



Pharmacy BEST Event

Wednesday 17 July 2024



Pharmacy BEST: Aims & Objectives

Barnsley Education Support & Training
Best.barnsleyccg.nhs.uk

- Help Pharmacies deliver quality services
 - Align with ICB plans
- Help Barnsley patients access healthcare in the appropriate place, at the appropriate time from the appropriate person

BEST Portal [Create account](#) • [Log in](#)













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Contact numbers | Diagnostic tools | Prescribing guidelines | Patient information sheets | Investigation/referrals | Useful websites

[Home](#) | [BEST events](#) | [Education and events](#) | [Medicines & Pharmacy](#) | [Updates](#) | [COVID-19](#)

Home

Clinical support by body system

 Brain and mental health	 Ophthalmology and ENT	 Respiratory and Smoking	 Cardiovascular and Lipids
 Endocrine and Diabetes	 Gastroenterology	 Renal, Urology and Mens Health	 Women's and Sexual Health
 Paediatrics	 Dermatology, MSK and Rheumatology	 Cancer, Palliative Care, Pain and Older People	 Laboratory investigations and Infections

- **Welcome** everyone. Please make sure you have signed in with Emma Smith our new BEST Lead Administrator, outside
- **This session will be recorded** and will be available on the BEST website for future reference
- **Feedback** – please take time to complete the feedback form via the QR code on the back of the Agendas on your table. This feedback is shared with the speakers for their CPD. We also welcome detailed suggestions for future topics.

HOUSEKEEPING

- There **no planned fire drills** today. In the event of an emergency or the alarm being raised, please vacate by the nearest clear exit, assemble at the fire point at the right-hand side rear of the car park and await instruction
- **A Quiet room** is available for anybody needing it today – it is the Maple Room just across the corridor
- **Toilets** are just out of the door and to the right
- **Mobile Phones** – please put on silent unless you are expecting an urgent call

Pharmaceutical Company



Fostair Nexthaler and Trimbow Nexthaler
For the management of COPD

Agenda

6:30 Buffet & networking

7:00 **Introductions**

7:05 **Local Care Pathway Development: *Respiratory***

Chris Lawson, Head of Medicines Optimisation

7:30 **NHS Talking Therapies**

Tom Brown, Team Leader / CBT Therapist and

Sam Johnson, Senior Psychological Wellbeing Practitioner

8:00 Refreshment Break

8:10 **Thinking Pharmacy First:**

Patient Safety, Discharge Medication Service and End of Life Care

Thomas Bisset, Pharmacy Clinical Lead

8:35 **Collaborative working for better patient outcomes**

Thomas Bisset, Pharmacy Clinical Lead

8:50 **Questions**

Local Care Pathway Development: Respiratory Services

Chris Lawson, Head of medicines Optimisation



Pharmacy BEST JULY 2024

Barnsley Respiratory Transformation Plan



Summary: Key Points

- Respiratory disease is one of the main causes of early mortality in Barnsley and results in a high number of non-elective admissions.
- COPD benchmarks poorly, however, high rates of Pneumonia admissions in the age 65+ category should also be reviewed along with admissions for those aged 0-17.
- There appears to be a high level of unwarranted variation when comparing to NHS RightCare comparators however, out of hospital and other community offers would need to be reviewed in Rotherham and Doncaster to establish comparable support. This is for the purpose of benchmarking only.
- Overall non-elective admissions have reduced but the price of these (based on NHS Payment System prices) has increased – needs to be explored further in terms of potential coding changes/improvements or acuity of patients to help forecast the scale of the problem from a 'do nothing' perspective
- There is currently low utilisation of the Respiratory Virtual Ward.
- The SWYPFT BREATHE service has capacity to see more patients and it is recommended that the acute discharge process into community respiratory services is reviewed due to low reported numbers currently.
- There is a need to explore the Primary care offer and whether there are further opportunities around targeted support for certain practices based on Eclipse data.
- We have a high ambulance conveyance rate for breathing problems – need to explore further links with community services including Urgent Community Response

Progress to date

- South Yorkshire ICB pulled carried out a comprehensive data review across multiple sources. The data review found the key findings which was outlined in the previous slide.
- The Barnsley partnership agreed that respiratory would be a priority to improve outcomes for patients.
- A respiratory transformation group has been established to start to build a transformation plan to improve patient outcomes.
- A respiratory MDT has been established.
- The Barnsley Respiratory plan has 6 agreed areas of focus.
- The Respiratory working group is seeking community pharmacy input into the planning with the aim to build in any work which could be undertaken by community pharmacy, with support from partners to improve outcomes for patients particularly with COPD or Asthma as our focused disease areas.



Barnsley Respiratory Transformation Plan

Have a strategic approach across Barnsley Health and Care Partners for COPD & Asthma Management which aims to bring together and support partners in the prevention, diagnosis, treatment and care of respiratory conditions.

1. Case Finding and screening for undiagnosed COPD and Asthma patients

2. Access to accurate and timely diagnostics in the community

3. Partnership projects to optimise respiratory care across the Barnsley system

4. Self-management and patient education

5. Using data to target cohorts of patients that are at risk of admission

6. Workforce Development

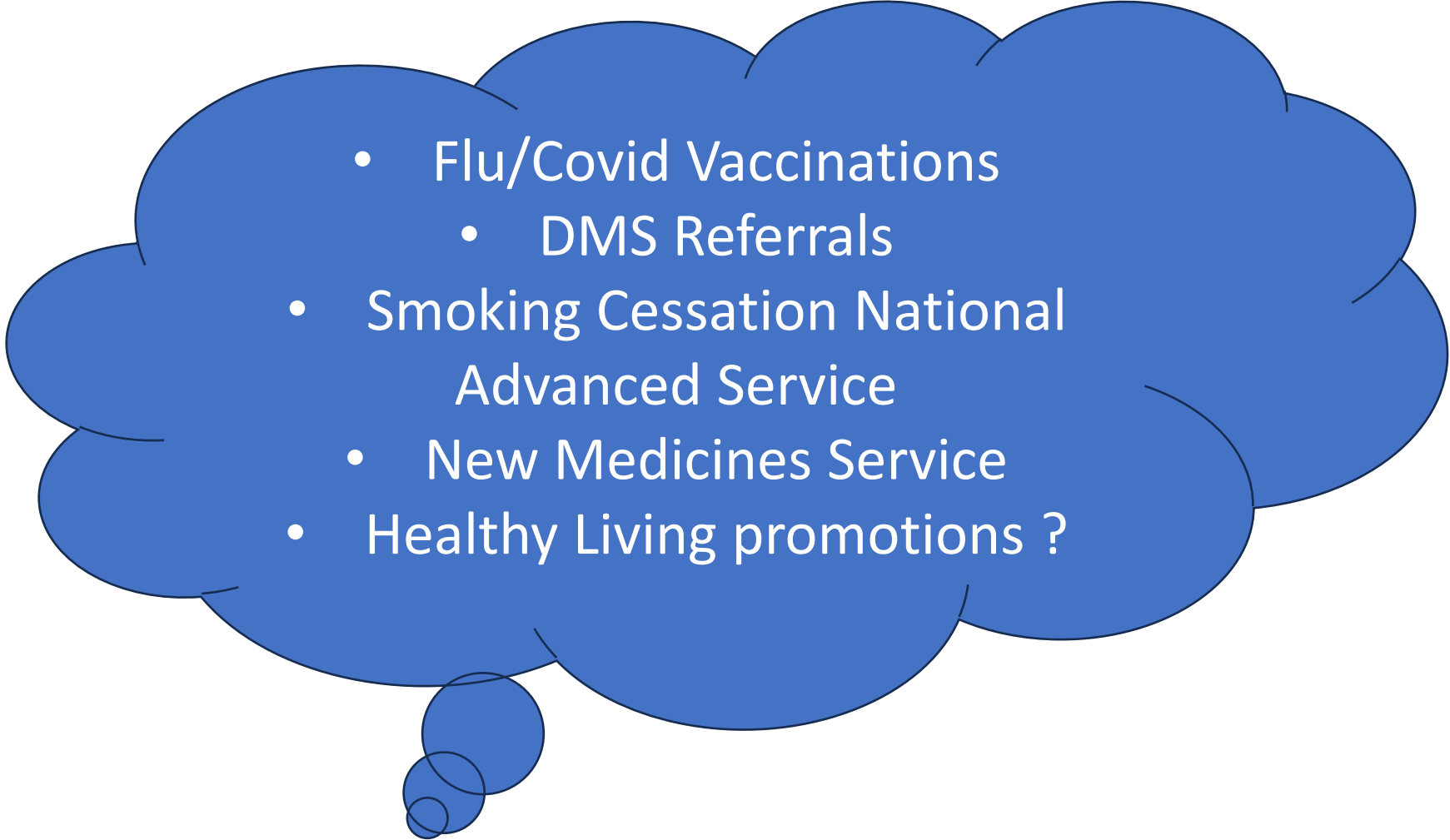
Barnsley Respiratory Transformation Group

YAS/ BREATHE/ PULMONARY REHAB/ BHNFT/ PRIMARY CARE/ MEDS OPT/ PUBLIC HEALTH

What is community pharmacy currently doing to support Respiratory Care ?



Current opportunities for Community Pharmacy to support this work ? Thoughts ?

- 
- Flu/Covid Vaccinations
 - DMS Referrals
 - Smoking Cessation National Advanced Service
 - New Medicines Service
 - Healthy Living promotions ?

What could Community pharmacy offer to Respiratory patients in Barnsley ?





Workforce Development

1. Work will be undertaken to understand any training needs across the system – what is the community pharmacy support needed?
2. Respiratory BEST and PN event in developments - could this be covered at Pharmacy BEST?





Next Steps:



NHS Talking Therapies Services

Tom Brown, Team Leader/CBT Therapist and
Sam Johnson, Senior Psychological Wellbeing Practitioner



NHS

**Barnsley
Talking Therapies**

NHS Barnsley Talking Therapies

Formerly known as IAPT - improving access to psychological therapies

Tom Brown

Team manager, CBT and EMDR psychotherapist

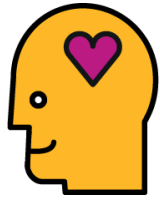
Samuel Johnson

Senior Psychological Wellbeing Practitioner



for anxiety and depression

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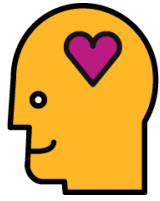
About our service

- The service was set up in 2008 as IAPT, it was re-branded nationally in 2023 to NHS Barnsley Talking Therapies: for anxiety and depression (BTT)
- The team is based at Rose Tree Avenue, Cudworth
- We offer primary care talking therapies to people who have a Barnsley GP, are aged 16+ and have mild to moderate common mental health problems of Anxiety and/or Depression
- We offer therapy face to face in various settings including our base, lift buildings, some community centres and Barnsley College. We also provide Virtual (MST) or over the telephone (step 2) sessions. We offer Courses, Workshops, Groups and Individual one to one treatment
- We accept self-referrals online via our website / (potentially AI system in near future), over the phone or referrals from any professional involved in the persons care (with the persons consent)



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About our service

We offer a range of therapies to treat the following mental health conditions:

- Generalised anxiety disorder (GAD)
- Post Traumatic Stress Disorder (PTSD) single incident and complex
- Depression
- Body Dysmorphic Disorder
- Panic disorder (with or without agoraphobia)
- Health anxiety
- Phobias
- Obsessional Compulsive Disorder (OCD)
- Social anxiety



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Stepped care model – step 2

Focus of the intervention	Nature of the intervention
<p>Mild to moderate depression; Mild to moderate GAD; Mild to moderate panic disorder; Mild to moderate OCD; Mild to moderate specific phobias.</p>	<p>NICE approved low intensity psychological treatments for: Less Severe Depression: Individual facilitated self-help, computerised CBT GAD: Individual non-facilitated and facilitated self-help, psychoeducational groups Panic disorder: Individual non-facilitated and facilitated self-help, psycho-educational groups, Agoraphobia package (for Panic with Agoraphobia). OCD: Brief Individual LICBT (including ERP). Phobias: Graded Exposure programs All problems = Understanding and Managing Wellbeing (psycho-education group)/various workshops</p>



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Stepped care model – step 3

Focus of the intervention	Nature of the intervention
<ul style="list-style-type: none">• More severe or persistent depression that has not responded to a low-intensity intervention• Initial presentation of moderate or severe depression• GAD with marked functional impairment or that has not responded to a low-intensity intervention• moderate to severe panic disorder;• OCD with moderate or severe functional impairment;• BDD with mild – moderate impairment• PTSD.	<p>NICE approved high intensity psychological treatments for:</p> <p>Depression: CBT, Counselling for Depression and Couple Therapy for Depression</p> <p>Generalised Anxiety Disorder (GAD): CBT</p> <p>Panic disorder: CBT</p> <p>Obsessional Compulsive Disorder / Body Dysmorphic Disorder (mild impairment): CBT (including ERP)</p> <p>Post Traumatic Stress Disorder (PTSD): Trauma-focused CBT, EMDR</p> <p>Health Anxiety: CBT</p> <p>Unresolved Bereavement: Counselling</p> <p>Phobias: CBT</p> <p>Social Anxiety: CBT</p>



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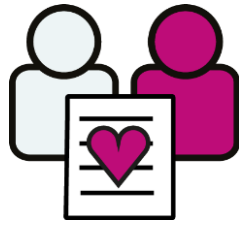
Where referrals come from

- Referrals come from GP's, any associated professional and self-referral.
- Clients can be advised of / directed to the BTT website and make a self-referral (this will soon be AI-led)
- We work collaboratively with other mental health services in Barnsley, as well as the ICU unit at Barnsley Hospital NHS Foundation Trust, where we offer therapy and support to clients and staff
- We work jointly with Barnsley College where we offer a full Talking Therapies service to students aged 16+ and staff members



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What happens next?

After referral:

- Clients' needs are identified on referral and any potential high risks will be triaged by a duty clinician. Onward referral may be made at this point, if required
- Clients are given access to 'choose and book' for a suitable 60-minute phone-based screening assessment within 1 week



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What happens next?

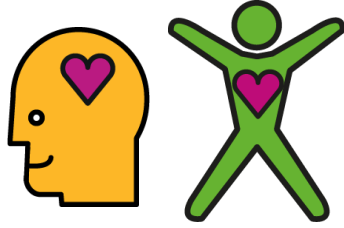
After assessment:

- Clients are considered for Talking Therapies treatment, as defined previously in the stepped care model
- Access to online cCBT, alternatively a psychoeducational course
- Signposting and/or referrals made to other services e.g. Social Prescribing, BSARCS, IDAS, CAB, Social Care, Barnsley Bereavement, Recovery College, Drugs and alcohol services, and any other 3rd sector services as appropriate to clients' needs



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Long term conditions and anxiety and depression

We understand the correlation between physical and mental health and we want to ensure parity of esteem when working with all clients.

Staff trained to work with depression and anxiety alongside physical long term health conditions e.g. (not exhaustive list):

- Diabetes
- Cardiovascular disease
- Respiratory disease
- Medically unexplained symptoms
- Persistent Pain



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How pharmacy services can support people with common mental health problems

Early identification of a common mental health problem (as described previously) is important in successful treatment and recovery.

Anyone who is newly px antidepressants or anxiolytics, ideally a pharmacist would:

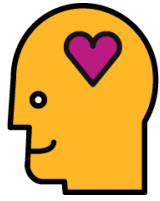
- Hold a discussion around the benefits of Talking Therapies
- Provide a leaflet for the Barnsley Talking Therapies
- Signposting to Barnsley Talking Therapies website

(Positive practice keeps the conversation alive with clients experiencing common mental health problems)

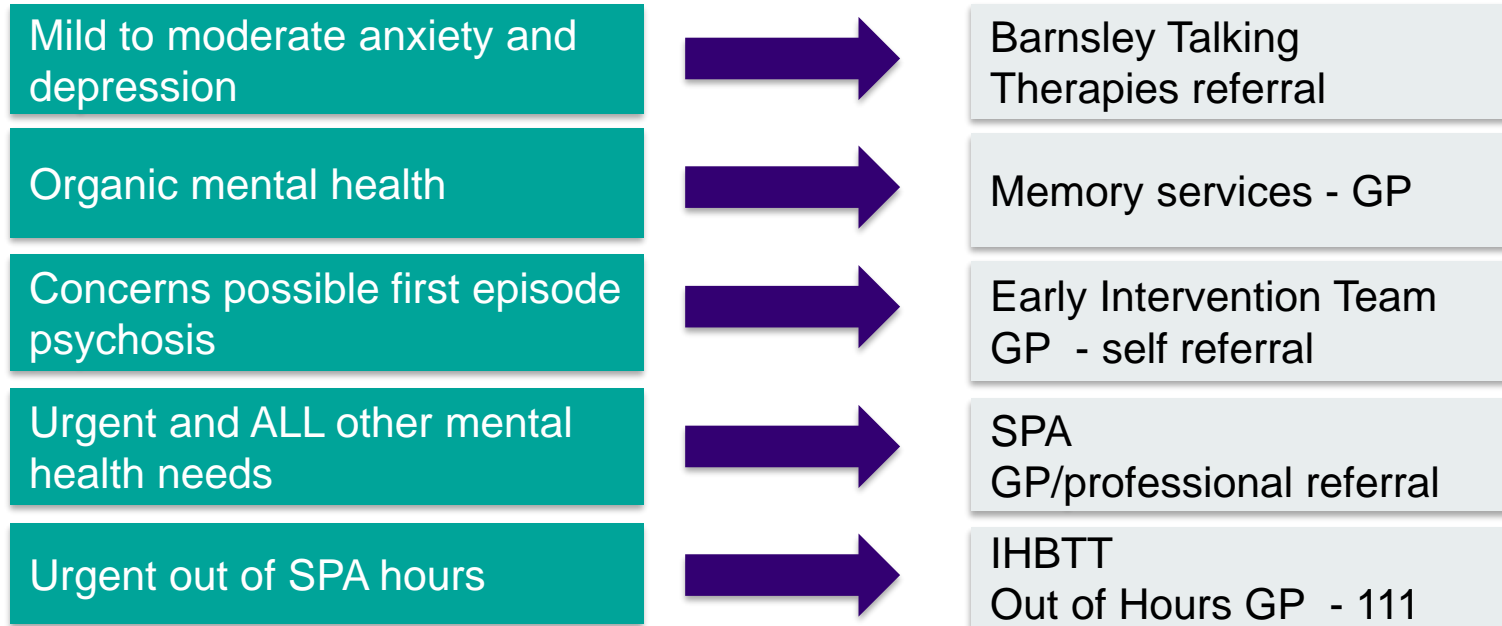


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Access to mental health services



**Services work together to meet people's need so will redirect.
If not sure, please ring and ask.**



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Case Study



Barnsley

Talking Therapies

Patient Assessment

- ▶ Melissa – pseudonym – 19 years old, Heterosexual Female – lives in Barnsley with her mother and 2 siblings
- ▶ Problem Descriptor - Generalised Anxiety Disorder (F41.1 in ICD-11*; 300.02 in DSM-5*). Onset = 1 year
- ▶ Sertraline 100mg for last 6 months – reported limited benefit. Did not know talking therapy was an option during this time.
- ▶ Diverse needs: presented with Learning Difficulties and similar characteristics to Learning Disability (DoH, 2001);
 - ▶ Basic literacy – “I really struggle to read and write so need pictures and easy words”.
 - ▶ Significantly reduced ability to understand new or complex information
 - ▶ Reduced ability to cope independently
 - ▶ Few or no standard school qualifications and no paid employment

*American Psychiatric Association (2013); World Health Organisation (2020)

MDS

PHQ9- 9 (mild)
GAD-7 – 16 (severe)
W&SAS – 20

DSM

PSWQ - 64 –
“currently have
problems with
worry and may
benefit from
treatment”



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Case Study

Situation - Leaving the house

"In my head"

"What if people with bad personalities say something not nice"

"Some people must not like the way I look"

"In my heart"

- Sad

"In my body"

- ▶ "like my body is going to explode"
- ▶ Shaking and tense muscles
- ▶ Heart speeds up
- ▶ Hot and sweaty

"What I do"

- Don't go out
- Avoid people

Williams & Garland (2002)

Helping clients to make sense of the maintenance of their own symptoms

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Case Study



Barnsley

Talking Therapies

Problem Statement

“My main problem is feeling worried too much. I **feel sad** when I am worried. When I am worried I **shake** and feel so **hot** like my **body is going to explode**. I think “**people won’t like me**” and that “**they could not be nice to me**”. This means that I **do not go out**. When I do go out I **avoid people**.”

Goal

“To not feel as worried all the time. If I felt less worried I would be around people more and do more fun things like shopping. “

Structured,
focused on
the current
time, and
goal-oriented



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Case Study



**Barnsley
Talking Therapies**

Intervention

6 sessions of LICBT

Worry Management

- Easy Read
- Longer appointments
- More repetition
- Social supports

Worry Management Easy Read



A Self Help Guide

Next session-

Between session tasks-

Barnsley NHS Talking Therapies
Mental Health Access Team, Barnsley
South West Yorkshire Foundation Trust NHS
01226 644900

Reasonable
adjustments
to treatment,
in line with
NICE
guidelines

NICE guidelines (NCCMH, 2011).

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Case Study



**Barnsley
Talking Therapies**

Treatment outcome

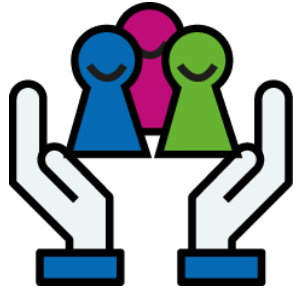
- Reduction in clinical outcome measures – PHQ9- 9; GAD-7 – 9; W&SAS – 12, PSWQ - 40
- Melissa met her goal – “I have been able to go Christmas shopping at a busy shopping mall with my mum without worrying as much”.
- Employment support – agreed mutually a referral to employment support at session 5 – BTT Employment Advisors
- Suggested consultation with GP/Pharmacist regarding Sertraline medication having limited benefit
- Referral to SWYT adult learning disability services for further exploration of learning disability

Effective, timely
and promotes
relapse
prevention and
maintenance
for more long-
lasting change



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Client Feedback

NHS

**Barnsley
Talking Therapies**

I learnt a lot and feel really positive about the future - I am very grateful to have been able to access this service. My therapist was easy to talk to and helped me to work through some difficult things, developing lots of self-help strategies.

“The service was absolutely amazing. My therapist made such a difference and looked forward to seeing them every week. They really helped me turn things around and I can’t thank them enough.”

“I feel my therapy has given me the tools to modify my thoughts and behaviours in a more positive and healthy way.”

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Questions Welcome

Refer to our service:

Online:

www.barnsley-talkingtherapies.nhs.uk

Call: 01226 644900

Follow us on socials:

Instagram: [@barnsleytalkingtherapies](https://www.instagram.com/barnsleytalkingtherapies)
Facebook: [@TalkingTherapiesBarnsley](https://www.facebook.com/TalkingTherapiesBarnsley)

Monthly Newsletter:

If you would like to get a copy of our newsletter, please email us:
barnsley.talkingtherapies@swyt.nhs.uk

This document has been produced by the Trust NHS Barnsley Talking Therapies Team, barnsley.talkingtherapies@swyt.nhs.uk, Tel: 01226 644900 (Mon- Fri 9.00am – 5.00pm)



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Refreshment break

Collaborative working for better patient outcomes

Christian Taylor, Medicines Optimisation Team



Community Pharmacy and General Practice Engagement and Integration Project Update

Chris Lawson, Richard Daniszewski, Erica Carmody, Cheryl Markey, Claire Pendleton, Caitlin Smith, Christian Taylor, Fiona Bankes

NHS North
East Yorkshire
Leadership
Academy
(NEYLA)
Primary Care
Collaborative

Jan-May 2024- Team Across Barnsley Primary Care Taking Part in a Series of Learning Sessions and Co-Labs Looking at How We can:

- Improve Engagement between CP and GP
- Improve Communication between CP and GP
- Improve Collaboration between CP and GP

Looking at: What Now? Near Future? What's Over The Hill?

Priorities for Near Future We are Focussing On

- CP/GP Engagement
- Communications and Pharmacy First

Community Pharmacy & GP Communications Pilot

Pilot between Ashville Medical Centre and Lo's Pharmacy Oaks Park (Feb 2024)

NHS Mail became main method of communication, with email subject highlighting level of priority

Feedback from GP Practice and Pharmacy - Very positive

Pharmacy comment - Emails getting handled smoothly and promptly

Acknowledgement that the same approach may not work everywhere

Work continuing - other alternatives being considered – eg AccuRx, GP Connect

Pharmacy First - Barnsley Support

- Service Launched 31st January 2024
- To determine Readiness, Awareness and Plans in relation to Pharmacy First, NHS Barnsley ICB/PCN Meds Optimisation Team contacted:
 - Barnsley Community Pharmacies
 - Barnsley General Practices
- When information received back centrally:
 - Team created a Plan based on feedback from pharmacies and GP practices
 - Various challenges were identified

Challenges

- Short NHSE timeframe to launch led to lack of:
 - × Time to prepare for the launch of the Scheme
 - × Initial support, equipment and training for the Community Pharmacies
 - × Initial support for GP Practices
 - × Awareness in GP Practice about Pharmacy First
- Further challenges highlighted during the project:
 - Finding the right staff in GP Practice to liaise with
 - One “negative” Pharmacy First experience can impact on referrals – CPs, GPs and Patients
 - National Pharmacy IT Issues e.g. Pharmrefer MFA, GP Connect Access and Update delays

Wider Stakeholder Engagement



Working Closely with CPSY




Working Closely with ICB
Community Pharmacy Clinical
Lead



Attending SY Pharmacy First
Steering Group meetings



Attended Barnsley GP Practice
Manager Meeting Mar. 2024
with SY ICB Community
Pharmacy Clinical Lead



Development of a Pharmacy First Resource for GP Reception Staff

Aim to respond to some of the feedback received initially from Community Pharmacies

Has the GP Practice Got A Copy of CPCS/Pharmacy First-Referral Tool?

Tailor the Referral Tool to Locally Agreed Pharmacy and GP Practice Conditions

Develop an Agreement of How the Service Will work incl. Escalations and Referrals

Work Together to Develop Key Information for GP Practice Staff

The Resource



GP Reception
Resource

Where Are We Now- Pharmacy First?



Reaching out to Community Pharmacy Contacts-
Experience so far and Feedback



Reaching out to GP Practice Managers-
Questionnaire



Internal feedback from GP Practice via ICB/PCN
Medicines Optimisation Team Members



Collating GP Practice Pharmacy First Referral Data



Plan: to consider ways to increase the number of
referrals made, where appropriate

GP Practice Peer Support – Pharmacy First Referrals

Session held virtually

Informal session between four SystmOne Practices, led by one who is benefiting from referrals to community pharmacies via AccuRx

AccuRx introduced as a method for referrals

PharmRefer / multi-factoral authentication process seen as barrier

Initial feedback from the session was positive

Benefit seen in both referral data and local pharmacy feedback

Aim is to replicate across Barnsley





ICB and Community Pharmacy South Yorkshire Working Group

- Group set up between NHS South Yorkshire ICB and CPSY colleagues
- Regular meetings to encourage an increase in referrals
- NHS Barnsley ICB / PCN Medicines Optimisation team have good links with GP Practice teams and nearby pharmacies
- Acknowledged the need to focus on 1/7 Clinical Pathways
- Data showed potential for more UTI referrals
- Currently identifying Practices in each SYICB Place to trial UTI focus
- Progress to be evaluated once trial starts

Can We Support You?

If you need any help or wish to feed back, please email:

- Christian Taylor: christian.taylor@nhs.net
- Claire Pendleton: claire.pendleton@nhs.net
- Richard Daniszewski: richard.daniszewski@nhs.net
- Laura Richardson: laurarichardson@cpsy.org.uk

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a modern, layered effect. The text is centered on a white background that is partially framed by these blue shapes.

Thinking Pharmacy First:

Patient Safety, Discharge Medication
Service and End of Life Care

Tom Bisset, Pharmacy Clinical Lead

Patient Safety

Hospital report:

- Patient's mother brought in a Levothyroxine 125micrograms/5ml bottle which she got from her community pharmacy.
- It was labelled for a different strength of Levothyroxine (25micrograms/5ml) and has the instructions 'take 3mls OD'.
- Wrong strength supplied.
- Patient's mum has been giving 1.5ml of this instead - wrong dose being administered.

Patient Safety

Action taken:

- I contacted the patient's base hospital and the endocrinology registrar confirmed that the dose should have been 15micrograms once daily. This matches the label on the bottle (3mls of 25micrograms/5ml = 15 micrograms). Patient's mum had been giving 1.5mls because she had once observed a nurse draw up 1.5mls (of a 50mcg/5ml) and has been doing the same ever since she observed that in July. She has been giving 1.5ml OD of the 125micrograms/5ml which is 37.5micrograms OD. Patient's last TFTs were 'normal' on 3rd July 2023 in base hospital but hasn't had a follow up in clinic since then.
- I called the community pharmacy and they will investigate. I removed the bottle from the ward.
- I asked Drs to repeat TFTs urgently alongside monitoring her physical health, ECG and heart rate and to gain some input from endocrinology on how to proceed.

Patient Safety

Discussion points:

- Liquid Medicines
- Children's dosage
- Community / Hospital Interface
- Pharmacy Communication with Patient's mother
- Stock ordering (probably an owing)

Patient Safety

District Nurse Report: Baby discharged from Neonatal Unit.

- Neonatal family care nurse visited family home.
- TTO's included Calcium carbonate (0.5mmol/ml oral suspension).
- Instructions electronically sent to GP as follows:
GP to continue Calcium carbonate oral solution 0.86mmol QDS PO/NG
- Parent has request repeat prescription from GP and was very confused by the medication she received. Mum showed the family care sister the prescription.
- GP has prescribed Calcium effervescent tablets with very unclear dosage instructions.
- Prescription label as follows:
76 Calcium Carbonate effervescent tablets 1.25mg. 0.86mmol to be taken 4 times per day as directed. Dissolve or mix with water before taking.

Patient Safety

Comments from assessor:

- Effervescent tablets should only be issued for neonates if the oral suspension is unavailable.
- These dosage instructions are inadequate.
- Dosage instructions for effervescent tablets should make clear that each tablet is the equivalent of 12.5mmol of calcium per tablet.
- For preparation, dissolve one tablet in 24ml of sterile water to produce a solution of containing 0.5mmol/ml (1ml displacement value).
- The dosage would therefore be 1.72mls QDS.
- The baby is also fed by NGT, so this also should have been added to the label.

Patient Safety

Discussion points:

- Liquid Medicines
- Children's dosage
- Community / Hospital Interface
- Pharmacy Communication with Patient's parents.
- Stock ordering (probably an owing)

Patient Safety

Community Pharmacy Report (1): query to hospital, cc surgery

- On the last discharge on patient's Buprenorphine dose was reduced from 10mcg to 5mcg. (April)
- The surgery last issued a prescription (March) for Buprenorphine was prior to admission, so the hospital supply is the current dose.
- The DMS (May) lists the strength at 10mcg which therefore is a dose increase.
- There is no indication in medication changes that the buprenorphine dose has been increased. Please confirm the correct dose.

AND

- Famotidine tablets: Famotidine listed in the Medication Changes section as 40mg. Famotidine listed in Discharge Medication as 20mg. Please confirm the correct dose.

Patient Safety

Hospital response:

- According to the medicine reconciliation there was a bit of confusion which strength patch the patient was on as it wasn't actually prescribed on the previous D1 but did have a medication change note regarding it.
- However, the 10mcg strength was the most recent dose on EPMA.
- The nurse did confirm patient was wearing patch on admission but was unable to recall which strength.
- The medical team therefore, continued the dose at 10mcg/hr whilst inpatient and onto discharge. XX (CP) can the patient's ongoing analgesia be reviewed in primary care.

Patient Safety

Hospital response:

- For the Famotidine it is the 20mg OD dose. Unfortunately, the medication changes is manually added and not pulled across from EPMA and only list the Famotidine 40mg tablets on the drop down list, this has been raised to the clinical system team however, it is not a simple addition onto the database.
- The whole list of medications will need to be removed and a whole new medication list have to be inputted. The EPMA team I believe is working to update the list soon. It should be explicit what dose of Famotidine was started on the medication changes section via the free text box but this must have slipped through the net.

Patient Safety

Community Pharmacy Report (2): query to surgery

- Buprenorphine patches:
- On the last discharge Buprenorphine dose was reduced from 10mcg to 5mcg. The surgery last issued a prescription for Buprenorphine on <date>, so the hospital supply on <date> is the current dose. The DMS lists the strength at 10mcg which therefore is a dose increase. There is no indication in medication changes that the Buprenorphine dose has been increased. Please confirm the correct dose.
- Famotidine tablets: Famotidine listed in the Medication Changes section as 40mg. Famotidine listed in Discharge Medication as 20mg. Please confirm correct dose

Patient Safety

Surgery response:

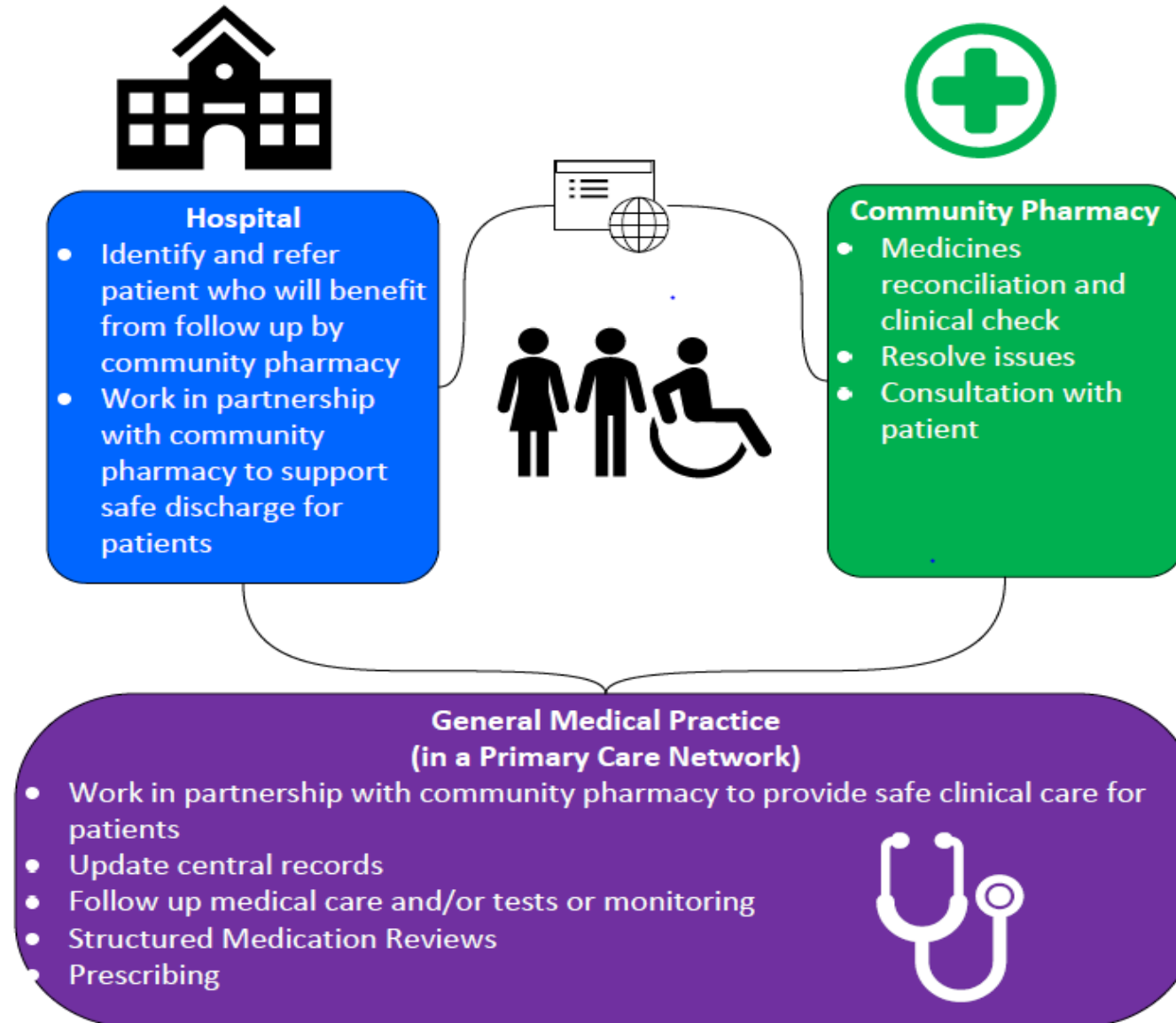
- Scripts received from surgery, no reply to above queries either by phone or email.
- Scripts matched DMS but queries not answered.
- Our response from hospital query came after scripts issued so not clear if surgery followed up on above queries or prescribed based on discharge information.
- After medication plan sent to care agency and surgery - surgery called to say that Amlodipine now stopped

Patient Safety

Discussion points:

- Controlled Drugs
- Multiple hospital discharges within short period of time and GP records not updated before readmission
- Communication with Surgery
- Community / Hospital Interface
- Communication with Care Agency

Discharge Medication Service



Discharge Medication Service: Aims

- **Optimise the use of medicines**, while facilitating shared decision-making
- **Reduce harm** from medicines due to transfers of care
- **Improve patients' understanding** of their medicines and how to take them following discharge from hospital
- **Reduce hospital readmissions**
- Support the development of **effective team working** across hospital, community and PCN pharmacy teams and general practice teams, and provide clarity about respective roles

Discharge Medication Service: Benefits

- Changes to medicines on discharge can result in confusion about what medicines a patient should be taking
- Sometimes errors are made when new prescriptions are issued following a stay in hospital, as there may be communication problems between the hospital and the patient's general practice
- Discharge from hospital is associated with an increased risk of harm due to medicine changes, but this can be avoided

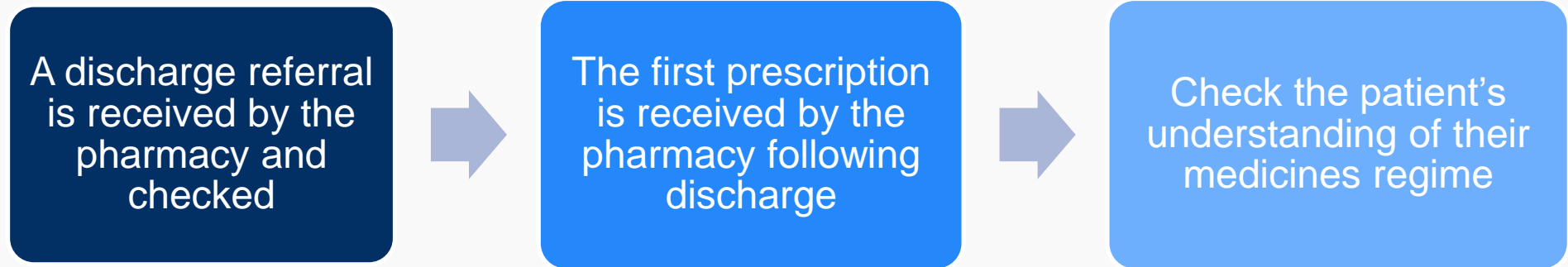
It is estimated that **60% of patients** have **three or more changes** made to their medicines during a hospital stay

30-70% of patients experience **unintentional changes** to their treatment, or an error is made because of a lack of communication or miscommunication on discharge

Only 10% of older patients will be **discharged on the same medication** that they were admitted to hospital on

20% of patients have been reported to experience **adverse events** within three weeks of discharge, **60%** of which could have been managed or avoided

Discharge Medication Service: The 3 Steps



See Community Pharmacy England website for full details of the service

<https://cpe.org.uk/national-pharmacy-services/essential-services/discharge-medicines-service/>

Step 1: Check for clinical information and actions

- Hospital queries to: bdg-tr.apcreports@nhs.net
- GP queries consider involving clinical pharmacist.
- List of clinical pharmacist by practice shared via PharmOutcomes
- Patient – check understanding of dose and how to take it – ideally ask to see the label on discharge medication especially important on specials and children's medication

End of Life Care

southyorkshire.communitypharmacy.org.uk/barnsley-local-services/specialist-drugs-on-demand/



[About Us](#) [Local Services](#) [NHS Contract](#) [Training and Events](#) [Resources](#)

[Home](#) > [Barnsley Local Services](#) > [Specialist Drugs on Demand](#)

Barnsley Local Services

['PharmacyFirst' Minor Ailments Service](#)

[Barnsley Minor Eye Care Service \(MECS\)](#)

[Barnsley Pharmacy Needle and Syringe Programme](#)

[Co – Located HCV/OST Medication Collection in Community Pharmacies](#)

[Emergency Hormonal Contraception Service](#)

[Medication Management Service \(MMS\)](#)

[NRT Voucher Scheme](#)

[Payment to Not Dispense](#)

[Specialist Drugs on Demand](#)

[Supervised Consumption Service](#)

[Varenicline PGD](#)

Specialist Drugs on Demand

NHS Barnsley CCG has agreed with certain Pharmacies across Barnsley for them to hold a list of palliative (end of life) care drugs to help support those patients in urgent need of medication, often outside normal pharmacy opening hours

Pharmacies offering the Specialist Drugs on Demand Service

NOTE-Please contact individual pharmacies for stock availability and to check most up to date opening hours

Pharmacy Name	NHS Code	Address	Telephone Number	Stock list	Opening hours
AM Clark Ltd	FMV43	1 Market Place, Penistone, Sheffield, S36 6DA	01226 763103	A	Mon-Fri -8:45am-6pm Sat- 8:45am-5:30pm
Cohens Chemist	FDW01	16 – 18 Market Street, Hoyland, Barnsley, S74 9QR	01226 743223	A	Mon-Fri 8am-11am Sat 9am-10pm Sun-10am-10pm
Cohens Chemist	FPJ07	Apollo Court, High Street, Dodworth, Barnsley, S75 3RF	01226 203921	A	Mon-Fri 8:30am-6pm Sat-9am-1pm
Cohens Chemist	FDP29	199 King Street, Hoyland, Barnsley, S74 9LJ	01226 749062	A	Mon-Fri 9am-1pm 2pm-6pm
Elliotts Pharmacy	FXF21	Burleigh Medical Centre, Burleigh Street, Barnsley, S70 1XY	01226 282146	A	Mon- Fri 9am-6:30pm Sat-9am-12:30

Pharmacy First Referral

NHS 111 – Urgent Supply	NHS 111 – Minor Ailment / Clinical Pathway	GP – Minor Ailment / Clinical Pathway	Self-referral – Clinical Pathway
Via PharmOutcomes, notification in NHS mail	Via PharmOutcomes, notification in NHS mail	Via PharmOutcomes, notification in NHS mail, or NHS mail or Accurx	Walk in, telephone call
Process via Pharmoutcomes or provider of choice			
		If via NHS mail or Accurx complete Patient Registration First	Complete Patient Registration
	Choose Either Minor Illness or Clinical Pathway		
If supply required, print Pharmacy First Urgent Supply Token, dispense, charge if appropriate and submit with month end scripts			

Pharmacy First - Patient Registration



Next steps


Links to complete the next step(s) of the patient's episode:

- Pharmacy First - Impetigo
- Pharmacy First - Infected Insect Bites
- Pharmacy First - Shingles
- Pharmacy First - Uncomplicated UTI
- Pharmacy First - Acute Sinusitis
- Pharmacy First - Acute Otitis Media
- Pharmacy First - Acute Sore Throat
- Pharmacy First - Minor Illness NHSmail


Reports, Letters & Reminders

 Basic Provision Record

 Pharmacy First Urgent Supply Token

 Onward Referral Information

The patient has not given consent to send this notification

 GP Notification - Urgent medicines supply

Accurx Referrals

CA Accurx (ACCURX LIMITED)
To: PHARMACY.FAW19 (WARD GREEN PHARMACY, WARDGREEN)

Accurx Referrals

Patient Name
Date of Birth
NHS Number

Contact Number

Dear Colleague,
RE:

Please could you review this patient who is suitable for the Pharmacy First Scheme. I would be grateful if you could contact the patient to arrange this as soon as possible.

Reason for referral: suspected tonsillitis, white spots on tonsils + red and inflamed

Patient's contact number:

Please reply if the patient is uncontactable or if you are unable to accept this referral.

Please find more information on how to claim for Pharmacy First referrals received via NHSmail (although this guide mentions CPCS we anticipate the process for Pharmacy First to be similar): <https://support accurx.com/en/articles/8259831-how-to-claim-for-cpcs-referrals-received-via-nhsmail-pharmoutcomes>

Regards,
Dove Valley Practice

12:46pm Tue 16 Jul

Reply

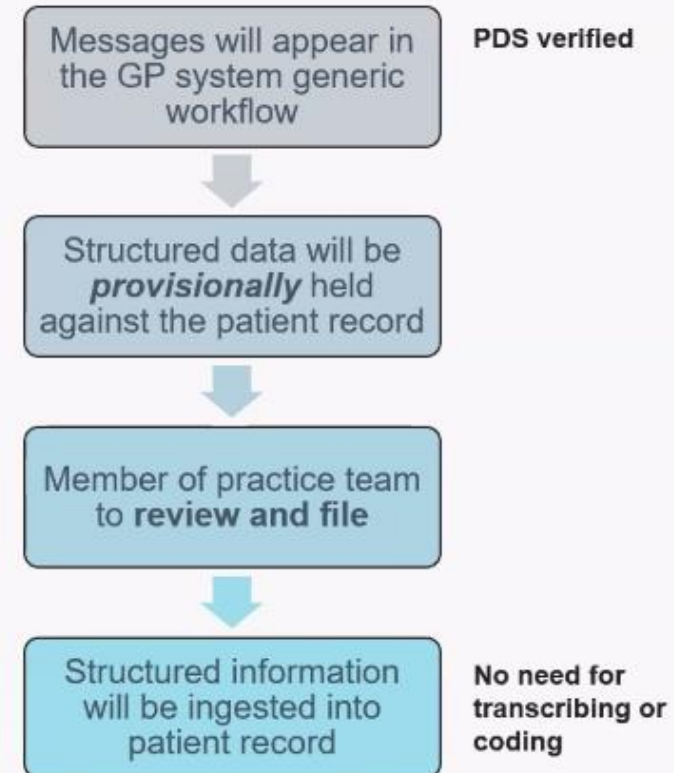
View patient details

You can also respond by replying directly to this email

This email was sent from [via Accurx](#), a communication platform that connects healthcare professionals with their patients as well as each other.

Updating the GP record

- Community Pharmacy IT suppliers have developed the capability to send a summary of the pharmacy consultation (as per NHSE service specification and PRSB standard).
- Initial implementation will cover the following pharmacy services:
 - Pharmacy First (Clinical Pathways and Minor Illness)
 - Blood Pressure
 - Contraception



Benefits

Community Pharmacy Medication Services Initiative

Linked to Patient

- No manual matching
- No mismatches
- Minimal delay

Via Workflow

- Nothing missed
- Approval prior to filing (still visible in notes)

Not a Document

- No attaching files
- Details directly in patient record

Structured Content

- No manual coding
- Contributes to QOF
- Clear pathways

Structured Medication

- Safer prescribing
- Reduce duplication
- Can be re-issued

Clear Attribution

- Filed as an external consultation
- Clinician details given

To Note:

Update Record **will not** be used to communicate urgent information (eg safeguarding) or actions for the GP – usual channels of communication will be used

Currently documents cannot be attached to messages – ABPM reports will come by email

GP Ballot 2024

- Switch off GP Connect functionality to permit the entry of coding into the GP clinical record by third-party providers.

<https://www.bma.org.uk/our-campaigns/gp-campaigns/contracts/gp-contract-202425-changes>

Community Pharmacy Working across layers of staff

Protect your patients, protect your GP practice

GP contractors/partners in England have strongly rejected changes to our contracts and we are now in dispute with the NHS. Vote YES in the non-statutory ballot to support action to protect your patients and practice.

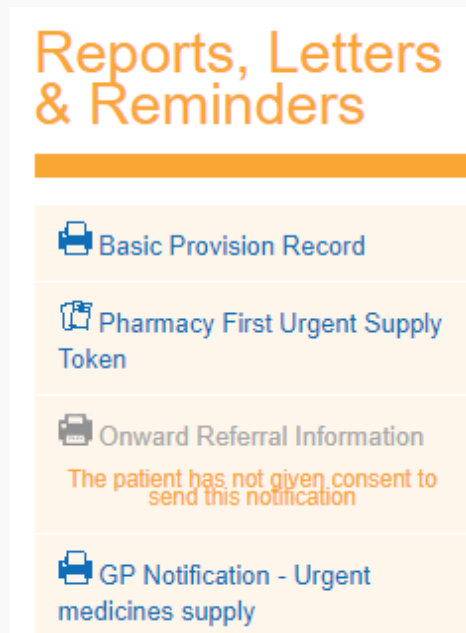
Update your details

Join the BMA



Patient Safety Issues

- Clinical information on advance services not received in a timely manner
- Pharmacy fail to send information to surgery
- Surgery do not process information
- This may apply to:
 - Hypertension
 - Contraception
 - Pharmacy First Urgent Supply
 - Pharmacy First Minor Ailments
 - Pharmacy First Clinical Pathway

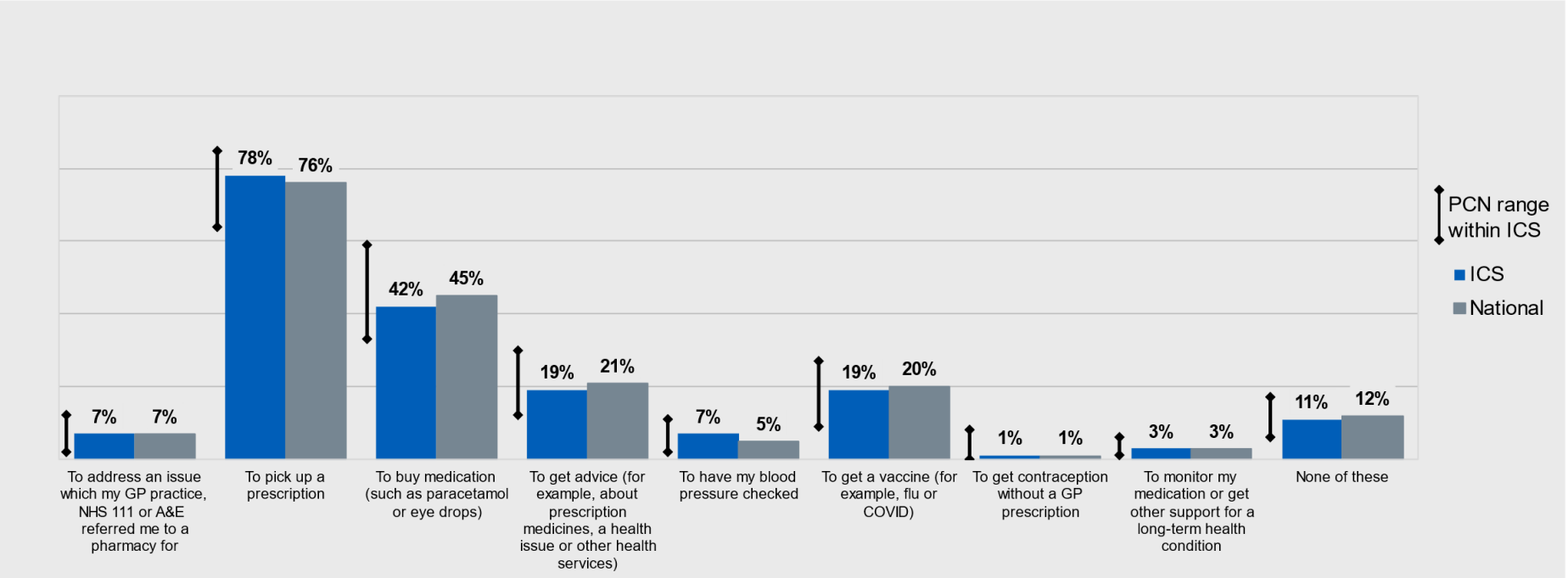


Pharmacy services used in the last 12 months

SOUTH YORKSHIRE INTEGRATED CARE SYSTEM

GP PATIENT SURVEY

Q47. Thinking about the last 12 months, which of the following services have you used a pharmacy for?



Base: Asked of all patients. National (694,064); ICS 2024 (18,581); PCN bases range from 75 to 3,636

i Comparisons are indicative only: differences may not be statistically significant



Resources



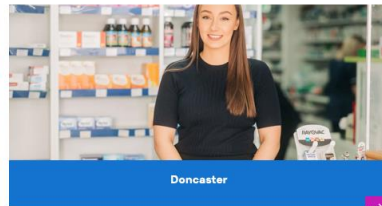
Welcome to Community Pharmacy South Yorkshire

Community Pharmacy South Yorkshire (CPSY) represents and supports all pharmacy contractors within the Barnsley, Doncaster, Rotherham and Sheffield Health and Wellbeing Board Areas as part of South Yorkshire Integrated Care Board (ICB). NHS and local government consult CPSY on all matters where pharmacy can help achieve local and national healthcare objectives. Working closely with pharmacy contractors and their teams CPSY offers support in collaboration with commissioners to help pharmacies deliver high quality health services.

[Read More](#)



Barnsley



Doncaster



Rotherham



Sheffield

South Yorkshire LPC – The local voice of community pharmacy

southyorkshire.communitypharmacy.org.uk

Local Services

Service	Barnsley	Doncaster	Rotherham	Sheffield
Anti-Coagulation	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	- Anti-Coagulation Monitoring Service
COVID Medicines Supply	- COVID Medicines Supply Service	- COVID Medicines Supply Service	- COVID Medicines Supply Service	- COVID Medicines Supply Service
Ear Care Services	-Not currently commissioned through community pharmacy	- Ear Care Service	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy
Eye Care Services	- Minor Eye Care Service (MECS)	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy
Extended Opening	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	- Extended Hours Opening
Hypertension	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	- Community Pharmacy Led Hypertension Service
Inhaler Technique	-Not currently commissioned through community pharmacy	- Inhaler Technique Pharmacy Review Service	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy
Medication Support	- Medication Management Service MMS	- Record and claim form for Urgent MDS supply for DBHT	-Not currently commissioned through community pharmacy	- MAR Chart Service
Minor Ailments	- PharmacyFirst Minor Ailments Scheme	- Minor Ailments Service	-Not currently commissioned through community pharmacy	- Minor Ailments Service
Not Dispensed Scheme	- Payment to Not Dispense	-Not currently commissioned through community pharmacy	-Not currently commissioned through community pharmacy	- Not Dispensed Scheme
Over labelling	- See PharmacyFirst Minor Ailments Scheme	-Not currently commissioned through community pharmacy	- Community Pharmacy Labelling OTC Medication Scheme	-Not currently commissioned through community pharmacy
Palliative Care	- Specialist Drugs on Demand	- Palliative Care Service in extended hours pharmacies	- Palliative Care Scheme	- Assured Availability of Palliative Care Medicines - Sub-cut Fluid Service
Sexual Health Services	- Emergency Hormonal Contraception Service	- Emergency Hormonal Contraception Service	- Emergency Hormonal Contraception Service	- Emergency Hormonal Contraception Service - Condom Distribution

Questions?

Feedback Survey



Future Events

CPSY / Pharmacy Forum / SYB ICB

Super Sunday – 22nd September 2024

Tankersley Manor

Pharmacy BEST

Wednesday 2nd October 2024 (*change of date from 25 September 2024*)

BHF Priory Centre