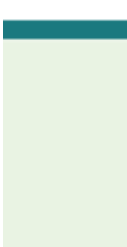




# **An Evaluation of a Pharmacy First Sore Throat Pilot Service**

**Pharmacy First for Sore Throat service for  
patients aged 5 years and over.**

June 2024



**Overview of Pharmacy First Sore Throat Pilot**

A core theme of the 'Health and Wellbeing 2026: Delivering Together'<sup>1</sup> strategy and the Community Pharmacy Strategic Plan 2030<sup>2</sup> is an enhanced role for the primary and community care sector in delivering a new model of person-centred care. Primary and community care is considered to be the appropriate setting to meet the majority of the health and social care needs of the population. The services and resources available within primary and community care have the potential to prevent the development of conditions which might later require hospitalisation, and can also facilitate earlier discharge when hospitalisation is required. Pharmacists will play a central role, both when working in multi-disciplinary teams based in GP practices and as Community Pharmacists. Health teams will work in a more integrated way with Community services in the area and with community pharmacies, having an important role in primary care services and helping to reduce pressure on other parts of the HSC.

The strategy includes two specific actions relating to community pharmacy:

1. Begin development of a new framework to fully realise the potential of community pharmacy services to support better health outcomes from medicines and prevent illness.
2. Following the completion and evaluation of a pilot project, roll-out access to the Northern Ireland Electronic Care Record (NIECR) to community pharmacists.

A Pharmacy First Service is a service whereby patients are encouraged to consult with a participating community pharmacy rather than their GP for a defined list of common conditions. The pharmacist will give advice and if appropriate, supply medication from an agreed formulary or refer the patient to the GP if necessary. Medicines, when deemed necessary, are supplied free of charge.

This Pharmacy First Pilot Service for Sore Throat will facilitate the assessment and treatment of individuals aged 5 years and over presenting with symptoms of a sore throat in the community pharmacy in line with the NI Management of Infection Guidelines and NICE NG84 Sore throat (acute): antimicrobial prescribing<sup>3</sup>.

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<sup>1</sup> <https://www.health-ni.gov.uk/publications/health-and-wellbeing-2026-delivering-together>)

<sup>2</sup> [Community Pharmacy Strategic Plan 2030 \(health-ni.gov.uk\)](#)

<sup>3</sup> [Sore Throat \(acute\) \(microguide.global\)](#)

Sore throat is usually a self-limiting condition that lasts about a week. In most cases it is caused by a virus but in some people, it can be caused by a bacterial infection, usually group A *streptococcus* (Strep A). Most people get better without antibiotics and withholding antibiotics rarely leads to complications.

During the winter of 2022/3 there was an unexpected rise in the demand for antibiotic prescribing in response to a rise in cases of Strep A in patients presenting with sore throat symptoms. This put GP practices and Out of Hours (OOH) medical centres under considerable pressure. It also led to antibiotic medicines shortages. In order to ensure preparedness for Winter 2023/24 and avoid the same situation, the DoH wished to pilot a Pharmacy First service for patients with sore throat symptoms who could be clinically assessed and appropriately tested for Strep A using a point of care rapid antigen test in order to inform the need for antibiotic treatment by the community pharmacist. This had the potential to help alleviate pressure on GPs, mitigate possible supply issues and improve the stewardship of appropriate antibiotic prescribing in line with current policy.

The Strategic Planning and Performance Group (SPPG) plans and oversees the delivery of health and social care services for the population of Northern Ireland. SPPG established a Sub Group to oversee the pilot of the Pharmacy First Service for Sore Throat for the population aged 5 years and over

The Medicines Optimisation Innovation Centre (MOIC) is a regional centre in Northern Ireland dedicated to delivering medicines optimisation to the population. MOIC were tasked with completing an evaluation of the pilot service.

## Aims and objectives

The aims of the Pharmacy First Sore Throat service were to:

- Provide a more accessible, efficient and high-quality clinical pathway for patients with a sore throat.
- Better use pharmacist skills and free up GP time for more complex and urgent medical issues.
- Use point of care (POC) testing for group A *Streptococcus* to guide management of the condition and potentially reduce unnecessary antibiotic prescribing.

The objectives of the service were to:

- Provide a timely and appropriate service for patients in the treatment of their condition and to identify patients who need onward referral to another healthcare professional.
- Provide a service which is acceptable to patients and community pharmacists and which is supported by GP practices.
- To assess how the use of diagnostic POC testing impacts the use of antimicrobials for the treatment of sore throat.
- Support the cost-effective use of medicines and health service resources in Primary Care in line with the NI formulary.
- Promote the role of the community pharmacist as the first port of call for the management of sore throat in patients aged 5 years and over.

## **Methodology**

Funding was available for approximately 40 pharmacies to provide this pilot service. All community pharmacies in Northern Ireland were invited to participate. Pharmacies who expressed an interest in providing the pilot service were considered based on their total number of contracted opening hours and confirmation that they had an appropriate consultation area to accommodate Point-of-Care testing.

As there was a huge level of interest and the pilot was very over-subscribed consideration was given to geographical location to ensure access to the service across the region and whether the pharmacy had an independent prescriber. Subsequently 43 pharmacies were selected and training was provided in late October 2023.

### **Evaluation methodology**

The following outcome measurement and analysis was undertaken:

- **Pharmacy First Consultation Form**

Between November 2023 and March 2024, 43 community pharmacies across all Local Commissioning Group (LCG) areas in Northern Ireland participated in a pilot service of Pharmacy First for Sore Throat for those aged 5 years and above. Data for each consultation was collected on a Pharmacy First consultation form (Appendix 1) by the Pharmacist.

All analysis was undertaken using the IBM SPSS® statistical package (Version 26) and Microsoft Excel. Frequencies, percentages, graphs, charts and tables have been used to summarise and present the information.

- **Stakeholder feedback**

Stakeholder feedback was obtained using surveys that were co-designed by the SPPG, Pharmacy First Task & Finish Group and MOIC, were launched as online surveys via Microsoft Forms.

**1. Service User Evaluation**

Service Users were asked to complete the survey after their initial consultation using a QR code displayed in the participating pharmacies.

**2. Pharmacist Evaluation**

Pharmacists participating in the service were asked to complete an online service evaluation when the pilot data collection period closed.

**3. GP Evaluation**

GP practices were invited to complete an online service evaluation when the pilot data collection period closed.

**4. OOH Evaluation**

Out of Hours departments were invited to complete an online service evaluation when the pilot data collection period closed.

Descriptive statistics were used to summarise responses. Qualitative feedback from participants was themed and summarised. Data gathered from this pilot programme will inform future policy and roll-out.

## Results

### Pharmacy First Consultation Form

A total of 6768 Consultation forms were completed from November 2023 to March 2024 (inclusive). Patients who availed of the service were from across NI. The distribution per Local Commissioning Group (LCG) area can be found in Table 1.

*Table 1: A breakdown of the number of service users per LCG areas who participated in the Pharmacy First Sore Throat pilot*

Local Commissioning Group (LCG) Area	No. of pharmacies per LCG area	No. of Patient consultations
<b>Belfast</b>	8	705
<b>North</b>	9	626
<b>South</b>	10	1903
<b>SE</b>	8	1080
<b>West</b>	8	2454
<b>Total</b>	<b>43</b>	<b>6768</b>

All consultations took place in the pharmacy between the patient or child & parent and the pharmacist.

### Referral Method

There were a number of ways in which service users could be referred into the service. Figure 1 gives a breakdown of the referral methods. Overall the most common referral method was Self-referral by the patient or parent (46%) followed by referral from a GP Practice (40%). Referral by the Community Pharmacist and by Out of Hours accounted for 7% and 3% respectively. Examples of details provided in the 'Other category' were recorded as A&E, another pharmacy and the Phone First service.

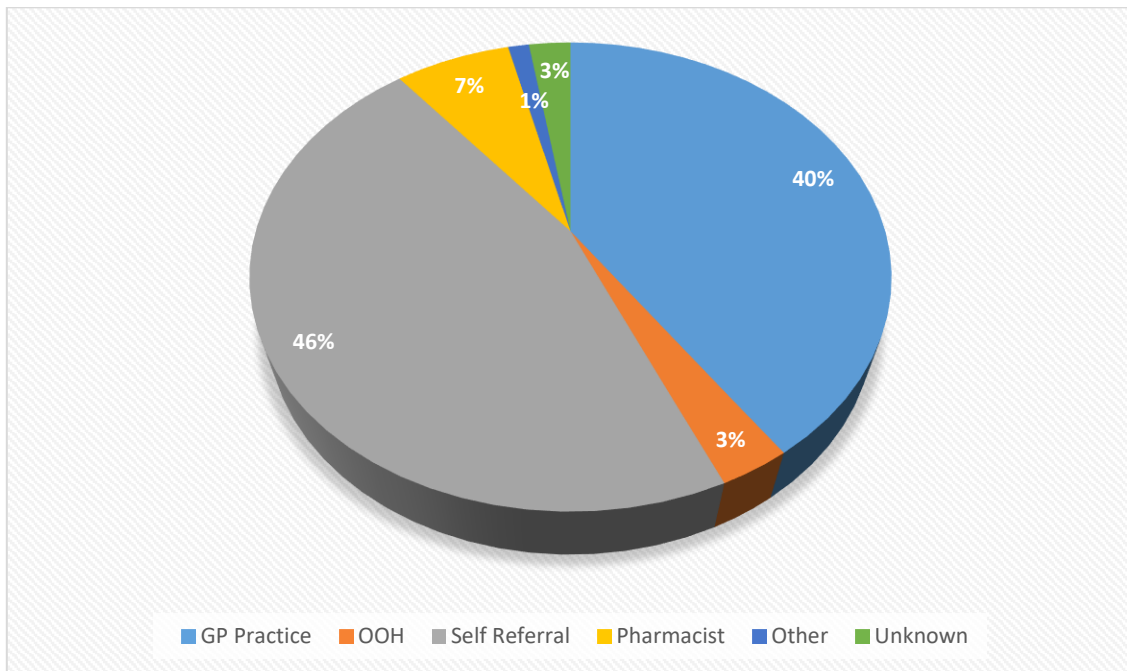


Figure 1: A chart displaying the variety of referral methods to the Pharmacy First Sore Throat pilot service

**Time & Day of Consultation**

Pharmacists were asked to document the date and time of each consultation. As indicated in Figure 2 the majority of consultations (96%) took place during ‘normal’ working hours i.e. before 6pm.

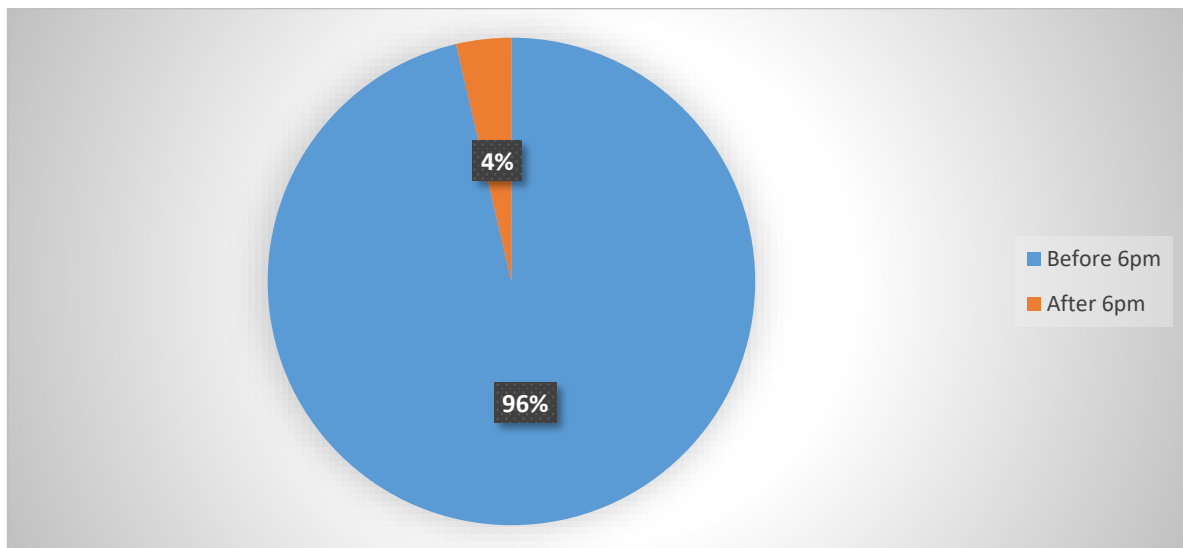


Figure 2: A chart presenting the time of the consultation for Pharmacy First Sore Throat consultations

Date of the consultation was recorded on the consultation form in order to determine how many of the consultations took place over the weekend. Dates were recorded for 6747 consultations. The majority (84%) took place on a weekday and the remaining 16% took place at the weekend.

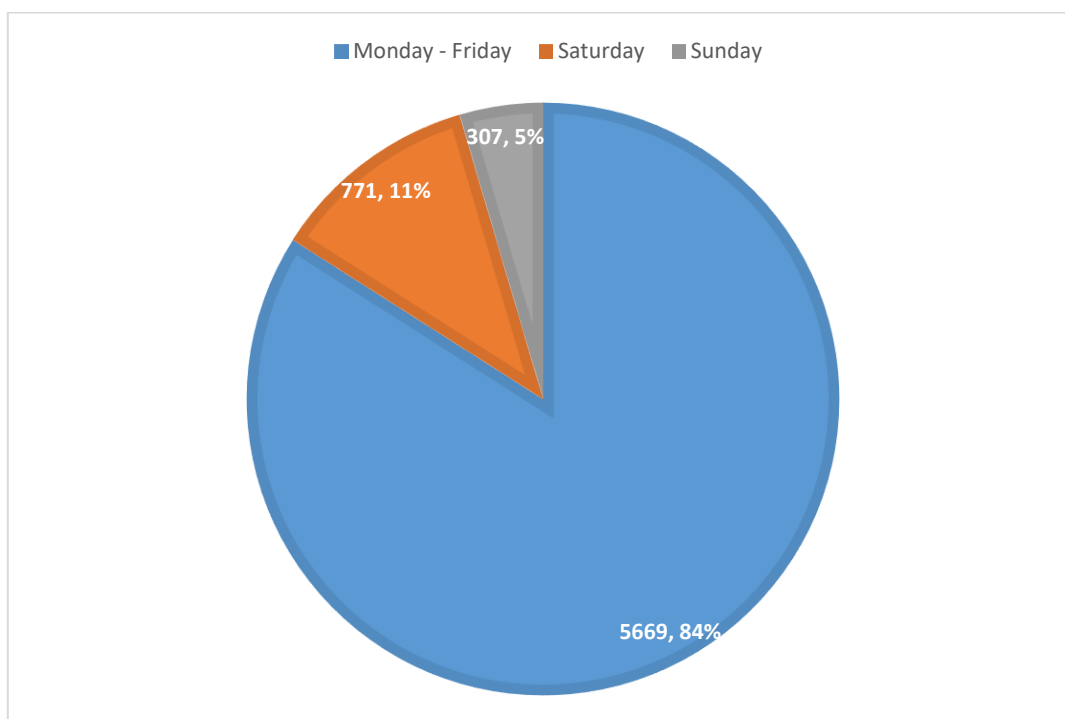


Figure 3: A chart presenting the day of the consultation for Pharmacy First Sore Throat consultations

### **Assessment of signs/symptoms of a sore throat**

Data regarding the symptoms a service user was experiencing was captured on the consultation form. Community pharmacists assessed patients using the FeverPAIN clinical assessment tool. Point of Care (POC) tests were used to guide management. Rapid Antigen Detection Tests (RADT) are point-of-care tests that can be used in primary care to help diagnose cases of sore throat caused by group A streptococcal infections and guide antibiotic prescribing decisions. When an antibiotic was not indicated the focus of the consultation was on self-care and patient education. Analgesics were available to help with symptom control. When an antibiotic was considered to be appropriate it was supplied by the community pharmacist – either via prescription by pharmacist independent prescribers or via a Patient Group Direction (PGD).

**FeverPain Score**

The pharmacist assessed each patient using the FeverPain criteria and allocated a score between 0 and 5 depending on the number of symptoms present. The FeverPain score was not recorded on 29 consultation forms (0.42%). The majority of service users who presented at the pharmacy had a FeverPain score of 3 (38%) as shown in Figure 4.

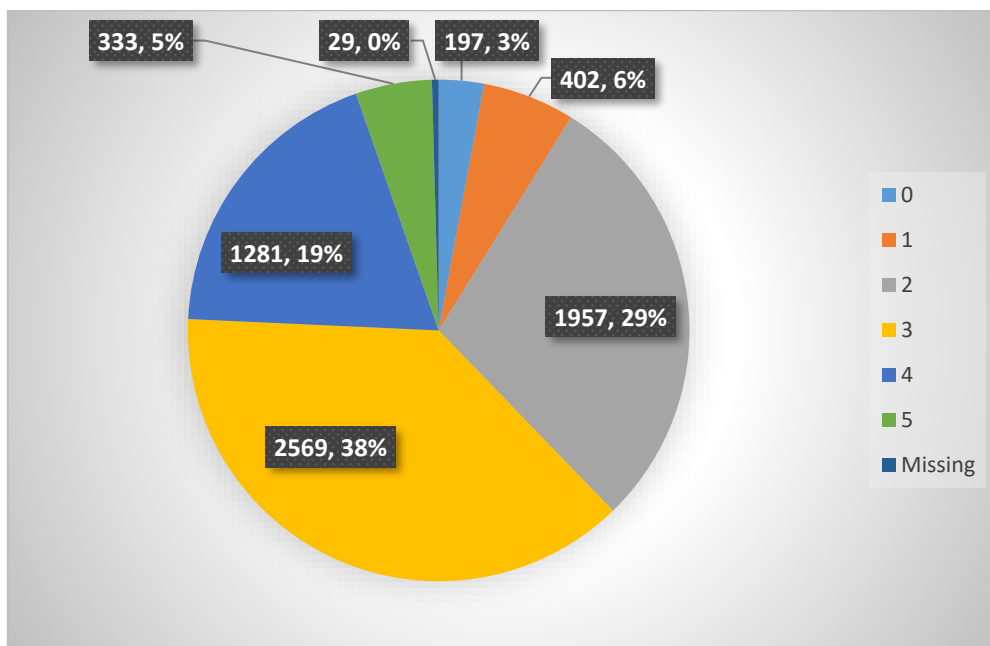


Figure 4: A chart displaying the Fever Pain scores for all consultations in the Pharmacy First Sore Throat service

FeverPain scores were grouped as (0 or 1), (2 or 3) and (4 or 5). These scores determined the pathway for the pharmacist to follow. In total, the FeverPain assessment score was available for 6739 service users (99.5%). The majority of service users had a FeverPain score of 2 or 3 (67.2%). An additional 24.0% had a FeverPain score of 4 or 5 as shown in Figure 5.

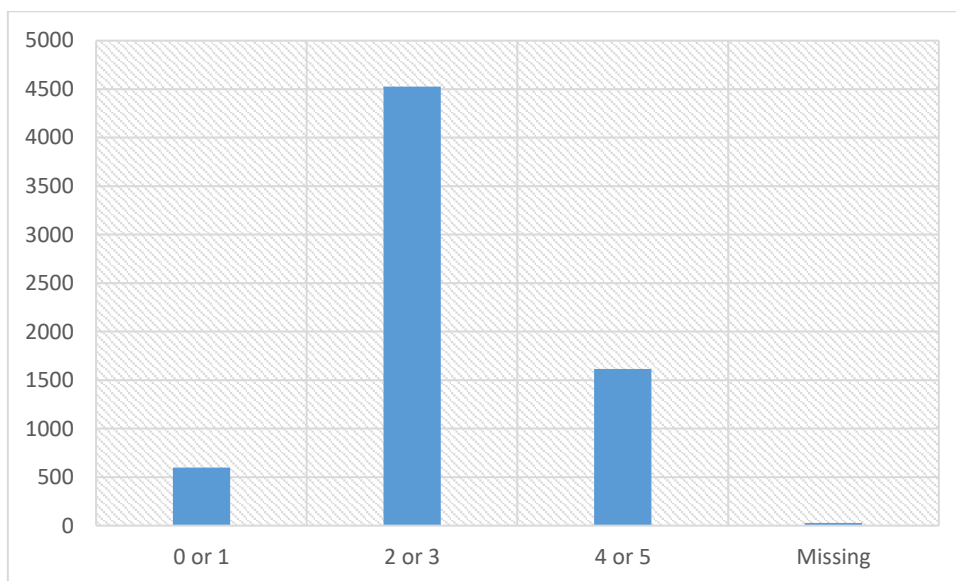


Figure 5: A chart displaying the grouped Fever Pain scores for all consultations in the Pharmacy First Sore Throat service

RADT

The results of the FeverPain assessment determined the need for a RADT to be carried out. For example, a score of 0 or 1 did not require a test, a score of 2 or 3 required a test if the pharmacist determined that the patient may benefit from an antibiotic and all patients with a score of 4 or 5 required a test. Figure 6 shows the number of tests carried out by the FeverPain score and Figure 7 displays the results.

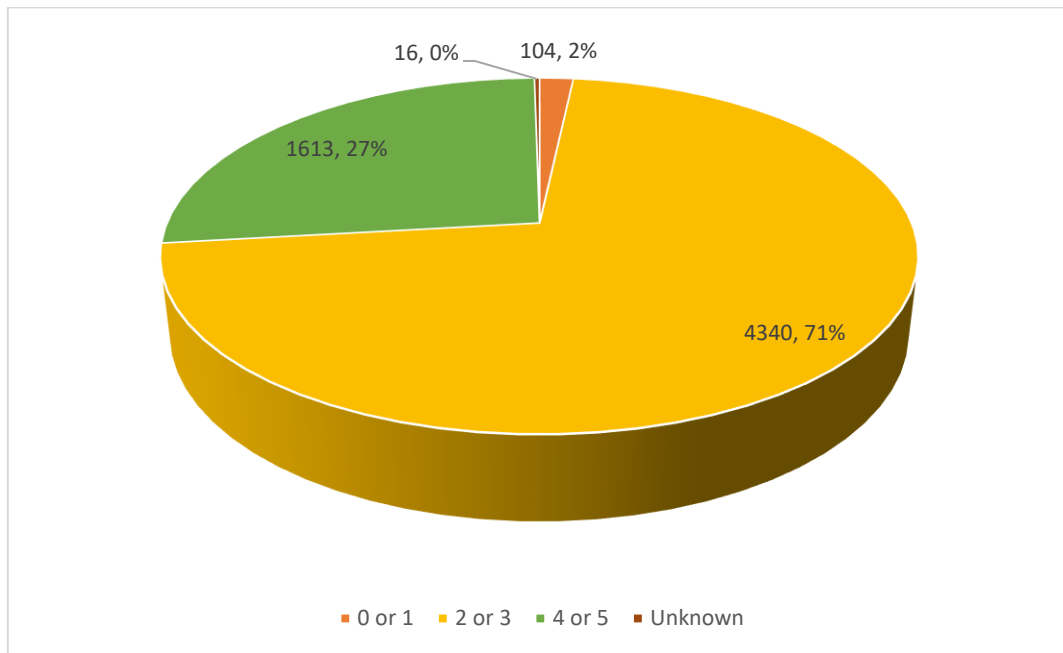


Figure 6: A chart displaying the number of RADTs carried out dependent upon Fever Pain scores for all consultations in the Pharmacy First Sore Throat service

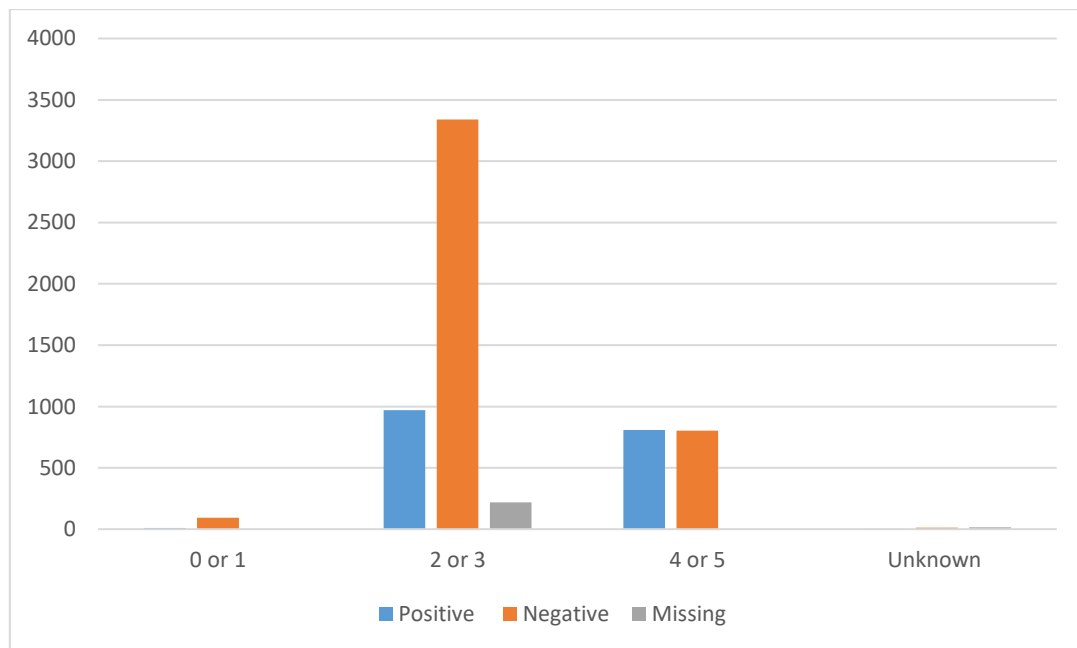


Figure 7: A chart displaying the result of RADTs dependent upon Fever Pain scores for all consultations in the Pharmacy First Sore Throat service

Table 2 details the numbers of RADTs carried out over the duration of the service according to FeverPain Score and the numbers of tests which had a positive/negative result in each category.

Table 2: A breakdown of the number of RADTs performed over the duration of the Pharmacy First Sore Throat pilot

FeverPain Score	Carried out	RADT		
		Positive	Negative	Unknown
0 or 1	104	10 (10%)	94(90%)	
2 or 3	4340	970(22%)	3339(77%)	218(5%)
4 or 5	1613	808 (50%)	803(50%)	3
Unknown	16	2(13%)	13(81%)	1

## **Medicines supply**

### ***Antibiotic supply***

Antibiotics were supplied on 1721 occasions over the duration of the Pharmacy First Sore Throat pilot service. This represents 25% of service users which can be compared to a similar pilot service in Wales (24%).<sup>4</sup>

The type of antibiotics prescribed are shown in Figure 8. In line with the service formulary, Penicillin was supplied to service users in the majority of cases (93%).

<sup>4</sup> [A pharmacy-led sore throat test and treat \(STTT\) service: antigen testing and antibiotic supply rates during the period of heightened public awareness of Group A Streptococcus infections \(silverchair.com\)](https://www.silverchair.com)

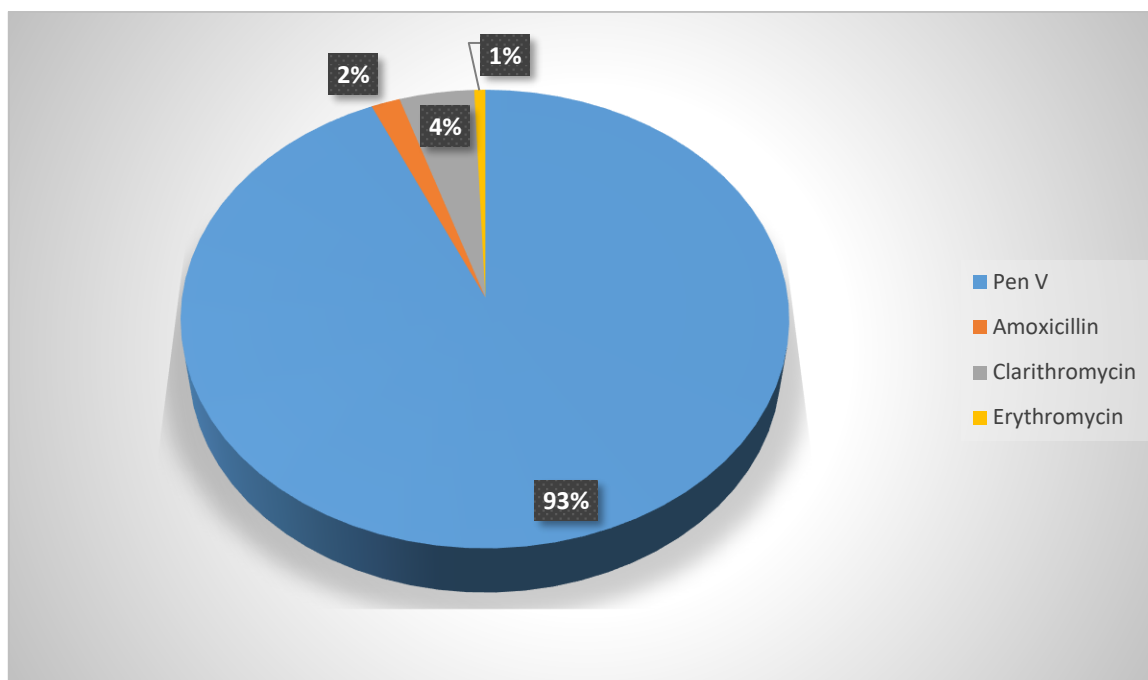


Figure 8: A chart presenting the breakdown of antibiotic prescribed as part of the Pharmacy First Sore Throat service

Table 3 provides a breakdown of the number of antibiotics supplied over the course of the Pharmacy First Sore Throat pilot service, dependent upon FeverPain scores and RADT(s).

#### Unknown FeverPain score:

- In 15 cases the FeverPain score was unrecorded and a RADT was carried out. Two patients tested positive, one of which received an antibiotic

#### FeverPain score of 0 or 1:

- In line with the service pathway patients with a score of 0 or 1 should not have been tested. These patients should have received patient education, self-care advice and analgesia if necessary.
- 104 patients were tested and in 10 cases a positive result was recorded. This resulted in 8 patients receiving antibiotics which would not otherwise have been the case.

**FeverPain score of 2 or 3:**

- 4527 patients (67%) were recorded as having a FeverPain score of 2 or 3.
- Of these 4340 (96%) were tested, 970 (23%) of which **tested positive** which resulted in 906 (93%) receiving an antibiotic and 64 (6%) not.
- 13 patients who **tested negative** were supplied antibiotics which was not in line with the service pathway.

**FeverPain score of 4 or 5:**

- There was a total of 1,611 patients with a FeverPain score of 4 or 5 recorded and a RAD test carried out in line with the service pathway.
- Of these, 808 (50%) **tested positive** 725 (90%) of whom received an antibiotic and 83 (10%) did not.
- The remaining 803 (50%) **tested negative** as a result of which no antibiotic should have been supplied. 13 patients ( $\approx 2\%$ ) received an antibiotic which was not in line with the service pathway.

Table 3: A breakdown of the of antibiotics supply dependent upon result of the RADT during the Pharmacy First Sore Throat pilot

<u>FeverPain Score</u>	<u>RADT result</u>	<u>Penicillin</u>	<u>Amoxicillin</u>	<u>Clarithromycin</u>	<u>Erythromycin</u>
Unknown	<i>Positive</i> <i>n=2</i>	1	0	0	0
	<i>Negative</i> <i>n= 13</i>	0	0	0	0
0 or 1	<i>Positive</i> <i>n=10</i>	<b>7</b>	<b>1</b>	0	0
	<i>Negative</i> <i>n=94</i>	0	0	0	0
2 or 3	<i>Positive</i> <i>n=970</i>	838	16	44	8
	<i>Negative</i> <i>n=3339</i>	<b>12</b>	0	0	<b>1</b>
4 or 5	<i>Positive</i> <i>n=808</i>	725	12	31	2
	<i>Negative</i> <i>n=803</i>	<b>13</b>	0	0	0

Penicillin is the antibiotic of choice for the treatment of Strep throat and was supplied to 92% of patients treated with antibiotics for their bacterial infection. Other antibiotics were available on the service formulary for use when Penicillin was not indicated. Reasons for the supply of other antibiotics were documented on the consultation form as detailed in Table 4. In addition, amoxicillin was requested by parents on 3 occasions. Supply of amoxicillin should only have occurred in the event of a shortage of Penicillin, which was not the case during the pilot period.

Table 4: A breakdown of the reasons why Penicillin not prescribed during the Pharmacy First Sore Throat pilot service

	<b>FeverPain Score</b>		
	<b>0 or 1</b>	<b>2 or 3</b>	<b>4 or 5</b>
<i>Penicillin not available</i>	0	9	7
<i>Penicillin allergy</i>	0	40	29
<i>Penicillin allergy &amp; pregnant</i>	0	2	0
<i>Penicillin allergy &amp; breastfeeding</i>	0	0	0

**Analgesic supply**

Over the course of the pilot, pharmacists documented both the number and type of analgesics supplied i.e. provision of Ibuprofen, Paracetamol or both Ibuprofen and Paracetamol. Figure 9 highlights the supply of analgesics for the duration of the pilot.

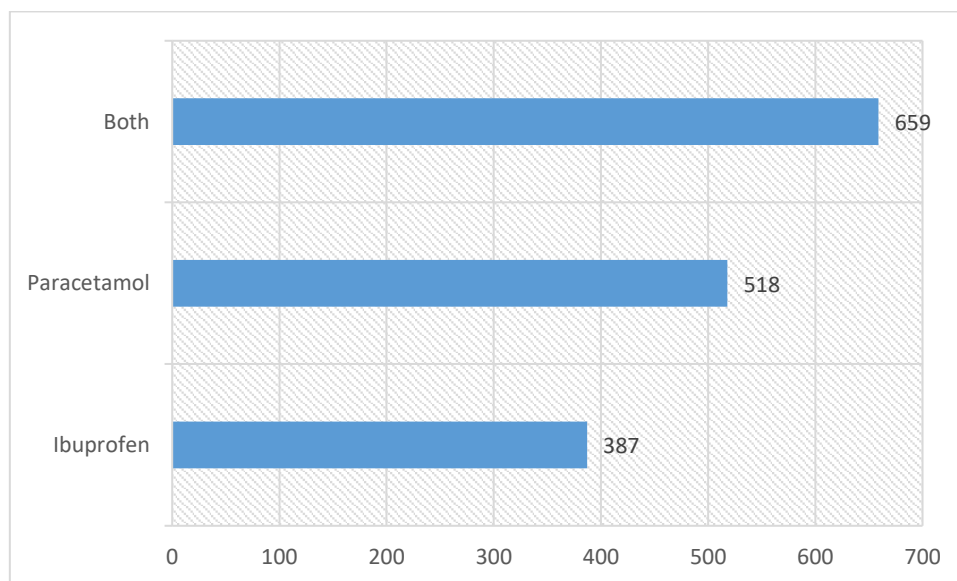


Figure 9: Breakdown of analgesic supply during the Pharmacy First Sore Throat pilot service.

Analgesics were supplied as the sole course of treatment to service users on 1180 occasions. Figure 10 displays the type of analgesics provided for service users who did not receive antibiotics over the course of the Pharmacy First Sore Throat pilot service.

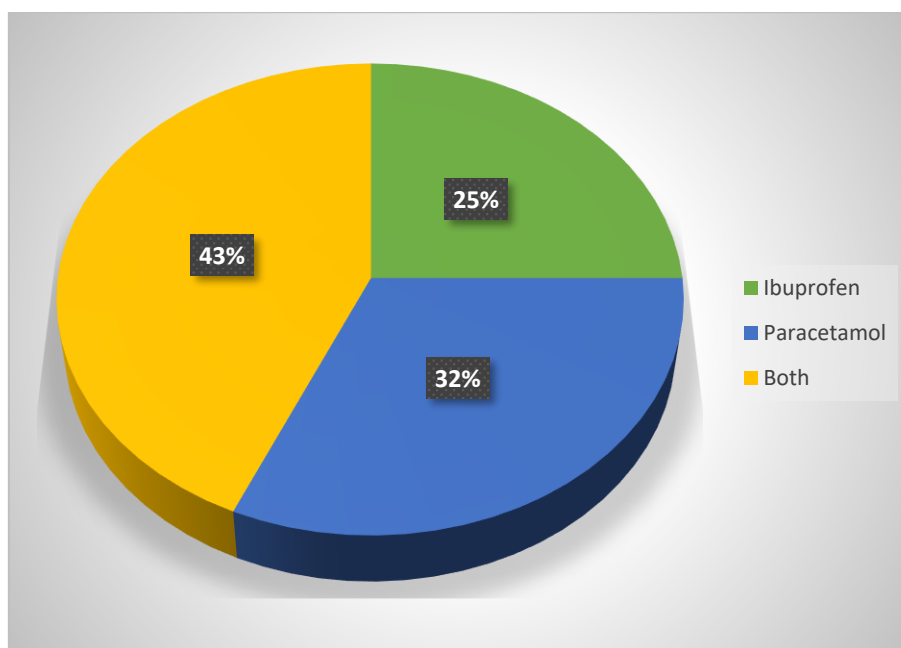


Figure 10: A chart displaying the distribution of analgesic supply as a sole course of treatment to service users in the Pharmacy First Sore Throat pilot service.

### **Patient onward referral**

Of the 6768 consultations which were reviewed for this evaluation 539 (8%) indicated referral to another healthcare professional. There were a range of reasons noted for this including ongoing symptoms, possible chest infection, repeat episodes, repeat antibiotic treatment or patient generally unwell. The majority of these referrals (75%) were for service users who had a negative RADT result as displayed in Figure 11.

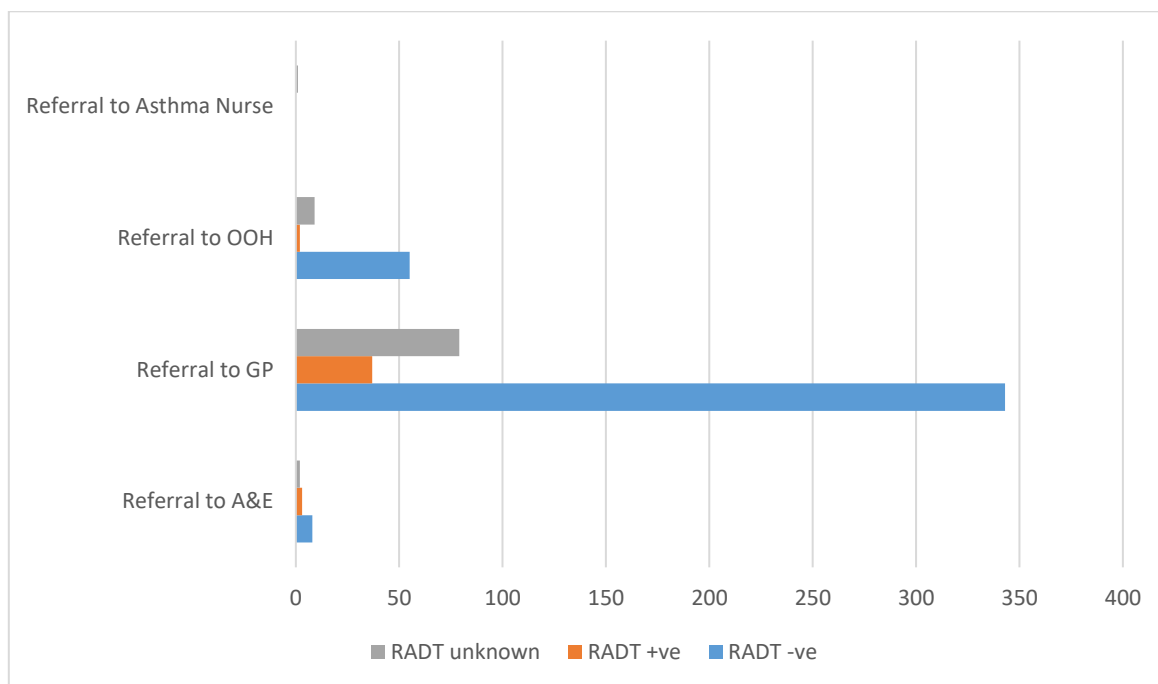


Figure 11: A breakdown of referrals to other healthcare professionals dependent on result of RADT as part of the Pharmacy First Sore Throat pilot service.

It should also be noted that the majority of the onward referrals (344, 64%) were for service users who had a FeverPain score of 2 or 3 at the time of consultation. The number of referrals categorised by FeverPain scores are displayed in Figure 12.

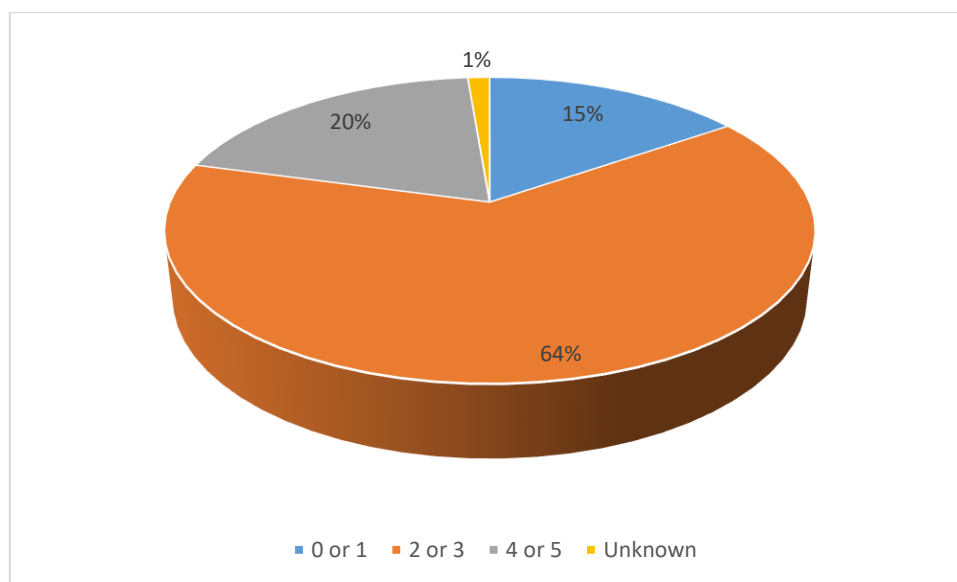


Figure 12: A breakdown of the percentage of onward referral to another Healthcare Professional as part of the Pharmacy First Sore Throat pilot service as determined by FeverPain assessment score

**Patients re-presented to the pharmacy for reassessment**

Participating pharmacists were asked to provide information as to whether service users re-presented to the pharmacy for the Pharmacy First Sore Throat service after their initial consultation.

On 52 reported occasions, service users re-presented to their pharmacist for an additional consultation. Additional information was not always provided for these consultations. Evaluation of the consultation forms has shown that service users generally returned to the pharmacy because their symptoms had not improved and wished to have another RADT.

Reported outcomes detail that 13 repeat RADTs resulted in a positive result and antibiotics were supplied (Penicillin in all but 1 reported case, the other being clarithromycin). A further 23 repeated RADTs were still negative and appropriate self-care advice was provided. Information was provided that 4 service users were referred to their GP for further healthcare provision.

## Evaluation Surveys

Four online surveys were developed to obtain the views and experiences of a range of key stakeholders. The surveys were developed by the Pharmacy First Task & Finish group in conjunction with MOIC.

### Service User Evaluation Survey

An online survey was developed to obtain the views and experiences of patients. During the consultation the pharmacist shared a link to the survey using a QR code displayed in the pharmacy. The survey was open for the duration of the pilot. There were 221 responses in total. Respondents were asked to respond to a number of questions. A full outline of the questions can be found in Appendix 2. Responses to the questions have been collated, analysed and are summarised below:

#### How did you find out about this service?

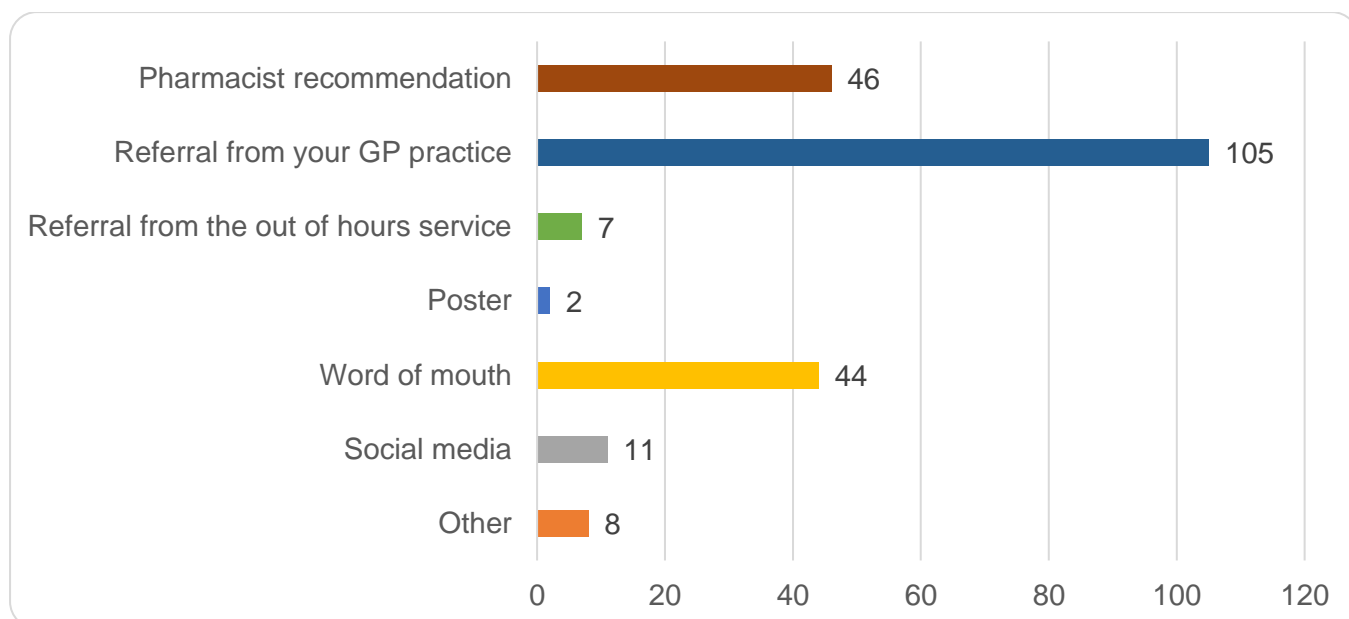


Figure 13: A chart summarising how service users found out about the Pharmacy First Sore Throat service.

Information was gathered as to who was filling in the evaluation questionnaire. Service users reported that in 71% of cases the consultation had been for themselves. In 29% of responses the consultation had been for their child.

**Did the pharmacist provide advice on the management of your symptoms?**

The majority of respondents (98%) confirmed that the pharmacist provided advice on how to manage symptoms with the remaining 3 service users (2%) commenting that they did not receive advice.

**Was this advice helpful?**

Most of the service users (99%) stated that the advice they received was helpful. An additional 2 service users (1%) were unsure.

**Did you receive an antibiotic?**

Service users were asked if they had received an antibiotic as a result of their consultation with the pharmacist. Of the 219 responses to this question, 114 (52%) service users reported that they had received an antibiotic.

**If you had similar symptoms in the future how likely would you be to use the service again?**

The majority of participants (97%) confirmed that they were 'Somewhat Likely' or 'Very Likely' to use the service again.

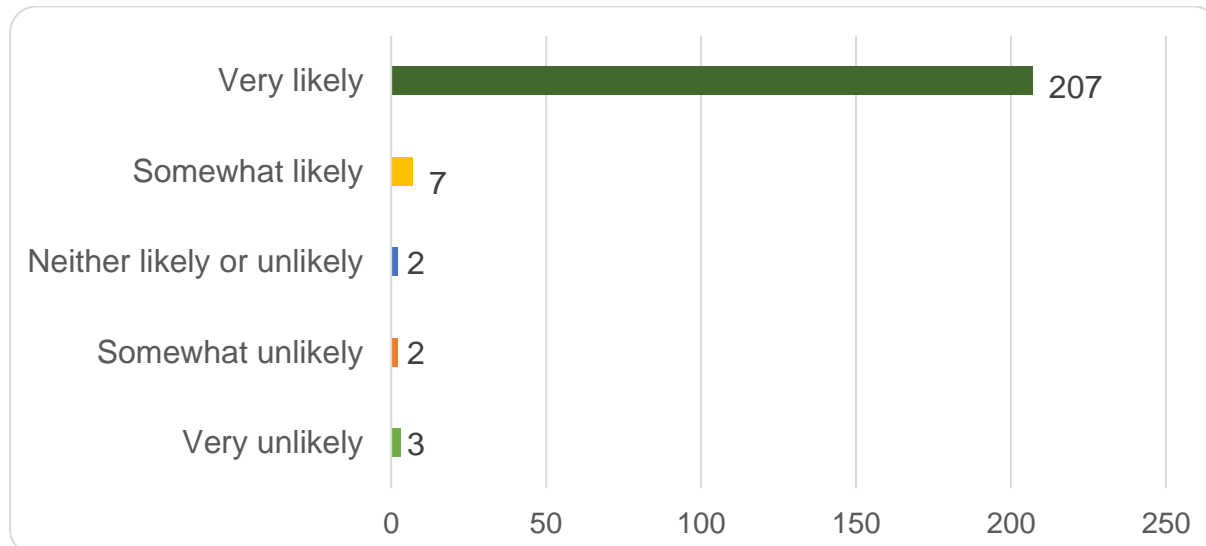


Figure 14: A chart demonstrating how likely a service user is to use the Pharmacy First Sore Throat service again.

**How likely would you be to recommend the service to friends and family?**

Most of the respondents (96%) confirmed that they were 'Likely' or 'Very Likely' to recommend this service to friends and family.

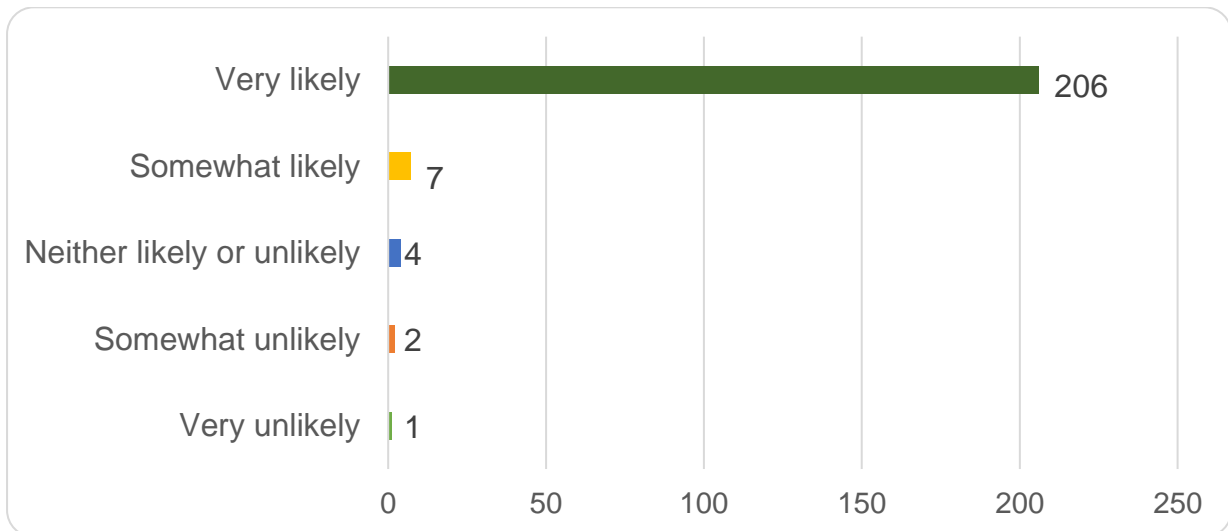


Figure 15: A chart demonstrating how likely a service user is to recommend the Pharmacy First Sore Throat service.

**How satisfied were you with the service overall?**

There was a high level of satisfaction with the service with 93% of participants responding that they were very satisfied with the service. Two participants responded advising that they were very dissatisfied.

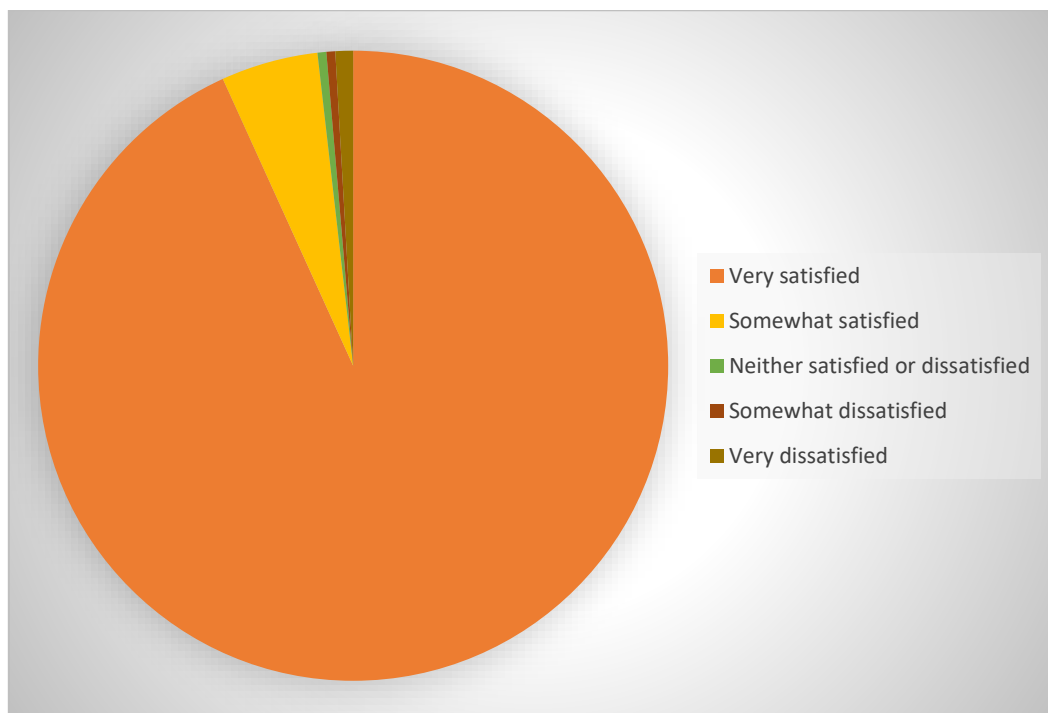


Figure 16: A chart demonstrating how satisfied service users were with the Pharmacy First Sore Throat service.

### **Would you feel more confident to manage these symptoms yourself in the future?**

The majority of service users (81%) who responded to the survey advised they would feel confident to manage the symptoms themselves in the future, with the remaining 19% reporting that they did not think they would feel confident to manage symptoms in the future.

The majority of service users (62%) advised that they would have contacted their GP had the Pharmacy First Sore Throat service not been available. Just under a fifth of respondents (18%) would have contacted the out of hours service. Very few participants (1%) advised that they would have contacted their community pharmacist. A summary of responses can be found in Table 5. Some responders selected more than one option.

*Table 5: Presents the possible options that service users would have chosen had the Pharmacy First Sore Throat pilot service not been available*

Option	No. of Service users	% of Service users
Nothing	9	4%
Managed the symptoms yourself	21	10%
Contacted your community pharmacist	3	1%
Contacted your GP practice	137	62%
Contacted the out of hours service	39	18%
Attended the emergency department	6	3%
Other	6	3%

### **Do you have any other feedback or suggestions to improve the service?**

Over a third of the respondents (N=91/221) provided additional feedback or suggestions to improve the service. All survey participants detailed a positive experience with the service. In particular they valued the expedited nature of the service in comparison to attending the GP. Respondents felt that the service offered improved access and convenience for patients and also freed up GP time to deal with

more complex patients. Some respondents also highlighted how they believed the service would reduce attendances to Out of Hours and Emergency Departments.

*Excellent service from very knowledgeable pharmacist. Very quick and left feeling that content that I had been correctly diagnosed.*

*I availed of the sore throat pilot service for my 7 year old daughter. I was able to access the service out of hours on a Monday evening which ensured my daughter who suffers from tonsillitis was able to receive appropriate treatment promptly, rather than needing to wait on the GP surgery opening the next day. Because the antibiotic was started promptly that evening I believe this shortened the duration of her illness and reduced the risk of the tonsillitis progressing in severity, and therefore minimised her time out of school. The consultation, diagnostics and antibiotic were provided very efficiently in about 20 minutes of arriving at the pharmacy. Given her frequent episodes of tonsillitis, I found the use of diagnostics in community pharmacy very reassuring to know my daughter is not taking another antibiotic unnecessarily. Very positive experience and have recommended the service to family and friends. Thanks to all those involved in the service.*

*Great service to avoid lengthy wait for GP.*

*This service is needed for quick diagnosis and was a godsend. It will save the hospitals taking the weight of these illnesses that can be tested in minutes around the corner.*

*[Pharmacy] was a really excellent. The pharmacist, was warm and approachable, and provided a comprehensive service. This approach is much better than using the GP/out of hours and I would love to see it rolled out to more pharmacies.*

### General Practice Evaluation Survey

An online survey was developed to obtain the views and experiences of General Practice (GP). A full outline of questions can be found in Appendix 3. All GP practices received correspondence relating to the pilot service. Those who were aware of and involved in the pilot were asked to complete the survey. The survey was open from 24/04/2022 to 31/05/2024. There were 145 responses in total.

#### In which LCG area do you work?

There was a good mix of GP responses from all the LCG areas as shown in Figure 17.

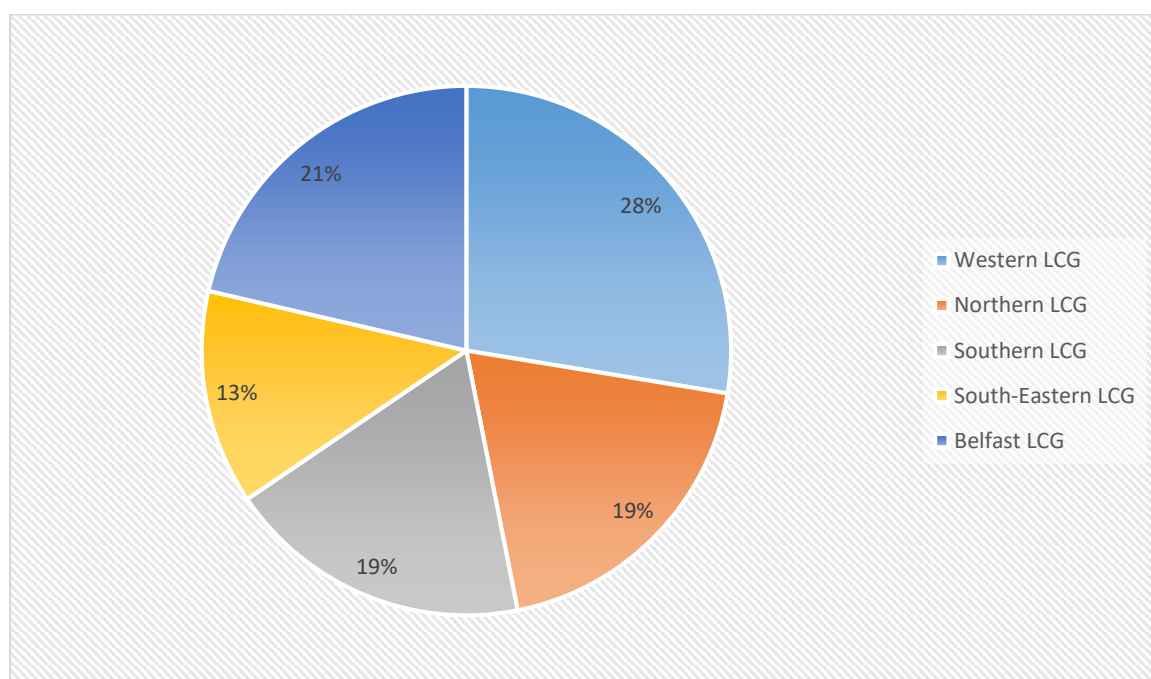


Figure 17: A chart demonstrating which LCG area GP evaluation responders belonged to for the Pharmacy First Sore Throat service.

The majority (93%) of respondents were aware of the Pharmacy First pilot service for the management of sore throats available from selected pharmacies between 1 November 23 and 31 March 2024.

**How did you find out about the service?**

Figure 18 highlights how General Practice found out about the service.

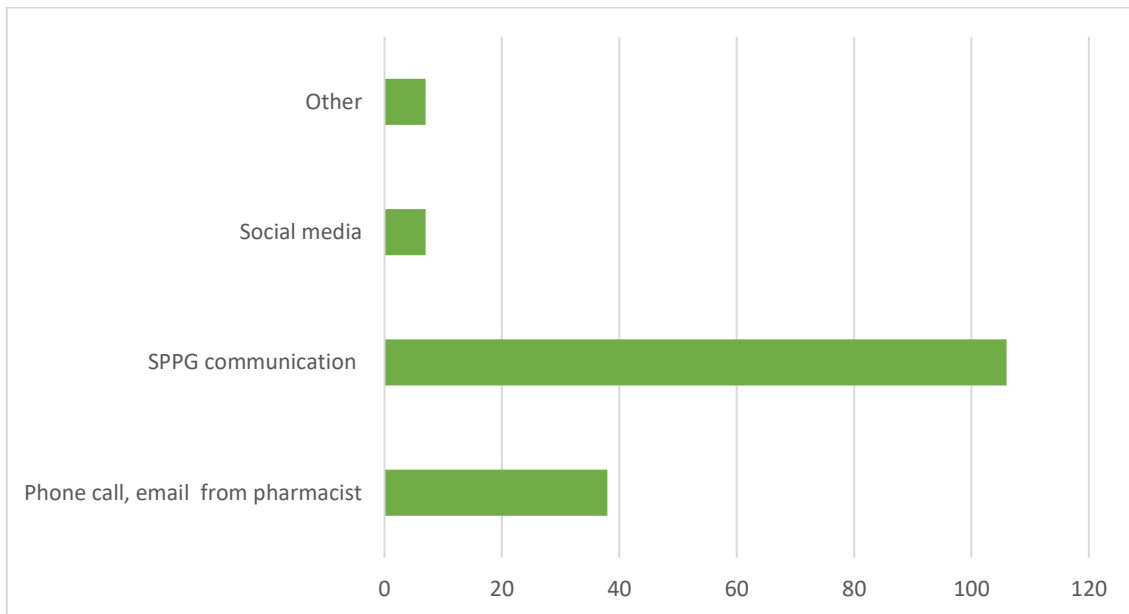


Figure 18: A chart demonstrating how General Practice found out about the Pharmacy First Sore Throat pilot service

**Were patients referred from your GP practice to the Pharmacy First Sore Throat pilot service?**

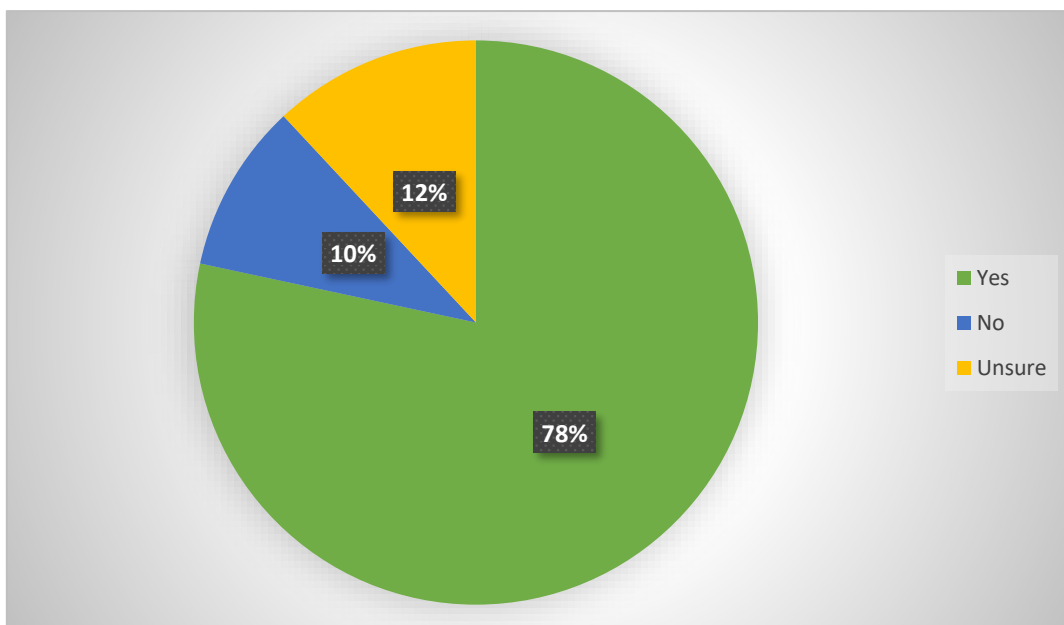


Figure 19: A chart displaying if patients were referred from General Practice to the Pharmacy First Sore Throat pilot service

The majority (84%) of those who responded reported that it had been clear from the service documentation provided which service users were eligible for referral to the service. An additional 13 (10%) respondents reported that they had not seen any documentation for the service. The remaining 6% stated that the documentation provided was not adequately clear to aid referral of service users.

**Are you aware of any patients who had a consultation with the GP because they did not want to be referred to the Pharmacy First Sore Throat pilot service?**

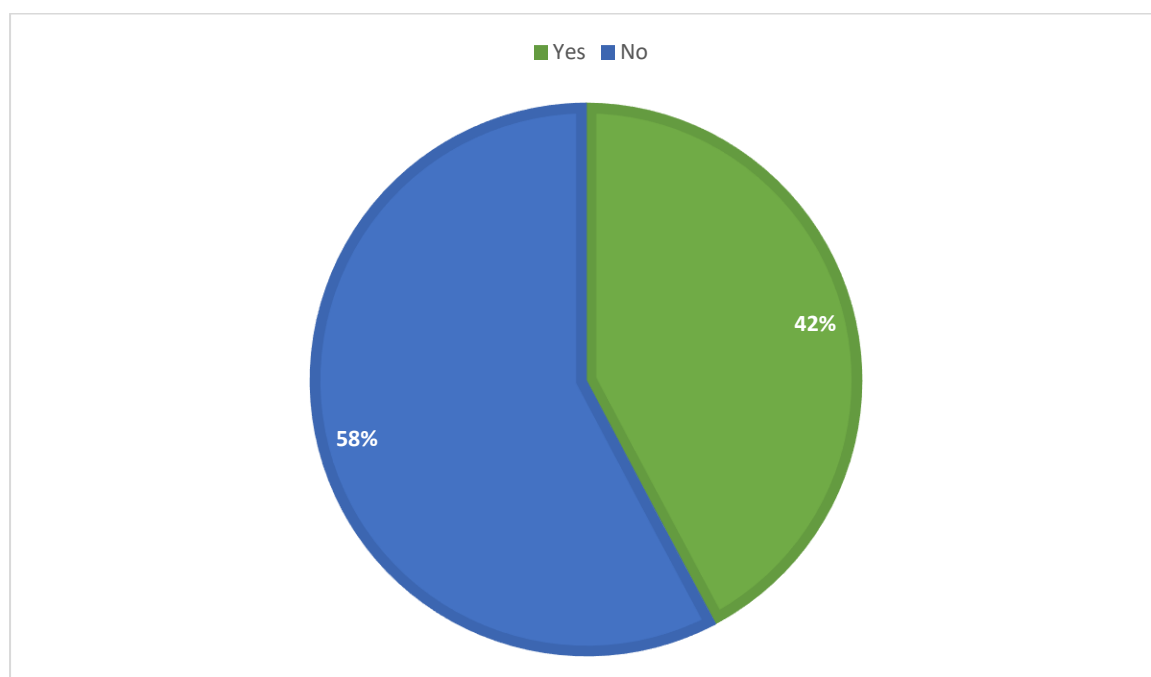


Figure 20: A chart showing if General Practice had patient consultations because the patient did not wish to be referred to the Pharmacy First Sore Throat pilot service.

The main reason reported for patients not wanting to be referred to the Pharmacy First Sore Throat service was that the patient preferred to have the consultation with their GP. In addition, some patients chose to have a consultation with their GP as their usual pharmacy was not participating in the pilot service.

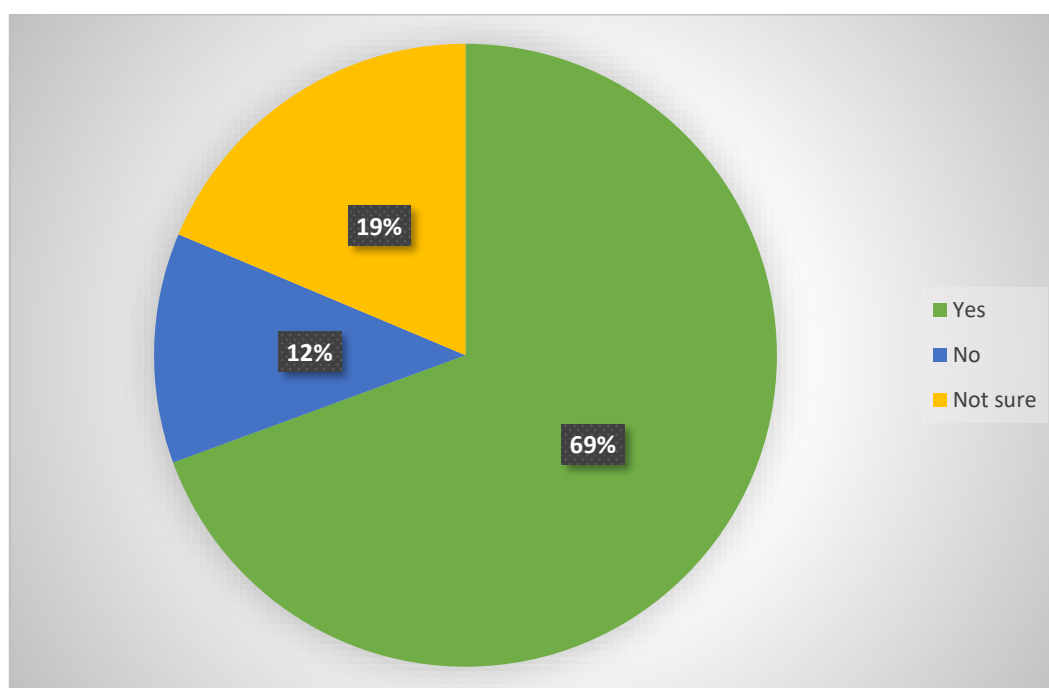
**Do you think the Pharmacy First Sore Throat service was beneficial to patients?**

Figure 21: A chart demonstrating if General Practice felt that the Pharmacy First Sore Throat pilot service was beneficial to patients

Responses as to why GPs felt that the service was beneficial to patients included patients had quicker access to advice/treatment, there was an option to do a swab to help confirm diagnosis, reducing inappropriate prescribing of antibiotics and there was an opportunity to provide patient education about self-care.

A total of 58 GPs reported that patients had been referred to their GP practice as an outcome of the Pharmacy First Sore Throat consultation. The majority of these referrals (81%) were considered to be appropriate by the GP surgery (9% not appropriate; 10% not always appropriate). Ten GPs (7%) felt that the Pharmacy First Sore Throat service adversely affected their GP practice due to increased workload in managing referrals, managing patient expectation and the administration involved on receipt of completed consultation forms.

### Did you experience any challenges in facilitating the Pharmacy First Sore Throat service?

Twenty six GP practices recounted that they had experienced challenges in facilitating the Pharmacy First Sore Throat service. The most commonly reported challenge was that the service was not adequately promoted to the public. Other workload pressures and local pharmacies not taking part in the pilot were also cited as challenges faced.

### The Pharmacy First Sore Throat service should be considered for roll out to all community pharmacies

The majority (84%) of GPs who responded to the evaluation stated that they either strongly agreed or agreed that the Pharmacy First Sore Throat service should be rolled out to all community pharmacies

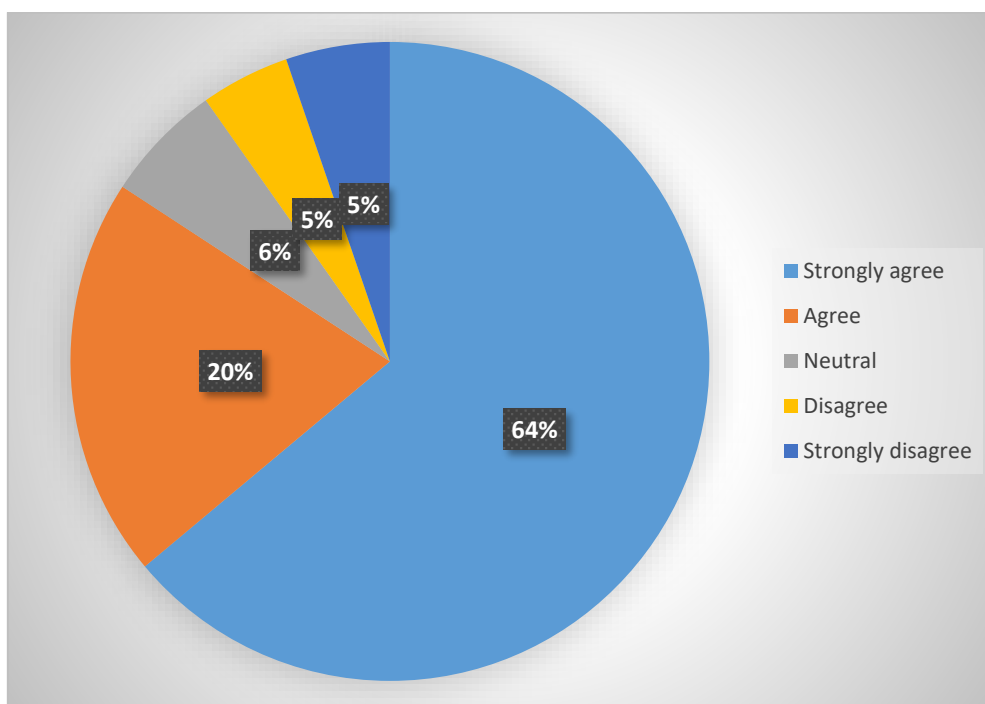


Figure 22: A chart displaying the level of agreement for roll-out of the Pharmacy First Sore Throat pilot service.

**Do you have any other feedback or suggestions to improve the service?**

Just under a third of the respondents (N=51/145) provided additional feedback or suggestions to improve the service. The majority of suggestions triggered a positive response.

*I think this should be available at all pharmacies throughout the year not just the Winter period.*

*Very beneficial service improving access for patients. Clear pathway for appropriate use of antibiotics.*

*Promotes that the vast majority of sore throats are self-limiting and do not need anything other than paracetamol and patience.*

*Great service for patients*

*This was a great initiative that was rolled out effectively, and was very well received by patients from a care navigating perspective. Patient's report positive.*

*The scheme took some of the pressure from Drs and patients also were more accepting when they were swabbed and told that they didn't need antibiotics*

*This is an invaluable service provided by the local pharmacies. When it ended on 31st March there were a lot of patients with sore throats on Easter week that more could have availed of this service, especially over the bank holiday weekend when the GP surgery was closed and the service was sadly ended therefore putting pressure on OOH and GPs again when they reopened on the Wednesday after Easter.*

Concern was raised by a small number of respondents around value for money of the service.

*Money would be better spent funding primary care and primary care pharmacists to be able to provide appropriate care. Patients often ended up being referred on to GP anyway adding to workload which seems like money and time wasted*

*I would like to see the comparative costings between seeing a Pharmacist v GP*

*This was a waste of money, the cost per patient was ridiculous in the context of what primary care receives yearly to manage a patient*

*if GPs were resourced on an item-of-service like comm pharms were to d/w sore throats then we wouldn't have a problem*

Ultimately the overall response was positive, however one common suggestion for improvement was that there needed to be greater communication of the service to the public if it was to be rolled out.

**OOHs Practice Evaluation Survey**

There were 3 responses from Out-of-Hours (OOHs) providers to the Pharmacy First Sore Throat pilot service evaluation survey. All providers had been aware of the pilot service through communication with SPPG. Two providers had referred patients to the Sore Throat service. All providers agreed that the service documentation was clear as to which patients were eligible for referral. Services users had received the referral well. Two OOH providers stated that they were aware of service users who had been referred onward to them as a result of the Pharmacy First Sore Throat consultation. One provider stated that the referrals were not always appropriate. Examples of the inappropriate referrals were not given.

Two out of the three providers reported that they felt that the Pharmacy First Sore Throat service was beneficial to service users due to the fact that there was an option to have a swab at the Community Pharmacy to help confirm diagnosis and potentially reduce inappropriate prescribing of antibiotics. The 2 providers further agreed that the service benefitted the OOH center due to fewer patient requests for appointments and fewer prescriptions issued for antibiotics to treat sore throat. These providers strongly agreed that the Pharmacy First Sore Throat service should be considered for roll out to all community pharmacies in Northern Ireland. The remaining provider felt that the service was of no benefit to OOHs as by the time the calls were taken it was a lost opportunity and would have liked more information on the funding of the service.

### Community Pharmacist Evaluation Survey

An online survey was developed to obtain the views and experiences of Community Pharmacy regarding the Pharmacy First Sore Throat pilot service. A full outline of questions can be found in Appendix 5. All participating Community Pharmacies received correspondence relating to the pilot service. Those who were aware of and involved in the pilot were asked to complete the survey. The survey was open from 24/04/2022 to 31/05/2024. There were 37 responses in total.

#### In which LCG area do you work?

There was a good mix of Community Pharmacy responses from all the LCG areas as shown in Figure 23.

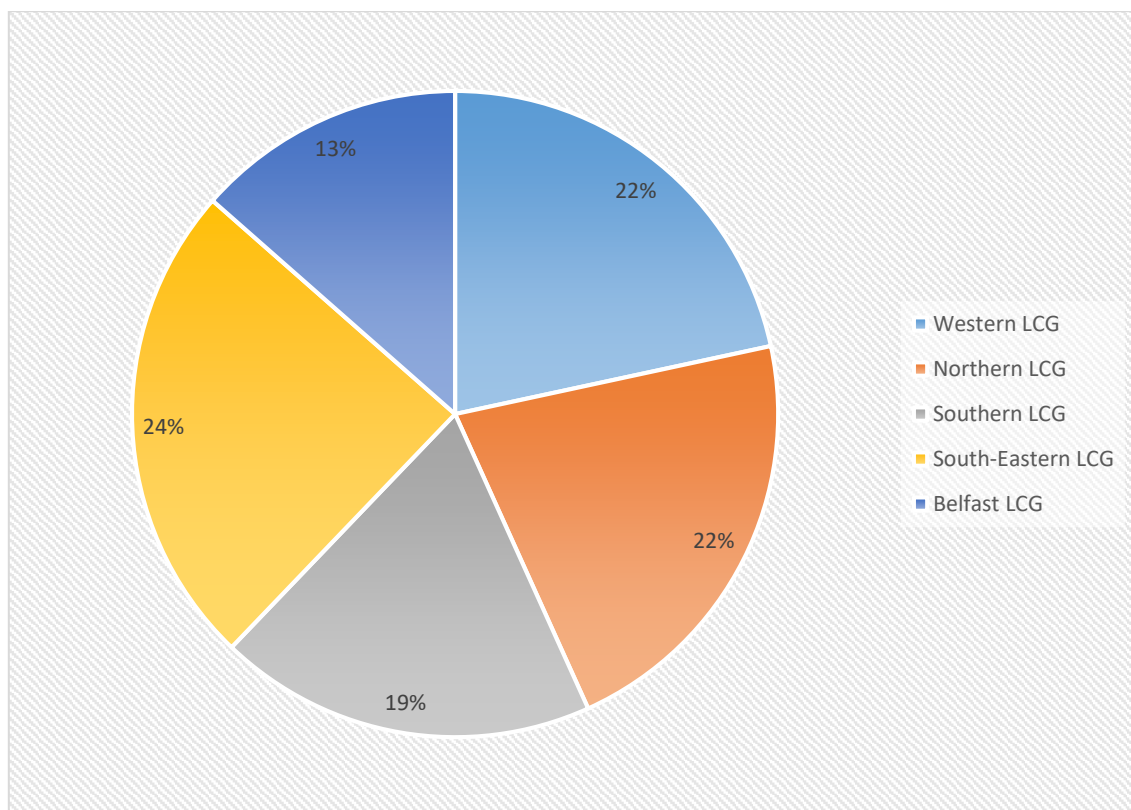


Figure 23: A chart demonstrating which LCG area Community Pharmacy evaluation responders belonged to for the Pharmacy First Sore Throat service.

**How did you inform the GP practice?**

The majority (97%) of respondents reported that they had made their local GP practice aware that their pharmacy was providing the Pharmacy First pilot service for the management of sore throats between 1 November 23 and 31 March 2024. Figure 24 demonstrates how Community Pharmacist’s made their local GP Practice(s) aware that they were providing the Pharmacy First Sore Throat pilot service. In addition, 86% of Community Pharmacists agreed with their local GP Practice(s) how suitable patients would be referred from the practice to the pharmacy.

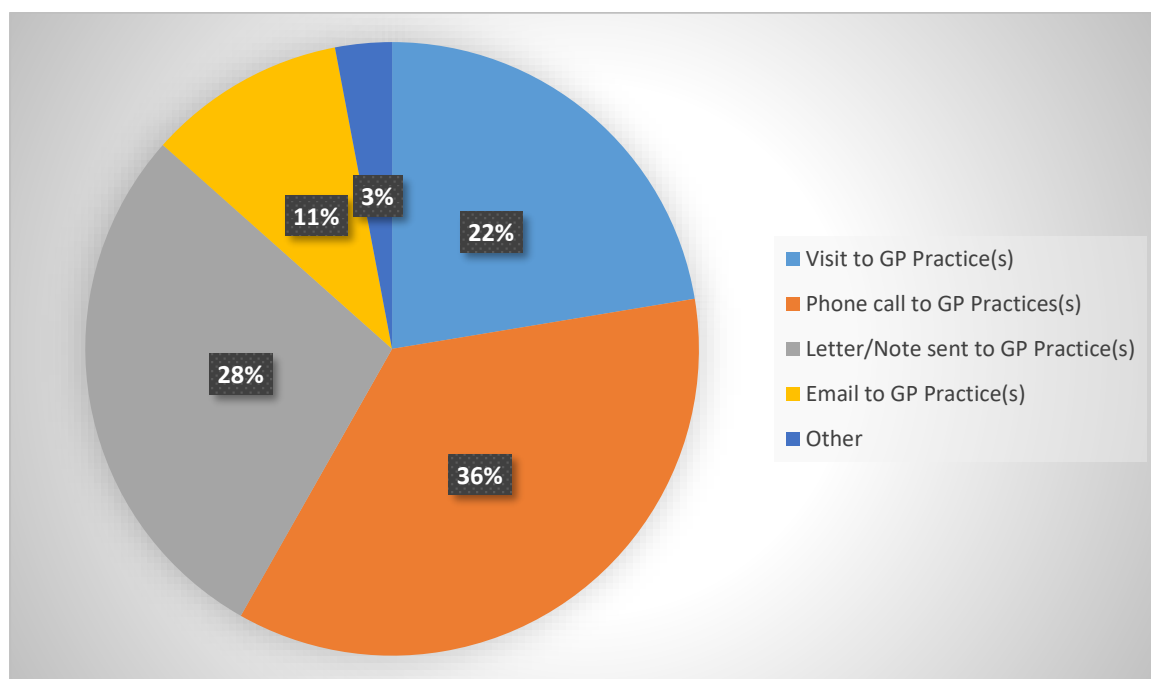


Figure 24: A chart demonstrating how Community Pharmacy communicated with local GP Practices prior to start of Pharmacy First Sore Throat service

In all cases, patients were referred from the GP practice to the Pharmacy First Sore Throat service. The majority of these referrals were considered to have been appropriate. Only 1 respondent documented that a few of the referrals had not been appropriate.

In 70% of cases, the Community Pharmacist had agreed a mechanism for the referral of patients from the pharmacy to the GP practice for those patients requiring a GP review. Referrals to another healthcare professional as part of the pilot were reported in 54% of those Community Pharmacists who had completed the evaluation. The majority (75%) referred back to the GP.

When asked about patients returning to the pharmacy for reassessment following the initial consultation in which an antibiotic was not supplied, 26 Community Pharmacists reported that a 'few' patients returned to the pharmacy for reassessment.

**Did you use a booking system for patients to take part in the pilot service?**

Only 5 (14%) Community Pharmacists reported that they had used a booking system for patients in the pilot service. However, 70% (26 pharmacists) stated that they would consider using a booking system for patients if the service was rolled-out in the future.

**FeverPain criteria**

In all cases, Community Pharmacists explained that they found it straightforward to use the FeverPain criteria to assess if the patient needed a RADT. The majority reported that they found it easy to explain to patients with a low FeverPain score that they did not need a RADT. In cases where it was reported that it was not easy to explain why patients did not need a RADT it was usually trying to manage patient expectations. Some examples are highlighted below.

*If the GP had referred them (sometimes with a chest infection, not a sore throat) they had been told that they would receive a throat swab in the pharmacy. When this wasn't given, it occasionally caused a problem. In these cases the patient shouldn't have been referred.*

*Patients expectations were for a test usually - some were annoyed or frustrated if there was minimal evidence to suggest testing would be of benefit.*

*GP receptionists had explained a swab would be taken so everyone had an expectation on arrival*

*People coming in are either convinced they need an antibiotic or want the reassurance that they don't need one. I think we should swab everyone as they trust the result*

All pharmacists reported that they had completed RADTs as part of the provision of the Pharmacy First Sore Throat pilot service. Of those who took part in the evaluation, 46% reported some practical difficulties/issues around swab testing. Reasons generally included younger patients and gag reflex. One pharmacist cited that sourcing the swab kits was difficult as stock was low during the first weeks of service.

### **Training**

All participating Community Pharmacists attended the ECHO training session (either live or recorded), 95% stating that they found the training either extremely useful (49%) or somewhat useful (46%). One pharmacist remained neutral and one found the training somewhat not useful. When asked to give additional information on unmet training needs, a number of pharmacists suggested it would be useful to have additional training on how to take a swab.

Nine pharmacists stated that they had completed additional training covering a range of topics including the NICPLD course on minor ailments, online training on how to properly swab and ENT skills through an independent prescribing course.

All pharmacists said that they had utilised the resources available on the BSO Website and all agreed that they had found this information helpful.

### **Independent Prescribing**

Six pharmacists (16%) who completed they survey were independent prescribers. All 6 agreed that they felt confident conducting clinical examinations and point-of-care testing as part of a commissioned service as long as additional training was provided.

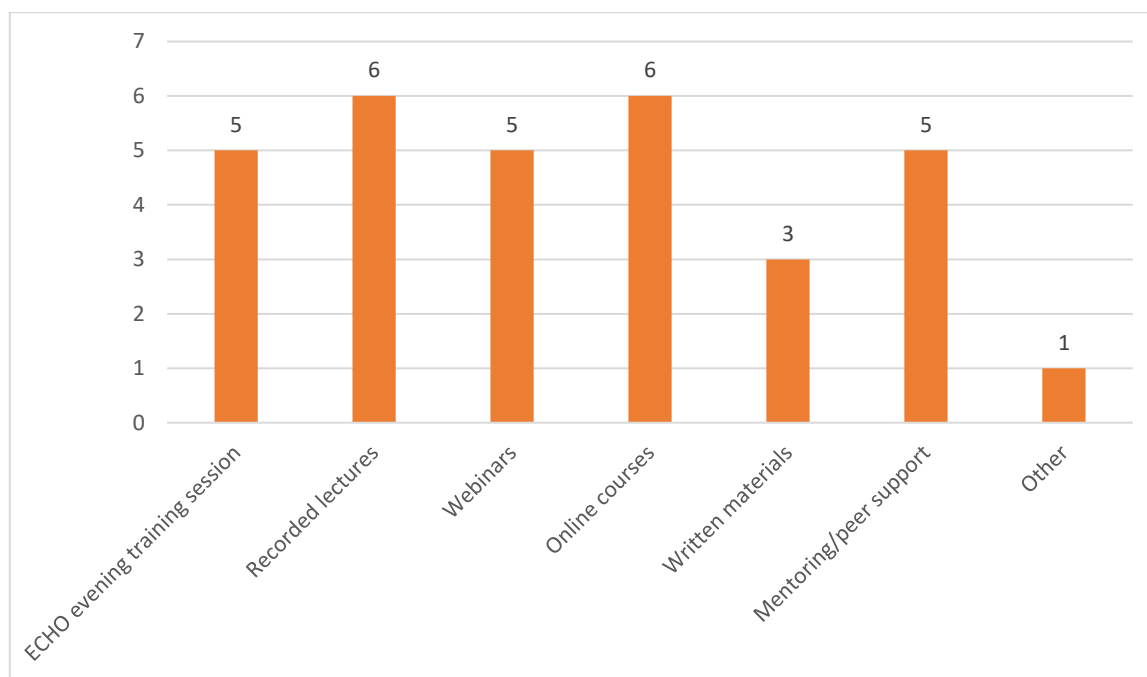


Figure 24: A chart demonstrating what resources would be beneficial to support independent prescribing qualification for future services.

### **Antibiotic Prescribing**

The majority (86%) of Community Pharmacists stated that their awareness of issues relating to antimicrobial resistance (AMR) had improved as a result of providing the service. All pharmacists except 1 thought that the service had a positive impact on the appropriate prescribing of antibiotics for sore throat. Reasons are highlighted in the following box:

*Providing the strep A swab in community evidenced to patients the actual need for antibiotics and if they tested negative then explaining that it was a viral infection*

*Many GPs still prescribe antibiotics without swabbing and therefore many people are still receiving antibiotics for viral infections which increases antimicrobial resistance and disrupts their gut microbiome - an important line of defence in their immune response to all infections.*

*I felt the service was well received by patients. I always began by managing expectations that 80% cases were viral, would provide a negative swab and would*

*not receive antibiotics as this would be inappropriate and ineffective. Most were glad to be swabbed and not just provided with an antibiotic without even being seen...which, I presume, some had had experience of previously.*

*The percentage of patients referred into the service vs the amount of patients that received an antibiotic was much lower than I had anticipated.*

*Felt once you explained to patients about viral infections and antibiotics being ineffective with these they were happier leaving without an antibiotic. A lot of patients assumed they needed an antibiotic on arrival so being able to explain to them about viral infections and resistance it felt like the service had a positive impact.*

**Overall, how acceptable was the provision of the service to your pharmacy in terms of workload?**

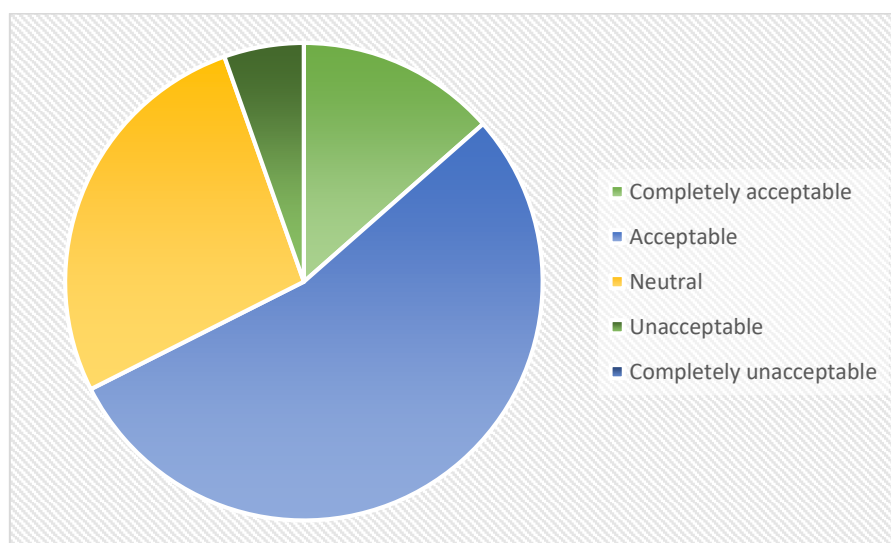


Figure 25: A chart highlighting the acceptability of the provision of the service to the Community Pharmacy in terms of workload

The majority of consultations took between 10-15 minutes to complete and the associated admin/paperwork involved in providing the service was considered to be acceptable in 73% of cases. All pharmacists agreed that an IT infrastructure with electronic recording of data would be useful.

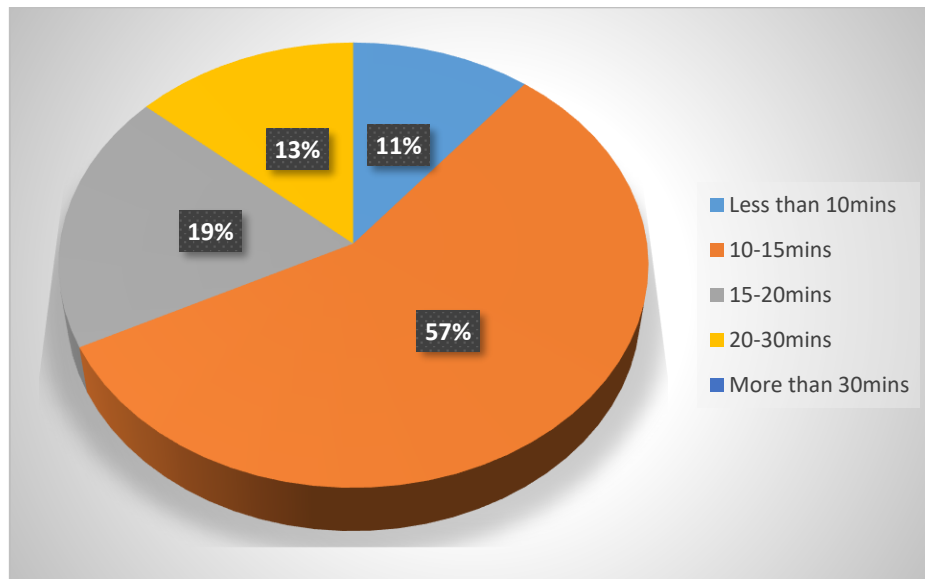


Figure 26: A chart showing the approximate time to complete a Pharmacy First Sore Throat consultation once established

### **Did you experience any challenges in facilitating the service?**

Twenty two pharmacists (59%) experienced challenges in facilitating the Pharmacy First Sore Throat service. Some of the challenges reported included increased workload due to lack of pharmacy cover and swabbing younger patients. Examples are included in the Box below:

*We found it very difficult to be able to spend the appropriate time with patients to give them the treatment and advice they needed. Staffing resource has been a difficulty.*

*Workload. Challenging when working as solo pharmacist. We didn't operate an online booking but preferred if patients rang beforehand and we gave them a rough time of when to come in as had 4 land at the same time and all expecting to be seen and given antibiotics straight away. Patients had been told by their GP practice the pharmacist will give them abx which was a problem as the expectation of the service was wrong. Inappropriate referrals caused anger and frustration.*

*Difficult to deliver when only one pharmacist working ok with double cover. Impossible to contact 5 local GP practices on a morning an untrained pharmacist working. This rarely occurred but it would take to lunchtime to try and get through on the phone to them as we have no direct numbers except for one practice ...also people were not very happy that were wrongly referred by the Drs receptionist and then we had to refer them back, we had referral with sinus pain, chest infections, chesty coughs, sore buzzy ears.*

*Inappropriate referrals from eg out-of-hours service. Managing patient expectations regarding promptness of service at busy times.*

**Do you have any other feedback or suggestions to improve the service?**

A number of pharmacists (N=3/17) reiterated that they felt that this was a great service to provide to service users in their local community. A number of suggestions were documented to improve the service as documented in Table 6. Suggestions were mainly based around the consultation form, training and swabs.

*Table 6: A summary of the suggestions from Community Pharmacy to improve the Pharmacy First Sore Throat pilot service*

**One piece of paperwork/online form should be sufficient. There's no need to have the same information on multiple forms/PV1s. There must be a better way to streamline this! Consideration for patients for whom the throat swab is an unacceptable test (ie. Young children and patients with learning disabilities/ASD). Could the FeverPAIN score be used without the need for a throat swab in this population or should they be excluded from the service?**

**Future roll out needs explained it is a bacterial tonsillitis/strep a service and not a sore throat service were the sore throat is one of their minor symptoms but they also have a productive cough etc.**

**Appointments. Easy access to Target self-care Leaflet. Online form Swab everyone - they like the reassurance either way**

**Training for surgeries on the scheme, we didn't have time to be ringing them for every inappropriate referral.**

**Better information given to GPs about referrals - my local surgery did not want to go through the exclusion criteria and were just referring everyone with an upper respiratory illness even though i had had a conversation explaining the process.**

**Need some sort of public awareness campaign to manage their expectations of what to expect from their community pharmacy. The region-wide UTI service launched at the same time as the Sore Throat pilot. Meanwhile pharmacy first EHC and Everyday Health Conditions continue, dispensing, OTC supervision and advice, etc. It can be quite a juggling act, but we need the public to realise that whilst we're still the most readily accessible healthcare professional, they may not get to see us just as quickly as they used to.**

**The claim form should have space for more than three consultations. At the end of the month it is extremely time consuming scanning and sending over 20-30 claim forms.**

**Online form rather than paper-based**

**To make the consultation form a duplicate form to save having to photocopy it, ensure GP receptionists are clear in who to refer.**

**I feel the consultation form could be improved - no space to record medical history, allergies etc**

**If referrals back to surgery were standardised I feel it would help everyone**

**Should be an electronic and more instant way to inform GPs of patients that have accessed the service. When a patient was unhappy with their negative test result they went to the GP and was given an antibiotic without an in person consultation despite the pharmacist telling the patient they felt their symptoms were caused by a virus and they didn't feel they would benefit from an antibiotic.**

**Referral from GP, we would spend more time and give better info here as we did get quite a few chest infection patients sent to us.**

## Conclusion

The Pharmacy First Sore Throat pilot service allowed Community Pharmacists in Northern Ireland to utilise diagnostic scores (FeverPain score) and point-of-care (POC) tests using Rapid Antigen Detection Tests (RADT) to identify which service users were most likely to have group A *Streptococcus*, to guide management of the condition and potentially reduce unnecessary antibiotic prescribing. The service has the potential to improve timely access to care thus relieving the pressure on General Practice (GPs).

- **Patient Referral**

There were several ways in which patients could be referred into the service, of which, Self-referral and GP referral were the most common. Improving GP practice training and public awareness were suggested as methods to improve the referral process. In addition, feedback from community pharmacists suggested that employing an electronic booking system could potentially increase the numbers of service users accessing the service. If the service were to be rolled out and a large number of pharmacies offered the service then an appropriate public media campaign would help address the issues raised about awareness.

- **Displacement**

Most of the consultations (96%) took place before 6pm Monday-Friday the other 4% took place outside normal business hours after 6pm and 11% of consultations took place on a Saturday and 5% on a Sunday. The weekend and extended opening hours of many community pharmacies offers greater access to services and potentially diverts activity from other areas of the health service such as OOHs and ED.

- **POC Testing**

The majority of service users in receipt of the Pharmacy First Sore Throat pilot service had a FeverPain score of 2 or 3. Of those that were RAD tested only 23% tested positive for Strep A bacterial infection. By comparison, 50% of service users with a FeverPain score of 4 or 5 tested positive. In accordance with the service pathway patients with a FeverPain score of 0 or 1 did not require a test. Despite this, 104 service

users with a score of 0 or 1 had a test carried out and 10 of these returned a positive result. Further training would be required to ensure that all pharmacists deliver the service in line in with service specification and guidance.

- **Antibiotic prescribing**

Antibiotic prescribing in Northern Ireland is higher than all other UK regions. A study by [Pouwels \*et al\*](#)<sup>5</sup> in 2018 indicates that in England sore throat antimicrobial prescribing in GP practices is high at around 59%. As part of this pharmacy first service antibiotics were supplied on 1721 occasions, representing 25% of all consultations. This is in line with a similar community pharmacy service in Wales (24%). The majority of service users who had a positive RADT received an antibiotic. It is worth noting that 147 patients with a positive RADT were not treated with antibiotics. In line with the formulary most patients (92%) received Penicillin. Reasons for the non-use of Penicillin were documented. A number of service users (17%) received appropriate self-care advice and analgesic supply as a suitable course of treatment. A small proportion of consultations (8%) resulted in referral to another health professional, usually the GP. A very small number of service users reported being frustrated if they did not receive a RADT, or if it returned a negative result.

A small number of service users (N=52) returned to the pharmacy for a further consultation, usually because their symptoms had gotten worse or had not improved after a period of time. Community Pharmacists dealt with these re-presentations as necessary, offering appropriate treatment based on further testing or referral to another healthcare professional as required.

- **Stakeholder feedback**

The results of the service user evaluation confirmed a high level of satisfaction with the service and that most service users (97%) would use the service again and would also recommend the service to friends and family. Service users repeatedly explained the difficulties with accessing GP appointments and the pressure that the Pharmacy First Sore Throat pilot service took off the system. The main suggestion from service users to improve the service was the need for increased availability and promotion of

<sup>5</sup> <https://pubmed.ncbi.nlm.nih.gov/29490060/>

the service. It is important to acknowledge that this was a small pilot service offered by 43 pharmacies, therefore, publicity was limited. This would be addressed for a regionally-commissioned roll-out service. Service users spoke very highly of the pharmacists involved in the pilot and felt that it should be rolled out to all community pharmacies.


The majority of GPs reported that they felt the service should be rolled out to all Community Pharmacies, but emphasised the need to improve public awareness of the service. In general, referrals to the Pharmacy First Sore Throat pilot service seemed to be well received by patients, although there were a small number of service users who preferred to see their GP, particularly if their local pharmacy wasn't involved in the pilot service. Appropriate GP practice training for a roll out service in the future should help reduce inappropriate referrals and manage service user expectations.

Community Pharmacists reported that the majority of referrals from the GP were appropriate. The increased workload required to provide the pilot service was considered acceptable by the majority of pharmacists and all reported that an IT infrastructure with the electronic recording of data would help improve the service. Nearly all of the pharmacists felt the service was beneficial to service users. Provision of the Pharmacy First Sore Throat service was found to be well accepted by the community pharmacies who participated in the pilot. Workload pressures and the swabbing of younger service users were considered to be the main challenges faced by pharmacists.

Overall the feedback on the service has been very positive, with the stakeholders involved reporting that the service should be considered for roll out to all community pharmacies, as it can help to ensure the appropriate use of antibiotics, while absorbing a substantial workload that would otherwise end up in other healthcare settings.

# Appendices

## Appendix 1: Pharmacy First Sore Throat Pilot Service Patient Consultation Form

Patient Name & address	Pharmacy Name & address			
	Phone Number			
Date of Birth	Pharmacist's name			
GP Practice	Date of consultation			
	Is Consultation time after 6pm?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>1. Initial assessment</b>				
The pharmacist makes an initial assessment of the patient with symptoms of sore throat referring to the service guidance and PGDs and applying the exclusion criteria. Patients aged <u>4 years and younger</u> are excluded. Excluded patients should be referred to another appropriate healthcare professional e.g. GP, OOH medical services, A&E				
Patient referred by: Self-referral <input type="checkbox"/> Pharmacist <input type="checkbox"/> GP practice <input type="checkbox"/> OOHs <input type="checkbox"/> Other <input type="checkbox"/> specify _____				
<b>2. Consultation - assessment of the signs/symptoms of a sore throat</b>				
FeverPain assessment (tick all that apply - score one point for each):	FeverPain score	Action required Score & appropriate action		
Presence of <b>F</b> ever <input type="checkbox"/>	0 <input type="checkbox"/>	0 self-care only		
<b>P</b> us on tonsils <input type="checkbox"/>	1 <input type="checkbox"/>	1 self-care only		
<b>A</b> ttendance within three days of onset of symptoms <input type="checkbox"/>	2 <input type="checkbox"/>	2 RADT may be required		
Severely <b>I</b> nflamed tonsils <input type="checkbox"/>	3 <input type="checkbox"/>	3 RADT may be required		
<b>N</b> o cough or coryzal symptoms <input type="checkbox"/>	4 <input type="checkbox"/>	4 RADT required		
	5 <input type="checkbox"/>	5 RADT required		
 Refer to treatment summary for self-care advice				
<b>3. Medicines Supplied</b>				
Antibiotic supplied where indicated	Strength quantity and formulation	Reason for antibiotic choice (if Pen V not supplied)	Other medicine(s) supplied	Strength quantity and formulation
Phenoxyethylpenicillin (PenV)		Penicillin allergy <input type="checkbox"/>	Paracetamol	
Amoxicillin		Pen V not available <input type="checkbox"/>	Ibuprofen	
Clarithromycin		Patient has penicillin allergy AND is pregnant <input type="checkbox"/>	Medicine purchased OTC Yes <input type="checkbox"/> No <input type="checkbox"/>	
Erythromycin		Patient has penicillin allergy AND is breast-feeding <input type="checkbox"/>		
<b>4. Provision of advice - confirm that verbal advice was provided and TARGET leaflets supplied Yes <input type="checkbox"/></b>				
<b>5. Referral to another healthcare professional (e.g. GP, OOHs, A&amp;E) Yes <input type="checkbox"/> No <input type="checkbox"/></b>				
If Yes, referred to: GP <input type="checkbox"/> OOHs <input type="checkbox"/> A&E <input type="checkbox"/> Reason (please specify): _____				
<b>6. Patient declaration</b>				
The patient has confirmed they have: received advice and/or treatment listed above <input type="checkbox"/> understood that details of this consultation will be shared with GP practice, SPPG and MOIC <input type="checkbox"/> Patient/carer signature _____				
<b>7. Details of reassessment (only complete this section if patient DID NOT receive an antibiotic initially and re-presents in the pharmacy with worsening symptoms or no improvement)</b>				
Reassessment	Updated FeverPain score: 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> n/a <input type="checkbox"/> RADT test carried out Yes <input type="checkbox"/> No <input type="checkbox"/> Result of RADT test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>			
Action taken	Medicines supplied (if any): Phenoxyethylpenicillin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Clarithromycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Paracetamol <input type="checkbox"/> OTC <input type="checkbox"/> Other relevant information please specify: _____			

Appendix 2: Service User Evaluation Questionnaire

# Pharmacy First - Sore Throat Service User Evaluation Survey

The Department of Health (DoH) has funded a pilot service for the treatment of sore throat by community pharmacists. The service enables patients aged 5 years and over with symptoms of a sore throat to have a consultation with their community pharmacist rather than their GP.

As part of the evaluation we would appreciate your feedback on your experience of the service. It is very important that we find out what patients think of this service before we decide to make it more widely available.

1. How did you find out about the service? (Please select all that apply)

- Pharmacist recommendation
- Referral from GP practice
- Referral from the out of hours service
- Poster
- Word of mouth
- Social media
- Other

2. Was the consultation for?

- Your child
- Yourself

3. Did the pharmacist provide advice on the management of your symptoms?

- Yes
- No
- Not sure

4. Was this advice helpful?

- Yes
- No
- Not sure

5. Did you receive an antibiotic?

- Yes
- No

6. If you had similar symptoms in the future how likely would you be to use the service again?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

7. How likely would you be to recommend the service to family and friends?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely

8. How satisfied were you with the service overall?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

9. Would you feel more confident to manage these symptoms yourself in the future?

- Yes
- No

10. If this service had not been available, what would you have done? (Please select all that apply)

- Nothing
- Manage the symptoms yourself
- Contacted your community pharmacist
- Contacted your GP practice
- Contact the out of hours service
- Attended the emergency department
- Other

11. Do you have any other feedback or suggestions to improve the service

Appendix 3: GP Evaluation Questionnaire

# Exploring General Practice Views on the Pharmacy First Sore Throat Pilot Service

The Pharmacy First Sore Throat service which was available between November 2023 and March 2024, has come to an end. The Medicines Optimisation Innovation Centre (MOIC) has been commissioned by SPPG to evaluate the pilot service. As part of the evaluation we would appreciate your feedback on your experience of the service. The purpose of this survey is to provide information about your experiences with the service and will help inform the service's further development and implementation.

There are no right or wrong answers, we are interested in your views. Please attempt to answer questions as honestly and fully as possible.

Thank you for your time & feedback.

1. In which LCG area do you work?

- Western LCG
- Northern LCG
- Southern LCG
- South-Eastern LCG
- Belfast LCG

2. Were you aware of the Pharmacy First pilot service for the management of sore throats which was available from selected pharmacies between 1st November 23 and 31st March 24?

- Yes
- No

3. How did you find out about the service?

Please select all that apply:

- Phone call, email, note or other contact from a pharmacy providing the service
- SPPG communication
- Social media
- Other

4. Were patients referred from your GP practice to the Pharmacy First Sore Throat service?

- Yes
- No
- Unsure

5. Was it clear from service documentation which patients were eligible for referral to the service?

- Yes
- No
- Did not see documentation

6. Are you aware of any patients who had a consultation with the GP because they did not want to be referred to the Pharmacy First Sore Throat service?

- Yes
- No

7. Please indicate why patients did not want to be referred to the Pharmacy First Sore Throat service:

- Patient's usual pharmacy was not one of the pharmacies providing the service
- Patient preferred consultation with the GP practice
- Don't know
- Other

8. Do you think the Pharmacy First Sore Throat service was beneficial to patients?

- Yes
- No
- Not sure

9 Why do you think the service was beneficial?

Please select all that apply:

- Patient had quicker access to advice and /or treatment
- There was an option to do a swab (when appropriate) to help confirm diagnosis and reduce inappropriate prescribing of antibiotics
- The service provided an opportunity for patient education about self-care
- Other

10. Are you aware of any patients referred, by the pharmacist, to your practice for GP review as an outcome of the Pharmacy First Sore Throat consultation?

- Yes
- No

11. Were patient referrals from the pharmacy to the GP surgery appropriate?

- Yes
- No
- Not always

12. Please provide an example of an inappropriate referral:

13. Did the Pharmacy First Sore Throat service adversely affect your GP practice?

- Yes
- No

14 Please indicate how the Pharmacy First Sore Throat service adversely affected your GP practice?

Please select all that apply:

- Workload in managing referrals of eligible patients to the pharmacy
- Workload in managing referrals from the pharmacist following a consultation in the pharmacy
- Admin involved on receipt of completed consultation forms
- Managing patient complaints
- Managing patient expectations
- Other

15. Did you experience any challenges in facilitating the Pharmacy First Sore Throat service?

- Yes
- No

16. Please indicate the nature of the challenges faced.

Select all that apply:

- Lack of information provided about the service
- Lack of time to implement triage and referral of patients
- Service not adequately promoted to the public
- Lack of patients to refer to the service
- Other workload pressures
- Other

17. In your opinion, how well were referrals to the Pharmacy First Sore Throat service received by patients?

- Extremely well
- Somewhat well
- Neutral
- Somewhat not well
- Extremely not well

18 **The Pharmacy First Sore Throat service should be considered for roll out to all community pharmacies.**

Please rate how strongly you agree or disagree with the above statement:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

19. Do you have any other feedback or suggestions to improve the service?

Appendix 4: GP Evaluation Questionnaire

# Exploring Out of Hours Providers' Views on the Pharmacy First Sore Throat Pilot Service

The Pharmacy First Sore Throat service which was available between November 2023 and March 2024 has now ended. The Medicines Optimisation and Innovation Centre (MOIC) are carrying out an evaluation of the pilot service and would appreciate your feedback on your experience of the service. Outcomes of the evaluation will help inform the service's further development and implementation.

There are no right or wrong answers, we are interested in your views. Please attempt to answer questions as honestly and fully as possible.

1. In which LCG area do you work?

- Western LCG
- Northern LCG
- Southern LCG
- South-Eastern LCG
- Belfast LCG

2. Were you aware of the Pharmacy First pilot service for the management of sore throats, which was available from selected pharmacies between November 23 and March 24 ?

- Yes
- No

3. How did you find out about the service?

Please select all that apply:

- Phone call, email, note or other contact from a pharmacy providing the service
- SPPG communication
- Social media
- Other

4. Were patients referred from your OOH centre to the Pharmacy First Sore Throat service?

- Yes
- No
- Don't know

5. Was it clear from service documentation which patients were eligible for referral to the service?

- Yes
- No
- Did not see documentation

6. In your opinion, how well were referrals from your OOH centre to the Pharmacy First Sore Throat service received by patients?

- Extremely well
- Somewhat well
- Neutral
- Somewhat not well
- Extremely not well

7. Are you aware of any patients who attended OOH because they did not want to be referred to the Pharmacy First Sore Throat service?

- Yes
- No

8. If yes, please indicated why patients did not want to be referred to the Pharmacy First Sore Throat service:

- Patient's usual pharmacy was not one of the pharmacies providing the service
- Patient preferred consultation with a clinician in OOH
- Other

9 Are you aware of any patients referred, by the pharmacist, to your OOH centre as an outcome of a Pharmacy First Sore Throat consultation?

- Yes
- No

10. If yes, were patient referrals appropriate?

- Yes
- No
- Not always

11. Please provide examples of inappropriate referrals?

12. Do you think the Pharmacy First Sore Throat service was beneficial to patients?

- Yes
- No

13. Why do you think that the service was beneficial?

Please select all that apply:

- Patient had quicker access to advice and /or treatment
- There was an option to do a swab test to help confirm diagnosis and potentially reduce inappropriate prescribing of antibiotics
- The service provided an opportunity for patient education about self-care and antimicrobial resistance
- Other

14. Did the Pharmacy First Sore Throat service benefit your OOH centre?

- Yes
- No

15 How did the service benefit OOHs:

- Fewer patient requests for appointment for sore throats
- Fewer prescriptions issued for an antibiotic to treat sore throats
- Other

16. **The Pharmacy First Sore Throat service should be considered for roll out to all community pharmacies.**

Please rate how strongly you agree or disagree with the above statement:

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

17. Do you have any other feedback or suggestions to improve the service?

## Appendix 5: Community Pharmacy Evaluation Questionnaire

## Exploring Community Pharmacy Views on the Pharmacy First Sore Throat Pilot Service

Thank you for taking part in the Pharmacy First Sore Throat Pilot Service. As part of the evaluation we would appreciate your feedback on your experience of the service. The purpose of this survey is to provide information about your experiences with the service and to help inform the service's future development and implementation.

There are no right or wrong answers, we are interested in your views. Please attempt to answer questions as honestly and fully as possible.

1. In which LCG area do you work?

- Western LCG
- Northern LCG
- Southern LCG
- South-Eastern LCG
- Belfast LCG

2. Did you make your local GP practice(s) aware that your pharmacy was providing the Pharmacy First Sore Throat service?

- Yes
- No
- Unsure

3. How did you inform the GP practice?  
Please select all that apply:

- Visit to the GP Practice(s)
- Phone Call to the GP Practice(s)
- Letter/note sent to the GP Practice(s)
- Email to the GP Practice(s)
- Other

4. Did you agree with GP Practices how suitable patients would be referred from the practice to the pharmacy?

- Yes
- No

5. Were patients referred from the GP practice to the Pharmacy First Sore Throat service?

Yes

No

6. Considering the appropriateness of patients referred from GP practices, how many of the referrals did you consider to have been appropriate?

All

Most

Some

Few

None

7. Did you agree a mechanism for the referral of patients from your pharmacy to the GP practice, for those patients requiring GP review?

Yes

No

8. Did you make any referrals for your patients to another health professional as part of the pilot?

Yes

No

9. Please give details

10. Did you use a booking system for patients to take part in the pilot service?

Yes

No

11. Would you consider using a booking system for patients if the service was rolled-out in the future?

Yes

No

12. Did you find it straightforward to use the FeverPain criteria to assess if the patient needed a POC test?

Yes

No

13. If no, please give details:

14. Did you find it easy to explain to patients with a low FeverPain score that they did not need a POC test?

Yes

No

15. If no, please give details:

16. Did you carry out POC test as part of the service?

Yes

No

17. If no, please explain why:

18. Were there any practical difficulties/issues around swab testing?

Yes

No

19. If yes, please provide details:

20. With regards patients returning to the pharmacy for reassessment following initial consultation in which an antibiotic was NOT supplied:

Please indicate an approximate number of patients over the duration of the pilot.

- All
- Most
- Some
- Few
- None

21. Did you complete the ECHO training (either live or recorded)

- Yes
- No

22. How useful did you find the ECHO training session?

- Extremely useful
- Somewhat useful
- Neutral
- Somewhat not useful
- Extremely not useful

23. Please give feedback on any unmet training needs?

24. Did you undertake any other training?

- Yes
- No

25. If yes, please provide details:

26. Would you consider your awareness of issues relating to antimicrobial resistance (AMR) to have improved as result of providing the service?

Yes

No

27. Do you think this service has had a positive impact on the appropriate prescribing of antibiotics for sore throat?

Yes

No

28. Please give further details on why you think the service has positively impacted the appropriate prescribing of antibiotics for sore throat?

29. Did you utilise any of the resources available on the BSO Website eg PGDs, Service specification, training materials?

Yes

No

0 Was this information helpful?

Yes

No

31. If no, please give details:

32. Are you an independent prescriber?

Yes

No

33. As an Independent Prescriber would you feel confident conducting clinical examinations and point-of-care testing as part of a commissioned service as long as additional training was provided?

Yes

No

34. What training resources would you consider most beneficial to support your independent prescribing qualification for future services?  
Please select all that apply:

- ECHO evening training session
- Recorded lectures
- Webinars
- Online courses
- Written materials
- Mentoring/peer support
- Other

5 Overall, how acceptable was provision of the service to your pharmacy in terms of workload?

- Completely acceptable
- Acceptable
- Neutral
- Unacceptable
- Completely unacceptable

36. In general, how long did it take to complete a consultation once the service was established and you were familiar with the process and admin associated with its delivery?

- Less than 10 mins
- 10-15 mins
- 15-20 mins
- 20-30 mins
- More than 30 mins

37. Did you consider the admin/paperwork involved in providing the service, to be:

- Completely acceptable
- Acceptable
- No opinion
- Unacceptable
- Completely unacceptable

38. Do you agree that an IT infrastructure with electronic recording of data would have been useful?

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

9 Did you experience any challenges in facilitating the service?

- Yes
- No

40. Please give details of the challenges you experienced:

41. Do you think the Sore Throat service was beneficial to your patients?

- Yes
- No

42. Please explain your answer

43. Do you have any other feedback or suggestions to improve the service?