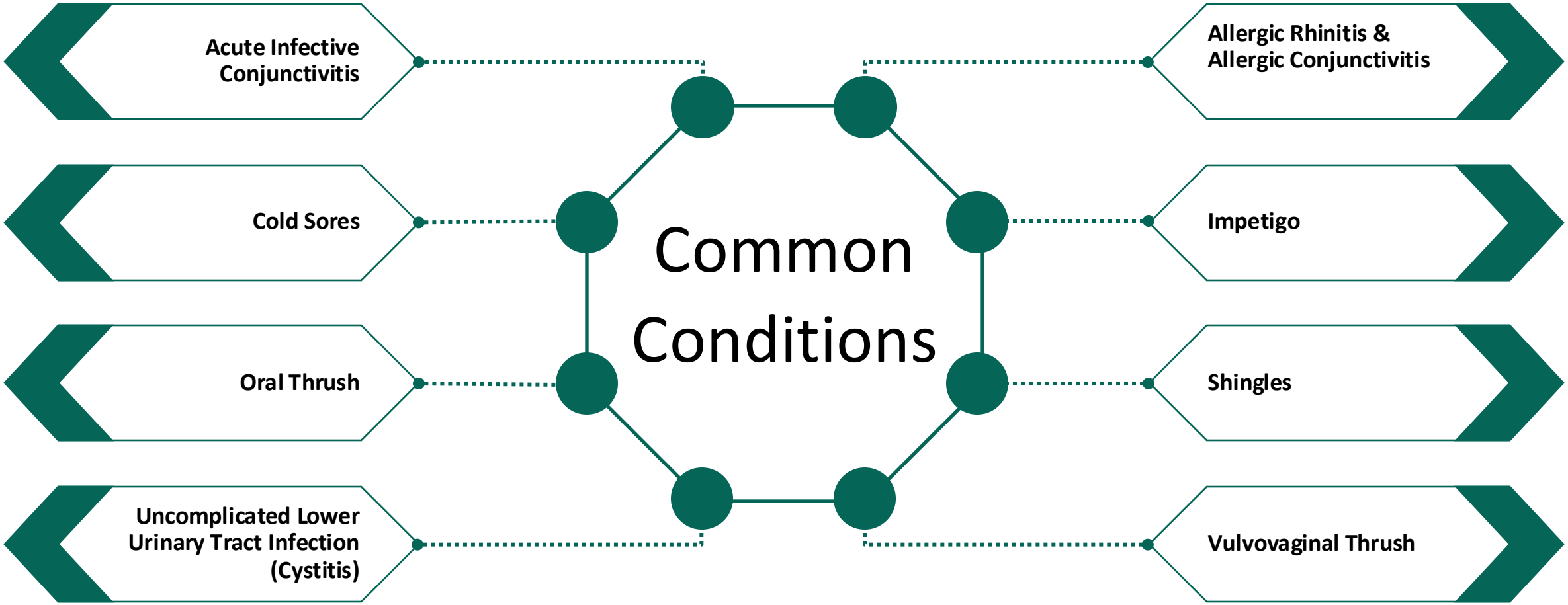
Clinical Sub-Group (CSG) Overview

November 2025

The 8 Common Conditions



CSG Membership

Purpose

1. Finalising the appropriate conditions for inclusion
2. Develop clinical framework for the service
3. Finalising the appropriate medicinal products that can be prescribed within a CCS

Memberships

Core Membership

- HSE National Clinical Director of Integrated Care
- HSE Chief Pharmacist(s)
- HSE National Clinical Advisor in Primary Care
- ICGP Representative(s)
- AMRIC

General Membership as needed

- Specific expert related to the condition(s) (e.g., Clinical Lead for Ophthalmology for review

Clinical Sub-Group Membership

Core Members

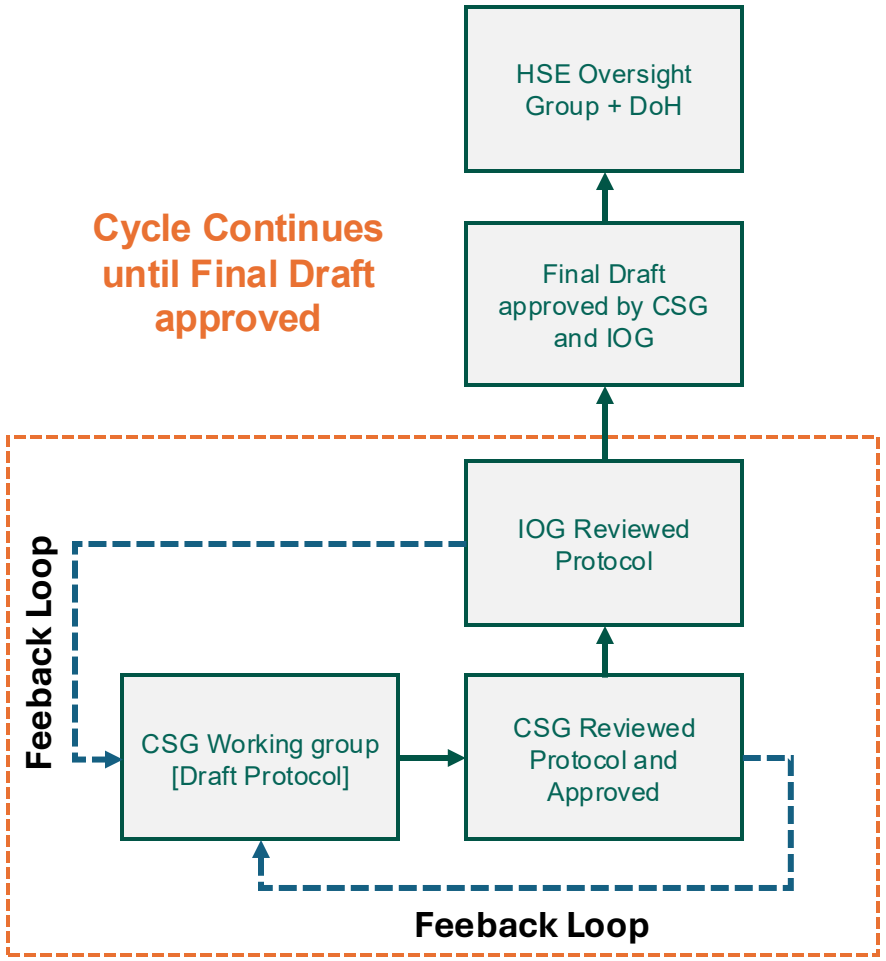
- Dr. Siobhán Ní Bhriain - HSE National Clinical Director Integrated Care (Chair)
- Dr. David Hanlon - HSE National Clinical Advisor Primary Care (Vice Chair)
- Ms. Ciara Kirke - HSE Clinical Lead National Medication Safety Programme
- Ms. Linda Fitzharris - HSE PCRS Head of Pharmacy
- Dr. Diarmuid Quinlan - Medical Director ICGP & GP
- Ms. Elaine Dobell - HSE General Manager, Office of National Clinical Director Integrated Care
- Ms. Marie Philbin - AMRIC Chief Pharmacist
- Mr. Jonathon Morrissey - Community Pharmacist
- Ms. Áine McCabe - Community Pharmacist
- Dr. Clíona Murphy – National Women and Infants Health Programme
- Ms. Sarah Clarke - Medicines Management Programme

General Members

- Ms. Aoife Doyle - HSE National Clinical Lead for Ophthalmology
- Prof. Anne Marie Tobin - HSE National Clinical Lead for Dermatology
- Dr. Eavan Muldoon - HSE National Clinical Lead for Infectious Diseases
- Dr. Seán O'Dowd - HSE National Clinical Lead for National Dementia Office representing National Clinical Programme for Neurology on behalf of Prof. Sinéad Murphy
- Ms. Ruth Hoban - HSE West Assistant Director of Nursing and Midwifery for Nurse Prescribing on behalf of Dr. Geraldine Shaw
- Prof. Fiona Lyons - HSE National Clinical Lead for Sexual Health
- Ms. Caoimhe Gleeson - HSE National Office for Human Rights and Equality Policy
- Dr. Andrew Bolas - Assistant National Oral Health Lead
- Dr. Myra Herlihy - Assistant National Oral Health Lead Special Care and Training
- Prof. Basil Elnazir – Consultant in Paediatric Respiratory Medicine

Process for Developing Protocols

Process



Approach

- The jurisdictions examined include Scotland, Wales, England, British Columbia, Saskatchewan, Ontario, and New Zealand.
- Adopted HSE Nurse protocol structure
- Each protocol developed sequentially
- Specific sub-group expertise for each
- Signed off by HSE Clinical Leadership
- Signed off by the Implementation Oversight Group after rounds of consultation and feedback

Overview of Structure of Protocols

1) Clinical Criteria

- Scope and Background
- Clinical Features
- Differential Diagnoses
- Inclusion Criteria
- Exclusion Criteria
- Guidance on Actions to be taken if fulfilling Exclusion Criteria

Exclusion Criteria

Green	Criteria for Inclusion	
Amber	Criteria requiring referral to General Practitioner or other relevant medical practitioner – Initial Limited Supply **can be offered**	Pharmacists can consider prescribing an initial limited supply of treatment if clinically appropriate to mitigate the risk of delay in access to treatment. Treatment should be limited to the dose or time necessary for an individual to access the referral pathway.
Amber	Criteria requiring referral to General Practitioner or other relevant medical practitioner	Pharmacist prescribing not permitted
Red	Criteria requiring urgent medical assessment (Treating Service, GP, GP out-of-hours, Hospital Emergency Department)	Pharmacists can consider prescribing an initial limited supply of treatment if clinically appropriate to mitigate the risk of delay in access to treatment. Treatment should be limited to the dose or time necessary for an individual to access the referral pathway.
Red	Criteria requiring emergency referral to Hospital Emergency Department / Contacting Emergency Service	Pharmacist prescribing not permitted

Examples from Shingles Protocol

RAG	Explanation	Example from Shingles Protocol
Green	Criteria for Inclusion	• Informed consent given. • Individual Aged 18 or Over
Amber	Criteria requiring referral to General Practitioner or other relevant medical practitioner Initial Limited Supply **can be offered**	• Recurrent shingles – recurrent infection within six months of a previous episode. • Rash involving more than two separate dermatomes and/or crosses the body's midline. • Individual is immunocompromised due to underlying medical conditions or treatments (excluding those with moderate to severe immunocompromise: see Section 2.4.2).
Amber	Criteria requiring referral to General Practitioner or other relevant medical practitioner Pharmacist prescribing **not permitted**	• Individuals under 18 years of age. • Contraindications as specified in the medication Summary of Product Characteristics. • Diagnosis is unclear, including atypical cutaneous presentations.
Red	Criteria requiring urgent medical assessment (Treating Service, GP, GP out-of-hours, Hospital Emergency Department) Initial Limited Supply **can be offered**	• Individual has suspected Ramsay Hunt Syndrome (Herpes zoster oticus) with or without the presence of an auricular rash, but absence of facial weakness. • Individual has a rash that is widespread or severe or individual is systemically unwell.
Red	Criteria requiring emergency referral to Hospital Emergency Department / Contacting Emergency Service Pharmacist prescribing **not permitted**	• Individual is systemically very unwell, or showing symptoms of severe/life-threatening infection, or systemic sepsis: **Refer urgently to Emergency Department (ED) via ambulance.** • Suspected Meningitis (mottled skin, neck stiffness, photophobia).

Structure of Protocols

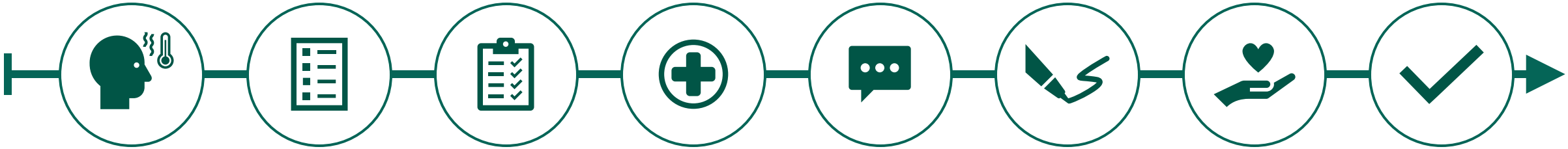
2) Details of Medications

1. Name
2. Dose
3. Duration

3) Patient / Service-User Care Information

1. General Advice for Self-Care and Safety Netting
2. Medication Information

Sample Patient Journey



Patient presents with symptoms of Allergic Rhinitis ("Hay Fever"), reporting Sneezing, Watery Rhinnorhoea and Itchy Eyes

Review Inclusion Criteria to ensure eligibility for treatment under protocol

Review Exclusion Criteria **(if fulfils exclusion criteria, refer as appropriate)**

Perform comprehensive Clinical Review

Discuss treatment options, per protocol

Prescribe appropriate treatment

Offer Self-Care Advice

Ensure adequate safety-netting

Possible Uncomplicated Lower UTI: "Wait & See"

- In patients presenting with 2 of 3 symptoms of lower UTI (dysuria, frequence, urgency), in the absence illness, discharge or visible haematuria, a **wait and see** approach may be adopted for 48-hours
- These patients should be advised on appropriate self-care advice, including:
  - Use of Ibuprofen if appropriate
  - Ensuring adequate fluid intake
- They should be safety-netted, including advice to seek medical attention should they:
  - become systemically unwell
  - develop haematuria
  - experience a deterioration in their symptoms
  - develop features suggestive of Acute Pyelonephritis (See Section 2.1)
- Should their symptoms fail to resolve within 48-hours of presentation, they should be advised to return to the pharmacy for re-assessment +/- onward referral.

Questions?