

Pharmacy First Service Toolkit

Background

The NHS Long Term Plan highlights the need to boost out-of-hospital care and to reduce the pressure on emergency hospital services. It also commits to make a greater use of community pharmacists' skills and opportunities to engage patients.

The Pharmacy First Service launched on 31st January 2024 and is a crucial first step in recognising and funding the enormous amount of healthcare advice that pharmacists provide every day. Pharmacists provide advice and NHS funded treatment, where clinically appropriate, for seven common conditions (clinical pathways):

- Uncomplicated urinary tract infections (UTI) in women (aged 16 – 64)
- Shingles
- Impetigo
- Infected insect bites
- Acute sore throat
- Sinusitis
- Acute Otitis Media (in children aged 1 – 17)

It also includes the elements of the previous Community Pharmacy Consultation Service and, following referral, connects patients who have a minor illness, or who need an urgent supply of prescribed medication with a community pharmacy.

Aims of the service

The service aims to:

- Establish and fund community pharmacy as the first port of call for healthcare advice

- offer patients the opportunity to access appropriate urgent care settings in a convenient and easily accessible community pharmacy setting.
- free up clinician capacity in primary and secondary care settings, for the treatment of patients with higher acuity conditions.
- identify ways that individual patients can self-manage their health more effectively with the support of community pharmacists, and to recommend solutions that could prevent inappropriate use of urgent and emergency care (UEC) services in the future.
- provide urgent access for patients who not registered with a GP for treatment of low acuity minor illnesses, and to ensure equity of access to the emergency supply provision, regardless of the patient's ability to pay for the cost of the medicine requested.

Service description

By signing up to provide the service you are agreeing that you will provide all three elements of the service (clinical pathways, emergency supply of medication and low acuity/minor illness) and will accept referrals from all three referral pathways (NHS111, GPs and Urgent Emergency Care settings) and self-referral.

Patients can access consultations for the seven clinical pathways by presenting at the pharmacy (self-refer) or by one of the referring organisations (see patient eligibility below). Unlike Minor Ailment Services, patients cannot self-refer into the minor illness element of the service. You should provide OTC advice as part of your Essential services but cannot make a claim for payment.

Referrals are made via PharmOutcomes or other approved IT system, or NHSMail. Patients are given the telephone number of your pharmacy and advised to call the pharmacy or attend in person. if the patient has not contacted you within 30 minutes of the referral, you must make a reasonable attempt to contact them. You should check regularly throughout the day for any referrals to ensure that patients are seen in a timely manner.

Funding and claiming payment

Pharmacies will be paid £17 per completed consultation for minor ailments or clinical pathway conditions. Pharmacies will be paid £15 for every completed emergency medicine supply consultation.

Each pharmacy has a cap on the number of clinical pathway consultations they can claim in any given month. Any consultations completed over that number will only be reimbursed for the cost of any medication supplied. Details of these caps can be found on the [NHSBSA website](#).

For supply of urgent medicines (and appliances), a referral is completed when either:

- the pharmacist has a consultation with the patient (remotely or face-to-face) and confirms no supply is required, or
- the patient is given advice, the patient purchases the required product, or an emergency supply is made, or
- the patient is referred on to another healthcare provider, or
- an EPS prescription is downloaded and dispensed, or
- an item is not available, and the patient is referred to a second pharmacy.

For minor illness consultations, a referral is completed when either:

- the pharmacist has a consultation with the patient (remotely or face-to-face) and the patient is given self-care advice, or
- the patient receives self-care advice and purchases an OTC item, or
- the patient is referred to a minor ailments scheme locally (where one exists), or
- the patient is referred to an appropriate prescriber, or
- the pharmacist makes the decision that the presenting condition is not minor in nature and the patient is referred onwards to higher acuity services, or
- the patient is contacted and the patient refuses to undergo a full consultation but receives safety-netting advice.

No consultation fee can be claimed where the pharmacist cannot make any contact with a referred patient.

For patients with symptoms associated with the seven clinical pathways, a consultation is completed when a clinical pathway outcome is reached.

- For a referred patient, a consultation fee may always be claimed.
- For patients identified by the pharmacy, a fee is payable only when a gateway point in one of the clinical pathways is crossed and a clinical pathway outcome is reached.

If the patient needs to be referred to another pharmacy to provide the clinical pathways consultation (e.g. due to no stock of the required medicine being available at the pharmacy or the patient of a DSP needing to receive the medicine more rapidly than the pharmacy can have it delivered), no payment will be due to the referring pharmacy.

Monthly additional payment

In addition to the consultation fee, a monthly payment will be made dependent upon the number of completed clinical pathways consultations. A banded approach is being taken: £500 for those providing 20–29 Clinical pathways consultations within a month; and £1000 for those pharmacies that provide 30 or more Clinical pathways consultations within a month.

Only clinical pathway consultations that cross the gateway point and reach an outcome set out in the pathway (without onward referral to another pharmacy), will count towards meeting the monthly minimum number of consultations for the block payment.

Bundling requirements:

To receive the monthly Pharmacy First payment, as well as achieving the relevant volume of clinical pathway consultations:

- From June 2025, pharmacies will need to be registered to provide the PCS and HCFS;
- From October 2025, in addition they must deliver at least one Ambulatory Blood Pressure Monitoring (ABPM) provision per month; and
- From March 2026, a specified number of contraception consultations, including emergency contraception consultations, will also need to be provided each month. The

specified number will be agreed by Community Pharmacy England, DHSC and NHS England in due course.

Claiming payment

Data from the Pharmacy First IT system will be submitted to the MYS portal via an API and will be used by the NHSBSA to populate a payment claim within the portal. You should review this claim before submitting.

Claims for payment must be made within one month after the end of the month in which the service was provided. For example: Pharmacy First consultations provided in June must be claimed by the last day of July.

Service availability

You must ensure that the service is available throughout your pharmacy's full opening hours. If, due to unforeseen circumstances, you need to temporarily withdraw from the service, you must inform the NHS Directory of Services (DoS) Provider and Commissioner Helpline (0300 0200 363) as soon as possible to stop referrals being made to your pharmacy. You should also contact the local GP practices and UEC settings within the PCN to prevent them from making direct referrals. You must also inform the Commissioner of your temporary withdrawal from the service.

Distance Selling Pharmacies (DSPs) can provide the service. Consultations for minor illness or emergency supply of medicines referrals can be provided by DSPs at their premises until 1st October 2025 or by remote consultation.

DSPs can provide six of the seven clinical pathways remotely via video consultation but not at their premises. They cannot provide the Acute Otitis Media pathway as that requires the use of an otoscope.

Premises requirements

Face-to-face consultations must be delivered from the consultation room in the pharmacy. This must be:

- clearly designated as an area for confidential consultations.

- distinct from the general public area of the pharmacy.
- allow both the person receiving the service and the service provider to sit down together and have a conversation at normal speaking volumes which cannot be overheard by any other person (unless the patient has consented to a carer or chaperone being present).
- Have accessible IT equipment within it that allows for a contemporaneous record to be made of consultations provided within the Pharmacy First Service IT system.

Remote consultations are permitted to be used to provide the service. If you are undertaking these then you must ensure that there are arrangements in place to enable the pharmacist to communicate confidentially with the person receiving the service via telephone or a good quality live video link. Please see the **Providing the service** section of this document for which consultations can be provide remotely.

You must be registered with PharmOutcomes for Provider Pays to enable your pharmacy to receive referrals from NHS111 and NHS111 online. GPs and UEC teams cannot access DOS and are able to select your pharmacy, but you cannot complete the consultation and claim payment if you are not registered.



Patient eligibility

Inclusion criteria

All elements of the service:

- Referred by NHS 111 telephony.
- Referred by NHS 111 on-line.
- Referred by general practice.
- Referred by an integrated urgent care clinical assessment service (IUC CAS).
- Referred by 999.
- Referred by another urgent and emergency care provider (e.g. Urgent Treatment Centre (UTC), Emergency Department (ED), Urgent Care Centre (UCC)).

Clinical pathways only

- Self-referral (providing they meet the age requirements specified)

Exclusion criteria

Minor illness + urgent medicine supply

- self-referral

Clinical pathways

- patients outside the specified age requirements
- acute otitis media (DSPs only)

You must ensure that the service is accessible, appropriate, and sensitive to the needs of all service users. No eligible person shall be excluded or experience difficulty in accessing and effectively using this service due to their race, gender, disability, sexual orientation, religion or belief, gender reassignment, marriage or civil partnership status, pregnancy or maternity, or age.

Pharmacist knowledge and skills requirements

You should:

- review your knowledge against the [CPPE Pharmacy First self-assessment framework](#) to identify any gaps in your knowledge that need to be addressed before providing the service.
- Have an up to date understanding of the Human Medicines Regulations (HMR) in relation to the emergency supply of POMs
- Read and sign up to the [clinical pathways, Patient Group Directives \(PGDs\) and protocol](#)

Getting ready to deliver the service

These [videos](#) about the seven clinical pathways will support you in providing the service.

Before providing the service, you must:

- Have an SOP in place for the service which includes the process for the escalation of issues identified, signposting details, staff training, and the key contact details for the service.
- Have a Business Continuity Plan (BCP) in place. Both the BCP and SOP should be reviewed regularly, including following any significant incident or change to the service.
- Have purchased the appropriate equipment (e.g. an otoscope) required to provide the clinical pathways.
- Ensure that all pharmacy staff involved in the provision of the service are familiar with, and will adhere to, the SOP.
- Brief your team on the service.
- Notify NHS England of your intent to provide the service by completion of an electronic registration through the NHSBSA Manage Your Service (MYS) application. **DO NOT do this until you have completed the training and are ready to provide the service/ accept referrals throughout your full trading hours.**

Further information can be found in [CPE's Pharmacy First Implementation Checklist](#).

Providing the service

The pharmacist must be on the pharmacy premises to provide the service.

Minor illness consultations (referrals) and urgent medicines supply consultations (referrals) can be undertaken via telephone/audio or video consultation.

Clinical pathways consultations can be conducted via good quality video consultation. Remote clinical pathways consultations can only be provided via a good quality video consultation – they **cannot be provided by a telephone/audio consultation**.

The acute otitis media (AOM) clinical pathway requires the use of an otoscope, so that pathway cannot not be provided via a remote consultation.

You should consider whether a remote consultation is clinically appropriate and safe to undertake.

	Must have a consultation room in order to provide Pharmacy First	Pharmacy First Urgent Supply & Minor Illness (former CPCS) provided <u>at</u> the pharmacy premises	Pharmacy First Urgent Supply & Minor Illness (former CPCS) provided remotely <u>from</u> the pharmacy premises	Pharmacy First Clinical pathways consultations provided <u>at</u> the pharmacy premises	Pharmacy First Clinical pathways consultations provided remotely <u>from</u> the pharmacy premises
Distance Selling Pharmacies	Yes	Allowed	Allowed, by telephone or audio link or a live video link	Not allowed	Allowed, but only by live video link and only 6 of the 7 clinical pathways (not acute otitis media)
'Bricks and mortar' pharmacies	Yes	Allowed	Allowed, by telephone or audio link or a live video link	Allowed (all 7 clinical pathways, including acute otitis media)	Allowed, but only by live video link and only 6 of the 7 clinical pathways (not acute otitis media, but patients could come to the pharmacy for a consultation)

Verbal consent to receive the service must be sought from the patient and recorded in the pharmacy's clinical record for the service. The patient must also be advised of the following information sharing that will take place:

- The sharing of information about the service with NHS England as part of the service monitoring and evaluation.
- The sharing of information about the service with the NHSBSA and NHS England for the purpose of contract management and as part of post-payment verification (PPV).

Clinical pathways

The consultation

- Obtain patient consent
- Identify any age related exclusion criteria
- View any available clinical record.
- Identify and respond to any “Red Flag” symptoms.
- Identify any concurrent medication or medical conditions that may affect the treatment of the patient.
- Conduct the consultation following the [clinical pathways](#) flowchart

Outcomes and next steps

If the gateway criteria are met

- Using shared decision making principles, agree with the patient whether it is appropriate to supply antibiotics.
- Provide the patient with the leaflet specified in the clinical pathway framework
- Provide advice on self-care including the sale of OTC products to provide relief.
- Provide appropriate safety netting advice
- Take any appropriate NHS prescription charges
- Print a FP10DT dispensing token with details of the supply and ask the patient to complete the relevant sections on the reverse to indicate their exemption reason or that they have paid the prescription charge

If a medicine is to be supplied, the service specification requires it to be made with reasonable promptness taking into account the clinical need of the individual.

For example, supply of antivirals for the treatment of shingles for eligible patients should be made within the defined timeframes of rash onset as outlined in the clinical pathway.

The service specification notes that Distance Selling Pharmacies should make necessary arrangements for a prompt delivery of the item, at no cost to the patient.

If the Gateway Criteria are not met

Determine the appropriate action to take. This could be:

- Self-care advice to the patient

- Self-care advice and the sale of an OTC medicine
- Referral to a separately commissioned service e.g. Minor Ailments Service (MAS)
- Routine referral to other appropriate services (including other HCPs)
- [Greater Manchester GP Pharmacy First Service Non-Urgent Referral Process](#)
- Referral to the patient's GP or relevant out of hours service for an urgent appointment. In this case you should use your clinical judgement to decide the urgency, route and need for referral and choose one of the following options:
 - Option A – refer the patient for an urgent in-hours appointment with their own GP. After agreeing this course of action with the GP, you should telephone their general practice to secure them an appointment.
 - Option B – Call the NHS 111 service when the patient's own general practice is not available. Use the healthcare professionals' line for access to a clinician to seek advice.
 - Option C – signpost the patient to A&E or call 999. If the patient presents with severe symptoms indicating the need for an immediate medical consultation, you should tell them to attend A&E immediately or call an ambulance on their behalf.

[Greater Manchester Pharmacy First urgent referral process](#)

- Provide appropriate safety netting.

Referrals for low acuity, minor illnesses

If the patient attends your pharmacy, check PharmOutcomes for the electronic referral. If no message has been received, contact the referring organisation to confirm whether a referral has been made and, where appropriate, confirm the patient's NHS number and GP details, and request that the electronic referral is resent. Patients referred by UEC services will present with a referral letter.

The consultation can be completed remotely but you must be able to ensure that you will have enough information to complete it in full. There will be occasions when the appropriate action is to request that the patient attends the pharmacy so that you can complete the consultation face-to-face.

The consultation

- Obtain the patient's consent.
- View any available clinical record.
- Identify and respond to any "Red Flag" symptoms.
- Identify any concurrent medication or medical conditions that may affect the treatment of the patient.
- Conduct the consultation in line with your normal practice.
- Determine the outcome of the consultation (see below) and provide any appropriate advice on how to manage the minor illness along with any relevant printed information.
- Provide safety netting by telling the patient that, if their condition worsens, they should get back in touch or contact their GP or to call NHS 111 if the matter is urgent and a pharmacist or GP is not available.

Outcomes and next steps

The outcome of the referral may include:

- Self-care advice to the patient
- Self-care advice and the sale of an OTC medicine
- Referral to a separately commissioned service e.g. Minor Ailments or Minor Eye Condition services
- Routine referral to other appropriate services (including other HCPs)
- [Greater Manchester GP Pharmacy First Service Non-Urgent Referral Process](#)
- Referral to the patient's GP or relevant out of hours service for an urgent appointment. In this case you should use your clinical judgement to decide the urgency, route and need for referral and choose one of the following options:
 - Option A – refer the patient for an urgent in-hours appointment with their own GP. After agreeing this course of action with the GP, you should telephone their general practice to secure them an appointment.
 - Option B – Call the NHS 111 service when the patient's own general practice is not available. Use the healthcare professionals' line for access to a clinician to seek advice.

- Option C – signpost the patient to A&E or call 999. If the patient presents with severe symptoms indicating the need for an immediate medical consultation, you should tell them to attend A&E immediately or call an ambulance on their behalf.

Greater Manchester CPCS urgent referral process

If the patient has used the service more than twice in a month, with the same symptoms, and there is no indication for urgent referral, you should consider referring them to their GP.

Referrals for emergency supply of medicine

The consultation

Referrals can be made by any referring organisation except general practice. These referrals will not contain medication details so call advisors will not identify if the request is for a controlled drug.

The Pharmacy First Service is intended to be used as an emergency service and not as a regular method for obtaining repeat prescriptions. Experience from the service is that the number of frequent users is very low. However, you must be aware that it does occur and use your professional judgement to not supply a medicine or appliance if it is not clinically appropriate. You must discuss the reasons for not supplying with the patient and notify the appropriate providers connected with their patient care.

For the emergency supply to be made you must have interviewed the person requesting the Prescription Only Medicine, satisfied yourself that there is an immediate need for it to be supplied and that it is impracticable for the patient to obtain a prescription without undue delay.

You may receive referrals when the patient's GP practice is open or due to be open that day. If this occurs the patient should be advised to contact the practice if this is practically the most appropriate option to obtain their medicine or appliance. However, if it is not practicable then a supply via the Pharmacy First Service may be appropriate.

Consultations may be face to face or by telephone.

- Introduce yourself and explain that you are the pharmacist.

- Check that you are speaking to the patient by asking them to validate details contained in the referral e.g. date of birth and full address.
- Confirm the nature of the emergency and the reason for the request.
- Confirm the name of the GP practice the patient is registered with.
- Determine the medicines or appliances being requested.
- Determine if there is an urgent need for the medicine or appliance and that it is not practical in the circumstances to obtain a prescription without undue delay. You should use your professional judgement for each item requested.
- Determine whether the medicine or appliance has previously been prescribed on an NHS prescription. The time interval from when the medicine was last prescribed, and the date of the emergency supply request should be considered. Verification can be through examining physical evidence such as a repeat medication slip or current labelled medication, or from records held on your PMR. If none of this is available, then you should seek consent to view the patient's Summary Care Record.
- Check to see if there is an existing EPS prescription available on the NHS spine which can be downloaded and used to supply the medicine or appliance. This may require you to contact the pharmacy the patient normally uses to request that they release the prescription back to the spine.
- Determine whether the supply can legally be made within the provisions of the Human Medicines Regulations (HMR). Consideration should be given to whether the medicine is liable to abuse. For such medicines, it is important to check the SCR as part of your assurance that no recent supplies have been made.
- Check that you have the item in stock.
- If there is an initial telephone consultation, check that the patient or a representative can call to collect the medicine or appliance.

At the end of the initial consultation, you should decide whether, based on the information you have obtained:

- It appears appropriate for a supply to be made.
- You need further information before you can make the supply and you need to see the patient face-to-face (if the initial conversation was carried out over the telephone).
- That a supply cannot be made.

Outcomes and next steps

CPGM – Pharmacy First: Emergency Medicines Supply

If a supply is appropriate:

- The HMR sets out the maximum quantity of a POM that can be supplied as an emergency supply. Use your professional judgement and supply a reasonable quantity that is clinically appropriate and will last until the patient is able to see a prescriber to obtain a further supply.
- Remember that the legislation limits the supply to five days for controlled drugs, such as phenobarbitone for epilepsy, and schedule 4 and 5 drugs.
- Label the prescription as an emergency supply.
- If the patient is not exempt from prescription charges, collect a fee equivalent to the NHS prescription charge for each item supplied.
- If the patient is exempt from prescription charges, print a blank FP10DT EPS dispensing token using PharmOutcomes. The patient or their representative must complete the relevant sections on the reverse of the token.
- Provide advice to the patient about the importance of ordering prescriptions in a timely manner and the benefits of the electronic Repeat Dispensing (eRD) service. The following should be discussed:
 - The importance of avoiding running out of their medicine or appliance.
 - Planning for the weekend/ public holidays.
 - The benefits of eRD.

If your pharmacy is not the patient's usual pharmacy, you should also discuss:

- how their usual pharmacy would be able to support them.
- ordering medicines in a timely manner from their usual pharmacy.

You MUST NOT use the Pharmacy First Service to attempt to change the patient's use of their usual pharmacy.

Onward referral to another pharmacy when an item is out of stock.

If you do not have the medicine or appliance in stock, a suggestion should be made to the patient that a referral is made to another pharmacy. Before doing this, you should be confident that an emergency supply is both possible, and in the best interests of the patient. Remember that the receiving pharmacist will also have to use their own professional judgement as to whether the requirements of the HMR are met.

You should gain agreement from the patient before the referral is made and should explain that:

- the pharmacy does not hold the medicine or appliance in stock and that a referral to another pharmacy will be necessary.
- a pharmacy with the medicine or appliance in stock needs to be identified.
- consent is required for sharing their details with another pharmacy.
- they may need to travel to an alternative pharmacy. Bear in mind it will depend on where the medicine or appliances is stocked, and which pharmacies are open.

You should use the following process when identifying and contacting an alternative pharmacy:

- Use the DOS search tool to identify a pharmacy in the area the patient wishes to travel to, that provides the Pharmacy First Service.
- Contact the identified pharmacy to check that they have the item(s) in stock and is willing to accept a referral. You should consider the time between the referral, the patient travel time, and the closing time of the alternative pharmacy.
- If they do not have the item(s) in stock, you can try another Pharmacy First pharmacy. Use your professional judgement as to the number of pharmacies that should be tried before considering contacting the GP Out of Hours (OOH) service to discuss an alternative.
- Once you have found a pharmacy with the required item(s) in stock that can take the referral, transfer the patient's details by forwarding the referral details to the new pharmacy using PharmOutcomes or by NHSMail.
- Provide the patients with details of the pharmacy they have been referred to.

Referral to the GP OOH service.

If it is not possible to make an emergency supply, you must contact an appropriate service. This would normally be the patient's GP but, if the practice is closed, it should be the GP OOH

service. If you do not know where to refer the patient, you should phone the NHS 111 healthcare professional's number and ask to speak directly to another HCP about a referral that has been received. **You must not ask the patient to contact NHS 111 to resolve the medicines supply issue.**

Examples of when a referral to the GP OOH service may be appropriate include:

- The patient is unwell and needs medical assistance.
- Controlled Drugs are requested and cannot be supplied under the HMR. This includes gabapentin, pregabalin and tramadol. Remember that GP OOH services will not usually prescribe methadone or buprenorphine.
- Local care pathways determine other referral routes e.g. palliative care patients.
- Out of stock items are required where other local pharmacies providing the CPCS do not have the item(s) in stock and an alternative may be required until stocks are available.

Patients unable to travel to the pharmacy.

Patients without transport or who live some distance from the pharmacy, may state that they are unable to travel to the pharmacy. This is more likely late at night, at weekends, or during public holidays when fewer pharmacies who provide the service are open. You should ask if someone can collect the medicine or appliance on their behalf. You are not expected to deliver as part of the Pharmacy First Service.

If no-one can collect on behalf of the patient, you need to consider the impact on the patient of missed doses or not using the appliance. Explore all options with the patient to avoid any harm. GP OOH services do not routinely stock medicine and are unable to deliver to patients.

If you advise patients to miss doses, you should tell the patient to contact NHS 111 if they become unwell, or if their condition deteriorates.

Record keeping and data management

Comprehensive details and the outcome of each consultation must be recorded your Pharmacy First IT system.

You must adhere to defined standards of record keeping, ensuring the consultation record is made on the same day that it occurs unless exceptional circumstances apply.

Pharmacists wanting to update their knowledge of best practice record keeping can access the [CPPE Documenting in patient clinical records](#) e-learning programme.

Making contemporaneous records at the time of the consultation is the expectation of pharmacists providing the service. This not only meets expected professional standards, but it also supports timely provision of data to the patient's general practice.

Any signed EPS dispensing tokens must be sent monthly to the NHSBSA as part of the month end submission, clearly separated in the batch and marked 'PF CP' for those relating to Clinical Pathway provision and 'PF UMS' for urgent medicine supply provision.

Monitoring and Post Payment Verification (PPV)

You must participate in any local audit of integrated urgent care service provision organised by NHS111 or the local urgent care commissioner.

You may be required to provide additional reports for service evaluation and monitoring purpose. These criteria and evaluation periods will be agreed nationally with Community Pharmacy England and communicated to you when any submission is required.

In the event of a referring organisation not being able to make a referral through to the pharmacy, or patients reporting that they have been unable to speak to the pharmacist, the commissioner will investigate this issue and the action may be taken in line with the local dispute resolution policy.

In the event of problems with service provision by a pharmacy contractor, the commissioner will assess the ongoing ability of the pharmacy to provide the service in the intervening period. The DOS will be amended to stop referrals to the pharmacy until the issue is resolved. Other local providers who may also refer into the pharmacy through this service will also be notified.

Accurate record keeping is an essential part of the service provision. The necessary records for reimbursement must be kept for a period of three years to demonstrate service delivery in

accordance with the service specification, and to assist with post payment assurance. You must provide these records when requested by the NHSBSA provider assurance team.

Withdrawal from the service

If you wish to permanently stop providing the service, you must notify NHS England via the MYS platform, giving at least one month's notice and the reason that you wish to stop providing the Pharmacy First Service.

You must also email gmhscp.gmtop@nhs.net explaining that you have deregistered and request to be removed from the GP and UEC referral platform. It is advisable that you contact any local GP practices who regularly send you referrals to inform them that you will now longer be providing the service.

You must continue to provide the service for the duration of the notice period.

Top Tips

[CPGM – Operational Top Tips](#)

Other resources

[Pharmacy First – Community Pharmacy England](#)

[Community Pharmacy Greater Manchester Pharmacy First](#)

[CPGM – Spotlight on services: escalation process](#)

[CPGM – Spotlight on services: record keeping](#)

[CPGM – remote consultation guidance](#)

[CPPE – Pharmacy First](#)

Issue date: August 2024

Review date: 12th May 25

Next review date: 1st October 2025