Acute Problem:
- Chest infection
- Breathing problem (follow protocol, if available)
- Chest pain (follow protocol, if available)
- Acute stomach pain
- Skin infection (photo)
- Urine infection (sample)
- Sinusitis >10 days
- Conjunctivitis <2 years old
- Hearing loss <1 week
- Ear pain/infection
- Acute dizziness <1 week
- Acute constipation <2 weeks
- Acute headache
- Acute mental health (follow protocol, if available)
- Limb weakness/slurred speech (follow protocol, if available)
- Another healthcare professional calling regarding patient (please add to list with URGENT at the front and IM CST team) e.g., Paramedic

Please note this is a guide, the list is not exhaustive. If you are unsure, please follow single point of access procedure to your Line Manager who will check with the CST.

Signposting:
Pharmacy:
- Mild cough/cold
- Conjunctivitis > 2 years old
- Haemorrhoids
- Skin conditions – but well in self, rash, ringworm, eczema
- Threadworm
- Headlice
- Chickenpox/hand, foot and mouth unless acutely unwell
- Hayfever
- Mild – moderate pain
- Mild acute diarrhoea < 5 days

Primary eye care service:
- Red, painful eye/eyelid
- Acute flashes/floaters
- Sudden vision loss
- Foreign body in eye

"Please can I take your date of birth?" – retrieve patient notes and ask for one further identifier

Offer first planned care appointment

PATIENT STATES MORE URGENT

"Please could you give me a brief reason for the appointment?"

Book appointment
(Symptoms >2 weeks with no acute change)

Medication issues:
- Side effects
- Medication queries
- Pharmacy queries
- Urgent queries

Book Pharmacist appointment

Signpost to other service

Add to same day urgent list

Flowchart Sample 2

Flowchart Sample 1 and 2 are provided as examples only. They may be used as a guide for practices when devising and adopting an approach suitable for the specific needs of the practice.
Does patient have immediate life threatening condition?

- **NO**

Does patient have condition suitable for Community Pharmacist Consultation Service (CPCS) or other service such as Mental Health Matters?

- **NO**

Does patient’s condition relate to one of their long-term conditions?

- **NO**

Is the condition flaring up/suddenly worse?

- **YES**

Does patient feel the condition needs to be dealt with today?

- **YES**

Does the condition require face-to-face appointment or is the patient happy to discuss on the telephone?

- **Telephone**
  - Book next available telephone slot with nurse/GP most suited to the condition.

- **Face to face**
  - Book next available face-to-face slot with nurse/GP most suited to the condition.

- **NO**

Advise calling 999 or attending A&E. If patient says I’d rather speak to GP, say “no, we are not an urgent or emergency service, your condition sounds like it could be serious please call 999 or go immediately to A&E”

Advise the patient of the other service and make appropriate referral. If patient says they would rather speak to a GP say “the service I am referring you to is provided by the NHS to help patients get the service they need without speaking to a GP. If you speak to them and they want a GP’s input, they will contact us.

Flowchart Sample 1

Flowchart Sample 1 and 2 are provided as examples only. They may be used as a guide for practices when devising and adopting an approach suitable for the specific needs of the practice.