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Perfformiad a Gwella
Performance and Improvement

The Evolving role of POCT in Pharmacies

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The drivers

Government driven – Community pharmacy contractual framework agreement, 2019 -2024 NHS England, committed to explore POCT in community pharmacies.

Diagnostics Recovery and Transformation Strategy for Wales 2023 – 2025.

NHS Long term plan - Drive for patient centred care closer to home.

UK Government: Fit for the future , 10 Year Health Plan for England.

Ageing population, demands on the Health service, demands on primary care.

Integrated health and social care.

Improvement in technology.

POCT “genie” released during Covid.

NHS Guidance & Governance

What does the guidance say ?

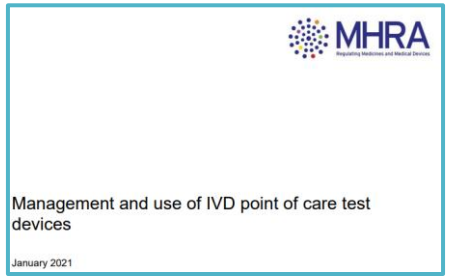
- screening and monitoring devices, eg:
  - non-invasive blood pressure (NIBP) monitors
  - pulse oximeters (SpO2 monitors)
  - portable spirometers
- diagnostic test kits, eg:
  - blood glucose meters
  - urinalysis test strips
  - cholesterol tests.

Since point-of-care tests are carried out close to a patient, the time it takes to test and obtain the results can be significantly shorter compared to standard methods of testing in a laboratory and clinic environment.
Potential benefits for NHS services and/or patients include faster decision-making and triage, reduced operating times, fewer outpatient clinic visits, increased access to and convenience of diagnostics, optimal use of professional time and reduction in antimicrobial medication.

Who is responsible for governance?
The nominated pharmacy lead is responsible for ensuring the programme for clinical governance is in place and is monitored.

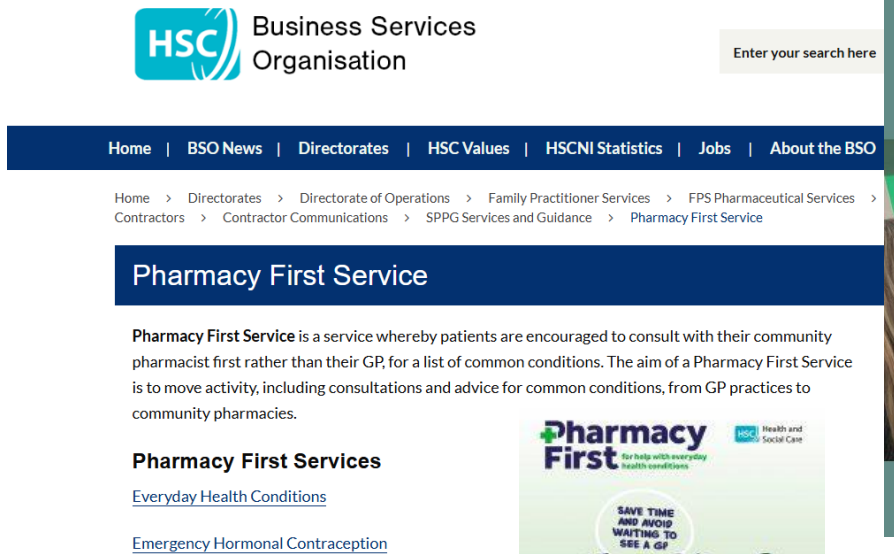
The POCT service's clinical governance structure should clearly define lines of accountability in its local policies and procedures, possibly including for the following areas:

- training
- instructions for use
- health and safety
- maintenance
- standard operating procedures
- record keeping
- clinical audit
- quality assurance
- risk management and adverse incident reporting
- clinical effectiveness
- accreditation
- national external quality assurance schemes.



What does the service look like across the 4 Nations ?

The Pharmacy First scheme was launched by the government and NHS England on 31 January 2024 to give patients quick and accessible care and ease pressure on GP services.



The four priority services (the common ailment, emergency contraception, emergency medicine supply and seasonal influenza vaccination services) were combined in a single national **clinical community pharmacy service** (CCPS).

Accessing Pharmacy First services

The following table shows the 7 conditions pharmacists can manage across various age ranges.

Clinical pathway	Age range
Acute otitis media*	1 to 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

The 27 Common Ailments - Acne, athlete's foot, back pain, chickenpox, cold sores, colic, conjunctivitis, constipation, diarrhoea, dry eyes, dermatitis, haemorrhoids, hay fever, head lice, indigestion, in-growing toenails, ringworm, mouth ulcers, nappy rash, oral thrush, scabies, **sore throat**, teething, threadworms, **urinary tract infection**, vaginal thrush, and verrucae

NHS England Health Check

The Department of Health and Social Care has included community pharmacies as a provider of the NHS Health Check in order to broaden public access and increase uptake of the tests. The NHS Health Check includes a symptom questionnaire combined with tests of blood pressure, cholesterol and HbA1c or glucose levels where diabetes is suspected.

A study by Robson et al. investigated the effectiveness of the NHS Health Check programme in its first four years in 214,295 attending patients. Of the eligible population who attended the programme, 12.9% were found to have high CV disease risk, 7844 attendees were diagnosed with hypertension, 1934 with diabetes and 807 with chronic kidney disease. These patients may have gone undiagnosed without the implementation of the NHS Health Check.

First published:
21 January 2025

PRESS RELEASE

More than 400,000 visit pharmacies for common health issues

The common ailments service, available in 99% of pharmacies throughout Wales, provides access to free, confidential advice and treatments for 28 common illnesses including **sore throats and urinary tract infections**. **Last year, more than 400,000 people used the service and it has helped almost 1.25 million since it was launched in 2013.**

There are also currently around **220 pharmacies delivering the pharmacist independent prescribing service** – equivalent to a third of all pharmacies in Wales.

95% of people said they would have otherwise visited their GP, or other healthcare provider, had they not been able to access this service from their pharmacy.

Up to 100 community pharmacists a year are already undertaking prescribing training and from 2026, all newly-qualified pharmacists will be prescribers at the point of registration.

The 27 Common Ailments - Acne, athlete's foot, back pain, chickenpox, cold sores, colic, conjunctivitis, constipation, diarrhoea, dry eyes, dermatitis, haemorrhoids, hay fever, head lice, indigestion, in-growing toenails, ringworm, mouth ulcers, nappy rash, oral thrush, scabies, sore throat, teething, threadworms, urinary tract infection, vaginal thrush, and verrucae.

Dewis doeth Choose well

Pharmacy Independent Prescribers Service (PIPS)

What is the Service?

It's an NHS service available in community pharmacies across Wales. When undertaking a consultation, the pharmacist will provide advice for self-management of the condition and may prescribe medication. The pharmacist may also refer the patient to the GP or other setting such as A&E, Out-of-Hours service if necessary.

Who can provide the service?

Qualified Pharmacists: Pharmacist independent prescribers are highly trained and competent individuals who have completed specific accredited courses to qualify for prescribing. All newly qualified pharmacists joining the General Pharmaceutical Council's register from August 2026 will be pharmacist independent prescribers.

Scope of Competence: They can prescribe any medical condition within their clinical expertise and scope of training.

What are the Benefits?

It provides faster access to healthcare, convenience by avoiding GP appointments, and helps ease the pressure on GP practices.

PRESS RELEASE

Pharmacies in Wales to provide 2 new national services to treat sore throats and UTIs

Test and treat

The Welsh Government is investing an extra £6 million in community pharmacies to make the sore throat test and treat and the urinary tract infection (UTI) services available in 99% of pharmacies ahead of the winter.

The award-winning sore throat test and treat service and the new UTI service, which was introduced last summer, will be available nationally, from 4 June and 1 October, respectively.

Sore Throat Summary Pathway

v4.0 May 2025 – to be used in conjunction with 2025 sore throat CAS formulary monograph and PGDs

FeverPAIN score
1 point for each
(max. 5 points):

Fever (in the last 24 hours)
Purulent tonsils
Attend ≤3 days of symptom onset
Inflamed tonsils (severe)
No cough or coryza

Centor score
1 point for each
(max. 4 points):

1. tonsillar exudate
2. tender anterior cervical lymph nodes
3. history of fever (>38°C)
4. no cough

FeverPAIN score 0 -1
or
Centor score 0-2

No point of care testing (RADT) required

→ Do not offer antibiotics →

- Return to the pharmacy for reassessment if symptoms have not improved within 7 days; sooner if they worsen
- Seek medical help if symptoms worsen or person becomes very unwell

FeverPAIN score 2-3

Consider point of care testing (RADT) if likely to benefit from antibiotics

If positive:
- watch and wait if practical OR
- consider a back-up antibiotic supply to start if symptoms don't improve over 3-5 days or worsen quickly

If negative (or no RADT done):
- reassure that sore throat is unlikely to be bacterial

→

- Advise to return for reassessment if there are new/worsening symptoms
- Seek medical help if symptoms worsen rapidly or person becomes very unwell

FeverPAIN score 4-5
or
Centor score 3-4

Advise point of care testing (RADT)

If positive:
- **If very unwell/at high risk of complications, refer immediately as appropriate**
- If not systemically very unwell/at high risk of complications:
  - consider supplying antibiotic immediately OR
  - consider providing a back-up antibiotic supply to start if symptoms don't improve/worsen over 3-5 days

→

Advise to seek medical help if symptoms:
- do not improve within 3-4 days OR
- worsen rapidly or person becomes very unwell

Reassess at any time if symptoms worsen

Consider:
- alternative diagnoses
- signs/symptoms of more serious illness
- previous antibiotic use leading to resistance

Refer rapid/significant worsening for medical advice

→

Refer to GP, 111 or out of hours if the person:
- is systemically unwell OR
- has signs of more serious illness OR
- has a high risk of complications

Refer to A&E if there are:
- signs of severe systemic infection
- severe complications

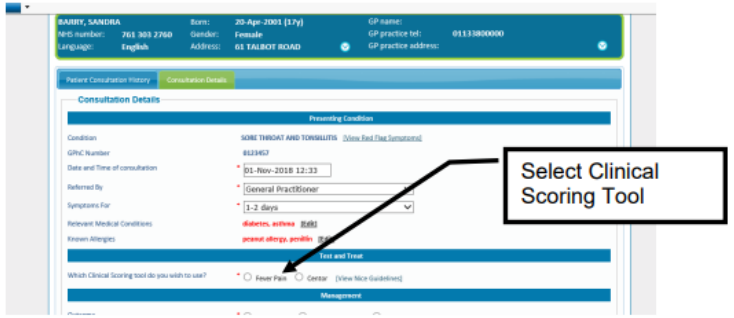
Antibiotic use
- Antibiotics make little difference to how long symptoms last (on average, they shorten symptoms by about 16 hours). Withholding antibiotics is unlikely to lead to complications.
- Possible adverse effects include nausea and diarrhoea.

Self care advice
- Rest, drink plenty of fluids and consider paracetamol for pain and/or fever relief. Can use ibuprofen if appropriate.
- Medicated lozenges may reduce pain in adults.

Summary of information from - NICE CKS: Sore throat – acute. September 2024. Available at: https://cks.nice.org.uk/topics/sore-throat-acute/. Accessed April 2025

5.5 TEST AND TREAT CLINICAL ASSESSMENT

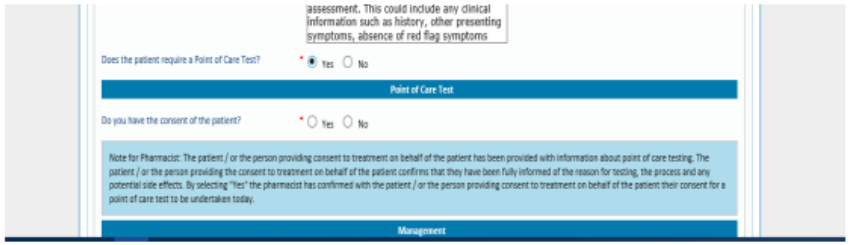
- Select the clinical scoring tool you wish to use to assess patient symptoms.



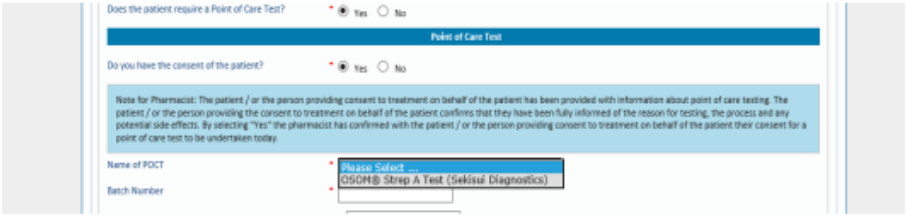
- A summary of the FeverPAIN and Centor tools can be found by opening the [View NICE Guidelines] hyperlink

5.6 POINT OF CARE TEST (POCT)

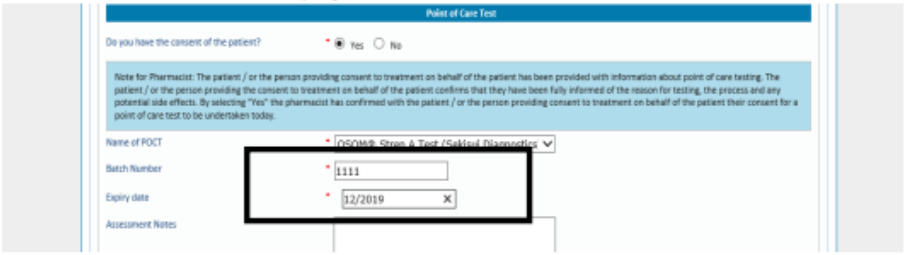
- Patients must provide informed consent to receiving a Point of Care Test, consent must be documented to continue:



- Select the POCT used from the dropdown list (OSOM® Strep A test)

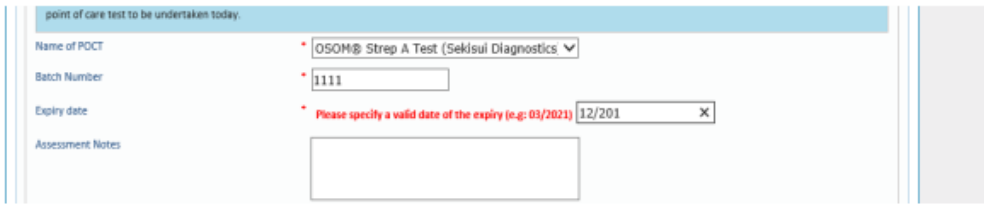


- Record the batch number and expiry date of the POCT used

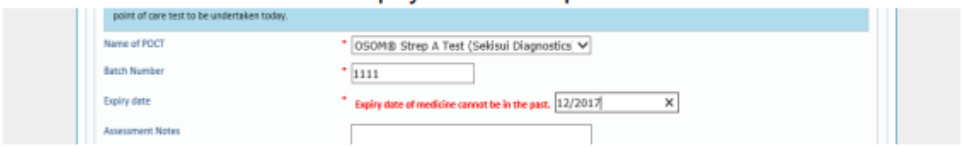


- If an incorrect expiry date is entered (i.e. incorrect format or expiry date in the past) an error message will be displayed:

Incorrect format

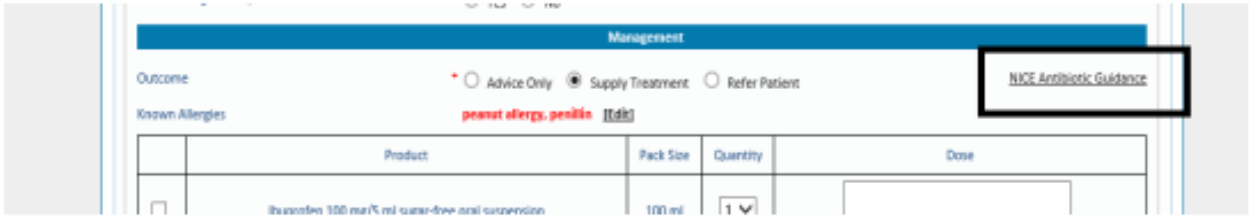


Expiry date in the past

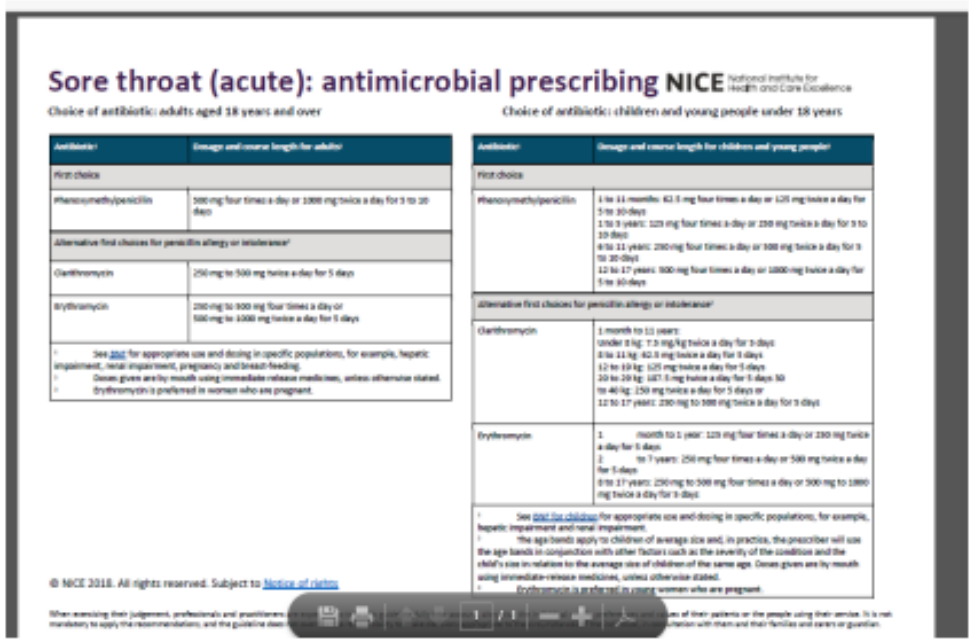


POSITIVE POCT RESULT

- In addition to the CAS formulary treatment options, patients with a positive POCT res can be offered appropriate antibiotic treatment.
- NICE guidance on appropriate antibiotic choice can be accessed by clicking on the [NICE Antibiotic Guidance] link



- Please note: only patients aged 6 years and over can access the STTT service:



Appropriate antibiotic dose can be entered as well as relevant discussion with patient. The patient can also be referred to another healthcare provider to manage the condition.

Records made within Choose pharmacy will be visible to pharmacists providing further services and content of the record included in letters generated for other HPs e.g GPs

Where antibiotics are required:

Phenoxymethylpenicillin

Amoxicillin

Clarithromycin

Erythromycin

Comparison of antibiotic provision associated with acute sore throat symptom management in community pharmacies in Wales and England: a natural policy experiment.

J Antimicrob Chemother 2025; **80**: 1256–1260
https://doi.org/10.1093/jac/dkaf057 Advance Access publication 12 March 2025

Journal of Antimicrobial Chemotherapy 50 years

Comparison of antibiotic provision associated with acute sore throat symptom management in community pharmacies in Wales and England: a natural policy experiment

Background: Acute sore throat is managed in community pharmacies in England and Wales under different clinical pathways: Acute Sore Throat Pharmacy First (ASTPF) and Sore Throat Test and Treat (STTT), respectively. ASTPF launched in 2024 and allows antibiotic supply with FeverPAIN scores 4 and 5. STTT launched in 2018 and allows antibiotic supply with FeverPAIN ≥2 or Centor ≥3, if POCT confirms presence of group A Streptococcus (GAS).

Objectives: To compare antibiotic supply rates of ASTPF and STTT, between 1 February 2024 and 30 July 2024,covering the first 6 months of ASTPF.

Methods: A descriptive study using anonymized individual-level data from electronic pharmacy records of STTT and anonymized population-level aggregate data from electronic records of ASTPF consultations meeting the gateway criteria for reimbursement.

Results: During the study period, 317 864 ASTPF and 27 684 STTT consultations were recorded across participating pharmacies, representing 551.0 and 874.9 consultations per 100 000 population in England (57 690 300) and Wales (3 164 400), respectively. **The antibiotic supply rate was 72.7% (95% CI: 72.5% to 72.8%) for ASTPF and 29.9% (95% CI: 29.4% to 30.5%) for STTT.**

Conclusions: In this natural experiment in two similar healthcare systems with pharmacy-led sore throat services, we found different rates of antibiotic supply. Differences could be attributable to service implementation, pharmacists' initial training, engagement with GPs, pathway differences (e.g. gateway criteria and use of point of-care tests), symptom severity, or most likely a combination of multiple factors**. This early analysis suggests adapting the ASTPF pathway, to include POCT, could lead to reductions in unnecessary antibiotic**

Antimicrobial resistance strategy- CRP testing in primary care and community pharmacy

Primary care and Pharmacy-led CRP POC services for patients presenting with symptoms of respiratory tract infection and COPD patients presenting with exacerbations who may require antibiotics.

UK Government National Action Plan (NAP)

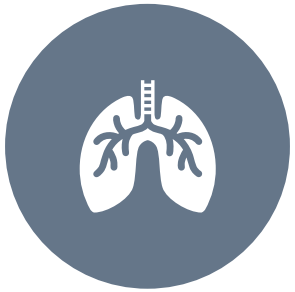
Figure 1: summary of the 2024 to 2029 NAP

Human health targets

1a: prevent any increase in drug resistant infection from 2019 baseline.
1b: prevent any increase in gram –ve bloodstream infections from baseline.
2a: increase UK public and healthcare knowledge on AMR by 10% from baseline.
4a: reduce total antibiotic use by 5% from baseline.
4b: achieve 70% of total use of antibiotics from Access category.

Rationale for using C-reactive protein point-of-care-testing

One way to reduce resistance is through improved prescribing.



Antimicrobials prescribed for respiratory infections account for around 60% of all primary care prescriptions, which in turn comprise 80% of the total antibiotic burden.

NICE quality standard on infection prevention and control QS61.

The use of diagnostic tools (CRP-POCT) has been shown to improve/reduce antibiotic prescribing in certain clinical scenarios such as ARTI, including LRTI (when pneumonia is not suspected) and infective exacerbations of COPD.

Our journey

May 2024

200 POCT devices procured during the pandemic for COVID testing. Cab Sec Health agrees to repurpose.

May – July 2024

150 devices repurposed for CRP. Devices collected, upgraded.

July - Oct 2024

EOI invitation sent to all GPs and community pharmacies. Over 230 EOI received.

Oct 2024

Ineos Oxford Institute receive funding for evaluation phase

Sep 2024 - ongoing

Engagement with UHB POCT leads and project plan agreed.

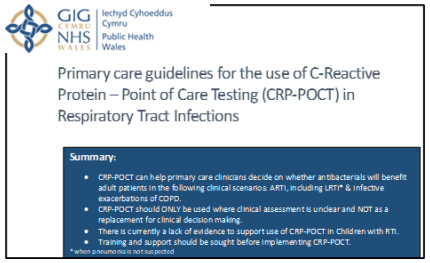
March 2025

National guidelines on POCT CRP aligned with NICE NG237: *suspected acute respiratory infection in over 16s*

April 2025

Lumira Dx integrated with Roche Diagnostics – contractual delays

All Wales Primary care guidelines for the use of POCT CRP in respiratory tract infections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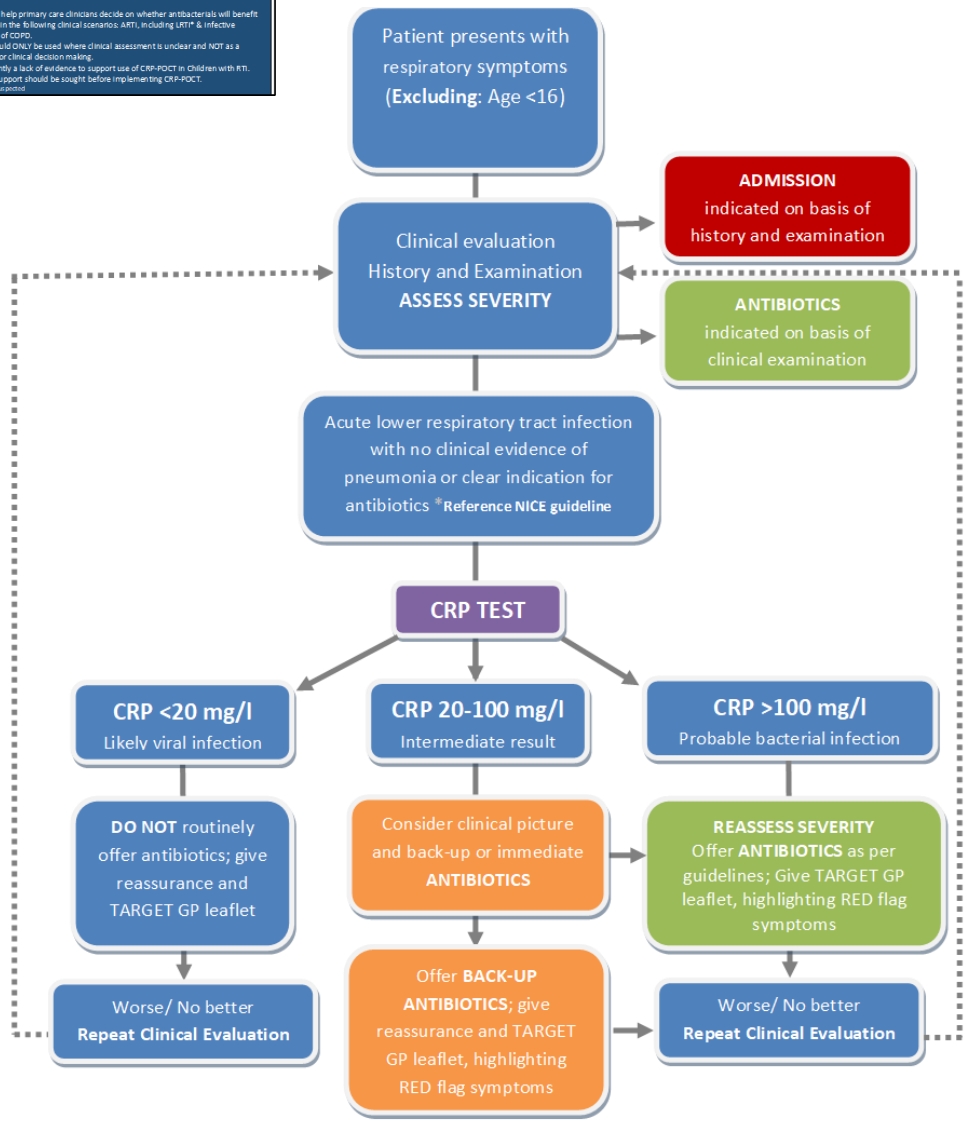
Primary care guidelines for the use of C-Reactive Protein – Point of Care Testing (CRP-POCT) in Respiratory Tract Infections

Summary:

- CRP-POCT can help primary care clinicians decide on whether antibacterials will benefit adult patients in the following clinical scenarios: ARTI, including LRTI* & infective exacerbations of COPD.
- CRP-POCT should ONLY be used where clinical assessment is unclear and NOT as a replacement for clinical decision making.
- There is currently a lack of evidence to support use of CRP-POCT in Children with RTI.
- Training and support should be sought before implementing CRP-POCT.

* when pneumonia is not suspected



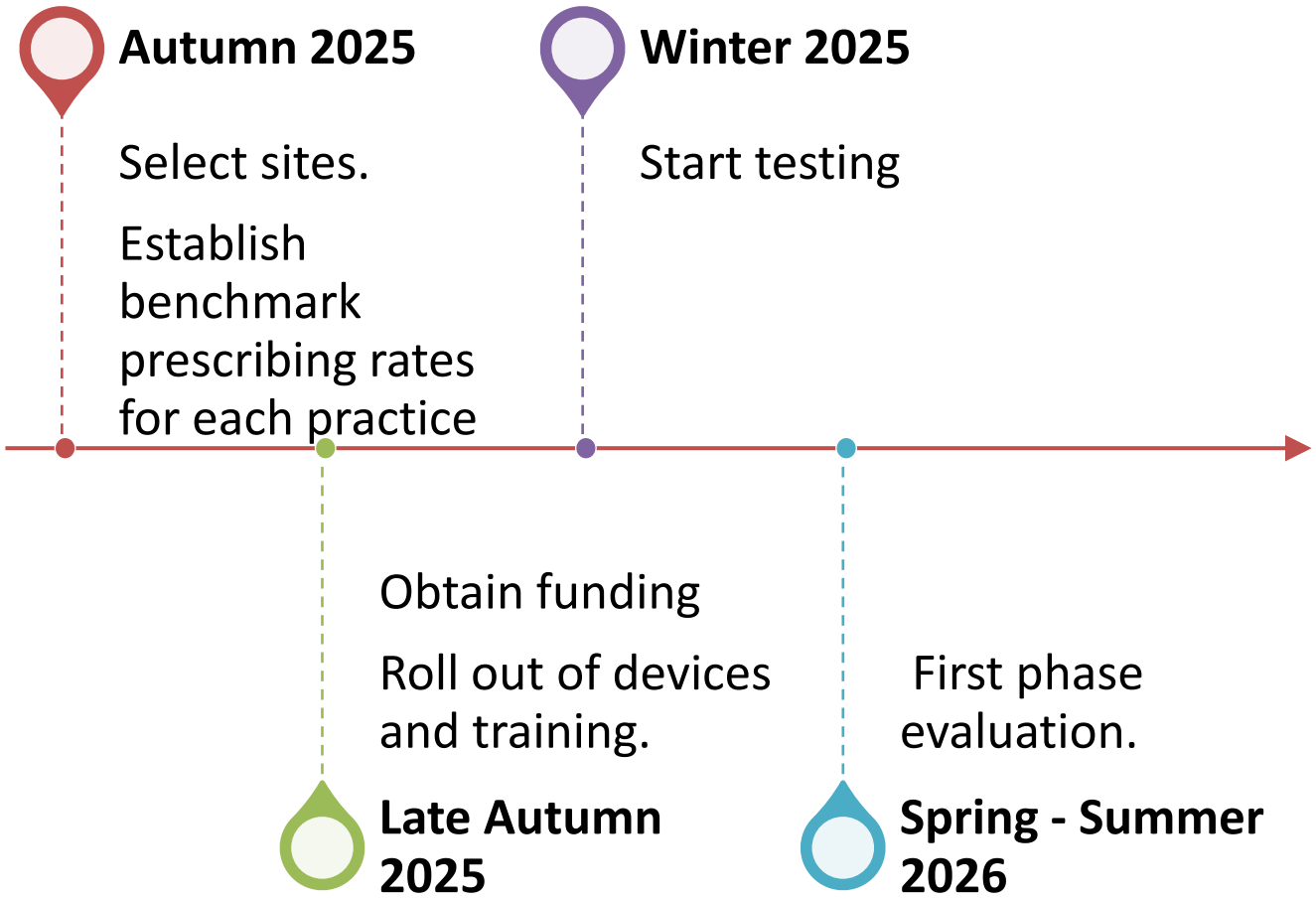
NICE guideline NG237: Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management.

Recomendation:1.3.4

If, after clinical assessment, it is unclear if antibiotics are needed for someone with a lower respiratory tract infection, consider a point-of-care C-reactive protein (CRP) test to support clinical decision making and:

- offer immediate antibiotics if the CRP level is more than 100 mg/litre
- consider a back-up antibiotic prescription if the CRP level is between 20 mg/litre and 100 mg/litre
- do not routinely offer antibiotics if the CRP level is less than 20 mg/litre.

Anticipated Implementation time frame – some slippage due to availability of funding, resource support.



Evaluation

The study will be led by a team of behavioural scientists at the Nuffield Department of Primary Care Health Sciences, University of Oxford, in collaboration with an interdisciplinary team of social scientists and health economists colleagues in the Nuffield Department of Population Health and the Big Data Institute to explore and test how behaviour change interventions can support general practices to use point-of-care tests (POCT).

The evaluation project will generate crucial evidence to inform policy on POCT implementation at a national and international scale.

Includes quantitative surveys through brief online questionnaires, selective interviews and qualitative behaviour analysis.

Development of machine-learning models to identify those at risk of adverse outcomes to prioritise CRP POCTs and antibiotic prescribing by comparing patient outcomes in GP practices using and not using CRP POCTs.

Co-design and implementation of interventions (behaviour change support and pay-for-performance) to support the appropriate and judicious use of CRP POCTs for COPD management in Wales.

Evaluation of the feasibility, effectiveness, and cost-effectiveness of interventions on CRP POCT uptake and antibiotic prescribing reductions.

INFOS OXFORD INSTITUTE

UNIVERSITY OF OXFORD

Evaluation of the impact on antibiotic prescribing and patient outcomes - plan.

Where are we now?

	CTMUHB	HDUHB	PTB	ABUHB	SBUHB	CAVUHB	BCUHB
Is your UHB taking part in this project/ roll out?	Yes	Yes	Yes	Yes	Yes	No	No
How many potential sites can you support?	26	12	18	7	27 - 32		
Have you engaged with the primary care sites (either directly through EOI list or local committee) to agree which sites?	Yes	Yes	Yes (all EOI)	Yes , LMC	Yes, EOI resent		
No. of GP sites already recruited	15	3	14	0	0		
No. of pharmacies already recruited	11	0	4	0	0		
Have you engaged with the suppliers (Roche/ Abbott) to discuss your requirements?	Yes	Yes	Yes	No	No		
Have the suppliers agreed a plan for CRP data capture and retrieval?	Yes	Process has been tested.	No	No	No		
Have training dates been agreed with the supplier?	Yes	No	No	No	No		
Has an ordering process been agreed?	Yes	Not yet	An outline	No	No		
Has baseline Antimicrobial prescribing data been made available from your local antimicrobial pharmacist / HARP website for each recruited practice ?	Yes	Yes	Yes	No	No		
Has baseline prescribing data been provided for each recruited IPP?	No	No	Yes	No	No		
Has the UHB agreed to release the GP prescribing data to the Oxford group?	No	No	In principle	No	No		
Has an ordering process been agreed?	Yes	Not yet	Not yet	No	No		
Has the use of Choose Pharmacy been discussed with the IPP?	No	No	New template needed	No	No		
Has the Health Board / Trust R&D Service been approached by the Oxford Research Team ?	Yes	No		No	No		

Barriers and Challenges

- User training and support
- Quality assurance - QC and EQA (Weqas)
- Understanding Limitations of test (interferences, sensitivity, specificity) and interpretation
- Connectivity – Electronic patient record / Choose pharmacy
- UHB IG approval of prescribing data for Evaluation
- On going reimbursement

Opportunities

- Care closer to the home
- Convenient location and extended hours – improved access to care
- Reduction of burden on primary and secondary care
- Reduce visits to GP clinics
- Improved TAT
- Improved clinical care
- Improved patient satisfaction
- Cost savings
- Appropriate antimicrobial prescribing

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