are essential and deserve to be recognised and remunerated.

Together, let's commit to delivering Pharmacy First at its best; confidently, consistently and collaboratively.

Appendix 1 PHARMACY FIRST – TRIAGE / REFERRAL FORM

Date: _____

Time: _____

Pharmacy: _____

1. Consultation Status (Complete First)

Patient is:

Waiting in the pharmacy

Requires a call back

Preferred call-back time (if applicable): _____

2. Patient Details

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Address: _____

Postcode: _____

Contact Number: _____

3. Presenting Condition

Tick or write the presenting condition:

Ear Pain / Possible AOM

Sore Throat

Sinusitis

Infected Insect Bite

Impetigo

Shingles

Uncomplicated UTI (Women 16–64)

Other (describe): _____

4. Symptom Details

Duration of symptoms: _____

OTC medicines tried (if any): _____

Any red flags reported?

Yes – details: _____

No

Additional Notes (brief clinical context):

5. Staff Member Completing Form

Name: _____

Role: _____

6. Pharmacist Notes (optional)

(To be completed during/after consultation)

Appendix 2 Ⓞ PHARMACY FIRST – WHAT **NOT** TO DO

Quick Guidance for All Team Members

✘ 1. **DON'T delay seeing eligible patients**

Bring them forward promptly. Delays = Missed Consultations.

✘ 2. **DON'T skip the triage/referral form**

Always complete: Name, DOB, Condition, Address, Number, Notes, Waiting/Call-back.

✘ 3. **DON'T wait for the pharmacist to identify patients**

Counter & HCA teams must actively spot eligible symptoms.

✘ 4. **DON'T turn PF into a "quick supply"**

This is a clinical consultation service so assess fully, document, safety-net.

✘ 5. **DON'T promise antibiotics**

Treatment decisions must follow clinical assessment and PGD protocol.
Never guarantee a supply before the pharmacist assesses the patient.

✘ 6. **DON'T overlook red flags**

If something doesn't feel right → escalate immediately.
Safety before activity.

✘ 7. **DON'T hesitate about Gateway**

If the patient is eligible and assessed → record the consultation.

✘ 8. DON'T forget accurate, contemporaneous record-keeping

Record the consultation during or immediately after, not later.
Missing details = coding errors and lost activity.

✘ 9. DON'T leave activity checks to the end of the month

Review numbers in Week 3 & Week 4.

✘ 10. DON'T let the consultation room become unusable

Keep it clean, stocked, and ready at all times.

✘ 11. DON'T underestimate the counter team

They are crucial for identifying, triaging and referring patients.

PHARMACY FIRST PF & THRESHOLD TRACKER (PRINT VERSION)

SECTION 1 MONTHLY OVERVIEW

KPI	Target	Actual	Variance	RAG	Notes / Actions
Pharmacy First Consultations					
Gateway Threshold Status					
Week 1 Consultations					
Week 2 Consultations					
Week 3 Consultations					
Week 4 Consultations					
PF Clinical Quality Checklist Completed					
Red Flag Escalations					
Antibiotic Stewardship Compliance (%)					
Counter Team Referrals					
Triage Forms Completed Accurately (%)					
Consultations Recorded Contemporaneously (%)					



SECTION 2 CONDITION BREAKDOWN

Condition	Number This Month	% of Total	Notes
Sore Throat			
AOM (Ear Infection)			
Sinusitis			
Infected Insect Bite			
Impetigo			
Shingles			
UTI (Women 16-64)			

SECTION 3 OPERATIONAL KPIs

Operational Area	Target	Actual	RAG	Notes / Actions
Consultation Room Ready Daily				
Daily Huddles Completed				
Staff Confidence Rating (1–10)				
% Consultations Identified by Counter Staff Team				
Social media / Local Signposting Actions				

SECTION 4 SAFETY & QUALITY

Quality Metric	Standard	Actual	RAG	Notes
Red Flag Handling	100% Escalation			
Correct PGD Use	100%			
No Antibiotics Promised Pre-Assessment	100%			
Contemporaneous Record-Keeping	100%			
Audit of 10 Consultations Completed	Completed			

SECTION 5 IMPROVEMENT PLAN

Issue Identified	Root Cause	Action Required	By Whom	Deadline	Status

SECTION 6 MONTHLY REFLECTION

Reflection Area	Comments
What Went Well	
What Needs Improvement	
Gateway Confidence Score (1–10)	
Priorities for Next Month	