



IP Pathfinder - Clinical Protocol – Model 1 - Extended Minor Illness

Background

This model will improve access for patients, increasing the number who complete their episode of care within community pharmacy, assisting them with having their minor illness resolved in a timely manner and reduce burden on GP practice.

The model will broaden the range of minor conditions that can be fully treated and managed to resolution within community pharmacy.

This model will work in partnership with general practice and PCNs by expanding and building upon existing arrangements such as Pharmacy First and local signposting. It will work with local GP practices and same day response services to identify areas of minor ailment demand that can be safely met with IP services within community pharmacy.

Clinical Protocol	
Clinical condition or situation to which this protocol applies	Extended Minor Illness
Inclusion	The inclusion criteria will be patients presenting to the community pharmacy with symptoms indicative of a relevant acute condition included in the pharmacist’s agreed scope of practice that cannot be managed by existing services (e.g. Pharmacy First, self-care or locally commissioned services such as a Minor Ailments Scheme) or would require escalation to different provider (eg GP, OOH service). Note: Further services may be introduced e.g. common condition service for which the same principles will apply.
Exclusion	Those who require regular treatment for a condition that is chronic in nature, or which recurs at a frequency that may indicate a more complex medical condition are excluded from the model. Patients unable to consent to treatment or who are under 16 and not Gillick competent. Patients who are under 16 who are unaccompanied by an appropriate adult (parent / guardian) unless they are aged 13 – 15 and assessed as Gillick competent. Conditions outside the prescribers’ current competencies are also excluded.
Scope of practice	Minor illness conditions that are within the competencies of the IP, based on list included in Community Pharmacist Consultation Service. Suggested list (not exhaustive) below of conditions that can be included: <ul style="list-style-type: none"> • Acne, spots, and pimples • Allergic reaction • Ankle or foot pain or swelling • Athlete’s foot



	<ul style="list-style-type: none"> • Bites or stings, insect, or spider • Blisters • Constipation • Cough • Cold and 'flu • Diarrhoea • Ear discharge or ear wax (possible ear infection) • Earache • Eye, red or irritable • Eye, sticky or watery (possible eye infection) • Eyelid problems • Hay fever • Headache • Hearing problems or blocked ear • Hip, thigh, or buttock pain or swelling • Knee or lower leg pain • Lower back pain • Lower limb pain or swelling • Mouth ulcers • Nasal congestion • Pain and/or frequency passing urine • Rectal pain • Scabies • Scratches and grazes • Shingles • Sinusitis • Shoulder pain • Skin infections e.g. impetigo, infected nappy rash • Skin, rash • Sleep difficulties • Sore throat • Teething • Thrush (oral) • Tiredness • Toe pain or swelling • Vaginal discharge • Vaginal itch or soreness • Vomiting • Wound problems – management of dressings • Wrist, hand, or finger pain or swelling.
<p>Formulary and Guidance to be followed</p>	<p>The IPs will be expected to follow relevant guidance. This includes;</p> <ul style="list-style-type: none"> • local formularies • NICE CKS • HNY antimicrobial guidelines



	<ul style="list-style-type: none"> NHS guidance on conditions for which over the counter items should not routinely be prescribed in primary care.
Patient route(s) into the service	<p>Patients will be able enter the IP Pathfinder service via one of the options below:</p> <ul style="list-style-type: none"> Patient presents to a Pathfinder pharmacy for advice on a minor illness. Following consultation with RP, it is identified the patient cannot be managed via self care / local MAS & requires escalation for a potential POM. Patient is referred from 111 / UEC / GP in to CPCS. Following consultation with RP, it is identified the patient cannot be managed via self care / local MAS & requires escalation for a potential POM. Patient is escalated from another pharmacy. Following consultation with RP, it is identified the patient cannot be managed via self care / local MAS & requires escalation for a potential POM.
Consultation requirements	<p>The consultation will consist of:</p> <ul style="list-style-type: none"> Clinical history. Patient assessment including clinical history and where necessary physical examination. Provision of advice, which may include signposting to relevant NHS website information or written information. If necessary, recommendation of a purchase or supply of Pharmacy Only or OTC medication or prescribing. Clinical management will be in accordance with Clinical Knowledge Summaries http://cks.nice.org.uk Consideration of drug interactions for any medication Safety netting information to the patient <p>Where clinically appropriate the consultation can be provided remotely e.g. by phone or video consultation. The IP must determine if is clinically appropriate / a requirement for the patient to be seen face-to-face or whether the consultation can be safely carried out remotely without impacting on the quality of the service received.</p> <p>Considerations in relation to appropriateness for remote consultation (not exhaustive)</p> <ul style="list-style-type: none"> children requirement for a physical examination barriers to communication created by remote consultations that would be addressed by a face-to-face consultation <p>Remote consultations will allow other pharmacies to refer patients to be potentially seen remotely, when appropriate, so that their episode of care can be completed from their current location minimising inconvenience to the patient whilst maintaining patient safety.</p>
Prescription duration	<p>The duration of the prescription will follow national and local guidelines for the condition being treated/managed.</p>



Session provision	The number of sessions provided and the number of minor illness consultations per session (4 hours) will be locally discussed and agreed.
Onward referral of patients	This minor illness IP activity is discrete to General Practice. There will be occasions that the IP needs to refer the patient to their GP (or relevant OOH provider) for further assessment or management. These referrals will be made under the current mechanisms in place for CPCS.
Access to blood tests and pathology	It is not anticipated that access to blood tests or pathology tests is required for this model.
Records	Records are to be kept in line with the IP Pathfinder Service Specification. Parents / carers should be encouraged to bring the child's red health booklet to all consultations for children. Where they do, the IP should make a note in the red book of any advice given or treatment supplied along with the date, their name and GPhC number.
Notification	Post event notification to be sent to the patients registered GP digitally e.g. by either NHS Mail or another predetermined and agreed digital system. This may include: <ul style="list-style-type: none"> • System ID • Person full name • Date of birth • Person address • Postcode • NHS number • GP name • GP Practice details • GP practice identifier • Organisation identifier • Organisation name • Organisation address • Organisation contact details • Date • Service ie., minor illness • Clinician name • Medicine supplied / prescribed • Quantity of medication supplied / prescribed • Days supplied • Dose directions instructions • Presenting complaint or Issue • Consultation outcome • Clinical narrative • Referral Date • Urgency of referral • Referral to (organisation name) • Referral to (organisation identifier) • Reason for referral.



Community Pharmacy IP Pathfinder Patient Journey for extended Minor Illness

Patient entry to Pathfinder:

