

Advanced Services Workshop

Elevate Your Impact; Maximise Your Services!

AstraZeneca, Boehringer Ingelheim, Daiichi Sankyo, Novo Nordisk, and Thea have provided sponsorship to Community Pharmacy South Yorkshire for the cost of stand space at this meeting.

The sponsors have had no influence over the meeting agenda, selection of speakers, or any arrangements.



Logistics

Victoria Lindon
Assistant Head of Primary Care
South Yorkshire ICB

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Context

- Collaboration between Community Pharmacy South Yorkshire, South Yorkshire ICB and South Yorkshire Community Pharmacy Forum.
- Purpose of today is to provide you with the latest insights and practical tools to excel in the implementation and delivery of the National Advanced Services offered under the Community Pharmacy Contractual Framework.
- Aim is to maximise the role of Community Pharmacy in South Yorkshire for the benefit of all.

Agenda

1. Introduction, Context Setting & Logistics

Victoria Lindon, Assistant Head of Primary Care, South Yorkshire Integrated Care Board.

2. Building Confidence & Motivation Workshop

Harpreet Chana, Founder/CEO of the Mental Wealth Academy.

3. Hypertension Service

Claire Thomas, Community Pharmacy Clinical Lead, South Yorkshire Integrated Care Board.
Dr Yeyenta Osasu, National Pharmacy Integration Lead, NHS England

4. GP Practice – Pharmacy Relationships from a GP Perspective

Dr Nabeel Alsindi, GP/Medical Director (Doncaster, NHS South Yorkshire ICB)

5. Break - An opportunity to network and connect with our sponsors and speakers while enjoying a light sandwich buffet

6. Pharmacy First

Shammi Khosla, Services Support and Engagement Officer, Community Pharmacy South Yorkshire.
Vicki Roberts, Chief Executive Officer, Community Pharmacy South Yorkshire.

7. Contraception

Claire Thomas, Community Pharmacy Clinical Lead, South Yorkshire Integrated Care Board.

8. Closing Session

Vicki Roberts, Chief Executive Officer, Community Pharmacy South Yorkshire.

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Objectives - Vicki



Objectives - We want to hear about your objectives for today's workshop ...



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Building Confidence & Motivation – Harpreet Chana Founder & CEO, The Mental Wealth Academy

But I'm JUST a pharmacist!

Confidence and Motivation Workshop

PHARMACY

HARPREET CHANA, MRPHARMS, CPC, ELI-MP

Founder & CEO, The Mental Wealth Academy

www.thementalwealthacademy.com

Strengthening the mental health of the working population

THE
MENTAL
WEALTH
ACADEMY 

Play Along! Scan this QR Code



Who Am I?

The Mental Wealth Academy - Leadership & Wellbeing Coaching & Training



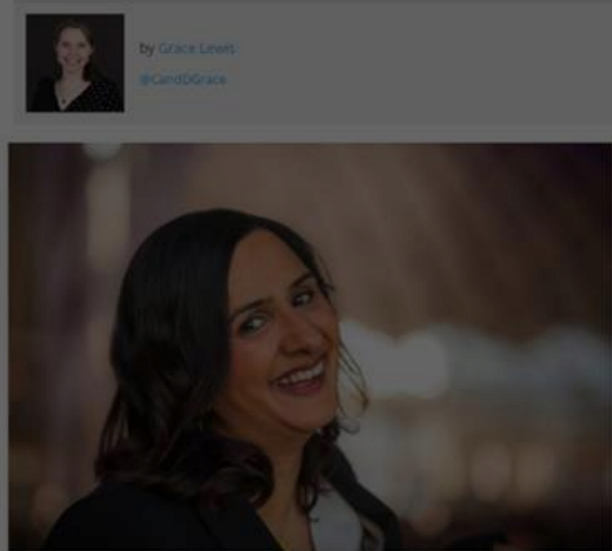
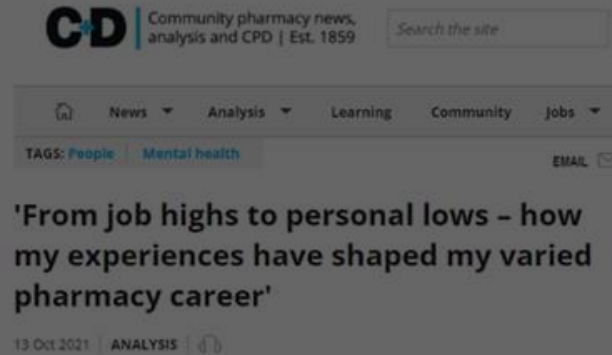
- Qualified Pharmacist
- 20 years Healthcare experience across hospital, community, primary care and national policy
- Ex CPE and NPA
- Certified Executive Leadership & Wellbeing Coach
- Co-Founder of Female Pharmacy Leaders Network



Harpreet Chana



As featured in....



From hospital to community, from high-profile national leadership roles to starting her own business - Harpreet Chana explains how her personal highs and lows have shaped her pharmacy career.

In the latest episode of the *A Coffee With* podcast series, C+D's editor Beth Kennedy speaks with Harpreet Chana, leadership and mental wellbeing coach and founder of the Mental Wealth Academy about her career journey and the challenges she has faced along the way.



Harpreet Chana, founder of the Mental Wealth Academy
HARPREET CHANA

After months of social distancing, isolation and lockdown, it's possible that the negative mental health effects of the COVID-19 pandemic could outweigh the physical health impacts. In August 2020, figures from the Office of National Statistics showed that the number of adults experiencing some form of depression in Great Britain had doubled during the pandemic.



Current State of Play - Live Poll



SCAN



FILL OUT
THE FORM



AND INPUT
THE CODE



8879 4717

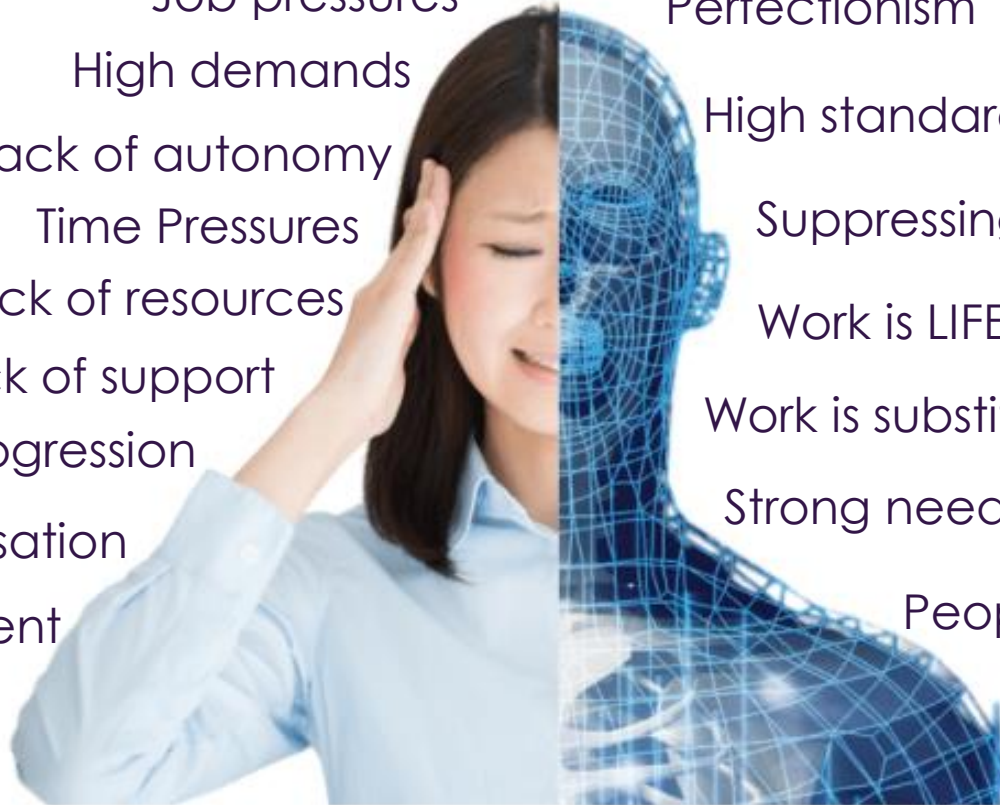


Why Does Pharmacy Predispose Us to Stress and Burnout?

Causes of Burnout

External Causes

Job pressures
High demands
Lack of autonomy
Time Pressures
Lack of resources
Lack of support
Lack of career progression
Poor work organisation
Toxic work environment
Bullying/exclusion
Poor communication



Internal Causes

Perfectionism
High standards of self
Suppressing own needs
Work is LIFE
Work is substitute for social life
Strong need for recognition
People pleasing
High Functioning Anxiety/Stress

Internal Causes

Why Does Pharmacy Predispose Us to Burnout?



Why Does Pharmacy Predispose Us to Burnout?

Recipe for 1 Stressed Pharmacy Professional

1. Big bowl of **perfectionism**
2. Huge dose of **self-criticism**
3. Large dollop of **guilt**
4. Good shake of an **inability to say no**
5. Sprinkle of **Fear of failure**
6. Pinch of **risk aversion**

Garnish with a lack of **SUPPORT** and
SERVE with a side of **High Functioning
Anxiety**





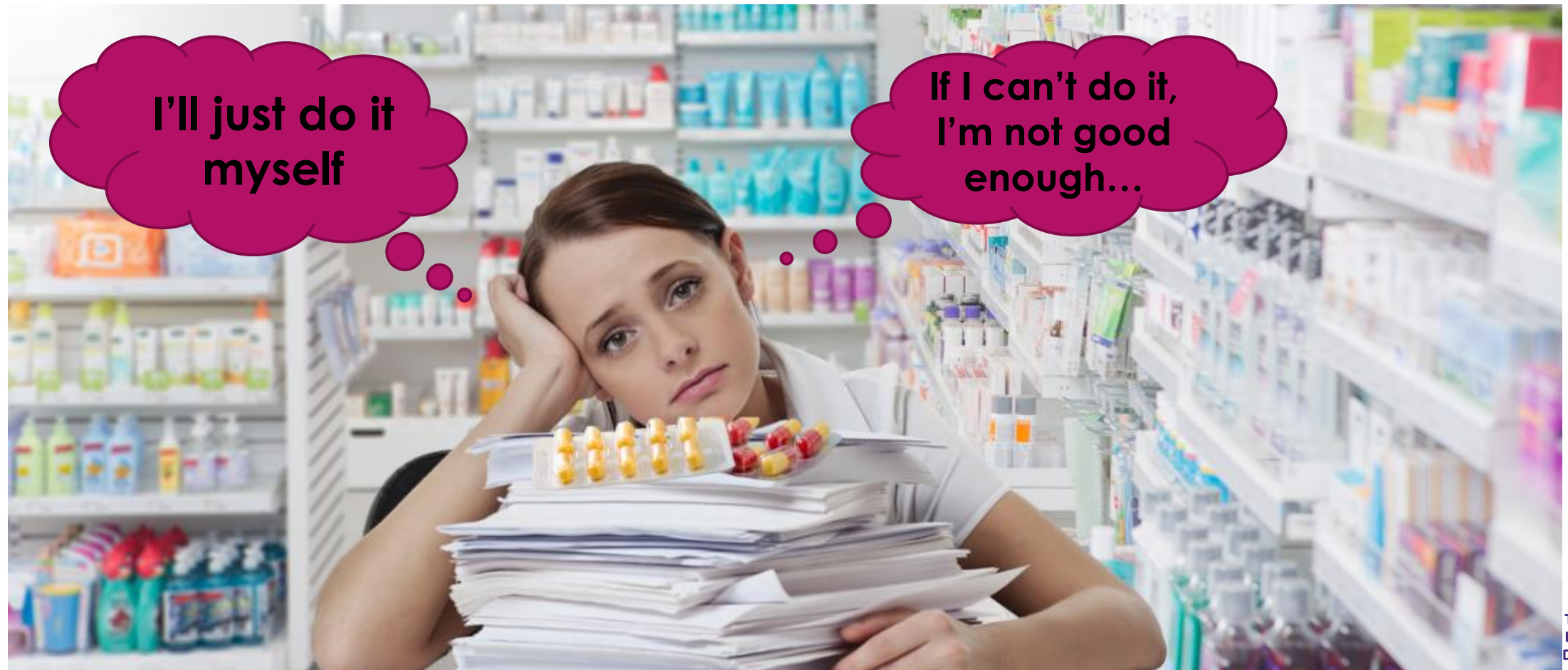
Being the one in charge...

Impact of Perfectionism

What Standards Are You Setting Yourself?



Impact on Workload





**What will it take for you to accept
GOOD ENOUGH?**

**Extend yourself
the same
compassion
you freely give
to others**



Mindset Makeover

Start with WHY

WHY do you do what you do?



What is YOUR Why?

WHY do you do what you do?



What is YOUR Why?

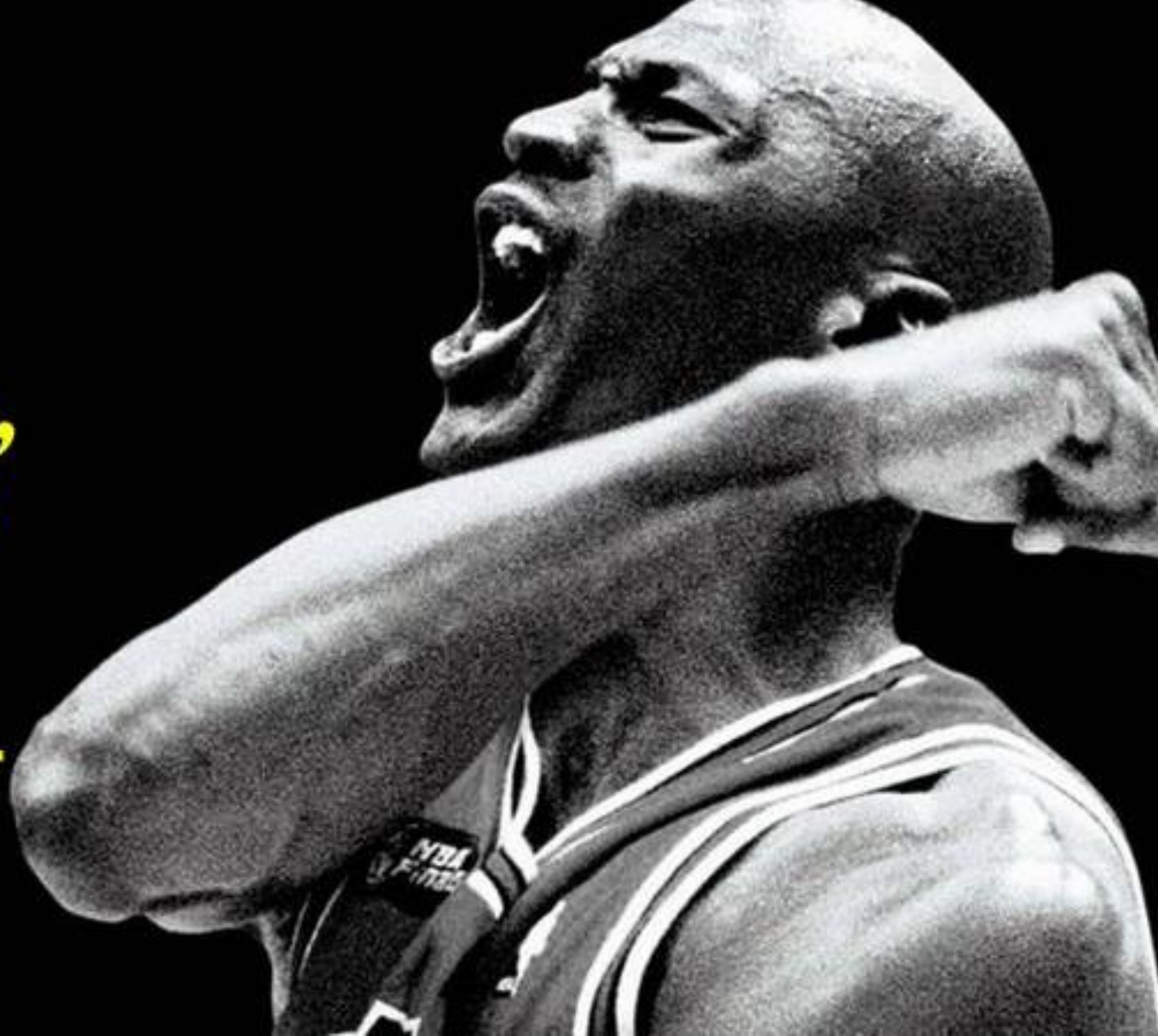


What is your TEAM Why?

Fixed vs Growth Mindset

“Some people want it to happen, some people wish it would happen, others make it happen.”

- Michael Jordan -



Which One Are You?



Fixed Mindset

- I'm only good at certain things
- I give up when it gets too hard
- I hate challenges
- I take feedback and criticism personally
- I don't like doing what I don't know

Growth Mindset

- I can be good at anything
- I try until I get the results I want
- I embrace challenges
- I welcome feedback and criticism
- I like learning about things I don't know

Failure doesn't define you,
your response to it does

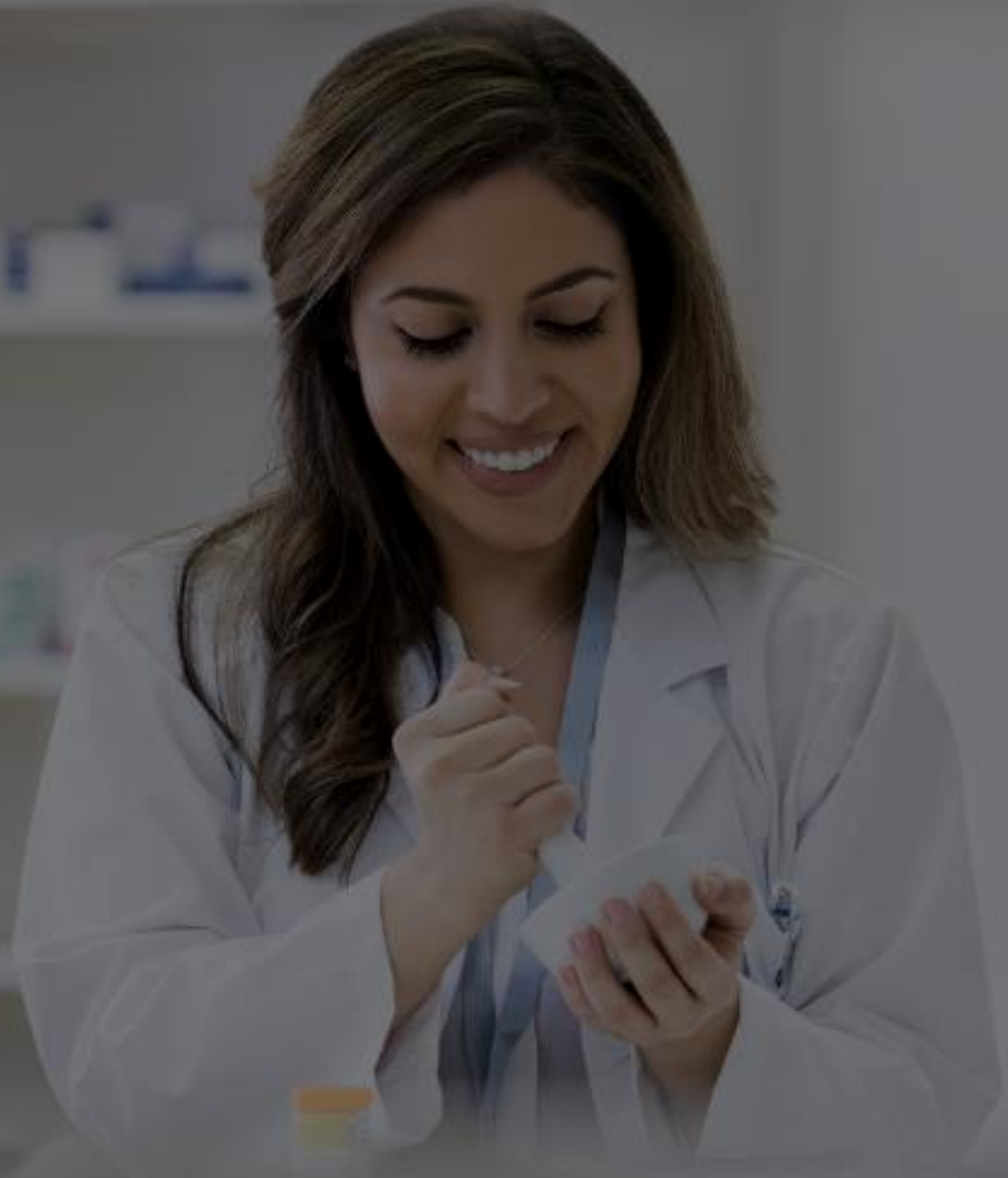
F.A.I.L.
[F]irst
[A]ttempt
[I]n
[L]earning



Shift Your Thinking

Mindset Shift

I'm a pharmacist,
Not a businesswoman!



You ARE in business

- ▶ Money isn't EVIL
- ▶ If you don't look after the business and continue a profit you won't be able to help anyone in the community
- ▶ You are there to serve!
- ▶ You make money in order to serve
- ▶ Think about how great the new services are for the patient



Which Activities Bring the Most Return?

Schedule of Payments

NHS
Business Services Authority

For: 7777 PHARMACY LTD
T/A: 7777 PHARMACY
OCS code: F7777
Dispensing Month: Dec 2018

77 ANY STREET
ANY TOWN
ANY CITY
ANY COUNTY
AN77 7AN

| Net Payment made by NHSBSA 01 Mar 2019 by BACS | | £ |
|---|--|------------------|
| Net Payment made by NHSBSA 01 Mar 2019 by BACS | | 46,848.90 |
| SUMMARY OF PAYMENT AMOUNTS | | |
| Total of drug and appliance costs | | 39,359.98 |
| Total of all fees | | 7,880.15 |
| Total of drug and appliance costs plus fees | | 47,240.13 |
| Total of charges (including FP57 refunds) | | -1,170.40 |
| Total of account | | 46,069.73 |
| Recovery of advance payment | | -49,614.40 |
| Recovery of advance payment in respect of a late registered batch | | 0.00 |
| Balance due in respect of Dec 2018 | | -3,544.67 |
| Payment on account for Jan (4997 items less 166 charges) | | 46,760.25 |
| Advance payment in respect of a late registered batch | | 0.00 |
| Total amount authorised by NHSBSA | | 43,215.58 |
| Total amount authorised by LPP | | 2,278.49 |
| Total of other amounts authorised | | 1,354.83 |
| Net payment made by NHSBSA | | 46,848.90 |
| DRUG AND APPLIANCE COSTS | | |
| Total of basic prices at standard discount rate | | 28,922.14 |
| Discount @ 9.43 % | | -2,727.36 |
| Total of basic prices at zero discount | | 12,566.13 |
| Sub total of basic prices | | 38,760.91 |
| Out of Pocket expenses | | 332.82 |
| Payment for consumables | | 60.65 |
| Payment for containers | | 205.60 |
| Total of drug and appliance costs | | 39,359.98 |
| PRESCRIPTION FEES | | |
| Activity payment | | 6,162.66 |
| Additional fees | | 0.00 |
| 2A unlicensed medicines | | 0.00 |
| 2B appliances - measured and fitted | | 20.40 |
| appliance - home delivery | | 157.15 |
| 2E controlled drug schedules 2 and 3 | | 36.50 |
| Methadone payment | | 220.44 |
| 2F expensive prescription fees | | 0.00 |
| Manually priced | | 1,255.00 |
| Establishment payment | | 7,852.15 |
| Sub total of prescription fees | | 28.00 |
| Other fees | | 0.00 |
| Medicines use reviews | | |
| Appliance use reviews carried out at patients home | | |

Look at your FP34s from the last 3 months:

- ▶ What was your item income?
- ▶ What was your item income vs wholesale spend?
- ▶ What was your service income?
- ▶ What was your OTC income?

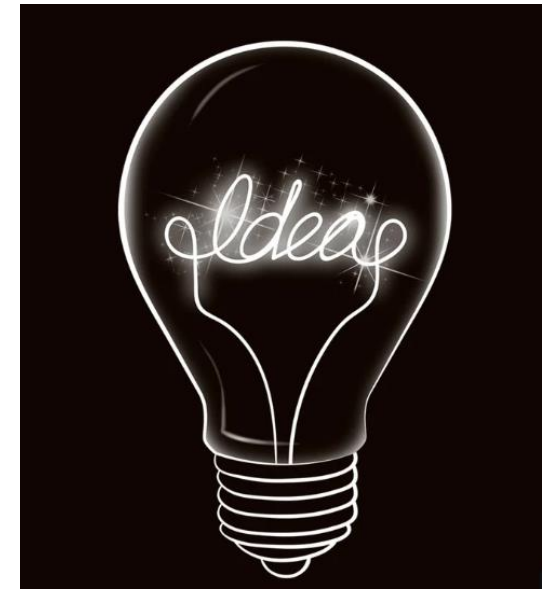
WHERE is the most potential?

What Needs to Happen?



Think about:

- ▶ What needs to change in your workflow?
- ▶ Whose help do you need?
- ▶ What do you need to communicate to your teams?
- ▶ How do you need to handle your patients?



Workflow/Workload



A young woman with long blonde hair, wearing a white lab coat over a light blue top, stands in a pharmacy. She has her arms crossed and is smiling warmly at the camera. The background is filled with shelves of various medications and a computer monitor on a desk to the right.

FIRE YOURSELF!

Make a list of everything you are currently doing



Work With Your Team



Review Current Skill Mix

Make 2 lists:

- ▶ What do you need to STOP doing?
- ▶ What do you need to START doing?

- ▶ What do you **need** in order for this to happen?
- ▶ Is everyone working to the top of their licence?
- ▶ Who can you upskill to do more admin/buying/delivering?
- ▶ Do you have a supervisor? A service champion?
- ▶ Are you incentivising your team?
- ▶ Are you maximising their strengths?

Write down THREE things you need to do right now to help make it happen



Managing Expectations

Build Relationships

Weekly Strategy thinking time:

- ▶ Build surgery relations
- ▶ Understand their objectives/motivations
- ▶ Speak to your patients – get their continual feedback
- ▶ Do mystery shopper





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www.thementalwealthacademy.com



Harpreet Chana

THE
MENTAL
WEALTH
ACADEMY



Strengthening the
mental health of the
working population



England

Hypertension Case Finding

Yeyenta Osasu

National Pharmacy Integration Lead

NHS England

Claire Thomas

Community Pharmacy Clinical Lead

SY ICB

Hypertension case finding service

Aims of this session:

- Provide an overview of service delivery in SY
- Highlight support for service delivery in SY
- Reflect on intended aim of this service – case finding undiagnosed hypertension
- Explain the benefits of ABPM vs 7 day home BP monitoring
- Explore the barriers & facilitators to ABPM uptake by patients



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What's the picture in South Yorkshire?

BP checks data over 12 months.

CPSY & SY ICB support for the Hypertension case finding service

What we are doing to support pharmacies to deliver the service:

- Working on developing resources to support contractors – e.g. script to improve uptake of ABPM
- Looking into training needs of pharmacy workforce to build confidence delivering ABPM checks
- Please give feedback regarding additional support you feel your team may require – lucy.crowder1@nhs.net

Top Tips for working with local GP practices to deliver this service:

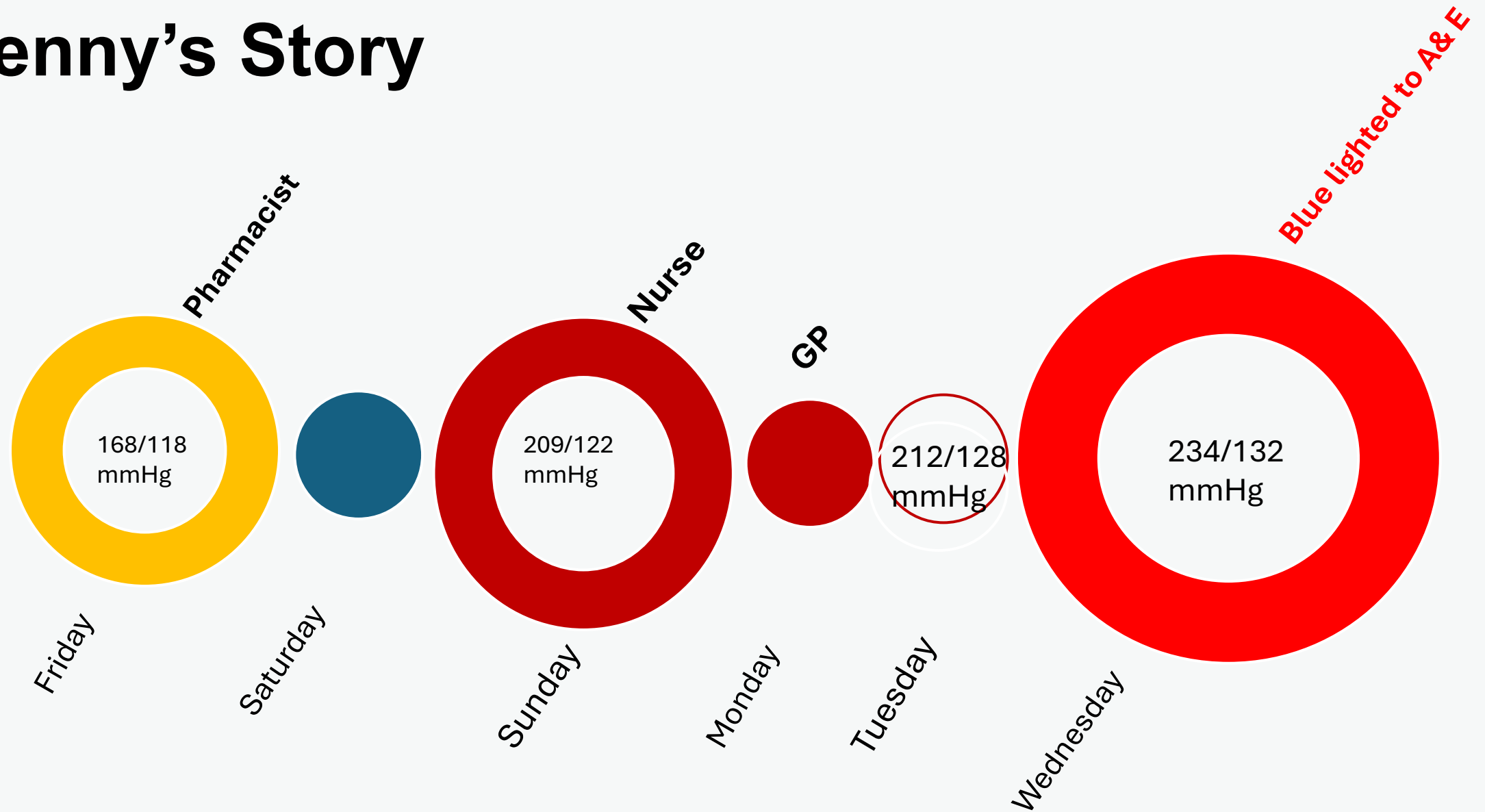
- Ensure appropriate patients are being approached for hypertension case finding
- Follow the service spec to communicate – timely reporting & importance of patient identifiable info
- Importance of encouraging patients to take up ABPM in the pharmacy



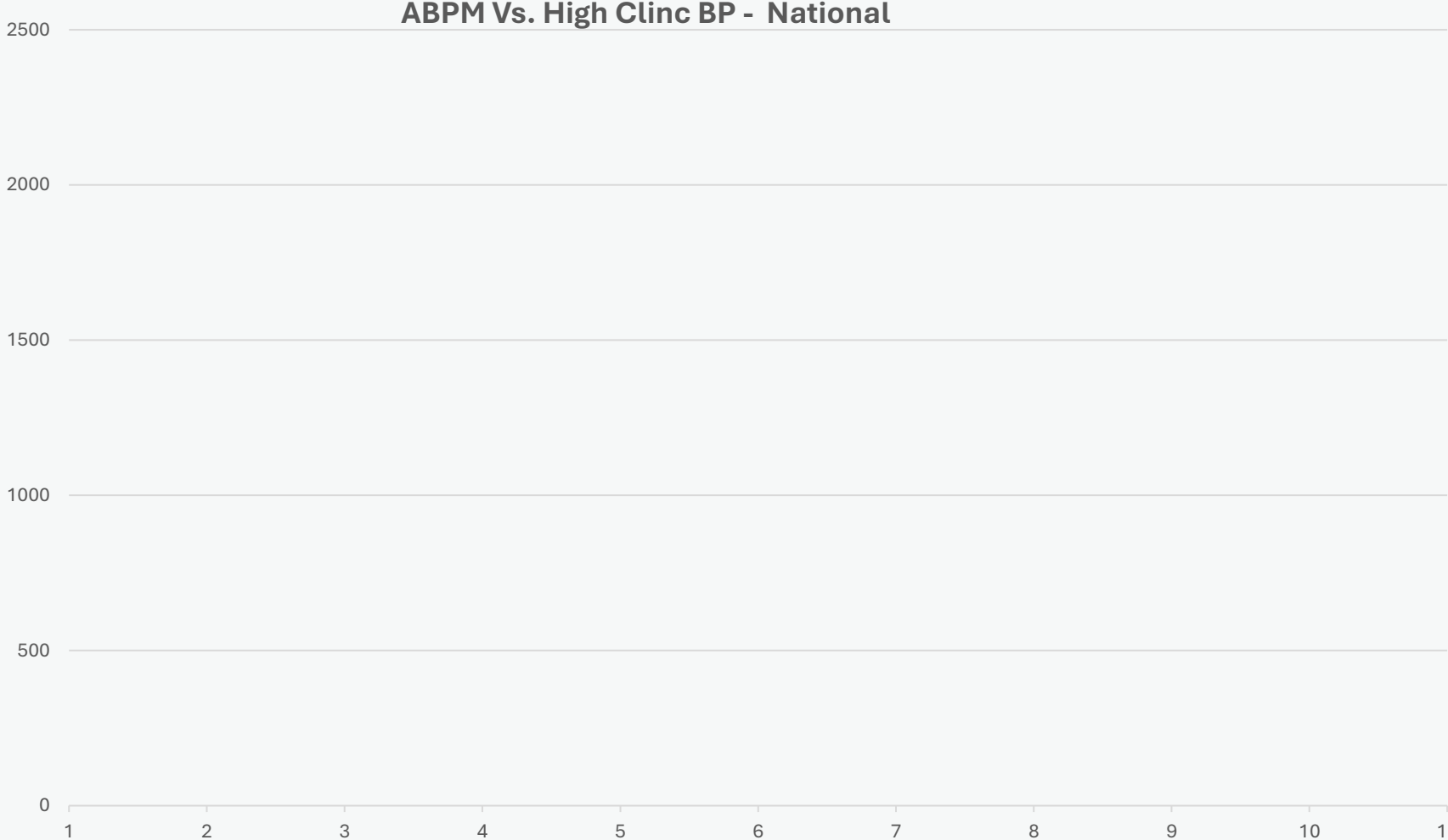
Kenny's Story

- 40-year old female
- Architect
- Normally fit and healthy
- BMI- Normal
- Weight- 60kg
- Walks 30mins to/from work

Kenny's Story



ABPM vs High Clinic BP



South Yorkshire



Having the right conversations



Having the right conversation about undiagnosed hypertension can make a difference!

Inclusion criteria

4.2 For the service to be a success, potential patients who meet the opportunistic inclusion criteria should be proactively identified.

The inclusion criteria for opportunistic blood pressure checks are as follows:

- Adults who are 40 years old or over, who do not have a current diagnosis of hypertension.
- Patients, by exception, under the age of 40 who request the service because they have a recognised family history of hypertension may be provided the service at the discretion of pharmacy staff.
- Patients between 35 and 39 years old who are approached about or request the service may be tested at the discretion of the pharmacy staff.

The inclusion criteria for patients referred from the GP are as follows:

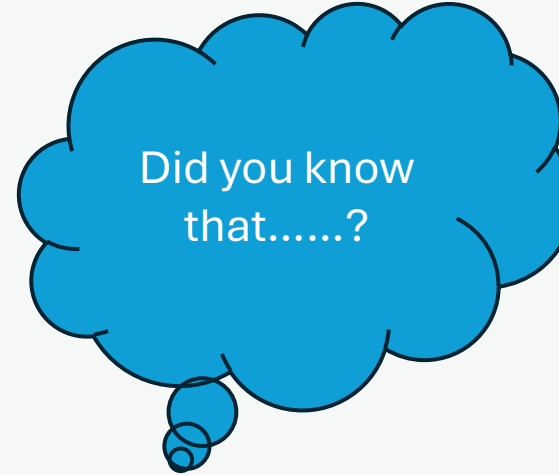
- Adults, of any age, with or without a prior diagnosis of hypertension, specified by a general practice for the measurement of blood pressure (clinic and ambulatory blood pressure checks). This process should be agreed locally with general practices.

NHS community pharmacy hypertension case-finding advanced service

Start Well

Set the expectation:

1. Explain the risk of undiagnosed hypertension
2. Seek permission upfront from the patient that they will accept ambulatory monitoring via that same pharmacy if a result is raised
3. The equipment for doing this will be provided by, and available at the same pharmacy that referral onto a GP practice will only be made where ambulatory readings are also high unless for absolutely exceptional circumstances.
4. Address the time commitment that might be required



How old is your patient?

- Remember Higher threshold for those aged **80 years and over**
- Refer to NICE Guidelines

1.4.13 Consider antihypertensive drug treatment in addition to lifestyle advice for people aged over 80 with stage 1 hypertension if their clinic blood pressure is over 150/90 mmHg. Use clinical judgement for people with frailty or multimorbidity (see also [NICE's guideline on multimorbidity](#)).
[2019]



Other considerations

- Treat the patient as a whole
 - Low blood pressure- ?Sepsis
 - Pulse rate- Tachycardia/ bradycardia
 - Pulse rhythm- ?AF
 - Use clinical judgement

Discussion

What are the *barriers* and *facilitators* to converting high clinic readings to ABPM measurements?



Attendee Pledge

Whatever your role:

- How can you become an ambassador/champion for this service & raise awareness that this service is about hypertension case finding & NOT just offering BP checks.
- Share with your networks.
- Identify ways to increase ABPM uptake.



Case Studies

- Invitation to participate in a case study
 - Hypertension Case Finding
 - Pharmacy First
- ✓ Pharmacy team's Perspective
- ✓ Patient's/ Service User's Perspective
- ❖ Yeyenta.osasu@nhs.net

Thank You



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[company/nhsengland](https://www.linkedin.com/company/nhsengland)



england.nhs.uk



GP Practice – Community Pharmacy Relationships

Dr Nabeel Alsindi, Salaried GP (Don Valley Healthcare, Doncaster)
& Place Medical Director, NHS South Yorkshire





Plan

- Intro / Menti – What would be helpful for you today?
- Hear from pharmacy staff
- GP views
- Ask a GP – any question is a good one!
- Ideas & Issues



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BREAK

Pharmacy First Service

Vicki Roberts & Shammi Khosla
Community Pharmacy South Yorkshire



Pharmacy First – Session Objectives

- Reflections on the service so far
- How are we doing across South Yorkshire?
- CPSY / SY ICB Task & Finish Group – Activity & Learning
- Practical support for Pharmacy Teams
- Scenarios – Claim or No Claim
- Resources available



Pharmacy First Reflections

Commissioning
Constraints

High Workload &
Short Timeframe

GP Record
Rollout
Challenges

Pharmacy First
Name Confusion

Low GP
Referrals in SY

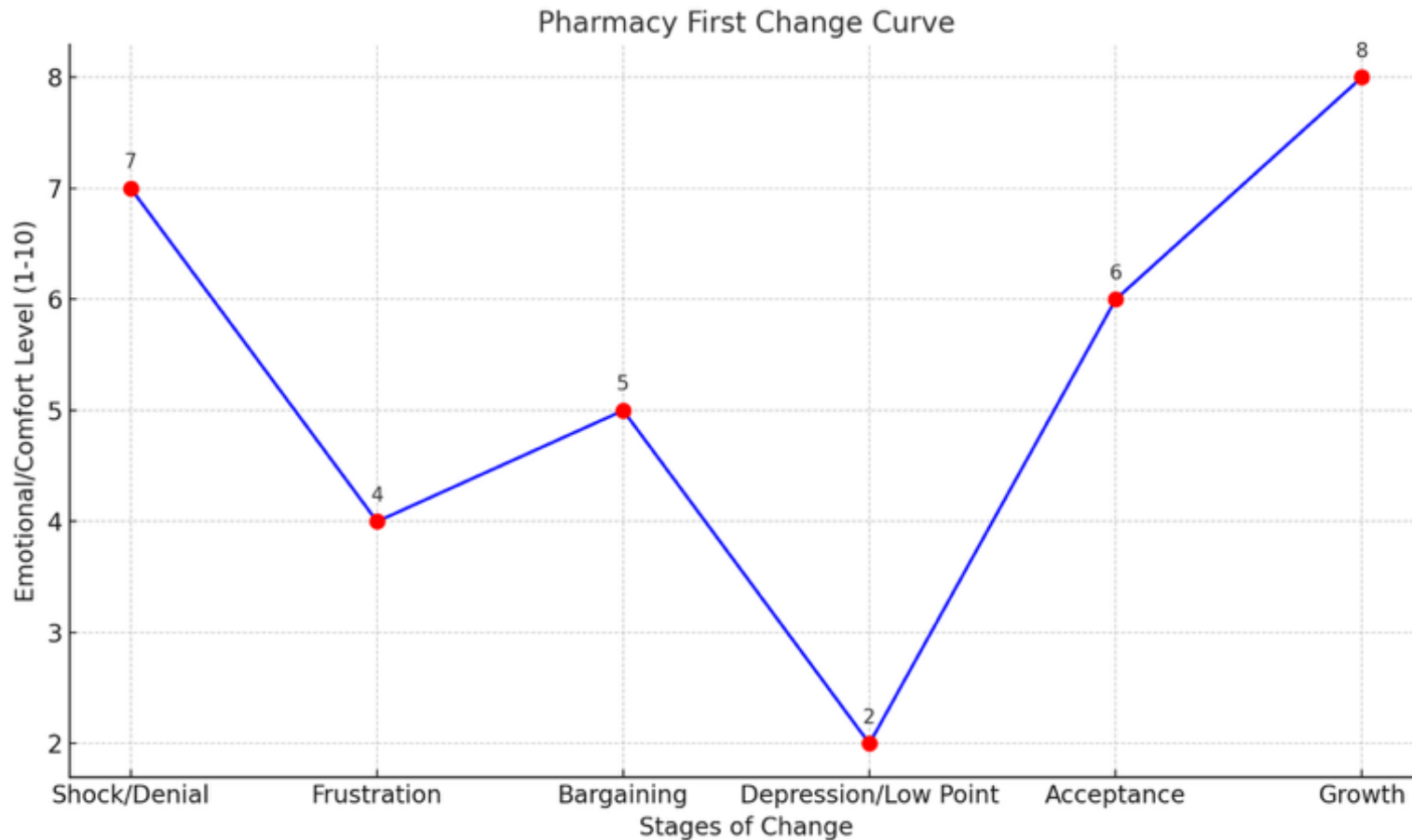
Limited NHSE
Support

Poor Public
Awareness

Challenging
Targets

GP Collective
Action

Pharmacy First Learnings - Change Curve



Pharmacy First – Data

PF Clinical Pathway SY

Pharmacy First – Task & Finish Group

Enhanced Pharmacy First across South Yorkshire, ensuring that both practices and pharmacies deliver consistent, high-quality care

Community Pharmacy

Enhance quality & consistency of service delivery

Advanced Services Workshop

Newsletters

Encouraging local feedback

Referrals to the PF service

Increasing minor illness referrals

Engage all eligible providers

Public awareness

Raising awareness via ICB channels - (Facebook, website etc)

Leaflets and posters for schools

Support from CPSY & SY ICB

Pharmacy First Service Overview

- **Key Highlights:**
 - - Alleviates pressure on GP practices
 - Part of Primary Care Access and Recovery Plan
 - Importance of partnership working in successful PF programs
- **Stakeholder Benefits:**
 - **For Patients:**
 - - Quick Access: No GP appointment needed
 - Free Treatment: Eligible for advice and minor ailment treatment
 - Convenience: Extended hours, local care
 - Personalised Care: 1:1 consultations
 - Reduced Waiting: Immediate care
 - **For GPs:**
 - - Reduced Workload: Minor ailments managed by pharmacies
 - Improved Patient Flow: Eases GP congestion
 - Lower Admin Burden: Less paperwork

Community Pharmacy & NHS Benefits

- **For Community Pharmacies:**
 - - Enhanced Role: Increased visibility & impact
 - - Increased Patient Engagement: Builds trust
 - - Revenue Opportunities: Increased income
 - - Professional Development: Expanded roles
- **For the NHS:**
 - - Cost Savings: Minor ailments diverted to pharmacies
 - - Efficient Resource Use: Optimised care delivery
 - - Improved Access: Increased healthcare availability
 - - Relieves Pressure: Reduced strain on A&E & GP
- **Call to Action:**
 - - Encourage active participation and reflect on individual contributions to service success.

Workshop Activity



Challenges & frustrations

Wins & opportunities

5 minute discussion
Feedback ONE challenge or
ONE win

Getting The Basics Right



Whole Team Approach – Engage Your Team



Local Relationships - Ideas



Let's get going: Growth through Collaboration



Claim or No Claim ...



National Resources & Local Support

National Resources

- **Community Pharmacy England website**
<https://cpe.org.uk/national-pharmacy-services/advanced-services/pharmacy-first-service/>
- **CPPE website**
<https://www.cppe.ac.uk/services/pharmacy-first/>
- **Your NHS assured IT system supplier**
e.g. PharmOutcomes
- **NHS England**
<https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/pharmacy-first/>

Sign up to CPSY newsletters

<https://communitypharmacy.us13.list-manage.com/subscribe?u=cc39d47ce68aa192d12582a03&id=b51119b70f>

Practice Support for Implementation/referring to community pharmacies:

Practices wanting to go live with referring to community pharmacies or wanting support to increase referrals and/or build links with local pharmacies:

Contact: Laura Richardson, Services & Engagement Lead, CPSY
Email: laura.richardson42@nhs.net

All clinical community pharmacy service queries:

Contact: Claire Thomas, Community Pharmacy Clinical Lead, SY ICB
Email: Claire.thomas47@nhs.net

Concerns / queries about contractual requirements/service delivery:
Contact the Primary Care Contracting Team: syicb.syprimarycare@nhs.net

Pharmacy Contraception Service

Claire Thomas
Community Pharmacy Clinical Lead SY ICB





Pharmacy Contraception Service

The aims of this session are to:

1. Support pharmacy teams who have yet to sign up to consider signing up & plan implementation
2. Support pharmacists providing the service build confidence in patient centred oral contraception consultations
3. Opportunity to share experiences, knowledge & best practice

Format of session:

Presentation followed by group work



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Pharmacy Contraception Service

Why deliver this service?

Greater
patient
choice/access

Greater job
satisfaction

Stepping
stone to
independent
prescribing



Pharmacy Contraception Service

Aims of the service:

- Provide greater choice of access to contraception services
- Provide extra capacity in primary care & sexual health clinics to support more complex patients

Key points:

- Initiation, review & ongoing supply of oral contraception
- Consultation needs to be provided by pharmacist
- Trained pharmacy staff can provide BP & BMI measurement
- From April 2025 contractors will likely need to be providing PCS, Pharmacy First & Hypertension Service

Getting Ready To Deliver The Service

- Registration and payment via the NHSBSA's MYS platform - [MYS – Pharmacy | NHSBSA](#)
- Must be **READY TO DELIVER** at point of registration
- Must deliver **BOTH** initiation and ongoing supply consultations

| Item | Payment |
|-----------------------|--|
| Consultation fee | Payment of £18 per consultation |
| Pharmacy set up costs | £900 per pharmacy premises paid in instalments as follows: <ul style="list-style-type: none">• £400 paid on signing up to deliver the service via the NHSBSA MYS portal.• £250 paid after claiming the first 5 consultations; and• £250 paid after claiming a further 5 consultations (i.e. 10 consultations completed). |

Must use an IT solution which meets the minimum digital requirements of the service (as specified within the NHS technical toolkits) i.e. Pharmoutcomes, Cegedim, Sonar or Positive

Before commencement of the service, the pharmacy contractor must ensure that pharmacists & pharmacy staff providing the service are competent to do so in line with the specific skills & knowledge, and the relevant PGDs.

This may involve completion of training



Training

CPE website: [Pharmacy Contraception Service - Community Pharmacy England \(cpe.org.uk\)](https://www.cpe.org.uk)
which includes links to CPPE & FSRH training

Pharmacists responding to an evaluation survey reported which of the training modules they would recommend pharmacy colleagues complete prior to delivering OC consultations:

Safeguarding

Pharmacists delivering the service must have completed one of the recommended Safeguarding level 3 training materials **or** have direct access to professional advice from someone who can advise on Safeguarding at Level 3.

- Safeguarding Level 3 – – [Safeguarding Children and Adults Level 3 for Community Pharmacists](#) – video on elfh

Or

- [Safeguarding Level 3](#) Learning for Healthcare Safeguarding Children and Young People (SGC) – Safeguarding Children Level 3



Pharmacy Contraception Service Implementation:

CPE Resources for Implementation:

- [Briefing 032/23: Pharmacy owner implementation checklist](#)
- GP practices and local sexual health clinics service notification [template](#)
- [Briefing 034/23: Briefing for general practice teams and staff at sexual health clinics](#)
- [Briefing 033/23: Briefing for pharmacy teams](#) Whole pharmacy team approach to promotion and recruitment

Promoting the Service in the Pharmacy:

- Posters, leaflets, digital media
- Collecting a prescription
- Accessing other services e.g. EHC requests

NB: Pharmacy staff providing blood pressure & BMI measurements must be appropriately trained & competent



Pharmacy Contraception Service

Providing the service:

Patient Access:

- Identified as clinically suitable by the community pharmacist;
- Self-refer;
- Referred by their general practice, from a sexual health clinic or from other NHS service providers, e.g., urgent treatment centres or NHS 111.

Consultation done face to face (in consultation room*) or remotely via video/telephone conference
(*service requirement to have a room)

Eligibility Inclusion Criteria:

An individual seeking to be initiated on an OC, or seeking to obtain a further supply of their ongoing OC:

- COC – age from menarche up to & including 49 years
- POP – age from menarche up to & including 54 years* (*excludes Drospirenone)

Exclusion Criteria:

- Clinically unsuitable
- Individuals under 16 years of age and assessed as not competent using Fraser Guidelines;
- Individuals 16 years of age and over and assessed as lacking capacity to consent.
- Additional exclusion criteria are listed in the PGDs



Pharmacy Contraception Service

Providing the service:

Consultation

- Patient centred approach
- Discuss alternative and more effective forms of contraception including Long-Acting Reversible Contraception (LARC)
- Initiation – discuss options with individual
- Online shared decision-making contraception **consultation tools**:
 - [NHS.uk](https://www.nhs.uk)
 - [Contraception choices](#)
 - [Brook](#) - Brook & contraception choices have useful online questionnaires

Don't forget safety netting advice! Consider safeguarding!



Pharmacy Contraception Service

Providing the service:

Outcomes:

Criteria met - Supply can be made

- ✓ FSRH UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) calculator available to support clinical decision on choice
- ✓ [local SY ICB formularies](#) should be referred to
- ✓ Quantity
 - Initiation - quantity should not exceed 3 months
 - Ongoing supplies of up to 12 months duration

Criteria not met - Supply deemed not clinically appropriate

- ✓ Explain
- ✓ Refer
- ✓ Document – reason for not supplying against a PGD – referral to an alternate service provider

Post event message to GP via NHS mail or GP Connect: Update Record if the patient consents.

If the patient does not consent this does not prevent a supply from being made.



Pharmacy Contraception Service

Choice of Oral Contraceptive:

Initiation: POP vs COC

POP:

- POP option for people who cannot take combined pill
- Irregular bleeding may bother some
- Needs to be taken roughly the same time each day (desogestrel 12 hrs, others 3 hr window)
- POP average user 91% effective

COC:

- Cycle control – can take back to back, bleeding is lighter & less painful
- Risk of blood clots (clots in legs or lungs very rare side effect 5-12 in 10,000 users)
- NICE 1st line option are monophasic preps containing 30mcg of oestrogen plus either norethisterone or levonorgestrel – lower risk of DVT



Pharmacy Contraception Service

Tips for effective delivery:

- Ensure [NHS Profile Manager](#) reflects current status
- Ensure members of the pharmacy team are trained & have access to update profile manager.
- Do **NOT** make a supply of OC via PGD if a Rx has already been issued by GP practice
- Implement a booking system
- Consider online consultations
- Consider sending the patient information ahead of the consultation
- Make the most of EHC enquires/supplies to promote service
- **Work collaboratively with local GP practices** – find out how the service offer could benefit them & maximise opportunity for referrals

Group Work:

Team
based
learning

In teams work
through 2 activities

Activity 1:
Implementation/Set up:
discuss & agree a top tip
(5 mins)

Activity 2:
Clinical Scenario
Agree as a team best
choice of contraception
(5 mins)



Pharmacy Contraception Service

Questions?

Thank you



Pharmacy Contraception Service Resources

SY ICB formularies: [Contraceptive formularies – South Yorkshire LPC \(communitypharmacy.org.uk\)](https://communitypharmacy.org.uk)

Contraceptive choices: <https://www.contraceptionchoices.org/>

Brook contraception: <https://www.brook.org.uk/topics/contraception/>

Sexwise: <https://www.sexwise.org.uk>

Faculty of sexual and reproductive health care (FSRH), UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) 2016 (amended September 2019): <https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/>

FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, Amended October 2023): <https://www.fsrh.org/documents/combined-hormonal-contraception/>

FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, Amended October 2023): <https://www.fsrh.org/documents/combined-hormonal-contraception/>

FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, Amended October 2023): <https://www.fsrh.org/documents/combined-hormonal-contraception>

NICE CKS: [Scenario: Combined oral contraceptive | Management | Contraception - combined hormonal methods | CKS | NICE](#)

Closing Session

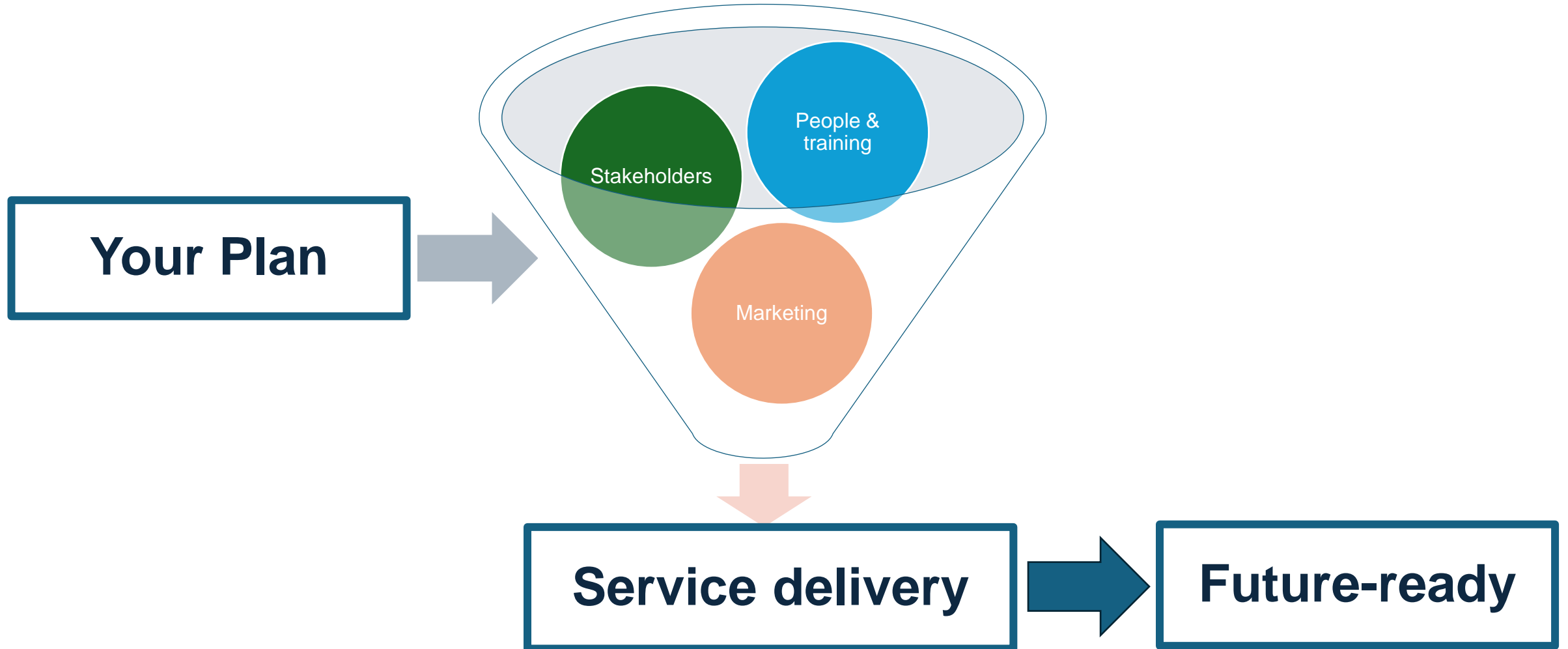
Vicki Roberts
Community Pharmacy South Yorkshire



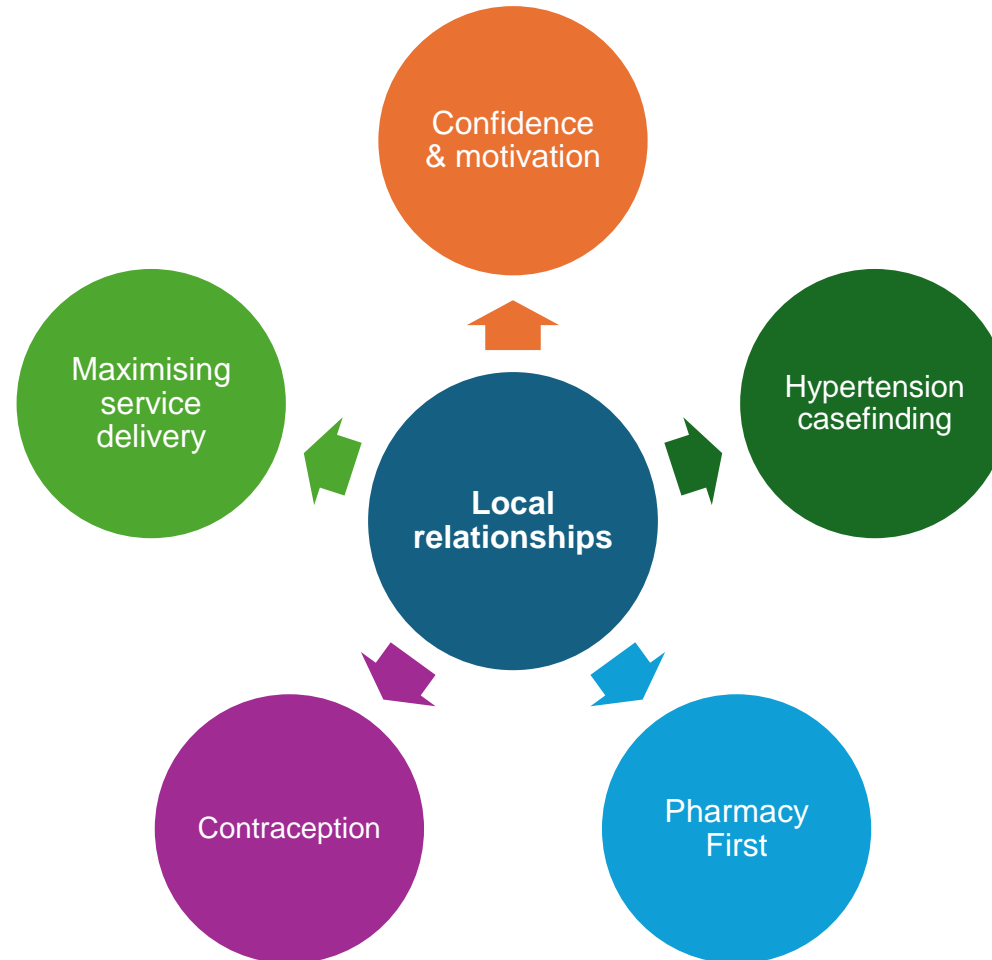
Session objectives

- Maximising Service Delivery
- Summary of today's sessions
- Action planning & commitments
- Feedback – What's gone well / could have been improved
- One final thought to leave you with ...

Maximising Service Delivery



Summary Of Today's Session



Action Planning & Commitments

- 3 key commitments you will take back to your pharmacy next week
- How are you going to engage your team?
- How are you going to measure progress?
- What are the differences you are hoping to see?
- How are you going to measure progress?
- Do you anticipate any challenges & what are your mitigations?

Feedback From You



Join at menti.com | use code **1215 1796**

Thank you!

"Insanity is doing the same thing over and over again and expecting different results"

Albert Einstein

