Community Pharmacy Devon

Pharmacy First Whole Team Training Roundup

Thank you for attending the recent Community Pharmacy Devon Pharmacy First training session. Please find below a collection of the questions and best practice points raised at the events.

Can patients self-complete the pre-consultation contraception questionnaire?

Yes – the questionnaire has been developed to allow people who will attend the pharmacy, or who are in the pharmacy for the service, to provide information which can then be used by the pharmacist during the consultation. The pre-consultation questionnaire may assist pharmacy owners in reducing the pharmacist/service user contact time, if their chosen IT system does not offer any pre-consultation solutions. The questionnaire can be accessed here.

What are the VAT changes that allow the hypertension service to be delivered by the whole team?

Previously only pharmacists and pharmacy technicians were able to provide the service. However, now that the VAT rules have been changed so that pharmaceutical services provided by other staff under the supervision of a pharmacist do not attract VAT, suitably trained and competent pharmacy staff (pharmacists, pharmacy technicians and other non-registered members of the pharmacy team) can now provide the service.

How do we get going with recruiting patients into the Pharmacy First Contraception service?

A CPE Pharmacy Team guide covering how to recruit patients into the contraception service exists here https://cpe.org.uk/briefings/briefing-for-pharmacy-teams-the-pharmacy-contraception-service/

There are a number of resources available on the CPE hub page for the service, including posters and bag labels (which you can staple to prescription bags of patients already receiving oral contraception via their GP). Close working with local GP practices to raise awareness is also advocated, so that direct referrals into your pharmacy service from a GP practice can be made. The hub page with associated resources can be accessed here.

Do we routinely give a years' worth of contraceptive pill at an initiation consultation?

On initiation, the quantity of oral contraception provided should not exceed 3 months, as stipulated in the service specification. Following initiation, ongoing supplies of an OC can be made of up to 12 months duration.

How do we navigate religious beliefs of locums who do not provide the contraceptive service?

Pharmacies can manage the hours that the pharmacy provides the oral contraception service – it does not need to be offered for all of the hours that the pharmacy is open. If you are unable to provide the service to a patient with a pre-arranged appointment, consider what other pharmacies or services are available locally that can offer the service and signpost appropriately, or rebook if appropriate.

The General Pharmaceutical Council has previously produced guidance on religion, personal values and beliefs. All pharmacy professionals and pharmacy owners are

encouraged to be familiar with this guidance to support their provision of good decisions and person-centred care.

How should we manage patients requesting contraception with a high BMI?

Patients with a BMI of 35 kg/m^2 or higher are excluded from the combined oral contraception PGD – consider progestogen only contraception ('POP') for this patient group.

How long after an satisfactory BP reading can a patient have their blood pressure checked again using the blood pressure case finding service?

NICE guidelines recommend that patients who have a normal blood pressure have a subsequent check in five years. Patients whose blood pressure is borderline normal or who have low blood pressure should have their next blood pressure check in a years' time. NICE guidelines also recommend that adults with type 2 diabetes without previously diagnosed hypertension or renal disease should have their blood pressure measured at least annually.

Is it possible to claim for just an ABPM monitoring through the hypertension case finding service if a clinic BP is elevated when initiating/monitoring BP for contraception? (as it is clearly stated that the same activity [i.e. the clinical BP check in this circumstance] cannot be claimed for twice under different pharmacy first services)

We have queried this directly with Community Pharmacy England who have confirmed that it is possible, however it may need to be added as a referral, as otherwise the system appears to ask for a clinic BP reading, which would result in a payment for that too. CPE also have fed this back directly to NHSE.

What is the lag period between signing up for the contraception service through MYS and having this added to PharmOutcomes? (Contractors have flagged it is taking in excess of a month for the service to be added to Pinnacle)

Community Pharmacy England were unable to provide a response to this, as EMIS are one of a number of different IT solutions for Pharmacy First. CPE recommended getting in contact with EMIS/Pharmoutcomes directly as the system provider if there is any delay or lag period.

We also discussed a number of barriers and facilitators to providing the pharmacy first services, as well as highlighting some local myths.

Barriers

- The volume of training required or recommended to provide some of the pharmacy first services
- Not having a shared view of patient notes
- Lack of referrals from GP practices or referrals that tail off over time
- Challenges from GP colleagues around quality assurance and service availability
- Turn over of staff at GP practices making it hard to build relationships
- Receiving informal referrals in to the service via patients, as opposed to the correct referral route
- Locum capacity to provide continuity of service
- Patients not attending after being referred
- Apocryphal stories

Facilitators

- Publicity (linking in with local and national campaigns), advertising and social media
- Relationships with GP practices, including
    - Good lines of communication with key people, such as receptionists and practice managers
    - Providing local training to care navigators
- Patients spreading news of the service via word of mouth
- Positive patient and professional experiences
- PCN leads championing the service locally and communicating with a single voice

Myths

- Patients can use the service to get easy access to antibiotics
- Incorrect exclusion/inclusion criteria, e.g. men being able to access the UTI service or adults being eligible for otitis media treatment
- Patients have to pay at the pharmacy, even if they get their prescriptions for free
- Why is it called Pharmacy First if patients have to go to the GP practice first?
- The Hypertension Case Finding Service adversely affects General Practice QOF