



November saw some long awaited good news for Community Pharmacy with the announcement of the Pharmacy First service and additional funding, the first completely new money in the pharmacy contract in 10 years!

In addition to the Pharmacy First service, there have been changes to the Pharmacy Contraception Service and Hypertension Case Finding Service— making services easier to deliver by pharmacy teams and more accessible for patients.

The announcements have been welcomed here in Gloucestershire, and we will be working closely with the ICB and with pharmacy teams to implement and embed the new service, and drive uptake through the amended services to reduce pressure on General Practice and other areas of the local healthcare system.

CPE are hosting a national webinar on these changes on Monday 27th and Tuesday 28th November. Use the following link to book a place

<https://cpe.org.uk/our-work/updates-events/our-events/>

Community Pharmacy Gloucestershire will also be hosting a number of events in January designed to support contractors with implementation and delivery of these pharmacy services— so watch out for more information about these in the coming weeks.

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Services specification for the Pharmacy First Service expected to be published **Monday 27th November**, with PGDs published the following week

Important contact information

NHS South West Collaborative Commissioning Hub england.pharmacysouthwest@nhs.net.

NHSBSA nhsbsa.prescriptionservices@nhsbsa.nhs.uk Telephone: 0300 330 1349

Gloucestershire Out of Hours Healthcare Professionals number **01452 687001**

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Upcoming training and deadlines

Pharmacy First and the recovery plan webinar CPE Webinar Monday 27th November 7pm

Pharmacy First and the recovery plan webinar CPE Webinar Tuesday 28th November 1230pm

December 1st— New Pharmacy Contraception Service and Hypertension Case Finding Service starts

December 1st— MYS opens for sign ups for the New Pharmacy First Service (sign up before 31st Jan to claim

£2000 sign up bonus)

December 17th Pharmacy Workforce survey closes

December 31st—Deadline for delivering NMS to meet the PQS gateway criteria

January 8th Community Pharmacy Gloucestershire Committee meeting. Visitors welcome. Email Sam Bradshaw if you wish to attend.

January 31st Launch of Pharmacy First Service

Primary Care Network Community Pharmacy Leads

Community Pharmacy PCN leads play an important role in supporting pharmacies to build strong relationships with other healthcare professionals in their PCN area and drive uptake of services such as CPCS and the Hypertension Case Finding Service.

PCN leads will be in touch with you regularly, and you can contact them if you require support engaging local surgeries in pharmacy services. If you can't get hold of your lead please contact Matt Mollen who will be supporting the leads in the role.

Matt.mollen@nhs.net



Aspen– Peter Badham

Berkeley Vale– Jessica Stead

Cheltenham Central and St Pauls– Neetan Jain

Cheltenham Peripheral– James Payne

Gloucester Rosebank/Bartongate—Jenny Byford

Forest of Dean– Sham Kiani

Gloucester Inner City– Dhiren Vadhia

North Cotswold– Linda Ashmeade

South Cotswold– Emma Skillett

Gloucester NSG– Matt Mollen

Forest of Dean– Sham Kiani

Gloucester Hadwen/Quedgeley– Ann Barclay

TWNS– Nick Lawrence

Severn Health– Pauline Evans

Stroud Cotswolds– Pauline Evans

Funding announced for trainee Pharmacists

The level of funding for each site employing a foundation trainee pharmacist in the 2025/26 training year will be £26,500 per foundation trainee pharmacist. This is an increase on the existing community pharmacy grant and will help to provide parity across all placements in the UK.

Where a training site arranges a **reciprocal** multi-sector rotation with another site (with trainees being exchanged between two sites) it is intended that all of the funding is retained by the site employing the trainee.

Where a training site does not have access to a **reciprocal** rotation with another sector, they may use a portion of the funding to pay another organisation as a placement fee (for example to

secure a rotation with access to a prescribing environment and Designated Prescribing Practitioner).

The LPC is currently working with the ICB to identify and secure prescribing rotations for placements within Gloucestershire– so if you are planning on advertising for and recruiting a trainee pharmacist for summer 25 start and need access to a prescribing placement– please get in touch and we will do our best to help to facilitate these placements.

Reminder– please complete the mandatory pharmacy workforce survey (unless your head office is doing it for you) before 17th December

<https://necs.onlinesurveys.ac.uk/nhse-community-pharmacy-workforce-survey-2023>

Stock shortages

Please make sure that teams are following guidance issued by MHRA for dealing with ongoing stock shortages of GLP1 agonists, HRT products and ADHD medications. It is good practice to discuss with your local practices how they would like you to deal with these shortages in terms of referring back. If appropriate for out of stocks remember to let the surgery know of a suitable alternative that you do have in stock that they could prescribe instead.

Pharmacy Contraception Service

The Pharmacy Contraception Service (PCS) now covers initiation of oral contraception (OC) and routine monitoring and ongoing supply of OC via a patient group direction (PGD).

- Initiation: where a person wishes to start OC for the first time or needs to restart OC following a pill free break. A person who is being switched to an alternative pill following consultation can also be considered as an initiation.
- Ongoing supply: where a person has been supplied with OC by a primary care provider (including general practice and pharmacies) or a sexual health clinic (or equivalent) and a subsequent equivalent supply is needed. Their current supply of OC should still be in use.

The service can now be provided by any suitably trained member of staff. The responsible pharmacist must ensure that delegated tasks are being undertaken safely, and supply under

the national PGD must be undertaken by a pharmacist.

Pharmacists wanting to deliver the contraception service should review the training requirements—for initiation there are 3 additional module sub-sections on the Faculty of Sexual & Reproductive Healthcare website— and will need to sign up on MYS.

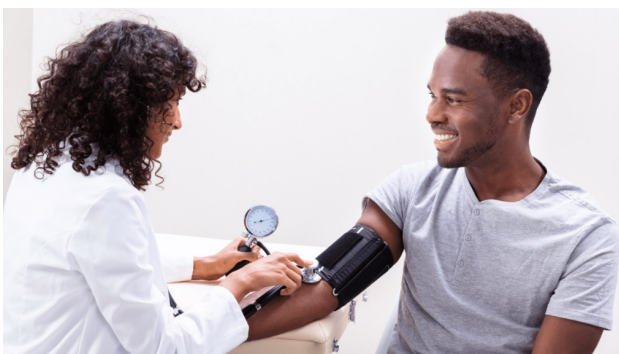
Pharmacists who have signed up on MYS prior to 1st December have a 3 month grace period to complete training and start to offer initiation of contraception. During this time ongoing supply of contraception can be delivered.

Also please take time to review the Gloucestershire Joint Formulary <https://www.gloshospitals.nhs.uk/gps/gloucestershire-joint-formulary/obstetrics-gynaecology-urinary-tract-disorders/>

Hypertension Case Finding Service

The service can now be provided by suitably trained and competent pharmacy staff.

- have read and understood the operational processes to provide the service as described in this service specification.
- be familiar with the parts of NICE Guideline (NG136) Hypertension in adults: diagnosis & management relevant to the role they are undertaking within the service



- complete training (e-learning or face-to-face) on how to use the blood pressure monitoring equipment which should be provided by their equipment manufacturer.

Pharmacies must offer both parts of the service— clinical BP monitoring and Ambulatory monitoring (ABPM)— and should make every effort to engage patients suitable for ambulatory monitoring. ABPM must record at least 14 readings -so at 2 per hour patients should be advised that they will need to wear the monitor for at least 7 hours. This means that you can offer early afternoon appointments for ABPM fitting and patients can remove before bed.

Remember you can also get referrals for both clinic blood pressure checks and Ambulatory Monitoring from local surgeries— and will likely start to get these over the coming months as surgeries try to increase their hypertension monitoring figures in line with local targets.

Pharmacy First Service

With the new Pharmacy First service, consultations can be provided to patients presenting to the pharmacy (walk-in) as well as those referred by NHS 111, GPs and others. The service will also incorporate the existing Community Pharmacist Consultation Service— the CPCS process will be the same but will be renamed as Pharmacy First .

In the consultations with a pharmacist, people with symptoms suggestive of the seven conditions will be provided with advice and will be supplied, where clinically necessary, with a prescription-only treatment under a Patient Group Direction (PGD).

Where patients **WALK-IN** to access the service you will **only** be able to claim payment if they are looking for treatment for one of the 7 common conditions covered, and only if they pass certain gateway criteria. Patients walking in for advice on other conditions (e.g. colds, athlete's foot etc) will be treated the same as they are now. Patients who are **REFERRED** into the service (from GP, NHS111, UTCs etc) can be referred for **any** minor condition, not just the 7 Common Conditions

We would advise pharmacists who have not already done so to take advantage of the FREE Cliniskills training available for pharmacists. These online modules will help pharmacists refresh their consultation and clinical assessment skills, as well as supporting skills in ENT assessment, paediatric assessment, dermatology and cardiology.

<https://cliniskills.helmlms.com/registration-set>

Look out for emails about local and regional face-to-face training sessions coming soon!