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Introduction and How to Use This Book

This book is a guide to managing common conditions, preventing ill-health and providing clinical care in the primary care setting. Most, but not all, of the topics begin with the assessment and management of symptoms. The scope of the book reflects the widening role of community pharmacies in the National Health Service (NHS) in the United Kingdom (UK) and in many other countries.

Community pharmacies are now involved in first-line care in many parts of the NHS, providing assessment, treatment and advice about many illnesses, conditions and symptoms. They are integrated into NHS referral systems and can access primary care records. Pharmacists are responsible for ensuring that their staff provide appropriate advice and recommendations.

Since the last edition of this book there have been important changes in health policy to strengthen the part played by community pharmacies in the assessment and management of common conditions, and in prevention.

This introduction has seven sections, which set out some principles for partnership working with patients and other health professionals, how patients can have increased access to medicines, and a summary of how we compiled evidence about treatment effectiveness. Throughout, we suggest how the reader might use this book. We explain the layout of the chapters that follow and explore future directions.

1. The evolving role of community pharmacists
2. Working in partnership with patients
3. Working in partnership with other health professionals
4. Increasing access to medicines
5. Effectiveness of treatments and how we have used information sources
6. Layout of the chapters
7. The future

THE EVOLVING ROLE OF COMMUNITY PHARMACISTS

Initial assessment and care by pharmacies has been enhanced through a national Pharmacy First (PF) NHS scheme in England, introduced in 2024, and similar schemes elsewhere in the UK. Treatments which are otherwise prescription-only medicines (POMs) can be supplied in PF and other schemes via Patient Group Directions (PGDs) and in some cases, independent prescribing (see the Increasing access to medicines section later in this introduction), including antibiotics. PF is based on a set of clinical pathways using guidelines shared across primary care to enable consistent practice. See Table A for the scope of the PF scheme. Clinical examination of the ear is required for the Acute Otitis Media pathway, enhancing pharmacists' clinical skills. Ideally, throat examination should be done for sore throat, although this is not mandatory under the scheme. Another element of advanced pharmacy care requiring enhanced clinical skills involves measuring blood pressure, including ambulatory monitoring, for the Blood Pressure Check Service. The integrated records that share the pharmacist's clinical findings, decision-making, treatment supplied and advice provided require concise and focused input (for further detail see Chapter 1 The Consultation).

Patients can access the seven clinical pathways element via referrals from specified organisations, including general practice, urgent and emergency care settings, and NHS 111 (online and via telephone). In addition, patients can access the service by attending or contacting the pharmacy directly without the need for referral. The extent to which walk-in access for pharmacist consultations can continue might be challenging, and some pharmacists offer walk-in access for defined parts of the day. Appointments might become necessary if demand for the service necessitates them. As indicated in Table A, the scheme also allows for distance-selling pharmacies to participate via remote assessment, with the exception of acute otitis media.

Scotland has had a similar national PF service with electronic referral and records for several years.

National NHS pharmacy services for detecting undiagnosed hypertension and the initiation and reauthorisation of oral contraceptives are also now in place in England.

TABLE A Accessing Pharmacy First services in England

Pharmacists can manage seven conditions across various age ranges	
Clinical pathway	Age range
Acute otitis media*	1–17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16–64 years

** Distance-selling pharmacies will not complete consultations for acute otitis media.*

Services to detect hypertension have been introduced, with formal monitoring of blood pressure control planned in the future. The provision of vaccinations, which increased with flu immunisation and COVID vaccines, has grown and looks likely to expand further. This new edition of the book reflects these preventive efforts and we have changed the title accordingly.

UK programmes to train community pharmacists as Independent Prescribers (IPs) have been introduced with the ultimate intention of all community pharmacists being IPs (see the section Increasing access to medicines later in this chapter). The expansion of community pharmacist independent prescribing provides opportunities, for example initiation and alteration of antihypertensive treatment for newly detected hypertension as well as resupply/alteration of existing hypertension treatment.

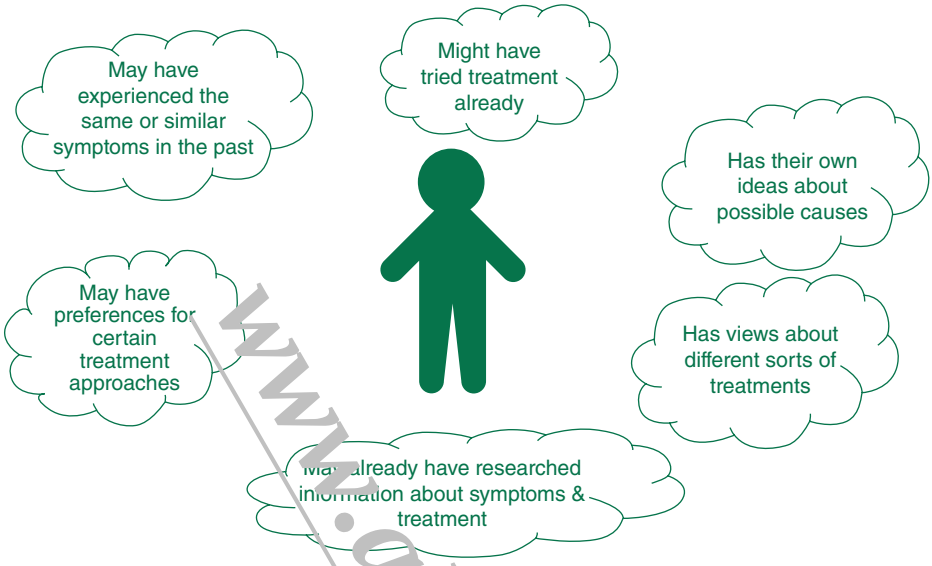
Remote consultations with pharmacists by telephone and video have enhanced the role of, and increased access to, community pharmacies. Greater digital integration of community pharmacies with the wider NHS has enabled read and write access to primary care records, enhancing existing electronic referrals from general practitioners (GPs) in primary care and from NHS telephone triage services.

In this book, we recognise that members of the public present to pharmacists and their staff in a number of different ways and pharmacists require a mix of knowledge and skills in diseases and their treatment, as well as excellent consultation skills.

Types of presentation	Pharmacist portfolio of key skills
Asking to purchase a named medicine	Differentiation between minor and more serious symptoms
Requesting advice about symptoms/common conditions and appropriate treatment in person or remotely	Applying clinical pathways in daily practice
Requesting advice about minor injuries	Prescribing – beyond OTC supply
Requiring general health advice (e.g. about dietary supplements)	Listening skills
Asking about effects/symptoms perceived to relate to prescribed medicines	Questioning skills
Asking for a measurement or test (e.g. blood pressure)	Triage of minor injuries, first aid
A digital referral by NHS 111 or a healthcare professional	Treatment choices based on evidence of effectiveness
	Explaining skills
	Partnership working with patients
	Acting as a role model and training other pharmacy staff

WORKING IN PARTNERSHIP WITH PATIENTS

We refer to people seeking advice about symptoms as patients, although recognising that many will in fact be healthy people. We do this because we feel that the terms ‘customer’ and ‘client’ do not capture the nature of pharmacy consultations about health. In the past, pharmacists were seen as experts and patients as beneficiaries of pharmacists’ information and advice. However, patients are not blank sheets or empty vessels; they have choices to make and are experts by experience in their own and their children’s health. The following diagram illustrates some of the thoughts a patient may be having about their symptoms.



The pharmacist needs to take these factors into account during the consultation and enable patient participation by actively eliciting the patient's views and preferences. Many, but not all, patients will want to engage in decision-making about how to manage their symptoms. Some will want the pharmacist to decide on their behalf. The pharmacist needs to find out what the patient knows and wants. Finding out the information source(s) used by the patient is important, and if the reliability of the information is poor, this may need to be pointed out, with advice on trustworthy sources. Patients' health literacy (their knowledge and understanding about health conditions and treatments) varies considerably and needs to be taken into account. Healthcare professionals can only truly learn how to work in partnership by listening to what patients have to say. The list provided in the following section comes from a study of laypeople's 'tips' on how consultations could be more successful. Although the study was concerned with medical consultations, many of the tips are equally relevant to pharmacists' response to patients' symptoms.

How to make a consultation more successful from the patient's perspective: tips from laypeople

- Introduce yourself with unknown patients.
- Keep eye contact.
- Take your time; do not show your hurry.
- Avoid prejudice – keep an open mind.
- Treat patients as human beings and not as a bundle of symptoms.
- Pay attention to psychosocial issues.
- Take the patient seriously.

- Listen – do not interrupt the patient.
- Show compassion; be empathic.
- Be honest without being rude.
- Avoid jargon; check if the patient understands.
- Avoid interruptions.
- Offer sources of trusted further information (leaflets, weblinks, etc.).

Source: Reproduced from Bensing *et al*. (2011).

Reading and listening to patients' accounts of their experience can provide valuable insights. Websites and blogs can give a window into common problems and questions, can help to see the patient perspective and can show how powerful social media can be in sharing experience and information; examples are Patient Community Forums (`https://patient.info/forums`) and netmums (`www.netmums.com`). These lay networks can be very valuable, and pharmacists can contribute with their own expertise.

Some information from online sources or social media can be inaccurate or of poor quality, and some can create unrealistic beliefs and expectations. Other information may be overtly or covertly promotional. Sometimes, information relates to medicines in different countries. A different issue is deliberate misinformation about health and treatments, which came to the fore during the COVID-19 pandemic and has continued unabated. If you are concerned about the quality or relevance of health information that has been accessed by a patient, you can tactfully point them towards accredited sources of information, such as that provided on the NHS Health and NHS Medicines joint website (`https://www.nhs.uk`). An important area where patients may need additional information is about when the potential benefits of antibiotic treatment might outweigh the potential risks for a specific condition about which the patient is seeking advice in the pharmacy.

Pharmacists observe from their own experience that some patients are content to discuss even potentially sensitive subjects at the pharmacy counter. While this is true for some people, others are put off asking for advice if they perceive insufficient privacy. The vast majority of UK community pharmacies have a consultation room or area. Research shows that most pharmacy customers feel that the level of privacy available for a pharmacy consultation is acceptable.

Pharmacists should always bear privacy in mind and seek to create an atmosphere of confidentiality if sensitive problems are to be discussed, even if the patient does not seem concerned. Using professional judgement and personal experience, the pharmacist can look for signs of hesitancy or embarrassment on the patient's part, or identify inappropriate openness, and can suggest moving to a quieter part of the pharmacy or to the consultation area to continue the conversation. Proactively inviting a patient to the consultation area in response to a request about a sensitive topic, such as contraception, is appreciated by many.

Patients often assume that their community pharmacist and GP are both aware of the advice and treatments that the other has prescribed or supplied, and research shows that patients are keen for the health professionals providing their care to work together. This co-ordination and sharing of information is coming to fruition with services such as GP Connect.

The increasing requirement for clinical examination resulting from PF consultations brings with it the need to work in partnership with patients to seek and obtain consent for physical examination. We address this further in the context of consultation skills in Chapter 1 as well as providing information about specific examinations in later parts of the book that cover relevant conditions (e.g. examining the ear and throat). There are useful resources for clinical examination skills at the Centre for Pharmacy Postgraduate Education (CPPE; `www.cppe.ac.uk`), and the equivalent for Wales (`https://heiw.nhs.wales/education-and-training/pharmacy`) and for Scotland (`www.nhsscotlandacademy.co.uk/programmes/national-clinical-skills-for-pharmacists-programme`).

WORKING IN PARTNERSHIP WITH OTHER HEALTH PROFESSIONALS

Primary care

Community pharmacists are a key gateway into the formal NHS through their triaging of symptoms, with referral to the GP practice or dentist surgery, the optometrist, the out-of-hours (OOH) service or the accident and emergency (A&E) department when necessary. This triaging is increasingly important in maximising the skills and input of pharmacists and nurses. The NHS has introduced several policy changes to increase the involvement of pharmacists, optometrists and nurses in managing minor conditions in order to maximise GP time available for more serious and complex illness. This book includes case studies to illustrate the interaction between community pharmacists and other health professionals working in primary care.

Community pharmacists work closely with local GP practices and local healthcare organisations, enabled by the increasing digital integration that is enhancing communication and facilitating structured messaging and referral channels. Arrangements differ among UK countries and include GPs electronically referring patients for a community pharmacy consultation. Locally commissioned NHS minor ailment schemes, including the supply of medicines, continue in some areas, as do PGDs where certain medicines that are usually POMs can be supplied (see later in this chapter).

GPs in England are dissuaded from prescribing over-the-counter (OTC) medicines to treat minor conditions and instead encourage patients to buy them. This is partly to reduce costs, but also to reduce pressure on GP services and increase the use of pharmacies. The role of the community pharmacy in supporting this process is fundamental, as well as necessary for the policy to work. The current list of conditions for which OTC items should not routinely be prescribed in primary care in England is shown in Table B; we include it to illustrate how the NHS in one UK country intends to encourage shifting the management of these conditions away from the GP towards the community pharmacy.

This book covers all the conditions on the list plus others. The book is arranged as a series of chapters, with each covering a group of conditions, e.g. gastrointestinal tract problems or women's health. Within each chapter, there is a separate section for each condition.

Of course, what may initially seem like a minor illness may turn out to be something more serious. PF, through its clinical pathways and PGDs, differentiates between urgent