



**New Year is upon us– a great time for thinking about services in your pharmacy and how you can deliver excellence in patient care whilst maximizing income for your business.**

## **Maximising Every Opportunity: The Importance of Pharmacy First Clinical Pathways**

As community pharmacy teams, we are uniquely placed on the frontline of healthcare, often serving as the first point of contact for patients with minor ailments. **The Pharmacy First clinical pathways** present a significant opportunity to showcase the vital role we play in supporting the NHS and improving patient access to care. By making every patient interaction count, we can help reduce the burden on GPs and urgent care services while delivering timely, effective care in our communities.

The success of Pharmacy First relies not only on awareness but on **active engagement at every level of the pharmacy team**. From counter staff to pharmacists, each member plays a critical role in identifying eligible patients and signposting them to a clinical consultation. Whether a patient comes in for advice, an over-the-counter remedy, or a prescription, every interaction is a chance to assess if they could benefit from a funded consultation under the service. **Making this part of our everyday routine ensures we don't miss opportunities to intervene.**

Delivering consultations under the Pharmacy First clinical pathways isn't just about ticking boxes—it's about improving outcomes. By following **structured protocols, recording consultations accurately, and offering evidence-based care**, we help ensure patients receive the right support at the right time. This not only enhances patient satisfaction but also strengthens public trust in pharmacy as a provider of clinical services.

There is also a financial incentive tied to service delivery, with payments supporting the **sustainability of the pharmacy sector**. However, beyond remuneration, this is a chance to demonstrate the value we add as clinicians and to reinforce our role within the broader NHS framework. Proactively offering these consultations shows commissioners, patients, and the wider health system that community pharmacy is both **capable and indispensable**.

Let's stay focused on making every interaction count. Support your team in spotting opportunities, use the tools available—like checklists and digital prompts—and build relationships that encourage electronic referrals from General Practice. Together, we can ensure Pharmacy First becomes embedded in our daily practice, driving both better patient care and a stronger future for community pharmacy.



### **CPG Webinar - Clinical Note Taking for Pharmacy First**

*When : 28th Jan @ 7.30pm*

*For : Pharmacists and Pharmacy Technicians*

*Community Pharmacy Gloucestershire (LPC) are holding an informative webinar to help you with clinical note taking for addition to a patient's medical records as part of the Pharmacy First Service.*

*The webinar will include :*

Review the 'clinical interview' and consultation structures

Understand how to undertake a comprehensive history

Describe documentation requirements, demonstrating this through our 'note taking walkthrough'

Know how to make excellent notes for addition to a patient's medical record as part of pharmacy first

[CPG Webinar - Clinical note taking for Pharmacy First](#) | [Meeting-Join](#) | [Microsoft Teams](#)

## Directory of Services

The Directory of Services (DoS) is a secure NHS England database that provides real-time service information to NHS 111 call handlers and other healthcare professionals. It is vital for the information to be kept updated in order for Pharmacies to receive referrals.

Pharmacy owners must keep their DoS profile accurate and complete using the [NHS Profile Manager](#).

Email : [dosteam.southwest@nhs.net](mailto:dosteam.southwest@nhs.net)

Tel : 01452 943316 (24/7 on call number)

## Smartcards

Pharmacy teams use NHS Smartcards for NHS IT such as the Electronic Prescription Service (EPS) and Summary Care Record (SCR).

Each community pharmacy team member should have their own Smartcard, Smartcards should not be shared with other team members.

[Smartcard Factsheet CPE](#)

**Gloucestershire Smartcard Office :**

**Email:** [scwcsu.smartcards@nhs.net](mailto:scwcsu.smartcards@nhs.net)

**Tel:** 0300 5610429

## NHSmail

If you need to obtain a shared NHSmail mailbox for your pharmacy, you can request this via the community pharmacy [NHSmail registration portal](#).

Working through this process will include the creation of up to three personal NHSmail accounts which will be used to access the shared mailbox.

The process is explained in [How to complete the NHSmail registration process](#).

Once you have completed your registration using the portal, you will be sent login details for the personal accounts so that you can activate them and then log into your shared mailbox. If you are having difficulties with activating your account, raise a [technical query with the NAS](#) and they will support you through the process.

## GP Connect

**GP Connect: Update Record** empowers community pharmacy professionals to share consultation summaries seamlessly and securely from their pharmacy IT system to the GP practice system. These summaries include essential details such as medications supplied.

**Services scope:** GP Connect: Update Record initially supports community pharmacies in sharing information with GP practices for consultations under the :

- ✦ Pharmacy First service (minor illness and clinical pathways),
- ✦ Hypertension Case Finding, and Pharmacy Contraception Service.

Checklist's for your Pharmacy :

[GP-Connect-Implementation-Checklist-for-Community-Pharmacies.docx](#)

[Community-Pharmacy-Smartcard-Access-audit-template.pdf](#)

### Vaccination Services

Community Pharmacy England will be holding a Webinar in collaboration with NHSE about the New Seasonal Vaccination Service (combined covid and flu) on **Wednesday 21st January at 730pm.**

The webinar will be recorded for anyone unable to attend on the night, but to register for the event go to <https://cpe.org.uk/our-events/seasonal-vaccination-service-2026-27-webinar/>

### *Independent prescribing*

*There is likely to be some more funding released soon, for Community Pharmacists to undertake independent prescribing training— and for funding Teach and Treat DPP support.*

*Independent Prescribing for community pharmacy has specifically been mentioned in the NHS 10 year plan and also in the draft Gloucestershire 5 year strategic plan— so is a key priority for the future of community pharmacy in long term condition management,*

*If you are thinking about completing this training in the near future then please keep an eye on your emails for more information soon.*

### Converting BP Checks to ABPM: Unlocking the Full Potential of the Hypertension Case-Finding Service

The Hypertension Case-Finding Service offers community pharmacy teams in Gloucestershire a valuable opportunity to play a central role in the early detection and management of high blood pressure. While clinical blood pressure (BP) checks are a vital first step, the real impact comes when eligible patients are successfully converted to ambulatory blood pressure monitoring (ABPM). ABPM provides a **more accurate and comprehensive picture of a patient's blood pressure** over a 24-hour period, which is essential for confirming a diagnosis of hypertension and ensuring timely intervention.

Gloucestershire's health demographics highlight why this service is so crucial. **Around one in four adults in the region is living with hypertension, but many remain undiagnosed**—particularly in deprived areas and among older adults. Cardiovascular disease (CVD) remains a leading cause of premature death across the county. By increasing the number of patients undergoing ABPM, pharmacy teams can directly help address this public health challenge, identifying at-risk individuals earlier and enabling better long-term outcomes.

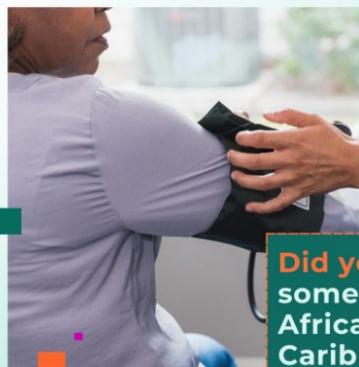
Every clinical BP check is an opportunity to identify potential hypertension and offer ABPM as the gold-standard follow-up. Patients may not always be aware of the significance of a raised reading or the importance of confirming a diagnosis, so it's essential that we **clearly communicate the benefits of ABPM** in a way that is reassuring and easy to understand. Using **motivational conversations** and **reinforcing the convenience and accessibility** of having ABPM done in a pharmacy setting can improve uptake.

From a service delivery perspective, each successful conversion to ABPM supports service targets and contributes to the financial sustainability of the pharmacy. Importantly, it also strengthens pharmacy's position as a **key provider of preventative care** in the NHS. Local ICBs and commissioners are closely monitoring uptake and delivery, and by consistently offering ABPM where appropriate, we demonstrate both **clinical leadership** and **commitment to population health**.

Let's continue to work as a team to ensure no opportunity is missed. Train and support counter staff, dispensers and technicians to understand the service criteria and know when to refer patients for a BP check— or to deliver the service as this isn't a pharmacist-only service. Make use of prompts in PMR systems, keep ABPM devices charged and accessible, and ensure clear recording of outcomes.

**By embedding this service in our daily workflow, we can make a measurable difference to the health of our Gloucestershire communities—one BP check at a time.**

## NHS Blood Pressure Check Service



**Did you know, some people from African, Afro-Caribbean or South Asian heritage may have high blood pressure at a younger age?**

## Pharmacy Supervision Legislation Changes 2026

### What the supervision changes mean for community pharmacy teams

New legislation—**The Human Medicines (Authorisation by Pharmacists and Supervision by Pharmacy Technicians) Order 2025**—comes into force in stages to modernise how supervision works in community pharmacy. From **7 January 2026**, pharmacists will be able to **authorise trained team members to hand out checked and bagged prescriptions** even when the pharmacist is temporarily absent (for example, taking a break or providing clinical services). This change aligns legal requirements with long-standing practice and helps maintain continuity of service while pharmacists are engaged in patient-facing work.

Further changes—planned for **10 December 2026**—will allow pharmacists to authorise *registered pharmacy technicians to undertake or supervise the preparation, assembly, dispensing, sale and supply of medicines* that would otherwise require direct supervision by a pharmacist. There's also provision for technicians to take responsibility for preparation and assembly in hospital aseptic settings. These later changes will come into effect once supporting professional standards and guidance are published by regulators and professional bodies during a one year transition period.

### Why this matters for community pharmacy teams

These legislative changes are designed to **free up pharmacists' time** to deliver more clinical and patient facing services—such as Pharmacy First consultations, Pharmacy Contraception Service or and Hypertension Case Finding Services— as well as new services such as Independent Prescribing and vaccinations—without compromising safety. It also **recognises the skills and professionalism of pharmacy technicians and other trained staff**, helping to make the workflow in busy community settings more efficient. This greater flexibility can support improved patient access and help meet service targets by enabling pharmacists to focus on clinical care.

### Suggested actions for your pharmacy team

To prepare your team for these changes, please consider the following steps:

- **Review and update your Standard Operating Procedures (SOPs)** to reflect new authorisation processes, including clear criteria for when and how team members are permitted to hand out checked and bagged prescriptions.
- **Identify team members who are competent and ready** to take on extended roles. Pharmacy technicians should discuss readiness and training needs with the responsible pharmacist.
- **Plan internal training** on risk assessment, delegation protocols, and documentation of authorisation decisions so that everyone understands their roles and responsibilities under the new legislation.
- **Communicate changes clearly to all staff** and document training undertaken to ensure smooth implementation and maintain patient safety.

### Guidance and training resources

Resources and guidance for implementing changes to SOPs and processes can be found either through the RPS or NPA websites.

Want to find out more about your Local Pharmaceutical Committee or get more involved?

Need advice or support from an LPC member or officer?

Contact us

Want to give feedback about us or other local services?

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**Andrew Lane- Chair**  
**Rebecca Myers- Chief Officer**  
**Sam Bradshaw- Support Officer**  
[www.gloucestershire.communitypharmacy.org.uk](http://www.gloucestershire.communitypharmacy.org.uk)



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