

# Community Pharmacy Use Case: Minor Illness



**Jack** contacts NHS 111 because his eye is sore.

An NHS 111 clinician discusses Jack's symptoms. Jack shows symptoms of conjunctivitis and is **referred** to the community pharmacist for treatment.



**Catherine Jones**, the community pharmacist receives the **referral**.

The pharmacist has a **consultation** with Jack, examines his eye and asks him about his symptoms.



The pharmacist **supplies** Jack with some chloramphenicol eye drops and advises him about treatment.

She **records** details of the consultation and supply on the pharmacy computer system.



Details of Jack's **consultation** are **transferred** to Jack's GP.

The GP can view details of the supply made and advice given by the community pharmacist.

Community Pharmacy - Minor Illness  
Pharmacy Record



Recorded Data



System Generated Data



Easy selection

|                                                                                                                                                                                                           |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
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| Person Details - (Person demographics + GP Practice)                                                                                                                                                      |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| First name: Jack                                                                                                                                                                                          | Last name: Roberts              | Date of birth: 04/02/1993                                                     | Address line 1: 57 Whalley Range            | Postcode: DR6 2LT                                                                                                                                 | GP Practice Identifier: Code for Mill Gate Medical Centre                                            |                                                   |                                                                              |                                                                  |
| History and Allergies and Adverse Reactions                                                                                                                                                               |                                 |                                                                               |                                             | Safety and Consent - (Legal Information + Safeguarding)                                                                                           |                                                                                                      |                                                   |                                                                              |                                                                  |
| History: No relevant history reported.                                                                                                                                                                    |                                 | Allergies and adverse reactions: No known drug allergies or adverse reactions |                                             | Consent for treatment record: Consent obtained                                                                                                    |                                                                                                      | Consent for information sharing: Consent obtained |                                                                              | Safeguarding concerns: No                                        |
| Referral Details                                                                                                                                                                                          |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| Reason for referral: Diagnosis and treatment                                                                                                                                                              | Date: 21/03/2023 14:07          | Referrer name: Marshall Flood                                                 | Referrer contact details: 0172 2839 2001    | Organisation: ODS code for organisation                                                                                                           | Role: Code for 111 clinician                                                                         | Referral type: 111 referral to community pharmacy | Personal referral reference: ID for this referral journey                    | Clinical urgency of referral: Contact Pharmacist within 24 hours |
| Problem (Problem list + Presenting complaints or issues)                                                                                                                                                  |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| Chief complaint: PC assessment and management capability, minor condition                                                                                                                                 |                                 | Problem: Suspected conjunctivitis                                             |                                             | Presenting complaint or issue: Conjunctivitis in right eye.                                                                                       |                                                                                                      |                                                   |                                                                              |                                                                  |
| Contact with Professionals                                                                                                                                                                                |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| Date: 21/03/2023                                                                                                                                                                                          | Clinician name: Catherine Jones | Role: Pharmacist                                                              | Location: Code for Mill Gate Pharmacy       | Service: Code for community pharmacy service                                                                                                      | Reason for service: Community pharmacist consultation service – minor illness                        |                                                   | Consultation method: Face to face                                            | Outcome of contact: Discharged from consultant's care            |
| Consultation - (Clinical Summary+ Information and Advice Given + Red Flags)                                                                                                                               |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| Clinical narrative: Jack contacted 111 for a sore eye. 111 referred to pharmacy due to suspected conjunctivitis. Consultation confirms this and I have supplied Jack with 0.5% chloramphenicol eye drops. |                                 |                                                                               |                                             |                                                                                                                                                   | Information and advice given: Possible side effects explained. Dose directions explained to patient. |                                                   |                                                                              | Red flags identified: No.                                        |
| Medications and Medical Devices                                                                                                                                                                           |                                 |                                                                               |                                             |                                                                                                                                                   |                                                                                                      |                                                   |                                                                              |                                                                  |
| Medication name: 0.5% chloramphenicol eye drops                                                                                                                                                           | Route: Ocular                   | Quantity supplied: 10ml                                                       | Batch number: dm+d AMPP code for medication | Dose directions: One drop into the affected eye every 2 hours (during waking hours) for the first 2 days. Then every 4 hours for the next 3 days. |                                                                                                      |                                                   | Prescription exemption category: K. Income-based Jobseeker's Allowance (JSA) |                                                                  |

Community Pharmacy - Minor Illness  
GP Message



Recorded Data



System Generated Data



Easy selection

Person Details - (Person demographics + GP Practice)

|                  |                    |                           |                                  |                   |                                                       |
|------------------|--------------------|---------------------------|----------------------------------|-------------------|-------------------------------------------------------|
| First name: Jack | Last name: Roberts | Date of birth: 04/02/1993 | Address line 1: 57 Whalley Range | Postcode: DR6 2LT | GP Practice Identifier: Code Mill Gate Medical Centre |
|------------------|--------------------|---------------------------|----------------------------------|-------------------|-------------------------------------------------------|

History and Allergies and Adverse Reactions

|                                        |                                                                               |
|----------------------------------------|-------------------------------------------------------------------------------|
| History: No relevant history reported. | Allergies and adverse reactions: No known drug allergies or adverse reactions |
|----------------------------------------|-------------------------------------------------------------------------------|

Safety and Consent - (Legal Information + Safeguarding)

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|------------------------------------------------|---------------------------------------------------|---------------------------|
| Consent for treatment record: Consent obtained | Consent for information sharing: Consent obtained | Safeguarding concerns: No |
|------------------------------------------------|---------------------------------------------------|---------------------------|

Problem (Problem list + Presenting complaints or issues)

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|---------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------|
| Chief complaint: PC assessment and management capability, minor condition | Problem: Suspected conjunctivitis | Presenting complaint or issue: Right eye is sore. Suspected conjunctivitis. |
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Contact with Professionals

|                  |                                 |                  |                                       |                                              |                                                                               |                                   |                                                       |
|------------------|---------------------------------|------------------|---------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|
| Date: 21/03/2023 | Clinician name: Catherine Jones | Role: Pharmacist | Location: Code for Mill Gate Pharmacy | Service: Code for community pharmacy service | Reason for service: Community pharmacist consultation service – minor illness | Consultation method: Face to face | Outcome of contact: Discharged from consultant's care |
|------------------|---------------------------------|------------------|---------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------|

Consultation - (Clinical Summary+ Information and Advice Given + Red Flags)

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| Clinical narrative: Jack contacted 111 for a sore eye. Handler referred to pharmacy due to suspected conjunctivitis. Consultation confirms this and I have supplied Jack with 0.5% chloramphenicol eye drops. | Information and advice given: Possible side effects explained. Dose directions explained to patient. | Red flags identified: No. |
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Medications and Medical Devices

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